BN: So, if you don’t mind if we could just start, if you could explain your organisation and a bit about your role within it.

NA4: Yes. So, I’m current, so I’m (NA4). I’m the local authority (name of role) for both (name of location) and (name of location) Councils covering the (name of location) footprint, the entirety of the (name of location) footprint, and my role essentially involves trying to build a research infrastructure within the local authority setting where there currently isn’t any form of infrastructure to support research activity or research capacity and capability. So, that’s effectively my role and as part of that it’s also encouraging and promoting a form of culture to make, to have our council colleagues or our council workforce more informed and aware about current research taking place and how that can inform their practices as well. For example, it’s perfect for public health and social care with regards to anything to do with health and wellbeing.

BN: Right.

NA4: So, my job is essentially sort of based more within the public health team really.

BN: OK.

NA4: Yeah. But to make it just a little bit more difficult, I’m funded via (name of body). So, I’m embedded within the local authorities. That’s the best way I can describe how and where I’m situated, so to speak.

BN: Because that’s what I was wondering because obviously I’ve interviewed (name) and (name), so yeah, kind of I was interested in how, where you feel that you’re situated more, more in research or more in local authority.

NA4: So, I think for me, it’s a nice 50/50 split I think between the local authority and research activities, because we’ve currently, well we’ve recently been awarded this year’s round of (name of network) and on that front I’ve project led and managed that application, so in my role I’ve essentially brought in this big research project essentially within the local authority, so in my head at the moment I’ve got a really nice position within the local authority to start something new within (name of location) Council and something that’s very much needed. So, it’s a really nice 50/50 split between that big research undertaking and the understanding of the public health and social care directorates as well, so to speak in the council.

BN: Yeah. OK. Yeah. Great, so when you said you end up working with public health teams more, is that just in a facilitating research capacity or do you work with them in any other sort of ways?

NA4: It’s more facilitating research though (name of role) it’s I think it’s very much more a public health initiative, so it was the easiest thing for us to place, well for the (name of body) and the council, to place us within the public health team. We’re very much more focused on obviously bringing in research projects that focus on health and wellbeing of the residents in the communities in that council setting, and I think as well, there is a little bit more of an understanding for research within the public health team. However, to flip it on its head, I suppose, a little bit in (name of location), we’re starting to really have an appetite as well for research in our directorate called adult social care in housing so there’s a big drive for embedding research and evidence-based practice for our social care workers. Well, our social workers and our occupational therapists as well.

BN: OK.

NA4: Yeah. Yeah.

BN: Oh great.

NA4: If that makes some sense.

BN: Yeah. So, obviously the research you’re facilitating is a lot about health promotion, but what is the kind of attitude towards health promotion more so for sort of staff and less of the research side, if you know what I mean?

NA4: Well, I’ll focus mainly on (name of location) at the moment just so that I’m not going back and forth between councils. (name of location) specifically our council plan puts health and wellbeing at the centre of everything that we do, so it’s very much so as a whole council approach it’s taking that public health initiative. The health and the wellbeing of our residents and communities come first so that’s getting instilled and established within all of our directorates, so it’s across the council type thing. And yeah, it’s a slow burner unfortunately in (name of location) in terms of facilitating research with regards to that. It’s like my role, my (name of body) role, it kind of contradicts sometimes the needs of the council, because ultimately what we should be doing is signing the council up to (redacted for confidentiality) studies in the (name of body) but the vast, well the majority of them in my mind don’t sort of fit within the local authority at this moment in time. We don’t have the capacity at all to sign our residents up for studies at the moment. Mainly because we’ve gone through what we call LGR so a local government reorganisation. So, we’re still finding our feet in terms of all of these new ways in which we should be working specifically for our research.

BN: Right. Yeah.

NA4: Has that answered your question?

BN: Yeah. And so, have you noticed in any way kind of with health and wellbeing at the centre of local authorities, whether that kind of spill out into staff wellbeing as well?

NA4: Yeah. So, I think that’s something that we are currently very much trying to work on at the moment. So, we’re currently working on a health and wellbeing, currently trying to work on a health and wellbeing strategy within the council so that is looking at how we’re going to improve like training opportunities for our internal workforce, how can we make sure the health and wellbeing of our staff is looked after, I suppose. So that’s one way in which we’re trying to do it so again we’re currently working on those strategies and policies at the moment. We’re also working on a transformation strategy or agenda which encompasses everything both internally and externally to the council. But I’m not as aware of that one. I just know that that is something that is currently being worked on in the council.

BN: OK. Excellent. Yeah, so when you mentioned kind of looking at the training that can be provided, do you know of any specific training that’s being looked at?

NA4: I don’t just yet, purely because everything’s still getting written up, I suppose. But I think one way in which we’re going to be doing that is potentially having training opportunities that level up our staff or upscale our staff. Especially, I think, specifically in the public health team we’ve got public health officers and then we have practitioners and currently there isn’t, currently we’re trying to work on like a way in which we’re able to upscale our public health officers to those practitioner levels and feed that through public health, like Masters in public health or undergraduate training opportunities, be that a diploma or certificate. With…I think some of the training opportunities are coming through from the (name of university). I know that our (name of) team, so our (name of team) are health and wellbeing coaches, so they are very similar to social prescribers, but they help much more in terms of doing one to one with the individual and working closely with said individual and any issues that they may have such as self-neglect, the hoarding situations, things like that. So, they’ll work through all of these with them and one of the things that our legacy organisation, (name of location) Council and (name of university) created, was a bespoke training package which I think was a diploma, I think, for the health and wellbeing coaches.

BN: Oh right.

NA4: So, that’s a nice example on how we’ve offered like a bespoke training with and for our staff.

BN: Yeah.

NA4: But that’s the one that I’m mostly aware of at the moment.

BN: Yeah. Oh, that sounds excellent. And so, what is your kind of background with Making Every Contact Count, MECC. Is it something you’re familiar with?

NA4: I’ve heard of it. However, I am very new to it, I suppose. So, my actual background is I did sport and exercise science as an undergraduate degree and then I did a PhD in (redacted for confidentiality).

BN: OK.

NA4: So, I’m very new to the world of I suppose public health, but I’ve always had that drive to improve health and wellbeing. So, they marry each other quite nicely but MECC, so Make Every Contact Count, I’d only heard it fleetingly in different public health team meetings and that is about it. I’ve had a few years in the NHS as well but nothing substantial in terms of implementing MECC I suppose.

BN: Yeah. OK. And so, I suppose do you know enough about to have sort of an initial impression of it, any thought or opinions around it?

NA4: I think, from a public health perspective, I think it is important like just from the phrase making every contact count. I think it is a very important thing, especially within our communities and with our residents, like from a local authority perspective, because we do know that we do like the councils can be a little bit distrusting of…our communities can be a bit distrusting of our councils because obviously cutbacks and things like that. But I think absolutely there is a need to ensure that every contact that we make with a resident, it needs to be for the residents’ needs and wants rather than them being done to, they need to be done with.

BN: Right.

NA4: If you know what I mean.

BN: Yeah.

NA4: But I just…but yeah, I haven’t had any formal training or anything like that in terms of MECC and train the trainer.

BN: Yeah. And can you remember when you heard of MECC, so what kind of meetings there would have been in?

NA4: They would have been in our new…so, we have more internal meetings with the public health team, so we’ve got a public health specialist team and we have monthly meetings with regards to that. So, I’ve heard it’s on several occasions in that, how we can put it into our policy. Our policy is like our new strategies and policies as well. And similar to so we’ve got a working group as well, again public health related, called…which focused on putting health and wellbeing at the centre of everything that we do. So, that’s obviously condensed down, hearts of…heart and wellbeing in (name of location) type thing. And again, that’s I think Making Every Contact Count has become part of that strategy as well.

BN: OK. Yeah excellent. And so, I suppose it’s quite hard for you to answer knowing quite little about MECC, but what would you say your kind of motivation is at this moment in time to look into becoming a MECC trainer?

NA4: I think it will be really good in terms of professional development really. At the moment, as I said, I’m just a (name of role) but I think especially after completing my PhD and starting this job, population health and public health is definitely the route that I would like to go down as a future career so to speak. And I think as well with (name of location) being successful and it’s (name of network) application. I think it will be important to raise more awareness in terms of having that included with a more specific training programme within (name of location). Again, as (name of location) is a new council we are starting from scratch and making sure the things that we are doing are going to work well and are worthwhile for our staff, and very similar to what I mentioned with regards to like skills gaps, so from public health officer to the practitioner to service manager, so to speak, there are very big gaps between the two, between the three professions. And I think making those gaps smaller and having everybody aware of MECC would put everybody on the same page in terms of moving forward with helping our residents and putting them at the centre. So, I think that’s important. Important as well with public health moving into local authorities. I think it was 2013 that the move was made from the NHS. I think, am I right in thinking that MECC is part of NHS like a— yeah. Yeah.

BN: Yeah.

NA4: So, it makes sense. It makes sense for that continue and have aligned agendas I suppose for [17.32 unclear].

BN: Yeah. OK. That’s great.

NA4: That all makes sense.

BN: Oh absolutely, yeah. And so, what do you think kind of your confidence level is like at this moment in time about becoming a MECC trainer?

NA4: I think I’ve got a lot more work to do at the moment. I think purely because I haven’t got any formal training as of yet in public health specifically. I would like to increase my knowledge I think more in public health so that I’ve got a deeper understanding towards it. As I say, I’m very much geared and focused towards improving health and wellbeing of people. But public health is completely different in its own right with regards to wider determinants of health and health inequalities which are things that from my sport and exercise science background, were never highlighted really.

BN: Right.

NA4: So, I think I’ve still got a little bit of a way to go at the moment, but I think it’s an important piece of training that is needed within the local authority settings.

BN: Yeah. OK great. And what would you say kind of how would you feel about becoming a trainer, is that anything you’re familiar with in previous training?

NA4: I’ll be honest, I think I’m quite happy with becoming a trainer. As my own background, I’ll be honest I volunteer for the air cadettes so I already kind of have that training mindset, or educator kind of mindset anyway. Similar to my experience when I was a PhD student or postgraduate researcher, I was also teaching alongside that as well, so I quite enjoy sharing knowledge. I quite enjoy sharing knowledge more than anything and just talking to people about things. And I think it usually goes well but I’m quite a personal person, quite approachable as well. So, I think that kind of puts me in the right track for being able to share and train in the future.

BN: Yeah, definitely. You’ve kind of over that public speaking thing and stuff like that. Yeah. And so, is there any kind of way that you would like to receive training if you were to become a MECC trainer in terms of kind of the way you learn best?

NA4: I think so for me, I learn best I think more than anything by doing. It’s more I much prefer face to face kind of training. Again, I was one of the lucky students, I suppose, before COVID that I was able to have all of my lectures and seminars in person and things like that. I would not have been able to have done my undergraduate degree by – showing my age now – about seven, eight years ago, if it was all online. I just it’s just not me at all unfortunately. So, definitely I think the way that I learn it’s more of a face-to-face doing, being able to ask questions in like a small group or have a discussion or conversations around certain topics. That, they kind of work well for me, similar to sort of my volunteering role in cadettes. I do a lot of speaking in front of cadettes and in this role speaking in front of quite a lot of people in comparison to obviously trying to convey things across potentially a Teams call with multiple people who may have technical difficulties as we all know over Microsoft Teams and things like that. So, yeah.

BN: Yeah. In person is best for you, yeah.

NA4: Yeah.

BN: And is that kind of train the trainer model anything that you’re familiar with?

NA4: I do think I’m formally familiar with it. I can only assume that train the trainer is obviously passing on knowledge from person to person I suppose, more than anything, but that’s the only kind of understanding that I’d put towards that, I think.

BN: Yeah.

NA4: And so yeah.

BN: And do you have any thoughts about the train the trainer model in terms of ultimately increasing the delivery of MECC conversations?

NA4: I don’t, unfortunately. I don’t on that front.

BN: Yeah. No, that’s fine.

NA4: As I said, I’m very new and, well not very new, but as I said, I haven’t actually ever been formally asked about doing MECC training or MECC train the trainer, that kind of thing so.

BN: Yeah. Yeah. And so, if you were to be asked or offered the MECC train the trainer training, how do you think you would like that offered to you or how, sort of through what kind of avenues I suppose?

NA4: I suppose it would just be I’d be happy through any kind of avenue be that newsletter, personal email, like recommendation to do this training, for example. I think it’s so long that it’s applicable to my role more than anything, which I’ll be completely honest moving forward, I think it will be soon, especially with obviously the coming together of research and public health because we’ll be doing a lot of work with our communities and hoping to increase research awareness I suppose, or inform future research to our communities because we would rather work with them on new research projects rather than doing it to them as is often traditionally the case in research anyway. And that’s something that the (name of location) specifically we’re trying to come away from and working closely with, working with our residents and communities. So, I think it’s becoming more and more applicable.

BN: Oh, that’s really interesting. And so just my last kind of couple of questions was to run some strategies by you that have kind of come up in the literature to help people cascade training as a MECC trainer and just to kind of if you’ve got any thoughts about whether they’d be helpful or not. So, one of them that comes up is refresher training, so again it might be hard since you haven’t done the MECC train the trainer training but yeah, have you got any thoughts about how your sort of refresher training would be?

NA4: If the refresher training is in the sense of obviously refreshing the knowledge that you’ve already got, I think that’s really useful. I can’t see any disadvantage to having refresher training. It’s nice to ensure that what you’re doing is always the gold standard of training, of practice, I suppose. Yes, people may think that it’s potentially tedious and they remember what they did on their first training, but I can remember in order to stay current it’s always worth having the refresher training because ultimately as well new things will come through, policies will change, strategies and agendas will be updated along with obviously local or central government initiatives or NHS initiatives, so I can’t see there being a disadvantage to any form of refresher training on that front.

BN: OK. Yeah, that’s good to know. And what about the idea of kind of peer support groups to share knowledge, experiences, things like that? Resources.

NA4: Again, I really like that because I like talking ideas through with other people. I think having like peer support sessions, like we have them here in adult social care directorate so we have peer reflection which I suppose can be quite similar to peer support. They obviously, they’ll be reflecting on any cases that they’ve had, what they could have done better, what I suppose – I’ve lost my thought, I’ve lost my words now – any policies that they should have followed rather than another policy. So, and it works quite nicely. I mean I’m part of a writing group already, so that’s already really nice peer support in terms of being able to focus on work, so that’s another way in which peer support can work. It’s a safe space where I can be on a Teams call, for example, but turn off the camera, know that somebody else or a few other people are still on the call doing the same thing as me and we come back and we support each other and discussing what we’ve worked on in those two, three hours for example. So, I’m a big advocate for peer support. Absolutely.

BN: Yeah. Oh, that’s great. And just sort of a last question, is there any other sort of strategies that you could think of that could be helpful to help you then go and cascade MECC training after doing the train the trainer training? Again, it’s very hypothetical so could be hard to answer.

NA4: I think to help with that, I think it’s just making sure having or being up to date I think is definitely important having up to date resources that can be disseminated across to other people. Having up to date opportunities for other people as well to share. I think it’s all about trying to stay current, I think. But that’s sometimes easier said than done.

BN: Yeah.

NA4: To say the least. So, yeah. I think that would be…it’s not necessarily a strategy but I think that’s something in which that would be incredibly useful.

BN: And important. Yeah.

NA4: Yeah. Yeah definitely.

BN: Yeah. Well, that was everything I had to ask you. Is there anything you wanted to add, you feel like we haven’t talked about and that was kind of in your head before this?

NA4: No. I don’t think so just yet. I just apologise that I’m still relatively new to this world and I just hope that you find it useful.

BN: Oh no, no. Oh no, definitely yeah. It’s good to hear from a range of sort of awarenesses of MECC so it’s really helpful, yeah.

NA4: Yeah.

BN: Thank you so much.

NA4: Yeah. I think the important thing is I think there does need to be more of an awareness for it. I think something like this should be part of everybody’s induction, I suppose, like especially in public health or in local authorities maybe that it’s – which is something which I obviously haven’t had which may obviously, not obviously, which may have possibly helped me more in my first 12, 15 months in this role as well to understand public health a lot better and understanding like the roles, not only of our workforce in the council, but the roles of residents in the communities and the amount of like the use that they have for obviously improving their own health and wellbeing alongside us, if that makes sense. I know what I was trying to say but I don’t think it came across as well as I wanted it. So yeah, but that’s my main point, I think, somebody starting out in public health and more into this world like especially like the NHS and things like that, I think having it as part of like an induction package, just understanding and increasing awareness of MECC would be really useful.

BN: Yeah. Yeah, no that’s great. It sounds like the attitude is really positive towards MECC, it’s just getting the training out there, yeah.

NA4: Yeah, definitely. Definitely.

BN: Oh well, thank you so much (NA4), I really appreciate it and I’ll stop recording.

[End of recording]