Making Every Contact Count Programme

Implementation Guide

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Introduction

"Making Every Contact Count" (MECC) is the HSE National Framework for health behaviour change in clinical practice which requires all health and social care professionals to engage their patients in addressing unhealthy lifestyle behaviours. It is an essential element in the integrated pathway of care for the prevention and management of chronic disease. It is about enabling healthcare professionals to recognise the role and opportunities that they have through their daily interactions with patients in supporting them to make health behaviour changes. Approximately 135,000 staff are employed in the HSE which translates as millions of contacts annually between frontline staff with their patients. All of these contacts are potential opportunities for healthcare professionals to do brief interventions with their patients.

Chronic disease is set to increase exponentially in the next two decades, based on the current rates of smoking, alcohol and drug intake and overweight and obesity. Some people will die 10 years earlier than their peers, as a result of a chronic disease such as cancer, heart disease and stroke. The majority of these diseases can be prevented by quitting smoking, reducing alcohol/drug intake, getting enough physical activity, eating a healthy diet and managing weight and stress. Research has found that when health professionals talk to people about these lifestyle factors, they are more likely to make changes to their lifestyle. Equally, if patients attend an appointment and lifestyle factors are not addressed, people can interpret that to mean that their lifestyle (smoking, overweight, high stress levels, low physical activity) is not a cause for concern.

To be successful, brief interventions must become part of routine care. Adopting this approach will create a culture where it is normal and expected that health professionals and patients discuss lifestyle behaviours and health improvement. The evidence indicates that when this happens, patients will start to make changes that will help to prevent chronic disease. The substantial investment over the next few years in both the Slaintecare Healthy Communities Programme and the Enhancing Community Care (ECC) initiative provides new momentum for the implementation of MECC. Please see the HSE National Framework for policy context, principles for implementation and the evidence for MECC.

Background information

Purpose of this document

This document has been developed by the national MECC team, in consultation with key stakeholders, to provide guidance to staff who have a lead role in supporting the implementation of the MECC in Community Healthcare Organisations (CHOs) and hospitals in Hospital Groups. The guide outlines the steps needed in order to make MECC implementation a reality. Local managers will identify staff to support MECC implementation and will clarify their roles in relation to MECC implementation. This is a working document that will be reviewed and updated as implementation progresses.

Who is the document for?

This document is for staff members supporting the implementation of the MECC Programme including:

- Heads of Service, Health and Wellbeing
- Health Promotion & Improvement Managers
- MECC Mobilisers
- Health Promotion & Improvement staff with a brief to support MECC
- Hospital Group Healthy Ireland Project Managers
- Healthy Ireland staff in hospitals
- Managers in the community and hospitals
- Site Liaison Persons in the community and hospitals
- Members of the Healthy Ireland committees in the CHOs and hospitals
- Other members of staff that are supporting the implementation of MECC in CHOs and hospitals

Role of CHO staff

The Head of Service, Health and Wellbeing, is responsible for the implementation of MECC in their CHO supported by the Health Promotion & Improvement Manager and MECC Mobiliser. Each CHO has other Health Promotion & Improvement staff that support MECC implementation in both CHOs and HGs.

In 2019, MECC support person and MECC trainer roles were identified. In 2021, the role of MECC Mobiliser was introduced as part of the Slaintecare Healthy Communities Programme. See Appendix for role descriptions.

While the role descriptions of each of these roles are the same, local managers will clarify staff roles in relation to MECC implementation based on local needs. MECC trainers are available in all areas to deliver the ‘Enhancing your Brief Intervention Skills’ (EYS) workshop to cohorts of staff when they have completed the eLearning programme.

Role of hospital staff

In Hospital Groups, the Healthy Ireland Executive Lead and Project Manager take a lead role for the implementation of the MECC programme. Healthy Ireland staff, Healthy Ireland committee members, managers and staff in hospitals drive the implementation of MECC. Health Promotion & Improvement staff can support the implementation process but are not responsible for initiating it and driving it within hospitals.

Role of the MECC Team

The national MECC team provide national direction and support to those supporting implementation locally. This involves developing resources, co-ordinating the training programme, compiling status reports and liaising on a regular basis with key stakeholders. A national MECC Implementation Group oversees this work.

Implementation

The implementation of MECC is a whole programme of work that involves recruiting the site, establishing a working group, developing an action plan, briefing staff, ensuring staff take part in the eLearning programme and EYS workshop, agreeing how brief interventions will be recorded and communicating with staff and patients that brief interventions are taking place at the site. The initial phase of implementation takes place over a six to eight month period. The Site Liaison Person (i.e. the person at the site that is linking with the MECC Mobiliser) will be supported by Health Promotion and Improvement staff during this phase.

The implementation of MECC involves both change management and quality improvement processes. This document has been developed in alignment with the Health Services Change Guide. The Change Guide and the resources available from the national Quality Improvement Toolkit are useful tools to support MECC implementation.

Key Performance Indicators

There are two Key Performance Indicators in the HSE National Service Plan that relate to MECC;

1. Number of frontline staff to complete the eLearning of the MECC training in brief interventions in CHOs and Hospital Groups.
2. Number of frontline staff to complete the Face to Face/Virtual Module of the MECC training in brief interventions CHOs and Hospital Groups.

These KPIs are proxy measures for the implementation of MECC. In time it is envisaged that KPIs for MECC will be the number of brief interventions that are recorded by frontline staff in CHOs and Hospital Groups through a digital recording system.

2022 KPI targets are set at 5% of frontline staff to complete the eLearning (3997) and 20% of the eLearning target to complete the workshop (802).

The MECC national programme reports on these KPIs every quarter. CHOs and HGs are responsible for the implementation of MECC.

Implementation Process

The following diagram outlines how MECC is implemented. The first two stages involve senior management and are focussed on stakeholder engagement, site identification and recruitment meetings. MECC Mobilisers, Health Promotion & Improvement staff and hospital staff supporting MECC implementation play a significant role in these stages.

Stages three to eight occur at a site where MECC will be implemented. The site liaison person and staff on site play a significant role in these stages with the support of the MECC Mobilisers and Health Promotion & Improvement staff or hospital staff.

Implementation Process

1. Develop engagement process

1.1 Plan for ongoing stakeholder engagement from the start of the process	1.2 Develop an Engagement and Communication Plan	1.3 Map all healthcare services	1.4 Discuss site identification and recruitment with senior management appropriate to your area	1.5 Access support from the Project Management Office (PMO)/ Project Support Teams	1.6 The Executive Management Team is responsible for high-level planning for MECC implementation.

2. Meetings with senior managers

2.1 Recruitment meeting with senior manager of CHNs/CD Hubs/community facilities/hospitals	2.2 Recruitment meeting with senior manager/senior staff member of hospital site/CHN etc	2.3 Agreement to proceed

3. Planning for implementation

3.1 Site liaison person identified by the site manager	3.2 Small short term implementation working group established by site liaison person	3.3 Implementation working group develops site action plan

4. Staff briefing

4.1 Overview of MECC & action plan presented to staff by a member of the implementation working group	4.2 Staff agreement secured on action plan and timeframe for implementation

5. Staff training

5.1 Communications to promote training of staff displayed/circulated	5.2 Staff and managers undertake the eLearning modules	5.3 Cohort of staff undertake the “Enhancing Your Skills” workshop

6. Communications

6.1 Communications to service users in the form of posters in waiting rooms	6.2 Communications to staff through internal staff communication channels	6.3 MECC implementation on the agenda and discussed at all relevant meetings

7. Site implementation

7.1 Staff conduct brief interventions using the MECC Client record/digital system or other method as agreed in action plan	7.2 Staff have knowledge of and access to up-to-date details of support services through the local signposting document	7.3 HP&I staff checks in regularly with site liaison person as needed

8. Recording and Monitoring

8.1 Begin monitoring process as agreed in the action plan	8.2 Monitoring at site level in CHOs and hospitals	8.3 Monitoring at CHO level CHO quarterly report completed on national reporting system	8.4 Monitoring at national level NSP MECC Training KPIs Training programme evaluations

*Site could be a service/ward/clinical area/discipline.

Steps 1-2: MECC implementation at senior management level

The following two steps are carried out by senior management, the MECC Mobiliser, Health Promotion & Improvement staff and hospital staff supporting MECC implementation.

1. Develop engagement process

1.1 Stakeholder engagement

Commitment and engagement from senior leaders and management is essential to the success of MECC. It is most effective when buy-in and ongoing stakeholder engagement are built in from the start of the implementation process.

The Head of Service for Health and Wellbeing is the principal instigator of the programme in the CHOs and works with the Chief Officer, other Heads of Service and senior managers to plan for implementation within the CHO at a strategic level.

In hospitals, the Healthy Ireland Executive Leads and Project Managers are the principal instigators of the programme and work with hospital management on implementation of MECC within the Hospital Group at a strategic level.

As part of developing the engagement process, the following items are discussed by senior managers, MECC Mobilisers, Health Promotion & Improvement staff and/or hospital staff supporting MECC implementation:

- identification of strategically important sites
- sites to be approached in one calendar year
- how sites will be recruited
- identification of Healthy Ireland staff in hospitals

1.2 Stakeholder Engagement and Communication plan

Use the HSE Change Guide to develop an Engagement and Communication Plan for MECC implementation.

1.3 Map all healthcare services

Map all healthcare services (community and acute) in the Community Healthcare Organisation using HSE Health Atlas and local knowledge. Identifying community health services in Slaintecare Healthy Communities Areas and working with these sites is a priority for the MECC mobiliser. Community Health Networks, Chronic Disease Hubs and Primary Care Centres would also be strategically important sites for MECC implementation support.

1.4 Identifying sites

In identifying the sites to prioritise for support, it may be helpful to keep the following in mind;

- Local management commitment and buy-in for MECC is required so that staff will be released for training
- Staff being interested in and seeing the potential value of doing brief interventions is essential
- A site can be a clinical service, a ward, a unit/ department or a building with multidisciplinary teams working in it
- There is no maximum or minimum number of staff required to make up a site, but a common-sense approach should be used. A site needs to be large enough to be meaningful and small enough to be manageable. For example, a ward in a hospital rather than the whole hospital.
- Staff will require IT access to complete the eLearning training modules
- Support is available from the local MECC Mobiliser and HP&I staff to support implementation and the delivery of the 'Enhancing your brief intervention skills' workshops.

1.5 Project Management Support

In CHOs, the MECC programme may be supported by the Project Management Office which will ensure that a project management approach is used to plan and monitor progress of implementation support. In hospitals, this support may be provided by a Project Support Team.

1.6 Executive Management Team

The Executive Management Teams in CHOs and Hospitals are responsible for high-level planning for MECC implementation in their CHO or Hospital Group.

2. Meeting with senior managers

2.1 Initial meetings (recruitment meetings)

Initial meetings are held with senior managers such as managers of Community Healthcare Networks/ Chronic Disease Hubs/community facilities or hospitals to identify potential sites that might be interested in implementing MECC. A standard presentation has been developed for meetings/ briefings and can be accessed from the national MECC team.

In CHOs the meeting may be attended by the CHN Manager, Discipline/Therapy Managers, Director of Nursing, Healthy Community Co-ordinator, MECC Mobiliser, HP&I staff and/or other relevant staff.

In hospitals, the meeting is attended by the Hospital Group Healthy Ireland Lead, Hospital Healthy Ireland Lead, Hospital General Manager, Hospital Department Heads, HP&I staff supporting MECC implementation and/or other relevant staff.

Commitment from senior leaders in the health service will ensure:

- The basic infrastructure is in place
- Resources required are identified
- Systems and processes are in place to make it work
- Protected time is provided for staff to attend training
- Staff have access to PCs or laptops in a quiet environment in order to complete training
- Brief interventions are recorded
- Key actions and KPIs are embedded in operational, service and business plans
- MECC actions are an integrated part of Healthy Ireland plans in CHOs and hospitals
- MECC will be monitored, reviewed and evaluated as appropriate.

2.2 Recruitment meetings

Once potential sites are identified from the initial meetings described in 2.1 above, a further recruitment meeting with the senior manager/ senior staff member of the hospital site/ Community Healthcare Network or other service is arranged where agreement to proceed as a site will be secured.

In CHOs the meeting may be attended by some or all of the following, as agreed by local management. Recruitment can be more successful when a Head of Service attends the meeting/briefing.

- the senior manager of site, for example, a Chronic Disease Management Hub Co-ordinator, Primary Care, Service Manager/ senior staff member in a site in a CHN
- the Healthy Community Co-ordinator
- MECC Mobiliser
- HP&I staff
- and/or other relevant staff

In hospitals, the meeting may be attended by some or all of the following, as agreed by local management

- the senior manager of site/service, for example, a Hospital Department Head.
- the HG HI Lead
- Hospital HI Lead
- MECC Mobiliser
- HP&I staff
- and/or other relevant staff

2.3 Agreement to proceed

By becoming a MECC site these services are giving a commitment to integrate the MECC approach into their services and to ensure that it is part of routine care for those who access their service. This guidance document outlines the steps needed in order to make implementation a reality.

Steps 3-8: MECC implementation at site level

The following six steps are carried out by staff in the site planning to implement MECC with the support of the MECC Mobiliser, HP&I staff or hospital staff supporting MECC implementation.

3. Planning for implementation

3.1 Site liaison person

Planning is essential to the success of implementation at a site level. The site manager nominates a member of staff from the site to take on the role of site liaison person. See Appendix for role description.

3.2 Implementation working group

The site liaison person establishes a small, short term working group with the support of the MECC Mobiliser/ HP&I staff which will include frontline staff representation. The MECC Mobiliser/ HP&I staff are not required to be a member of this group but they support the site liaison person. Short term refers to the length of time needed to prepare the site for the implementation of MECC. This can range from six to eight months.

3.3 MECC site action plan

The Implementation Working Group develop an action plan and identify the resources required for implementation. Key questions to be addressed as part of the MECC site action plan include:

1. Who are the key stakeholders for MECC (management, staff and patients)?
2. Are there leaders and champions for MECC from within the site team to lead out on implementation?
3. How is the working group going to raise awareness of MECC among staff and patients? A Communications Resource document has been developed by the national MECC programme to support staff to develop their communications activity. See Section 5.1.
4. How many staff and managers will complete the eLearning training? How many will complete the workshop? How long will it take for those identified to be trained?
5. When will staff be released to do the training?
6. Where will staff do the training?
7. How will brief interventions be recorded? Is there an existing assessment form that can be adapted to include questions from the MECC Client Record? Would the MECC Client Record be a useful recording tool? Are there ways of recording brief interventions in patient notes that increase the likelihood of following up with the patient at subsequent appointments to check if improvements have been made? Can staff keep a tally of the number of brief interventions they do in a week/month?
8. What is the planned go live date to work towards (see below) and other timelines?
9. How will managers acknowledge the success of brief interventions? For example, will staff have an opportunity to report on success they have had in encouraging behaviour change? The main challenge with prevention work is that it is not visible and it can be disheartening if successes are not acknowledged and potentially lead to a perception that the work is not valued.

10. Do managers have a process for monitoring the number of brief interventions taking place? The success of MECC depends on the number of brief interventions taking place; it is more effective it they are happening routinely. Managers may also wish to monitor the topics being addressed; if certain lifestyle behaviours are being discussed regularly and other behaviours are not being addressed at all, staff may require further support/encouragement to address all topics.
11. What resources are needed to make implementation possible? For example, staff time/cover to complete training, access to Information Technology (IT) for training, ordering of MECC Client Record books, other promotional material and literature to support interventions, allocation of a small budget to support implementation if needed, identifying local supports (signposting to services) for referral following intervention where necessary.
12. See step 7.4 on signposting.
13. All resources and health information leaflets are available from www.healthpromotion.ie

Setting a 'Go Live' Date

This is the date that a service plans to begin conducting brief interventions on site. It is a target date to work towards during the preparatory phase. In order to go live each of the following needs to be in place:

- Management are active in supporting Making Every Contact Count on site
- Staff have been adequately briefed – see step 4 (Communication posters to promote training of staff are available from www.healthpromotion.ie)
- Sufficient staff have completed the MECC eLearning – see step 5
- Sufficient staff have completed the "Enhancing your brief intervention skills workshop"
- Communication posters aimed at service users are visible on site
- Staff are aware that brief interventions, the topic covered and any advice or referral provided should be recorded using the client record OR in patient notes and should be followed-up at subsequent appointments
- Signposting supports and referral procedures have been discussed – see step 7
- Health information and literature is available to staff for distribution
- The monitoring process had been agreed by the site Implementation Working Group

Once all of the above are in place the site is ready to 'go live' with the implementation of MECC.

4. Staff briefing

4.1 Communicate MECC site action plan

An overview of MECC and the action plan is presented to staff on site for discussion, by a member of the Implementation Working Group. The MECC Mobiliser/ HP&I staff may attend this briefing when required.

4.2 Staff agreement

It is important to secure staff agreement on the action plan including timeframe for eLearning, dates for workshops, implementation date, methods of recording and monitoring.

5. Staff training

Training is an essential component to facilitate implementation. The training programme consists of a blended learning training programme including eight 30-minute eLearning modules followed on completion by the 'Enhancing your Brief Intervention Skills' workshop. The workshop can be delivered face to face (3.5 hour) or virtually (2.5 hours). The training programme is available on HSeLanD learning portal.

5.1 Communications to promote training

Communications to promote training of staff are available from www.healthpromotion.ie.

Internal staff communications channels and social media can also be used to promote training.

See more details on the training programme at www.makingeverycontactcount.ie

5.2 MECC eLearning

It is advisable that all staff are made aware of the both the eLearning and workshop component of the MECC training. Within the site, it is recommended that as many staff as possible (including management and frontline) complete the eLearning.

5.3 MECC 'Enhancing Your Brief Intervention Skills' workshop

On completion of the eLearning staff are eligible to attend the 'Enhancing Your Brief Intervention Skills' workshop. A cohort of staff undertake the "Enhancing Your Brief Intervention Skills" workshop and this number is decided as part of the planning process. It is recommended that as many staff as possible do the workshop as those who take part report that it substantially increases their confidence in doing brief interventions.

6. Communications

Effective communication is a major part of successful implementation. A Making Every Contact Count microsite has been developed on the HSE website www.makingeverycontactcount.ie containing information on the programme including the framework document and a link to the training programme. It also has a short video message of endorsement from key National Directors and a video of a healthcare professional sharing her experience of MECC.

6.1 Communications to patients/ services users about MECC

Resources to promote MECC to patients/services users are available from www.healthpromotion.ie

6.2 Communications to staff

A Communications Resource document has been developed by the national programme to support staff develop their communications activity. It describes the MECC Communications approach and the resources available on www.healthpromotion.ie. Available at www.makingeverycontactcount.ie.

Contact your local MECC Mobiliser for more information.

6.3 MECC 'on the Agenda'

MECC implementation is on the agenda and discussed at all relevant meetings e.g. Senior Management Team, team meetings and HI Committees in CHOs/HGs.

7. Site implementation

7.1 Staff conducting brief interventions

Staff record brief interventions using the MECC client record, digital system, assessment forms, patient notes or other method as agreed in action plan.

7.2 Knowledge of Local Services

It is important that staff have knowledge of and access to up-to-date details of support services that patients can be referred to. The national MECC team are in the process of developing a signposting template document that users can tailor to their geographical area (county) by inserting their local service details. This document can be shared by trainers with healthcare professionals at the MECC workshop. A healthcare professional may refer to it when doing a brief intervention and/or share it with a patient/ service user.

The MECC Mobiliser will lead out on identifying the services to be referenced in this template with the support of HP&I staff. It may also be useful to link with Self-Management Support Co-ordinators and Social Prescribers as they will be familiar with local services. Many of the leaflets mentioned in the document are available on healthpromotion.ie. but the document mainly focuses on services.

In order to keep the document to an optimal size, the focus is on 'services' rather than leaflets/ resources but there may be some flexibility with this. Sites implementing MECC may wish to add additional services and supports.

Signposting documents for each county/city/ region will also be made available on www.makingeverycontactcount.ie. These documents will ideally be web-text documents to allow for ease in updating and ease of access for health professionals.

It is essential that the signposting document is reviewed every six months by the MECC mobiliser to ensure that it is up to date.

7.3 Check-ins with MECC site

The HP&I staff will check in regularly with the Site Liaison Person on an ongoing basis to monitor progress.

8. Recording and monitoring

Recording brief interventions is good clinical practice and healthcare professionals can record in the following ways:

- MECC Client Record (paper based)
- MECC Client Record on digital systems – i.e. on the Maternal and Newborn Clinical Management System (MN-CMS)
- Patient notes (paper based)
- Other patient digital systems where available

The MECC Client Record was developed in 2017 to document brief interventions and to support the monitoring and evaluation of MECC. The record book contains questions on tobacco use, alcohol use, healthy eating and physical activity and appropriate referrals based on responses provided by the patient. Each book contains 25 patient/ client records that can be inserted into a patient file, with an anonymous duplicate copy that remains in the book. Healthcare professionals are encouraged to use the client record to record brief interventions. It is a useful aid in the early stages of delivering brief interventions when healthcare professionals are familiarising themselves with what questions to ask and what advice or referral to provide. It is also useful for managers who wish to keep track of how many brief interventions are taking place, particularly in the early stages of implementation.

However the paper-based nature of the MECC Client Record presents challenges, as it is additional paper work to the existing patient assessment/notes. Therefore, it is no longer mandatory to use the paper-based MECC Client Record to record brief interventions.

Some services have incorporated the questions from the MECC Client Record into paper-based patient assessment forms and find that it has helped to make brief interventions a part of routine care. Some maternity services have included questions from the MECC Client Record into their digital patient records.

In situations where a service chooses not to use the paper-based MECC client record and the questions are not included in their patient assessment forms, brief interventions should still always be recorded in patient notes/assessments and followed up on in subsequent visits. Evidence indicates that brief interventions are effective, and it is important that if a patient has changed lifestyle behaviour following a brief intervention that it is recorded, as this makes prevention work

'visible'. It is also supportive to patients to follow-up with them and to acknowledge any success a patient reports in changing their behaviour.

In the medium term, it is expected that brief interventions will be recorded digitally on systems such as the Integrated Community Care Management System (ICCMS). In the interim, brief interventions can be recorded though MECC Digital, which is being piloted in fourteen sites in 2022.

8.1 Monitoring process

Arrangements for monitoring brief interventions are discussed and agreed during the planning process at local level by the Implementation Working Group. In addition to MECC being discussed at site level, MECC also needs to be a standing agenda item on local management meetings and Heathy Ireland Steering Committee meetings.

8.2 Monitoring at site level

This involves ensuring that MECC is a standing agenda item and will be discussed at team meetings. Discussions may involve how staff feel brief interventions are going, how patients are responding, what topics are being addressed most often, what topics are least likely to be addressed, the number of brief interventions that staff estimate they have completed in a week/month and any observed improvements in outcomes for patients in follow-up appointments. This type of discussion creates a culture where MECC becomes part of routine care and staff members learn from one another as they become more experienced in doing brief interventions.

Research has found that brief interventions are effective in changing behaviour at population level. For example, 1 in 12 brief interventions on smoking result in the patient quitting smoking, 1 in 8 brief interventions on alcohol result in patients decreasing their alcohol use etc. It is expected that these improvements in patient outcomes will be seen in services, once brief interventions become as part of routine care. It is important that achievements are acknowledged as successfully encouraging patients to make behaviour change is very important work.

In the early stage of MECC implementation, site managers may wish to establish the number of brief interventions taking place over a 3-6 month period, to ensure that there are a sufficient number of brief interventions taking place to see improvements. Success of brief interventions is related to the number of brief interventions taking place. To establish the approximate number of brief interventions taking place, staff can keep a tally of the number of brief interventions they do for an agreed period of time. They may keep their own personal record, they may use the MECC Client Record or an alternative method that is appropriate/ already used by a service manager. It is important to note that these figures are for the use of the site manager only and are not required for onward reporting to MECC Mobilisers or the MECC national team.

8.3 Monitoring at CHO level

The CHO quarterly report monitors implementation progress in CHOs. The quarterly report includes the mapping of services, the number of sites that have agreed to proceed with MECC and the number of services that are implementing MECC within the CHO. It records this data for Slaintecare Healthy Community Areas separately.

In addition to MECC being discussed at site level, MECC also needs to be a standing agenda item on local management meetings and Heathy Ireland Steering Committee meetings.

8.4 Monitoring at national level

The MECC programme reports nationally on the MECC KPIs as part of the National Service Plan reporting process.

Any concerns or feedback on the MECC programme or implementation from staff and patients/service users can be emailed to makingevery.contactcount@hse.ie

Appendices

Appendix 1: MECC Mobiliser Role

MECC Mobiliser	
The MECC Mobiliser leads the implementation and support of MECC across all health services to the CHO and Hospital Group. They will build relationships and integrate with other Slaintecare Healthy Community services. The post will also enable the monitoring of MECC in order to assess and maximise the programme benefits.	
Responsibilities	• Ensure extensive and collaborative stakeholder engagement as part of planning and implementation. Working closely with Health Promotion and Improvement/ Health and Wellbeing Managers and other Leads to ensure effective prioritisation and coordination of the service, and visibility among staff, stakeholders and communities. • Build knowledge of, and links with, local services so that patients may be signposted or referred to these, where available and appropriate. • Phased coordination of training to all staff in the designated area across all health service settings and coordination of Enhancing Your Skills Workshops – on site or virtual; in line with nationally defined frameworks, standards, policies and resources. • Ensure that HSE staff are equipped to deliver Brief Interventions as part of their routine care, signposting and or refer to the wider services and supports existing in the community. • Support implementation and establishing local networks for shared learning / referral pathways / resource sharing. • Assess impact from collective / integrated approach as per agreed indicators. • Maintain an integrated and standardised approach with the national MECC Programme, supporting the development of the programme through shared learning, and implementation of best practice. Proactively identify issues regarding service administration and implementation to improve service delivery. Undertake audits in line with nationally defined standards and requirements. • Monitor and track implementation and provide reports and updates to relevant stakeholders as required. Providing staff and service user feedback to evaluate the service; ensuring programmes reach targeted groups, meet agreed KPIs and are delivered to the highest standards. • Represent the Area Based team regarding MECC on local working groups and be a point of contact regarding the Healthy Community programme to the CHO.

Appendix 2: Programme Delivery Lead Role

Programme Delivery Lead	
Leads the delivery of programmes across the CHO area and local hospitals. Provides oversight and coordination of activities across the Health and Wellbeing team to ensure a high quality and consistent approach to Health & Wellbeing service delivery as it relates to programme delivery.	
Responsibilities	• To be responsible for the delivery of activities aligned to priority portfolios across CHO and hospitals, in line with nationally defined frameworks, standards, policies and resources. • To provide day-to-day oversight of Health and Wellbeing activities and programme delivery as it relates to Health Promotion and Improvement priority areas, including the management of staff, monitoring performance and performance management. • To work closely with the Health Promotion and Improvement/ Health and Wellbeing Managers and other Leads to ensure effective prioritisation and coordination of Health and Wellbeing service delivery activities. • To work closely with H&W team members and other CHO colleagues to support the delivery of the annual HSE National Service plan and associated CHO Delivery Plans and HG Business Plans. • To support staff to build specialist skills to enable them to successfully deliver on activities within priority portfolio areas. • To ensure programme delivery activities reach targeted groups, meet the agreed KPI's and are delivered to the highest standards. • To support the co-design and development of nationally led projects across key policy programmes and strategic initiatives. • Undertake audits in line with nationally defined standards and requirements • Participate in practitioner network. • Deliver of programmes as required.

Appendix 3: MECC Support Person Role

MECC Support Person	
This person(s) will provide support for the implementation of MECC in identified sites across their CHO and in hospitals based within their geographical area. The role involves both provision of onsite support and communication between local sites, Programme Delivery Lead and the MECC National Team.	
Responsibilities	• Complete the MECC eLearning training programme. • Make presentations to HI Committees in the hospitals and CHO to brief on MECC. Standard presentations available from the National MECC team. • Work with Head of Health and Wellbeing in CHO and HI lead in Hospitals to brief them on MECC and to discuss how to identify and scope out initial sites in this area. • Present briefing to Site Liaison Person and provide a clear overview of the MECC Training Programme. Provide details of supports that are available, where they can be accessed and how they should be used e.g. the Client Record, MECC promotional materials, training reports etc. • Support the promotion of the eLearning training within the sites. Check in with Site Liaison Person's on ongoing basis to check on progress. • Schedule the 'Enhancing your Brief Intervention Skills' workshop in conjunction with local sites, local trainers and the MECC National team. • Liaising with the national Making Every Contact Count team to facilitate communication between the National MECC team and each CHO and Hospital.

Appendix 4: MECC Trainer Role

MECC Trainer	
The MECC Trainer delivers the MECC Enhancing Your Brief Intervention Skills workshop to healthcare professionals who have completed the MECC eLearning training.	
Responsibilities	• Act as an advocate for and promote the Making Every Contact Count Training Programme in any interaction with healthcare staff. • Co-ordinate and plan the delivery of workshops in collaboration with key stakeholders in line with local implementation plans. • Ensure adherence to all standard training process regarding enrolment, registration, pre and post course arrangements and resources • Co-facilitate the 'Enhancing Your Brief Intervention Skills' workshop either face to face or virtually. • Support any post workshop monitoring or evaluation requirements such as reminders re post workshop evaluation and reconciliation of attendance. • Participate in updates, networks for sharing or events as required through the National MECC programme or local MECC structures to ensure consistent and quality delivery and to address issues collectively.

Appendix 5: MECC Site Liaison Person Role

MECC Site Liaison Person	
This person(s) has a key role in driving and supporting the implementation of Making Every Contact Count on a site within a hospital of community setting. They are nominated by the senior manager of a MECC site and are a member of staff on the site. The role involves both leading out on the implementation on the site and communicating between senior management, staff and the HP&I staff.	
Responsibilities	• Complete the MECC eLearning training and MECC workshop. • Engage with HP&I staff for MECC briefings and to access support on MECC implementation. • Establish a small, short term Implementation Working Group to prepare the site for the implementation of MECC (they may chair the group or have an identified chair). • Develop an action plan for MECC implementation with the Implementation Working Group. • Organise staff engagement activities. • Identify the resources required for implementation. • Co-ordinate the delivery of Making Every Contact Count training for the site. • Co-ordinate and manage the monitoring and evaluation of Making Every Contact Count once implemented as decided by the Implementation Working Group.

Appendix 6: MECC Report Person Role

MECC Report Person	
The MECC Report Person works with the MECC National Team on reporting and takes receipt of monthly and quarterly reports detailing staff numbers for the completion of the MECC eLearning training and 'Enhancing Your Brief Intervention Skills' workshop in their CHO or Hospital Group. The MECC Report Person disseminates reports as appropriate to support colleagues in the implementation of MECC and in the MECC Training Programme delivery.	
Responsibilities	• Work with the MECC National Team on reporting and take receipt of monthly and quarterly reports detailing staff numbers for the completion of the MECC eLearning training and 'Enhancing Your Brief Intervention Skills' workshop. • Disseminate reports as appropriate to Programme Delivery Lead, MECC Support Person, MECC Trainer etc. and support Programme Delivery Lead, Health and Wellbeing team members and other CHO colleagues in the provision of figures related to the MECC Training Programme and staff trained details. • Work with Programme Delivery Lead/Mobiliser, Health and Wellbeing team members and other CHO colleagues to achieve KPI targets for the CHO. • Adhere to the HSE Data Protection Policy and all local policies for processing, storing and disposing of confidential information. • Process personal data in a secure manner, ensuring the appropriate technical and organisational measures are in place. • Seek advice from the National Team with any issues or concerns around the management of MECC related information.

Abbreviations

CDH	Chronic Disease Hub
CHN	Community Healthcare Network
CHO	Community Health Organisation
ECC	Enhancing Community Care
HG	Hospital Group
HoS	Head of Service
HoS HWB	Head of Service of Health and Wellbeing
HP&I	Health Promotion and Improvement
KPI	Key Performance Indicator
PC	Primary Care
Site	A site can be a clinical service, a ward, a unit/department or a building with multidisciplinary teams working in it

Glossary

Community Healthcare Networks (CHNs) – CHNs are geographically-based units delivering primary healthcare services to an average population of 50,000. They consists of 4-6 primary care teams, with GPs involved in delivering services. https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/

Enhanced Community Care Initiative (ECC) – the ECC programme aims to ensure all HSE primary and community care services work in an integrated way to meet population health needs across Ireland, to reduce dependence on hospital services and provide access to consultant-led specialist services in the community.

This transformational programme will include 96 Community Healthcare Networks (CHNs), 30 Community Specialist Teams for Older Persons, 30 Community Specialist Teams for Chronic Disease and 3,500 additional staff when fully implemented.

Healthy Ireland Project Lead/Healthy Ireland Project Manager – Most HGs have developed a Healthy Ireland Implementation Plan and assigned a Healthy Ireland Executive Lead, with support from a Project Lead to lead on this work. A HG Healthy Ireland Steering Group oversees, guides and monitors the implementation of the actions set out in this plan. Many of the hospitals within the HG have local Healthy Ireland committees, chaired by a HI lead to oversee the work on Healthy Ireland activity.

Older Persons and Chronic Disease Hubs – The CHNs are further supported with Community Specialist Teams for Older Persons and Chronic Disease. These aim to improve the lives of older persons and the standard of care for four major chronic diseases including cardiovascular disease, type 2 diabetes, chronic obstructive pulmonary disease (COPD) and asthma.

Slaintecare Healthy Communities Programme was launched in 2021 to provide increased health and wellbeing services in 19 community areas across Ireland in which health and wellbeing risk factors are particularly concentrated. The initiative was developed by Sláintecare Healthy Ireland in the Department of Health, working with the HSE and local authorities and community agencies to support people's wellbeing within that community. The initiatives include Stop Smoking Advisor, QUIT smoking services, Parenting Programmes, Healthy Food Made Easy, Social Prescribing and Making Every Contact Count https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/