

Comment: the role of social marketing in health commissioning

By Adrian Coggins

Social marketing is an important new area for health commissioning. Contrary to the views of some, it is not just more consultation dressed up in new language, and it is important to reflect critically on statements such as - "that's about starting from where people are at and we're already doing that". To paraphrase a definition offered by the National Social Marketing Centre, social marketing offers us a structured programme of appropriate marketing tools and techniques alongside other methods to achieve a behavioural goal. So structured application of marketing tools with proven effectiveness at engagement in other spheres is something to take note of in any area where we want to achieve better engagement with our service users towards changing behaviour.

The public health applications of this in areas such as obesity, stopping smoking and safer sexual practice are obvious, but there are other applications in areas such as changing perceptions amongst our service population when changes in primary care or secondary care services are planned. Importantly social marketing offers us a means to achieve true engagement with a target group on a topic, rather than undertaking consultation, the results of which can often be of dubious quality and exert little influence on a programme of activities which has largely been predetermined. Social marketing is the difference between developing a service and then telling people to use it (and then getting frustrated when they don't!), and understanding your target group and then designing services which take account of how they view the world in general as well as the particular behaviour that you want to change.

NHS West Essex is undertaking a programme of social marketing to understand the social and cultural context in which challenging health behaviours take place. The initial work focussed on the worst off men in Harlow who smoke (and who are underrepresented in traditional stop smoking services), and current work is aiming to understand reasons for high rates of teenage conception and teenage pregnancy in Harlow, with a concurrent research agenda of understanding life aspirations.

Both the smoking and the teenage pregnancy work are the first stages of the PCT's social marketing programme in that they gather insight on the target group which is then used to inform subsequent intervention design and delivery. The current round of commissioning is concerned with procuring smoking cessation services for the worst off men and pregnant women, defined as those living in the PCT's target areas of low life expectancy. One of the key findings of the commissioning work to date is the need to stimulate the provider market to be able to delivery both social marketing engagement methodologies, and direct stop smoking service delivery. There are agencies which can do either but apparently very few who can do both well.

Given the huge market for such work, particularly as work around health inequalities gathers pace, it is in the collective commissioning interest to stimulate the provider market.

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