



Public Health
England



Achieving behaviour change

A guide for local government and partners

Launch webinar

Wednesday 19th February, 2020

Dr. Tim Chadborn *Public Health England Behavioural Insights*

Prof. Susan Michie *UCL Centre for Behaviour Change*

Prof. Robert West *UCL Centre for Behaviour Change*

Dr. Michelle Constable *Hertfordshire County Council & BSPHN*

Access the guide: bit.ly/abcguide1



#abcguide

Improving People's Health:

Applying behavioural and social sciences to improve population health and wellbeing in England

Dr Tim Chadborn

For the Writing Group



Public Health
England



FACULTY OF
PUBLIC HEALTH



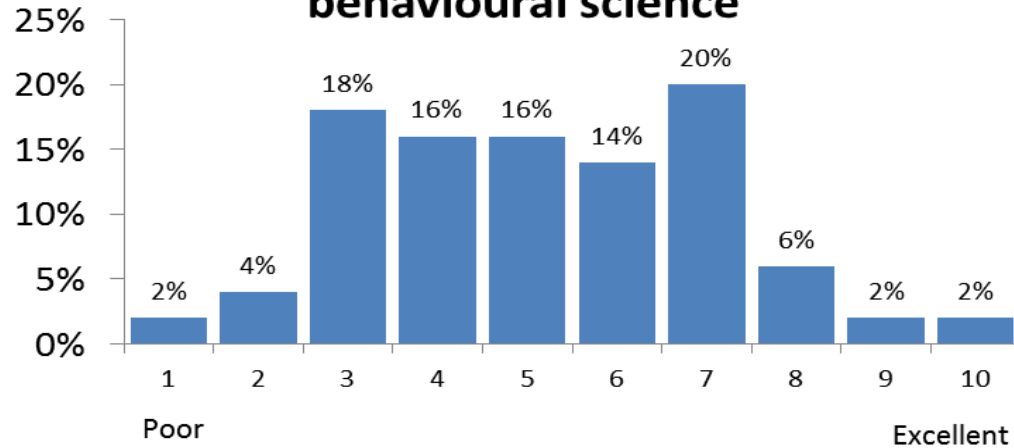
BSPHN



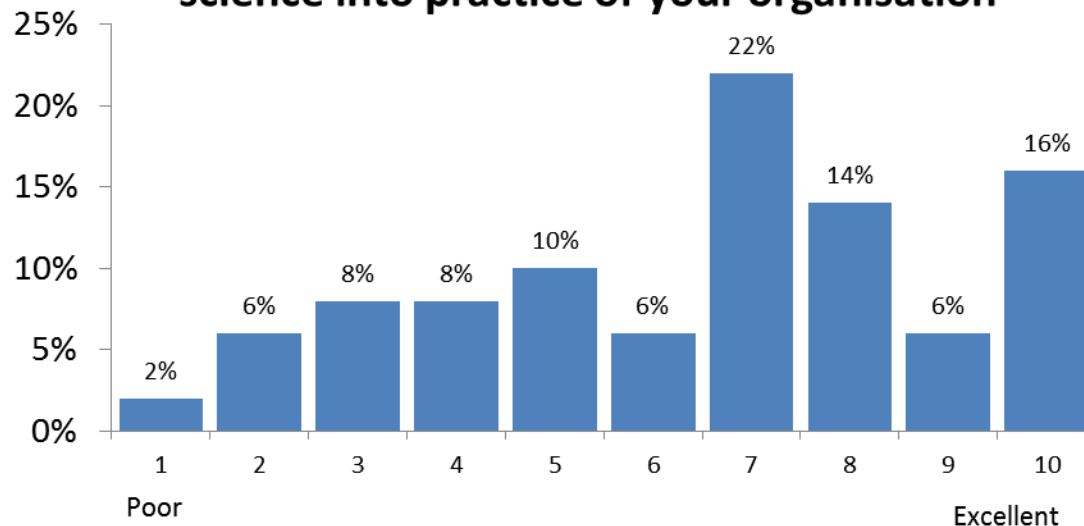
Local
Government
Association

Feedback from local public health

Level of understanding of behavioural science



Importance of embedding behavioural science into practice of your organisation



79% - NOT enough being done to embed BS in practice

53% do NOT know where to access support

82% - no budget for BS expertise

Vision and aims

- Framework for the broad PH system to increase impact via greater and integrated use of behavioural and social sciences
 - improve health and wellbeing outcomes
 - reduce health inequalities
 - improve value to the public purse
- To help coalesce and coordinate efforts of national organisations to support professionals at local level

**National policy
and delivery**

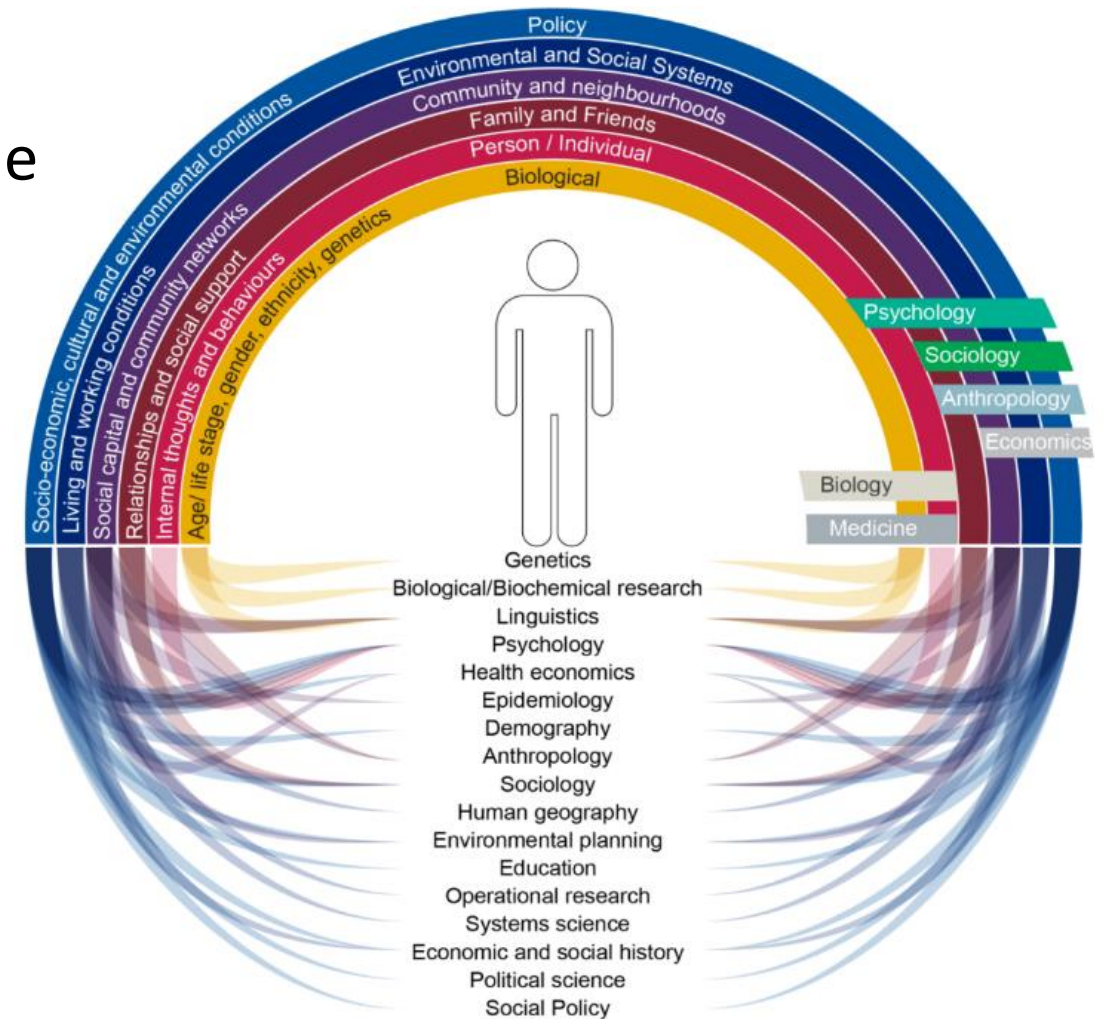
**National
professional
societies and
networks**

**Royal colleges
and academies**






**Research
funders,
think tanks**

Key messages

- High-level guide with suite of evidence and theory-informed resources and more to come
- Scope: systems and organisations acting on the social and structural environment that affects the population and not only interventions focused on individuals
- Strong and vibrant behavioural and social science community
- Foster further growth in transdisciplinary approaches



Highlights of the Road Map

Priority Theme	Examples of Actions
Evidence and theory	<p>Call for case studies and share on knowledge hubs</p> <p>Funding for trials such as the LGA behavioural insights programme</p>
Wider system leadership	<p>Continue work to embed behavioural science into MECC</p>
Access to expertise	<p>Contact directory of behavioural science experts and public health professionals</p>  <p>bsphn.org.uk</p>
Tools and resources	<p>Guidance for local public health commissioners</p> 
Capacity building	<ul style="list-style-type: none"> • Guide to employing behavioural & social scientists in public health with template JD • Behaviour Change Framework and toolkit NHS Health Education England  <p>bsphn.org.uk</p>  <p>BEHAVIOUR CHANGE DEVELOPMENT FRAMEWORK</p>
Research and translation	<p>Continue to embed in various research funding streams</p>
Communities of practice	<p>Create online forum with resources and tools</p>  <p>bsphn.org.uk</p>



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The Guide: Development and Content

Professor Susan Michie & Professor Robert West

Understanding and changing behaviour

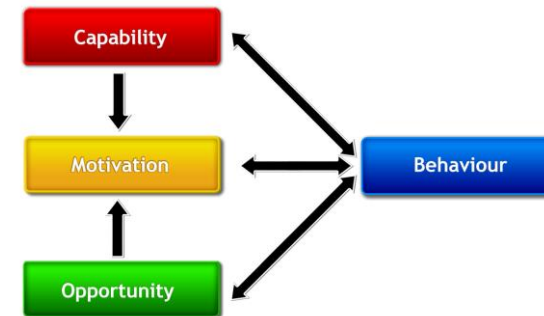
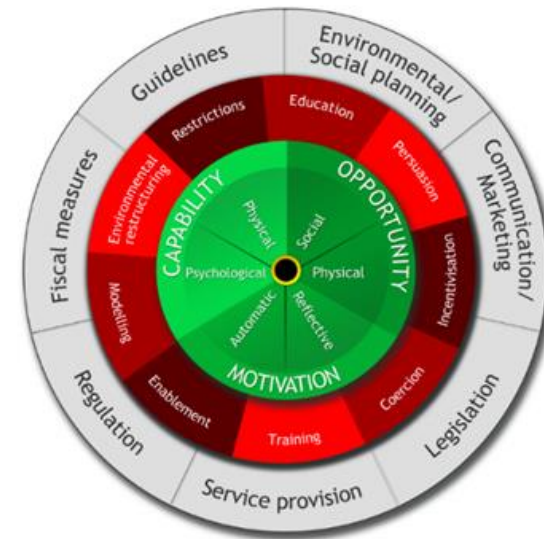
- Increasing recognition that human behaviour lies at the heart of national **Government** and **Local Authority** policies aimed at
 1. promoting good health and well-being in the population
 2. preventing and managing ill-health
 3. delivering high-quality, evidence-based and equitable services
- Generally recognised need to factor in behaviour in **designing, implementing and evaluating policies and interventions** amongst policy-makers and planners
- Also a **need for tools** to support this work

Frameworks

- Working with the Dept of Health, policy-makers expressed a desire for a framework they could use that was
 - **comprehensive, coherent** and **useable** by a wide range of people
- Conducted a systematic review of frameworks of behaviour change that covered many domains
 - e.g. culture change, social marketing and the environment
- Identified **19 frameworks**
 - None comprehensive on their own
 - Considerable overlap between them
 - Two levels – interventions and supporting policies

Bringing frameworks together

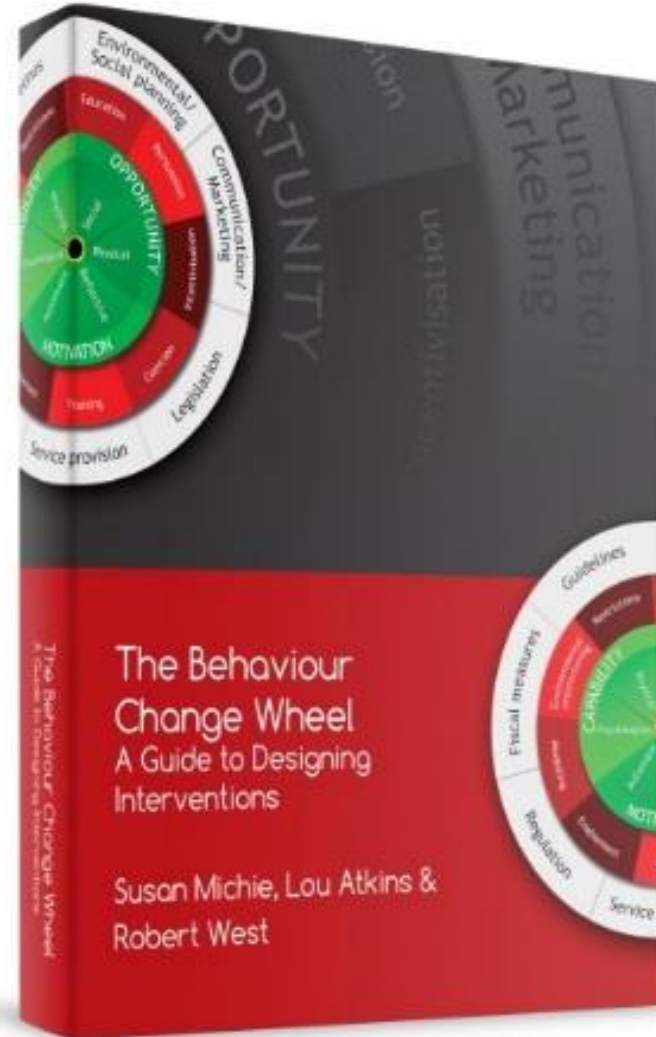
- Synthesis of 19 frameworks:
Behaviour Change Wheel
- Linked to the simplest but comprehensive model of behavior change: **COM-B**



Training and BCW Guide

- Extensively used, Centre for Behaviour Change not able to keep up with demand for training workshops, so

www.behaviourchangewheel.com



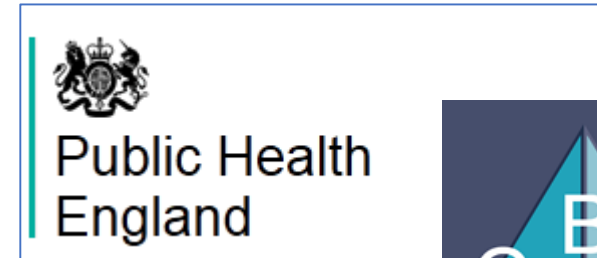
Briefer Guide commissioned by PHE

Achieving Behaviour Change

A guide for local government

Achieving Behaviour Change

A guide for national government



- Written for a wide range of audiences
 - with stakeholder and PHE feedback (Anna Sallis and Tim Chadborn)
- Case studies relevant to local and national government respectively



The Writing Team

- Prof Robert West



- Prof Susan Michie



- Dr Paul Chadwick



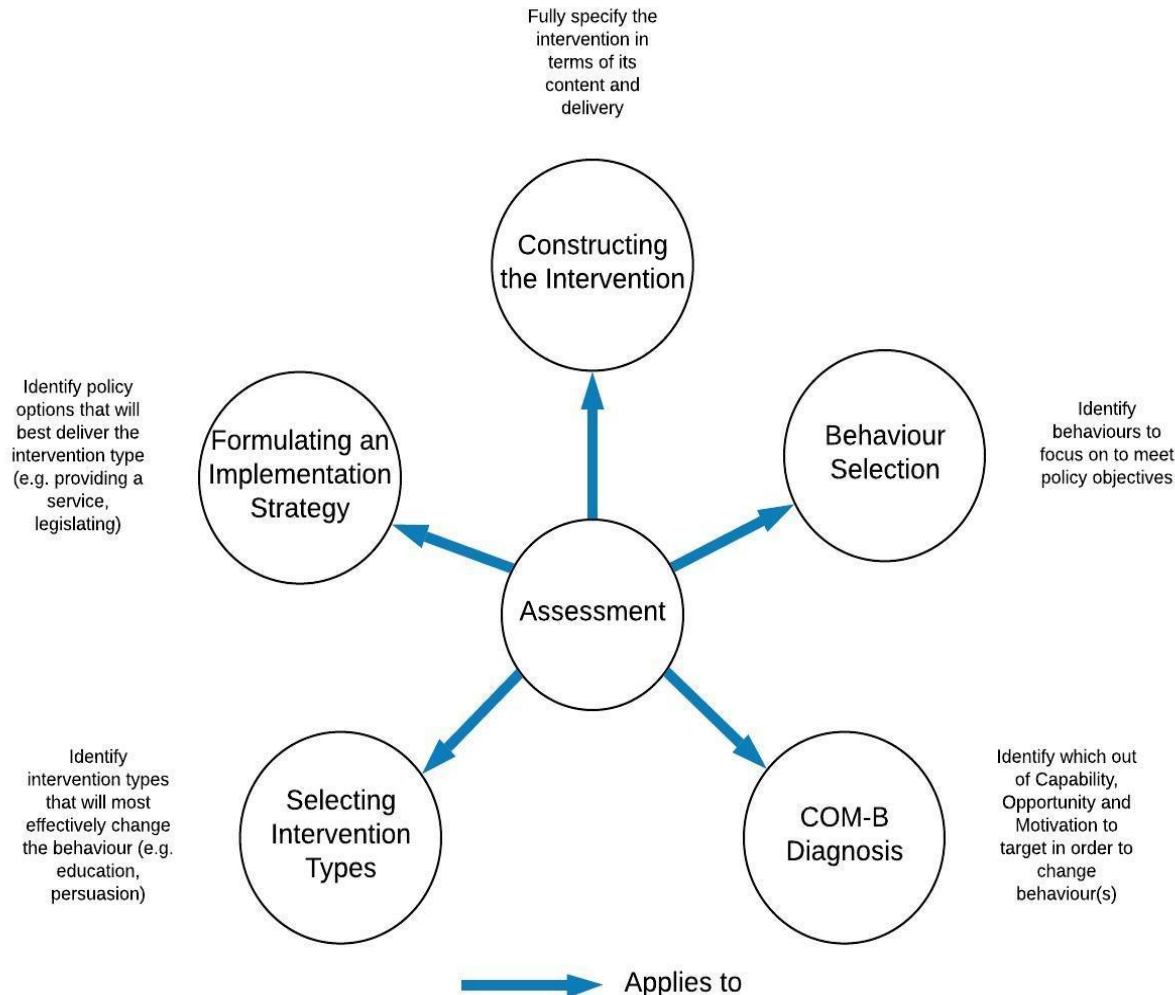
- Dr Lou Atkins



- Dr Fabi Lorencatto



Processes involved in developing behaviour change interventions



1. Develop interventions from scratch
2. Build on or modify existing interventions
3. Choose from existing or proposed interventions

Assessment

Evaluating the appropriateness of existing or proposed interventions in terms of the 'APEASE' criteria:

Acceptability

Practicability

Effectiveness

Affordability

Side-effects

Equity

APEASE grid example

Options for reducing adult obesity in a Local Authority

Option	Acceptability (0 to 10)	Practicability (0 to 10)	Effectiveness (0 to 10)	Affordability (0-10)	Spillover (-5 to +5)	Equity (-5 to +5)
Weight management service	7	7	3	5	0	+2
Subsidised gym membership	3	6	1	4	+1	+2
Healthy meals media campaign	7	8	2	3	0	+2

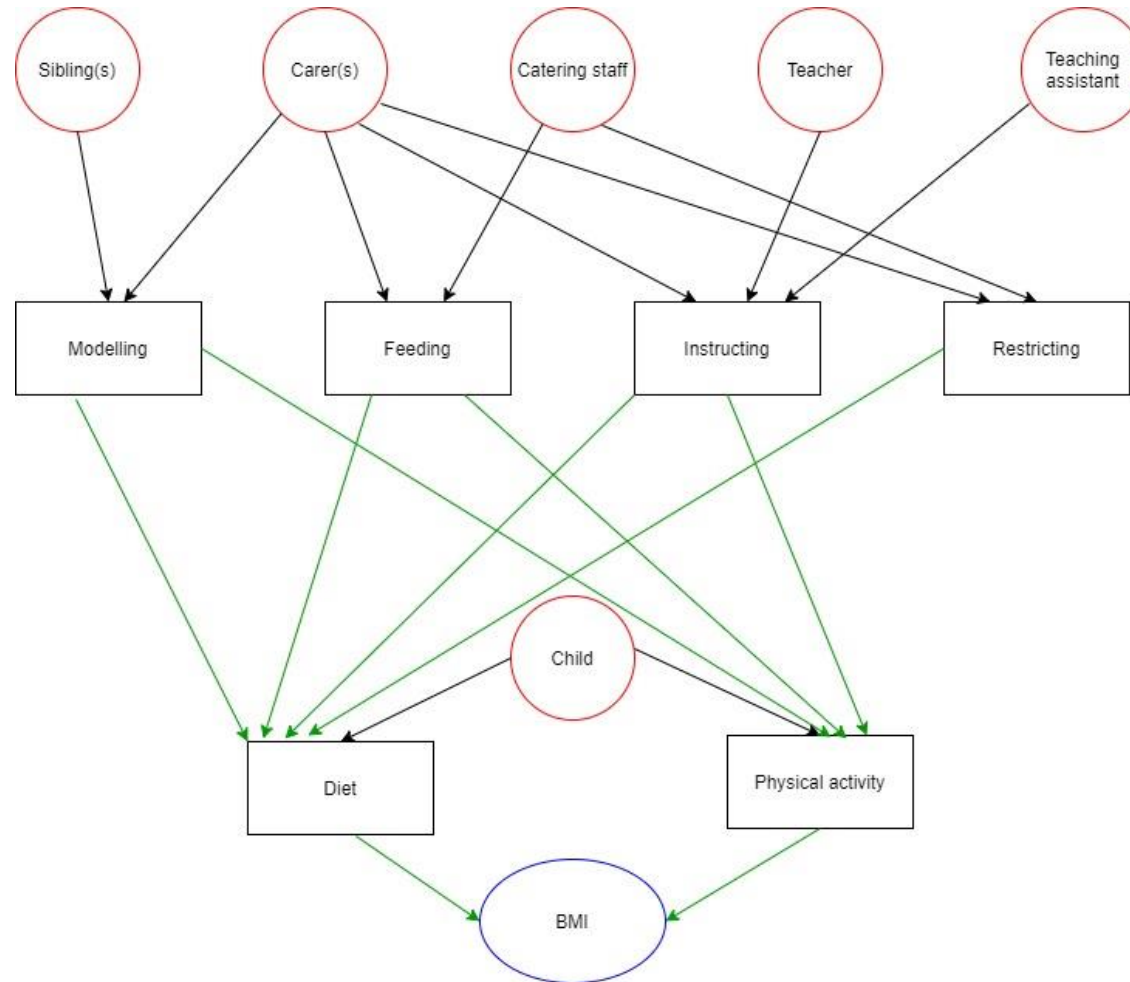
Behaviour selection

Identifying and selecting behaviours to focus on in order to achieve policy objectives: what, who, where, when, how long?

Target behaviours

Other behaviours

Simple systems map using draw.io



COM-B diagnosis

Working out what will most likely bring about the desired behaviour in terms of changes in the target group's:

Capability
Opportunity
Motivation

Selecting intervention types

Identifying the broad types of intervention matched to the COM-B diagnosis:

Education

Persuasion

Incentivisation

Coercion

Training

Environmental restructuring

Modelling

Enablement

Formulating an intervention strategy

Choosing how to deliver interventions using:

Guidelines

Legislation

Service Provision

Fiscal Measures

Environmental/social Planning

Communications and Marketing

Restriction

Regulation

Constructing the intervention

Deciding the details of the intervention content and delivery:

Content: Behaviour Change Techniques

Delivery: Source, Mode, Schedule

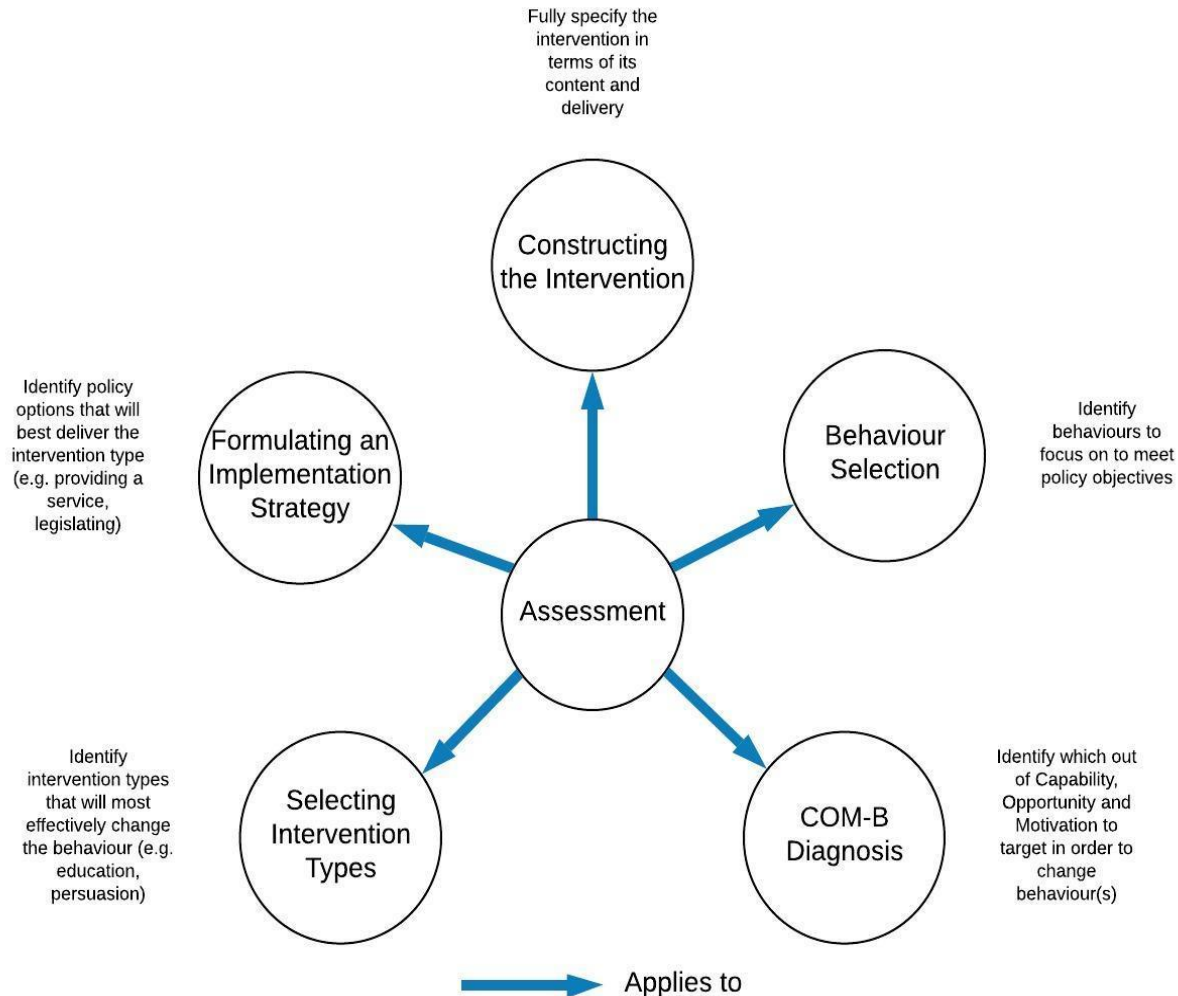
Intervention content

Normal	We do things that we see being done and approved of by people with whom we identify
Easy	We do things if they are simple, within our capabilities and require little by way of resources, time or effort
Attractive	We do things if we think they will be enjoyable, serve a purpose or avoid something bad happening
Routine	We do things if they are part of our routine so we don't have to think about them

Intervention delivery

Source	Who is delivering the intervention? (e.g. PHE)
Mode	The channel through which the intervention is being delivered (e.g. face-to-face, letter)
Schedule	Timing of the intervention and components (e.g. start point, frequency of contact)

Back to the overall plan



1. Not a substitute for specific expertise
2. A structured way of applying that expertise

Reflections from a Local Government Perspective

Michelle Constable

Head of Behaviour Change Unit, HCC

Chair Elect – Behavioural Science and Public
Health Network

Challenges and goals in LAs

- Increasing demands on services
 - Budgets being squeezed
 - Resources declining
 - Ageing population
 - Environmental issues
 - Increasingly diverse population
 - Increasing uncertainty - Brexit??
- Outcomes often rely on people changing their behaviour:
 - Residents
 - Staff
 - Partner organisations
 - Stakeholders

The role of Behavioural Science

- Can support the delivery of effective and efficient services/workstreams
- Behavioural aspects sometimes overlooked
- Behavioural Science as a complementary skill set/evidence base
- Low levels of skills and confidence
- BCW offers useful, practical tools for LA Officers

Behavioural Science in Herts...

Areas of application

- Behaviour Change Unit
- A formal enabling programme in corporate transformation
- Campaigns - e.g. It's never too late to be active
- Intervention development – Cross directorate approach - BCW consulting model
- Light touch consultancy – advice and support
- Training of front line staff: LA Teams, Primary Care, Partner orgs.
- Competency frameworks

Behavioural science in practice: It's never too late to be active

**IT'S NEVER TOO LATE
TO BE ACTIVE**

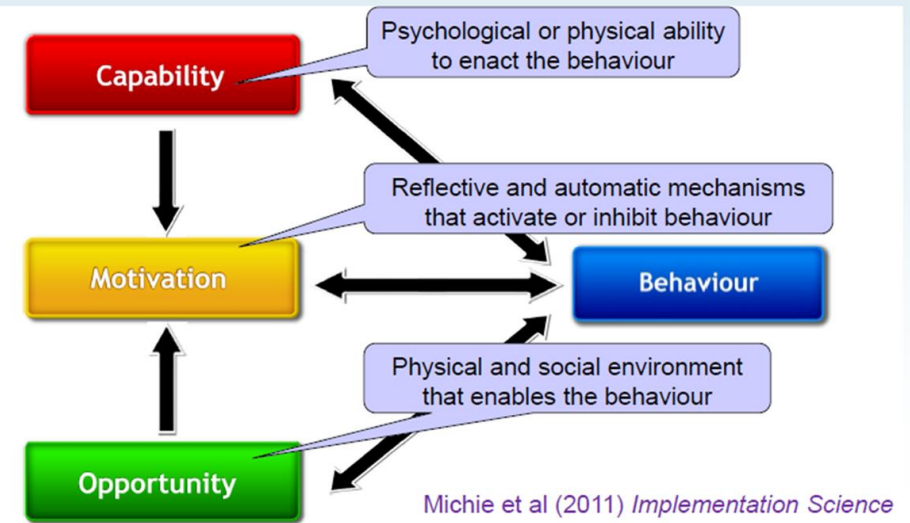
So let's give it a go

Discover free taster
activities in your area
and win prizes



- COM-B model of behaviour change (Michie, 2011)
- Focus group
- Identify key behaviour change techniques (BCTs):
 - action planning
 - graded tasks
 - prompts and cues
 - behavioural practice/rehearsal (Howlett et al., 2018)
- Embedding and mapping key BCTs in campaign resources, website, messaging and training

The COM-B system: Behaviour occurs as an interaction between three necessary conditions



Findings

- 3649 registrations - 68% were aged 55+
- 74% who signed up for motivational messaging found it useful
- 8% post intervention surveys completed
- No activity to >30 mins = 93.3%
- <90 mins to > 90 mins = 78.6%
- 51.5% of participants met or exceeded their physical activity goals

Things to consider.....

- What are the opportunities to apply behavioural science in your organisation?
- Using the ABC guide to support planning, decision making, and service development
- Use a broad evidence base including behavioural science
- Access expertise where needed, UCL, local universities, Behavioural Science and Public Health Network
- Guidance for LA employers coming soon!



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Questions and Panel Discussion

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