BN: So, let’s look and start just a little bit by if you could describe sort of your role within your organisation and what motived you to work there.

AP3: Yeah. So, I’m a Live Live Well coordinator in the public health team at (name of location) Council. I started off well about 2019 in May and I was just an assistant. It was a temp role, and it was only for the summer, and they just didn’t get rid of us.

BN: No.

AP3: See I’d lost like a…I worked at a football club for nine years and I got made redundant, so I was juggling quite a few jobs at the time.

BN: Right.

AP3: And I had this job over the summer but they kept extending the contract and then the coordinator came back from sickness because I think she’d fell of a bike and hurt her shoulder, so I think nine months into the role she’d came back and we were both working alongside each other and then during lockdown she retired and then I got the coordinator role because I applied for it.

BN: Right. Oh.

AP3: So, the lady who came back was the coordinator and then I got it and I was full time and permanent so I could drop all my other jobs.

BN: Oh excellent.

AP3: So, I was juggling four at one point.

BN: Yeah.

AP3: So yeah, I’ve been in this particular role about two and a half years and then it was like two years temping.

BN: Yeah. Oh great. So, you mentioned—

AP3: For full time hours.

BN: Yeah, yeah. So, you mentioned you run the health champions programme.

AP3: Yeah.

BN: So, what is the kind of the attitude towards health promotion here?

AP3: Yeah, well obviously as a public health team we’re quite developed. So, the health champions programme, it’s been running since 2009. It’s free for anyone in (name of location) over 18 and it was sort of back in the day before COVID, you had to do five modules to become a health champion. So, I got employed because (name) had fell off – it’s a long story – so we had a Live Life Well hub in (name of location) and that disbanded and moved back to the council. Some of the staff got TUPE’d over but they took their redundancy money and then (name) was the one who was going to come to the council, but she had an accident where she fell off her bike and hurt her shoulder, so they employed me on a temporary basis just to kind of book the courses and keep the programme ticking on.

BN: Yeah.

AP3: So, initially I was just kind of like doing bookings and the admin side of it. But now coordinate programme.

BN: Right.

AP3: So, I’m organising training, setting up all the training sessions. We’ve done an IIA, an integrated impact assessment, so actually going out to more deprived places, like the (name) Centre, LGBT groups, the Disabled Networks just trying to get more sort of minorities involved.

BN: Yeah.

AP3: Rather than just because when you look at the demographics of the health champions it tends to be like 80 per cent female.

BN: Yeah.

AP3: I think like I hope the percentage is right. I think it’s about 83 per cent, and that’s straight as well so it’s just trying to like get outside that kind of sphere.

BN: Yeah.

AP3: But I don’t want to ramble too much. So yeah, we do like a lot of health promotion activities, so we’ve got a monthly newsletter that goes out, and that’s got Public Health England campaigns in there. Any active events in (name of location), so we’ve got the (name of location) 10k. There’s like big bike rides and big events.

BN: Yeah.

AP3: I promote, you know, work that other people are doing, so if they’ve got like mental health training or we’ve just set up a food partnership for (name of location), like food charter to make sure people are more healthy. But yeah, we’re very sort of health focused and this big public health [03.43 unclear].

BN: Yeah [03.44 unclear] yeah. No that’s all right.

AP3: [03.47 unclear].

BN: No, not at all. So, what other, had you done any other sort of MECC training before the Train the Trainer?

AP3: No, I hadn’t. So, I know before COVID there was a guy called (name) who used to be my manager, and I know he’d done the Train the Trainer session and then there were other people in (name of location) that had done it. But because of COVID hitting, most people disengaged and then I know (name) was the regional lead and she’d left. I’d done an online session and I think it was meant to be Train the Trainer, but it was just like a MECC session, like I didn’t feel equipped for delivering MECC after doing the online session. (name) did like an informal MECC at a team meeting so I’ve kind of like touched on it a few times, I knew what it was.

BN: Yeah.

AP3: And then obviously with (name of regional MECC at scale coordinator) and (name of principal trainer) being in place and then our director of public health was really keen to embed MECC within (name of location) Council and the city. So, we’re quite sort of passionate about MECC now.

BN: Right. OK.

AP3: And (name), he tried to set up like a city wide MECC group before he left, and that was last year in September, so we’ve kind of got the basis of like the city-wide group and a few have done Train the Trainer and they’re starting to deliver it amongst organisations. But we’ve now been told like do it internally and sort of get our cards in order that, you know, within the council first.

BN: Right. Yeah.

AP3: So, there’s been a big push to get MECCs in the council.

BN: All right. Great. And so, have you always felt kind of passionate about MECC or has your attitude towards MECC changed over time in any way?

AP3: Oh, beyond saving.

BN: [05.29 unclear].

AP3: I mean at first I wasn’t convinced because I’d only done the online training and to me it was a lot of models, so you do like the COM-B model, the stages of change I’ve touched on in my sports degree which I did about 20 years ago so I kind of knew about that anyway. And it makes a lot of sense, that makes more sense, I think, out of all of them just kind of deciding which stage people are at. But yeah, I just thought there was like a lot of models, but then not as much as in putting it into practice. And then there was (name), my old manager, he delivered it to (name of charity) last year and I think they felt the same thing, sort of you know, they’d sat through the training, they kind of knew what MECC was, but then they didn’t know where to signpost people to.

BN: Right.

AP3: Like specific to like alcohol or drugs or whatever the young people were going through.

BN: Right.

AP3: And were even going to do core MECC as a core health champion module because we’ve got understanding health improvement, alcohol and smoking. Initially we were going to do understanding health improvement and MECC, but when we’ve done them trials with (name of charity) we just felt alcohol and smoking might be better suited, because we do have a high problem in (name of location). But I mean now we’ve got like more buy in from senior managers and they’re very keen to have MECC, so that’s where I’ve got the core MECC module.

BN: Right.

AP3: So, a little more passionate and I’m more converted with doing it and embedded it into all the health champion modules. I just feel like you need to have a little bit of context as well behind it.

BN: Yeah.

AP3: And when the training you do kind of touch on it like mental health and physical activity, but you don’t go into massive depths.

BN: Yeah.

AP3: So initially I was happy just to put it in the health champion modules, like put it in the alcohol one, put in physical activity, but now it’s like a stand-alone module as well.

BN: Right.

AP3: And there’s quite a lot of take up so.

BN: Yeah. And so, I suppose that passion for MECC, would you say that’s more like from leadership than yourself?

AP3: I think so yeah, you have to kind of buy into what you’re selling really.

BN: Yeah.

AP3: But yeah, like I said, I kind of I understand it more because I’ve done like a few sessions. I know the importance of having a conversation and like I said, I just feel when it’s linked to something it works a bit better, to put the context into it.

BN: Right.

AP3: But yeah, you can apply it to pretty much anything as well. Like it’s quite adaptable so.

BN: Yeah. So that—

AP3: We have been converted.

BN: OK.

AP3: At first I was just thinking oh what’s this, and like again it’s someone else I talked to, he works in like physical activity in an exercise setting and he kind of says well I’m having these conversations all the time but it’s just trying to formalise it by putting it under the MECC umbrella. Lots of people do it.

BN: Yeah.

AP3: But yeah.

BN: Yeah, definitely. So, that training, that online training where you said oh, we thought it was supposed to be Train the Trainer. What was that then?

AP3: Yeah, I think he more or less just went through MECC, and I mean the guy who did it, he’s probably left now, I don’t know if he’d been thrown in the deep end because he had like a notebook that he was going through as well and he was trying to find the page. I think he’s said like a comment about GPs and there a few GPs on the call.

BN: Right.

AP3: I think some no just saying they don’t have time, or they can’t be bothered or something. So, it might have just been that one session, but again I didn’t feel like equipped to then go away and deliver it.

BN: Right.

AP3: Like it was online because it was during COVID as well, so you don’t quite get the same interaction then [08.59 unclear] as face to face.

BN: Yeah. Yeah.

AP3: But yeah, I just don’t think it was…it was only an hour and a half as well. So, I think it pretty much was core MECC whereas the one I did with Newcastle with (name of principal trainer), that was about three hours.

BN: Yeah. Like half a day, isn’t it?

AP3: Yeah. Uh-huh.

BN: So, did you…so that online one, you expected it to be Train the Trainer.

AP3: Yeah.

BN: And it wasn’t.

AP3: But like I say, I said my manager (name), so we were both on it, he felt the same and I just thought if I had to go and deliver it tomorrow, I just wouldn’t be ready.

BN: Yeah. Right. So then how would you compare that to your experience of was it in person with (name of principal trainer)?

AP3: Yeah. So, I did in person with (name of principal trainer). I think it was part of (name) [09.39 unclear] group. He’d arranged a Train the Trainer session through Newcastle Council.

BN: Right.

AP3: And there was space, and my manager was really keen for me to do it, just with being the lead on MECC. So yeah. I think as well what helped, was I did core MECC with (name of principal trainer) because he delivered to our Warm Spaces staff in November and then Train the Trainer, I think pretty much I think it was weeks after.

BN: Right.

AP3: Like within a month. And I think it helps doing the core MECC first and then the Train the Trainer where you’re going over them core MECC slides.

BN: Right.

AP3: I do think it helps like being quite close together.

BN: Right. So, when you went to the in-person Train the Trainer, did you have quite a good understanding of MECC at that point then when you went to that?

AP3: Pretty much yeah. So, I had a bit of an advantage. But it was just the models I was a bit unsure on, like I couldn’t, I think the COM-B I probably could reel off now, but at the time, like I said, it’s quite a lot of things get thrown at you and then to regurgitate them for someone else. It just helped going over it again.

BN: Yeah.

AP3: So, I know a couple of people just went straight to the Train the Trainer so they might have struggled a little bit more with not having that prior knowledge. Because it’s just a lot to take in, all the slides and things.

BN: Yeah. So, if we kind of zoom back a little bit and think to your sort of thoughts and your knowledge before you did the Train the Trainer, what was your kind of motivation like to go on and deliver MECC training would you say?

AP3: Like until I’d done the session with (name of principal trainer), I would have been very nervous doing it.

BN: Yeah.

AP3: But I mean (name of principal trainer), I think he’s an excellent trainer. He’s really good. You know everything’s understandable. It was pretty straightforward. The only thing is so what I had of it was finance, and that was the online version because they’d just brought it out.

BN: Right.

AP3: So, I’d only really seen it being delivered online. I wasn’t at the webinar so I couldn’t even ask questions. I was only watch the recording.

BN: Right. OK.

AP3: And again, I was unsure on the 3A slides because they kind of covered them but in too much detail. And then when I had to deliver it, it was a little bit winging it. I kind of knew what it was and…but I couldn’t go into great detail.

BN: Yeah.

AP3: [11.56 unclear] to finance. So, there was me and someone from the finance team. We double teamed to do it because she had a finance background, I had the MECC background.

BN: Yeah. So, you wouldn’t deliver just the core MECC, just the finance.

AP3: I would have, yeah, I would if I had to.

BN: Right.

AP3: I mean I’d have to go over the slides. I do look at them regularly because we’ve got name of charity) who are commissioned to deliver it for two years.

BN: Right.

AP3: Again. Like I said at the beginning, I didn’t have the capacity to do it once a month, so they’ve got a two-year contract. We just wanted to make sure that MECC was getting delivered every month. And they’ve been really good.

BN: Yeah.

AP3: So, I do regularly look at the slides and see if there’s any updates, like any localisms so (name of location) can put in there.

BN: Right.

AP3: But yeah, if I deliver it myself, I probably have to just read through a couple of times.

BN: Yeah. Yeah. And—

AP3: Just bad memory, I think.

BN: Was there anything you particularly liked about the Train the Trainer with (name of principal trainer)?

AP3: I just think he’s very engaging and personable. So, I liked the group I was in as well, so that’s half the battle won.

BN: Right.

AP3: And like I said, it was good to go over the core MECC slides again but then they gave a bit more detail like as if you were the trainer what you would say.

BN: Right.

AP3: And sort of the comments that you get back.

BN: Yeah.

AP3: We also did an exercise that was different, like a role play, and I think the one we got was we’re in a GP surgery and a lady had came in with issues so you were kind of practicing having a conversation, so I think that was quite useful.

BN: Yeah. OK.

AP3: But yeah, I think I rated it at the time that he’s got good eye contact, you know, he’s very good with people.

BN: Yeah, definitely.

AP3: I cannot fault his delivery.

BN: Right. Yeah. And so obviously the models were a bit much to take in as well.

AP3: Yeah. I think that was just me.

BN: Yeah. Was there anything else that you found difficult to understand about the MECC training?

AP3: I mean I’ve got an advantage just because I know about health inequalities and like I’ve seen the Public Health England Fingertips charts, like I didn’t need to figure out what it was.

BN: Yeah.

AP3: I’ve done the Stages of Change before. I think it was just that COM-B model and then there was one with the stool, like the diagram.

BN: Oh yeah.

AP3: And it’s like I said, you just kind of get a lot of things thrown at you which might be a bit overwhelming for someone without a health background or any prior knowledge.

BN: Yeah.

AP3: I think that’s why [14.17 unclear] struggled a little bit, they kind of wanted to know more on the conversation side.

BN: Yeah.

AP3: Like the 3As bit of it. And just applying it and where to signpost it as well.

BN: Yeah, so it sounds like—

AP3: On the day, I think. So, we’ve got the Gateway and I’ve got my (name of) website, but I think just at the time they kind of wanted a bit more.

BN: During the training.

AP3: Yeah.

BN: Yeah.

AP3: It’s just a bit like health behaviours and things.

BN: Yeah. And is there anything else you would want to change about the Train the Trainer training?

AP3: Honestly, I couldn’t, can’t think of anything I could fault it for. Like I know it was a year ago.

BN: All right.

AP3: Sorry, my memories a bit bad. Yeah, I just thought it was useful going through the slides again. We had a tea break near the end, and I think it was the last 40 minutes on what you need to be, to be a trainer. I don’t know, something a bit more on that side, but again it’s I’m not from a training background so it might just be my insecurity of being a trainer. Maybe like a little bit more on the training.

BN: Yeah. Uh-huh. So, what specifically do you think would help to add more and talk about that more?

AP3: I don’t know. It’s a tough one.

BN: Yeah, and I’m putting you on the spot.

AP3: I know I’m criticising but not offering a solution.

BN: No, no.

AP3: No, I know we’d wrote down on post-it notes what we feel are attributes of a trainer, but I don’t know if there’s anything we could do more on a training or a coaching side of it. Like engaging with people or I don’t know, more skills we could use to—

BN: Yeah. And he did mention things like not staying in the same place, like you moved around and it’s good things that I’ve used from my university degree as well. Like, if you’re just static in the same place then people switch off. But you kind of moved around the room and I never really noticed it until he mentioned it and I’m like ee yeah, he does.

BN: Yeah.

AP3: So, now I do it in presentation kind of pointing and I’m moving [16.18 unclear]. But yeah, like I said, I’m sorry it was such a long time ago. It’s just I felt I got quite a lot from it. But just in like the last section was a short like after the tea break. We did make sense going through the slides first, and then a break, then like the trainery bit.

BN: So still liked that, yeah, but maybe a bit more of the trainery bit after the break.

AP3: Possibly. Uh-huh yeah.

BN: Yeah. And more about kind of doing the skills rather than naming the skills.

AP3: I think so, yes.

BN: Yeah.

AP3: Uh-huh yeah.

BN: OK.

AP3: I know (name) , when he did core MECC, this was kind of I don’t know if it was 2019 or 2020, it was like on the cusp before COVID, back when you did like a day training.

BN: Right.

AP3: So, it’s like a bit more intense. So, I think he might have covered more sort of training skills during it.

BN: Right. Yeah.

AP3: But I mean (name of charity), they’re got a training background so they’re, I mean (name of trainer) ’s…she could just talk to anyone. She’d talk to the Queen, like I say.

BN: Yeah. Yeah.

AP3: King I should say now. You know, she’d just talk to anyone.

BN: Yeah.

AP3: Like she’s very kind of open and confident and she is a trainer so I think she obviously wouldn’t struggle as much as I would.

BN: Right. So yeah, because how do you feel about delivering training?

AP3: Yeah, like I said, it’s kind of I would do it if I had to, but I would—

BN: Yeah.

AP3: I’m more after looking after the trainers that we’ve got, so we’ve got (name) and (mame) from finance, they’re delivering finance module, and then there’s two from (name of charity) who are delivering the core MECC. I think the more I did it the more I would get used to it.

BN: Yeah.

AP3: But I’m quite introverted and even university presentations were quite overwhelming at first. But I’ve like had to speak in network meetings and post meetings and things, and you do get used to it, it’s just the day before I’d probably be like nervous and [18.17 unclear].

BN: I know what you mean.

AP3: We actually, we did a, so we had a Warm Space and celebration event in March and (name of trainer) was running late but she was in the coffee shop. I hadn’t realised because reception hadn’t said it.

BN: Right.

AP3: And they actually turned to me and said (AP3) you might have to deliver it. Well, I hadn’t looked at the slides like in a few months and like the panic that set over us because I was hosting the event and then just like it was a bit like I didn’t have any resources on us either, so I think it’s just like a massive panic because I didn’t have anything with us. They had all the trainer materials and just the thought of delivering just off the cuff.

BN: Yeah.

AP3: I’m out of practice and that was like uh, (name of trainer) !

BN: Yeah.

AP3: [19.01 unclear].

BN: Yeah, that was good.

AP3: But yeah, like I said I think I could do it, but I would get nervous because it’s just me sort of the day before.

BN: Yeah. Yeah.

AP3: I feel more comfortable with someone else as well, like a co-host.

BN: Right. Yeah.

AP3: Or if it was people I knew maybe it might really get a little bit—

BN: So, when you went to the Train the Trainer training, were you expecting that you would then go and deliver it yourself, or did you kind of know that you would be more coordinating the training?

AP3: I didn’t know. Well, it was part of the coordination that I did go.

BN: Right.

AP3: But like I said, I did deliver the finance one. So, I’m kind of the backup.

BN: Right.

AP3: And the things are we mightn’t, I don’t know what will happen in two years if we’ll continue with (name of charity) or whether I might have more capacity to deliver it.

BN: When you’ve got the skills then.

AP3: Yeah. Because he had put us forward for the RSPH MECC with mental health, so again I would have had to have been delivering a few courses a year if I’d done that.

BN: Yeah. Right.

AP3: So yeah, I’ll do things, but I do get a bit nervous.

BN: OK. No, I think that’s fair enough.

AP3: Yeah.

BN: And can you remember sort of what your motivation was like to go on and deliver training after you did the Train the Trainer?

AP3: I mean, like I said, I’m quite sold on MECC now, so I think it is important for people to know the basics. And it’s part of our public health plan that we want to get, and the wellbeing strategy that we want to get everyone at (name of location) Council kind of MECC trained. It’s part of the health champions plan. The director’s on board so I know it is really important that we get the message out there.

BN: Yeah.

AP3: You know, and we have got (name of charity) in, but if I had to do it, I’ll be happy to do it because then on continue rolling it out as part of a public health plan.

BN: Right. So, that’s really motivated you, it’s part of your role.

AP3: Uh-huh. Yeah.

BN: Yeah. And do you feel able and capable to go on and deliver training now?

AP3: Like I said, I would do it. I’d probably have to read through the slides a few times but yeah. I suppose I’ve got the advantage that I have read the slides quite a lot, so I am familiar with them.

BN: Yeah.

AP3: So, it’s just kind of like getting it perfect before.

BN: Yeah. And do you feel like you’ve got the opportunity to be able to deliver MECC training?

AP3: Yeah. I could if I wanted to. Like if (name of trainer) was on long term sick or something I could go out and do it. The one thing I must say, sometimes I think, I mean this was said at the regional group in (name of location) in June, so we had a few from the NHS, so I just feel if they’re in the group they’re a bit more I know this, like a bit more critical.

BN: Yeah.

AP3: So, I’d kind of like an audience of like people with no experience.

BN: Yeah. So, that would be more local authority I would think.

AP3: Because they’ve kind of been the biggest critics I think only because they think oh, you know, we’ve had to get taken off our pharmacy desk or whatever or whatever they’re doing in the NHS to come along and do MECC, and I think they’re a bit, you know, health inequalities we know this kind of thing. And there was some of the comments made at the (name of location) in one of their, I think it was their weight management workshops, of something similar from the NHS point of view, just so yeah, we’re sort of a bit more mindful how to promote MECC and who we promote it to.

BN: Yeah. Uh-hm. Right.

AP3: And most people, I mean they do rate it high because I get all the feedback back and collate it all. It’s only like fours to fives for feedback.

BN: Yeah.

AP3: But the lowest have been like the NHS staff.

BN: Right.

AP3: It was in this one particular group as well, so.

BN: Yeah. So, in terms of support for you, do you think it’s more helpful to have sort of an NHS support group and then like a more local authority BCSE group then?

AP3: Maybe it might have, in terms of delivery, it might have been better to separate them if we had the luxury of being able to do that.

BN: Right.

AP3: Just because like (name of trainer) will probably go into more depth than is needed to the people who don’t know anything about inequalities and like the percentages in (name of location) , like the health life expectancy and things like that.

BN: Yeah.

AP3: You know, like it was quite interesting to people that haven’t touched on it, but people who have it’s like probably could have read this.

BN: Yeah. It’s quite a variation.

AP3: [23.16 unclear] as well. Uh-huh.

BN: Yeah. And what did you think about the approach of the Train the Trainer in terms of like how you learn? Did you feel like it was a good approach in comparison to how you like to learn?

AP3: Yeah, so we did a few exercises. I know we did the Stages of Change where you have to mark on the card like what stage they’re at, whether they’re maintenance, pre contemplation, contemplation and relapse. So, that was quite good because you’re kind of learning and you’re thinking about it more rather than just looking at the screen and taking it in.

BN: Yeah.

AP3: And then again that conversation exercise where we were talking about how the GP would respond to this lady who had like a number of issues. I think when you’re doing an exercise it kind of brings it to life a bit.

BN: Yeah. And then so what about then—

AP3: And it wasn’t a role play, I think we were discussing it.

BN: Yeah.

AP3: A lot of people don’t like role plays.

BN: Yeah. What about the approach for you learning how to deliver the training?

AP3: Again, just not being from a training background I think there could have been a little bit extra at the end rather than just what qualities should you have. It’s just if there’s any way of like teaching us within that little space of time.

BN: Yeah. Is there any kind of ways you think will be helpful to teach you that?

AP3: Erm—

BN: Putting you on the spot.

AP3: I know. It’s just a few pointers but I think if I did like just a training course I would probably have like a few more ideas and suggestions.

BN: Right. Yeah. Fair enough. And so, have you been able to cascade the training down after the Train the Trainer?

AP3: Yes. So, I did the finance module, so we had 17 people on that one. And (name) and (name) from our finance team they’ve been delivering that like pretty much every month since.

BN: Wow.

AP3: Apart from a couple of months where (name) she’s had an operation. Core MECC we’ve had pretty much one a month as well.

BN: Great.

AP3: And we’re trying to get more council staff on it, so there has been quite a few at city hall, but now we’re trying to get like out into the community, so we’ve done one at [25.37 unclear] and (name of location) because it’s sort of a priority area. To be honest, most areas in (name of location) are priority according to the Fingertips.

BN: Yeah.

AP3: But yeah, we’re trying to get out more into the community now.

BN: Right.

AP3: And still do of a few courses at city hall but yeah, we’ve had quite a few MECC courses. I don’t have the actual numbers on us. We’ve just done a survey as well.

BN: Yeah. Oh right.

AP3: So, it’s like a follow up survey, so we had…it went out to everyone who did (name of principal trainer)’s session at the Warm Spaces in November, up until May, the ones that (name of trainer) delivered from (name of charity) . So, we had 27 respondents for that.

BN: Oh wow.

AP3: And it was just how many conversations they were having, what type of people they were having a conversation with, whether it was work colleagues or friends and family.

BN: Yeah.

AP3: But yeah, we just wanted some sort of insights, because you can do the training and then they kind of go on their way, so you kind of want to know what they’re doing, and you get feedback after the course but not necessarily what they’re doing with MECC.

BN: Yeah.

AP3: So, it was really useful to do that.

BN: Oh great.

AP3: We haven’t done a case study yet, but we have done one with the health champions, and through the health champions case studies they have kind of commented on having the conversations as well because MECC is embedded in a lot of the modules.

BN: Yeah.

AP3: So yeah, we thought it was important with MECC being going half a year and health champions programme being going two years, just to kind of get a bit more evidence and what’s happening, especially from Public Health because they love evidence based [27.06 unclear]. It just justifies it.

BN: Yeah. Also, it is working and is cascading down yeah.

AP3: Yeah. So, we’ll probably do another one kind of in another six months’ time, I think just—

BN: Yeah. Great. And how have you found that sort of being able to organise the training, deliver the training?

AP3: There was one course I think in April where we were having issues with the ICS platform for whatever reason. I don’t know if it was a (name of location) Council issue because it’s seemed to be a lot of council staff who couldn’t access it. (name of regional MECC at scale coordinator) , bless him, he kept saying make sure they’re in Chrome and it’s working at my end.

BN: Oh.

AP3: So, I don’t know if it was a council thing where they just couldn’t get on it.

BN: So, is that like the NHS Futures like website [27.47 unclear]?

AP3: No. It was the, so it was just for core MECC, so it was the, is it the ICS, like the gateway.

BN: Right. Yeah.

AP3: Where they register the core MECC sessions.

BN: OK.

AP3: There was a few for April. It just seemed to be that session as well.

BN: Right.

AP3: I don’t know if it’s because there’s lot of council staff and there might be some sort of ban on it from—

BN: Yeah. Right.

AP3: I mean, I could get into it as a lead trainer but then a few people weren’t able to register and it’s just a bit of a pain in the bum where you’re having to get back to them and saying well I’ll create a login for you and then can you answer these questions and you’re kind of emailing back and forth to try and get the pre stuff.

BN: Yeah. The barrier.

AP3: But it’s not, I’ve not had any issues since May so.

BN: Right. Oh, that’s good.

AP3: It’s going OK.

BN: That’s good. And what did you think about the rest of the resources that you were given like after or during the Train the Trainer to help you go and deliver?

AP3: Yeah, it’s really useful and I like the way there’s like a pick of videos. I know I think they’re arranging that they’ve recorded some new ones as well, but the next MECC meeting I think is the 12th so I’ll just see them if they’re running late.

BN: Right. Yeah.

AP3: But yeah, like they’ve really got a range and then there’s sort of materials on different health behaviours, so if you want to concentrate on physical activity there’s a few slides on that.

BN: Yeah.

AP3: Yeah, the sign in sheets, I’ve used that obviously in the core slides. Yeah, again I can’t fault the resources so.

BN: Oh great.

AP3: And there’s a lot of support, you know, like—

BN: That’s good. Do you think they’re relevant to your audience, the resources?

AP3: Yeah. Because there’s a number of different situations so, again like you said, it will probably be helpful if you could have the NHS in one room.

BN: Right.

AP3: And then show like more the GP situation or pharmacy, but then I know there’s going to be more social prescribing type videos which would be probably more useful for the general public.

BN: Right.

AP3: We’re just in the middle as well of setting up a social prescribing scene for (name of location) , so it’s been like a couple of years on progress and so yeah, we’re going to be quite big on encouraging people to signpost themselves rather than using GPs and.

BN: Right. Yeah, great.

AP3: And [30.05 unclear] and things.

BN: Yeah.

AP3: They’ll be more community based. I think MECC will…it’s getting written into the charter, so it’s certainly going to be pushed, that as well. That’s the whole city.

BN: Yeah. Oh, so it sounds like they’re ever evolving resources.

AP3: Definitely yeah. Uh-huh.

BN: That’s good. So, is there any other resources that you would want to help you deliver the training?

AP3: I don’t think so. I think everything’s been there. I suppose just like things like the Z cards, like we’ve made a local one to (name of location) .

BN: Right.

AP3: Because it was just kind of online. We’d have to print them ourselves and (name of trainer) , she’s made up the cards and everything, but we’ve got a budget that she gets paid for, for doing that.

BN: Right.

AP3: So yeah, I suppose you can’t really do them virtually though could you, like the [30.57 unclear].

BN: Yeah.

AP3: Yeah, just like the physical things. Like I said, (name of trainer) ’s managed so she’s probably just printed things off and laminated them or whatever.

BN: Right. And you’ve got a budget to be able to do that.

AP3: Yeah. Uh-huh. And you get paid per course so.

BN: Right. Yeah.

AP3: Copy that.

BN: And I think you mentioned the MECC meetings. How have you found that sort of support aspect to help you deliver the training?

AP3: Yeah. I just I always think the support’s there. If there’s ever an issue, I just send (name of regional MECC at scale coordinator) an email and he’s pretty quick. It’s like normally within the day that he gets back to us.

BN: Yeah.

AP3: So, there’s been problems with the website or if I’ve got to call you about certificates. I know when we first started doing finance the certificate was just the core MECC one, so people had done core MECC, they just had a duplicate certificate.

BN: Oh right.

AP3: So, I’d kind of got a few queries and I know they’ve rectified it now, so I had to backtrack and send all the certificates out but now the accredited one, it’s just automatically been updated.

BN: Oh right.

AP3: On the ICS so it’s now got the accredited MECC certificate.

BN: Oh, that’s good.

AP3: But yeah, just like queries like that (name of regional MECC at scale coordinator) ’s always been really good to get back.

BN: Yeah. Oh, that’s excellent.

AP3: He’s quite on the ball.

BN: And how— Yeah, I know he is, isn’t he?

AP3: Definitely.

BN: How have you found the groups then, the kind of more like peer support networks. Have they been useful in any way?

AP3: Yeah. I’ve only been to a few of the trainer ones to be honest, and I think one was talking about behavioural insights and there’s normally a clash with something.

BN: Yeah.

AP3: And like I said, I’m not hands on training as much to go along to more, but I always go to the regional one and it’s just interesting to see like all the developments, like you know, possibly MECC as hypertension, vaccinations and stuff that I’ll snap up for the health champions.

BN: Yeah. OK.

AP3: It’s really useful things. So.

BN: So, it’s useful.

AP3: And he’s done the pilot on the youth work as well. I go to the regional health champions meeting. (name of regional MECC at scale coordinator) went along for that on Tuesday.

BN: All right.

AP3: So, he’d mentioned he’d done like pilots with 10 youth groups, asked them seven questions specific to youths and then he’s going to amend the slides trial for training with them lot and then cascade it wider.

BN: Right.

AP3: So, I just feel having support of the regional team which perhaps wasn’t as good before (name of regional MECC at scale coordinator) and (name of principal trainer) joined.

BN: Right. Yeah.

AP3: It’s helping push it forward like in (name of location) as well.

BN: Oh great. It sounds like they’ve been really instrumental.

AP3: Definitely, yeah.

BN: Right.

AP3: Because they redid the slides. We’ve got the newsletter now, so the first newsletter came out. Yeah, I just think it helps sort of pushing it like regionally as well.

BN: Yeah. And so do you think that helps that you’ve got those cards that are regional, you’ve been able to tailor it so it’s—

AP3: Yeah, definitely. And we’ve had, like to the core slides, we’ve added a few localisms, but it was quite interesting sort of in the beginning stages because most local authorities were at different sort of stages of the MECC journey.

BN: Yeah.

AP3: So, I know Gateshead, like (name)’s the queen of MECC. So, she’s been delivering MECC. I’ve been along to a few courses, and she’s done it with like about, I don’t know, it must be over 30 different subjects.

BN: Yeah.

AP3: She has a meeting every week, like they’re like way ahead and I know (name of location) have made it mandatory for I think social care workers, but then some people haven’t even touched on it, so it was just quite interesting, and I think the regional group’s probably helping everyone kind of get the same level or catch up a bit.

BN: Yeah. Yeah, that makes sense.

AP3: Those behind, yeah.

BN: Yeah.

AP3: It’s quite interesting to see it. I found watching it develop before your eyes.

BN: Yeah. Yeah. It’s interesting.

AP3: But we’ve definitely, I mean (name) who was, I had a…so I’ve got like a MECC task and finish group with (name of location) Council staff now, we had the third meeting yesterday, and (name) who was one of the original MECC trainers like a few years ago before COVID, she was just amazed at how far it came on, because it was just kind of a theory and then with COVID everything just stopped.

BN: Yeah.

AP3: Public health were kind of had a COVID champions programme instead. MECC was completely put on the back burner. Wanting to do track and trace calls, ring shielded people, workplace outbreaks so it was just all COVID. But I just really feel now MECC’s finally it’s happening.

BN: That’s great, yes. Yeah, sounds like it is.

AP3: Yeah.

BN: And so, what do you think, have you got any thoughts about the Train the Trainer model for ultimately cascading MECC and encouraging MECC conversations?

AP3: Yeah. I suppose the one thing that’s probably came up is some people will do it and maybe not realise that they have to deliver training. We’ve always kind of made it explicit that you’re expected to if you do it, and there’s quite a few that did the course. I’ve only done on Train the Trainer with (name of principal trainer) and that as January this year. And I know I think it’s about that are delivering it.

BN: Right.

AP3: Which is great. But yeah, I don’t know if some…I suppose [36.04 unclear] looking into it a bit more wider not if there’s anything we can do to help them.

BN: Yeah.

AP3: But I know we had (name of charity) lined up so we could deliver it ourselves.

BN: Yeah. Uh-huh. So, have you got any recommend—

AP3: I suppose students. I don’t know if that’s, you know, why.

BN: OK. Yeah.

AP3: Because they were happy to do it, maybe to get a qualification but not—

BN: Right. Deliver.

AP3: Deliver as such. Yeah.

BN: Have you got any recommendations to those people who haven’t gone on to cascade how they could?

AP3: I mean I’d suggest if they wanted to like co-facilitate it with someone else we could link them up.

BN: Yeah.

AP3: But yeah, maybe just I don’t know, maybe just reiterate it, you know, you are expected to deliver. I mean, that’s why I’ve never held another Train the Trainer to date because I know we’ve got quite a few delivering to (name of charity). I think that’s 7 sessions so far.

BN: Right.

AP3: And then (name of location) College, (name) came along, she’s one of the health champions, she’s delivering at the college, so we’re getting it out there.

BN: Right.

AP3: There was a big push to get internal kind of sorted first but we do have an eternal task and finish group so I could kind of push it a bit further out.

BN: Right. Yeah.

AP3: Get more people on board. Like, we’ve got (name of location) Fire and Rescue like maybe trying to persuade them to do it. But it’s probably capacity issues as well.

BN: Yeah.

AP3: Why they can’t do it. But I think it’s a bit hit-and-miss like from what other people, other local authorities have said about picking up this training and who’s just happy to come.

BN: Yeah. When you went to the Train the Trainer training, did you think it was made exclusive what the expectations were to cascade?

AP3: Yeah. Uh-huh.

BN: OK.

AP3: I know I’m a bit cheeky because I’ve only done one so far, but I am kind of in the wings if I need to do it.

BN: Yeah.

AP3: But yeah, I mean (name of principal trainer) made it clear.

BN: Right.

AP3: Some of these but I don’t know, you just cannot stop people attending, I suppose, you know. If they’re team there could be a number of issues, like I should have looked into maybe a bit more and done like a survey and just said is there any barriers why.

BN: Yeah.

AP3: Do you not have a group to teach, like do you not feel confident training? Is it capacity?

BN: Yeah.

AP3: Time.

BN: And so, if you did the Train the Trainer again, is there anything you would want help to focus more on or less on?

AP3: The slides were great, so we sort of went through the slides again. I think there’s enough detail. I don’t think there’s like too much or too little. I know I’d just seen them like months ago as well, but I did feel it useful and going through them. So, there’s no point. I thought God why’s he going on about this, so I don’t understand that.

BN: Yeah.

AP3: And you have the opportunity to ask questions as well, so that was good, that was face-to-face, and you could just (name of principal trainer)’s really approachable so if you’re unsure about something you could just rabbit it off to him.

BN: Yeah.

AP3: Like I said, it’s just with me not being from a training background maybe the last bit could have been a little bit more. But [39.18 unclear].

BN: Yeah. Some more on that. Yeah. And so, I ‘ve kind of just got a couple of strategies that have kind of come up in previous projects that I just kind of wanted to think aloud what you think about them in terms of affordability, their practicality, how acceptable they are, things like that. So, having refresher training, Train the Trainer training, do you think that would be helpful at all?

AP3: Yeah. Like I said, I suppose the ones that are delivering already, they’re doing it every month but again I think it would be useful, yeah.

BN: Right.

AP3: Just so they know they’re on track.

BN: Yeah.

AP3: So, I’ve sat in for a couple of (name of trainer) ’s just to see how it’s coming across, how it’s being delivered, like the content whether she’s sticking up the slides, if they’re lingering on a particular slide too long. And I think maybe just to see (name of principal trainer) do it again maybe might be a good—

BN: OK.

AP3: Or there might be things that they’ve maybe forgotten and just doing them self like, it’s hard to explain, like [40.28 unclear] the inequality slide, you know, where they show the different papers that have came out, whether (name of principal trainer)’s kind of highlighting some of it more than others or—

BN: Right. So, watch it again.

AP3: I think it would be useful, yeah. Definitely. And definitely for the ones who haven’t delivered yet.

BN: Right.

AP3: It might help them if they do want to go on.

BN: Yeah. Most. Most of those people.

AP3: Yeah.

BN: Yeah.

AP3: Mean not like once, mean like once every two years or something, maybe something.

BN: OK.

AP3: I’ll take the same from my health champion modules as well because people might forget.

BN: Yeah.

AP3: You kind of know the basics like for alcohol and you know it’s like 14 units a week but then kind of calculating the units you forget how to do it, or you know.

BN: Yeah.

AP3: Might be different things so yeah, forget.

BN: Yeah. OK. And then what about, kind of talked a little bit about them already, but those peer support networks for like shared learning, knowledge, experiences. How helpful do you think that would be in terms of whether it be affordable to implement practical, acceptable, easy to implement?

AP3: Yeah. I think the training sessions that I’ve been to it’s kind of you probably could ask questions if you wanted, but I think they’ve kind of got a bit of an agenda and they kind of go through things, so it’s not just people like how do you do this, how do you do that, like there could be something. [42.00 unclear] last questions on NHS Futures, but maybe sort of more of an open session on anything you’re struggling with.

BN: Right. Yeah.

AP3: But you’re going to get a mixed bag I suppose. I mean people who’s delivering it quite confidently month after month and then like people who’s not so sure and done it or like a bit uncertain about things.

BN: Yeah. So, more like an informal question [42.26 unclear].

AP3: So, I have that side of logistic and you want enough people to attend otherwise you’d probably just send an email or something, can’t you.

BN: Yeah. And how do you think that would, do you think that will be better done online or in person?

AP3: Probably easier I would say online because it’s going to be hard getting everyone, especially it being regional, like it’s going to be quite hard getting people, but again it might be down to local authorities or like the main source of MECC who’s pushing it to maybe guide that because we thought of maybe doing like a forum of some sort down the line where people can just ask questions and things, but at the moment there’s not enough trained.

BN: Right.

AP3: And then we know the regional group have got one, so it just didn’t make sense to make a local one, it’s just in the meeting if they need to.

BN: Right. Yeah.

AP3: Organising it’s a headache.

BN: Right. Sort of [43.22 unclear].

AP3: And then you think do people turn up and then is it worth it if there’s only a couple, you know. You want to help them but like could just have a private Teams meeting, couldn’t you?

BN: Something regionally maybe would work better than local.

AP3: Possibly yeah, but more a free flowing.

BN: Yeah.

AP3: Like just a like random session.

BN: Yeah.

AP3: Quarterly or something, just—

BN: Right. Just as check in and—

AP3: Yeah. Uh-huh.

BN: Some know each other.

AP3: I think more so after the finance one, because I didn’t see the webinar live, like I said. And there was a few questions that I had, and it’s just clarifying them before you start training, because it is new.

BN: Yeah. Uh-huh.

AP3: So, I don’t know if he’s…(name)’s talks about vaccination so I don’t know whether we’ll just get the slides. You know, it’s probably been (name)’s fault that I wasn’t invited to the webinar.

BN: Right. Yeah.

AP3: Because she attended but I didn’t, so I don’t know.

BN: Right. Yeah, that’s difficult. [44.22 unclear].

AP3: Don’t share that.

BN: Oh no, don’t worry. All anonymous. It will be fine.

AP3: Like it would have been helpful if I was going to deliver it to actually be at.

BN: Yeah, definitely.

AP3: I think June might have been from the finance team though, so there was one represented.

BN: Right. Yeah. Well so that was everything I had to ask you. Is there anything you wanted to add you feel like we haven’t covered, or you want to kind of go over?

AP3: I think it’s quite comprehensive actually. Sorry I ramble a bit and talk with my hands. I’m trying to keep them still.

BN: No. No. That’s perfect.

AP3: No, just think it’s great like the work that the region’s doing now, and it is helping us.

BN: Yeah.

AP3: Like I said, we’ve got the internal task and finish group now, so they’re really keen to deliver MECC within a lot of the council staff.

BN: Yeah.

AP3: We’re doing it as part of the health champion programme. Yeah, it’s just good to see it up and running. And I think it’s only when I kind of logged down what I was doing and the strategy that I thought God, came quite far really.

BN: Yeah.

AP3: We’ve got the two modules running.

BN: Yeah. It sounds like there’s real investment for it, to implement it.

AP3: I think we normally get about 10 on average in the groups as well, so.

BN: Yeah, that’s great.

AP3: Sorry, I think it’s 10 for core MECC but 11 for finance.

BN: Yeah.

AP3: And they’re going on to most of the council departments and finance as well. So, we’re really pushing it out, so we are using it.

BN: Yeah. Yeah definitely.

AP3: Yeah.

BN: Well, thank you very much.

AP3: [45.50 unclear] coordinate them.

BN: Oh no, no. Not no. Thank you very much. I really appreciate it.

[End of recording]