

The Advisory Group on the Evaluation of Value for Money in Behaviour Change response to the *Healthy Lives, Healthy People* consultation

Prepared by Dr Rowena Merritt and Dr Graham Lister on behalf of the Value for Money Advisory Committee chaired by Dr Fiona Adshead and including Prof. Julian LeGrand, Dr Ian Basnett, Richard Little and Dr Sunjai Gupta

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Introduction

This paper provides a brief response to the *Healthy Lives, Healthy People* consultation from the Value for Money Advisory Committee to The National Social Marketing Centre. It is based on the experience of a national project funded by the Department of Health and directed by The National Social Marketing Centre, with support from NICE. We have been working to develop a consensus approach to the evaluation of behaviour change interventions to support behaviour choices for better health.

Conclusions

We were concerned to find that, in general, it appears that there is a lack of connection between central research and policy initiatives and the local planning and evaluation of behaviour change interventions. There are many different national and local initiatives that we considered in the fields of: smoking cessation; alcohol harm reduction; school activity and diet improvement to reduce obesity; community support for breast feeding; and measures to increase responses to bowel cancer screening. It appears, however, that there are some basic issues that need to be addressed, including:

- *Lack of consensus on key indicators:* there does not appear to be a clear consensus on the key indicators of behaviour change in many of these areas. For example, there are many different measures of activity, diet and obesity reduction but it is unclear which are the most appropriate measures
- *Lack of consensus on value achieved:* where there are such measures, for example, four week smoking quitters (with and without CO testing) there is no clear consensus on the value of achieving such indicators in terms of health outcomes
- *Use of basic guidelines at local level:* the communication of basic guidelines, such as how to cost interventions and of current research evidence, is often weak and dependent on local users to pick up and apply information that is often not expressed in the practical terms required by users
- *Training and support:* in some fields, appropriate tools have been developed (some by DH) and we hope to have added to these, but in order to pick up and use these tools, local users require training support and networking

We are therefore delighted to note that Public Health England can provide leadership in this field. We hope that Public Health England, working with NICE, QIPP, DH leads and research teams, can provide a sound base for the evaluation of such interventions by national and local teams. For its part, The National Social Marketing Centre would be pleased to play a continuing role in supporting the planning, design and evaluation of behaviour change. As a basis for this, we hope that Public Health England will include in its priorities:

1. The identification of indicators of behaviour change, not as a set of top-down targets but as a consensus approach that allows national and local teams to be clear about their objectives and the value for money achieved by behaviour change (and other interventions) and to communicate through learning networks
2. The development of consensus estimates of the value of achieving such indicators, based on identified benchmark studies and as an extension of work on the English Burden of Disease and its causes and consequences (drawing on the 1996 study and the current WHO National Burden

of Disease Tool). We recognise that these will be broad estimates at first that can be refined and improved. However, we need a reasonable starting point

3. Development of consistent measures of the cost to the NHS of ill health and its causes by linking the above to the English NHS Programme Budget
4. The introduction of a pragmatic layered framework for evaluating the impact on individuals and their families other public sector services, employers and government (we have developed an initial basis for this)

The National Social Marketing Centre looks forward to working with Public Health England in the field of behaviour change by providing tools that interpret national research and policy studies in ways that can be applied by local teams. We hope that this will ensure that the value of behaviour change for better health is recognised as an important product of an engaged society, in which health is coproduced by many different stakeholders and most importantly, by active citizens.

Contact

The NSMC
Fleetbank House
Salisbury Square
London EC4Y 8JX

020 7799 7900
www.thensmc.com
info@thensmc.com