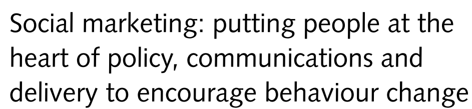
Department of Health

Ambitions for health

A strategic framework for maximising the potential of social marketing and health-related behaviour



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Contents

Foreword by the Minister of State for Public Health 2

The social marketing strategic framework 4
Responding to the health challenge 5
A new social movement for health 6

Introducing the framework 8
Listening is the bedrock 10
Engaging everyone in promoting health 10
A global first 10

Strategic framework programmes 12
Health capacity 14
Health insight 23
Health innovations 36
Health partnerships 44

Action plan 57

Foreword by the Minister of State for Public Health

In today's fast-moving, information-hungry society, people want and expect convenience, choice and personalised advice in all areas of their lives. People want their health, education and social services to help them to lead healthy lives. These services need to deliver world-class care and treatment, early intervention when problems arise, and protection from health threats.

This strategic framework sets out how we plan to make sure that our policy development and all of our public health interventions are informed by our understanding of what motivates people. This will mean that we can build on our successes and ensure that we become a world leader in promoting health.

People's choices – and how they lead their lives – play a crucial part in how healthy they are. The good news is that most people are now wealthier, healthier, better educated and living longer, and they expect to remain active for longer.

Such changes represent a huge step forward, but there are still too many people across the country who do not enjoy the good health experienced by the majority and these health inequalities are unacceptable. In some areas (and among some groups) the health gap between the better off and less well-off is not closing. Huge health challenges are posed by issues like obesity, drug and alcohol misuse, smoking, sexual health and teenage pregnancy, and poor mental health. Our task is to ensure that we use the evidence and our understanding about people to design and deliver interventions that help as many individuals as possible.

Tackling today's threats to health means examining how we live. We must be sensitive to people's needs and work with them to make the changes that they can and want to make. People's behaviour is influenced by a wide range of factors – some of which they have control over, and some of which they don't.

Future interventions will help people to manage their own health challenges, and to enjoy the rewards of better health. We will listen to what people say when developing these interventions, and will put more effort into providing them with direct practical support. We will also make it easier for partners from the private and third sectors (such as non-governmental organisations (NGOs) and

voluntary organisations) to make a greater contribution to working with us.

We will make it as easy as possible for more people to adopt healthier behaviour and, where appropriate, we will focus on small but realistic and achievable steps towards healthier lives. People need to feel that they can start to make a difference and that better health is something they can aspire to achieve.

We will take a 'whole person' approach: rather than running multiple separate campaigns, for example, we want to join up support and advice about sexual health, alcohol misuse and safety. This strategic framework sets out how we will test out where and when this approach is appropriate – and how it can work in practice.

By working with a broad range of partners, our efforts to make England healthier will gain momentum, and we will be able to build a nationwide social movement for health.

Social marketing is not just the latest fad – it underpins our efforts to ensure that the consumer is always at the heart of policy-making and service delivery. This framework illustrates our long-term commitment to a new way of working and to adopting a systematic approach to the promotion of public health. It will ensure we have a meaningful impact on reducing health inequalities and reducing the burden of lifestyle diseases on society. I commend it to everyone leading and delivering health-related behavioural interventions across the commercial and public sectors, as well as to those whose activities have an impact – either positive or negative – on people's health.

Dawn Primarolo
Minister of State for Public Health

The social marketing strategic framework

Health Challenge England – Next Steps for Choosing Health **(a progress report published by DH in October 2006) set out seven key principles that will guide our approach to improving health and that have fed into this new strategic framework:**

Providing strong leadership across government and joining up policy development

Developing a stronger focus on understanding people

Forging new partnerships with industry, the voluntary sector and communities

Personalising support

Providing protection where needed

Focusing on key priorities for delivery and quantifying the benefits of change

Ensuring that system reform is aligned to improve health and tackle health inequalities

We commissioned a series of regional roadshows to give key stakeholders an opportunity to discuss how to deliver these seven principles. Workshops were held for between 50 and 80 key decision makers from strategic health authorities (SHAs), primary care trusts (PCTs), local businesses, local authorities, academies and the third sector (e.g. voluntary groups). Their feedback (particularly on partnership working) has been fed into this new strategic framework.

Responding to the health challenge

Choosing Health led to *It's Our Health!* (an independent review published by the National Consumer Council (NCC) in June 2006), which set out the Government's commitment to social marketing and examined the potential of social marketing to help improve the impact of health promotion interventions. For more information about social marketing, take a look at the accompanying booklet *What is social marketing?*.

It's Our Health! confirmed there was growing evidence that social marketing can help more people to lead healthier lives. It also highlighted gaps in capacity and skills in social marketing; provided a range of practical recommendations on how the Government could build capacity, integrating social marketing into policy and practice; and illustrated where good practice could be built into future learning.

This new strategic framework constitutes the Government's response to *It's Our Health!*, and sets out how we will use social marketing and other behavioural change activities to put the consumer at the heart of health improvement and delivery.

This framework is also closely aligned to the recommendations arising from *Our Health, Our Care, Our Say: A new direction for community services* (the White Paper published by DH in January 2006), which recommended a radical and sustained shift in how services are delivered. The emphasis was on ensuring that services are more personalised and that they fit into people's busy lives. The White Paper underlined the need to give people a stronger voice so that they become the major drivers of service improvement.

This framework provides us with an opportunity to update readers on where we are with our social marketing work, and to set out our programme of actions to embed social marketing approaches in public health.

Counting the cost

Securing Good Health for the Whole Population (written by Sir Derek Wanless and published by HM Treasury in February 2004) set out a challenge to move towards a 'fully engaged scenario' in which most people were taking active steps to improve their own health. The document made it clear that increases in NHS funding would be cancelled out by increasing numbers of people with chronic diseases and largely preventable ill health unless we can reach this position. The potential cost of inaction was said in the review to run to a staggering £187 billion.

A new social movement for health

DH (or even the whole of government) cannot change people's behaviour without the support of individuals themselves, or active help from the commercial and third sectors. But the Government can encourage, enable and create the conditions to build a social movement for health.

Social movements for health have existed in the past and spring from a widely held perception that something is wrong and that something must be done.

Social movements take off when issues are serious and touch everyone's lives: we now face such a situation in this country.

Although we are a comparatively healthy country in relation to many European nations, we face a continued challenge in terms of obesity, drug and alcohol misuse, smoking, sexual health and teenage pregnancy, and poor mental health. But we will work to create a network of health champions who can ensure that we put in place consumer-focused measures to prevent ill health over the long term.

What people think about their health

While the Government does have a role to play in improving the health of the nation, it cannot achieve this in isolation and does not have all the answers. We can help to set the scene for improved health, and can support community efforts – but people are ultimately responsible for improvements to their health. And many of them acknowledge this.

It is evident from the surveys that people are ambitious for their own health and for the health of their family. We share those ambitions for health.

89% of people agree that individuals are responsible for their own health (King's Fund, 2004)

93% of parents agree that they are more responsible than anyone else for their children's health (King's Fund, 2004)

83% of people want to take more responsibility for maintaining their own health (BUPA and TNS, 2005)

89% of people claim that healthy eating is important to them (*Consumer Attitudes to Food Standards*, published by the Food Standards Agency in February 2007)

88% of people believe that parents should be strict with children and make them eat healthily (*Consumer Attitudes to Food Standards*, published by the Food Standards Agency in February 2007)

79% of people say that parents themselves have a great deal of responsibility for the current problems with children's diets (Ofcom and GfK NOP, 2005)

What people think about the Government's role in improving health

33% of people believe that the Government has an important role to play in promoting health (Ofcom and NOP, 2005)

86% of people say that the Government should intervene to prevent illness by providing information and advice (King's Fund, 2004)

37% of people do not trust government advice and 20% completely ignore it (GfK NOP, 2005)

33% of people believe that the Government has an important role to play in promoting health (Ofcom and NOP, 2005)

Introducing the framework

This strategic framework is part of a long-term programme of action at the national, regional and local level designed to improve health and reduce health inequalities. This new strategic direction also forms part of the Government's 'Engage' strategy, which is designed to put people and their needs at the centre of all policy development and related service delivery.

The primary aim of social marketing is to achieve a particular social good (such as reducing childhood obesity) rather than a commercial benefit. It is a systematic process that uses a range of marketing concepts and techniques to address short-, medium- and long-term issues with clearly identified and targeted behavioural goals.

Consumer orientation

Behaviour and behavioural goals

'Intervention mix' and 'marketing mix'

Audience segmentation

'Exchange'

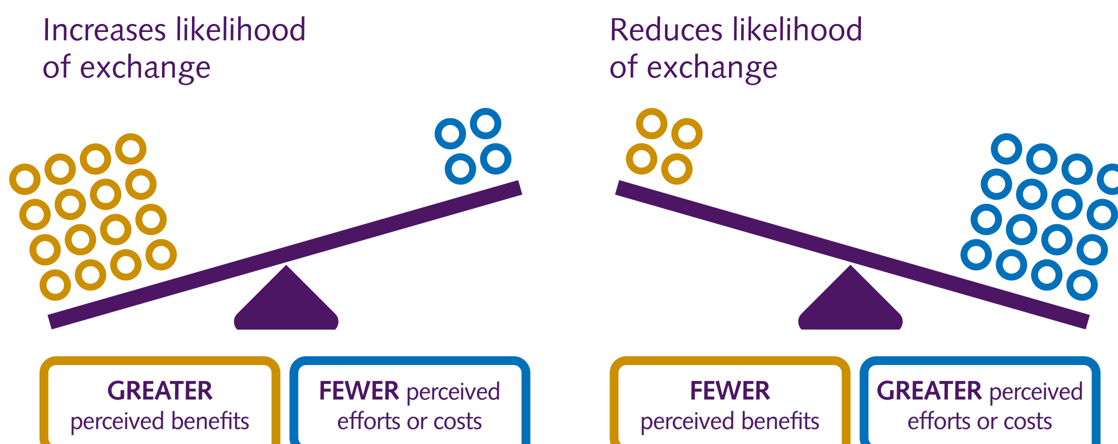
'Competition'

Social marketing concepts

The following six features and concepts underpin social marketing:

- **Consumer orientation:** gaining deep insight and understanding about the consumer, their knowledge, attitudes and beliefs, and the social context in which they live and work.
- **Behaviour and behavioural goals:** understanding existing behaviour and key influences on it in order to enable the development of clear behavioural goals. These goals should be divided into actionable and measurable steps or stages, phased over time.
- **'Intervention mix' and 'marketing mix':** using a range of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level, this is commonly referred to as the 'intervention mix': when used operationally it is described as the 'marketing mix' or 'social marketing mix'.
- **Audience segmentation:** making use of audience segmentation in order to target effectively.
- **'Exchange':** using and applying the exchange concept (what people must give up or pay in order to receive the benefit). Understanding the real cost to the customer will enable a more effective exchange, whereby the potential benefit can be optimised and the 'cost' to the customer minimised.
- **'Competition':** understanding all the factors that compete for people's attention and willingness to adopt a desired behaviour (e.g. the influence of other people or organisations, or the internal drivers of pleasure, habit or addiction).

Figure 1: The 'Exchange' concept



Listening is the bedrock

Social marketing is not a panacea. It is rooted in a deep understanding of what people think and how they act, and can be a powerful tool for bringing about behavioural change. While many of our health promotion efforts have already drawn on some marketing approaches, the systematic application of social marketing is still relatively new in England.

In order to encourage people to change their behaviour, we need more of an insight into what moves and motivates them, and into what will help them to make changes. We will build on our strong epidemiological and demographic information systems to develop our understanding of why people behave in ways that lead to poor health outcomes, and of what will help people to adopt positive health behaviours.

Engaging everyone in promoting health

The 2012 Olympic Games – together with the public's increasing desire for healthier lifestyles, and better health products and services – offer tremendous opportunities to promote healthy behaviours. We will encourage everyone to make changes to improve their own and their family's health.

By establishing meaningful partnerships, we will also make it easier for private sector companies, social enterprises and charities to play their part. We will support local communities, local government and the NHS to put more emphasis on prevention and positive health promotion.

We will develop a comprehensive system to track and evaluate all of our future health promotion programmes, and will put in place systems to record any new information gleaned. This can then be shared widely so that we can continue to develop insight into our knowledge of our target audiences.

A global first

The Government's approach to the strategic integration of social marketing has already won national and international recognition. While this work is still at a relatively early stage in the UK, there are indications that it is already beginning to improve the effectiveness of a range of national and local interventions.

This framework sets out how we will use our understanding of what motivates people to inform our policy development, and all of our public health interventions, in order to build on our successes and ensure that we become a world leader in promoting health.

> To talk about integrating social marketing into policy development is one thing, but in the UK you've actually started to do it. To see both the Department of Health and the Department for Environment, Food and Rural Affairs in England leading the debate is marvellous. It offers hope that we will see real impacts on some of the most significant behavioural challenges we face.

Professor Ed Maibach, Director of the Center of Excellence in Climate Change Communication Research, George Mason University, Virginia, USA

Strategic framework programmes

This strategic framework sets out how DH will embed social marketing approaches in health improvement programmes and policy development.

Based on consumer insight, our aim is to embed social marketing principles in all health improvement interventions. This will:

- empower people to build healthy lives for themselves and their families;
- ensure that those individuals who are currently in good health continue to maintain their healthy behaviours; and
- encourage change in those whose behaviour is harmful to their health.

We have put in place four programmes of action to achieve our aim:

Health capacity: the goal of this programme will be to work with public health professionals (such as those working in the NHS, at DH, in local authorities and in other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions. The programme will principally be delivered via the National Social Marketing Centre (NSMC) and will include a series of conferences and seminars, a range of resource materials, and work with the academic sector.

Health insight: the goal of this programme will be to use public health consumer insight to inform local and national health improvement activities. Our Healthy Foundations Life-Stage segmentation model is an innovative piece of work that provides a three-dimensional analysis of people's behaviour. It should enable us to develop better targeted interventions to address those who are most at risk of adopting unhealthy behaviours. It will be supported by a set of practical tools and products.

Health innovations: the goal of this programme will be to put social marketing principles into action in local, regional and national settings and to create a central resource for sharing knowledge on effective behavioural interventions across local, regional and national settings. To explore how the segmentation model can be applied in practice, we will commission a number of new behavioural interventions to explore the links between high-risk behaviours, and to look at how to reduce their impact on health inequalities. This will build on pioneering working already under way in the North East, Yorkshire and the Humber, the North West and London.

Health partnerships: the goal of this programme will be to establish effective local and national partnerships with the private and third sectors to promote good health. This will include allocating £1 million per annum in funding, which will be made available to support delivery on the ground. We will ensure that health interventions are fully integrated nationally and locally.

Health capacity

Goal: the goal of this programme will be to work with public health professionals (such as those working in the NHS, at DH, in local authorities and in other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions.

Our aim is to equip people in the NHS, local authority and other public sectors with the skills and knowledge to use social marketing in everyday work, and to embed social marketing in to people's consciousness. To achieve this we recognise that we must provide the necessary programme of support and training.

The National Social Marketing Centre (NSMC) is a strategic partnership between the Department of Health and the National Consumer Council. This partnership is based on a three-year Grant Agreement from April 2007 to March 2010.

The NSMC was established to assist the Department of Health to deliver its national health improvement social marketing strategy and to deliver a work programme focused on building capacity and skills in social marketing.

Its priority audiences include:

- Department of Health staff working on national strategies, programmes and campaigns (including policy, programme, communications and research).
- NHS staff involved in commissioning and developing health and well-being strategies, programmes and campaigns, including relevant staff within Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs).

The key aims of the NSMC are to:

- support those leading and developing national and local health improvement programmes;
- capture learning and spread good practice; and
- provide hands-on support for local delivery using social marketing principles.

Training and support

The NSMC's priority is support and training for staff in PCTs, SHAs, local authorities and the third sector, but they will also develop 'masterclasses' for chief executives, directors and non-executive directors in PCTs and NHS trusts. The NSMC also works with professional marketing bodies and training institutions to ensure that social marketing is incorporated into both undergraduate and postgraduate coursework material.

The Department of Health is working, via the NSMC at the National Consumer Council, to establish a network of regional support and development managers based in each of England's public health regions. This infrastructure will support the implementation and adoption of social marketing as a tool for effective public health behaviour change at a local level.

Workshops, conferences and forums

Since April 2007, the NSMC has provided training for over 5,000 public health professionals. Its 28 one-day 'What is social marketing?' workshops, aimed at PCT staff, covered the principles of social marketing and gave attendees the opportunity to start putting together a social marketing plan that would be relevant to their current work.

The NSMC has presented at more than 60 conferences and events across the country, including the Faculty of Public Health Annual Conference, the UK Public Health Association Conference, the Cheshire Smoke-free Conference and the World Health

Organization Rennes Healthy Cities Conference.

Following the completion of national obesity insight research, the NSMC is in the process of developing resources and workshops for the Obesity National Support Team. We have produced a short guide for managers to help them to understand how the national insight work can be applied or adapted to guide the development and commissioning of local social marketing interventions to reduce childhood obesity. A practical step-by-step guide to developing and implementing a social marketing intervention is also being developed for field practitioners.

These resources are all part of a training programme that includes a series of regional seminars and training workshops (which began in April 2008). The programme will show practitioners how to combine marketing know-how with a systematic approach to planning, managing and commissioning effective interventions.

The centre also runs Advanced Practitioner Development workshops for those who have 'social marketing' in their job title or job description (the first was held in December 2007).

In collaboration with trainers from the Tobacco Control National Support Team (TCNST), the NSMC recently delivered a one-day workshop for TCNST staff. The sessions covered case examples and exercises related to smoking. Another seven were run for different regions across the country between October 2007 and January 2008. In addition, a one-day 'Train the Trainer' course for delivery managers of the TCNST was held in September 2007.

> Public health thinks it understands what makes people tick, but clearly we don't. We need to develop the workforce to have greater understanding of the concept of social marketing – with limited resources, we need to make our spending count. Looking into social marketing, we quickly realised that there were practical things that we could learn that could really improve what we do.

Dr Diana Forrest,
Director of Public Health
Knowsley PCT

In September 2006 the NSMC managed the inaugural National Social Marketing Conference, which was attended by DH staff and staff from PCTs. Delegates were asked what help they wanted to enable them to apply social marketing principles to their everyday work, and their views have informed the current programme.

A second conference followed in 2007, which was attended by 242 delegates drawn from a wide range of professional disciplines – from professional marketers through to public health consultants. A symposium of international experts was held immediately afterwards to discuss the future of social marketing. Plans are under way for the first ever international conference, the World Social Marketing Conference, in Brighton in autumn 2008.

Every year the NSMC runs three knowledge-sharing forums to share international best practice; speakers from the UK and abroad discuss a variety of social marketing topics.

Tools and resources

In autumn 2008 the NSMC plans to publish a range of practical resources and tools for national and local practitioners and commissioners to use when applying social marketing principles. These include a social marketing planning guide, a compendium of case studies.

In addition, the NSMC publishes a quarterly e-bulletin. It is currently distributed quarterly to over 2,000 subscribers, but this number is increasing each month.

Towards the end of 2008 the NSMC plans to establish a national learning archive, which will act as a central repository of consumer insight research generated by government programmes and the academic, commercial and NGO sectors. We will encourage local community groups to contribute to the archive, and will make available examples of good practice, lessons learned, campaign material, tools and guides. The archive will enable people to search for material relating to specific geographical areas or topics.

Building an evidence base

The NSMC is committed to developing a robust evidence base for social marketing, and has set up ten learning demonstration sites, based in local PCTs and local authorities. A NSMC associate supports each learning demonstration site, and each site follows the systematic process which is key to good social marketing practice. In-depth training on the social marketing process and marketing techniques is provided for all PCT/LA staff involved in the learning demonstration sites.

As part of the initiative, the NSMC has provided guidance to ensure that clear behavioural goals are set at the start, that any relevant stakeholders have been engaged, and that there is a genuine understanding of the target audience.

All PCT/LA staff involved in the learning demonstration sites have access to a

dedicated area on the NSMC website where they can share reports, download resources, and discuss issues. Communication between the sites is supported by a monthly newsletter that lists any recent developments, new resources and upcoming events.

For eight of the sites, the scoping work, pre-testing and intervention development and refinement was completed in spring 2008. The actual interventions are ready to be piloted during summer/autumn 2008. The NSMC is commissioning an independent institution to do a through outcome (including a cost-effectiveness analysis) and process evaluation.

Academic work

Integrating social marketing into the academic sector will help build long-term capacity and capability. In March 2007, the NSMC established a National Academic Advisory Group to help build social marketing knowledge and skills in the UK academic sector, and to enhance its teaching, training and research capacity.

The Group will also encourage knowledge sharing by putting academics from the business, social and medical disciplines in touch with each other. More ideas will be generated, and joint research bids will be developed between academic centres.

Systematic planning, implementation and learning

As part of the 'Health capacity' programme, the NSMC will develop clear planning standards and budget allocation procedures. No new national programmes will be launched without first having gone through a thorough scoping phase and programme development phase. All new programmes will be required to produce a scoping report, development plan and evaluation report that will be available in the public domain (via the National Learning Archive). These will inform national and international learning about what works and what does not, and decisions to invest in new national programmes will be based on their findings and recommendations.

Local practitioners will be encouraged to adopt similar rigorous processes for programme development and learning.

Celebrating success

The 'Health capacity' programme will emphasise celebrating success by introducing a national system of awards to recognise contributions from commercial organisations, the third sector and social enterprises. We will also recognise contributions by community groups, the NHS, local government and individuals.

Listening not lecturing: How North Tyneside PCT is tackling the public use of alcohol by young people

In 2007 North Tyneside PCT began laying the foundations for an initiative aimed at decreasing kerbside drinking among young people in the area. The initiative followed a process that adheres to the principles of social marketing.

"We knew we wanted to use the social marketing approach, because it puts the consumer right at the centre of the issue," says Jan Southern, a Public Health Specialist with the PCT. "Social marketing also helps to counter the common tendency to reach for a solution too early in the process."

Existing data

An initial review of the data pointed to several possible reasons for young people's continued presence in public spaces:

- a lack of private space of their own;
- a desire for spatial autonomy from adults;
- family breakdown;
- a lack of leisure opportunities; and
- unemployment.

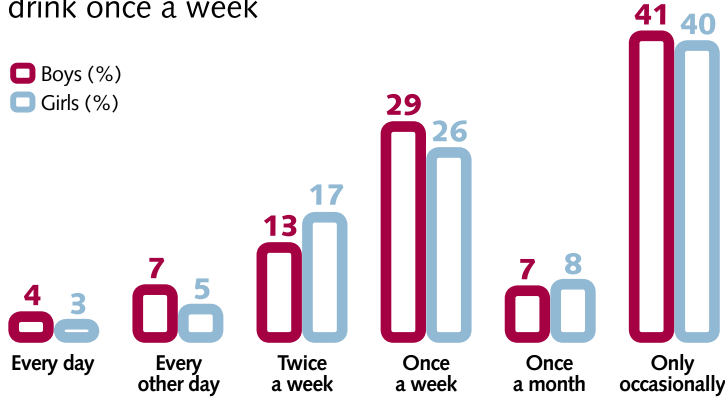
There was little evidence that school-based, or large-scale education or promotional campaigns had any effect on young people when used as the main means of countering alcohol misuse. Drinking was seen by many to be their main or only leisure option, and was also considered to be a safe alternative to drugs. On the downside, however, the concerns of young drinkers included crime and anti-social behaviour, fights, involvement with the police, vulnerability and the danger of unprotected sex.

On the advice of the alcohol steering group, the PCT carried out an initial audience segmentation (by geographic, demographic or psychographic, and behavioural factors).

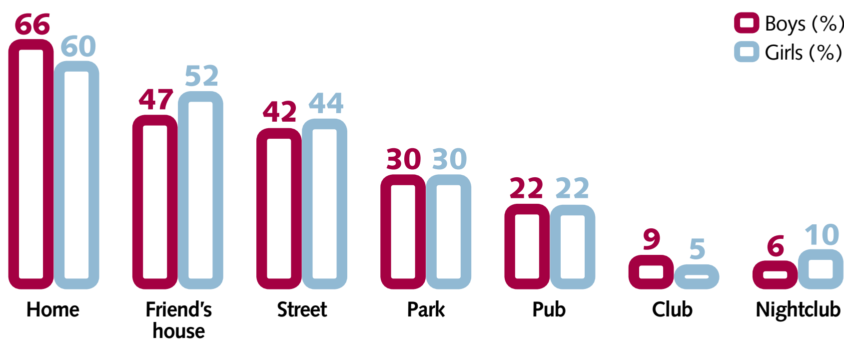
"We needed to determine the main geographical focus, age band and gender [of the problem group]," Jan explains. "We already knew that more girls than boys drank alcohol locally; that the majority drank at home, at a friend's house or in the street; that alcohol was obtained from corner shops and parents; and that young people were receiving inaccurate messages regarding the consequences of drinking alcohol. There was a general perception that young people are able to access alcohol quite freely, particularly in designated 'neighbourhood renewal areas'. We reached the initial conclusion that girls aged 11 to 15 might be our key priority."

Figure 2: Background and problem description

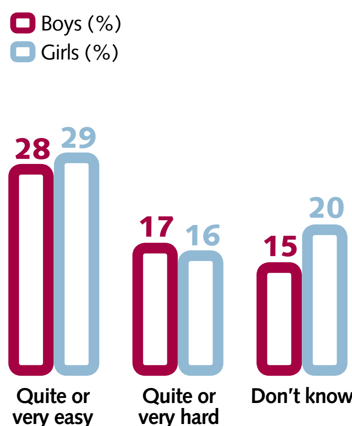
A large proportion of underage teens drink once a week



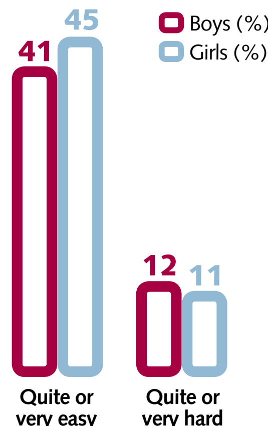
Many of them drink unsupervised on streets rather than indoors



How easy or hard it is for young people to buy alcohol



How easy or hard it is for young people to get others to buy their alcohol



Gaining insight

To gain the insight crucial to any social marketing exercise, focus groups were set up with young people, their parents and key workers. There were also one-to-one interviews with parents and local authority staff.

"Rather than inventing something brand new, we decided to use existing services and structures to gain access to the young people and their parents," says Jan. "The police operated a service that returned young drinkers to their homes, and we were able to tap into that. Importantly, we also worked with the local youth offending team and a local youth service called The Base, which is run by Barnardo's. All of this meant we got much better access to the young people and their families than we would have done had we tried to do it alone.

Figure 3: Analysis framework 2 – alcohol use

The consequences of drinking for young people and their families were felt across a number of domains:

Nearly all of the young respondents reported having had some contact with the police while drinking in public places:

"What we found was not surprising or new, but it was very focused. The young people spoke of their need for a space of their own where they would be respected for who they were. In the absence of such a space, they felt they had no option but to be outside. When they tried to be creative with the available space, this was often removed – leaving them with the issue of finding new space or rebuilding what they had previously.

"Hearing this message put so powerfully was an important lesson for the team, and one that we might not have heard so clearly had we not taken the trouble to talk to our audience directly."

The focus groups pointed to the exchange that needed to take place for the audience to make the desired behavioural change. In return for a place to go, with safety and activities, they would reduce their drinking in public. "But they were going to need to own and deliver the exchange themselves," says Jan. "We could set it up, and facilitate and empower the young people, but beyond that they had to be in control of the solution, with their rules, or it would fail."

Going forward

The PCT team concluded at an early stage that a multi-faceted, cross-sector approach involving the local authority, parents and the young people themselves was most likely to be effective, and this is the course that is being followed as they go forward with the project.

"The intervention mix has yet to be arrived at," says Jan. "But by taking the approach we have, I believe we have more chance of effecting behavioural change than if we had simply adopted the old-style, top-down messaging of the past. Putting the customer at the heart of the process has undoubtedly yielded dividends – even at this early stage."

Key milestones

The following are the key milestones for the 'Health capacity' programme:

- Spring 2008: publish social marketing ethics guidelines.
- Autumn 2008: first World Social Marketing Conference takes place.
- Autumn 2008: publish social marketing planning guide and compendium of case studies.
- Ongoing: implement capacity, training and skills programme for those working in public health.

Health insight

Goal: the goal of this programme will be to use public health consumer insight to inform local and national health improvement activities.

> "Developing a real understanding of what citizens and businesses want from the public sector creates the opportunity to provide services through channels that will best respond to their needs."

Service Transformation: A better service for citizens and businesses, a better deal for the taxpayer
(by Sir David Varney, published in December 2006)

> The drive to improve our understanding of the needs and wants of our audiences is what makes social marketing stand out from other health promotion programmes. DH's work to use this enhanced customer understanding to inform policy at the national government level is truly groundbreaking.

Ian Potter, Health Sponsorship Council, New Zealand

People's motivations and decisions about how to live their lives are rarely driven by single issues, but rather by a complex range of overlapping behaviours and life circumstances. One of the key principles of social marketing is to develop programmes that are based on a deep insight into people's behaviour (this includes their motivations for change, their environment, their social network, their peers and their life experience). These programmes can then be used to shape interventions on both a local and a national level.

Employing such insight will result in a more holistic way of helping people to change their unhealthy behaviour or to maintain healthy behaviour – rather than always taking a disease- or issues-based approach.

Insight is a revelation about what compels people to act, think or feel the way that they do. Policies, campaigns or communications that are based on or shaped by insight are much more likely to ring true with audiences and to deliver the desired results.

Insight is built from demographic, behavioural and epidemiological data. It applies prior evidence and intelligence about what has worked elsewhere, together with data about what motivates people, what they say will help them and any perceived barriers.

There is rarely a 'one-size-fits-all' solution that will work across the population. Our future health promotion programmes will be built on shared insight into audiences, clearly defined through segmentation analysis, to bring about specific behaviour.

Smoking cessation in pregnancy: what Newcastle University is doing about it

With the assistance of the North East Strategic Health Authority, the School of Dental Sciences at Newcastle University recently undertook a project to reduce the number of women smoking during pregnancy.

The negative impact of smoking in pregnancy is well documented and includes a higher rate of miscarriage, pre-natal mortality, low birth weight and sudden infant death syndrome (to name but a few). About 30 per cent of women in the UK who smoke continue to smoke during pregnancy. The *Smoking Kills White Paper* (published by DH in 1998) set a target to reduce the percentage of women who smoke during pregnancy from 23 per cent to 18 per cent by 2005, and 15 per cent by 2010.

Methodologies used

- **Defining the target audience:** smoking during pregnancy seemed to be less prevalent among women from ABC1 backgrounds than among those from C2DE backgrounds (women from deprived areas).
- **Market research/generating 'insight':** extensive market research was conducted with the target population. The research adopted a qualitative focus group method, and subjects were recruited to take part in one of 12 focus groups on a door-to-door basis by trained and experienced market research interviewers. A total of 12 groups were segmented by age, social class, smoking behaviour/history and cohabitation status.
- **Pre-testing:** the posters and leaflets were pre-tested with participants from the focus groups.
- **Engaging stakeholders:** extensive developmental work was undertaken with the Institute for Social Marketing at the University of Stirling, with the University of Strathclyde and with the North East SHA.

Findings

- **Health professionals:** a major barrier to overcome was the lack of enthusiasm and empathy among healthcare professionals towards their key customers.
- **Information needs:** women already knew about the potential harmful effects of smoking during pregnancy, so the material focused instead on strategies for giving up (how to deal with cravings, how to cope with anxiety about weight gain, etc). Posters were not designed to scare the mother-to-be.

Outcomes and learning

The number of pregnant (and non-pregnant) smokers recruited to the new smoking cessation intervention increased tenfold during the intervention phase. The number of pregnant smokers recruited also increased following the role-play sessions (especially those that were held with midwives), and was higher than that of neighbouring services (in which different interventions were being undertaken).

Professional actors were used for role-play work with staff: by participating in this way, staff were given a sense of how it might feel to be one of the target women, and of what approaches might work more effectively.

The following products were developed to support health professionals and services:

- A magazine
- Leaflets
- Posters
- Training for health professionals

Insight and understanding

Our knowledge of the way people live their lives and of what can help them to make healthy choices will be at the heart of all of our 'Health insight' programmes. We will ensure that all programmes go through a thorough scoping and development phase that draws on the available data and evidence, and all programmes will pre-test interventions before they are scaled up nationally.

We will produce scoping reviews for all future programmes, as well as data on interventions and evaluations (as part of the national learning archive). This will help those working to improve health outcomes to build their knowledge of what works and what does not.

Customer-focused organisations embrace insight to guide not only their product and service decisions but their basic strategy and organisational structure as well...

Harvard Business Review,
April 2006

Humour drives home health behaviour change: Knowsley's PITSTOP initiative helps men to get their health checked out

Knowsley PCT and Knowsley Council employed insight effectively when raising awareness of health among local men aged 50 to 65 by encouraging and supporting positive behavioural change.

The approach

First, desk research revealed some key insights: men don't like talking about their health, they are reluctant to go to a doctor and late diagnosis can be a factor in early death. The team then held focus groups, which revealed that any health campaign for this group must be hard-hitting, humorous and non-judgemental, and that NHS and local authority branding needed to be very subtle.

A programme of health checks called PITSTOP was set up in 'non-health' venues (including pubs, social clubs, community centres and workplaces) and publicised with a motoring-inspired publicity campaign. Spoof road signs carried the message 'Endangered species – it's never too late to get healthier' and 'Don't ignore the warning signs – get a free health check', and there was further ambient publicity in the form of beer mats, washroom posters, stickers, pens, stress toys and car air fresheners.

In addition, a comedy play toured local venues, an ex-Everton FC player fronted PR activity and a 'Knowsley Man Maintenance Manual' was created in partnership with the Men's Health Forum.

Outcomes and learning

Over 3,000 local men had health checks, with 85 per cent of them reporting lifestyle changes some weeks later.

Awareness of men's health campaigns was shown to have increased overall.

Major long-term social marketing-driven programmes in adult stop smoking services, cardio-vascular disease prevention services and a range of other public health and corporate business areas are now under way as a result of the success of PITSTOP.

> Insight is a deep truth about the citizen – based on their behaviour, experience, beliefs, needs or desires – that is relevant to the task or issue and rings bells with the target audience.

Government Communication Network 'Engage' programme

Sharing intelligence

A great deal of potentially useful data already exists, but at the moment it is not accessible in one place. Practitioners and public health champions are faced with digesting multiple streams of information and evidence before they can take any action on an issue.

PCTs, health authorities, NHS trusts, DH and other government departments all commission a considerable quantity of market research each year, and much of it could be helpful to those developing interventions or delivering services.

It is vital that any insights gained are shared widely: in winter 2008 the NSMC plans to establish an online 'one-stop market research shop' for the findings of DH- and NHS-commissioned market research. This will ensure that research is not unnecessarily duplicated, and ensure that a wider audience has access to previously unpublished DH research.

Health insight and planning service

We plan to set up a new customer insight and behaviour planning service to improve public health programme and policy planning. Specialists will provide internal consultancy services to policy leads – particularly in terms of marketing planning – to ensure that social marketing principles inform policy, and that customer insight is placed at the heart of policy making. The new service will produce a series of tracking surveys for health knowledge, attitudes and behaviour.

Details of the new service model (and any associated learning) will be published in spring 2009, and the structure will then be offered for use at both the regional and local level.

NB: The 'one-stop shop' will be password protected and open to all NHS public health professionals working to improve public health

Patients contribute to service design: How sexual health clinics in Gateshead have become more accessible to hard-to-reach groups

Gateshead PCT wanted to investigate how the overall design of sexual health services could be made more accessible to hard-to-reach groups. It planned to create a genito-urinary medicine (GUM) service with a clear treatment path that was suitable for users. The aim was that patients would be seen within 48 hours of first contact.

The approach

Better prevention, Better services, Better sexual health: The National strategy for sexual health and HIV (published by DH in July 2001) revealed that users often find GUM services disjointed and stigmatising. As part of this project, the Gateshead team worked with designers and held extensive interviews and community discussions with local people about this issue.

The focus was on young people, gay and bisexual men, Asian women and others who do not traditionally use health services. A range of design solutions were made available for comment and reaction, and subjects for discussion included:

- the design of waiting areas;
- how GUM services are promoted to the public; and
- how users and consultants interact in GUM services.

Outcomes and learning

The consultation process yielded several groundbreaking ideas for service design. These included:

- the use of cards to help people to find the right words to describe their symptoms; and
- multiple waiting areas to give patients a sense of moving forward through the system.

Gateshead PCT is currently coming to the end of the planning stages for its revised GUM service.

Healthy foundations life stage segmentation model

The use of segmentation itself is not new, but in 2006 we carried out an intensive exercise across three overarching 'dimensions' (we consulted key policy makers, health professionals and academics in order to identify these):

- age or life stage;
- people's circumstances or environments; and
- their beliefs about and attitudes towards health and health issues.

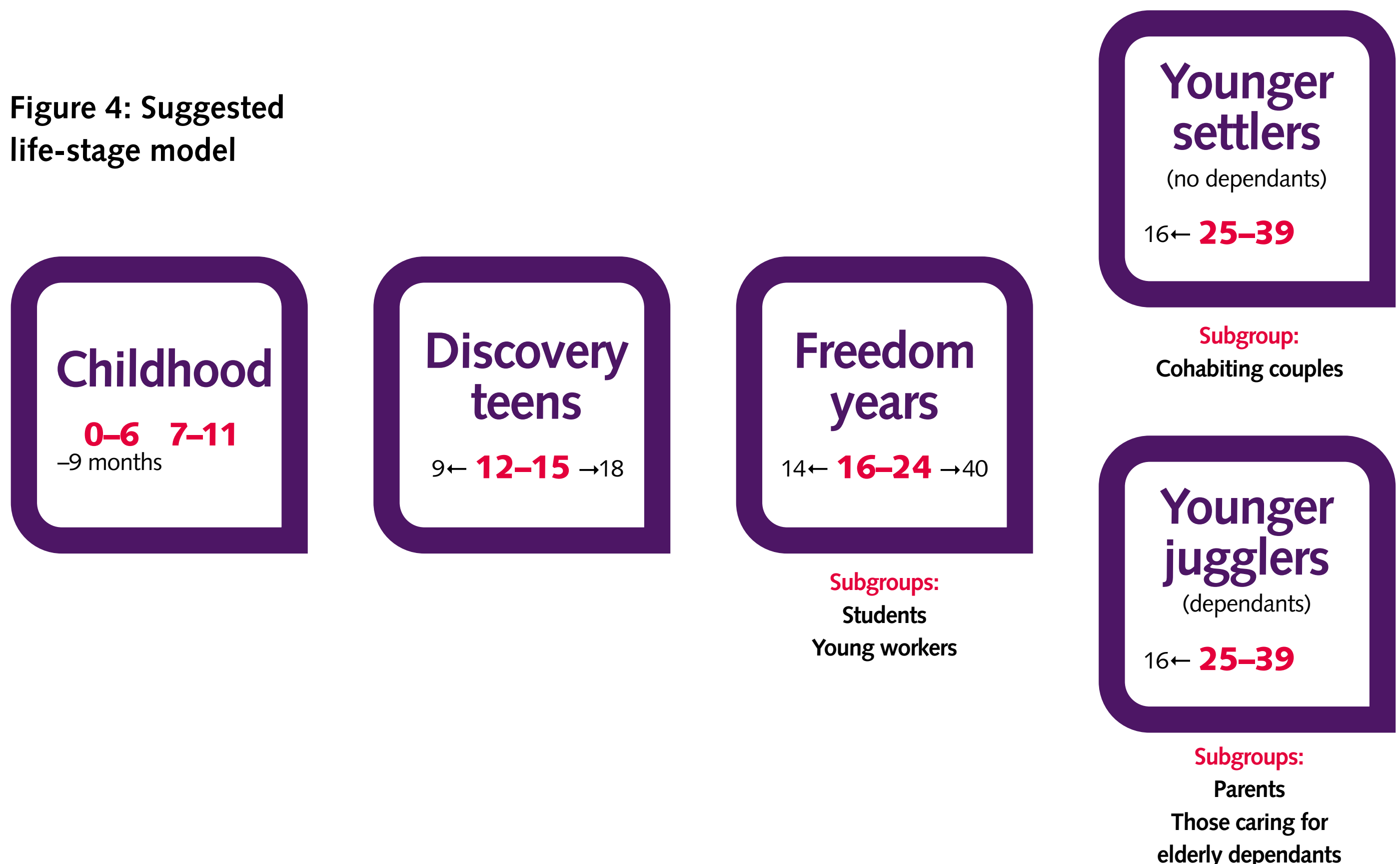
The healthy foundations life stage segmentation model provided a sophisticated '360-degree picture' of the population in terms of individual behaviour across issues including obesity, drug and alcohol misuse, smoking, sexual health and poor mental health.

A project team (incorporating representatives from DH's public health, social marketing, mental health policy and communications teams) worked with the NSMC, and academic, public and private sector marketing experts to develop the model. More information about it is contained in the attached supplement, *Healthy Foundations: A segmentation model*.

Age or life stage

The suggested life stage model below reflects the (at times complex) journey that people take through life. For example, it is possible for people to move between the 'settler',

Figure 4: Suggested life-stage model



'juggler' and 'alone again' stages as they experience different life events.

People's circumstances or environments

Published epidemiology data and work in health inequalities demonstrates a correlation between poor circumstances and multiple health issues. Research indicates that environmental factors have a critical influence on 'at risk' health behaviour, and also on people's ability to change their lifestyle to benefit their health.

Environmental factors can be categorised into three groups.

- **Social:** whether someone is surrounded by positive or negative social norms.
- **Physical:** if someone lives in a deprived community, this affects the quality of the local facilities.
- **Economic:** people who survive for long periods of time on low incomes and/or who are long-term unemployed tend to be more likely to suffer from poor health.

Those suffering in all three of these areas are the most at risk and the least able to make positive changes in their lives.

Older settlers
(no dependants)
40–59 →65

Older jugglers
(dependants)
40–59 →65

Subgroups:
Parents
Those caring for elderly dependants

Alone again
20← **45–59** →75

Subgroups:
Empty nesters
Second-time singles (without dependants in the household)

Active retirement
60–74 →80

Ageing retirement
60← **75+**

Beliefs about and attitudes towards health and health issues

Life stage and circumstances are not the only determinants of unhealthy behaviours. There are many examples of people at a certain life stage who live in poor circumstances and yet actively look after their health, and people at the same life stage who live in positive circumstances can suffer from multiple health issues. Clearly, people's beliefs and attitudes about their health influence their health status.

Combining the three dimensions

The three dimensions work together to determine people's ability to live healthily and their likelihood of doing so.

Motivation and environment determine people's approach to health, and this can then be mapped against their life stage to develop a more fully rounded understanding of behaviour.

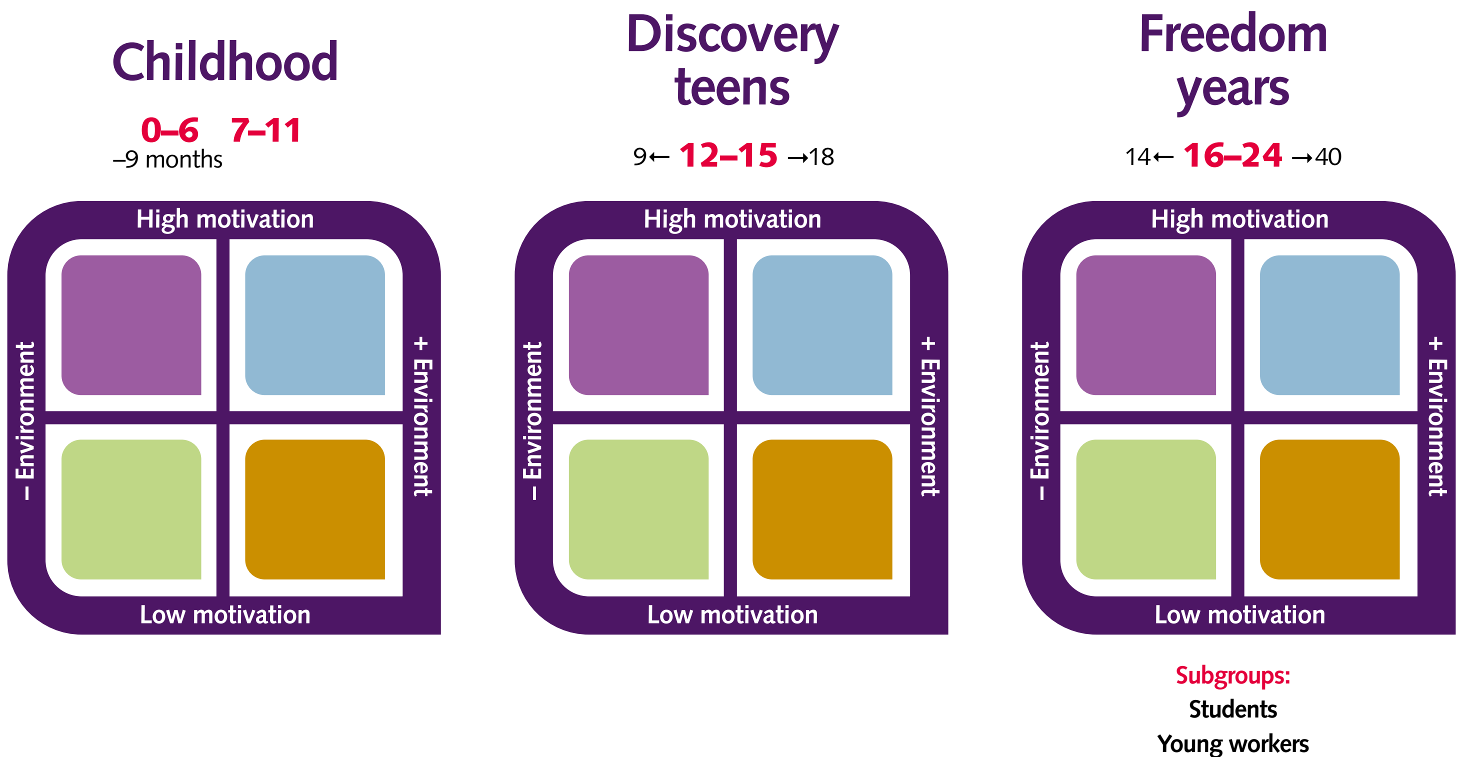
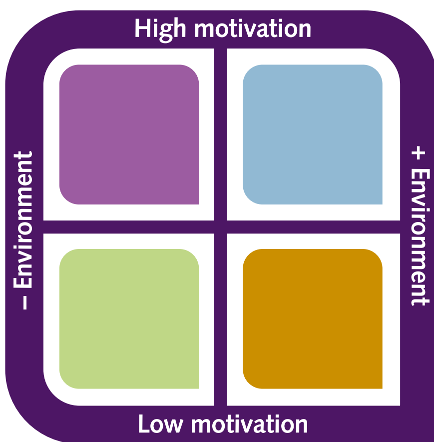


Figure 5: Segmentation model

Younger settlers
(no dependants)

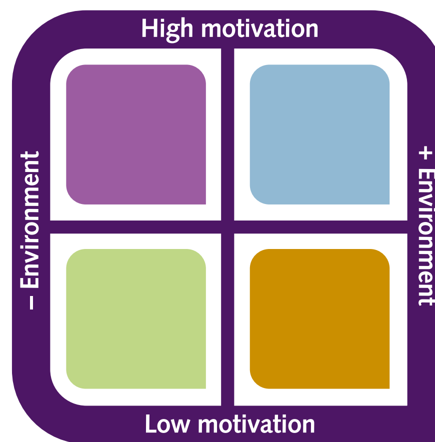
16← **25–39**



Subgroup:
Cohabiting couples

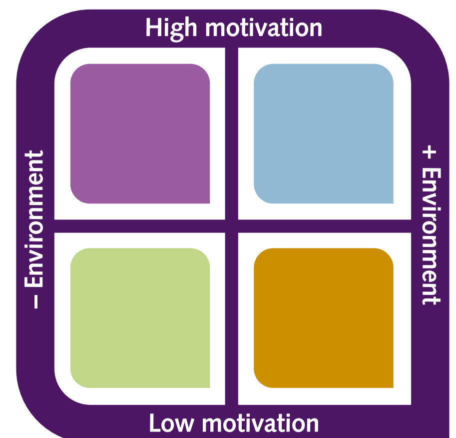
Older settlers
(no dependants)

40–59 →65



Alone again

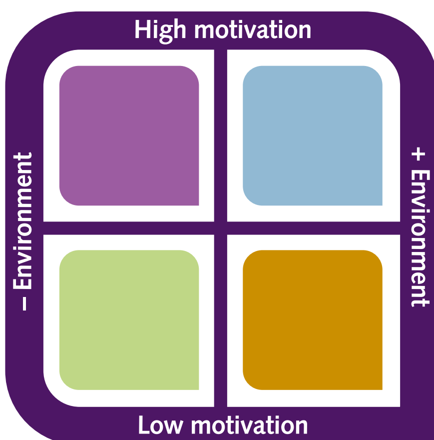
20← **45–59** →75



Subgroups:
Empty nesters
Second-time singles (without dependants in the household)

Younger jugglers
(dependants)

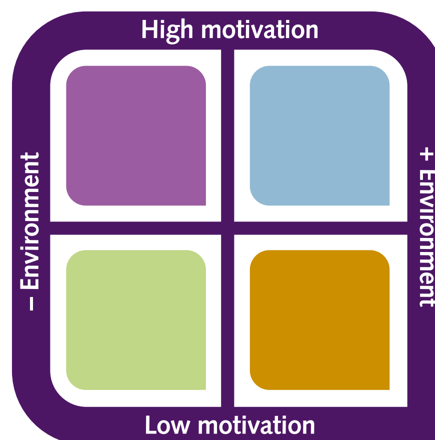
16← **25–39**



Subgroups:
Parents
Those caring for elderly dependants

Older jugglers
(dependants)

40–59 →65



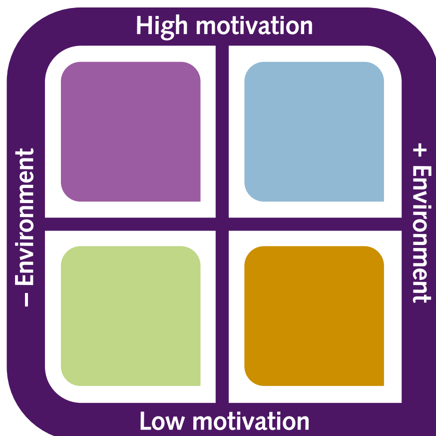
Subgroups:
Parents
Those caring for elderly dependants

Health insight programme

- Autumn 2008: first stage validation of Healthy Foundations life stage segmentation model development.
- Autumn/Winter 2008: develop and test health mapping and segmentation tool for cross-issue approaches.
- Winter 2008: NSMC establishes 'one-stop market research shop'.
- Winter 2008: launch national learning archive.
- Spring 2009: test new cross-issue approaches to health promotion.
- Spring 2009: refine Healthy Foundations life stage segmentation model and share insight with SHAs and PCTs.
- Spring 2009: establish new customer insight and behaviour planning service.
- Summer 2009: Regional Roadshow to promote and train SHAs and PCTs in the use of Healthy Foundations mapping and segmentation tools.

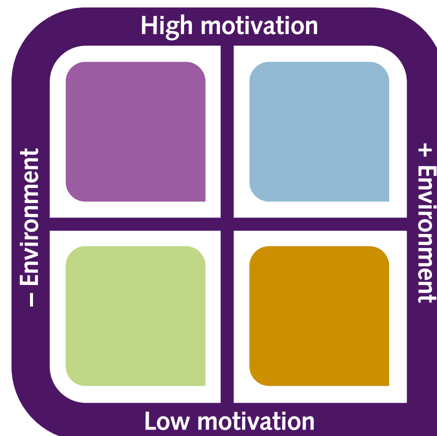
Active retirement

60–74 →80



Ageing retirement

60← **75+**



Key:

- Fighters
- Thrivers
- Survivors
- Disengaged

Health innovations

Goal: the goal of this programme will be to put social marketing principles into action in local, regional and national settings and to create a central resource for sharing knowledge on effective behavioural interventions across local, regional and national settings.

Social marketing is a way of working – not a strategy in itself. It can be used alongside other behavioural interventions to address public health issues. We need to learn which evidence-based interventions work best and then share that knowledge.

We will continue to demonstrate innovation with behavioural interventions that make the best use of new technologies (NHS LifeCheck and the NHS Choices website, for example). We will learn from and build on the roll-out of key community initiatives like the NHS health trainers programme (which provides one-to-one supports to help individuals tackle health issues).

We will also explore:

- new models of health learning (via the health literacy programme);
- new and emerging health behaviour change tactics; and
- tools used in the commercial and public sector.

Activmobs: Local residents get active

Activities focused on people's interests improve health outcomes

In collaboration with the Design Council, Kent County Council is pioneering an innovative approach to help people to get active. The Activmob scheme empowers people to take exercise at a time and in a place that suits them.

The approach

A team including officers from Kent County Council, representatives from the Design Council and residents of a Maidstone housing estate consulted youth club leaders and a community support officer (among others). Workshops were held to identify the issues that were of greatest concern to residents: residents' daily routines were mapped out and activity 'flashcards' were used.

The process revealed that there are barriers to activity in traditional settings for many residents, and that new services should support the integration of activity into residents' everyday lives.

The solution was 'Activmobs', a radical new initiative designed to support self-organised groups of people to maintain an active life. As part of the pilot, residents created three 'mobs':

- one for people who walked their dogs and wanted to lose weight;
- one for individuals with back problems; and
- one for people interested in guided walks.

There are now four mobs registered on the website (www.activmob.com), and several others are in the process of being developed and supported.

Quantitative and qualitative feedback has been gathered, and the benefits of these mobs have been recorded. Findings have helped the local authority to better understand how to go about tackling changing health issues and lifestyles.

Outcomes and learning

The Activmob scheme increased opportunities for physical activity, which is proven to have significant health benefits and to result in long-term savings to health and social care services. Involvement in the scheme produced tangible, measurable improvements in personal well-being, such as improved sleep and greater physical flexibility.

Testing out our insight and segmentation hypothesis

The healthy foundations life stage segmentation model research looks at behaviour across a number of our key priority areas: obesity, drug and alcohol misuse, smoking, sexual health and poor mental health.

We will be carrying out bespoke research to fully explore, populate and validate the segmentation parameters. This will be completed by autumn 2008.

Addressing related health issues

The relationship between harmful behaviours (such as eating too many energy-dense foods, drinking too much alcohol or having unprotected risky sexual encounters) is often not explored. Even when there is evidence that certain behaviours (for example, binge drinking and sexual health) are related, mechanisms are not always in place to combat the link.

We will be commissioning and funding innovative local and regional programmes that address cross-cutting issues by focusing on the individual rather than on the health issue in isolation. This will help us to build up an evidence base for what works. There will be a particular focus on marginalised groups (particularly black and minority ethnic groups), and on how social marketing interventions can reduce health inequalities among them.

This work will complement the NSMC's demonstration projects (part of the 'Health capacity' programme).

Creating a knowledge base

Building on the experience gained as a result of the smoking, sexual health and healthy eating programmes, we will strengthen communication between national health promotion programmes and regional and local efforts.

We will ensure that all front-line public health staff know about national efforts, and equally that national programmes are built on intelligence and experience gained at the local level. This will involve creating a robust system for information sharing across all public health programmes and ensuring a cohesive central point of contact for Public Health interventions across DH. This system will be scoped in Summer 2008.

Using the Healthy Foundations life stage segmentation model, we will create a network of social marketing champions who will work within and across local and regional areas and sectors to champion this approach. The network will be in place by autumn 2008.

We will work with those already delivering social marketing and health improvement interventions in the NHS to create a new central resource. It will be a place to access social marketing know-how and to share knowledge, and it will be of crucial importance to the social marketing champions.

Healthy choices for kids: Brighton's childhood obesity campaign

Brighton and Hove City Teaching PCT commissioned a campaign aimed at tackling obesity in children aged 8 to 11. It was delivered by Brilliant Futures, a social marketing organisation, and The Priory Partnership, a media and PR company. The objectives of the campaign were to change children's attitudes and behaviours in relation to healthy living, to increase parents' awareness of the causes of obesity and to encourage lifelong participation in healthy activities.

The approach

Focus groups and questionnaires were used to gain an insight into existing levels of knowledge about healthy eating, into motivation and into attitudes towards healthy eating among children and teachers.

A variety of events and initiatives took place as part of the campaign:

- There was a high-profile campaign launch, with a letter sent to all local primary heads and personal, social and health education co-ordinators.
- One-day workshops took place in schools and community venues, featuring fun and practical activities based around healthy lifestyle choices.

- A three-week healthy challenge was held, featuring a 'passport' (promoting the Active for Life website at www.activeforlife.org.uk), with prizes for children who completed all of the tasks.
- A half-term 'fun day' took place, at which children and parents had the opportunity to try cooking healthy food, to receive a free recipe book, to play football with Brighton & Hove Albion, and to buy fresh fruit and vegetables at low prices.
- A local PR campaign was run.

Outcomes and learning

A post-campaign evaluation showed that children had retained knowledge, and introduced new food and exercise into their home and school lives.

The question 'Did the workshop encourage children to make healthy choices?' produced a high mean score (4.7 out of a maximum of 5), and there was a substantial increase in the numbers of people accessing the Active for Life website.

Behaviour change – theory into action

We plan to create a learning culture at DH that will draw on the experience and knowledge of practitioners and experts. This will provide practical, evidence-based support for exploring new approaches to health improvement.

Our first step will be to commission a review of current health behaviour change interventions. We will also set up a system for gathering information about what is being done abroad and for keeping up to date with innovations.

We will build on the three developing personal health projects that place the consumer at the heart of their development:

- NHS health trainers programme;
- Health literacy; and
- NHS LifeCheck.

NHS health trainers programme

This community participation scheme, run by PCTs, recruits and trains individuals to become health trainers who are drawn from the local community or are knowledgeable about the community they will serve.

These individuals are then able to offer one-to-one support and training on health issues, and to provide advice on accessing appropriate health services.

NHS health trainers are a visible and accessible link between health practitioners and disadvantaged communities. The majority of the NHS has signed up the scheme, and 1,200 health trainers are already in place.

Prisons have made great strides with the programme (there are currently around 80 health trainers working in prisons) and the Army has trained 2,450 physical training instructors. Boots, National Pharmacies, the Royal Mail and the Football Foundation have all signed up to the programme, and there are two national awards (City & Guilds Level 3 and Royal Institute of Public Health Level 2).

Health literacy

The core principle of the health literacy programme is that learning about health can be combined with improving basic skills in literacy, language, and numeracy – as part of a 'two for one'-type method called 'embedded learning'. The programme is a partnership between two government departments – DH and the Department for Innovation, Universities and Skills (DIUS) – and the health and education charity ContinYou.

Learners' responses to the programme have been inspiring, and the results have already been encouraging: individuals have been able to develop their literacy skills at the same time as improving their diet and losing weight.

The second phase – involving projects in prisons, local government, libraries, museums and Royal Mail – began in autumn 2007, and further phases are planned.

NHS LifeCheck

The NHS LifeCheck programme was conceived as a result of the *Your health, your care, your say* public consultation (published by DH in January 2006), in response to people's desire to take more responsibility for their own health and well-being. Three LifeChecks are under development – for Early Years, Teenagers and Mid-life – adopting a similar process of an easy-to-use health assessment and behaviour change tool that helps people to assess and manage their own health through the major life stages and beyond.

By helping people to see how their current lifestyle choices might affect their health,

Personal trainers for health

Bolsover District is ranked 31 in the bottom 50 (most deprived) local authorities (IMD 2004) in England. With such high rates of deprivation and ill health within its boundaries, the populations of Shirebrook, Creswell and Langwith experience the worst health outcomes within the district.

Health trainers and the development of a network of community volunteers for health have been seen as a positive step in improving lifestyle within the district and a key strand in driving down the heart attack rate in North East Derbyshire.

supporting them in setting *SMART* behaviour change goals, and pointing them in the direction of useful information and resources (including their GP or health professional), NHS LifeCheck is giving individuals the opportunity to make positive health changes at their own pace.

The Teen and Early Years LifeChecks are being prepared for the start of a phased national roll-out, starting in autumn 2008. It will initially focus on the 83 Community for Health areas followed by all other areas in England in January 2009. The Mid-life tool is currently being prepared for a series of pilots. The tools have the potential to be used to great effect in deprived areas, encouraging those at highest risk of ill health to carry out an assessment and to act on the results, where available with the support of health trainers.

Ultimately, the intention is that people will be able to access NHS LifeCheck in a wide variety of settings, including local surgeries, pharmacies, voluntary organisations, leisure and community centres, children's centres, sheltered housing and schools.

NHS Choices website

The NHS Choices website (www.nhs.uk) has been developed to offer consumers better choice, greater convenience and more control over their health. It aims to personalise healthcare by providing people with a wealth of practical information about health-related issues such as smoking, drinking and exercise, as well as offering guidance on finding and using NHS services.

The website draws together the knowledge and expertise of NHS UK, the National Library for Health, NHS Direct, the Information Centre for Health and Social Care, the Healthcare Commission, and numerous other health and social care organisations.

Key milestones

The following are the key milestones for the 'Health innovations' programme:

- Autumn 2007: second phase of health literacy programme launched.
- December 2007: NHS LifeCheck pilot began.
- Spring 2008: launch NHS LifeCheck on NHS Choices website.
- Spring 2008: scope knowledge-sharing resource.
- Spring 2008: commission horizon-scanning service.
- Autumn 2008: validate Healthy Foundations life stage segmentation model.
- Winter 2008: launch NHS Mid-life and Early Years LifeChecks.
- Autumn 2009: national evaluation of health trainer programme takes place.

“For those of us who’ve worked in social marketing for many (many) years, what is now happening in the UK – particularly within the Department of Health – is extremely exciting, and an inspiration to the US. Learning from each other is vital in the development of social marketing; learning what works – and (if not more important) what doesn’t work – helps social marketing practitioners to develop and improve their work.”

Nancy Lee, President of
Social Marketing Services Inc,
Washington DC

Health partnerships

Goal: the goal of this programme will be to establish effective local and national partnerships with the private and third sectors to promote good health.

Who do the public trust?

Last year's Edelman Trust Barometer showed that trust in the Government had dropped by nearly half – from 33 per cent in 2006 to just 16 per cent in 2007. The UK also shows declining levels of trust in traditional and new media, and advertising is the least trusted information source (8 per cent).

Society is changing and people are ever more selective (and at times cynical) about the messages they are bombarded with. But partners play an essential role in influencing and shaping people's behaviour. Action by individuals and by the Government must be aligned with that led by communities, third sector organisations and business.

There is already a broad range of partnerships in place between the public sector and the private and third sector, and much good work is happening. The Business in the Community (BiTC) scheme proves how cross-sector partnerships are already working to improve people's lives, and the Communities for Health programme is another example of how local authorities and the NHS are working together to improve health and reduce health inequalities.

Although partnership working is not new, more needs to be done to embed it into what we do. We need to set up robust yet flexible frameworks that will enable partnerships to fulfil their potential. We will invest more effort in proactively building working partnerships at the national, regional and local level.

A '**partnership for health**' is a short- or long-term working relationship between two or more organisations to inform strategies and related actions to improve health. The partnership must function within a set of open and transparent operating parameters and in line with government guidance relating to good practice and governance.

The diagram opposite sets out the three broad areas of strength that organisations can bring to a partnership: infrastructure, content and organisational reach.

Figure 6: Partner typologies

Team approach to tackling young people's health: Nationwide initiative builds partnership between sports clubs and communities

The BiTC scheme helps companies to maximise their positive impact on society. It created the 'Clubs that Count' programme as a way of helping professional sports clubs to develop and share best practice in social and environmental responsibility, and to improve their positive impact on local communities.

Approach

Professional sports clubs traditionally have close links with their local communities, many of which are disadvantaged (64 per cent of professional football and rugby league clubs are in deprived neighbourhoods, and 61 per cent of football league clubs are in areas with significant or high black or minority ethnic populations).

The Clubs that Count initiative uses sporting brands to make contact with people who are normally difficult to reach and unreceptive to health messages. As well as advising and supporting clubs in their community activities, it also measures how successfully they are implementing their corporate social responsibility policies, identifies gaps in delivery and gives advice on how they can improve.

Clubs that Count has engaged over 50 football, rugby and basketball clubs over the last two years, and these clubs are tackling a wide range of health issues in innovative ways. Manchester City FC has a track record of using a combination of its brand appeal, football and partnerships to tackle social issues such as ill health, drug use, sexual health and unemployment. The club was awarded a 'Big Tick' in BiTC's Health Communities Award (sponsored by BUPA and supported by DH) for its City in the Community initiative.

Outcomes and learning

Participating clubs report on their work to BiTC annually via the Clubs that Count online tracker. By doing so, they demonstrate their commitment to improving their positive social impact, and prove the value of sports clubs as partners for promoting healthy lifestyles – particularly to people who are usually hard to reach.

Identifying the challenges and perceived barriers to partnerships

In response to the publication of *Health Challenge England*, we put together a series of regional roadshows to give key stakeholders (senior figures drawn from the public, private and third sectors) the opportunity to discuss how they could work together to deliver its seven key principles – one of which was forging new partnerships.

Some very useful feedback emerged from the roadshows:

- Stakeholders feel that there is a need for greater investment – in terms of time and resources – in partnerships.
- Although there was a great deal of enthusiasm for developing partnerships, there was a perception that there is an apparent lack of funding – from PCTs and the third sector – for these projects.
- There is a desire to find common ground to work with the private sector.
- Working with the private sector can add real value, as it can provide access to resources, expertise and key target groups.
- There was also some unease about working with the private sector: stakeholders don't know how to approach companies, or feel nervous about being seen to condone certain products (such as alcohol, food or tobacco).
- There was also concern that national partnerships with private organisations do not always meet local needs.

Understanding our partners

In September 2006, we commissioned research to gain more of an understanding of the motivations for and barriers to working in partnership. We were particularly interested in exploring the issues involved with partnering with HID to deliver social marketing initiatives for health improvement.

The research involved a series of one-to-one interviews and five in-depth case studies. These were carried out with senior executives from organisations from the private and not-for-profit sectors, including Pepsi, Tesco, Cancer Research UK, Sky and Barclays.

The resulting research paper, *Health Improvement Partnerships*, showed that DH has a pivotal role to play in improving health outcomes in England – through policy and regulation, and through delivery. It found that 90 per cent of respondents were willing to work with DH, as long as the terms of engagement were clearly defined. Respondents emphasised that the key to success was an effective, streamlined and well-managed process, with all partners involved from early on in designing initiatives and delivery mechanisms.

The following concerns emerged as a result of the roadshows, and need to be addressed:

- There is not enough of a coherent, joined-up government strategy on

other issues that affect health outcomes.

- 'Short-termism' on the part of the Government – frequent, mid-stream changes in policy and cautiousness about committing resources for the long term – is a worry.
- There is too much of a focus on treating ill health rather than on promoting good health.

Responding to the challenge – developing effective partnerships

We have set in motion a collaborative process for coming up with recommendations on how to develop and sustain effective cross-sector partnerships. Acting on the feedback from the roadshows, we have commissioned the NSMC to explore the most appropriate and consistent approach to developing partnerships. This primarily focuses on partnerships led by the Health Improvement and Protection Directorate for the Minister of State for Public Health.

We propose to develop a working group and a steering group at the national level in order to come up with recommendations on how to develop and sustain partnerships. The key deliverables will be:

- a guidance paper that sets out the objectives, structures and mechanisms for partnership development;
- a supporting document that outlines the strengths and weaknesses of the options considered, and the rationale for selecting the preferred one; and
- clear evidence of stakeholder support for these recommendations.

These are all due to be produced by summer 2008.

Enabling partnerships to flourish

In response to the concerns raised as a result of the regional roadshows – particularly relating to the lack of funding – we have established a £1 million per annum partnerships capacity-building fund to provide local and regional support for building partnerships. The bulk of this funding will be distributed equally to the 10 SHAs to support partnership-building activity when the fund is launched in autumn 2008.

We also intend to use the funding to reward those social marketing intervention initiatives that are already engaged in partnership work. This will be a major boost to these organisations and will encourage other new initiatives.

The new funding reinforces our commitment to developing robust, successful partnerships across the regions. Working with the NSMC, DH will develop fixed criteria for accessing it.

ChaMPs Public Health Network 'Snack Right' project: Changing the snacking behaviour of two- to four-year-olds in the Cheshire and Merseyside area

The ChaMPs Public Health Network (the public health network for Cheshire and Merseyside PCTs, local authorities, NHS trusts and wider health organisations) social marketing group developed a project based on social marketing principles to improve the snacking habits of under-fours from lower socio-economic groups. The initiative was called Snack Right.

Approach

The project began with competition analysis of the influence of big-brand advertising on purchasing decisions. Having concluded that any ChaMPs campaign would need to wield brand power of its own, the group commissioned the creation of a brand for Snack Right.

It was decided that a partnership – particularly with a company from the retail sector – would be highly advantageous to the project. ChaMPs looked at several possible partners before approaching the Aldi supermarket chain. It was considered most suitable for several reasons:

- its stores were in relevant locations;
- its own-brand goods appealed directly to the target audience;
- it had a local supply policy of fresh produce; and
- it had signed up to the Healthy Start welfare voucher scheme.

Snack Right was also supported by children's centres and local PCT practitioners, including health visitors and paediatric dieticians who were known to the target group.

The target audience took part in focus groups designed to establish which social marketing interventions would support sustained behaviour change in their children's eating habits. Interventions included a targeted leaflet drop to 113,000 households, 15 public events and a media campaign.

At the Snack Right public events, children were able to taste fruit and vegetables (provided free by Aldi), and parents learned how to prepare healthy snacks. There was also information available about health, nutrition and Healthy Start vouchers.

Outcomes and learning

Liverpool John Moores University is currently carrying out an objective evaluation of the Snack Right initiative. However, one indication of its success that is already apparent is the significant increase in applications for Healthy Start vouchers that occurred in the region during the campaign period.

Ambitions for partnerships

Partners from different sectors are inevitably going to have different strengths and different (sometimes opposing) goals – this is frequently the case with private organisations and those from the third sector. The challenge is to find common ground, maximising organisations' strengths and avoiding any potential areas of conflict.

Our health partnerships programme will make it easier for private companies, organisations from the third sector and individuals to make a contribution to health promotion programmes. By the end of 2008, we aim to have at least 15 fully developed partnerships in place. These will build on existing activity and will reflect our new model of working.

The aim is to set up a partnership framework that is broad enough to encompass a wide range of partners, and flexible enough to allow them to operate autonomously within defined parameters. The framework should identify:

- audience priorities;
- key behaviours to be influenced;
- insight into audience behaviour; and
- any technical policy issues ('rules') that we want people to operate within.

The framework should enable partners to turn their interest in an audience or an issue into some form of practical action, with the benefit of knowing that they are backed up by a national approach. The '5 a day' programme is an example of how this can work.

Learning from 5 a day

The overall goal of DH's 5 a day programme is to increase people's consumption of fruit and vegetables from an average of fewer than three portions a day to at least five portions a day. The ultimate success of the programme is largely dependent on the efforts of a range of marketing partnerships – between the Government and food retailers, caterers, food manufacturers, pubs and clubs.

While the overarching message of the campaign is consistent ('Helping you (the consumer) to enjoy the benefits of eating more fruit and vegetables'), partners will have different reasons for getting involved.

- The message for private sector partners is 'Helping you to enjoy the commercial benefits of increased fruit and vegetable consumption – you'll be missing out if you don't join in'.

- The message for non-commercial partners is 'Helping others to enjoy the benefits of eating more fruit and vegetables'.

The 5 a day framework is successful because it allows partners a great deal of flexibility in how they promote the campaign. Partners can either use the campaign logo or their own logo (as long as it conforms to DH healthy eating criteria). Equally, they can either develop their own marketing collateral (as several large retail chains have), or use that supplied by DH (an option that organisations with smaller marketing budgets are likely to adopt). The key is that the message remains consistent – however it is delivered.

Finding common ground

There are many reasons for organisations deciding to work in partnership with the Government, but they can be broadly grouped into three categories:

- **Operational impact:** for example, a private sector company might want to sell more units, and a third sector organisation might want to achieve a behaviour-related goal (e.g. reducing the incidence of cancer).
- **Corporate social responsibility:** an organisation might decide that it is in the interests of corporate social responsibility for them to work with the Government – although the organisation will only ever be able to allocate a limited proportion of money to this end.
- **Employee well-being:** the vast majority of organisations recognise that their staff are their biggest asset, and that there are big advantages to keeping them healthy.

Figure 7: Organisation partner objectives

Employee well-being

Engaging a variety of partners from different sectors (often with conflicting motivations and attitudes) and encouraging them to collaborate is not easy. But figures from the Health and Safety Executive (HSE) show that 40 million working days are lost to occupational ill health and injury every year in the UK. This figure is a compelling incentive for organisations to work together to improve employee health, and is an ideal way of creating a shared goal among organisations that might otherwise be ideologically opposed.

The workplace is a neutral setting in which to reach those who are most at risk of ill health. Making sure that employees are healthy brings benefits to the employee in terms of well-being, brings corporate benefits in terms of improvements in productivity and brings public benefits in terms of reduced costs to society.

The private sector already sees workplace well-being as a non-confrontational arena in which to build effective working relationships with the Government and the third sector. It is an environment that is largely free from competitive friction, and is an area that can help to build trust across sectors, potentially allowing more challenging partnerships to be created in future.

In 2006, Dame Carol Black was appointed as the first National Director for Health and Work – a role in which she leads initiatives to promote and improve health in the workplace. Dame Carol Black will play a significant role in ensuring that the workplace health commitments outlined in *Health, work and well-being – Caring for our future* (published by the Department for Work and Pensions (DWP) in 2005) and in the *Choosing Health* White Paper are delivered.

"People who work are healthier, wealthier and live longer than the unemployed. The benefits to the individual are clear; but employers also have much to gain. A motivated and engaged workforce is far more productive and efficient. It also dramatically cuts the cost of unnecessary sickness absence, which is no better for the individual than it is for business. Ultimately, investment in workplace health will yield multiple returns."

Dame Carol Black

Working towards better health: Investors in People (IiP) focuses on employee well-being

Absenteeism caused by workplace stress is commonly regarded as the clearest indicator of an 'unhealthy' organisation. DH has created a partnership with IiP in order to start to tackle the issue, and this has given the department access to a wide range of businesses.

Approach

The IiP Standard is a business improvement tool designed to improve organisations' performance through their people. DH saw the advantage of teaming up with IiP to try to develop a health and well-being element within the existing Standard.

The resulting Health and Well-being Framework has already been tested in pilots with over 200 organisations, including Unison, Scottish Provident, the Royal Liverpool Children's NHS Trust and Peterborough City Council. More than 100,000 employees were involved.

The second phase of the pilots was completed at the end of February 2007, and a third phase will test the robustness of the final framework. There is now an online health and well-being self-check tool on the IiP website, along with a database providing a wide range of good practice examples (including cost-free options).

Outcomes and learning

This blend of government and industry skills and experience is producing work that neither sector could have developed alone. And evaluation of the first pilots revealed that 78 per cent of the organisations feel that the new health and well-being criteria should be integrated into the IiP Standard when it is next revised.

Pledging our support for health partnerships

We plan to publish recommendations on how to maximise the private sector's contribution to improving health. We will also develop clear terms of reference and a charter for business support for health promotion programmes.

We will scope an idea for organisations to commit to a 'health pledge' and to become recognised health partners, and will publish a list of commercial and third sector organisations that are already working with the Government to promote and improve people's health.

We will also emphasise the development of long-term relationships with the third sector, and will strengthen the third sector Public Health Forum so that it can act as a national resource for developing

partnership programmes between the Government and the third sector.

Action on partnerships – a fully integrated approach

Although there is much good work already happening at the local, regional and national levels, real steps forward will only be made when there is cohesion between all of these levels.

Building on the health programme leads briefing process that is already in place, DH plans to set up a new system through which those leading national programmes will be able to communicate with those delivering health improvement programmes at the local level. This will ensure that national programmes are informed by knowledge from the front line, and that local staff are fully aware of national programmes (and can plan to work with them). The network of health champions will also have a role to play across both the public and private sectors.

Given the thousands of organisations involved, we will not attempt to control this broad coalition or to ensure perfectly joined-up delivery – this would be a vast and cumbersome task. Rather, we will encourage organisations to take part (making it easy for them to do so) and to make a public pledge of their commitment.

In addition to guidance on joint working between the NHS and the private sector, we will also publish guidance on commissioning and evaluating social marketing initiatives.

DH will actively seek out and build partnerships with other government departments, and establish stronger systems for making sure that its efforts are co-ordinated with NHS-led efforts. We will develop proposals with the private sector that will help local companies, the NHS and other stakeholders to work together to improve health.

We will also celebrate success with the BiTC Awards for Excellence. These are designed to recognise the best company, charity, social enterprise, community and individual efforts to improve health.

Connecting national and local activity

We need to work across the regions in order to link national-level partnership activity with what happens at the local level. But there are already effective mechanisms in place for regional communications and delivery – rather than reinventing these, we aim to replicate or build on them.

Regional development agencies (RDAs) offer an excellent opportunity to engage more closely with organisations from third sector and with commercial private sector companies. And we can gain access to the RDAs by working closely with BiTC's regional arm, with our Regional Directors of Public Health (RDsPH) and with Government Office Directors.

We will also explore the role of local area agreements and local strategic partnerships to help to encourage local authorities to consider partnership approaches. And involvement from the Department for Communities and Local Government will be essential.

Working with the Department for Business, Enterprise and Regulatory Reform (previously the Department of Trade and Industry), we will identify the regional networks of the Federation of

Small Businesses and the Confederation of British Industry, building on our regional reach and our engagement with the local private sector. This approach will enable us to target small and medium-sized enterprises (SMEs) – specifically those with between 10 and 50 employees. Engaging SMEs will be a crucial element of our partnership strategy.

The agenda set out in *Health, work and well-being* has been a compelling incentive for the private sector to engage with public health. The joint work carried out in this area by Dame Carol Black, the HSE and the health, work and well-being team at DH is already well established.

At the regional level, sound financial arguments are clearly a good way to engage the private sector. The recent Judge Business School cost-benefit analysis, which counts the true cost of ill health, will provide an opportunity to develop a dialogue with the private sector on employee well-being and its relationship with increased productivity.

Key milestones

The following are the key milestones for the 'Health partnerships' programme:

- Summer 2008: have in place draft proposals for joint NHS, third sector, social enterprise and private sector partnerships.
- Summer 2008: scope proposal for partnerships capacity-building fund.
- Summer 2008: scope and review existing health improvement partnerships within DH.
- Autumn 2008: draft proposals for the commissioning and evaluation of social marketing initiatives.
- Autumn 2008: build on the NSMC's national partnerships development project.
- Winter 2008: launch the partnerships capacity-building fund.
- Spring 2009: have in place 10 new models of partnership working.

Action plan

Health capacity

Health capacity programme

- Spring 2008: publish social marketing ethics guidelines.
- Autumn 2008: first World Social Marketing Conference takes place.
- Autumn 2008: publish social marketing planning guide and compendium of case studies.
- Ongoing: implement capacity, training and skills programme for those working in public health.

Health insight

Health insight programme

- Autumn 2008: first stage validation of Healthy Foundations life stage segmentation model development.
- Autumn/winter 2008: develop and test health mapping and segmentation tool for cross-issue approaches.
- Winter 2008: NSMC establishes 'one-stop market research shop'.
- Winter 2008: launch national learning archive.
- Spring 2009: test new cross-issue approaches to health promotion.
- Spring 2009: refine Healthy Foundations life stage segmentation model and share insight with SHAs and PCTs.
- Spring 2009: establish new customer insight and behaviour planning service.
- Summer 2009: Regional Roadshow to promote and train SHAs and PCTs in the use of Healthy Foundations mapping and segmentation tools.

Health innovations

Health innovations programme

- Autumn 2007: second phase of health literacy programme launched.
- December 2007: NHS LifeCheck pilot began.
- Spring 2008: launch NHS LifeCheck on NHS Choices website.
- Spring 2008: scope knowledge-sharing resource.
- Spring 2008: commission horizon-scanning service.
- Autumn 2008: validate Healthy Foundations life stage segmentation model.
- Winter 2008: launch NHS Mid-life and Early Years LifeChecks.
- Autumn 2009: national evaluation of health trainer programme takes place.

Health partnerships

Health partnerships programme

- Summer 2008: have in place draft proposals for joint NHS, third sector, social enterprise and private sector partnerships.
- Summer 2008: scope proposal for partnerships capacity-building fund.
- Summer 2008: scope and review existing health improvement partnerships within DH.
- Autumn 2008: draft proposals for the commissioning and evaluation of social marketing initiatives.
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