

**NICE PUBLIC HEALTH PROGRAMME GUIDANCE
BEHAVIOUR CHANGE**

**6th meeting of the Programme Development Group
23rd February 2007, NICE Office, London.**

MINUTES

Attendees:	<p><i>Members:</i> Charles Abraham, Mildred Blaxter, Vicky Cattell, Vimla Dodd, Christine Godfrey, Terence Lewis, Roisin Pill, Jennie Popay, Wendy Stainton Rogers, Martin White, Ann Williams.</p> <p><i>Co-opted members:</i> Ray Pawson,</p> <p><i>NICE</i> Chris Carmona, Alastair Fischer, Jane Huntley, Mike Kelly, Lesley Owen, Catherine Swann, Clare Wohlgemuth</p> <p><i>NICE observers</i> None</p> <p><i>Review Team:</i> Julia Fox-Rushby,</p>
Apologies:	<p>Miranda Lewis, Karen Jochelson, Miranda Mugford, David Woodhead, Stephen Sutton Martin Buxton (Brunel University) Alison Lake Robert West</p>
Audience:	<p>None</p>

Agenda Item

Minutes

Action:

1.
Welcome and introductions

Mildred Blaxter welcomed the group.

Declaration of interest

A roundtable of previously undeclared declarations took place:

There were no new declarations

2.

Minutes of last meeting.

Mildred Blaxter

Relevant papers: BC5- MINUTES

The minutes were approved as a true and accurate record.

Matters arising from the minutes

- With regards to an agreement being drawn up between NICE and universities over recognition of participation of academics on its advisory committees Mike Kelly informed the group that the paper written by Alastair Fischer on the matter had been considered by SMT. Professor Littlejohns had been asked to take the matter forward.

3.

**Synopsis -
Presentation of
stakeholder
comments**

Mildred Blaxter

Catherine Swann

Relevant papers: BC6-2 Synopsis of evidence consultation

The PDG were reminded that an email had been circulated previously, informing members that the synopsis was available for viewing on the intranet. It was agreed that the synopsis is an extremely helpful document for pushing forward NICE methodology.

Overall, it was felt that stakeholder comments were positive.

It was acknowledged that the consultation response received by the British Psychological Society was very detailed and thorough and as such their help should be acknowledged. Their comments highlighted the limits of the methods employed by NICE and also pointed to missing evidence. Catherine Swann confirmed that points made about particular evidence by the BPS had been passed onto relevant review teams, so far review teams have not responded but they will have the opportunity to incorporate new evidence before final publication.

NICE

It was suggested that more time should be allocated for allowing stakeholders to read and comment on reviews.

**4. Health
Economics**

**Mildred Blaxter
Julia Fox-Rushby
Lesley Owen**

Relevant papers:

BC6-3 The cost effectiveness of population level interventions to lower cholesterol and prevent coronary heart disease: extrapolation and modelling results on promoting healthy eating habits from Norway to UK.

BC6-4 Appendix 1: Summary of main findings from phase 1

Julia Fox-Rushby presented the background and findings of the cost-effectiveness review. Handouts of the slides were tabled. A copy of the final report will be forward to NICE for circulation to the PDG.

Julia summarised the review, explaining there had only been time to undertake one model for one area and that the lack of long term outcomes had made it difficult to construct a model. The team had also been unable to find sufficient data for one-to-one interventions. The intervention had been found to be cost-effective.

Several concerns were noted by the PDG:

- The inability to restrict a mass-media campaign to the target population, although social marketing techniques mean groups can be targeted in a more sophisticated manner. It was noted that the evidence suggests that these interventions are worthwhile.
- The lack of cost effectiveness data in UK.

A discussion took place about the degree to which population level interventions are cost effective, and the extent to which it is possible to describe the content of interventions accurately on the basis of the published research.

**5.
Additional
Evidence**

Mike Kelly

1. Health
Inequalities
Presentation by
Mildred Blaxter

2. Handling
evidence which has
not been consulted
on.

Relevant papers:

BC6-5 'Evidence for the effect on inequalities in health of interventions designed to change behaviour'

Prof Pill took the chair while Mildred Blaxter presented her paper on inequalities.

It was noted that evidence on inequalities tends to be excluded from review level literature, however, and that attention does need to be paid to community and policy initiatives

Mildred was congratulated by NICE and the PDG on the production of this paper, which was felt to contain a critical message that literature on inequalities exists, and that focus on review level literature can lead to important inequalities data being overlooked.

A discussion about economics, and context and behaviour then followed.

The health economists were asked whether they had looked at differential cost effectiveness of interventions in different sectors of the population. It was remarked that cost effectiveness is an efficiency rather than equity tool. The PDG feel this differential is important in the relationship between efficiency and equity.

There is a need to recognise that behaviour differs according to social context, with certain behaviours being a choice for some a coping mechanism for others. Martin White made reference to his paper that he circulated previously, which noted that many interventions aim to improve health but widen inequalities which stems from a 'one size fits all' approach which is inappropriate and leads to differential impact. It was felt by the PDG that the considerations section of the guidance document would need to be carefully worded to provide an adequate account of the context within which the PDG were making recommendations, and the limitations of the recommendations themselves. CPHE agreed to pay careful attention to the considerations section and to try to ensure that it reflected the concerns of the PDG as they had been raised throughout the meetings so far.

NICE

**6.
Short
presentations from
working groups on
draft
recommendations**

Mildred Blaxter

Relevant papers: BC6-6a-f Working Group Recommendations

Mildred compiled the 52 recommendations drafted by the working groups into one document. This paper was tabled on the day. NICE stressed that there will be opportunities to amend at later date – this is a good first draft.

It was outlined that by the end of the meeting a set of draft recommendations needed to be agreed by the group. In shaping these recommendations prior to them being sent to NICE editors on 5th March, NICE will work closely with PDG over the next week via phone/email. Martin White informed the group he will be on annual leave 24 February until 5th March 2007.

Catherine Swann outlined potential future topics in the tabled paper. These suggestions have now been forwarded to the topic selection panel. The PDG will be kept updated.

A debate ensued regarding the wording of recommendations. It was agreed that anodyne wording should be avoided.

It was noted that NICE is responsible for recommendations but based on the premise that it took the best advice given by the PDG.

A discussion took place around the need to think creatively, in a transparent and logical way, in order to form recommendations for this piece of guidance. The committee considered a number of key methodological issues raised by the nature of the evidence. The processes which NICE has evolved grew out of the evidence based medicine paradigm. This has proved to be of fundamental importance in medicine. However it has always been acknowledged that when applied to public health and social science there would be limitations and that the methods would have to develop further. The committee noted that in considering a topic as broad as generic behaviour change that a number of problems had to be solved. The first of these related to the nature of the evidence itself. The evidence is broad, methodologically and epistemologically diverse and operates at a number of different levels of explanation. Some of the evidence is very highly specific about very particular components of human actions and is not generic at all. Some of the evidence is theoretical. There are extensive models which have been developed of general and specific behaviours.

It was agreed that there were a number of general principles which could be used to organise this information. These were outlined as a set of questions:

1. What is the social group whose behaviour is to change?
- 2 What is involved in making change occur?
- 3 What are the mechanisms involved?
4. What are the theoretical links between actions and outcomes?
5. What are the salient characteristics of the social context?
6. Are there any mediators, modifiers involved?
7. Are there any unintended consequences of the activity?

The PDG agreed to try to work using these principles and to begin to outline a set of general high level recommendations

The recommendations were considered as a set of propositions.

A discussion took place of the draft recommendations as laid out in compilation prepared by the chair. The key areas which were considered were.

1. Family Focused Interventions

A discussion of difficulties with the concept of families took place. It was agreed that it would be possible to make recommendations

about children and the social contexts they live in. One suggestion was to consider what the strengths of the family are and to build on the idea of self-efficacy. The importance of practitioners being aware of the demographics of their areas was emphasised.

The role of training for planning an intervention was discussed. The identification of the need for training should neither disvalue current good practice nor be based on the assumption that there is a linear relation between training and good practice. The idea of making a recommendation concerning quality standards was considered.

It was agreed that there is a need to define families. The term 'primary social relations' as a way of classifying arrangements of living together was considered. It was noted that it was important to ensure the recommendation relate to what the research addresses, for example, mothers and not all parents.

It was agreed that recommendations in this section would be redrafted to reflect the discussion.

The principle of building on positive behaviours and skills should also be incorporated in a number of the recommendations.

A further discussion took place about the transferability of evidence from outside the UK, about the recommendations being sensitive to cultural context and about the potential for harm in some well intentioned activities in the field of behaviour change.

2. Resilience and Skills-based approaches

A discussion of wording took place in relation to the concept of resilience. The value of linking this recommendation with the ideas about community strengths was discussed. There was general agreement for a recommendation for this section.

3. Communities-based Interventions & 4. Social Networks

It was suggested that 'social capital' be reworded so as to be understandable to all, possibly referring to components underpinning this term.

Whether community based interventions overlapped with social network recommendations was discussed. Community can be defined as a network and this relates to social network but communities can also be defined as particular groups. The PDG agreed that given that community based interventions encompass many other recommendation areas it might be possible to frame this as an over arching propositional recommendation. It was suggested that the modality of interventions could be explained via examples such as MMR which encompasses policy, evaluation, education etc.

5. Population Approaches

Interventions are more effective if undertaken within legislative frameworks. It was reiterated that this work is not focusing on specific problems such as interventions on diabetes, alcohol, smoking etc where guidance has already been or will be produced

but rather with the framework issues.

This was one area where it was suggested that cost-effectiveness might be mentioned – this was thought to be an important point. It was noted that however moderate the success of population-based interventions, they were probably always more cost-effective than individual interventions (and sometimes had no cost). It was felt there should perhaps be separate recommendations for (a) media campaigns, (b) treasury/taxation/fiscal measures, (c) legislative interventions. .

The problem of the lack of rct-type evidence base for these wider types of intervention could, it was thought, be overcome by making statements about what the PDG (and our reviews) recommended, followed by specific examples used illustratively. These could be derived from NICE's other work and examples from the HDA evidence

It was thought important to keep a good balance between individual and "wider" interventions.

6. Inequalities

It was agreed that some clear recommendations could be derived from the compilation.

7. Individually-based interventions

It was considered that these were all examples relating to overarching recommendations. There is need to unpack the implementation when designing interventions, we are not in a position to say, for example, that counselling works but we can say it works under particular circumstances. .

8. Behaviour Specific

An opinion was expressed that we should not ignore the possibility of making recommendations based on well-evidenced knowledge about, for example, smoking. However, the group were reminded that specific behaviours or interventions were the topics of different Programmes, and our remit was generic behaviour change.

9. Research recommendations

General approaches and research recommendations were not discussed, other than to note that research funding should look at research which has implications for implementation. Research needs to provide an evidence link with behaviour change and funds need to allow money for evaluation.

It was considered that the recommendations in this section had already been covered by the previous sections.

Additional recommendations

It was suggested that there should be a recommendation on training/education of professionals. It was agreed that this should be drafted in-house.

It was noted that we do not have any recommendation drawn specifically from the social marketing review (review 5). This gap will need to be checked, however, it was remarked that while this review contained lots of good ideas it did not actually test approaches and hence there was a lack of evidence.

There was discussion about recommendations on theoretical approaches. Doubts were expressed about whether we should mention these at all, in view of criticisms (e.g. BPS) of the lack of adequate review of all theories. It was agreed to draft a recommendation in general terms.

It was felt important to make clear that short term interventions do not have long term effects.

7.

Summary of session	NICE will draft recommendation on training/education and on quality standards	NICE
Mildred Blaxter/NICE lead	Martin White will email Mike Kelly papers relating to evaluation frameworks.	Martin White
	NICE will put these recommendations into standard format	NICE

8.

Draft Recommendations

Mildred Blaxter

9.

Presentation 'Supporting the Development, Launch and Implementation of the Behaviour Change Guidance'

Mildred Blaxter

Presenters:
Yvette Johnson – Implementation Team
Joanna Cargill – Costing Team
Sarita Tamber – Communications

A copy of the presentation was tabled on the day.

Mike informed the PDG that the template for programme recommendations differs from those on handout.

Mildred explained to Joanna that practically it will be difficult to cost this data.

Jane Huntley will email the PDG for volunteers to assist with the implementation stage.

Jane Huntley

10.

Summary and Close

Mildred Blaxter

Professor Blaxter closed the meeting for the day.

DATE OF NEXT MEETING: 30th- 31st May 2007

MEETING PAPERS TO BE MAILED: XX May 2007