Public Health England

Marketing Plan 2013-14

April 2013

Contents

1. Foreword 3

2. The purpose of this document 5

3. Principles of the PHE approach to marketing 6

4. A summary of our approach in 2013-14 10

5. Our delivery priorities 12

Priority 1: Optimal support for local government 12

Priority 2: Switch to an 'always on' model for people who want to change 14

Priority 3: Becoming the most evidence based health marketing programme in the world 15

Priority 4: Delivering six major programmes to improve health outcomes 16

A. Smokefree 16

B. Healthy older adults (50+) programme 17

C. Change4Life: eat well, move more and live longer 19

E. Youth 21

F. Start4Life 24

G. Innovation programme 25

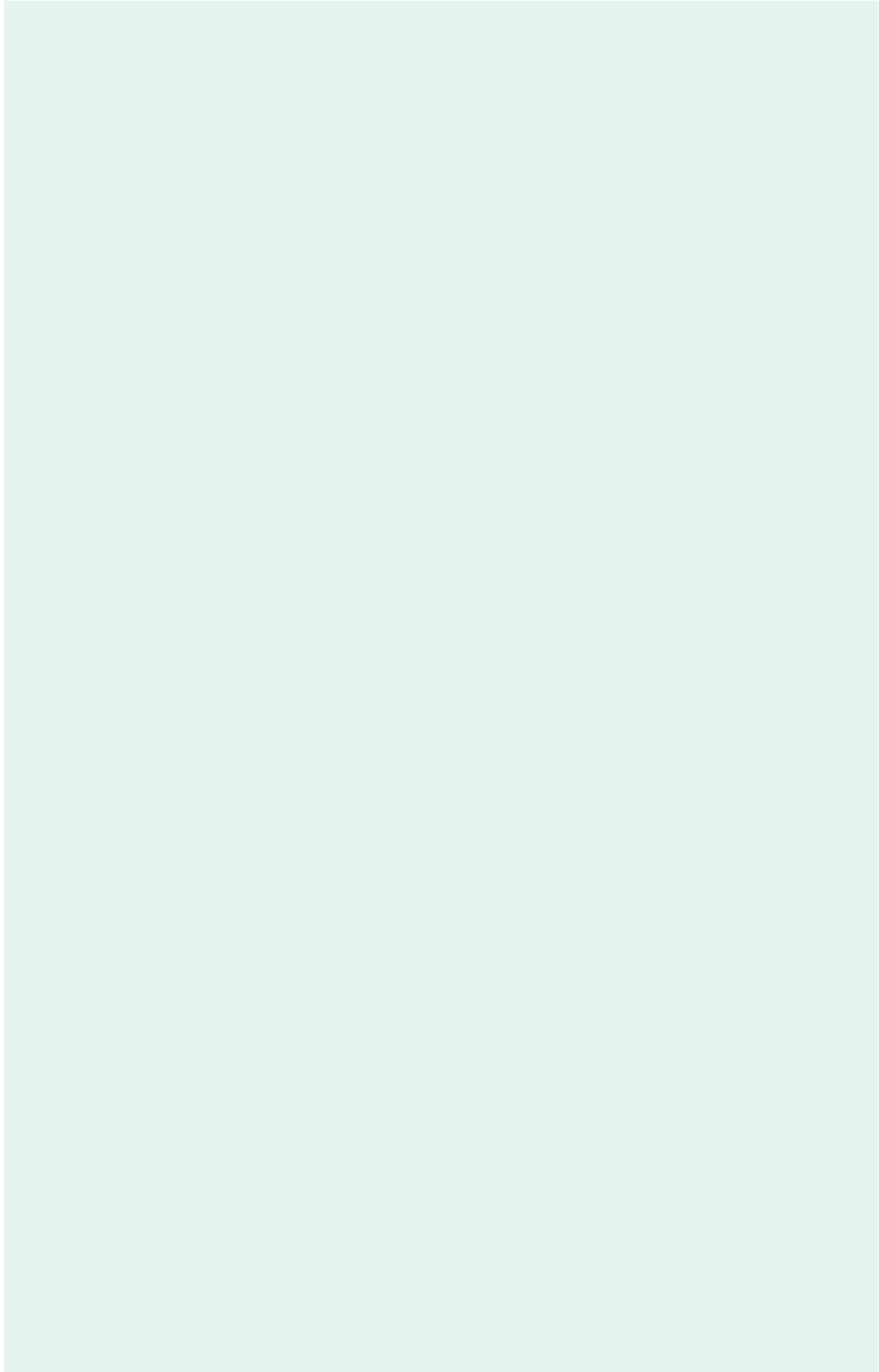
Priority 5: Supporting a 'Movement for Healthy' 26

6. Overall Budget 27

7. Calendar of Activity 29

8. Contacts 30

Appendix 1 31



CHAPTER 1

Foreword

Duncan Selbie
Chief Executive, Public Health England

Every day most of us do things we know are bad for our health and, crucially, that most of us wish we didn't do. Most smokers want to quit, most parents want their children to eat well and be active. If people found it easy to change then preventable illness would not present the largest and fastest-growing challenge to our health and care system. If people found it easy to change then more than four in ten adults would be a healthy weight, and more than one in three children would be active at recommended levels.

The changes to the public health system in England provide a generational opportunity to support people to improve their own health. From 1 April 2013 Public Health England has a mission to:

> **'work with national and local government, industry and the NHS to protect and improve the nation's health and support healthier choices. We are addressing inequalities by focusing on removing the barriers to good health.'**

This document outlines the steps that one part of PHE – our marketing team – will take in 2013-14 to help deliver that mission. Marketing has a proven role to play as one of many policy levers in supporting people to improve their health. Of course marketing is not a panacea, but it is an approach to delivering behaviour change that has some unique advantages, such as speed, scale and low cost-per-head impact, hence its inclusion in NICE and Centre of Disease Control guidance. In addition, new scientific insights about behaviour change and the transforming media landscape offer scope to deliver programmes of unprecedented depth and quality in ways that were simply not possible even a few years ago.

PHE is passionate about the benefits of making healthier choices. Healthy lifestyles are sometimes perceived as a dull, middle-class aspiration but the benefits of eating well, being active, engaging with the health services quickly or stopping smoking are profound, immediate and positive. Healthy changes of course extend lives, but they also catalyse more energy, resilience and happiness. Changing entrenched habits is difficult but, as a growing evidence base shows, possible. PHE Marketing will:

> **'motivate and support more people than ever before to improve their health'**

They will do this by delivering world-leading marketing interventions, working in partnership with the public, National and Local Government, the NHS, the voluntary and community sector, industry and commerce and everyone who is interested in improving health to catalyse a 'Movement

for Healthy' that delivers significant improvements in health outcomes.

It is an ambitious plan, but appropriate to the scale of the challenge we face and the health improvement ambitions that PHE and our partners share.

Duncan Selbie
Chief Executive, Public Health England

CHAPTER 2

The purpose of this document

This plan is an update of the 2011-14 strategy, 'Changing Behaviour, Improving Outcomes: A new social marketing strategy for public health'[1]. The intended audience is public health and marketing professionals.

The move of national social marketing programmes to Public Health England necessitates an updated plan that builds on the strategy and clearly defines our role within the new public health system. This document sets out our operational priorities for our first year based on input from senior leaders across the public health system.

Some highlights delivered by the current strategy to date include:

- A rationalisation of 20 campaigns to create 4 key brands that are relevant and credible for audience lifestyles and lifestages
- A much greater emphasis on partnership working, including the generation of over £52 million of in-kind funding from the commercial sector
- The application of behavioural science to create successful new initiatives such as Stoptober[2]
- An unprecedented increase in response levels through all media channels, generating over 1 million sign-ups for support from the public in 2012-13 alone
- A significant channel shift from traditional broadcast media to digital, social and mobile channels
- The delivery of over £2 million of savings through the consolidation of suppliers

Additionally, committing at this point to an overall calendar will allow us to save up to £500,000 in media costs and fully engage commercial partners, who often work 12-18 months ahead, in planning.

Given the timescales of our commercial partners and the requirement to give local authority partners as much notice as possible this plan is being published in the first weeks of PHE's establishment so some elements may change and budgets are estimates not confirmed figures.

1 https://www.gov.uk/government/publications/changing-behaviour-improving-outcomes-a-new-social-marketing-strategy-for-public-health

2 Stoptober is a new 28-day challenge to stop smoking. Over 275,000 smokers signed up to take part in Stoptober 2012. See http://smokefree.nhs.uk/stoptober/

CHAPTER 3

Principles of the PHE approach to marketing

Health-related social marketing is the systematic application of commercial marketing concepts and techniques to achieve specific behavioural goals relevant to improving health and reducing health inequalities, including primary and secondary prevention[3].

'Social marketing' borrows tools and techniques, such as insight generation and customer segmentation, from commercial sector marketing and applies them to problems facing our society. Within health, it is most often used to help citizens change their lifestyles (for example by making improvements to their diets, starting a programme of physical activity, giving up smoking or reducing alcohol consumption), although it can also be used in other ways, such as changing the way citizens engage with services.

Since the implementation of '*Changing Behaviour, Improving Outcomes*' we have continued to learn about maximising the effectiveness of social marketing. The following social marketing principles distil these learnings and will be applied to all our programmes in support of our ambition to deliver world-class results.

A relentless focus on behaviour

There has been a historic tendency in national government campaigns to focus on intermediary measures of behaviour, such as campaign awareness or claimed changes in behaviour. Whilst practical to measure, the evidence base shows there is frequently no correlation between awareness and behaviour. For example, whilst 90% of the population are aware of 5-a-day and 80% think healthy eating is a priority only 23% ate 5-a-day yesterday[4]. Accordingly all PHE marketing programmes will focus on action that is evidentially linked to behaviour change.

Linked to this is a growing understanding of the role behavioural science can play in improving our work. As popular books such as 'Nudge'[5] illustrate, people do not simply process information and weigh up the best choices in a linear 'rational man' way. Our programmes will apply behavioural models such as MINDSPACE to maximise their effectiveness[6].

Put evidence at the heart of everything we do

Evidence is at the heart of PHE's mission, and it is vital that marketing supports this in

3 French, Blair-Stevens, McVey and Merritt , *Social Marketing and Public Health*, 2010

4 Department of Health Lifecourse Tracker Survey: Wave 1 Summary report November 2012

5 Thaler, Richard H.; Sunstein, Cass R. (2008). Nudge: Improving Decisions about Health, Wealth, and Happiness

6 http://www.instituteforgovernment.org.uk/our-work/better-policy-making/mindspace-behavioural-economics

the way we both develop and evaluate our programmes.

The content of our programmes will be based on high calibre evidence for behavioural effectiveness. The evaluation of our work will blend commercial techniques and academic rigour to gain insight and understand the Return on Investment that our programmes deliver.

We will work with leading academics to ensure data from our programmes contributes to public health science.

Additionally, we will support our partners to assess the effectiveness of locally delivered interventions and promote those that are proven to work.

Develop marketing platforms, not campaigns

We will support people to change by thinking more broadly than a traditional campaign approach, aiming to develop marketing platforms. These are distinct from campaigns in that, whilst they often use mass-media to promote the work they:

- Are directly participative and intrinsically behavioural for the target audience, encouraging response, and engagement
- Offer evidence-based support for participants to embed behavioural changes
- Are easy and fun for partners to engage in and add to

For example, Stoptober was intrinsically participative, inviting smokers to take part rather than simply broadcasting information. It provided a 28 day evidence based programme of support to improve participant's odds of successfully quitting. Even better, it was supported by 100% of Local Authorities in 2012 who added their local expertise to improve participants' experience of Stoptober.

Coach and motivate, not nanny or hector

PHE is passionate about the benefits of people making healthier choices. Most people want to make changes, and find it hard because change is difficult, not because they lack willpower. There is also some evidence that fear-based programmes are ineffective[7]. We will deliver better results if we are positive and supportive of people and our programmes will all follow this approach.

This does not mean that we will shy away from being truthful and evocative. Our January 2013 'tumour' anti-smoking advertising (http://www.youtube.com/watch?v=QrRwp5KXfrg) aims to motivate smokers to stop today, not one day by eliciting a negative response to the act of smoking. It aims to be anti-smoking, not anti-smoker. In addition, the mass-media campaign is supported by the Quit Kit, an evidence based product that supports smokers who order it to stop.

Take an open source approach to developing and promoting high quality work

Whilst the national team is focused on work that appeals at scale to audience segments, local areas will often have specific population groups that are disproportionately affected by specific public health issues and would benefit from a more tailored approach.

We will actively work with the voluntary sector and Local Government to identify, adapt and promote effective programmes. For example, the below press advertisement was originated in Manchester to target the Bangladeshi community and later adapted for use across the country by the national team.

7 Petrosino, A., Turpin-Petrosino, C., & Buehler, J. (2002). "Scared Straight" and other juvenile awareness programs for preventing juvenile delinquency. *Cochrane Database Syst Rev*. (2): CD002796.

DETECT CANCER EARLY
Get a New Lease of Life

NHS

ਸ਼ਾਇਦ ਤੁਸੀ ਸੋਚਦੇ ਹੋ
ਕਿ ਕੈਂਸਰ ਦਾ ਇਲਾਜ ਨਹੀਂ ਹੈ।
ਪਰ ਮੈਂ ਤਾਂ ਆਪਣੇ ਕੈਂਸਰ ਨੂੰ ਛੱਕਾ
ਮਾਰਿਆ।

ਇਹ ਮੇਰੀ ਜ਼ਿੰਦਗੀ ਦਾ ਸਭ ਤੋਂ ਭੈੜਾ
ਅਤੇ ਭਿਆਨਕ ਸਪਨਾ ਸੀ।
ਮੈਂ ਆਪਣੇ ਇਸ ਵਿਰੋਧੀ ਖਿਲਾਫ
ਫਰੰਟ ਫੁੱਟ ਤੇ ਲੜਿਆ।
ਜਦੋਂ ਮੈਨੂੰ ਕਈ ਹਫਤਿਆਂ ਤੱਕ ਲੂਜ
ਮੋਸ਼ਨ ਰਹੀ, ਮੈਂ ਆਪਣੇ ਜੀਪੀ ਨਾਲ
ਸੰਪਰਕ ਕੀਤਾ।

ਮੇਰੇ ਬੋਵਲ ਕੈਂਸਰ ਦਾ ਜਲਦੀ ਪਤਾ
ਲੱਗ ਗਿਆ।
ਇਲਾਜ ਹੋਇਆ,
ਅਤੇ ਫੇਰ ਮੈਂ...ਕੈਂਸਰ ਨੂੰ ਮੈਦਾਨ ਤੋਂ
ਬਾਹਰ ਮਾਰਿਆ।

If you notice blood in your stool for a few weeks or a change in bowel habits (such as loose motions) or unexplained weight loss, **see your GP immediately.**

www.detectcancerearly.org

BE CLEAR ON CANCER

Utilising new technology and media opportunities to full potential

This is a time of great change in the way ordinary people access media. New technologies are enabling people to build new networks, create content and share ideas as never before. Public health communications can become part of the social currency, so that our target audiences do not just receive our messages, but are able to interact and engage with them.

This is opening up a tremendous range of potential options for supporting people to change. For example, whilst it is important to remember that 8 million people do not use the internet, 92% have a mobile phone and the statistics below show the impact of digital upon the general population:

Our approach is 'digital by default', recognising that the media landscape has fundamentally changed. Appropriate mobile, user-generated content and video gaming need to be utilised to reach our audiences.

We will take the learnings from best-in-class interventions such as Nike Plus or Weight Watchers Play and ensure that support is there for people when they need it. We believe intelligently applied technology represents:

A new way to enhance programmes

Over 100,000 smokers supported each other through Stoptober on Twitter and Facebook

- Over 200,000 people signed up for the App and SMS 28-day Stoptober programme
- Over 600,000 people downloaded the Change4Life Foodsmart App within three weeks of launch in January 2013
- Over 3.5 million people have watched the 'tumour' advert on YouTube since launch in December 2012
- We plan to pilot the new Sky AdSmart initiative in 2013 to improve the segmentation and targeting of our broadcast TV

60 hours
Of video content uploaded to Youtube every minute

18.4m, 36%
Number of people on mobile internet, up 83%

34m, 79%
The audience for online Video

47%
Percentage of adults who view TV and use the internet at the same time

£99
the cheapest internet enabled smartphone, which outsold the iPhone*

26%
Of Youtube videos sourced from Facebook

A new source of insight and engagement

- Health conversations about public health are happening 24/7 online, the majority in trusted forums such as netmums
- We will better define how we can be most helpful in these areas as part of our 'always-on' approach

A new way to deliver programmes

- Our entire youth programme is being delivered via social media
- We recently piloted an 'awkward conversations' project with 10 influential video bloggers starting conversations with their viewers about issues such as smoking or drugs. They generated 3.1 million views and 136k interactions with those videos – unprecedented results for a very low spend

A new way for people to understand and monitor their behaviour

- Evidence shows that there are key behaviour change techniques, such as self-monitoring, that help people to achieve their behavioural goals. It is genuinely difficult for people to accurately monitor many aspects of their own health behaviour – such as calories consumed or active minutes per day
- The proliferation of smartphones and wireless technology and development of 'Mhealth' products such as The Eatery or Zamzee offer new opportunities to support people to monitor, share and commit to change at relatively low costs per head. There is a growing evidence base that these products can be effective and we will apply lessons from this approach to our marketing programmes

A new way to embed accurate social norms

- There is some evidence that addressing perceived social norms in context changes behaviour effectively, for example in electricity billing
- We will explore opportunities for testing social norms based approaches on key health issues in social media

Maximising our impact on health inequalities

Targeting health inequalities is a core part of PHE's mission. Our marketing programmes will follow the Marmot principle of proportionate universalism to scale and target our work in relation to the distribution of the issue in question and the level of disadvantage. For example, this can be supported by targeted media buying focusing on areas of high smoking prevalence. We will also review our response data to ensure that the profile of those who engage with our work is representative of our target audience.

CHAPTER 4

A summary of our approach in 2013-14

Our objectives are derived from the new Public Health Outcomes Framework[8]. They are focused under two of the four domains of the framework. Domain 2 focuses on Health Improvement – actions to help people make healthy choices and lead healthy lifestyles. Domain 4 focuses on Premature Mortality – reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities. A summary of the specific outcome framework objectives our programmes deliver against is in Appendix 1.

To maximise the impact of PHE's national marketing against these objectives we will focus our work on the following delivery priorities:

Priority 1: Providing optimal support for Local Government and other partners

Local Government will be the engine of public health, and PHE's first priority is to support them to do this. With respect to marketing, we will work in partnership with Local Government to introduce new governance, resource and products that meet local needs and maximise impact against the Public Health Outcomes Framework.

Priority 2: Developing 'always-on' support in all programmes for people who want to change

Technological innovation makes it possible to deliver evidence based, ongoing support to people who wish to change at a low cost per head. PHE will commit to developing always-on support for all of our programmes.

Priority 3: Becoming the most evidence based health marketing programme in the world

There are many potential public health issues that PHE could focus marketing on, but finite resources. To improve the allocation and targeting of our programmes we will develop a new quantitative model that assigns investment based on upon the evidence for impact on public health outcomes.

Priority 4: Delivering six major programmes to improve health outcomes

These will be:

A. Smokefree, as the harms caused by smoking cut across lifestages

B. 50+ early diagnosis and wellbeing initiative

C. Change4Life for families and 35-55 year old adults

D. 11-19 Youth strand

E. Start4Life, focused on pregnant women and mothers of 0-2 year olds

8 https://www.gov.uk/government/publications/public-health-outcomes-framework-update

F. A programme of innovation targeting new issues

Priority 5: Supporting a 'Movement for Healthy'

Poor health benefits no one: it reduces our life expectancy and hurts our families, it harms businesses through days lost to sickness, it costs the taxpayer through escalating healthcare costs and it places a burden on families, carers, charities and community groups. If we are to have the health outcomes we want as a society, we need everyone, be they individuals, families, communities, schools, businesses, civic institutions or voluntary organisations, to help us make this happen. We will refine and refocus our approach to partnerships, for example by brokering national partnerships with large companies, national media owners and other key influencers of health to deliver depth, scale and momentum to our programmes. Our new online resource centre will ensure that individuals and organisations who are interested in promoting health have access to high quality materials and evidence to support their aims.

CHAPTER 5

Our delivery priorities

Priority 1: Optimal support for local government

Local Authorities will be the engine of public health delivery. To ensure we are providing the best possible support, our approach has been informed and validated by a consultation process with a range of stakeholders from Local Authorities and the NHS and with input from other relevant forums.

Our research shows that whilst the changes represent a real opportunity to place public health centre stage, there are a number of challenges associated with transition including loss of skills, networks, best practice sharing and budgets, not to mention a new and complex set of stakeholders with differing priorities and perceptions of social marketing.

Based on these findings we believe the PHE team can best enable Local Government to deliver world-class marketing interventions by providing momentum, evidence and pragmatic support.

Pramatic support

Our first step will be to establish a *PHE Marketing Governance Board* that includes senior Local Government representation to provide feedback and guidance on the development of public health marketing campaigns. Specifically the board will:

- Provide expert insight and contacts to support the development of strategy
- Review:
  - Overarching Marketing strategies
  - 18 month deliverable plans
  - Individual campaign strategies
  - Annual operational plans for each campaign strand
  - Evaluation frameworks

Additionally the PHE marketing team will deliver practical support to include:

- Innovation pilots. We will jointly prioritise 3 innovation issues – e.g. healthchecks – to centrally fund and work co-operatively to deliver pilots that develop a comprehensive evidence base using the successful early diagnosis model pioneered by DH and local cancer networks
- Launching a single online resource centre with flexible editable materials to allow the customisation of all our campaigns/programmes
- Aggregating and sharing assets such as marketing strategy, insight, evaluation and benchmarking data, branding architecture, campaign materials

- Liaising with national media, commercial and NGO partners
- Delivering media buying savings of up to 50% by enabling Local Authorities to opt-in to the central media buying contract run for PHE
- Broker opt-in national deals with media owners who own national networks of local and regional media titles/channels

Momentum

We will design all our programmes so that they are scaleable and joinable for partners. Programmes such as Stoptober and Change4Life will be designed in a way that facilitates Local Authorities and other partners to engage and support them in a flexible and evidence based way.

Evidence

There is clear feedback from Local Government that the evidence base for social marketing interventions is not always robust enough to allow them to make the case for local expenditure.

We will work with Local Authorities and bodies such as NICE to collate and publicise evidence from local and regional work (e.g. regional early diagnosis trials) so that Local Authorities can invest with confidence in marketing interventions where they are appropriate.

Good ideas come from anywhere, and our regional team will also work with Local Authorities to identify existing best practice and scale it up to regional or national levels.

Alongside Local Government many of our programmes, particularly those focused on early diagnosis, will directly or indirectly involve the NHS and the NHS England will be a key partner in developing and implementing those programmes.

Priority 2: Switch to an 'always on' model for people who want to change

Every day, people wake up and decide to make a change – perhaps because of a doctor's warning, a new job, the birth of a child, or sometimes just because. Mass-media advertising cannot be sustained continuously to support these bursts of willpower. However, social marketing can offer practical, evidence-based, products and services that improve people's chances of success.

We will design evidence-based modules that support people to change. For example, in October 2012 we offered an evidence-based 28-day support programme delivered via mobile to over 200,000 smokers as part of Stoptober. We will re-model that tool so that any smoker can start a 28 day quit attempt at any time.

This 'Modular Relationship Marketing' approach will also be used in Change4Life to support people who want to eat more healthily, exercise more or drink less alcohol and in the 50+ programme to assist earlier diagnosis. We have tested this approach in January 2013 with the 'Resolution Booster' pilot. Boosters' signed up by choosing one behavioural challenge. They then became part of a 28 day programme that coached and supported them to achieve their goal using emails, SMS and social media.

We will not just expect people to come to us; we will work with brands that resonate with our target audience, to develop unbranded versions of these programmes that can be offered by third party channels.

Our 'always-on' offer will also extend to partners and supporters who will be able to access materials and programmes via our online resource centre.

Priority 3: Becoming the most evidence based health marketing programme in the world

Good public health is based on good science, and it is vital that our marketing interventions are based on sound evidence, evaluated rigourously, and feed data into the evidence base. All PHE marketing programmes will use an appropriate range of research methodologies, utilise academic expertise and lessons from global good practice. We will work with PHE and academic colleagues to formalise this process.

In addition, we will develop our first holistic, evidence based spending model. There are many potential public health issues that PHE could focus marketing on, but we have finite resources. To support our aim of being the most evidence based health marketing programme in the world we will develop a new quantitative budget allocation model. This will review potential areas of marketing focus, such as smoking cessation or early diagnosis of cancer, and assign budgets based upon an analysis of key factors.

The logic model will be developed with academic and commercial sector input, and take into account factors such as:

- Scale of the issue – including size of target audience and population trends
- Preventability of the issue – including evidence for impact of current policy levers
- Evidence for impact of marketing on the issue (at local, regional and national levels)
- Evidence for Return on Investment
- Econometric modelling of optimal investment levels – at a spend 'per head'
- Local Government priorities identified in Joint Strategic Needs Assessments and the Public Health Outcomes Framework

This approach builds on the Tobacco Control 'Fuel' Model which modelled the size of the target audience given wider population trends, prevalence, the impact of other policy levers and the impact of marketing spend in generating quit attempts based on response data. This allowed the tobacco team to model the number of quitters that their activity will generate.

2014-17 strategy

Commercial and Local Government partners work up to three years in advance. Using the learnings from the first 6 months of PHE's operation we will aim to develop a formal three year strategy that will be completed in Q3 2013-14.

It is possible that the model may lead to radical changes in investment levels in different areas. We will of course consult with partners should this be the case.

Priority 4: Delivering six major programmes to improve health outcomes

This section of the plan summarises the objectives, major deliverables and budget of each marketing programme. A consolidated budget and calendar are on pages 30-31.

The focus of each programme has been selected based upon reviewing the Public Health Outcomes Framework and existing programmes with a recent track-record of success. The innovation pilots will enable us to build an evidence base in other areas, and the prioritisation model described on page 15 will develop a more systematic logic model for investment in future years.

A. Smokefree

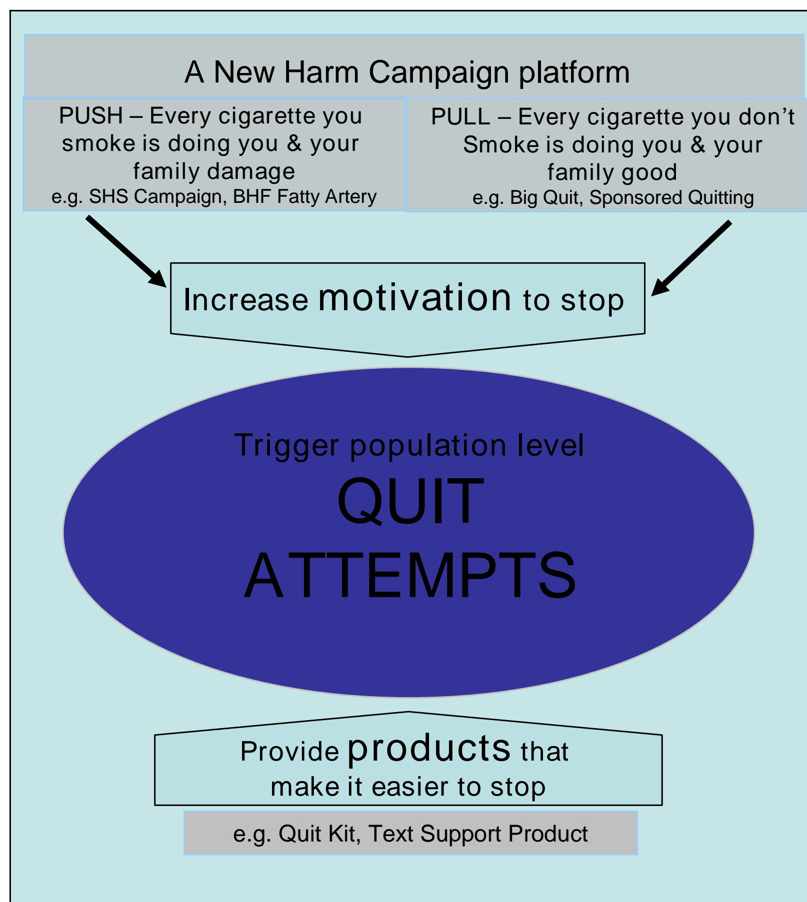
Overview and Objectives

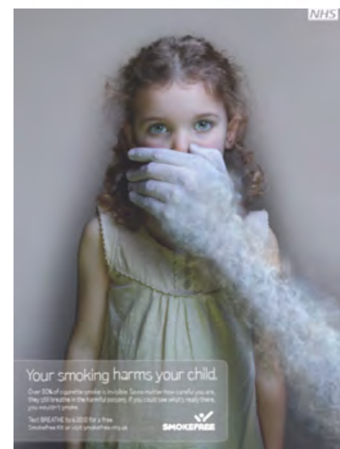
Smoking is the number one cause of premature death and preventable disease in England. Over eight million people in England still smoke and in 2009, smoking caused over 80,000 deaths in England. There is a strong international evidence base for the impact of tobacco control marketing on reducing smoking prevalence. A new three-year marketing strategy, launched in September 2012, provides a detailed summary of our approach.

The strategy describes two overall marketing objectives:

A. Trigger quit attempts by boosting smokers' motivation to stop through campaigns that highlight the health harms of smoking; and the positive benefits of smokefree life.

B. Support quit attempts by helping people to quit successfully by providing products to support them and signposting them to further help and support.





Major Deliverables

May 2013

A national campaign designed to remind smokers of the harms of second hand smoke and encourage them to change their behaviour to protect children and non-smokers.

Complete a comprehensive review of the national product and service offering and begin to implement a new customer offer.

October 2013

Stoptober 2. Building on the success of Stoptober in 2012, we will repeat the national quitting challenge where smokers are challenged and supported to stop for one month.

December 2013

Re-launch of always on support for smokers.

January 2014

An integrated new year quitting campaign, focused on health harms, to capitalise on seasonal motivation to quit. We will assess the success of the January 2013 campaign and apply learnings accordingly.

Additionally, throughout the year, we will support:

- Employers to help their employees to stop smoking (including PHE itself)
- Healthcare professionals to engage smokers and refer them to local stop smoking services

Budget and evaluation

The 13-14 budget is £13.3 million.

Tobacco control marketing uses a full range of analysis techniques to establish the impact of our work. In 13-14 this will include:

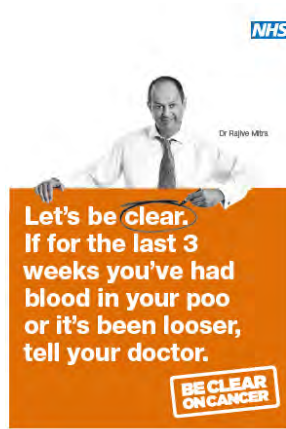
- A revised quantitative model to inform campaign development and understand the potential impact of marketing activity on smoking prevalence
- Qualitative research to understand attitudes towards smoking and quitting; and usage and attitudes towards the support offering we provide to smokers to inform product development
- Independent tracking research to monitor the impact of our work on quit attempts and success
- Response metrics including web traffic, calls to the smokefree helpline, social media interactions, requests for smokefree products and usage of services

B. Healthy older adults (50+) programme

Overview and Objectives

Health economics suggest that it is extremely cost-effective to encourage over 50s to present much earlier for diagnosis on a range of conditions. Encouraging people to ‘present and prosper’ via earlier diagnosis and, in the case of stroke, fast access to services, can demonstrably improve survival rates, extend the number of years lived in good health and save money for the taxpayer, individuals and society. For example:

- Dementia alone costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year
- Stroke costs the NHS and the economy about £8 billion a year, including £3 billion in direct care costs



In recent years we have run pioneering 'present and prosper' behaviour change campaigns to improve early diagnosis. They have largely been aimed at the same target audience, but focused on different issues (e.g. cancer early diagnosis, stroke and dementia).

These programmes have successfully encouraged earlier presentation to GPs (for cancer and dementia) and greater speed and accuracy in contacting the emergency services (for stroke).

In 13-14 we will build on the success of these programmes and drive greater integration by bringing these conversations together in a co-ordinated way. In terms of effectiveness, having one consistent conversation with this audience around the general issue of taking a positive approach to ageing will plausibly leverage more behaviour change than a series of fragmented conversations broadly addressing similar health motivations.

Our strategy will focus on:

- Rolling out proven 'present and prosper' programmes at a national level in the most cost-efficient way:
- Encouraging our target audience to present to health professionals with the relatively minor but persistent symptoms that could be signs of early stage serious illness, and to express their concerns clearly and with confidence
- Increasing recognition of the symptoms of stroke and the need to contact emergency services immediately (i.e. to act FAST)
- Driving a cultural shift in the NHS, making primary healthcare professionals aware of, and engaged with the importance of early cancer and dementia diagnosis and integrating it into their interactions with patients, their professional development and their use of referral pathways and diagnostic tests
- Developing and implementing an umbrella 'engage and prosper' programme that encourages people to adopt healthier lifestyles. This may link to the NHS HealthCheck programme (see section F – Innovation)

Major Deliverables*

July 2013

Lung Cancer early diagnosis national campaign, phase 2

July 2013

Introduce umbrella always-on programme

October 2013

One of a Bladder and Kidney Cancer national roll-out campaign, Over 70s Breast Cancer roll-out campaign or Bowel Cancer national campaign phase 3 (pending results analysis)

November 2013

Dementia early diagnosis national campaign

February 2014

FAST Stroke awareness national campaign

March 2014

'Know4Sure' campaign focusing on 4 key cancer symptoms regional campaign

Ovarian or Oesophagogastric Cancer regional campaign

*Cancer campaigns will be selected following consideration of clinical data following local and regional piloting in 2012-13

Budget and evaluation

The budget for 2013-14 is £12.2 million

50+ marketing uses a full range of analysis and evaluation techniques to establish the impact of its campaigns; including:

- Increased referrals to secondary care and increased diagnoses of cancer and dementia
- Improvements in 1-year cancer survival rates (measured nationally and regionally following a significant time-lag – 3 years from diagnosis)
- Increase referrals of stroke at first stage
- Improvement in stage of diagnosis cancer and dementia
- Symptom knowledge and health behaviours of participants in the always-on programme

C. Change4Life: eat well, move more and live longer

Overview and Objectives

Today, most preventable disease and premature mortality are lifestyle-related. Poor diet, lack of physical activity and drinking alcohol above the recommended guidelines collectively cost the taxpayer nearly £7 billion per annum.[9]

The majority of the population has at least one of the following life-style risks: 23% of the adult population admit that they regularly drink above the Chief Medical Officer of England's recommended guidelines. Fewer than 40% of adults do the recommended amount of physical activity. 84% of men and 65% of women consume more than the recommended 6g of salt per day. The UK is fourth in the world in terms of obesity prevalence, after the USA, Mexico and New Zealand. 2009 data indicates that 61% of adults and 28% of children (2 to 10 years) are overweight or obese.

But it need not be so. There is clear evidence to show that people want to improve their behaviours[10] and that they readily engage with marketing campaigns that provide help and support in for them to do so[11].

Change4Life was set up to help families and middle-aged adults make small, sustainable yet clinically significant improvements to their diet, activity levels and, more recently, alcohol consumption.

Relatively modest changes in behaviour have the potential to payback significant dividends for the public purse. The Matrix Knowledge Group[12] has calculated that if the Change4Life campaign produces a 5 percentage point improvement in the proportion of children achieving the Chief Medical Officer's recommended guidelines on physical activity, even factoring in likely over-reporting, this will result in a saving of 1.2m Quality Adjusted Life Years. This

9 Alcohol costs £2.7bn – "The cost of alcohol harm to the NHS in England: and update to the Cabinet Office (2003) study" HIAT DH July 2008; Obesity costs £4.2bn – *Tackling Obesities: Future Choices*, Foresight (2007)

10 For example 96% of mothers agree that "eating healthily is important to my family": Change4Life tracking study, TNS 2009; Qualitative insight research conducted on behalf of the DH (2CV) showed that families and adults recognised to the need to make changes but struggle to put this into action

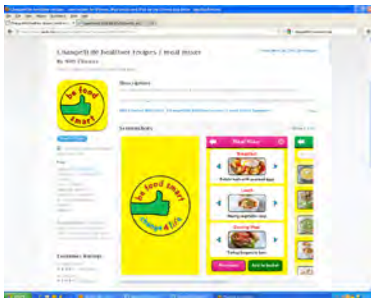
11 For example over 650,000 adults have already joined the Change4Life programme.

12 Matrix Knowledge Group was initially commissioned by Health England, the national reference group for health and wellbeing chaired by Julian Le Grand (Professor of Social Policy, LSE). Matrix was supported by Imperial College London and Bazian Ltd to take forward recommendations in the White Paper 'Our health, our care, our say'. Together they developed and applied a method for prioritising investments in preventative health interventions. This is publicly available as a Health England report 'Prioritising investments in preventative health' and via an interactive tool at http://help.matrixknowledge.com/

equates to a cost saving equivalent of £769 per additional lifetime gained.

Change4Life is undoubtedly a powerful brand that has delivered unprecedented levels of engagement from the public and commercial sector partners. For example:

- A million children have now joined Change4Life
- A million mums say they have changed their behaviour as a result of the campaign
- The three-year Change4Life social marketing strategy was approved by the Home Affairs Committee at the end of 2011, and published in Parliament and online
- Change4Life now has over 200 national commercial partners, generating an in-kind contribution that has been independently valued at over £14 million per year
- 14% of families' positive behaviour scores increased significantly after one year of Change4Life support



2012-13 has been an outstanding year in terms of innovation and impact of the Change4Life campaign. For example, our Be Food Smart Meal Mixer app has been downloaded more than 700k times and positioned at the top of the iTunes Food and Drink app chart since the launch of the campaign, as well as given a 5 star rating by users.

We also introduced a new commercial partner funding model – the ITV healthy ad break during Coronation Street. This industry first saw a range of big food and drink brands contributing incremental TV media spend behind their healthier products and ITV contributing 20% media space back to the campaign. 59% of people who saw the ad break agreed that 'It made me think there are lots of ways to eat healthily'; 62% agreed 'The brands shown were the sorts of things I might eat'; and two-thirds agreed that 'Change4Life should show more healthy eating branded products like this in future'. Commercial partners are already asking us how they can be involved at a bigger scale next year.

We will not be tackling obesity alone. Change4Life has an innovative business model – the proportion of funding for Change4Life provided by the taxpayer has reduced from virtually 100% at launch to less than 30% in 2012/13, with the commercial sector providing the bulk of the remaining money.

These in-kind partner contributions include mass distribution through partner channels, in-store promotions and advertising, employee well-being programmes, point-of-sale promotions, 'money can't buy' opportunities, merchandising, access to community programmes events – as well as money-off healthier products and activities opportunities.

An additional part of the Change4Life business model is to limit duplication and enhance impact by acting as a flexible and popular brand that can be adapted and used by public and private sector organisations to support their healthy living initiatives. Numerous initiatives across the country use the Change4Life brand because it resonates with their target audience.

In 2013-14 we will continue to follow Change4Life's successful business model adopted in 2011/12 where we provide the creative platform and infrastructure that partners (commercial, NGO, local supporters, schools) can populate, disseminate and incentivise on our behalf.

Delivering change in healthy eating habits and exercise levels is one of the most complex marketing challenges we face. To improve the effectiveness of Change4Life we have recently reviewed the evidence base for the role of marketing interventions in this area. As a result of this review we will:

- Focus on a narrower range of specific issues and more specific audiences at a national level
- Use proven behaviour change techniques and products to deliver change
- Invest in new 'always on' support for our audience
- Invest more in supporting key partners and local supporters
- Explore options for broadening the contexts/channels that Change4Life is used in – for example in kite marking of foods or products that support healthier choices

Major Deliverables

We will review the C4L alcohol programme, to ensure that the strategy is appropriate given the scale of the issue, competitive spend and role of Drinkaware. This review will develop options for PHE by the summer of 2013.

We will explore the potential for Change4Life to offer a kite mark for organisations and/or for use on their products or services that support healthier lifestyles.

Our key events for 2013-14 learn lessons from and build on the success of last year's activity. They are:

Summer 2013

A 'move more' platform focused on getting children moving for sixty minutes a day. We are exploring co-delivering this with well established commercial brands and using proven behaviour change technology at scale.

Autumn 2013

A 'back to school' change programme focused on parents and active travel. This will focus on people making small constructive changes to their daily routine at a time of year when data shows they are particularly open to making changes.

January 2014

A January platform focused on 'changing one thing'. Building on the success of this year's Be Food Smart campaign, the New Year 2014 healthy eating campaign will target families with a more single-minded healthy swap behaviour (which will aim to show a population-level switch from salted to unsalted butters and spreads for example) and drive people to our new 'always on' CRM programme encompassing the full suite of healthy eating behaviours (which will aim to show improvements across all of these: 'watch the salt', 'cut back fat', 'five-a-day' and 'sugar swaps').

A roll out of the 'resolution booster' programme

Budget and evaluation

The overall budget is £10.9 million.

Change4Life takes a full-spectrum approach to evaluation, using a wide range of methodologies to establish impact in this complex area. A peer reviewed evaluation plan for Change4Life is available on request.

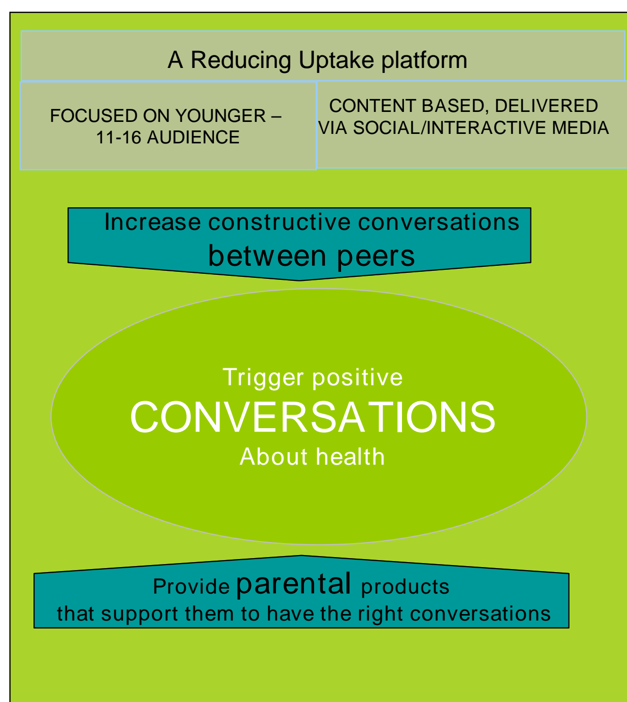
E. Youth

Overview and Objectives

Young people face a large number of challenges and pressures throughout their teenage years. Adolescence is a time when individuals undergo radical physical, neurological and psychological change, during which many people choose to smoke, drink, take drugs and have sex for the first time.

Our overall marketing objective is to catalyse positive conversations about health between peers and between parents and their children. Our strategy is focused on reducing the uptake of risky behaviours as the evidence suggests that once risky behaviours are adopted marketing interventions are unlikely to have a significant impact. We are therefore focused on an 11-16 year old audience.

Three crucial changes, in our approach, the evidence base and the media landscape provide the foundation for this strategy. Firstly, by shifting to an ‘audience first’ perspective we can stop treating campaign issues in isolation. Secondly, the evidence base for the power of conversation-based campaigning is now strong enough for us to base our strategy on it. Thirdly, the high usage of digital technology in this audience allows us to catalyse and co-create conversations on a previously unimaginable scale at a remarkably low cost. Our approach is summarised below:



The youth programme will:

- Spend less on above-the-line advertising: Young people are fundamentally different from previous generations in the way they communicate, find information and entertain themselves. We will move away from heavy above-the-line campaign bursts to a sustained programme of activity, which is ‘always on’; at a third of the cost of previous campaigns targeting this audience. This approach does not rely on traditional media activity but uses a range of activity from partnerships (including media owner, commercial youth brands and organisations) to advertiser-funded programming and PR activity in targeted media.
- Take an evidence-based approach to prevention: Previous activity with this audience that has focused on raising awareness and changing behavioural intention has not worked. However, previous sexual health activity showed that prompting conversations directly led to sustained behaviour change. We have revisited a wealth of past campaign activity, academic and behaviour change theory to move our approach on. Our new marketing approach is built on the strong evidence base that increasing conversations across these topics = better, healthier choices. Schools and commercial, media and public sector partners are essential to the strategy. We will work with partners to create content, provide branded experiences for our audience and distribute information and tools. We are developing a range of bespoke activity where leading youth brands will fund, develop and deliver significant activity for us in this area. We intend to grow the role of low and no cost channels through commercial and media partners to sustain the campaign over the coming years.
- Use an innovative approach to branding: Evidence[13] from behavioural insights shows that we should not create a new Government-owned youth brand for use on broadcast communications. We will create a ‘kitemark’ or ‘tag’, which will be developed and owned by young people and partners. This will be used to label the best content available on and offline, maximising impact and reducing expenditure. We will retain and build upon the strengths of the FRANK brand to provide information and advice on drugs (including tobacco and alcohol).

13 Cabinet Office (2010) Applying Behavioural Insights to Health: England 2010.

Major Deliverables

In 2013-14 we will build on our current programme of innovation to continue to build a compelling youth programme. We are structuring next year's activity around three central themes (peer pressure, mythbusting and how/when to talk). This will ensure our activity cumulatively builds throughout the year and will allow us to build a combined evidence base. Planned activity includes:

Awkward Conversations

Building on the success of Awkward Conversations pilot where we worked with 10 young video bloggers, we will look to roll out this initiative further.

Filmclub

Following our successful pilot we will look to rollout this activity throughout the Autumn and Spring terms in Secondary schools.

The 4:01 show

Piloting a weekly YouTube show to build an active subscriber base of young people.

We will also create four new test initiatives:

- Game pilot – we will create a video game that helps young people boost their resilience skills
- Any Questions Answered – Capitalising on the anonymity offered by online interaction we will create a virtual space where young people feel safe to ask any question they want about risky behaviour
- School brief – We will create a resource for teachers to use to initiate conversations with their students
- Parenting Product – Pilot a digital programme to support parents of 11-14 year old children who may be taking risks. This will coincide with the back to school period in 2013

Additionally throughout 2013 we will continue to:

Improve the FRANK service by using social listening to inform the content (e.g. new legal high terminology etc). We will also further develop interactive content and more extensive content for alcohol, tobacco, legal highs and parents.

Build a range of partnerships with credible digital platforms to deliver accurate health information.

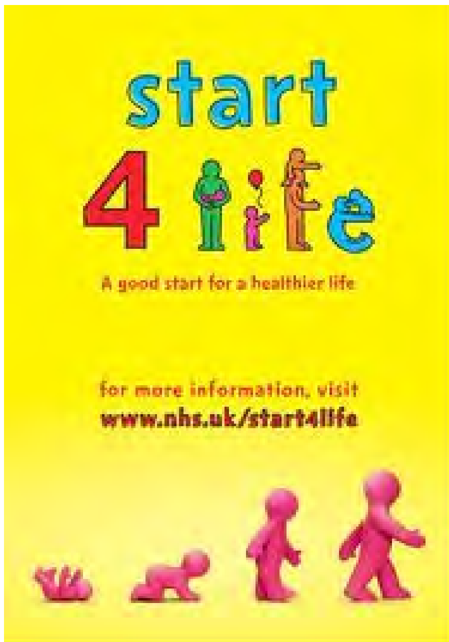
Budget and evaluation

The indicative budget is £2.2 million. Pilots will be assessed by their overall uptake, the quantity and quality of conversations. A longitudinal study will assess the impact on knowledge levels and behaviour. The programme as a whole will be assessed by the impact on a baseline level of conversation.

F. Start4Life

Overview and Objectives

Currently the campaign supports healthy infant feeding, breastfeeding and physical activity, maternal health during pregnancy (including alcohol consumption, smoking cessation, looking after teeth, immunisations and avoiding cot death) and other relevant health issues.



Pregnancy and early years presents a profound opportunity to change that should be supported by world class marketing programmes. It also represents a constantly refreshing target audience and is therefore not compatible with large scale advertising spikes.

In 2013-14, we will create and launch always on CRM programme, delivered by an email and SMS, that significant numbers of pregnant women will sign up to.

This programme will be integrated with the information provided by the Information Service for Parents.

It will be promoted via a targeted media buying strategy, using channels such as social forums for mums or pregnancy publications.

Major Deliverables

October 2013

Launch to Healthcare Professionals.

November 2013

Public facing launch of Start4Life product.

Budget and evaluation

The indicative budget for Start4Life is £1.9 million

KPIs are uptake amongst target audience and impact on both knowledge and key behavioural issues. An evaluation plan is being developed.

G. Innovation programme

Overview and Objectives

Over the last two years the cancer early diagnosis programme has developed a model of piloting new issues at a local and regional level to fully understand the impact on primary and secondary care before rolling out at a national level.

We apply this model to continue to innovate and pilot interventions targeting key drivers of poor health using a test and learn model.

Pilot topics will be selected with Local Government, to assess their impact on behaviour.

The first innovation topic will be NHS Healthchecks. The NHS Health Check programme is a systematic call and recall programme based on NICE guidelines for people in England aged 40-74 which, at present, aims to prevent heart disease, stroke, diabetes and kidney disease.

Local authorities take over responsibility for the commissioning of the risk assessment and lifestyle management elements of what is currently called the NHS Health Check programme from 1 April 2013 and they will be mandated to offer everyone eligible a check every five years.

Uptake of NHS Healthchecks varies across the country, and our pilot programme will assess:

- the impact of behavioural insight and marketing interventions on uptake and behaviour change
- the role of the NHS Healthcheck brand
- a broader 'platform' that will encourage people to take action to engage in their health

From initial consultation the focus on other pilots is likely to be:

- Encouraging early diagnosis of Type 2 Diabetes and Cardiovascular Disease
- Improving mental health and wellbeing

Topics will be confirmed by the Marketing Advisory Board in 2013 and detailed delivery plans and timings will be developed following this.

Major Deliverables

Q2 2013-14
Healthcheck pilot

Q3 2013-14
Mental Health and Wellbeing pilot

Q4 2013-14
Type 2 Diabetes or Cardiovascular Disease pilots

Budget and evaluation

Our innovation budget is £3.7 million

Evaluation will follow the cancer diagnosis model using a full range of analysis and evaluation techniques to establish the impact of campaigns.

Priority 5: Supporting a 'Movement for Healthy'

If we are to have the health outcomes we want as a society, we need everyone, be they individuals, families, communities, schools, businesses, civic institutions or voluntary organisations, to help us make this happen.

Too often public health hasn't engaged effectively with the organisations who have the opportunity to be the biggest influence on our health, the national retailers from whom most of us buy our food, the national media owners who shape popular culture and entertain millions every day, the voluntary sector with unparalleled frontline expertise. All of these organisations are interested in, and stand to benefit from, a healthier England, and the marketing team will work with them to increase the depth, quality and impact of our work.

We have been working in partnership with Industry and NGO's since 2002, initially on single issue campaigns such as 5 A Day and more recently to support the 4 key strands of the Department of Health Social Marketing Strategy. The 214 key national and 68,000 local partners that currently support our campaigns are the foundations of a social 'Movement for Healthy' that supports at risk audiences in making changes to their behaviours day in day out.

We recognise that the partner environment is changing. In 2010, we challenged partners to deliver increasing levels of in-kind investment. Partners are under ever increasing financial pressures. The absolute priority for partners is revenue and growth. We therefore need to focus on quality rather than quantity and more closely align to business strategy if we are to continue to unlock investment from partners.

The partnership programme is highly regarded for what it has achieved and the standards it sets. However partners are telling us that if they are to continue to support the public health agenda with quality activity then they need longer lead times, a more structured approach to working with Government and the Devolved Administrations, sustained commitment to campaigning themes, greater pragmatism and an opportunity to co-create campaigns

Government is now working with industry on many different agendas. Teams have been set up to manage partnerships with industry within the Cabinet Office and within UK Trade and Industry, the latter having a cross government remit. We therefore need to link to these broader programmes to ensure that health is established as a priority with the right partners at the right time.

We are going to change the way we work with our key partners to ensure that we are providing them the right level of support in the context of this changing partner environment. We will also review our approach to working with the Devolved Administrations and explore how we could expand learning from our differing approaches to marketing.

We will be adopting an approach whereby collaboration and participation is managed via a structured programme and activity is jointly planned to meet the partners' strategic business objectives.

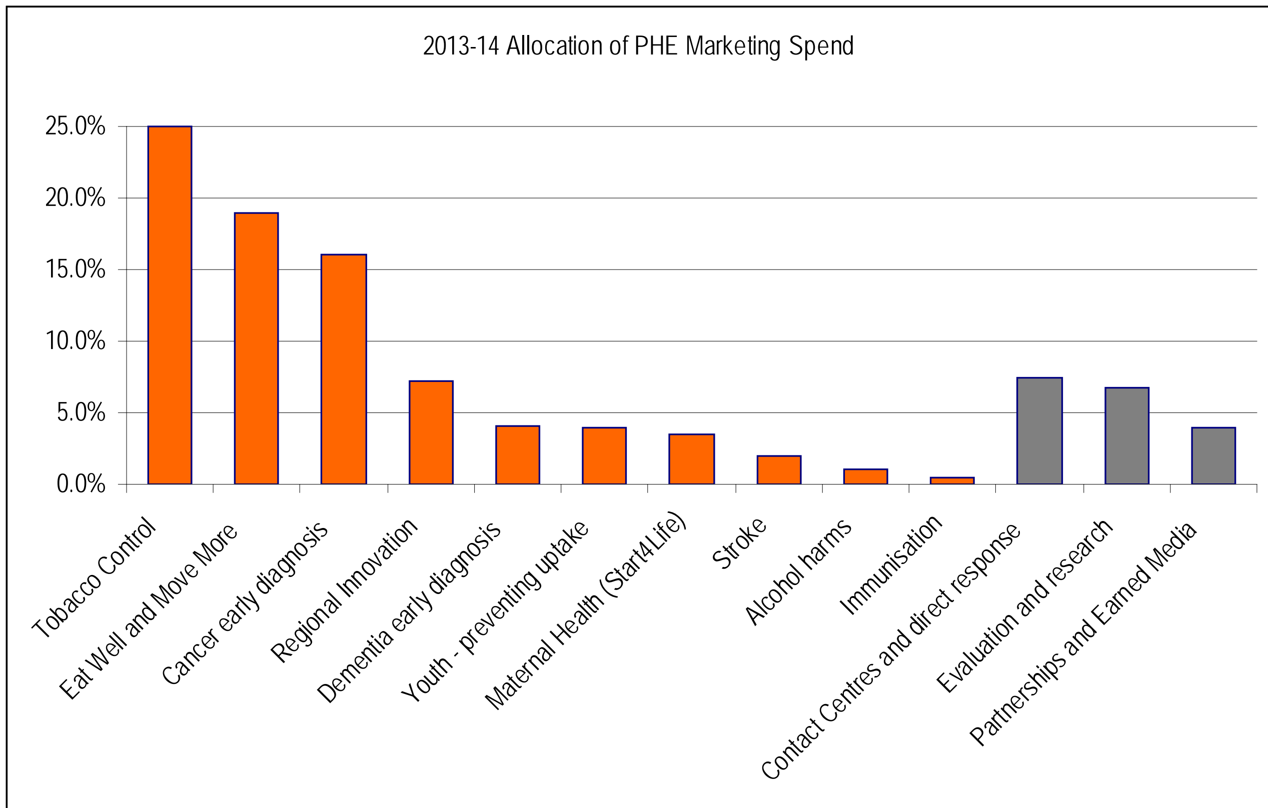
CHAPTER 6

Overall Budget

Subject to the usual caveats, our total budget allocation for 13-14 is £54.7 million. We have reviewed our budgetary allocations from 2012-13 and made the following changes in consultation with policy and public health colleagues.

Issue	Allocation
Tobacco	A slight increase in tobacco expenditure due to the evidence base and success of Stoptober 2012.
Change4Life Eat Well and Move More	A slight increase in Eat Well and Move More parts of Change4Life to fund refreshed 'platform' strategy.
Cancer early diagnosis	There is little new creative development required in this year, so the focus will be on rolling out proven work at a national level. This funding will deliver three national spikes against key priorities.
Innovation	Pilots in priority areas identified by PHE and Local Government.
Dementia	This funding has been maintained vs. 12-13.
Youth	A slight reduction in spend.
Start4Life	A slight increase to fund integration with the Information Service for Parents.
Stroke	This is the optimal spend level defined by quantitative impact modelling.
Alcohol Harms	This funds 'always on' activity whilst the strategic review takes place.

The remaining 18.1% of our spend is classified as infrastructure, and covers cross-cutting issues such as contact centre provision and media planning.


2013-14 Allocation of PHE Marketing Spend
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Tobacco Control
Eat Well and Move More
Cancer early diagnosis
Regional Innovation
Dementia early diagnosis
Youth - preventing uptake
Maternal Health (Start4Life)
Stroke
Alcohol harms
Immunisation
Contact Centres and direct response
Evaluation and research
Partnerships and Earned Media

CHAPTER 7

Calendar of Activity

PHE Overall Communications Laydown: for a detailed view of the calendar contact partnerships@phe.gov.uk

Apr 2013 - Mar 2014

21 February 2013

Public Health England

Months: Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13, Jan-14, Feb-14, Mar-14

Seasonal changes / Key External Dates	Month
Easter	Apr-13
End of School	Jul-13
Back to School	Sep-13
Children in Need	Nov-13
Xmas	Dec-13

Area	Row	Activity	Timing
CHANGE4LIFE	1 - SUMMER ACTIVE MINUTES	SUMMER ACTIVITY PLAN – PARTNERING WITH KEY FAMILY BRANDS TO GET KIDS MORE ACTIVE	Jul-13 – Aug-13
CHANGE4LIFE	PAID MEDIA	PAID DIGITAL SUPPORT	Jul-13 – Aug-13
CHANGE4LIFE	PAID MEDIA	MULTICHANNEL RECRUITMENT OF FAMILIES	Jul-13 – Aug-13
CHANGE4LIFE	PARTNERSHIPS	LOCAL GOVERNMENT, SCHOOLS, NGO ENGAGEMENT	Apr-13 – Jun-13
CHANGE4LIFE	PARTNERSHIPS	LOCAL GOVERNMENT, SCHOOLS, NGO ACTIVATION	Jul-13 – Aug-13
CHANGE4LIFE	PARTNERSHIPS	COMMERCIAL PARTNER ENGAGEMENT	Apr-13 – Jun-13
CHANGE4LIFE	PARTNERSHIPS	COMMERCIAL PARTNER ACTIVATION	Jul-13 – Aug-13
CHANGE4LIFE	1 - SUMMER ACTIVE MINUTES	BACK TO SCHOOL – SUPPORTING FAMILIES TO MAKE A HEALTH CHANGE TO THEIR BACK TO SCHOOL ROUTINE, INCLUDING ACTIVE TRAVEL	Aug-13 – Sep-13
CHANGE4LIFE	PAID MEDIA	BROADCAST PAID MEDIA DRIVING FAMILIES TO SIGN UP	Aug-13 – Sep-13
CHANGE4LIFE	PARTNERSHIPS	LOCAL GOVERNMENT, SCHOOLS, NGO ENGAGEMENT	Apr-13 – Jul-13
CHANGE4LIFE	PARTNERSHIPS	LOCAL GOVERNMENT, SCHOOLS, NGO ACTIVATION	Aug-13 – Sep-13
CHANGE4LIFE	PARTNERSHIPS	COMMERCIAL PARTNER ENGAGEMENT	Apr-13 – Jul-13
CHANGE4LIFE	PARTNERSHIPS	COMMERCIAL PARTNER ACTIVATION	Aug-13 – Sep-13
CHANGE4LIFE	2 - SWAP	FOOD SMART JAN – ENCOURAGING POPULATION LEVEL BEHAVIOUR CHANGE AROUND HEALTHY EATING	Jan-14 – Feb-14
CHANGE4LIFE	PAID MEDIA	BROADCAST MEDIA TO PROMOTE SWAPS	Jan-14 – Feb-14
CHANGE4LIFE	PARTNERSHIPS	COMMERCIAL PARTNER ACTIVATION	Jan-14 – Feb-14
TOBACCO	1 - SHS	SECOND HAND SMOKE – CAMPAIGN TO ENCOURAGE SMOKERS TO QUIT BY HIGHLIGHTING THE DANGERS OF SHS	May-13 – Jun-13
TOBACCO	PAID MEDIA	BROADCAST MEDIA TO GENERATE DEBATE	May-13 – Jun-13
TOBACCO	PARTNERSHIPS	WORKING WITH LOCAL GOVERNMENT AND HOUSING ASSOCITIONS	May-13 – Jun-13
TOBACCO	2 - STOPTOBER	STOPTOBER – CREATING A CLEAR, SINGLE OPPORTUNITY FOR PEOPLE TO QUIT SMOKING AND SUPPORT EACH OTHER	Sep-13 – Oct-13
TOBACCO	PAID MEDIA	STOPTOBER BROADCAST SUPPORT TBC	Sep-13 – Oct-13
TOBACCO	PARTNERSHIPS	ENGAGE LOCAL GOVERNMENT, NGOS, HOUSING ASSOCIATIONS, NHS	Apr-13 – Aug-13
TOBACCO	PARTNERSHIPS	LOCAL GOVERNMENT, NGOS, HOUSING ASSOCIATIONS, NHS ACTIVATION	Sep-13 – Oct-13
TOBACCO	PARTNERSHIPS	ENGAGE WITH MAJOR EMPLOYERS TO TAKE PART IN STOPTOBER	Apr-13 – Aug-13
TOBACCO	PARTNERSHIPS	MAJOR EMPLOYERS TAKING PART IN STOPTOBER	Sep-13 – Oct-13
TOBACCO	PARTNERSHIPS	ENGAGE WITH KEY COMMERCIAL PARTNERS INCLUDING PHARMACIES	Apr-13 – Aug-13
TOBACCO	PARTNERSHIPS	KEY COMMERCIAL PARTNERS INCLUDING PHARMACIES ACTIVATION	Sep-13 – Oct-13
TOBACCO	3 - HEALTH HARMS	NEW YEAR HEALTH HARMS – DRIVE QUIT ATTEMPTS THROUGH MOTIVATIONAL MASS MEDIA CAMPAIGN	Jan-14 – Mar-14
TOBACCO	PAID MEDIA	NYHH BROADCAST SUPPORT TBC	Jan-14 – Mar-14
TOBACCO	PARTNERSHIPS	NYHH ATL SUPPORT TBC	Jan-14 – Mar-14
HEALTHY OLDER ADULTS	1 - EARLY DIAGNOSIS	LUNG CANCER EARLY DIAGNOSIS	Jun-13
HEALTHY OLDER ADULTS	1 - EARLY DIAGNOSIS	BLADDER / KIDNEY EARLY DIAGNOSIS	Oct-13
HEALTHY OLDER ADULTS	1 - EARLY DIAGNOSIS	DEMENTIA EARLY DIAGNOSIS	Nov-13
HEALTHY OLDER ADULTS	1 - EARLY DIAGNOSIS	KNOW 4SURE EARLY DIAGNOSIS	Feb-14
HEALTHY OLDER ADULTS	1 - EARLY DIAGNOSIS	STROKE FAST RESPONSE	Mar-14
HEALTHY OLDER ADULTS	PAID MEDIA	ATL TBC	Jun-13
HEALTHY OLDER ADULTS	PAID MEDIA	ATL TBC	Oct-13
HEALTHY OLDER ADULTS	PAID MEDIA	ATL TBC	Nov-13
HEALTHY OLDER ADULTS	PAID MEDIA	ATL TBC	Feb-14
HEALTHY OLDER ADULTS	PAID MEDIA	TV / REGIONAL OFF	Mar-14
HEALTHY OLDER ADULTS	PARTNERSHIPS	NHS AND LOCAL GOVERNMENT ENGAGEMENT (ALWAYS ON)	May-13 – Mar-14
HEALTHY OLDER ADULTS	OTHER PARTNERSHIPS	PILOT (#1) (CVD or Diabetes or BP)	Aug-13
HEALTHY OLDER ADULTS	OTHER PARTNERSHIPS	PILOT (#2)	Feb-14 – Mar-14
YOUNGER PEOPLE	1° CATALYSING CONVERSATIONS	YOUTUBE WEEKLY VIDEO SERIES: THE 4:01 SHOW	May-13 – Mar-14
YOUNGER PEOPLE	1° CATALYSING CONVERSATIONS	MYTHBUSTING - ACTIVITY TO DEBUNK MYTHS	May-13
YOUNGER PEOPLE	1° CATALYSING CONVERSATIONS	DEALING WITH PEER PRESSURE	Jul-13
YOUNGER PEOPLE	1° CATALYSING CONVERSATIONS	HOW AND WHEN TO TALK	Nov-13
YOUNGER PEOPLE	PAID MEDIA: PARTNERSHIPS:	SHORT VIDEO SERIES TO PROMPT CONVERSATIONS ABOUT DIFFICULT YOUTH HEALTH TOPICS AMONGST YOUNGER PEOPLE	May-13 – Mar-14
YOUNGER PEOPLE	PAID MEDIA: PARTNERSHIPS:	ONLINE DISPLAY, YOUTUBE PLACEMENTS, SEARCH	May-13 – Mar-14
YOUNGER PEOPLE	PAID MEDIA: PARTNERSHIPS:	ENGAGEMENT AND ACTIVATION WITH KEY NGOS, COMMERCIAL YOUTH BRANDS AND ORGANISATIONS	May-13 – Mar-14
YOUNGER PEOPLE		PARENT PRODUCT TEST (BACK TO SCHOOL)	Sep-13 – Oct-13
ALWAYS ON BEHAVIOURAL SUPPORT	START4LIFE & ISP	START4LIFE / ISP PROGRAMME TO GET PEOPLE TO SIGN UP	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	ALCOHOL A.O.	DRINK LESS BEHAVIOURAL SUPPORT	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	ALWAYS ON	MOVE MORE AND EAT WELL BEHAVIORAL SUPPORT	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	RESOLUTIONS	RESOLUTIONS BOOSTER	Jan-14
ALWAYS ON BEHAVIOURAL SUPPORT	SMOKING	SMOKING - DIRECTING PEOPLE WHO ARE LOOKING TO QUIT TO THE QUIT TOOL	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	OLDER PEOPLE	HEALTHY OLDER ADULTS - ENGAGING PEOPLE IN THEIR HEALTH	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	PAID MEDIA:	SEARCH	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	PAID MEDIA:	SOCIAL PARTNERSHIPS	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	PAID MEDIA:	ONLINE DISPLAY	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	PARTNERSHIPS	WORKING WITH TRUSTED BRANDS TO DELIVER BEHAVIOURAL INTERVENTIONS	Jun-13 – Mar-14
ALWAYS ON BEHAVIOURAL SUPPORT	PARTNERSHIPS	WORKING WITH HEALTHCARE PROFESSIONALS TO DELIVER BEHAVIOURAL INTERVENTIONS	Jun-13 – Mar-14
OTHER	WINTER HEALTH	FLU VACCINE	Nov-13 – Dec-13

CHAPTER 8

Contacts

We would be delighted to discuss this plan with you. For more information please contact:

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Appendix 1

Public Health Outcomes currently being addressed by PHE national Social Marketing Programmes

These will be reviewed in 2013-14 as part of priority 3, above.

Domain	Outcome	Social Marketing Programme
2.1	Low birth weight of term babies	Start4Life
2.2	Breastfeeding	Start4Life
2.3	Smoking Status at time of delivery	Start4Life
2.4	Under 18 conceptions	Youth
2.5	Child development at 2-2½ years	Start4Life
2.6	Excess weight in 4-5 and 10-11 year olds	Change4Life
2.9	Smoking prevalence – 15 year olds	Smokefree
2.10	Self-harm	Youth
2.11	Diet	Change4Life
2.12	Excess weight in adults	Change4Life
2.13	Proportion of physically active and inactive adults	Change4Life
2.14	Smoking prevalence – adults (over 18s)	Smokefree
2.17	Recorded diabetes	Innovation
2.18	Alcohol related admissions to hospital	Change4Life
2.19	Cancer diagnosed at stage 1 and 2	50+
2.22	Take up of the NHS Health Check programme	Innovation
4.1	Infant mortality	Start4Life
4.3	Mortality rate from causes considered preventable	Smokefree, Change4Life, 50+
4.4	Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke)	50+, Smokefree
4.5	Under 75 mortality rate from cancer	50+, Smokefree
4.6	Under 75 mortality rate from liver disease	Change4Life
4.7	Under 75 mortality rate from respiratory diseases	50+, Smokefree
4.16	Estimated diagnosis rate for people with dementia	50+

Public Health Outcomes not currently being addressed by PHE national Social Marketing Programmes

Domain	Outcome
1.1	Children in poverty
1.2	School readiness (Placeholder)
1.3	Pupil absence
1.4	First-time entrants to the youth justice system
1.5	16-18 year olds not in education, employment or training
1.6	People with mental illness and/or disability in settled accommodation
1.7	People in prison who have a mental illness or significant mental illness (Placeholder)
1.8	Employment for those with a long-term health condition, including those with a learning difficulty/disability or mental illness
1.9	Sickness absence rate
1.10	Killed and seriously injured casualties on England's roads
1.11	Domestic abuse
1.12	Violent crime (including sexual violence) (Placeholder)
1.13	Re-offending
1.14	The percentage of the population affected by noise (Placeholder)
1.15	Statutory homelessness
1.16	Utilisation of green space for exercise/health reasons
1.17	Fuel poverty
1.18	Social connectedness (Placeholder)
1.19	Older people's perception of community safety (Placeholder)
2.7	Hospital admission caused by unintentional and deliberate injuries in under 18s
2.8	Emotional well-being of looked after children
2.15	Successful completion of drug treatment
2.16	People entering prison with substance dependence issues who are previously not known to community treatment
2.20	Cancer screening coverage
2.21	Access to non-cancer screening programmes
2.23	Self reported well being
2.24	Injuries due to falls in people aged 65 and over

Domain	Outcome
3.1	Air pollution
3.2	Chlamydia diagnoses (15-24 year olds)
3.3	Population vaccination coverage
3.4	People presenting with HIV at a late stage of infection
3.5	Treatment completion for tuberculosis
3.6	Public sector organisations with board-approved sustainable development management plan
3.7	Comprehensive, agreed inter-agency plans for responding to public health incidents
4.2	Tooth decay in children aged 5
4.8	Mortality rate from infectious and parasitic diseases
4.9	Excess under 75 mortality rate in adults with serious mental illness
4.10	Suicide rate
4.11	Emergency readmissions within 30 days of discharge from hospital
4.12	Preventable sight loss
4.13	Health-related quality of life for older people (not yet defined)
4.14	Hip fractures in people aged 65 and older
4.15	Excess winter deaths

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