

Public Health Programme Guidance

Consultation on Review proposal to update – BEHAVIOUR CHANGE - Stakeholder Comments Table (internal document)

22 November – 6 December 2010

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Association for Family Therapy and Systemic Practice	AFT understand the need to delay an update until the House of Lords enquiry has been completed.	Thank you.
British Psychological Society	<p>Members of the British Psychological Society considered two years to be too long.</p> <p>Once the House of Lords Committee have reported on Behaviour Change it was considered appropriate for NICE to consult within 12 months.</p>	Thank you. The proposal has been amended.
Cancer Research UK	<p>Cancer Research UK agrees that NICE should defer updating their guidance on behaviour change until after the outcome of the House of Lords Science and Technology Committee inquiry into behaviour change. Given the Coalition Government's focus on the importance of behaviour change in public health and the devolution of responsibility for public health to local authorities and Directors of Public Health (as set out in the Public Health White Paper, '<i>Healthy Lives, Healthy People</i>'), it is important that the NICE guidance is based on the most up-to-date evidence available.</p> <p>Having looked at the gaps in the evidence that were identified during the development of the existing guidance, we do not think that there have been any substantial developments that would warrant doing the update now rather than in two year's time.</p> <p>The House of Lords inquiry and the other activities that are currently going on in this area, such as those being undertaken by the Behavioural Insights Team in the</p>	Thank you, we agree. The proposal has been amended.

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	Cabinet Office, will hopefully provide further evidence to base the guidance on in a few years time. The Public Health White Paper also set out the creation of several new research units that could provide valuable evidence to inform the guidance, such as the new National Institute for Health Research School for Public Health Research and a Policy Research Unit on Behaviour and Health.	
Heart of Mersey	<p>In response to the proposal to defer the further consideration of the updating of the Behaviour Change Guidance for two years pending the outcome of the House of Lords enquiry on Behaviour Change: Heart of Mersey would support the proposal as the ongoing Lords enquiry will review existing activity in relation to the current evidence base and also draws on information received on emerging evidence requested as a result of the inquiry process.</p> <p>The recently published Public Health White Paper: 'Healthy Lives, Healthy People' also makes reference to a new National Institute for Health Research (NIHR) School for Public Health Research Unit on Behaviour and Health which will evaluate the evidence base and support innovative approaches to behaviour change'. It is therefore important that any evidence and guidance presented as a result of the enquiry, via NICE and the NIHR is up to date, reliable and consistent.</p>	Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.
Heart of Mersey	Heart of Mersey as a regional cardiovascular health charity focuses on an upstream population based approach to CVD and other chronic disease prevention, to promote policies and initiatives that support healthier diets and reduce tobacco use. Preventing CVD at a population level requires the development of effective policy	Thank you.

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	<p>that will establish health enhancing environments. We believe that an upstream population-based approach ² is the most cost-effective for addressing and reducing CVD prevalence and health inequalities. Evidence indicates that whilst the downstream medical approach is beneficial and effective for patients with recognised CVD, it is responsible for a surprisingly small reduction in the proportion of CVD deaths that occur in the total population ³. Large reductions in CVD prevalence can be achieved only by a reduction in the population levels of multiple risk factors and this requires a “population-based approach”. However, in order to provide “communities” with the opportunity to make changes in their lifestyle to reduce risk factors, it is necessary to have a supportive environment and public policies (both directly related to health affecting the wider determinants) to enable the “healthy choice to become the easy choice” ⁴.</p> <p>In June 2010 NICE produced comprehensive evidenced based guidance for the prevention of CVD at population level. The existing NICE behaviour change public health guidance (6), takes into account and provides the evidence for action to bring about behaviour change requiring a range of interventions including; individual, family, community and population level techniques ⁵. Heart of Mersey would strongly recommend that any future review or guidance on behaviour change take into account the evidence that supports population based approaches to supporting behaviour change and prevention.</p> <p>References:</p>	

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	<ol style="list-style-type: none"> 1. Department of Health. Healthy Lives, Healthy People: Our Strategy for public health in England. The Stationery Office. 2010. 2. McKinlay JB. Paradigmatic obstacles to improving the health of populations: implications for health policy. <i>Salud pública Méx.</i> [online]. 1998, vol. 40, no. 4 [cited 2007-01-17], pp. 369-379. Available from: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0036-36341998000400010&lng=en&nrm=iso.ISSN 0036-3634 3. Unal B, Critchley JA, Capewell S. Modelling the decline in coronary heart disease deaths in England and Wales, 1981-2000: comparing contributions from primary prevention and secondary prevention. <i>BMJ.</i> 2005; 331(7517):614. 4. Lewis B and Rose G. Prevention of coronary heart disease: putting theory into practice. <i>J R Coll Physicians London.</i> 1991. Jan:25(1):21-6 5. National Institute for Health and Clinical Excellence. Prevention of Cardiovascular Disease at Population Level. London.2010. 	
HENRY	We fully support the proposal to defer the further consideration of the updating of the behaviour change guidance for two years pending the outcome of the House of Lords enquiry on behaviour change.	Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.

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National Heart Forum	The National Heart Forum would strongly urge NICE <u>not</u> to defer the further consideration of the updating of the behaviour change guidance for two years. We recommend that this work is not deferred for the following reasons:	Thank you – the majority of respondents have suggested that NICE should update this guidance following the conclusion of the House of Lords enquiry, due in the summer of 2011. Our proposal has been amended in line with this suggestion.
National Heart Forum	The Government's White Paper on public health sets a policy focus on 'strengthening self-esteem, confidence and personal responsibility' using the 'least intrusive' approach. This will demand less regulation or legislation to shape healthier environments, and will place greater emphasis on 'nudging' people to encourage behaviour changes.	Thank you for your comments, which are very helpful.
National Heart Forum	The White Paper acknowledges that the way in which the evidence base for 'what works' is used is patchy, and that public health professionals will need support to use the evidence effectively and to ensure that new approaches are robustly evaluated.	
National Heart Forum	The Responsibility Deal between the commercial and voluntary sectors and Government to deliver commitments on food, alcohol, physical activity and workplace health also has an explicit focus on behaviour change, potentially linking with Change4Life and with the Cabinet Office. The Responsibility Deal is due to	Thank you. We note the potential for the Responsibility Deal to have a positive impact on people's health related behaviour, and we

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	launch early in 2011.	will continue to work with colleagues and stakeholders in the public, commercial and voluntary sectors as we develop guidance about effective public health interventions and programmes.
National Heart Forum	In this policy context, the planned updating of the NICE guidance is needed as soon as possible to help meet a clearly signalled need for evidence-based approaches to behaviour change.	Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.
National Heart Forum	It is not clear why NICE suggests it should delay its work plans pending the outcome of the House of Lords inquiry (due to report in the summer of 2011). The Lords inquiry has a broader remit (all government policy) and there is no reason why outputs from the inquiry could not complement the work of NICE.	Please see our previous response.
National Heart Forum	The National Heart Forum is an alliance of 65 national organisations working to reduce the risk of avoidable chronic disease in the UK. This submission does not necessarily reflect the views of all individual members of the alliance.	Noted, thank you,
NHS Direct	NHS Direct have considered the review proposal and are in agreement. However, it would useful for 'agencies' to get involved in/contribute to the work of the sub group which informs the House of Lords enquiry . For example, to feed in our work	Thank you. The House of Lords Science and Technology Select

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	around Telehealth / Long Term Conditions etc and the work of the sub group might in turn offer some audit / research findings that will help us at the same time.	Committee call for evidence was open to all – you can find out more about the work of the Committee here: http://www.parliament.uk/business/committees/committees-a-z/lords-select/science-and-technology-committee/ The NICE submission was based only on work carried out in relation to NICE guidance and other NICE activities. Unfortunately the call for evidence on the general enquiry closed in October 2010. However, we would urge you to stay registered as a stakeholder for the update of this guidance, as there will be an opportunity for stakeholders to submit evidence and we would be very interested in hearing more about your work then.
PDG Member of	I agree that the revision of the Behaviour Change recommendations should be	Thank you

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Behaviour Change PDG	<p>deferred until the House of Lords report is complete.</p> <p>I think that until the new Public Health structures are known the recommendations will get “lost” in all the internal upheaval within the statutory authorities.</p>	
Policy Studies Institute	<p>PSI supports the proposal to defer consideration of updating the proposals. In our view, the current guidelines are appropriate and helpful. There is no obvious benefit to be gained from reviewing them before the House of Lords Enquiry.</p>	<p>Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.</p>
Research Councils UK	<p>RCUK commends the wide-ranging nature, and the acknowledgement of the complexity of the issues involved, of NICE’s Behaviour Change Guidance. Along with NICE, RCUK is closely linked in to the ongoing House of Lords Inquiry on Behaviour Change.</p> <p>Given the complexity of the topic, the ethical questions surrounding it, and the emergent nature of the science, RCUK supports NICE’s proposal to defer the further consideration of the updating of the Behaviour Change Guidance for two years. Such a deferral would allow NICE to consider the conclusions and recommendations arising from the current House of Lords Inquiry alongside relevant research and evidence.</p>	<p>Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.</p>
Royal College of Midwives	<p>The Royal College of Midwives agree with this proposal.</p>	<p>Thank you. We have amended the proposal in light of the majority of</p>

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		responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.
Royal College of Nursing	The Royal College of Nursing welcomes proposals to review this public health guidance. We note the proposals to defer the update of this guidance pending the outcome of the House of Lords' enquiry on behaviour change. There are no reasons to object to this proposal.	Thank you
Royal College of Paediatrics and Child Health	The RCPCH believes that to delay update of the guidance until after the House of Lords enquiry on Behaviour Change is a sensible approach and agrees with this proposal.	Thank you
Royal College of Physicians	The Royal College of Physicians is grateful for the opportunity to comment on the proposal that further consideration of updating NICE behaviour change guidance is deferred for two years pending the outcome of the HoL enquiry on behaviour change. Overall, our experts believe that it is sensible to defer.	Thank you
Surya Foundation	We would <u>not</u> support a complete deferment of activity for a further 2 years. As outlined above, there is a major opportunity to organise the guidance in more targeted way and to provide social marketing tools & models for steering health behaviour interventions in specific categories. The time could be used to rethink the structure and scope of the guidance via consultation with stakeholders.	Thank you. We have amended the proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.
UK Faculty of Public	FPH believes that updating the behaviour change guidance should NOT be	Thank you. We have amended the

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Health	deferred two years pending the outcome of the House of Lords enquiry on behaviour change. In the context of the recommendations and policy outlined by the Public Health White Paper, and the creation of Public Health Responsibility Deals, the evidence-based approach of the NICE guidelines could not be more helpful in recommending cost- and clinically-effective interventions. We believe that the work undertaken by the House of Lords enquiry will not replicate any NICE guidance, it will only serve to complement. Furthermore, information on the scope of House of Lords enquiry is scant; it is our understanding that they intend to examine obesity as their first case study, with future topics undecided. The projected date of completion of the study is also unclear.	proposal in light of the majority of responses and we propose to update the guidance shortly after the House of Lords enquiry has reported.

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