

Divisions Affected - ALL

OXFORDSHIRE HEALTH AND WELLBEING BOARD

7th JULY 2022

Implementation of the Making Every Contact Count (MECC)

Work Programme

**Report by David Munday – Deputy Director of Public Health,
Oxfordshire County Council**

RECOMMENDATION

- 1. The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**

Support the approach being taken to expand the Making Every Contact Count (MECC) work programme in Oxfordshire as an enabler for delivery of the Joint Health and Wellbeing Strategy and to address local health inequalities.

Executive Summary

- 2.** Following a paper to the Health and Wellbeing Board in December 2021 and a subsequent MECC workshop session in March 2022, this report outlines the approach being taken to develop a more strategic approach to MECC, including the creation of a post to lead on the wider roll out of MECC in Oxfordshire, to ensure there is a more targeted approach to help address health inequalities.

Background

- 3.** MECC utilises opportunistic conversations in everyday life to talk about health and wellbeing. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing.
- 4.** A paper was taken to the [Oxfordshire Health and Wellbeing Board](#) on 16th December 2021 to highlight the opportunities for MECC to contribute to the delivery of the Joint Health and Wellbeing Board Strategy. MECC is already captured as one of the “live well” priorities of the Health and Wellbeing Strategy and the paper explained the significant potential and broad scope of MECC and its application to any stage of the life course to help improve health outcomes. The paper recommended the arrangement of a workshop for members of the board which was subsequently delivered on 8th March 2022.

5. System partners who attended the workshop were very enthusiastic and keen to see MECC implemented further at scale across the system. It was identified that resource would be needed to strategically scale up MECC activity in Oxfordshire, with a targeted approach to help address health inequalities.
6. Currently in Oxfordshire there are many organisations who are involved in MECC in some way either as a trainer, champion, or member of the Oxfordshire MECC Partnership but there is no overall lead with capacity to strategically embed MECC within organisations across the county. Oxfordshire Clinical Commissioning Group have contributed £200,000 to enable this strategic roll out to be implemented. This funding is currently held within Oxfordshire County Council's grants and contributions reserve.

Proposed Approach

7. The next steps for moving forward with this work are as follows.
 - (a) Mapping exercise of current MECC activity across the system
 - (b) Stakeholder review including statutory and non-statutory partners
 - (c) Identification of gaps in current provision focused on areas and population groups at greatest risk of health inequality
 - (d) The development of a system action plan to roll out MECC at scale into priority areas.
8. This planning work will identify the key partners and stakeholders to involve, priority areas to target and a plan for how MECC training will be made accessible to those who need it. There will also be a consideration of how this work can be aligned with the vaccine site MECC delivery which seeks to enable broader conversations around lifestyle issues when people attend for COVID-19 vaccination. It will also align with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) wide personalised care agenda and training delivery.
9. The funding will enable the creation of a post to focus on the co-ordination of this work and drive forward implementation. The post holder will be responsible for MECC engagement along with an associated operational budget. The post holder will focus on identifying opportunities for MECC to address inequalities within wards which have the greatest number of small areas ("Super Output Areas") that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update (published November 2019) and specific cohort groups that are most likely to experience inequalities in health as identified in the 2019/20 Oxfordshire [Director of Public Health Annual Report](#).
10. As well as widely promoting MECC they will also work with individual organisations to develop their own MECC implementation plans and support their roll out and sustainability through the train the trainer cascade model. This may include Voluntary and Community Sector (VCS) organisations,

businesses, educational establishments etc. Monitoring and evaluation of MECC activity will also be important.

11. This will be a fixed-term post which will be hosted, and line managed by the Oxfordshire County Council Public Health team, with strategic direction steered by the Oxfordshire MECC Partnership and the Oxfordshire Health Improvement Board. It is anticipated that the recruitment to this post will be complete by the Autumn of 2022.
12. A more strategic approach to MECC will mean that the foundations already in place for MECC delivery can be built on and scaled up, within a wider range of settings, to encourage people to be more comfortable to talk about health and wellbeing as part of everyday conversations.

Governance

13. An Oxfordshire MECC partnership group is already in existence and they have supported the work to define the next steps in MECC implementation locally and the scope of the proposed role.
14. This group is chaired by a Public Health representative from Oxfordshire County Council and includes representation from the Oxfordshire Clinical Commissioning Group, The Training Hub, Oxford Health, The Thames Valley Local Pharmaceutical Committee, Here for Health (part of Oxford University Hospitals) and other partners.
15. It is proposed that this group continues to steer and support the MECC work with regular reporting into the Health Improvement Board on progress and delivery

Financial Implications

16. The indicative utilisation of the MECC funds would be as follows:

Item/Activity	Estimated budget
Staffing costs (including on-costs)	£120,000
Training costs – venue/equipment/resources/incentives/refreshments etc	£20,000
Promotional materials/marketing	£10,000
Backfill costs for organisations undertaking training/champion activities	£50,000
TOTAL	£200,000

17. It is anticipated that the spending profile over the next financial years will be as follows:

FY 2022/23	£30,000
FY 2023/24	£110,000
FY 2024/25	£60,000

18. The operational budget may include covering items such as room hire, training materials and incentives for attending training e.g. training being provided along with a shared meal for after work sessions etc with specific groups. The budget also allows for consideration of backfilling staff time for attendance at MECC training sessions.

Comments checked by: Stephen Rowles

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Legal Implications

19. There are no legal implications associated with this report.

Equality & Inclusion Implications

20. The outcomes of the funding would be engagement with not only statutory organisations but also the Voluntary and Community Sector, faith groups, businesses, and pharmacies etc to enable organisations to embed a MECC approach within communities to help address inequalities.

Sustainability Implications

21. There are minimal sustainability implications associated with this report. However, where in person training is being delivered sustainable travel options will be encouraged to minimise climate impact.

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