WMAHSN

Behaviour Change:
Improving
Lifestyles &
a Key to Prevention

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Welcome & Session Overview

Introduction-Who are we ..?

Housekeeping-Phones, Alarm, Toilets

Purpose of session:

- Share ideas of how you can use behavioural change for prevention
- Identify examples of application in group discussion
- Some of the challenges encountered
- Success factors
- Establish Task Finish Group as part of the prevention programme
- Have Fun!

Why Prevention?

- National data and rationale
https://fingertips.phe.org.uk/profile/health-profiles/

"We must of course treat illness, but even smarter is to prevent it. With 40% of all poor health being preventable and 60% of 60 year olds experiencing at least one long term condition this has to be a primary objective. Local Government has long standing expertise in the importance of prevention and they must be at the heart of the ten year plan; there is no sustainable future for the NHS without them."
Duncan Selbie PHE at the LGA Conference, on the occasion of the NHS 70th birthday.

PHE and the Centre for Better Ageing has published an evidence review which shows that major benefits can be had from undertaking strengthening and balancing activities throughout life and can help prevent falls which cost the NHS over £1billion per year. A healthy population is the foundation of a strong economy and the evidence shows that musculoskeletal health conditions are the second most common cause of sickness absence accounting for 30.8 million lost work days, that's 25% of all days lost to poor health.

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NHS

Health

- Citizens staying healthy
- Patients taking control of their conditions
- Professionals and carers delivering safe, high quality care

Wealth

- Driving down the cost of care
- Attracting jobs and investment

- People – Skills, knowledge and access to digital tools
- Data & Information – timely, meaningful and secure
- Economics – cost-effective, sustainable solutions

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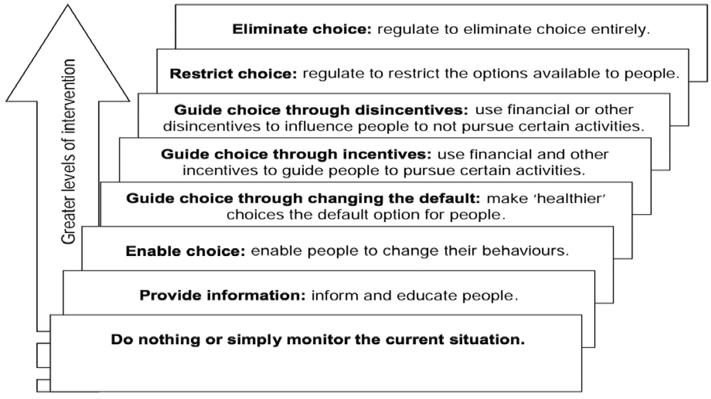
Behavioural Change - Discussion

- *Behavioural change* – modifying behaviour to improve health – is fundamental but if it were simple …We wouldn't have an obesity crisis;
- Powerful need for connection – Facebook /Twitter
- How long do you spend on your phone not making calls?
- How many times a day do teenagers check their phones?
- Can you name any Public Health behavioural change campaigns and impact ?
- Why did /didn't they work ?

Behaviours

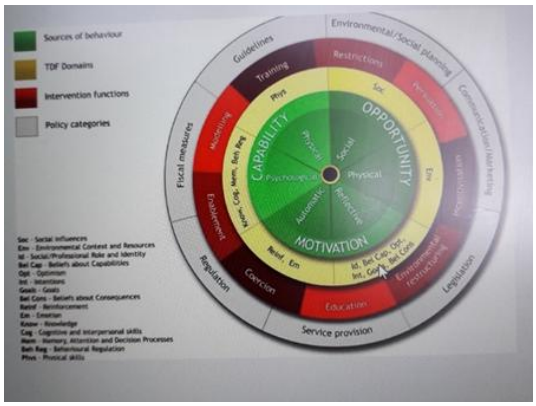
- Behaviour underpins the effectiveness of health interventions
- Behaviours are often complex
- We are heavily influenced by context
- How choices are presented
- What we think other people are doing
- Potential for low cost and population-wide interventions

Nuffield Council on Bioethics ladder of intervention



Frameworks

- Behavioural change wheel



- EAST (Easy Attractive Social Timely)
- https://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/

Social Engineering

- **Smacks;** Eliminating choice – Banning goods or services such as the restriction on smoking in public places
- **Hugs;** Financial incentives – Vouchers in exchange for healthy behaviour
- **Nudges;** Provision of information – Calorie counts on menus
- Making salad the default side option instead of chips

A gentle *nudge*

- ***Nudge: Improving Decisions about Health, Wealth, and Happiness*** economist Richard H. Thaler and Harvard Law School Professor Cass R. Sunstein, first published in 2008.
- *Nudge is a concept in behavioural science, political theory and economics which proposes positive reinforcement and indirect suggestions as ways to influence the behaviour and decision making of groups or individuals. Nudging contrasts with other ways to achieve compliance, such as education, legislation or enforcement.* *Wikipedia*
- *Nudge-type interventions – approaches that steer people in certain directions while maintaining their freedom of choice – recognise that many decisions – and ensuing behaviours – are automatic and not made consciously. Nudges have been proposed as an effective way to change behaviour and improve outcomes at lower cost than traditional tools, across a range of policy areas.* *Behavioural Insights Team; 'Behavioural insights in health care Nudging to reduce inefficiency and waste December 2015'*
- https://www.behavioural insights.co.uk/news/what-do-evidence-and-olives-have-in-common/

The Nudge Approach

- Framing of health messages as social comparators - *descriptive social norms* (pointing out what is commonly done) or using *injunctive norms* (pointing out what is approved of)
- Information design – plain English, visual stimulations, colour & pictures to engage interest
- Prompts cues and reminders – SMS, alerts, messenger,
- Default options – well practised patterns of behaviour
- Financial micro incentives - rewards schemes
- Behavioural contracts & commitments –

'If I do this / stop doing that, reduce, share, control ...'

Keep it Simple

- Showing the nutritional value of food through a simple colour-coded system,(e.g. red, amber, green).
- Using the person's first name -
- Including the image of the recipient's car in letters to people who have not paid their vehicle tax to increase payment rates
- Incentivise - financial incentives to motivate behavioural change (i.e. vouchers)

Public Health Examples

- Fish and Chips shops; Reducing salt intake (Gateshead) - Moving from flour shakers (17 holes) to salt cellars (5) .
- Reading Borough Council - Active population *Beat the Street*, was run in partnership with Intelligent Health (50,000 miles)
- Medway NHS health Checks
- MECC

Putting Prevention into practice

Prevention into practice.. some so far

- Falls prevention – preventing that first fall happening; stopping a second fall .. Or else thereafter, its long term support from health *and social care*
- Stopping people going into hospital – *hydration, balance strengthening, advice info & supports*
- Diabetes type 2 – (i) WHISK (ii) identifying "at risk" / "newly diagnosed" & changing the outcomes
- A&E admissions – changing minds and thinking – the decision makers

Group Discussion

- What are your organisation's priorities ?
- Which are linked to prevention and wellness?
- When would you choose to use this approach?
- What would we do and why?
- How would you measure the impact?

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Tips when communicating

- Make sure that the key message is presented early i.e. in the first sentence or subject line;
- Keep language simple;
- Be specific about recommended actions;
- Provide a single point of contact for responses;
- Remove all information that is not absolutely necessary for performing the action.

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Scenarios

We would like you to think about i.e…

- ***falls prevention***
- ***healthy aging***
- ***care homes – (UTIs… others?)***
- ***living alone & isolated***
- ***cancers***
- ***just home from hospital***
- ***retiring from work***
- ***sports injury… not going to get to play again***
- ***A&E attendance – who decides?***

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Choose an area…

You can choose one from the list, or another related to your area of work, or local STP

- What's the problem (not the symptoms)?
- What would prevention look like for this?
- What outcome would you be wanting to achieve?
- What could the prevention & self-care programme offer by way of support?
- "To digital, or not to digital…"?

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We're working on it….

In a small group..

- Select from amongst your various ideas and suggestions – one area that you can work on together, considering
  - National / local data to inform
  - Agreed outcomes – what might these look like
  - What would an intervention / solution look like
  - Is there already anything happening around this?

You'll have 30 mins to work on this… before feeding back

What's next?

- Feedback
- Next steps
- Your ongoing involvement - TFG?
- September 14th event

#saywhatwemean

THANK YOU!

We hope you enjoy the rest of Meridian Live

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