

Costing statement

Behaviour change: individual approaches

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<http://guidance.nice.org.uk/PH49>

1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in [Behaviour change: individual approaches](#) (NICE public health guidance 49).
- 1.2 A costing statement has been produced for this guidance because it is not possible to quantify with a reasonable degree of certainty what impact recommendations will have on resources nationally.

We encourage organisations to evaluate their own practices against the recommendations and assess the potential local costs. Some of these are discussed in this statement.

2 Background

- 2.1 Interventions aimed at changing people's health-related behaviours have the potential to improve their health and wellbeing considerably.
- 2.2 The recommendations in the guidance cover individual-level behaviour change interventions in relation to alcohol, diet, physical activity, smoking and sex. However, they may also apply to other behaviours that affect people's health. The recommendations are relevant to everyone aged over 16. Effective implementation should increase efficiency by reducing waste and duplication of effort.
- 2.3 The cost of behaviour change interventions are already outlined in a number of costing tools that support published NICE guidance on specific topics. These particular tools are listed in appendix 1.

Table 1 shows the cost to the NHS of the behaviours addressed in this guidance. Note that some of these services and their associated costs transferred to local authorities from 2013. Also note that poor health also affects the local economy and services. For example, improvements in physical and mental health reduce

demand on health and social care services. Such improvements also help reduce sickness absence, thereby boosting productivity in the local economy.

Table 1 Costs of health-related behaviours and conditions

| Behaviour or condition | Annual NHS costs inflated to 2012/13 prices (£ million) |
|---|---|
| Physical inactivity ¹ | 1,067 |
| Smoking ² | 2,872 |
| Alcohol misuse ³ | 3,614 |
| Obesity and overweight ¹ | 6,048 |
| ¹ Scarborough et al. (2011) ² Nash and Featherstone (2010) ³ NHS National Treatment Agency for Substance Misuse (2013) | |

2.4 In England, lost productivity as a result of sickness absence due to inactivity costs an estimated at £5.5 billion per year (Department of Health 2011).

2.5 It is estimated that nearly 1 in 5 deaths among adults aged 35 and older in England are attributable to smoking (Health and Social Care Information Centre 2013a).

2.6 In 2011/12, more than 1.2 million hospital admissions were related to an alcohol-related disease, injury or condition (Health and Social Care Information Centre 2013b). More than 38,000 people completed treatment for alcohol misuse in 2011/12. This is up from nearly 36,000 in 2010/11.

2.7 In 2011, 62% of people in England were overweight or obese, according to [Public Health England](#). The prevalence of obesity increased from 15 to 25% between 1993 and 2011 in England. During the same period the percentage of people who were overweight remained fairly stable.

2.8 In 2011 in England, more than 29,000 women aged under 18 became pregnant (Office for National Statistics 2011). This is a

decrease of 10% compared with 2010. In 2011, the rate of conception per thousand women aged 15 to 17 was the lowest since 1969.

There were approximately 450,000 new diagnoses of sexually transmitted infections in England during 2012 (Public Health England 2013).

3 Recommendations with a potential resource impact

- 3.1 The [recommendations](#) are for various organisations and individuals, including commissioners and providers of individual-level behaviour change interventions and training.
- 3.2 All the recommendations are expected to increase efficiency and reduce duplication of effort and resources, in addition to helping people improve their health.
- 3.3 Depending on current practice, some organisations may incur additional costs as a result of implementing the recommendations. Individual costs are identified under specific recommendations. For more details from topic-specific NICE guidance, see appendix 1.

Training-related recommendations

- 3.4 Training is likely to be the most important issue when considering implementation costs. For example, if current training is not evidence-based then it might not be effective and therefore would be a waste of resources. Or if organisations are not currently delivering or evaluating training as recommended, they might incur increased costs. Organisations should assess these costs locally.

Recommendation 11 Commission training for all staff involved in helping to change people's behaviour

- 3.5 The guidance advises that training relevant to the behaviour change interventions that staff are expected to deliver should be

commissioned. This will range from training to deliver very brief to extended interventions. Some training could be delivered through e-learning without direct costs for local organisations, such as the [Every Contact Counts e-learning module](#).

- 3.6 Training to deliver very brief and brief interventions will potentially have the highest cost impact on organisations. This is because of the number of staff who may need training and the number of working hours involved.
- 3.7 The guidance also states that refresher training should be available for all staff. This will have an on-going impact above the cost of training new staff, if it is not already part of current practice. However, such on-going support is usually already being provided.

Other recommendations

Recommendation 2 Ensure organisation policies, strategies, resources and training all support behaviour change

- 3.8 Organisations could incur costs from providing staff with behaviour change support. These costs need not be significant and should be more than offset by the benefits (for example, improving the health and wellbeing of staff should lead to reduced sickness absence).

Recommendation 4 Commission high quality, effective behaviour change interventions

- 3.9 Depending on current practice, some commissioning organisations may incur costs for an additional, independent evaluation of the short-, medium- and long-term outcomes of any behaviour change service. There should also be a quality assurance process in place to ensure the intervention was delivered as planned. This could incur a cost, depending on current practice.
- 3.10 Implementing the guidance is expected to increase efficiency and reduce waste and duplication of effort. There could also be savings for commissioners from disinvesting in behaviour change

interventions where evidence shows them to be not effective or harmful.

Recommendation 8 Ensure interventions meet individuals needs

3.11 In-depth assessments should be used to determine what help someone needs to change their behaviour. This could involve additional or longer appointments so that the behaviour change practitioner can provide tailored support. If this is not current practice there will be a cost impact, for the extra time needed by the practitioner.

Recommendation 10 Ensure behaviour change is maintained for at least a year

3.12 Long-term monitoring and feedback is recommended to ensure the new behaviour is maintained. This may not be current practice and could lead to increased costs for providers. These costs are likely to be higher when supporting people in more deprived groups, particularly those whose living arrangements change frequently, making it more difficult (and expensive) to maintain contact with them.

Recommendation 14 Assess behaviour change practitioners and provide feedback

3.13 There could be increased costs for supervising staff who are delivering behaviour change interventions. Expert opinion indicates that practitioners delivering such interventions often have no assessment or feedback on practice. So this may lead to additional costs. If supervision is already in place, there may be a need for additional training for supervisors to ensure the person delivering the interventions is given the right amount of support.

3.14 Assessment and feedback should lead to improved performance. But it could create additional training costs if it shows that improvements are needed.

- 3.15 Ideally, the guidance recommends that behaviour change sessions should be recorded when a practitioner's performance is being evaluated. This could involve set-up costs for recording equipment and transcribing facilities. There are also issues of client confidentiality when recordings have been made, and consent must be obtained.

Recommendation 15 Monitor behaviour change interventions

- 3.16 If possible, data collection systems should be adapted to support the monitoring and evaluation of participants who are taking part in a behaviour change intervention to help identify which interventions are effective. This could incur a cost, depending on the systems already in place, but it will mean resources can be redirected to more effective interventions. This should lead to more efficient use of resources, with potential future cost savings.

Recommendation 17 National support for behaviour change interventions and programmes

- 3.17 Providers may incur costs collating information about behaviour change interventions if this information is not routinely collected already. Establishing a national repository for behaviour change training may incur set-up and maintenance costs.

4 Other considerations

- 4.1 Implementing the recommendations should increase efficiency and reduce waste and duplication of effort, in addition to the health benefits described.
- 4.2 People who are able to change from unhealthy to healthy behaviour(s) and then maintain that change should have improved health and a better quality of life as a result.

5 Conclusion

5.1 Organisations are advised to assess the local resource implications of this guidance. Potential additional costs may be incurred as follows:

- Training for staff, including those not directly involved in services providing behaviour change interventions.
- Costs of evaluating and monitoring behaviour change interventions and training for staff, if this is not already being undertaken.

5.2 Potential areas for savings locally are:

- Disinvestment in interventions where evidence shows them to be not effective or harmful. These savings could be reinvested in effective evidence-based services.
- Future reduction in the cost to the NHS, local authorities, wider society, individuals and their families as a result of people changing from unhealthy to healthy behaviours.

6 References

Department of Health (2011) [Start active, stay active: a report on physical activity for health from the four home countries chief medical officers.](#) London: Department of Health

Health and Social Care Information Centre (2013a) [Statistics on smoking, England 2013..](#) Leeds: Health and Social Care Information Centre

Health and Social Care Information Centre (2013b) [Statistics on alcohol, England 2013.](#) Leeds: Health and Social Care Information Centre

Nash R, Featherstone H (2010) [Cough up: balancing tobacco income and costs in society.](#) London: Policy Exchange

NHS National Treatment Agency for Substance Misuse (2013) [Alcohol treatment in England 2011–12](#). London: NHS National Treatment Agency for Substance Misuse

Office for National Statistics (2011) [Conception statistics, England and Wales](#). London: Office for National Statistics

Public Health England (2013) [Health protection report volume 7, no. 23](#). London: Public Health England

Public Health England. [Adult obesity UK prevalence and trends](#) [online, accessed 18/10/2013]

Scarborough P, Bhatnagar P, Wickramasinghe KK et al (2011) [The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs](#). *Journal of Public Health* 33: 527–35

Appendix 1

NICE guidance for specific behaviours– or to deal with the consequences of specific behaviours

Overweight and obesity

[Obesity – working with local communities](#). NICE public health guidance 42 (2012)

[Weight management before, during and after pregnancy](#). NICE public health guidance 27 (2010)

[Obesity](#). NICE clinical guideline 43 (2006)

Physical activity

[Physical activity pathway](#)

[Physical activity: brief advice for adults in primary care](#). NICE public health guidance 44 (2013)

[Walking and cycling](#). NICE public health guidance 41 (2012)

[Promoting physical activity in the workplace](#). NICE public health guidance 13 (2008)

[Physical activity and the environment](#). NICE public health guidance 8 (2008)

Sex

[Preventing sexually transmitted infections and under-18 conceptions pathway](#)

[Prevention of sexually transmitted infections and under 18 conceptions](#). NICE public health guidance 3 (2007)

Smoking

[Smoking prevention and cessation pathway](#)

[Tobacco harm reduction](#). NICE public health guidance 45 (2013)

[Smoking cessation - supporting people to stop smoking](#). NICE quality standard 43 (2013)

[Quitting smoking in pregnancy and following childbirth](#). NICE public health guidance 26 (2010)

[Smoking cessation services](#). NICE public health guidance 10 (2008)

[Tobacco return on investment tool](#)

Alcohol misuse

[Alcohol-use disorders pathway](#)

[Alcohol dependence and harmful alcohol use](#). NICE quality standard 11 (2011)

[Alcohol-use disorders – preventing harmful drinking](#). NICE public health guidance 24 (2010)

About this costing statement

This costing statement is an implementation tool that accompanies [Behaviour change: individual approaches](#) (NICE public health guidance 49).

Issue date: January 2014

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guidance. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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