BN: So, if we could just start by if you explain a bit about your role, your organisation and your role within that.

AP7: Yeah. So, it’s (name of location) Council, so a local authority, and I’m within the public health team there as a (name of role) and part of my portfolio is around Making Every Contact Count and it’s really looking at helping to coordinate a (name of location) approach. So, we deliver a little bit of training, but we also look at kind of how do we work with other services, organisations, to get them on board with MECC and do the training, and then adapt and embed and cascade. The cascade part is proving quite difficult, I have to say.

BN: Interesting.

AP7: It’s kind of reassuring that other people are feeling that that’s a kind of bit of a sticking point as well so.

BN: Right. Oh, it will be really interesting to chat more about why that is and your thoughts on that, yeah.

AP7: Yeah.

BN: So, what motivated you to work within your role?

AP7: So, I mean in terms of MECC or in terms of public health?

BN: Public health, so in a wider sense, yeah.

AP7: Public health, I mean it’s something that I’ve always been interested in right from kind of when I was at school, health improvement, health promotion was always kind of what I wanted to focus on. So, I went down the route of nutrition and then kind of branched off into a bit of a different direction and looking at a broader kind of approach to health and wellbeing, so kind of all the different elements of health and wellbeing, basically. So, that his why I really enjoy MECC because it’s obviously encouraging people to have conversations about anything and everything to do with health and wellbeing.

BN: Yeah. Oh, that’s great. And what would you say the attitude of (name of location) Council is like around health promotion?

AP7: Do you know, really yeah, really kind of it’s embedded throughout, to be honest. I mean, I think we’ve got lots of different strategies and policies where MECC is featured within that and the different services within the council, they’re really on board with MECC.

BN: Right.

AP7: I think they really understand the role, it helps them to see even if their role isn’t around health and wellbeing, it helps them to see, actually how can I turn some of these conversation around that I have day in day out and shape it around health and wellbeing, bringing stuff in. So, I think people really do get it. I think in terms of staff, in terms of kind of the managers and leaders, absolutely get the whole concept of MECC and so yeah, I mean I think as an organisation MECC is very much a part of it.

BN: Oh, that’s great.

AP7: I think the, yeah, I think the kind of practical kind of embedding and cascading can be quite difficult, so I think services and organisations are at different stages and I think sometimes as well they don’t see that actually what they’re doing all the time is MECC. It’s like a little bit of a detachment from that, so I think it’s yeah, it’s about kind of saying actually you’re already delivering MECC.

BN: Yeah.

AP7: It’s [03.43 unclear] connect, shaping some of those conversations around the principles to strengthen the approach really, yeah.

BN: Yeah. Oh, that’s really positive though. The attitude is really positive.

AP7: Yeah. Yeah, it is. Absolutely.

BN: Yeah. So, what is your kind of historic background of MECC? Like obviously we’ll mainly talk about the core Train the Trainer training but what other MECC training have you done in the past?

AP7: So, I mean I’ve been involved in MECC probably for just over three years and initially it was around delivering core MECC training to, well it was actually it was a mixture of different, well yeah, I suppose there was a bit of a kind of a two way approach where we delivered, we supported the regional delivery way, way back and we supported the local delivery, so we offer or part of my role and people within the team, we offer this core MECC training. It goes onto a platform called (name of platform) so it’s quite widely promoted with people, I suppose our own staff, and so we get a lot of (name of location) Council staff come on board but broader than that as well. So, from primary care networks, VCA. I’m trying to think of all the different people off the top of my Monday morning head. It’s probably not kind of coming too quickly. But there’s quite a wide kind of variety of people that sign up to that. The training that I deliver tends to be online but then I’ve got colleagues who do deliver face to face and deliver more bespoke, so we approach it as a bit of team. The health improvement team, which is part of public health, so the health improvement practitioners who have the portfolio areas of things like mental health, healthy weight, physical activity, I’m trying to kind of work around the room and try and picture people. Children and young people. So, there’s lots of different kind of portfolio areas and what they’ve done with their training is, I was going to say MECCify it. That’s kind of the term that we use in the team, to MECCify something. But they have delivered their training with MECC as the overarching framework so it’s all about MECC conversations around health weight, MECC conversations around mental health, so it’s early days. It’s only kind of been the last six months or so, but that’s kind of how we’re approach it as well, so it’s a bit of a team approach.

BN: Right. OK.

AP7: I don’t know if I’ve answered the question or if I’ve gone off on a tangent.

BN: Yeah. No, no, that’s [06.37 unclear]. So, when you went to the core MECC Train the Trainer was that the first time you’d heard of MECC, or had you sort of had any experience with it before that?

AP7: Yeah. So, when I came into post, I’d heard of it but I hadn’t actually done any training around it or anything like that. So, when I came into post I did the Train the Trainer course which was delivered by (name of principal trainer) at the time so I think I don’t know if it kind of sat with (name of location) when way back a few years ago so yeah, so I did the MECC Train the Trainer but previous to that I’d heard of it but I wasn’t really fully aware of it.

BN: Yeah.

AP7: But since then, and I think it’s really picked up in momentum, it’s not just within healthcare or kind of within the trusts, which I think is where it kind of grew initially, but it’s across the board now. Like it’s quite a well-known concept I think, quite a well-known approach.

BN: Yeah. Oh, that’s really good. So, if we kind of zoom back to before you did the MECC Train the Trainer course, can you remember what your attitudes were like towards MECC as a concept?

AP7: I mean, when I first…yeah, I mean I suppose way, way back I didn’t really know what it was fully about. I’d heard of the term, but I wasn’t really aware of it. When I did the training, it did make complete sense, you know.

BN: Right.

AP7: I think it was just, yeah I suppose my attitude towards it was this is something that we’ve – and a lot of people say this when I’ve delivered the training – it’s good to have a name for it, I didn’t realise I was already doing this, this is the kind of so I suppose I had my own moment of that when I did the training and I thought oh right, OK, this is like a kind of a framework to something that people are doing but encourages others and gives them the confidence. So, I suppose yeah, I suppose my attitude towards it is there’s lots of stuff happening around health and wellbeing, there’s lots of stuff happening around health promotion, health improvement, health protection, but this kind of is a bit of a vehicle for people to think right, well I’ve got kind of that three As framework and kind of to run that process through the conversation. So, I found it kind of really useful, to be honest. And I’d got a kind of even though it was new to me in the role, I got it straight away and I believed in it straight away.

BN: Right. Yeah.

AP7: Yeah.

BN: Oh great. And so, was that kind of due to the training? Is that when you started to get it?

AP7: I think so. Yeah, I think so. I remember when I first did the Train the Trainer training I think it can be overwhelming because I think when you’re thinking of actually encouraging people to have conversations about anything where you probably don’t have the answers to some of the signposting, so I know that when I did the Train the Trainer there was a bit of a roleplay scenario that was in place and it was during COVID so it was online and I think everyone was a little bit still unfamiliar with kind of virtual meetings. It was quite kind of people were terrified, basically, and so we did this kind of roleplay online and I hate roleplay within training, it’s not my thing really [10.27 unclear] group discussions and things like that I just find roleplay kind of you can see people just kind of like going everyone’s like that. But I found at that particular point when I was giving a scenario and it was around mental health, it was around a particular kind of case study and at the time when you had to kind of do that in front of everybody I thought I don’t know anything about this and there’s that fear which all those I suppose and this was before (name of regional MECC at scale coordinator) and (name of principal trainer)’s time but it kind of I suppose having that scenario kind of fuelled maybe the more negative things of well actually I don’t know anything about that particular topic and I might say the wrong thing and I don’t know how to signpost that person. So, I think yeah, I think maybe approaching MECC generally with all the different topics can be quite potentially overwhelming, I think. That’s the only, I suppose, that’s the only thing from the training when I first did the Train the Trainer that maybe I thought oh actually this is a bit more difficult. But the concept of it is really good.

BN: Right. Oh, that’s really good. And can you remember how you felt about the delivery side before you went to the MECC Train the Trainer course?

AP7: Delivery as in having the conversations?

BN: Training delivery, sorry.

AP7: Oh, training delivery.

BN: Yeah.

AP7: Before I went on that Train the Trainer course?

BN: Yeah. So, did you feel sort of what were your motivation levels like in delivering MECC training?

AP7: I mean yeah, I mean I was I would say I was definitely motivated. It was part of my job description as well, so I knew that that was this deliverable that had to kind of be delivered on.

BN: Right.

AP7: So, there was that kind of motivation in terms of actually this is my job, I’ve got to kind of cascade this. Which I suppose is a bit different to maybe some other people that are attending the Train the Trainer where they might not have that kind of either written into their job description or that opportunity to kind of channel that within their existing role, whereas I knew that actually I would be delivering MECC and the core MECC training.

BN: Right.

AP7: So, I suppose I did have kind of high levels of motivation because I knew that this was quite a big part of my role.

BN: Right.

AP7: And especially back then yeah.

BN: OK. So, in terms of the attitudes of your leadership and management towards MECC and you going on that training.

AP7: Yeah.

BN: Was that quite positive?

AP7: Yes. Yeah.

BN: Right. So, they kind of knew what was…it was in your job role and wanted you to go.

AP7: Yeah. Yeah.

BN: OK. That’s good.

AP7: Yeah, definitely. And I think that’s it. I think going back to kind of the leadership and management and attitudes to MECC, there is that kind of actual operational deliverable kind of there’s people in the team who are delivering on MECC, so I suppose there is that kind of that strengthens things, doesn’t it, kind of that they know that they want to kind of deliver on MECC within the joint health and wellbeing strategy and they know that there’s people in the team that kind of have that, or within the staffing structure, that have that kind of role.

BN: Right. Yeah, that’s really positive. And so, can you remember how you found actually accessing the training, so was it did you kind of…how did you find that the training was available? How did you book onto it, things like that?

AP7: I mean back then it was done through Eventbrite so there was I think, yeah, I’m trying to think of how I initially found out. I don’t know if there was just, you know, kind of an email got cascaded and then information on how to register with Eventbrite. So, yeah, so you registered. You could access the different kind of course dates on Eventbrite and you just registered for that. Yeah. And I think probably back then, because I’ve done a Train the Trainer course previously which must have been about, oh God, I don’t even know, about twenty years ago or something, and that was face to face.

BN: Right.

AP7: And that was delivered over a course of days face to face. It was very practical. This, obviously moving into kind of like during COVID online, it was a very different approach, a very different type of training, so I think it’s absolutely fine now that we’re at a stage where people are more comfortable with virtual training but I suppose back then it was probably still a little bit nerve wracking, you know, kind of weren’t familiar with how things worked and so yeah, yeah maybe yeah.

BN: So, comparing your experience of the MECC Train the Trainer to the Train the Trainer course you had all those years ago, was there sort of any comparisons you could make in terms of what worked and what didn’t work?

AP7: I think I mean in terms of comparisons, you know, group discussions and small group activities, larger group, like the full group discussions, that really does work I think kind of sharing, you know, people sharing their kind of experiences of, like especially if it’s around MECC, you know, kind of if you do have scenarios, I think throwing it open to the room and asking people well where would you sign- or where did you signpost that person to, or where would you signpost that person to. I think that just kind of feeds people’s kind of confidence and knowledge and kind of learning from each other about well how did you ask that person that. I think having that as a group discussion is really quite useful. I think if it’s more of a scenario, like I did in my training which again it wasn’t in (name of principal trainer) and (name of regional MECC at scale coordinator)’s day, but it was very kind of you were like really put on the spot and it was very individual. You had to kind of so you didn’t have that opportunity to talk to kind of other people and go ah well, you know, I find it useful if I say this or if I ask this question, so yeah, so I think there’s…and going back to kind of the Train the Trainer that I did several, several years ago, that was a very similar kind of approach, it was more group discussions, it was big group discussions, but like I say that was in a kind of in a room face to face and it was over the course of a few days, so it’s yeah, there are comparables, yeah.

BN: Right. And how do you feel about it being delivered online compared to in person? Do you have a preference?

AP7: It just depends. It depends who the, in terms of me delivering, I mean I have delivered kind of face to face MECC. I delivered a face-to-face MECC session with a community organisation that worked really well just because the participants knew each other, they had a kind of a regular meeting place. It was very comfortable for them. They interacted throughout and I think if it had been virtual that would have – well, I don’t even know if it could have been delivered virtual for that particular group – but thinking of some of the people who come onto the course or the sessions that I deliver, it works really well and I think it works really well in (name of location) because the travelling to different venues is a massive kind of issue for people’s time and capacity, and not saying that it can’t ever happen because I think you don’t want to lose face to face kind of in-person sessions but it does make it more accessible if somebody’s dialling in for a couple of hours from (name of location) and so on the sessions that I run virtually you’ve got people from all over the county kind of just jumping on which is brilliant because I think for, you know, for the, I suppose the kind of geographical makeup of (name of location) that’s really important. It kind of helps people to access it, yeah.

BN: Yeah, so there’s kind of pros and cons of both, isn’t there?

AP7: Yeah. Yeah. And you just have to, I suppose, what I do find is the delivery style changes, so if it is face to face it’s very activity based and there’s no doubt about it, once it goes virtual you don’t have that level of interaction and you might have varied levels of interaction, and because you don’t, I mean you try to kind of bring people in but sometimes I think when people are on virtual kind of training sometimes they maybes don’t want to participate as much. Which is fine. I think it’s just about you don’t, you’re not able to work the room as you would if it was face to face, but I think it has its purpose.

BN: Right. Yeah. That’s interesting. And what was your kind of overall experience of the MECC Train the Trainer course?

AP7: Back then, it was early days of me being in post. I think my overall experience was at the end of it I thought right, how do I take this forward, and I did have to do a lot of work adapting it and making it comfortable for me to deliver, making it (name of location) specific. The Train the Trainer that’s delivered now because I have sat in on (name of principal trainer) and (name of regional MECC at scale coordinator)’s sessions, is very, very different.

BN: Right.

AP7: It’s much, I mean I think the times have changed. A lot happens in three years, and I think it’s more appropriate for delivery now and I think the structure of it is much better.

BN: Right.

AP7: But I think, you know, kind of it’s hard to make comparisons to the Train the Trainer that I did and what (name of regional MECC at scale coordinator) and (name of principal trainer) do because COVID kind of got in the way. So, I think it inevitably did kind of make a difference. So, I think, the difference I think is back then when I did it you did the Train the Trainer and then you kind of like were expected to kind of cascade it. The structure now is that you’ve got the platform, the NHS Futures platform. You’ve got all the resources on there. (name of principal trainer) and (name of regional MECC at scale coordinator) are very accessible for any support or advice on anything. There’s a whole load of resources on the platform, not only just the core slides to deliver on but all the kind of different add on slides and things like that. So, it equips people more to be able to cascade it.

BN: Right. OK so all the add on resources I suppose.

AP7: Yeah. Yeah.

BN: Yeah. And obviously you mentioned that you have changed quite a bit of the training. Can you describe what you’ve changed and why, I suppose?

AP7: Yeah. So, I mean I did change quite a bit and I know that (name of regional MECC at scale coordinator) and (name of principal trainer) try to encourage people not to, but this happened before, before they were in post. But I do make sure that it is aligned to the current slide deck, so obviously there’s the quality standards of the training that you still want to, you know, there’s certain things that you want to, and you should include and things like that, so I think it’s not a million miles away. All I’ve done is basically in terms of branding we have the (name of location) Council branding, so we use that on the slides. We don’t use the regional MECC branding, but having said that, we always put the logos on. There are parts of it that were very much kind of reference the regional platform, will reference the gateway and things like that. So, there’s a large part of it that’s parallel to the regional slide deck. I inputted (name of location) data, so part of the sessions is looking at the fingertips profiles for (name of location) and we don’t go into massive detail but we just kind of talk about kind of what some of the kind of high levels of prevalence are or higher levels of incidents or whatever it might be, and we just kind of reflect on that in terms of some of the conversations that we might want to be having or that people might be able to kind of weave into their everyday conversations. So, it’s giving a little bit of the reasonings to why we’re wanting to focus on particular types of conversations but also looking at what’s happening in (name of location) in terms of health and wellbeing so that people can have a bit of a think about that in terms of what might be important to them. So, and then the signposting is very kind of (name of location) focused, so it's not perfect and I know that this is an area that we’ve been wanting to look at for some time and it still needs a lot of work because I think with the signposting that’s the most important part of MECC, because I think if you know where you might signpost somebody to, you’re more likely to feel more confident to have that conversation and you’ll find a way of asking the question or responding to something. So, and I do feel that we’re not there yet with the signposting. We’ve got the Gateway which has some elements of the topics, some national information and kind of what questions you might ask and things like that, or how you might respond to them, but what we haven’t got is services mapped on that system well enough for people to then do a search and then think right, I can signpost that person to that. The other factor that we’ve got in (name of location) is that we’ve got (name of system) which is a system that is like a signposting and referral system.

BN: Oh right.

AP7: And so, we reference that, we show people how to use that. But again, it kind of falls short a little bit of you do a search in (name of location) and you might find that there’s a service that somebody can access, I don’t know, like forty miles away or something, or you might find that there’s just nothing at all.

BN: Right.

AP7: So, it’s not fully functioning to kind of be really, really effective in terms of I mean it’s got some great stuff on it, but I think it just needs to kind of be built on. And I know that work is happening on that, but so we do encourage people to kind of explore both the Gateway and Frontline.

BN: Right.

AP7: And I think that’s probably it, apart from for (name of location), we always kind of talk about the other training that’s available, so there’s kind of the core MECC training which is introducing people to MECC and starting to kind of explore some of the conversations, but then I always say to people well there’s MECC for healthy weight that you can sign up to, or there’s MECC for mental health that you can sign up to where it’s going to be that more focused conversation. And if I’m honest, I feel that that might help people have those more focused MECC conversations when they’re more fanatic.

BN: Right.

AP7: So, a lot of the feedback that I get at the end of my sessions is that, like I said before, like they didn’t know there was a name for it. It’s good to know that there is a name for this, or that this is what it is. A lot of people feedback about the three As framework. They find that useful, and I think if anything it just kind of starts helping people to think actually, I need to start asking some broader questions around health and wellbeing, and I can do that and I can do it in a way that it feeds around whether you’ve got somebody coming in to speak to a housing officer or whether you’ve got somebody coming into a library, there’s ways in which you can kind of bring conversations in, but I think where it falls kind of short a little bit is then cascading that within the team, but also building and embedding that in around kind of what resources we’ve got and so I talk about organisations building their own signposting toolbox that’s very specific to them. And I’ll give a little bit of a range of these are the things that you might want to look at or think of, but I never feel that that’s enough.

BN: Right.

AP7: And I feel like I could probably do a lot more around that. And it is on my list of to-dos. At some point I’ll be looking at that in a bit more detail, I think.

BN: Right. So, it’s having the signpost and resources to point to.

AP7: Yeah.

BN: Within a few. Right. And can you remember, was there anything you particularly liked about the MECC Train the Trainer course that you did?

AP7: I mean, I think if I’m thinking of the session that I’ve sat with (name of principal trainer) and (name of regional MECC at scale coordinator) when they’ve delivered it, I think what I really do like is when there’s conversations happening between different organisations and so we’ve had people from training, on the training, that have been from fire and rescue, family hubs, libraries and different other different services, and having that, just I suppose I kind of sat in as a bit of an observer but observing some of those conversations between different service around talking about some of the conversations that they have has been quite interesting and kind of organisations saying actually well, and a lot of the organisations and services do work with each other already but I think it kind of helps to, because I think sometimes maybes the people they have conversation with could be the same person. So, I think that’s quite useful. I think the strength that comes from a forum of trainer is really helpful. I think the stuff that happens after the training, like (name of regional MECC at scale coordinator)’s regional steering group, like (name of regional MECC at scale coordinator)’s regional trainer forum, I think some of the conversations that come from that afterwards are really valuable to be able to drive MECC forward in all the different localities and that sharing of what things are happening and where it massively useful.

BN: Oh great. Yeah. And is there anything you don’t like so much about the training, would you say?

AP7: Anything I don’t like.

BN: Or that you would want to change, I suppose.

AP7: I suppose thinking of the Train the Trainer at the moment, it’s very standardised in that – and you want that because you need that consistency – and there are the case study scenarios that kind of build in the types of conversations around particular areas of focus, so I know that they’re used according to maybe who’s attending the training, so that’s good to building maybes types of topics or all that kind of thing. I think the…I do think it does have quite a healthcare focus still just in terms of maybes, and that’s really difficult because obviously MECC that’s kind of where I suppose ultimately where it kind of grew, like I mentioned before. But sometimes that doesn’t translate to I don’t know if you’ve got somebody from a VCSE organisation it might not feel like it translates to them. So, that’s I don’t know what the way around that is because it’s quite difficult to make it so bespoke like that when it’s such a broad topic area, and I think I suppose what I feel is maybe missing a little bit is that so what am I going to do with that. So, I suppose the current structure is kind of that train the trainer element and then running through the slides as kind of this is how you would deliver it yourself, but then when a person leaves that session there’s still quite a lot of work to do to adapt it for them and I don’t know if that’s something that can be done in the training.

BN: Right.

AP7: Because obviously it’s very specific to the individual and the organisation. They almost like, I suppose yeah, so it’s not that I don’t like it, but I think maybe you do the training and then the person is leaving but it’s kind of well what are they going to do with that now. So, it’s not a case of not liking it, it’s just that I think yeah, it’s kind of maybe a bit too kind of, I don’t know how to phrase it, kind of too left to the individual to then take it forward.

BN: Yeah.

AP7: I don’t think there is anything that I particularly don’t like about it. The sessions that I’ve sat in on, they’ve always been there’s always like great interaction and people are encouraged to kind of speak and yeah, I don’t think there is. I suppose yeah, I suppose it’s kind of bringing it down to kind of maybe some of those tailored conversations around or kind of with it being so broad it kind of maybes is too kind of generic a focus I suppose, is maybe what I would kind of question on whether that works in that format. Yeah.

BN: So, in terms of the setting in the organisation or the topics do you mean when you say it’s too broad?

AP7: I think the topics, yeah, I think the topics but then thinking of the different sessions that I’ve been to, there’s people from all different backgrounds. So, you know, people from your care networks, so GPs potentially, or health practitioners amongst people from fire and rescue and all sorts of different kind of backgrounds, so how you kind of then, but maybes that’s what people need. Maybes they do maybes primary care networks need a very specific MECC delivery that’s very specific for their setting. Maybes fire and rescue services from across the region would benefit from a very kind of fire and rescue focused MECC session or—

BN: Right.

AP7: And maybe that’s kind of yeah.

BN: Yeah.

AP7: Yeah, maybes that’s what kind of would work well. Don’t know.

BN: Yeah. No, that make sense. And when you say some people can feel a bit lost after doing that training, do you think there’s anything that you can think of that might help the people feel a bit less lost afterwards?

AP7: I think they definitely need some support afterwards, so thinking of some of the sessions that I observed at the end of it, they were saying well I think they almost felt a little bit I mean very unconfident in kind of delivering it even though, like it’s you’ve run through the training, you’ve got the slide deck, things like that, but it’s not your own kind of slide deck, so I think that person then has to make it their own, they have to think about how do they use that within their setting, can they deliver it as like a two hour session, can they deliver it as kind of smaller segments, how do they translate that into their organisation or kind of and yeah, what was the question again sorry Beth?

BN: Just whether you can have any kind of ways in mind that would help people feel less lost about then going on to deliver training.

AP7: Yeah. I think it comes after. I don’t know if it happens in that training session, although I think I don’t know if there could be an opportunity within that training session for a person to kind of sit down with like I suppose it’s like an implementation plan outline to kind of work through right, this is what I’ve learnt, this is what I’m going to do, so that it’s almost like a little bit of a plan of action of right, so I’ve just done that training and before I leave the room today this is what I’m going to do, and this is the support that I need for it. And I think then I suppose that’s the issue that comes back to kind of who is going to help that person with the support. I mean, thinking of some of the organisations, yeah, I think I mean fire and rescue is probably a good example where they’ve had several people within their team do the MECC Train the Trainer course but they’ve got a Safe and Well programme, which is like a national programme where it really sits really well but for them to then cascade MECC as it is, as the standard core MECC, doesn’t fit with the (name of) programme.

BN: Right.

AP7: And I think for it to be really effective within their workforce, if they just delivered standard MECC I think there would be a risk of people going well where’s the relevance to this for me, and because I think it has to be shaped around their (name of programme) visits where because that is MECC in practice where they would then go well this is what MECC is, this is how we deliver it, and then according to their (name of) programme this is how you’d approach this kind of conversation around this particular section on the questionnaire. This is the support that’s available, this is how you’d refer this person into some support. So, I think that’s how I would see MECC being adapted for a particular organisational. And I think a lot of it does sit with the person that’s done the training, because they know their organisation, they understand how MECC looks in their organisation. But I think maybe they just need some help to kind of adapt the slides and adapt the training and have that individual signposting toolkit that kind of fits it all together.

BN: Yeah.

AP7: Or, I suppose what people maybe would benefit from is a very kind of short introduction to MECC as well so that maybe not kind of so they’ve done the core training session but to maybes deliver that core training session to their team might be just a little bit too much but there might just be some kind of taster sessions that they can run in a team meeting for example, like a ten minute slot of kind of this is what MECC is and maybe like more of a conversation around so it could be like a resource where it’s this is what MECC is, and then within the team having that conversation of right, so where do we have our MECC conversations, what points of contact do we have, what types of topics of conversation do we have, and how do we form a MECC three As framework around that, how do we ask them, how do we assist them, how do we act upon that, who are our referral signposts. So, maybes it’s kind of something maybes they ask as more of a facilitated conversation.

BN: Yeah.

AP7: So, it’s you’ve done the core MECC training but this is what you need to do when you take it back to your team, you have that kind of it’s like an activity that you do rather than delivering, cascading training.

BN: Yeah.

AP7: Maybes it’s kind of, you know, kind of having that kind of conversation with the team to bring them on board, help them to understand where MECC fits, but then right, well how do we do this together as a team. So, maybes it’s more around rather than cascading training, maybes it’s around equipping people to having facilitated conversations.

BN: OK. Instead of the cascading sometimes.

AP7: Maybe. Maybe.

BN: Yeah.

AP7: Yeah.

BN: So—

AP7: Yeah, sorry.

BN: Sorry, no go on.

AP7: I was just going to say that I think if it is a very specific topic, I think it is really important to have that focused MECC session around say healthy weight or my colleague, one of the health improvement practitioners who does, who has the healthy weight portfolio, has developed one of her training sessions with the MECC framework and to me, it’s just brilliant. I think it’s the MECC core session, so you’re talking about kind of she introduces or she refreshes people’s memory about MECC, she talks about kind of the issues or concerns that relate to healthy weight and then she works her way through the MECC approach and I feel at the end of – I observed the session a few weeks ago – and I think at the end of that session you had, you really did have like a process in place of actually right, well if I’m going to ask or respond to somebody’s conversation around healthy weight, I kind of know what questions it might be, I know that assist part of some of the kind of looking as some of the influencing factors, the pros and cons and blah, blah, blah and then the signposting, and it was a really concise outline of how somebody might then, and I just about at the end of that session, I thought it really did equip somebody to have a very specific conversation.

BN: Right.

AP7: Which I think is really useful. Obviously not every setting in an organisation would feel that that’s appropriate for their setting. They might not want to or feel that it’s…feel that it fits into kind of their topics of conversation. But so, maybes not every organisation and service would want that kind of particular focus type of training, but I did feel that personally that really equipped people at the end of it to kind of approach that subject.

BN: OK. And do you think that was because it was quite structured in its approach, quite guided?

AP7: I think it was, yeah, it was structured. I think it used, it pretty much used exactly the same outline of a MECC core session, but it just was very topic focused. So, instead of it being broad and generic, and all health and wellbeing topics as the kind of, because I suppose when the Train the Trainer is presented it’s looking at kind of any conversation from gambling to mental health to alcohol, drugs, it’s like all over, so I feel that might just be too – I don’t think there’s an expectation, I don’t think there’s an expectation of people feeling at the end of it that they should be able to have a conversation of all of those topics, but I think it still leaves it a little bit open ended of well how do I have a conversation with somebody about gambling or so I think with the healthy weight one it just did feel like it was just probably that people might have felt more equipped at the end of it.

BN: Yeah.

AP7: To definitely a focuses conversation around that. Yeah.

BN: Right. And when you mentioned kind of at the start that that is a problem with the training being cascaded, do you have any thoughts on why that might be?

AP7: I don’t know. I mean, I think I don’t know. We definitely experienced that in (name of location). It’s a really, really difficult one. I think the only people that have really effectively cascaded it – actually that’s not true – I was going to say the only people that have really effectively cascaded it are people within sort of like the health improvement, health improvement practitioners’ team, but the family hubs have really kind of picked it up and worked with it. They had management who already had had experience of MECC in the trust, so I think that definitely helped. That was steered at a very kind of leadership kind of level. Maybe, yeah, maybes leadership is something to do with it to help to kind of develop that vision, get it kind of, you know, developed and kind of cascaded in that way. But yeah, I mean we’ve had about three or four train the trainer sessions delivered in (name of location) and probably only a handful of people have then taken it on board and cascaded it. Again, I mean I suppose within our own team within the health improvement practitioners there was an expectation there that that was what the intention was, that they needed to kind of develop their training to like rework it around the MECC framework. There was that expectation that everybody was going to do that, so it wasn’t really optional, and I suppose that is another issue that actually the health improvement team, myself, we do deliver training, that is part of our role. But I suppose thinking of maybe some of the other organisations that have done the train the trainer, they’re not necessarily trainers in their roles, so that’s probably a big issue as well. Yeah, I don’t know. I think it’s at the end of the session I don’t know if it’s just people have that with the core slides and they do get it, they think that it’s very applicable, but I think it’s the barrier’s maybe well how do I then deliver that within my team.

BN: Yeah.

AP7: I think confidence is a lot of the problem. Possibly because I think if they’re thinking well, I’ve got to deliver that just how (name of principal trainer)’s delivered it, then that is going to be kind of a confidence issue.

BN: Right.

AP7: But I think it might come back to the signposting side of things because I think if – and actually yeah, I suppose yeah, that’s another kind of – so when the trainers have done the train the trainer I’ve kind of said well I can share some of the (name of location) signposting that I’ve got which will help you with your sessions, which I have done, but maybe that isn’t enough. Maybe it has to be more topical maybes for them to then cascade it maybe they do need that facilitated conversation in their team to think well actually oral health is a big kind of factor that we want to have a conversation about, so maybe that they need to reshape that MECC training around oral health, they need to know where all the signposting is, they need to know some of the facts and figures to try and have a bit of an idea of how to communicate some of those topics with people or cascade those conversations. So, yeah, I don’t know. I just wonder if it’s maybes too generic.

BN: Right.

AP7: So, it’s great [48.50 unclear]. It covers everything, all types of health and wellbeing topics that anybody might have as a conversation, but maybes that’s too general and maybe people just need that kind of feeding of right well I, in my second talk about heathier weight, oral health, be more physically active, how do I have those conversations because like how you would shape them, I suppose, are very different. Yeah.

BN: Yeah.

AP7: I don’t know if that makes any sense. I just ramble on.

BN: No, definitely it needs to be tailored yeah. And support with tailoring it as well.

AP7: Yeah. I think so. I think so. So, whether that’s looking at kind of very, because yeah, I think kind of going back to the topics or maybes the types of organisations. I definitely think there’s some, and maybes it’s already happening, I don’t know, but bringing different fire and rescue services together to talk about kind of how MECC conversations happen within their services. I don’t know if that’s actually possible, and it’s to do that on a regional level might be kind of a bit of a nightmare or yeah, to kind of bring people on board with from I don’t know, kind of different GP surgeries across (name of location) around kind of what are the kind of things that people come with. I’m sure that there’s probably meetings that already happened that covers that kind of conversation, but actually how do we have conversations with people about this, how do we kind of then encourage others to have say financial wellbeing, how do we encourage people to have conversations around financial wellbeing. It’s actually, that’s probably quite a good example in that you do your core MECC training but is that person at the end of it confident to then think right, well I’m going to have more conversations around financial wellbeing but actually that’s a massive topic to cover. And how do I have that conversation around financial wellbeing? I mean I suppose there’s the add on kind of training and I know there’s like recorded module on there but then is that person in a position to kind of and has the capacity and the motivation to then watch that and think right, well I’m going to adapt that to kind of delivering my session.

BN: Yeah.

AP7: Don’t know.

BN: Yeah.

AP7: I don’t know what the answer is.

BN: Well, obviously you feel really successful in cascading it. So, are there any recommendations, strategies that you’d recommend to other people, from your experience it’s helped you.

AP7: Yeah. I mean I think it’s about working out, the points of contact, working out the types of conversations, working out what conversations fit well and I think to make it manageable you can’t maybes approach every single topic of conversation although, and that’s what I do say to people who come on the training – to look at what the most common topics of conversation are that you have or that you think you could have, but not forgetting all the others. So, if somebody kind of walks in and starts kind of talking about gambling or that, you know, it could be any topic, that you should have that kind of three As kind of approach but then you might not have the answer. So, that’s still absolutely fine, but I think it’s about understanding what MECC is in your organisation, and I think maybe that is the, yeah, I think that goes back to that kind of could there be a section in the training where it is that kind of you’ve got a bit of a table to kind of work out and you can ask questions of different people and you’re working out right what does this look like in my organisation, what topics do I talk about and starting it from there so that you’ve got a plan of action. So yeah, I think kind of understanding the points of conversation, understanding who you’re talking to, kind of what might be very relevant or more relevant to those people that you’re coming into contact with.

BN: Yeah.

AP7: Looking at developing that signposting tool, knowing where to refer people to and then building it around that. And it might be that as an organisation that yes you do some kind of core MECC training or you cascade the understanding of MECC, but I think what is really important then is to kind of map it out in terms of right well, these are the kind of conversations that we want to be having, this is how we’re going to try and build that in to our every day work. If we do have that conversation, these are the kind of messages we want to be putting over and this is where we’re going to signpost people to, and it’s part of a process, I think, isn’t it? I mean it links with safeguarding, it links with kind of so that it should be seen as part of the process and maybe that would be useful for people to think about as well in the session, right what processes do I already have in place and where does this fit so that yeah, so that people can respond effectively and know that actually if it reaches a point where it goes more than MECC that there’s recognition there that you’ve got kind of your lower level MECC conversations but actually so they understand if it gets to a certain point then you need to signpost that person on to something else.

BN: Yeah.

AP7: And I think, so I think it’s about yeah, so I think for ourselves in our organisation that’s probably kind of how we’ve kind of approached it. It’s slightly different because we’re training, yeah. So, it is still slightly different, but I think, you know, experience of trying to support other organisations to cascade it, to adapt it and cascade it, that’s how we would look at it. You know, kind of what MECC looks like in that setting. But I think it always comes back to kind of effective signposting and I think that’s where we haven’t cracked it. I think if we in (name of location) had a really effective way of signposting for MECC, then I think that would ultimately kind of move things forward a little bit because I think you’d have organisations that if you had almost like a ready made kind of thing, like you’d have organisations that would be able to go right, well I’m going to use that took and form my own kind of process here. So, maybes it’s more around kind of resources, I don’t know.

BN: Yeah.

AP7: I just don’t know. Yeah. Or kind of working with individual organisations to kind of support MECC to be embedded and cascaded.

BN: Yeah.

AP7: I think it comes down to priorities as well and I think although sometimes I think people really get MECC, I think they really understand the benefits of that approach, I think not necessarily appreciating that if that’s really embedded into an organisation the impact that that can have overall. And maybes it doesn’t get seen as a priority but if it was just pushed up the priority ladder it would actually really make a massive difference overall, so I think yeah, me just thinking of different workforces. If everybody was attuned to kind of MECC and what that process was and kind of what referral systems are in place, I think that would have a massive impact.

BN: Yeah. No, there’s some really useful action points there I think of what needs to be changed, definitely. So, just to [57.39 unclear] a couple strategies that have come out in previous literature of whether you think they would be useful or not, what would you think of refresher training for MECC Train the Trainer?

AP7: I don’t know. I think with refresher training it refreshes people about MECC but doesn’t refresh – I suppose it doesn’t help people with the adaption and cascading. It brings it back on the agenda. I suppose of a lot of people are doing the train the trainer they’re not doing anything with it afterwards, but they come back on the refresher training they’ll be thinking oh yeah, I really should do that and then do they do it when they leave the room again.

BN: Yeah.

AP7: I think there are benefits to it, but I think I would like to see refresher training more as topic based MECC because you can refresh people, you can refresh people’s knowledge around the MECC approach but then using it as a kind of well like further learning, I think is probably the best way I would see it.

BN: Right. That makes sense. And I suppose you sort of mentioned peer support networks, but do you think they’re useful in helping to cascade?

AP7: I do. I do think it’s – I think peer support networks are really good. I think in terms of being able to cascade, I think you would have to have it at a particular level. It helps me when I’m kind of linking with other local authority MECC leads, or MECC leads in different organisations. It helps me because quite often we’ve got the same challenges or we’re having the same experiences. But it’s useful if you’re finding out that somebody kind of, I say in (name of location) kind of like is focusing on oral health and MECC, which was true, then it’s useful to have that conversation because we were doing something similar in (name of location) so that is really useful to be able to work together. I think on a (name of location) level it’s maybes on a smaller kind of more practical level than that. I think it probably involves maybes more workshops, maybes more facilitated discussions around right, well brought everybody together in a room from different organisations because you want to introduce more effective conversations around financial wellbeing, so how are we going to do that? What conversations are you already having and build like some structure to that so that they’ve got something that they can walk away with and think right, I’m actually going to deliver on that. They’re actions that I’m going to build in. So yeah, I think peer support networks are good, but I think to cascade in (name of location) I think it has to be some maybe action focused support of actually this is what we’re looking to do, how are we going to do it and then everyone has like an action at the end of it of how they’re going to deliver on that. Yeah.

BN: Yeah. That makes complete sense. Oh, that other [01.00.58 unclear] I had to ask you, sorry we’ve gone a bit over. I hope you don’t have a meeting at ten.

AP7: No, it’s me. No, it’s me. I just kind of go off on a tangent.

BN: No, that’s perfect.

AP7: If I just kind of channelled it into kind of what you asked but I kind of like go around.

BN: No, that’s just what we wanted. Is there anything you wanted to add you feel like was kind of in your head before the meeting that we haven’t gone over?

AP7: I don’t think so. I think probably just yeah, I think core MECC is great for anybody that hasn’t, if MECC is completely new I think it’s great for them to do and understand the concept. I think there’s definitely something that’s needed that then makes it actionable and I think maybes it is that kind of practical right so I’ve done that session on MECC what it could be within the same core session, but actually this is my little action plan that I’m going to kind of start with and then support after that. I just think there probably has to be maybes some steps to being able to do that because ultimately, I think that’s how we begin to understand what the sticking points are, what the barriers are, what support is needed. So, I suppose it’s that continued dialogue, but I think what I’ve experienced in the different organisations is because you’re not in that organisation and you don’t fully understand what conversations are happening and kind of the situation around them and things like that, it’s quite difficult as an outsider to be able to come up with a solution and say right well you just need to deliver MECC in your organisation in this way, so I think that’s when probably there’s a little bit more input needed with organisation around right, let’s get this to kind of work and let’s get this in place and get it in motion. Yeah.

BN: Yeah. No, that makes sense. It’s definitely something that could be added as well so yeah. That makes sense.

AP7: Yeah. Yeah. Good, yeah.

BN: Thank you very much, I really appreciate it.

AP7: No problem. No problem at all.

BN: It’s been nice to speak to you. I’ll stop this.

[End of recording]