Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD 20 NOVEMBER 2015

BEHAVIOUR CHANGE PILOTS

Report of the Head of Strategy and Performance

1. PURPOSE OF THE REPORT

The purpose of the report is to provide an update to the Board on the Behaviour Change pilot which has been commissioned by the council to improve specific areas of health and wellbeing across the city.

2. BACKGROUND

The Health and Wellbeing Board hosted a behaviour change workshop in October 2014 where members of the Board and the strategic leads for the Health and Wellbeing Strategy heard from Warren Hatter, a specialist in behavioural insights who devised 'With the Grain,' a tool which enables commissioners to *use insights from behavioural sciences.*

Following the October event the Council has commissioned Warren (*a former Design Council associate who has worked with the Cabinet Offices' Behavioural Insights Team)* to provide specialist consultancy support in relation to the development and testing of a behavioural insights approach to key priorities in the city.

3. THE PILOTS

In May 2015, 3 pilot projects began in the following areas:

- Increasing take up of early education for disadvantaged two-year olds
- Physical Inactivity
- Reducing smoking in pregnancy

A fourth pilot project relating to Carbon Management is being developed.

The pilots have been chosen based on two key criteria:

1. That they impact on one of the key priorities of the HWBB
2. That they address an area of underperformance

Whilst all the pilot projects contribute in some way to the city's ambition for Health and Wellbeing these pilots have also been chosen as a means of engaging the Education and Skills Board (free early education take-up) and Economic Leadership Board (Carbon Management) in pilot activity. The intention is to test the methodology and then refine the tools and techniques that can support the Council and partners to utilise behavioural insights to reframe services.

3.1 Early education for disadvantaged two year olds

Take up of nursery places by eligible two year olds has been low compared to other local authorities but is improving. From an initial rate of 59% in January 2015, there has been an increase in the summer term to 71%. This is still, however, significantly lower than some of our regional counterparts.

Take up has been consistently low in the West of the city, and it was agreed to focus on this area as a pilot. Learning from this trial will be used and tools and techniques adapted before extended roll out across the city.

There are two distinct parts to the pilot, namely:

- Focus on systems and processes
- Behaviour change techniques.

Systems and processes
By different services and agencies coming together there have been number of improvements, these include:

- Improved awareness of issues faced by Early Intervention Family Workers (EIFWs)
- Improved awareness of actual take up of offer compared to perceived take up
- Improved collaboration and understanding between health visitors and EIFWs
- Planned improvements to data gathering to improve intelligence
- Learning from other regional authorities leading to changes in the way we target families.

Behaviour change
Health Visitors and EIFWs were identified as the best placed frontline professionals to reach families with two-year olds. Through partnership working, they have co-produced a range of tools and techniques to help them to change their approach to help parents realise the benefits of the offer much more readily. These will be launched at a training session for all health visitors and EIFWs early December. The tools include:

- Postcards which adopt a personal approach by telling parents that they are eligible for a place for their children where information tells us this is the case
- A second postcard design which tell parents they might be eligible based on local data
- Visual tool – to include pictures and contact details of nurseries and childminders
- Scripts for each group of professionals to use as a guide for providing information about the offer to parents, using behaviour change techniques and language
- Frequently asked questions by parents for EIFWs and Health Visitors to familiarise themselves with.

Full roll out of behaviour change techniques will happen in the West area after the training session in December.

3.2 Being More Active

This piece of work is focussed on encouraging people in the city to be more active. In order to baseline activity to help measure impact we have agreed a pilot. The specific scope of the pilot is to increase levels of physical activity in children and young people in two schools in North Washington, with a focus on childhood obesity.

Using data from Public Health to identify current rates of childhood obesity at a local level, and intelligence around existing community initiatives, it was agreed to focus efforts on Marlborough and Usworth Colliery Primary Schools. As well as having relatively high childhood obesity levels, these schools are also in an area served by the Washington Way, a recent initiative to improve walking routes and cycle paths. The pilot will particularly focus on increasing the number of children who walk to school.

The focus on being more active in Washington has been discussed at the Washington People Board to ensure local councillors had an opportunity early on to understand and be involved in this work. Whilst this work with the schools has been slow to get underway due to a number of issues linked to the data, these have now been resolved and good progress has been made since September. Officers will begin observations of how families travel to school before the end of term in December.

3.3 Smoking in pregnancy

An examination of the evidence in relation to smoking in pregnancy rates showed that the rates of women smoking in pregnancy was high and consistently above the national and regional averages.

In Sunderland in 2014/15 there were 2739 maternities, of which 531 were identified as smoking at time of delivery (the national indicator).

In the same year a total of 144 pregnant women who smoked accessed the Stop Smoking Services. Of these 49 successfully quit, representing a quit rate of 34%, with 95 women (66%) being unsuccessful in their quit attempt.

Based on the number of women identified as smoking at time of delivery (531) the data illustrates that at least 67%* of pregnant women who smoke do not set a quit date with the Stop Smoking Service at any point of pregnancy.

There are opportunities to improve engagement and support with the significant numbers of pregnant women who smoke but do not access support to quit, and those who access support but are unsuccessful in their quit attempts.

* Some pregnant women who are recorded as smoking at the booking appointment will quit independently so are not reflected in these figures.

Due to these high figures it was agreed that smoking in pregnancy would be a key topic for testing behavioural approaches and that this pilot would focus on those women that fail to quit smoking and those that choose not to attempt to quit.

The first step has been to bring together relevant partners including:

- Live Life Well Service
- Health Care Assistants
- Health Visitors
- Children's Centres
- Midwives
- GP Practices.

A process map (as attached) has been produced showing the pathway for a woman from finding out she is pregnant to delivery. This identifies the times when a stop smoking message is being delivered, where it could be delivered and the potential points where a behavioural approach could be implemented.

The next stage which will start in January and will bring together frontline staff to co-produce the approaches to key intervention points including text messages, telephone conversations and letters. The theme of the work is "making difficult conversations easier".

Key messages to date:

- Bringing together key partners and looking at the pathway has in itself been a positive process, leading to the streamlining and improvement of the current process
- The sharing of data is always a key issue and could work better between organisations.

4. NEXT STEPS

The next phase for the development of the pilot projects is to develop and implement the behavioural insights approaches that have been developed and then to evaluate the impact both in terms of change to key outcome indicators and in terms of changes to ways of working. The evaluation will focus on lessons learned and broader applicability.

5. RECOMMENDATIONS

The Board is recommended to receive further update reports on the outcomes of the pilots will be shared with the Health and Wellbeing Board in due course.