

It's our health!

Realising the potential of effective social marketing

Summary



Independent review, findings
and recommendations

NCC National
Consumer Council

Making all consumers matter

Social marketing



Social marketing is:

"the systematic application of marketing concepts and techniques to achieve specific behavioural goals, for a social or public good"

Health-related social marketing is:

"the systematic application of marketing concepts and techniques, to achieve specific behavioural goals to improve health and reduce health inequalities"

French, Blair-Stevens 2006

Further details on social marketing are included in Appendix A and available on our website www.nsms.org.uk

It's our health!

Realising the potential of effective social marketing

Acknowledgements	2
The case for social marketing	3

1. The national review	7
Why the review was undertaken, how it was done, and what it involved	

2. The findings	9
Summary of the five key findings	
The findings in more detail	

3. The recommendations: the framework for the first National Social Marketing Strategy for Health	21
1: Introduction and summary of benefits	
2: Aims and objectives	
3: Organisational delivery and support	
4: What success should look like – national three-year review checklist	

Appendices	39
A: Understanding and realising the potential of social marketing	
B: National Social Marketing Centre – governance, aims and objectives	
C: Summary of organisations that have helped inform the review	
D: Abbreviations	



Acknowledgements

Working together to bring energy and excitement into our collective efforts



Ed Mayo
Chief Executive
National Consumer
Council



Jeff French
Director
National Social
Marketing Centre

We owe thanks to many people across the fields of government, voluntary sector and business for their insight and support in helping us to produce *It's our health!*

We would like to thank the Public Health Minister Caroline Flint and the Department of Health (DH) for their lead in agreeing to commission the review as a white paper commitment in *Choosing health*. We would particularly like to acknowledge the support and encouragement we received from Fiona Adshead, Deputy Chief Medical Officer, and Siân Jarvis, DH Director of Communications and Matt Tee, along with John Bromley, Wyn Roberts, Mark Sudbury, Fiona Samson and Julie Alexander, and everyone who has actively contributed to the steering groups.

We have valued the expertise, energy and hard work of Clive Blair-Stevens, Sarah Hardcastle, Dominic McVey, Catherine Slater, Lucy Yates, Siân Evans and Fiona Nicol, our colleagues at the NCC National Social Marketing Centre. We would also like to thank Centre associates Ben O'Brien, Emma Heesom, Clive Needle, Kaye Wellings, Tim Jennings, Adam Crosier, Karen Bulsara, Kristina Staley, Roslyn Kane, Erica Ison, Ray Lowry, Prof Gerard Hastings, Martine Stead and Jane Lethbridge for their contribution to the review.

Finally, we are grateful to the many hundreds of people that we have met and who have shared their views and ideas with us. We would like to thank everyone who has provided evidence and information, helped us to examine and question the issues, and ultimately who have informed the findings and recommendations contained in *It's our health!*

This report is a summary of a fuller report that is available on the website www.nsms.org.uk, together with the 12 supporting papers and reports that have informed it. The full report includes further information and detail on the work of the review and its findings, along with illustrative case examples.

“The importance of applying social marketing principles to the development of social policy and strategy cannot be overstated especially in the area of health.”

Alan Andreasen – Professor of Marketing, Georgetown University

The case for social marketing

It's our health

Health is something to enjoy – not a cross to bear. But, the nature of public health and the challenge of promoting it, is changing. Today our attention is focused as much on chronic disease as on infectious disease. The rise in obesity, the problems of alcohol and drug misuse, sexual health, smoking and mental health are all key concerns.

People must be placed at the heart of the new public health challenge. After all, it is their health. It is ordinary people who provide most of our health care, who disseminate health information and influence our behaviour. It is people who not only pay for the NHS, but spend over £30 billion each year on promoting their own health and wellbeing.

The challenge that we explore in *It's our health!* is how to put people at the centre of a public health strategy. We have done this by examining the potential of social marketing to help promote health in England. This is a direct response to the government's *Choosing health* white paper, which recognises that more of the same would not deliver the health improvements that people need.

The review sets out how we can improve prevention and promote healthier ways of living by using what we know works. What is clear is that any attempt to improve people's health must include concerted and sustained action to help people change their behaviour.

It's our health! concludes that the DH should deliver a *National Social Marketing Strategy for Health*. Such a strategy, based on the recommendations that we make, would significantly help to improve the impact of our efforts to improve people's health.

Prevention saves money

At a time when efficiency and cost savings are high on the agenda of politicians and government, the single most important opportunity that has yet to be grasped is the economic benefit of preventing chronic ill health. Prevention is not straightforward for government. It's long term and not highly visible. But, the success or failure of prevention touches everyone's lives. Four

out of five deaths in the UK of people under 75 could probably have been prevented. Existing public health campaigns are not currently reaching those who continue to smoke, take little exercise, eat poorly and drink too much. The financial cost of preventable ill health ranks alongside our economic stability and international security. Our economic analysis estimates that the total annual cost to the country of preventable illness amounts to a minimum of £187 billion. In comparative terms this equates to 19% of total GDP (gross domestic product) for England.

Effective prevention is a win-win solution for people and the economy. We calculate that every single 1% improvement in health outcomes that result from prevention and social marketing could reduce public expenditure by £190 million. Not only that, it could save families £700 million, reduce employer costs by £110 million and generate considerable social value by reducing the level of premature death and disability.

Although there are signs of welcome progress in the treatment and care of disease in the UK, there has been less impact in the area of primary prevention of disease and support for positive health. If we are to achieve what Derek Wanless describes as the 'necessary maximum attainable shift in population health' in his review of NHS funding, we must reinvigorate our efforts to promote public health.

Putting people at the heart of public health

The starting point for a fresh approach to prevention is the recognition that simply giving people information and urging them to be healthy does not work. Rather than attempting to sell health, we need to understand why people act as they do and therefore how best to support them. So, alongside providing effective health information and supporting communities and individuals to improve their own health, we need to encourage and release the energy, skills and desire for good health that they already have.

This core idea, of starting from where people are and focusing on what support they need to make changes in behaviour, explains the shift that we recommend from an awareness approach to a social marketing strategy.

A micro history of public health campaigns

England has a long history of organised health improvement. This has included phases focusing on sanitation, hygiene and propaganda. Since the 1950s health education, community development and the application of broader health promotion techniques have all been used. The approach of social marketing developed in the 1970s, while different, builds on a long and positive tradition of reaching out to the public to promote good health.

The Health Education Council (HEC) was a non-governmental organisation that led work on health-related campaigns for many years until 1986. In 1987 it became the Health Education Authority (HEA), and a formal part of the NHS tasked with undertaking national health-related campaigns.

In 2000 the HEA closed down and the Health Development Agency (HDA) was established to focus on public health evidence and development. Direct responsibility for national campaigns was brought into the Department of Health. In 2004 the HDA was merged with the National Institute for Health and Clinical Excellence (NICE) as the Centre for Public Health Excellence.

Building on what we know works

Marketing is a very powerful approach to changing behaviour. Of course, health is not a commercial product. This is why a significant international body of experience, including our review, has focused on adapting marketing methods to the specific and distinctive context of public health. The result is social marketing.

Social marketing is not designed to replace other aspects of the public health. It is part of the toolkit that can be used in a strategic way, to inform the mix of interventions such as regulatory action, or practical, hands-on methods to support specific behaviour change.

Actions that focus on individuals and wider society factors need to go together. For example, this review revealed startling evidence on the effectiveness of social marketing in relation to smoking, comparing the UK to Australia. Back in the 1970s, both countries had comparable smoking rates. Even accounting for the boost to non-smoking that will occur thanks to the new restrictions on smoking in public places, England is unlikely to reach the point at which no more than 5% of the adult population is smoking until around the year 2060. Australia is set to reach this goal 40 years earlier, in 2020. Moreover, in contrast to the UK, Australia does not have universal smoking bans, few smoking cessation clinics and no national nicotine replacement service. What Australia, Canada and other more successful countries have done is to focus a sustained effort on helping people change behaviour and not take up smoking in the first place by applying many social marketing principles.

Social marketing in practice

This review sets out strategic and operational recommendations for how the Department of Health can develop and implement a *National Social Marketing Strategy for Health*, as part of its *Choosing health* and *Our health, our care, our say* policy. The review also makes recommendations about how to mobilise the contribution of all sectors to achieve a wider social movement for better health.

'VERB, it's what you do'

US Department of Health and Human Services Centres for Disease Control and Prevention, 2002 to present

Social marketing campaign to increase physical activity among tweens aged 9 to 13 years, after one year:

- 32% decline in the number of sedentary 9 to ten-year-olds
- girls demonstrated a 37% decline in sedentary activity
- lower middle households showed 25% more physical activity
- 38% decline in sedentary children from low-income homes.

www.cdc.gov/youthcampaign



It recommends that social marketing should be used in the development and implementation of all government-led attempts to promote positive health-related behaviour. The approach builds on three themes:

- put people at the centre of policy thinking and build services around their needs
- apply what works and stop what does not
- build partnerships and joint commitment for improving the health of the nation between the government and individuals, and with the private and the NGO sectors.

These themes present a challenge to look again at existing skills and methods and to build on the best of current experience while making some hard decisions to adapt or cease action in other areas.

Addressing some of the myths or confusions about social marketing will be important if we are to effectively mobilise its potential. This review has shown that when people have an opportunity to examine and understand its core principles and approaches, they increasingly see ways that it can enhance and assist their practice.

What won't work is a superficial adoption of social marketing. Any attempt to just 'bolt' social marketing principles on to existing programmes, or to use its language without applying its disciplines, will have little impact. If social marketing principles are only used to run 'smarter campaigns', we will fail to deliver a consumer-focused strategy. If only a few specialist workers take up social marketing, it will have minimum impact. The challenge is to move beyond merely bolting on social marketing to existing approaches and integrate its principles to guide all efforts to help improve people's health.

Getting the most out of what we have

A key finding in *It's our health!* has been that there are many assets that can be better used to provide support for behaviour change. There is also great potential to increase investment by developing active partnerships with the NGO and private sectors, and not-for-profit organisations, many of whom share the same goals of

promoting health and wellbeing. Our public services and the skill of staff that work in them represent a fantastic intelligence gathering network, and a social marketing asset capable of helping every person in the country.

It is common sense that prevention is better and cheaper than cure, but such common sense needs to be backed up by research and economic evaluation. There is growing evidence that well executed and sustained social marketing programmes work, and are cost effective when delivered as part of a comprehensive strategy. The announcement to review public health funding set out in *Our health, our care, our say* will help determine the level of investment that is required.

Shaping our future health policy

Social marketing can help build a deeper understanding of what health and risk mean to people. It can also help to recognise the constraints and enabling factors that shape people's everyday decisions and actions. Social marketing includes concepts that can shape policy and its implementation to promote positive behaviour and influence the provision of services. The nature of social marketing, with its focus on establishing unambiguous behavioural goals, can also facilitate a better approach to measuring effectiveness and accounting for the use of public funds. A *National Social Marketing Strategy for Health* will, we believe, allow more people to enjoy the health that shapes their lives.

Recommendation

We recommend that the Government, and Department of Health in particular, demonstrate their commitment to develop a genuine consumer-focused social marketing approach and respond to the findings of this review by establishing its first National Social Marketing Strategy for Health.

Specifically, we recommend that the strategy is based on the aims and objectives set out in this review.

The following *Starter for 10* has been developed to explain what social marketing involves. A further description of social marketing is included in Appendix A, and other material can be accessed via the website www.nsms.org.uk.

Social marketing

A starter for 10

- 1. Starts and ends with a focus on the person and what's important to them**
Whether as consumer, citizen, client, customer, patient, service user etc, social marketing does not approach people in isolation, but considers them in their wider social context.
- 2. Has roots in both best public and commercial sector practice**
It is not just concerned with commercial marketing approaches, but draws on many years of social cause and social reform work across different sectors.
- 3. Is an adaptable approach that can be used with small and large budgets**
It can be used strategically and operationally, supporting development work whether there's a £200 budget or £20 million!
- 4. Does not compete, but integrates with best public health, health promotion and health communications' practice**
Its value is that it has demonstrable potential to enhance responsiveness and improve impact and effectiveness of different interventions.
- 5. Uses whole-systems, holistic and wider determinants thinking**
It integrates a clear focus on the individual with the need to address wider influences and inequalities.
- 6. Has a broad inclusive theoretical framework**
It draws on, and helps to integrate: biology; psychology; sociology; and environment or ecology theory.
- 7. Actively considers and is concerned with ethical issues and values**
Its systematic approach means that ethical issues and values are examined. It recognises that anything that seeks to influence or promote particular behaviour presents a range of ethical issues that need to be addressed.
- 8. Is a great deal more than advertising and communications**
It uses a broad marketing mix of methods. In some cases a message-based communication approach or advertising may not be used at all.
- 9. Challenges top-down paternalistic 'we know what you need' approaches**
It starts where the person is at now, not where someone might think they are, or should be. Understanding what is important to the person is a crucial focus.
- 10. It works!**
There is a growing evidence-base to show that social marketing can significantly improve impact and effectiveness.

1. The national review

Why the review was undertaken, how it was done, and what it involved.

Why the review was undertaken

This independent national review was commissioned by the Department of Health as a commitment from the cross-government public health white paper *Choosing health*.

The discussion and consultation that fed into the development of the white paper highlighted a number of concerns:

- a growing realisation that continuing with existing methods and approaches was not going to deliver the type of impact on key health-related behaviour that was needed
- other comparable countries appeared to be achieving more positive impacts on behaviour by using and integrating a more dynamic consumer-focused social marketing approach into their methods
- current understanding and skills in social marketing appeared limited, and it was not immediately evident in either professional or academic training and development programmes.

As a result it was agreed that a national review should be undertaken to examine ways to improve the impact and effectiveness of health promotion, and in particular to consider the potential contribution of social marketing at national and local levels. The need to examine current understanding and skills among key professional and practitioner groups was also part of the review.

As a principal advocate for a more consumer-focused approach, the National Consumer Council (NCC) was asked to lead this work. This recognised that an independent review would draw up recommendations to address existing practice across the DH that could be considered and developed outside of current DH responsibilities.

How it was done

The work was progressed as a joint initiative between the DH and NCC under the initial banner of the *National Social Marketing Strategy for Health*. A core strategy team was established and based at NCC, and joint accountability mechanisms put in place via a DH/NCC steering group.

The original remit included an examination of the options to meet the white paper commitment to establish 'an independent body' to progress health-related social marketing work. However, in October 2005 the DH decided that this commitment could be met by asking the NCC to act as the independent body, and to develop the strategy team further into a new National Social Marketing Centre. The governance arrangements and the aims and objectives for the NSM Centre are included in Appendix B.



“The beauty of social marketing is that it doesn’t try to point the finger and tell people things, but starts from where they are now. So we can build programmes that people really want and will respond to.”

Emma Heesom – Corporate Communications Manager, Heart of Mersey

Summary of projects that have helped to inform the national review and contributed to the final recommendations:

1. Effectiveness review: physical activity and social marketing
2. Effectiveness review: nutrition and social marketing
3. Effectiveness review: alcohol, tobacco and drug misuse and social marketing
4. Social marketing capacity in the UK: academic sector – initial selective review
5. Social marketing capacity in the UK: commercial sector – initial selective review
6. Social marketing for health in the European Union – initial selective review
7. National health-related campaigns review – selective review of eleven campaigns
8. National stakeholder research findings – current understanding and views
9. Summary review of current use of social marketing across government
10. Health economic analysis: initial look at the societal costs of preventable ill-health
11. Social marketing research – compendium of social and market research sources
12. Overview of key behavioural trends and targets related to *Choosing health* priorities

Further details and related papers are available on our website www.nsms.org.uk

What it involved

Gaining a broad view – using a mix of methods and approaches

The findings and recommendations in this review have been compiled using a mix of methods and approaches. This has included discussions with a wide range of policy-makers, field practitioners and academics across different sectors at national, regional, and local levels and a research programme of 12 individual reviews (see above). A summary of the organisations that have informed the review is included in Appendix C. Further information is available in the full report via the website www.nsms.org.uk

Network of field contacts interested in social marketing issues

In addition to the many one-to-one interviews conducted by the NSM Centre team, and the formal research projects, the team gave 148 workshops and seminar sessions across the country during 2005 to 2006 that reached over 5,000 people. At all events people were encouraged to give their views about how our individual and collective work to promote health could be enhanced, and the potential of social marketing to support them. Reaction to the events was positive. It is clear that many people are concerned about how their efforts could be enhanced to achieve greater impact and effectiveness. During the course of producing this report the NSM Centre team developed a growing network of national and international social marketing contacts and advisers.

2. The findings

Summary of the five key findings

Overall the review confirmed that the Government was right to commission an independent national review. While there are positive aspects to previous work and a range of skills and assets it can draw on, it is increasingly clear that important changes need to be made by Government and the Department of Health in particular, if it is to improve its ability to achieve the challenging health goals it has set itself.

The findings of this review have been grouped into five key areas. It demonstrates that adopting a strategic social marketing approach has real potential to improve the impact and effectiveness of health improvement efforts at all levels.

The next section expands on each of these five key findings. Each finding has an 'In short we found' section for those wanting to rapidly scan content and an 'In more detail' section providing further detail.

The subsequent recommendations section then picks up on each of these areas, with a specific set of recommendations for strategic and operational objectives.

Summary of the five key findings

1. **Social marketing can significantly improve impact and effectiveness when applied systematically**
2. **There is potential to use available resources and mobilise assets more effectively**
3. **Current approaches are unlikely to deliver the required policy goals, leadership and effective co-ordination are key to success**
4. **Social marketing capacity and capability across the wider public health system is currently under-developed**
5. **The importance of integrating effective research and evaluation into the development of programmes and campaigns to maximise its value.**



The findings

Finding 1

We considered the extent to which:

- evidence is available to confirm the potential benefit of using social marketing
- social marketing was understood and being integrated into the methods and approaches being used and applied at national and local levels.

Finding 1: Social marketing can significantly improve impact and effectiveness when applied effectively

In short we found:

- there is enough evidence to demonstrate that using social marketing systematically can significantly enhance and improve the impact and effectiveness of health promotion
- understanding of social marketing at national and local levels in the UK is still relatively limited. As a result we are not as yet benefiting fully from its potential to enhance and improve the impact and effectiveness of health promotion interventions to achieve behavioural goals
- many aspects of established and traditional approaches have clear value, and therefore efforts to improve the overall impact and effectiveness of work need to build on and respect this rather than replace it
- a combined approach using social marketing strategically to inform intervention selection and operationally to target particular behaviour has the potential to achieve the greatest benefit.

Food Dudes

Bangor Food Research Unit at the School of Psychology, University of Wales Bangor, 1992 to present

Initiative to promote healthy eating in children

Greatly increased and sustained the quantity and range of fruit and vegetables consumed by children, especially those who ate least at the outset. Two projects found:

- children in a school in Brixton more than doubled their lunchtime consumption of fruit
- children in a school in Salford tripled their lunchtime consumption of vegetables.

www.fooddudes.co.uk



“It’s simple, social marketing works if you put the time and effort into doing it properly. It helps you get the best value from the resources you have.”

Ray Lowry – Newcastle PCT

In more detail:

- when the core concepts and principles of social marketing are applied systematically they can significantly improve the impact and effectiveness of work, whether at local, national or international level
- social marketing has potential to support achievement of specific behavioural goals across a diverse range of issues and topics. While social marketing has a developing history in the health sector, it is also increasingly being used in other areas such as sustainability and community safety
- social marketing can help to achieve behavioural goals and directly support service development and redesign by ensuring that they respond to, and meet the needs of, their intended audiences or consumers
- understanding of social marketing can vary between and within different professional and other stakeholder groups. In some instances there are clear misunderstandings and confusions about what the theoretical and practical base of social marketing involves. This could lead to possible resistance
- once social marketing is properly understood, there is wide ranging interest in learning about it, and finding ways to use and apply it across different issues and topics
- the eight key features identified in the *social marketing benchmark criteria*, developed as part of the review, appear to be the most critical aspects of social marketing (see page 42)
- as yet there are no common and consistently used core standards for social marketing. Understanding and use of the *social marketing benchmark criteria* is only at a very early stage
- social marketing can support efforts to achieve an appropriate and effective balance between the role of individuals, and the role of the state and relevant bodies
- the drive to identify and capture what constitutes best evidence-based practice remains key, and it is clear that much useful experience and learning has yet to reach formal literature. Active review, evaluation and capturing of learning is central to expanding the evidence-base, improving impact and effectiveness, and cost-effectiveness
- use of social marketing is limited in the UK and has yet to be integrated properly into academic and professional training and practice. Therefore, current capacity in this area is under developed
- national media campaigns can be a valuable component of a wider social marketing programme approach. However, if they are undertaken in isolation evidence indicates that they have little impact on people’s behaviour other than in very limited context. A greater impact is possible when new information can be identified as the central or key influencing factor for a behaviour
- the review identified a widely held view among policy-makers and communications practitioners, supported by growing evidence-based literature, that for national media campaigns to achieve specific aims using paid media there is a threshold, or critical mass that needs to be addressed in terms of resourcing
- the review identified that many comparable countries such as Canada, US, Australia and New Zealand, are ahead of England in using social marketing and in developing practitioner skills and experience. However, no country had a clear strategic social marketing approach to inform and steer their overall health strategy. This means that there is real potential for the UK to lead and pioneer such an approach.

The findings

Finding 2

We considered the extent to which:

- a social marketing approach could increase the effective use and mobilisation of resources and assets.

Finding 2: There is potential to use available resources and mobilise assets more effectively

In short we found:

- overall, England has many resources and assets that provide a very positive context for the promotion of health
- there are real pressures on public health and health improvement-related funding at national and local levels that appear to be impacting on the intervention options and approaches considered
- social marketing's concern with achieving tangible and measurable behavioural goals, alongside its active consideration of intervention and marketing mix issues, provides a valuable framework to ensure available resources and assets are used to greatest effect
- the issues of threshold and critical mass appear to be important when considering the resource levels allocated to different intervention methods. Valuable resources can be wasted if they are below the level where impact is possible or likely.



Giving up smoking

University of Newcastle, April 2002 to present

Social marketing stop smoking programme aimed at pregnant women in Sunderland:

- 10-fold increase in the uptake of stop smoking services by pregnant and non-pregnant smokers*
- setting a quit date and quitting while pregnant was high when compared with PCTs without a stop smoking programme*.

*between April and June 2002

r.j.lowry@ncl.ac.uk

In more detail:

- the value of social marketing is not dependent on the level of available resources
- there is significant potential to use existing resources more effectively. Key to this is:
 - greater prioritisation and focus on a limited number of core priorities
 - adopting active disinvestment strategies, and stopping doing what does not work or cannot achieve the required impact
 - applying social marketing principles more systematically across all work programmes and campaigns to build greater consistency.
- developing a clear and sustainable investment strategy for health promotion based on social marketing principles could enhance impact and effectiveness
- developing a standardised system for budgets informed by what is known about the scale of the core challenges, and the evidence of the effectiveness or experience about the delivery of health programmes nationally and internationally. Budget allocation for specific programmes such as tobacco and sexual health have been informed by evidence and international comparison
- many budgets for health promotion programmes are allocated on a fixed amount and fixed-time basis. It is probable that many current budgets are insufficient to demonstrate a health impact
- the review could not identify a standardised accounting mechanism to track the impact and return on investment of health promotion budgets across the DH or the NHS
- the systematic evaluation of practices and the initial economic modelling carried out in this review indicate that it is probable the scale of health promotion resourcing in many key priority areas needs to be increased to achieve agreed PSA (public service agreements) and *Choosing health* targets. This evidence also indicates that health promotion programmes could be more effective if further restrictions were applied to the promotion of unhealthy products through agreement and or legislation
- many countries have developed substantial health promotion budgets with the introduction of levies or specific taxes on products such as tobacco, insurance schemes, co-funding arrangements with the private sector and philanthropic foundations, or per capita funding formulas. There is potential to develop similar schemes in England. However, this will first require a thorough examination of such schemes, which was outside of the remit of this review.

The findings

Finding 3

We considered the extent to which:

- there was recognition and appreciation of the limitations of existing public health and health communications approaches, and commitment to making changes
- issues affecting the current approaches, systems and structures, and how these might be built on and enhanced.

Finding 3: Current approaches are unlikely to deliver the required policy goals, leadership and effective co-ordination are key to success

In short we found:

- there is valuable high level understanding and ownership among ministers and senior civil servants of the importance of social marketing, and its potential to drive improvements in health promotion. This provides a confidence that if key recommendations are adopted and acted on, significant improvements can be achieved in England
- there is wide ranging support for the view that to continue to use existing methods and approaches would be unlikely to achieve the changes in people's behaviour required by relevant policy and related targets
- a key problem identified by DH is that it is still trying to deliver the full programme of work set in motion prior to the reduction in civil service staffing. DH has not achieved a move towards a strategic and expert commissioning role, and the associated reduction in direct in-house delivery
- DH staff across policy, programmes, communications and research have a wide range of skills and experience. However, even highly skilled staff are struggling to deliver the type of impacts on key behaviour that the policy aims and targets require
- co-ordination within DH, and between government departments, presents real challenges. While there are indications that linking up consumer research between departments, for example, could improve cost-effective use of resources, in practice co-ordination is an issue that is not yet resolved
- the commissioning process of health-related programmes and campaigns should be clarified and streamlined. This includes the role and services available to DH from the COI (Central Office of Information)
- across the wider public health system from local to district levels, there are clear pockets of enthusiastic leadership and willingness to integrate learning from social marketing.

SunSmart

New Zealand government. Run by the Health Sponsorship Council and the Cancer Society of NZ, 1993 to present

Programme to increase the use of sun protection among children under 12 years old and their care-givers

Achieved increased uptake of sun protective behaviours:

- in 1994, 32% of respondents reported use of sunscreen in the weekend prior to interview – in 2005/6 this had risen to 49%
- in 1994, 49% of respondents reported that they had never been burnt – in 2005/6 this figure was 61%



www.sunsmart.org.nz

In more detail:

- there is national high level appreciation of the need to review and adjust methods and approaches in order to achieve improved impact and effectiveness of health promotion campaigns
- there is recognition that the Health Secretary and the Minister for Public Health have key championing roles, in ensuring the effective development and delivery of health-related programmes and campaigns
- it was not possible to identify a uniform operating approach for working with ministers to maximise the value of their contribution
- the breadth of experience and skills of DH staff across policy, communications and research represents a major asset, although levels of understanding and application of social marketing currently vary
- the review found that even experienced and skilled staff sometimes struggled to deliver challenging targets that have complex behavioural goals. The key reasons are summarised in the box below.

breadth of priorities

staff were being asked to address a range of tasks that lacked unambiguous priorities

the level of policy and organisational change in recent years

even where changes were seen as positive, adjusting to them limited the time available to develop and deliver work

inherent pressure toward immediate and short-term solutions

although an understandable political reality, in practice acts to limit the ability of staff to plan for the medium and long-term

attempts to maintain existing approaches based on previous higher staff resourcing levels

DH staff were, in some instances, struggling to deliver a broadly similar level of work with significantly reduced human resources. A common, but expensive and probably unsustainable solution, has been to use consultants and contractor-supplied staff

difficulties in achieving genuine cross-departmental working

despite recognition of the value of cross-departmental working, the complexity of joining up work across disciplinary and departmental boundaries was difficult in practice. Where this did occur it appeared to be to the individual credit of staff who had made conscious and concerted efforts to achieve it

genuine difficulties in linking national and local work

the complexity of mobilising action across the wider public health system presents significant challenges. While there were some examples where the link between national and local development and delivery worked well, this was not usually the case.

Finding 3

- there is real potential to improve co-ordination within DH and with other government departments. But potential opportunities to achieve greater synergy and shared learning are being missed because it is a complex issue. At times different policy areas compete with each other for the attention of a given audience, rather than co-ordinating action together
- while DH is working to improve internal co-ordination, there is a tendency to become entrenched in particular policies and topics that limits the potential for wider shared learning
- the review identified a number of good examples of partnership marketing that have been developed by DH, which demonstrate the value of co-delivery with suitable partner organisations and sectors
- DH has at least six commissioning and programme development approaches. These approaches involve the COI, the Media Centre, the DH campaigns and policy teams, and a mix of agencies. There are differing views about the value that is added by COI, and the most efficient and effective way to commission and develop programmes and campaigns
- the role of regional directors of public health and the public health leads in strategic health authorities can be critical to the successful roll out and co-ordination of activity from national to local level. There is potential for regional public health staff and strategic health authorities to provide an important bridge between national and local work, in particular to inform and feed in key intelligence and insights.

Spreading the word about mouth cancer

NHS Scotland, 2002 to 2005

Social marketing project to encourage 'at risk' groups to go to the doctor earlier if they had signs and symptoms of mouth cancer:

- achieved 185% increase in the number of suspicious lesions that were referred to Glasgow Dental Hospital. This remained at almost double long after the campaign had ended
- almost 70% of those who went for mouth cancer treatment were the direct result of the campaign.

www.woscap.co.uk



**Don't let mouth cancer take away
life's little pleasures.**

There are five mouth cancer signs or symptoms. Learn how to spot them and what to do if you notice any of them. It's important to see your doctor if you notice any of these signs:

- a lump or swelling in your mouth
- a sore that won't go away
- difficulty swallowing
- a change in your voice

See your dentist, doctor or pharmacist

NHS NHS.uk **Scottish** ScottishNHS.uk **Health** HealthCheck.uk **Check** CheckUp.uk

If in doubt, get it checked out.

The findings

Finding 4

We considered the extent to which:

- existing capacity, capability and skills could be built on, strengthened and enhanced for greater effect.

Finding 4: Social marketing capacity and capability across the wider public health system is currently under-developed

In short we found:

- current capacity and capability in social marketing is still at a relatively early stage. There is, however, a lot of experience and related skills that can be drawn on to provide a good base for further developments. Public health, health promotion and health communications all provide valuable experience and skills to build on
- different sectors are moving forward at different rates. As various organisations begin to establish their social marketing approaches and portfolios, there is potential for different and inconsistent approaches to undermine the ability to assess the impact of work and to capture and share learning effectively
- social marketing has yet to be properly integrated into academic and professional training and practice, and therefore current capacity in this area is limited.

Finding 4

In more detail:

- compared to many other countries, England has a comparatively well-developed and dynamic public sector infrastructure (including public health). While there is a sound foundation, there is limited direct social marketing capacity and skills
- disciplines such as public health, health promotion, health communications and research all have critically important contributions to make, but as yet do not routinely incorporate social marketing in relevant academic or professional training
- the academic sector, in particular, is under-developed in relation to social marketing. It has very few dedicated courses and very limited modular content on social marketing as part of other marketing, communications, or public health courses. Nevertheless, there is a growing core of academics increasingly keen to develop and expand capacity in this area that could be built on in the future
- the private sector is beginning to respond to the need for social marketing. There is a growing range of commercial companies that describe and position themselves as social marketing agencies. However, what is presented as social marketing can vary significantly, which can create difficulties for those commissioning work
- while the dedicated public health and health promotion sectors already use many of the core concepts and principles of social marketing, they are not as yet applying them systematically
- social marketing capacity and capability is limited at government department level, and across national agencies. Nevertheless, a number of departments and agencies have been using social marketing to varying degrees. This includes DEFRA (Department for the Environment, Food, and Rural Affairs) and DfID (Department for International Development), which have been using it over a number of years. The government's recent strategic communications work *Engage*, led by the Cabinet Office is grounded in a common core set of social marketing principles. This will add additional impetus and drive to improve the impact and effectiveness of their work programmes
- further development of co-delivery and multi-sector working offers potential to enhance the reach and effectiveness of health promotion, and mobilise assets as yet not being fully realised or engaged
- there are a growing number of examples of multi-sector working between statutory and voluntary, or non-governmental sectors that provides a good basis to build on. The NGO sector's closeness to key audiences and consumers means that they often have important understanding and insights when they plan interventions, particularly where segmentation options are being considered
- co-delivery of work with the commercial or private sector appears relatively limited. There may be a number of reasons for this that merit further examination. For example, during the review it was evident that there is a tendency for the commercial sector to be perceived as a problem, rather than as a potential asset. If this can be addressed there could be significant interest from the commercial sector to build more constructive relationships with the public sector. The commercial sector could provide a valuable set of additional skills, expertise and insights that, if managed effectively, could strengthen the reach, impact and effectiveness of programmes and campaigns.

The findings

Finding 5

We considered the extent to which:

- existing research and evaluation could be built on, but also reframed, to achieve a greater focus on achieving behavioural outcomes.

Finding 5: The importance of integrating effective research and evaluation into the development of programmes and campaigns to maximise its value

In short we found:

- while research and evaluation occurred across programmes and campaigns in one form or another, there is as yet no single unambiguous and commonly-applied approach in use
- there is potential to improve review and evaluation to increase impact on key behavioural goals
- field practitioners are keen to have better access to key research and evaluation from national campaigns so that they can consider how this can inform their own work, and reinforce links and connections.

In more detail:

- a wide range of market research techniques and data sources can assist in scoping and evaluation, but they are not always used effectively. For example:
 - government departments commission a great deal of audience research that, even within a department, may not be fully used
 - there is significant potential to improve links with the commercial, NGO and community sectors. All of these sectors have important understanding and insight into consumers that is not, as yet, being fully utilised.
- the current focus of research and evaluation approaches is not always consistent and linked to measuring tangible impacts on behaviour
- further work to develop a common understanding and approach to establish appropriate behavioural goals for programmes and campaigns will assist development and support effective assessment of impact
- the DH approach to gathering and assessing international evidence and experience prior to the launch of new programmes varies from campaign to campaign, and there are many examples of good practice. However, field practitioners are not always kept informed, and there is no standard system to make this information and intelligence readily available. The recent move to disseminate campaign reviews is a good example of how to improve this situation

Finding 5

- current programme and campaign evaluation tends to focus on short-term impact measures including awareness and recognition measurement. This form of tracking evaluation is vitally important to help shape interventions and give early feedback on success. Other evaluation measures look at establishing a new service or setting up new interventions by a certain date. There is also evidence to suggest that some efforts are made to track behaviour change against targets. For example, the four-week smoking quit rate is directly linked to agreed strategic targets. However, due to methodological and resources issues, measuring behavioural impacts for the majority of DH-led health programmes is currently less well developed
- review research indicates that campaigns that are grounded in a good understanding of the customer, intensive, sustained, specifically targeted and delivered through a mixed marketing approach with strong local support are most likely to raise awareness levels, influence attitudes and achieve behavioural goals
- evidence indicates that the UK, and England in particular, is noticeably under-represented in published literature. We found few examples of published reviews and evaluations of programmes and campaigns consistent with social marketing. This is despite the fact that there are many examples of such work at national and local levels. This indicates that, unlike some other countries, we have not as yet established a culture where all practitioners routinely produce an intervention summary report and related articles for publication. This means that a great deal of valuable experience and learning remains outside the formal literature
- the potential to develop joint evaluation between different health campaigns and programmes, particularly where target groups and issues overlap, is not yet being realised
- the range of commercially available market research data is not well integrated with demographic and epidemiological data. The importance of such data is not well understood, and there is insufficient data being gathered and shared within departments and with other agencies
- responsibilities for research, development, evaluation and market research varies, and they are not always clear within departments and between agencies
- methods of capturing evidence about what works, and why, are narrowly defined and this limits the development of good intelligence and insight
- there are some good examples from front line practitioners of intelligence gathering systems about people's needs and the impact of current health promotion interventions. However, there is room to develop a more systematic approach to intelligence collection. During our review, local practitioners often expressed a desire for DH policy leads to increase the level of briefing on national programmes and campaigns, particularly about the research base. They wanted opportunities to input potentially valuable local learning and good practice
- there is evidence of targeting in most campaigns in terms of demographic and epidemiological criteria, and with clearly defined audience and risk groups. Audience research has been used to good effect in revealing typologies that help in segmentation. However, the subtle distinctions made in marketing between population categories, by using psychographic data to understand motivations and barriers, is less evident, and less commonly translated into campaigns or programme delivery
- understanding of research methods, statistical significance and the issue of attributing observed changes in population knowledge, attitudes and behaviour to particular interventions varies from campaign to campaign.

3. The recommendations

Framework for the first National Social Marketing Strategy for Health

Introduction and benefits

Aims and objectives

Organisational delivery and support

What success would look like – national three-year review checklist

Recommendation to adopt a strategic social marketing approach

In light of our findings, we recommend that the Government, and the Department of Health in particular, adopt the following *National Social Marketing Strategy for Health*. It focuses on building capacity and skills to ensure all national and local programmes and campaigns use a consistent social marketing approach to enhance their impact and effectiveness.

Introduction

The strategy we set out here is based on a long-term strategic social marketing approach for the DH and the NHS to adopt and use to steer their work to achieve specific health-related behavioural goals.

The approach builds on government policy and has the potential to assist:

- individual and community consumer-focused action and support
- efforts to address wider influences and other health determinants.

The strategy is challenging but deliverable. It provides a framework for implementing social marketing systematically across health promotion and improvement programmes. It does not highlight specific health issues that need to be addressed. These have already been agreed and set out in key government health and health-related policy papers. It does, however, highlight the importance of achieving greater prioritisation in the broad sweep of government priorities.

While this strategy recommends some fundamental changes to the way that the DH leads health improvement, it is not a detailed change management programme. If the recommendations set out in this report are accepted, a managed change programme will be needed to ensure a smooth transfer from the current approach.

The exchange for DH to consider

The DH needs to consider the costs and benefits of the recommendations. Using social marketing theory, the exchange that is on the table relates to the costs of adopting the strategy versus the benefits. This statement of cost and benefits overleaf makes a powerful case for adopting the recommended action.



The recommendations

Structure and rationale for this section

The recommendations are set out as five key strategic objectives which link to the five areas identified in the findings section.

Each of the strategic objectives is followed by a range of operational objectives. They provide some practical first steps for implementing a more consumer-focused approach to improved health promotion in England.

However, it should be noted, at the specific request of the DH, they do not at this time:

- include a detailed timetable
- set out specific details of how recommendations should be delivered.

Costs of adopting a strategic social marketing approach

- Loss of the quick fix. The need to move away from using rapidly developed health campaigns as a way of demonstrating that something is being done, rather than the development of campaigns that form part of well-researched and long-term behaviour change strategy
- Loss of the perception of total control. The cost of building an understanding that the Government has an enabling and key leadership role, rather than total responsibility for promoting health. This cost includes the need for the Government to acknowledge this position and defend it
- Cost of investing in preparation. This cost involves the need to invest in thorough research, scoping and pre-testing interventions before launch. This cost also means moving towards longer term planning and delivery
- Cost of being accused of abdicating responsibility and building delivery alliances with the private sector that will not serve the best interests of public health. This cost includes explaining and defending the need to build strong partnerships with the private sector to promote health. At the same time the public must be protected from the negative impacts on health of actions by the private sector
- Cost of investing in co-ordination. The need to invest resources in joining up government action, and building and maintaining strong partnerships with communities, professionals, and the NGO and private sectors.

This is because DH has advised us that the pace and capacity to take forward the strategy requires their further consideration. The business of deciding which recommendations are progressed and how best to deliver them is, rightly, the responsibility of the DH.

A three-year checklist to help DH and others assess the extent to which they have been able to implement the strategy successfully is included on page 38.

Benefits of adopting a strategic social marketing approach

- Improved overall impact and effectiveness of national programmes and campaigns that includes an increased return on investment. There are also savings gained from stopping ineffective or counter productive interventions
- Better understanding of health needs and workable solutions – increased understanding and responsiveness to people's health needs and a strengthened focus on achieving specific, tangible and measurable behavioural goals
- Effective prioritisation of health improvement programmes – clearer targeting of interventions based on a sound understanding of what is most likely to impact and influence people's behaviour
- Clearer understanding of the balance between individual and state actions needed to improve health
- Simplified and de-layering of the delivery system of health improvement programmes, strengthening co-ordination, and clarifying roles and responsibilities between national and local levels
- Greater use of skills and expertise and resources from across all sectors, and maximising expertise from the private and NGO sectors
- Enhancing evaluation and sharing of learning within and between programmes.

The recommendations

Aims and objectives

The following represents a framework for the proposed *National Social Marketing Strategy for Health*. It sets out a high-level strategic aim, and five objectives for the Department of Health to adopt, and is followed by more detailed operational objectives.

National Social Marketing Strategy for Health

Strategic aim

Increase the impact and effectiveness of health-related programmes and campaigns at national and local levels, by ensuring that social marketing principles are adopted and systematically applied

Strategic objectives

1. Achieve an enhanced consumer-focused approach based on social marketing principles and practice that puts the consumer at the centre of all development and delivery work
2. Increase the effective use of resources, and their overall impact, by better mobilising available assets and developing a diverse resource base
3. Enhance DH leadership, prioritisation and development of its expert commissioning role
4. Build capacity and skills to integrate social marketing within existing strategies and interventions at national and local level
5. Reconfigure research and evaluation approaches to ensure movement towards behavioural goals can be assessed, and to systematically capture and share learning.

The recommendations

Strategic objective 1

Strategic objective 1

Achieve an enhanced consumer-focused approach based on best social marketing principles and practice that puts the consumer at centre of all development and delivery work

Operational principles

- Use a consistent set of consumer-focused social marketing principles and concepts across all national programmes and campaigns, using the *social marketing benchmark criteria*
- Use a common core process for development of all programmes and campaigns, using the *social marketing total process planning model* with a strong focus on the *initial scoping stage*
- Actively capture and share learning by producing reports on all work
- Mental and emotional health integrated across all future programme and campaign interventions, and not just as a dedicated mental health programme.

Operational objectives

- **Apply *social marketing benchmark criteria* to all national programmes and campaigns to guide and steer their development directly**

In particular these should be used to develop the new national mental health and *Fitter Britain* campaigns announced in *Our health, our care, our say*. These interventions should be developed as long-term social marketing programmes. Outside of the dedicated mental health programme, mental and emotional health and physical wellbeing should be integrated as key features of all programmes and campaigns.

- **Apply a standardised scoping stage to all national and local programmes and campaigns**

A standardised scoping stage will ensure that the consumer view is considered together with analysis of intervention options and the most effective balance, or mix, to achieve the greatest potential impact. Producing a scoping report will ensure that all practitioners are able to access information, and the assumptions being used to guide subsequent

development work. The report will clarify the initial behavioural focus and goals. Scoping reports should be produced for all commissioned work and should subsequently be used to inform evaluation.

- **Produce a scoping report for each of the eight national health priorities in *Choosing health***
To assist integration and links between national and local development of programmes and campaigns, and to ensure the premise for their development is clear. These reports should follow a consistent approach.
- **Establish clear stakeholder strategies as a key component of a formal scoping stage. With specific multi-sector stakeholder groups as part of all national programmes and campaigns**
Stakeholder strategies should examine and clarify appropriate engagement with the NHS, local authorities, NGO, commercial sectors, and key professional associations. Groups should involve experts and consumers affected by the issue, so that they can work together to clarify understanding of the problem and to discuss potential solutions. This work

“If we put social marketing into practice we will have a real chance of achieving the challenging PSA targets we have to work on.”

Fiona Adshead – Deputy Chief Medical Officer

should build on and integrate with existing community, consumer and patient groups and initiatives, rather than create new structures. The groups should act as sub-groups to the new national reference group for health and wellbeing.

- **Adopt a consumer-value branding strategy for all national programmes and campaigns**

This should articulate the relationship between organisational brands (the message giver) and topic or campaign branding. While there are clear benefits in promoting the NHS more widely as a health message giver brand, this should only be done where there is direct evidence that the intended target audience would be likely to value and appreciate messages and interventions coming from the NHS. Where this might be unclear, or where there is evidence that it could impede communications and engagement, alternative approaches should be considered and a rationale for this clearly established.

- **Undertake further work to determine the potential value of establishing potential iconic brands**

To assist with coherence of longer-term health programme communications such as tackling obesity and exercise promotion.

- **Continuing the selective use of key partner agencies**

To front specific campaigns and interventions where there is good evidence that the authority and image of the partner will enhance impact.

- **Establish a set of clear core scripts for each national programme and campaign which can be readily communicated to field practitioners, to assist development of consistent messaging in key areas**

Core scripts should allow everyone working on priority programmes to be ‘on message’. They would represent a DH quality assurance scheme for health messages and information. Core scripts could be actively promoted for use by any public, private or NGO sector organisation to spread quality-assured health information and messages. They should be used by all DH-sponsored new media services, such as web sites, as the basis for advice to the public on health promotion issues. They should also be developed for all priority segments of the population. The concept of ‘message bundling’, for example combining messages focused on sexual health and alcohol consumption, should be explored as a mechanism for creating a more consumer-focused approach to providing health information, and achieving and sustaining behaviour change.

- **Commission a specific review focused on using social marketing for tackling health inequalities**

This review should draw together the published literature on how social marketing has been used to tackle health inequality and other forms of disadvantage, together with practical examples of national and local interventions that may not have been formally published in peer reviewed journals.

Truth

The American Legacy Foundation, February 2000 to present

National anti-smoking education campaign targeting 12 to 17-year-olds, after two years:

- 75% of all young people were able to describe one or more of the Truth ads accurately
- young people aware of the Truth campaign were 66% more likely to say that they would not smoke in the coming year
- smoking in teenagers reduced in the US from 25.3% to 18%.
Truth accounts for around 22% of the decrease.

www.protectthetruth.org



The recommendations

Strategic objective 2

Strategic objective 2

Increase the effective use of resources and their overall impact by better mobilising available assets and developing a diverse resource base

Operational principles

- Adopt a mission-driven and evidence-based budget approach that reflects the resources needed to achieve programme goals
- Adopt a system of longer-term planning and budget allocation that includes return on investment analysis
- Enhance effective working between the public and private sector
- Use co-funding and co-resourcing arrangements for interventions across the public sector and with the private and NGO sectors.

Operational objectives

• **Establish an active disinvestment strategy**

The strategy is necessary to both refocus DH effort on strategic commissioning and systematically exit from direct in-house delivery wherever possible, and to discontinue non-priority activity. As part of its prioritisation process DH should develop criteria for disinvestment together with those for selecting priority areas.

• **Produce an investment model and budget decision aid as part of the review of public health spending recommendation in *Our health, our care, our say***

The model should aim to determine the necessary resources needed to achieve agreed *Choosing health*-related behaviour goals and Public Service Agreement (PSA) targets. It should include an appraisal of international funding models, actual and possible contribution from other sectors (including

the private and NGO sectors), and a decision aid to facilitate future investment decisions. It should build on the economic cost and investment modelling report developed as part of this review.

• **Review and establish a mechanism to facilitate cross-government discussion and co-ordination of national public campaigns and related programmes**

To assist:

- a) improved co-ordination of government national campaigns between different departments, particularly considering issues related to scheduling work and its potential impact on similar target audiences
- b) share developing consumer insights and learning in relation to effective methods and approaches. This includes continuing to develop a close working relationship, and where possible a joint work programme, with the *Engage* strategic communications work across government lead by the Cabinet Office.

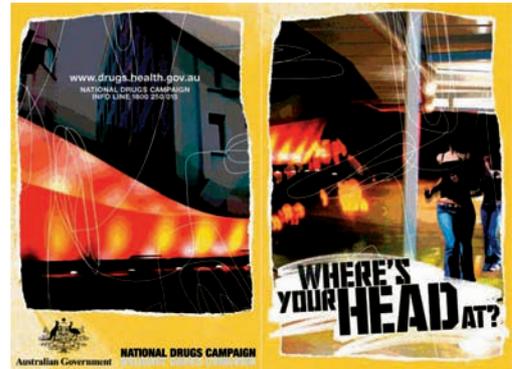
Where's your head at?

Australian government. Phase one March 2001 and phase two April 2005

Programme to reduce the proportion of young Australians using illicit drugs:

- 41% of parents reported that the campaign had prompted them to take some action, including talking with their child about drugs (81%) (31% of all parents)
- 65% of young people reported that the campaign had influenced them. The most common influence was avoiding using drugs (36%).

www.drugs.health.gov.au



- **Review and establish a mechanism to facilitate greater internal DH co-ordination of national health-related programmes and campaigns**
There would be a strong case for establishing a social marketing Programme Board consisting of all relevant senior DH stakeholders to act as the co-ordinating body for all health-related programmes and campaigns. Such a mechanism could be supported by a number of project teams covering agreed priorities, who would report to the social marketing Programme Board.
- **Establish a forward e-calendar of health-related programmes, campaigns, and related events**
The calendar should be available to the public and be widely promoted to all communications, public health and other relevant professions and groups. It should provide advance notice and reminders for local practitioners and also act as a one-stop centre for anyone wanting to know what is being planned and delivered, and how they can make a contribution to it. This new service should also provide a mechanism for contributing views and examples of practice from local work.
- **Develop guidance on how private sector organisations and NGOs can support government-led social marketing interventions**
This should set out practical rules of engagement to guide development and management of partnerships. It should also include advice on different forms of partnership and related governance issues. As part of this initiative, DH should establish a volunteer programme and agreement framework that allows voluntary and commercial sectors to support DH-commissioned social marketing programmes and campaigns. The agreement framework would allow organisations to volunteer time, expertise, research capacity, data, paid-for media time, interactive web-based service access, direct audience access and funds to support the development and implementation of DH priority programmes. DH would seek volunteers for each of its programmes to assist in the development and delivery planning and implementation. Clear guidelines should be developed to protect the integrity of programme aims and objectives.
- **Move towards a system of mission-driven budgeting for the 2007/08 planning round**
For 2007/08 all central budgets should be allocated following a clear prioritisation process using criteria that assess plans and proposed budgets against expected return on investment in terms of achieving specific behavioural goals. Budgets should be developed on the basis of a plausible intervention strategy that can demonstrate a contribution to behavioural goals. Budgets should be allocated over more than one year to facilitate better medium to longer-term strategy development, delivery and evaluation.
- **Ensure PCT funding for health promotion is ring-fenced or subject to separate reporting via local directors of public health**
As indicated in *Our health, our care, our say*, PCTs (primary care trusts) should also be required to report explicitly on the application and impact of their *Choosing health* allocation as part of their annual appraisal. A review of these appraisals should be conducted and made publicly available. A key principle should be to ensure that investment can be more clearly identified and tracked.
- **Establish written agreements with all government departments that lead or contribute to health-related communications and related behavioural interventions**
These agreements should set out how departments will co-ordinate their efforts and how funds allocated to projects of mutual concern will be used to maximum effect. Agreements should also be developed with key government agencies, including the Health Protection Agency, the Big Lottery Fund and the Food Standards Agency.

The recommendations

Strategic objective 3

Strategic objective 3

Enhance DH leadership, prioritisation and development of expert commissioning roles

Operational principles

- Prioritise effective co-ordination of action and support across government
- Adopt a clear expert commissioning role across the DH. To add value by ‘only doing that which only DH can do’. Focus on: policy development and support; programme prioritisation; strategic development and intervention option selection; co-ordination and review and evaluation
- Effective prioritisation to drive all efforts by using theory and best available evidence
- Inform and involve all key practitioners and stakeholders proactively. This is integral to the development process and not an add on.

Operational objectives

- **Adopt a clear aim and set of objectives for a new *National Social Marketing Strategy for Health* that is consistent with the recommendations in this report, and which can be readily communicated to internal and external stakeholders**

Set out a clear aim for the strategy with measurable objectives that can directly guide its development and related commissioning work, and help facilitate effective ongoing review and evaluation. Make these readily accessible via the DH and NSM Centre websites so that all relevant stakeholders can clearly access and understand what the strategy is seeking to achieve.

- **Establish a specific planned management of change programme to implement the new strategy across the DH and NHS**

Use the NHS Institute’s eight-step guidance on handling successful change to develop a specific change-management programme.

- **Undertake a formal review in 2009**

To assess the extent to which social marketing has been integrated into national programmes and campaigns as a result of the new strategy (see page 38).

- **Ensure the DH business operating model focuses on its core roles of policy, strategy development, and related expert commissioning, and actively reduces direct in-house delivery of work**

This should mean a move away from undertaking operational development and direct management of health-related programmes and campaigns. In addition to staff capacity considerations, expert commissioning is a key priority to ensure greater consistency and co-ordination across health-related programme and campaign commissioning. Whatever structures DH adopts to achieve this it should ensure that all commissioning is directly based on the *social marketing benchmark criteria*. While exceptions may occasionally be required, the standard operating principle should be for all commissioned programmes and campaigns to be managed and delivered outside the Department of Health.

- Review and establish clear mechanisms for increased and explicit prioritisation of DH health promotion plans**

Explicit criteria should be developed that are consistent with the principles of *Choosing health and Our health, our care, our say*. The criteria should also be informed by what is known about effective practice and the size and seriousness of health challenges. DH should establish an agreement with all policy leads and sponsors across the department that all social marketing programmes and campaigns led by DH and its agencies will be subject to a collective prioritisation and budget allocation process. This should include discussions and agreement with the key sponsors such as the Chief Medical Officer, the Chief Nursing officer, the Chief Pharmacist and Chief Dentist. This agreement should also be extended to include key NGOs and other public health organisations that are responsible for delivering campaigns, health information and behavioural programmes on behalf of DH. The review should examine what is known about levels of investment needed to achieve desired programme goals. This review should be used to inform ongoing Comprehensive Spending Reviews.
- Establish a standardised social marketing planning system based on the social marketing total process planning model and related benchmark criteria**

All future plans should state explicitly their behavioural goals and how these will be measured and tracked. Ministers should be provided with a review of all plans to demonstrate that they meet standard criteria for planning and delivery. A national programmes and campaigns report and publications schedule should be established.
- Produce summary review reports for every national programme and campaign, and establish a specific publications strategy to ensure all work is presented to relevant academic and research journals for potential publication as a standard operating principle**

The reports should follow an agreed standard format, setting out clearly the rationale and research informing the work; what was undertaken; and relevant review and evaluation data.
- Review and establish a new service level agreement (SLA) between DH and COI to maximise the contribution of the COI service to DH**

A new SLA should be agreed that clearly sets out the role of both the DH and COI. The SLA should also include a consistent model of engagement that sets out how the DH will engage the COI, and what services will be delivered, at what cost and to what quality standards. The development of a new SLA should also be taken as an opportunity to clarify a longer term vision of how the DH and COI will develop their relationship into the medium and longer term.
- Ensure consistent use of social marketing across COI**

DH should work with COI to ensure that a consistent social marketing approach is applied to the development of all new programmes and campaigns, research and evaluation projects delivered for DH. The models developed should be consistent with the standardised planning systems and quality criteria that will be applied by DH to the development and commissioning of future campaigns and programmes.
- Invest in developing expertise and understanding about the strategic application of new information technologies for health-focused social marketing**

DH should commission a specialist agency to report on examples of how central government has used new media from the NHS, local authorities and internationally. The review should encompass the private sector's use of new media to promote health and health-related issues.
- Ensure effective engagement of ministers in the development of programmes and campaigns, particularly at the scoping stage**

Ministerial roles are crucial as champions for effective approaches and strategies. It is key that there is effective planning and work scheduling to ensure that there is clarity about what ministers need to sign-off and when this will occur. DH needs to ensure that there are simple and effective systems in place for tracking and co-ordinating the development of programmes and campaigns. It should also be clear when and how a minister will be part of the process. DH should provide ministers with practical tools and checklists to help them effectively champion, drive and monitor the DH in acting as expert commissioners, and overall programme and campaign development.
- Ensure the effective use of external consultants and short-term contractors where there is a clear rationale for using their specialist skills and knowledge**

There is a need to co-ordinate the appointment and use of consultants and to monitor their costs and contribution in a more systematic way.

The recommendations

Strategic objective 4

Strategic objective 4

Build capacity and skills to integrate social marketing within existing strategies and interventions at national and local level.

Operational principles

- Build staff and practitioner capacity and skills
- Foster the growth of dedicated academic and research capacity
- Work with professional associations to support and champion the development of best practice and integrating social marketing understanding and skills in their work
- Build greater understanding and skills in social marketing at national and local levels
- Develop practical learning resources to assist relevant local and national leaders and practitioners
- Ensure all future interventions are built on principles of co-delivery
- Build strong partnerships across the public sector with the private and not-for-profit sectors.

Operational objectives

- **Confirm a three-year work programme with the National Social Marketing Centre, and formally launch the Centre as part of response to the review**

Review governance arrangements and initiate work to examine potential options for developing a mixed resourcing base. Launch the National Social Marketing Centre formally as fulfilment of the government's *Choosing health* commitment to appoint an independent body to champion the development of social marketing in England. It is proposed that the Centre remains located at the National Consumer Council for at least a further period of three years to ensure that initial work can be capitalised on and impetus sustained. During this period it is recommended that work is undertaken to

examine the feasibility of transforming the Centre into a not-for-profit social foundation supported by a mixed resourcing base.

- **Further develop a national training programme of social marketing seminars and conferences**
Provide an ongoing range of social marketing training and development opportunities to increase understanding and develop practical skills in social marketing.
- **Provide PCTs and SHAs with practical hands-on support in developing local social marketing interventions and link them to national programmes**
DH should capitalise on the initial work to establish a social marketing network of champions at PCT and local authority level to develop and spread

“Looking into social marketing we quickly realised that there were practical things we could learn that could really improve what we do.”

Diana Forrest – Director of Public Health, Knowsley PCT

good practice. Initial support should be provided free to PCTs for the first three years, with a review to examine ways that ongoing support might be delivered via a not-for-profit payment service.

- **Establish a new public health partnership service similar to that of the CDC Foundation (Centre for Disease Control in the USA)**
The aim of this is to build partnerships with the private sector. It would provide co-ordination and leadership for the development of partnership agreements, co-delivery, sponsorship and other forms of corporate support and joint projects at national and local level. The service would also work to capture and disseminate examples of good practice, maintain an active network of partners and highlight DH and NHS teams that want partners and support. It should be located outside DH so that DH can maintain its strategic and impartial status.
- **Launch up to ten local social marketing champion sites with particular focus on key Spearhead priority areas**
These sites should act as champions and learning hubs to develop and spread good practice, and as live demonstration sites for the rest of the country. It is proposed that these should be generated from local interest and operate within the existing local resource base – that is, not generated through special additional funding from the centre. They should have access to hands-on support to help them invest local resources in social marketing interventions directed at addressing key health promotion priorities. The aim of this scheme would be to demonstrate that the application of social marketing using local resources can create measurable improvements in health-related behavioural goals.
- **Develop a number of practical resources that include a specific social marketing planning guide and a guide on how to evaluate and report findings**
These guides should contain real life examples and be circulated to all relevant practitioners. They should set out a standardised way of planning and evaluating

interventions, and be in a format that enables staff to use them for large-scale national and small local interventions.

- **Establish a joint development programme with the Improvement and Development Agency (IDeA)**
The programme should be a part of the existing local government learning hub supported by IDeA to capture and share examples of health-related social marketing. The examples should be collected in a standardised format and logged with the proposed knowledge bank.
- **Establish a university network to extend access to social marketing courses, modules and/or research programmes**
Specialist standard setting and accreditation bodies, including the Chartered Institute of Marketing, should also be engaged with the university network. It should focus on equipping as many practitioners as possible with basic social marketing understanding and skills. Key recipients would include public health specialists, health promotion officers, health communication leads, teenage pregnancy co-ordinators, tobacco control leads, health trainers, health improvement leads and healthy schools staff, and community nursing staff.
- **Develop specialist social marketing roster**
COI should develop a social marketing roster using quality criteria agreed with the DH that draw on the guidance produced by the NSM Centre on finding and selecting specialist social marketing agencies. The roster should include both national agencies and smaller contractors that can provide services for local public health teams.
- **Establish a social marketing fellowship scheme**
The fellowship scheme could offer bursaries to mid-career public health, health promotion, health communication specialists and other relevant staff working in NHS. The scheme should be overseen by a board with representatives from relevant professional bodies, and aim to develop further participants' experience and academic understanding of social marketing. Sponsorship for the scheme

Strategic objective 4

should be sought. The fellowships would allow experienced staff, who are looking to become social marketing leaders for the NHS, to work on national programmes, attend training and attain a formal social marketing qualification. The scheme would also support a limited amount of international travel for each fellow to visit effective social marketing projects in other countries.

- **Develop current dialogue further with the European Commission, World Health Organization Europe**

The dialogue should focus on what support they can provide to facilitate sharing of information and learning about social marketing across Europe.

- **Integrate social marketing into core skills and competency frameworks for key public health and health communications-related staff working with the Public Health Development Team**

To build working links between the NSM Centre, the Public Health Development Team and local workforce planners, public health networks, professional associations and other workforce planning groups, to incorporate social marketing training into appropriate courses and competency schedules.

- **Develop further the National NGO PHorum (Public Health) as a key vehicle for engaging key national NGOs in planning and delivery of all future social marketing enhanced national programmes and campaigns**

Instigate a system for regular briefings between NGOs and DH policy leads. The NGO PHorum should be used as a mechanism for gathering views about good practice, intelligence and schedules of campaigns from the NGO sector to inform the planning delivery and evaluation of all future DH-commissioned programmes and campaigns.

- **Develop proactive DH partnerships with the mass media, writers, production companies, directors and producers**

DH should establish a relationship with the CDC-funded Hollywood Health and Society service to exchange best practice. This service should also provide access to expert public health advice for the media sector to inform the development of documentary and drama programmes with a health focus.

- **Commission a national health communications guide based on social marketing**

This would be similar to the *Pink book* commissioned by the US Department of Health and Human Services. The guide would bring together what is known about all aspects of effective health communications and draw on theory, evidence, planning tools and examples of good practice.

- **Ensure new media services form an integral part of all national social marketing programmes and campaigns**

The development and marketing of all new media services, including the future development of Health Direct, will need to be developed as an integral component of all future social marketing programmes. There should be a rationalisation and integration of new media services including web sites. The development of any new service, should include the facility to act as a live data-gathering mechanism using tools such as the proposed Life Check. New media services such as Health Direct could be developed as joint ventures with established health information providers from the NGO, public and not-for-profit sectors. The DH should consider consolidating its new media expertise and services as part of its response to the Transformational Government strategy. There should be investment in developing expertise and understanding about the strategic application of new information technologies for health-focused social marketing. DH should develop a long-term plan to capitalise on the potential of new information technologies to promote health.

The recommendations

Strategic objective 5

Strategic objective 5

Reconfigure research and evaluation approaches to ensure all work can directly assess movement towards relevant behavioural goals, and systematically capture and share learning

Operational principles

- Establish a clear behavioural focus, with research and evaluation geared to assessing and measuring actual impacts on behaviour
- Develop a shared and consistent approach, co-ordinating contributions from across policy, communications and research
- Systematically capture and record experience and learning from national and local practitioners.

Operational objectives

- **Establish a system for ongoing national health behaviour mapping**

The system should map psycho-graphic factors, knowledge and behaviours and cover all the key *Choosing health* priority areas. The data collected should include what people 'know, feel and do' in relation to their health and well-being, as well as their views about the effectiveness of services and interventions developed to support them. The system should be able to provide reports at least every twelve months and more immediate feedback on the DH led work.

If possible data should be drawn from existing surveys, however, it will be necessary for additional surveys to be commissioned to ensure the full range of data is available. Through the provision of time series data, the survey could be used as a key evaluation and tracking tool for all future social marketing programmes.

- **Establish a health-focused knowledge bank and tools**

This knowledge bank should be part of, and linked to, the Cabinet Office strategic communication knowledge bank and the new National Public Health Library service. It should:

- capture information on national and local interventions, what has worked, what has not, and what lessons have been learnt
- collect examples of useful tools, learning materials and approaches
- be the national contact point for the European Commission Health Information Platform project.

- **Establish a national archive of health programmes and campaigns**

Collate, store and make available a library of national and local intervention plans, market research, evaluations and materials. The existing archive from the former Health Education Authority, which is currently being held in storage by the NICE, and the archives held by the COI, should be incorporated.

- **Establish a health-related social marketing research hub**

To improve access to all relevant health-related market research available from a variety of sources, including the private, NGO and public sectors. The hub should:

- support programme and campaign leads in developing consumer understanding and insight
- liaise and co-ordinate with the DH Health Insight Unit and other research and development teams within DH
- work with other public health information providers as an integral and component part of the new public health intelligence strategy
- provide specialist social marketing expertise in interpretation and development of health-related market research data
- provide regular bulletins and updates to policy makers, local NHS planners and public health staff about relevant market research data that would help in planning and implementing health-related programmes and campaigns.

- **Assess the function of research and development in social marketing programmes and health-related campaigns**

Develop proposals for the conduct of future independent evaluations of initiatives. DH proposals should include guidance standards for campaign development research, process evaluations, tracking studies and outcome evaluation. The research and development strategy should also incorporate ongoing reviews of evidence on social marketing effectiveness that captures learning from practice.

- **Enhance independent assessment and evaluation of all national programmes and campaigns**

Ensure that all work introduces a clear element that is independent, so that those commissioning, developing and delivering work are not the only ones assessing impact and effectiveness. A specific research and evaluation protocol should be established and linked with research governance arrangements. The protocol should make clear the distinctions between formative, process and summative evaluation and ensure that summative evaluation is undertaken by an agency or body other than that delivering the programme or campaign.

- **Establish a health-related social marketing awards scheme**

To provide a vehicle for ministers and senior officials to act as champions for programmes and campaigns that demonstrate significant impacts on behaviour. The scheme would also reward and value dynamic, creative and effective work in the field at national and local levels. The awards would stimulate debate and discussion on effective approaches and assist

in the collation of best practice examples. Securing potential commercial sponsorship for this should be explored. Categories of award should be considered and assessed by a multi-professional judging panel against a set of agreed criteria consistent with the *social marketing benchmark criteria*. Consideration should also be given to establishing social marketing categories in existing national award schemes for people who apply social marketing principles.

- **Develop field briefing and intelligence gathering**

Gather intelligence from, and proactively brief relevant field practitioners about future programmes and campaigns to improve impact and evaluation. Focus investment around existing arrangements, and investigate the best ways of engaging relevant practitioners and champions.

- **Commission a joint geo-demographic and psycho-graphic mapping project as part of the DH Public Health Intelligence Strategy**

A demonstration project should be commissioned that explores how best to integrate traditional epidemiological and demographic data sets with commercially available market research and psycho-graphic data about people's beliefs and values. Key partners should include regional public health observatories, the DH Central Health Monitoring Unit and a commercial data mapping company. The project should use all relevant available public and commercially derived data sets to build a new integrated approach to population health profiling.

- **Establish constant live tracking of the impact of national programmes and campaigns**

DH should work with other government departments and the COI to develop data capture systems that focus on behavioural impact as well as the awareness and attitudinal data to evaluate success. To facilitate this, all future programme evaluation plans should establish clear and measurable behavioural goals together with mechanisms for collecting and tracking impact data on the success of campaigns. The system should be capable of providing regular tracking data back to those responsible for managing the delivery of the campaign and programme. The data should also be used to inform the development of overall programme evaluation and the wider public health evidence base, and be made available to all public health practitioners.

The recommendations

Organisational delivery

Organisational delivery

- Separation of strategic and operational roles, and expert commissioning
- Potential contribution of the National Social Marketing Centre.

Separation of strategic and operational roles, and expert commissioning

If the Department of Health is to maximise the effective use of its resources, it needs to focus its efforts more clearly on an expert commissioning role, and reduce its direct hands-on development and delivery of work.

Government reviews have already established the importance of refocusing government department roles on 'doing only that which government departments can and should do' to ensure work is more systematically and consistently commissioned. However, for a number of reasons, this has as yet to be fully realised in practice across the DH. Interpretations of what constitutes in-house work and what is commissioned-out can vary, and therefore bringing greater clarity to this could significantly improve consistency across DH.

There is a strong case to suggest that the DH will continue to struggle to deliver real impacts against its key health targets unless it is able to free very limited staff time and capacity from direct management and delivery of hands-on health related initiatives. Policy and programme work needs to focus much more clearly on supporting ministers and senior officials to lead effective policy development, strategic planning and related commissioning of work.

This means that key senior officials should be directly tasked with leading work proactively with staff teams to establish exit or transfer strategies to reduce the direct role of officials in managing campaign development, implementation, delivery and related evaluation. It needs to be recognised that many existing staff enjoy this aspect of the work. Therefore, the benefits of adopting a more strategic expert commissioning role need to be well articulated, and over time staff skills and expertises directly geared towards this. This refocusing needs to be framed around strategic scoping of every national programme and campaign. A standardised process should be used to commission work, and also to monitor and review subsequent development and delivery.

A common approach to commissioning needs to be established, and relationships developed with a mixed-market of potential external organisations and bodies. This should include the COI, NGOs and the commercial sector, which can be readily contracted to manage development, delivery and review of national programme and campaign work.

Some key principles

- Clearer separation of policy, strategy and commissioning from direct development and delivery of initiatives
- Ensure greater clarity and support for effective ministerial oversight, championing and sign off for key national programmes and campaigns
- Introduce standardised planning and monitoring across all national programmes and campaigns
- Prioritisation of health programmes and campaigns based on consistent use of social marketing principles
- Enhance co-ordination mechanisms for cross government health-related programmes
- Ensure every programme and campaign produces written reports and makes these readily available to external practitioners.

DH reframed role

- Policy formulation and support to ministers
- Strategy development and expert commissioning
- Target development, setting and review
- Contract management and monitoring
- Internal cross-department co-ordination
- Cross-government co-ordination.

Organisational delivery

Potential contribution of the National Social Marketing Centre

The Department of Health decided to establish the National Social Marketing Centre (NSM Centre) at the National Consumer Council. This was as a direct response to its commitment in the *Choosing health* white paper to appoint 'an independent body' to support implementation of the *National Social Marketing Strategy for Health*.

The recommendations that follow have, therefore, been proposed on the basis that DH subsequently agrees a work programme with the NSM Centre to support DH in implementation of the strategy.

It is proposed that the Centre remains located at NCC for at least a further three years to ensure initial work can be capitalised on and the impetus sustained.

During this period it is recommended that work is undertaken to examine the feasibility of transforming the Centre into a not-for-profit social foundation. Efforts should be made to examine and secure potential additional resources from across other sectors, particularly looking at what the commercial and NGO sectors could potentially contribute to enhance the centre's resource and capacity base.

The following objectives are based on the review recommendations, and identify how the NSM Centre could support the strategy:

National Social Marketing Centre

Objectives (proposed)

1. **Develop social marketing-related capacity, skills and a portfolio of related resources**
2. **Support DH in integrating social marketing into all national programmes and campaigns, and in co-ordinating health-related activities**
3. **Provide a central resource for capturing information, intelligence and learning on effective social marketing-related activity**
4. **Develop a related research programme**
5. **Support cross-sector partnership working and assist development of co-delivery.**

The recommendations

What success should look like:

National three-year review checklist

The success criteria checklist overleaf has been framed with particular consideration of the Department of Health's national role in leading and championing effective approaches to health improvement work. Many of the checklist items can also be readily applied to assess integration of social marketing at local and regional levels.

During the review, a number of field practitioners expressed the view that while they valued the lead that DH was taking to realise the potential of social marketing, they nevertheless had some doubts about whether this leadership would be sustained over

time. There was a recognition that a busy policy and practice agenda can mean that initial good intentions could easily be overtaken by the impact of subsequent events, and the original drive and energy behind it lost or dissipated.

Therefore the following three-year review checklist has been developed to help assess the extent to which the Department of Health's commitment to integrate social marketing into its work is delivered and sustained over time.



The recommendations

National three-year review checklist

Success criteria – checklist	Yes/no	How otherwise addressed
<p>1: A National Social Marketing Strategy for Health established with:</p> <ul style="list-style-type: none"> • a clear aim and set of objectives guiding its development • internal and external practitioners briefed and fully aware. 		
<p>2: Social marketing formally integrated into all national health-related programmes and campaigns. Specifically:</p> <ul style="list-style-type: none"> • <i>Social marketing benchmark criteria</i> being actively used and applied as part of the scoping and development process • standard planning system in place across all national programmes and campaigns • scoping reports available for all national programmes and campaigns and easily available to field stakeholders on DH and NSM Centre websites. 		
<p>3: National targeted training and skills development programme in place with:</p> <ul style="list-style-type: none"> • all relevant DH policy, programme, communications and research staff have been through a basic phase 1 training programme. Selected key staff have taken a more in-depth phase 2 training programme • field practitioners across different sectors, including public health, health promotion and health communications, have access to tailored training events. 		
<p>4: Enhanced and integrated social marketing related research in place that includes:</p> <ul style="list-style-type: none"> • national research hub collating and synthesising social marketing-related research and learning from multiple sources • national psycho-graphic tracking survey in place that is regularly used by national and local practitioners • consumer market research initiative linking and sharing understanding, intelligence, and consumer insights from different national programmes and campaigns. 		
<p>5: Programme in place to further capture learning and develop the evidence-base for effective social marketing that includes:</p> <ul style="list-style-type: none"> • national archive in place to capture programme and campaign plans, information and evaluation • all national programmes and campaigns have an active publication strategies in place, and proactive encouragement to publish work in professional and academic publications • key co-ordination mechanisms in place to share information and learn from development across work streams that includes: <ul style="list-style-type: none"> – internal DH social marketing forum – cross-government public campaigns group. 		
<p>6: Enhanced range of multi-sector partnerships in place that contributes directly to national programmes and campaigns and includes:</p> <ul style="list-style-type: none"> • proactive strategy in place, supported by clear ethical guidelines for engagement with commercial sector • enhanced engagement with non-government and voluntary community sector. 		

Appendices

Appendix A Understanding and realising the potential of social marketing

Social marketing is a powerful and adaptable approach for achieving and sustaining positive behaviours. The evidence is increasingly clear that by applying its concepts and principles systematically, the impact and effectiveness of interventions and related services can be significantly improved.

Defining social marketing

Based on the NSM Centre review of the historical development of social marketing definitions, the following definitions have been developed.

Social marketing is:

“the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, for a social or public good”

Health-related social marketing is:

“the systematic application of marketing concepts and techniques, to achieve specific behavioural goals, to improve health and reduce health inequalities”

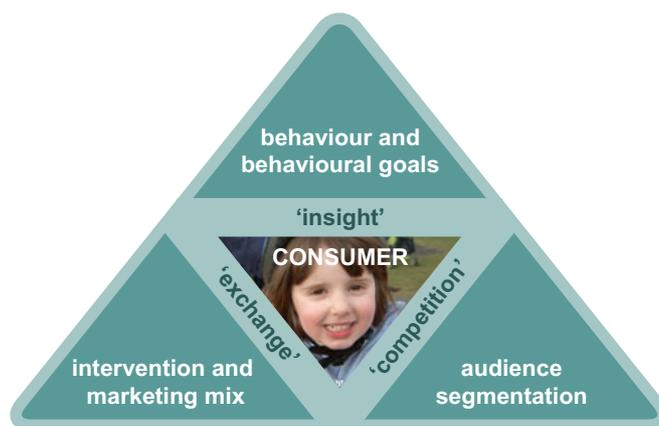
French, Blair-Stevens 2006

A brief history

Social marketing was first coined as a term in the early 1970's, and has been developed and expanded upon since then. It draws from both commercial marketing, as well as many years of experience of international social marketing in the public, not-for-profit and non-governmental sectors. It also builds on health and social reform campaign-related work that has been used to reach and engage different audiences and communities within the UK for many years. There is a growing evidence-base for social marketing.

Key concepts and principles

The *social marketing customer triangle* below highlights a number of core concepts and principles of social marketing.



'customer triangle' nsmc © 2006

1: Customer or consumer placed at the centre

Social marketing begins and ends with a focus on the individual within their social context. The main concern is to ensure all interventions are based around and directly respond to the needs and wants of the person, rather than the person having to fit around the needs of the service or intervention. Social marketing always starts with seeking to understand *'where the person is at now'* rather than *'where someone might think they are or should be'*. This helps avoid 'top-down' approaches and the tendency to start crafting messages or interventions, before a real understanding of the issue is reached.

Example: A smoking cessation programme for pregnant women in Sunderland r.j.lowry@ncl.ac.uk

2: Clear 'behavioural goals'

Social marketing is driven by a concern to achieve measurable impacts on what people *actually do*, not just their knowledge, awareness or beliefs about an issue. Establishing 'behavioural goals' requires going beyond the traditional focus on 'behaviour change' to recognise the dynamic nature of behaviour within a whole population. It looks at both the positive

Understanding and realising the potential of social marketing

and the problematic behaviours to understand the relationship between them and looks to identify patterns and trends over time and what influences these. A behavioural goals approach also describes the aim of an intervention in terms of specific behaviours, and considers manageable behavioural steps towards a main behavioural goal.

Example: 'Food Dudes', a healthy eating programme.
www.fooddudes.co.uk

3: Developing 'insight'

Social marketing is driven by '*actionable insights*' that are able to provide a practical steer for the selection and development of interventions. To develop such insight means moving beyond traditional information and intelligence (e.g. demographic or epidemiological data) to looking much more closely at *why* people behave in the way that they do. Consideration is given to the possible influences and influencers on behaviour, and specifically what people think, feel, and believe. Importance is placed on considering those things within and outside an individual's control.

Example: A mouth and bowel cancer initiative encouraging early attendance at the NHS.
www.woscap.co.uk

4: 'The exchange'

Social marketing puts a strong emphasis on understanding what is to be 'offered' to the intended audience, based upon what *they* value and consider important (e.g. short-term v long-term benefits). It also requires an appreciation of the 'full cost' to the audience of accepting the offer, which may include: money, time, effort, social consequences, etc. The aim is to maximise the potential 'offer' and its value to the audience, while minimising all the 'costs' of adopting, maintaining or changing a particular behaviour. This involves considering ways to increase incentives and remove barriers to the positive behaviour, while doing the opposite for the negative or problematic behaviour.

Example: 'Think!', a national road safety campaign.
www.thinkroadsafety.gov.uk

5: 'The competition'

Social marketing uses the concept of 'competition'

to examine all the factors that compete for people's attention and willingness or ability to adopt a desired behaviour. It looks at both external and internal competition.

- External competition can include those directly promoting potentially negative behaviours but can also include other potentially positive influences that might be seeking to influence the same audience.
- Internal competition includes the power of pleasure, enjoyment, risk taking, habit and addiction that can directly influence a person's behaviour.

Example: 'Truth', a youth-focused anti-tobacco campaign in the U.S. www.protectthetruth.org

6: Segmentation

Social marketing uses a developed 'segmentation' approach. This goes beyond traditional 'targeting' approaches that may focus on demographic characteristics or epidemiological data, by considering alternative ways that people can be understood and profiled. In particular it looks at how different people are responding to an issue, what moves and motivates them. This is often referred to as 'psycho-graphic' research. It ensures interventions can be tailored to people's different needs.

Example: An illicit drugs programme in Australia.
www.drugs.health.gov.au

7. 'Intervention mix' and 'marketing mix'

Social marketing recognises that in any given situation there are a range of intervention options or approaches that could be used to achieve a particular goal. It focuses on ensuring a deep understanding and insight into the customer, is used to directly inform the identification and selection of appropriate intervention methods and approaches. As single interventions are generally less effective than multi-interventions the issue is also to consider the relative balance or mix between interventions or approaches selected. Where this is done at the strategic level it is commonly referred to as the 'intervention mix' while at the level of a dedicated social marketing intervention the term 'marketing mix' is more common.

Example: A national tobacco control campaign in England. www.givingupsmoking.co.uk

How to approach social marketing

Social marketing can be considered in two key ways, strategically and operationally:

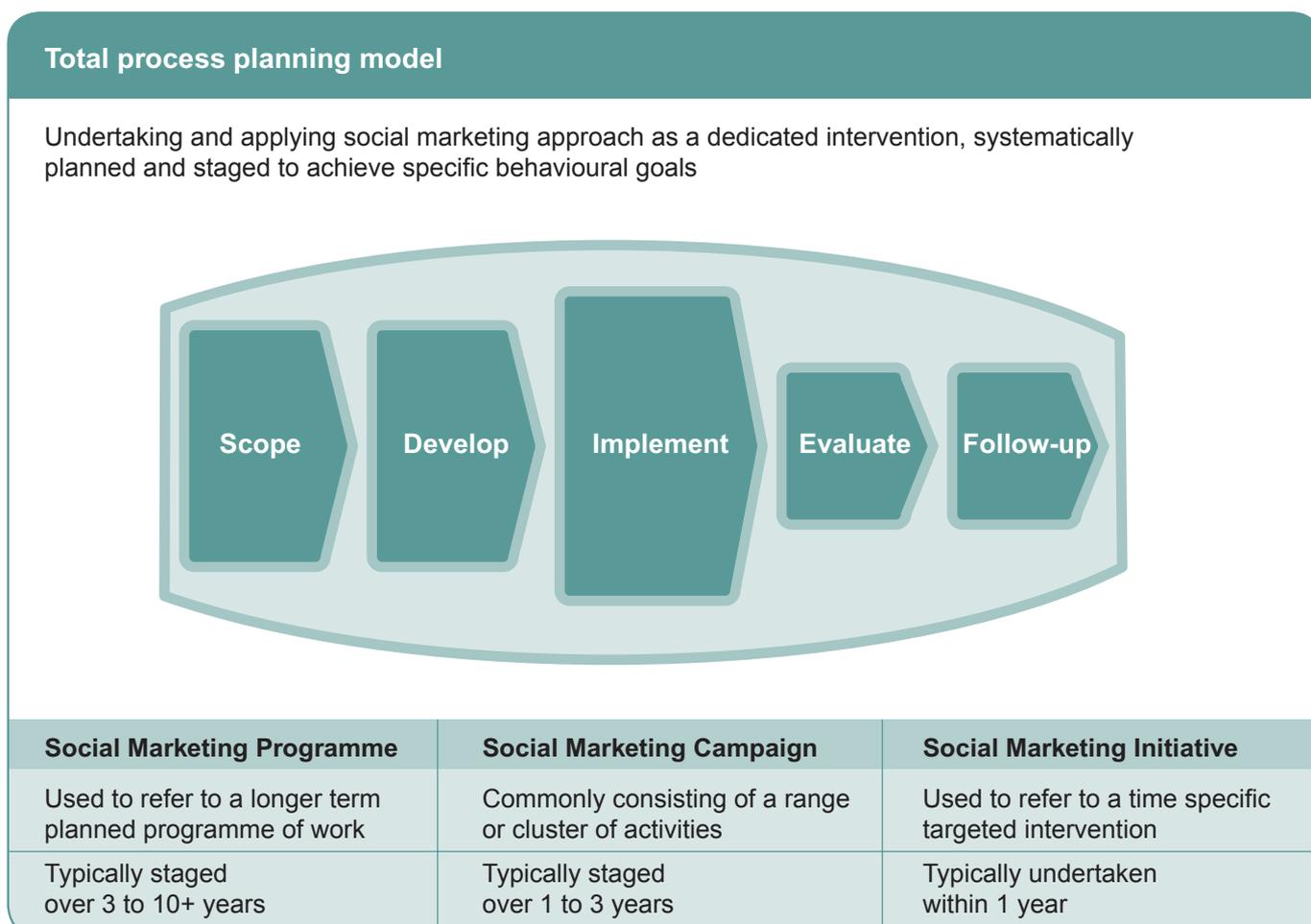


Strategic Social Marketing

Where social marketing concepts and principles can be used to inform and enhance strategic discussions, and guide policy development and intervention option identification.

Operational Social Marketing

Where social marketing is applied as a process and worked through systematically to achieve specific behavioural goals. The total process planning model below sets out such a basic planning approach.



Social marketing benchmark criteria

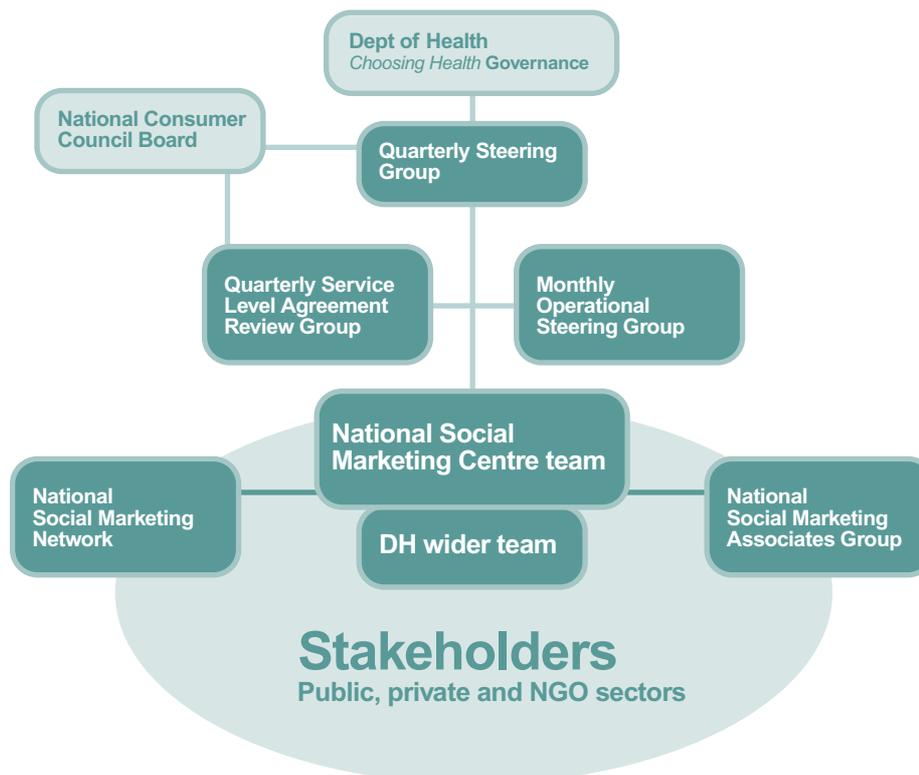
French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2001)

Benchmark	Explanation
1. Behavioural goals	<ul style="list-style-type: none"> • Intervention clearly seeks to impact on behaviour, whether individuals or groups, relevant to a social or public good • A broad inclusive approach to behavioural goals adopted that cover establishing, maintaining, and where necessary, changing relevant behaviours • Specific measurable behavioural goals and related indicators have been established to guide all development work and are phased in a realistic way over time. This can include addressing knowledge, attitudes and beliefs, but only where these can be clearly linked to achieving a specific behavioural goal.
2. Consumer research and pre-testing	<ul style="list-style-type: none"> • Formative market research used to identify audience characteristics and needs • Range of different research and data sources used to inform development • Pre-testing is integrated into development and used to test out with relevant audiences all insight and developing methods.
3. Insight driven	<ul style="list-style-type: none"> • Approach based on identifying and developing actionable insights using considered judgement, rather than simply generating more data and intelligence • Focus clearly on gaining a deep understanding and insight into what moves and motivates the consumer/citizen.
4. Theory-based and informed	<ul style="list-style-type: none"> • Actively assess and draw from theory across different disciplines and professions - ie. it does not seek to apply the same theory or set of theories to every context, but focuses on identifying those that offer the greatest potential for understanding the influences on behaviour • Theory directly used to inform selection and development of an appropriate intervention.
5. Segmentation and targeting	<ul style="list-style-type: none"> • Moves beyond simple demographic or epidemiological targeting • Different segmentation options and variables are actively considered when identifying the appropriate target audience. Particular focus on understanding what people think and feel about issues using psycho-graphic data • Interventions directly tailored to particular audience segments.
6. Marketing mix	<ul style="list-style-type: none"> • Uses a range of methods and approaches to establish appropriate marketing mix • Methods and approaches developed taking full account of any other interventions in order to achieve synergy and enhance the overall impact.
7. Exchange	<ul style="list-style-type: none"> • Clear analysis of the full costs to the consumer in achieving the proposed benefit • Incentives and barriers are considered and addressed for positive, negative or problematic behaviour • Attention is given to maximising tangible and intangible benefits for adopting, sustaining or changing a behaviour.
8. Competition	<ul style="list-style-type: none"> • Specific consideration of both internal and external competition • Active consideration is given to the personal appeal of competing behaviours and external factors promoting or reinforcing potentially negative or problematic behaviour • Active consideration is given to the potential impact of other positive interventions that could compete for the attention of the audience. • Strategies employed to help address and minimise such competition.

Appendix B

National Social Marketing Centre – governance, aims and objectives

Governance arrangements



National Social Marketing Centre

Current aim to:

- help realise the full potential of effective social marketing in contributing to national and local efforts to improve health and reduce health inequalities.

Current objectives to:

- **undertake and produce an independent national review report (for 2006)**
Undertake relevant research (see below) and develop proposals for the first *National Social Marketing Strategy for Health* and a set of recommendations for ways to enhance the impact and effectiveness of activity
- **provide direct social marketing support, guidance and related skills development**
Focus on key DH *Choosing health* work programmes and support across the wider public health system
- **develop a practical social marketing resources portfolio**
Increase understanding of social marketing and support effective planning, development, and evaluation.

Research programme objectives to:

- review the evidence base for social marketing in a number of key areas
- assess current government department practices and effectiveness in delivering health-related interventions
- understand stakeholder perceptions of social marketing – past and present
- compile a report on key behavioural trends and progress towards government targets
- assess the cost to society of preventable ill-health and assess social marketing's contribution to reducing that cost
- understand and map national capacity to deliver social marketing
- understand and map the key market and social research resources currently available to social marketers.

Appendix C

Summary of organisations that have helped inform the review

Association of Healthcare Communicators
Audit Commission
Big Lottery Fund
Birmingham University
Bradford PCT
Barnsley PCT
Bolton PCT
Brighton and Hove City PCT
Central England University
Chartered Institute of Environmental Health
Chartered Institute of Marketing
Cloudline
Company Chemists' Association
Croydon Council
De Montfort University
Demos
Derby City Council
Design Council
Developing Patient Partnerships
Diva Creative
Dr Foster Intelligence
Dudley PCTs
Dunhumby
East Devon PCT
East Elmbridge and Mid Surrey PCT
Engine Group
Environment Agency
Faculty of Public Health
Fishburn Hedges: communications consultancy
Food Advertising Unit
Food & Drink Federation
Food Ethics Council
Foresight Programme (DTI)
FSA – Food Standards Agency
Forster Company
GFK NOP
Greater London Authority
Glazer Ltd
Government Office for London
Government Office for Yorkshire and The Humber
Hall & Partners
Hammersmith & Fulham PCT
Headshift Ltd
Health and Social Care Information Centre
Healthcare Commission
Health First (London)
Heart of Mersey
Health Protection Agency
Improvement & Development Agency
IFF Research
Institute of Social Marketing
Institute for Public Policy Research
Islington PCT
Judge Business School
Kent County Council
King's Fund
Kirklees County Council
Kraft Foods UK Ltd
KTBPR (PR company)
Knowsley PCT
Lancaster University
Live Work Network
Liverpool PCTs
Local Government Association
London School of Hygiene & Tropical Medicine
MEDACT
Momenta
National Audit Office
National Foundation for Educational Research
National Heart Forum
Newham PCT
New Statesman
Nuffield Institute
North East Public Health Observatory
National NGO PHorum (Public Health Forum)
Newcastle University
Newcastle PCT
NICE – National Institute for Health and Clinical Excellence
North Tees PCT
Nottingham City Council
Ogilvy Public Relations
The Open University
Oxford Strategic Marketing
PA Consulting
Penn Schoen Berlande (London)
Pharmacy HealthLink
Porter Novelli
Portsmouth City Council
Price Waterhouse Coopers
PRU Health
RAF – Royal Air Force
Royal College of General Practitioners
Royal College of Obstetricians and Gynaecology
Royal Institute for Public Health
Royal Pharmaceutical Society of Great Britain
Sheffield PCTs
Social Marketing Practice
London South Bank University
Staffordshire County Council
Stoke-on-Trent PCT
The Stroke Association
Surrey University
3 Monkeys PR
Think Public Ltd
TNS (World Food Panel)
UKPHA – UK Public Health Association
Unilever
University of Brunel
University of East Anglia
University of Northumbria
University of Stirling
Vielife
Volterra

Appendix D Abbreviations

Water UK
World Cancer Fund
Worth Media
Young Scot, National Grid for Learning Scotland

Government departments

DH – Health
HMT – Treasury
CO – Cabinet Office
PMDU – Prime Minister’s Delivery Unit
COI – Central Office of Information
DCMS – Culture, Media Sport
DfID – International Development
DfES – Education & skills
DfT – Transport
DEFRA – Environment, Food & Rural Affairs
HO – Home Office
DTI – Trade & Industry

International organisations

World Health Organization – Diet and Healthy Living Strategy
European Commission
European Union
EuroHealthNet
Bureau Européen des Union de Consommateurs
Health Promotion Switzerland
Curtin University of Technology, Australia
Edith Cowan University, Perth, Australia
Centre of Excellence for Public Sector Marketing, Canada
Centre for Health Promotion, University of Toronto, Canada
University of Lethbridge, Calgary, Canada
Health Sponsorship Council, New Zealand
Centers for Disease Control and Prevention (CDC), USA
Washington University, USA
School of Business, Georgetown University, USA
Ogilvy Public Relations, USA
National Youth Anti-Drug Media Campaign, USA
American Medical Informatics Association, USA
Social Marketing Services Inc, USA
School of Public Health, University of Texas, USA
Porter Novelli, USA
School of Business, University of Wisconsin, USA
Sutton Group, USA
National Heart, Lung & Blood Institute, USA
Women’s Heart Health Education Initiative, National Heart, Lung and Blood Institute, USA
Population Services International, USA
Healthy Weight /Nutrition Program, NC Dept of Health & Human Services, USA
Physician Office Quality Initiatives, Virginia Health Quality Center, USA
Developing VCU School of Public Health, USA
Florida Prevention Research Center, University of South Florida, USA

BLF	Big Lottery Fund
COI	Central Office of Information
CDC	Centers for Disease Control and Prevention (US)
DEFRA	Department for the Environment, Food and Rural Affairs
DH	Department of Health
DfID	Department for International Development
FSA	Food Standards Agency
GDP	Gross domestic product
HDA	Health Development Agency
HEA	Health Education Authority
HEC	Health Education Council
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NGO	Non-governmental organisation
NSMC	National Social Marketing Centre
PCT	Primary care trust
PSA	Public service agreement
SHA	Strategic health authority

www.ncc.org.uk
www.nsms.org.uk

June 2006
National Social Marketing Centre
Email nsmc@ncc.org.uk
Telephone 020 7881 3045
ISBN 1 899581 89 8


Making all consumers matter

20 Grosvenor Gardens
London SW1W 0DH

Telephone 020 7730 3469
Facsimile 020 7730 0191