Public Health England

Protecting and improving the nation's health

Public Health England
Social Marketing Strategy 2017 to 2020

Contents

Foreword

Earlier this year, the NHS published Next Steps on the Five Year Forward View, which reiterated the crucial role of prevention and public health in ensuring that our NHS is sustainable now and for future generations. The document applauded Public Health England's (PHE) marketing programmes, citing Be Clear on Cancer and Act Fast as proven examples of campaigns that help people access NHS services in a timely fashion.

PHE has led the field across government in taking tools and techniques from independent sector marketing and repurposing them for the public good, designing marketing programmes that have already changed the behaviour of millions of people. Its work supports vital government agendas, such as childhood obesity and mental health, and leverages the public health system, the NHS and other cross-government programmes in support of system-wide behaviour change.

This new marketing strategy also sets out how the team at PHE will now use innovative digital technologies to target more effectively, engage populations and support change.

The strategy also recognises that, as we age, more of us will be at risk of developing cancer and other non-communicable diseases, such as heart disease, diabetes and mental health problems. This means we will all need to take better care of our health and that of our family, friends and neighbours, if we are to stay healthy and independent for longer. This includes walking more, eating more healthily, drinking within the recommended guidelines and, for the dwindling minority of people who still smoke, making a quit attempt, as well as being alert to the signs and symptoms of common diseases.

I welcome the ambition and initiatives set out in this strategy and look forward to working with colleagues across the public health family whose commitment and professionalism remains a great strength.

Steve Brine MP
Parliamentary Under-Secretary of State for Public Health and Primary Care

Executive summary

Public Health England (PHE) has a strong record of using social marketing to change the public's behaviour with regard to smoking, diet, exercise and many other lifestyle behaviours.

Our marketing campaigns:

- alert and inform the public, to ensure people know what they need to do in order to live healthy lives and are motivated to do so
- support the creation of an environment that is conducive to change, helping to drive cultural acceptance of healthy behaviours and supporting other government levers such as legislation
- offer tools, when needed, to help people to start or sustain a behaviour change journey
- support the NHS, by helping people access the right services at the right time
- galvanise and amplify the efforts of those working to improve health across our partners in the commercial, voluntary and public sectors

Each of our programmes is rooted in insight into why people behave as they do and deploys learning from behavioural science to change this. We detail some of these insights later in this document.

Since our last strategy was published, a lot has been achieved. We have:

- nudged over two million families into healthier choices through our Sugar Smart and Be Food Smart apps
- created a new social norm around smoking cessation in October each year with over a million smokers making a Stoptober quit attempt so far
- engaged over two million adults on the first step of a behaviour change journey via One You's 'How are You?' health engagement quiz

Our achievements have been recognised through nine papers published in peer-reviewed journals and 57 industry and public sector excellence awards.

Towards 2020, our work will be underpinned by six principles:

- we will deploy national marketing to deliver change at scale
- we will support effective local public health delivery
- we will work in partnership to build coalitions for change
- we will innovate to move with our audience
- we will build on the evidence base
- we will target our work to reach those who need it more

The landscape in which we operate is currently being transformed by digital technologies. We have long led the field in understanding why people behave as they do with regard to their health. We now have unparalleled opportunities to change those behaviours through hyper-targeted programmes that profile those at greatest risk, measure their behaviour in real time and incentivise change.

Our approach will involve:

- using technology to change behaviour at greater scale and pace, including making the most of digital channels
- building on, and contributing to, the evidence base for key public health challenges
- creating enduring – and evolving – brands at the heart of people's daily lives
- delivering innovative commercial and third sector partnerships to expand our reach

We will strengthen our existing life course programmes (Starting Well, Living Well and Ageing Well) by continually realigning them to the latest policy and business priorities and by innovating digitally; for example, the One You Active 10 walking app, which combines activity duration and intensity in an industry first, in line with the Chief Medical Officer's guidelines on physical activity.

In addition, we will explore new initiatives, such as the potential to use marketing to recruit and upskill people to take more care of their own mental health and that of those around them.

Our programmes continue to enjoy the support of the commercial sector, voluntary sector and local partnerships. In strengthening our partnership programme towards 2020, we will:

- help create a truly smokefree NHS, by providing hospitals and other healthcare settings with all the materials they need to help patients quit
- radically improve the quality of the data we provide to local partners; for example, by analysing smartphone location settings to ascribe a local area to app users, even when they have not registered or supplied us with a postcode
- work towards a major new partnership with a digital platform owner, to enable people to make healthier changes to their lifestyles

Our aim is to make our branded programmes part of the fabric of people's lives, so that they appear on high streets, in schools and in GP surgeries, not just as posters or leaflets, but as prescriptions, lessons, events and locally commissioned services.

1 Welcome

Sheila Mitchell,
Marketing Director

Duncan Selbie,
Chief Executive

Welcome to Public Health England's (PHE) marketing strategy 2017 to 2020.

Here we set out our approach to public health marketing, reveal some of the insight, evidence and science that drive our programmes, highlight some of our most significant achievements, and give a glimpse of some of the innovative ways in which we will be responding to the possibilities which digital technologies, and data, provide.

Marketing can boost the use of preventative and early diagnostic services[1]. It can encourage behaviours that lead to longer lives, and it can give people the confidence to make healthier[2] choices, through their deepening relationships with public health brands, including One You, the biggest branded programme we've launched in eight years.

Marketing is often used in concert with other levers, such as local services, legislation and taxation, supporting colleagues across the public health system and local and national government. This document shows how this concerted approach has, for example, helped take smoking prevalence to a new low of 15.5%[3].

PHE's marketing campaigns all start with insight into people's lives: we understand how easy it is to eat a bit too much, how difficult it can feel to fit exercise into a busy day, and how hard it can be to stop smoking when those closest to us still smoke.

While we are keen to build on what we have achieved since our last strategy, we continue to recognise the huge challenges in people's lives, and are committed to the need to redress health inequalities.

Over the next three years, we will work with local authorities and the NHS to understand how we can better support the needs of frontline public health and healthcare professionals. We will also test new campaigns, such as increasing uptake of NHS Health Checks, develop new partnerships, for example, with the technology industry, finesse our life course model, and create what we hope will be the world's best evaluation programme for public health marketing.

We have big ambitions, and a plan that will help us play a pivotal role in protecting and improving the nation's health.

[1]Ironmonger L, Ohuma E, Ormiston-Smith N, Gildea C, Thomson C S, and Peake M D. British Journal of Cancer (2015) 112, 207– 21
[2]Brown J, Kotz D, Michie S, Stapleton J, Walmsley M and West R. (2014) *How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?*. Drug Alcohol Dependence, 135(100): 52– 58 **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3929003/**.
[3]ONS, PHE Statistical bulletin. Adult smoking habits in the UK: 2016. June 2017

2 The public health challenge

2.1 The challenge

PHE exists to protect and improve the public's health and wellbeing and reduce health inequalities. We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services. The Secretary of State for Health has a statutory duty to protect health and address inequalities, and through our marketing strategy we execute their power to promote the health and wellbeing of the nation. The strategy also aligns with the government's requirements of PHE, set out by the Minister for Public Health in PHE's annual remit letter.

This is vital work. The 2017 Health Profiles[4] for England showed that life expectancy in the UK is increasing more slowly than the European average. Indeed, the UK was ranked 8th for male life expectancy and 18th for female life expectancy relative to 28 EU countries. Moreover, the number of years lived in poor health has also been increasing and now stands at 8.2 years for males and 9.7 years for females.

The recent update to the NHS Five Year Forward View emphasised that the success of the NHS depends on, among other factors, prevention and public health. It also highlighted the recent progress that has been made, specifically calling out "...plain packaging for cigarettes, first national diabetes prevention programme, sugar tax agreed to reduce childhood obesity, vaccinating over one million infants against meningitis and an additional two million children against flu, and public health campaigns including Be Clear on Cancer and Act FAST."[5]

Improving the public's health is a challenging task:

- the analysis that guided the launch of our One You programme found that eight out of ten middle-aged people (87% of men and 79% of women) in England weigh too much, drink too much or do not exercise enough[6]
- people from lower socio-economic groups are more likely to fall ill and are disproportionately affected by the consequences of preventable illness. The gap in life expectancy at birth between the most and least deprived areas of England is currently nine years for men and seven years for women. If levels of health in the worst-performing regions in England matched the best-performing, England would have one of the lowest burdens of disease in the world

[4]https://fingertips.phe.org.uk/profile/health-profiles
[5]Next Steps on the NHS Five Year Forward View (2017). Retrieved from https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
[6]https://www.gov.uk/government/news/modern-life-responsible-for-worrying-health-in-middle-aged

These challenges shape our marketing agenda, and we cannot meet them alone. PHE's most recent strategic plan[7] committed us to "build a broad coalition that helps all of us take healthier decisions, reaching out to individuals and families, and working with retailers, manufacturers and other businesses to help make the healthy choice, the easy choice".

We are committed to working with healthcare professionals, retailers, manufacturers and other businesses to achieve this goal.

2.2 An evolving landscape

Our work has always been planned with local priorities in mind and this will not change. We will continue to use marketing as a key lever in the public sector response to major public health challenges. Local public health is undergoing a period of change, and it is vital to recognise the need to adapt and flex with it; for example, facilitating ways of incorporating our well-evidenced digital tools into local services, giving people the chance to engage when they are most ready to make a change.

We will continue to ensure that everything we do is rooted in evidence, targeted and audience-focused, playing the most effective role it can in improving the nation's health.

2.3 The contribution of marketing

Our social marketing approach applies the principles of behavioural science to a structured marketing process to promote behaviour change.

> "The systematic application of interactive marketing principles and techniques that… achieve specific behavioral goals for social good."
>
> Kotler, P., & Lee, N. R. (2008). Social Marketing - Influencing Behaviors For Good.[8]

Just as the commercial sector uses marketing to change how people shop, bank and spend their leisure time, social marketing addresses behaviours relevant to the social good. It takes the tools and techniques of commercial marketing, such as audience mapping, insight generation and customer relationship management, and uses them to create marketing and communications campaigns that address key public health challenges.

We focus on the big lifestyle behaviours that cause and perpetuate illness. Within Public Health England, the marketing team is well placed to work side by side with technical and policy experts to take a leading role in changing behaviour at both population and individual levels.

Understanding the audience journey lies at the heart of our work; we seek to understand where, when and how to intervene for greatest impact. We do this via branded behaviour change programmes such as Change4Life and by focused campaigns within these programmes such as Sugar Smart for nutrition or 10 Minute Shake Up for physical activity.

[7]https://www.gov.uk/government/publications/public-health-england-strategic-plan
[8]Kotler P and Lee N R (2008). Social Marketing – Influencing Behaviors For Good. [6]Kotler P and Lee N R (2008). Social Marketing - Influencing Behaviors For Good. Changes, 3, 444. http://doi.org/10.1080/15245004.1996.9960974

These programmes and campaigns:

- alert and inform the public to ensure people know what they need to do in order to live healthy lives and are motivated to do so
- support the creation of an environment that is conducive to change, helping to drive cultural acceptance of healthy behaviours and supporting other government levers such as legislation
- offer tools, when needed, to help people to start or sustain a behaviour change journey
- support the NHS, by helping people access the right services at the right time
- galvanise and amplify the efforts of those working to improve health across our partners in the commercial, voluntary and public sectors

The breadth, complexity and endemic nature of the issues we address means that marketing must often change both individual behaviours, and address the social norms that hold people back from improving their own health.

2.4 Planning our programmes

Government can influence and shape the nation's health in a number of ways, including legislation, regulation and environmental planning. Social marketing is only one of the potential solutions available. It can work independently, but is often most powerful when planned and deployed in an integrated way with other levers.

We take a citizen-centric approach to planning our campaigns, understanding how people live, how they feel about health, and what it means to make good health a part of daily lives. We take evidence-based public health guidance and repurpose it. We make it user-friendly, accessible, shareable, ownable, personalised, dynamic, actionable, rewarding and, when appropriate, fun.

As a scientific organisation, we also apply behavioural science to our planning, helping us to understand how people currently behave, and might behave in future. Behavioural science is a discipline which blends psychology and economics to influence people's behaviour, and we put the insights it generates at the heart of our planning.

We use a range of behaviour change models to guide our planning. We work closely with academics and clinicians to plan and deliver our campaigns. Recognising that what works for youth resilience may not be appropriate for healthy eating, we use different models of behaviour change dependent on the specific issue and audience.

For example, the COM-B model[9], developed by Professor Susan Michie's team at University College London, looks at the interplay between context, policy and behaviours to help define strategies to achieve behaviour change.

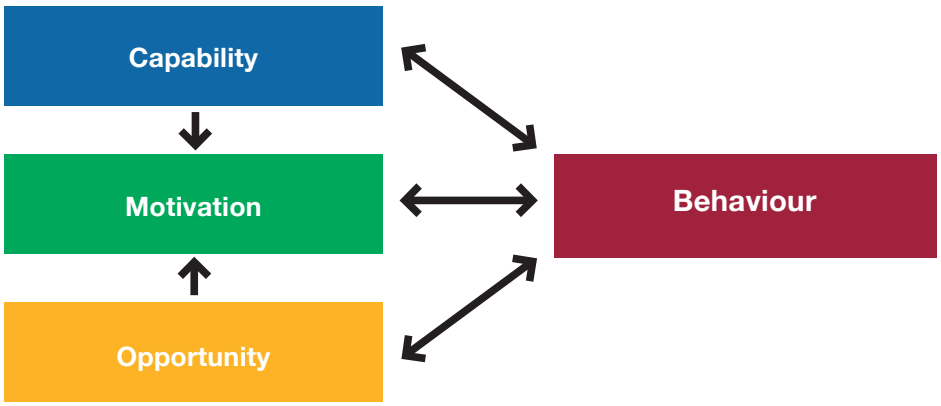
In COM-B, **C**apability is defined as: the individual's psychological and physical capacity to engage in the activity concerned. It includes having necessary knowledge and skills.

Opportunity includes all the factors that lie outside the individual that make a behaviour possible, or prompt it. These include social norms and cues.

Motivation is all the brain's processes that energise and direct behaviour. It includes habitual processes (such as inertia), emotional responding (desires and impulses), as well as analytical decision-making (rational planning and goals).

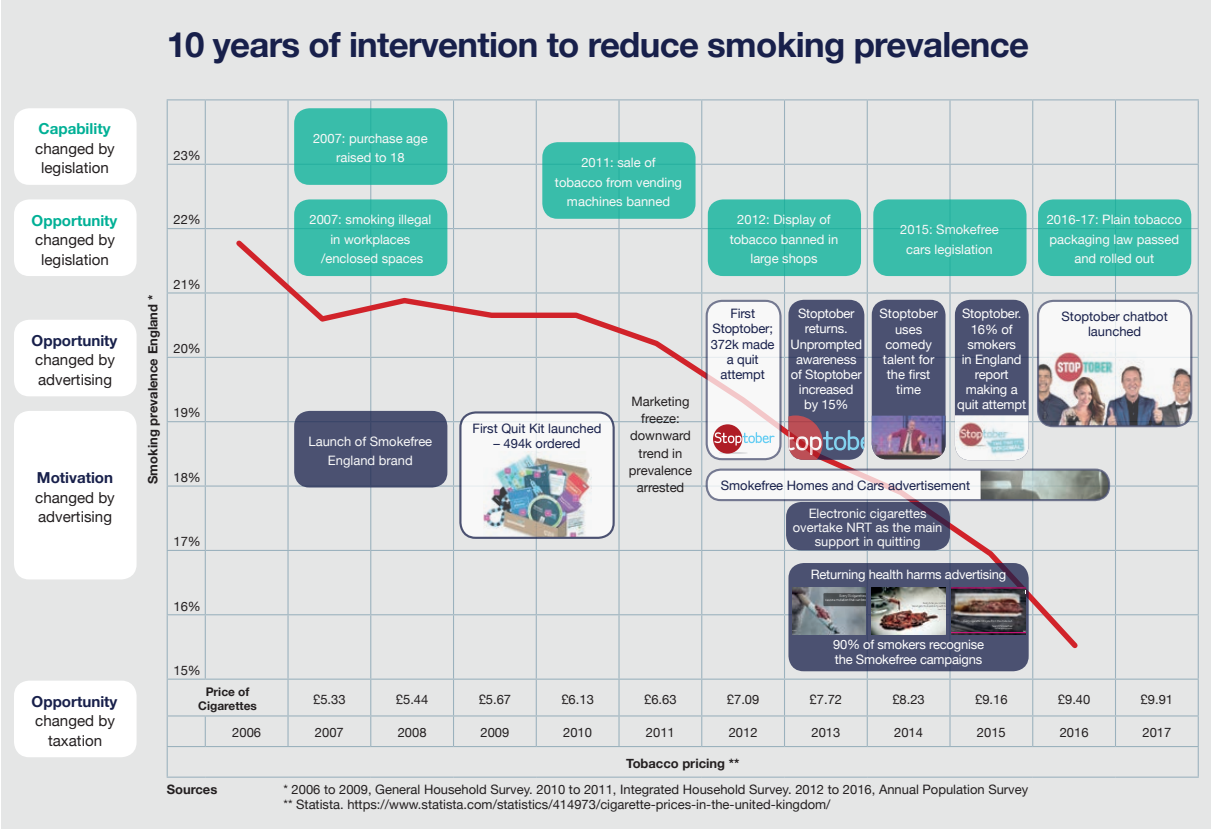
[9]Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science : IS. 2011; 6:42. doi: 10.1186/1748-5908-6-42.

The single-headed and double-headed arrows in the diagram below represent potential influence between components in the system. For example, opportunity can influence motivation as can capability; enacting a behaviour can alter capability, motivation and opportunity.



COM-B is a useful starting point for designing interventions and for working out how marketing fits into a broader landscape of policy interventions. This helps us to identify whether or not there is a role for marketing, and if so, what it is.

We have illustrated below how the components of COM-B have changed the public's behaviour, using the past ten years of concerted effort to reduce smoking prevalence as an exemplar. As the diagram illustrates, marketing works alongside other levers, such as taxation and legislation, to address all elements of the model.



We also use practical planning tools. For example, the OASIS (**O**bjectives, **A**udience insight, **S**trategy, **I**mplementation and **S**coring) model provides a framework of the key stages in the development of a campaign and is used across government. This model has been used to plan our seminal Be Clear on Cancer campaigns, as the table below illustrates.

OASIS model and Be Clear on Cancer:

O
Objectives

Cancer survival rates in the UK lag behind comparable nations, in part because people do not present as early as they could when they experience the common signs and symptoms of cancer.

The Be Clear on Cancer campaign objectives are to:

- increase the recognition of common early symptoms of cancer
- increase early presentation at GP surgeries with the relevant symptoms

A
Audience insight

The campaign has been designed to address key psychological barriers identified in our audience insight research.

These include:

- lack of recognition of the seriousness of the signs and symptoms
- concern about being dismissed by health professionals, or being blamed for lifestyle-related risk factors, such as smoking or drinking alcohol
- fear of diagnosis and treatment

S
Strategy

The campaign provides our audience with clear criteria for identifying the early signs and symptoms of specific cancers and establishes the benefits of earlier diagnosis, working with GPs to reassure our audience that their visit is appropriate and welcome.

I
Implementation

The implementation includes traditional advertising as well as resources for the NHS and third sector partners, and an extensive programme of engagement with the national news channels.

S
Scoring

We have developed a comprehensive evaluation programme that includes outputs (eg numbers of leaflets distributed), outtakes (eg increased symptom awareness), intermediate outcomes (eg numbers of people presenting in general practice with appropriate symptoms and urgent referrals) and long-term outcomes (new cancer diagnoses and one-year survival rates).

The evaluations indicate that the campaigns have improved recognition of early symptoms of cancer; for example:

- the first national oesophago-gastric campaign in 2015 resulted in a significant increase of eight percentage points in spontaneous knowledge of heartburn as a sign of cancer

They have also increased early presentation at GP surgeries with relevant symptoms:

- the 2015 oesophago-gastric cancer campaign resulted in an 84% increase[10] in urgent GP referrals for suspected upper gastrointestinal cancers, compared with two years previously and in a corresponding 32% increase in urgent GP referrals for other suspected cancers

[10]National Cancer Registration and Analysis Service, Public Health England

3 The big insights that guide our work

Since our last strategy was published, we have consolidated our insights into how people engage with their health and how to design campaigns to support positive change.

1. The social norm has shifted to unhealthy: as marketers, we think about priority target audiences and hypertargeting, but the reality is that eight in ten of the adult population has at least one lifestyle risk (high BMI, poor diet, sedentary lifestyle, smoking or drinking above the guidelines)[11]. We inhabit a world in which a truly healthy lifestyle is enjoyed by a minority and it is unhealthy, not healthy, that is normal. Accordingly, we need to ensure that we avoid 'talking to ourselves' with programmes that mistakenly assume a level of engagement and expertise, and instead develop programmes that are grounded in the reality of people's day-to-day lives, reflecting back their language and anchoring to their reference points.

2. Our audiences value life, but can't always prioritise health: people often take care of the health of those they love more than, and occasionally to the detriment of, their own health. Parents may feed their children more healthily than they feed themselves and adult children may ignore their own stresses to care for their ageing parents. For us to get permission to talk to people about health, we need to show that we understand their priorities and can help them achieve their goals, not our own. Accordingly we never hector or nanny people; rather we attempt to support, aid and inspire.

3. Motivation can come from many places: people can be nudged into changing their behaviour by many factors: seeing a packet of cigarettes rise above a crucial price-point, moving to a new home, having a first child, seeing a parent become ill, or having their child weighed and measured at school. Rather than seeking to persuade people to change their behaviour at points that fit in with our campaigns, we increasingly mould our programmes around the rhythm of their lives. We do this by working with partners who are already engaging with our audiences, such as the health and social care system, schools and housing trusts, to maximise the potential of key leverage points, such as a change in legislation (Smokefree cars) or an established programme (such as the National Child Measurement Programme).

4. Our target audiences may trust or engage with others more than us: while we are proud of the evidence base behind all the guidance we provide, we also recognise that many in our audiences trust others, whether that's friends and family, social media, faith leaders, charities or commercial brands, more than they trust government. Rather than fighting against this, we work with it. We use our resources to create platforms that can be amplified by a range of partner voices and to provide engaging content that these partners will want to customise and share.

5. There is a rhythm to health-seeking behaviours: campaigns work best when they create calendar moments, which coincide with the seasons in which our audiences are most receptive. This might be by capitalising on 'back to school' in September, tapping into New Year resolutions such as Dry January, or creating calendar events ourselves, such as Stoptober.

6. Sometimes attitudes change after behaviours, not before: much traditional marketing is premised on a belief that attitudinal change will lead to behavioural change. However, our experience is that sometimes behaviours have to change first in order for attitudes to change; for example, our experiences with our Drinks Tracker tool and with Dry January is that some people need to experience a reduction in alcohol consumption before they can appreciate that this might be desirable. Accordingly, rather than telling people they will feel better if they change

[11] https://www.gov.uk/government/news/modern-life-responsible-for-worrying-health-in-middle-aged

their behaviour, we create tools that nudge people into the desired behaviour, and then help them notice how much better they feel as a result.

7. People reveal themselves through their digital footprints: digital and social media are transforming the way people live, how they engage with others and how they present themselves to the world. This trend is not confined to the young or the elite: 92% of over 55s are now considered heavy online users[12]. The potential of digital is not just as a means of reaching people, but as an analytic tool: people's online behaviour can be predictive of their responsiveness to our programmes, with them giving us little digital clues that they may be starting to think about change.

8. Sometimes a broadcast approach is more effective than the most efficient targeting: despite the above, there are still occasions when a broadcast approach is warranted. Some media, though broad brush, are cheap enough to justify some wasted opportunities to see (for example, daytime television is a cost-effective way to reach older audiences, although, of course, it is also seen by many other people); moreover, sometimes people need to feel that they are taking part in something bigger than themselves in order to change, and this can be best achieved through a broadcast approach. However much we innovate, nothing creates scale like a television advertising campaign or the national news.

9. Smoking is a minority behaviour, but a major risk: only 15.5% of adults in England still smoke, but these smokers are disproportionately represented in the poorest, oldest and the most challenged groups. Tobacco kills half of those who use it[13] and is responsible for a significant proportion of the inequality in health outcomes between rich and poor, professional classes and routine and manual workers and even between men and women. Its eradication therefore remains a priority for us, despite the challenges in changing such an ingrained and addictive behaviour.

10. People's perception of risk conditions the tone of voice they will find acceptable: because people now recognise the risks of smoking, we can be much harder hitting with smoking cessation content; however, we cannot apply this same approach to other behaviours, such as diet or activity, even though they may place the individual at similar risk. Instead we have to find new ways to raise awareness of risk for behaviours that we all have to manage and moderate every day.

[12]TGI Clickstream. Version TCSM17Q1L [software]. Kantar Media. 2017 Q1 [cited 2017 August]. Available from: https://et210.etelmar.net/index.aspx
[13]Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England. Public Health [Internet]. 2011; 1–56. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917

4 Our vision and guiding principles for health marketing programmes

4.1 Our vision

We want to help create a world in which millions more people are engaged with their health, in an environment that is increasingly conducive to healthy living, supported by the NHS, schools, charities, retailers, the media and other trusted organisations.

4.2 Our role

Our role is to stimulate demand for change through insightful and inspiring campaigns, and ensure the supply of tools and incentives that support sustained behaviour change, under our branded programmes.

4.3 Our principles for marketing

Our work is underpinned by six principles that will drive everything we do in the period 2017 to 2020:

- we deploy national marketing to deliver change at scale
- we support effective local public health delivery
- we work in partnership to build coalitions for change
- we innovate to move with our audience
- we build on the evidence base
- we target our work to reach those who need it more

What we do: We deploy national marketing to deliver change at scale

- creating national campaigns with local impact
- taking an audience-centred, always on, life course approach

Why we do it: We support effective local public health delivery

- meeting local health needs and supporting local authorities, NHS and other public services
- giving cohesion to local services through recognised brands

How we deliver: We work in partnership to build coalitions for change

- deploying increasingly sophisticated relationship marketing approaches
- developing transformational digital partnerships

How we lead: We innovate to move with our audience

- exploiting new digital communication channels, new technology and new digital data-driven opportunities

Where we start: We build on the evidence base

- delivering world-class, innovative data-driven evaluation

Who we target: We target our work where it will be most effective

- using marketing where it will have greatest leverage
- addressing health inequalities

5 Delivering change at scale

Our principle:
We deploy national marketing to deliver change at scale

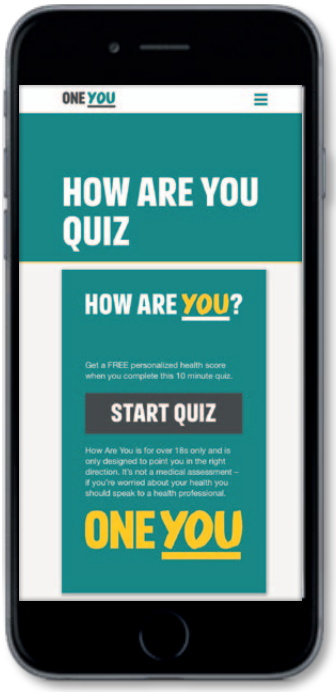
5.1 Deploying national marketing

The marketing team at Public Health England is responsible for delivering some of the largest health marketing campaigns in the world.

We plan our campaigns around the flow of people's lives, creating calendar moments that bring people together to make healthy changes, while engaging and interacting with them on an ongoing basis to embed those changes. Critical to this is our life course approach, and the citizen-centric way we plan and deliver our branded programmes.

Health is always a sensitive topic and it can be hard to strike the right balance. Each of our campaigns has its own tone of voice, which is designed to be congruent with the expectations of the target audience – how people anticipate being spoken to about a particular topic. So when we speak to people about stroke, our tone is urgent, whereas when we speak about early diagnosis of cancer, our tone is optimistic. However, all our campaigns have some common characteristics:

- we help people understand how modern life makes it hard to live healthily and provide them with easy-to-implement solutions rather than blaming them for their behaviours or for their poor health
- we use plain language, which has been chosen to be accessible to everybody, including people with lower literacy or for whom English is not their first language
- we strive for accessibility; if we suggest recipes, they use low-cost ingredients and require the minimum of gadgetry and we recommend free activities like walking
- we help people to see what is possible if they come with us on a journey to better health, rather than nannying them or threatening them with ill health
- we may not always get it right first time. That's why all our communications and marketing materials are extensively researched with the target audiences before they see the light of day and we evolve our work to reflect these learnings



One You's 'How Are You?' health engagement quiz reflects back the words that our target audiences use to describe their own health and is designed to be simple, engaging and accessible, resulting in over two million adult completers in the first year of activity.

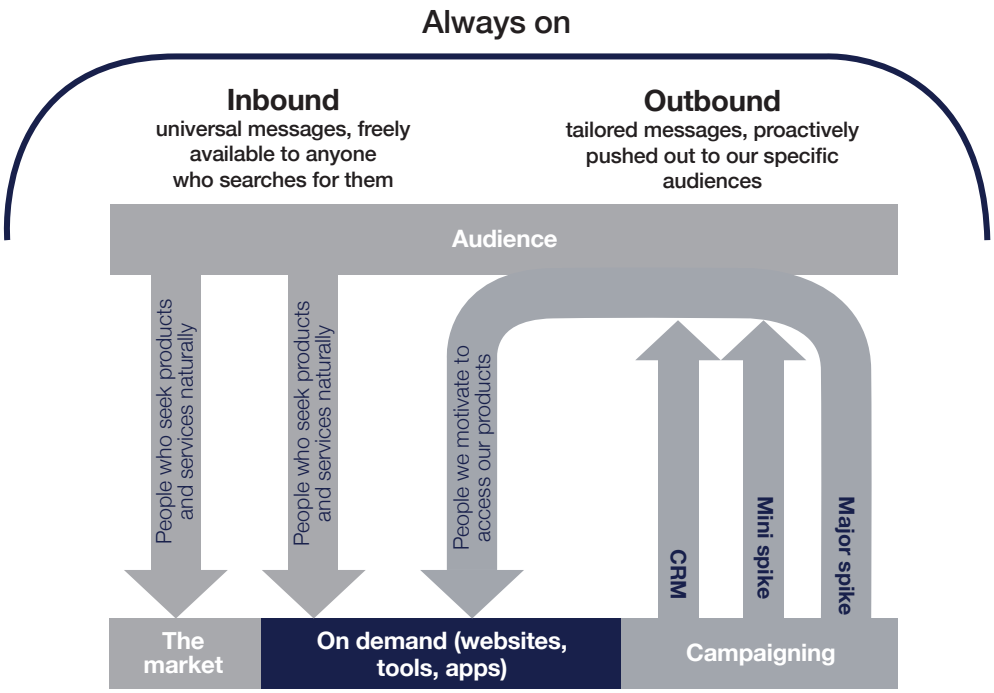
5.2 There when we're needed: taking an always on approach to marketing

There is a rhythm to health-seeking behaviours. People tend to think about making improvements to their lifestyles at predictable times of the year, particularly New Year (for behaviours like diet, smoking and alcohol consumption) and the summer (for physical activity). We time our major prevention campaigns accordingly to take advantage of these peaks in demand.

However, individuals can be motivated to make healthier changes at other times, for their own personal reasons, such as a health scare, a brief intervention from a healthcare professional or just because their jeans are feeling tight. To ensure that these people can access information and support when they need it, we have developed an always on approach. This approach offers informative content (for 'inbound traffic') through our websites, email programmes and Facebook communities throughout the year, as well as innovative new formats like the Start4Life Breastfeeding Friend chatbot. We also create always on partnerships to influence behaviour at point of purchase; for example, with MySupermarket.com. Engaging tools, such as the 'How Are You?' quiz and the Change4Life Be Food Smart app, which were designed as part of national campaign spikes, are now available all year round, for anyone looking to reappraise their health behaviours. Increasingly our websites are able to profile this traffic so that users encounter more personalised and relevant content.

We recognise, however, that providing content for those who are looking for our programmes, while valuable, caters principally to the more proactive change-seekers. Increasingly, we are also able to use digital analytics to predict, through an individual's other online behaviours (their 'digital footprint'), that they might be open to the idea of one of our programmes (an example would be a person searching "electronic cigarettes", suggesting that they are open to the idea of giving up smoking). We use these analytics to target outbound marketing, which reaches out to the audience and funnels them into one of our programmes. This might be a tailored email, or, if we detect large numbers of people searching for a topic, we might deploy a smaller 'spike' of digital activity.

Maximising our offer to inbound and outbound traffic:



Readdressing inequality: where the market targets high-value customers, we focus our resources on socio-economic group C2DE that the market doesn't serve.

5.3 Our life course approach

Our campaigns work best when they target specific audiences, underpinned by insight, and reach people at key moments of potential change.

In the language of behavioural economics, our brands can act as *heuristics,* meaning they provide mental shortcuts that allow people to make healthy choices quickly, acting as guarantors of quality, truth and efficacy. For example, since 97% of mothers in our target audience associate Change4Life with healthy eating, seeing the Change4Life logo alongside products helps people make a healthy choice in an otherwise crowded environment[14].

We take an audience-focused, life course approach, and group our campaigns into three key areas: Starting Well, Living Well and Ageing Well.

PHE's brand architecture:

Starting Well	Living Well	Ageing Well
Supporting two of PHE's strategic priorities: ensuring every child has the best start in life and reducing childhood obesity	Focusing on prevention and encouraging adults to check themselves, quit smoking, drink less, eat well, move more, look after their mental health, and sleep better	Ensuring that people know the signs and symptoms of common conditions and are motivated to access the right services promptly
change 4 life; start 4 life; Talk to Frank; Risk Above	Because there's only ONE YOU; STOPTOBER; SMOKEFREE	NHS; Public Health England; Be Clear on Cancer; Stroke - Act F.A.S.T.
Cross-cutting programmes[15]	SEPSIS; Keep Antibiotics Working; Stay Well This Winter	

However, we are conscious that not every public health problem fits neatly into this model; for example, antimicrobial resistance is a universal issue and a global health challenge.

Moreover, some groups, such as younger adults, may be poorly served by a model that, in practice, skews resources towards certain groups. We will therefore review this life course approach in the period 2017 to 2020.

Our life course commitments

Over the next three years we will:

- review our life course approach and the brand architecture within this to ensure effective and appropriate targeting of priority groups. We'll also ensure our approach is in line with evolving policy priorities. We anticipate an evolution of our current approach, rather than a radical change

[14]Change4Life Sugar Smart Campaign Evaluation, General Population Survey with 1,000 parents, Kantar Public, 2016
[15]Campaigns with a target audience that fit into multiple life courses

We set out more detail on each of the life courses below:

5.3.1 Starting Well

Activity under the Starting Well life course helps and supports families to embed healthy behaviours early on. Starting Well is a priority, as we know that behaviours acquired in childhood tend to echo throughout adult life; for example:

- obese children are highly likely to become obese adults[16]
- most adult smokers tried their first cigarette as a teenager[17]
- at least half of all adult mental health problems show signs before adulthood[18]

We have four branded programmes operating as part of Starting Well:

- **Start4Life:** supports pregnant women and families with babies. So far over 400,000 families have signed up to Start4Life's Information Service for Parents and 69%[19] of registrants in the crucial C2DE demographic claim to have changed their behaviour as a result of the service; our new breastfeeding chatbot (a computer programme that simulates chat through artificial intelligence) offers information and support 24/7 direct to mothers' mobiles, and attracted over 4,500 users in its first month, or 22% of the target audience

- **Change4Life:** supports families with children aged 3 to 11. Our recent Be Food Smart and Sugar Smart apps have had over three million downloads to date (see more detail in Sugar Smart case study overleaf). Over a million children have been active over the summer due to our 10 Minute Shake Up campaign[20] and over 200 organisations have provided £81.6 million[21] worth of in-kind support for the programme since its inception

- **Rise Above:** our programme to teach resilience skills in young people (11 to 16), covering topics such as smoking, alcohol, legal highs, relationships and sexual health. After engaging with the content, 9%[22] of young people switched into the desired "risk-avoider" category for smoking and 13% switched into the 'risk-avoider' category for alcohol

- **Talk to FRANK:** our source of trusted, reliable information about drugs and new psychoactive substances continues to attract over five million visits per year. Of users, 77% say that they trust FRANK to provide reliable information and 40% of visitors who have never tried drugs say visiting the website has made them less likely to take drugs in the future[23]

We are careful to ensure that we maintain a positive and engaging tone, which supports people in their efforts to change, rather than criticising their current behaviours.

[16]Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do Obese Children Become Obese Adults? A Review of the Literature. Prev Med (Baltim) [Internet]. 1993 Mar [cited 2017 Jun 28]; 22(2): 167–77. Available from: http://www.ncbi.nlm.nih.gov/pubmed/8483856
[17]ash.org.uk/category/information-and-resources/fact-sheets/
[18]Annual Report of the Chief Medical Officer 2013. Public Mental Health Priorities: Investing in the Evidence
[19]Kantar Public Tracking Survey, 2016
[20]Kantar Public November 2016
[21]Calculated using a cross-government agreed auditing framework and independently verified up to 2015
[22]Rise Above Evaluation, February 2016, Kantar Public
[23]Website user survey, 2015

How Change4Life has helped families become Sugar Smart

The problem

1 in 5 children enter primary school overweight or obese which increases to 1 in 3 in year six. Excessive sugar consumption has been linked to obesity rates[24] and UK children are currently eating three times more sugar than recommended[25]. However, there was low awareness, understanding and personal relevance of sugar as an issue among parents.

Insight

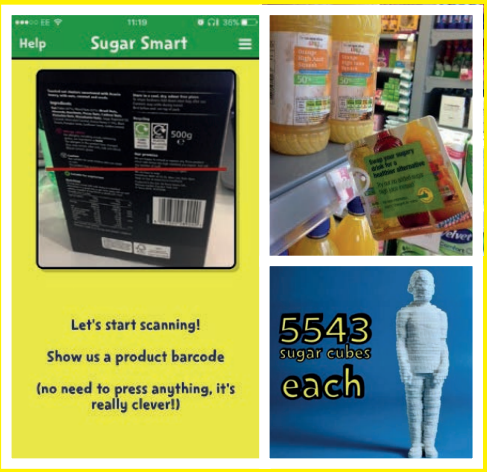
Since parents can fail to recognise high sugar intake in their own children, highlighting 'hidden' sugar in everyday food and how it accumulates over the day drive personal relevance to motivate behaviour change.

Strategy

To alert and create mass personal engagement in the sugar issue, and to motivate and support parents to make changes. In addition to a traditional 30 second TV advertisement, we created a PR and social media film showing how a child can eat their own body weight in sugar in a year. We amplified our activity through a range of commercial partnerships and distributed five million packs to children via primary schools. We developed a ground-breaking new app to scan everyday food and drink products and visualise the amount of sugar in them. We also used media outside stores and online, close to point of purchase to influence buying decisions.

Results

Among the target audience (all mothers with children 5 to 11), the campaign created mass, personal engagement, 70% campaign recognition with 83% of National TV covering the story, and the PR film alone generating over 1 million views[26]. Of mothers, 74% reported increased concern for sugar, including significant shifts in recognising their own children eating more sugar than is good for them. Over 2.6 million people downloaded the app. 3 in 10 mothers reported they had reduced the amount of sugar their children consume as a result of the campaign, rising to 8 out of 10 for those using the app.



Starting Well commitments

Over the next three years we will:

- expand our range of partners across all our Starting Well brands, to open up these brands and campaigns to third parties who share our objectives and vision for a nation of healthy children, aligning closely with the commitments set out in the Childhood Obesity Plan
- bring together our work related to pregnancy and infancy to make Start4Life a flagship prevention programme which is visible to all new parents
- extend the scope of Change4Life to include children between the ages of three and five
- evolve and refresh the Change4Life brand, introducing a new team of Change4Life characters to signpost families to the practical steps that they can take to eat well, and move more
- deliver a major new programme of physical activity with partners to get children more active at home, as well as at school
- explore a new partner-led programme to encourage children to develop and sustain better dental hygiene habits, through Change4Life
- develop the successful Rise Above and FRANK programmes to ensure their effectiveness and durability, exploring new and cost effective ways of reaching young people, for example through an expanded schools programme, embedding prevention early on

[24]Sugar Reduction, the Evidence for Action. Public Health England, 2015
[25]National Diet and Nutrition Survey. Results from Years 5–6 (combined) of Rolling Programme (2012/13 – 2013/14)
[26]Change4Life Sugar Smart Evaluation, April 2016, Kantar Public

5.3.2 Living Well

Activity under the Living Well life course aims to improve the lifestyles of adults, with a particular focus on the crucial 40 to 60 age group.

Among this group, unhealthy behaviours are so common as to be considered normal, making change even harder to achieve. Analysis conducted for our One You programme found that eight out of ten middle-aged people in the UK weigh too much, drink too much or do not exercise enough.

Obesity is one of the biggest problems for this group: 77% of men and 63% of women in middle age are overweight or obese[27].

While rates of smoking are at an all-time low, among our lower sociodemographic target audience, 26.5%[28] are still smokers.

In response to this, campaigns and programmes within our Living Well life course aim to improve health by encouraging adults to change their lifestyles and adopt healthier behaviours. This typically involves reappraisal of current, unhealthy habits, and the provision of tools and support to promote change. While most people targeted by our Living Well initiatives are not ill, the programmes provide opportunities to change behaviours before unhealthy habits lead to poor health outcomes.

These initiatives include:

- our support for Dry January. This is a time-limited post-Christmas period of abstinence. In addition to supporting the Dry January programme, we directed participants to our Days Off tool, so that, when they did start drinking again, they could do so at reduced levels
- continuing to raise awareness of the health harms of tobacco. Our stark and arresting content has been viewed over five million times. We are currently expanding this into new impactful smoking in pregnancy collateral for healthcare professionals
- Stoptober, which is in its sixth year, has succeeded in creating a new social norm around smoking cessation. The 2016 campaign has again resulted in 16%[29] of smokers reporting having made a Stoptober quit attempt, despite reduced marketing budgets
- raising awareness of heart health and encouraging adults to complete the refreshed One You Heart Age Test and get a free blood pressure reading through one of 5,000 high street partners

[27]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf pg 27 (Scientific Advisory Committee on Nutrition (SACN). Dietary Reference Values for Energy. 2011. London: TSO Revised population Estimated Average Requirements EAR) table 16 based on prediction equations for BMR)
[28]Annual Population Survey (APS) 2016. Routine and Manual prevalence
[29]Stoptober 2016 Evaluation, March 2017, Kantar Public

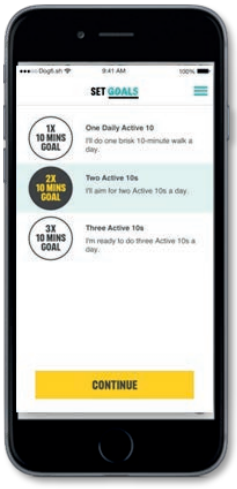
- Launching our flagship One You Programme in 2016, which nudged people into the first step of a behaviour change journey via the 'How Are You?' quiz. It was completed 2.1 million times within the first 12 months; over 777,531 follow-on support apps were downloaded and over 500,000 people signed up for ongoing support via our monthly email programme.

One You's new Active 10 digital app deploys behavioural techniques such as personalisation, goal setting, feedback and rewards:

Current activity

Today's activity

This week's activity



Set goals

Living Well commitments

Over the next three years we will:

- explore the use of marketing to recruit and upskill people to take better care of their mental health and that of their friends and family
- work with local authorities and the NHS to embed marketing tools and assets, as appropriate
- embed One You as a key behaviour change vehicle, both at a national and local level, working with local authorities and improving our always on digital offering
- work with the technology industry to co-create health behaviour interventions through their platforms
- launch a new initiative to address high levels of sexually transmitted infections, through increasing condom use
- continue our rolling programme of pilots, including topics such as blood pressure and NHS Health Checks, making the results available via our Campaign Resource Centre
- write a new tobacco marketing strategy to accompany the Tobacco Control Plan 2017

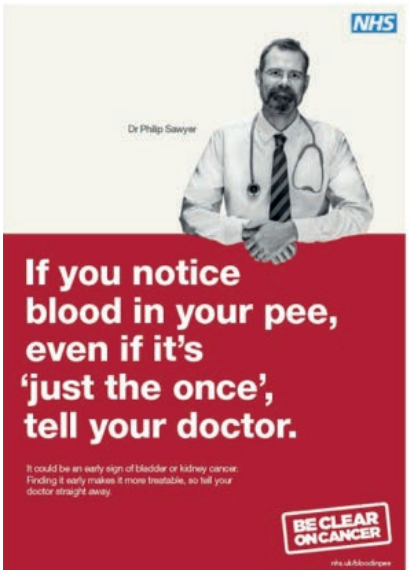
5.3.3 Ageing Well

As people age, they become more likely to develop long-term health conditions that require treatment and support. And our population is ageing: there are now nearly half a million people in England in their 90s. More than half of over 60s have two or more long-term conditions and a quarter have at least three.

As well as helping people to adopt healthier lifestyles, early diagnosis and prompt intervention are vital to ensure that people get the treatment they need and live as long and as fulfilled a life as possible.

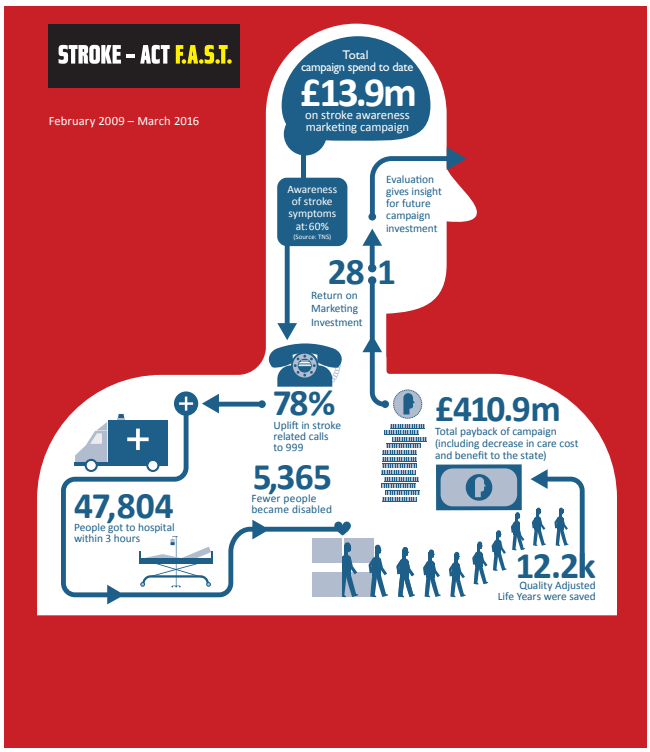
Activity under the Ageing Well life course aims to ensure that people know the signs and symptoms of common conditions and are motivated to access the right services promptly. Ageing Well campaigns tend to focus on secondary prevention, aiming to ensure that when people do become ill, they have the best possible outcome. These campaigns include:

- Be Clear on Cancer, which has been running since 2010, with the aim of raising awareness of cancer symptoms and encouraging those with symptoms to visit their GP promptly, to help diagnose cancer earlier, when it is more treatable. We now have around 7,500 NHS, local authority and other partners who have signed up to support and promote the programme. In its first year alone our lung cancer campaign delivered an additional 700 diagnoses, 400 at an earlier stage and 300 people had lifesaving surgery as a result[30]



[30]Ironmonger L, Ohuma E, Ormiston-Smith N, Gildea C, Thomson C S, and Peake M D. British Journal of Cancer (2015) 112, 207–21

- The Act FAST campaign for stroke is one of our longest-running and best-evidenced campaigns. It was launched in 2009 and has been creatively refreshed several times since. Since launch, 5,365 fewer people have become disabled as a result of a stroke, giving a return on investment of £28 for every £1 spent (see infographic below)



Ageing Well commitments

Over the next three years we will:

- continue to monitor and review our world-leading Be Clear on Cancer and Act FAST campaigns to ensure their ongoing effectiveness
- review and update our approach to cancer campaigning using the latest evidence to ensure we continue to effectively support the Cancer Taskforce Commitments
- explore opportunities to promote wider healthy lifestyle messages to this audience where appropriate

5.3.4 Cross-cutting

We are also responsible for some important and high-profile health initiatives which have a target audience footprint stretching across our life course approach.

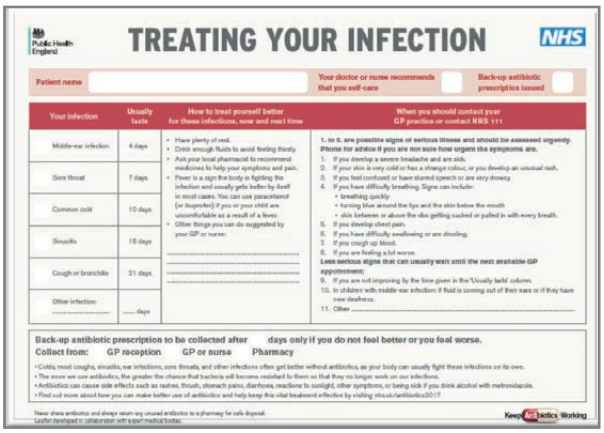
The Stay Well This Winter campaign is jointly commissioned by NHS England and Public Health England. It aims to promote effective use of health resources over the winter period by encouraging those who are most at risk of preventable emergency admission to hospital, to be aware of and, wherever possible, motivated to take those actions that may avoid admission, including getting a flu vaccination and visiting a pharmacist at the first sign of a winter illness. It also encourages uptake of the flu vaccine among vulnerable groups including eligible children, pregnant women and older people. Research estimates this year's campaign drove an additional 1.85 million[31] visitors to pharmacies for advice at the first sign of a winter illness and suggests that we have begun to shift the cultural norm around this behaviour

Our sepsis campaign, in partnership with the UK Sepsis Trust, has reached over 11 million people in total and driven over 400,000 visits to nhs.uk/sepsis for more information. Social media videos featuring families affected by sepsis were viewed 3.2 million times and NHS Choices saw a 100% rise in traffic to sepsis content during the first month

[31] Stay Well This Winter 2016/17 Evaluation, March 2017, Kantar Public

- Our antibiotic resistance campaign, Keep Antibiotics Working, supports the government's target to halve inappropriate prescription by 2020 by reducing public pressure on GPs to prescribe. The regional pilot in the north-west engaged 1.2 million people through social media and was well supported by 6,400 local partners including GPs, pharmacies, local authorities and children's centres.Tracking research shows that the campaign is having an impact, with fewer people in the pilot area reporting that they would ask their GPs to prescribe antibiotics after the campaign (a decrease of six percentage points[32]). This is supported by GPs, who also report fewer requests for antibiotics post campaign (a decrease of nine percentage points).

Antibiotic resistance campaign resources include a 'delayed prescription pad' to support GPs in recommending self-care and delayed prescriptions where appropriate:



Cross-cutting commitments

Over the next three years we will:

- work with the NHS to promote behaviours including self-care and flu vaccine take-up to help at-risk groups to stay well in winter, and help support wider NHS initiatives preventing avoidable hospital admissions
- explore the opportunity for marketing campaigns to support uptake of national screening programmes
- optimise the ground-breaking antibiotic resistance pilot and implement nationally, alerting the public to their personal risk and supporting healthcare professionals to help reduce inappropriate prescription of antibiotics
- work with colleagues across PHE and government to explore the possible contribution marketing campaigns could make to reducing the impact of air pollution

[32]Antimicrobial Resistance Campaign Evaluation, May 2017, Kantar Public

6 Local public health

Our principle:
We support effective local public health delivery

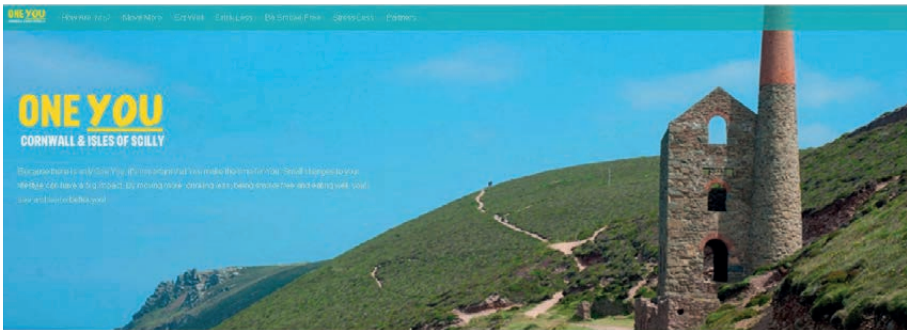
6.1 Meeting local public health needs

Over the past three years, we have developed an increasingly sophisticated model for engaging with local areas. We create branded programmes that local areas can use to engage their populations, to communicate healthy behaviours and even as a platform for commissioning services.

So, where previously we might have created campaign materials and distributed these through local channels, we now co-create programmes and support local areas to change the behaviours of their populations. We have also continued to broaden the base of organisations we work with to include, among others, schools, healthcare professionals, NHS organisations, housing associations and Fire and Rescue Services.

Our aim is to make our branded programmes part of the fabric of local life, so that they appear on high streets, in schools and in GP surgeries, not just as posters or leaflets, but as prescriptions, lessons, events and locally commissioned services.

Local activation of the One You programme:

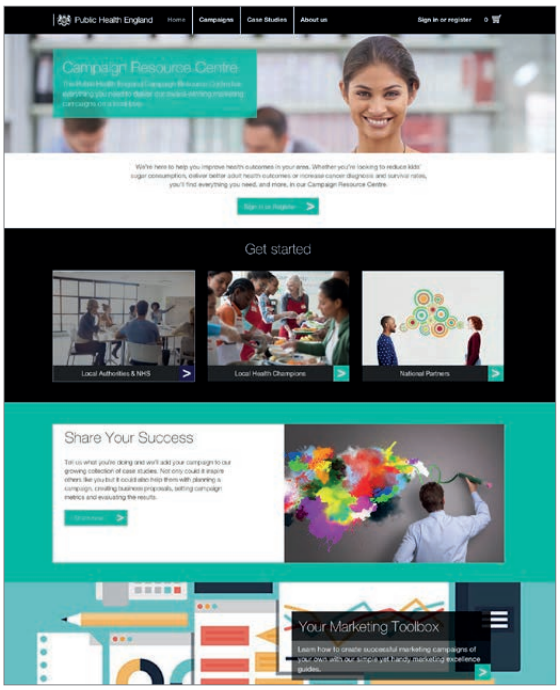


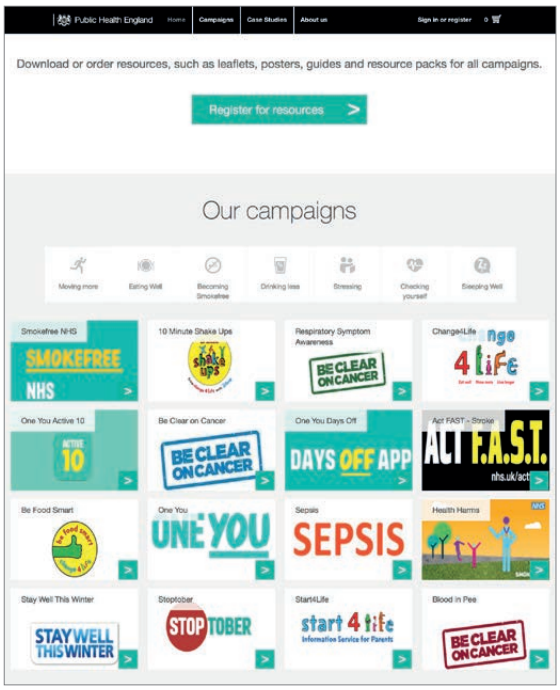
6.2 Our offer to local authorities

We have developed a network of regional Marketing Managers who work with local areas and have used this network when developing pilots, harnessing the local expertise of our colleagues and working together to develop marketing solutions to tackle important issues.

At the heart of our offer to local areas is our online Campaign Resource Centre (CRC), used by over 27,000 individuals in local authorities and NHS organisations. Satisfaction with the CRC is high, with over 90% of subscribers saying it meets their needs.

The Campaign Resource Centre:





As well as downloading free campaign resources, subscribers can access consumer insight and localised data to help them with their planning via the specially created Local Authority Reporting Dashboard, which allows local authorities to explore campaign data within their local area, looking at participation levels by postcode, ward and Lower Super Output Area.

Our dashboard allows councils to see what their local activation has achieved and to compare with their geographical or statistical neighbours in local government. The tool therefore not only reports back on results, but also facilitates the exchange of ideas and good practice and aids local planning. In addition, the tool enables PHE to analyse the data on a macro level, establishing if our campaigns are successfully engaging populations in those areas of greatest need.

A key success has been the integration of our work with local authorities. Our One You brand is now being used in eighteen local authorities as the public face of their prevention and public health services (see example overleaf).

How Hounslow rebranded front-line services with One You

The problem

The London Borough of Hounslow is an ethnically diverse area with an adult population of 200,000, 14.1% of whom are smokers, 63% are estimated to be overweight and nearly a third are inactive. Local support for healthier lifestyles was traditionally delivered by separate providers, which was confusing for GPs and other healthcare professionals. The lack of a clear pathway for support meant some residents abandoned their search.

How does One You help?

In 2016, Hounslow's public health team launched 'One You Hounslow', a new service that uses the One You brand to tailor services to individual needs, based on a holistic approach, focusing on wellness services that address multiple needs. One You Hounslow structures its services in a similar way to the national programme from PHE and uses digital technologies and face-to-face support to provide services that are easier to access and more convenient for residents.

By using the One You brand guidelines, creative assets and digital behaviour change tools, One You Hounslow has been able to make significant improvements to the user experience for residents searching for local lifestyle support online and has created a recognisable and trusted local brand for health and wellbeing among healthcare professionals and residents.

Results

In its first year, One You Hounslow has supported over 5,000 adults to get more active and helped over 880 to stop smoking. The service is popular with GPs and 1,423 patients have been referred for lifestyle support since the service launched. Around 70% of service users come from target populations in the borough and 1,469 Hounslow residents have accessed national One You support by completing the 'How Are You?' quiz and signing up for further support.

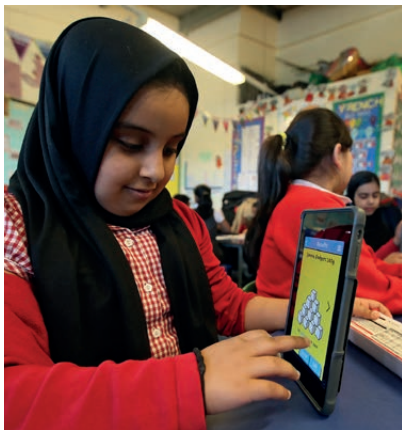
6.3 Working closely with the NHS

We work with the NHS to develop resources that make it easier for healthcare professionals to support healthier lifestyles. Whether that's supporting hospitals and other healthcare settings to go smokefree, or encouraging healthcare professionals to recommend the One You Active 10 app, we recognise the value of marketing products being delivered into the hands of the public at key teachable moments, with the endorsement of healthcare professionals.

6.4 Expanding our reach through schools

Schools provide a valuable route to reach children and families and can be extremely effective in helping people to make positive changes.

We provide well-respected curriculum-linked resources, supporting our key public health marketing priorities, that help deliver learning not only through formal classroom sessions but throughout the school day; for example, in assemblies and after schools clubs, or via school nurses, as well as at home.



We have built the 'School Zone', a resource that provides materials for teachers on key topics including Change4Life and Rise Above.

Growth of the 'School Zone':

- 13,000 education professionals subscribe to the 'School Zone', which represents a doubling of the size of our engaged schools community over the past three years
- there were nearly 60,000 visitors to the site in 2016 to 2017
- 96% of teachers would recommend our resource to others
- teachers have downloaded 40,000 resources since September 2015

We recognise, however, that the single greatest point of leverage for schools to influence the health of their pupils is when reception and year 6 pupils are weighed and measured as part of the National Child Measurement Programme. This is the moment when the NHS, the school and parents are all confronted with the reality of children's weight status. We therefore created Our Healthy Year – a programme of resources that help parents and teachers respond to the results and implement healthier lifestyles.

For older children, we have taken our evidence-based Rise Above programme, which teaches resilience to young people on a range of topics, including body image, bullying, peer pressure, relationships and sexual health, smoking, drugs, alcohol and legal highs, and created a programme of teaching resources, endorsed by the PHSE Association.

6.5 Expanding our network of partners

We recognise that many other trusted professionals interact with the public around their health and we work with them where we have a shared interest. For example, Age UK already engages with frail and vulnerable older people and we have worked with them to deliver our Stay Well This Winter messaging via their network of 170 regional and local branches. We have also partnered with the Fire and Rescue Service on this campaign, supplying them with leaflets and thermometers, to help them deliver campaign messages as part of their Safe and Well visits to the homes of frail, older and vulnerable people.

Fire and Rescue personnel helping to deliver the Stay Well This Winter campaign:

Areas of higher deprivation can be poorly served by mainstream media. For these communities, we increasingly work via trusted intermediaries who are well placed to have conversations about healthy behaviours while tackling some of the wider determinants of health. See section 10.4 for more detail.

Local commitments:

Over the next three years we will:

- provide hospitals and other healthcare settings with all the materials and tools they need to make Smokefree NHS a reality; this will kick off with Stoptober 2017, with bespoke materials to allow patients – and staff – in NHS settings to make and sustain a quit attempt
- improve the quality of our local data reporting, for example by analysing smartphone location settings to ascribe a local area to app users, even when they have not registered or supplied us with a postcode
- work with local authorities and the NHS to find new ways to get our branded programmes into homes, high streets and healthcare settings

7 Creating coalitions for change

Our principle:
We work in partnership to build coalitions for change

7.1 Why we do it

Many organisations have an existing, direct and trusted relationship with our target audiences and can reach them, and influence their behaviours, in ways that we cannot. Commercial partners recognise that working in partnership makes good business sense, as customers look to brands to help them live healthier lives. Companies can therefore help to amplify our programmes and provide the right environment to support people in changing behaviour.

7.2 What we have achieved

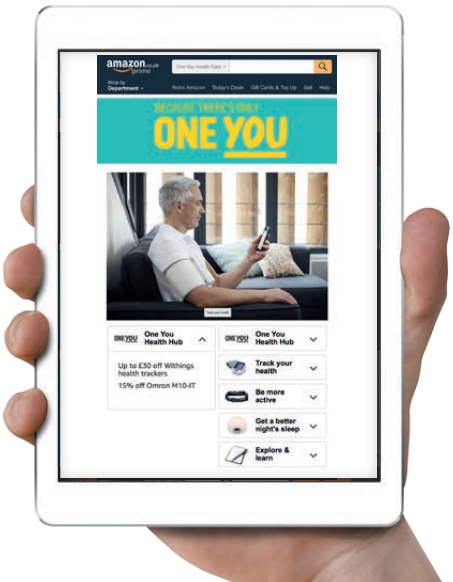
We have pioneered the use of partnership marketing, formed productive and mutually beneficial relationships and delivered significant in-kind value. Our commercial partnerships programme has generated over £123m of in-kind support in its lifetime.

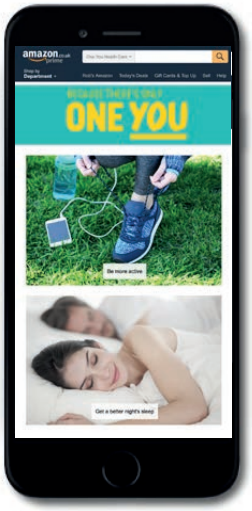
We have moved from a model whereby partners amplify our programmes and distribute our messages to co-creating programmes across a breadth of sectors.

Partnership highlights:

- we worked with Disney to invent a range of ten minute activity bursts ('10 Minute Shake Ups'), each themed around a Disney franchise. Together we successfully nudged over a million previously inactive children into an additional 100,000,000 minutes of physical activity as part of our 10 Minute Shake Up campaign

- we created a One You co-branded health hub with Amazon, the largest internet-based retailer in the world. The hub contains promotional product offers and health advice, to help people improve fitness levels, check vital statistics and improve sleep. The health hub was promoted by Amazon across its digital channels





- our grocery retail and manufacturer partners have helped to encourage shoppers to trial healthier options via money-off vouchers and point-of-sale advertising in 15,000 high street retailers; critical given that 76% of purchase decisions are made instore
- we worked with over 80% of pharmacies across England to encourage smokers to make a quit attempt during Stoptober
- we joined forces with Slimming World to help adults manage their weight. People taking the 'How Are You?' quiz from One You who told us they would like to take control of their weight were directed to a unique offer to join a Slimming World programme, either online or in a local group. To date, 16,728 new members have registered. Those who joined Slimming World were more successful at losing weight, achieving on average 5.6% weight loss compared with 4.4% in previous Slimming World campaigns[33]
- our ground-breaking partnership with MySupermarket.com recommended like-for-like swaps to people selecting high sugar, fat or salt foods; analysis provided by the retailer showed that swaps were accepted in 20% of cases and a 2–3% reduction in sugar, saturated fat and salt was seen in the baskets of the test group compared with the control

7.3 The future

In the period 2017 to 2020, we will evolve our approach to working with partners. We will seek to truly embed our programmes in innovative ways, that help us to deliver change at scale and reach audiences in key moments of change, as well as delivering tangible business benefit to partners.

Partner commitments

Over the next three years we will:

- establish strategic relationships across new sectors and where appropriate align to agendas, such as the Childhood Obesity Plan and Sugar Reduction Programme; for example, working with the out of home food sector to promote healthier breakfasts and lunches for adults
- explore new ways to make it easy for partners to integrate our content into their always on or on-demand channels, providing relevant content that the partner can use to integrate into their staff and customer experiences, where and when they want it
- bring together a coalition of partners from across the commercial and charity sectors to work together on key issues; for example, a co-funded programme to raise awareness of heart health and drive people towards blood pressure checks
- work towards a new partnership with a technology platform owner

[33]Slimming World internal analysis, 2016

8 Innovation

Our principle:
We innovate to move with our audiences

8.1 Innovating to meet our audience needs

Technology is changing how people live, how they behave, socialise, receive and share news and information, shop and relax. Accordingly, we are evolving our approach with new strategies, tools and techniques that take account of how people live their lives in the digital space.

8.2 Digital insight

Through our research and insight function, and with our specialist agencies, we have a wealth of knowledge about how people's digital behaviour is changing; for example:

- digital is now ubiquitous: 92% of all adults in England have been online in the last month, with 81% going online every single day; 82% of the C2DE sociodemographic group goes online every day and 77% use Facebook each week. Even among the over 50s audience, 70% are online every day and seven million have a Facebook account[34]
- the technology industry is using artificial intelligence (AI) to shape people's digital experience: algorithms learn from people's behaviour and translate that intelligence to, for example, serve the Facebook post someone is most likely to like. AI feedback loops create newsfeeds that act as echo chambers, with content reflecting the worldview and preferences of the user
- people spend more time looking at their mobiles than their TV screen. People spend an average of three hours and twelve minutes a day looking at their mobile. Mobile is also the most intimate and personal screen: 61% of adults check their mobile within five minutes of waking, and over a third report checking when waking during the night. 75%[35] of PHE's marketing content is now viewed on a mobile device
- people demand more: companies like Amazon, Uber and Deliveroo are resetting expectations. Our audiences expect technology companies to remember who they are and what they have previously shared

Although digital penetration is high across the board, there are differences in behaviours between groups:

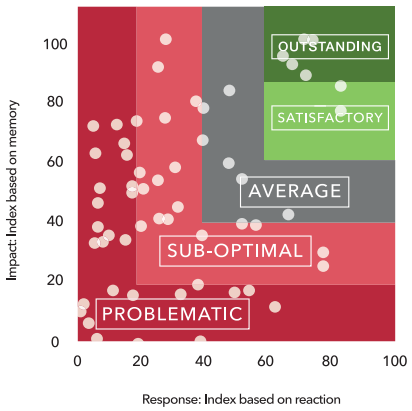
- **Age:** younger people scroll faster, quickly dismissing irrelevant content; whereas older audiences are much more likely to watch video content
- **Socioeconomic group:** C2DE consumers are more likely to have an android device and are more likely to use a repertoire of sites (such as e-online, Closer or Dave[36]), for largely entertainment and social purposes, and less for researching topics and information
- **Gender:** women are more than twice as likely to use social media, and more likely to share, with 38% having recently posted a photo on Facebook (versus 26% of men). Of women, 31% visited a health-related site in the past month (versus 17% of men)[37].

[34]TGI Clickstream. Version TCSM17Q1L [software]. Kantar Media. 2017 Q1 [cited 2017 August]. Available from: https://et210.etelmar.net/index.aspx
[35]PHE Google Analytics data
[36]Over indexing C2DE sites
[37]TGI Clickstream. Version TCSM17Q1L [software]. Kantar Media. 2017 Q1 [cited 2017 August]. Available from: https://et210.etelmar.net/index.aspx

8.3 How PHE is responding

PHE is responding to these changes by:

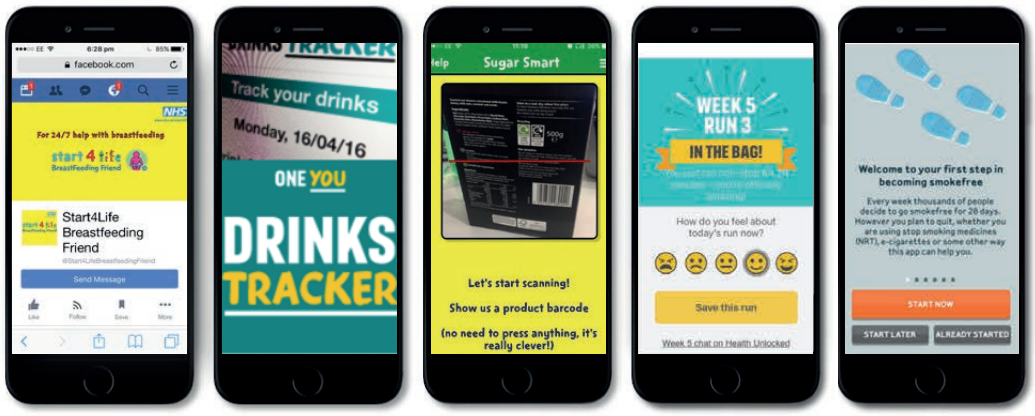
- establishing a clear set of principles for digital content; for example, we design all our content mobile first; we make all digital content immediate, interruptive and entertaining; recognising the speed of scrolling behaviour, we aim to tell our stories in under five seconds; all stories work with sound off; and we aim to provide a frictionless, seamless experience



PHE marketing
A set of bespoke principles for creating high-performing content across platforms. For example, on social content:

- waste no impressions: make content as immediate, direct and efficient as your digital outdoor advertisements
- use best practice to boost performance: written stories vs. subtitles, 'sound off', contextual targeting
- shift KPIs to business goals: don't be distracted by view-through rates and impressions
- consistently innovate: trial and test new social formats that are emerging
- customer first, principles second: you know your audience best and should trust your instincts. PHE's best-performing content on Facebook breaks all of the above rules...

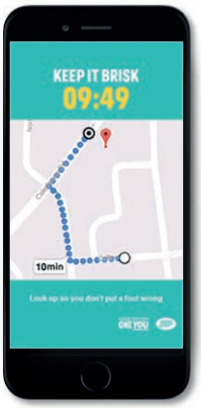
- developing a suite of digital products that cover smoking, alcohol, physical activity and other behaviours. For example, discovering that the peak time for breastfeeding-related search is between 2am and 6am, we created a digital Breastfeeding Friend, a Facebook bot that can provide midwife-approved answers to questions in a personal one-to-one way, direct to mobile and 24/7



- using digital techniques to target more efficiently; for example, our innovative strategy for Stoptober first identified smokers and then retargeted them, resulting in our most efficient Stoptober to date, with 88% of Facebook impressions delivered to a smoking audience[38]
- focusing technology on the maximum point of leverage; for example, our Sugar Accumulator on grocery aggregator MySupermarket.com totals the amount of sugar, fat and salt users are adding into the shopping basket and suggests healthier swaps. 20%[39] of customers presented with a swap took up the offer

[38]Defined by Experian/Axicom/Facebook
[39]Mysupermarket data analytics for PHE, 2017

- using insights derived from behavioural science, for One You's Active 10 Mobile Lunch Challenge, we encouraged people to walk briskly for ten minutes. Techniques deployed include financial incentives (partner retailers provide a free healthy lunch if people can walk from the poster site to the store in under ten minutes), chunking (activity is broken down into manageable time periods) and loss aversion (a counting-down timer encourages people to walk briskly so that they don't miss out on the offer)



- using our data to build a profile of users, so that we can offer ongoing support. We have a database of over six million people, which we can segment to make our content more relevant and to increase our targeting effectiveness. For example, for our 'How Are You?' quiz, we analysed early responders and created a characteristic profile of this group, which we used to identify similar people on our wider database and in third party datasets, increasing our targeting effectiveness and cost per response

8.4 Where will digital go next?

While it is difficult to forecast longer-term digital trends, there are some clear emerging areas:

- the home is the likely next area for innovation, with voice-activated assistants such as Amazon's Alexa changing the way people search the internet. It is predicted that, by 2020, 50% of all search behaviour[40] will be voice activated, and people will expect detailed, personalised and assistive experiences. Visual search, combining voice with displayed results will, for example, allow people to upload a picture of a skin complaint, and receive a web-based 'diagnosis' and health advice

- new partnership opportunities are emerging and we will seek to form coalitions among those who reach and engage our audiences. Examples include: working with mobile handset producers to influence what health software is pre-loaded to devices, or collaborating with third parties to merge datasets and drive healthier purchasing

Innovation commitments

In the period 2017 to 2020, we will:

- continue to apply a user-centric approach and align with emerging industry best practice by designing optimal mobile (first) web experiences and engaging our audiences where they are online
- further extend our digital analytics capability, mining not only our own data, but integrating with other datasets, including those owned by commercial and public sector partners, to drive the efficiency and effectiveness, including contextual messaging
- continue to strengthen our relationships with the technology sector, to encourage them to deliver evidence-based digital health tools to engage people at scale in their health
- add value by focusing resources on developing digital support tools which meet user needs and are not currently provided by the market (and accessible to our audiences and free at point of use)[41]

[40]Comscore MMX Multi-Platform [software]. Comscore Rentrak. 2017 Q1 [cited 2017 August]. Available from: https://my.comscore.com/welcome
[41]http://www.gov.uk/government/publications/digital-first-public-health/digital-first-public-health-public-health-englands-digital-strategy

9 Evidence

Our principle: We will build on the evidence base

9.1 Our commitment to evidence

Demonstrating evidence of effectiveness is integral to the marketing planning cycle:

- there are rigorous governance processes within PHE, and at the Cabinet Office, to assure quality
- it is a condition of the release of all marketing funds that we commit to delivering a full evaluation within six months of campaign completion
- all plans require a business case, including SMART[42] communication objectives, aligned to policy, strategic approach, evidence of effectiveness and a comprehensive evaluation plan with key performance indicator targets, before approval can be given
- we work with academics, in clinical and behaviour change fields, to design our evaluation programmes

9.2 A structured approach to evaluation

Our goal is to deliver world class, efficient and effective evidence-based health marketing programmes. To do this, we have worked with experts, including specialist agencies and academics, to develop our evaluation framework. The framework ensures we take a consistent and robust approach to measurement and, by isolating and considering each stage of the process, we are able to pinpoint which elements of a campaign are working most effectively and what needs adjusting or improving. Importantly, it ensures we go beyond awareness and attitudes, to measure changes in behaviour. Since marketing is not deployed in isolation, the framework takes account of the wider context that will impact how our work is received: in tobacco, the habit disruption of plain packaging or the normalisation of electronic cigarettes. Ultimately, we strive to deliver a strong return on marketing investment (ROMI) for every campaign.

Our framework has been recognised as best in class across the marketing and communications industry.

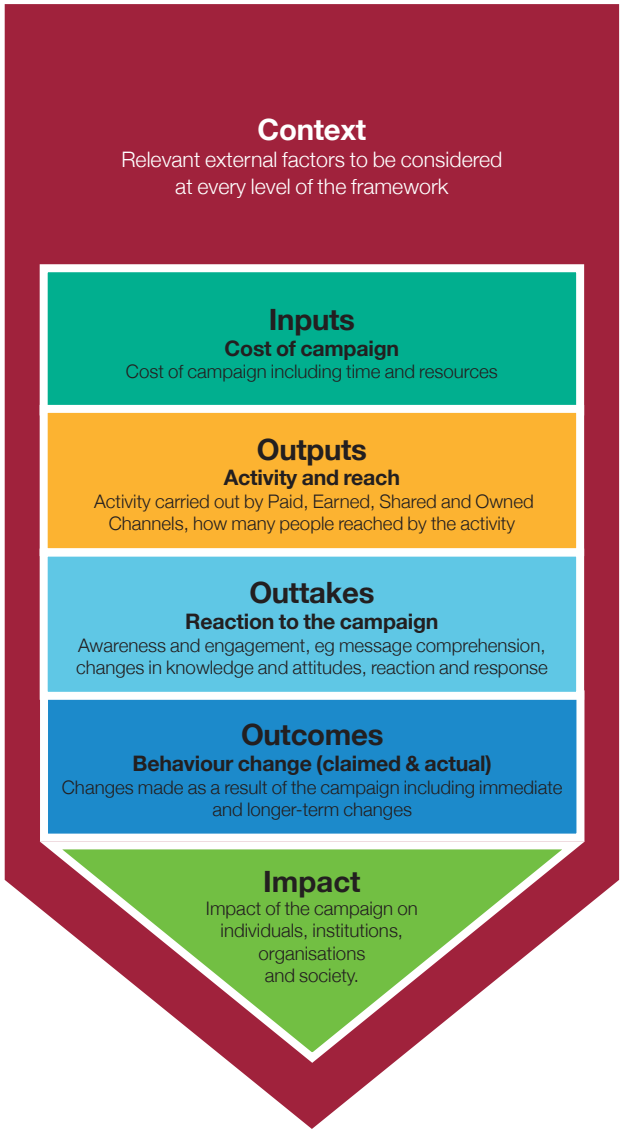
> "Public Health England's campaign evaluation model reflects international best practice, academic research and the recommendations of the International Association for Measurement and Evaluation of Communication (AMEC). It clearly and simply identifies the importance of moving from outputs to outtakes, and outcomes, and impact in line with 'theory of change'.
>
> It also recognises the need to custom design campaigns appropriate to the context in order to achieve effective communication."
>
> Jim Macnamara. Professor of Public Communication, University of Technology Sydney and Chair, Academic Advisory Group at the Association for the Measurement and Evaluation of Communication.

[42]SMART – Specific, Measurable, Achievable, Time bound

Our framework is illustrated below along with a simplified but worked through example of a campaign, highlighting the key data against each level of the framework.

Every PHE marketing evaluation follows this framework, although the combination of evaluation tools, techniques and data points varies between campaigns to reflect differences in each campaign's objectives and structure. We measure what matters, not just what is easiest to measure, and we take a pragmatic approach, to ensure the evaluation budget is deployed wisely.

PHE's Marketing Evaluation Framework



Act FAST Campaign 2017

- The campaign had been running since 2008 and had a proven evidence base
- The key challenge in 2017 was to establish the optimal way to extend the campaigning period to drive efficiency within the defined budget
- Additionally, the creative had been re-edited for 2017 to optimise for message take-out and action

- Media spend of **£990,000** (TV, VOD, biddable online, Facebook, BMETV & OOH)
- Campaign spend minus media of **£334,973**

- TV reach: **9.9m** C2DE 50+ Adults 4.6 OTS
- Digital impressions, **460,000**; clicks **12,834**
- VOD reach of **3.9m**

- **83%** awareness of campaign
- **93%** awareness of at least one symptom
- **93%** knowledge that you should call 999 if someone displays any sign of a stroke

- **23%** uplift in calls to 999 for a stroke as a result of the campaign

- **443** additional QALYs
- ROMI of **£28** for every £1 spent
- Individual impact: Prevented **5,365** people from living with a disability
- Organisation impact: Has saved over **£410m** in benefits to the state and reduction in care costs as a result

Glossary of terms:
Biddable: The bidding of pay per click advertising space through search engines
BMETV: Black and Minority Ethnic television
Digital impression: Every time a page of online content is viewed/updated. This is the smallest unit of engagement for digital campaigns
OOH: Out of home media advertising
OTS: Opportunities to see – metric for OOH / PR measuring the reach of a message based on circulation of media channels
QALYs: A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health
ROMI: Return on Marketing Investment
TV, VOD: Television, Video on Demand

9.3 Integrating data analytics

We now collect much more data and can increasingly observe what people are actually doing (not just what they say they are doing). For example, for the One You launch campaign, over two million people completed the 'How Are You?' quiz, providing data not only on their attitudes, but also their subsequent actions. Over 300,000 signed up for an ongoing programme and 700,000 downloaded one of our behavioural support apps, which provide further behavioural data.

Increasingly, evaluations also triangulate multiple sources, to increase confidence in the results we see. We are already using a range of further datasets, including grocery basket analysis as well as tobacco and electronic cigarette purchasing data.

9.4 Innovating to build on the evidence base

All our evaluations report response (including digital actions) and intermediate outcomes (behaviour change). Where there is health system data available, we can use this to measure impact on longer-term behaviours. For example, for Be Clear on Cancer, we report two-week wait referrals from general practice and cancer survival statistics, and, for the forthcoming antimicrobial resistance campaign, we will report on antibiotic prescribing. In other areas, we have designed innovative methodologies to demonstrate effectiveness; for example:

- **Change4Life app diary study, 10 Minute Shake Up (10MSU), 2015:** a test and control study of children's physical activity levels over the summer, using an app diary. This study estimated that the programme drove over 100 million minutes of 10MSU-inspired activity over the summer
- **Change4Life supermarket media study, Sugar Smart, 2016:** an analysis of digital Sugar Swaps posters placed outside Tesco stores demonstrated 3–4% declines in purchases of sugary cereals and fizzy drinks and saw similar increases in sugar-free variants in test stores (where advertising was shown) compared with control stores
- **Smokefree Tobacco Simulation Model (TSM):** a ground-breaking agent-based behavioural simulation that combined data from multiple sources, including creating a dynamic predictive model of the smoking population in England. It provides an understanding of the impact of campaigns (past and future), delivering a robust quitting impact assessment from which we calculate our ROMI
- **One You Active 10 physical activity study, 2017:** we are currently testing the impact of our first campaign and digital support tool designed to encourage inactive adults to meet the Chief Medical Officer's physical activity guidelines. Partnering with the Centre for Exercise, Nutrition and Health Sciences, University of Bristol plus other academic partners, we aim to produce a robust impact and cost benefit analysis

We regularly refine our ROMI calculation for all of our campaigns, to ensure that they are up-to-date with the latest evidence.

Evidence commitments:

Over the next three years we will:

- integrate digital analytics skills into our team, to mine existing data and integrate new sources, to enhance evaluation and support strategic planning
- extend academic involvement in our evaluations, particularly around our major programmes and new pilot initiatives, with a view to publishing more peer-reviewed papers
- review our existing ROMI models, and work with our health economist colleagues and modelling agency partner, to continue to create robust and improved models

10 Reaching those who need it more

Our principle:
We will target our work to reach those who need it more

10.1 Why health inequalities are a concern for social marketing

Health inequalities are systemic and avoidable unjust differences in health and wellbeing between groups of people or communities. Health inequality in England is already acute: males and females living in the most deprived areas can expect to have 19 fewer years of good health, compared with the least deprived, which means that, for 25 million people living in the more deprived areas of England, healthy life expectancy is lower than the current state pension age.

People who are worse off are also less likely to have the financial and social resources to improve things for themselves. By contrast, wealthier (and, often healthier) people are more likely to actively seek out and engage with health information. We therefore need to focus our marketing programmes, and target tightly, to ensure they reach where they are most needed.

This is not just about income and social class, although these are powerful; health inequality is also affected by ethnic and racial disparities, sexuality, gender and geography. Health inequality is a gradient, which means that it is not only the most deprived who suffer inequality: all but the wealthiest are affected.

10.2 What we do

We review the potential impact of all our marketing activity on health inequalities, before commencement.

We focus our national campaigns on socioeconomic groups C2 (defined by ONS as people where the head of household works in a skilled manual job), D (semi-skilled and unskilled manual occupations) and E (casual or lowest grade workers, unemployed people, and retirees who have no income beyond the state pension).

We make use of research and data analysis to ensure that we understand and can reach C2DEs. This includes substantial ethnographic research with C2DE households, to understand people's priorities, values, resources, schedules and media consumption.

This analysis influences the way in which we select media and channels, the visuals, language and tone of our campaigns; it is also key to the way we design the user experience.

We monitor regional differences, and provide tools and support for localised intervention, which can be adapted by the frontline professionals who know their audiences best.

10.3 How we assess whether we are reaching the right people

In 2015, we conducted a strategic review to assess how successfully our campaigns and programmes were working to engage with C2DEs. It found that, in all ten examples studied, engagement by C2DEs was at least as high, and generally higher, than among ABC1s.

Our social media activity has been particularly successful in reaching C2DEs; for example:

- for Stoptober 2015, almost half a million people engaged with our social media content; of these, 80% were C2DE[43]
- for Change4Life's 10 Minute Shake Up, 180,000 families engaged with our social media content; 92% of these were C2DEs[44]

Some of the behaviours and diseases addressed by our campaigns have higher incidence among specific communities, for example among particular ethnic minorities, Lesbian, Gay, Bisexual, Transgender (LGBT) people or disabled people. When appropriate, we work with specialist agencies to tailor our communications, engaging with these audiences directly and via stakeholders such as faith leaders and the voluntary sector, to ensure that our communications meet their needs. This includes providing different versions of advertisements, bespoke media partnerships, translating copy, producing British Sign Language, easy read, large print, audio and Braille versions of key materials, as required. We have researched our upcoming sexual health campaign with a range of target audiences, including LGBT people, who told us they wanted a campaign that was inclusive, but not separate.

[43]Stoptober RadiumOne data, 2015
[44]Change4Life RadiumOne data, 2015

10.4 New opportunities

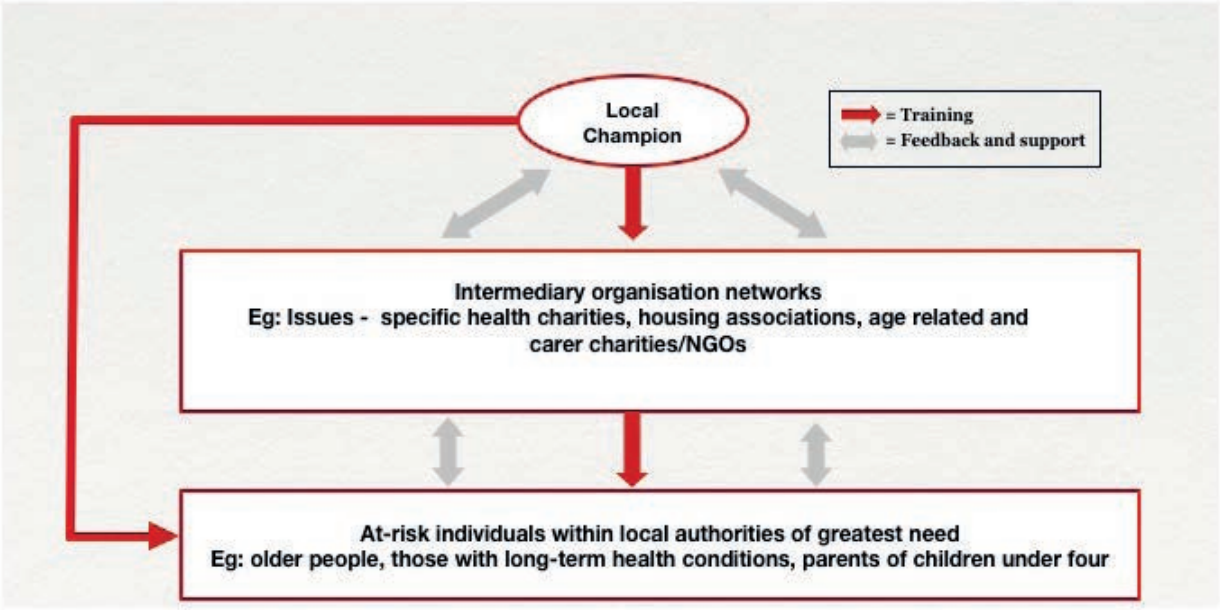
Technological developments are changing marketing across the board, and will be no less relevant to addressing health inequalities.

Over the next three years, we will use geodemographic segmentation tools to 'hyper-target' audiences by postcode and neighbourhood.

We recognise that people who live in the most challenging circumstances may require a more intensive intervention than we can provide through a national marketing campaign.

To address this, we are increasingly identifying local and voluntary sector organisations that are already working on the ground in more deprived communities, and providing them with tools and resources to support healthier behaviours as part of their wider remit.

The chart below illustrates how a future potential partner model following this thinking could look for a programme such as Stay Well this Winter[45]:



Health equality commitments:

Over the next three years we will:

- continue to conduct impact assessments of all major programmes, and will re-run the analysis of C2DE participation in our programmes, as an annual project
- continue to invest disproportionately in C2DE audiences and use the targeting capability of digital tools to reach people disproportionately affected by preventable illness
- explore the potential to work with key intermediaries who support those with multiple comorbidities or interlinked unhealthy behaviours, as well as the most at-risk families

[45]Partner model is hypothetical and for illustrative purposes only

11 Budget prioritisation

11.1 Balancing competing priorities

At PHE our marketing programmes support behaviour change across a wide range of priority issue areas. We are publicly funded and take our responsibility to effectively allocate resource seriously. With new and emerging priority areas every year there are competing needs and a finite budget. In practice, adding funding in one area means reducing or ceasing funding for another.

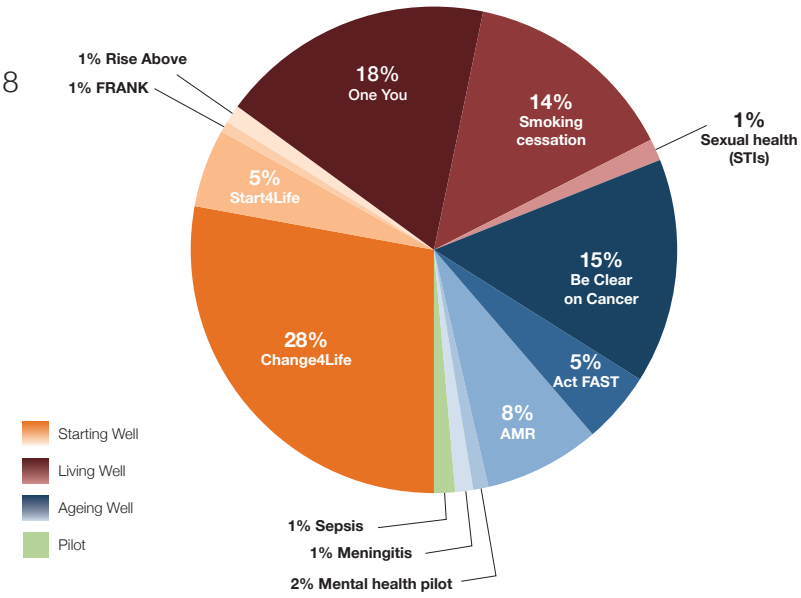
We have built a model, which allows us to take an evidence-led approach to allocating our funds. Recognising the complex system in which we operate, where there are multiple influences on an individual's behaviour, our model is pragmatic, not perfect, but it endeavours to create a fair comparison between campaigns.

The model is based on the relative economic payback of a campaign and follows the theoretical framework of how campaigns change behaviours before populating this with data. The bigger the economic benefit of the campaign, the greater the budget allocated. Through the modelling process we take account of:

- the strength of the evidence base that marketing can change behaviours (which is high, for example, for tobacco, but low for other areas such as obesity), including our own internal evidence base
- the severity – and scale – of the risk attached to each behaviour
- the timeframe over which that risk will develop into a poor health outcome (for example, childhood obesity carries a long-term risk; the signs and symptoms of a stroke carry immediate risk)
- the ease or difficulty of achieving change
- the availability of others who are active in/better placed to deliver a marketing programme

The final part of the model captures the longer and broader impact of the campaigns, taking into account external factors such as the degree to which the campaign helps build a positive culture for change and has the potential to drive a policy agenda (for example, Change4Life supporting the food industry reformulation agenda).

This model has helped inform our budget allocation for 2017 to 2018 (below) and will be rerun for 2018 to 2019 and 2019 to 2020.



12 Recognition of our work

"PHE remains a leading and important part of the Government Communication Service at the vanguard of both digital communication and campaign evaluation. PHE is also a leader in cross-government working embedding its programmes into schools, doctor's surgeries, the NHS and local authorities. The forthcoming campaign to improve mental health is a key priority for the Prime Minister and exciting opportunity to work across government with DH, BEIS and DWP among others."

Alex Aiken. Executive Director Government Communication

12.1 Our growing international reputation

We work collaboratively with other organisations seeking to improve public health at a national scale.

Countries that have adopted our work so far include France, the Netherlands and New Zealand. We have recently shared best practice with colleagues in Singapore, France, Turkey, Switzerland, India, Korea, Italy, Moldova and the Caribbean countries.

We are delighted to talk to other governments and public health bodies which share our mission.

If you are interested in working with us, or would like more information, please contact:
marketingstrategy@phe.gov.uk
or **partnerships@phe.gov.uk**

12.2 List of published papers

Beard E, Brown J, West R, Acton C, Brennan A, Drummond C, Hickman M, Holmes J, Kaner E, Lock K, Walmsley M and Michie S. (2015). *Protocol for a national monthly survey of alcohol use in England with 6-month follow-up: The Alcohol Toolkit Study.* BMC Public Health, 135(100): 52–58.
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1542-7

Brown J, Kotz D, Michie S, Stapleton J, Walmsley M and West R. (2014) *How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?*. Drug Alcohol Dependence, 135(100): 52–58 **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3929003/**

De Visser, R.O., Robinson, E. & Bond, R. (2016) *Voluntary temporary abstinence from alcohol during "Dry January" and subsequent alcohol use.* Health Psychology, 35 (3). pp. 281-289.
http://sro.sussex.ac.uk/57508/3/deVisser_etal_DryJanuary_inPress.pdf

Hallsworth M, Chadborn T, Sallis A, Sanders M, Berry D, Greaves F, Clements L, Davies S C. (2016) *Provision of social norm feedback to high prescribers of antibiotics in general practice: a pragmatic national randomised controlled trial.* Lancet 2016; 387: 1743–52
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00215-4.pdf

Hinde S, McKenna C, Whyte S, Peake M D, Callister M E J, Rogers T and Sculpher M. (2016) *Modelling the cost-effectiveness of public awareness campaigns for the early detection of non-small-cell lung cancer, British Journal of Cancer.* 113(1):135–41 **https://www.ncbi.nlm.nih.gov/pubmed/26010412**

Ironmonger L, Ohuma E, Ormiston-Smith N, Gildea C,Thomson C S and Peake M D. (2015) *An evaluation of the impact of large-scale interventions to raise public awareness of a lung cancer symptom*. British Journal of Cancer, 112, 207–216 **https://www.ncbi.nlm.nih.gov/pubmed/25461805**

Kuipers MAG, Beard E, West R, et al. *Associations between tobacco control mass media campaign expenditure and smoking prevalence and quitting in England: a time series analysis*. Tobacco Control Published Online First: 30 June 2017. **doi:10.1136/tobaccocontrol-2017-053662**

Power E and Wardle J. (2015). *Change in public awareness of symptoms and perceived barriers to seeing a doctor following Be Clear on Cancer campaigns in England*. British Journal of Cancer, 112, S22–S26 **https://www.ncbi.nlm.nih.gov/pubmed/25734386**

Wrieden WL and Levy LB. (2016).*Change4Life Smart Swaps: quasi-experimental evaluation of a natural experiment.* Public Health Nutrition, 2388–92 **https://www.ncbi.nlm.nih.gov/pubmed/27002189**

12.3 List of industry awards for creativity and excellence:

AMEC Awards

- Innovation award for new measurement methodologies: Change4Life Sugar Smart, 2017 Gold Award
- Grand Prix for most effective PR consultancy/in-house communications team campaign: Change4Life Sugar Smart, 2017 Platinum Award
- Best campaign in the public sector: Public Health England, 2015 Silver Award

British Arrows

- Smokefree, Mutation, 2014 Silver Award

Campaign Creative Tech Awards

- Tech Collaboration of the Year: One You Health Stop, 2017 Bronze Award

Campaign Top 10 Digital Innovations

- Sugar Smart, 2016 Number 1 Digital Innovation Award

Campaign Media Awards

- Stoptober Launch, 2014 Winner
- Change4Life Mysupermarket Sugar Accumulator, 2016 Winner
- Public Sector & Charities: One You Health Stop, 2016 Finalist

Cannes Lions

- Mobile, Change4Life Sugar Smart, 2016 Bronze Award

CIM Excellence Awards

- Social Marketing: Stoptober, 2014 Winner

Creative Circle Awards

- Best Poster: Smokefree Health Harms, 2015 Silver Award

Creative Out of Home Awards

- Best Use of Interactive: One You Health Stop, 2016 Winner
- Best Use of Digital Technologies: One You Health Stop, 2016 Winner

DADI Awards

- Best Public Sector Innovation: Change4Life MySupermarket Sugar Accumulator, 2015 Gold Award

Design and Art Direction (D&AD) Awards

- Media: Change4Life Sugar Accumulator, 2016 Winner
- Media: Change4Life Sugar Smart, 2017 Winner

Design and Art Direction (D&AD) Awards

- Best Use of Direct Mail: Change4Life 10 Minute Shake Up, 2015 Silver Award
- Public Sector: Change4Life Sugar Swaps, 2015 Bronze Award
- Healthcare: Change4Life Sugar Accumulator, 2015 Bronze Award

Effie Awards

- Social Good – Non-Profit: Change4Life Sugar Smart, 2017 Gold Award
- Media Idea: Change4Life Sugar Smart, 2017 Silver Award

European Social Marketing Conference

- Professional Practice: Rise Above, 2016

Event and Visual Communication Association – IVCA Awards

- Series (Broadcast/Screen): Rise Above, 2016 Gold Award

FRESH Awards

- Media Collaboration Project:
- Change4Life Be Food Smart, 2014 Silver Award

Global Festival of Media Awards

- Best Non-Profit Campaign: Change4Life, 2017 Bronze Award
- Best Use of Mobile Media: Change4Life Sugar Smart, 2017 Bronze Award

Government Communications Service

- Be Clear on Cancer, 2014 Gold Award
- One You, April 2016 Campaign of the month

Integrated Marketing Communications Council

- Cause or Charity/Non-Profit Marketing: Stoptober, 2014 Gold Award
- Cause or Charity/Non-profit Marketing: Change4Life Be Food Smart, 2017 Silver Award

IPA Best of Health Award

- Be Clear on Cancer, 2014 Gold Award
- Consumer – Out of Home – Individual: Be Clear on Cancer, 2014 Gold Award
- Integrated Campaign: Change4Life Smart Swaps, 2014 Silver Award
- Integrated Campaign: Change4Life 10 Minute Shake Up, 2015 Bronze Award

IPA Effectiveness Award

- Be Clear on Cancer, 2014 Silver Award
- Stoptober, 2016 Gold Award

The Institute of Promotional Marketing

- Commercial Partnership Marketing: Change4Life Be Food Smart, 2014 Gold Award
- Commercial Partnership Marketing: Stoptober, 2014 Gold Award
- Partnership Marketing: Change4Life 10 Minute Shake Up, 2015 Gold Award
- Partnership Marketing: One You/Slimming World Campaign, 2017 Silver Award
- Not For Profit, Charity & Public Sector: Stoptober, 2014 Bronze Award
- Not For Profit, Charity & Public Sector: Change4Life Smart Swaps, 2015 Silver Award
- Not For Profit, Charity & Public Sector: Change4Life 10 Minute Shake Up, 2015 Bronze Award
- Not For Profit, Charity & Public Sector: One You Launch Campaign, 2017 Bronze Award
- Social & Personal Responsibility: Stoptober, 2014 Silver Award
- Social & Personal Responsibility: Change4Life Be Food Smart, 2014 Bronze Award
- Trial & Awareness: Change4Life Smart Swaps, 2015 Gold Award

IVCA Clarion Awards

- Change4Life Be Food Smart, 2014 Gold Award

Marketing Agencies Association Worldwide Globe Awards (MAAW)

- Stoptober, 2014 Gold Award
- Change4Life Be Food Smart, 2014 Commendation

Marketing Week Awards

- Stoptober, 2014

Media Awards

- Media Launch Idea: Sugar Smart, 2016 Gold Award
- Innovation: Sugar Smart, 2016 Silver Award

Nudgestock Behaviour Change Awards

- Stoptober Stopbot, People's Choice Award

Public Service Communications Excellence Awards

- Sugar Smart, 2016 Platinum Award

Webby Awards

- Health, Wellness, Pharmaceutical Category: Change4Life Sugar Accumulator, 2016 People's Voice Award

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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