# Supporting self-management

A guide to enabling behaviour change for health and wellbeing using person- and community-centred approaches

Guide

*September 2016*

## About this guide

This guide outlines how the science of behaviour can help people to self-manage their health and wellbeing.

The guide is written for people who support those living with long-term conditions, or who help people avoid these conditions using person- and community-centred approaches. This group may include health, care and wellbeing professionals, people in voluntary or community groups, peer supporters, carers, patient leaders and people living with long-term conditions themselves.

The guide was written by **Hannah Burd** and **Michael Hallsworth**, The Behavioural Insights Team, as part of the work of the Realising the Value programme.

It is licensed under a Creative Commons Attribution NonCommercial-ShareAlike 4.0 International License.

We hope you find it useful.

## Acknowledgements

# Supporting self-management

A guide to enabling behaviour change for health and wellbeing using person- and community-centred approaches

# Introduction

To start this guide, here is a real account of how people can benefit from experiencing a person- and community-centred approach to self-management.

Debs's story

> *I am morbidly obese. I have been since my early teens when I was abused by my father and I started to binge eat. This was just something that eased the monotony of life for me, although it grew into mental illness. I would often have large binge sessions and even got myself into severe debt by binge eating chocolate and sweets. I would travel far and wide to go to different shops and shop during shift changes to avoid the questions and looks from staff (although I know now that most of it could have been in my head).*
>
> *I have been on the most incredible journey with my mental health, so much so that I have not been medicated for over three and half years now. This started when I joined one of Creative Minds' group activities for health and wellbeing. What started as group art therapy now gives me a source of happiness, friendly support and even a steady income from selling my art pieces.*
>
> *Around this time I also realised that I needed to do something about my weight so downloaded an app on my mobile. It has a pedometer on it. This is the best app I could have ever used. I now try and make myself walk further each week. Bearing in mind at the peak of my illness I was walking less than 100 steps a day I am now up to 7,000 steps and have lost over three stone in weight.*
>
> *I have another seven to eight stone to lose, but the issue I face now is how to deal with the effect of losing weight on the appearance of my skin. This is now affecting me worst of all. Although I know losing more weight will make me healthier I am worried about losing this confidence and wonderful sense of life that I have gained through my already incredible journey through the mental health system.*

Debs's story illustrates the value of person- and community-centred approaches, both for getting someone started on a journey of self-management and sustaining them. This guide aims to provide people like Debs and the people who work alongside her with tools and techniques to encourage her to keep going.

## The benefits of thinking about self-management behaviour

**People's behaviour strongly influences their health**.[1] However, even when people know what the 'healthy' thing to do is, and intend to do it, they often encounter significant barriers. Awareness and intention are rarely enough; we need to find other ways of helping people change their behaviour. The challenge for practitioners is to identify the most effective ways of supporting people to make these changes, and ensuring that they become sustainable.

**The potential gains from helping people manage their own health using person- and community-centred approaches are great**. These approaches represent a source of untapped value for the health system.[2] If developed effectively, systematic evidence reviews of self-management programmes suggest they can result in raised self-confidence, better quality of life, improved clinical outcomes, and greater achievement of goals that are important to the person.[3]

**Helping people to help themselves could also result in more meaningful interactions between people with long-term health conditions and their practitioners**. Where practitioners have the sense that they are sustainably supporting people to live life in a fulfilling way, they are likely to experience increased job satisfaction.[4]

## The challenge of spreading new approaches

The evidence for the benefits of promoting a person- and community-centred approach in health and wellbeing settings is strengthening.[5] Yet spreading improvement and change within health and care organisations is notoriously challenging.[6] Behavioural science offers some reasons for why this is the case:

- People tend to be confronted with much more information than they are willing or able to process.[7]

- People seek to minimise effort and are disproportionately affected by small barriers to change.[8]

- People typically stick with the way things are - the status quo.[9]

- People tend to interpret facts using mental 'shortcuts' (rules of thumb or assumptions) that confirm our existing views.[10]

These factors mean that efforts which try to affect behaviour change primarily by sharing ever more information are likely to flounder.[11]

## Who is this guide for?

This guide is for people who support those living with long-term conditions, their carers, families or communities. It summarises practical **ways to support people to self manage effectively using person- and community-centred approaches**. Many of these activities are useful also for people who work to prevent the development of long-term conditions in the first place.

The guide was written with the input of the following people and is aimed at these groups:

Health and care practitioners

Peer supporters

Wellbeing coaches

Care navigators

Expert patients

Volunteers

Public health professionals
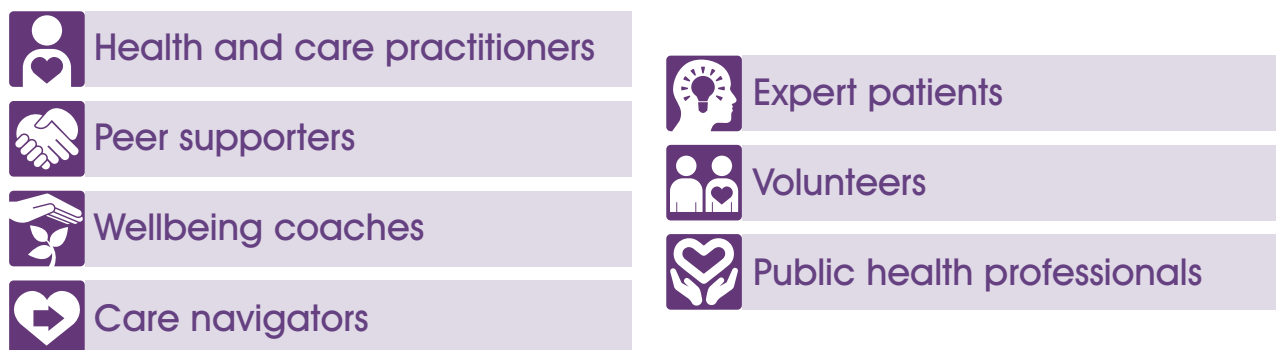
We have prepared a separate guide - *Spreading change* - for people who want to spread the commissioning and implementation of person- and community-centred approaches more widely.

## How this guide helps

This guide is part of the NHS England-funded Realising the Value programme led by Nesta and the Health Foundation, which seeks to develop person- and community-centred approaches for health and wellbeing. The programme is doing so by building the evidence base and developing tools, resources and networks to support the spread and impact of these approaches.

This guide offers two things: a framework for understanding and changing behaviour, and real-world examples of how these changes happen in practice.

### 1. A framework for understanding and changing behaviour

The UK's Behavioural Insights Team (BIT) has worked with public sector policymakers and practitioners over the last five years to develop the EAST framework, which is an accessible way of applying behavioural science to real-world issues. The core message of EAST is that if you want to encourage a behaviour, you should make it Easy, Attractive, Social and Timely.[12]

- **Make it Easy**: Small, seemingly irrelevant, details that make a task more challenging or effortful can make the difference between doing something and putting it off – sometimes indefinitely.

- **Make it Attractive**: Attracting attention and incentivising behaviour are important for prompting people to behave in a new way and maintain behaviour change.

- **Make it Social**: People are social creatures; we are influenced by what those around us do and say, often more than we are consciously aware of.

- **Make it Timely**: The same offer or 'prompt' to change behaviour made at different times can have different effects.

This guide uses the EAST framework to organise ideas and examples. The four principles in the framework are underpinned by a body of evidence from behavioural science.[13] However, the EAST framework does not attempt to capture all the nuances of this research. It is intended to be a user-friendly and memorable tool for considering the main drivers of behaviour and generating effective approaches for addressing them.

The Realising the Value programme has published an accompanying report that looks at the theories relevant to the ideas outlined in this guide in more depth: *Making the change: Behavioural factors in person- and community-centred approaches to health and wellbeing*.[14] Readers may find that report useful to read alongside this action-focused guide.
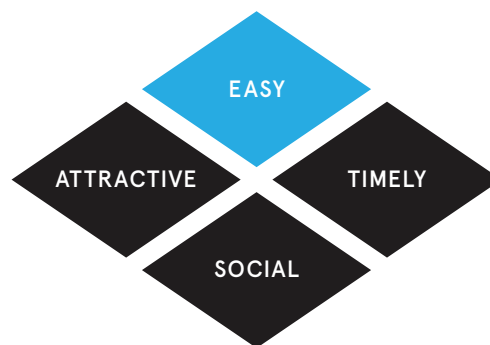
## 2. Real-world examples of changing behaviours to improve self-management

This guide provides examples from the five Realising the Value partner sites, categorised by the EAST framework. Each partner site exemplifies a person- and community-centred approach for health and wellbeing. The sites and their evidence-based approaches[15] are:

- **Positively UK: Peer support** for people living with HIV

  *Peer support takes place when people with similar long-term conditions or health experiences support each other in order to better understand the condition and aid recovery or self-management.*

- **Big Life Group** with **Being Well Salford: Health coaching** for a range of health behaviours

  *Health coaching helps people to set goals and take actions to improve their health or lifestyle.*

- **Penny Brohn UK: Self-management education** for people living with and recovering from cancer

  *Self-management education includes any form of formal education or training for people with long-term conditions which focuses on helping people to develop the knowledge, skills and confidence to effectively manage their own health and care.*

- **Creative Minds: Group activities** to promote health and wellbeing for people living with mental health conditions

  *There is a wide range of group activities that can be beneficial to support health and wellbeing. These range from exercise classes, to cookery clubs, community choirs, walking groups and gardening projects.*

- **Unlimited Potential** with **Inspiring Communities Together: Asset-based approaches** in a health and wellbeing context

  *The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health.*

The guide features a number of low tech, pragmatic and manageable activities which can increase the spread of person- and community-centred health and wellbeing programmes.

We have taken effective approaches from both academic theory and the five sites and boiled them down to the mechanisms that seem to work most effectively. These are featured in coloured boxes throughout the guide (summarised and hyperlinked in Diagram 1). Practitioners can then incorporate these elements into the design of their own health and wellbeing programmes.

Diagram 1: **Supporting people to self-manage**

| | | | | |
|---|---|---|---|---|
| Remove small barriers to support | Set SMART goals | Use Checklists | Reward small achievements | Bundle 'health' and 'people' benefits together |
| Anticipate challenges and make 'if-then' plans | **EASY** | | **ATTRACTIVE** | Tap into reciprocity |
| Use Motivational Interviewing and decisional balance charts | **TIMELY** | | **SOCIAL** | Involve family and friends |
| Offer support when people are most receptive | Prompt healthy habits | Build positive feedback loops | Incorporate social commitments | Connect with peers |

## What this guide does not address

This guide is focussed on the enablers and barriers to behaviour change in the context of promoting self-management behaviours and person- and community-centred approaches. It does not address more systemic barriers to change such as budget constraints, divergent mandates or misaligned priorities.

The guide deliberately avoids an over-prescriptive explanation of how to implement the recommended approaches. Whilst case studies from the five partner sites are used to illustrate the application of the theory, this is not a 'how to' guide. Each local area is unique and allowing new areas to take ownership of the implementation of effective techniques is likely to increase the uptake and spread of successful approaches.[16] The guide also does not detail how to set up pilots or evaluate services. The incremental approach to doing so advocated by the Behavioural Insights Team is described in existing publications.[17]

A common critique of approaches derived from behavioural science is that they focus on individuals rather than systemic, structural or cultural factors.[18] We acknowledge that the challenges facing people in realising better health and wellbeing outcomes for themselves or their local communities can be structural and ingrained - spanning inequalities of housing, employment, education, language, accessibility, (dis) ability and poverty, necessitating a whole-system response.[19] The approaches outlined in this document will not address the whole problem.

The wider Realising the Value programme[20] is working to address some of these more structural challenges. It provides a narrative and consolidation of the evidence for person- and community-centred approaches,[21] as well as a set of recommendations relating to systems enablers and barriers. Access the programme resources via www.realisingthevalue.org.uk/.

## Research approach and limitations

The guide's research approach is outlined in an annex at the end. The ideas and examples listed in this guide are underpinned by evidence, but many of the studies in this area have taken place at a relatively small scale and require wider testing and replication before their reliability is known. Context matters for the successful implementation of any intervention: what works in one area may not work (or to the same extent) in another where the mix of local assets, stakeholders or providers may be different.[22] Therefore, we view the evidence in this publication as promising and indicative rather than conclusive.

## A note about language

Wherever possible we have sought to use the word 'people' rather than 'service users' or 'patients'. At times the latter terms are used for clarity when describing people in relation to those who work supportively alongside them as practitioners, providers or commissioners in a health and wellbeing context. We wish to avoid language which suggests relationships of imbalance or dependency. We seek instead to consider people holistically; taking account of their capabilities, motivation, relationships and personal or community assets.

# Supporting self-management by making it EASY

This insight may seem intuitive: people tend to avoid activities that involve extra effort. However, even when we have strong intentions of doing something, seemingly small details can make the difference between completing it and putting it off - sometimes forever. This can affect relatively small tasks, like remembering to do physiotherapy exercises, as well as relatively big activities, such as losing weight.

This section outlines four examples that can be used to make it easier for people to access self-management support and sustain behaviours that add up to better health and wellbeing:

| Supporting self-management by |
| --- |
| Reducing the 'hassle factor' of accessing support |
| Breaking activities into small steps |
| Using checklists |
| Anticipating challenges and making 'if-then' plans |

## Reduce the 'hassle factor' of accessing support

Many people build health-promoting habits into their lives self-sufficiently. For those who would like support to start self-managing, the hassle or 'friction' they experience on the way to receiving that support can mean that people do not manage to get started in the first place. Examples of the small barriers which can get in the way of accessing support could include:

- Needing to be referred into a service before accessing it.

- Not knowing how to get to the location where support is provided.

- Requiring people to fill out forms or undertake other activities before accessing support; or

- Not making a specific plan to access support on the day it is scheduled.[23]

There are various ways that health, care and community-based providers can reduce the 'friction' experienced by people who want to access their support. Diagram 2 shows how these options could be integrated into a person's pathway of living with a long-term condition using examples from the Realising the Value partner sites.

Diagram 2: Removing small barriers to support[24]

| STRAIGHTFORWARD OUTREACH | SELF-REFERRAL | FIRST STEPS | FLEXIBLE ACCESS |
|---|---|---|---|
| Unlimited Potential work with members of their local community who want to share their personal self-management experiences with their peers via social media - spreading self-management via videos posted on facebook and Whatsapp conversations. | All organisations enable people to self-refer with as few eligibility criteria as possible. | Positively UK peer supporters and Big Life Group coaches frequently accompany people on their first visits to new places, for example wellbeing groups or gym sessions.  Unlimited Potential support their local community to give each other lifts to GP appointments. Sharing resources and building in social commitments like this makes it more likely first steps will be taken. | Big Life Group and Positively UK offer telephone support sessions whenever people find it difficult to travel to meetings. |

| BEFORE SEEKING SUPPORT | ONCE SUPPORT IS WANTED | SUPPORT CONTINUES | AFTER SUPPORT RELATIONSHIP FORMALLY FINISHES |
|---|---|---|---|

| PUBLICITY | EXISTING PATHWAYS | SIMPLE REMINDERS | TOP-UP ACCESS |
|---|---|---|---|
| Creative Minds ensure that materials informing people about their activities are available at all mental health clinics in the local area - reaching people during 'teachable moments' in waiting rooms.  Training everyone who comes into contact with people with long-term conditions (including non-clinical staff), to signpost community support services can also increase awareness about self-management activities. | Positively UK provides peer support within NHS HIV clinics. By default, newly diagnosed patients are given contact with peer supporters. This means that they are available to signpost people to support from the moment of first diagnosis. | Health coaches at Being Well Salford find that there are fewer missed appointments when people receive a text of their forthcoming session from their coach. | Even after joining community-based care activities and developing self-management habits, people may need to proactively re-access support from time to time as new challenges arise and new coping mechanisms are needed. Penny Brohn UK makes it easy to top-up their contact by enabling people to take follow-on courses, helping people avoid crises. |

## Break activities into small steps

The behavioural changes involved in reducing the risk of developing a long-term condition, or adjusting lifestyles to cope after diagnosis, are varied and likely to interact with each other.[25] For example, official guidance on advice for people at risk of developing Type II diabetes includes: attending risk assessment appointments, losing 5-10 per cent of their bodyweight over a year, getting more physically active, reducing fat intake and (in some cases) beginning to take new medications.[26] Taken together, this can seem like an insurmountable challenge, which can mean that self-management behaviours are not developed or sustained.[27]

Any one of these new behaviours represents a number of small steps. Reducing fat intake could involve working out new things to cook; negotiating changes that are acceptable both to the person and their family; shopping for different ingredients; or reducing the number of times a person eats away from home, with associated impacts on socialising activities.[28] Lack of clarity about how to execute any one of these stages can represent a hurdle that gets in the way of self-management habits forming.

There are a number of ways to make advice like this more person-centred and more likely to translate into changes in behaviour for healthy outcomes.

**SMART Goals**[29]

People in Salford can access health coaching with **Being Well Salford** if they would like to change two or more of the following: low mood, weight, activity levels, smoking or alcohol intake.

Whilst these may be their ultimate goals, health coaches work with people to identify manageable 'chunks'. Doing so involves taking the time to set goals which are SMART:

| | | |
|---|---|---|
| **Make goals which are** | **S** | Specific |
| | **M** | Measurable |
| | **A** | Agreed by the person themselves |
| | **R** | Realistic |
| | **T** | Time-bound |

This approach helps people take goals which are vague and translate them into focused and achievable actions. They are likely to be more manageable and memorable as a result.[30] Examples from people who have attended Being Well Salford's health coaching sessions include:

- To phone and make an appointment for a gym induction session on Monday 16th March.

- To take three floors of stairs on the way into work on Tuesday, Wednesday, and Thursday before my next appointment.

- To return to work next week at the school canteen for one hour a day for five days to assure careful return to work helping confidence and job security.

Whenever people and health coaches meet, their conversation centres around these goals, identifying the progress since last time and updating or adjusting the goals to reflect this. At the end of the session, service users receive an email summary of the goals they have agreed, or can write them out for themselves if preferred.

There is some evidence that the changes resulting from this detailed and incremental planning are lasting. Of the people attending the coaching who set stopping smoking as one of their original goals, 48 per cent manage to do so, and 100 per cent of these sustained this change afterwards.[31]

## Using checklists

Simple, plain language checklists are another effective way of breaking complex tasks into manageable chunks.

In one study,[32] people with chronic obstructive pulmonary disease (COPD) were given a checklist which listed the self-management behaviours and routines that would help them manage their lung condition. It acted as an educational tool and prompt for taking regular actions to proactively prevent COPD crises. It contained prompts about:[33]

- Booking an annual review (if not up to date).

- How to undertake a spirometry test so that the most appropriate treatment options can be accessed.

- Stopping smoking.

- Using an inhaler correctly.

- Discussing pulmonary rehabilitation with the GP.

- Accessing local self-management resources.

Evaluators found promising results in terms of a quadrupling of the proportions of people taking spirometry tests and large increases in rates of patients receiving preventative 'rescue' packs to use before deterioration becomes a crisis.

The personalised checklists were sent directly to people's homes and they felt a sense of ownership of them. The evaluation found that people and practitioners reported a change in the quality of their interaction. Practitioners recognised an 'appetite' in people for a more collaborative partnership, whereby people felt confident to take preventative action to avoid crises and drive improvements in their care. As a result, practitioners felt that there was a greater sense of shared responsibility.

## Anticipating challenges and making 'if-then' plans

It can be difficult for people to take the necessary steps to achieving lasting behaviour change if they do not make plans that are memorable and automatic.[34] Making personal plans which identify the critical obstacles or cues that people face when trying to change habits followed by a realistic response to those cues have been shown to encourage lasting behaviour change.[35]

**Being Well Salford** coaches have found that linking specific plans with a person's motivation for achieving change can enhance this effect. Studies support this: behaviour change is more likely to happen when people first visualise the benefits of the outcomes they could experience if they are able to change their behaviour, then realistically visualise the obstacles that get in their way, before making a simple but specific 'if-then' plan to overcome these obstacles.[36]

The four evidence-based steps are below. The idea is that these simple steps are rehearsed a few times until they become automatic in the moment they are needed.

| W | Wish | Imagine a wish that you have for experiencing better health or wellbeing |
|---|------|---|
| O | Outcome | Visualise the best outcome if you achieved your wish |
| O | Obstacle | Visualise the internal obstacles that are likely to get in your way e.g. Getting distracted from a goal, or becoming anxious beforehand |
| P | Plan | If…*(insert obstacle)*..., then…*(my action to overcome the obstacle will be)*... e.g. If I am bored and crave chocolate, then I will make a fruit salad |

The length of time the steps take to discuss with people can vary. The first three steps help people effectively identify their goals. This can be incorporated simply into existing self-management conversations and need not last longer than a few minutes.[37] In low-cost trials led by The Behavioural Insights Team, all four steps have taken up to 20 minutes to go through meaningfully the first time, although more or less time may be needed by different people.

Studies which have successfully used this technique helped people with diabetes to self-manage, smokers to stop smoking, reduced unhealthy snack habits, people with chronic back pain to become more physically active, and people with depression to achieve certain goals related to the management of their condition.[38]

**TOOL:** http://www.woopmylife.org/

An app that people can use to complete this exercise.

# Supporting self-management by making it ATTRACTIVE

Making something attractive involves two main things: drawing attention to something and making it more appealing. This could relate to personalising what is on offer, or making the rewards more obvious and instant.

This section outlines three ways to make self-management more appealing:

| Supporting self-management by |
| --- |
| Rewarding small achievements |
| Bundling 'health' and 'people' benefits together |
| Tapping into reciprocity by offering freebies |

## Reward small achievements

People are biased towards the present, often valuing immediate gains and losses over longer-term ones.[39] This explains why it can be so difficult to sustain behaviours that require self-control (dieting or breaking cycles of addiction) in the immediate term, whilst the long-term 'pay out' (in terms of a sense of wellbeing, quality of life or additional healthy years of life) seems relatively distant.[40] Understanding our vulnerability when assessing present vs future trade-offs can help us design different incentives that bring health-promoting behaviours into the here and now.[41]

**Penny Brohn UK** encourage the people who undergo their self-management courses to plan for treats and rewards each time they manage to change a lifestyle habit for the better. Rather than entirely giving up sweet foods which is unlikely to be sustainable in one go, their nutritional programme demonstrates the recipes and skills to make satisfying (yet healthy) treats to snack on in between healthy meals.

This example also taps into a second mechanism. In the case of unhealthy behaviour that may seem to reward us in the short term (e.g. eating a sweet snack, or smoking a cigarette) it is often easier to substitute one behaviour for another (i.e. eating a healthy treat, smoking an e-cigarette), rather than quit altogether (i.e. cutting out all snacking or smoking).[42]

## Bundle benefits to 'health' and 'people' together

People are more likely to stick at new behaviours in the longer term if they are intrinsically motivated to do so (rather than being rewarded or punished by something external to them)[43] and find them fun.

In one study, the 'fun factor' was found to have a significant impact when motivating people to exercise regularly. The researchers made certain 'page turner' audiobooks (such as the *Harry Potter* series) available to people only when they went to the gym. Compared to a group who were simply offered book vouchers, those who could only access the audiobooks while at the gym were 51 per cent more likely to go to the gym over an eight week period. Those who were encouraged to reserve listening to audiobooks for gym sessions (a less stringent form of the pilot) were 29 per cent more likely to make it to the gym.

This is an example of 'temptation bundling' where people combine immediately satisfying experiences with behaviours which are worthwhile in the long run.[44]

Realising the Value partner sites make their activities attractive to people in a number of ways:

- **Creative Minds** supports weekly Live Arts Cafés which provide people living with mental health conditions fun, food, creativity and friendship. As well as regular entertainment, people who attend receive steady updates on the services in their area that are available to help them, as well as a support network which can help people cope during a crisis.

- **Penny Brohn UK's** self-management courses help people to regain a sense of control over their lives following a cancer diagnosis. Their attendees report that the promise of regaining control is attractive to them - sometimes over and above a desire to learn more about their condition. The course itself gives time to reflect on the challenges of living with cancer, but also builds in a sense of fun – learning new skills such as cooking; techniques for relaxing using mindfulness; or exercising by dancing. Their focus on 'wellness' rather than ill health is attractive to people.

- **Positively UK's** peer-support networks offer people an alternative to social isolation. It is often social support that people seek, rather than support in managing their condition in the first instance. Integrating into these support networks can then mean that individuals go on to seek condition-specific help in a timely way, know where to access advice, overcome barriers they face in terms of medications adherence and so on.

### Tap into reciprocity using freebies

Freebies attract our attention. Offering something for free can be powerful in a number of ways. Depending on how and who the freebie is offered by may convey a social norm - that everyone should be taking something up. It can enable people to experiment with something new before committing. It can add to the positive emotions that people associate with the free thing - a sense of having 'won'. Freebies may also tap into a sense of wanting to reciprocate.[45]

These freebies can be relatively small. For example, Tech and Tea sessions, which are run by one of Unlimited Potential's partners (**Inspiring Communities Together**), engage older people in Salford in using technology to access self-management information.[46] People are drawn to the sessions by the free tea and biscuits (and the socialising that ensues). They also have the chance to access subsidised technology (such as tablets) at the end of the programme. Once they start taking part, volunteer wellbeing champions are able to engage people in conversations around self-management. Examples include discussing how to access community-based activities which boost wellbeing in a timely way, connect with family or friendship networks online and make new friends in their immediate community, which can reduce social isolation.[47]

Freebies can also remove some of the practical barriers to making new habits. **Being Well Salford** offer free gym passes on a trial basis to those wishing to get more physically active. With these, people can access the gym for free for the first month, and then benefit from subsidised access for the following 11 months. The free passes are scarce, so those who are given them feel a sense that they are a valuable resource - with the expectation that they will be more valued and used as a result.[48]

The behavioural science research suggests that the details of the incentive are likely to affect its impact: a freebie may have a different effect from paying people to go to the gym for example, and the context of each is very important. But behavioural science does offer some interesting ideas that could be tested in new places. One study suggests that habits are more likely to be formed when the incentives to do so are made more obvious and salient.[49] A different study finds that asking people to make deals with themselves (or 'commitment contracts') whereby they decide to forfeit a self-specified amount of money by donating it to charity if they do not go to the gym at regular intervals can mean that exercise habits persist, even after cash incentives for gym attendance are removed.[50]

# Supporting self-management by making it SOCIAL

Social influences frequently get underestimated, but humans are social beings - heavily swayed by what those around us do and say. This section describes three ways to take better account of social influences:

| Supporting self-management by |
| :---: |
| **Involving families and friends** |
| **Connecting with peers** |
| **Incorporating social commitments** |

**Involve family and friends**

Our social relationships form our social environment, and environment shapes behaviour by providing cues that prompt automatic reactions.[51] Accounting for and accommodating family and friends in any of the other activities noted in this guide is likely to increase their efficacy. Many behaviours which directly affect health (overeating or smoking for example) are somewhat 'contagious' – if spouses, friends or even colleagues do it, it is more likely that we will do it too.[52]

**Unlimited Potential** found that changes in healthy behaviours were an unintended positive consequence of engaging with men as fathers.[53] The men who formed Unlimited Potential's 'Salford Dadz' project identified that relationships with their children were very important in their lives. They realised that certain behaviours that they used to cope with isolation, stress and crises (e.g. drinking, drug taking and fighting with family members or strangers) were jeopardising the relationships and access to their children. Unlimited Potential supported the fathers to reduce these behaviours by establishing peer-support networks that could be called upon to prevent a crisis. Drinking, drug taking and crime all reduced as a result.[54]

**Penny Brohn UK** encourage people to bring a supporter along to their courses who can also benefit from support and help make lifestyle changes. A qualitative evaluation found that those who attended Penny Brohn UK's Living Well course along with a supporting partner experienced a boost when making self-management and lifestyle changes. This is because the person on the course does not then need to go home to explain the course content to their supporter. They finished the course with the same understanding of what to change.[55]

> **TOOL:**
> See an illustration of the impact of involving family and friends in this video from a similar recent Unlimited Potential project called Dadly Does It.[56]

## Connect with peers

People who we see as being like us can have a strong influence on behaviour.[57] Peers can provide support in a way that practitioners, family or friends may not. For example, connecting with peers early on in their experience of living with a long-term condition can help people transition more quickly from the shock or denial of a new diagnosis, to aspiring to a sense of gaining control and confidence in the management of their condition. When this happens, people are more likely to compare themselves and their development positively to peers, rather than negatively to their pre-diagnosis selves.[58]

When a peer has mastered self-management behaviours that someone else may be finding difficult, they can provide salient and credible role models for others to follow. In addition, **Positively UK** find that peer supporters provide reassurance and the chance to break down social isolation (which can undermine health in its own right).[59]

Participants at Positively UK peer sessions find it possible to problem-solve challenges they are facing (e.g. maintaining medication adherence, overcoming social isolation, seeking hardship relief) when they can talk it through with a peer who has faced and overcome the same challenges.

Positively UK take great care in connecting peers together. They note that different combinations will work for different people at different times in their experience of living with HIV. Some may want to link to a peer-support worker who has had as similar a shared experience as them as possible (i.e. not only in terms of the same diagnosis, but also gender, ethnicity or sexuality). Others prefer to connect with someone who has shared experiences in terms of health status, but otherwise come from a different community, particularly if they expect to face stigma in relation to their condition. Some want to connect to lots of peers and others (frequently at first) want to start with one-on-one working. Positively UK match people in various combinations so that people experience a good 'fit' for them.

Research on peer support also identifies strong positive impacts for peer supporters themselves in terms of medication adherence and self-management regimes.[60] This makes sense as people like to maintain consistency across their actions.[61] It is difficult for people to give advice and guidance to others without following it themselves, and studies of peer supporters have found that their clinical outcomes are favourable compared to similar groups who do not provide peer support.[62]

Finally, connecting with people who are experiencing the same challenges is important to people. When asking people who attend **Penny Brohn UK's** self-management courses about the most important aspect of the course they attended, the two most commonly reported categories were 'the course sessions/ content' (37 per cent) and 'being with other visitors' (32 per cent).[63]

## Incorporate social commitments

Evidence is starting to emerge around social commitments as an enhancer for increasing the engagement and commitment people give to a task.[64] A small study involving a group of women at high risk of obesity, heart disease and diabetes aimed to promote regular exercise in order to prevent the onset of these conditions. Both groups received pedometers and a leaflet explaining the benefits of exercise and risks of inactivity. At a meeting with a health counsellor they each agreed a personal plan for increasing walking and identified potential barriers, motivational strategies and goals which included 30 minutes a day of brisk walking most days of the week and a target number of steps a day. A subsection of the women also signed a behavioural contract in the presence of the counsellor committing to achieving these goals. By the end of the six week study period, 81 per cent of the group who signed the contracts reached their goals compared to 31 per cent of the others.[65]

A different study offered a similar approach for people wanting to quit smoking. Here, smokers could sign a 'contract' to stop smoking and pledge their own money (on a weekly basis, equivalent to what they would have spent on cigarettes in that time) that they would pass a test to show that they had stopped

smoking six months later. The money was collected regularly by an employee at their bank and donated to charity if the person did not pass the test after six months. If they did pass, they regained the savings that they had been collecting. Those offered the chance to participate were more likely to pass a surprise test 12 months later. The researchers suggest that an element of social pressure to stick to the commitment of stopping smoking from these weekly interactions with bank employees could be driving this effect, helping certain smokers to quit (although in other cases savings were lost).[66]

Another study changed behaviour amongst primary care clinicians using public commitments. It aimed to reduce the prescription of antibiotics for acute respiratory infections where self-management could be more appropriate than a medical solution. Researchers placed posters in GP consulting rooms for four months, each showing a letter signed by clinicians and photographs of those clinicians stating a commitment to avoid prescribing antibiotics when they were not needed. As a result, inappropriate antibiotic prescribing levels fell by almost a fifth amongst these clinicians, compared to clinicians without the posters.[67]

**TOOL:** https://www.stickk.com/

An app that people can use to complete this exercise.

# Supporting self-management by making it TIMELY

We respond differently to prompts, messages or offers of support, depending on when they are made to us. In relation to long-term health conditions, it has been recognised that people tend to pass through different stages of motivation[68] or 'activation'[69] for changing behaviour. Tailoring support so that people receive appropriate assistance at the necessary time is likely to increase the impact of that support.[70]

In this final section we consider timeliness aspects to prompting change:

| Supporting self-management by |
|:---:|
| Using motivational interviewing and decisional balance charts |
| Offering support when people are most receptive |
| Prompting healthy habits |
| Building in positive feedback loops |

### Motivational interviewing and decisional balance charts

Practitioners report uncertainty about how to encourage people to start thinking about changes they could make for improved health and wellbeing.[71] People tend not to go to appointments with healthcare practitioners in a state of readiness to change lifestyles. Therefore, simply advising them to change or giving information alone at these moments is unlikely to spark change.[72]

A tool which can support people to move towards readiness for change and begin addressing behaviour that they would like to change is called a decisional balance chart.[73] Holding conversations based on the chart's quadrants can be appropriate for sparking 'motivation to change' conversations with people who are ambivalent or resistant to change at first.[74]

|  | Pros | Cons |
|---|:---:|:---:|
| Of **continuing** my current behaviour | 1 | 2 |
| Of **changing** my behaviour | 3 | 4 |

The mechanism at work in this exercise is based on the observation that much of our behaviour is driven by unconscious cues.[75] Being supported to deliberate on the actual pros and cons of that behaviour can make it more likely that motivation to change develops.[76] It is important to note that this tool needs careful handling as encouraging people to contemplate the 'pros' of continuing as they are can reinforce current behaviour patterns.[77]

Health coaches at **Being Well Salford** are trained in motivational interviewing, which enables practitioners to help people identify personal solutions to their problems once a level of readiness for change is there. Motivational interviewing is a recognised technique whereby people literally 'talk themselves into change'.

> **TOOL:** Motivational Interviewing
>
> Quality assured courses train practitioners in this semi-structured approach on a regular basis.[79]

### Offer support when people are most receptive

The same offer made at different times can have different effects - life events and even different times of the day, week or year could be important factors. Studies have found, for example, that having surgery doubles the likelihood that someone will quit smoking.[80] Similarly, Ramadan has been found to be a particular timely moment to ask Muslims to join a smoking cessation programme: in Singapore over 18 times as many Malay Muslims joined the programme during Ramadan alone compared to all other months combined.[81] These represent 'teachable moments' where suggesting a change is more likely to translate into that change happening.

**Positively UK** recognise that people often feel urgent need for support directly after contact with their clinicians. They have negotiated integration with local HIV clinics so that their peer supporters are on hand as soon as people need them. People who are newly diagnosed receive appointments with peer support workers immediately after diagnosis, which can ease the process of coming to accept HIV-positive status and mean that self-management regimes are embraced more quickly.

Peer navigators based in clinic waiting rooms help signpost attendees at the clinic to community-based services (which can help with financial, housing, employment or other difficulties before they undermine health). The ongoing presence of navigators in clinics means that people can access support not just at the start of their journey of self-management, but also when things change; for example when new challenges arise, during a phase of unsuccessful self-management, a significant life event or lifestyle change.

**Being Well Salford** aim to get in touch with everyone who has been referred to them quickly (within ten days) in order to capitalise on the moment of motivation to make a change that triggered the referral. In their experience, the longer they wait, the less likely someone is to engage.

### Prompts

Many of the drivers of our existing habits are subconscious and this can make it hard to remember to do things differently, even when we want to.[82] 'If-then' plans (discussed in the Make it Easy section on page 10) are a tried and tested way of overcoming this cognitively and developing new routines. Another simple step could be to support people to embed prompts into their existing routines.[83]

**Inspiring Communities Together** do this via Tech and Tea sessions. At these sessions, volunteer wellbeing champions with an understanding of wellbeing and local support services work with older people to develop confidence with using technology. Alongside accessing self-management and local

support service information, people are encouraged to make use of reminder functions on their personal devices (e.g. phones or tablets). So far this has helped carers of people with Alzheimer's to keep track of health appointments and others to remember to take their medication as needed.

**Being Well Salford** health coaches have started sending text message reminders to the people they work with to help them remember when their coaching appointment is scheduled. They have found that this has increased rates of people who attend, a simple approach which is being used with increasing efficacy across health and care sectors.[84]

## Build in positive feedback loops

Traditional interactions between people and the health sector have tended to involve one-shot treatments and consultations which attempt to 'fix' a problem there and then. Behaviour change for the management of long-term conditions requires more sustained support and encouragement to continue with new routines on an ongoing basis.

Providing people with personalised feedback on their progress is a recognised way of nudging ongoing behaviour change.[85] **Penny Brohn UK** work with people to set goals when they have the time to consider them carefully during two-day self-management courses. But rather than leaving their work there, their helpline calls all attendees of the courses to supportively remind people of their goals and discuss their personal progress against them once they have returned to normal routines. They also continue to send follow-up support emails which remind people of, and reinforce the learning that people received during the original self-management education course. These have high support from people who attended the courses.[86]

We cannot know for certain from Penny Brohn UK's evaluation whether these activities directly relate to the positive self-management behaviours that attendees of their courses make afterwards. However, 69 per cent of attendees self-report feeling satisfied with their progress against healthy eating goals six weeks after attending a course (and two weeks after their helpline call). Sixty-seven per cent have experienced an improvement in relation to mind and emotions SMART goals and 66 per cent note improved sense of satisfaction with progress against their relationship goals.[87]

## Focus on transitions

Times of change tend to disrupt habits. Life events, such as moving home or bereavement can mean habits (e.g. walking through a nearby park or going to social events) are changed or lost.[88] Becoming a parent for the first time has been found to affect self-management behaviours as time and energy gets spent on the new baby, for example.[89]

But attention to transitions and life events can also provide opportunities to change behaviour in positive ways. Organisations that support people living with long-term conditions through transitions, such as from adolescent to adult services, can make it easier for people to establish healthy habits which persist.

In collaboration with the young people who use their service and charities such as the British Heart Foundation and the Sommerville Foundation, practitioners at **Great Ormond Street Hospital** have developed a tailored programme which helps young people with cardiac conditions prepare to transition to adult care. The great majority of young people and their carers who experience the programme (called 'Rhythmic Beats') report feeling more confident in self-managing their condition and are more knowledgeable about the support they can access via heart charities.[90]

Other promising initiatives to enable smooth transitions, such as the Ready Steady Go programme[91] which incorporates easy to use checklists have had mixed results. The programme has been associated with a more person-centred approach and well received by young people with long-term conditions but has demonstrated no significant impact on clinical outcomes.[92] This reinforces the need for continuing to innovate, test and refine applications of behavioural science to the promotion of self-management.

# Conclusion

There is growing interest in applying behavioural insights in simple, inexpensive ways to enhance health and wellbeing activities. This publication has identified many small but potentially effective opportunities to adapt and develop new programmes and practice.

The EAST framework - highlighting the power of making things Easy, Attractive, Social and Timely - is a user-friendly schema for thinking about how to increase the behaviour change which can result from programmes that promote self-management. We recommend that practitioners use this framework.

There is a need to test and extend our understanding of what may work in new contexts, before adapting and improving them further.[93] Evaluating robustly and learning from iterative improvements will mean we start to build evidence for what works in terms of enabling people and communities to take more active roles in their own health and care. Incremental improvements will cumulatively increase health programmes' value and impact on health outcomes, efficiency outcomes and other important personal outcomes, such as subjective satisfaction, self-efficacy and wellbeing.

# Annex: Research process

Researchers from BIT worked with practitioners at each site across five workshops and five days of participant observation to understand their approaches to enabling behaviour change for health and wellbeing. The sites worked closely with BIT to share the evidence base underlying their activities and to shape the content of this guide.

Additionally, researchers shadowed primary care practitioners across three GP surgeries to understand some of the context and pressures experienced by healthcare practitioners at present as they seek to provide person-centred care and connections to the community. We acknowledge that this research was exploratory and does not provide a comprehensive impression of all the settings in which person- and community-centred approaches can be experienced, although it reflects the setting in which the majority of community-based organisations interface with the health sector.[94] Researchers also shadowed an Impact Health Coaching[95] team which was used by one GP practice to understand how the two areas can interact.

Interviews were also held with 14 expert commissioners and strategic leads across NHS, local authority and third sector settings.

BIT researchers identified themes arising across the interviews, workshops and observations. Where a theme was mentioned more than once by different sites and/or interviewees, this was used to inform literature reviews. Researchers drew together evidence emerging from all these activities into this publication.

## Refining the recommended approaches

Drafts of the guide were shared in successive rounds of consultation with the five partner sites, their local networks of commissioners and strategic groups such as NHS England's Commissioning for Person-Centred Care group. Drafts were shared, discussed and iterated with practitioners and people who participate in the partner sites activities. Their feedback collectively shaped the publication.

# Endnotes

1.  Fisher, E. B., Fitzgibbon, M. L., Glasgow, R. E., Haire-Joshu, D., Hayman, L. L., Kaplan, R. M., Nanney, M.S. and Ockene, J. K. (2011) Behavior matters. 'American journal of preventive medicine.' 40(5), e15-e30.

2.  Realising the Value (2016) 'At the heart of health: Realising the value of people and communities.' London: Nesta. http://www.nesta.org. uk/publications/heart-health-realising-value-people-and-communities; Realising the Value (2015) 'How should we think about value in health and care?' London: Nesta. http://www.nesta.org.uk/publications/how-should-we-think-about-value-health-and-care

3.  National Voices (2014) Prioritising person-centred care: supporting self-management – summarising evidence from systematic reviews. http://www.nationalvoices.org.uk/sites/default/files/public/publications/supporting_self-management.pdf; Willard-Grace, R., Chen, E. H., Hessler, D., DeVore, D., Prado, C., Bodenheimer, T. and Thom, D. H. (2015) Health coaching by medical assistants to improve control of diabetes, hypertension, and hyperlipidemia in low-income patients: a randomized controlled trial. 'The Annals of Family Medicine.' 13(2), 130-138.

4.  Interviews with Dr Dimple Vyas, Dr Katie Coleman and Dr Karen Eastman conducted as part of the Realising the Value Programme; Kidd, L., Lawrence, M., Booth, J., Rowat, A. and Russell, S. (2015) Development and evaluation of a nurse-led, tailored stroke self-management intervention. 'BMC Health Services Research.' 15(1), 1.

5.  See the other resources in the Realising the Value Programme www.realisingthevalue.org.uk; de Silva, D. (2011) 'Helping people help themselves: A review of the evidence considering whether it is worthwhile to support self-management.' London: The Health Foundation. Horne, M., Khan, H. and Corrigan, P. (2013) 'People powered health: health for people, by people and with people.' London: Nesta.

6.  Greenhalgh, T., Robert, G., Bate, P., Kyriakidou, O., Macfarlane, F. and Peacock, R. (2004) How to spread good ideas. A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation.' London: NCCSDO.

7.  Mullainathan, S. and Shafir, E. (2013) 'Scarcity: Why having too little means so much.' Macmillan.; Gourville, J. T. and Soman, D. (2005) Overchoice and assortment type: When and why variety backfires. 'Marketing Science.' 24(3), 382-395.

8.  The Behavioural Insights Team 'EAST: Four simple ways to apply behavioural insights.' London: BIT. http://38r8om2xjhhl25mw24492dir. wpengine.netdna-cdn.com/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

9.  Kahneman, D. and Lovallo, D. (1993) Timid choices and bold forecasts: A cognitive perspective on risk taking. 'Management Science.' 39(1), 17-31.

10. Kahneman, D. (2011) 'Thinking, fast and slow.' Macmillan.

11. Samuelson, W. and Zeckhauser, R. (1988) Status quo bias in decision making. 'Journal of Risk and Uncertainty.' 1(1), 7-59.

12. The Behavioural Insights Team (2014) 'EAST: Four simple ways to apply behavioural insights.' London: BIT. http://www. behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

13. Cabinet Office and Insitute for Government (2010) 'MINDSPACE: Influencing behaviour through public policy.' http://www. instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf

14. http://www.nesta.org.uk/sites/default/files/making_the_change.pdf

15. Realising the Value (2016) 'At the heart of health: Realising the value of people and communities.' London: Nesta. http://www.nesta.org. uk/publications/heart-health-realising-value-people-and-communities

16. Greenhalgh, T., Robert, G., Bate, P., Kyriakidou, O., Macfarlane, F. and Peacock, R. (2004) 'How to spread good ideas. A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation.' London: NCCSDO; Norton, M. I., Mochon, D. and Ariely, D. (2011) 'The 'IKEA effect': When labor leads to love.' Harvard Business School Marketing Unit Working Paper, (11-091).

17. Haynes, L., Goldacre, B. and Torgerson, D. (2012) 'Test, learn, adapt: developing public policy with randomised controlled trials. London: Cabinet Office, Behavioural Insights Team. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62529/TLA-1906126.pdf

18. Marteau, T., Ogilvie, D., Roland, M., Suhrcke, M. and Kelly, M. (2011) Judging nudging: can nudging improve population health? 'BMJ.' 2011;342:d228

19. Marmot, M. (2010) Fair society, healthy lives. 'Inequalities in health: Concepts, measures, and ethics.' 282.

20. http://www.nesta.org.uk/project/realising-value

21. Realising the Value (2016) 'At the heart of health: Realising the value of people and communities.' London: Nesta. http://www.nesta.org. uk/publications/heart-health-realising-value-people-and-communities

22. Pawson, R. and Tilley, N. (1997) 'Realistic evaluation.' London: SAGE Publishing Limited.

23. Rogers, T., Milkman, K., John, L. and Norton, M. I. (2013) 'Making the best-laid plans better: how plan making increases follow-through.' Cambridge, MA: Harvard University. Working paper.

24. http://www.makingeverycontactcount.co.uk/

25. Marks, R. and Allegrante, J. P. (2005) A review and synthesis of research evidence for self-efficacy-enhancing interventions for reducing chronic disability: implications for health education practice (part II). 'Health promotion practice.' 6(2), 148-156.

26. NICE guidelines [PH38], Type 2 diabetes: prevention in people at high risk. https://www.nice.org.uk/guidance/ph38/chapter/1-Recommendations

27. Hinder, S. and Greenhalgh, T. (2012) This does my head in. Ethnographic study of self-management by people with diabetes. 'BMC Health Services Research.' 12(1), 1.

28. Ibid; Ho, A.Y.K., Berggren,I. and Dahlborg-Lyckhage, E. (2010) Diabetes empowerment related to Pender's Health Promotion Model: a meta-synthesis. 'Nursing and Health Sciences.' 2010;12:259–68; Gomersall, T., Madill, A. and Summers, L. (2011) A metasynthesis of the self-management of type 2 diabetes. 'Qualitative Health Research'; 21:853; Paterson, B.L., Thorne, S. and Dewis, M. (1998) Adapting to and managing diabetes. 'The Journal of Nursing Scholarship.' 30:57–62.

29. Coulter, A., Entwistle, V. A., Eccles, A., Ryan, S., Shepperd, S. and Perera, R. (2015) Personalised care planning for adults with chronic or long-term health conditions. 'Cochrane Database System Review.' 3.; Shilts, M. K., Horowitz, M. and Townsend, M. S. (2004) Goal setting as a strategy for dietary and physical activity behavior change: a review of the literature. 'American Journal of Health Promotion.' 19(2), 81-93.; Bodenheimer, T. and Handley, M. A. (2009) Goal-setting for behavior change in primary care: an exploration and status report. 'Patient education and counselling.' 76(2), 174-180.; The Health Foundation (2011) 'Helping People Help Themselves.' London: The Health Foundation. http://www.health.org.uk/publication/evidence-helping-people-help-themselves; Gollwitzer and Sheeran, http://cancercontrol.cancer.gov/brp/research/constructs/goal_intent_attain.pdf

30. Gobet, O. F., Lane, P., Croker, S., Cheng, P., Jones, G., Oliver, I. and Pine, J. (2001) Chunking mechanisms in human learning. 'TRENDS in Cognitive Sciences.' 5(6), 236-243; The Behavioural Insights Team (2014) 'EAST: Four simple ways to apply behavioural insights.' London: BIT. http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

31. Self-reported outcomes, https://www.beingwellsalford.com/report/ ; Locke, E. A. and Latham, G. P. (2002) Building a practically useful theory of goal setting and task motivation. 'American Psychologist.' 57, 705–717.; Bodenheimer, T. and Handley, M. (2009) Goal-setting for behavior change in primary care: an exploration and status report. 'Patient Education and Counselling.' 2009;76:174–80.

32. The Innovation Unit (2012) 'COPD Care Checklist: Putting data in the hands of patients to drive care quality and reduce hospital admissions.' London: The Innovation Unit. http://www.innovationunit.org/sites/default/files/COPD%20Care%20Checklist%20Report.pdf

33. As well as a checklist using clear explanations and illustrations, this particular example made use of some other mechanisms of behaviour change including personalising the checklists with the patient's own data and clearly indicating when their data suggested action was needed, using a traffic lights system. They also made the costs of the use of different public services more transparent and salient. It is difficult to say which of these components drove the success of this case study, but there is reason to think that they could all nudge behaviour.

34. Gollwitzer, P. M. (1999) Implementation intentions: Strong effects of simple plans. 'American Psychologist.' 54, 493-503.

35. Hagger, M. S and Luszczynska, A. (2014) Implementation intention and action planning interventions in health contexts: State of the research and proposals for the way forward. 'Applied Psychology: Health and Well Being.' 6(1), 1-47.

36. Adriaanse, M. A., Oettingen, G., Gollwitzer, P. M., Hennes, E. P., De Ridder, D. T. and De Wit, J. B. (2010) When planning is not enough: Fighting unhealthy snacking habits by mental contrasting with implementation intentions (MCII). 'European Journal of Social Psychology.' 40(7), 1277-1293.

37. Adriaanse, M. A., De Ridder, D. T. and Voorneman, I. (2013) Improving diabetes self-management by mental contrasting. 'Psychology & Health.' 28(1), 1-12.

38. Christiansen, S., Oettingen, G., Dahme, B. and Klinger, R. (2010) A short goal-pursuit intervention to improve physical capacity: A randomized clinical trial in chronic back pain patients. 'Pain.' 149(3), 444-452; Fritzsche, A., Schlier, B., Oettingen, G. and Lincoln, T. M. (2010) Mental Contrasting with Implementation Intentions Increases Goal-Attainment in Individuals with Mild to Moderate Depression. 'Cognitive Therapy and Research.' 1-8.

39. Zauberman, G., Kim, B. K., Malkoc, S. A. and Bettman, J. R. (2009) Discounting time and time discounting: Subjective time perception and intertemporal preferences. 'Journal of Marketing Research.' 46(4), 543-556.

40. O'Donoghue, T. and Rabin, M. (2002) 'Addiction and present-biased preferences.' Working Paper. Department of Economics, University of California, Berkeley.

41. For examples of this in action, developed by health insurance companies around the world see the World Economic Forum (2012) 'The Five Bad Habits of Healthcare: How New Thinking about Behaviour Could Reduce Health Spending.' Geneva: World Economic Forum. http://www3.weforum.org/docs/WEF_HE_FiveBadHabitsHealthcare_IndustryAgenda_2012.pdf For instance healthcare insurers, such as Discovery Health in South Africa, PruHealth in the United Kingdom, Humana in the US and Ping An in China, reward people enrolled in their schemes with discounts and other incentives when they buy healthy foods or exercise. Receiving an immediate rewards for healthy behaviours makes it more likely that they will sustain this behaviour than if people had to wait for future pay-offs.

42. The Behavioural Insights Team (2015) 'Update Report 2013-2015.' http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT_Update-Report-Final-2013-2015.pdf; Brown, J., Beard, E., Kotz, D., Michie, S. and West, R. (2014) Real world effectiveness of e cigarettes when used to aid smoking cessation: a cross sectional population study. 'Addiction.' 109(9), 1531-1540.; Caponnetto, P., Campagna, D., Cibella, F., Morjaria, J. B., Caruso, M., Russo, C. and Polosa, R. (2013) EffiCiency and Safety of an eLectronic cigAreTte (ECLAT) as tobacco cigarettes substitute: a prospective 12-month randomized control design study. 'PLOS ONE.' 8(6), e66317.

43. Ryan, R. M., Patrick, H., Deci, E. L. and Williams, G. C. (2008) Facilitating health behaviour change and its maintenance: Interventions based on self-determination theory. 'European Health Psychologist.' 10(1), 2-5

44. Milkman, K. L., Minson, J. A. and Volpp, K. G. (2013) Holding the Hunger Games hostage at the gym: An evaluation of temptation bundling. 'Management science.' 60(2), 283-299.

45. World Bank Development Report (2015) 'Mind, Society and Behaviour.' Washington DC: World Bank. http://www.worldbank.org/content/dam/Worldbank/Publications/WDR/WDR%202015/WDR-2015-Full-Report.pdf; The Behavioural Insights Team (2013) 'Applying behavioural insights to charitable giving.' London: Cabinet Office.

46. This is part of Salford Together which is a partnership working to integrate health and social care for older people in Salford http://www.salfordtogether.com/

47. https://communityreporter.net/story/tech-and-tea-2015

48. Mullainathan, S. and Shafir, E. (2013) 'Scarcity: Why having too little means so much.' Macmillan.

49. John, L. K., Gino, F., Foschini, L., Milkman, K. L. and Tuckfield, B. (2016) 'The Role of Incentive Salience in Habit Formation.' Boston MA: Harvard Business School. Working Paper 16-090

50. Royer, H., Stehr, M. F. and Sydnor, J. R. (2012) 'Incentives, commitments and habit formation in exercise: evidence from a field experiment with workers at a fortune-500 company (No. w18580).' Cambridge MA: National Bureau of Economic Research.

51. Marteau, T. M., Hollands, G. J. and Fletcher, P. C. (2012) Changing human behavior to prevent disease: the importance of targeting automatic processes. 'Science.' 337(6101), 1492-1495; Kahneman, D. (2011) 'Thinking, fast and slow.' Macmillan.

52. Christakis, N. A. and Fowler, J. H. (2010) Connected: the amazing power of social networks and how they shape our lives. London: HarperPress.

53. Robertson, S., White, A., Gough, B., Robinson, R., Seims, A., Raine, G. and Hanna, E. (2015) 'Promoting Mental Health and Wellbeing with Men and Boys: What Works?' Bedford: Movember Foundation.

54. SROI report for Salford Dadz, Year 1 evaluation.

55. Penny Brohn Cancer Care Service (2013) 'Evaluation of 'Living Well with the Impact of Cancer' Courses.' http://www.pennybrohn.org.uk/wp-content/uploads/2014/08/PBCC_Living_Well_Evaluation_Full_Report_2013f70b.pdf

56. https://www.youtube.com/watch?v=4iy_pDxc3gY

57. Cialdini, R. B. (1987) 'Influence.' (Vol. 3). A. Michel.

58. Reed, M.C., Wood, V., Harrington, R. and Paterson, J. (2012) Developing stroke rehabilitation and community services: a meta-synthesis of qualitative literature. 'Disability Rehabilitation.' 34:553–63.

59. Griffin, J. (2010) 'The lonely society?' London: Mental Health Foundation. https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf

60. National Voices and Nesta. 'Peer Support: What is it and does it work?' http://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf

61. Festinger L. (1957) 'A theory of cognitive dissonance.' Stanford (CA): Stanford University Press; Tedeschi J. (1981) 'Impression Management: Theory and Social Psychological Research.' New York NY: Academic Press; Darwent, K. L. and Kempenaar, L. E. (2014) A comparison of breastfeeding women's, peer supporters' and student midwives' breastfeeding knowledge and attitudes. 'Nurse education in practice.' 14(3), 319-325.

62. Fisher, E. B., Ayala, G. X., Ibarra, L., Cherrington, A. L., Elder, J. P., Tang, T. S. and Simmons, D. (2015) Contributions of peer support to health, health care, and prevention: papers from Peers for Progress. 'The Annals of Family Medicine.' 13(Suppl 1), S2-S8.

63. Jolliffe, R. et al.,(2016) 'Service Evaluation of the Wellness Package: A 12 month Longitudinal Retrospective.' Bristol: Penny Brohn UK. http://www.pennybrohn.org.uk/wp-content/uploads/2014/08/Penny-Brohn-UK-Wellness-Package-evaluation-2016.pdf

64. Rogers, T., Milkman, K. L. and Volpp, K. G. (2014) Commitment devices: using initiatives to change behavior. 'JAMA.' 311(20), 2065-2066; Perry, C., Chhatralia, K., Damesick, D., Hobden, S. and Volpe, L. (2015) 'Behavioural insights in health care.' London: The Health Foundation; Gutnick, D., Reims, K., Davis, C., Gainforth, H., Jay, M. and Cole, S. (2014) Brief action planning to facilitate behavior change and support patient self-management. 'JCOM.' 21(1), 18-29.; Bryan, G., Karlan, D. and Nelson, S. (2010) Commitment devices. 'Annual Review of Economics.' 2(1), 671-698.

65. Williams, B. R., Bezner, J., Chesbro, S. B. and Leavitt, R. (2005) The effect of a behavioral contract on adherence to a walking program in postmenopausal African American women. 'Topics in Geriatric Rehabilitation.' 21(4), 332-342.

66. Smokers offered participation in the study were 3.5 - 5.7 percentage points more likely to have quit 12 months later than a control group. Giné, X., Karlan, D. and Zinman, J. (2010) Put your money where your butt is: a commitment contract for smoking cessation. 'American Economic Journal: Applied Economics.' 213-235.

67. Meeker, D., Knight, T. K., Friedberg, M. W., Linder, J. A., Goldstein, N. J., Fox, C. R. and Doctor, J. N. (2014) Nudging guideline-concordant antibiotic prescribing: a randomized clinical trial. 'JAMA Internal Medicine.' 174(3), 425-431.

68. Prochaska, J. O. and DiClemente, C. C. (1982) Transtheoretical therapy: Toward a more integrative model of change. 'Psychotherapy: Theory, Research & Practice.' 19(3), 276.

69. Hibbard, J. H. and Gilburt, H. (2014) 'Supporting people to manage their health: an introduction to patient activation.' London: The King's Fund.

70. Noar, S.M., Benac, C.N., and Harris, M.S. (2007) Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. 'Psychological Bulletin.' 4, 673-693.

71. This was observed during fieldwork with three primary care practices as part of the Realising the Value programme

72. Rollnick, S., Heather, N. and Bell, A. (1992) Negotiating behaviour change in medical settings: the development of brief motivational interviewing. 'Journal of Mental Health.' 1(1), 25-37.

73. Miller, W. R. and Rollnick, S. (2002) 'Motivational Interviewing: preparing people for change.' (2nd ed.). New York NY: Guilford Press.

74. Miller, W. R. and Rollnick, S. (2009) Ten things that motivational interviewing is not. 'Behavioural and cognitive psychotherapy.' 37(02), 129-140.; Apodaca, T. R. and Longabaugh, R. (2009) Mechanisms of change in motivational interviewing: a review and preliminary evaluation of the evidence. 'Addiction.' 104(5), 705-715.

75. Marteau, T. M., Hollands, G. J. and Fletcher, P. C. (2012) Changing human behavior to prevent disease: the importance of targeting automatic processes. 'Science.' 337(6101), 1492-1495.

76. Janis, I. L. (1959) Decisional conflicts: a theoretical analysis. 'Journal of Conflict Resolution.' 3 (1): 6–27; Keane, C. (2013) 'Modeling behavior in complex public health systems: simulation and games for action and evaluation.' Springer Publishing Company.

77. Ibid. There is evidence of from meta-analyses of brief interventions for reducing alcohol consumption amongst university students which use Decisional Balance charts that these can have only a short-term or even the opposite of the intended effect - Gaume, J., McCambridge, J., Bertholet, N. and Daeppen, J. B. (2014) Mechanisms of action of brief alcohol interventions remain largely unknown-a narrative review. 'Front Psychiatry.' 5, 108.

78. Miller, W. R. and Rollnick, S. (2009) Ten things that motivational interviewing is not. 'Behavioural and Cognitive Psychotherapy.' 37(02), 129-140.

79. https://www.aquanw.nhs.uk/events/

80. Shi, Y. and Warner, D.O. (2010) Surgery as a teachable moment for smoking cessation. 'The Journal of the American Society of Anesthesiologists.' 2010; 112(1): 102–7.; Keenan, P.S. (2009)Smoking and weight change after new health diagnoses in older adults. 'Archives of Internal Medicine.' 2009; 169(3): 237–42.; Lee, S.M., Landry, J., Jones, P.M., Buhrmann, O. and Morley-Forster, P. (2015) Long-term quit rates after a perioperative smoking cessation randomized controlled trial. 'Anesthesia & Analgesia.' 2015; 120(3): 582–7.

81. Hallsworth, M., Halpern, D., Snijders, V., Burd, H., Presst., J., Judah, G. and Huf, S., (forthcoming 2016) 'Applying Behavioural Insights: Simple ways to improve health outcomes'. WISH Forum.

82. Duhigg, C. (2012) 'The power of habit.' Random House.

83. Grimshaw, J., Eccles, M., Thomas, R., MacLennan, G., Ramsay, C., Fraser, C. and Vale, L. (2006) Toward Evidence Based Quality Improvement. 'Journal of general internal medicine.' 21(S2), S14-S20.

84. Evidence from a similar exercise which was trialled: Hallsworth, M., Berry, D., Sanders, M., Sallis, A., King, D., Vlaev, I. and Darzi, A. (2015) Stating Appointment Costs in SMS Reminders Reduces Missed Hospital Appointments: Findings from Two Randomised Controlled Trials. 'PLOS ONE.' 10(9), e0137306.

85. Cabinet Office and Insitute for Government (2010) 'MINDSPACE: Influencing behaviour through public policy.' http://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf; Gaume, J., McCambridge, J., Bertholet, N. and Daeppen, J. B. (2014) Mechanisms of action of brief alcohol interventions remain largely unknown-a narrative review. 'Front Psychiatry.' 5, 108.

86. Ninety-five per cent of people who receive the emails say they came at a good time for them. Penny Brohn UK (2016) 'Service Evaluation of the Wellness Package: A 12 month Longitudinal Retrospective.' Bristol: Penny Brohn UK. http://www.pennybrohn.org.uk/wp-content/uploads/2014/08/Penny-Brohn-UK-Wellness-Package-evaluation-2016.pdf

87. Penny Brohn UK (2016) 'Service Evaluation of the Wellness Package: A 12 month Longitudinal Retrospective.' Bristol: Penny Brohn UK. http://www.pennybrohn.org.uk/wp-content/uploads/2014/08/Penny-Brohn-UK-Wellness-Package-evaluation-2016.pdf

88. The Behavioural Insights Team (2014) 'EAST: Four simple ways to apply behavioural insights.' London: BIT. http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

89. Thompson, S., Michaelson, J., Abdallah, S., Johnson, V., Morris, D., Riley, K. and Simms, A. (2011) 'Moments of change' as opportunities for influencing behaviour.' A report to the Department for Environment, Food and Rural Affairs. London: DEFRA, nef.

90. https://www.rcplondon.ac.uk/projects/outputs/your-story-nurse-led-cardiac-adolescent-and-transition-service

91. http://www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx

92. Nagra, A., McGinnity, P. M., Davis, N., Salmon, A. P., Connett, G., Harris, A. L. and Hooker, L. (2015) Implementing transition: ready steady go. 'Archives of Disease in Childhood - Education & Practice edition.' 100(6), 313-320; http://www.endocrine-abstracts.org/ea/0039/eposters/ea0039ep37_eposter.pdf

93. The Behavioural Insights Team (2013) 'Test, Learn, Adapt: Developing Public Policy with Randomised Controlled Trials.' London: BIT. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62529/TLA-1906126.pdf

94. Bull, D., Bagwell, S., Weston, A. and Joy, I. (2016) 'Untapped potential: Bringing the voluntary sector's strengths to health and care transformation.' London: The Richmond Group of Charities. https://richmondgroupofcharities.org.uk/sites/default/files/aw_ncp_report_-_untapped_potential_-_single_pages.pdf

95. http://www.horshamandmidsussexccg.nhs.uk/your-health/health-coaches/

## About Realising the Value

Realising the Value is a programme funded by NHS England to support the NHS Five Year Forward View. It is led by Nesta and the Health Foundation, working in partnership with Voluntary Voices (made up of National Voices, Regional Voices, NAVCA and Volunteering Matters), The Behavioural Insights Team, PPL and the Institute of Health and Society at Newcastle University. The programme seeks to enable the health and care system to support people to have the knowledge, skills and confidence to play an active role in managing their own health and to work with communities and their assets.

There are many good examples of how the health and care system is already doing this. For example, recognising the importance of people supporting their peers to stay as well as possible or coaching to help people set the health-related goals that are important to them.

Realising the Value is not about inventing new approaches, it's about strengthening the case for change, identifying evidence-based approaches that engage people in their own health and care, and developing tools to support implementation across the NHS and local communities. But putting people and communities genuinely in control of their health and care also requires a wider shift. The programme is therefore considering the behavioural, cultural and systemic change needed to achieve meaningful transformation.

**www.realisingthevalue.org.uk.**



Led by:



Funded by:



In partnership with: