

## **Prevention and Lifestyle Behaviour Change** **A Competence Framework**

### **Introduction**

The NHS workforce is critical to delivering World Class Commissioning competence 10 (DH 2007a). If the challenge of delivering national, regional and local strategies to improve the health and wellbeing of communities is to be met, cultural, organisational and workforce change will be required.

The *Prevention and Lifestyle Behaviour Change* Competence Framework is essentially a commissioning led framework for workforce change. It describes the competences required by the workforce to enable them to develop their skills in addressing the health and wellbeing needs of the local population in areas such as:

- Long term conditions
- Smoking
- Falls prevention
- Alcohol abuse
- Obesity management
- Medicines management
- Physical health promotion in mental health

Commissioners will be able to recommend the levels of workforce delivery required to address local priorities, disease areas and health and wellbeing for communities. It enables providers to build on current best practice and be innovative and flexible about their workforce; identify how the workforce will become competent; source appropriate training and ensure the right workforce has the right skills in the right place.

Furthermore, the framework will support education commissioners to both quality assure current provision and identify any gaps. Education providers will be able to evaluate course provision to ensure it meets the needs of commissioned services.

The framework has been designed to be simple, flexible and add value to current good practice and methodologies, e.g. smoking cessation services and health trainer roles. It facilitates service planning in terms of workforce planning and development. This allows commissioners, service and education providers and individuals to bring together the required processes and systems to realise the whole workforce change that is needed, rather than focusing on just one particular part of the workforce.

Ultimately, the framework will ensure that every contact counts and will contribute to the creation of better health and a better health service for local people (NHS Yorkshire and the Humber, 2008).

## **Overview of the Framework**

The framework is split into **Generic** levels and competences and an **Intervention Based** level. The generic levels and competences are those required by the entire workforce to ensure that opportunities to introduce or bring about lifestyle behaviour changes are recognised and acted upon.

The level descriptors are cumulative and assume competence has been achieved at previous levels in the framework. They have been developed using the Procheska and DiClemente stages of change model (1983) to differentiate between the levels of practice. This reflects the underpinning philosophy of the framework that acknowledges the complexity of prevention and lifestyle behaviour change and the need to "start where the population/person is".

These competences are designed to assist commissioners and providers to identify the level of competence required to deliver services based on these approaches in response to the known prevention and lifestyle behaviour needs of the population.

The intervention based level signposts more specialist/advanced and behaviour specific approaches such as CBT, Solutions Focused Therapy, Motivational Interviewing etc. These approaches have their own competences or competence suites and associated level descriptors.

The framework draws mainly on existing competences developed by Skills for Health and other skills bodies. This has resulted in some repetition of performance criteria, knowledge and skills across the framework. New generic competences have been developed where gaps have been identified.

The competences identified in the framework are not intended to be exhaustive, but the framework does attempt to draw together and present the range of knowledge, skills and performance that is associated with prevention and lifestyle behaviour change.

**How to use this Framework**

<p style="text-align: center;"><b>Service Commissioners</b></p> <p>Support the development of essential partnerships with Human Resource and Organisational Development teams to ensure competences are embedded in workforce planning and development processes.</p> <p>Use in conjunction with up-to-date evidence on prevention and lifestyle behaviour and the effectiveness of interventions.</p> <p>Support the articulation of the type and level of prevention and behaviour change services and workforce needed to address the needs of your population.</p> <p>Utilise in current and new community and voluntary sector health development services and contracts.</p> <p>Utilise in current and new contracts with NHS providers including acute, community and mental health services.</p> <p>Utilise in primary care contracts.</p> <p>Utilise in performance management processes to assess effectiveness, quality and health outcomes of services.</p> <p>Support opportunities for service redesign.</p>	<p style="text-align: center;"><b>Education Commissioners</b></p> <p>Identify the education and training that needs to be purchased from partner HEIs/education providers through developing a shared understanding of workforce requirements including the end to end workforce planning process.</p> <p>Commission competence to deliver behaviour change education in undergraduate, postgraduate and professional development provision.</p> <p>Utilise as a performance management tool to assess if commissioned provision is fit for purpose.</p> <p>Source new provision and commission to address any gaps as required.</p> <p>Use in conjunction with the good practice guide <i>Commissioning training for behaviour change interventions: evidence and best practice in delivery</i> undertaken by NHS North West Public Health Teaching Network (Powell and Thurston 2009).</p>
<p style="text-align: center;"><b>Service Providers</b></p> <p>Build on best practice in current services, e.g. smoking cessation, weight management, occupational health services and health trainers etc.</p> <p>Strategic commitment to embed the framework in all services, widening frontline delivery of behaviour change to all staff whether clinical or non-clinical.</p> <p>Support the essential partnership with Human Resource teams and line managers to ensure competences are embedded in job descriptions and performance appraisals.</p> <p>Ensure the framework is used as a component of workforce planning and development processes and cycles.</p> <p>Utilise to analyse the learning and development needs of the workforce in relation to behaviour change.</p> <p>Link to good practice in Improved Access to Psychological Therapies Services and Mental Health Services.</p>	<p style="text-align: center;"><b>HEIs/Education Providers</b></p> <p>Develop a shared understanding of workforce requirements with partner health and social care organisations.</p> <p>Understand the workforce needs of employers and students.</p> <p>Design and redesign programmes and modules.</p> <p>Review the learning needs of students on other programmes by using the indicative learning content.</p> <p>Inform the development of any new courses.</p> <p>HEIs/Education providers should incorporate the guidance set out in the report <i>Commissioning training for behaviour change interventions: evidence and best practice in delivery</i> undertaken by NHS North West Public Health Teaching Network (Powell and Thurston 2009). In addition they should consider the National Institute for Health and Clinical Excellence (NICE 2007) recommendation that behavioural change training should focus upon key competences and skills rather than particular behaviour change theories or models.</p>
<p style="text-align: center;"><b>Individuals</b></p> <p>The framework can be used by the workforce as a tool for personal and professional development. For example, individuals can compare their current known levels of competence against the competences within the framework and highlight those that they need to develop.</p>	

## The Framework

### Generic Competences

The generic competences have been developed drawing on the Principles for Self Care (Skills for Care & Skills for Health 2008) (identified by the prefix **SCP**), and pre-existing competences developed by Skills for Health from the Public Health and Health and Social Care Framework/Suites (identified by the prefixes **PHP**, **HT**, and **HSC**).

Where existing competences were not readily transferable to the lifestyle behaviour change context, new competences have been developed by either adapting existing National Occupational Standard (NOS) competences or formulating new ones (identified by the prefix **PLBC** - **P**revention and **L**ifestyle **B**ehaviour **C**hange). Knowledge and understanding required for the new competences have been developed based on the report *Commissioning training for behaviour change interventions: evidence and best practice in delivery* undertaken by NHS North West Public Health Teaching Network (Powell and Thurston 2009). All the competences have been mapped against the KSF (DH 2004).

Level	Competence
<p><b>Level 1</b> The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to <b>introduce</b> the idea of lifestyle behaviour change and to <b>motivate</b> individuals to consider/think about making changes to their lifestyle behaviour(s).</p>	<b>SCP1:</b> Ensure individuals are able to make informed choices to manage their self care needs
	<b>SCP3:</b> Support and enable individuals to access appropriate information to manage their self care needs
	<b>HT2:</b> Communicate with individuals about promoting their health and wellbeing
	<b>PLBC1</b> Provide opportunistic brief advice
<p><b>Level 2</b> The worker is able to select and use brief lifestyle behaviour change techniques that help individuals <b>take action</b> about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.</p>	<b>HSC24:</b> Ensure your own actions, support the care, protection and well-being of individuals
	<b>PLBC2:</b> Select and implement appropriate brief lifestyle behaviour change techniques with individuals
	<b>HT3:</b> Enable individuals to change their behaviour to improve their own health and wellbeing
	<b>PLBC3:</b> Undertake brief interventions
<p><b>Level 3</b> The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they <b>change</b> their lifestyle behaviour(s) and facilitate individuals to <b>maintain these changes</b> over the longer term.</p>	<b>PHP41:</b> Enable people to address issues related to health and wellbeing
	<b>PLBC4:</b> Enable individuals to put their choices for optimising their lifestyle behaviours into action
	<b>PLBC5:</b> Enable individuals to maintain lifestyle behaviour changes

## **Intervention Based Competences**

This section of the framework acts as a signpost to existing and developing competences and competence suites for specialist/advanced and behaviour specific approaches to behaviour change e.g., smoking cessation. These would normally be practiced by workers who have undergone a relevant programme of training in this area.

### **Level 4**

The worker uses **specialist/advanced or lifestyle and behaviour specific** behaviour change approaches to support individuals. Workers at this level will also act as a resource for the support, training and education of others.

This level will also be applicable to those workers who may be **working at a strategic level** to commission, plan or implement prevention and/or lifestyle behaviour change services across a population.

Choice of approach/intervention will be guided by knowledge of the factors that affect health and wellbeing; individual determinants (e.g. behaviour and lifestyle) and the wider determinants of health (e.g. poverty, unemployment, etc.).

**Specialist/Advanced Approaches** would include:

- ❑ **CBT**
- ❑ **Counselling**
- ❑ **Solutions Focused Therapy**
- ❑ **Motivational Interviewing**

The Department of Health (2007b) have developed the CBT competences framework for depression and anxiety disorders and Skills for Health have developed the Psychological Therapies Competence suit that would be applicable to such approaches.

**Behaviour Specific Approaches** would include:

- ❑ Smoking Cessation
- ❑ Alcohol
- ❑ Weight management

Competences relating to these approaches are available on the Skills for Health Website, for example Drugs & Alcohol (DANOS). This contains 48 competences and references 81 competences which originate in other frameworks.

## **Strategic Competences**

The King's Fund (2008) identified that to make the shift to a Public Health focused NHS, commissioners and service providers need to develop skills in:

- data analytics – including use of geo-demographics
- social marketing
- designing lifestyle behaviour change interventions for target populations
- evaluating the impact of behaviour change interventions

Relevant competences include:

- ❑ **World Class Commissioning:** WCC (DH 2007a) sets out the core organisational competencies for commissioning organisations.
- ❑ **Social Marketing:** This is a strategic approach to developing and delivering programmes of activities for behaviour change across a defined population. A suite of National

## **NHS Yorkshire & the Humber & Sheffield Hallam University**

Occupational Standards for Social Marketing has been developed by the Marketing and Sales Standards Setting Body (MSSSB 2009).

### **References**

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