

CALL-OFF LOT(S):

<b>Order Number:</b>	C75206
<b>From:</b>	<b>National Health Service Commissioning Board (Known as NHS England &amp; Improvement)</b>
<b>To:</b>	<b>M&amp;C Saatchi (UK) Ltd</b>

<b>Call-Off Start Date:</b>	1 <sup>st</sup> July 2022
<b>Call-Off Expiry Date:</b>	30 June 2025
<b>Call-Off Initial Period:</b>	36 months
<b>Call-Off Optional Extension Period:</b>	12 months

<b>Deliverables required:</b>	<p>Deliverables are set out in the Statement of Requirements on Page 11 of this contract.</p> <p>Deliverables shall be priced and agreed using the Statement of Works form and priced in accordance with Annex A rate card.</p>
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<b>Key Staff:</b>	<p><b>For the Client: TBC</b></p> <p>[REDACTED]</p> <p><b>For the Agency:</b></p> <p>[REDACTED]</p>
<b>Guarantor(s)</b>	N/A

<b>Call-Off Contract Charges (including any applicable discount(s), but excluding VAT):</b>	<p>Contained in Annex A - Will vary depending on scope of requirements set out in briefs</p> <p>The maximum value of this contract, including all subcontracting, shall be £28,600,000 ex VAT based on the projected spend below.</p> <ul style="list-style-type: none"> <li>• 2022 / 2023: £5,650,000</li> <li>• 2023 / 2024: £6,650,000</li> <li>• 2024 / 2025: £7,650,000</li> <li>• 2025/2026: £8,650,000 (Should an extension be put in place)</li> </ul>
<b>Liability</b>	<p><b>See Clause 11 of the Core Terms</b></p> <p><b>Estimated Year 1 Charges: £5.65m</b></p>
<b>Additional Insurance Requirements</b>	None
<b>Client billing address for invoicing:</b>	<p>NHS England, X24 Payables K005, Phoenix House, Topcliffe Lane, Wakefield, WF3 1WE</p>

<b>Special Terms</b>	<p>a. Prior to delivery of the Deliverables to the Client, the Agency will obtain all licences or consents in respect of Third Party IPR that are required so the Client can use these Third Party IPR for the purposes set out in the Statement of Work or otherwise agreed in writing by the parties. The Agency will notify the Client of any restrictions on usage and any other contractual restrictions arising in respect of such Third Party IPR and the Client agrees to observe the same.</p> <p>b. In the event that any third party costs (e.g. production) require payment sooner than the payment terms set out in clause 4.6 of the Core Terms, the Agency shall notify the Client as soon as reasonably practicable in advance and the Client shall pay such costs within the period set out in the relevant invoice.</p>
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## PROGRESS REPORT FREQUENCY

Monthly

## PROGRESS MEETING FREQUENCY

Weekly

## CONTRACT REVIEW MEETING FREQUENCY

Six monthly

## KEY SUBCONTRACTOR(S)

Third-parties will be sub-contracted on a project-by-project basis depending on requirement (e.g. for different types of production or should research be required).

## COMMERCIALLY SENSITIVE INFORMATION

Not Applicable

## SOCIAL VALUE COMMITMENT

The Agency agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Proposal)

## CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

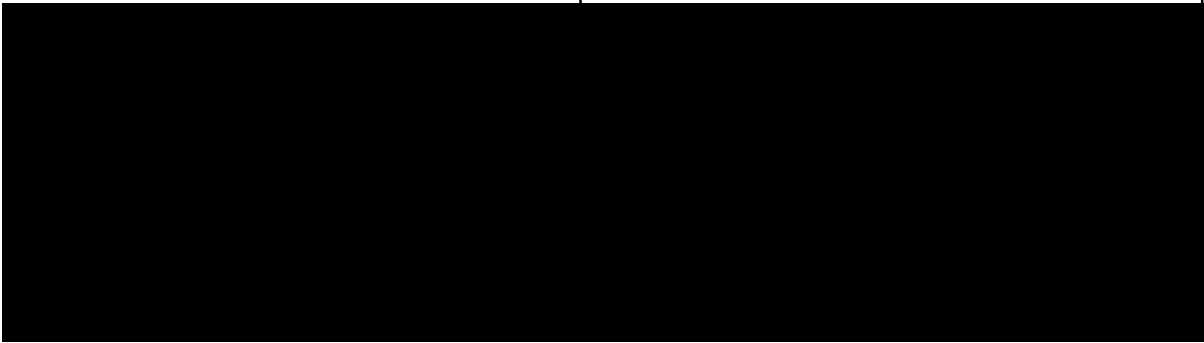
1. This Letter of Appointment including the Call-Off Special Terms and Call-Off Special Schedules.
2. *Joint Schedule 1 (Definitions and Interpretation) RM6125*
3. *The following Schedules in equal order of precedence:*
  - *Joint Schedules for RM6125*
    - *Joint Schedule 2 (Variation Form)*
    - *Joint Schedule 3 (Insurance Requirements)*
    - *Joint Schedule 4 (Commercially Sensitive Information)*
    - *Joint Schedule 10 (Rectification Plan)*
    - *Joint Schedule 11 (Processing Data)*
  - *Call-Off Schedules*
    - *Call-Off Schedule 1 (Transparency Reports)*
    - *Call-Off Schedule 3 (Continuous Improvement)*
4. CCS Core Terms
5. Joint Schedule 5 (Corporate Social Responsibility) RM6125
6. Call-Off Schedule 4 (Proposal) as long as any parts of the Call-Off Proposal that offer a better commercial position for the Client (as decided by the Client) take precedence over the documents above.

No other Agency terms are part of the Call-Off Contract. That includes any terms written on the back of, or added to this Order Form, or presented at the time of delivery. For the avoidance of doubt, the relationship between the Parties is non-exclusive. The Client is entitled to appoint any other agency to perform services and produce goods which are the same or similar to the Deliverables.

#### FORMATION OF CALL-OFF CONTRACT

BY SIGNING AND RETURNING THIS LETTER OF APPOINTMENT (which may be done by electronic means) the Agency agrees to enter into a Call-Off Contract with the Client to provide the Deliverables in accordance with the terms of this letter and the Call-Off Incorporated Terms.

The Parties hereby acknowledge and agree that they have read this letter and the Call-Off Incorporated Terms. The Parties hereby acknowledge and agree that this Call-Off Contract shall be formed when the Client acknowledges (which may be done by electronic means) the receipt of the signed copy of this letter from the Agency within two (2) Working Days from such receipt.

For and on behalf of the Agency:	For and on behalf of the Client:
	

## ANNEX A

### Agency Proposal

**2. Below is our proposed rate card for the contract covering all grades and examples roles that may be needed including production, throughout the lifecycle of the contract.**

Role Band	Level	Hourly Rate	Day Rate
Grade 1	All C Suite Roles		
Grade 2	Managing Director / Head of Department / Creative Director		
Grade 3	Client Lead / Programme Lead / Senior Creative / Senior Strategist / Director / Photographer		
Grade 4	Strategist / Creative / Producer / Designer / Artworker / Retoucher / Animators / Editor / Illustrator / Key Set Crew e.g. Camera, Sound, Lighting, Stylist etc. Trainer, Social Media Managers, Developer etc.		
Grade 5	Account Director / Senior Account Director / Researcher		
Grade 6	Account Manager / Senior Account Manager		
Grade 7	Assistant e.g. assistant on set, production assistant		
Grade 8	Entry level roles e.g. Graduate trainee		

### **3. Third Parties contracted by M&C Saatchi**

Whilst most production will be delivered inhouse by M&C Saatchi, there may be requirements from time to time, to outsource a particular element. For example; a campaign TV ad, outsourced to a TV production company in order to secure a preferred director.

In this instance, M&C Saatchi will obtain three quotes from three different third parties to ensure cost effectiveness, and in the interest of running a fair, open and transparent process.

The third parties will not be beholden to the CCS Contract Rates. However, M&C Saatchi will be responsible for negotiating a fair price for the work to be commissioned. A full cost breakdown will be supplied to the Client for approval prior to any work commencing.

The cost threshold for three suppliers bidding is over £ to be agreed

## **Annex B**

### **Statement of Work**

**This Statement of Work is issued under and in accordance with the Call-Off Contract entered into between the parties**

Any schedule attached to this Statement of Work will describe in detail the different types of Services to be provided under that Statement of Work. A schedule attached to this Statement of Work only applies to the relevant project to be delivered under that Statement of Work, and not to any other Statement of Work, or to the provision of the Services as a whole.

i) Where a Statement of Work would result in:

- a variation of the Services procured under this Call-Off Contract;
- an increase in the Charges agreed under this Call-Off Contract; or
- a change in the economic balance between the Parties to the detriment of the Client that is not provided for in this Call-Off Contract, the relevant term(s) will be dealt with as a proposed Variation to this Call-Off Contract in accordance with the Variation procedure set out in Clause 24.

<b>Project:</b>	Help Us, Help You' Creative Development and Production
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<b>Project start Date Notice period for cancellation [Project Notice Period]:</b>	1 July 2022- 30 June 2025 with an option to extend for an additional 12 months. Notice period for cancellation- 3 months												
<b>Overarching Brand/Campaign</b>	NHS England's 'Help Us Help You' (NHS service access) and 'We Are the NHS' (NHS recruitment). Inclusion of HMG branding may be required.												
<b>Deliverables</b>	Clients proposal submitted the 4 <sup>th</sup> May 2022 via the Atamis E-Tendering portal.												
<b>Inclusion of Additional Schedules</b>	<p>The following Schedules are incorporated into this Statement of Work</p> <table> <tr> <th>Schedule Name</th><th>Incorporated (Mark with 'X' if incorporated)</th></tr> <tr> <td>Creative Advertising Services (online and/or offline)</td><td>x</td></tr> <tr> <td>Social Media Services</td><td>X</td></tr> <tr> <td>Public Relations</td><td>X</td></tr> <tr> <td>Simple Software/website/app development</td><td>X</td></tr> <tr> <td>Below the line/experiential</td><td>X</td></tr> </table>	Schedule Name	Incorporated (Mark with 'X' if incorporated)	Creative Advertising Services (online and/or offline)	x	Social Media Services	X	Public Relations	X	Simple Software/website/app development	X	Below the line/experiential	X
Schedule Name	Incorporated (Mark with 'X' if incorporated)												
Creative Advertising Services (online and/or offline)	x												
Social Media Services	X												
Public Relations	X												
Simple Software/website/app development	X												
Below the line/experiential	X												
<b>Project Plan:</b>	As set out in the specification in the tender pack. (Annex C)												
<b>Contract Charges:</b>	The Contract Charges shall be calculated using the daily charge out rates shown in table of rates in Annex A [the pricing schedule], provided that the total Contract Charges shall not exceed £28,600,000 over the duration of the contract term including the extension. For the avoidance of doubt, the Contract Charges shall be inclusive of all third-party costs.												
<b>Client Assets:</b>	To include briefs, insight and operational data.												
<b>International locations:</b>	Not applicable												
<b>Client Affiliates:</b>	Not applicable												



## Call-Off Schedule 3 (Continuous Improvement)

### 1. Client's Rights

- 1.1 The Client and the Agency recognise that, where specified in Framework Schedule 4 (Framework Management), the Client may give CCS the right to enforce the Client's rights under this Schedule.

### 2. Agency's Obligations

- 2.1 The Agency must, throughout the Contract Period, identify new or potential improvements to the provision of the Deliverables with a view to reducing the Client's costs (including the Charges) and/or improving the quality and efficiency of the Deliverables and their supply to the Client.
- 2.2 The Agency must adopt a policy of continuous improvement in relation to the Deliverables, which must include regular reviews with the Client of the Deliverables and the way it provides them, with a view to reducing the Client's costs (including the Charges) and/or improving the quality and efficiency of the Deliverables. The Agency and the Client must provide each other with any information relevant to meeting this objective.
- 2.3 In addition to Paragraph 2.1, the Agency shall produce at the start of each Contract Year a plan for improving the provision of Deliverables and/or reducing the Charges (without adversely affecting the performance of this Contract) during that Contract Year ("**Continuous Improvement Plan**") for the Client's Approval. The Continuous Improvement Plan must include, as a minimum, proposals:
  - 2.3.1 identifying the emergence of relevant new and evolving technologies;
  - 2.3.2 changes in business processes of the Agency or the Client and ways of working that would provide cost savings and/or enhanced benefits to the Client (such as methods of interaction, supply chain efficiencies, reduction in energy consumption and methods of sale);
  - 2.3.3 new or potential improvements to the provision of the Deliverables including the quality, responsiveness, procedures, benchmarking methods, likely performance mechanisms and customer support services in relation to the Deliverables; and
  - 2.3.4 measuring and reducing the sustainability impacts of the Agency's operations and supply-chains relating to the Deliverables, and identifying opportunities to assist the Client in meeting their sustainability objectives.
- 2.4 The initial Continuous Improvement Plan for the first (1<sup>st</sup>) Contract Year shall be submitted by the Agency to the Client for Approval within one hundred (100) Working Days of the first Order or six (6) Months following the Start Date, whichever is earlier.
- 2.5 The Client shall notify the Agency of its Approval or rejection of the proposed Continuous Improvement Plan or any updates to it within twenty (20) Working Days of receipt. If it is rejected then the Agency shall, within ten (10) Working Days of receipt of notice of rejection, submit a revised Continuous Improvement Plan

reflecting the changes required. Once Approved, it becomes the Continuous Improvement Plan for the purposes of this Contract.

- 2.6 The Agency must provide sufficient information with each suggested improvement to enable a decision on whether to implement it. The Agency shall provide any further information as requested.
- 2.7 If the Client wishes to incorporate any improvement into this Contract, it must request a Variation in accordance with the Variation Procedure and the Agency must implement such Variation at no additional cost to the Client or CCS.
- 2.8 Once the first Continuous Improvement Plan has been Approved in accordance with Paragraph 2.5:
  - 2.8.1 the Agency shall use all reasonable endeavours to implement any agreed deliverables in accordance with the Continuous Improvement Plan; and
  - 2.8.2 the Parties agree to meet as soon as reasonably possible following the start of each quarter (or as otherwise agreed between the Parties) to review the Agency's progress against the Continuous Improvement Plan.
- 2.9 The Agency shall update the Continuous Improvement Plan as and when required but at least once every Contract Year (after the first (1<sup>st</sup>) Contract Year) in accordance with the procedure and timescales set out in Paragraph 2.3.
- 2.10 All costs relating to the compilation or updating of the Continuous Improvement Plan and the costs arising from any improvement made pursuant to it and the costs of implementing any improvement, shall have no effect on and are included in the Charges.
- 2.11 Should the Agency's costs in providing the Deliverables to the Client be reduced as a result of any changes implemented, all of the cost savings shall be passed on to the Client by way of a consequential and immediate reduction in the Charges for the Deliverables.
- 2.12 If at any time during the Term the Agency reduces its Framework Prices for Deliverables provided in accordance with the terms of the Framework Contract, the Agency shall immediately reduce the Charges for the Deliverables under the Call-Off Contract by the same amount. This obligation applies whether or not the Deliverables are offered in a catalogue provided under the Framework Contract.

## **Call-Off Schedule 4 (Proposal)**

See Annex's

## **Call-Off Schedule 5 (Pricing Details)**

See Order Form

## **Specifiation**

# **NHS ENGLAND NATIONAL CAMPAIGNS 'Help Us, Help You' Creative Development and Production**

## **SPECIFICATION OF REQUIREMENTS**

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## Specification of Requirements

### Background to the requirements

The NHS England Campaigns Team deliver national social marketing campaigns to support the NHS. Our campaigns are delivered under two overarching campaign brands:

- The **‘We are the NHS’** campaign aims to inspire people to join the NHS and retain those already working in it. It promotes the NHS as a first-choice employer, focusing on priority recruitment of professions including: Nursing; Allied Health Professionals; Healthcare Support Workers; and 999 & 111 Call Handlers; also supporting the recruitment of NHS Reservists.
- The **‘Help Us, Help You’** campaign is designed to save lives by changing the way people access services to reduce pressures on the NHS and maintain capacity, by driving effective use of the NHS, encouraging people to get help in the right place and at the right time.

We are seeking an experienced advertising agency to lead the strategy, creative development and production work for the ‘Help Us, Help You’ campaign.

The ‘Help Us, Help You’ campaign is delivered through a number of different phases aimed at different audiences and with separate aims and objectives.

All our campaign activity supports the successful delivery of the organisational priorities of NHS England and the wider NHS. These are set out in the NHS Long Term Plan and the annual NHS Priorities and Operational Planning Guidance.

### **Policy Context: ‘Help Us, Help You’**

The **‘Help Us, Help You’** campaign supports the successful delivery of a number of the priority areas set out in the NHS Long Term Plan and in annual NHS Priorities and Operational Planning Guidance managing the impact of the pandemic.

All campaign activity is designed to save lives and improve outcomes by changing the way people access services to reduce pressures on the NHS and maintain capacity, by driving effective use of the NHS, encouraging people to get help in the right place and at the right time. Activity supports the NHS 22/23 Priorities and Operational Planning Guidance ambition to “make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.”

The campaign is delivered through different phases of activity, which support different policy and programme objectives outlined in a range of key policy

documents including the NHS Long Term Plan and annual NHS Operational Planning Guidance.

**Cancer**, which is a key immediate priority for the NHS, as outlined in the NHS 22/23 Operational Planning Guidance, to help tackle the backlog of at least 36,000 patients that would have been expected to come forward to start treatment during the pandemic, and have not yet done so. Cancer campaigns activity supports multiple routes to diagnosis, including via primary care and screening.

- **Earlier diagnosis:** Activity supports delivery of the NHS Long Term Plan ambition that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. It also supports the NHS 2022-23 Priorities and Operational Planning Guidance requirement to “meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments”.
- **Bowel screening:** Activity supports earlier diagnosis targets, as well as delivery of the NHS Long Term Plan commitment to “modernise the Bowel Cancer Screening Programme to detect more cancers, earlier”. Activity will support roll out of the new, easier to use test (Faecal Immunochemical Test for haemoglobin) and lowering of the starting age for screening from 60 to 50.

**Heart Attack:** activity supports ambitions to reduce the number of deaths from heart attack:

- **NHS Long Term Plan ambition:** “Heart and circulatory disease, also known as cardiovascular disease (CVD), causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years.”
- **Operational planning guidance:** Supports the NHS system work implementing new models of care for cardiac care. Through earlier diagnosis of heart attacks, we support the ambition to provide direct oral anticoagulants to an additional 610,000 patients preventing 21,700 strokes and saving 5,400 lives over the next three years (if untreated heart attacks can lead to stroke).

**Stroke** – activity supports ambitions to reduce the number of deaths from strokes:

- **NHS Long Term Plan ambition:** Stroke, a preventable disease, is the fourth single leading cause of death in the UK and the single largest cause of complex disability. Stroke mortality has halved in the last two decades. However, without further action, due to changing demographics, the number of people having a stroke will increase by almost half, and the number of stroke survivors living with disability will increase by a third by 2035.

- Operational planning guidance: This supports the NHS system work implementing new models of care for respiratory, stroke and cardiac care. Through earlier diagnosis of stroke, we support the ambition to provide direct oral anticoagulants to an additional 610,000 patients, preventing 21,700 strokes, and saving 5,400 lives over the next three years.

**Urgent and Emergency Care (NHS 111)** - activity supports the NHS in managing the demand on urgent and emergency care services:

- NHS Long Term Plan ambition: That by “expanding and reforming urgent and emergency care services the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments, and better offset winter demand spikes.”
- Operational planning guidance: To support increases to capacity to NHS 111 “to ensure the service is the credible first option for patients, enabling their referral to the most appropriate care setting”.

**GP Access** – activity supports the NHS in managing the demand on primary care services:

- NHS Long Term Plan ambition: That digital-first primary care will become a new option for every patient improving fast access to convenient primary care.
- Operational planning guidance: Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – and support “the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered”.

**Pharmacy Access** – activity supports the NHS in managing the demand on primary care services:

- NHS Long Term Plan ambition: to make greater use of community pharmacy services and reduce pressure on other NHS services. From 2019, NHS 111 has supported direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management.
- Operational planning guidance: to support systems in considering how community pharmacy can play a greater role in local plans and in taking every opportunity to use community pharmacy to help tackle health inequalities.

**Norovirus** – activity supports:

- NHS Long Term Plan ambition: To reduce winter pressures on NHS services - “by expanding and reforming urgent and emergency care services the practical

goal is to ensure patients get the care they need fast, relieve pressure on A&E departments, and better offset winter demand spikes.”

- Operational planning guidance: To “maintain maximum possible levels of inpatient, day case, outpatient and diagnostic activity” during a potentially challenging winter.

**Staff winter immunisations** - activity will be delivered in alignment with public facing winter vaccinations activity, and supports:

- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2021 which previously required health and social care workers who have face-to-face contact with service users, including volunteers, to provide evidence that they have been fully vaccinated against Covid-19. Whilst legislation is being amended so that mandation of vaccination is no longer in place, workforce vaccination remains a priority.
- The annual flu letter, which recommends flu vaccination for all frontline health and social care workers.

### **Scope of the Procurement**

The appointed agency will be required to support the successful delivery of the ‘Help Us, Help You’ campaign activity, which will be measured through each of the campaign’s aims and objectives.

This will include subcontracting any specialist requirements that are necessary to the delivery of the campaign, including any qualitative research to inform the development of the strategy and the creative.

### **Aims & Objectives**

The aims and objectives of all the phases of the ‘Help Us, Help You’ campaign are set each year, based on the insights and evaluation data from previous activity. These will be finalised as part of the campaign’s strategic planning process, which will take into account evaluation of 2021/22 activity and the changes to the context around the NHS as a result of the pandemic. These are agreed with the Cabinet Office and the Department of Health and Social Care and reported on each quarter.

The provisional aims and objectives of the ‘**Help Us, Help You**’ campaign are outlined below:

- **Confidence in the NHS:** maintain confidence in the NHS
- **Cancer earlier diagnosis:** Increase urgent referrals for cancer
- **Bowel screening:** Increase uptake of bowel screening

- **Heart attacks:** Increase earlier calls to 999 for heart attacks
- **Stroke:** Increase earlier calls to 999 for stroke
- **NHS 111:** Increase use of 111 for urgent but non-life-threatening conditions
- **GP access:** Increase intention to access primary care via digital channels
- **Pharmacy access:** Increase use of community pharmacists for minor illnesses
- **Norovirus:** Reduce access to NHS services when experiencing norovirus symptoms
- **Staff winter vaccines** (to be delivered in alignment with public facing winter vaccinations activity: Increase in intention to receive winter vaccines.

The phases of the 'Help Us, Help You' campaign may change through the campaign period depending on operational priorities.

## Constraints and Dependencies

All the creative for the 'Help Us, Help You' campaign will need to be approved by NHS England and Ministers in the Department of Health and Social Care and the Cabinet Office.

The plans, methodologies, sample, and discussion guides for each qualitative research project will need to be approved by NHS England.

The creative development and production agency contract and budget will be managed by the Lead Campaigns Manager responsible for the 'Help Us, Help You' campaign in the NHS England Campaigns and Social Media Team.

## Requirements

### Mandatory and Minimum Requirements

The appointed agency will be required to develop and produce all the creative to support the successful delivery of the 'Help Us, Help You' campaigns' aims and objectives.

The creative agency will need to develop the strategic and creative approach for all the different phases of the 'Help Us, Help You' campaign.

The qualitative research projects will include testing with our audiences: creative concepts & approaches, messaging & language, tone of voice, and behavioural barriers & motivations. Research findings are to be provided in clear reports that present insights in a clear and actionable way to enable the campaigns' phases to be as effective with our audiences as possible.

The agency will need to ensure that the creative is effective with each of the different audiences for the different phase of the 'Help Us, Help You' campaign.

The audiences for the '**Help Us, Help You**' campaign phases are as follows. Additional audiences may be targeted should operational requirements change:

- **Cancer earlier diagnosis:** 50+ C2DE adults.
- **Bowel screening:** 50+ C2DE, focus on demographics least likely to participate.
- **Heart attacks:** 50+ C2DE, black and south Asian ethnic minorities, with all adults as secondary 'heart helper' audience.
- **Stroke:** 50+ C2DE, black and south Asian ethnic minorities, all adults as secondary 'stroke saver' audience.
- **NHS 111:** Targeting all adults; spend will be upweighted for audience segments that are higher users of A&E / EDs: young adults (aged 18-30); and parents with children aged under 12.
- **GP access:** All adults, with a focus on those most likely to be willing to access primary care services digitally, (i.e. higher SEGs) ensuring capacity in other routes to access for those who need them most.
- **Pharmacy access:** Parents of 5-12 year olds; and adults aged 60+.
- **Norovirus:** Adults aged 30-60, who are more likely to have older relatives who are in hospital and are at risk of visiting them and causing outbreaks in a hospital.
- **Staff winter vaccines:** NHS and social care staff.

New creative will need to be refined using insight and creative testing research.

This will be managed by the Insight and Evaluation Manager within the NHS England Campaigns and Social Media Team.

New creative must be produced to ensure maximum cost effectiveness, for example the footage for a 30" TV ad must also be suitable for short films for social media and the agency should consider the wider needs of all phases of the 'Help Us, Help You' campaign. Where possible any suitable existing creative is to be used.

All creative produced must follow the NHS brand guidelines and must be recognisably part of the unifying 'Help Us Help You' campaign brands using a co-ordinated visual style.

The creative agency must work with the media planning agency to ensure that the

creative approach can be effective across the channels recommended for each phase of the campaign.

Campaign creative, including photography, filming, graphics and audio recordings should reflect the diversity of the audience, including ethnic minorities and representations of disability.

A detailed messaging grid for each phase of the campaign is required to be created and maintained for each channel to ensure that consistent messaging can be managed.

A comprehensive table of usage rights is required, so that the usage rights (i.e. time period, media channels and partner usage) agreed for all creative assets are clear.

It's a legal requirement that all content that is made available on the CRC follows accessibility requirements. NHS England will provide minimum standard guidelines on accessibility.

The subcontracted qualitative research agencies must be a member of the Market Research Society and uphold the highest standards of market research.

All campaign activity is to be evaluated using the Cabinet Office evaluation framework.

## Desirable Requirements

The creative development and production work should consider making the best use of low-cost communication channels, with a focus on producing assets for use across NHS owned channels, including NHS estates, and communications to the public from local NHS trusts. However, these channels have limited reach, and rely on our audience being in contact with the health system.

Our no/low cost activity additionally includes:

- **Low-cost partnerships:** we work with NHS Trusts, voluntary sector and commercial partners by making campaign materials available via the Campaign Resource Centre's 210k live partners. Since 1 April 2021, partners have downloaded over 740,000 campaign materials. We encourage and support partners, through offers of co-branded assets and tweaked key visuals which allow our campaign messaging to be tailored and served to relevant audiences.
- **Other Government Departments and Royal Colleges:** leverage owned channels through DWP and other government departments, as well as those of the Royal Colleges (such as the Royal College of Nursing) to reach a wider

audience at minimal cost.

- **Stakeholders and ambassadors:** At a relatively low cost, we leverage our relationships with stakeholders and ambassadors to help us reach our target audiences through trusted voices. Please note that we do not pay social media influencers to support our activity.
- **Strategic partnerships:** we leverage maximum impact from our low-cost communications.

The appointed agency should consider how to support the continual professional development of the NHS England Campaigns and Social Media Team and colleagues in the wider NHS communications profession, by: holding training sessions; presenting at the Marketing Reference Group meetings; and organising events.

The insights generated from qualitative research has proven effective in supporting other aspects of NHS England's communications and policy work. The subcontracted agencies will need to consider how to maximise the value of the qualitative research projects for these areas.

NHS England are always seeking to innovate and maximise the impact that insight generation has across the organisation. The subcontracted agencies should consider how new approaches to generating insight can be applied to research projects.

## Timescales & Implementation

Provisional timings for the 'Help Us, Help You' campaign phases have been planned, but these are subject to change and will be influenced by NHS England's operational requirements.

The provisional timings of the '**Help Us, Help You**' campaign phases in 2022/23 are:

- June – July 2022: Cancer earlier diagnosis (extension to Q4 reducing barriers activity)
- July – Sept 2022: Cancer earlier diagnosis (symptoms)
- July – Aug 2022: Heart attack
- Oct – Dec 2022: Pharmacy access
- Oct 2022 – March 2023: NHS 111
- Oct 2022 – Jan 2023 – Staff winter vaccinations
- Nov 2022 – Jan 2023: Norovirus

- Dec 2022 – March 2023: Bowel screening
- Jan – March 2023: Cancer earlier diagnosis (reducing barriers / symptoms)
- Jan - March 2023: Stroke
- Jan – March 2023: GP access

The creative must be developed, including any qualitative research, within a timeframe that allows for effective consultation with both internal and external stakeholders and for the necessary approvals.

All new creative should be developed within time to enable effective partnership work to be delivered. Ideally a minimum of two weeks before a campaign phase goes live.

## Location

The appointed agency must be located within England, and regular meetings with the NHS England Campaigns team (based in London) will be required. These may take place in-person or virtually, dependent on need and activity.

Travel to other NHS locations throughout England may be required to deliver the work.

## Roles and Responsibilities

The key roles and responsibilities of the NHS England Campaigns Team in managing this work are:

- **Deputy Director, Head of Campaigns & Social Media** – [REDACTED]: the Deputy Director is responsible for leading the development and delivery of all of NHS England's campaigns.
- **Lead Campaigns Manager** – [REDACTED]: the Lead Campaign Manager is responsible for managing the development and delivery of the 'Help Us, Help You' campaign. They will be responsible for the management of the creative development and production contract.
- **Senior Campaigns Managers** – [REDACTED]: the Senior Campaign Managers are responsible for managing the delivery of different phases of the 'Help Us, Help You' campaign.
- **Senior PR Campaigns Manager** – [REDACTED]: the Senior PR Campaigns Manager is responsible for managing the development and delivery of the PR strategies that support the different phases of the 'Help Us, Help You' campaign.

- **PR Campaigns Officer** – [REDACTED] PR Campaigns Officer is responsible for delivering the PR activity that supports the ‘Help Us, Help You’ campaign.
- **Senior Campaigns Partnerships Manager** – [REDACTED] Senior Campaigns Partnerships Manager is responsible for managing the partnerships work that supports the ‘Help Us, Help You’ campaign, which includes working with external stakeholders.
- **Senior Insight and Evaluation Manager** – [REDACTED] the Senior Insight and Evaluation Manager is responsible for development of insight, strategy and managing research, including PR surveys and evaluation of the ‘Help Us, Help You’ campaign.

## Management Information & Governance

The appointed agency will be required to submit progress reports on a weekly basis and participate in regular meetings with the NHS England Campaigns Team in London. These reports should provide sufficient information to allow the Campaigns Team to review progress against timelines, identify how costs have been apportioned and identify any areas for improvement.

## Performance and Measurement

The performance of the agency will be measured against the campaigns’ aims and objectives detailed earlier in this document.

The subcontracted qualitative research agencies will need to provide reports and presentations of the findings for all the qualitative research projects.

Regular review meetings will be held to review the performance of the agency.

The agency will need to provide regular evaluation reports and contribute to the post campaign analysis reports after each phase of campaigns.

## Contract Term

The term of this contract is 3 years, with provision for this to be extended for a maximum of 12 months (3 +1).

## Budget

The maximum value of this contract, including all subcontracting, shall be £28,600,000 ex VAT based on the projected spend below.

:

- 2022 / 2023: £5,650,000

- 2023 / 2024: £6,650,000
- 2024 / 2025: £7,650,000
- 2025/2026: £8,650,000 (Should an extension be put in place)

## **Sustainable Development Requirements**

The appointed agency will be required to put in place and implement a Green Plan. Green Plans must set out the agency's detailed plans and actions that support the NHS Long Term Plan commitments on:

- reducing air pollution – such as implementing expenses policies for staff which promote sustainable travel choices;
- cutting carbon emissions – by reducing emissions from the provider's premises;
- reducing the use of single-use plastic products and observing the NHS Plastics Pledge to eliminate avoidable single-use plastics in NHS catering facilities; and
- reducing levels of waste and water usage.

The agency is expected to quantify its environmental impacts and publish annual quantitative progress data, covering as a minimum carbon emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

## **Appendices- None**

# Supplier Response Documents

10



# Help Us Help You

## **Creative Development & Production.**

Response to Technical Questionnaire.  
C75206

M&CSAATCHI | r 1:b1

## Question 1

### Overview

Provide an overview of your understanding of the campaign's requirements and the major challenges presented by this brief.

Your response will be assessed against the extent to which it demonstrates the following requirements:

- Level of understanding of the detail of NHS policy, the health environment and social demography relevant to our audiences.
- An effective partnering approach to delivering this service in acknowledgement of the challenging delivery environment.
- An approach to ensuring good practice and engagement with stakeholders and delivery partners.
- The ability to flex response in light of changing priorities.
- How delays will be mitigated.

[999 Words]



## THE BRIEF

### An unprecedented time

According to Google, 'unprecedented' was used 300% more than usual across 2020/21. Although overused, the term is profoundly appropriate to today's NHS and to this brief.

The NHS is facing unprecedented pressures, evident in waiting lists, increased demand, morale, funding challenges, increasing inequalities, policy reforms and so on.

Innovating to cope with these challenges, the NHS is taking unprecedented steps. Critically, this brief increasingly asks the public to behave in ways they've not experienced before and are resistant to – the very definition of unprecedented.

For example, 'seeing' their GP without going to see them, breaking the ingrained habit of rushing straight to Emergency Departments, or ignoring the urge to 'not be a bother' over apparently trivial symptoms.

### Translating positive sentiment into behaviour

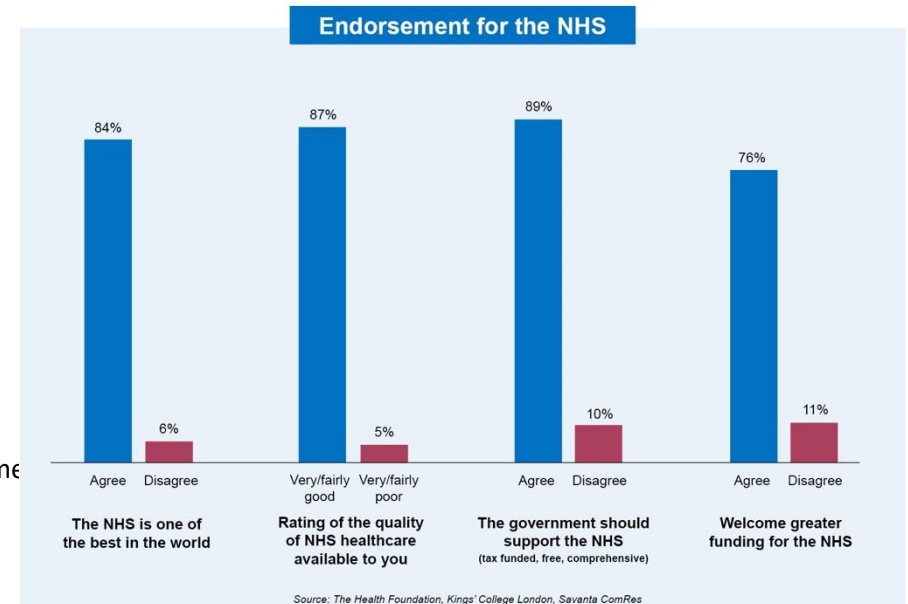
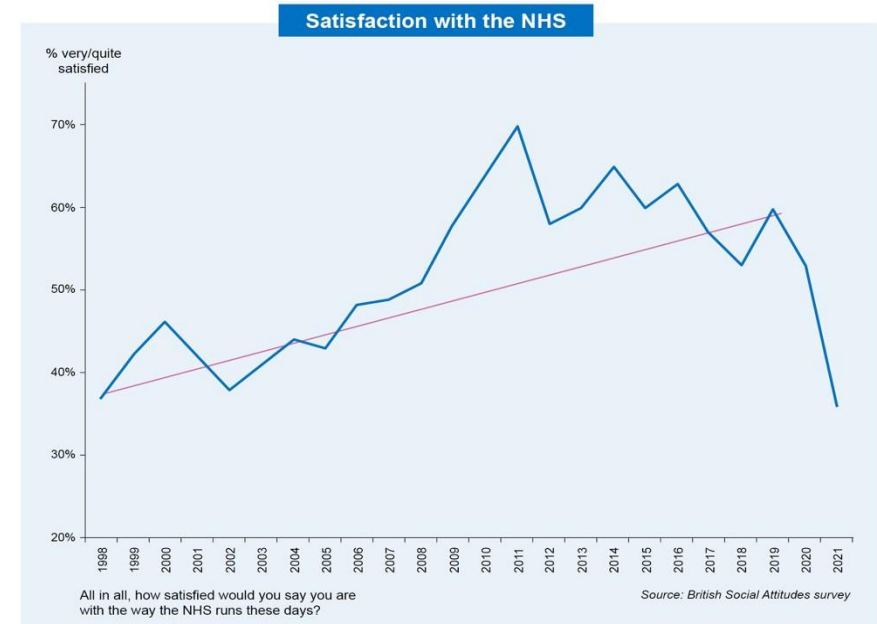
Likewise, public attitudes towards the NHS have been profoundly shaped by recent unprecedented events.

Having trended upwards for two decades, satisfaction with the NHS fell dramatically over the pandemic, reaching an unprecedented low. Yet simultaneously, public belief in the NHS has never been stronger, with approval ratings in the high eighties.

This apparent contradiction echoes the pride, concern and optimism referenced in the Long-Term Plan. It also underscores the reciprocal sentiment behind 'Help Us Help You'.

With the importance of health never more salient, more than ever the public need and want an NHS to help them. And their willingness to help 'our NHS' is stronger than ever.<sup>1</sup> So, 'Help Us Help You' is arguably more relevant than ever before.

This brief's key challenge is harnessing that pro sentiment into behaviour.



<sup>1</sup> These assertions are directly supported by *'Attitudes towards and experiences of the NHS during Covid-19: views from patients, professionals and the public'*; qualitative research by Britain Thinks for the Richmond Group of Charities, July 'England



## Finding new ways to trigger action

To meet that challenge, we will build on what we know works.

In particular, we have shown the power of empathy. So, we will double-down on relating to the patient's experience. Whether that be how they experience a symptom, how they feel about it, their situation and frame of mind, the reactions of others, and social conventions.

With the social context more pertinent than ever, there is scope to further draw out the collective meaning within *'Help Us Help You'*. Still prompting specific individuals to act in specific scenarios, we will express the collective sentiment that *'All of us can help our NHS help all of us'*.

Einstein once remarked the definition of insanity was *"doing the same thing over and expecting a different result"*. So, our response adopts an 80:20 principle:

80% of our effort will build on the approach to date; exploiting the cornerstones of its effectiveness to date; empathy, reciprocity, creativity, insightful symptom portrayal, NHS people, clear, distinctive guidelines, etc.

20% will go into experimenting and transforming; exploring new ways of achieving the objective, reaching relevant audiences, framing the idea, exploiting new applications, and crucially, evaluating which to pursue.

### 80 + 20 = 120

We will focus the 20% on priming and prompting audience response, addressing issues that either make audiences more pre-disposed to act, or trigger more of them to respond at the sharp end.

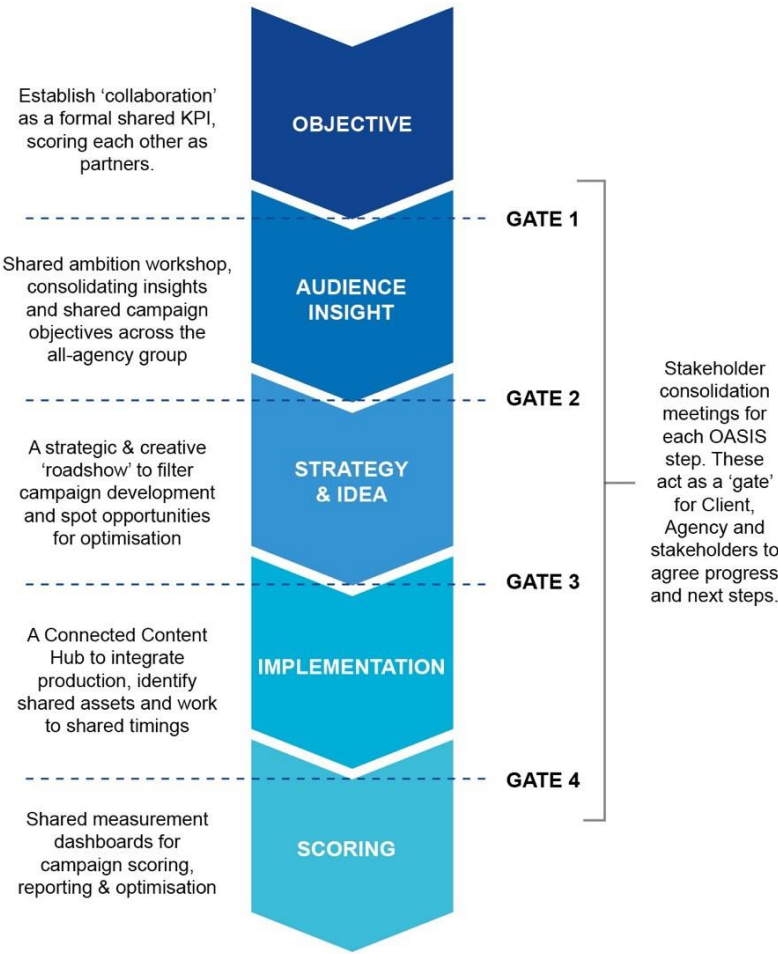
Either way, the 20 will make the 80 more effective.



**ENSURING WE MEET CAMPAIGN REQUIREMENTS**

**Stakeholder and Partner Engagement**

With complex problems and tight timings, close collaboration is critical. Working closely with yourselves has illustrated the need to engage stakeholders, within and outside the NHS, early and often. We will use the best practise of OASIS to create, review and optimise proposals as an all-agency group. Our new model will drive collaboration and consultation at speed. It uses a series of 'gates' to cement agreement stage-by-stage, minimising the risk of going back to square one.



**Effective Partnering in a Challenging Delivery Environment**

Over four years together, our close relationship and shared endeavour

demonstrates the power of partnership to solve problems effectively, rapidly, and creatively.

Under 80:20, we'll elevate this further, ensuring that services are not only delivered smoothly, but our solutions remain hyper-relevant:

### 1. No-Agenda Check-ins

Over and above project-specific meetings, regular 'no-agenda check-ins' allow client and all agency partners to pull back and review broader themes, as appropriate, stimulating constructive criticism and opening-up new approaches.

### 2. Automated Asset Management Platform

Adoption of an equivalent asset management platform will allow high-volume, low-cost supply at speed, across all asset types. In our Census 2021 work, this enabled the smooth delivery of 2500+ assets over 6 weeks.

### 3. Engaging Marginalised Audiences

Our 'Building a Stronger Britain Together' network consists of c.250 Civil Society Organisations (CSOs) representing the most marginalised population groups in the UK. NHS insight on current behaviours along with M&C Saatchi communication expertise, coupled with 'on-the-ground' insight from our CSOs, ensure we not only speak to the masses but are hyper-targeted with less engaged audiences.

## Flexing with Changing Priorities

Shifting priorities present twin challenges; responding at pace to new requirements with speed, but critically, ensuring quality and effectiveness aren't sacrificed.

Under 80:20, we'll introduce new agency processes to improve speed and flexibility, whilst maintaining consistent oversight from the core team, critical to maintaining relevance and efficacy:

### 1. 24hr Studio

Our overnight production facility utilising time-differences across our worldwide network, delivering while we sleep.

### 2. Rapid Response Creativity

A rapid development creative function deploys available talent across the network when turnaround times are especially short.

The above will be filtered through our usual approval processes, so the effort will be invisible, but the outcomes assured.

## Mitigating Delays

In addition to the above, we'll implement processes at the outset of all projects to mitigate delays:

### 1. Robust Workplan

A plan developed collaboratively for each project breaks down goals, milestones and deliverables, enabling the project team to monitor and ensure progress.

### 2. Risk Register

A risk assessment is managed as a live document, with active mitigation throughout. Issues are flagged and escalated as they arise.

### 3. Management Systems

A set of regular meetings and control points to ensure campaign delivery is on track.

Statement of Re

HY Creative

## Question 2

### Strategic Approach

Outline your proposal for the strategic approach for the 'Help Us, Help You' campaign, based on the GCS OASIS model, including an outline evaluation plan.

[994 Words]



Our approach applies the 80:20 principle across OASIS.

We'll focus our effort on optimising what we know has worked, and adapting previous assets, as appropriate. Even then, there are opportunities to augment effectiveness, in line with what motivates.

The '20%' complements that, with new approaches that prime or prompt audiences to take specific action, ensuring a strategy greater than the sum of its parts.

## Objectives

Each objective expresses the policy goal in terms of broad patient experience, aiming to influence audiences en masse.

Eg. the ambition to diagnose three-quarters of cancers at stage 1 or 2 is best achieved by addressing people's reticence to approach their doctor with possible cancer signs. Commonly, there is psychological reluctance to face being diagnosed with cancer. The objective therefore focuses on dissipating this fear and consequent reluctance to see GPs when experiencing a possible symptom.

Complementing this, our 20% approach will prime audiences, encouraging us to talk more openly about cancer, rather than shy from it. It will also prompt more specifically. Eg. addressing those who Google symptoms in private rather than discuss it openly. The objective being to convince those people to follow up their concern and see their GP.

We've applied the 80:20 approach to describing objectives below, acting as a two-pronged approach across the entire brief:

80%		20%
People with possible cancer symptom go to see their GP straight away, rather than putting it off through fear of finding out it is cancer.	+	People privately searching online for a symptom that might or might not turn out to be cancer act on it by going to see their GP about.
People receiving a bowel cancer screening test don't ignore it or shy away from completing it.	+	People use having done their bowel cancer screening test as a prompt to get others (friends, family, colleagues, contacts) to get tested.
People experiencing possible (mild) signs of a heart attack call 999 immediately, rather than waiting to see if their symptoms go away, or become more dramatic.	+	People, inclined to reassure a friend/family member to just wait and see about mild signs they're experiencing, become real heroes by insisting on calling 999 instead, intercepting a possible heart attack.
People seeing someone else having what could be a stroke call 999 without hesitating or waiting to be completely sure.	+	People become more stroke aware and more likely to notice immediately someone looking as if they're having a stroke (or possibly having one) and call 999.
People with conditions they feel warrant A&E check in with NHS 111 first (via phone /online), to book a time slot or be directed to a more suitable alternative.	+	People on the point of reaching for their car keys / taxi number and rushing to A&E / Emergency Department reach for their phone instead to call 111 first.
People who need to 'see' their GP feel comfortable doing so digitally in the first instance, rather than arranging to physically go and to see them.	+	People use the ease of speaking to their GP by phone / video as a good reason to raise that little thing they've been shrugging off.
People with minor ailments go straight to see their pharmacist, rather than booking an appointment with their GP.	+	People on hold to book a GP appointment realise it would make more sense to discuss their minor ailment with their pharmacist today.
People with D&V (norovirus symptoms) stay at home and don't visit hospital – including 24 hours after symptoms have stopped.	+	People who've stayed at home with D&V and held off visiting hospital, work, family etc. hold off for another 24hrs after their symptoms have stopped.
Health and social care workers with face-to-face patient access voluntarily take up the option of a Covid-19 booster and flu vaccination.	+	Covid boosted and flu vaccinated health and social care workers wear their vaccine status as a 'badge of honour'.

Audience & Insight

Aside from demographics, HUY has largely related to audiences through their experience of symptoms. Audience friendly depictions of symptoms have proved effective, where formal medical descriptions suggest more severe, clear-cut and less relatable symptoms. E.g., few people experiencing a heart attack subsequently describe their initial symptoms as ‘chest pain’. So, we express a more relatable ‘squeezing’ across the chest.

We will complement a symptom focus with an audience behaviour focus. Eg. older men are a particular challenge across most objectives, exhibiting marked behaviour of vehemently insisting they are OK, even when they’re not. Helping this group recognise this behaviour will prime them to listen to their bodies, partners and families telling them to ‘get that looked at’.

As a more specific example, we will get people who feel breathless having climbed a flight of stairs to report this to their GP, potentially signalling a number of different medical conditions – heart disease, cancer etc. Again, the recognisability of the scenario helps audiences identify.

We’ll work with you to pinpoint appropriate audience groups and respective behaviours, running qualitative research into specific audience groups / behaviours, rather than disease type. E.g. understanding busy/anxious parents.



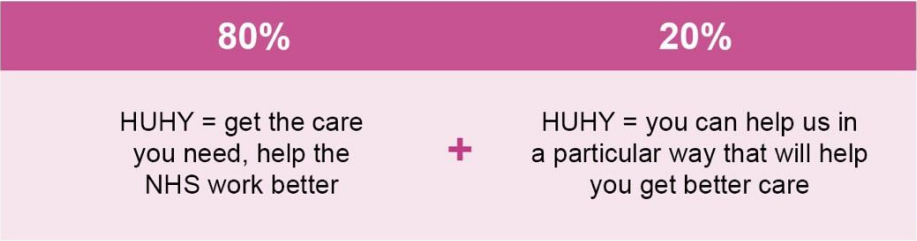
Strategy & Idea

Our approach will exploit the rich meaning within ‘Help Us Help You’; nuances that encourage audiences to act in ways they wouldn’t normally. Key to this is balancing reciprocity and specificity.

Under the 80% principle, we will continue to stress action to help the NHS get you the right care. Completing that bowel screener might never be your No.1 priority but could make the difference that helps the NHS treat you for cancer early. Helping us really could help you.

Equally, given how we all view the NHS post-pandemic, there’s value in the collective meaning. You’re not just helping get the care you need, you’re helping the NHS work better for everyone, providing additional motivation to comply.

The 20% lens encourages us to be more specific about how audiences can help. In turn, being specific about how this will help them. So, with phone in hand, before you call a cab and rush to A&E, call or click 111 to check in and get an arrival slot. You might even find there’s a more suitable alternative, closer than you realised.



Implementation

The 80:20 principle will help navigate the challenges of having to address large audiences en masse in order to reach and trigger action from those few people at any particular point in time with specific health issues.

We will continue to exploit mass broadcast channels to reach broad audiences with broadly applicable messages. Eg. 66% of the population consult their GP each year, 70% of those more than once<sup>1</sup>. So, it’s appropriate to reach a mass audience with a message about seeing your GP without necessarily going to see them. As noted earlier, the collective theme within ‘Help Us Help You’ is useful in supporting the macro-objective of confidence in the NHS.

At the same time, the 20% lens will enable us to supplement mass activity, using specific channels and points of implementation to reach smaller audiences with more specificity. E.g. a message at the top of stairs addressing people out of breath just walking up.

<sup>1</sup> Source: IPSOS

Likewise, the suggestion of seeing the pharmacist for minor ailments might be particularly helpful if heard whilst holding to book a GP appointment.



### Scoring & Evaluation

With good understanding of HUY’s effectiveness, the 80:20 principle suggests areas where data can help enable greater success.

With emphasis quite rightly on behaviours achieved, we’re reliant on operational NHS metrics to establish outcomes. These inevitably lag campaigns, often by months. This forces decisions about future lighting to be taken with sometimes incomplete understanding of in-market performance.

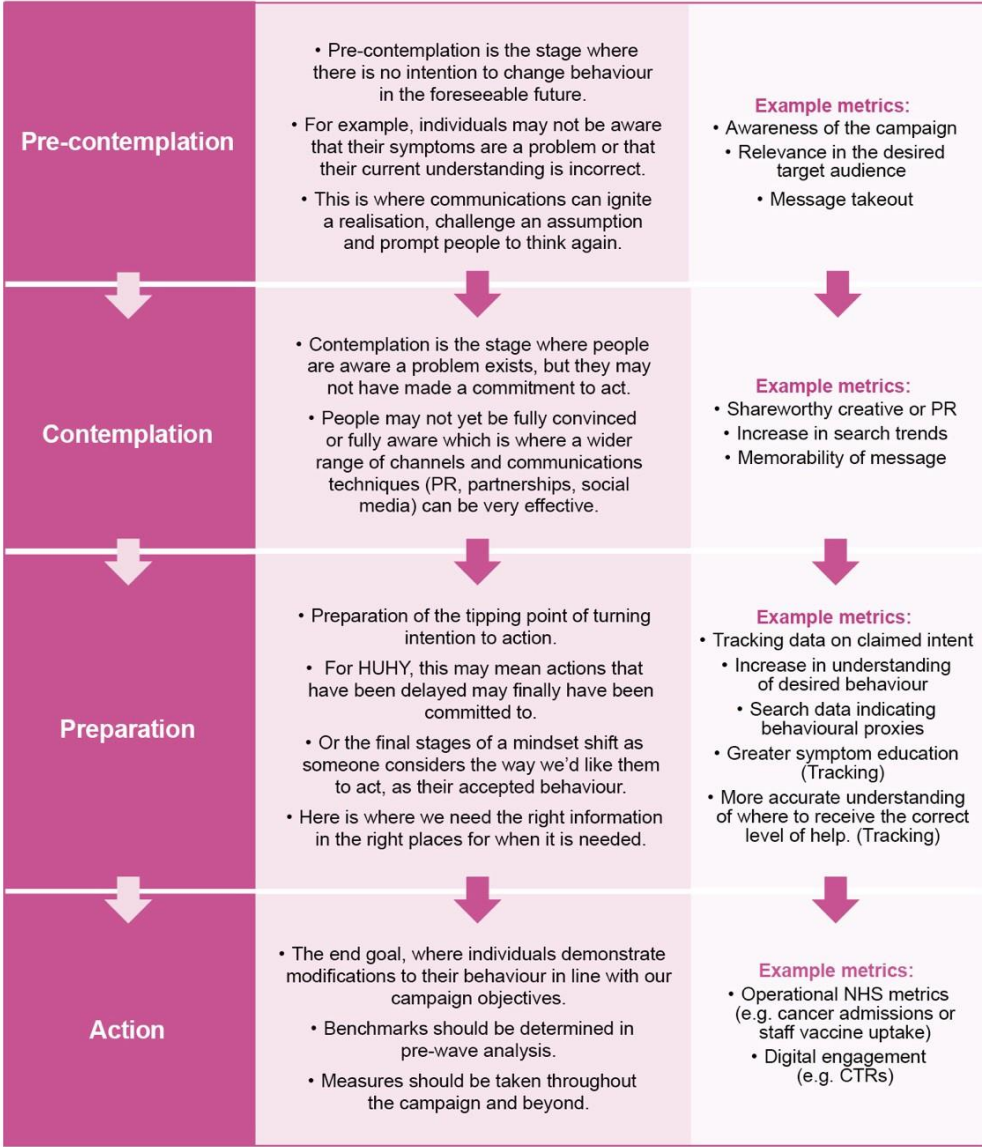
To compensate, we propose more pro-active use of data and insight to anticipate and evaluate likely success.

Search data gives us a useful proxy for actual behaviour, and an indication of patient concerns. Search term data, for instance, suggests the public is relatively comfortable searching the phrase ‘blood in urine’. Equally, it can indicate the relative salience of different symptoms at both planning stage and post-campaign. Notably, the incidence of terms related to ‘squeezing’ has risen five-fold post the recent heart attack campaign<sup>2</sup>.

We also propose the use of small-scale live Beta-testing of proposed messaging in digital environments to indicate in advance which messages prompt the greatest response.

<sup>2</sup> Google Trends

For evaluating against benchmarks, the Stages of Change is a good model for us to work from, adding specific objectives against each stage for each campaign. It is a framework we use regularly for some of the longer-term behaviour change campaigns.





Our 80:20 strategic approach is summarised here:

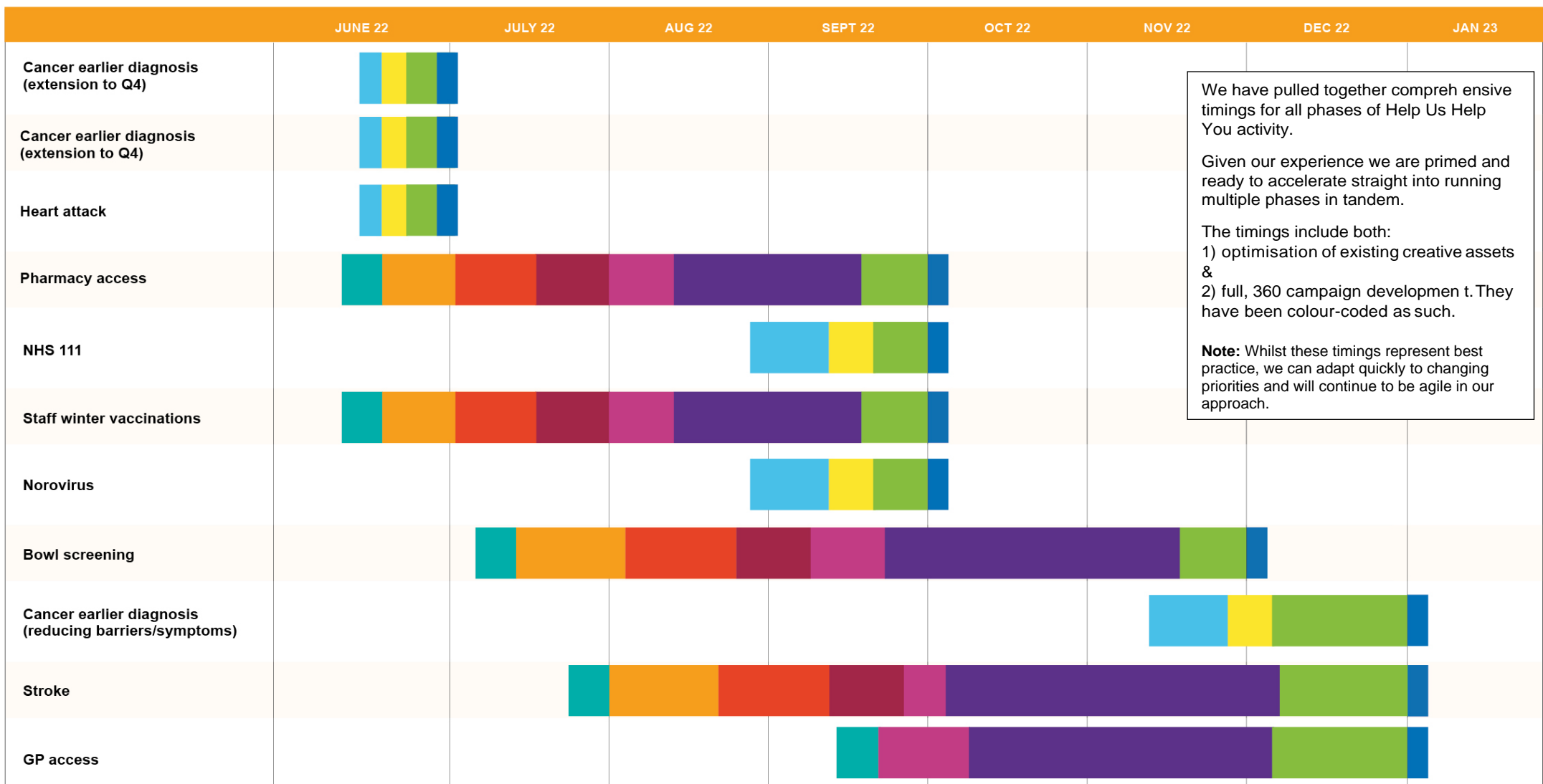
	80%	20%
Objectives	Helping achieve the policy goal by seeking to influence most of the audience en masse	Seeking to prime or prompt specific behaviours amongst certain sub-groups, in particular circumstances
Audience & Insight	Address audiences through their experience of symptoms	Address audiences based on their behaviours and situation
Strategy & Idea	HUHY = get the care you need, help the NHS work better	HUHY = you can help us in a particular way that will help you get better care
Implementation	Mass, broadcast activity that reaches the most people	Activity specific to channels, locations, audiences and environments
Scoring & Evaluation	Evaluating success after the event by measuring behaviour achieved	Anticipating success before going live, using data to gain better insight and better predict likely response



### Question 3

## Timing Plan

Please provide an indicative timing plan outlining key milestones. This should outline any dependencies.



#### Existing campaigns

- Reviewing and optimising existing creative for adaptation
- Production (scoping, adapting and resupplying of files)
- Supply (media and partner assets)
- Live from

#### New campaigns

- Debrief from NHS, M&C interrogates brief
- Strategy Phase
- Creative Development
- Research, review findings and debriefing M&C
- Creative Refinement
- Production (pre, shoot, post)
- Supply (media and partner assets)
- Live from



## Question 4

### Project Management

Provide details of how you will project manage this campaign to ensure that the campaign schedule is achieved.

This should include progress reporting and risks & issues analysis.

[994 Words]

## ENSURING SMOOTH DELIVERY OF SERVICES

### 1. Progress Reporting

Being familiar with the need for communication requirements to adapt and quickly shift, we recognise that regular, precise, and efficient project management is paramount. Especially when multiple phases of activity are developed in parallel. Our work for you – particularly at the height of the pandemic – proved the value of establishing clear, flexible, and responsive systems.

#### Project Management Procedures to Mitigate Risk:

- **Robust Workplan:** A detailed plan collaboratively developed at the start of each project which breaks down planned activity, milestones, and deliverables, enabling the project team to manage and monitor project and campaign delivery.
- **Risk Register:** A risk assessment to collaboratively establish a register at project outset. Managed as a live document, with active mitigation throughout. Issues are flagged as they arise and managed through a stepped escalation process where necessary.
- **Management Systems and Ways of Working:** An agreed set of regular meetings and control points to ensure campaign delivery is on track.
  - **Daily Stand-Up**  
**Focus:** short-term view on key actions for the day across all phases of activity. The purpose of this meeting is to ensure effective prioritisation of day-to-day tasks.
  - **Weekly Status**  
**Focus:** top-down view across all phases of activity, including key senior stakeholders across agency partners. The purpose of the meeting is to gather as one to review progress, and to discuss and troubleshoot challenges the team are facing. This proves an invaluable opportunity to discuss different options and make quick decisions as one holistic team.
  - **Master Status Document**  
One master document for all key deliverable meetings, be it daily stand-ups or weekly status. This ensures we have one version of the truth covering all strands of activity.

- **Creative & Production Meetings:**

- **Specific working sessions** to focus on collaborative development of campaign strategy and creative including agency partners where helpful.
  - **Pre-production meetings & production check-ins** in order to ensure effective delivery of campaign assets and allow any risks to delivery to be mitigated promptly.
- **Performance Reviews:** Continuous performance reviews to achieve optimum efficiency.

Based on our experience working with you and the unique challenges you face; we would propose three additions to the above.

- **Engaging Marginalised Audiences:** Our 'Building a Stronger Britain Together' network consists of c. 250 Civil Society Organisations (CSOs) representing the most marginalised population groups in the UK. NHS insight on current behaviours along with M&C Saatchi communication expertise, coupled with 'on-the-ground' insight from our CSOs, ensure we not only speak to the masses but are hyper-targeted with less engaged audiences.
- **A Colleague & Patient Forum:** in addition to existing stakeholders, we will convene a new forum of NHS staff and patients. This will create immediate access to a perspective 'on the ground', drawing from experiences at the heart of the NHS. Their input will help guide development of the strategy, the creative platform, and the campaign assets, ensuring maximum relevance.
- **Weekly Spend & Work Package Meeting:** our financial system is very versatile and allows us to track real time spend. We can create weekly and or monthly reports which show estimate vs actual cost, which allow you to see what has been committed and spent in real time. By tracking budgets across phases of campaign activity more regularly, we can make decisions based on current service pressures, re-allocating budget quickly should priorities change (as they often do).

Escalation Process

We respond to complaints and problems swiftly and responsibly, implementing an operating procedure which is agreed with all stakeholders from the outset. If concerns with the execution of our work arise, we activate a three-level escalation process: once a problem has been identified and cannot be addressed at the project management level, an escalation meeting is convened amongst all stakeholders, to pinpoint the problem and promptly agree on a solution.

Escalation level	Point of contact	Timeframe
First	Core Team Lead	Immediate
Second	Client Partner Lead	Within 12 hours
Third	CEO	Within 24 hours

2. Our Full-Service Production Offering

M&C Saatchi M&KE is our full-service production capability. It is our Connected Content Hub, designed to deliver everything from simple, low-cost adaptations to seamlessly integrated 360 campaigns.

We are not reliant on sub-contractors and can deliver all core services ourselves. However, where required we actively embrace external partners whose expertise augment our own - from production companies and media agencies, through to academics, civil society organisations and influencers. This ‘open-source thinking’ around brief specifics maximises the adoption of innovation and technology, and ensures best-in-class, end-to-end delivery at pace and scale.

Beyond our work for the NHS, recent examples include:

- When responding to the terrorist attack in 2020, our immediate incident response activity secured over 200,000 video views, 7,000 link clicks, 1m impressions, and 268 pieces of coverage.
- Our Census campaign – created in only 12 weeks - was the most diverse and inclusive campaign ever created, featuring 200 different communities, across 2500 assets in 44 languages.

- The entire Better Health brand was a swift response to the pandemic. Covering everything from brand name and identity, through research and development of tone/imagery, to casting, shooting and delivery of AV, print, social, and digital outdoor assets, this project was fully realised in-house in 8 weeks

Our M&KE team are supported by the latest production technology. This smooths workflow management, ensures asset quality, and propels delivery to client and media partners. We’re always looking for ways to drive further production efficiencies and cost effectiveness. Platforms we would recommend for the NHS include:

Creative automation & templating tool that crafts brand compliant ads at the click of a button.

sesimi

Creative automation and campaign management tool for programmatic and personalised content that helps manage high volume campaigns and accelerate our speed to market.

celtra

Scalable project management, and creative collaboration tool from Simple IO.

admation

Cloud based studio campaign manager that tracks and traffics media for seamless ad delivery.

@ campaign ad.fast

Visual and customizable task management tool that puts collaboration at its heart.

monday.com

Social content planning, publishing, and analytics.

FALCONSOCIAL

## Question 5

### Agency Examples

Demonstrate, through examples of previous similar projects, your organisation's experience and ability to successfully meet the complexity and timescale demands of this project's requirements.

[975 Words]

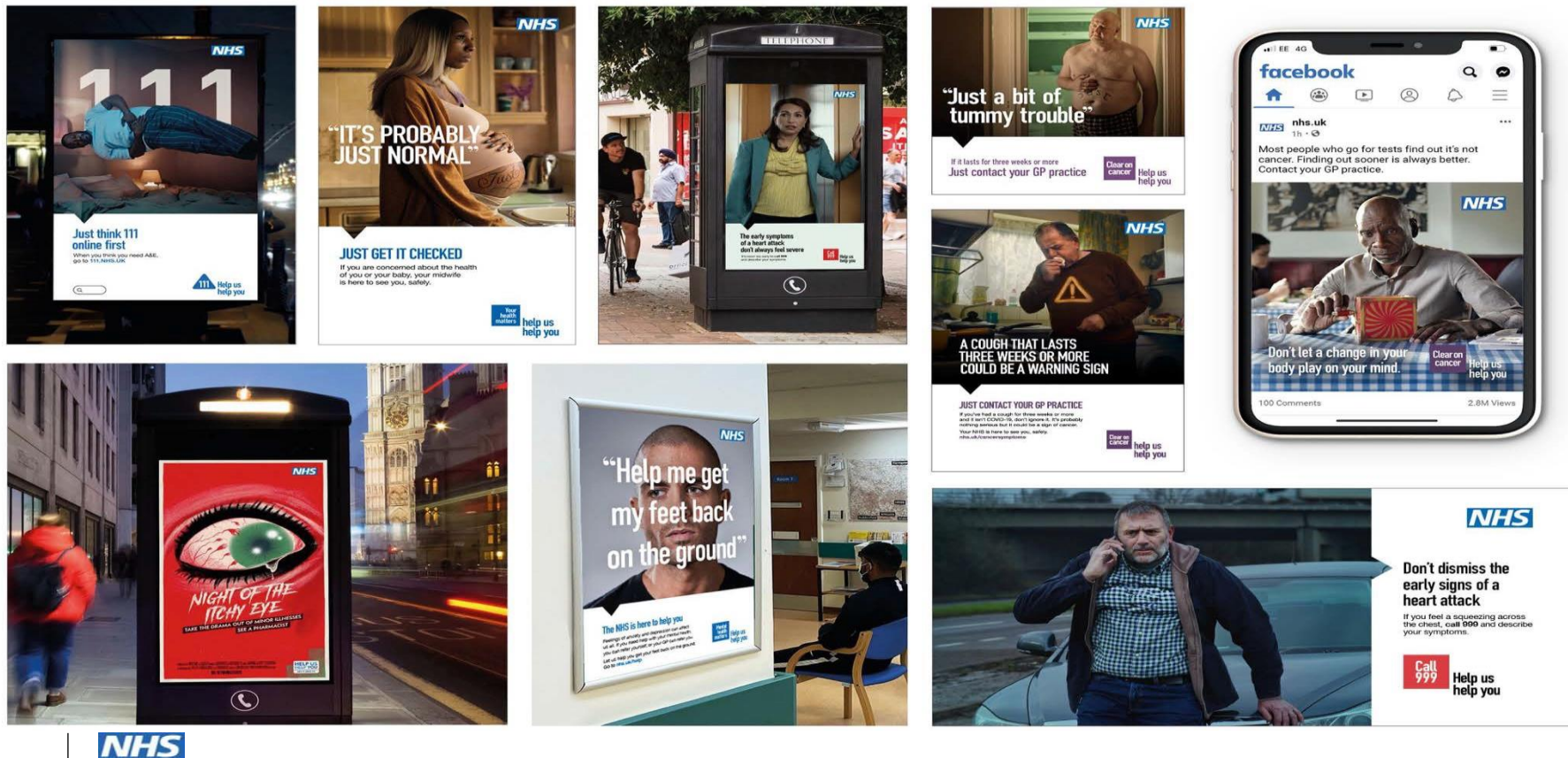


You know what we're capable of with a long history working together; from fighting fears of the unknown (Cancer), to giving those frozen by uncertainty somewhere to turn (111).

Our work is rooted in directly addressing the most stubborn barriers, prompting action that doesn't just ease pressure on NHS departments, but saves lives.

We are immensely proud of the work we do for you, some of the highlights of which are here:

## M&C Saatchi x NHS 'Help Us Help You' - \*watch here\*



Beyond our work for you, we wanted to share some other relevant examples:

## DRIVING MEASURABLE ATTITUDINAL & BEHAVIOUR CHANGE

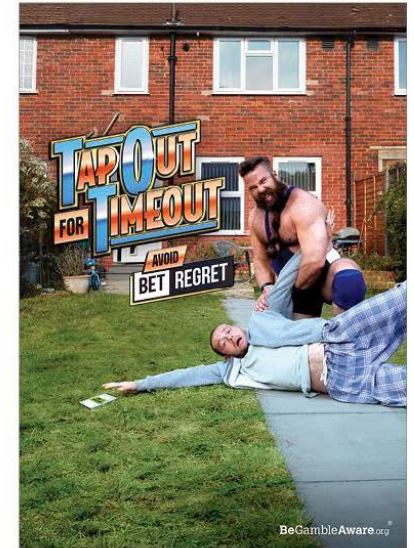
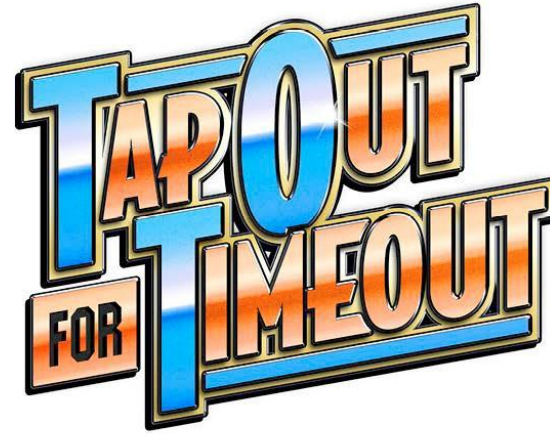
### Overcoming ingrained behaviour with a simple behavioural technique

We've been working with GambleAware for four years across their campaigns, which tackle the full range of gambling risk – from prevention at the low-risk end, through to intervention to encourage those who need treatment to pick up the phone to the National Gambling Treatment Service.

Our biggest behaviour change campaign with GambleAware, 'Bet Regret,' specifically encourages low risk bettors to Tap Out of their betting apps before they bet and take a moment to think. We devised 'Tap Out' as a piece of advice with a behavioural scientist and ran a trial with users to validate its effectiveness. WWE-style wrestlers (the kings of tapping out) are naturally the creative vehicle, and guardian angels to our bettors.

#### CHANGE MADE:

Since launching this new behaviour, **37% of our audience have changed their behaviour** and are now tapping out regularly before they bet, which has been achieved with a share of voice versus the industry of just 3%.



## MOBILISING COMMUNITIES TO TRIGGER MASS ACTION

### The most effective national compliance campaign of all time

We developed a once-in-a-decade behaviour change campaign with the unique goal of reaching nearly every household in the UK to drive Census completion. We had to raise awareness, build relevance and then trigger action nationally and with specific focus on marginalised audiences or 'Key Population Groups' (KPGs).

This required a 'top-down' national campaign and 'bottom-up' community engagement approach. For both, we shifted the Census from a 'have to do' to a 'want to do'. From a national chore to a community effort.

We leveraged our unique experience in working with civil society organisations and marginalised groups to build on ONS research to identify barriers to completion for 50 KPGs. These ranged from those from diverse backgrounds (e.g. Black African & Caribbean, Pakistani and Polish) to those with additional completion requirements (e.g. those with mental or physical disabilities or low digital literacy).

Our delivery approach consisted of communications across National TV, OOH, press, social and digital, regionalised radio, OOH and social - based on live completion data, hypertargeting social and community outreach via trusted community voices and civil society organisations, Top down and bottom-up PR campaigns, private partnership, nationally relevant and KPG specific influencers, even a story line on in EastEnders.

We created 2500 assets across 45 different languages in doing so, all flexing from a single coherent creative platform.

#### CHANGE MADE:

We had 70% completion rates by the end of 'Census Day' vs a target of 44% and successfully exceeded all targets and KPIs, reaching **97% completion** in total, which broke a record that stood for 220 years.

Completion was 80%+ across all local authorities, evidencing that we reached all diverse audience groups.



[Census 2021 Case Study - \\*watch here\\*](#)



## OVERCOMING FEARS WITH EMPATHY

### Empowering young people to unleash their potential

Being on the edge of adulthood is a brilliant and terrifying time. There are so many decisions to make that young people can feel overwhelmed. There's fear of making the wrong choice. And concern that a decision taken now, is one they'll be stuck with forever. The Department of Education needed to provide these teens with better guidance through the post-16 training landscape.

We created the 'Get the Jump' platform to give school-leavers the knowledge they needed on traineeships, apprenticeships, and other ways to gain skills and get into work. We showed we understood their fears and guided their way with empathetic headlines like 'You don't need to know where you're going, to get going'.

The campaign's visual style captures all the pent-up energy of youth. It helps the audience see how they might unleash their potential on the world, in ways they might not have even known about. Crucially, it uses the language of trying and testing, with reassurance that any step taken is a step forward. A for-now choice, not a forever one.

#### CHANGE MADE:

With the campaign in its infancy, data is currently confidential. However, early audience engagement and awareness has been high, showing an increased knowledge & understanding of the choice available.



## DFE 'Get The Jump' - \*watch here\*

### TAPPING INTO CULTURE TO LAND OUR MESSAGE

#### Creating a big noise about a little country

Prolonged lockdowns looked after us in many ways – but not without sacrifice. None of us strayed far from home. And many of us experienced personal frustrations. Most brands reacted to this with great empathy and tinkly piano music. There had to be a more creative way to cut through the lockdown ennui.

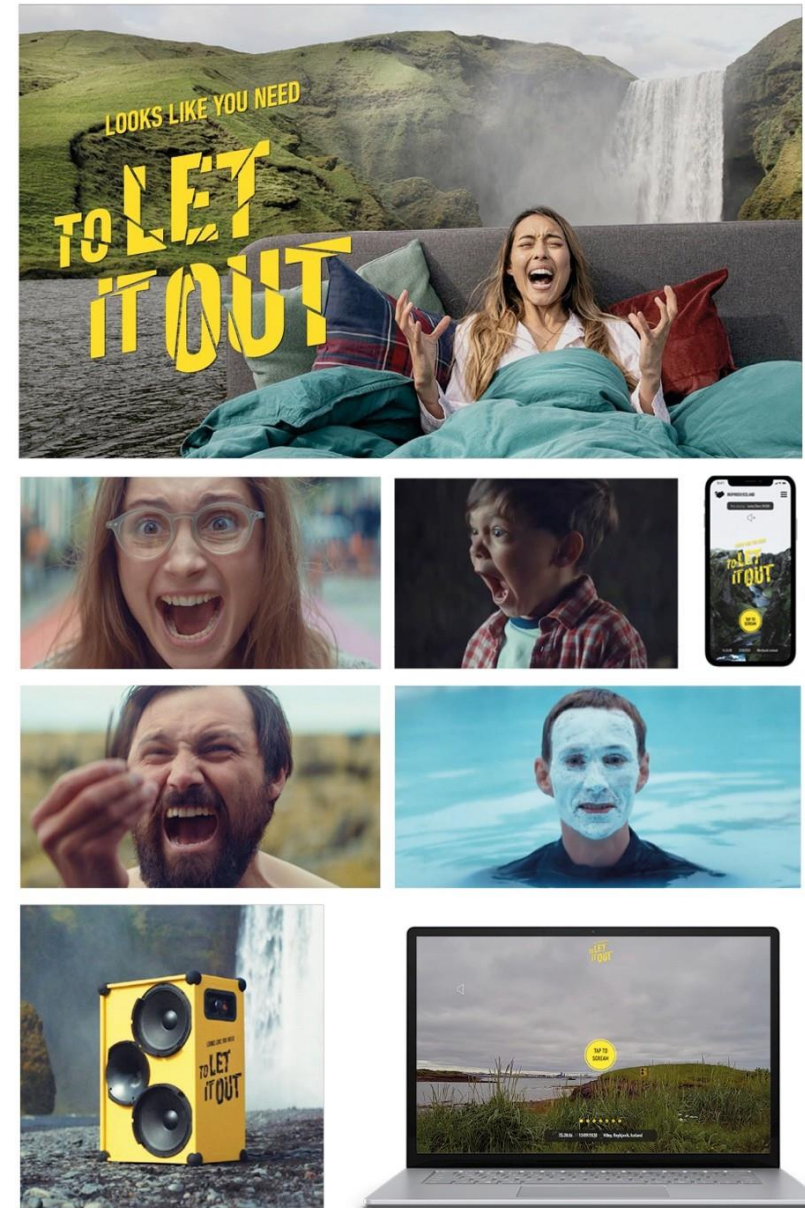
Enter, Iceland. Not the shop. But the country. We gave people the chance to express their lockdown rage with a virtual scream into its vast landscapes. With speakers placed in seven epic locations, people could choose where they wanted to release their pent-up frustration.

Spanning video, social media, PR and an online hub, the campaign captured the cultural zeitgeist generating global coverage.

In a recent tactical ad, we responded to Mark Zuckerberg's metaverse, with a verse of our own – the Icelandverse. It got so much traction, even Mark was talking about it.

#### **CHANGE MADE:**

The campaign generated 15x target coverage, **reaching 2.7 billion people**, making Iceland the highest ranked holiday destination in key markets. Meanwhile our Icelandverse went viral, generating the equivalent value in paid media of £6.7m, demonstrating huge, earned value for no paid media and a production cost below £150k.



[Iceland 'Let it out' - \\*watch here\\*](#)

[Promote Iceland 'Icelandverse' - \\*watch here\\*](#)

## Question 6

### Resource Plan

Provide a resource plan, which details how you will deliver this project, including details of the key personnel involved in delivery.

[1000 Words]



As the world's largest independent communications network, M&C Saatchi comprises award-winning agencies across all communications disciplines that can be switched on and off to support evolving priorities. We have a proven track record for scaling teams up and down at pace. For example: onboarding and offboarding c50 staff for the Census programme over a seven-month period; standing-up immediate resource for terrorist incidents; and increasing team size to deliver additional comms in a truncated period for NCSC.

For this contract, we have identified a day-to-day team that has the skills and experience to work on campaigns which require speed and agility, as well as extensive experience delivering NHS campaigns. They bring:

### 1. Trusted senior leadership

Committed to driving strategic, creative and delivery excellence. They have vast experience of ensuring effective collaboration with government stakeholders, including NHS, OHID, DFE, DIT, DWP and Census to name a few.

### 4. A 'day one' production mentality

A dedicated M&KE lead ensuring solutions are 'fit-for-purpose' from brief stage. They will determine feasibility and ensure we can flex production quickly when required.

### 2. Deep subject matter expertise

Having worked across HUY, our entire team has deep understanding of both the audience barriers and operational challenges at the heart of this brief. Our senior leadership alone have worked on a combined total of ten NHS campaigns since 2018.

### 5. A fresh approach to data

Our data consultancy – Fluency – uses technology and diverse data to solve complex problems, informing thinking to create smarter, deeper audience connections. Fluency closes the gap between data sources, turning data into actions by understanding people at scale.

### 3. Ability to flex under pressure

The team are used to working in a high-pressured environment, with an ever-changing landscape, identifying needs and adjusting communication at pace and scale.

## Senior Management Oversight

## Senior Leadership

## Core Team

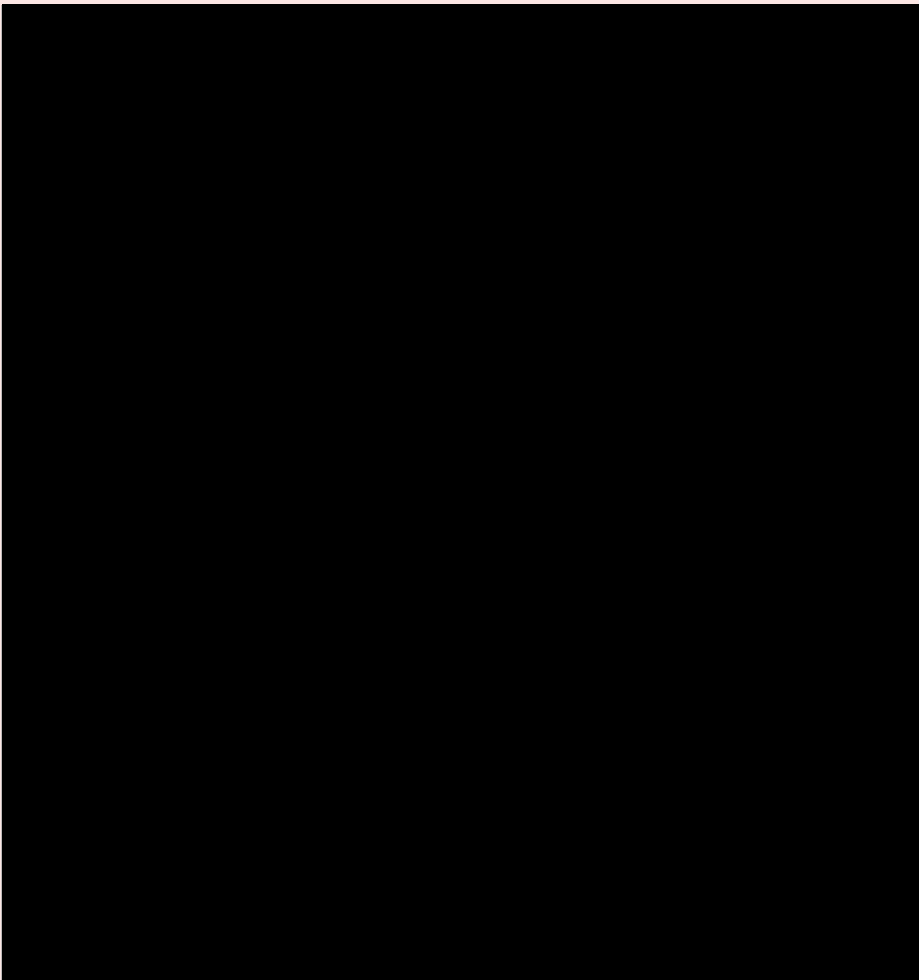
M&KE

Fluency ›

M&C Saatchi Group Specialists

### DEDICATED SENIOR LEADERSHIP TEAM

A dedicated, senior multidisciplinary team who sit at the heart of all elements.



### CORE AGENCY TEAM

They will run the day-to-day campaigns and work closely with clients and partners to ensure the work is delivered on time and on budget, and that all risks have been identified and mitigated.





## Social values

Please outline how you will provide social value benefits in the performance of the contract? Your response will be assessed against the extent to which it demonstrates the following requirements:

- How your company on an active basis works towards the five themes of social value
- Covid-19 Recovery
- Tackling Economic Inequality
- Equal opportunity
- Wellbeing
- Fighting climate change

[916 Words]

## INTRODUCTION

We run our business with the explicit objective of making a positive, lasting impact on individuals, communities, and the environment. We see this as a business prerogative, not just ESR and have active, measured programmes in place against all five themes.

## COVID-19 RECOVERY

To help support both our staff and clients in the evolving phase of Covid-19 recovery, we are focused on a two-gear approach: transitioning safely into new working practices, as well ensuring we continue to provide world-class communication support that has a positive impact on society during a time of great upheaval.

For our staff we are creating a safe, happy and wellbeing focused environment. We've established hybrid working practices to ensure flexibility and easy collaboration. And have multiple on-and-offsite tools to support their wellbeing (more information below).

For our clients, our focus is to continue being agile, collaborative, and thought-provoking, building our existing abilities to deliver high impact, end-to-end campaigns, including to Britain's most marginalised communities, reflecting the challenges people currently face. In this regard, no other Agency has a comparable proven track record.

## TACKLING ECONOMIC INEQUALITY & EQUAL OPPORTUNITY

We are reinventing recruitment, with a commitment to diversify our talent base and improve representation at all levels. We're immensely proud of three initiatives in particular that are designed to ensure the future leaders of M&C Saatchi are representative of modern-day Britain:

### 1. Open House

In 2020 we launched 'M&C Saatchi Open House'; a free 8-week scheme open to anyone. 1569 participated, 35% from ethnic minorities, 22% over-35 and 40% from outside London. 15 people were employed, 53% from minorities & 27% career returners or changers displaced by Covid.

We opened our doors again in September 2021, with a new programme from across the group and 1,000 people registered aged 16 to over 55, with 35% of participants from ethnic minorities and 40% from UK outside London and a female skew at 68%. Our target for 2022 is to recruit 50% from under-represented groups resulting in 20 hires.

### M&CSAATCHI OPEN HOUSE



### 2. Carbon Academy

With the Academy now in its third year, the unique creative mentor programme created by M&C Saatchi in partnership with the University of Greenwich enables students, identifying as a woman or nonconforming to gender binaries, from Years 11-13 to have exposure to a creative advertising agency. The initiative strives to tackle the industry-wide gender imbalance within creative departments by equipping future generations of female talent with experience and insight to make informed choices about study and work in the creative industries. This year alone, we had 57 applications from 28 schools or colleges; 30 were invited into the agency for a creative workshop and 9 were chosen onto the programme and have been given one-on-one mentoring.

### CARBON ACADEMY



### 3. Apprenticeships

M&C Saatchi have invested in Apprenticeships since 2012. We have an Apprenticeship / Current Skills Process in place that demonstrates our commitment to supporting, developing, and maintaining the skills required for new and existing staff. We're currently committed to a cohort of 7 apprentices on 15+ month programmes upskilling into permanent, new, more senior, or skilled roles. With plans to onboard additional new joiner apprentices in 2022 including school leaver Advertising Exec Apprentice and Degree level Data Science Apprentice.

For underrepresented audiences we have also created two major initiatives, investing £300k in 18 months:

#### 1. M&C Saatchi Saturday School'

Created to support minority community entrepreneurs, focused on women of colour & young people 16-25. In 2 years, the school has taught 3500 people. Over the course of this bid a further 8000 will complete the programme.



#### 2. 'Mentor Black Business Scheme'

Led & funded by M&C Saatchi: 500 mentors and 500+ minority owned SMEs signed up in year 1. Google, Lloyds, Goldman Sachs, Virgin and Budweiser now support our scheme with mentors and expertise. We are committed to increasing investment to support over 2000 black business people annually.

## WELLBEING

M&C Saatchi is committed to supporting the health and wellbeing of all employees. Our objective is to create an ecosystem that prioritises better mental wellbeing for all colleagues and provide readily accessible tools and resources that support colleagues to thrive at work and beyond. We already have a growing number of tools in place:

#### Babylon GP App

Available to all employees; individuals can get a same day GP appointment (Telephone or video call).



#### Wellbeing Room

In office space for all employees to use for time out, prayer, breastfeeding.

#### Health Leave

Reframing 'Sick Leave' to ensure our talent know that taking time out for physical or mental health reasons is important and something we support.

#### Health Cash Plan

Employees can claim for alternative therapies health screening, optical, dental, and more.

#### Mental Health First Aiders

We currently have 10 MHFA who are on hand to listen and support colleagues' emotion wellbeing.



#### Open Blend

Performance management tool that encourages wellbeing discussion on a regular basis.



#### In-house Psychotherapist

To support employees working on sensitive issues.

#### Corporate Gym Discounts

To encourage physical health of all employees.



#### Bright Horizons

All employees can claim up to 10 free days of backup care per year to support for care of others.



#### Inclusive Bank Holidays

A new addition - Inclusive Bank Holidays - every UK Group colleague will be able to swap up to two recognised UK Bank holidays for alternative workdays of their choosing.

#### Cycle to Work Scheme

Financial support to buy a bike and / or equipment.

## FIGHTING CLIMATE CHANGE

Change starts from within and as the world continues to confront the realities of the climate crisis. We, as an agency must find ways for our business, and the brands we work with, to live in better harmony with our planet. Our aim is to accelerate positive change, for which we have developed a two-pronged strategy:

### 1. The Way We Work

- We have committed to setting a science-based emissions reduction target to do our part to limit global warming to 1.5°C.
- By 2025 we will be Net Zero across our own operations.
- By 2030 we will be Net Zero across both our operations and value chain.



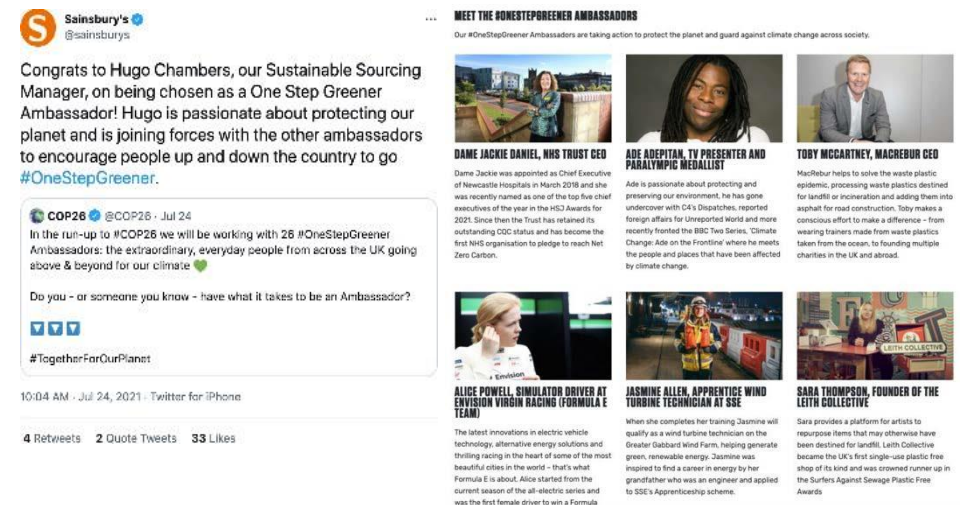
### 2. The Work We Do

- We are members of AdGreen and fully committed to supporting their aim of reducing carbon emission. We use the AdGreen carbon calculator to measure and limit the environmental impact of all our production activities.



As the lead communications partner for COP26, we've had a front seat to the challenges facing the global community. We developed and ran 'One Step Greener', designed to provide a common thread that links the different ways in which the general public, businesses and government are getting involved and taking actions in order to combat climate change. Through our ambassador programme TikTok partnership we were able to reach over half a billion people with our work.

## COP26





Thank you

M&CSAATCHI | [r 1:bj](#)