

**By:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
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**To:** Children's Social Care and Health Cabinet Committee  
21<sup>st</sup> April 2015

**Subject:** Public Health Campaigns & Press

**Classification:** Unrestricted

**Past pathway:** This is the first committee by which this issue will be considered.

**Electoral Divisions:** All

## Summary

Marketing and communications is a key element in delivering successful public health interventions.

KCC Public Health recognised the need to increase delivery in this area, and have taken steps to increase the resource dedicated to campaigns in the coming year.

Recent campaigns have shown promising results in creating behaviour change, and the planned approach to campaign delivery will lead to a strong programme in 2015/16, aimed at bringing about behaviour change in the key areas of priority for public health.

## 1. Introduction

- 1.1. Marketing and Communications is a key element of supporting the public to maintain or improve their health.
- 1.2. During 2014/15 the KCC Public Health department have recognised that delivery in this area could be improved, and have been increasing the resource dedicated to delivery.
- 1.3. This paper will cover some of the recent campaigns, the coverage received and the early evidence of impact, before looking at the planning for campaigns in the future.

## 2. Campaigns and Press in 2014/15

- 2.1. When developing campaigns we look to identify the problem, or the behaviour change that is needed, then look at the audiences we need to reach, and what avenues we can use to get the message across.
- 2.2. Where possible, national campaigns are supported, and their reach extended where needed, rather than trying to create something new. The Public Health team work partners, and our suppliers, wherever possible to ensure a co-ordinated approach to communicating messages to the public.

2.3. During 2014/15 a series of campaigns were delivered, alongside targeted press releases that resulted in increased awareness of the role of KCC in delivering public health interventions.

#### 2.4. Case Study – Flu Campaign

For the flu campaign which began in September 2014, Kent Public Health focused on the groups identified by Public Health England as priorities, namely pregnant women, children aged 2 – 4, people with long-term conditions, and over 65s. There was a particular focus on pregnant women, as this group had a particularly low uptake in Kent.

2.5. Messages were disseminated through a variety of outlets, including bus backs, billboards, press adverts, online e.g Mumsnet.

2.6. This was combined with press releases and media interviews, including using one of our pregnant public health registrars as an example of a pregnant women who received a vaccination.

2.7. The campaign ran from September until January. Early indications show that the campaign had some success in reaching the target audiences. For example the Facebook ads that we placed resulted in 776 views of the Kent.gov flu whilst 16,334 members of the campaign target group were exposed to the adverts.



2.8. Whilst, the other three categories showed little increase, there was a significant increase in the numbers of pregnant women being vaccinated, with over 40% of pregnant women being vaccinated, compared to only 32% in the previous year.

#### Case Study – HIV Campaign

2.9. KCC Public Health, along with NHS partners, and Canterbury Christ Church University have been a part of the IMPRESS Project funded by Europe to ascertain the reasons for late diagnosis of HIV in Kent. The research project was published in October 2014, and a final part of the project was to run a social marketing intervention to try and increase testing rates.

2.10. The report found that there was no particular target audience in Kent, and that in recent years the number of infections among heterosexuals was above that of men who have sex with men, whilst late diagnosis was more prevalent in the former group, as the latter group was more likely to get tested. The report also highlighted that GPs were missing opportunities to test for HIV.

2.11. The campaign that was developed ran for the whole month of November (including National HIV Testing Week), and was composed of three parts:

- Media campaign
- Outreach via mobile testing clinic
- Training for GPs, and online training video

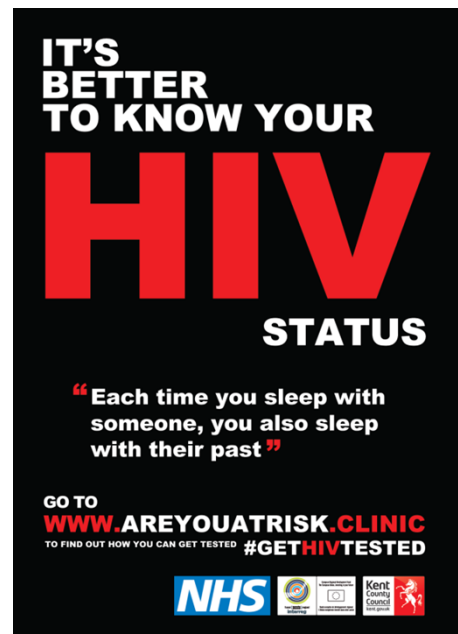
2.13 For the media campaign we identified the outcomes that the project was looking to achieve, namely it needed to:

- raise awareness of the behaviours that lead to a higher risk of HIV infection
- raise awareness of the treatments available and so the importance of an early diagnosis
- encourage engagement with outreach activities (mobile unit)
- encourage people who could have been at risk of HIV to get a test
- encourage healthcare professionals to offer an HIV test as part of routine care in specific settings and conditions (in line with present European guidelines)
- ultimately this was about getting tested for HIV especially if a person had increased their risk of infection through certain sexual activities.

2.14 The media engaged well with the campaign, and KMFM included a series of phone-ins with experts from our Sexual Health service providers during the week.

2.15 The social media campaign ran across Facebook and Twitter, with new visual messages every week, as well as live Tweets regarding the location of the mobile clinic/bus each day. Advertising statistics from the project Facebook page show the advertising brought in 158 website links with a total reach of 18,335 viewers.

2.16 The HIV and sexual health pages on Kent County Council's public health website were accessed 1,373 times during the campaign month of November 2014.



2.17 697 people accessed the 'find your clinic' with an average viewing time of 2 minutes 31 and seconds. 615 people accessed information about the bus location with an average viewing time of 2 minutes and 12 seconds. 343 people accessed 'the facts' page with an average viewing time of 2 minutes and 11 seconds. 25% of users returned to the site for specific HIV information.

2.18 Indications are that this was a successful campaign, with 300 people tested on mobile clinic during the month (including visits to Maidstone, and Sevenoaks, and outreach in Tonbridge and Tunbridge Wells), and Maidstone and Tunbridge Wells Trust reporting a 50% increase in people requesting HIV tests compared to the same period in the previous year. The table below shows the latest six monthly data

available, compared to testing in the previous year, with almost 2,000 additional tests conducted.

	1/10/13 – 28/2/14	1/10/14 – 28/2/15
Maidstone and Tunbridge Wells	4123	5083
Kent Community Health Trust	7032	8020
Kent Total	11,155	13,103

2.19 Early reports are that the level of GP testing has increased, in Maidstone and Tunbridge Wells area there were an extra 400 tests by GPs in the period 1/10/14 – 28/2/15, compared to the same period in the previous year.

### 3. Planning for 2015/16

3.1 As described above, a much stronger focus has been given to campaign work during the past few months, and this will bring Public Health into the new financial year in a much stronger position than 12 months ago. An outline timetable for next year is currently being finalised which is attached at Appendix 1.

3.2 During 2015/16 a three pronged approach will be taken in campaigns and marketing, these are:

- Service promotion – e.g. new sexual health services
- Education and awareness raising - e.g. HIV or Flu
- Social marketing interventions to change behaviour – e.g. smoking in pregnancy

3.2 Working with the relevant Public Health Consultant leads, integrated marketing and communications strategies and action plans are being developed for 2015/16, in the following areas:

- Quit smoking
- Alcohol harm reduction
- Healthy weight / tackling obesity
- Increasing physical activity
- Improving mental wellbeing

3.3 These will form the “always on” campaigns that will run throughout the year, with associated ready -made messages that can also be used to react to media requests.

3.4 Where appropriate, Public Health England national campaigns will be utilised (e.g Change 4 Life, which over 44,000 Kent families, and over 300 schools and nurseries have signed up to since 2009), and extend these campaigns further where the analysis of inequalities identifies a greater need.

3.5 Short burst campaigns will be developed, focussed around certain points of the year, in line with the campaigns on HIV or Flu as described above.

3.6 One such campaign that will be developed towards the end of 2015/16 will be focussed on reducing the number of suicides, in support of the suicide prevention strategy,

particularly amongst males. This is an area where figures have been increasing in recent years.

Table 1: Annual number deaths from suicide and undetermined causes, CCGs in Kent & Medway, both sexes, 2002-2013 registrations

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
NHS Ashford CCG	13	9	3	11	7	9	4	6	7	7	5	14
NHS Canterbury and Coastal CCG	12	16	16	16	16	17	10	20	13	14	15	21
NHS Dartford, Gravesham and Swanley CCG	22	28	27	16	18	22	8	21	15	23	23	28
NHS Medway CCG	23	12	20	21	23	22	14	19	14	13	20	31
NHS South Kent Coast CCG	17	26	20	27	13	20	12	19	18	25	22	18
NHS Swale CCG	4	7	16	8	12	5	8	11	9	3	8	13
NHS Thanet CCG	9	15	15	8	12	17	11	13	8	17	14	9
NHS West Kent CCG	39	35	31	39	36	36	35	42	30	30	38	48
<b>Kent &amp; Medway</b>	<b>139</b>	<b>148</b>	<b>148</b>	<b>146</b>	<b>137</b>	<b>148</b>	<b>102</b>	<b>151</b>	<b>114</b>	<b>132</b>	<b>145</b>	<b>182</b>

Source: PHMF, PCMD, KMPHO

3.7 As a part of the strategic planning work, analysis will be undertaken of the best way to maximise the existing assets through which we can deliver our messages. For example, in late March, the Public Health comms team visited three Children's Centres to understand how they deliver health interventions, and to identify what resources could jointly be developed to aid them in their work.

## 4. Conclusion

4.1. Well planned, targeted campaigns can have a positive impact on people's behaviour. The steps that KCC Public Health have taken during 2014/15 will ensure that 2015/16 will see a series of planned campaigns delivered to a strategic plan. However it is important to recognise that long term change requires long term, consistent messaging.

## 5. Recommendation

5.1. The committee are asked to:

- note the progress and impact of Public Health campaigns in 2014/15
- comment on the campaigns plan for 2015/16.

## Background Documents

None

## Report Prepared by

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