



## INTRODUCTION

A Making Every Contact Count logic model has been developed within Kent, Surrey and Sussex, informed by an evaluation model developed by the NHS Leadership Academy and its Leadership Development Partners. It aims to visually map and identify the assumptions that underpin local projects and identify outcomes and has two functions (i) to establish project aims and objectives and identify whether these are realistic and (ii) establish potential measures for evaluation

The model has been used across KSS MECC spearhead projects and has proved a valuable tool in determining the remit of local implementations but also as a method of engaging with stakeholders. It has been assessed locally as a valuable mechanism for project development and evaluation.

## METHODS

The starting point of the logic model is the context or situation in which the MECC innovation rests this maybe a service need, an external driver such as a policy change or funding opportunity. It is from this context that local MECC priorities emerge (Figure 1). This helps establish **WHY** MECC is happening and **WHY**

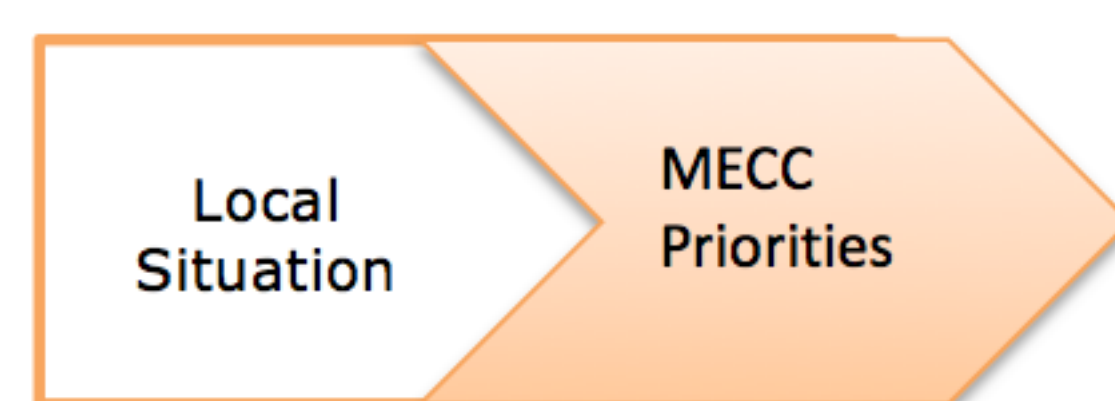
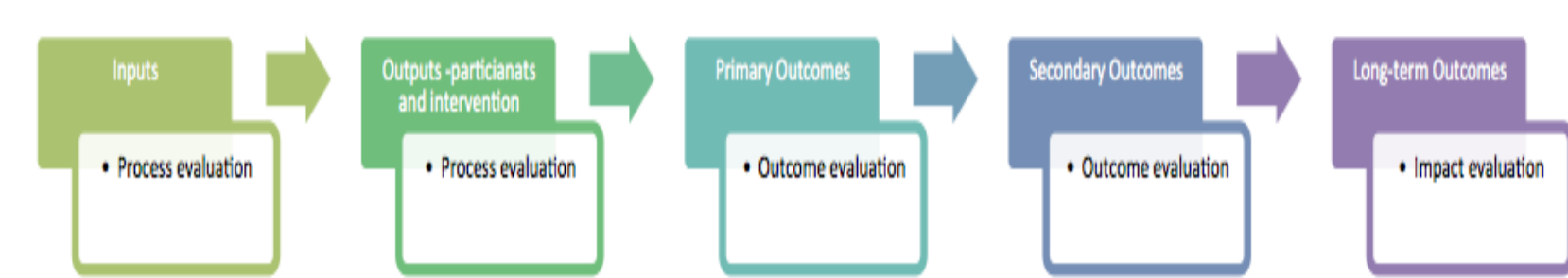


Figure 1: Starting components of logic model

Figure 2 below shows the core components of the logic model relating to process, outcome and impact. Reflecting local priorities assumptions (e.g. rationale) and external influences (e.g. enthused workforces) are highlighted to see how they impact on implementation and evaluation.

A template has been developed for local projects to use amongst stakeholders to help formalise and promote MECC within organisations and across workforces. Examples of potential outcome measures are included.



**Assumptions**  
E.g. the beliefs you have about MECC - the reasons you believe MECC will bring about healthy lifestyles etc. your understanding of MECC (evidence base), the MECC programme content and the way you think the program will work

**External Factors**  
E.g. where MECC will take place and external factors that may influence MECC locally - culture of organisation, workforce capacity, timespan of MECC project.

Figure 2: Components of logic model

## The Logic Model in Action

Kent Surrey and Sussex have six (6) MECC spearhead projects testing the region training model and implementation plan. Each of the spearheads have adopted the logic model as a mechanism for establishing the aim, local context and potential barriers to implementation in their specific organisations and workforces. To date the logic model has been used with:

- NHS services
- Local Authority services
- Voluntary Sector organisations

*"Kent County Council sees real value in providing people with the confidence to hold brief opportunistic conversations to improve health. Through MECC we are able to extend the delivery of public health advice to the public by empowering not only a wide range of health and social care employees, but local authority staff, such as housing officers, emergency services, private and third sector employees to contribute to health improvement through brief conversations and embedding preventative thinking into everyday work"*

East Sussex Healthcare NHS Trust (ESHT) has become one of the first healthcare providers in Kent, Surrey and Sussex to introduce Making Every Contact Count (MECC).

The aim is to create a healthier population; reduce NHS and social care costs; improve health outcomes and reduce health inequalities. The MECC pilot project was undertaken as part of the NHS Hastings and Rother Clinical Commissioning Group's (CCG) Healthy Hastings and Rother programme, with collaborative working between ESHT and East Sussex County Council (ESCC) Public Health as part of the East Sussex Better Together programme.

The logic model has been used to roll out the programme across the acute and integrated services of East Sussex Healthcare Trust, with multiple clinical disciplines and workforces involved

### ESHT MECC Logic Model (edited version)

**Project:** Delivery of MECC training within East Sussex Healthcare NHS Trust

**Local Setting:** Local Funding opportunity from NHS Hastings and Rother CCG and Public Health at East Sussex County Council.

**Priorities:** ESHT workforce to undertake MECC training to bring about behavior change in brief conversations to motivate and encourage healthier lifestyle changes and an increased uptake of healthy lifestyle services: stop smoking, weight management, Alcohol and drug recovery service, Health Trainers service, Physical activity services and awareness of the Winter Home Check service.

INPUTS		OUTPUTS		OUTCOMES	
What we need to invest	What will be done (intervention)	Who we will reach (participation)	What are the results of the program: short term outcomes	What are the results of the program: medium term outcomes	What are the results of the program: long term impact
<ul style="list-style-type: none"> <li>• Financial resources: i.e. funding for training delivery, backfill for staff attending training, Project Lead, Support Workers, Admin assistant, all other resources for project.-</li> <li>• Steering group to oversee the programme</li> <li>• Senior Leadership engagement to obtain buy-in</li> <li>• Staff promotion</li> <li>• MECC Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Secure finance</li> <li>• Establish steering group</li> <li>• MECC reporting structure in place</li> <li>• Complete Senior Leadership engagement activities</li> <li>• Complete staff promotion activities, Develop MECC Level 1 skills program</li> <li>• Commission MECC Training Provider</li> <li>• Review current practices within departments</li> </ul>	<ul style="list-style-type: none"> <li>• ESHT Senior Leadership</li> <li>• 1000 staff in mirrored specialties/units/wards across the Trust</li> <li>• ESHT patients/clients</li> <li>• Other ESHT Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Leadership allow staff to attend training</li> <li>• Trainee satisfaction with training programme</li> <li>• Increased knowledge, skills and confidence in provision in MECC in staff that have attended training</li> <li>• Increase in lifestyle services knowledge amongst staff who have attended training</li> <li>• Increased in number of staff obtaining MECC level 1 skill.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership acknowledge training as important part of staff training and development</li> <li>• Increase in number of clients receiving a MECC intervention</li> <li>• Increase in number of staff going onto level 2 MECC training</li> <li>• Positive changes in MECC trained staffs own behavior</li> <li>• Increase in number of staff who access lifestyle services-</li> </ul>	<ul style="list-style-type: none"> <li>• MECC principles embedded in organisational training and development</li> <li>• Improved patient outcomes (quicker recovery and reduced risk of readmission)</li> <li>• Reduced admissions due to lifestyle associated conditions(e.g. cardiovascular disease)</li> <li>• Improved health and wellbeing of ESHT workforce</li> <li>• Increased cost savings for the trust</li> </ul>

#### Assumptions

- MECC will bring about an increase in lifestyle service uptake
- MECC will bring about a reduction in the local smoking, alcohol and obesity prevalence
- There will be an increase in referrals to healthy lifestyle service providers
- The MECC programme will be mirrored across services in ESHT
- Training will involve a wide range of training methods, from e-learning supported by short skills sessions to whole day sessions

#### External Factors

- MECC will be mirrored across specialties across the ESHT.
- The number of staff named will be influenced by workforce and operational capacity
- Successful implementation will be enhanced by continued engagement by the Project Lead at board and team meetings to develop, plan and negotiate any practical implications.
- Training of 1000 staff will be completed in one year.

## DISCUSSION

The KSS MECC project involves four core strands:

1. Organisational preparation
2. Skills development
3. Implementing MECC delivery
4. Evaluation

The logic model has proved to be a means that looks beyond training of workforces as the single feature of MECC organisations need to consider.

Completing the logic model template does require commitment and it has been reported to be time consuming. However, it demonstrates a method of structuring conversations within organisations about potential MECC developments and ordering thinking about outcomes and impact

The KSS logic model has been developed to become part of the national suite of MECC practical resources published by Public Health England<sup>a</sup>.

## CONCLUSIONS

By using a guided logic model approach to evaluation the inputs, outputs and outcomes of MECC projects can be established and measured. It allows outcomes to be considered at the start of project planning.

*"A very helpful visual representation of the process we are undertaking"*

*"Ensures planning and activities are always linked to outcome we are aiming for"*

*"Gives a clear direction for the evaluation process to be undertaken"*

*"We are pleased to support a projects that will give NHS professionals the tools and skills to help local people improve their health and well being and promote positive behaviour change" Dr Rae, Hastings and Rother CCG*

## ACKNOWLEDGEMENTS

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- Public Health at Kent County Council
- Hastings and Rother NHS Clinical Commissioning Group
- The Kent, Surrey and Sussex MECC Steering Group

## REFERENCES

<sup>a</sup> Public Health England (2016) *Making Every Contact Count (MECC): evaluation framework*, London.