Local Government Association

Health, adult social care and ageing

Changing behaviours in public health

To nudge or to shove?

Introduction

This briefing for councillors and officers explains how behavioural change interventions – or nudge theory as it is dubbed – can help local authorities fulfil their public health responsibilities.

Prevention, it is often said, is better than cure. If people didn't smoke, drank less, had better diets and exercised more, the burden of disease would be reduced. But what is the role of the state in persuading people to alter their lifestyles?

The traditional approach dictates that in cases where something causes serious harm, such as drug use, restricting choice or even an outright ban is appropriate. However, where it is less clear cut, the argument goes, the state should leave it to individual choice.

But this ignores the fact that there is a variety of ways in between that behaviour can be influenced from encouraging and incentivising people through to subtly guiding choice in a certain direction.

This can include enticing people to take up activities or using subliminal marketing. For example, stressing social norms can encourage people to change behaviour because they want to be alike. Alternatively it can involve making an environment less conducive to someone making an unhealthy choice. An example of this would be making salad a default option as a side instead of chips or placing clear signs to steps rather than escalators.

This is known as behavioural change and there has been growing interest in the issue among policy-makers across the world - and not just solely in terms of health. The choices people make can have a profound impact in a host of other areas from education to crime as well.

Much of the debate stems from the 2008 book 'Nudge: Improving Decision about Health, Wealth and Happiness,' which was written by US academics Richard Thaler and Cass Sunstein.

Their theory is that libertarianism and paternalism do not have to conflict and that the state can – and should – act as a guiding hand, "nudging" citizens in the right direction.

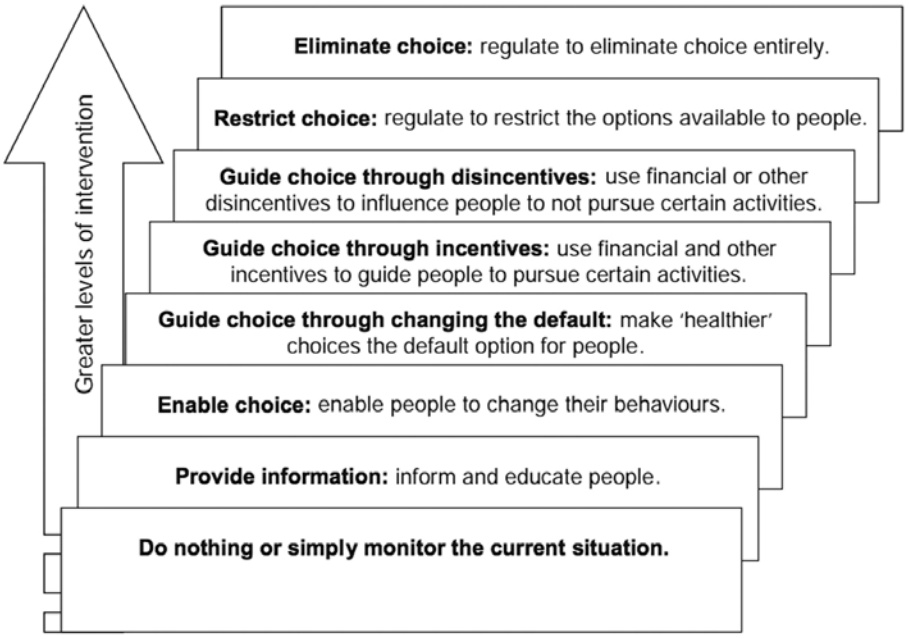
But the term nudge probably does not do justice to the full range of interventions that can influence behaviour.

The spectrum has been set by the Nuffield Council on Bioethics in its "ladder of intervention". *See page 3*

The fact there is such a wide range of approaches is reflected by the other terms that have started being used to describe interventions other than nudges.

Techniques like direct incentives, such as vouchers in return for healthy behaviour, are being labelled hugs, while the tougher measures that restrict choice, like restricting takeaways from schools, are shoves. Bans, such as the restriction on smoking in public places, are simply known as smacks.

Nuffield Council on Bioethics ladder of intervention



Examples of intervention techniques

Smacks
Eliminating choice – Banning goods or services such as the restriction on smoking in public places

Shoves
Financial disincentives – Taxation on cigarettes Restricting choice – Banning takeaways setting up close to schools

Nudges
Provision of information – Calorie counts on menus Changes to environment – Designing buildings with fewer lifts Changes to default – Making salad the default side option instead of chips Use of norms – Providing information about what others are doing

Financial incentives – Vouchers in exchange for healthy behaviour

Local government and public health

Responsibility for public health transferred from the NHS to local authorities in April 2013 under the wider shake-up of the health service.

It means upper tier and unitary authorities have become responsible for improving the health of their population.

This is backed by a ring-fenced public heath grant and a specialist public health team, led by the director of public health.

Each top tier and unitary authority has a health and wellbeing board (HWB) which has strategic influence over commissioning decisions across health, social care and public health.

Statutory board members include a locally elected councillor, a Healthwatch representative, a representative of a clinical commissioning group, a director of adult social care, a director of children's services and a director of public health.

HWB members from across local government and the health and care system work together to identify local needs, improve the health and wellbeing of their local population and reduce health inequalities.

The HWB is a key forum for encouraging commissioners from the NHS, councils and wider partners to work in a more joined up way. Central to achieving this is the HWB's responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

Local authorities will also have a statutory function to provide public health advice to clinical commissioning groups, while HWBs will have to monitor performance.

In terms of behavioural change, it could be said local authorities have two roles: taking a strategic lead for their area, such as setting policy and evaluating schemes, as well as playing a part in organising the interventions along with other partners from the private, public and voluntary sectors.

To help support them and other organisation interested in behavioural change, Public Health England has a behavioural insights team, which can lend advice and expertise.

Other organisations can offer help too, such as Sustrans which has a strong track record in using behavioural change to get people walking and cycling.

Policy context

The current government has made exploring the potential of behavioural change a priority. In fact, the coalition agreement itself made direct reference to the issue, stating that the government would be "harnessing the insights from behavioural economics and social psychology".

In July 2010 a Behavioural Insights Team – or "nudge unit" as it has become known – was set up within the Cabinet Office.

It was initially funded for two years, but the government was so impressed with the results it has since been given funding for another two years and its work has been exported to Australia. And now, to secure its future, it is in the process of becoming a mutual.

The unit has overseen a number of dedicated projects across the public sector. These have included a trial with HMRC which encourages people to pay tax by telling late payers most people in their town have already paid up. Another has involved getting the DVLA to ask people whether they wanted to be an organ donor when they apply for a new or replacement licence.

But the influence of the team stretches further than that – as there are signs it has seeped into individual departmental thinking. The Department of Health's public health white paper, Healthy Lives, Healthy People, published in November 2010, made it clear there needed to be a new approach that differentiated between the two extremes of "intrusive intervention" and being "completely hands-off". It then went on to highlight the Nuffield ladder of intervention.

But it is also clear that the government is not afraid to consider more draconian approaches as shown by the fact that consultations were carried out on plain packaging for cigarettes (a shove) and minimum pricing for alcohol (a smack). However, neither policy has subsequently been introduced.

Does it work?

It is clear nudging works. After all, visual prompts are regularly used by supermarkets and the food industry to encourage shoppers to buy their products.

But the question of how effective it can be in encouraging good behaviour is still emerging. The Institute of Government's 2010 report, Mindspace, which was commissioned by the government, said it could be a "powerful tool". However, it is fair to say research into the effectiveness of behavioural change in terms of public policy is still in its early days.

An internal review by the Behavioural Insights Team concluded it had identified specific interventions which would save at least £300m over the next five years. This included the pilot targeting late tax payers which increased payment rates by 15 per cent as well as a trial with the courts services which showed personalised text messages were six times more effective than final warning letters at prompting the payment of fines.

Success has been seen elsewhere in the world too. For example, donor registration jumped from 38 per cent to 60 per cent in the US state of Ilinois when drivers applying for new or replacement licences were asked if they wanted to go on the register.

Meanwhile, in Denmark policy makers have been so impressed with the results of schemes they have tried that a dedicated Nudging Network to coordinate efforts to influence behavioural change has been set up.

But with much of the evidence base compiled from small scale studies, some experts have questioned whether nudge can be used on a larger scale and if the improvements are sustained in the long-term.

Others have even suggested the approach could be ethically wrong as it could be argued behavioural change is a form of covert coercion.

Evidence presented to the House of Lords Science and Technology Committee also raised this issue. But its final report, published in 2011 after a year-long inquiry, concluded behavioural change techniques had a role to play. In particular, of local authorities, it said they were the "most qualified to assess the need for and implement interventions". It was also suggested that councils could play a key role in developing an evidence base for behavioural change by evaluating their local schemes. However, the committee also had a warning. It said nudging was only part of the solution as on its own it was "unlikely" to be successful. The solution, according to MPs, lay in combining it with other measures, some of them regulatory.

How can councils make use of nudging and shoving?

- Ensure the strategy and interventions meet local needs, identified through the JSNAs and other local data.
- Consider naming a strategic local authority lead – member or officer to address behavioural change.
- Ensure the content, scale and intensity of each intervention is proportionate.
- Ensure behaviour-change interventions aim to both initiate and maintain any change. They should also include strategies to address relapse and recognise that this is common.
- Base interventions on a proper assessment of the target group, where they are located and the behaviour which is to be changed.
- Ensure time and funds are allocated for independent evaluation of the short-, medium- and long-term outcomes of any behaviour-change service.
- Take account of – and resolve – problems that prevent people from changing their behaviour. For example, the costs involved in taking part in exercise programmes.
- Train staff to help people change their behaviour.
- Consider how interventions should be complemented by other measures, including regulation.
- Harness the power of the community - some areas have appointed champions among their local population.

Case studies

Reducing salt intake (Gateshead)

Fish and chips is one of the nation's favourite dishes. But thanks to work by Gateshead Council take-away shops across the country have started helping people reduce their salt intake.

Research carried out by the council in 2005 discovered customers often ate huge quantities of salt with their fish and chips. In fact, up to half their recommended daily allowance was being consumed in a single serving on some occasions.

Work by trading standards found many takeaways were using flour shakers instead of salt cellars. Some had as many as 17 holes.

So they asked a manufacturer to produce a salt shaker with five holes, which was distributed free of charge to takeaways across the area. The idea has subsequently been adopted by many other councils across the country, demonstrating how a low-cost nudge can have an impact.

Further information:
www.gateshead.gov.uk/Home.aspx

Reducing teenage pregnancy (Nationwide)

Teens and Toddlers is a UK charity which tackles teenage pregnancy in an unusual way – they get teenagers to mentor young children.

Young people taking part in the 20-week programme spend time supervising and playing with a toddler at nursery so they can see exactly what parenthood involves. Teenagers are also provided with a forum to discuss their experiences with each other.

The charity has worked with nearly 30 local authorities helping thousands of teenagers. Evaluation of its work in recent years shows that the pregnancy rate of those who participated in the programme was 2.7 per cent compared to a national average of close to 4 per cent. This is despite the fact that it works with higher-risk teenagers.

Further information:
www.teensandtoddlers.org/

Organ donation (DVLA)

Less than a third of people are signed up to be organ donors - despite research suggesting that nine in 10 would be happy to be one.

Some countries have adopted presumed consent, whereby people are automatically enrolled on the register unless they opt out.

But this is controversial. So with the help of the DVLA the NHS has been boosting numbers by making it compulsory for people to answer whether they want to be an organ donor when they renew or apply for new licences online.

By doing this it forces people to address the issue when too often they just put off making the decision even though many would choose to go on the register. Over half of those now agreeing to go on the donor register opt in via the DVLA process.

Further information:
http://tinyurl.com/q7dwpzv

Training staff (London)

The Triborough Public Health team, which covers the London boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea, is so convinced of the power of nudge that it has set up training workshops for officers, NHS professionals and CVS staff explaining how they can use it in their working lives.

Over the last three years, more than 200 people have taken part.

More recently, a session has been developed specifically for council officers, taking account of the new public health duties councils have responsibility for.

But the sessions – called Capturing Your Public Health Moments – One Step at a Time – have also made behavioural change a key element too.

Participants are taught about the Nuffield intervention ladder and nudge theory and are given a series of real-life and hypothetical challenges to solve.

Further information:
Steve Shaffelburg, Strategic Public Health Adviser, Westminster Council

email: sshaffelburg@westminster.gov.uk

Getting people walking (Reading)

Reading Borough Council wanted to get local residents active – so it set the people of Caversham the challenge of walking round the world twice. That's 50,000 miles in total.

They did it – in just three months during the summer of 2013 – winning £6,000 worth of books for local libraries and schools in the process.

The scheme, called Beat the Street, was run in partnership with Intelligent Health.

A network of walking sensors was placed around the town and residents were given fobs to clock the miles they were doing.

They were able to monitor how the town was doing via a dedicated website. Over 4,000 people took part – including 60per cent of the town's school children.

Further information:
http://caversham.beatthestreet.me

Want to know more?

Healthy Lives, Healthy People (Public health white paper November 2010)

http://tinyurl.com/nh5tcmc

Behaviour Change (House of Lords Science and Technology Committee report July 2011)

http://tinyurl.com/3r2ea7q

Mindspace: Influencing behaviour through public policy (Institute of Government report March 2010)

http://tinyurl.com/buug8kc

Applying Behavioural Insight to Health (Behavioural Insights Team report December 2010)

http://tinyurl.com/os3rvy6

Are Nudging and Shoving Good for Public Health? (Democracy Institute report published in September 2010)

http://tinyurl.com/pjj3k6s

When the public want change and politicians don't know it (Faculty of Public Health paper 2010)

http://tinyurl.com/367lkzb

Beyond Nudge (Birmingham University report)

http://tinyurl.com/qezsgpp

NICE guidance on behaviour change (2007 and 2013 draft update)

www.nice.org.uk/PH6

http://tinyurl.com/p28n76h

LGA public health resources including tackling drugs and alcohol, teenage pregnancy, and obesity: http://tinyurl.com/napyup6

www.local.gov.uk/health

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

L13-752