



Public Health Lifestyles Framework

Public Health

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Version Control

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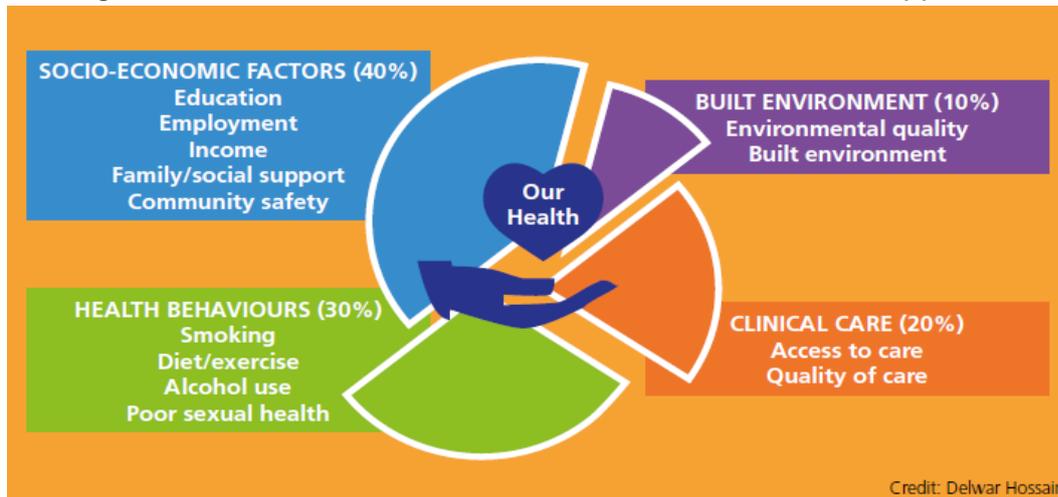
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Hampshire Lifestyle Strategic Framework Scope

1. Why do we need a Strategic Framework?

1.1 Behavioural risk factors make a significant contribution to years lost to death and disability; known risk factors operating together explain 30% of ill health in England and can accelerate the need for future care and support*.



In comparison to the rest of England, Hampshire is a healthy place to live, with a number of health indicators better than the English average. However, the average across the county masks pockets where this is not the case, and significant health and social inequalities exist. The public health indicators which describe both the health and level of need of Hampshire residents are well documented in the Public Health Strategy, [Towards a Healthier Hampshire](#).

1.2 Action on lifestyles and influencing people to change their behaviour is therefore a large proportion of the work undertaken by Public Health and the wider workforce. It is an area which is rapidly evolving, with a move to population and outcomes based commissioning, an increased focus on self care and the adoption of digital innovations to achieve this.

1.3 There are common themes which run through all of the different lifestyle behaviours known to impact on health outcomes - smoking, overweight and obesity, physical inactivity, alcohol intake and poor sexual health and mental wellbeing. It is prudent to have a consistent and coordinated approach to how the population are supported to live a healthier lifestyle, which addresses all of these elements, and is relevant to their level of need.

2. Scope of the Strategic Framework

- 2.1 This strategic framework will describe the approach, and the principles that underpin that approach, to be taken by Hampshire Public Health when addressing all lifestyle behaviours.
- 2.2 The approach will be utilised for delivering information, support, communication and marketing, as well as for developing and commissioning interventions and services.
- 2.3 The approach will be communicated to partners across the system and its use role modelled and encouraged by Public Health, as a mechanism to support engagement with prevention, early intervention and self management.
- 2.4 The focus of this framework is lifestyle behaviours, and does not include public health action that is taken on the wider determinants of health as part of a whole systems approach – whilst fundamental to the success of this strategic framework and a key enabler for behaviour change, this is addressed elsewhere*.

3. Purpose of the Strategic Framework

- 3.1 This overarching framework for lifestyle behaviour change underpins the vision described in the Public Health strategy, “Towards a Healthier Hampshire”, and will enable delivery of the healthy chapter ambition. It supports Hampshire County Council’s responsibility for promoting wellbeing as well as resonating with health and wellbeing priorities across the County.
- 3.2 The vision, ambition and objectives for this strategic framework are:

Vision: Healthy, happy and resilient communities now and for future generations in Hampshire

Ambition: To make healthy lifestyles the norm and contribute towards reducing the gap between life expectancy and healthy life expectancy.

Objectives

1. Provide an explicit and consistent overarching approach for addressing key lifestyle behaviours and encouraging positive choices, within a framework which clearly describes this approach
2. Embed the use of the framework within Hampshire Public Health, to maximise the impact of our public health action

3. Share the framework with partners, and influence and support its use across the system as a mechanism for consistency and linking actions that aim to improve health and social care outcomes across Hampshire.

4. Approach

- 4.1 A set of guiding principles describe the approach to be applied to all public health action, to consistently, effectively and sustainably address lifestyle behaviours.
- 4.2 These principles provide a benchmark against which all activities will be assessed.
- 4.3 They have been developed through discussion amongst the Hampshire Public Health Team, informed by formal and informal evidence of what works, insights from the population and in consultation with key partners.

Guiding Principles

Role of Hampshire Public Health

- i. Provide leadership across the system in Hampshire for lifestyle behaviour change
- ii. Advocate for prevention and early intervention at every opportunity
- iii. Use, promote and add to the evidence base for what works and what doesn't work, what's value for money in addressing lifestyle factors, as well as where it is needed most – via evidence reviews, needs assessment, health equity audits, evaluation and insights from the population
- iv. Encourage innovation and creativity alongside evaluation when the evidence is missing
- v. Consultation with partners when writing strategies, service specifications, commissioning interventions and developing communications to ensure a joined up approach.

Role of partners

- i. Shared responsibility for health outcomes across Hampshire
- ii. Consultation when writing specifications, pathways and developing interventions to ensure appropriate consideration is given to lifestyle behaviours, and is utilising the available evidence base and innovative practices
- iii. Promote awareness and discussion about how best partner assets can be utilised when addressing lifestyle behaviours
- iv. Health in all policies approach*

- v. Developing the workforce to build their knowledge, skills and confidence appropriate to their level. The focus for this will be Making Every Contact Count (MECC), healthy conversations, a strengths based approach and relevant training.
- a. Applying prevention at all three levels* and across the course of people's lives; each part of the system will focus on the type or level of prevention which best suits their role.
 - b. Using the principle of proportionate universalism* to address the social gradient in health and associated inequalities and providing the different levels of support required to enable all residents to make healthier lifestyle choices.
 - i. Universal support via a digital front door and applications
 - ii. Interventions and commissioned services which offer targeted support for those people who are at increased risk of lifestyle factors impacting on their health
 - iii. Promoting and encouraging self management for people with long term conditions to minimise their impact on quality of life.
 - c. Understanding the prevalence and distribution of multiple lifestyle risks in the population and applying the latest evidence and insights for how best to address this.
 - d. Consistently using and promoting the following evidence based behaviour change principles, at an individual and population level, both strategically within strategies, policies, specifications and communications, and on the frontline during assessments and conversations
 - i. The benefits of the behaviour change are clearly highlighted
 - ii. Those benefits are emphasised as being immediate or in the near future
 - iii. Self efficacy is acknowledged, and the behaviour change achievable with existing personal, community and local resources, as well as taking into account everyday pressures
 - iv. The desired behaviour is normal and valued by peers
 - v. The intervention induces action, not just intention to act
 - vi. The message is delivered by a credible champion for the target group, informed by insights.
 - e. Incorporating the use of behavioural insights* and tools such as the EAST framework* - is the behaviour change easy, attractive, social and timely?

- f. Ensuring lifestyle behaviour interventions are person-centred and take a strengths based approach* at an individual and community level, meeting their needs using existing local assets and co-design as an example.
- g. Consistent and holistic approaches to settings based intervention - making access to information about, and action for, lifestyle behaviour change easy wherever people live, work and play – and understanding the context in which people make lifestyle choices.
- h. Consistency with communication and marketing
 - i. Consistent messaging and call to action
 - ii. Clear articulation of the desired behaviour change to frontline services and the public
 - iii. Use of national campaigns as well as evidence and insight driven local campaigns to engage the population around lifestyle behaviours, and in collaboration with partners
 - iv. Normalisation of healthy lives
 - v. The use of different channels and social marketing and behavioural insight tools
- i. Defining an approach to digital channels and interventions:
 - i. Providing a front door for sign posting and universal access to information and services
 - ii. Promoting our digital front door to professionals and the public
 - iii. Ensuring the principles of effectiveness, information governance and security, access and outputs underpin any digital interventions employed, using available frameworks to guide this.
 - iv. Joining up with other digital information sources to ensure consistency of information and wider coverage
- j. Monitoring and evaluation of the impact of interventions and services on health and social outcomes as well as inequalities, proportionate to the aims and objectives of each piece of work.

5. Governance

This strategic framework will be led by Hampshire Public Health primarily by the Public Health Strategy Healthy Chapter Oversight Group (COG), as well as the Public Health Senior Management Team. All new Hampshire Public Health initiatives, interventions and commissioned services will take due consideration of the strategy and this will be evidenced in documents presented to the COGs and Senior Management Team (see appendix 2).

For transparency and to compliment partnership working it will be shared with other parts of Hampshire County Council as well as externally with District and Borough Councils, CCGs, provider organisations and the voluntary sector via networks and formal meetings.

Appendix 1 – Further information

‘The Cost of Smoking to the Social Care System in England’, updated in 2017, highlighted that smokers require care, on average, four years earlier than non-smokers. <http://ash.org.uk/information-and-resources/local-resources/cost-of-social-care/>

The full programme of work included in ‘Towards a Healthier Hampshire: A Strategy for Improving the Public’s Health 2016 – 2015’ addresses mental health, resilience, health protection and thriving communities <http://documents.hants.gov.uk/public-health/TowardsahealthierHampshireastrategyforimprovingthepublicshealth2016-2021.pdf>.

Wider determinants are also addressed in the Hampshire Joint Health and Wellbeing Strategy priorities, the Hampshire Planning and Public Health Position Statement <http://documents.hants.gov.uk/public-health/PublicHealthandPlanninginHampshirePositionStatement.pdf> and in each of the action plans that accompany the topic based strategies <https://www.hants.gov.uk/socialcareandhealth/publichealth>.

Health in all Policies is an approach that takes account of the health implications of all decisions, in order to avoid harm, improve health and reduce health inequalities <https://www.local.gov.uk/health-all-policies-manual-local-government>

Three levels of prevention –

Primary prevention is about being well - enabling healthier choices to prevent becoming unwell, taking action to reduce the incidence of disease within the population before the disease occurs. This includes universal measures that reduce lifestyle risks for all as well as targeting those at higher risk.

Secondary prevention involves keeping well - helping those with risk factors to stay well, aiming to reduce the impact of a disease by detecting and treating it as early as possible.

Tertiary prevention is undertaken to slow deterioration, reduce the complications and disability associated with established disease, aiming to minimise the impact of disease on quality of life and life expectancy.

Behavioural insights is another term for nudge theory, which is a mixture of behavioural economics and psychology, and uses indirect suggestions (altering the environment) to influence decision-making.

https://en.wikipedia.org/wiki/Nudge_theory

The Behavioural Insights Team developed a framework called **EAST** as a simple way to apply behavioural insights – make the required behaviour easy, attractive, social and timely <https://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>

Proportionate universalism is a term first coined by Sir Michael Marmot in his seminal 2011 report Fair Society Healthy lives. It describes the action required to reduce the steepness of the social gradient in health (the lower a person's social position, the worse his or her health, and this social inequality results in health inequality) – actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage.

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

The **strengths based approach** is collaborative, between the person requiring support and those supporting them, working together to decide on the outcome and how to draw on the person's assets. Strengths refers to elements of a person's life that enable them to deal with challenges and meet their needs.

<https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/>

Appendix 2 – Template for using the Framework in practice

The guiding principles from the framework can be used as a checklist against which documents are assessed, by identifying evidence within the document deemed as relating to one of the guiding principles.

Criteria	Evidence of inclusion of guiding principles	Gaps identified which need to be considered for inclusion	If deemed inappropriate, rationale for not including guiding principle
Role of Hampshire PH Leadership Advocacy Evidence Impact on health inequalities Innovation			
Role of partners Shared responsibility for outcomes Consultation Health in all policies Workforce development			
Prevention at all 3 levels Life course			
Proportionate universalism Universal support (digital) Targeted support (commissioned services)			
Multiple lifestyle risks			

Criteria	Evidence of inclusion of guiding principles	Gaps identified which need to be considered for inclusion	If deemed inappropriate, rationale for not including guiding principle
Behaviour change principles Benefits – immediate and highlighted, self efficacy, social norms, action (not just intention), credible champion			
Behavioural insights EAST			
Person-centred Strengths based			
Settings			
Communication and marketing Consistent and clear messaging/behaviour change Use of campaigns Normalisation Channels			
Digital interventions Evidence based Sign posting and universal access Promotion			

Criteria	Evidence of inclusion of guiding principles	Gaps identified which need to be considered for inclusion	If deemed inappropriate, rationale for not including guiding principle
Information governance			

Appendix 3 - Framework on a page

Vision

Healthy, happy and resilient communities now and for future generations in Hampshire

Aim To make healthy lifestyles the norm

Objectives

To share and embed a framework which establishes a consistent approach to addressing lifestyle behaviours and their impact on health

Please update the communication log every time you share this paper with an internal or external partner.

PH Communications Log

Lead	Name of Organisation	Communication Type (presentation, letter, email)	Date shared	Purpose	Outcome