Sharpening the Spearhead

Customer focused public health information to tackle health inequalities

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A study commissioned by the National Social Marketing Centre

National Social Marketing Centre

Contents

Introduction

This small-scale scoping study commissioned by the Department of Health and the National Social Marketing Centre (NSMC), aims to establish how the Spearhead PCTs in England understand their customer base in order to reach their marginalised groups and tackle health inequalities, by:

- **looking at the customer-focused public health information and intelligence on inequalities currently collected by Spearheads which helps them decide where to target their resources and interventions;**
- **investigating how relevant social marketing is to Spearhead PCTs;**
- **finding out Spearheads' support needs in this area;**
- **examining the use of and views on social marketing and other tools such as the Health Inequalities Intervention Tool (Appendix 1) and the Health Inequalities National Support Team (NST) Diagnostic Tool (Appendix 2).**

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The NSMC wishes to use the findings to help assess the need for further resources and support to Spearhead PCTs to enable a good understanding of the customer in action against health inequalities.

Background

Health Inequalities

In 2007, as part of the 2007 Spending Review, the existing health inequalities National Target became part of PSA Delivery Agreement 18. Tackling health inequalities was made a mandatory indicator within Local Area Agreements from April 2007.

The Health Inequalities National Target is to:

Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.

The aim of the target is to close the health gap by reducing the relative differences between disadvantaged groups and areas and the rest of the country in two dimensions of the health inequalities target:

- starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual group and the population as a whole;
- starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.

Spearhead Group

The Spearhead Group consists of the fifth of areas with the worst health and deprivation nationally.[1] These are the Local Authority areas that are in the bottom fifth nationally for 3 or more of the following 5 factors:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardiovascular disease mortality rate in under 75s
- Index of Multiple Deprivation 2004 (Local Authority Summary), average score

The Spearhead Group is made up of 70 Local Authority areas which map to 62 Primary Care Trusts. They are based in 6 Regions of England: North West, Yorkshire and Humber, North East, West Midlands, East Midlands and London. Tackling health inequalities is a Government priority and there is a commitment to narrow the gap in health outcomes in the Spearhead Group compared to England.

This study was carried out with Spearhead PCTs as they suffer the widest health inequalities. Therefore at Spearheads it is of utmost priority to find ways of tackling health inequalities by reaching marginalised groups, developing interventions and providing services that are relevant and accessible to the most deprived in our population. The findings are relevant to non-Spearheads, many of which have smaller areas of severe deprivation within their boundaries.

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Customer focus

Social marketing is built on the bedrock of customer focus and deep customer insight. It offers the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social or public good (in this case, to improve health and to reduce inequalities).

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There was a mix of urban and rural PCTs and all were coterminous with their Spearhead local authority.

The government white paper 'Choosing Health'[3] recognised that encouraging positive health behaviour (and related behaviour change), can be complex and challenging, requires sustained and coordinated action across sectors and at all levels, and cannot be achieved by giving information and awareness raising alone.

Social marketing was, therefore, specifically highlighted in the white paper as an important and currently under-utilised approach with real potential to tackle health inequalities.[4]

Similarly the Darzi Report[5] provides the context of the vision for an NHS that is 'personalised to the needs and wants of each individual, especially the most vulnerable and those in greatest need.' Across government there is a push to 'establish across the public sector a sustainable culture built upon an understanding of the needs and behaviours of citizens... to create services which are better for customers'

Method

The this is a small-scale scoping study a considerable amount of detailed information was collected by speaking at length with a number of key contacts (see Appendix 5) and then, based on their recommendations, holding detailed phone interviews with senior level PCT Public Health contacts. Consultation took place with the London Health Observatory, the Health Inequalities National Support Team, the North East Social Marketing Collaborative and six senior level Regional Public Health contacts. From their recommendations, detailed semi structured phone interviews were undertaken with a senior representative of the Public Health Department at 7 Spearhead PCTs, covering every region with Spearhead PCTs. There was a mix of urban and rural PCTs and all were coterminous with their Spearhead local authority. The PCTs interviewed were:

Name of PCT	Name of coterminous Local Authority	Region
Middlesbrough	Middlesbrough UA	North East
Wirral	Wirral MCD	North West
Hull Teaching PCT	Kingston upon Hull, City of UA	Yorkshire and Humber
North East Lincolnshire	North East Lincolnshire UA	Yorkshire and Humber
Nottingham	Nottingham UA	East Midlands
Wolverhampton	Wolverhampton MCD	West Midlands
Newham	Newham LB	London

The themes covered in the interviews were:

- Customer focused public health information collection methods used
- How the information is obtained
- How the information is used
- Feedback mechanisms from customers following interventions
- Costs attached to obtaining customer focused public health information and funding issues
- Implications of Spearhead status
- Barriers, difficulties and gaps
- Specific tools to help understand the customer base, or focus interventions
- Views on social marketing
- Suggestions that would help towards gaining a better understanding of customers

The semi structured interview schedule can be found at Appendix 4.

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Findings

1. Customer focused public health information methods

The type of information collected and the methods used vary from traditional health and lifestyle surveys to more innovative ways of obtaining real insight into the customer, often taking a social marketing approach. All the PCTs used a combination of conventional and innovative approaches to get customer-focused information.

a. Conventional approaches

Health and lifestyle surveys, health needs and health inequalities assessments and service evaluations are all considered fairly useful, the 'bread and butter' of public health. There were mixed views on the usefulness of Patient and Public Involvement (PPI) forums, local authority citizen's panels and community representation.

• Health and lifestyle surveys

These are large-scale questionnaire surveys investigating the behaviour and attitudes of various audiences (adults, people over 50, children, young people, black and minority ethnic groups [bmeg]) in relation to lifestyle issues such as smoking, physical activity, alcohol consumption, healthy eating. They mostly concentrate on understanding the customer's health and related lifestyle, rather than their lives 'in the round'.

There were divided views about the usefulness of PPI forums. One PCT felt they 'offer less deep insight into the user.

• Health needs assessments and health inequalities assessments

These involve both quantitative and qualitative information, obtained from professionals as well as directly from the customer or member of the public. Examples of such assessments feature topics such as alcohol, substance misuse, mental health, children's mental health, dental health and particular groups such as people with physical disabilities, older people.

• Service evaluations

These include evaluations of frontline public health services such as exercise referral, Health Trainers, smoking cessation and chlamydia screening. Customers are asked about the quality of services, how they found out about them and how satisfied they are with them. At one PCT an academic centre with specific expertise in evaluation has been contracted by Public Health to undertake an agreed programme of service evaluations over the year. Topics include evaluating a CVD pilot screening programme aimed at hard to reach groups and evaluating the school nursing assistants' service.

• PPI forums

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There were divided views about the usefulness of PPI forums. One PCT felt they 'offer less deep insight into the user. They are generally more focused on services than information about people's behaviour and attitudes.' A comment from another PCT was that 'The PPI Forums have been briefed regarding the Health Inequalities agenda but in reality their direct input to public health programmes has been peripheral…we are seeking to address this via the introduction of the LINKsi structures.'

'Our aim is to encourage the patient voice across the full range of PCT activity, including service redesign not just lifestyle topics.

Wirral PCT has a different view. This PCT won the HSJ PCT of the Year Award 2007, and their work in PPI and tackling health inequalities was a major factor contributing to the award. In Wirral PCT public involvement is led from public health. 'Our aim is to encourage the patient voice across the full range of PCT activity, including service redesign not just lifestyle topics. Because PPI here is rooted in public health and headed up by a public health specialist responsible for public health intelligence, we can use the intelligence from many different sources…this gives the qualitative information the same weight as the quantitative to give a full picture of health needs.'

• Local authority citizen's panel surveys

PCTs commonly use these surveys and influence the health questions. Some boost the sample or run a separate survey with the same questions in order to capture the views of deprived groups. One PCT view is that citizen's panels concentrate on council services, have a limited health focus and consist of a self selecting group with the same active people getting involved. Other areas however, find these surveys quite helpful. Newham PCT compared figures on the utilisation of the stop smoking service with citizen's panel prevalence figures and found that a large proportion of Bangladeshi male smokers were not using the service. After holding focus groups with community members the smoking lead developed a mosque-based service which resulted in a high quit rate.

• Community representation

This form of customer engagement includes dialogue on health with local neighbourhood areas, consultations with locality panels and consultation with an active voluntary sector. Some PCTs hold annual health and wellbeing summits and debates and health tents at local events. One PCT was concerned about the value of community representation on the LSP and community consultation panels such as held by crime and disorder partnerships: 'It's not adding anything to what we already know.'

b. Social marketing approaches

PCTs are beginning to use segmentation techniques; try more innovative methods of capturing customer views, such as focus groups, face to face interviews and street research; and undertake social marketing campaigns some of which are quite large-scale.

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They are held with a range of audiences and on a number of issues relevant to tackling health inequalities

• Segmentation

All 7 PCTs mentioned using geodemographic segmentation[7] techniques and tools including Acorn, Mosaic and Mosaic Origins (profiles areas and communities by name origin, religion and language). Another segmentation tool in use is the Sport England tool based around 19 population segments and focusing on physical activity. Often PCTs have entered the segmentation and thence social marketing field as a result of the Health Inequalities National Support Team (NST) visits to Spearheads, (see Appendix 5), when the NST has recommended social marketing approaches. Also, in the North East and Yorkshire and Humber Regions, the North East Social Marketing Collaborative has been set up (see Appendix 5) which provides social marketing consultancy, support, advice and training input to the PCTs. Staff at these Spearhead PCTs are gaining skills and expertise in the use of social marketing approaches, including segmentation techniques.

• Focus groups

Focus groups are used across all the PCTs interviewed. They are held with a range of audiences and on a number of issues relevant to tackling health inequalities, as part of a social marketing approach. These include:

- Pregnant women who book late for ante-natal care
- Women who smoke in pregnancy
- Parents of children who have not been vaccinated
- People who have not seen a GP for at least eighteen months, who are overweight or smokers (in relation to cardiovascular disease [CVD])
- Salt consumption
- People who are among the most deprived: finding out what they would like to see covered in the Director for Public Health (DPH) Annual Report and using the findings to develop the themes.

• Social marketing campaigns

Social marketing campaigns are undertaken at 5 of the 7 PCTs interviewed. They include:

- Women's life expectancy (women aged 40-75)
- Cardiovascular disease pilot in very deprived wards
- Physical health in people with mental health problems
- Ethnicity and breast cancer - breast screening uptake in women from bme groups
- Smoke free work with young people around film and music
- 'Listening to Reason' Stop Smoking Campaign

Examples of good practice

Hull Teaching PCT has undertaken a Social Capital survey and a Culture and Attitudes survey using a wide range of methods – focus groups, one-to-one interviews, street research, going door-to-door. 'We want to gain awareness and insight – what drives people, what are their perceptions, what choices do they make. We are going to the community rather than the community having to come to us.'

Wolverhampton PCT has undertaken considerable qualitative work with young people around sexual health and teenage pregnancy, to find out their perceptions of teenage pregnancy, views on access to services and barriers to using services. In 2007 Wolverhampton scored a high Joint Area Review ii (JAR) rating for participation of young people.

'Happy Hearts' in Nottingham is a collaboration between the PCT and the ABPI (Association of the British Pharmaceutical Industry) which aims to engage people at raised risk of CVD. Both quantitative information and qualitative research were used to decide who to invite to participate, and how to invite them. Follow up focus groups were held not only with those who did attend but also with those who did not, to find out why they did/did not get involved and what they understood by the concept of being 'at risk' of CVD.

Both quantitative information and qualitative research were used to decide who to invite to participate, and how to invite them.

In Wirral PCT the approach to customer insight is one of 'capacity building and enabling others to deliver, using local champions.' For example Wirral works in partnership with Knowsley PCT in early years work on healthy eating. Parents of young children develop the ideas and deliver the project. Wirral PCT has a Community Health Development Team (CHDT) which works with people from the most deprived neighbourhoods and communities of interest, gets their views, and trains them to deliver courses such as healthy eating on a budget; physical activity.

In Teesside the four PCTs (Hartlepool, Middlesbrough, North Tees, Redcar & Cleveland – all Spearheads) have very recently joined together to form a regional social marketing group, working with the NE Social Marketing Collaborative. (see Appendix 5). Middlesbrough PCT wants to develop expertise locally on achieving better customer engagement particularly in relation to its work in key priority areas to tackle health inequalities; and wishes to make the process sustainable and carry it on in future. The work was initiated two months ago and focus group results are awaited. Regional coordination should help this work to become more systematic and help to share experiences and disseminate results.

In establishing a chlamydia screening service (Chlamydia Outreach Advice Screening and Treatment or COAST) North East Lincolnshire PCT approached young people and engaged with them via focus groups and the Children and Young People's Panel to find out their views on how and where the service should be provided, and how they wanted to be communicated with. The PCT took their views on board, for example the screening results are texted to them. The young people also road tested the promotional materials and the website. The service was launched last year and had a very good initial response from its target audience of 15-25 year olds.

Newham PCT has very recently embarked on community engagement in relation to CVD in a highly deprived area of Newham, where the death rate for CVD is more than five times the national average. This work, which will involve very active dialogue with the community, is a pilot funded by the British Heart Foundation with the aim of being rolled out across the Borough.

ii The Joint Area Review (JAR) is an inspection of all children's services within a local area undertaken by a team of inspectors from several government agencies.

2. Ad hoc or systematic nature of information collection

Large scale surveys and service evaluations are generally part of the agreed programme of work and are regularly undertaken, funded by the core PCT budget. Surveys falling outside of this, for example a bme health and lifestyle survey, are ad hoc and depend on funding availability. Other more innovative work is undertaken opportunistically as funding becomes available and in response to particular problems identified, such as poor access by particular groups of women to ante-natal services.

'it is completely ad hoc. We have not had a systematic way of going about it; now that we are more focused on social marketing we hope this will change.'

Quantitative data is often obtained systematically, whereas the qualitative work is at a much earlier stage and skills to do this are only now evolving. However there is a general wish to embed the approach better, and some areas are starting to put in place a rolling programme of work and beginning to obtain core funding. One PCT 'has put in the spec to all service providers that they must use social marketing to grow their services.'

One interviewee commented 'it is completely ad hoc. We have not had a systematic way of going about it; now that we are more focused on social marketing we hope this will change.' Another said 'all this doesn't add up to a huge amount but the PCT is definitely committed to understanding the customer and improving services so they are appropriate to the different customer groups.'

One PCT has built the customer focus into the mainstream work of the PCT. 'Customer-focused work is embedded in everything else. Can't really estimate how much it costs. It's so ingrained, there's a lot of staff time spent on it. It's not an add-on; it's built in to their jobs.'

3. Funding

The levels of funding for customer-focused work are very variable and hard to estimate.

They range from funding of £100,000/year from the Public Health Directorate core budget, along with costs of a segmentation software license and £5-10,000 per set of focus groups, to £1.5m for social marketing over the next 3 years (core PCT monies for diabetes campaigns, women's life expectancy and cancer.) Over the next 2 years another PCT is putting 25% of the PCT's non-recurrent monies of £3-4m into social marketing and gaining customer insight. Clearly in some PCTs substantial funds are going in to social marketing; NSMC may wish to assess what effect this level of funding has had, say in three years time.

Apart from PCT underspend (non recurrent monies), large amounts of external funding is used for social marketing, from sources such as:

Neighbourhood Renewal Fund (NRF)

New Deal for Communities (NDC)

Communities for Health

British Heart Foundation (BHF)

Food Standards Agency (FSA)

Healthy Communities Collaborative

Other DH monies

Resource spent in terms of staff time is considerable. North East Lincolnshire PCT and Hull Teaching PCT have appointed public health leads in social marketing. The work may be done in-house or outside expertise may be bought in. Some PCTs favour this: 'in house we need to develop the expertise on managing the process and implementing the findings- not actually doing the research'. However managing external providers to undertake qualitative research 'is costly in time, effort, money – preparing the spec, tenders, procurement process for anything over £25k. Then monitoring the providers (formal tender process – could be research companies, consultancies, private sector providers).' Rather than relying on external agencies, one PCT wants to embed their approach: 'where members of staff have or have gained this expertise we try to keep them in permanent posts and get them to train other staff.'

4. Spearhead status

Participants commented that the term 'Spearhead' is less commonly used now, particularly at ground level. Indirectly, Spearhead status is important, as being a deprived area leads to sources of funding from NRF, NDC and the Healthy Communities Collaborative.
However actual 'Spearhead' status does not automatically lead to any additional funding streams (Appendix 3).

Clearly issues of deprivation and health inequality are still very important, such as tackling the life expectancy gap. 'We work in our disadvantaged communities because we know this is important and needs to be done.'

One of the perceived benefits of Spearhead status is that it 'does bring additional drive and the need to be proactive. We recognize that we need to be on the front foot to tackle health inequalities.'

The support of both the NST and the NSMC is welcomed by PCTs :'NST visits are very helpful; they focus the whole organisation on health inequalities, not just sidelining it to the public health directorate.' [Being a Spearhead leads to]' NST visits and via them, input from the NSMC – time, expertise, training which is really helpful. Their involvement is a real bonus for us. But even if we were not a Spearhead we would want to know what drives our customers and how to develop an informed plan to fulfill their needs.'

5. Using customer-focused information

• To allocate resources

Qualitative customer-focused information provides a fuller picture and a richer depth than quantitative information alone and is useful when putting forward an argument for more resources: 'It allows you to bring insight into real life rather than just having a dry set of numbers.' Thus customer-focused information is used to drive the agenda of health inequalities work. It is useful 'for leverage to reduce the health inequalities gap. Understanding why people behave in a certain way helps fight for resources.'

• To modify services

It is useful 'for leverage to reduce the health inequalities gap. Understanding why people behave in a certain way helps fight for resources.'

There are numerous examples where services have been changed as a result of finding out the customers' views.

- For example, in one PCT access to antenatal care was changed after finding out the views of women who book late.
- At another PT, customers' views on crime, safety, fear of crime and depression have been used to influence the mental health agenda and initiate a 'social prescribing' initiative. Instead of just prescribing anti-depressants, GPs look at the causes of the depression more broadly (eg relationship breakdown, debt) and refer accordingly.
- In another example, young people's views on access and acceptability have been taken on board for the design and operation of a Chlamydia screening service. They have influenced where, how and when the work is delivered, and how results are communicated.
- Improved maternity services were commissioned as a result of interviews with new mothers: 'Genuinely hearing the voice of the customer.' The interviews revealed that women from deprived areas of the PCT had a much worse experience of maternity services than women from affluent neighbourhoods, mainly due to staff attitudes to women from different areas.
- Customer evaluation of the services provided at one PCT has influenced a move away from the 9-5 model of service provision, to evening sessions, weekend sessions and drop-ins.

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• For joint work with partners

The customer focus helps to inform partnership work at the local level.'Social marketing is not just the NHS agenda. This type of information helps to inform local Area Agreements, inform funding bids and is used in joint work from Cabinet down to the Area team.'

• For targeting

One example of more specific targeting relates to smoking cessation: having obtained a more informed view via focus groups, one PCT has changed the target audience for the smoking cessation service to men aged 40-60.

• To provide appropriate campaign messages and public information

Examples are a campaign on women's life expectancy, on salt use, and on cholesterol awareness.

• For reaching seldom heard groups

'In terms of implementing the intervention, we need qualitative information. When we are struggling to engage the target group it is qualitative information that we need to help improve performance.'

One example is where the customer focus was sought by talking to young male manual groups to get their views on how they would like to be approached by the NHS. This has helped to engage them in a 'mental health in young men' programme based around football, soccer stars, the music industry, pubs and clubs.

• For improving professional practice

The focus group participants were low paid and overworked with very little free time,

In this example focus groups were held with people who were overweight or smokers and had not accessed their GP for at least 18 months. The focus group participants were low paid and overworked with very little free time, and were not very receptive to advice on lifestyle change. As a result health professionals are being trained appropriately so that they 'acknowledge the reality of people's lives' and can get health messages across in a sensitive manner.

Similarly, women smoking in pregnancy felt that they were being judged by all the health professionals they came into contact with and that midwives in particular viewed them 'as a mother attached to the foetus, not as a person who is pregnant.' The outcome at this PCT is training provision for midwives in communication, body language and non judgemental approaches.

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6. Confidence in using qualitative/ attitudinal research to persuade commissioners

Mostly there was confidence that commissioners are receptive to qualitative information in addition to quantitative and that it is just as important. 'Commissioners want to see results… they are very receptive [to qualitative information] as they know there's strong underlying quantitative data…it's really important, gives an insight, brings the data to life.' 'Harder' measures do not always give all the evidence needed to convince PCT commissioners. One PCT which has recently begun social marketing needs to back up their behavioural information with underlying data before presenting to commissioners: 'it's not so important on its own; when it's linked to data – that's when the power will come into it. This is a cultural shift. We are well down the track compared to some PCTs but compared to where we want to be, we are just at the starting gates.'

In North East Lincolnshire, talking to the customer and obtaining qualitative information has helped obtain investment in the alcohol harm reduction strategy which is widely owned by the public as well as by organizations. 'There was a huge amount of unmet need. We have now invested in new frontline services – alcohol counselling, advocacy, treatment and a major push on brief interventions. No-one would have done anything if we hadn't gone out and talked to the customer.'

Top level commitment is clearly helpful: 'The Chair of the Board comes from a commercial background and understands the importance of marketing- there is no debate. You need to target whatever intervention you do appropriately to the people you are trying to appeal to, and it is often qualitative information that allows you to do that.'

'In the North West we are pushed by our SHA on involvement, social marketing – its much more than a public health issue – relates to primary care, A&E, much more than just lifestyle topics. The Chief Executive of the SHA is very supportive of this approach and its relevance to World Class Commissioning. The message is coming through strongly.

7. Feedback mechanisms for customers following interventions

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Mechanisms for giving customers feedback after they have contributed to focus group discussions, been involved or given their views in some way are not yet well developed. At one PCT feedback is not obtained routinely partly because of the expense - it is only obtained where there are dedicated resources for evaluation. 'Increasingly, influenced by social marketing, we hope to do more of this in future.' At another PCT, feedback mechanisms following particular interventions or changes to services include using the local media, PPI forums, the local authority Overview and Scrutiny Panel and local partnerships. The PCT also sends brief summaries to those who took part in focus groups.

One PCT 'views the feedback process as a continuous loop in which feedback is inbuilt. It's not about modifying a one-off intervention.' That PCT is in the process of creating a Health and Wellbeing Network to include local people, termed their 'local champions'. They are kept informed via a newsletter in which their contribution is acknowledged.

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8. Difficulties, barriers and gaps

The commonest difficulty mentioned is one of capacity and skilling up the workforce to better engage the customer. Spearhead PCTs are in deprived areas and those outside the major cities have problems attracting and recruiting people with the necessary skills. Whether customer-focused work is carried out in-house or externally commissioned the skills for customer engagement are still needed. One PCT view is that a lot of effort and skills are required to move away from the traditional way of community engagement: 'we have been using blunt tools and a non representative sample to get information we already knew about.'

Whether customer focused work is carried out in-house or externally commissioned the skills for customer engagement are still needed.

There is a tension between the need for time to undertake qualitative research to a high standard, and a demand for quick results: 'qualitative research is harder to do well than quantitative and requires time, investment and a flexible approach, but it's at the heart of what is needed.' At the same time 'there is pressure to turn it around quickly' – for example when needing to demonstrate community engagement for funding bids. In similar vein one PCT would like to see social marketing with a shorter turn-around. 'Do more market testing, learn from advertising companies, be pragmatic and learn how to do it in less time.'

Consultation fatigue among the public was identified as a difficulty–'everyone is trying desperately to engage with them.'

There is a risk that social marketing might potentially be marginalized by having a public health base as against a mainstream services base. 'When money is tight, social marketing and health promotion are the first to go.' 'It should be a whole organization way of looking at things.' This view is reinforced by one PCT which has embedded the customer focus over the last year and now feels that there are now no real barriers or difficulties. 'A year ago it was difficult to get people to take this seriously, it was a fringe activity. But now it is taken on by the whole organisation. It is articulated in an involvement strategy and action plan with commitment from the new Non Executive Directors, it has resonated with Regional Office and the SHA. Also the HSJ award gave credibility and has reinforced the recognition that this is important.'

9. Methodological issues

• Terminology

Some feel that the terminology of social marketing (including the phrase itself) is not easily understood. It can be confusing and has its own language which has to be learnt. 'People at all levels don't know what is behind the term. It is a systematic approach that actually makes a lot of sense; it is more sophisticated than sometimes what people call "social marketing"; People do have to spend the time to understand and use the fundamental concepts like what is the exchange; what is competition.' Often what is badged as social marketing is not really so.'

• Segmentation

This is an area where PCTs would like more detail, drawing parallels with the commercial sector which has very detailed knowledge of different population segments and what they respond to. One PCT specified that there is scope for development and improvement of segmentation tools like Mosaic, explaining that 'the information you get is not at a detailed enough level around people's motivations, views, attitudes around lifestyle choices: you have to get that information elsewhere like from the literature or through running focus groups to supplement the information. If that information was then captured and attached to the types it could be potentially generalisable nationally.' Another PCT said '46% of our population falls into one Mosaic group,' making the point that more detail would be welcomed.

Another PCT suggested using segmentation to help find out what drives behaviour. Having segemented the population geodemographically, they would like to use the Prochaska & DiClemente model of behaviour changeiii to segment further.

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• Evaluation

No-one would have done anything if we hadn't gone out and talked to the customer.'

Evaluation of social marketing is quite a new area for most of the PCTs and they need help and support to undertake high quality evaluation. One PCT outlined the difficulties: 'firstly it's qualitative and secondly it's in a really noisy environment, meaning that there is lots of other work going on at the same time - how do you evaluate its specific impact? Very tricky at a local individual intervention level.' public health interventions. But other issues require a broader understanding of health literacy drawing on the conceptual and empowerment definitions. The Australian mental health and African HIV examples show how these broader definitions might shape the content and impact of public health campaigns.

iii This model was first introduced in 1982 by Prochaska and DiClemente to help smokers change their smoking behaviour. There are six stages to change – pre-contemplation (not being interested in change), contemplation (thinking of change), preparation, action (making changes), maintenance and relapse. (Prochaska, J & DiClemente, C (1982) Transtheoretical therapy: Towards a more integrative model of change Psychotherapy: Theory, Research and Practice 19 276-88).

10. Views on social marketing

Views are generally very positive. There is a feeling that a new approach like social marketing, a 'rebranding' of health improvement work, is useful and is needed to give fresh impetus to tackling health inequalities. 'It is very useful, very relevant to tackling health inequalities. Necessary to understand the context in which people live- the cultural, material and behavioural aspects.' Some thought it was a particular buzz phrase at the moment, that it was one of many approaches, but even so that it was improving their ability to target interventions. 'Social marketing should be seen as a way of thinking not as nirvana itself.'

Specific tools:

1. Social marketing tools and methods

a. Benchmark criteria

The 8 point benchmark criteria tool developed by the NSMC provides a robust framework for those developing social marketing interventions to ensure they are consistent with best evidence-based principles and practice in the social marketing field.

These criteria are familiar to three of the seven PCTs and used by just two. This suggests that the benchmarking concept has not yet been fully taken up and that there is a need for the NSMC to raise awareness of this tool and how it can be used effectively to improve social marketing practice.

b. Customer Journey Mapping

'Customer journey mapping is the process of tracking and describing all the experiences that customers have as they encounter a service or set of services, taking into account not only what happens to them, but also their responses to their experiences. Used well, it can reveal opportunities for improvement and innovation in that experience, acting as a strategic tool to ensure every interaction with the customer is as positive as it can be.'

None of the PCTs were familiar with this method of mapping out a customer's experience, plotting both the positives and the negatives, although they could guess what it might mean and were interested to find out more. The NSMC could have a role in providing this information; as yet customer journey mapping is not featured on the NSMC website.

The cross government Customer Insight Forumiv is its main public sector proponent.

See: http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/publications/delivery_council/customer_journey_mapping/cjm_final.doc

2. Health Inequalities Intervention Tool for Spearheads

This tool is an interactive resource which draws together key data and modelling. It allows Spearhead areas to estimate the potential effect on their life expectancy gap if certain interventions are increased, specifically:

- Interventions to reduce infant mortality

- Smoking cessation

- Antihypertensive prescribing in people without diagnosed cardiovascular disease

- Statin prescribing in people without diagnosed cardiovascular disease.

All the PCTs knew of this tool and had used it. Opinions vary, from the view that it's a limited modelling tool which covers just four possible interventions and has limited usefulness, to the view that it's really helpful: 'it has been a key driver to help convince commissioners, helped to secure £6m of funding over 4 PCTs for 3 years for CVD screening. It was also a key driver to securing a f/t post on suicide, as it showed that the contribution of deaths in the 19-24 age group to the life expectancy gap (mostly accidents or suicides) was large.'

Most feel that it is a fairly useful tool, but with room for improvement. It helps to focus and identify priorities for action and complements qualitative approaches. 'It's clear, straightforward and easy for the public health team to use and it brings into sharp relief where there are issues of concern.'

It is seen as useful across the whole PCT and has been used to brief the Chief Executive, and to inform and produce reports such as the Health Inequalities Action Plan, DPH Annual Report, PCT Strategic Plan, Female Life Expectancy Action Plan.

Various improvements were requested. 'We would like to see it modified as it's a bit inflexible: difficult to get all the data into it that we want.

'We would like it developed to include a number of other issues as it's not detailed enough for our needs. There are some gaps – eg alcohol.'

It helps to focus and identify priorities for action and complements qualitative approaches.

'It needs to be more sophisticated. We would like to be able to use it with lower level data such as ward level. It would be more useful at that level and people could see what needs to be done locally to tackle the life expectancy gap.'

iv CIF enables service transformation by being an advocate across government for the role and value of customer insight, promoting best practice and knowledge. It has representation from DT, Cabinet Office, DH, DCSF, HMRC, DWP, DCLG, Ministry of Justice, Directgov, Business Link, COI, the Home Office, DEFRA, Border & Immigration Agency and DIUS.

3. Health Inequalities National Support Team Diagnostic Tool 'Commissioning Healthcare for Best Outcomes'

This tool is provided by the Health Inequalities NST to help the Spearhead PCTs they visit to take action across 12 areas. The left hand side of the tool covers the population focus while the right hand side covers the challenge to providers. Both sides need to be addressed to produce good population health outcomes. All three PCTs which had been visited by the NST knew about the tool, but only two had used it. One user said it was conceptually easy to think about; harder to use in practice as it covers 12 different areas. The other user felt the language was useful as it helped articulate the issues and give them a framework, 'but it didn't tell us anything we didn't know'.

continued...

12. Views on what NSMC can do to help the PCTs gain a better understanding of the customer

NSMC should:

- Try to ensure that the national push for social marketing lasts for longer than 1-2 years and becomes embedded. NSMC should get social marketing on to the agenda of Chief Executives, Directors of Finance, not just confine it to public health.

NSMC should encourage more competition as there are not enough providers of social marketing/ market research services.

- 'Kite mark' external providers who badge themselves as social marketing agencies to ensure that they are up to standardv. PCTs pay a substantial amount for these services. Also NSMC should encourage more competition as there are not enough providers of social marketing/ market research services. The few that exist get all the business - this is questionable in terms of use of public money and does not bring added value.

- Alternatively, take 'social marketing out of the private sector and into the hands of the commissioners'. NSMC could provide easy access to new desktop tools (an example seen by PCT participant at NHS Confederation) for PCTs to use in-house; then PCTs would not be reliant on external providers.

- Set up networks and email forums, so that PCTs can share experiences (good or bad) and exchange information.

- Publicise good practice in customer engagement and examples of actual health outcomes, ie evidence that social marketing approaches work (not to be confused with interventions that work). PCTs would like to see a bank of examples, more than is currently available on the NSMC website.

- Provide more opportunities for staff training and awareness, including awareness raising of tools that are available and about the development of new tools; hold more NSMC conferences as well as workshops at PCTs. In terms of tools and techniques:

- Raise awareness of benchmarking criteria
- Raise awareness of customer journey mapping

- Continue and expand NSMC role in regional coordination (such as the NE Social Marketing Collaborative).

- Set up a research website with good qualitative research and grey literature assessed and reviewed by the NSMC. NSMC could provide a national template for contributors and could work with the National Library for Public Heath (NLPH) to provide this.

- Improve the NSMC website so there is one standard approach using the same criteria, principles, language and terminology. NSMC national website should be the main portal for getting consistent information.

- Use and disseminate learning from the private sector: 'Just as the private sector exploit their knowledge of the customer to give them better products tailored to their needs, so should we in the NHS and public sector' Use sources such as Harvard Business Review for papers on customer focus and satisfaction; bring in high quality commercial marketers; employ different kinds of staff- not always with the traditional NHS skill set; use a plurality of sources to help inform.

- Use and disseminate learning from the voluntary sector who have to know their target audience very well and market themselves and their services.

v NSMC is currently working with the Marketing and Sales Standards Setting Body (MSSSB) to develop new National Occupational Standards for Social Marketing which will describe the standards of performance expected of those carrying out social marketing, as well as the knowledge, understanding and skills needed to perform these activities effectively.

- Segmentation: Provide detailed information on particular vulnerable segments / groups which are likely to be targeted by PCTs rather than providing information on all the segments equally.

- Evaluation: Undertake large scale social marketing interventions and evaluate these at national level.

- Tighten up on definitions of 'social marketing'. For example, NSMC should ask conference presenters beforehand to be explicit in their papers about how they have used social marketing principles.

- At conferences and workshops, customize NSMC presentations to the topic under discussion using relevant examples. Generic social marketing presentations are of limited value.

13. Conclusion

It is useful 'for leverage to reduce the health inequalities gap. Understanding why people behave in a certain way helps fight for resources.'

When reading this report it should be remembered that this is a small scoping study which has drawn out themes and will give a flavour of the relevant issues rather than definitive answers. The PCTs that took part in the phone interviews were all recommended by their Regional Directors of Public Health so this may be the very best picture of customer focused information and its use to tackle health inequalities across the country. Also, only one person was interviewed per PCT so these are very individual responses.

This scoping study has shown that Spearhead PCTs do obtain and use a wide variety of customer focused public health information in their work to tackle health inequalities. Currently most of this activity is based around piecemeal initiatives and campaigns although in some PCTs the work is beginning to be more systematic and ingrained. The example of Wirral PCT shows that it is possible to embed the customer focus in the day to day work of the PCT: however even here this has only happened in the last year.

This is a new field for many PCTs and even where the work is well developed, it has advanced mostly over the last twelve months. Some areas have only begun to take on board social marketing and obtaining better customer insight over the last two months. This suggests that a follow up in a year or so may well find that such work has become much more accepted and mainstream.

Social marketing was seen as very relevant to tackling health inequalities and senior commissioners were receptive to qualitative information as long as it provided as well as (not instead of) underlying quantitative data. The term 'social marketing' was used quite freely by participants but sometimes this was synonymous with segmentation. It was not always clear that social marketing theory and concepts were well understood. For example the concept of social marketing benchmark criteria was not known to all and the term 'customer journey mapping' was unfamiliar to all.

Funding sources and amounts for such work are very variable. Despite 'Spearhead' status not having a specific funding stream attached to it, there is no doubt that being a deprived area leads to access to a number of funding streams which have been used to obtain customer focused public health information. These include Neighbourhood Renewal Fund and New Deal for Communities Fund, both of which have provided substantial funds for social marketing. The funding picture may be very different in non-Spearhead PCTs – many of which have hotspots of severe deprivation and health inequality.

It is clear that top level commitment from the PCT, SHA and the Regional Office is very important and goes a long way towards making the customer focus a priority. However in a number of areas skill shortages and recruitment problems are holding progress back and also forcing a reliance on external market research and marketing agencies. Some PCTs are happy to leave such work to external agencies as they feel they are the experts. Others definitely wish to embed skills in their own workforce and move away from using the private sector where they also feel there are quality assurance issues.

PCTs find the support and advice they have been offered up to now by the NST for Health Inequalities and the NSMC has been very helpful. They look to the NSMC for further help, support, tools and professional development in this area of work. Recommendations to the NSMC are highlighted in the points for action on pages 18-19.

Appendix 1:

The Health Inequalities Intervention Tool

This tool is an interactive resource which draws together key data and modelling. It allows Spearhead areas to estimate the potential effect on their life expectancy gap if certain interventions are increased, specifically:

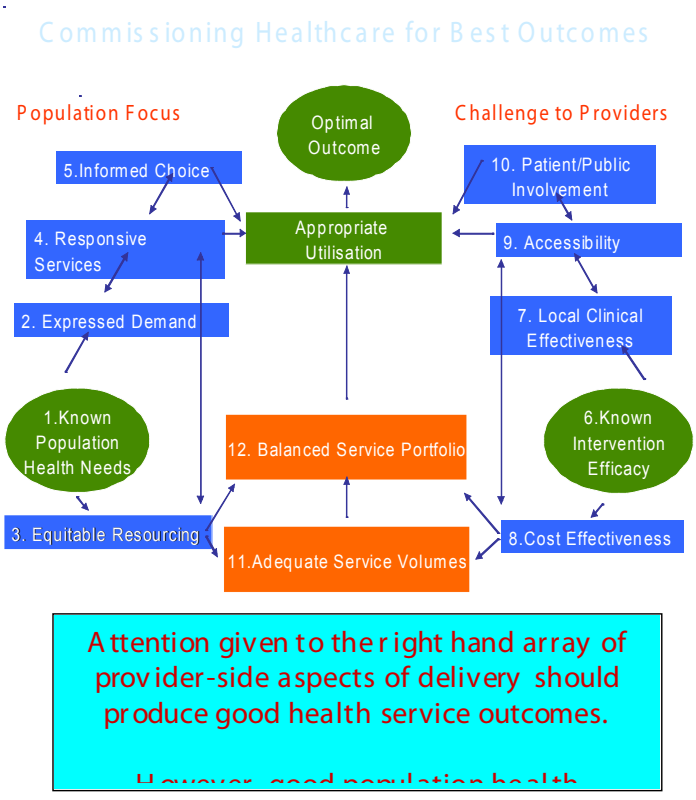
- Interventions to reduce infant mortality
- Smoking cessation
- Antihypertensive prescribing in people without diagnosed cardiovascular disease
- Statin prescribing in people without diagnosed cardiovascular disease

The tool is designed to assist commissioners in Spearhead PCTs with their Local Delivery Planning (LDP) and commissioning, and to assist Spearhead Local Authorities with the delivery of Local Area Agreements (LAAs). It highlights key issues for Spearhead PCTs and LAs to consider in order to achieve the life expectancy element of the Government's Public Service Agreement (PSA) on health inequalities by 2010.

http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx

Appendix 2:

National Support Team for Health Inequalities Diagnostic Tool



Appendix 3:

Spearhead Group funding

Extract from House of Commons Hansard Written Answers 13 June 2007

Primary Care Trusts: Finance

Caroline Flint, then Minister for Public Health

There is no funding stream that exclusively supports the Spearhead initiative. However, the 2006-07 and 2007-08 revenue allocations to primary care trusts (PCTs) separately identify £211 million in 2006-07 and £342 million in 2007-08, around half of the £1 billion promised, to support implementation of the "Choosing Health" White Paper initiatives. The funding has been targeted on the most deprived areas, including PCTs in spearhead areas.

The White Paper funding is not ring-fenced within the PCT revenue allocations, as it is for PCTs to determine how to use the funding allocated to them to commission services to meet the healthcare needs of their local populations.

Appendix 4:

Semi structured interview schedule

CUSTOMER FOCUSED PUBLIC HEALTH INFORMATION TO TACKLE HEALTH INEQUALITIES

This project is about how Spearhead PCTs understand the behaviour, attitudes and perceptions of their customer base to inform their approaches to reaching seldom heard groups and tackling health inequalities.

Q1. What customer focused public health information do you collect?

Q2. How do you obtain it and how often?

Q3. How do you use the information?

Q4. What feedback mechanisms are in place for customers following interventions?

Q5. What are the costs attached to obtaining customer focused public health information and how do you fund it?

Q6. What works well and what works less well, in relation to getting this kind of information?

Q7. Are there any specific tools you might use to help understand your customer base or focus interventions? We would be particularly interested in your views on social marketing as part of this.

Q8. Is there anything that would help you gain a better understanding of your customers?

continued...

Appendix 5:

Main issues in brief from key national and regional contacts

1. London Health Observatory

- Spearhead PCTs collect a vast amount of data relating to health inequalities; this means it may be necessary to narrow the focus of the study.

- There are numerous initiatives and studies going on at Spearheads. It is hard to keep track of them all, even for the Spearheads themselves.

- As a result of the above it may be difficult to get Spearhead PCTs on board with the project.

2. National Support Team (NST) for Health Inequalities

- Key to the NST approach is to encourage the scaling up of small personal health interventions to become 'industrial size' population health measures.

- The NST Diagnostic tool will only be familiar to those that have had an NST visit.

- The NST focus is on the most urgent health issues to address for the 2010 targets.

- Examples of deep customer engagement are rare.

- There can be a dichotomy between how social marketing should be done and how it is actually done on the ground.

- Spearheads have more flexibility with their budgets than non-Spearheads and so are more likely to undertake social marketing and qualitative work.

3. North East Social Marketing Collaborative

- Key partners are the NSMC, NE GOR, Newcastle University, the SHA.

- The Collaborative is working in Yorkshire and Humber as well as in the North East.

- The Collaborative supports the Spearhead PCT once the NST has visited. The NST will refer the PCT to the Collaborative if they consider that social marketing could help the Spearhead to get a more customer focused approach, for example in topics such as alcohol, smoking, obesity, teenage pregnancy.

- The Collaborative goes into Spearhead PCTs and runs sessions on social marketing, starting with the senior most staff.

- Their aim is to embed social marketing into the activities of the PCT.

- In one Spearhead they have run 4 thematic development days - on alcohol, obesity, domestic violence, smoking.

- The next stage is segmentation followed by developing a social marketing intervention.

4. Regional senior public health contacts

- Social marketing activity is piecemeal so there will be different approaches within the same PCT, varying from an excellent customer focus to not much of a customer focus.

- Customer focus is still mostly an 'add-on' rather than integrated into practice.

- The 'Spearhead' label is not as important in terms of customer focus as the general ethos of the organisation –if it is innovative and go-ahead it is likely to have a better customer focus.

- Population change is very significant in some parts of the country – affecting the likelihood of the Spearhead succeeding in narrowing the health inequalities gap.

In one Spearhead they have run 4 thematic development days - on alcohol, obesity, domestic violence, smoking.

- In some areas migrant health and infant mortality in particular are huge issues.

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