HEALTH AND WELLBEING BOARD				
Report Title	Behaviour Change through Brief Interventions			
Contributors	Jane Miller, Deputy Director of Public Health		Item No.	5
Class	Part 1	Date:	7th July 2015	
Strategic Context	Health and Wellbeing Strategy and Adult Integrated Care Programme			
Pathway	Brief interventions for smoking, alcohol and obesity were discussed at several meetings of the Shadow Board in 2012			

1. Purpose

1.1 To describe how 'Brief Interventions' achieve behaviour change in alcohol consumption, smoking, healthy eating, physical activity and sexual health, and encourage the Board to deliver them to scale using a whole system approach.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended:

2.1 To acknowledge the effectiveness and cost effectiveness of a systematic approach to brief interventions

2.2 To agree to work towards a culture whereby all health and social care professionals can, as a minimum, deliver a very brief intervention.

2.3 To consider how each member organisation can contribute to this through identifying the numbers and areas of their workforce which will receive brief intervention training

2.4 To review progress in 12 months time.

3. Policy Context

3.1 Many policy documents over the past few years have highlighted the need to focus on brief interventions to scale as part of an overall systematic and strategic approach to improving health and well being.

- **The Wanless report (2004) Securing good health for the whole population** set out the need for individuals to be fully engaged in their own health and health care

- **The Darzi Review (2008), High quality care for all** set out the need to put prevention first

- **Marmot Review on health inequalities in England (2010)**, one of six objectives to tackle health inequalities was to strengthen the role and impact of ill health prevention

- **NHS Future Forum (2012)** made the recommendation that every healthcare organisation should deliver Making Every Contact Count and 'build the prevention of poor health and promotion of healthy living into their day-to-day business

- **NHS England's Five Year Forward View 2014** emphasises the need to tackle prevention and make every contact count

3.2 Local strategies listed below also support behaviour change through the delivery of brief interventions.

- **Shaping the Future – Lewisham Sustainable Communities Strategy** Healthy Active and Enjoyable is a key priority for the strategy whereby people can actively participate in maintaining, improving their health and wellbeing.

- **Health & Well Being Strategy -** a programme of brief interventions is integral to the implementation of the strategy

- **Lewisham CCG Five year Strategy 2013-18** Healthy Lifestyles and Choice is a strategic theme and health and wellbeing is a strategic priority including smoking cessation, alcohol abuse, obesity and cancer.

- **Our Healthier South East London –** a developing strategy with prevention as a key theme

- **Adult Integrated Care Programme –** a key objective is to make choosing healthy living easier

4. Background

4.1 Below is a brief description of what brief interventions entail.

A very brief intervention

- can take from 30 seconds to a couple of minutes
- mainly about giving people information or directing them where to go for further help
- may also include other activities such as raising awareness of risks, or providing encouragement and support for change
- follows an 'ask, advise, assist' structure

A brief intervention

- involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up

- may also involve a referral for further interventions, directing people to other options, or more intensive support
- can be delivered by anyone who is trained in the necessary skills and knowledge
- often carried out when the opportunity arises, typically taking no more than a few minutes for basic advice

An extended brief intervention
An extended brief intervention is similar in content to a brief intervention but usually lasts more than 30 minutes and consists of an individually-focused discussion. It can involve a single session or multiple brief sessions.

5. Evidence of effectiveness

5.1 The evidence and arguments for undertaking brief interventions as part of an integrated programme to improve health and well being are very strong. Numerous systematic reviews and meta-analyses have reported beneficial outcomes of brief intervention, compared with control conditions. The question of whether brief interventions can work is not really in doubt. The NICE Guidance on Behaviour Change[i]. makes recommendations on individual-level interventions aimed at changing health-damaging behaviours among people aged 16 or over including very brief, brief, and extended brief behaviour change interventions. The behaviours covered relate to: alcohol, diet, physical activity, sex and smoking. Interventions aimed at changing people's alcohol use, eating patterns, physical activity, sexual behaviour and smoking are effective and cost effective.

It recommends that:

- Health, wellbeing and social care staff in direct contact with the general public - to use **a very brief intervention** to motivate people to change behaviours that may damage their health. The interventions should also be used to inform people about services or interventions that can help them improve their general health and wellbeing.

- Staff who regularly come into contact with people whose health and wellbeing could be at risk - to provide them with **a brief intervention** (The risk could be due to current behaviours, socio-demographic characteristics or family history.)

- Health and social care staff and specialist providers - to provide **an extended brief intervention** to people they regularly see for 30 minutes or more who are: involved in risky behaviours (for example: higher risk drinkers; people with a number of health problems; people who have been assessed as being at increased or higher risk of harm; people who have been successfully making

changes to their behaviour but need more support to maintain that change; have found it difficult to change or have not benefited from a very brief or brief intervention.

5.2 Interventions aimed at changing people's alcohol use, eating patterns, physical activity, sexual behaviour and smoking are effective and cost effective. For example:

5.3 Alcohol

There have been many reviews establishing strong evidence for alcohol screening and brief interventions[ii],[iii], [iv],[v],[vi] It has been established that hazardous or harmful drinkers may benefit from brief interventions given by generic workers in almost any setting[vii].[viii],[ix], [x] NICE recommends that commissioners ensure that their plans include screening and brief interventions for all people at risk of an alcohol-related problem, which includes people from disadvantaged groups[xi] .

'Drinkers receiving a brief intervention were twice as likely to reduce their drinking over 6 to 12 months than those who received no intervention'[xii]

5.4 Smoking

The evidence for the effectiveness and cost effectiveness of brief interventions in smoking is also very strong[xiii]. The number of smoking quitters needed to reduce one premature death is between 16 and 40[xiv] .

5.5 Healthy eating and physical activity

More recently it has been established that, 'People given weight loss advice by a doctor or other health professional are 3 times more likely to try to lose weight'.

Health professional advice to lose weight appears to increase motivation to lose weight and weight loss behaviour, but only a minority of overweight or obese adults receive such advice. Better training for health professionals in delivering brief weight counselling could offer an opportunity to improve obese patients' motivation to lose weight [xv].

6. Where are we now in Lewisham?

6.1 In recognition of the effectiveness of brief interventions in bringing about behaviour change, training the workforce to deliver brief interventions has been integral to the delivery plans for the Health and Wellbeing Strategy in smoking, alcohol, physical activity and healthy eating. Many front line staff from a range of organisations and disciplines have been trained including GPs and practice nurses,

hospital ward staff, health visitors, midwives, probation officers, police, Job Centre staff, Children Centre staff, the Community Connections team, community workers and youth workers, staff from voluntary and community sector organisations.

6.2 In the first three years of the strategy, 750 staff have been trained in the 'Identification and Brief Advice on Alcohol'; at least 1200 staff have gained the skills and confidence to raise the issue of smoking and refer for support through 'Very Brief Advice'; 350 staff and volunteers have received 'Let's Get Moving' training to increase physical activity and 100 staff have been trained in health eating, with an additional 50 staff trained to provide support in breastfeeding[xvi], [xvii].

6.3 There has been some follow up to this training and it is clear that many of those trained are now confidently delivering brief interventions, however some of those trained are not in a position to put their training into practice due to lack of capacity or support from their organisation. Local evaluation of the 'Identification and Brief Advice on Alcohol' training demonstrated that where managers had also attended briefings, the implementation of the training was far more successful and likely to be embedded into practice.

6.4 Very few social care staff have been trained in delivering brief interventions although recently the neighbourhood community teams have requested training and expressed an interest in undertaking brief interventions and delivering brief interventions has been recognised as a key role by managers of the social care staff within the integrated teams.

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7. Implementation of the recommendations

7.1 *Recommendation 2.2*
To agree to work towards a culture whereby all health and social care professionals can, as a minimum, deliver a very brief intervention.

7.2 A programme of training, commissioned by the Public Health Team is being planned for the neighbourhood community team staff (social workers, occupational therapists and district nurses) by the end of March 2016.

7.3 The challenge will be to ensure that delivery is embedded in practice following the training. This will require management support.

7.4 Member organisations identify staff trained and whether they are delivering brief interventions.

7.5 Encourage active staff to continue to deliver brief interventions

7.6 If trained staff are not delivering brief interventions, identify the reasons for this and address them.

7.7 *Recommendation 2.3*
To consider how each member organisation can contribute to this through identifying the numbers and areas of their workforce which will receive brief intervention training

7.8 Member organisations commit to training both managers and front line staff in brief interventions.

7.9 Once the numbers of staff have been identified then a plan for implementation of training will be developed by Public Health in conjunction with member organisations.

7.10 In order to reach people to scale a suggested target is to train a minimum of 1000 staff per annum across the system over the next five years.

7.11 Public Health leads to consider potential targets with member organisations.

8. Financial implications

8.1 There is capacity within the Public Health training programme to provide some training before March 2016 across and within organisations. Brief intervention training has been prioritised within the training programme for 2015/16 within a reduced budget.

8.2 After April 2016, consideration will need to be given about how member organisations of the Health and Well-Being Board will fund this training from their own budgets (potentially a joint approach). The cost of training would be approximately £50 per training participant.

8.3 Whilst there is no direct cost to providing brief interventions by existing staff it will present a small pressure on staff time.

8.4 Providers are not usually paid an additional sum to deliver brief interventions as the delivery is usually embedded in routine service delivery.

8.5 A range of research studies and recent public health guidance on behaviour change have demonstrated the cost effectiveness of brief interventions aimed at changing people's alcohol use, eating patterns, physical activity, sexual behaviour and smoking.

9. Legal implications

9.1 There are no legal implications arising from this report.

10. Crime and Disorder Implications

10.1 There are no Crime and Disorder implications arising from this report.

11. Equalities Implications

11.1 As brief interventions are targeted at those whose health and wellbeing could be at risk (the risk could be due to current behaviours, socio-demographic characteristics or family history) and has a strong evidence base, this programme is likely to reduce health inequalities.

12. Environmental Implications

12.1 There are no environmental Implications arising from this report.

13. Conclusion

13.1 Progress has been made in skilling the work force to deliver brief interventions in a number of areas, across a range of organisations. However delivery remains patchy and is not to scale.

13.2 There is an appetite from front line workers and managers to increase skills in this area, a budget to fund training this year and a strategic framework within which to take this work forward over the next five years Our Healthier SE London Strategy and the Adult Integration Programme.

13.3 Given the current constraints on resources and the need to optimise these, and the evidence about both the effectiveness and the cost effectiveness of brief interventions, introducing a systematic programme on brief interventions, within a supportive culture across the whole health and social care economy in Lewisham this year makes sense.

If there are any queries on this report please contact Jane Miller, Public Health, Lewisham Council, on *0208 314 9058*, *or by email at:* ***jane.miller@lewisham.gov.uk***

References

[i] NICE PH Guidance - Behaviour Change: individual approaches - PH guidance 49, Jan 2014

[ii] Purshouse RC, Brennan A, Rafia R et al. (2012) Modelling the cost-effectiveness of alcohol screening and brief interventions in primary care in England. Alcohol and Alcoholism 48: 180–8

[iii] McQueen J, Howe TE, Allan L et al. (2011) Brief interventions for heavy alcohol users admitted to general hospital wards. Cochrane Database of Systematic Reviews issue 8: CD005191

[iv] Mdege ND, Fayter D, Watson JM et al. (2013) Interventions for reducing alcohol consumption among general hospital inpatient heavy alcohol users: a systematic review. Drug and Alcohol Dependence 131: 1–22

[v] Saunders JB, Aasland OG, Babor TF et al. (1993) Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption II. Addiction 88 (6): 791–804

[vi] A summary of the Review of the Effectiveness of Treatment for Alcohol Problems, NTA, Nick Heather, Raistrick and Christine Godfrey (November 2006).

[vii] NTA, Nick Heather, Raistrick and Christine Godfrey (November 2006), A summary of the Review of the Effectiveness of Treatment for Alcohol Problems

[viii] Kaner and Colin Drummond et al (2012) Pragmatic cluster randomised controlled trial of the effectiveness and cost-effectiveness of screening and brief alcohol intervention in probation services in England. British Journal or Psychiatry.

[ix]Drummond, C., Deluca, P., Kaner, E. et al. (2012) Screening and brief intervention for hazardous and harmful alcohol consumption in emergency departments: results of a pragmatic multicentre randomised controlled trial. Lancet in preparation

[x] Colin Drummond et al (2012) Screening and brief intervention for hazardous and harmful alcohol consumption in emergency departments in England: factors promoting and inhibiting implementation in the typical practice setting. Lancet in preparation.

[xi] 'Alcohol-use disorders: preventing the development of hazardous and harmful drinking' NICE public health guidance 24 (2010
[xii] [xii] Drug and Alcohol Review (November 2010), 29, 589–595, DOI: 10.1111/j.1465-3362.2010.00236.© 2010 Australasian Professional Society on Alcohol and other Drugs

[xiii] Brief interventions and referral for smoking cessation, NICE guidelines [PH1] Published date: March 2006

[xiv] Aveyard P. et al, Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance, Addiction © 2011 Society for the Study of Addiction

[xv] Jackson SE, Wardle J, Johnson F, et al. The impact of a health professional recommendation on weight loss attempts in overweight and obese British adults: a cross-sectional analysis. BMJ Open 2013;3: e003693. doi:10.1136/bmjopen-2013-003693

[xvi] Health and Well Being Implementation Report HWBB May 2015