

Report title:	Healthy Lifestyles and Behaviour Change – A Systems Approach
Date of meeting:	4 March 2020
Sponsor (H&WB member):	Dr Louise Smith, Director of Public Health
<p>Reason for the Report</p> <p>The Joint Health and Wellbeing Strategy prioritises prevention and tackling inequalities:</p> <ul style="list-style-type: none"> • Supporting people to be healthy, independent and resilient • Providing most support for those who are most in need. <p>In line with these priorities, Norfolk County Council (NCC) Cabinet agreed a new strategic approach to promoting healthy behaviours for the adult population. This report is an opportunity to ensure that the HWB are fully sighted on the approach and able to take advantage of the opportunities the new approach offers, recognising that all organisations have an interest in improving the health of the Norfolk population.</p> <p>Report summary</p> <p>A new approach to adult healthy living proposes to promote prevention and health improvement at a wider population level than previous service delivery models. By increasing skills in behaviour change throughout key Norfolk workforces and supporting communities with strategies to promote / maintain healthy behaviours, such behaviours may become more normalised. This report outlines the planned programme of work from April 2020.</p> <p>Recommendations</p> <p>The HWB is asked to:</p> <ol style="list-style-type: none"> a) Endorse the agreed approach. b) Endorse the engagement of HWB members in a bespoke development session for senior leaders on incorporating behaviour change at a policy level to support population level health improvement. c) Embed the approach within their own organisations by promoting behaviour change training for frontline workers. d) Utilise opportunities to promote messages and activities that support the prevention agenda within the workforces of member organisations. 	

1. Background

- 1.1 Smoking, excessive alcohol consumption, physical inactivity and poor diet contribute to illness, disability and early death. **Figure 1** shows the scale of the problems among adults in Norfolk. Often, individuals will be affected by more than one of these behaviours, and there is a clear socio-demographic gradient in the prevalence of multiple health risk factors. Some groups are more at risk: for example men, younger age groups and those in lower socio-economic groups and with lower levels of education are more likely to engage in multiple behaviours that increase their risk of ill health (King’s Fund, 2012).

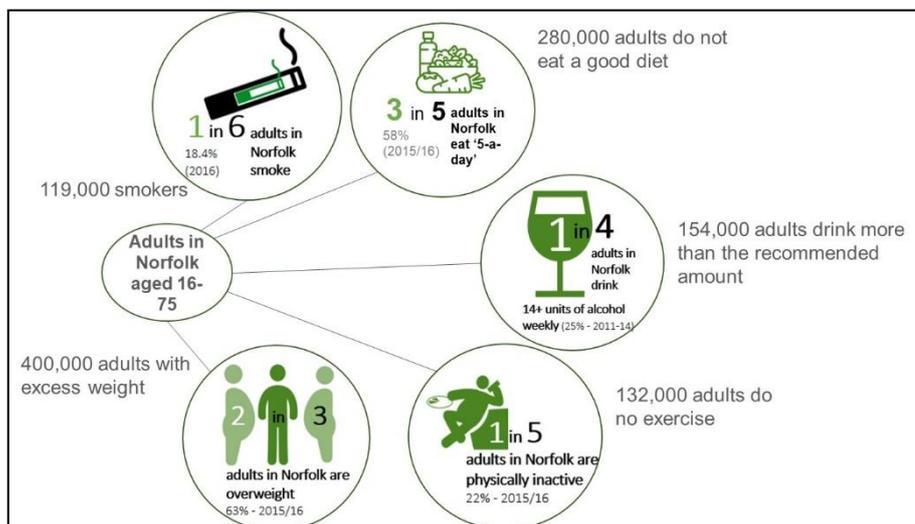
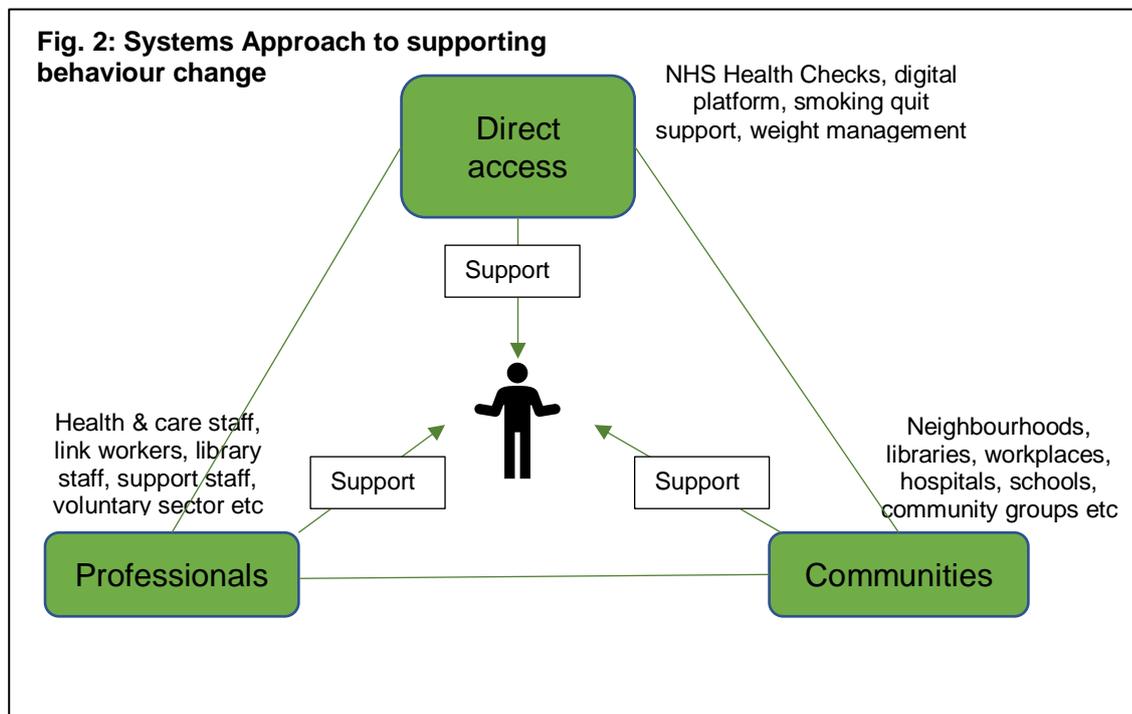


Fig. 1: Estimated numbers of individuals with specific health risk behaviours

- 1.2 Currently only 4% of adult smokers in Norfolk access stop smoking services each year, NCC's Slimming World offer only reaches <1% of the overweight adult population and NHS Health Checks are disproportionately taken up by those who need them least.
- 1.3 Stakeholders attending county-wide engagement events discussed four potential approaches to adult health improvement. Taking a systems approach had the most support: it was viewed as the most sustainable, having better links with the wider system, and taking more of a population view than traditional service commissioning alone. It is an approach that utilises the assets of existing relationships between workforces and Norfolk residents and increases capacity in the system to support healthy behaviours. Stakeholders also supported an element of targeting provision to those who need it most.
- 1.4 The new approach is in line with the Joint Health & Wellbeing Strategy 2018-2022 which aims to:
- Prioritise prevention both at policy level and in decision-making
 - Promote and support healthy lifestyles with our residents, service users and staff
 - Promote the health and wellbeing of our workforce.

2. The Systems Approach to Healthy Living

- 2.1 Our vision is to embed prevention within local communities and organisations so that residents can reach their full potential related to health and wellbeing. We want Norfolk adults to be able to make healthy choices, and for healthy choices to be the normal choice.
- 2.2 If we are to practice prevention in a way that will reduce demand on specialist services, then interventions need to be delivered at scale. Utilising existing assets of communities and relationships between frontline workers and Norfolk residents is one way to do this.
- 2.3 The offer from Public Health will provide support in three directions – to individuals, to professionals (including in the voluntary sector) and to communities as illustrated in **Figure 2**.



2.4 Support to individuals:

The offer to individuals will include a new web based digital resource which will provide individuals (and those supporting them) with skills and tools to help make positive behaviour changes, telephone-based support to quit smoking (including access to nicotine replacement therapy and other products), weight management on referral and NHS Health Checks targeted to those most in need.

2.5 Support for professionals/frontline workers:

The offer to frontline workers will focus on increasing skills within current workforces through training in behaviour change. The aim is that more frontline workers from a variety of sectors will be able to help their clients to change their behaviour in order to improve their health in a way that is appropriate to that relationship. It will help to address other issues where health behaviours may impact on social and economic factors (e.g. losing weight reduces the risk of musculoskeletal issues which in turn can affect ability to work). Not only will this increase opportunities for residents to make positive behaviour changes, it will also enhance the existing skills of frontline workers.

2.6 The behaviour change training offer is being developed alongside the STP's Coaching for Behaviour Change to ensure that an integrated training pathway for workforce development is available to a wide range of personnel in public-facing roles.

2.7 There will also be a bespoke development session for senior leaders (HWB, STP). This will focus on using behaviour change theory to prioritise prevention at policy level and explore how changes at organisational level can support population level health improvement.

2.8 In the first year (April 2020 – March 2021), training will be piloted with a variety of teams. The training will be refined and evaluated throughout the year, before rolling out more widely from April 2021.

2.9 Standardising the approach to training will allow workers from a wide range of organisations / sectors to approach behaviour change in a consistent way, and the key messages will follow through to public facing campaigns.

2.10 Support to communities, including workplaces:

We will develop a community enablement toolkit which will show how different groups or organisations could promote healthy behaviours and link to existing work, for example programmes carried out by district councils. We will explore with those who have community development or connector roles how incorporating healthy activities into their existing programmes could increase the spread of support for adopting healthy behaviours.

3. Summary

- 3.1 The approach described above will start to disseminate knowledge and skills around behaviour change to a variety of professionals and frontline workers who can implement them in their existing relationships with Norfolk residents. It will also help many more communities to make small changes that can contribute to making environments more supportive of healthy behaviours. NCC have committed to this way of working, and with the support of HWB partners we can start to take action on prevention at scale.

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