Public Health England

Champs Public Health Collaborative

Cheshire & Merseyside Health & Care Partnership

NHS Health Education England

Summary Report following North West Behavioural Science Symposium held on May 22nd, 2019 in Warrington

A Collaborative Event with Health Education England, Public Health England and Champs Collaborative

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Introduction

Many public health challenges – including preventable diseases, smoking, and mental ill-health – are more often behavioural and sociological than medical in nature. The reason behind this is that they often arise from behaviours that are underpinned by social and structural determinants.

For example, obesity and Type 2 diabetes often arise as a result of the poor diets that we have, which are influenced by the obesogenic environment that we live in. Although these behavioural and social factors are often the leading influences on our health outcomes, they attract only a fraction of the attention or resource that goes into clinical treatment.[1]

PHE's Behavioural Insights (PHEBI) team has led the collaborative development of a behavioural and social sciences strategy in partnership with the Association of Directors of Public Health, Faculty of Public Health, Behavioural Science and Public Health Network, the Local Government Association and many others.

Improving people's health: Applying behavioural and social sciences to improve population health and wellbeing in England is the first strategy of its kind. It aims to better enable the public health system to maximise the contribution of behavioural and social sciences to improving and protecting the public's health and wellbeing, improve value to the public purse, and reduce health inequalities. As a high-level guide, it provides a framework and brings together a suite of relevant resources from a range of disciplines in one place.

The purpose of the North West Behavioural Sciences symposium was to provide an opportunity to launch the strategy locally, taking a systems leadership approach and provide a forum to share current practice, share ideas and opportunities and consider how key partners implement recommendations from the behavioural and social sciences strategy into public health practice.

[1] https://publichealthmatters.blog.gov.uk/2018/10/03/behavioural-and-social-sciences-in-public-health-the-first-strategy-of-its-kind/ (accessed 13.06.19)

Behavioural and social sciences

Within the context of public health practice and interventions behavioural and social sciences are being increasing utilised in order to better understand how healthy environments are sustained using a range of disciplines such as psychology, behavioural economics and anthropology.

The new strategy provides a comprehensive framework to enable the public health system to scale up and integrate these sciences in order to secure effective and efficient health benefits across populations.

A planning group of behavioural science champions, including the lead author of the strategy (Dr Tim Chadborn, PHE) convened to plan the symposium for the North West. The group agreed the following:

- To learn about the new Behavioural Science strategy to improve health & wellbeing
- To learn from existing work and interventions, utilising behavioural science approaches
- To consider the opportunities for a consistent and scaled approach to integrating behavioural sciences into health and care commissioning and service delivery across the NW geography – what might that look like?
- To network with colleagues leading on behavioural science and population health.

Planning the event

Owing to the complexity of the topic area and wide-ranging stakeholders involved, the planning group recommended that the event be facilitated externally in order to make best use of the available time utilising skilled facilitation expertise. To that end, we secured the services of Mari Davis from www.leadingcommunities.org.uk who helped plan the final programme and provided robust leadership on the day.

On the day

156 delegates attended on the day, including speakers and support staff and a welcome and keynote address was provided by Dr Sakthi Karunanithi, DPH, Lancashire County Council. The chair for the day was Dave Sweeney, Executive Implementation Lead for C&M Healthcare Partnership, who provided excellent public health leadership on the day. Delegates attending were from a wide range of organisations and job roles including clinical services, public health, third sector, local authorities and others.

The day comprised a mixture of presentations, workshop sessions, a PHE film and discussion and networking opportunities. There was also an optional lunchtime session to view the newly developed C&M digital platform for MECC. Administrative support was provided by HEE and Champs Collaborative support team and social media activity coordinated using the hashtag #BhSci2019.

The presentations can be accessed on the NW Population Health & Prevention Network digital platform.

Appendix One:

Final programme

The event included speakers largely from PHE and local authorities nationally and locally across the North West.

Summary of the Workshop Sessions

We provided two whole room workshop sessions led by the facilitator with the help of a table facilitator, capturing feedback and supporting table discussions.

The first workshop (workshop One) addressed the questions outlined below, which were applied to each of the seven priority themes outlined in the strategy.

In order to ensure that we had feedback on all seven themes the lead facilitator allocated themes to each table. All seven themes are outlined below. For brevity, just the key themes have been included but a fuller descriptor of each of the themes can be viewed here (page 7)

1. *Why is this a priority?*
2. *Where and in what way are we already doing this?*
3. *What are we not doing?*
4. *What further actions might we take?*

Priority Theme 1
Evidence and theory

Priority Theme 2
Leadership of our organisations

Priority Theme 3
Wider system leadership

Priority Theme 4
Access to expertise

Priority Theme 5
Tools and resources

Priority Theme 6
Capacity building

Priority Theme 7
Research and translation

Feedback from the room was comprehensive and the full workshop summary is available on request to polly.james@hee.nhs.uk

Summary of feedback

Theme No	*Why is this a priority?*	*Where and in what way are we already doing this?*	*What are we not doing?*	*What further actions might we take?*
1.	Evidence is needed Can change culture, influence wider determinants, better chance of getting it right	Lots of examples – a sample includes: MECC Lead – NHS Workforce development, H&W staff engagement 5 ways to wellbeing & occupational therapy Walton Centre in Liverpool Psychological support social prescribing Discovery report about prevention A different conversation (Wigan) - positive conversations Letter templates – low cost	Not using enough with BME and health inequalities Losing person centred approaches with whole system localities take the evidence to apply to the decision makers? We need consult real people / staff / all sectors / rather than senior leaders Variable buy in from influencers Using evidence-based evaluation to see what works Training – add BS into trainee Doctors & be systematic in our application Join up sectors & learning	Community of learning Embed actions not as separate expertise How to use tools / guidance & practical examples We need to set aside thinking & planning time Case studies (what is / isn't working) Occupational therapist work in partnership Use systematic frameworks e.g. GM tools Simplifying the message, Pragmatism Reframe messages to include BS approach
2.	Strategically led & driven Consistency of message Leader own it & champion it	MECC included in mandatory training PH Champions in some trusts	Need more senior leaders engaged Create a culture change	More collaboration Clear ROI / Value messages to engage leaders in prevention – invest to save

	Embedded in organisational policy / strategy Pathways, workforce – PDR / training e.g. MECC mandatory Resources available Collaboration Tapping into staff & leadership motivation	AHP PH Networks & innovation agency enabled Local authority elected – member champion in Blackpool for healthy weight	Sell prevention / MECC & long-term benefits	ICS leadership Innovation
3.	System issues are complex Political context – leadership support needed Making connections collaborating is key Integration is key – shared budgets to deliver the system Opportunity to practice skills Language can be a barrier – substance misuse services –	Alvanleigh GP practice in Woodley Stockport- Developing insight into what works in the communities Substance misuse services already using this very academic language being used LA – MECC / health trainers – sits very well in these services – SP – language used	Still a bit tribal – collaboration isn't always there Focus on individual families, not policies Having shared understanding & what prevention is Not enough information from SMT's & frontline staff should be feeding back more effectively Universal offer across all GP practices doesn't always happen & GP engagement needs to be better (St Helens example)	Make prevention part & level playing field Training relevant stakeholders re data Ensure all system leaders are knowledges MECC in JD's (already happening is SRFT cancer services)

	psychosocial approaches (for example)		MECC should be a core component of undergraduate curricula	
4.	Poor outcomes if not Make sure interventions are effective – better outcomes right thing to do Utilise existing networks e.g. cancer networks board level down – social science expertise Understanding the effectiveness of different (new & existing) ways of working How evidence base can be translated Barriers to innovation – facilitators which includes the emerging evidence base	Contracts have behavioural change but not monitored well CQUIN – Smoking & alcohol NHS NHS standard contract – MECC included MECC website campaign More recent ways of working don't prioritise the capacity to explore evidence base Try to engage in new research / development Insight is commissioned out & it's expensive	– *No feedback available*	More capacity / capability building Culture shift / everyone at different stages Look at areas where more support needed e.g. Everton FC & what they do for their community Communication / language / clear messages with staff & public key to encouraging behavioural change Work with AHP's / colleges etc. Upskilling – evidence base, social media, need to be a stronger influence Tell stories – local – listen to populations & practitioners Dig down to the people (not the usual voices) – that are not being reached Using communities to train practitioners to help with a "not telling" way of working – changing, listen to people
5.	Evidence based is good Operationally it's all	Building on the easy / efficient Lift your mood Sleep better	Operationally all done differently Keep it consistent	Simple principles to highlight key messages

	done differently – should be consistent and built into commissions guidelines Need to acknowledge population & community change Need to make it systematic and wider ranging	Some examples where they can make simple changes “Go for a walk” “Clear your head” Go to place – where is it? Social marketing tools to promote a good evidence base & examples need to be stronger	Filter down from PHE not always good More third sector involvement Too much emphasis on professionals Limitations of MECC – a professional tool but not about confidence onwards – evaluate the system approach	More connectivity with PHE and develop into localities Cascade stronger Nudge required People want professional initiative – MECC not going far enough
6.	This is the doing, without the workforce it fails Stops it being a piece of paper Practicing what we preach Removing ego – population first Continuity & sustainability The community is the workforce Commissioners need to understand to commission	Salford CCG innovation fund – must go through behavioural change & logic model training Need to look at whole person rather than individual behaviours In many peoples work they don’t realise Is in system but smoking may compete for figures There but numbers focused approach is barrier GM stop smoking service Online training want face to face Blackburn with Darwin – health checks child obesity trailblazer Unintentional injuries in children – Bury	Building capacity appropriately – can become perishable Making it obvious & easy choice We tick boxes – signposting is a nightmare – need the behaviour change to get the self-efficacy System leadership (lack of) Need environmental changes alongside Lack of evidence & what people want Not embracing new ways of working Workforce doesn’t believe messages	Think about what’s important to the gatekeeper Talk to people & actually listen Recognise it takes time Educating partners in co-production Established pathways Quality improvement methodology More staff & utilising other workforces Each person in the room talking to 5 people Integrating into job description Give staff time in their job and recognise change won’t come from one interaction a lot of the time

	Need greater understanding of concepts / science in organisational e.g. Local government, key messages e.g. MECC – seen as medical clinical Share good practice	Salford – gastro programs in babies at A&E – review of for much feels prescribing Insight who why present at A&E anxiety, paid for food, see quickly got food banks on board	Not understand what people value Solutions focused approaches Engaging politicians & getting right message	System wide approach across sectors with consistent messages More staff – more time & capacity (acknowledge budgets) Talking large scale change & need to break population down & focus on ACE's to be aware don't increase inequalities Engage decision makers in events & leaders Make use of tools easy not academic
7.	**Feedback not available**	PHE / Masters students – doing this – measuring future and training Bid put in – lanes – food culture is a mental health setting Logic model – C & M Academic institutions in North West – what are they doing? PHE – National evaluation	PHE / Masters students – doing this – measuring future and training Bid put in – lanes – food culture is a mental health setting Academic institutions in North West – what are they doing? PHE – National evaluation	Social return on investment Impact – complexity of evaluation Inter-agency collaboration Link with universities Do local authorities have access to the academic rigor and resources? Champs – links with academic institutions

Workshop Two:

Only a sample of responses are provided below (for a full copy of feedback email pollyjames@hee.nhs.uk)

All delegates addressed the following key questions:

1. How do we take a shared and scaled approach to integrating behavioural sciences into health, care and public health commissioning?

2. Service delivery across the NW geography - what might that look like?

Barriers – what will hold us back?

- Feel like you're on your own
- System leadership is key (learning): Attitudes to behavioural science, competing priorities
- Upskilling the workforce (learning): Competing priorities, lack of time, too difficult to do (start a conversation about behavioural change)
- Challenge to the culture of current practice – challenge to how new current interventions are done
- Focus on what works and impact and outcome
- Wanting instant result
- Money
- GP's surgeries being business
- Learn from private sector
- Nuancing / perception of different stakeholders
- Commissioning is in different areas applies different evidence bases.
- Have conversations early in the commissioning process.
- Tension between different teams.
- Lack of time to implement approaches such as MECC.

Enablers – what will propel us forward?

- Communities of practice to create a bigger voice / hub
- Collectively come together
- Develop a social movement

- System leadership (learning): started narrative, wide dissemination of ideas, saying how it can be applied
- Upskilling the workforce (learning): Make MECC training moderators,
- Resilience
- Segmenting audience
- Behavioural science approach
- Realise it's the same outcome, doesn't concentrate on different path
- Utilising new working methods
- Solution focused
- Diverse recruitment

Opportunities within our organisations?

- MECC – MECC Champions – Cheshire & Merseyside
- Take the strategy to the rehab network
- Share the AHP's in the Walton centre
- Share the delegate list
- Need to widen the reach of these sessions and workshops to our partners – we all need to collectively sign up to the same language / BC as example
- Link to LA / VCOL Primary care / individuals
- Buy campaign – I will if you will – money given to community groups for them to develop physical activity programmes
- Engagement
- GM Example – tobacco control programme
- Working with partners – co production approach to training

With partners in our local area?

- Morecombe – dance for dementia – cultural opportunities
- Directory of seniors
- To work with more academics few people have or engaged today e.g. innovation agency
- GPs missing & useful to engage others in acute settings

With partners in the NW region

- Show best practice and examples where innovation has led the way

- Strengthening the links with the theory and good practice and ensuring this is promoted as widely to work well

Recommendations

1. Consider a small working group of key stakeholders to review feedback from this event in more detail and draft key recommendations for approval by the public health system and key partners.
2. Secure a better understanding of how new communities of practice are working – are they effective? Having an impact? How do they operate?
3. Seek support from the national behavioural science network to establish key actions, based on the strategy themes.
4. Consider how to build on this event – further events? Webinars? Communications? Link to existing work streams and groups.

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