

**Making Every Contact Count (MECC) in Cheshire & Merseyside  
Systems Leadership Workshop  
Tuesday 10<sup>th</sup> April 2018, Halliwell Jones Stadium, Warrington  
Facilitated by Mari Davis**

**Welcome and introduction - what makes MECC important to us all**

Dave Sweeney (Executive Implementation Lead for C&M HCP) and Councillor Janet Clowes (Cabinet Member: Adult Social Care & Integration Cheshire East) were both unable to attend but opened the day with a video and quote respectively showing their commitment to action and for MECC to become normal practice.

Dawn Leicester introduced the purpose of the day as to take the next steps towards creating a shared MECC approach and vision across Cheshire & Merseyside.

Mari Davis described the agenda and detailed objectives as follows:

- **Learning from and building on ways MECC has been working well inside and outside the region**
- **Using a locality based approach to increase understanding about what is in place and also our current strategic assets**
- **Developing our shared vision as a coalition of partners**
- **Agreeing ways we need to work together for our approach to be successful**
- **Turning the art of the possible into action by creating a shared strategic framework with practical actions we might take together**
- **Committing to actions that we will take individually and collectively**

People were welcomed from a wide range of organisations including Trusts, Local Authorities, CCGs, Community and Voluntary sector and regional bodies.

In pairs we each shared why MECC was important to us through either

- A story about someone where contact with an organisation or individual had really helped with a lifestyle change
- A story where an opportunity had been missed

This surfaced our values around making a difference to people's lives, equity of services, the value of every life and a public service ethos of care and support.

**Hearing from the experiences of where MECC is working well**

We heard 3 presentations about MECC in Cheshire and Merseyside and national learning;

**1. Eileen O'Meara, DPH in Halton** explained the current collaborative approach and progress in the sub-region and introduced Louise Vernon, the Programme Lead for MECC with the Champs Support Team.

**3. Gavin Flatt – Senior Public Health Practitioner - Liverpool City Council and Jennie Williams – Programme Manager, Self Care & Long Term Conditions – Liverpool CCG**

Jointly presented on MECC across Liverpool from a local authority perspective and a clinical perspective and in particular some of the resources they had developed.

**2. Katie Donnelly – Health Improvement Specialist - Warrington Borough Council** described the progress in Warrington, considerations that organisations might take on board and the main learning.

There were key lessons about ensuring organisational and staff 'buy in' (need MECC champions), that MECC is much more than training, key to maintain momentum/sustainability and implement evaluation effectively.

### Understanding what we already have in place and where

We worked in place-based groups to identify assets which each area has in place. Assets included organisations that are doing great things; resources e.g. training; learning capture; great champions; and positive stories. Some of the assets are identified below by place.

In debriefing we considered that we could:-

- Build on things that are going well in our places
- Share and learn from each other
- Ground our next steps in the reality of what is working well now
- Focus on people and staff and consider what helps to change behaviour at all levels
- Identify where we might be able to collaborate, improve and fill any gaps.

### Creating our ambition for the future

We continued to work in our place based groups and drew a picture of our ambition, if we achieve MECC locally and regionally. This included what would be working well, how people would be feeling and what the difference would be for them with MECC in place. We also included a motto.

One person from each place presented their ambition and motto including 'Just MECC' and 'MECC IN IT'

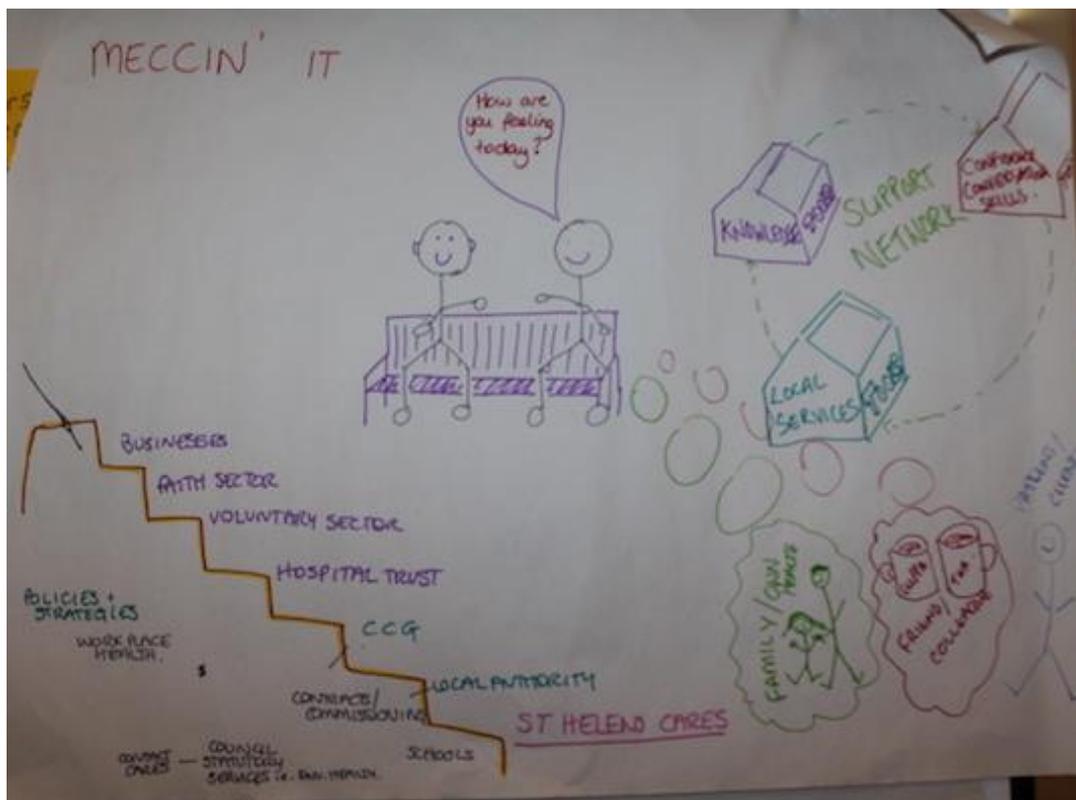
### The consistent messages emerging from the creation of our ambitions for MECC included:-

1. **Consistency** - Desire for a consistent standardised approach to MECC across C&M
2. **Culture** - An inclusive and preventative culture is created with MECC beyond NHS
3. **Leadership** - Building and working together across the sub region; a Board established; champions developed; support network
4. **Processes and policy** - MECC is embedded in patient process and organisational policy
5. **Communication** - Good communication with partners, staff ownership and clear about MECC message
6. **Suite of Training** - Is consistent with more of it, increased self-confidence for staff and training is accredited with a variety of resources
7. **A toolbox for MECC** - toolkits, key messages, training, resources, conversational tools
8. **Empowering the public** - they expect to be asked and consistent messaging/access to

services/apps/self care

9. **Evaluation** - Consistent standardised approach and ROI clear

10. **Shared online portal** - A mechanism for sharing resources, learning and best practice



St Helen's ambition for MECC

### Putting the building blocks in place

We took the key messages above and worked in groups to address the strategic elements and actions needed to make the ambition a reality.

For each area we considered - What success would look like, key next steps and actions, which organisations need to be involved and timescales for the following:

- **Creating a culture for prevention**
- **Upscale training offer**
- **Health Promoting environment**
- **MECC Partnership Board**
- **Communications and sharing best practice**
- **Evaluating impact and ROI**
- **High impact resources**

### Ways of working together – the C&M pledge –a-thon

We moved to work in organisational groupings and identified the barriers and enablers to MECC working well from the perspective of our organisations and also considered the unique features we each had that would support us to achieve the MECC ambition.

The organisational groups we worked in were: CCGs, Local Authorities, Regional Bodies, Trusts, Voluntary Sector.

Some Key barriers included - System commitment, winning hearts and minds, expectations re results, competing priorities, system changes, poor feedback from impact measures, resources, be clear what is in and out i.e. social prescribing.

Some key enablers included - large workforce, positive attitude, size of the prize, good networks, contracts, community champions, HWB Boards, NICE map, system leadership and good sub-regional partners, shared learning.

### **Developing the Cheshire and Merseyside Pledge-a-thon**

We watched a short video from Jon Develing (SRO Prevention, C&M HCP) where he encouraged us to work together to achieve a system wide approach to MECC.

Louise Vernon introduced herself and explained the London Pledge-a-thon as an example where all areas of London had agreed to collaborate around MECC and sign up to pledges at gold, silver and bronze levels.

We each made pledges as offers of support and then discussed with a partner. Most of these were in relation to the specific strategic elements we had discussed.

**See Appendix 3 for individual and organisational pledges to MECC.**

### Ten key next steps for MECC in C&M

1. **Board** - A MECC multi-agency Partnership Board to be established to oversee the strategic framework, share the vision, ensure MECC is embedded within culture and support T&F groups
2. **Champions** - Develop, recruit and support a network of champions in organisations to ensure MECC is on the agenda at a senior level and gain buy in/pledge commitment
3. **Web portal** - Create a shared portal for resources, signposting and national links
4. **Training** - Complete the training needs analysis and bring together MECC training T&F Group to create a suite of training resources for a broad range of professionals
5. **Communications** - Create a Communications and Engagement Strategy overseen by a T&F Group to develop key consistent messages/narrative to engage professionals, raise public awareness, standardise information for the public and develop the Pledge
6. **Branding to engage** - Commission consistent, impactful C&M MECC branding to engage clinicians/public
7. **Create a preventative culture** - Work together to ensure MECC is everyday practice and embedded within organisational policies and staff are expected to be trained and implement, working in health promoting environments
8. **Enabling and empowering the public** - Create a culture where the public expect to be asked about their lifestyles and have accessible resources to support change
9. **Evaluation** - Agree a robust framework for evaluation led by a T&F Group and learning from existing evidence and focus on clear outcomes to measure impact
10. **Funding** - Submit funding bid to LWAB for additional resources and continue to seek opportunities

### **Appendix 1: Delegate list**

1. Emma Ciclitira (St Helens Council),
2. Yvonne Dailey (PHE NW),
3. Gill Diskin (Liverpool Women's Hospital),
4. Katie Donnelly (Warrington Borough Council),
5. Alison Farrar (HEE North),
6. Gavin Flatt (LCC),
7. Eloise Glithero (Active Cheshire),
8. Rachael Gosling (Public Health England),
9. Steve Gowland (Sefton),
10. Judith Gray (Alder Hey Children's NHS FT),
11. Gemma Hockenhull (Cheshire & Merseyside Cancer Alliance),
12. Sarah Holden (St Helen's Council),
13. Clare Jackson (Blackburn with Darwen Borough Council),
14. James Jagroo (NICE),
15. Alison Johnston (CWAC),
16. Tracey Lambert (Champs Support Team),
17. Dawn Leicester (Champs Support Team),
18. Susan Mathieson (The Walton Centre NHS Trust),
19. Ruth Mcauley (Royal Liverpool Hospital),
20. Tracey McDonough (Sefton LPC),
21. Hayley Mercer (NHS England),
22. Anne-Marie Morrison (Sefton CVS),
23. Jan Naybour (Liverpool Heart and Chest),
24. Karen Nolan (Sefton CVS),
25. Ifeoma Onyia (Halton Borough Council),
26. Lydia Orford (CWAC),
27. Eileen O'Meara (Halton Borough Council),
28. Paula O'Toole (CWP),
29. Sophie Pemberton (Champs Support Team),
30. Richard Phillips (Public Health England),
31. Tony Rigby (Alder Hey Children's NHS FT),
32. Cheryl Rigby (MerseyCare),
33. Charlotte Simpson (Public Health England NW),
34. Jean Stephens (MSP),
35. Val Sturgess (CWP),
36. Lisa Taylor (Halton Borough Council),
37. Louise Vernon (Champs Support Team),
38. Gillian Walker (Liverpool Women's Hospital),
39. Julie Webster (Wirral Council),
40. Jennie Williams (Liverpool CCG),
41. Sheila Woolstencroft (Cheshire East Council),
42. Pam Worrall (Halton Borough Council),
43. Angela Wright (NHS West Cheshire CCG),



Working together to improve health and wellbeing in Cheshire and Merseyside

44. Nigel Wright (MerseyCare).

## Appendix 2: Individual and Organisational Pledges to MECC

Name	Organisation	Pledge
Jennie Williams	Liverpool CCG	To support all of our providers to develop appropriate plans and evaluate impact of MECC
Gavin Flatt	LCC	Develop MECC within the community
		Evaluation of MECC – training, No. conversations, effects on referrals
Ruth McAuley	Royal Liverpool	Pledge to keep in contact with Louise in terms of progression at the Royal Liverpool
Gemma Hockenhull	C&M Cancer Alliance	Pledge to support Louise with scoping MECC leads within trusts and overlap with CQUIN/ PH48 (Do they have some leads?)
		Pledge to share learning and evaluation of MECC project within Cancer Pathways
Angela Wright	Commissioning Manager - West Cheshire CCG	Contact point for Louise for West Cheshire CCG. Has links to CWP and Countess of Chester Hospital
		Pledge to take learning back to West Cheshire CCG Directors, to start conversations on how we can influence and work with our providers/ partner agencies to embed MECC
	Cheshire West and Chester Council	Briefing to Directors including aspirations/next steps. We will act as Champions for MECC within Cheshire West
Tony Rigby	Alder Hey	Help develop the role of MECC champions within Alder Hey
Steve Gowland	Sefton Public Health	Share learning from delivering in a community and voluntary sector
	Cheshire East Council	Brief corporate leadership team and get senior buy in and agreement. Develop the offer and pledge the commitment
Jan Naybour	CVD Prevention nurse, Liverpool Heart and Chest	To support and share best practice and success with other trusts in Liverpool
Alison Farrar		Support C&M LWAB funding bid/board support
		Promote and support C&M MECC work actively across the North/Nationally via HEE Population health team/ MECC advisory board
James Jagroo	NICE	Complete NICE MECC resource
		Share draft version of NICE MECC resource for comment before final publication
		Continue dialogue with Cheshire & Merseyside colleagues regarding MECC & PHE & NHSE
Sarah Holden	St Helens Council	To contribute to all aspects of the developments with C&M across the themes of today

		Bring expertise from our teams on training, evaluation
Rachel Gosling Richard Phillips Charlotte Simpson	PHE	System leader strategic direction opportunity to link with national and other resources/learning/agencies – NHSE, HEE Links: ie. AMR, Screening Support with evaluation framework Marketing/branding/ comms expertise
Jean Stephens	CEO - MSP	Pledge to be part of the C&M leadership board to develop clear vision, purpose and demonstrable outcomes that impact on the quality of life of residents across Liverpool City Region (sub region)
Pam Worrall	Halton	Contribute to consistent training package Be part of task and finish group
Steve Gowland	Sefton Public Health	Aim to achieve Gold standard by 2018. From a position of a solid silver
Tony Rigby	Alder Hey	Pledge to continue to communicate the fundamental aims and benefits of making every contact count to people in my organisation and professional and local networks and deliver MECC in clinic
Tony Rigby	Alder Hey	Continue to work with partners to implement MECC