



Yorkshire and the Humber

**Prevention and Lifestyle Behaviour Change:
A Competence Framework Mapped to the Public Health Responsibility Deal**

How Making Every Contact Count (MECC) and supporting Prevention and Lifestyle Behaviour Change: A Competence Framework can link with The Public Health Responsibility Deal to embed the wider health and well-being agenda

October 2012

Using this Report

This report aims to help organisations across the statutory, private and third sectors. In particular the report shows how NHS Yorkshire and the Humber's public health strategy, Making Every Contact Count (MECC) and it's supporting *Prevention and Lifestyle Behaviour Change: a competence framework*, can link with The Public Health Responsibility Deal to further embed the wider health and wellbeing agenda.

Section 1: Key Messages and Emerging Themes

Key messages and emerging themes *are summarised to show how Prevention and Lifestyle Behaviour Change: a competence framework* links to the Public Health Responsibility Deal and the implications for taking this forward

Section 2: Making Connections: A Summary of the Mapping

An overview of the mapping to show how the *Prevention and Lifestyle Behaviour Change: a competence framework* links to the Public Health Responsibility Deal

Section 3: Further Information and Resources

Links to further information and resources, for how organisations can sign up to, and support *The Public Health Responsibility Deal* and how organisations can use the *Prevention and Lifestyle Behaviour Change: a competence framework* as an enabler to help achieve this

'Individually and collectively the Prevention and Lifestyle Behaviour Change: a competence framework and The Public Health Responsibility Deal provide a vehicle to embed behaviour change in relation to health and wellbeing'

Introduction

The landscape for public health commissioning is changing, affecting our future health and wellbeing. This is setting a challenging agenda; for employers, for learners and for those responsible for supporting learning. The broad context for health improvement is well established. However, its architecture is undergoing a radical shift, from a health led service towards a public health system that is local authority led.

This report forms part of a series of scoping and mapping exercises undertaken by NHS Yorkshire and the Humber. Building on the success of the public health strategy, Making Every Contact Count, NHS Yorkshire and the Humber commissioned work to investigate the links between the supporting *Prevention and Lifestyle Behaviour Change: a competence framework* and *The Public Health Responsibility Deal*. *Individually and collectively these documents provide the vehicles to embed the wider health and well being agenda.*

The objectives of the scoping and mapping are to:

- Explore the NHS role in supporting *The Public Health Responsibility Deal* as part of the new arrangements for a public health system
- Provide information about how *The Public Health Responsibility Deal* can link with embedding the wider health and wellbeing agenda for NHS staff
- Illustrate how the competences set out in the *Prevention and Lifestyle Behaviour Change: a competence framework* have a role in enabling the delivery of *The Public Health Responsibility Deal* for all organisations, teams and individuals whose role has the potential to influence wellbeing

‘Good health is now everyone’s business, so it is vitally important that everyone understands how to communicate health messages effectively’
(The Royal Society for Public Health, 2012)

The *Prevention and Lifestyle Behaviour Change: A Competence Framework* has been developed to support the implementation of NHS Yorkshire and the Humber’s key Public Health Strategy *‘Making Every Contact Count’*. It is designed to support all staff and organisations in the delivery of the key national priorities that were identified by Marmott (2010) - Prevention, Health and Wellbeing and Inequalities. The framework enables a common approach across all elements to build capacity, competence and confidence for behavior change, and tackling the wider social determinants for health.

The Approach

In this short desktop based study the *Prevention and Lifestyle Behaviour Change* competences are mapped to *The Public Health Responsibility Deal*. Building on early findings we engaged in a series of focused discussions with people in a range of public health roles. The conclusions that are outlined in in this report reflect a synthesis of views from a public health workforce development perspective. In particular we find that:

- There is a need to build capacity, capability and confidence for whole workforce across all sectors to engage in ‘healthy chats’ to harness the potential for embedding the wider health and well being agenda; a shared principle of ‘starting from where the person is’

Prevention and Lifestyle Behaviour Change A Competence Framework	Public Health Responsibility Deal
<ul style="list-style-type: none"> • Provides an enabler for all sectors (statutory, third and private) to help the whole workforce achieve a minimum of Level 1 competence in behavior change, i.e. brief advice and signposting • Enables a common approach to behavior change, and when staff themselves are supported to make healthier lifestyle choices, they are able to deliver these messages with more credibility and confidence 	<ul style="list-style-type: none"> • Provides an architecture to embed the wider health and well being agenda • Is about engaging with business and other organisations to help support their staff to be healthier, as well as a wider remit (aimed at food and drink manufacturers and retailers) to engage with business to help support their customers to be healthier • ‘Core Commitments’ emphasis the importance of a collaborative approach • ‘Collective Pledges’ provide a framework that encourages opportunities for developing new partnerships and learning from best practice

‘We recognise that we all have a vital role to play in improving people’s health’

Emergent Themes

For the NHS and the wider public sector, *The Public Health Responsibility Deal* provides an opportunity to link in with work on embedding the wider health and wellbeing agenda. *The Public Health Responsibility Deal* shows what progress has been made so far, making the case for continued investment in health and wellbeing, and for starting to make stronger links between the private and public health sector. *The Public Health Responsibility Deal* is a way of harnessing the contribution business can make to public health improvement and wellbeing. In particular findings highlight:

- **Public Health and Wellbeing is Everyone's Business:** Good health is everyone's business and it is vitally important to understand how to communicate health and wellbeing messages effectively. This means 'coming from where the individual is' to embrace the wider and social determinants of health. There is growing evidence that the delivery of the NHS for the future requires the engagement of the whole workforce. The independent Wanless Report (2002) recommended that, in order to cope with rising demand and costs, the NHS should ensure that all patients were 'fully engaged' in managing their health and wellbeing underpinned by 'shared decision making' and the current government drive to make this the norm. To achieve this *all* staff need to have access to the necessary continuous professional (or personal) development (CPD). This evidence applies not only to the NHS and services but to the whole workforce as members of local populations as 'Making Every Contact Count' can happen formally in a public sector service or informally as a peer, family member or friend
- **New Opportunity for Collaboration:** Employers are responding already to the clear emphasis that the government is placing on delivering more public health services through joint working arrangements, across traditional boundaries including the pooling of resources in a range of ways. *The Public Health Responsibility Deal* provides a 'golden opportunity' to improve health locally and the *Prevention and Lifestyle Behaviour change: a competence framework* offers standards and levels of fidelity across organisations and provides the framework for the workforce to engage in the 'golden opportunity' either as an agent for behaviour change practice or employee engaged in services to improve personal and family health
- **Readiness for Behaviour Change:** Managing the human aspects of change (doing things differently, managing transition, doing more for less, etc.) can impact adversely on levels of motivation. Supporting individuals to change their behaviours as described in MINDSPACE (Dolan et al 2010), and influencing behaviour through public policy is both a key driver and a key challenge for the wider public health workforce. This is an issue for staff, many of whom are experiencing uncertain futures currently. As choice and control is being passed to local communities, there is also a shift away from intrusive approaches. *The Prevention and Lifestyle Behaviour Change: a competence framework* provides the workforce architecture, standards and strategy to embed this in every day practice and as a norm in public sector but other organisations where the importance of staff wellbeing is appreciated and acted upon

- **Creating a Culture for Behaviour Change:** A shift towards more systemic approaches for engaging organisations, staff and service users is necessary. This requires a reflexive rationality of a kind that suspends assumptions from a number of perspectives, based on a principle of collaboration and co-design rather than more hierarchical approaches of ‘telling’ people
- **Competence, Capability and Confidence for Behaviour Change:** The development of competence based practice and learning is supported by an architecture including the KSF (Knowledge and Skills Framework) staff reviews, National Workforce Competences (NWC) and National Occupational Standards (NOS). There are national public health competences and various existing standards for health improvement but none describing or disaggregating the different behaviour change workforce functions. *The Prevention and Lifestyle Behaviour Change: a competence framework* does this and reinforces the need to start from where the person is, understands their life journey and level of motivation. The framework builds on the NICE guidance on behaviour change (2007), which indicated the need for minimum standards and competence in the workforce
- **Evaluation, Impact and Return on Investment:** The current economic context highlights the need to demonstrate the value of behaviour change to public health and the impact that this has, (social and financial) on investment that is made. This is emphasised further by the Public Service (Social Value) Act 2012. Recent research is currently underway with Manchester Business School, Sheffield Hallam University, NHS Yorkshire and the Humber and NICE, has reviewed the gap between health promotion workforce research and workforce change research, linking the two. Early findings are supportive of a whole systems approach including for example the *Prevention and Lifestyle Behaviour Change: a competence framework (NHS Yorkshire and The Humber 2010)*. Using the framework to deliver outcomes that improve workforce productivity resonate with *The Public Health Responsibility Deal aspirations*. This offers the basis for wider discussion about the development of the workforce for public health and more widely in terms of aligning system, organisational and individual needs. *The Public Health Responsibility Deal* have a developed reporting framework to monitor progress and share best practice

Key Messages

NHS Yorkshire and the Humber recognises the power of co-creation through collaboration. *The Prevention and Lifestyle Behaviour Change: a competence framework* adopts a principle of ‘starting where the person is’ to achieve the behavior changes necessary to support public health improvement (improved health and wellbeing for individuals and communities). In particular this study has highlighted:

- Health improvement is not a clearly understood term; there are a plethora of terms that are used interchangeably across health, social care and the business sector and this is problematic. The nature of meaning and experience remain an imaginative backdrop forming key terms in this diverse inquiry. There is a need to look behind *The Public Health Responsibility Deal* at the wider policy context in terms of the wider public health workforce and its development

- Good health is increasingly recognised as everyone's business so it is vitally important that everyone understands how to communicate health messages effectively. Public health improvement therefore needs to be contextualised to harness the potential to effectively engage health and non-health organisations
- All staff whose role has the potential to influence and encourage behaviour change need the necessary skills, knowledge and behaviours (competences) to promote health and well being. Organisations in the health and non-health sector can utilize the *Prevention and Lifestyle Change: a competence framework* as a practical tool to enable all organisations to build capacity, competence, and confidence
- The broad context for health improvement is well established. However, its architecture is undergoing a radical shift, from a health led service towards a public health system that is local authority led. The implications that are arising from these changes require further exploration and development - for example the role of Public Health England and Health Education England and their responsibility along with Local Education and Training Boards. There is a possibility of fragmentation of approaches
- Many large-scale projects such as the Department of Health 'Change4Life' offer important opportunities for new partnerships and collaboration. NHS Employers offer a range of resources that are assisting organisations to interpret and engage in The *Public Health Responsibility Deal*. There is a need to translate and contextualize public health improvement, e.g. supermarkets. There is potential for new dialogue through harnessing a whole systems approach
- As new public health structures emerge, the Clinical Commissioning Groups are tasked with strengthening the evidence based that informs public health workforce planning and development, demonstrating social value within the procurement process
- The development of new Occupational Health Standards for Occupational Health Advisors is shifting the landscape for workplace health placing greater emphasis on work-lessness and preparedness for work. This requires a workforce that can support whole scale behaviour change. There is a need, and opportunity to better align the *Prevention and Lifestyle Behaviour Change: a competence framework* together with National Qualifications Pathways building seamless progression pathways for the wider public health workforce
- It is vital to create a strong business case to show a return on investment for work place health. The Government have made it clear that measuring social value is a crucial way to help demonstrate the impact that public services have (social and financial) on the investment that is made. The recent Public Services (Social Value) Act (2012) is stimulating discussion and provides an imaginative backdrop to this session. As the new commissioning arrangements come into place there are new opportunities for partnership, building the need to

measure impact into the vision, strategy, systems and structures for commissioning. In this way we ensure that we are valuing the things that matter, not just the things we can count

- As an organisational development and workplace intervention *The Prevention and Lifestyle Behaviour Change: a competence framework* forms an important element of the supply chain for improving public health and wellbeing. This means connecting commissioners, providers, patients and the public as consumers, businesses (through responsible sales) as well as communities in the wider social context
- NHS Yorkshire and The Humber, and others across the UK, are utilizing *the Prevention and Lifestyle Behaviour Change: A Competence Framework* as a practical tool to build capacity, capability and confidence for behaviour change – all staff should be trained to achieve a minimum of level 1 competence

In conclusion using the *Prevention and Lifestyle Behaviour Change: a competence framework* can assist the delivery of *The Public Health Responsibility Deal* and other health and well being initiatives. It reinforces and articulates the workforce competences required. Having a workforce strategy behind initiatives and policy would enable the achievement of outcomes via a competent, capable and confident workforce.

Benefits of Getting Involved

Signing up to a *Public Health Responsibility Deal* pledge (Collective or Individual) demonstrates employers' commitment to their 'duty of care' for their employees. In the long term, employers will benefit from a healthier, fitter, more engaged workforce and with evidence would suggest less sickness and absence rates. Together this has a positive impact on efficiency and productivity.

There are a number of benefits for getting involved in *The Public Health Responsibility Deal; in particular engagement:*

- Reflects well on the organisation's public profile; helping to attract good candidates, retaining valued staff as well as sending positive messages to its customers, clients and the wider community
- Shows a commitment to staff wellbeing. If staff themselves are supported to make healthier lifestyle choices, they are able to deliver these messages with more credibility and confidence
- The Public Health Responsibility Deal is about engaging with business and other organisations to help support their staff to be healthier. It also has a wider remit (mainly aimed at food and drink manufacturers and retailers) to engage with business to help support their customers to be healthier. This brings new opportunity for new partnerships at a time when compulsory innovation, when we need to do more with less, and to do it differently

Impact and Evaluation

<p>Informing Strategy and Planning</p>	<ul style="list-style-type: none"> • Creating a national workforce able to engage and deliver on the behaviour change agenda • The <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> provides tool for achieving minimum standards 	
<p>Underpinning Commissioning</p>	<ul style="list-style-type: none"> • Creating a platform for consistency across commissioning and service providers 	
<p>Supporting Service Provision</p>	<ul style="list-style-type: none"> • Enhancing skills of the workforce • Enhancing partnerships and collaboration for services across statutory, third, the independent and private sectors • Contributing to the staff health and wellbeing and thus productivity. 	
<p>Transforming Culture</p>	<ul style="list-style-type: none"> • Making Public Health everyone's business • Building capacity, capability and confidence for 'healthy chats' 	
<p>Driving Workforce Development</p>	<ul style="list-style-type: none"> • Growing a skilled, diverse workforce able to engage in 'healthy chats' and Level 2/3 behaviour change interventions • Achieving behaviour change, competence, confidence and learning at the heart of the workforce 	

Implications for Taking Forward the Responsibility Deal

- The Department of Health and wider government, is encouraging NHS organisations to become partners in taking forward *The Public Health Responsibility Deal* and sign up to delivering on an individual pledge
- Making Every Contact Count (MECC) and the *Prevention and Lifestyle Behaviour Change: a competence framework* can contribute to taking the *Public Health Responsibility Deal* forward as a workforce strategy and education and training initiative to embed principles for public health improvement. If organisations are applying MECC already their journey is already part way to meeting individual and collective pledges
- The *Lifestyle and Prevention Behaviour Change: a competence framework* provides an enabler to support both individual and collective pledges
- The NHS Health at Work Network Board has signed up to *The Public Health Responsibility Deal* and is encouraging its member NHS Trusts to do likewise. The Network has developed a Public Health Responsibility Deal and NHS Pledge Template to support organisations wishing to show their commitment by signing up to the *Public Health Responsibility Deal* – see appendix 3, page 36
- The [Department of Health website](#) has more comprehensive details of *The Public Health Responsibility Deal* and how to become a partner

We would welcome any description of how organisations use this document so that we can share experiences with colleagues.

If you would like more information about NHS Yorkshire and the Humber's work in this area please contact Karen Payne:

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Yorkshire and the Humber

Section 2

The Prevention and Lifestyle Behaviour Change: A Competence Framework Mapped to the Public Health Responsibility Deal

The Role of the Prevention and Lifestyle Behaviour Change: A Competence Framework

NHS Yorkshire and the Humber *Prevention and Lifestyle Behaviour Change: a competence framework* was developed with the premise that “we start where the person, organisation and population is”. The framework is based on NICE behaviour change guidance (2007) and provides ‘basic standards’ to ‘equip frontline staff’ to develop the capacity, capability and confidence needed to effectively engage in ‘healthy chats’. The framework typifies the ‘design to delivery’ principle set out in the NHS workforce architecture using a ‘function’ (a service the workforce is required to deliver) and ‘form’ (activity or competence required of workforce to deliver this function). The *Prevention and Lifestyle Behaviour Change: a competence framework* is flexible and universal in application. The workforce functions for delivering behaviour change are defined within the 3 key levels of the framework:

Key Generic Competences	
Level 1	Brief advice and signposting
Level 2	Behaviour change intervention e.g. brief intervention or motivational interviewing
Level 3	Behaviour change intervention programme e.g. weight management programmes
Special Practice	
Level 4	Specialist / Advanced or lifestyle and behaviour specific behaviour change approaches to support individuals. Workers at this level also act as a resource for the support, training and education of others
<p>An overview of the framework is included in Appendix 1 (page 33)</p> <p>Further information about MECC and the <i>Prevention and Lifestyle: a competence framework</i> can be found at:</p> <p>Add link http://www.makeeverycontactcount.co.uk</p>	

For NHS organisations *The Public Health Responsibility Deal* provides an opportunity to link in with the work on embedding the wider health and well-being agenda, showing what progress has been made so far, making the case for continued investment in health and well-being and for starting to make stronger links with the public health sector. The following section of the report explores the links between the *Prevention and Lifestyle Behaviour Change: a competence framework* more closely.

The Public Health Responsibility Deal: An Overview

The Government's strategy for public health set out in the document *Healthy Lives, Health People* (2010) makes it clear that improving public health is the responsibility of everyone. This means Government, business, non-governmental organisations and individuals all have a role to play. *The Public Health Responsibility Deal* (2011) is the Government's way of drawing on the potential of employers in both the private and public sectors to help tackle health inequalities through the influence they have over health in the workplace, alcohol, food and physical activity. The engagement of the private sector in the public health and wellbeing continues to grow and the Government is now encouraging NHS organisations to join in delivering against the commitments it has made. The pledges are part of a delivery structure, which consists of four parts:

<p>1. Core commitments:</p>	<p>The five core commitments which set out the scope, purpose and high level ambitions of <i>The Public Health Responsibility Deal</i> are signed up to by all Responsibility Deal Partners as confirmation that they support the Deals ambitions and commit to taking action to support them. The core commitments are:</p> <ol style="list-style-type: none"> 1. We recognise that we have a vital role to play in improving people's health 2. We will encourage and enable people to adopt a healthier diet 3. We will foster a culture of responsible drinking, which will help people to drink within guidelines 4. We will encourage and assist people to become more physically active 5. We will actively support our workforce to lead healthier lives
<p>2. Collective Pledges:</p>	<p>Collective pledges represent the collectively agreed action that members of a given sector will take in support of a particular core commitment. All partners are signed up to deliver at least one of the collective pledges</p>
<p>3. Individual Pledges:</p>	<p>Individual pledges are specific to a particular organisation such as an NHS Trust and have been developed by them and approved by the Department of Health. The individual pledge gives organisations the opportunity to show where they can go further than the collective pledges or take the lead for their sector in making a commitment in an area where collective action is not happening</p>
<p>4. Supporting Pledges:</p>	<p>There are five supporting pledges that underpin all of the collective and individual pledges and which define the operating principles and processes of the Deal. These are:</p> <ol style="list-style-type: none"> 1. We will support the approach of <i>The Public Health Responsibility Deal</i> and encourage other organisations to sign up. 2. We acknowledge that the Deal's strength comes from organisations of different types across varying sectors working together to improve people's health. 3. We will contribute to the monitoring and evaluation of progress against the pledges 4. Where we offer people information to help make healthier choices we will use messages, which are consistent with Government public health advice 5. We will broaden and deepen the impact of <i>The Public Health Responsibility Deal</i> by working to develop further pledges in support of the five core commitments

Core Commitments of the Public Health Responsibility Deal Mapped to the Prevention and Lifestyle Change: A Competence Framework

'The aim is to make the phrase 'Public Health is everyone's business' a reality'

The five core commitments which set out the scope, purpose and high level ambitions of *The Public Health Responsibility Deal* are signed up to by all *Public Health Responsibility Deal* partners as confirmation that they support the Deals ambitions and commit to taking action to support them.

Mapping the Core Commitments:	Implications for the Prevention and Lifestyle Behavior Change Competences
<ol style="list-style-type: none"> 1. We recognise that we have a vital role to play in improving people's health 2. We will encourage and enable people to adopt a healthier diet which will help people to drink within guidelines 3. We will foster a culture of responsible drinking, 4. We will encourage and assist people to become more physically active 5. We will actively support our workforce to lead healthier lives 	<p>The <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> can be used in a range of ways to support the 'core commitments':</p> <ul style="list-style-type: none"> • Identify existing skills and, or development needs • Provide support to staff • Ensure that the whole workforce is contributing to the organisation working towards the core commitments as well as collective and individual pledges • Ensure that organisations can target the specific resources and workforce skills according to the key network themes and priorities • Create a whole workforce approach to embedding the wider public health and well being agenda in a way that encourages the NHS, third and business sector to work collaboratively to support and appreciate behavior change. This means 'starting from where the person is'; where individuals and wider communities are ready and wanting to change and appreciating the relative complexity of behavior change

Collective Pledges of the Public Health Responsibility Deal Mapped to the Prevention and Lifestyle: A competence Framework

Data was thematised in order to develop discussion. Early analysis observed two key theories for behaviour change:

- Nudge Theory
- Asset-Based Approach (shared by the *Prevention and Lifestyle Change: a competence framework*)

Within the scope of this study the focus was on the behaviour change elements.

1	Health at Work	There are four Health at Work Collective Pledges with the strap line: <i>"We will actively support our workforce to lead healthier lives"</i>	Applies an 'Asset-Based' Approach
2	Physical Activity Pledges	There are three Collective Physical Activity Pledges with the strap line: <i>"We will encourage and assist people to become more physically active"</i>	
3	Food Pledges	There are three Collective Food Pledges with the strap line: <i>"We will promote and enable people to adopt a healthier diet"</i>	Applies 'Nudge' Theory
4	Alcohol Pledges:	There are seven Collective Alcohol Pledges with the strap line: <i>"We will promote and enable people to adopt a healthier diet"</i>	

Health at Work Pledges Mapped to the Prevention and Lifestyle Behaviour Change: A Competence Framework

The following section of this report provides an illustrative example of the mapping and analysis. We focus on the ‘Health at Work Pledges that include; Chronic Conditions Guide, Occupational Health Standards, Health and Well-being Report, Healthier Staff Restaurants, Smoking Cessation/Respiratory Health, and Staff Health Checks.

Each element provides supporting information to help organisations understand what this pledge sets out to achieve and how the *Prevention and Lifestyle Behaviour Change: a competence framework* can help support the delivery of these pledges. There are four Health at Work Collective Pledges with the strap line:

“*We will actively support our workforce to lead healthier lives*”

H1. Chronic Conditions Guide	What this pledge sets out to achieve, and why it is important:	Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal
	<ul style="list-style-type: none"> • With the prevalence of long-term/chronic conditions increasing, more and more organisations find themselves having to manage employees with conditions such as diabetes, cancer and heart disease. This pledge sets out to improve the workplace support that employers provide for people with long-term/chronic conditions, which may help people stay in work or return to work following sickness absence • Work is good for people’s physical and mental health and can reduce the impact that these chronic conditions have on people’s health and wellbeing. Employers are asked to embed some basic principles for managing conditions within the Human Resource procedures 	<ul style="list-style-type: none"> • Organisations signing up to this pledge have the ideal opportunity for their health and well-being leads to engage more fully with their human resources colleagues, and through them, the Board to ensure that this pledge is met by implementation of the appropriate policies across the organisation • The Public Health Responsibility Deal’s Health at Work Network have developed two guides which reflect the minimum that would be expected in a trusting, respectful line manager/employee relationship. These should be embedded within your organisation and the human resource (HR) policies. Human resource services need to have a workforce that can deliver this • <i>The Prevention and Lifestyle Behaviour Change: a competence framework</i> can be used to enable this to happen, developing organisational capacity, capability and confidence for ‘healthy chats’ as well as other behaviour change tools and techniques

<p>H2. Occupational Health Standards</p>	<p>What this pledge sets out to achieve, and why it is important:</p> <ul style="list-style-type: none"> • This pledge sets out to raise the standard of care provided by occupational health services in England. This pledge asks employers to use occupational health service providers that meet the occupational health standards developed by the Faculty of Occupational Medicine, and that are accredited or are in the process of being accredited. In 2009/10, 23.4 million days were lost by British industry due to work-related ill health. And the annual economic cost of sickness absence and worklessness associated with working age ill health is estimated to be over £100 billion. Clearly this does not make good business sense – for individual companies or the wider economy • The Faculty of Occupational Medicine have developed minimum requirements for providers and these are set out in the SEQOHS Occupational Health Service Standards for Accreditation document. Assessing the performance of occupational health providers against rigorous standards provides the basis for accreditation and helps to drive continuous improvement in the quality of services. Improved occupational health services will lead to a happier, healthier workforce 	<p>Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal</p> <ul style="list-style-type: none"> • In the current economic context safeguarding the health of the working age population becomes even more vital. From a business perspective there is a great deal of sense in investing in employees' health and wellbeing. This provides a timely opportunity for the development of a wider coalition between the health and wellbeing leads, occupational health and the human resources team to deliver an effective, accredited occupational health service within a wider health and well-being strategy for the organisation • The future for occupational health service is changing. The emphasis is shifting away from just be about supporting staff who have health issues, towards promoting the health and wellbeing of all staff – helping to keep people engaged and productive • The work of MECC will enable workforce development at the right level, and appropriate to service and client need • Occupational Health staff can help the wider public health workforce to achieve competences between Level 1-3 and thus developing confidence to undertake 'healthy chats'; for example, Health Champions in the NHS might be trained to Level 1 or 2 depending on the focus of the role
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H3. Health and Wellness Report	What this pledge sets out to achieve, and why it is important:	Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal
	<ul style="list-style-type: none"> • This pledge asks employers to publicly report on the health and wellbeing of their staff, and to collect information on sickness absence rates • The pledge sets out to raise the profile of employee health and wellbeing and ensure this issue is integral to all organisations • In a large company, this activity ensures accountability at boardroom level for staff health and wellbeing. While in small and medium sized organisations it signals a culture where staff health and wellbeing is taken seriously • Employees are more likely to take increased responsibility for their own health and wellbeing if they see a genuine commitment at the most senior level of the organisation to safeguarding and improving workplace health. For employees, keeping well and in work protects against financial hardship, promotes a better quality of life and allows people to make the most of their potential • Public reporting allows investors, potential employees and other external organisations to gain an insight into the workplace culture and how your company manages its staff. Potential future employees are increasingly looking to work for companies with progressive employee practices 	<ul style="list-style-type: none"> • This pledge offers an opportunity for NHS organisations to show employees and service users how they are embedding health and wellbeing and the commitment they are making to the wellbeing of people who are either employed or use their services • By reporting on employee health and wellbeing, and taking action when problems arise employers can demonstrate to their employees that the issue matters to the organisation • The <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> can be mapped to health and well being roles to ensure that staff meet the minimum standards indicated by National Institute for Clinical Excellence (NICE) • If organisations have the <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> embedded in their workforce development strategy, action is facilitated that supports the development of staff and self. As a tool this can help an organisation to show that it is applying the principles that underpin this pledge • Organisations can include the wider workforce within the report who are delivering healthy chats and evidencing how these are impacting on health and wellbeing

H4. Healthier Restaurants	What this pledge sets out to achieve, and why it is important:	Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal
	<ul style="list-style-type: none"> • Most people spend more time at work than anywhere else and the work environment has a major impact on their health. The food and drink available and promoted in the workplace – in staff restaurants and cafes, vending machines, buffets for staff etc. – can play a vital role in influencing people’s choices and behaviour about what they eat at work, but also outside work as well • This pledge sets out to make it easier for people to choose and maintain a healthier diet while at work • The Responsibility Deal sets out to create the right environment to help people make healthier choices more easily • The latest Health Survey for England data shows that nearly 1 in 4 adults are obese. Being obese and overweight increases the risk of a range of diseases that can have a significant health impact e.g. heart disease, type 2 diabetes and some cancers. It can also lead to back pain, breathing problems and infertility, which can contribute to low self-esteem and a reduced quality of life. In October 2011, the Government published Healthy Lives, healthy people: a call to action on obesity in England outlining how everyone, including business, can play their part in tackling this major public health issue 	<ul style="list-style-type: none"> • Staff restaurants are an ideal means of promoting healthy eating and can help reduce the salt, fat and sugar content of food consumed by employees whilst increasing the amount of fruit and vegetables in healthy meals. This can be a major contribution to the health and wellbeing agenda, proving the case for investment in a healthier work force and making a major contribution to government targets on reducing diet-related ill health and its costs • It also helps to influence and instill healthier eating outside the workplace and at home with the wider family, extending the benefits. • Staff in catering can play a vital role in influencing healthy eating and changes in behaviour • Creating opportunities to have healthier chats requires staff that are informed and who feel empowered. It also requires an organisational strategy that delivers healthy services • The <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> can be used to help front line staff take opportunity to talk about a healthy lifestyle

<p>H5. Smoking Cessation/ Respiratory Health</p>	<p>What this pledge sets out to achieve, and why it is important:</p> <ul style="list-style-type: none"> • This pledge sets out to help tobacco users to quit smoking and reduce the risk to all employees of developing other respiratory health problems. Around 8 million, 21 per cent, of adults in England still smoke. Smoking rates vary considerably between different social groups and it is most common among people who earn the least, and least common amongst those earning the most. Nearly half of all smokers in England, (nearly 4 million), work in a job defined as routine or manual • Smoking is the primary cause of preventable ill health and early death counting for over 80,000 deaths in England each year. The overall economic burden of smoking is estimated at £13.74bn a year. As well as the costs of treating smoking-related illnesses in the NHS (estimated at £2.7 billion a year) this also includes loss of productivity from smoking breaks and increased absenteeism. The workplace is recognised as an important setting in which stop smoking services can be linked, accessed and promoted 	<p>Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal</p> <ul style="list-style-type: none"> • Employers, managers and staff representatives can be supportive of those who wish to quit or extend their smoke free time making use of any training offered by local stop smoking services in a range of ways, for example by being proactive in promoting and championing a smoke free environment liaising with stop smoking services where appropriate • The <i>Prevention and Lifestyle Behaviour Change: a competence framework</i> can be viewed through a number of lenses; the levels may be viewed as a continuum rather than a series of steps. At Level 1 staff can provide support for peers or clients with information on local Stop Smoking support and Quit Clubs can be made available to all staff e.g. via posters, payslips, information in communal areas and staff newsletters. Stop smoking sessions could be promoted and made accessible for all staff regardless of shift patterns and hours of work. At Level 3 where possible, stop-smoking groups could be accommodated in the place of work, or nearby, and staff given paid time to attend; this might include providing booklets or diaries. For smokers who find it more difficult to change behavior services can be identified with Level 4 of the framework may use specialist/expert interventions • Stop smoking initiatives could be linked to and coordinated with other health improvement activities e.g. diet and nutrition classes, increasing take-up of physical activity (e.g. cycling to work, in-company exercise activities)
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H6. Staff Health Checks	What this pledge sets out to achieve, and why it is important:	Implications for the Prevention and Lifestyle Behaviour Change: A Competence Framework as an enabler to the Public Health Responsibility Deal
	<ul style="list-style-type: none"> • This pledge sets out to increase the number of staff participating in appropriate health check programmes run in-house or by the NHS, as a means of preventing and detecting health conditions • Encouraging people aged over 40 to take up their 5 yearly NHS Health Check when invited can help to reduce their risk of vascular disease, such as heart disease and stroke • Vascular disease affects the lives of over 4 million people in England. It is a major killer and causes 36 per cent of all deaths (170,00 a year in England) and is responsible for a fifth of all hospital admissions. It is the largest cause of long-term ill health and disability, impairing the quality of life and impacting on the working life of many people. By identifying the risk of vascular disease early, and taking steps to reduce it, employees can improve their chances of maintaining or improving their health as they get older 	<ul style="list-style-type: none"> • By working with the local health community to encourage employees to participate in NHS screening programmes when invited and other programmes that improve their health and well-being. <i>The Public Health Responsibility Deal</i> encourages new opportunities for partnership and collaboration • ‘Healthy chats’ at work to promote what the NHS can offer for free via your internal communication channels • Developing partnerships in the delivery of programmes to support behavior change • Health Check will transfer to local authority commissioning

Overview of Collective Pledges Mapped to the Prevention and Lifestyle Behaviour Change: A Competence Framework (Health at Work, Physical Activity, Food and Alcohol):

1. Health at Work

There are four Health at Work Collective Pledges with the strap line:

“We will actively support our workforce to lead healthier lives”

	Pledge Description	Collective Pledge	MECC			
			L1	L2	L3	L4
H1	Chronic Conditions Guide	We will embed the principles of the chronic conditions guides (developed through the Responsibility Deal’s health at work network) within our HR procedures to ensure that those with chronic conditions at work are managed in the best way possible with the necessary flexibilities and workplace adjustments.	<input type="checkbox"/>	<input type="checkbox"/>		
H2	Occupational Health Standards	We will use only occupational health services, which meet the new occupational health standards and aim to be accredited by 2012/13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3	Health and Wellness Report	We will include a section on the health and wellbeing of employees within annual reports and/ or websites. This will include staff sickness absence rates.	<input type="checkbox"/>	<input type="checkbox"/>		
H4	Healthier Restaurants	We will implement some basic measures for encouraging healthier staff restaurants/ vending/ buffets, including for example: Working with caterers to reformulate recipes to provide lower fat, salt artificial Trans Fatty Acids and energy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H5	Smoking Cessation/Respiratory Health	Encourage staff to stop smoking, by facilitating onsite stop smoking support services or by encouraging them to attend local stop smoking services during working time without loss of pay. We will also take action to reduce other risks to respiratory	<input type="checkbox"/>	<input type="checkbox"/>		

		health arising in the workplace.				
H6	Staff Health Checks	Offer staff health checks, e.g. the NHS Lifecheck, with appropriate follow up and audit. We will also encourage eligible employees to participate in the NHS Health Check for vascular disease, and other NHS screening programmes (for example for breast or bowel cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

‘This can be a major contribution to the health and well-being agenda, proving the case for investment in a healthier work force and making a major contribution to government targets on reducing diet-related ill health and its costs.’

2. Physical Activity Pledges

There are three Collective Physical Activity Pledges with the strap line:

“We will encourage and assist people to become more physically active”

	Pledge Description	Collective Pledge	MECC			
			L1	L2	L3	L4
P1	Physical Activity Community	We will use our local presence to get more children and adults more active, more often including engaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		communities in planning and delivery				
P2	Physical Activity Guidelines	We will contribute to the communications and promotion of the Chief Medical Officers' revised physical activity guidelines	<input type="checkbox"/>	<input type="checkbox"/>		
P3	Active Travel	We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

'Organisations signing up to this pledge have the ideal opportunity for their health and well-being leads to engage more fully with the business sector.'

3. Food Pledges

There are three Collective Food Pledges with the strap line:

“We will promote and enable people to adopt a healthier diet”

	Pledge Description	Collective Pledge	MECC			
			L1	L2	L3	L4
F1	Out of home calorie labelling	We will provide calorie information for food and non alcoholic drink for our customers in out of home settings from 1 September 2011 in accordance with the principles for calorie labelling agreed by the Responsibility Deal	<input type="checkbox"/>			
F2	Salt reduction	We commit to the salt targets for the end of 2012 agreed by the Responsibility Deal, which collectively will deliver a further 15% reduction on 2010 targets. For some products this will require acceptable technical solutions, which we are working to achieve. These targets will give a total salt reduction of nearly 1g per person per day compared to 2007	<input type="checkbox"/>	<input type="checkbox"/>		

		levels in food.				
F3	Artificial trans fat removal	We have already removed, or will remove artificial trans fats from our products by the end of 2011	<input type="checkbox"/>			

‘Encouraging partnerships – this is an opportunity to develop shared policy with suppliers.’

4. Alcohol Pledges

There are seven Collective Alcohol Pledges with the strap line:

“We will promote and enable people to adopt a healthier diet

	Pledge Description	Collective Pledge	MECC			
			L1	L2	L3	L4
A1	Alcohol labelling	Will ensure that 80% of products on shelf (by December 2013) will have label with clear content, NHS guidelines and a warning about drinking when pregnant.	<input type="checkbox"/>			
A2	Awareness of Alcohol Units in the On-Trader	We will provide simple and consistent information in the on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, and will also explore together with health bodies how messages around drinking guidelines and the associated health harms	<input type="checkbox"/>			

		might be communicated				
A3	Awareness of Alcohol Units, Calories and other Information in the Off-Trade.	We will provide simple and consistent information as appropriate in the off-trade (supermarkets and off-licences) as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.	<input type="checkbox"/>			
A4	Tackling Underage Alcohol Sales	We commit to ensuring effective action is taken in all premises to reduce and prevent under-age sales of alcohol (primarily through rigorous application of Challenge 21 and Challenge 25).	<input type="checkbox"/>	<input type="checkbox"/>		
A5	Support for Drinkaware	We commit to maintaining the levels of financial support and in-kind funding for Drinkaware and the "Why Let Good Times Go Bad?" campaign set out in the Memorandum of Understanding between Industry, Government and Drinkaware.	<input type="checkbox"/>			
A6	Advertising and Marketing Alcohol	We commit to further action on advertising and marketing, namely the development of a new sponsorship code requiring the promotion of responsible drinking, not putting alcohol	<input type="checkbox"/>			

		advertises on outdoor poster sites within 100m of schools, and adhering to the Drinkware brand guidelines to ensure clear and consistent usage.				
A7	Community Actions to Tackle Alcohol Harms	In local communities we will provide support schemes appropriate for local areas that wish to use them to address issues around social and health harms, and will act together to improve joined up working between such schemes operating in local areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

'NHS as a global organisation can help – to be effective need a strategy.'



Yorkshire and the Humber

Section 3

Moving Forward – Useful Resources

Taking Forward the Public Health Responsibility Deal

The Department of Health is encouraging NHS organisations to become partners in taking forward *The Public Health Responsibility Deal* and sign up to delivering on an individual pledge. For example, the NHS Health at Work Network Board has signed up to *The Public Health Responsibility Deal* and is encouraging its member NHS Trusts to do likewise.

As an NHS Partner:

- The NHS Health at Work Network has developed a *Public Health Responsibility Deal* an NHS Pledge Template to support organisations wishing to show their commitment by signing up to *The Public Health Responsibility Deal* (see Appendix 3, page 36)
- Making Every Contact Count, together with the *Prevention and Lifestyle Behaviour Change: a competence framework* can help you to contribute to taking *The Public Health Responsibility Deal* forward as a workforce strategy and education and training initiative to embed principles for public health improvement. The framework provides an enabler to support both individual and collective pledges
- If you are currently applying Making Every Contact Count (MECC) your organisation is already part way to meeting individual and collective pledges

Further Information and Guidance about How to Become a Partner:

- The *Public Health Responsibility Deal* and how to become a partner <http://responsibilitydeal.dh.gov.uk/>
- *Public Health Responsibility Deal* Pledges, Guidance and Updates <http://www.nhsemployers.org/healthyworkplaces/responsibilitydeal>
- MECC and the Prevention and Lifestyle Behaviour Change: a competence framework <http://www.makeeverycontactcount.co.uk>

We would welcome any description of how organisations have used this document so that we can share this with colleagues.

If you would like more information about NHS Yorkshire and the Humber's work in this area please contact Karen Payne:
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- Sheffield Hallam University Centre for Health and Social Care Research (CHSCR), Scoping the Economic Case for the Behaviour Change Competence Framework

Appendix 1: Overview of the Prevention and Lifestyle Change: A Competence Framework

Level 1	Level 2	Level 3
The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to introduce the idea of lifestyle behaviour change and to motivate individuals to consider/think about making changes to their lifestyle behaviours.	The worker is able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.	The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviours and facilitate the individuals to maintain these changes over the longer term.
1.1 Ensure individuals are able to make informed choices to manage their self care needs	2.1 Ensure your own actions support the care, protection and wellbeing of individuals	3.1 Enable people to address issues related to health and wellbeing
1.2 Support and enable individuals to access appropriate information to manage their self care needs	2.2 Select and implement appropriate brief lifestyle behaviour change techniques with individuals	3.2 Enable individuals to put their choices for optimising their lifestyle behaviours into action
1.3 Communicate with individuals about promoting their health and wellbeing	2.3 Enable individuals to change their behaviour to improve their own health and wellbeing	3.3 Enable individuals to maintain lifestyle behaviour changes
1.4 Provide opportunistic brief advice	2.4 Undertake brief interventions	
Level 4		
The worker uses specialist/advanced or lifestyle and behaviour specific behaviour change approaches to support individuals. Workers at this level will also act as a resource for the support, training and education of others.		

Appendix 2: Application of the Prevention and Lifestyle Change: A Competence Framework

- Underpinning commissioning, whether service or education commissioning the framework offers a benchmark and a quality assurance mechanism
- CQUINS, some organisations are using the framework levels as an incentive to embed MECC into services.
- Integrated into HR processes e.g. job descriptions and personal development plans
- Informing strategy and planning as simple and flexible in application to enable all parts of the system across the public sector to engage in behaviour change
- Based on Skills for Health competence with development of new where gaps were identified, this approach has been endorsed by SfH.
- Wider and social determinants of health are core to the development as 'starts from where the person is' rather than dealing with a condition, illness or a label.
- Assists workforce planning as through assessment and planning can identify service and workforce gaps and provide evidence for role redesign or service redesign
- Drives workforce development as each level provides a minimum standard for training providers and recipients about knowledge and competence required to deliver this function.
- Transforming culture as provides clarity and common language across services, workforces, and organisations enabling public health to be everyone's business.
- Supports service provision as clarifies roles and responsibilities enabling the 'right person, with the right skills to be in the right place for individual's families and communities to support addressing health and wider determinant outcomes.
- Recognises many services are delivering 'making every contact count' and are examples of good practice. This is about sustainable 'industrial scale' across all services and workforces.
- Building on lifestyle services and other prevention activity to ensure workforce delivering behaviour change and across all patient pathways and contacts.
- Supports evidence based practice and thus does not subscribe to any one behaviour change modality or theory and encourages relevant theory used depending on population and community need or disease/condition need.
- Finance implications are mainly training and education; however there is evidence of service and workforce redesign to address the gaps in delivering integrated public health services/outcomes.
- Making Every Contact Count is the activity that is the 'organised efforts of society' (workforce) to deliver health outcomes.

- Using with workforce as agents for change in practice impacts in their everyday practice but also as role models and trusted members of communities and families.
- Uses the asset model and workforce planning theories and models

What it is not

- A new service or programme but a supportive mechanism for good practice and good services already delivering world class services/workforce
- Hierarchical or initiative focused on a few professions but all workforces can engage and become 'confident and competent' to make every contact count'.
- Not a new role but a 'plug into' current roles and delivery
- Time limited public health programme/service but a commissionable and service provision that can be a productive addition but benchmarked across geography's, workforces and services.
- Not just about public health, as this is very much about workforce health and wellbeing.

Appendix 3: NHS Health at Work Network Public Health Responsibility Deal Pledge Template



Health at Work Network

PUBLIC HEALTH RESPONSIBILITY DEAL

The NHS Health at Work Network Board has signed up to the Public Health Responsibility Deal and is encouraging its member NHS Trusts to do likewise. The Public Health Responsibility Deal has been established by Government to maximise the benefits to health and wellbeing by working in partnership through a series of networks and pledges for action.

RECOMMENDATION

1. That NHS [Insert name of Trust] becomes a public health responsibility deal partner and signs up to the Core Commitments and Health at Work Collective Pledge and;

BACKGROUND

The Public Health Responsibility Deal has been established by the Coalition Government to maximise the benefits to health and wellbeing of working in partnership between public health, commercial, and voluntary organisations. Five networks – healthier food, alcohol, physical activity, health at work, and behaviour change – have been established to develop pledges for action. These pledges represent the first outputs of the Public Health Responsibility Deal.

There are three central parts of the Deal:

- Core commitments
- Collective and individual pledges
- Supporting pledges

The core commitments are:

1. *We recognise that we have a vital role to play in improving people's health.*
2. *We will encourage and enable people to adopt a healthier diet.*
3. *We will foster a culture of responsible drinking, which will help people to drink within guidelines.*
4. *We will encourage and assist people to become more physically active.*
5. *We will actively support our workforce to lead healthier lives.*

These commitments are important components of a health and wellbeing strategy and are germane to the mission of all employing organisations.

There are five further supporting pledges:

- a) *We will support the approach of the Public Health Responsibility Deal and encourage other organisations to sign up.*
- b) *We acknowledge that the Deal's strength comes from organisations of different types across varying sectors working together to improve people's health.*
- c) *We will contribute to the monitoring and evaluation of progress against the pledges.*
- d) *Where we offer people information to help make healthier choices, we will use messages which are consistent with Government public health advice.*
- e) *We will broaden and deepen the impact of the Public Health Responsibility Deal by working to develop further pledges in support of the five core commitments.*

Collective pledges represent the collective agreed action that members of a given sector will take in support of at least one of the core commitments. They have been designed and developed by the Responsibility Deal networks, and were approved by the relevant network chairs and the Department of Health. Responsibility Deal partners must sign up to a minimum of one collective pledge.

Individual pledges are specific to a particular organisation or sub-group within a sector. The Department of Health and the relevant network chairs must approve all individual pledges. Making an individual pledge gives an organisation the opportunity to demonstrate where they are able to be leaders in their sector by going further than collective action is able to at present, or to make a commitment in an area where collective action is not appropriate.

CASE FOR ACTION

The Public Health White paper *Healthy Lives, Healthy People* has highlighted the role of the NHS as an exemplar employer. To date, according to the DH, only three NHS Trusts and NHS Employers and the NHS Confederation have signed up to the Responsibility Deal. The Department of Health is keen to encourage Trusts to become partners in the Responsibility Deal. Signing up to the Responsibility Deal, will give a public indication of the support and endorsement of the NHS Health at Work Network to the approach. Signing up will in addition be entirely consistent with the purpose of the Network ie '*The NHS Health at Work Network is dedicated to improving the health of NHS staff*'

RESPONSIBILITY DEAL PLEDGES

The relevant corporate pledges relate to health at work and physical activity. (See appendix)
All of the Health at Work pledges are relevant to the Health at Work Network and should be endorsed.

HOW TO BECOME A PARTNER

To become a Responsibility Deal partner an organisation must sign up to:

- all of the core commitments and the supporting pledges (see section Core Commitments and Supporting Pledges)
- as many collective pledges (see section on Pledges) as possible (but with a minimum requirement of one)
- any individual pledges (see section on Pledges) which they have agreed with the relevant Responsibility Deal network chair and the Department of Health
- register with the Department of Health

ACTION REQUIRED

- NHS [insert name of Trust] registers with the DH as a Responsibility Deal Partner
- Through the work of [insert name of occupational health team] NHS[insert name of Trust] is already meeting the requirements of the core commitments OR

- List any other action that is required
- We are currently able to sign up to the following collective pledges [insert detail here]

Rachel Hawley
Change Comes From Within

Karen Payne
Public Health Workforce Lead

NHS Yorkshire and the Humber