





# Foreword

## Caroline Flint, Minister of State for Public Health

One of the greatest challenges facing the NHS today is the promotion of 'healthy living'. Major health problems such as obesity, smoking, alcohol abuse and sexually transmitted disease are the consequence of choices that people make on a day-to-day basis. Unless we act to reduce the potential adverse consequences of people's lifestyle choices, the future ill-health implications are huge. A key role for government is to work with partners to positively influence people's lifestyle decisions, improving the nation's health.



The Health Select Committee estimates that the full cost of obesity and overweight people is in the region of £7 billion a year. The combined cost for treating conditions relating to alcohol and smoking is £3.4 billion a year. Future health care cannot, therefore, merely treat the sick. It must help people to make healthier choices in life. Without this change, the NHS just won't keep pace with the state of the country's health. It is a challenge that the Government is meeting head on by developing innovative solutions that influence people to make healthier decisions.

### **A changing role for government**

In 2004, *Choosing Health: making healthy choices easier* set out our new and ambitious agenda for change, introducing a less intrusive and more enabling role for the state. In 2006, *Our health, our care, our say* reinforced the

drive for a greater focus on improved health and wellbeing as a partnership between people and public services. Subsequently, *Health Challenge England* described how this agenda is delivered. It declared that good health and wellbeing are everyone's responsibility. And it stressed that future healthcare will be underpinned through working in partnerships – between individuals, communities, business, voluntary organisations, public services and government. The message is that this is an effective and legitimate way to reach millions of people, helping them make the many small changes that ultimately deliver big differences.

Government, partner NHS and local authority organisations have a core set of responsibilities: we must, of course, lead and enable progress. And we must still take affirmative action, where necessary. But we acknowledge that we will achieve more through partnership than if we work alone. People often distrust messages from 'official sources' and are more likely to listen and respond to the same message when received from a more culturally familiar source. Sometimes non-statutory organisations are better placed to help people make healthy choices – particularly at a local level or with parts of the population that have been difficult to reach in the past. In these circumstances, public services should allow partners to lead while adding value where they can. This may mean giving up credit for an initiative at the point it impacts on people's everyday lives.

### **Encouraging innovation**

In doing so, we enable entrepreneurs to take risks that government and public services cannot.

We need to remove the barriers that stop people making healthy choices. Sometimes this will necessitate working with organisations we have not considered working with in the past. Or it will require competing organisations to find common ground. The focus must always be on creating alliances and opportunities for people to make the changes that will allow them to lead a healthier life in the long term.

The Small Change, Big Difference initiative we launched in 2006 encapsulates this approach. We want all sectors of society and individuals to contribute to better health and recognise that this doesn't have to be done in one big change. Recent research shows that a modest change in behaviour, such as taking a small amount of exercise, can reduce the incidence of stroke and coronary heart disease by about 10%. The public health campaign that reaches the most people, nationally or locally, will not only involve public services but will engage with people's daily lives through food retailers and the media.

### **Partnership works**

The partnerships in this pack are a small sample of a large number of relationships that are already demonstrating success. They are evidence that working in partnership gets results – sometimes faster than a government-centric approach ever could. They cover relationships with the private sector, voluntary sector, trade associations, primary care trusts and public services. Some have a national reach, while others enable communities to meet the health needs of local people. All will achieve more than government could ever achieve alone.

However, working in partnership brings its own challenges and lessons. To help others learn and work in this way, as well as highlighting successes, this pack sets out lessons that have been learned, so that they can inform and spread the future of partnership working.

### **How can you help?**

We must find ways to engage as many partners as possible to ensure that the benefits extend across society and people are empowered to make better, informed decisions that lead to healthier lives in the long term. Far more is achieved by multi-industry and cross-sector partnerships than within each sector on its own. Partnerships can achieve more sustainable results, greater impacts through a better mix of skills and resources that are required to achieve success. There is still vast untapped potential – whether in the private, public or voluntary sector – and we hope that this document will inspire future partnerships for better health.



**Caroline Flint**

Minister of State for Public Health

# Case study

## Improving health literacy



### ContinYou

**People with poor literacy, language and numeracy (LLN) skills are often limited in their ability to manage their health and less able to make the sound decisions that matter. They may consequently fail to get the healthcare they need. Skilled for Health is a new and unique health literacy programme that tackles poor LLN skills and breaks down some of the barriers that stand in the way of people living healthy lives.**

Skilled for Health, launched in 2003, provides health education resources that improve both a person's basic LLN skills and, at the same time, their ability to improve their long-term health. The potential reach of this project is huge – an estimated 5 million adults in England with a reading age of 11, and 15 million with comparable numeracy.

#### **Partners growing together**

Underpinning the initiative's success is the shared vision of its core partners: the health education charity ContinYou, the Department of Health and the Department for Education and Skills. Together they have converted an innovative, small-scale project into a groundbreaking national programme that delivers through a wider network of local partners.

Born out of Literacy Links to Health, a local project in Harlow, Skilled for Health was successfully tested in eight demonstration

sites across England, with 20 partner organisations. The partnership delivers the programme through associate partners such as charities, primary care trusts and adult learning centres. It is currently being adapted to meet the needs of different sectors, such as business and local government. Royal Mail, Nottingham City Council and the Prison Service are on board, offering the prospect of tens of thousands more learners.

#### **Allowing every partner to play a part**

"Without partnership, Skilled for Health just couldn't succeed," says Jonathan Berry, Chief Executive of ContinYou. "But just as important is that every partner is treated equally. We all share a passion, so the partnership is a meeting of minds. We have to draw on that and innovate to improve health literacy for as many people as possible."

Importantly, although the Government has played a crucial role in the programme's development, it has allowed other parties to lead where they have expertise. ContinYou is to become the national delivery agency for the programme. "Because ContinYou is well trusted in its field," says Jonathan, "we are in a strong position to build relationships with other agencies. Working alone, government might have found this more difficult."

**“When I looked at healthy eating, it showed me that what I was eating was not that healthy... My family are now having a healthier diet. When I go shopping, I know what to look for on labels.”**

A Skilled for Health learner at a demonstration site



### Getting results

The impact of Skilled for Health has been immediate – most importantly at a personal level. For some, there are very specific health benefits. During the programme’s testing phase, one parent described that she could now “get my children’s medicine, when they need it”. Another learner described being able to understand “the difference between the two types of inhaler” her husband has to use.

For others, the benefits have been more general but just as life changing, as Carole O’Doyle describes. “Yes, I can be confident. Yes, I can stand up and hold my own, and talk to people I didn’t think I could talk to. And I can be respected by people I didn’t think would respect me.”

Clearly, long-term benefits to the health outcomes of these people are harder to

measure. As a simple indicator of what might be achieved, in one of the demonstration sites 23% of participants reported reduced blood pressure. The programme will also contribute to a greater awareness of healthy eating, fewer missed appointments and a reduced burden on GPs and accident and emergency departments.

### ContinYou

Health and education charity ContinYou was formed in November 2003 following the merger of two well-established charities, Education Extra and the Community Education Development Centre. It provides and co-ordinates a wide range of programmes and services designed to introduce innovative and imaginative approaches to learning and counter many of the serious consequences of social exclusion.

### Learning point

This partnership highlights the importance of being open to innovation and ambition. The shared passion and vision of ContinYou and government transformed a small project into one that has national implications. Cross-sector partnerships are linked to imagination, transparency and the ability to identify common ground and integrate around the needs of people.

# Case study

## A sporting chance in life

# 2

### Business in the Community

**Sport is an important tool for improving health, particularly for disadvantaged children. Small changes in the choices they make can make a big difference to their future health and well-being. Acknowledging this fact, Business in the Community (BITC) partners with sports clubs and helps them improve the health prospects for young people in disadvantaged areas.**

In 2004's *Choosing Health* White Paper, the Government acknowledged the importance of sport in improving the nation's health. Sports clubs are the perfect conduit for communicating health messages to hard-to-reach groups, especially young people in disadvantaged areas: 64% of professional football and rugby league clubs are located in deprived neighbourhoods and 61% of football league clubs are in areas with significant or high minority ethnic populations.

BITC has over two decades' experience of helping companies improve their positive impact on society and meet their goals for corporate social responsibility. In other words, it is the voice of responsible business. As such, it is the perfect partner through which to create a national resource to help sports clubs increase their positive impact on local communities.

BITC used government funding to create Clubs that Count, which built on the organisation's past work with sports clubs

to tackle disadvantage. Clubs that Count measures how well sports clubs are implementing their corporate social responsibility strategy, identifies gaps in delivery and gives advice on how the club can improve – with a focus on getting tangible results in the poorest areas of the country.

"Clubs that Count works so well because it empowers Business in the Community to be flexible and develop our work in consultation with the target audience – we're not just implementing a pre-determined government mandate, which would make it harder to engage our partners," explains Catherine Sermon, Campaign Director at BITC. "We can use government expertise when and where we most need it. But we can also use and expand on our own models of working to forge new relationships and focus on those that can have most impact."

In its first year the initiative exceeded its target of working with 20 clubs, bringing on board nine premier rugby union clubs, eight premier league football clubs, seven football league clubs, one rugby league club and one Welsh football club – a total of 26 clubs. Clubs are tackling a wide range of social and environmental issues in unique and innovative ways, and are conduits to promote healthy lifestyles.

### **Sporting success with the Saracens**

One rugby club that is really making an impact at local level is Saracens, through its Sports for Health programme. The programme provides schools with a range of activities such as tag rugby, teacher training and cross-curriculum themed lessons. Professional players visit schools to deliver key messages on health, diet and exercise. These visits prove to be the highlight of the programme for nearly all children and help to give them positive role models to follow.

During 2005–06, the programme worked with over 25,000 children and young people, trained 400 teachers, and donated 600 hours of first team player time.

Feedback has been inspiring: 99% of teachers said they felt that the quality of their teaching had improved, while 85% witnessed an increase in children's activity levels. And there has been a 10% increase in the number of children bringing fruit or vegetables to school.

### **The game's on for Blackburn Rovers**

Blackburn Rovers' Game On programme combines literacy, numeracy and Information and Communication Technology with the promotion of healthy eating and active lifestyles. Developed in support of the Government's Healthy School agenda, it seeks to develop confidence in sporting activity and increase awareness of the body in action. It also examines the effects of diet, alcohol and smoking on the body.

The programme seeks to enhance the life chances of young people and to reduce health inequalities in the area, and research reveals its influence: 50% of parents felt that their children were a lot fitter since taking part. Parents recognised that children took on board the lessons of healthy eating

and had a greater interest in playing football. Some 61% of children said they felt a lot fitter since joining the programme.



### **Awards for excellence**

Healthy Communities, BITC's long-standing and prestigious awards for responsible business, are in their tenth year. They now have an award category for healthy workplaces. Both awards are co-sponsored by the Department of Health. It identifies and recognises specific examples of good practice that can be adopted by UK companies that contribute to improved health and well-being in the workplace. Previous winners include Parcellforce Worldwide and Danone UK Ltd.

The number of hours people spend at work makes the workplace the ideal environment in which to promote healthy lifestyles and general well-being. By taking an active role in helping employees to eat well and look after their physical and emotional well-being, companies are repaid with lower levels of sickness absence and increased levels of productivity.

### **Learning point**

It is important to let partners lead where they have expertise and established top-level networks, and to allow them to work in their own way to achieve an initiative's objectives.

# Case study

## Providing food for thought

# 3

### Sainsbury's

**Although often perceived as uncomfortable bedfellows, the Government and major retailers such as Sainsbury's are working together to make it easier for consumers to make healthy choices when shopping.**

What are the barriers that stop families eating healthily? Where does responsibility for action lie? What will make a difference? These are questions that the Government has been wrestling with for some time. But they are also concerns that food retailer Sainsbury's shared. Its aim is to 'exceed customer expectations for healthy, safe, fresh and tasty food'; without answers to the above questions, the company cannot guarantee to live by such a promise. Action was needed.

#### **Informing the debate**

Sainsbury's has worked with the Department of Health and the Food Standards Agency in the past to contribute to the healthy eating debate and provide insight into customer purchasing habits. Building on this relationship, it consulted the Department to help shape an agenda for New Ideas for Health, an event that took place in September 2006 and was attended by a 100-strong audience of food industry representatives, government officials, health professionals and – most importantly – parents.

#### **Meeting consumers' expectations**

Much more than a forum at which people could air their views and try to determine the barriers that stop families eating healthily, the event had a practical outcome. It produced ideas that would inform future activity – for Sainsbury's, the Government, professionals and parents.

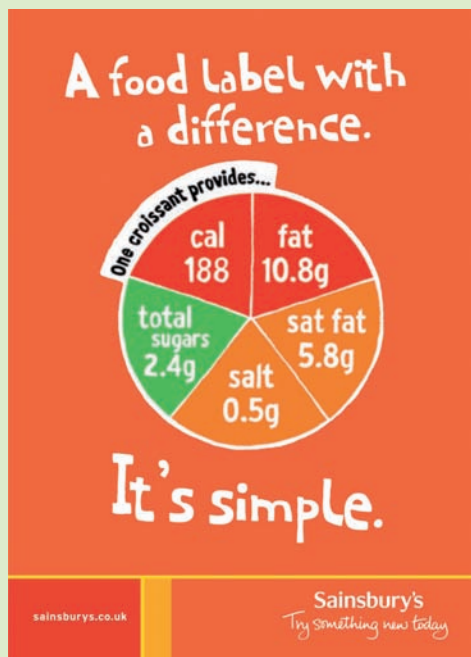
For example, parents at the event felt that eating healthily would be costly. In response, Sainsbury's has committed to promoting at least six items of fruit or vegetables at half price at any one time throughout 2007. In response to a request for greater promotion of healthy food, the retailer also balances promotions of less healthy foods with healthy alternatives. And in 2007 it launched its Big 5 Drive game, which gave winners free fruit and vegetables and offered tips to encourage increased intake of healthy food.

#### **The benefits of partnership**

"Partnership between Sainsbury's and government is a win-win situation," says Erica Zimmer, Head of External Relations at Sainsbury's. "Government-informed health messages reach the six million customers that pass through our doors every week, and Sainsbury's gets to contribute to the healthy food debate as well as fulfilling our commitment to meeting our customers' expectations concerning healthy food."

“The Wheel is a benchmark in new product development. If the Wheel suggests that a new product is too unhealthy, its contents are reviewed to make it healthier – and more appealing to the customer.”

Erica Zimmer, Head of External Relations, Sainsbury's



### The Wheel of Health

Perhaps the most significant development at Sainsbury's has been the introduction of its Wheel of Health, a traffic-light colour-coded food labelling device that helps buyers understand the nutritional content of Sainsbury's products at a single glance. Sainsbury's was the first retailer to introduce such a device. Importantly, the Wheel adheres to the Food Standards Agency guidelines for front-of-pack labelling. Other businesses adopting the guidelines include Waitrose, the Co-op, McCain and the New Covent Garden Food Company with others, including ASDA, due to follow.

Over 4,000 own-label lines now carry the Wheel. A 2006 survey found that:

- 94% of customers said they found the Wheel easy to understand; and
- 90% of respondents found the Wheel very or quite useful when deciding what to buy.

The Wheel is changing shopping behaviour. An 'all-day breakfast' sandwich saw its sales decrease by nearly 50% in 12 weeks once the Wheel was introduced, because the labelling showed it to be a less healthy option.

### Sainsbury's

Sainsbury's serves 16 million customers each week in 747 stores across the country. It stocks 26,000 food and drink products, 15,000 of which are own brand. Since 1994, the company has been running successful healthier eating initiatives. Its aim is to make healthier eating easier, enjoyable and affordable for all customers, including those with special dietary needs.

### Learning point

Always allow an honest and open exchange of information between partners, so that each can learn from the other's expertise. The partnership adds value to individual partners and establishes new ways of working with other sectors that have their own operational systems and styles.

# Case study

## Finding a consensus on salt

# 4

The Food Standards Agency and the Food and Drink Federation

**High salt intake is a major contributor to high blood pressure, which increases the risk of heart disease and stroke. At present, average salt consumption in the UK is 9.5g per day, much higher than the maximum recommended of 6g per day. Project Neptune is an industry-led initiative to reduce salt levels in soups and cooking sauces, making it easier for customers to make healthy decisions in-store.**

Reducing the nation's salt intake would make a significant impact on its health. Just a 3g reduction in salt intake in UK adults would lead to a 12–14% reduction in stroke and a 9–10% reduction in ischaemic coronary heart disease. But it can be difficult for people to regulate their salt intake, especially when 75% of the salt we eat is already in the food we buy.

The Food Standards Agency (FSA) leads on the Government target to reduce salt intake to 6g per day by 2010. But any drive to reduce salt intake must include a concerted effort on the part of food manufacturers to modify the ingredients of their products.

### **Bridging a gap between industry and government**

Following the publication of the Scientific Advisory Committee on Nutrition's report on salt in 2003, the FSA was considering how best to encourage industry to reduce salt levels. The Food and Drink Federation (FDF), which represents the UK food and drink manufacturing industry, created

Project Neptune, which brought together companies that would otherwise work in competition to set targets for salt reduction, focusing on soups and cooking sauces, as these historically contained very high levels of salt.

"To industry outsiders, this might not sound like a huge innovation, but it was a major step forward," explains Victoria Targett, Senior Nutrition Policy Adviser at the FSA. "When industry takes the initiative, government can facilitate progress so consumers benefit from the combined force of the private and public sectors. With Project Neptune, manufacturers were creating a non-competitive environment in which to come up with a solution that was achievable but which would make a difference to the nation's health."

### **Stealthy eating**

That solution was a 30% reduction in salt in soups and cooking sauces, to be achieved incrementally over a period of three years, 2003–05, so that consumers would not notice a sudden change in a product's flavour.

Without the non-competitive environment created by Project Neptune and supported by the FSA and Government, this reduction could not have been contemplated. A company taking a unilateral approach to salt reduction would have risked losing customers to competitors whose products still had a salt-induced flavour that customers were accustomed to.

**“When industry takes the initiative, government can facilitate progress so consumers benefit from the combined force of the private and public sectors.”**

Victoria Targett, Senior Nutrition Policy Adviser, FSA

### Working towards targets

So how successful has the project been? To date, there has been a 25% reduction in the salt content of soups, and a 29% reduction in cooking sauces – an achievement that will make a huge difference to consumers’ salt intake without them even being aware of it. Project Neptune has demonstrated that step-by-step salt reductions can be achieved.

### Other industry initiatives

Project Neptune makes a significant contribution to an industry-wide approach to reduce salt intake. Over 70 companies have now made public commitments to work towards salt reductions. For example:

- major retailers, including ASDA, the Co-op, Marks and Spencer, Sainsbury's, Tesco and Waitrose have made good progress with salt reduction across a wide range of products;
- the Association of Cereal Food Manufacturers has reduced salt levels in breakfast cereals by 33% since 1998;
- the Federation of Bakers has cut the amount in bread by up to 30%; and
- 3663 First for Foodservice has reduced the salt in its own-brand products by 26% and is committed to reducing levels by 50% overall.

### The Food Standards Agency

The FSA is an independent government department set up by an Act of Parliament in 2000 to protect the public’s health and consumer interests in relation to food. In March 2006, the agency published voluntary salt reduction targets for food manufacturers and retailers to further encourage a reduction in the amount of salt in a wide range of processed foods.



### Learning point

It is important for partnerships to define what they are setting out to achieve. Set clear objectives and markers of success, and focus on results.

# Case study

## Leading the way in social marketing

# 5

### Liverpool Primary Care Trust

The average Liverpoolian has a life expectancy that is three years below the national average. Taking a lead through local partnership working, Liverpool Primary Care Trust (PCT) has helped to empower people to make healthy lifestyle choices and improve the region's long-term health prospects. Embracing the latest developments in social marketing, the trust is deeply involved in the Cheshire and Merseyside Big Noise campaign – based on real insight into people's needs and attempting to counter the influence of its competitors.

Liverpool PCT is recognised as leading the way in the application of social marketing techniques. Following the inception of the National Social Marketing Centre in 2006, the trust opted to be one of the first in the country to pilot the formal social marketing model and employ a Head of Social Marketing from the commercial sector.

#### Filling gaps in public health

The initiative's steering group, which includes partners from social care, healthcare and marketing, identified that although much was being done in the region to address health inequalities, there were gaps in services for disadvantaged pre-school children. Although these children were eating well at Sure Start nurseries, outside of the nursery context they were eating unhealthy snacks. The challenge for the initiative, therefore, was to get them eating healthily at home.

Following the social marketing model, the scoping stage of the initiative focused on gaining insight into the target audience, employing data sources (such as commercial profiling) that were new to the trust. It revealed those factors that influenced a family's purchasing decisions, most importantly big-brand advertising: people found it easy to recall specific adverts and associated characters that appealed to children. Jane Thomas, Head of Social Marketing at Liverpool PCT and associate to the National Social Marketing Centre explains, "It became obvious that we needed a campaign that would wield the same power as the brands that were selling less healthy food. Partnership would be vital – particularly with retailers."

#### Making the most of partnership

"After mapping all possible partners, we chose food retailer Aldi, because it had shops in the right geographic areas, it appealed to our target audience, it had a local supply policy on fresh produce and had signed up to the Government's Healthy Start scheme. An added advantage of working with Aldi was that it had a fruit and vegetable advertising campaign planned that we could 'piggyback' for our purposes," says Jane Thomas.

Partnering with Aldi enabled the group to use a mixture of media channels to reach its target audience, maximising exposure to the campaign and increasing the chance that people will retain healthy eating messages.

**“Applying the social marketing model allows us to continually build on what we have achieved and to find new partners who can increase our chances of helping people improve their health.”**

Dr Paula Grey, Director of Public Health, Liverpool PCT/MBC

In-store promotions also ‘capture’ parents as they make their purchasing decisions, countering some of the big-brand allure of less healthy foods.

Aldi is just one of many partners upon whom the success of this campaign depends. Just as important are local Sure Start practitioners and health visitors, who are trusted contacts of the target audience and who have received training so they can act as ambassadors for the campaign. “Without these partners,” explains Dr Diana Forrest, Director of Public Health, Knowsley PCT/Metropolitan Borough Council (MBC) and Chair of the Big Noise group, “we just couldn’t run this type of campaign. We are taking the campaign in directions it would otherwise have been impossible to go in.”

### Looking to the long term

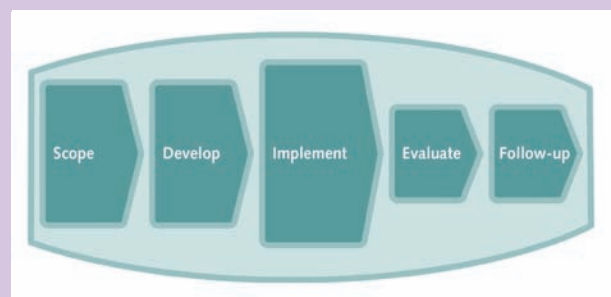
The implementation phase of Big Noise will be conducted in 2007. It will be followed by a monitoring and evaluation phase, which will provide important data on what is and isn’t working. This information will then be used to shape the second phase of the campaign, extending it to a wider geographical area and responding to issues raised. “This isn’t just a one-off campaign,” says Dr Paula Grey, Director of Public Health at Liverpool PCT/MBC. “Applying the social marketing model allows us to continually build on what we have achieved and to find new partners who can increase our chances of helping people improve their health.”

### What is social marketing?

Health-related social marketing is the systematic application of marketing concepts and techniques to achieve specific behavioural goals to improve health and reduce inequalities.

Its approach is based on insight into a target audience’s knowledge, attitudes and beliefs, which can then be used to elicit behavioural change using a mixture of marketing interventions. As well as segmenting the target audience, to ensure that initiatives are as targeted as possible, social marketing aims to understand and counter factors that act as ‘competition’ to healthy messages.

Social marketing follows five key stages:



Source: National Social Marketing Centre

### Learning point

Local partnerships can achieve considerable reach. Real and long-term behavioural change comes from insight into an initiative’s target audience. The social marketing model is a mechanism through which this can be achieved.

# Case study

## Going swimmingly

# 6

### The Amateur Swimming Association

**Swimming is the one activity that most inactive people say they would consider trying. But attendance at public swimming pools is in decline and swimming participation rates overall have been static for over 20 years. The Government's partnership with the Amateur Swimming Association (ASA) is helping to drive the new thinking that is transforming swimming across England to open up the sport to first-time swimmers.**

The ASA is the English national governing body for swimming, as well as diving, water polo, open water and synchronised swimming. In 2005, it launched Swim for Health, a three-year pilot in Hull and the East Riding of Yorkshire, designed to expand access to pools and aquatic activities and transform pool environments to accommodate the needs of new users.

#### **Discovering and removing barriers**

Funded by the Department of Health, the initiative targets the over-50s, pre-school children and their families, local employees and people with specific health needs. Importantly, it tries to remove the barriers that people have said stop them using public pools. Although for some people cost may be a barrier, experience has shown that the quality of the swimming experience is the greatest obstacle.

So Swim for Health aims to improve the pool experience, accepting that health may not be a person's main motivation for visiting a pool. This has necessitated new approaches in pool management.

For example, some pools now provide women-only sessions with female lifeguards and curtains to shield swimmers from public view. This appeals to a good number of women and opens swimming up to those whose cultures prevent them attending mixed sessions. Instructors have also received exercise referral training so that they are more able to meet the needs of pool users who have specific medical conditions. And for those who are not able to swim, or do not enjoy swimming, pools hold classes such as aqua aerobics.

#### **A growing partnership**

"Through the ASA, government can reach people in local communities it might not usually reach," says Kate Sargent, the ASA's Swimming Activity Manager. "But we also benefit, because potential new partners for Swim for Health are often encouraged when they hear that the scheme has government involvement."

The relationship between the Government and the ASA is well established, and it has grown over time, as has the complexity of the projects it has produced. Kate Sargent explains: "The Department of Health started by funding a website to share best practice in providing free swimming. It has since supported Swim for Health and now sits on the National Steering Group for Everyday Swim, a programme that builds on the Swim for Health model but extends the partnerships and work across the whole country, reaching out to the people who need us most."

# “I do extra courses because I enjoy them.”

A Swim for Health beneficiary

## Real results for real people

One beneficiary of Swim for Health has returned to swimming after a 20-year absence and has discovered a new level of enjoyment at the pool. After retiring at 67, the gentleman from Hull started to gain weight and lose energy and a visit to the GP highlighted the problem – high blood pressure. Now that aqua-fit classes have been added to the options on the local GP exercise referral scheme, he chose to attend one of the sessions at his local pool.

The results have been encouraging; a year after stopping work, the participant is shedding the pounds and says that the social element makes the classes as entertaining as the swimming. He even signed up for extra classes, which will accelerate the health benefits. But, as he says, “I do extra courses because I enjoy them.”



## Everyday Swim

Everyday Swim is a three-year project that aims to build a national blueprint to promote swimming across a range of communities. Adhering to social marketing principles, the project's scoping stage examined people's attitudes towards public pools to gain an in-depth understanding of what motivates them to attend. The findings have informed the project's development and its implementation will better meet the needs of those people it is targeting.

Funded by Sport England, Everyday Swim will be monitored and evaluated so that partners can gauge what works best and evolve their approach accordingly, ensuring greater sustainability.

## Learning point

Relationships will often evolve, and partners may begin to take on new roles. It is important to have 'space' in a partnership to let this happen. It is also important to determine what success looks like. Metrics do not always mean numbers – use both qualitative and quantitative measures.

# Case study

## A fitter future



### The Fitness Industry Association and UK Fitness Network

**The fitness industry has an excellent track record of working with government. It is already a key player in the promotion of healthy active lifestyles and is helping people across the country make significant changes to their lifestyle.**

#### **Fitness Industry Association**

The Fitness Industry Association (FIA) is the trade body dedicated to promoting excellence and best practice within the health and fitness sector.

It currently represents over 1,700 health club and leisure centre operators and 150 equipment suppliers across the UK.

The FIA and the Department of Health collaborated to create the Register of Exercise Professionals that helps to ensure the right people with the right qualifications deliver exercise referral schemes across the country.

The FIA is also involved in several other initiatives.

#### **Active at Work, Healthy for Life**

Active at Work, Healthy for Life was launched in 2005, and is funded through Sport England. It consists of a series of five pilots in the East of England region pairing health clubs and leisure centres with small to medium businesses to tackle inactivity and improve employee health.

Each pilot runs for 12 weeks and involves a weekly workplace activity session run by a fitness professional from the gym, a supervised session in the gym itself and

a free three-month temporary membership at the fitness facility for 30 employees.

The wellbeing and nutritional aspects of the programme are also being developed to give employees a broader understanding of how to lead a healthy life.

#### **Adopt a School**

Adopt a School is running in a number of areas in England. It twins primary schools with a local gym and is part of the FIA's On the Road to 2010 campaign. The initiative is targeted at children aged 10–11, because research shows that many of them stop doing regular physical activity when they go to secondary school.

Building on Adopt a School, Go Adopt a School is a programme aimed at teenage girls (aged 15–16). A programme of activities (of at least six weeks) is offered along with options to encourage girls to continue their new activity regime after the programme (for example, through visits to the health club or leisure centre). Evaluation of the pilot programme took place in December 2006 and the programme has now been rolled out nationally.

Both programmes are funded by Sport England through the Physical Education, School Sport and Club Links programme.

#### **Commit to Get Fit**

Commit to Get Fit is an annual month-long member recruitment campaign that generates 60,000 new club memberships each year. The campaign has been running for 14 years and is supported by the NHS.

The Department of Health has met with the FIA to discuss bringing the Commit to Get Fit campaign under the banner of the Department's obesity social marketing programme.

More than 600 UK health clubs and leisure centres competed for the 2006 Commit to Get Fit awards.

### **Maintaining relationships with the fitness industry**

The Government continues to maintain a close working relationship with the fitness industry. The Inclusive Fitness Initiative funded by Sport England, which helps fitness facilities to meet the needs and expectations of disabled people, is based upon an accreditation model for gyms and gym equipment. The Government and the fitness industry share a common agenda around extending access to exercise facilities to all demographic groups. The Department of Health will continue to explore with the FIA how the industry can best respond to referral opportunities from the NHS and in particular support the emerging NHS physical activity 'care pathway'.

### **UK Fitness Network**

The Amateur Swimming Association is just one of many sports and fitness partners helping to improve fitness levels and encourage healthy lifestyles. The Government is currently examining the feasibility of creating a UK Fitness Network, based on the current London Fitness Network.

The London Fitness Network is a collaborative venture between nine major not-for-profit organisations that manage the majority of London's public sports and fitness facilities. Its members receive a card that entitles them to access any of the member organisations' facilities across London. Since the network's inception, it has attracted 5,000 new members.



### **Learning point**

This is another example of the importance of allowing partners to do what they do best. The fitness industry has a huge potential to engage people across the country. By allowing it to innovate, government campaigns support fitness industry resources as they reach out to people across the country.

# Case study

# 8

## A national programme with local impact

**Health Trainers, with various private, public and voluntary sector partners**

**Any initiative that is to inspire behaviour change at a local level must be flexible enough to be applied in a way that meets a community's bespoke needs. The groundbreaking Health Trainer programme not only gives communities responsibility for improving their own health, it makes a significant and sustainable contribution to reducing disadvantage. Health Trainers are recruited locally and valued for their community knowledge and experience.**

In 2004, the *Choosing Health* White Paper committed to establishing 1,200 local Health Trainers to help people set goals to improve their health and well-being. Health Trainers are visible, accessible and engage local people in locations that are convenient to them: local hospitals, pharmacies or the workplace, for example. They help set realistic and achievable goals such as stopping smoking or planning a walking route to increase exercise. Crucially, because they have local knowledge, they can signpost people to services that can support them as they start to make healthier choices.

### **Changing the way government works**

The Health Trainer programme has been delivered through an innovative model that changes the way government runs national initiatives. It moves away from a top-heavy, government-centric way of working and uses the expertise of a network of regional

partners (from the public, voluntary and private sectors) to deliver services their local community needs. As such, it effects major change with only a 'light touch' from government.

Maggie Rae, Head of Health Inequalities at the Department of Health explains: "At the start of the programme, we engaged nearly half the NHS with a core of 16 'hubs', whose role was to encourage and identify best practice and disseminate it to local partners across the country. Our initial focus was the 70 Spearhead areas – those areas where health inequality is at its worst. Without the partners who sign up to the programme, we wouldn't be able to achieve that."

### **'Advice from next door, not from on high'**

The impact of the programme on local communities should not be underestimated.

Giles Bridgeman, Health Trainer

Development Manager for Eastern and West Hull Primary Care Trusts explains:

"Whilst we are continually making improvements year on year, rates of cancers and heart disease in Hull are still higher than the national average. The introduction of Health Trainers is a real boost for this city because it now means people have someone to turn to who understands Hull, who is able to offer constructive advice on how to make healthier choices, and who can support people in achieving their personal health goals."

But the programme also has other advantages, says Maggie Rae. “The aim of this programme is that Health Trainers get an accredited qualification that improves their employment prospects and it will be recognised anywhere in the country. For some people, this will be their first chance at getting a job, so the programme cuts across other areas of government policy.”

Today, there are approximately 1,150 Health Trainers across England, which means that the initiative is certain to hit its target of 1,200 Health Trainers by the end of March 2007.

As the initiative matures and is taken up by additional partners, the Government has earmarked £77 million for Health Trainer partnerships next year.

### **Introducing Health Trainers to the workforce**

As well as helping individuals develop their skills and improve their employment potential, the Health Trainer qualification is now being used to benefit serving Army personnel.

By broadening its fitness instructors' competences, the Army is enabling its personnel to gain transferable skills that can be taken into the community once they leave the Forces.

This also has an added benefit of helping the Army to improve health education among its workforce. Understanding that fitness alone doesn't always equal healthy, the Army sees the Health Trainer partnership as an opportunity to promote healthy living through the ranks.

Raising awareness of healthy living is appealing to partner organisations in every sector. Boots, Marks & Spencer, Royal Mail and Pepsi Co have all expressed interest in training members of their staff to promote healthy habits that will eventually lead to a reduction in sickness absence.

### **Life Check**

In addition to the range of support and advice they currently offer, Health Trainers are soon to become involved in the new NHS Life Check service.

This will encourage and enable members of the public to assess their own lifestyles and risk of ill-health. Based on a range of risk factors and an awareness of their own family history, people will be able to complete an online or paper self-assessment and then, depending on the results of their Life Check, will be given personalised advice, information and signposting to sources of support. Some people may be directed to their local Health Trainer service to discuss lifestyle changes that could improve their longer-term health and well-being.



### **Learning point**

Government initiatives do not necessarily need a heavy government presence. Creating a network of local delivery partners and working directly with people increases the chances of an initiative being applicable at a community level.

# Case study

# 9

## The right prescription for the nation's health

### Boots The Chemist and LloydsPharmacy

**Every day there are 1.8 million visits to pharmacies, 260,000 of which are specifically for health advice. Pharmacies bring the NHS to the high street. As such, they are an important vehicle for communicating messages about how people can improve their health and wellbeing. The Government is working with leading high street pharmacies to help people lead healthier lives.**

The publication of the Government's *Choosing health through pharmacy* in 2005 marked the dawn of a new era for high street pharmacies. The new strategy extended their public health role, enabling them to provide advice on becoming healthier. This includes advice on how to stop smoking, reducing high blood pressure, losing weight and improving diet. It places pharmacies at the forefront of the nation's battle against diseases such as obesity, coronary heart disease and cancer, and allows them to play a key role in local and national campaigns.

With over 1,400 stores on the nation's high streets, and up to 20 million customers every week, Boots The Chemist is a key player. Its contributions to health initiatives have enormous reach, both geographically and demographically. Its Change One Thing campaign, launched in 2006, has made a significant impact.

#### **Small goals are more achievable**

The success of Change One Thing is underpinned by a basic premise of social marketing: campaigns to change people's

behaviour must be based on real insight into the target audience. In this case, research revealed that people who set realistic, simple goals are more likely to sustain change in the long term. The campaign's message followed. Commit to changing just one thing about yourself. Trying to achieve too many things at once is a recipe for failure. This same insight has also informed the Government's Small Change, Big Difference initiative.

The partnership between the Government and Boots enables an exchange of information that will help shape and fine tune future activity. Which campaign messages are most effective with specific audiences? Where are there gaps where we need to provide people with more support so that they can continue to make healthy choices?

"Pharmacies are in a unique position to help people improve their health and wellbeing," says Peter Gibson, Head of Public Affairs at Alliance Boots. "We can get information to them when they are likely to be thinking about their own or their family's health and in locations both convenient and accessible to them where they live, shop or work. Boots is constantly looking for innovative ways in which we can make it easier for people to live more healthily, working with primary care trusts and the NHS."

In its first year, Change One Thing has helped 500,000 people attempting to give up smoking. Additionally, 32,000 people signed up to its dedicated website, and 1.3 million people joined the associated Boots Health Club.

**“I’d gleaned a lot about healthier living from magazines. With Change One Thing, I’ve managed to put it into practice.”**

Change One Thing participant

### A more efficient NHS

The second year of the campaign builds on evaluation of the first year’s success and challenges to focus on five specific areas: stopping smoking; losing weight; looking great; feeling healthier; and feeling happier. But the company’s relationship with government will continue to play an important part, as Peter Gibson explains: “Ultimately, this is about making sure that health funds are used as efficiently as possible – and helping everybody live happier, healthier lives.”



### Tackling diabetes with LloydsPharmacy

LloydsPharmacy has 1,520 outlets based in the community and local health centres across the UK. The company recognises the wider determinants of health and the impact that social and environmental factors have on people’s health, and it consequently places

a strong emphasis on helping people maintain their own health and wellbeing.

In partnership with Diabetes UK, LloydsPharmacy has developed a free diabetes testing service, which over one million people have used to identify their risk of developing the condition. As well as checking glucose levels through a simple blood test, the service also advises on reducing the chances of developing diabetes later in life and offers guidance on living a healthy lifestyle.

The service’s greatest benefit is the ease with which people can access screening. A quick visit to a local pharmacy can change a person’s life, a fact not lost on Simon Graham, 38, who tested positive for type 2 diabetes at a Coventry pharmacy. “The staff at LloydsPharmacy got me medical attention as fast as possible and have been an ongoing source of information and support. The test could be the most important five minutes of my life.”

LloydsPharmacy also provides blood pressure testing, smoking cessation services, diet and nutrition support and exercise advice.

### Learning point

Working in partnership with a retailer can vastly increase an initiative’s reach. Not only do initiatives benefit from the store’s footfall, they might be communicated via several media channels, increasing the chances of retention. Local organisations can also develop health promoting partnerships, building on national initiatives.

# Case study

## Raising the standard

# 10

### Investors in People UK

**Absenteeism caused by workplace stress is commonly regarded as the clearest indicator of an 'unhealthy' organisation, and 80% of managers say that having a healthy workplace is a priority for them. Investors in People UK, in partnership with the Department of Health, is currently developing a Health and Wellbeing Framework to address this important issue in the workplace.**

The Investors in People Standard, sponsored by the Department for Education and Skills, was introduced in 1991. It has been a major success story, engaging over a third of the UK workforce. In 2005, with health and wellbeing in the workplace becoming an increasingly important topic for employers and employees, the Department of Health approached Investors in People UK with a view to applying its expertise to develop an Investors in Health Standard to complement the existing Investors in People Standard.

#### **Making the most of an existing resource**

It soon became clear to Investors in People UK that, rather than create a whole new Standard, there was scope to include a health and wellbeing element when the existing Standard was next reviewed.

So began a three-year development project, which will run until 2008, to develop new health and wellbeing criteria and test them with employers – who are one of the key stakeholders in any review of the Standard.

To date, the new Health and Wellbeing at Work Framework has been tested in pilots with over 190 companies, involving over

70,000 employees. This includes organisations such as Rolls Royce, United Biscuits, the Royal Liverpool Children's NHS Trust and Peterborough City Council. During interviews, assessors ask employees a range of probing questions on health and wellbeing. Managers are then given feedback on how their organisation fared against the benchmark.

#### **First pilot results were very encouraging**

The evaluation of the first pilots revealed that 79% of the organisations thought that the new health and wellbeing criteria should be integrated into the Standard when it is next revised. Rob Hargreaves, Development Manager of Investors in People UK says, "Whilst the results overall were very encouraging, there were some smaller organisations that were concerned about the cost of implementing any changes as a result of the feedback."

Phase two of the pilots was completed at the end of February 2007 and will be followed by a third phase later this year, which will test the robustness of the final framework.

The project now has a large amount of useful guidance to help all employers to address health and wellbeing issues, whether they are Investors in People accredited or not. From April 2007, there will be a health and wellbeing self-check tool and a database providing a wide range of good practice examples, including cost-free options for small companies, on the Investors in People website. This will be accessible at [www.investorsinpeople.co.uk/health](http://www.investorsinpeople.co.uk/health)

**“Whilst the results overall were very encouraging, there were some smaller organisations that were concerned about the cost of implementing any changes as a result of the feedback.”**

Rob Hargreaves, Development Manager, Investors in People UK

### The value of partnership

“Without this partnership,” says Rob Hargreaves, “it is unlikely that the proposed health and wellbeing element of the revised Standard would be so prominent. Only Investors in People UK has the scope to incorporate this in the Standard, but the original vision came from government, which has also provided £900,000 to fund the project.”



a third, saving 55,000 days and £5 million. The number of accidents has fallen by 45%. At the same time, employee satisfaction has improved by over 30%.

The company introduced on-site health screening clinics to help staff understand how their lifestyle affects their condition. When people took days off sick, Parcelforce responded by arranging home visits to offer help and free stress counselling.

Managers were trained to understand how to deal with health issues in a more constructive manner. A company-wide health education programme has helped staff learn more about the nature and effects of stress, smoking and nutrition. Key successes of the initiative include the fact that £6 million has been saved in direct costs through an investment of £2.25 million, coupled with a 12.5% productivity gain and 50% improvement in customer service.

### Parcelforce Worldwide

Although not one of the organisations that have taken part in the pilots for the revised Standard, Parcelforce Worldwide is a good example of what can be achieved when a company takes an interest in the health and wellbeing of its employees. It found that by changing the way it managed health and wellbeing, it could reduce sick absence by

### Learning point

It is important not to go into partnerships with preconceived ideas as to how to reach the desired goal. Sometimes other partners will take an initial idea, refine it or find a more efficient way of achieving it. The blend of government and industry skills and experience produces work which neither alone could have developed.

# Case study

## Being positive about HIV



### The Terrence Higgins Trust

**At the end of 2005, almost 63,500 adults in the UK were living with HIV. Of those, 32% were unaware of their condition. The Government has developed a single partnership with the Terrence Higgins Trust (THT) which in turn works with a broader range of partners. It acts as a conduit for communicating safer sex messages to the thousands of people it and other charities provide services to.**

There is strength in numbers, and nobody knows this better than THT. The charity has been working with the Department of Health for over ten years. It is a high-trust partnership that provides access to a section of the population that is most affected by HIV in the UK: men who have sex with men.

#### Good CHAPS

THT co-ordinates CHAPS, a collaborative programme of HIV health promotion for gay and bisexual men living in England and Wales. Through the coalition's eight partners, the Government ensures its safer sex messages are communicated at a community level. At the tenth anniversary CHAPS conference in London in 2007 Public Health Minister, Caroline Flint, gave the keynote address, showing how important this partnership is to government.

"Our relationship with the Department of Health was born out of the knowledge that there is no 'one-size-fits all' solution to government communications," explains Will Nutland, Head of Health Promotion at THT. "It was obvious that to get results the

Government needed to work with people like us who had expertise and could give them access to a section of society they might not otherwise reach as effectively."

The coalition's experience and insight into the target audience has had wider partnership implications. *Making it Count*, its strategic plan, was recommended as the framework for primary care trusts planning and delivering HIV services to gay and bisexual men.

#### Making changes

The relationship also enables the network of HIV and AIDS organisations to influence government thinking and sometimes change it. For example, the CHAPS programme on post-exposure prophylaxis (PEP) initially faced some resistance in government circles. But the historic level of trust inherent in the relationship was revealed when the Chief Medical Officer championed the cause by writing to all primary care trusts in 2006 recommending that PEP should be made available as part of a wider HIV prevention strategy.

"Our partnership with the Government enables a consistency of approach across diverse HIV and AIDS organisations," explains Will Nutland. "We used to often have to compete for funding and in the past there were occasions where we would have worked against each other, but now we are able to share our intentions instead of working in silos and secrecy."

**“Our relationship with the Department of Health was born out of the knowledge that there is no ‘one-size-fits-all’ solution to government communications.”**

Will Nutland, Head of Health Promotion at THT

This cohesive approach also enables the exchange of information by all parties and, more importantly, allows partners to benefit from research and evaluations – enabling services to constantly evolve and respond to changing behaviour.

#### **Telling it like it is**

There are other very significant benefits to the partnership between the Government and THT, and one of them is the fact that it allows the Department of Health to distance itself from the sometimes controversial work necessary to hook the target audience, says Will Nutland.

“Because we are not the Government we can communicate messages in a franker and more risqué language which resonates with our target audience. Add to that the fact that THT is a very powerful brand and it is well trusted among gay men, so they are more likely to pay attention to what we have to say than if they were faced with a Department of Health communication.”

The results, however, are clear – gay men are being given access to honest information that acknowledges their lifestyles and does not patronise. Services can also be targeted to meet local needs, yet contribute to national health targets as a whole.

#### **Model behaviour**

This response to HIV and AIDS has been a source of inspiration in the global fight against the disease. CHAPS is held up as an international example of government and voluntary sector collaboration, and THT is currently sharing best practice advice with NAHIP (the National African HIV Prevention Programme), which delivers HIV prevention interventions through African-led interventions in the UK.



#### **Learning point**

For long-term partnerships to develop, it is important that each partner is trusted to apply their expertise and share knowledge. Address issues of trust: partnerships often provoke questions regarding conflicts of interest.

# Case study

## Unlocking the energy within communities

# 12

### Local authorities

**At a time when most people in England are getting healthier and living longer, in some communities there are still marked differences in life expectancy and unacceptably high levels of infant mortality. Communities for Health aims to tap into communities' inherent power to effect change and tackle health inequalities at a local level.**

The *Choosing Health* White Paper committed to improving health in the most disadvantaged areas. Communities for Health is just one of a number of partnering initiatives honouring that commitment.

In 2005–06, the first phase of the initiative provided £1.2 million to 22 local authorities to run activities that:

- highlighted the increasing number of opportunities available for people to choose healthy options;
- delivered and communicated these in new ways that made them more accessible; and
- showed effective partnership working in practice – with faith groups, local sports clubs and the media, for example.

As such, it encouraged innovation, allowing local authorities to base their approach on the needs of those in their communities, and to target those who are most at risk. Importantly, decisions were made at a local level and tapped into communities' own

inspiration, commitment and energy to improve health.

### Reaching out to every community

Communities for Health created local networks of a broad range of partners, including primary care trusts, community and voluntary organisations. Not only have these local partnerships enabled local authorities to find new ways to promote health, they have also reached out to nearly every community, most importantly to some of those that are often hard to reach: homeless people, black and minority ethnic communities, teenagers and disabled people, in both rural and urban areas. These networks will form a robust basis for future health promotion activity.

Earlier this year, learning from the pilots provided an overview of activity in each of the 22 areas. The range of activity was breathtaking, and covered many of the most challenging health issues facing our communities today: obesity, healthy eating, sexual health and mental health. They show that putting people and local needs first in planning and delivery enables disadvantage to be overcome and health improved. They also show the value of partnership, without which Communities for Health could not thrive.

### New partners for roll-out

Following the success of the pilot phase, by February 2007, under phase two of the roll-out, a further 56 local authorities had

signed up, extending the initiative to all 70 Spearhead areas (those areas where health inequality is at its worst). Some £8.9 million has been provided to support local activities across the 81 areas in the programme. This means even more communities from the most deprived areas in England working together to help people improve their health and reduce health deprivation.

### Being active in Bradford

Bradford Council's B Active programme brought together a wide range of local partners to promote physical activity. Over Easter 2005, £60,000 was invested in free swimming sessions at eight council pools across the district, leading to a 74% increase in swimming numbers on the previous year's figures.

The programme distributed 12,000 free pedometers and information packs to cardiac rehabilitation and diabetes patients, community groups, older people and young mothers.

The programme targeted hard-to-reach audiences, running a range of physical and sporting activities for the South Asian community in the inner city, and offering fitness and relaxation classes to older people. Women were also a specific target audience for three projects: belly dancing, line dancing exercise and t'ai chi.

To extend activity to the whole family, a 5km family fun run took place in the Manningham area of the city, and there was a dedicated programme of activity for mums and toddlers.

### Walking the talk in Coventry

Coventry City Council ran a six-month pilot programme of activities involving walking. Targeting the 31 most disadvantaged areas in the city, Let's Walk Coventry focused on:

- developing community-led walks;
- increasing levels of independent walking;
- improving local walking environments; and
- increasing access.

During the programme, 21 walk leaders were trained to provide support to participants, a 10km charity walking event targeted 500 people from the Asian community, and 10 new weekly walks were established in key areas.

The pilot has served as a template for developing a more comprehensive programme of co-ordinated walking activity in priority neighbourhoods.



### Learning point

Allowing local communities to take responsibility for health improvement increases the chance of an initiative's success at a local level. Health and local authorities will deliver more through partnership than alone.

# Case study

## Drinking to the nation's health

# 13

### The Drinkaware Trust and other partners

**The effects of alcohol misuse are taking an increasing toll on British society. Alcohol-related deaths in the UK more than doubled between 1991 and 2005, and other harm caused by alcohol is costing our employers an estimated £6.4 billion a year. The transformation of the Drinkaware Trust into an independent body is a world first, uniting previously opposing forces to change the nation's drinking habits.**

With the publication in 2004 of the *Alcohol Harm Reduction Strategy for England*, the Government committed itself to reducing the harm alcohol misuse does to individuals, communities and society as a whole. It also set out plans to create a 'national producers' fund', so that the alcohol industry could contribute to reducing the harm caused by their products. The Portman Group approached the Department of Health to enquire whether its charitable arm, the Drinkaware Trust, might be used to facilitate the Government's commitment regarding the alcohol industry's vital role in helping to prevent and tackle alcohol-related harm.

#### **Bringing all partners to the table**

The Department agreed that the Drinkaware Trust provided a potential opportunity to develop an independent body that would promote sensible drinking. But to achieve this would be a difficult task: the many stakeholders concerned with alcohol issues would all have to be encouraged to participate, and many had opposing views. Producers, retailers, voluntary sector support

organisations, medics and healthcare providers – what force could bring them all to the same table and help them find a consensus?

It became clear that an honest broker was needed, and that government was uniquely placed to fulfil that role. It facilitated the setting up of a steering group consisting of six members – three from the alcohol industry and three non-industry members – thus ensuring that all sides of the alcohol debate were represented. This balance of representation was to prove important to the success of the partnership; without it, the subsequent Trust would not be able to secure the buy-in from alcohol expert and industry stakeholders, which was necessary for the Trust to succeed.

#### **Mapping out the road ahead**

The steering group was tasked with producing a memorandum of understanding, to set out the purpose and remit for the new Trust. It was an immense task, given the opposing views to be taken into account. But a memorandum of understanding between the Government, the devolved administrations and the Portman Group establishing the new Trust was signed in June 2006.

"These were very difficult negotiations, but we managed to get to a position where there was no active opposition to the transformation of an old Portman Group wing into the new, independent Drinkaware Trust," says Srabani Sen, trustee of the Drinkaware Trust and Chief Executive of Alcohol Concern.

**“The fact that we were able to broker an agreement within a heated area of debate is a major achievement.”**

Srabani Sen, trustee of the Drinkaware Trust and Chief Executive of Alcohol Concern

Government impartiality remains important during the transformation period. A Civil Service secondee has been appointed as interim Chief Executive of the Trust to oversee its transition into an independent organisation that achieves its funding targets of £3 million, £4 million and £5 million in its first three years.

#### **A world first**

In January 2007, the new trustees were appointed. Governed by an experienced and high-profile board comprised of industry and non-industry trustees and an independent chair, the new Drinkaware Trust can claim to be the first truly independent charitable body in the world to bring together this breadth of stakeholders to change a nation's drinking habits. Debra Shipley, the newly appointed Chair of the Trust comments: “I am very pleased that such high-powered and influential people are willing to serve on the board of Drinkaware. The overall knowledge, expertise and commitment of the new trustees is outstanding. Our task now is to work together to develop the Trust's forward programme.”

The transformation of the Drinkaware Trust is an inspiring example of what can be achieved when opposing forces find common ground to turn a vision into reality.

But the Trust is also a testimony to the power of government to act as an independent broker in such circumstances. The Government's action to open up the

engagement process to traditionally opposing stakeholders after it was approached by the Portman Group was a key factor in the evolution of the Drinkaware Trust as a unique, truly independent partnership.

#### **The future**

These are still early days for the Drinkaware Trust. Although the memorandum of understanding points the direction in which the Trust needs to be heading, it still needs to plan the journey ahead. Future challenges will include gaining credibility with all stakeholders and maintaining its impartiality. But with so many expert stakeholders working on common ground, the Trust's objectives are more than achievable.



#### **Learning point**

Be prepared to be challenged. Negotiation is a natural part of partnerships. It is also important that risk is shared equally across the partnership, and that there are mechanisms in place to ensure a project's sustainability.

# Case study

## Partners in prevention

# 14

### Various private sector partners

**Sexually transmitted infections are on the increase among young people. So, in such circumstances, how can the Government get safer sex messages across to young people, who are typically unreceptive to government communications? One way is to work with brand partners that young people trust and interact with every day.**

Condom Essential Wear is a government campaign, which aims to normalise condom use while highlighting the consequences of unprotected sex. Aimed at young people aged 18–24 who engage in sexually risky behaviour, the campaign has a three-pronged approach:

- *accept* – encouraging young people to be comfortable with the idea of using a condom;
- *carry* – encouraging young people to carry condoms; and
- *use* – encouraging young people to actually use a condom when they are having sex.

The campaign is supported by partnerships with private sector companies that can act as a vehicle for promoting healthier lifestyle choices. Crucial to each partnership is the ability to produce bold campaigns that strike a chord with young people at a point at which they will be receptive to safer sex messages.

#### **Accept**

In support of the 'accept' strand, the 2006 Bare All campaign brought together a range of private sector companies, all with

fantastic reach and brand influence with young people aged 18–24: Radio 1, MTV, 1Xtra, Durex and Superdrug. Based around a survey of attitudes to sex, which was hosted on a microsite, the campaign was flexible enough for each partner to create its own delivery programme.

Coverage was immense and response from the target audience was incredible. Radio 1 dedicated a whole week of programmes to the theme of sexual health. In the first day alone, Durex was mentioned more than 50 times. MTV screened a programme about safer sex, the viewing figures for which were 624% up on the channel's average viewing figures. Over the course of the promotion, Durex distributed 150,000 free condoms.

To obtain the coverage that Bare All received would cost literally millions of pounds. More importantly, the crucial safer sex message was delivered to young people in a credible manner that a government-branded campaign would find extremely difficult to recreate.

#### **Carry**

In support of the 'carry' strand, Co-op Pharmacy united its five pharmacy chains – 740 stores in total – to promote a simple message for Valentine's Day: 'Say it with condoms. Don't be embarrassed to show you care.' This was the first time all five pharmacy chains had worked together on a campaign and their presence on the country's high streets meant that the condom-promoting posters, shelf signage

and information leaflets would sit alongside everyday product promotions, facilitating the normalisation of condoms.

Co-op prides itself on being part of many local communities across the country and is investigating ways that other parts of its business can support the normalisation of condoms.

### Use

One of the benefits of working with a private sector company is that their promotions can often be more humorous or risqué than government campaigns, a fact which is important when targeting young people, especially with a subject such as sexual health.

Partnerships with holiday companies such as Club 18–30, Escapades and 2wentys take safer sex messages into the environment in which there is a high chance that young people might engage in risky sexual behaviour. Humorous posters are often accompanied by key rings, beer mats, condoms and postcards to remind holiday-makers of the safer sex message. They are also exposed to messaging before they go on holiday, to remind them to carry condoms with them.

It is impossible to overstate the value of capturing the attention of young people when they are most likely to engage in risky behaviour. By working with partners that are part of their lifestyle, the Condom Essential Wear campaign can reach its target audience as close as possible to the moment its message has greatest relevance.

### The value of partnerships

Private sector partners support the campaign at every stage. Creating such partnerships requires trust and a significant time investment, but they are invaluable in enabling government to take a step back while its campaign messages reach millions

of young people through a variety of media channels, the perfect complement to top-down advertising campaigns and a vital part of an integrated approach to public health campaigns.

There are approximately 50 partnerships currently supporting the Government's sexual health strategy, and the overall return on investment for sexual health campaigns is currently 13:1, making them a wise investment of public funds.



### Learning point

Appreciate the power that lifestyle brands can have on target audiences; working with national and local commercial organisations can be an efficient way to reach them. Recognise that risks to partnerships include the risk to an organisation's reputation.

# Conclusion

## Partnership working is viable – and gets results

The success stories contained in this pack demonstrate that partnerships involving the public, private and voluntary sectors are already alive and thriving. They support every area of the health and wellbeing agenda and empower communities to take responsibility for applying initiatives in ways that meet the needs of local people. Importantly, they allow partners – including government – to achieve much more than they would ever achieve alone.

### Benefits of working in partnership

- **Shared resources:** The sharing of data, for example, can help provide insight into the thoughts, knowledge and behaviour of a target audience.
- **Making the most of what's already there:** For example, health promotion campaigns can often 'piggyback' partners' media channels, increasing their scope.
- **Better access to hard-to-reach audiences:** Partner organisations that are trusted by a hard-to-reach audience can act as a conduit for disseminating information.
- **Increasing buy-in:** The combined power of partnerships can attract and get buy-in from potential partners who may normally be out of reach.
- **Greater cohesion:** Working in partnership can prevent duplication of work and provide a greater focus.

- **A stronger voice:** Organisations producing communications in partnership with government can often be bolder than government could ever be if working alone.
- **Breaking down barriers:** Partnership can break down the barriers that exist when opposing forces have failed to find common ground and get results in the past.

### How can you help?

We hope that this publication will inspire new partnerships to innovate and create initiatives that improve public health and wellbeing. To assist new partnerships, we have drawn together the top ten learning points from the partnerships featured in this pack (see overleaf).

### For further information

*Health Challenge England*  
[www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139514](http://www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_4139514)

*Choosing Health*  
[www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/index.htm](http://www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/index.htm)

*Small Change, Big Difference*  
[www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/SmallChangeBigDifference/index.htm](http://www.dh.gov.uk/en/PolicyAndGuidance/OrganisationPolicy/Modernisation/ChoosingHealth/SmallChangeBigDifference/index.htm)

# Top ten tips for working in partnership

## 1. Involve all partners as early as possible, and treat them equally.

It is important that all partners have a voice and that they feel they are being listened to. This is particularly important during the early stages of a partnership's development.

## 2. Set clear objectives and markers of success, and focus on results.

Define what the partnership is setting out to achieve and paint a clear picture of what success looks like. Remember that the partnership is about getting results for the target audience, and you should celebrate wins for one partner as a win for all.

## 3. Be open to innovation.

Try not to enter a partnership with preconceived ideas, and allow the combined efforts of partners to come up with a creative solution to whatever challenge you are facing. Similarly, be open to working with new partners or partners you might have deemed unsuitable in the past.

## 4. Allow an honest exchange of information between all partners.

Partnerships in which organisations communicate honestly and exchange relevant information freely have a greater chance of success. If a partnership brings together several opposing forces, it will be helpful to create a non-competitive environment.

## 5. Be clear about what every partner's role is.

Aim for a written and signed agreement of every organisation's role in the partnership. This doesn't mean that partners can't change their role in the partnership over time.

## 6. Trust partners to do what they do best.

Acknowledge that every partner brings expertise to the table and allow them to apply that expertise. Use partners to their full capacity, and if it is clear that a certain partner has the resource, knowledge and expertise to lead in a given area, allow them to do so.

## 7. Be prepared to be challenged.

Negotiation is a natural and important aspect of working in partnership.

## 8. Ensure risk is shared across the partnership.

Where significant resources are committed, partners must establish a clear and simple risk management framework. It is vital for partners to be transparent about potential risk.

## 9. Develop mechanisms to ensure sustainability.

Sustainability can be threatened by risks such as staff turnover and, in particular, departure of partnership champions. Having processes in place to manage transitions, such as facilitation of a partnership by an independent broker, can help reduce the risks.

## 10. Monitor and evaluate, and allow partnerships to develop in new directions, if necessary.

Continually measure the partnership's success to inform its future development. Don't restrict its evolution over time if evaluation suggests that you are not meeting your objectives.