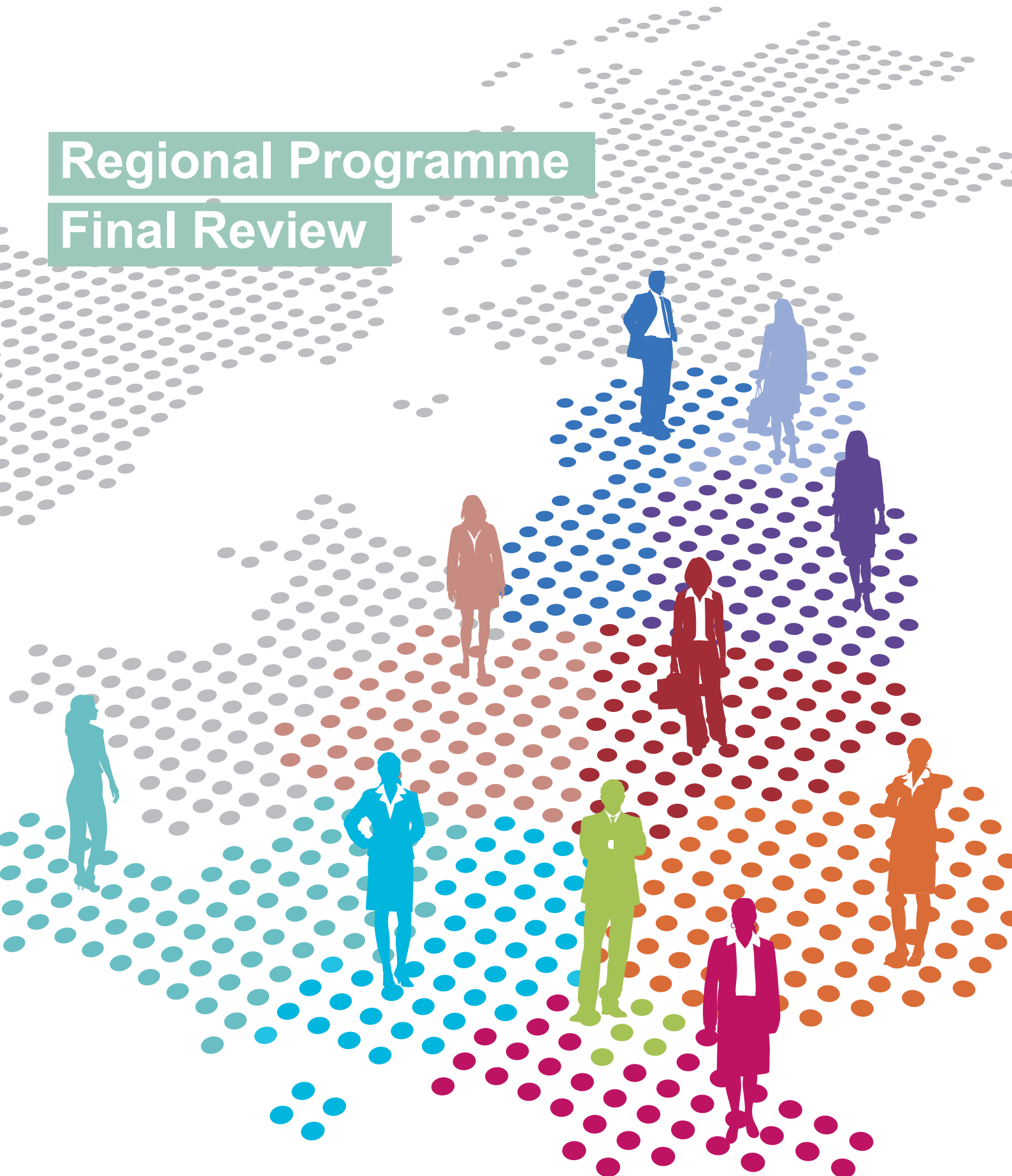


Regional Programme Final Review



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Foreword

The regional programme with the remit to increase knowledge, skills and capacity around social marketing at regional and local level, has been a valuable asset in terms of the growth of the National Social Marketing Centre (NSMC). At the time the programme started, in 2008, the NSMC had developed the concept of social marketing, established demonstration sites to test the model and raised awareness of social marketing in England and especially within the health arena.

By assigning a virtual team of ten Regional Development and Support Managers, aligned to the ten National Health Service (NHS) Strategic Health Authorities (SHAs) in England, but functioning centrally from the NSMC, it has allowed the Centre to understand the gaps in knowledge and skills around social marketing within the NHS, to plan and develop a specific training and capacity building programme for each region which has included mentoring and support to ensure that the new skills gained from the training were put into practice. This programme has certainly ensured that the NHS in England is aware of social marketing principles and the benefits offered in terms of behavioural change interventions.

As the programme closes, new opportunities are being explored by the NSMC, in terms of a Centre of Excellence, ensuring Quality Assurance for social marketing, bespoke strategy and development work for new Government bodies and other agencies, leading the NSMC into the next phase of development.

I would like to thank the Regional Team for their dedication and support for the NSMC, for successfully raising the bar for social marketing delivery in the NHS in England and wish the individuals every success for the future.

John Bromley

Director, National Social Marketing Centre



Executive Summary

Background and context

In 2006, the National Consumer Council (NCC) published the report, *It's Our Health*, which highlighted the links between social marketing approaches and positive health-related behaviour change. The report called for the establishment of a National Social Marketing Centre (NSMC) to help build social marketing capacity and skills in England. As a result, the NSMC was set up later in 2006 as a strategic partnership between the Department of Health (DH) and the National Consumer Council (now Consumer Focus).

The DH's formal response was published in *Ambitions for Health* (July 2008), setting out a strategic framework to maximise the potential of social marketing and health-related behaviour, focusing on four key areas:

- i. **Health capacity:** working with public health professionals (such as those in the NHS, DH, local authorities and other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions
- ii. **Health insight:** using public health consumer insight to inform local and national health improvement activities
- iii. **Health innovations:** putting social marketing principles into action in local, regional and national settings, and creating a central resource for sharing knowledge on effective behavioural interventions
- iv. **Health partnerships:** establishing effective local and national partnerships with the private and third sectors to promote good health

As social marketing continued to move up the health agenda, a need was identified for professional social marketing support for the NHS regionally and locally in England.

The Regional Programme

The NSMC was funded to set up a two year programme and appointed ten Regional Development and Support Managers (RDSMs) – one for each SHA region – managed by the NSMC Director of NHS Development, based at the NSMC headquarters in London. Each RDSM worked remotely, based in their region, working primarily in the field but with regular contact and updates. The full regional team met formally on a monthly basis to review regional progress, undertake planning and share expertise. The role of the RDSM was to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of each region.

Objectives for the Regional Programme

There were four main objectives set for the regional programme by NSMC and the Department of Health:

- i. To undertake a review of social marketing in a public health context, in each region
- ii. To establish a 'Beacon' social marketing partnership in each region, to showcase best practice in partnership working (or develop an existing example)
- iii. To ensure that directors, commissioners and practitioners of social marketing in each region are trained, understand and can effectively commission social marketing
- iv. To provide the link between national, regional and local social marketing programmes and policies, and provide support locally following National Support Team visits

Review of Social Marketing (2009)

The first key task for the regional team was to complete a comprehensive regional review of social marketing in a public health context. This included evidence about existing social marketing activity, barriers to social marketing uptake, and gaps in current knowledge and skills. The findings from the ten detailed regional reports were collated into the national report, *Review of Social Marketing within Public Health Regional Settings* (DH, 2009). The report provided a snapshot (November 2008 to January 2009) of how social marketing was being used within Primary Care Trusts (PCTs) in England.

The report outlines key findings, including:

- Defining social marketing
- Current social marketing activity
- Support for social marketing
- Resources available
- Barriers to uptake
- Recommendations

Each RDSM used the findings of their own regional review as the basis for a tailored regional social marketing development plan for the next 12 months and beyond.

Beacon partnership projects

One of the four core social marketing programmes set out by the Department of Health in *Ambitions for Health* (2008) was Health Partnerships. As part of this programme, the ten regional 'Beacon' partnership projects were established by the NSMC regional team in early 2009. The purpose of the 'Beacons' is





to demonstrate and showcase best practice in partnership working for social marketing, in order to improve public health outcomes. There is one 'Beacon' project in each SHA area in England, led by an RDSM. All projects have two or more key partners and address a public health priority within their region.

Training programme for England (2009-2010)

The *Review of Social Marketing* found that understanding and awareness of social marketing varied widely both between and within organisations. It also found that capacity and skills were significant barriers to the wider use of social marketing within most organisations. As a result, the *Review* made two key recommendations:

- To raise awareness and understanding of social marketing
- To develop and deliver a tailored training programme for staff at different levels

The main programme was grouped into four distinct levels, based on the level of pre-existing social marketing knowledge required for delegates:

- *Introductory*: overview of the key social marketing principles; for those likely to play a significant role in a social marketing project in the next six months
- *Applied*: for key stakeholders and managers who will be applying the principles of social marketing directly to their social marketing projects
- *Practitioner*: for those requiring more in-depth understanding of the technical aspects of social marketing and how to apply them
- *Executive*: for CEOs, directors and senior managers who require a strategic understanding of how social marketing principles can help them improve health outcomes for their local populations

Eight modules were then developed within these four levels:

- An introduction to the key principles of social marketing
- Overview of how to undertake a social marketing intervention
- Procuring social marketing services
- Getting started: scoping social marketing
- Turning insight into action: developing a social marketing intervention
- Understanding your audience: using research and customer insight
- Evaluating success
- Masterclass for directors and senior managers

The courses were developed by the RDSM team, working with the training team at the NSMC head office in London, in line with World Class Commissioning competencies and National Occupational Standards for social marketing. Alongside the main national training programme, a range of

bespoke training workshops were developed and delivered by all the RDSMs, in response to specific requests from public health leads within their regions (for example, bespoke courses on sexual health or alcohol social marketing). By March 2010, over 160 courses from the main programme had been delivered to over 3,000 delegates across the ten regions in England.

Working with Primary Care Trusts in England

A significant proportion of each RDSM's work was focused on supporting PCTs within their SHA area. This work was informed by the original social marketing review undertaken across the region, but also by ongoing requests from each PCT.

The PCT support work undertaken by RDSMs was wide-ranging and regularly included:

- Specialist social marketing advisory role
- Development of social marketing strategies
- Social marketing project set-up and development
- Membership of PCT project Steering Groups and Working Groups
- Assistance with funding applications and provision of funding assistance for social marketing projects
- Social marketing post recruitment
- Commissioning and procurement for social marketing projects
- Sourcing research data and case studies
- Provision of NSMC Associates to work on PCT social marketing projects
- Running social marketing workshops and training sessions

Supporting procurement and social marketing rosters

In the *Review of Social Marketing within Public Health Regional Settings*, the RDSMs noted a widespread need amongst PCTs for support in procuring social marketing services from outside agencies.

The RDSMs have addressed this need in three ways:

- Direct support by RDSMs, working with individual PCTs and regional teams from the beginning to the end of a particular procurement process
- Development of specific NSMC procurement tools for social marketing, including the Procurement Guide for Social Marketing Services (NSMC, 2009)
- Development of a specific course on social marketing procurement for the training programme

Networks

Networks are a long-standing way of communicating and sharing knowledge within the NHS. In the *Review of Social Marketing*, however, it was established that whilst most regions have a wide range of networks representing public health topics or a specialism such as communications, there was little evidence of these networks engaging in social marketing. As a result, in those regions where social marketing networks were wanted, the RDSMs worked quickly to establish them.

NSMC Associates

A key finding from the *Review of Social Marketing* highlighted insufficient in-house capacity as a barrier to using social marketing. In response to this, the NSMC developed an Associate framework. Social marketing professionals from across all regions were assessed and successful candidates were placed on a procurement framework. The framework was used by the RDSMs to procure additional support in response to need and also helped PCTs to build skills and knowledge in house through a transfer of skills from Associates to NHS professionals.

Supporting regional programmes

In addition to local PCTs, the RDSMs have also worked closely with the regional Government Offices and SHAs, providing social marketing expertise for priority work programmes.

Developing national social marketing resources

Alongside their regional work, RDSMs have collaborated with colleagues at the NSMC London office on the development of NSMC publications, reports, tools, web content and other resources. Three RDSMs sat on the Advisory Panel during the development of the NSMC's innovative new online Social Marketing Planning Guide and Toolbox, launched early in 2010. In addition, the RDSMs formed the core team which developed the 2009-2010 social marketing training programme for the NHS in England.

Conferences and events

Over the course of the regional programme, the RDSMs undertook a wide variety of speaking engagements at national, regional and local conferences and events. These engagements were in response to invitations from the Department of Health, NHS organisations including SHAs, PCTs and Mental Health Partnership Trusts; the Government Offices in the regions; Public Health Observatories, cancer and cardiac networks, partnership leaders, Local Authorities and many others.

Working with National Support Teams

An important deliverable for the regional programme was to establish links with National Support Teams (NSTs) to help build capacity and development in social marketing amongst PCTs across the country. The RDSMs worked with the recommendations of NSTs during their PCT visits. Additionally, the RDSMs each took responsibility for a health topic (e.g. obesity, cancer) and established links with the relevant NST and Department of Health Policy teams, to connect with local practice. The NSMC and RDSMs also worked with NSTs regarding specific social marketing training for NST teams.

DH policy and communications

To ensure a co-ordinated approach to public health topics — nationally, regionally and locally — the RDSMs were each assigned a policy area and established working relationships with policy leads and communications leads at the DH. The RDSMs attended key relevant policy and communications meetings with DH leads, to be briefed on current materials, programmes and future plans. This ensured that RDSMs were then able to brief NSMC colleagues on latest developments and also to ensure that local and regional teams were updated and could dovetail DH campaign schedules into their own planning.

The national-regional-local connection

An important role the RDSMs held was to ensure that a link was in place between national, regional and local social marketing projects, policies and initiatives. Using links established with National Support Teams and DH Policy and Communications leads, the RDSM programme was able to create a unique national-regional-local link for social marketing. RDSMs ensured that their local and regional teams had access to all available insight and research underpinning national behaviour change programmes, avoiding duplication and unnecessary local commissioning, and ensuring national resources were maximised and amplified. RDSMs were able to ensure consistency of branding, content and messages was maintained from national to regional to local campaigns. Finally, having one RDSM working across a region meant that they had a unique view of all work ongoing at regional and local level, provided a critical link to signpost PCTs to other similar projects in their region and to significantly reduce historic duplication of effort and commissioning.

Key learnings for the future

The regional programme has consistently met and delivered against the expectations and performance indicators agreed by the programme sponsors. A great deal of learning has taken place throughout the two year delivery of the programme, some of them are listed on page 50 and below is a short summary:

- **Longer lead-in time for the programme setup** – this would have allowed for better regional management engagement in terms of sharing the Key Performance Indicators and the ‘virtual’ team concept. It would also have meant more time to setup the internal infrastructure and support mechanisms to allow the RDSMs to work remotely.
- **Harnessing and directing expertise** – RDSMs were linked to a specific region which meant little time to share their particular expertise in other regions. Perhaps a ‘central’ virtual team, floating to meet the needs of the regions would have worked better and also allowed the RDSMs to be used collectively on a larger, national social marketing project.
- **Building on the positive** – working as a collective network of RDSMs there were some extremely positive gains from the programme:
 - Activity and learning from one region was quickly passed to other regions
 - Creating a national-regional-local link for social marketing has resulted in greater efficiencies and a stronger culture of collaboration between PCTs and regional teams for social marketing.
 - The ten regional ‘Beacon’ projects based on good social marketing principles and in particular partnership working have added to the NSMC ‘Showcase’ examples for reference of good practice in the future.
 - Delivery of the national/regional training programme on NSMC principles of social marketing means approximately 3,000 NHS employees are aware of good standards and principles for social marketing.
 - The development of an Associate framework to deliver training and support in the field has opened up another avenue for support from the NSMC.

Background and context

In 2006, the National Consumer Council — today, Consumer Focus — launched the report, *It's Our Health*, commissioned by the Department of Health (DH). The report presented the findings of the first national review of health-related campaigns and social marketing in England.

The review highlighted the need for a social marketing approach in order to effect positive behaviour change, setting out strategic and operational recommendations on how social marketing could be applied to improve the impact and effectiveness of health promotion at national and local levels.

One of the recommendations of *It's Our Health* was the establishment of a national centre for social marketing, to support the DH's strategy for national health improvement. The new centre would deliver a work programme focused on building capacity and skills in social marketing in defined population groups. The National Social Marketing Centre (NSMC) was duly established later in 2006 as a strategic partnership between the DH and the National Consumer Council (now Consumer Focus).

It's Our Health also underlined the growing evidence that, by effecting behavioural change through social marketing, more people could be helped to live healthier lives. In order to achieve this, the review identified the need to address gaps in current social marketing capacity and skills within the NHS, and the need to integrate social marketing into future NHS policy, planning, commissioning and practice.

In July 2008, the DH published its formal response in *Ambitions for Health*. It laid out, for the first time, a strategic framework and action plan, detailing how it would work with key leaders in the public health community to embed social marketing principles into health improvement programmes. This gave a clear steer on the next steps for social marketing, to build the increasing appetite for its wider adoption within public health.



The new social marketing framework in *Ambitions for Health* focuses on four key areas:

- i. **Health capacity:** working with public health professionals (such as those in the NHS, DH, local authorities and other public sector settings) to increase their skills, knowledge and competency in applying social marketing principles to health interventions
- ii. **Health insight:** using public health consumer insight to inform local and national health improvement activities
- iii. **Health innovations:** putting social marketing principles into action in local, regional and national settings, and creating a central resource for sharing knowledge on effective behavioural interventions
- iv. **Health partnerships:** establishing effective local and national partnerships with the private and third sectors to promote good health

In parallel to the publication of *Ambitions for Health*, the DH's National Support Teams (NSTs) identified a growing demand for professional social marketing support at local and regional level, to enable Primary Care Trusts (PCTs) to commission and deliver social marketing interventions.

As a result, the DH's Health Improvement Directorate funded a two year programme (until April 2010) for the NSMC to recruit, develop and manage a team of ten Regional Development and Support Managers (RDSMs). Their role would be to provide local and regional planning and project management support for social marketing initiatives and programmes within each of the ten Strategic Health Authority (SHA) regions in England. Their work would help to embed the four key areas outlined in the *Ambitions for Health* strategic framework and action plan.

The Regional Programme

Overview of the programme

By January 2009, all ten Regional Development and Support Managers (RDSMs) – were in post, one in each SHA region in England.

The ten RDSMs were managed by the NSMC Director of NHS Development, based at the NSMC headquarters in London. Each RDSM worked from their region, operating primarily in the field with regional and local teams, with regular contact and updates with colleagues via telephone and e-mail. The full regional team met formally on a monthly basis to review regional progress, to undertake planning and to share expertise. These monthly meetings were also attended, by invitation, by policy, programme and communications leads from the DH, and senior NHS directors, to review, discuss and agree key areas where social marketing expertise and support was required.

The role of each RDSM was to provide guidance and support for social marketing projects and initiatives, tailored to the specific needs of their region. Each RDSM had a regional budget of £100,000, of which £20,000 was ring-fenced for a regional 'Beacon' project focusing on best practice in partnership working. The remainder was allocated according to the needs of the region, such as support for particular social marketing projects or training.

Four primary objectives were set for the two year Regional Programme:

- 1. To undertake a Review of Social Marketing in each region, with the purpose of:**
 - Establishing a data baseline, from which to develop a measurable regional action plan to develop social marketing knowledge and capacity at a PCT level
 - Introducing the role of the RDSM to regional and local stakeholders as a nationally-funded resource to support social marketing programmes at PCT and regional level
 - Mapping existing social marketing projects against the recommendations made by NSTs after visits to PCTs, to ensure co-ordination
 - Contributing to a national benchmark of social marketing projects



2. **To establish (or further develop) a ‘Beacon’ social marketing partnership project for each of the ten regions in England, by:**
 - Using the findings of the *Review of Social Marketing* to identify a NHS social marketing project — involving one or more external partner organisations — which had the potential to become a ‘Beacon’ example of best practice for partnership working in social marketing. The successful ‘Beacon’ project in each region would be awarded £20,000 additional funding from the RDSM’s budget and tracked for evaluation
 - Agreeing the selected ‘Beacon’ project with the Regional Director of Public Health for each region and their team
 - Developing a business case for DH sign-off, to draw down the £20,000 funding allocation
 - Taking an active part in steering and delivering the project, including sitting on the project’s Steering Committee, and providing social marketing consultancy and project management support
3. **Ensure PCT directors and commissioners of social marketing projects know, understand and can effectively commission social marketing, by:**
 - Using the *Review of Social Marketing* as a baseline from which to develop a measurable regional action plan
 - Developing good working relationships with regional directors and programme leaders, to support existing regional networks and development programmes
 - Developing and delivering tailored social marketing seminars and workshops for specific public health topic areas, organisations and networks
 - Contributing to the development of a national NSMC social marketing training programme, materials and resources for the NHS in England
 - Tracking delivery and progress by recording all training, materials, resources and events in order to evaluate outcomes and impact on social marketing skills and practice
 - Providing the DH and NSMC senior management with an evaluation report showing progress from the baseline *Review of Social Marketing* to the end of the programme

4. **Act as a national-regional-local link for NHS social marketing and provide PCT support following National Support Team (NST) visits, through:**
 - Establishing links with NSTs, to ensure RDSMs are briefed ahead of planned NST visits and on the subsequent NST recommendations for social marketing, following this up locally and reporting outcomes
 - Establishing links with DH policy and communications leads for regular team briefings on national programmes and planned campaigns, to ensure co-messages when RDSMs brief regional and local teams
 - Assigning each RDSM to a specific public health topic area (e.g. obesity, tobacco control, sexual health), to link specifically with the relevant NST and DH leads for detailed briefings, which are then relayed regionally and locally
 - Liaising with NST leads regarding specific social marketing training requirements from NSMC for their teams, to ensure good practice

Review of Social Marketing

The first key deliverable for the regional programme and the RDSMs was to undertake a comprehensive review of social marketing in each region, gathering evidence about existing social marketing activity and identifying gaps in current knowledge and skills.

The research phase was completed by January 2009 and the findings from the ten regions were collated into one national report, *Review of Social Marketing within Public Health Regional Settings* (DH, July 2009). The report provides a snapshot in time (between November 2008 and January 2009) of how social marketing was being used within PCTs in England. It highlights a number of key findings, outlined below.

Defining and understanding social marketing

Across all ten regions, *awareness* of the term 'social marketing' was high, but levels of *understanding* varied. Some respondents confused social marketing with advertising, public relations or health promotion. Most respondents saw social marketing as a valuable way of gaining valuable insights into customer needs. There were some negative perceptions of social marketing as too academic, too difficult or an empty buzz word.

Current social marketing activity

Involvement in social marketing activity varied from region to region. Even in those areas with the highest levels of activity, almost all projects were still in their infancy. Projects focused on a range of Public Service Agreement (PSA) targets. The most common target was smoking cessation, but significant numbers of projects also focused on alcohol consumption, reducing mortality, maintaining healthy weight, sexual health and MMR vaccination uptake.

Support for social marketing

Commitment to social marketing was high. In many PCTs, social marketing was championed at a very senior level — typically by Directors of Public Health or Communication — and a significant proportion had either appointed or were planning to appoint people to dedicated social marketing posts. Several regions were in the process of setting up frameworks, steering groups or units to manage social marketing projects. Responsibility for social marketing was most likely to sit within public health or communications directorates. Most, if not all, projects involved partnership working, most commonly with the Local Authority.

All regions had received visits from NSTs. As a result of these visits, some PCTs had been prompted to look at how social marketing could help them meet their goals and to source appropriate social marketing training and support. In all regions, PCTs had worked with external commercial agencies to deliver all

or part of their social marketing activity. There was some concern that this could act as a barrier to the development of social marketing skills in-house.

Financial resources

At the time of the review, only a minority of PCTs were planning either to establish a dedicated social marketing budget or to allocate specific funds to social marketing projects. There was considerable variation on this point between regions.

Barriers to social marketing

The following were cited as the main barriers to developing and implementing social marketing projects:

- Lack of resources
- Lack of capacity
- Lack of awareness and understanding
- Annual targets (preventing a longer term approach)
- Lack of robust evidence and case studies for effective social marketing
- Organisational structure problems
- Lack of internal support
- Cultural and ethical issues
- External constraints

Recommendations for developing social marketing at PCT level

The main recommendations included:

- Embedding social marketing within PCTs at strategic level
- Increasing capacity to deliver social marketing
- Provision of tailored training, and practical tools and resources
- Networks and events to support social marketing

Support and development plans

Each RDSM used the findings of their regional review to produce a detailed development action plan for their region. The plans were developed in partnership with regional and local stakeholders in social marketing.

Development planning for the South East Coast region

In the South East Coast region, the RDSM used the insight and knowledge derived from the *Review of Social Marketing* to create a single regional vision, three key objectives and seven key strategic work programmes.

Social marketing vision

To improve the health and well-being of every citizen, and reduce health inequalities in the South East Coast using social marketing, alongside other tools and techniques.

Objectives

- To build capacity and develop social marketing in the region, linking at local level to NST visits
- To ensure all PCT directors and commissioners of social marketing have a good understanding of social marketing, and are in a position to commission effective social marketing
- To support PCT directors to integrate social marketing into normal workstreams and strategies

Seven strategic work programmes for social marketing

- i. PCT support and capacity development
- ii. National, regional and local integration
- iii. Training and development
- iv. Integration of social marketing and World Class Commissioning
- v. Sharing best practice and resources
- vi. Communications and stakeholder engagement
- vii. Sustainability and evaluation

Beacon partnership projects

The second of the four key objectives for the regional programme was to establish and develop one 'Beacon' partnership project for social marketing in each of the ten SHAs in England. The purpose of the 'Beacons' (as also outlined in the *Ambitions for Health* Action Plan) was to showcase best practice in social marketing partnership working, for improved health outcomes. The selected project was required to include the NHS, working with at least one other public or private sector partner. It was also required to focus on a stated regional public health priority or Public Service Agreement (PSA) target. The ten 'Beacon' partnerships were selected by a process run by each RDSM, working with regional and local stakeholders. The chosen projects were then set-up by the RDSMs in spring 2009.

CASE STUDIES

Lighting the Beacon in Newcastle, the East Midlands and the West Midlands

Newcastle

In Newcastle, the 'Beacon' partnership project aims to engage men from target communities, who are most likely to have health problems due to lack of exercise, poor diet and smoking. Its partners included Newcastle United Football Club, building on its popularity within the community as the key motivational factor for men to become involved in community football. A specialist health trainer was recruited by the project to work with men in West Newcastle, encouraging them to take up community football to improve their fitness.

Over 100 men have now joined the programme, improving their fitness levels and learning about healthier diets, the impact of smoking and alcohol, and how to detect early symptoms of cancer. Incentives such as free match tickets, trips around the Newcastle United dressing rooms and signed footballs have proved so popular that the programme has held 100% retention.

To raise awareness of the success and methodology of this Beacon project, the former Government's Chief Medical Officer, Sir Liam Donaldson, joined twenty five senior NHS and Local Authority staff at the Newcastle versus Scunthorpe match in March 2010. Sir Liam described the project as 'a winning formula' and stressed the importance of sustaining the work and its clear benefits.



East Midlands

The 'Beacon' project in the East Midlands is an excellent example of partnership working, bringing together NHS Lincolnshire, the Food Standards Agency, Lincolnshire County Council, Consumer Direct, Government Office East Midlands and the Food Liaison Group. The project tackles a difficult behavioural challenge – changing behaviour in the takeaway food industry, such as reformulation and marketing of healthier alternatives to increase consumer uptake of healthier food. The team involved have, so far, dedicated time and resources to ensure the research and scoping stage of the programme is robust. From this, proposals are being developed on changes which the takeaway sector can make, to help change habits and behaviours. The project has already attracted national attention and is seen by professionals in health and local government as a promising and innovative project.

“This project is innovative because it is trying to change the behaviour of those who supply the food rather than directly targeting consumers to ask them to cut down or cut out. If we can work with the industry to help them to produce healthier products for consumers we are one step closer to tackling the impact of a diet high in salt and saturated fat”.

Director of Public Health & Partnerships, PCT in the East Midlands

West Midlands

The West Midlands 'Beacon' project team is working with partners at the University of Kent to use Tesco Clubcard data to explore the drivers for 'unhealthy' food purchasing behaviour amongst specific (vulnerable) consumer segments. The project is also examining attitudes within these consumer segments towards different potential interventions designed to change their food purchasing behaviour.

Using the Tesco Clubcard data, the project team is analysing consumer behaviour to understand attitudes towards diet and health. An indicative list of 'unhealthy' foods has been formulated, in consultation with regional public health topic leads and the Food Standards Agency. The analysis of shopping basket data and the penetration of 'unhealthy' food into the baskets of vulnerable consumer group segments has started. Focus groups have been undertaken in line with the segments used nationally for Change4Life.¹

The next stage of the project will build on previous research by identifying differences between the food purchasing behaviour of each of these groups, highlighting the most vulnerable groups and the most appropriate interventions for each, in order to effect positive behaviour change.

¹ Change4Life is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. Visit <http://www.nhs.uk/change4life>

Training programme for England (2009–2010)

Background

The *Review of Social Marketing* highlighted a wide variation in understanding and awareness of social marketing between and within NHS organisations. The *Review* also found that lack of capacity and skills were a significant barrier to the adoption of social marketing within organisations. As a result, the *Review* made two key recommendations related to training:

- To raise awareness and understanding of social marketing
- To develop and deliver a tailored training programme for staff at different levels and in different roles

Some areas and organisations in England had already received social marketing training, either through the NSMC or National Support Teams, or commissioned directly from commercial suppliers. The NSMC regional training programme, therefore, needed to take account of this and create a tiered portfolio of courses, which enabled those with some foundation in the key concepts and principles, to progress to more advanced training.

The main programme

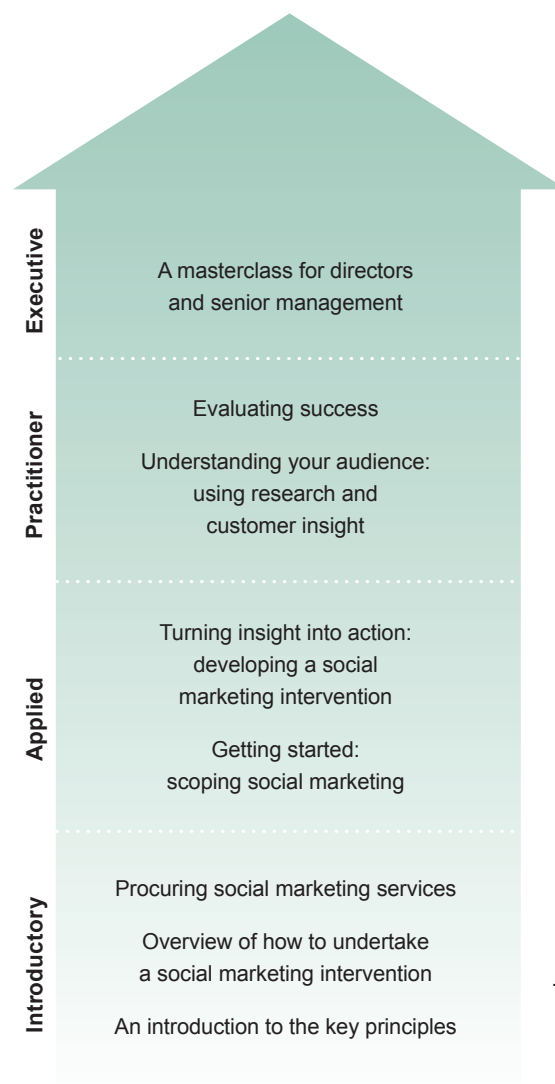
The main training programme for England was grouped into four distinct levels, based on the level of pre-existing social marketing knowledge required for delegates. It also took account of the extent to which delegates would be directly involved in the commissioning or management of social marketing projects. The four levels were:

- *Introductory*: for those requiring an overview of the key social marketing principles; for those likely to play a significant role in a social marketing project in the next six months
- *Applied*: for key stakeholders and managers who will be applying the principles of social marketing directly to their social marketing projects
- *Practitioner*: for those requiring more in-depth understanding of the technical aspects of social marketing and how to apply them
- *Executive*: for CEOs, directors and senior managers who require a strategic understanding of how social marketing principles can help them improve health outcomes for their local populations

Eight modules were then developed within these four levels:

- An introduction to the key principles of social marketing
- Overview of how to undertake a social marketing intervention
- Procuring social marketing services
- Getting started: scoping social marketing
- Turning insight into action: developing a social marketing intervention
- Understanding your audience: using research and customer insight
- Evaluating success
- Masterclass for directors and senior managers

The first seven courses were designed to run over a single day, with an emphasis on practical learning that could be used immediately in the workplace.



The training and development journey

The courses were developed by the RDSM team, working with the training team at the NSMC head office in London. The content was cross-referenced to ensure it was in line with the World Class Commissioning competencies and National Occupational Standards for Social Marketing. Sources for the training content including existing NSMC material and other respected sources, with additional material commissioned directly from experts in the field. A rigorous internal quality assurance process ensured that all the material came together to create a coherent and consistent modular training programme.

For the training delivery, a twofold approach was taken:

- Delivery of around one third of the courses was commissioned by the NSMC from experienced training providers, with a proven background in social marketing
- The remainder of the courses were delivered by NSMC Associates, who were identified and quality assured as trainers, and then trained to deliver the content (with a number of courses also delivered by the RDSMs themselves)

By March 2010, over 160 courses from the main programme had been delivered to over 3,000 delegates across the ten regions in England.

Masterclasses for directors and senior managers

For the *Executive* level of the training programme, it was critical to test the course content in the field, to ensure it was pitched at the appropriate level and the right messages were being conveyed. As part of this testing process, senior directors were used to provide feedback on the content during its development. This helped to shape the material before it was rolled out widely across the regions.

Bespoke training and workshops

Alongside the main national training programme, a range of bespoke training workshops were developed and delivered by all the RDSMs, in response to specific requests from public health leads within their regions (for example, bespoke courses on sexual health or alcohol social marketing).

In the South East Coast and South Central regions, the RDSMs worked with the chances4change (BIG Lottery) team to develop a bespoke *Introduction to Social Marketing* training package, which was delivered over two days. This was then followed up by a social marketing networking session for the 60 BIG Lottery-funded health and wellbeing projects across the South East.

“Thank you... for the support and capacity you have provided to chances4change, I know from speaking to project teams that they have greatly benefitted from this training, educating them about the impact that social marketing can have on their work.”

Regional Networks & Learning Manager, chances4change Programme

In the North East, the RDSM developed a series of bespoke training workshops. Most of these started with an *Introduction to Social Marketing* where it was needed, then moved on to focus on specific public health topics and case studies, identifying target audiences, segmentation and finally developing an intervention. Examples of the topics covered included teenage pregnancy and contraception choices, cancer and alcohol. Other bespoke workshops focused on *Social Marketing and Stakeholder Management*, *Social Marketing for Organisational Change within the NHS*, and *Social Marketing for Partnerships with the Third Sector and Local Authorities*.

In the West Midlands region, the RDSM developed a number of bespoke social marketing training days at the request of regional leads in the Government Office and SHA, for delegates including specialist commissioners of sexual health services, PCT teenage pregnancy leads and health trainers. The bespoke workshops proved to be very successful, resulting in a request for the RDSM to run additional sessions at regional conference events on each of the topic areas.

“Thank you so much for your help in organising the social marketing training session for the Health Trainer Service Coordinators. I think that the co-ordinators enjoyed the session and took away practical ideas to support their work locally.”

Consultant in Public Health, West Midlands Government Office

Prior to the arrival of the RDSM in the North West, social marketing capacity and skills were being developed by the Strategic Health Authority and sub-regional Public Health Networks. It was, therefore, important for the RDSM to work collaboratively with these organisations.

One example of this was the development of social marketing workshops with Greater Manchester Public Health Network, where a training programme had already been commissioned with a social marketing agency. The North West RDSM, therefore, worked alongside the team to develop content and provided financial support for a series of four workshops on social marketing strategy, analytics, research and creative development. Over 100 delegates attended these workshops during August and September 2009.

In the South Central region, the RDSM was asked to provide a bespoke workshop for the Health Improvement and Development Service at Portsmouth City Council. There are a large number of posts at the City Council which are joined with NHS Portsmouth, so this was an ideal opportunity to reach a wide audience and train them on the key principles of social marketing and projects underway in Portsmouth. The session was well attended and positively evaluated by delegates, particularly on the use of 'live' project examples.

“The RDSM’s course delivery was excellent and the workshop was very well presented - succinct, informative and relevant. It was delivered at just the right level and left the participants wanting to know more about how they could apply social marketing directly to their work.’

Head of the Health Improvement and Development Service, Portsmouth City Council

In the East of England, the RDSM worked with the Eastern Deanery and members of the Eastern Region Trainees Action Group to create a bespoke, one day *Introduction to Social Marketing* for the region’s Public Health Trainees. In early 2010, the RDSM also developed two bespoke social marketing workshops — in partnership with the region’s social care leads — to support the East of England Transformation of Adult Social Care training programme. The sessions introduced social marketing to an audience of social care and NHS commissioners of adult services. It focused on the application of social marketing to develop the provider market, and how to segment and target audiences for more effective uptake of assistive technologies.

“Our RDSM developed a brand new training module for the Regional Development Programme in Market Shaping and Market Facilitation. This is designed for Local Authority commissioners (and some PCT commissioners) and transformation leads, as one of our priority areas for development. The one day module focused in detail on the role of social marketing in the transformation agenda and how commissioners can use this approach to inform and influence their changing role and functions.”

Regional Programme Director for Transformation and Personalisation, East of England



Programme evaluation

The NSMC developed an evaluation framework for the complete training programme, based on the Kirkpatrick Model. This model sets out four levels for measuring the effectiveness of training:

1. The reaction of the learner
2. The increase (or otherwise) in knowledge
3. The impact on behaviour and performance in workplace
4. The organisational outcomes

The NSMC training evaluation draws on a number of sources, including:

- Online pre-questionnaires (before attending training)
- Feedback sheets (completed on the day of training)
- Follow up interviews with a sample of delegates from each region and course
- Online post-course questionnaire

The initial results of the evaluation are very encouraging, with all delegates consistently scoring all courses over 80% in feedback collected on the day. A complete evaluation report on the NSMC training programme will be completed by end of June 2010.

“Since attending the training, I have spent more time on scoping and targeting the right audience for an awareness raising campaign for end of life care. I have now really thought about whether that is the best approach and if it will work.”

PCT Commissioner, London

“The information from the courses always jogs my memory and gives me ideas, when dealing with daily issues.”

PCT Teenage Pregnancy Co-ordinator, London

“The training gave me lots to think about. Social marketing isn't what I thought it was, so it helped develop my understanding. The tutor was excellent and really demonstrated a passion for the subject, and explained the principles, theory and application with great care and understanding.”

PCT Health Improvement Manager, London

“Being new to the NHS, I have found the training and support offered to be invaluable in developing into my new role. It is a fairly unique role in that the workload is split equally between corporate communications and public health. The help, support and advice from the NSMC programme has enabled me to develop a number of campaigns which have been based on what the service users want. It has been an invaluable learning experience which has given me many skills to embed social marketing into our PCT.”

PCT Communications Specialist, East Midlands

“The NHS has a diverse and dedicated workforce, and certainly this was my experience when corresponding with the many delegates from the NSMC social marketing courses. From consultants in public health to comms managers and physiotherapists, the delegates have valued and benefitted from the courses and materials. I was even able to see this in practice, whilst attending four of the courses myself. The courses were extremely worthwhile and provided delegates with the inspiration, knowledge and support to apply social marketing to their role, whilst also providing them with a forum for discussion, networking, and sharing their learnings and experiences.”

Training and Development Project Officer, National Social Marketing Centre

Supporting Primary Care Trusts in England

A significant proportion of the resources of the regional programme was directed at support for PCTs. From the perspective of the RDSMs, this involved working primarily in the field with PCTs, to develop and implement social marketing strategies and projects at a local level. This work was informed by the development needs identified in the *Review of Social Marketing* undertaken by each RDSM across their region, alongside local and regional public health priorities.

The PCT support work undertaken by the RDSM team was wide-ranging and typically included:

- Specialist social marketing advisory role
- Development of social marketing strategies
- Social marketing project set-up and development
- Membership of PCT project Steering Groups and Working Groups
- Assistance with funding applications and provision of funding assistance for social marketing projects
- Social marketing post recruitment
- Commissioning and procurement for social marketing projects
- Sourcing research data, policy reports and case studies
- Provision of NSMC Associates to work on PCT social marketing projects
- Running social marketing workshops and training sessions

CASE STUDIES

PCT recruitment for social marketing posts has been an area where RDSM support has frequently been requested. RDSMs have worked with PCTs to develop job descriptions tailored to specific local requirements, as well as sitting on interview panels. In the East Midlands region, for instance, there are now seven new dedicated social marketing posts within PCTs. In the South Central region, the RDSM worked closely with one PCT to interview and recruit a new social marketing manager, and subsequently took on a mentoring role with the new manager to provide support over their first year in post. This has enabled the post holder to develop within the organisation and become the sole lead for social marketing.

PCTs have also benefitted from the independence and impartiality of RDSMs, who have been able to work across multiple topic areas to support social marketing whenever required. As an illustration, in the East Midlands, PCT support by the RDSM included assisting NHS Derby with its alcohol agenda, Nottinghamshire County with tobacco control in Newark, engaging lorry

drivers and ex-miners in smoking cessation in Bassetlaw, tackling obesity in Lincolnshire and teenage pregnancy in Leicestershire. The support of the RDSM has ranged from acting as advisors to PCT teams, facilitating meetings and workshops, drafting commissioning briefs, sitting on agency pitch panels, development of strategic and implementation documents, and working with teams on service redesign.

In the East of England region, the RDSM worked closely with one PCT on the procurement of a social marketing insight project, to inform a number of behaviour change interventions across a range of target audiences. The RDSM supported PCT staff in writing a specification for customer insight, then in the tender process for the project including assessment of proposals and sitting on the panel for agency pitches. Once the project was completed, the RDSM continued to provide support to the PCT by placing an NSMC Associate social marketer within the organisation to gather formal responses from multiple stakeholders to the insight findings, and to draw together common themes. This will enable the Executive team to incorporate genuine insight into the local population as part of their World Class Commissioning process and competencies.

“Our PCT have benefitted immensely from the social marketing programme over the past 18 months. We commissioned 10 insight reports in a variety of areas and this enabled us to work with the commercial sector, engage with stakeholders and community groups that finally matured into a showcase workshop in October 2009. This event was attended by the leading social marketing organisations who presented their findings and recommendations to an audience of over 100 delegates. The insight from the workshop and insight reports are now being used to influence and inform the 5 year strategic plan as well as providing the Executive Board members with an overview of how social marketing could be embedded in to the organisations culture. The support and expertise received from our RDSM was instrumental in helping us achieving this.”

PCT Director of Public Health Improvement, East of England

Supporting procurement and social marketing rosters

Procurement

The *Review of Social Marketing* highlighted a widespread need amongst PCTs for support in procuring social marketing services from a variety of public and private sector agencies.

The RDSMs agreed to address this need in three ways:

1. Providing direct support to PCTs and regional teams from the beginning to the end of a particular procurement process
2. Developing specific NSMC procurement tools for social marketing
3. Training for PCTs and regional teams in social marketing procurement

As a result, RDSMs have worked with PCTs and regional teams on procurement, from identifying specific requirements and writing a tender brief, through to managing the pitch process and contract agreements. The RDSMs also worked with the NSMC team in London to produce the *Procurement Guide for Social Marketing Services*, which was published by the NSMC in print and online in summer 2009. Procurement training was rolled out as part of the wider training programme.

CASE STUDIES

In summer 2009, the Peninsula Cancer Network in the South West region secured funding from the National Cancer Action Network for social marketing. The team approached the RDSM for the South West to guide them through the commissioning process to procure agency support.

The funding covered two distinct projects. The first project was focused on skin cancer prevention. The South West of England has the highest rates of skin cancer in the UK and the SHA had identified skin cancer prevention as a public health priority. This project was focused on embedding social marketing techniques into the way that the four PCTs across the Peninsula commissioned and delivered services. The second project involved a study of improving cancer awareness in the most deprived communities, particularly how best to raise lung cancer awareness and improve rates of early diagnosis.

The RDSM for the South West worked with the Peninsula Cancer Network from the outset of the commissioning process, leading them through the development of detailing project briefs, Invitation To Tenders (ITTs), agency shortlisting, pitching and selection.

“The Peninsula Cancer Network has led two major projects funded by the National Cancer Action Team – a project on the role of a cancer network in raising awareness and prevention of skin cancer...and another to establish a Local Awareness and Early Diagnosis Initiative focused on lung cancer. Both of these projects were based around the procurement of a social marketing company to carry out an extensive programme of work in support of the projects. The RDSM from the National Social Marketing Centre played a pivotal role in providing guidance and support to the commissioning and procurement of the social marketing company. As project lead for both projects, I relied extensively on this expert advice to shape the tender document and to ensure that the process ... led us to the most appropriate company. With the RDSM's advice to me and my procurement team, the process went very well with 17 of the top social marketing companies vying for the tender. We made a very successful appointment of the social marketing companyThe support, advice and expertise of the RDSM manager was invaluable and directly led to the successful outcome of this work”.

Consultant in Public Health, Peninsula Cancer Network

Social marketing rosters (supplier frameworks)

In spring 2009, The Central Office of Information (COI) developed and published an extensive national roster of marketing communications agencies, which included a list of agencies providing social marketing services². In addition, a number of NHS commissioners were keen to develop the marketplace for social marketing services as part of World Class Commissioning programmes, and therefore supplementary regional rosters were explored by several regions.

² <http://coi.gov.uk/suppliers.php?page=37>

North West

The *Review of Social Marketing* undertaken by the RDSM in the North West identified some uncertainty about how to procure social marketing services, including who to buy them from and how to get good value for money. In response to this, a roster was proposed, which would offer a provider framework of agencies offering social marketing services for the region. The benefit of this framework was that it would give PCTs and regional teams a list of providers which had already demonstrated breadth and depth of skills and experience in specific social marketing services.

The North West team undertook a rigorous process to appoint agencies onto the framework. The North West Collaborative Commercial Agency (NWCCA) facilitated a robust procurement process that met Official Journal of the European Union procurement rules. The evaluation criteria were developed by a multi-agency team including social marketing representatives from NHS North West, the National Social Marketing Centre, ChaMPs, Cumbria & Lancashire and Greater Manchester Public Health Networks.

121 agencies submitted a Pre-Qualification Questionnaire (PQQ), of which 45 agencies were successful in being given an Invitation to Tender (ITT). Of these, 38 agencies submitted a completed ITT, 27 agencies attended the final pitch (presentation/questions) and 19 agencies were appointed onto the framework.

“One of the most important findings of the North West review was that even where there was enthusiasm for social marketing, organisations – especially public health and communications departments – often had little experience, little in-house capacity and were unsure how to commission social marketing services or where to commission them from. Establishing the framework means that NHS organisations can be confident they are commissioning from pre-vetted approved agencies and can do so with much of the procurement red tape already dealt with.”

Associate Director for Social Marketing, NHS North West

Yorkshire and Humber

In the Yorkshire and Humber Region, the RDSM worked with the commercial procurement network to produce a guide to informed options for buying social marketing products and services. This guide includes a range of options from the COI, access to other existing rosters and how to run procurement tenders through the region's own procurement network. The network successfully negotiated with the COI to produce a range of clear options for PCTs which now includes a £250 'one off' payment to access the roster. The COI option has since been extended on a national basis.

Networks

Networks are a commonly-used medium for communicating and sharing knowledge within the NHS.

In the *Review of Social Marketing*, it was established that whilst most regions already had a wide range of networks representing various public health topics (smoking, sexual health etc) and specialisms such as communications. There was, however, limited evidence of these networks engaging in social marketing.

Feedback from PCTs also underlined a need for social marketing networks to be established, as an efficient route to sharing new policy and best practice, addressing issues and organising training within regions. As a result, in those regions where social marketing networks were wanted, the RDSMs worked quickly to establish them.

CASE STUDIES

South Central Social Marketing Network

The *Review of Social Marketing* in the South Central region highlighted the need for a network mechanism to share best practice within the region and also to link together work underway, as many PCTs had similar priorities. All PCTs have representation at the network, whether that is the PCT's social marketing lead, or champions from public health or communications teams. The network meets face-to-face quarterly and has an email group and a shared site on the South Central Access Network. Provision has been made to ensure that the network will continue in the future and to enable the network to develop to include local authority and police colleagues.

East Midlands Social Marketing Network

The East Midlands Social Marketing Network has brought together over 100 professionals working in health and social care across different agencies to explore how the principles of social marketing can be used to facilitate behaviour change and put people at the centre of healthcare delivery. The network met twice in 2009 and there are plans to hold another event in 2010. Members can stay in touch online and link up with people in other organisations who are also undertaking social marketing projects. A number of speakers have attended the network to present new ideas, inform members of the latest developments and provide practical advice.



“The network has made it possible to informally discuss, debate and test ideas and concepts, and begin to share our experiences and learning. Because the network had public health, communications and commissioning members, there was a wealth of experience but also an opportunity to think differently.”

PCT member of East Midlands Social Marketing Network

The South West Social Marketing Network (virtual and ‘green’)

One of the development priorities for the South West was the establishment of a social marketing network. The network in the South West is a practical working group, serving the following objectives:

- **Social marketing developments** - to share information regarding current and planned social marketing activity nationally, regionally and locally, as well as public health and other relevant policy developments
- **Support** - to provide a practical support network for regional and local social marketing projects (discussing barriers and challenges; identifying capacity and resource issues; providing support and advice)
- **Learning** - to share learnings and examples of best practice between teams
- **Efficiency** - to identify projects where collaboration could maximise resources/ budgets and reduce duplication across the South West

Due to the large geographic area of the South West (the largest Strategic Health Authority in England) and also in line with the carbon reduction objectives of the region, the group meets monthly via conference call. Membership is comprised of one social marketing ‘lead’ from each of the 14 Primary Care Trusts in the region, who collectively represent their PCTs at the meetings and cascade information back to colleagues.

NSMC Associates

A key finding from the *Review of Social Marketing* highlighted insufficient in-house capacity as a barrier to using social marketing. In response to this, the NSMC developed an Associate framework to provide access to freelance resource with the right expertise to fill capacity gaps within PCTs and regional teams.

Adverts were placed nationally to recruit social marketing professionals from across all regions and candidates were put through an assessment process. Those who were successful were then placed on an NSMC procurement roster so they could be easily commissioned via RDSMs to provide additional support in the regions. This also helped PCTs to build expertise in-house, through a transfer of skills from NSMC Associates to NHS professionals.

CASE STUDIES

South East Coast

At the start of the regional programme, capacity and skills for social marketing in the South East Coast region were limited, as there were no specific social marketing roles within PCTs or at SHA level. The RDSM used the NSMC Associate framework to recruit a permanent Associate for the region, to support a variety of PCT projects including dentistry, cancer prevention and alcohol reduction. The extra capacity and support has been invaluable to PCTs, especially those new to social marketing and keen to build in-house skills through coaching from the Associate.

South Central

NSMC Associates were used in South Central to work with specific PCTs on a project management basis, and also to help embed social marketing within their organisations through the development of social marketing strategies. NSMC Associates were also used to handle additional social marketing training sessions, due to high demand. This brought an added benefit as the extra sessions enabled a number of Local Authority staff and other NHS partners to attend training, to help with partnership approaches across the region.

Yorkshire and Humber

The use of an NSMC Associate has been crucial to the success of a number of nationally acclaimed social marketing programmes in the Yorkshire and Humber region. The NSMC Associate managed a number of projects, resulting in two *Health Service Journal* award nominations for projects in Hull; one tackling domestic violence and another to address male obesity, NHS Hull's 'Fit Fans'. The domestic violence project is seen by the Home Office as groundbreaking, as it has a focus on the perpetrator and not the victim, and early evaluations are showing excellent results.



South West

The South West RDSM worked with the South West Health Weight Healthy Lives team to make a successful application for Department of Health funding for the region — in competition with other SHAs — to fund public relations and marketing activity to support the regional roll-out of Change4Life. Once funding was secured, a NSMC Associate was brought in to manage the planning and delivery of the additional programme funding for the region.

“Over the last 18 months, the Department of Health South West and NHS South West have been working closely together to really bring the Change4Life regional programme into action. Our region is fully committed to creating a lifestyle revolution for the population, and where best to begin this journey than under the Change4Life Banner.

“The recent additional financial support for the Change4Life programme has allowed some of the main strategic organisations to really see what is actually required to support a social movement of this size. Working with our NSMC Associate, it has also allowed us to make the right connections to drive the work, and has resulted in excellent progress in making Change4Life a locally owned movement that can really have an impact on the most disadvantaged communities in the South West.”

Healthy Weight, Healthy Lives Regional Manager
Department of Health South West

East of England

In the East of England region, the RDSM arranged for NSMC Associate support for a PCT Public Health Away Day, enabling the team to explore the place of social marketing in forward planning for the Directorate. Another NSMC Associate was also used to provide advice to regional stakeholders on the potential application of social marketing in behaviour change and removing barriers, in the context of end of life care.

East Midlands

The Associate appointed to the East Midlands in the final months of the programme has provided ‘booster support’ to five PCTs to help them progress their social marketing plans. This includes supporting them to write a three year strategy that will put social marketing principles at the heart of commissioning, a protocol which can be used internally to ensure projects are assessed against national standards and an assessment of project plans and how they can demonstrate a return on investment for the future.

Supporting regional programmes

In addition to local PCTs, the RDSMs have also worked closely with the regional Government Offices and Strategic Health Authorities (SHAs), providing social marketing expertise for priority work programmes.

Yorkshire and Humber

In 2008, an agreement was reached between the regional SHA, Government Office and the PCT Chief Executives, to develop a collective approach to social marketing in the Yorkshire and Humber region. Work was already underway to establish a Marketing Collaborative ('The Collaborative') for Yorkshire and Humber PCTs, so it was decided to develop this further to create a social marketing 'Forum' for partnerships.

The Forum has representation from all 14 PCTs in the region, as well as the regional Government Office, SHA and Public Health Observatory. It oversees and makes strategic decisions about regional social marketing work streams and informs other social marketing work in the region. The Forum has become a central hub within the region for collecting learning from social marketing pilot projects and case studies. It also serves as a channel to disseminate information and knowledge out to the PCTs, as well as training and coaching.

This work is supported by **Health Intelligence Yorkshire and the Humber**, run by the Yorkshire and Humber Public Health Observatory to create and maintain a 'hub' of insight and data for the region, for commissioning and social marketing.

“The Public Health Observatory is establishing itself as a key contributor to social marketing in the region, not only through support for the scoping and evaluation stages of pan-regional projects, but also as a central repository for key social marketing learnings and tools - an Insight Hub.”

Assistant Director & Senior Analyst, Yorkshire & Humber Public Health Observatory

The Yorkshire and Humber social marketing programme has three main workstreams:

1. **Learning and Development Programme:** a comprehensive programme of training and events including modules ranging from a basic introduction to social marketing through to in-depth sessions on the different aspects of the social marketing process. These are complemented by a number of topic-specific events and workshops on subjects such as alcohol, breastfeeding and sexual health.

2. **Delivering Healthy Ambitions:** there are a number of ongoing public health projects in the region which are overseen by The Forum and delivered by The Collaborative. The projects inform service delivery, commissioning, communications and strategic planning for the region, and provide vital insight that can also be applied at a local level. These projects include end of life, stroke, primary care access, mental health, tobacco control and cervical cancer screening.
3. **Marketing Services - a regional approach:** collectively within the region, considerable investment has been made in commissioning a range of marketing services, including social marketing. Given the potential for efficiency savings, this led to a review of the commissioning options open to PCTs. The findings were presented as a guide to the options for procuring marketing services, including COI offerings, access to existing rosters in other regions and how to run procurement through the Yorkshire and Humber procurement network.

“The Yorkshire and Humber RDSM has been an integral part of a team that has shifted social marketing from the outskirts of NHS activities, to the central ground of how we commission services - placing consumer insight at the heart on this activity. The RDSM's work has helped to ... unify the approach we have toward behavioural change. Specifically the work done to bring together [social marketing] training and development, has left a lasting impression on the way the NHS does business here.”

Director of Communication, NHS Yorkshire and Humber

North East

In the North East region, the RDSM worked alongside regional teams to create and implement the North East Social Marketing strategy for Long Acting Reversible Contraception (LARC). The strategy was implemented from September 2009 onwards and had three phases:

Phase 1: began in September 2009, with sexual health teams visiting all regional university and college Freshers' Weeks and student fairs, to raise awareness of LARC as an effective and reliable contraceptive. The sexual health teams also carried out surveys with young people at the events, finding low awareness of LARC and how to access it.

Phase 2: focused on supporting PCTs to effectively implement the national campaign 'Sex – Worth Talking About'.

Phase 3: the final phase focused on the development and launch of a pilot social marketing project by the NHS North East sexual health team, which targeted young women at the highest risk of pregnancy and the least likely to access sexual health services. It began with a series of bespoke social marketing workshops for local teenage pregnancy coordinators and the teenage pregnancy network. The training focused on identifying and understanding the target audience.

This was followed by a series of focus groups with young women to explore the barriers and benefits of trying LARC for the first time, and to identify incentives for them to do so. Key insights from the focus groups revealed that young women wanted emotional and practical support in sexual health services, which was ongoing and allowed for a rapport with the service provider to evolve, not just being given information and a LARC fitting.

“We have been working with our RDSM, for over a year now developing a range of social marketing initiatives aimed at increasing access to and uptake of longer acting methods of contraception. The RDSM has been able to give us both a theoretical underpinning and, even more valuably, practical support in developing approaches and interventions. Thanks to this input, the SHA was the first to deliver a social marketing campaign on this topic”.

Project Manager Sexual Health, Public Health North East

The North East team are now taking the strategy forward with a particular focus on young people who are not in education, employment or training, and looked-after young people.

“The RDSM was invited to run a training session for the teenage pregnancy team to introduce them to the concept of social marketing. It was a very informative and positive session. The team identified a particularly difficult group of young people to engage with and, from this, we developed work to try and engage with that audience. This will be carried out with support from the local FE college and is going to be an exciting project.”

Teenage Pregnancy Programme Manager, Teenage Pregnancy Team North East

Developing national social marketing resources

Alongside the regional programme, the RDSMs have collaborated with colleagues at the NSMC London office on the development of NSMC publications, reports, tools, web content and other resources. In addition, the RDSMs formed the core team which developed the 2009-2010 social marketing training programme for the NHS in England.

Developing the Social Marketing Planning Guide and Toolbox

The launch in early 2010 of NSMC's online Social Marketing Planning Guide and Toolbox marked the delivery of a much-anticipated resource for social marketing practitioners. The guide is designed to develop and deliver effective social marketing, by providing a resource that draws on the very best and most up-to-date ideas in social marketing planning and practice.

The Guide and Toolbox was developed in response to practitioners in the field who have called for more practical help and resources to enable them to apply a social marketing approach to their work. As RDSMs provided the key link between the NSMC and NHS practitioners locally and regionally, it was therefore vital that they had significant input into the content and design of the new Guide. Three regional managers sat on the Advisory Panel in 2009-2010 during the development of the site and in the lead-up to its launch.

“The RDSMs provided valuable and welcome input to the Social Marketing Gateway's work on the development of the NSMC's Social Marketing Planning Guide and Toolbox. The Gateway developers were grateful for the chance to present an early version of the resource at a regional programme meeting in November 2009 and for the constructive feedback received. A small team of RDSMs also worked closely with the Gateway team, providing further advice and help over the project period. The Planning Guide and Toolbox provides an important resource to support social marketing practitioners. Feedback received from users has been very positive.”

Managing Director, Social Marketing Gateway

Developing the NSMC *Procurement Guide for Social Marketing Services*

The RDSMs were able to inform the development of the *Procurement Guide for Social Marketing Services* (NSMC, 2009) through observation and understanding of existing procurement practice in PCTs. In the *Review of Social Marketing* undertaken by the RDSMs in early 2009, many PCTs highlighted the need for support and guidance in buying social marketing services from a range of providers. In addition, RDSMs used their PCT contacts to review the draft *Guide*, collating comments and feedback back to the central NSMC team

to inform development. This was particularly important in the context of World Class Commissioning, work underway to develop regional rosters of social marketing suppliers, and regional market development programmes.

Lighting the Beacon

To promote the ten 'Beacon' partnership projects across England, a short booklet, *Lighting the Beacon* (NSMC, 2009) was produced by the regional team detailing the background to the programme and profiling each of the ten projects.

Conferences and events

Over the course of the regional programme, RDSMs undertook a wide variety of speaking engagements at national, regional and local conferences and events.

These engagements were in response to invitations from wide-ranging organisations including:

- Department of Health
- Strategic Health Authorities
- Primary Care Trusts
- Mental Health Partnership Trusts
- Government Offices in the regions
- Public Health Observatories
- Cancer and Cardiac networks
- Partnership leaders
- Local Authorities

CASE STUDIES

Yorkshire and Humber

In November 2009, the Yorkshire and Humber RDSM made a presentation to the national conference, *Tackling Obesity: Healthy Weight, Healthy Lives*, on the use of social marketing as a tool to combat obesity. The objective of the presentation was to increase stakeholder confidence in using social marketing as an effective campaign tool and extending its reach through communication technology. The conference audience included representatives from Local Authorities, SHAs, PCTs, universities and schools, trade unions and the third sector.

North East

As the topic lead for alcohol within the NSMC regional programme, the North East RDSM was invited to speak on social marketing principles and best practice at the National Alcohol Conference, *Turning Data into Intelligence and Harnessing Social Marketing*, held in London in June 2009. Independent delegate feedback indicated that this session was rated amongst the most informative and inspiring components of the conference.

CASE STUDIES

East of England

In the East of England, the RDSM gave a presentation on '*Competition Analysis in Social Marketing*' to the region's Public Health Conference organised by the Eastern Region Public Health Observatory. The RDSM also supported a regional social care seminar on '*Universal Services, Advice and Information*' as part of the Putting People First Agenda.

West Midlands

The West Midlands RDSM, at the behest of a number of regional programme leads, developed and delivered a range of tailored, parallel sessions on social marketing for regional conferences for stakeholders in physical activity, mental health and teenage pregnancy.

Working with National Support Teams

An important deliverable for the regional programme was to establish links with National Support Teams (NSTs), working with PCTs to help build capacity and development in social marketing, based on recommendations made by NST teams during their visits.

In addition, each RDSM established direct links with NST leads for an agreed health topic (e.g. obesity, cancer), providing a second channel of engagement.

Thirdly, the NSMC and RDSMs worked with NST leads on specific social marketing training requirements for NST teams.

CASE STUDIES

Health Inequalities National Support Team (HINST)

Two RDSMs worked with the Health Inequalities NST, following a request from the NST, to help them understand if PCTs were taking a social marketing approach to addressing health inequalities. The RDSMs, in conjunction with the NST, developed a set of social marketing indicators which could be used on visits to establish if work undertaken by the PCT was social marketing and if it had been used appropriately. These indicators went through a peer review process with the remaining RDSMs and were also tested by the alcohol team before being sent out to all NSTs.

“The HINST made very useful links with two RDSMs from the NSMC Regional Programme. They were particularly helpful in working with our team to identify key issues that we could usefully explore with senior managers within PCTs and Local Authorities. They developed a useful framework of questions for us, which were helpful for developing feedback recommendations to the spearhead areas, suggesting ways in which a focus on social marketing approaches could be used effectively in tackling inequalities in health.”

Associate Delivery Manager, HINST

CASE STUDIES

HINST developed a series of masterclasses for 13 spearhead PCTs across the country to help support their efforts to reach the 2010 health inequalities targets. Two RDSMs worked with the HINST on the masterclass around customer access strategies, attending the event and providing information and additional support on the day.

“The two RDSMs provided a very useful handout and on-the-spot advice to the spearhead areas attending the HINST *‘Customer Access Strategies Masterclass’*. It gave practical examples of social marketing and links to addressing health inequalities that the spearheads could follow up afterwards. The handout has also been incorporated into the HINST Resource Guide which is available via the HINST web page on the Department of Health website, for a wider audience to download.”

Associate Delivery Manager, HINST

Linking to Department of Health policy and communications teams

To ensure a co-ordinated approach to public health topics nationally, regionally and locally, NSMC RDSMs were each assigned a policy area and established working relationships with policy leads and communications leads at the DH.

The RDSMs attended key relevant policy and communications meetings with DH leads, to be briefed on current materials, programmes and future plans. This ensured that they were then able to brief NSMC colleagues on latest developments, and also to ensure that local and regional teams were updated and could dovetail Department of Health programmes into their own planning in a timely manner. The RDSMs linked to the policy and programme areas of tobacco control, sexual health, teenage pregnancy, mental health, alcohol, obesity, cancer, children and young people and health inequalities.

Alcohol policy lead

The RDSM for the North East took the lead for alcohol policy, liaising with the DH team and feeding back national policy developments to the other RDSMs and colleagues in the North East. The RDSM provided the DH team with regional feedback on communications campaigns and new social marketing initiatives such as new segmentation models. The RDSM also liaised with the new regional alcohol office, Balance North East, on alcohol strategy. In June 2008, the RDSM was invited to speak at the National Alcohol conference on social marketing and behaviour change, and how this relates to the alcohol field.

Tobacco control lead

The RDSM for the East Midlands was the NSMC tobacco control lead in 2009 and, during this time, ensured messages and feedback were flowing between local, regional and national teams. The RDSM established links with agencies also working on the tobacco agenda – such as EMO – and had input into regional plans, looking at how social marketing can make an impact and help achieve targets.

The RDSM for the West Midlands also contributed to the tobacco control advocacy pack which will be disseminated through the UK's tobacco control and NHS Stop Smoking Services, which highlights the importance of social marketing approaches, and embedding social marketing in regional alcohol and tobacco control QIPP plans.

The national-regional-local connection

The RDSM programme has delivered benefits for a range of DH, regional and local teams by creating a unique national-regional-local link for social marketing.

RDSMs ensured that their local and regional teams had access to all available insight and research underpinning national behaviour change programmes, avoiding duplication and unnecessary local commissioning, and ensuring national resources were maximised and amplified. RDSMs were able to ensure consistency of branding, content and messages was maintained from national to regional to local campaigns. Having one RDSM working across a region also meant that they had a unique view of all work ongoing at regional and local level, provided a critical link to signpost PCTs to other similar projects in their region and to significantly reduce historic duplication of effort and commissioning.

The importance of the RDSM role in connecting national, regional and local teams can be well demonstrated through the work undertaken around the Change4Life programme.

CASE STUDIES

South East Coast

In the South East Coast region, a pilot programme for the Change4Life programme was set up, with the aim of supporting the understanding and effective implementation of the national Change4Life campaign at PCT and Local Authority level. The pilot included six full-day *Introduction to Change4Life* workshops which took place across the South East Coast region. A unique resource pack (toolkit) was developed with the regional Healthy Weight Healthy Lives Lead, the RDSM and the DH Change4Life Healthy Weight Healthy Lives Social Marketing Regional Manager.

“The RDSM team helped create good links into the regions for Change4Life, creating awareness of the campaign at a local level. In particular there was excellent input into the development of a Change4Life Social Marketing toolkit, which is being tested in three pilot projects in the South East Coast region. The NSMC regional training programme has also helped increase the capacity and understanding of social marketing in the regions and this will support interventions using Change4Life at a local level.”

Healthy Weight Healthy Lives Social Marketing Regional Manager, Department of Health Change4Life Partnerships

For the second stage of the pilot, a robust and competitive selection process was managed by the South East Coast RDSM, which resulted in four projects from the region being chosen. These project teams received 100 day of social marketing consultancy, a series of tailored workshops and unique access to the Resource Pack.





“Resonant Media designed and created a bespoke resource pack for the NSMC regional training programme, working creatively within the Change4Life branding. The pack was made from recyclable polypropylene and comprised a branded USB stick, and a slipcase which held two folders. Resonant Media created durable colour coded dividers to enable end users to navigate through the document and colour coded each section.”

Johnny Meredith, Resonant Media

East of England and South West

In the East of England and South West regions, the respective RDSMs worked with their Healthy Weight Healthy Lives teams and SHA Communications Directorates to develop successful applications for DH funding - securing £150,000 respectively - for the implementation of Change4Life activities in those regions.

South Central

The RDSM for South Central supported the national Change4Life initiative at a regional and local level. The South Central region has a 'Healthy Town'³ with initiatives funded by the national Change4Life programme. The RDSM worked closely with the 'Healthy Pompey' social marketing project team, helping to procure a social marketing agency to undertake work in the city and provided advice and support. The RDSM ensured that learning from the 'Healthy Town' work was shared at a regional level through the Regional Healthy Weight Healthy Lives meetings.

“Our RDSM not only provided support for the Healthy Town project, but also provided us with the skills, knowledge and resources to be able to do similar work by ourselves in the future. The RDSM has built up a network with other NHS organisations and local authorities to share [social marketing] best practice, to learn from the experience of others and discuss opportunities. Having RDSM support has allowed the teams to adopt the approach of the National Social Marketing Centre for a variety of projects. In summary, our RDSM has built understanding of social marketing, the benefits of effecting long term behaviour change with a social marketing approach, built knowledge and expertise within the team and guidance to build capacity internally.”

Head of Health Improvement and Development, Portsmouth City Council

3 For more information about 'Healthy Towns' visit <http://www.dh.gov.uk>

Key learnings for the future

The regional programme has consistently met and delivered against the expectations and performance indicators agreed by the programme sponsors. A great deal of learning has taken place throughout the two year delivery of the programme, a few of the key learnings are noted below:

- **Regional management engagement** – a lead-in period of two to three months, prior to the actual start of the two year programme, to allow for a longer period of engagement with regional stakeholders. This would have given time to talk through the ‘virtual’ team concept and central NSMC management, as well as engage regional colleagues with the programme prior to contacting staff at Primary Care Trust level.
- **Sharing Key Performance Indicators** – the Key Performance Indicators for the programme were set by Department of Health sponsors and presented in a ‘Questions and Answers’ format to Regional Directors of Public Health and Communications. Again, given some ‘start up time’ these Key Performance Indicators could have been more clearly agreed and defined at regional and local levels, to ensure absolute clarity on delivery by the RDSMs.
- **Harnessing and directing expertise** – whilst there were clear strategic reasons for linking an RDSM to a specific region, the downside to this meant that if there was a strong need for their expertise in another region, or PCT, there was little opportunity to second them due to demand for support in their ‘home’ region. With hindsight perhaps a central virtual team, floating to meet the needs of the regions would have worked better, although it would not have given the regional responsibility and ownership that resulted in RDSMs being assigned per region.
- **Working collaboratively at national level** – the RDSMs worked well with DH/NSMC national colleagues as well as regional and local colleagues and as each had a ‘health topic lead’, e.g. Obesity, which meant they were able to ensure that the national campaigns were delivered ‘on message’ at local level. However, given the range of expertise and talent within the RDSM team, it was perhaps a missed opportunity not to have used the RDSMs collectively on a larger, national social marketing project.
- **Infrastructure to support a virtual team** – ideally with more start-up time, it would have been good to ensure a better infrastructure for a virtual team, given that this was not the experience of the NSMC when the team started. Securing a better I.T. setup and response time, liaising with Human Resources and Finance staff, to ensure they understood the needs of a virtual team in the field would have meant better support functions for the programme and quicker solutions to practical issues.



- **Building on the positive** – working as a collective network of RDSMs, there were positive gains from the programme:
 - ***Activity and learning from one region was quickly passed to others.*** RDSMs were able to facilitate information sharing between PCTs and regional stakeholders, thereby avoiding duplication of effort and securing significant cost-savings.
 - ***Delivery of excellent benefits for teams, by creating a unique national-regional-local link for social marketing,*** sharing insight and research, avoiding unnecessary local commissioning and ensuring national resources were maximised and amplified. RDSMs had a unique view of all social marketing activity ongoing at region and local level and provided a critical link to signpost PCTs to other similar projects in their region. At the end of the two year programme, this has resulted in greater efficiencies, cost-savings and has contributed to a stronger culture of collaboration between PCTs and regional teams for social marketing.
 - ***Adding to the NSMC ‘ShowCase’ examples.*** The regional Beacon projects, based on good social marketing principles and in particular partnership working, have added another layer of good examples of social marketing projects in action.
 - ***Delivery of a national/regional training programme on the NSMC principles for social marketing.*** The volume and scale of the training programme based on the regional insight and knowledge, coupled with mentoring support and various on-line tools and resources, means that the NSMC have trained and advised approximately 3,000 NHS employees on social marketing – ensuring that good standards and principles are demonstrated.
 - ***An Associate framework for delivery in the field.*** This was another new method of working for the NSMC and one that needed careful consideration in terms of assessment of candidates, compliance and contract negotiations, as well as communication networks. The Regional Programme helped define the need, the clarification for using Associates in the field to deliver core NSMC training and social marketing project support. This will stand the NSMC in good stead for taking forward such programmes of delivery in the future.

Final Remarks

The regional programme had an ambitious aim in terms of increasing knowledge, skills and capacity in social marketing at regional and local level, within a very short time frame of two years (including the actual recruitment of ten new staff to act as the Regional Development and Support Managers). The RDSMs have also acted as Ambassadors for social marketing at national, regional and local level and worked alongside the Department of Health National Support Teams to ensure social marketing is understood at local level for service design and delivery.

The initial scoping as highlighted in the 'Review of Social Marketing in Public Health Regional Settings', set the baseline for the development of the regional training programmes, mentoring and resource tools to support frontline practitioners. It also allowed the RDSMs to liaise with the majority of the Primary Care Trusts and regional practitioners to develop social marketing networks and regional forums, as well as contribute to setting up numerous social marketing programmes and projects in the NHS across England.

The Beacon Projects as described in 'Lighting the Beacon' have added to the case studies for demonstrating good systematic planning, stakeholder engagement and partnership working and will add to NSMC's 'ShowCase' for demonstrating the effectiveness of social marketing in behaviour change.

Overall this has been a highly successful programme in terms of delivering key performance indicators and supporting regional and local stakeholders in considering and using social marketing for the delivery of services to meet client expectations/needs and deliver on behavioural change targets. Now the Regional Programme team hands over to DH, the NHS and the NSMC to continue the development of social marketing techniques to deliver services to meet client needs.

Thanks go to the Department of Health for the funding, to the NSMC for hosting the team and support from the central staff with initial training, research information and guidance, as well as the very crucial administration. Finally thanks go to the RDSMs who made this programme work in a very short timeframe, by grasping the urgency and the need to deliver within a virtual environment, combining professionalism and friendship within the team – well done to all.

Marie Meredith
Interim Director – Regional Programme



Acknowledgements

Interim Director of NHS Development

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Amanda Stocks	Yorkshire and Humber
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Administration and Training Team

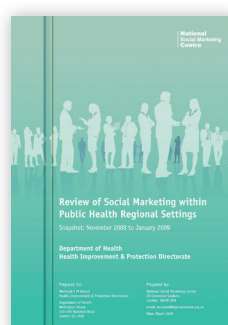
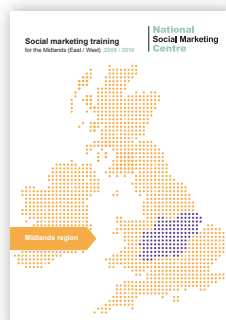
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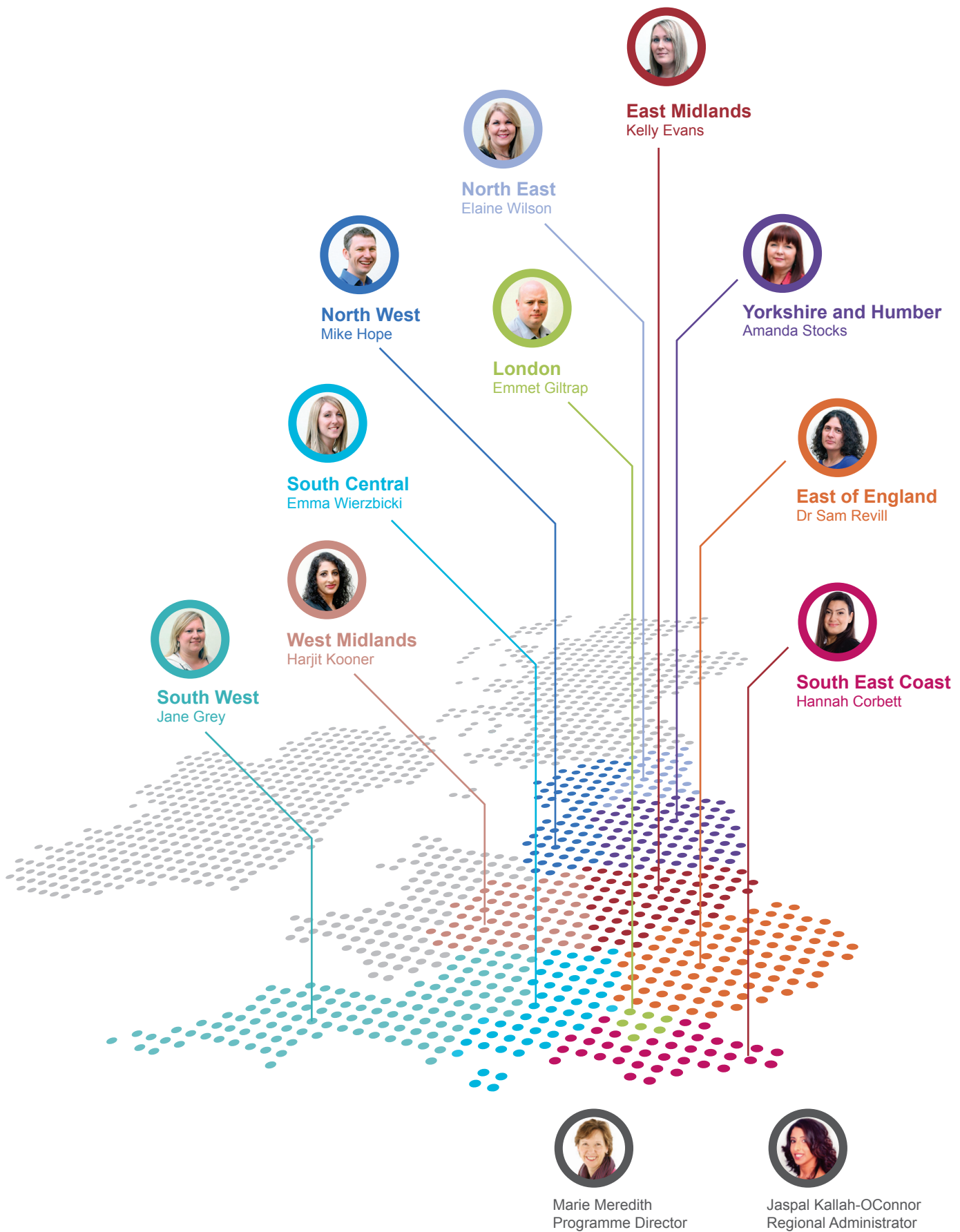
References

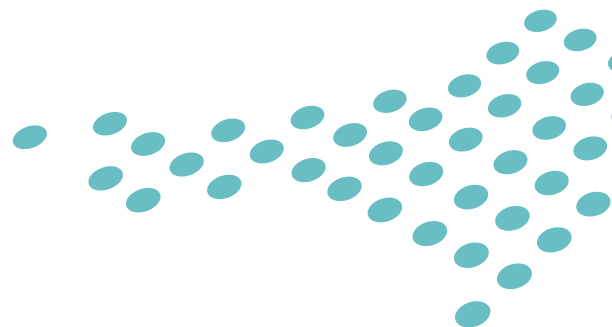
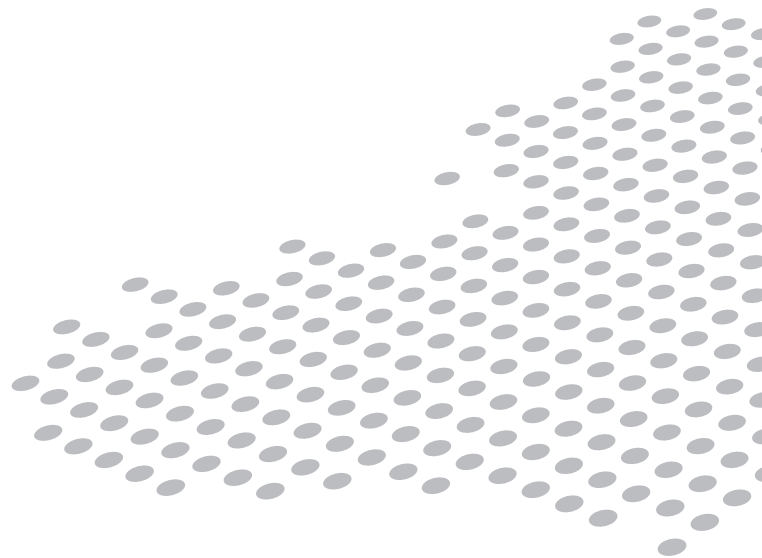
Department of Health (2004), *Choosing Health*
Department of Health (2008), *Ambitions for Health: A Strategic Framework for Social Marketing in the NHS*
National Social Marketing Centre (2006), *It's Our Health*
Department of Health (2009), *Review of Social Marketing within Public Health Regional Settings*
National Social Marketing Centre (2009), *Lighting the Beacon*

Publications



Downloadable from <http://www.nsmcentre.org.uk>





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