

## DPS Schedule 6 (Letter of Appointment Template and Order Schedules)

### Letter of Appointment

This Letter of Appointment is issued in accordance with the provisions of the DPS Contract RM6124 between CCS and the Agency, dated 22<sup>nd</sup> June 2022.

Capitalised terms and expressions used in this letter have the same meanings as in the Order Incorporated Terms unless the context otherwise requires.

#### ORDER:

<b>Order Number:</b>	<b>C75780</b>
<b>From:</b>	<b>National Health Service Commissioning Board (Known as NHS England &amp; Improvement)</b>
<b>To:</b>	<b>23Red</b>

<b>Order Start Date:</b>	01 July 2022
<b>Order Expiry Date:</b>	30 June 2025
<b>Order Initial Period:</b>	36 months
<b>Order Optional Extension Period:</b>	12 months

<b>Goods or Services required:</b>	Goods or Services required are set out in DPS Schedule 1 of the DPS Agreement and the relevant Brief and are to be delivered in line with the accepted Proposal as detailed at Annex A of this Letter. Subsequent calls for Goods or Services shall be priced and agreed using the Statement of Works form as per Annex B of this Letter of Appointment.
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<b>Key Staff:</b>	<b>For the Client:</b> Deputy Director, Head of Campaigns and Social Media
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	<p>Lead Campaigns Manager (Help Us, Help You)</p> <p>Lead Campaigns Manager (We are the NHS)</p> <p>Senior Partnerships Manager</p> <p>Senior PR Manager</p> <p><b>For the Agency:</b></p> <p>Business Director: [REDACTED]</p> <p>HUHY Senior Account Director: [REDACTED]</p> <p>[REDACTED]</p> <p>WATNHS Senior Account Director: [REDACTED]</p>
<b>Guarantor(s)</b>	N/A

<b>Order Contract Charges (including any applicable discount(s), but excluding VAT):</b>	<p>Contained in Annex A - [REDACTED] per brief where this matches or Rate card Day Rates to apply.</p> <p>Note there is maximum spend under the Contract of £6,000,000 exc VAT inclusive of all extensions.</p>
<b>Liability</b>	<p><b>See Clause 11 of the Core Terms</b></p> <p><b>Estimated Year 1 Charges: £2,000,000</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>	None
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## **PROGRESS REPORT FREQUENCY**

Quarterly

## **PROGRESS MEETING FREQUENCY – WIP**

**Weekly**

## **KEY SUBCONTRACTOR(S)**

TBC during the life of the contract

## **COMMERCIALLY SENSITIVE INFORMATION**

Not Applicable

## **SOCIAL VALUE COMMITMENT**

The Agency agrees, in providing the Goods or Services and performing its obligations under the Order Contract, that it will comply with the social value commitments in Order Schedule 4 (Order Proposal)

## **SERVICE CREDIT CAP**

Not applicable

## **ORDER INCORPORATED TERMS**

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


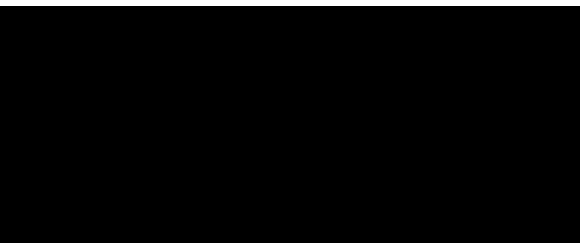
1. This Letter of Appointment including the Order Special Terms and Order Special Schedules.
2. *Joint Schedule 1 (Definitions and Interpretation) RM6124*
3. *The following Schedules in equal order of precedence:*
  - *Joint Schedules for RM6124*
    - *Joint Schedule 2 (Variation Form)*
    - *Joint Schedule 3 (Insurance Requirements)*
    - *Joint Schedule 4 (Commercially Sensitive Information)*
    - *Joint Schedule 6 (Key Subcontractors)*
    - *Joint Schedule 10 (Rectification Plan)*
    - *Joint Schedule 11 (Processing Data)*
4. CCS Core Terms
5. *Joint Schedule 5 (Corporate Social Responsibility) RM6124*
6. *Order Schedule 4 (Proposal)* as long as any parts of the Order 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 Order 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 Goods or Services.

## **FORMATION OF ORDER CONTRACT**

BY SIGNING AND RETURNING THIS LETTER OF APPOINTMENT (which may be done by electronic means) the Agency agrees to enter into an Order Contract with the Client to provide the Goods or Services in accordance with the terms of this letter and the Order Incorporated Terms.

The Parties hereby acknowledge and agree that they have read this letter and the Order Incorporated Terms. The Parties hereby acknowledge and agree that this Order 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.

<b>For and on behalf of the Agency:</b>	<b>For and on behalf of the Client:</b>
	

## **ANNEX A**

### **Agency Proposal Based on Commercial Schedule**

<b>TOTAL</b>					
<b>Grade / Job Title</b>	<b>Names</b>	<b>Daily Rate (£ exc VAT)</b>	<b>Number of days</b>	<b>Total</b>	<b>Weighting (%)</b>
Business Director			4.5		
Senior Account Director			14.5		
Senior Account Manager			19		
Senior Planner			4		
Art Director			2		
Copywriter			3		
Senior Designer			4		
Artworker			3		
Creative Services Manager			1		
1% CCS Fee		£418.30	1	£418	

Note that the Day Rates (£Exc VAT) will apply to the calculation of any costs under this contract.

Note there is maximum spend under the Contract of £6,000,000 exc VAT inclusive of all extensions.

## **Annex B**

### **Statement of Work-**

**This Statement of Work is issued under and in accordance with the Order 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.

1.1 Where a Statement of Work would result in:

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

<b>Project:</b>	NHS ENGLAND NATIONAL CAMPAIGNS Partnerships
<b>Project start Date</b> <b>Notice period for cancellation</b> <b>[Project Notice Period]:</b>	1st July 2022 – 30th 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>Goods or Services</b>	Clients proposal submitted the 4th May 2022 via the Atamis E-Tendering portal.
<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, provided that the total Contract Charges shall not exceed £6,000,000 Exc VAT 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>	include briefs, relevant insight and operational data.
<b>International locations:</b>	Not applicable
<b>Client Affiliates:</b>	If relevant, set out any Client Affiliates which will be using Goods or Services

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<b>Special Terms:</b>	None
<b>Key Individuals:</b>	All members of NHS England's Campaigns team. Named contact: [REDACTED], Head of Campaigns and Social Media
<b>Authorised Agency Approver:</b>	Set out details of the person(s) who have the authority to agree day to day decisions on behalf of Agency [REDACTED]
<b>Authorised Client Approver:</b>	Set out details of the person(s) who have the authority to agree day to day decisions on behalf of Client for this Project. [REDACTED], Head of Campaigns and Social Media

<b>For and on behalf of the Agency:</b>	<b>For and on behalf of the Client:</b>
	

## Annex C

### 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 Partnerships agency to support our work across all our campaign activity. Previously this work has been subcontracted through the Lead Creative Agency working on either the ‘We are the NHS’ or ‘Help Us, Help You’ campaigns.**

**These campaigns are 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: ‘We are the NHS’**

The NHS’s greatest strength is its people, and as demand for healthcare continues to grow, there is a need to ensure there are enough people working in the NHS, and that they get the support they need to continue delivering the best possible care<sup>1</sup>. Latest data<sup>2</sup> shows 110,192 current vacancies (of which 39,652 are nurses). Vacancy rates were already an issue pre-pandemic, due to a range of factors, and have been further exacerbated by extra pressure from the pandemic and burnout. so ensuring a pipeline for NHS recruitment has never been more critical.

The ‘We are the NHS’ campaign supports the NHS Long Term Plan, which highlights the importance of both recruitment and retention to the successful delivery of the plan, stating that “to make this Long Term Plan a reality, the NHS will need more staff, working in rewarding jobs and a more supportive culture”. The NHS Long Term Plan recognises the role that national marketing can play in supporting recruitment, stating that “national recruitment campaigns are effective and take pressure off individual trusts to develop local campaigns that struggle to have the same impact. As a commitment to helping recruit more staff, attract returners and retain those we already have, we will develop annual campaigns in conjunction with Royal Colleges and the trade unions for those roles that the NHS most urgently needs.”

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<sup>1</sup> NHS Long Term Plan, <https://www.longtermplan.nhs.uk/areas-of-work/workforce/>

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2021-experimental-statistics#resources>

To achieve the ambitions in the NHS Long Term Plan, the Government has three NHS workforce commitments: delivering 50,000 new nurses ; increasing the number of staff working in primary care (including AHPs) by 26,000; and maximising the take up of grants for nursing and allied health professional training .

The NHS 22-23 Operational Planning Guidance also outlines the need for additional workforce (“more people”) to support the restoration and recovery of services post pandemic.

The recently published NHS Recovery Plan for tackling the Covid-19 backlog of elective care also makes a case for the campaign, referencing the need to deploy 17,000 NHS Reservists, “alongside recruitment to roles showcased in the high profile national ‘We are the NHS’ advertising and marketing campaign, and all of the more than 350 careers across the NHS.”

## **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 re-forming 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 partnership activity across both the ‘We are the NHS’ and ‘Help Us, Help You’ campaign activity, which will be measured through each of the campaign’s aims and objectives.**

#### **Aims & Objectives**

**The aims and objectives of all the phases of our campaigns 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 ‘We are the NHS’ campaign are outlined below.**

**Our employer perception KPIs are to:**

**[?] Increase interest in the NHS as a potential employer**

**[?] Increase confidence that the NHS is actively recruiting staff for the future of the service**

**The overarching objective for recruitment is to increase applications to clinical and non-clinical roles. Anticipated roles are listed below – and specific KPIs will be set against each specialism as part of our strategic planning process.**

- ☐ Increase applications to nursing degrees (via UCAS) by March 2023.**
- ☐ Increase applications to AHP courses (via UCAS) by March 2023.**
- ☐ Increase applications for HCSW roles by March 2023.**
- ☐ Increase applications for 111/999 roles by March 2023.**
- ☐ Increase applications to NHS Reservist roles by March 2023.**
- Generate eCRM sign ups to the ‘We are the NHS’ email programme.**

**Additional KPIs for return and retention are:**

- ☐ Return: encourage former nurses to register their interest in returning to practice.**
- ☐ Retention: Increase audience agreement that they would recommend the NHS as a place to work.**

**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.**

## **Constraints and Dependencies**

The partnerships strategies and creative for both 'We are the NHS' and 'Help Us, Help You' campaigns and all activities will need to be approved by NHS England.

The partnerships contract and budget will be managed by the Senior Partnerships Managers within the NHS England Campaigns and Social Media Team.

Requirements

## **Mandatory and Minimum Requirements**

**The appointed agency will be required to develop and deliver the partnerships strategies to support the successful delivery of the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns’ aims and objectives.**

**The partnerships agency will need to identify and engage with key partnership organisations, who are able to reach our target audiences, to support the effective delivery of the behaviour change objectives for all the different phases of both campaigns. Partners are to include public, private sector and charity organisations, with which we share common objectives or who have a desire to collaborate with the NHS to achieve mutually beneficial outcomes.**

**Partnership activity does not usually involve the payment of any fee to or from the partner for their organisation and/or brand to be associated with the campaigns. It is also expected that partners will provide access to their marketing channels free of charge. While there are no upfront ‘fees’ associated with involvement in the campaign some organisations, particularly commercial partners, may provide financial support to deliver activity which delivers against shared aims. This investment may take the form of media spend, incentivising action, a contribution towards a product or service or the creation and/or funding of events.**

**Cross-agency collaboration will be necessary for the partnership activity and outreach should be driven with consideration for other agencies proactively working on NHS England campaigns. This could include but is not limited to: PR; media buying; and creative development.**

**The partnership work will also include developing any additional creative assets that partner organisations may need to enable them to support the campaigns.**

**The strategies will need to ensure that the audiences for each phase of the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns are effectively reached through the planned activity.**

The audiences for the established 'We are the NHS' campaign phases are as follows.

Additional audiences may be targeted should operational requirements change:

**[?] Employer Phase: all adults / teens**

**[?] Recruit Phases:**

- **Nursing / Allied health professionals (AHPs) phase: Teens (all 14-18 year olds); and career changers (all 20-44 year olds);**
- **Health care support workers (HCSW) phase: Teens (all 14-18 year olds); and career changers (all 20-44 year olds);**
- **111 / 999 call handlers phase: C2DE 18-44 year olds; and**
- **NHS Reservists phase: all adults.**

**[?] Return: Previous NHS nurses/midwives with a lapsed registration**

**[?] Retain: current NHS staff especially nurses/midwives.**

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.**

**The PR strategies will need to ensure that the involvement of partners is effectively managed to ensure that their activity is not targeting the same audiences at the same time with different messages.**

**Goodwill towards the NHS has helped to secure some strong pro bono support, the strategies will need to consider how we can leverage this to make the most of any opportunities and how can we overcome fatigue for pro bono work.**

**All partnership creative and assets produced must follow the NHS brand guidelines and must be recognisably part of the unifying ‘We are the NHS’ or ‘Help Us Help You’ campaign brands using a co-ordinated visual style.**

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

**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 partnership activity is to be evaluated using the Cabinet Office evaluation framework.**

## **Desirable Requirements**

**The partnership strategies should focus on making the best use of no-cost communication channels, including NHS owned channels and 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 partnership strategies should consider how best to deliver ‘always on’ activity through partnership organisations that reach specific audiences to support the campaigns throughout each year.

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.

## **Timescales & Implementation**

Provisional timings for the 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 'We are the NHS' campaign phases in 2022/23 are:

- **June – Sept 2022 'Generic role' employer campaign phase.**
- **☐ August 2022: Nursing recruitment via UCAS clearing.**
- **Oct 2022 – March 2023: Nursing recruitment phase.**
- **Oct 2022 – March 2023: AHP recruitment phase.**
- **July – Oct 2022: 111/999 call handlers recruitment phase.**
- **July 2022 – March 2023: NHS Reservists.**
- **June 2022 – March 2023: HCSW recruitment phase.**

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 partnership strategies must be developed within a timeframe that allows for effective consultation with both internal and external stakeholders, whilst still meeting the timeframes of each phase of campaign activity.**

**Partnership activity and relationship development may build over more than one campaign cycle. Therefore, activity with partners should not be viewed in a short-term manner, but rather looking further afield with the intention to build on previous partnership activity beyond any single 12-month period**

**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 PR 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]**  
[REDACTED] is responsible for leading the development and delivery of all of NHS England's campaigns.
- **Lead Campaigns Managers – [REDACTED]**: the Lead Campaign Managers are responsible for managing the development and delivery of the 'We are the NHS' and 'Help Us, Help You' campaigns.
- **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 'We are the NHS' and 'Help Us, Help You' campaigns.
- **PR Campaigns Officer – [REDACTED]**: the PR Campaigns Officer is responsible for delivering the PR strategies that support the 'We are the NHS' and 'Help Us, Help You' campaigns.
- **Senior Campaigns Partnerships Manager – [REDACTED]** the Senior Campaigns Partnerships Manager is responsible for managing the partnerships work that supports the 'We are the NHS'

and 'Help Us, Help You' campaigns, which includes working with external stakeholders. They will be responsible for the management of the partnerships agency contract.

- **Senior Insight and Evaluation Manager – [REDACTED]:** the Senior Insight and Evaluation Manager is responsible for development of insight, strategy and managing research, including evaluation of the 'We are the NHS' and 'Help Us, Help You' campaigns, which includes the partnerships activity.

## **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.

The agency will also need to provide regular reports of the partnership activity generated for each phase of the campaigns.

## **Performance and Measurement**

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

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 additional months (3 +1).

## **Budget**

The maximum value of this contract, including all subcontracting, shall be £6,000,000 ex VAT based on the projected spend below:

- 2022 / 2023: £2,000,000
- 2023 / 2024: £2,000,000
- 2024 / 2025: £1,000,000
- 2025/2026: £1,000,000 (Should the 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.

# **Annex D Supplier Response Documents**

**Q1: Please provide an overview of your understanding of the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns’ requirements and the major challenges presented by this brief, as detailed in Document 2 – Statement of Requirements.**

**Understanding of NHS policy, health environment and social demography relevant to our audiences:**

The ‘We are the NHS’ (WATHNS) and ‘Help Us, Help You’ (HUHY) campaigns are vital in helping address challenges within the NHS, specifically to relieve the pressure it’s under. These challenges can be tackled through recruitment/retention of its people (WATNHS) and ensuring people can access NHS services at the right time, in the right way, to save lives and drive the most effective use of the NHS (HUHY). Each campaign is complex, broken down into topic-specific phases which are aimed at audiences with varied demographics and social barriers to overcome. The timing of these phases across the year will flex to align with NHS policy priorities. Whilst a calendar of activity has been shared in this brief, we understand that policy priorities can change and therefore phasing/timings must remain agile.

Working across both campaigns since their inception, we are well versed in their respective objectives, audience and challenges (see Q2). Over the last two years the pandemic has significantly impacted the health environment, augmenting some of the barriers our campaigns face (e.g. WATNHS – extra pressure/burnout; HUHY – reluctance to access services leading to delayed diagnosis). This impact also presents opportunities (HUHY – desire to take more ownership over own health) and we therefore need to continue to adapt to this changing landscape in relation to staff pressures and NHS capacity when considering which partners are best placed to reach our audiences and how best to land a message that converts into action.

**Effective partnering approach within challenging delivery environment:**

Partnerships play a vital role as part of the integrated communications approach for each campaign - driving awareness, salience, credibility and activation within the target audience’s domains where traditional media cannot reach. This unlocks and leverages brand equity and influential access of partnership organisations already ‘big’ in their worlds. Partners are under pressure undergoing economic recovery from post covid recovery, rising inflation and the impact of the Ukraine crisis. It’s therefore important we provide a clear, tailored value exchange for each partner so they understand the benefits of supporting the campaigns.

At the start of the contract we propose finalising the overarching partnership strategies summarised in Q2 and carrying out initial partner mapping for priority phases. When each phase is formally briefed we recommend reviewing as part of the all-agency response and updating the strategy/mapping accordingly. Putting a stake in the ground early on and having regular client and all agency status meetings will enable us to be agile if/when priorities and timings change.

**Stakeholder and delivery partner approach:**

Collaborating with the Senior Partnerships Campaigns Manager and our agency partners we will ensure stakeholders are kept informed of plans and are engaged in a timely way to ensure feedback can be taken on board and actioned.

Partnerships is about building relationships, keeping them informed, and driving activation at the relevant calendar moments. Through our work to date on WATNHS and HUY, we have built partner coalitions across multiple sectors allowing us to activate and amplify messages quickly. This forms a key part of our ability to flex to changing priorities when required. The new partnerships contract will enable us to maintain momentum with existing partners, but importantly, it will allow us to build better longer-term partner discussions and activate an always-on approach, as well as activating specific campaign phases flexibility and adapt our approach as needed.

This approach will also enable us to identify where there are partners that can support across multiple phases/audiences and start those approaches early, outside of specific campaign phase briefs. We will work with these partners on a plan to enable them to support across multiple phases without overlapping. This longer-term strategic approach will help address potential fatigue of pro bono work and better align with partners' own planning cycles. Clarity on the value exchange with opportunities for co-creation/tailored assets, PR-able activity and inclusion on the NHS partner page will also help to mitigate potential fatigue.

**Ability to flex response for changing priorities:**

We are well versed in being flexible in our approach to adapt to policy and campaign changes, re-prioritising our time and helping to minimise the impact of potential changes. For example, the potential need to change campaign messaging and call to actions at different points based on factors such as capacity. We are able to advise based on our experience and relationships with partners whether changes in paid media assets would also work for partners and their audiences, or if tailored messages are needed.

[REDACTED]

**Mitigating delays:**

As we have demonstrated above, we have a strong understanding of the landscape we need to work within. This means we are well placed to identify potential risks up front, including where timings may be impacted which we can then scenario plan for in order to mitigate those risks. Mitigation measures will include making sure we are keeping abreast of changing priorities and keeping partners informed in a timely manner. This continual dialogue worked well with our Covid-19 partners where the requirements/timings changed constantly.

Our 'risk management matrix' will be reviewed on a regular basis and any changes flagged and discussed with the client. Our project management approach outlined in Q5 provides further detail of the processes/meetings we'll

put in place to ensure challenges are raised and managed in a timely manner including working as a cross-agency team to spot and mitigate risks.

**Q2: Outline your proposal for the partnerships strategy for the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns, based on the GCS OASIS model, including an outline evaluation plan.**

**This should demonstrate a detailed understanding of the various audiences for both campaigns.**

‘We Are the NHS’ (WATNHS) and ‘Help Us Help You’ (HUHY) serve two halves of the NHS – service delivery and service uptake - with distinct objectives, audiences and therefore partnership strategies. Our over-arching partnerships strategy involves identifying and engaging with partnership organisations (public, private, charity) to reach target audiences and support effective delivery of behaviour change and attitudinal objectives.

Role of partnerships:

- *drive scale and visibility* of core campaign awareness, salience and CTAs in relevant settings
- *unlock key touch-point moments* within the target users’ journeys which traditional media cannot reach
- *drive credibility, trust and salience* by leveraging trusted voices to deliver key messages
- *maximise campaign spend* via low/ no cost channels with evidenced ROI.

We apply these principles across both campaigns, addressing specific objectives for each distinct brief, focusing our response on what will be new, building on our established partnerships framework.

**WATNHS** aims to inspire people to join the NHS and retain those already working within it – promoting as a ‘first-choice’ employer and focusing on priority recruitment of core professions.

Objectives	Audience Segments
Increase interest in NHS as potential employer	All adults/ teens
Increase confidence that NHS is actively recruiting staff for future of service	All adults/ teens
Increase applications to clinical/ non-clinical roles: specific targets for nursing degrees; AHP courses; HCSW roles; 111/999 roles; NHS reservist roles; and generate WATNHS eCRM sign ups	Recruit: nursing/ AHPs – teens (14-18) and career changers (20-44); HCSW – teens (14-18) and career changers (20-44); 111/999 call handlers (C2DE 18-44); NHS reservists – all adults.
Encourage former nurses to register interest in returning	Return: former NHS nurses/ midwives with lapsed registration.
Increase employee agreement they would recommend NHS as place to work	Retain: current NHS staff especially nurses/ midwives.

Our partnerships strategy is focused on ‘recruit’ – leveraging external partners to encourage potential candidates into the NHS, ‘return’ and ‘retain’ benefitting as overheard audiences. A key consideration is perception of resourcing pressure



and burnout within the NHS exacerbated by the pandemic. Partnerships need to work hard to offset this with positive drivers to employment within the NHS.

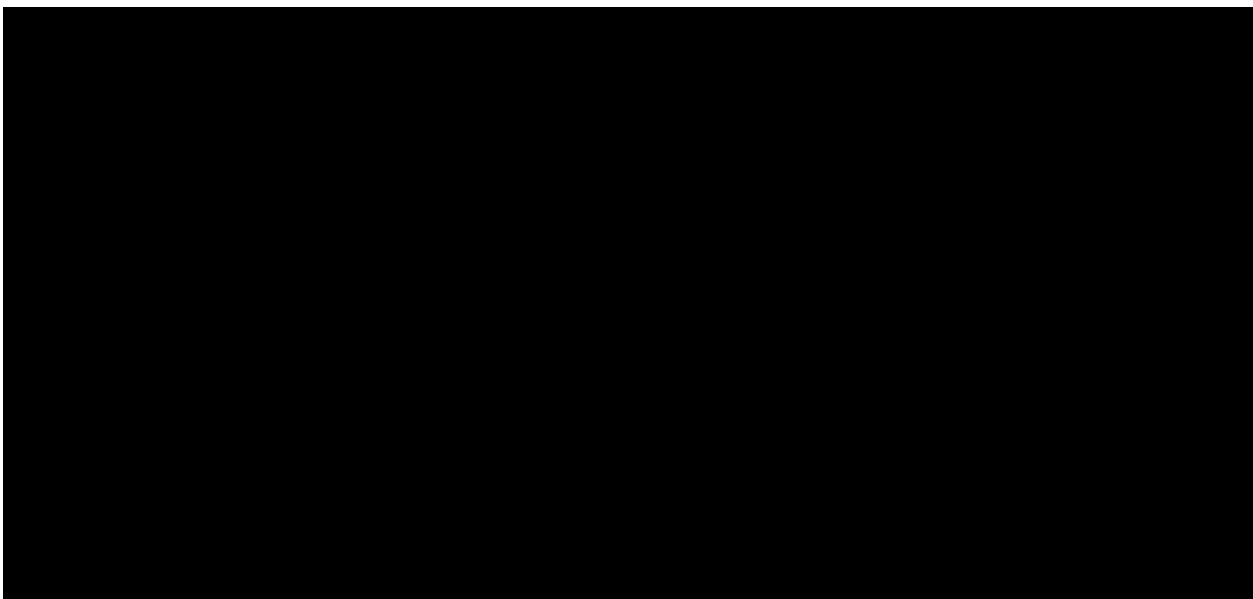
[REDACTED]

**Strategy:** WATNHS is rooted in people being the life blood of the NHS – current NHS employees modelling the breadth, value and opportunity of roles available to inspire and engage those who might be persuaded to join them – and stay. Critical to our strategy is presenting authenticity of these roles – demonstrating the benefits and pathways without straying into a portrayal of ‘hero-ing’ that we know is jarring in a post-pandemic context. [REDACTED]

[REDACTED]

[REDACTED] Our approach is one of right place, right time – piquing interest and driving exploration at points when audience segments are open to messaging (for teens, when considering their options; for career changers, when life changes prompt consideration to swap) and nudging towards applications. Our partner mapping meets audiences in the education/ vocation space, allying with partners relevant to career search/ research/ application activities.

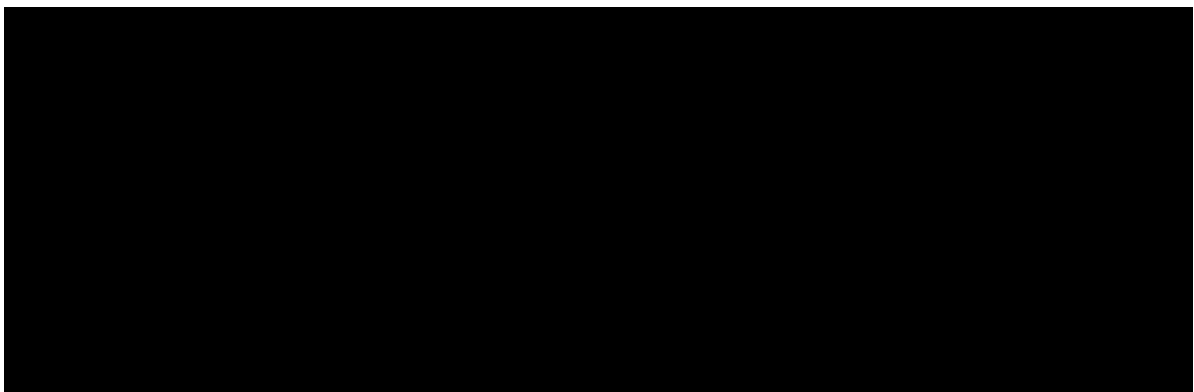
There’s opportunity to continue to grow educational/ vocational partners aligned to teen and career changer points of consideration, exploration and application, whilst kick-starting an ambitious new cohort of partnership activity in the lifestyle space, building on early success with leisure and networking partners. Adopting a role model route for teens and demonstrating to career changers how such a career can deliver against their key lifestyle and values drivers.



**Implementation:** Additional to sharing existing assets and seeking opportunities for co-branding and bespoke activation we aim to embed content for long term impact e.g. UCAS subject guides and work with young people and partners to co-create youth focused content.

We'll identify with partners the activation that is most relevant to their brand/ channels to deliver the optimal reach/engagement.

**Scoring:** Evaluating using the GCS framework we propose the following. KPIs will be set for each brief.



**HUHY** 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. Responding on a brief-by-brief basis we will ensure our approach is targeted by aim/ audiences whilst adhering to over-arching strategic principles outlined.

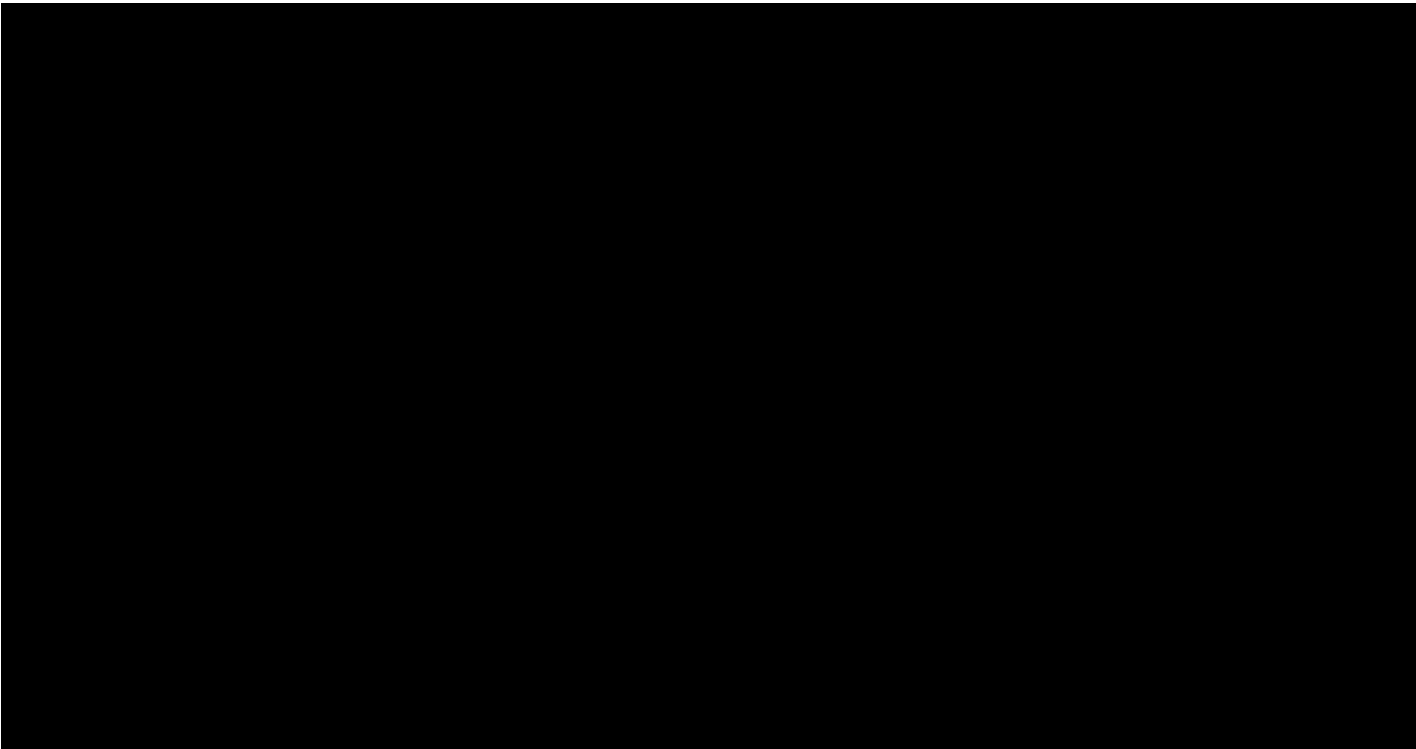
<b>Objectives</b>	<b>Audience segments</b>
To <i>maintain</i> confidence in NHS	All adults
To <i>increase</i> : Urgent referrals for cancer and bowel screening Earlier calls to 999 for heart attacks and stroke  Use of 111 for urgent but non-life-threatening conditions Intention to access primary care via digital channels Use of community pharmacists for minor illnesses Staff (alongside public) intention to receive winter vaccines.	50+ C2DE  50+ C2DE; black and south Asian ethnic minorities; all adults as 'heart helpers' / 'stroke savers' All adults; young adults (18-30); parents of under 12s All adults; higher SEGs  Parents of 5-12s; 60+ adults  NHS and social care staff
To <i>reduce</i> access to NHS services when experiencing norovirus symptoms	Adults aged 30-60

Post-pandemic, audiences display slow return to NHS services – a mix of 'fear fatigue' and belief the system does not have capacity.<sup>1</sup> A key audience is 50+ C2DE adults: traditionally harbouring a fearful and fatalistic outlook, and low propensity to check for symptoms. Yet post-pandemic, they present with belief in the need to take health back into their own hands and a value of health over wealth – a desire to 'get back to normal' manifests in evidence of a cultural shift towards positive health empowerment.

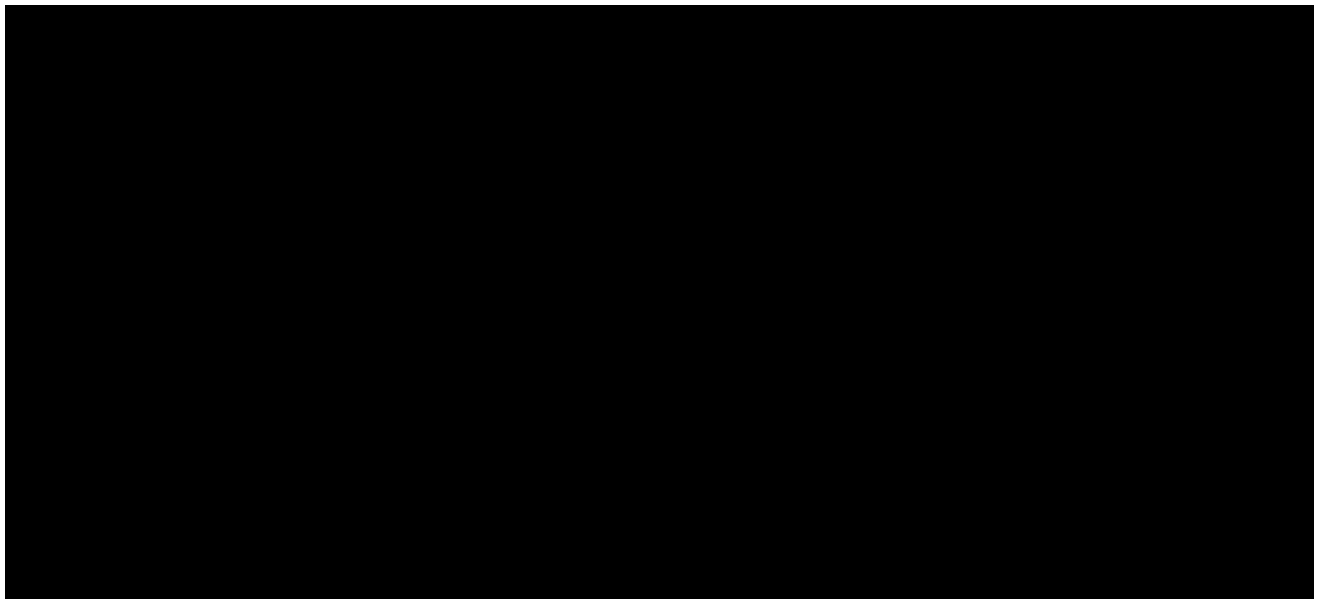
### **Strategy:**

Core strategic thought is to align with partners to educate and empower audiences to look after their own health – to know when, where and how to get help if needed. Leveraging existing partners we will build out our coalition with new partners to deliver a balance of 'always on' activity to maintain visibility, awareness and action throughout the year; mixed with campaign 'spikes' relevant to specific phases to tie in with seasonal comms planning.

Mapping below shows the breadth of our coalition of partners that we can leverage for HUY and its different phases. Heart attack as an example, we've highlighted which categories within the coalition would be most suited to support.



**Implementation:** Prioritising partners that can support multiple phases using KRM model to manage them.



For activation, seeking asset sharing, co-branding and bespoke activation opportunities. Also offering new 'how to' content and explore opportunities to co-create multi-partner platforms (see Q3)

## Scoring:



**Q3: Provide an example of a partnership plan for a phase of either the 'We are the NHS' or the 'Help Us, Help You' campaigns that will successfully target our audiences and meet the aims and objectives of the campaigns.**

**HUHY: cancer early diagnosis**

For the July – Sept 2022 (symptoms) phase we propose working with existing trusted partners who we know can activate the campaign at speed using existing /tailored assets. This response focuses on Jan – March 2023 (reducing barriers/ symptoms) phase where we have time to work to a launch moment to bring new commercial partners on board.

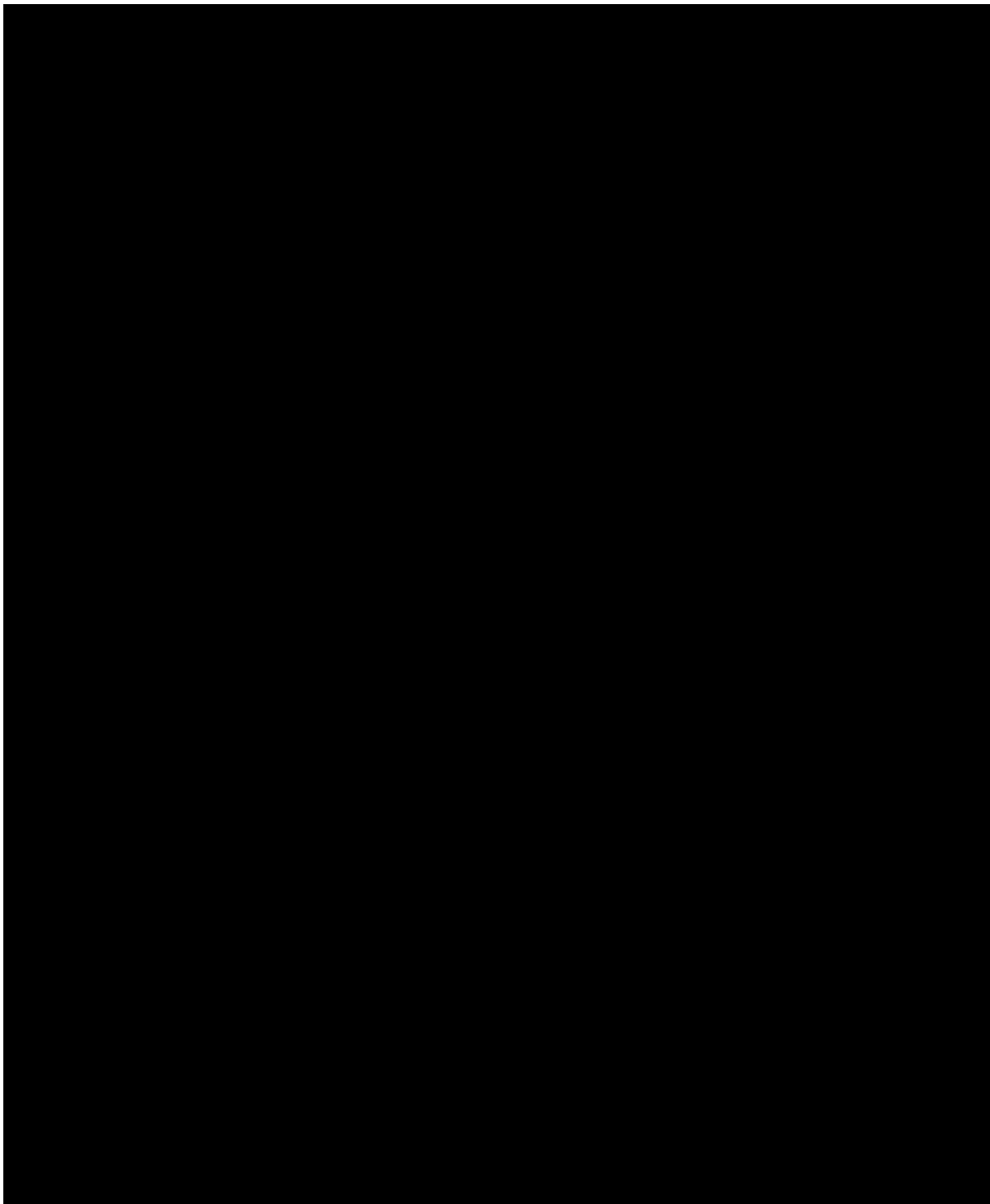
The territory of body vigilance offers an opportunity to reach into the world of our audiences at times and places where they are most likely to be thinking about, or are able to make, a quick and simple check for changes in their body – e.g. in the bathroom. Our approach is designed to counteract fear of what they might find by positively reframing the opportunity to check their body for any signs of change – thus literally giving our 50+ C2DE audience the confidence to take their health into their own hands. Our partnership plan normalises the simple behaviour of routinely checking, e.g. when showering/ bathing, providing a quick yet powerful behaviour change that will drive sustained body vigilance and prompt early presentation with relevant symptoms in line with the objectives. Coupled with the call to action (CTA) to present early to the GP if changes appear (relevant signs/ symptoms), this new partnership led approach is designed to shift the dial on early presentation leading to earlier diagnosis and treatment.

Our audience, 50+ C2DE men and women are traditionally fatalistic and fearful about their health. They're not routinely checking themselves – 80% didn't check in the last month, 70% didn't check in the last 6 months – a third have never checked. They are driven by fear of what they might find but, we suggest, they are not being prompted to check in timely/ relevant settings e.g. bathroom. Post-pandemic, we have a window of opportunity to engage, motivate and prompt the nation around body vigilance and checking. Whilst 80% didn't check themselves last month – nearly 80% claim they should take health into their own hands to relieve pressure on the NHS. Evidence suggests health and quality of life is now indexing over money by way of aspiration. Qualitative research indicates a 'self-care' approach to checking *tends* to land well with women in our audience group – men *tend* to prefer a more functional 'MOT'-type approach. Our plan reflects this vantage/ tonal nuance and informs our partner mapping below.

The integrated comms strategy centres on prompting, empowering and reassuring our audience – moving from fear of knowing to empowering through knowing. Partnerships plays a key role in encouraging body vigilance by positioning personal health monitoring as empowerment. Our plan hinges on the core thought that to drive early presentation with relevant symptoms we need to normalise body awareness and checking – moving from fear of cancer to a sense of empowerment, control and routine, normalised healthy behaviour. A space that traditional media cannot access directly. Our audience is already routinely washing themselves in the bath/ shower – we propose piggy-backing on this most normal of activities to simply land and remind them to look out for any changes in their body whilst they do this, or when they are in a discreet

environment/engaging with a service that brings this moment front of mind. Using COM-B, this gives them the capability and opportunity to keep an eye on their health in the bath/ shower, a routine activity, and the motivation to do so – no change is good news and delivers peace of mind; relevant change is good to catch early – early presentation drives the best chance of successful treatment. We'll frame checking as an act of 'self-care' and a very logical quick 'MOT' – giving our audience a sense of control in a positive way over their bodies and their health. We will ensure all checking advice both aligns with clinical guidance yet is 'wrapped' in an accessible, empowering, memorable way. Relevant behaviour change techniques are: norming – the idea you make a very quick and simple check when showering (which eventually becomes automatic) for any changes; and reframing – moving from fear to literally taking health into your own hands – a quick check to reassure yourself your body is doing well, and a reminder to get it checked out if you notice relevant changes. Using EAST, this behaviour is 'easy' – washing is already routine, 'attractive' – a great way to keep an eye on own health, 'social' – demonstrate peers and influencers routinely check like this, and 'timely' – activate with partners to remind/ normalise.

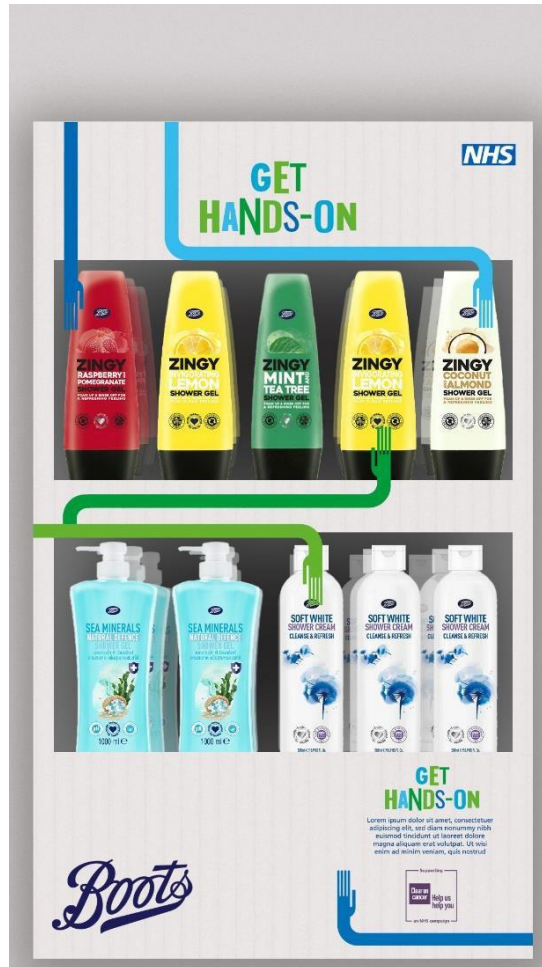
Partner mapping centres on where we can deliver the message about the importance of checking yourself whilst washing, or other similar routines we do (e.g. weighing yourself in the bathroom) This includes on relevant products, retailers – and other discreet environments, drawing on TGI, Kantar and other purchase/ activity data.



Taking 'Get Hands-On' we demonstrate how this might come to life with some potential partners included within our partner mapping:

Working with Boots, deliver the message about the importance of checking yourself whilst washing on POS materials when buying bath/shower products.

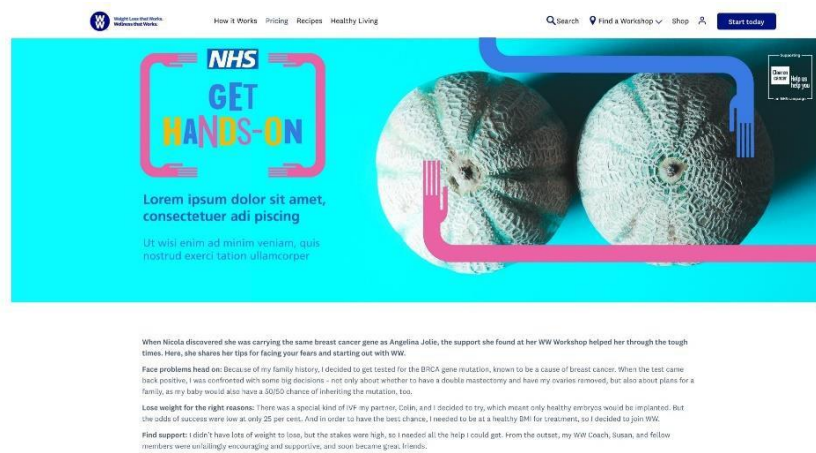




Using Dove as an example, stickers can be created to go on shower/bath products, which provides the prompt at the point of washing.

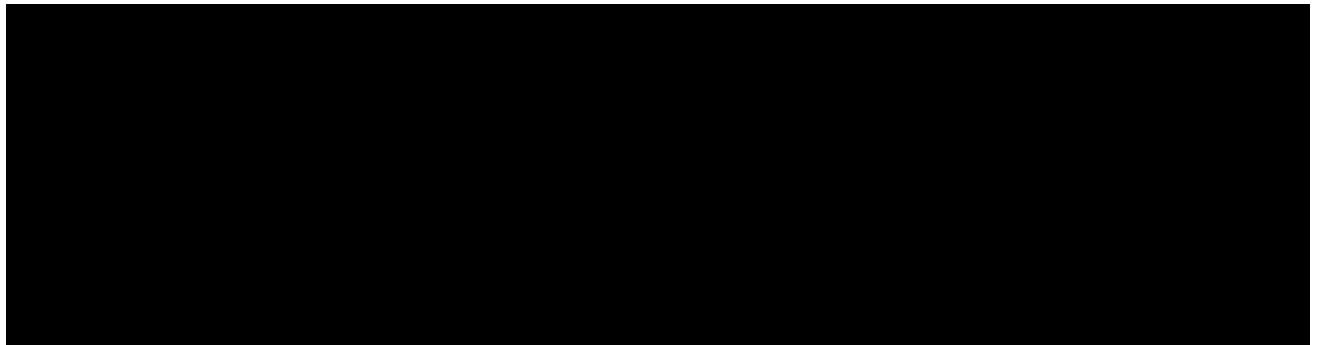


Working with WW gives us the opportunity to deliver body vigilant messaging in a different environment and as part of the weighing routine. The partnership would include a body vigilance training module for WW coaches to use within face-to-face workshops, explainer content for their website and use of case studies in their blogs as shown below.



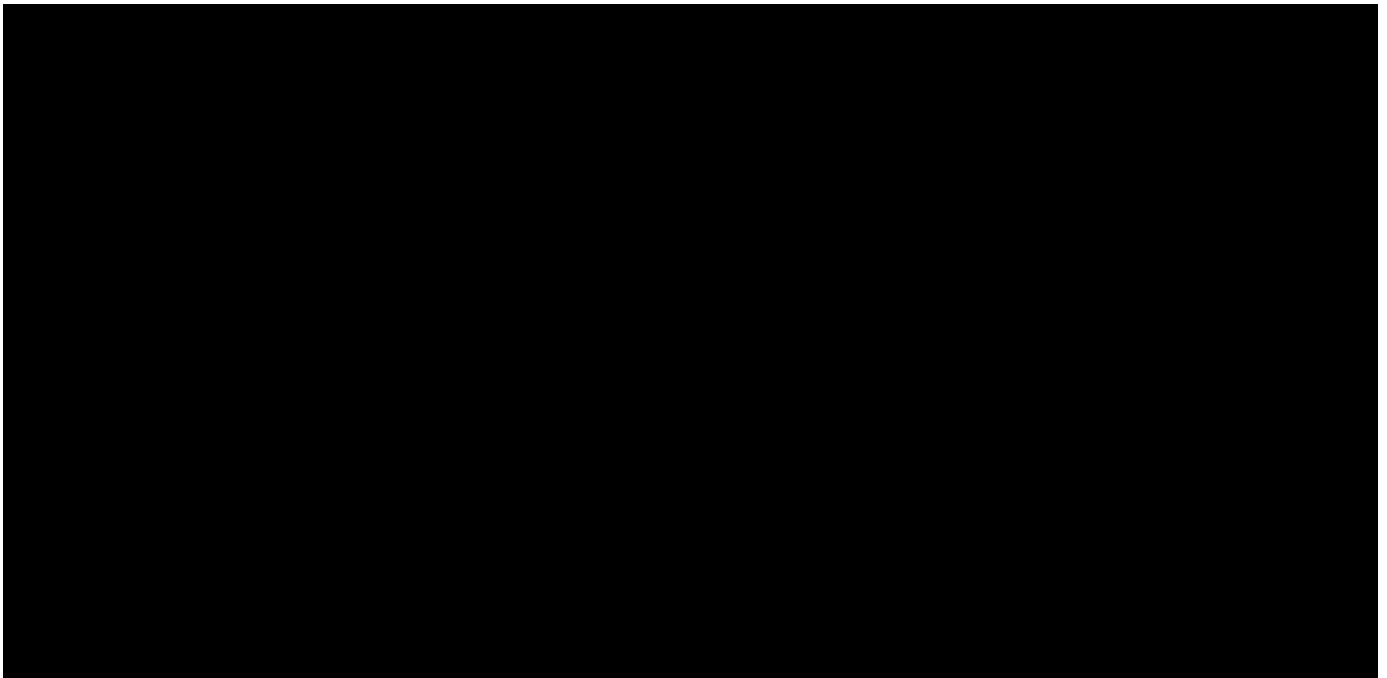
Following creative testing with partners and refinement, the delivery plan would seek to couple an ‘always on’ approach with partner ‘bursts’ aligned to campaign comms planning, seasonal hooks and partners’ internal sales/ promotional calendars.

Scoring – below outlines how we would evaluate the proposed activation.



**Q4: Please provide an indicative timing plan outlining key milestones. This should outline any dependencies. Needs to cover full year of campaign support across both campaigns**

Having a clear project plan from the outset will be essential for the successful delivery of this partnerships campaign. It sets out key milestones, roles and responsibilities, identifies interdependencies and ensures all parties are informed. All the team will have been briefed on the project as part of the legacy of our previous involvement in delivering partnerships for the campaign and as part of the tender process which will ensure they are up to speed and ready to progress from day one of the contract.



**Overarching strategy**

- Kick off meeting on both campaigns to go through feedback on tender submission and agree ways of working
- 23red to finalise overarching partnership strategies for WATNHS and HUHYP campaign based on feedback from the tender, including topline partner mapping for priority phases.

**Always-on partners**

- As part of the initial work, we will identify partners relevant to multiple phases and/or potential for longer term/always-on activation for both WATNHS and HUHYP.
- Once agreed, 23red will develop the partner approach before beginning out outreach.
- Depending on the opportunity and partner, negotiations can vary in length and 23red will bring in the client as required, along with other stakeholders and wider agency partners (e.g. PR).
- For always-on partners, we will ensure there are regular review meetings

between client, 23red and partner to review progress and also continue to build and strengthen the relationship.

### **Typical cycle and timings for each WATNHS and HUHYP phase**

The process and timings provided below may vary, but it provides an idea of the steps and how they long is needed for each. Ideally, we would require a minimum of four weeks to plan and prepare for launch, but can activate partners quicker if required. The more time for planning and outreach, the greater the chance of meaningful partner support.

- One week to respond to all agency brief.
- 23red will present with the all-agency group, as part of the response to brief, but also have a more detailed review with the Senior Campaigns Partnerships Manager to finalise plans for partners to target and identify what partner assets are required.
- Two weeks after approval to our response to brief, we would present the partner longlist for the phase in question and the partner email and partner presentations in preparation for outreach to begin.
- One week to create partner assets once open artwork received from lead creative agency.
- Once outreach has begun, if there are specific requests for co-branding, bespoke assets or co-creation we will review these with the senior campaigns partnerships manager and provide a cost estimate for the work.
- At the end of the campaign, we will evaluate the phase within a month of its completion.

### **HUHY: Cancer (early diagnosis) phase (June – July 2022)**

- Given the contract is awarded at the beginning of June and the extension to the reducing barriers to early cancer diagnosis phase kicks off again in the same month, we propose to focus on existing and trusted partners in this space to deliver quick wins.
- As part of the work, we will make any required updates to the existing partner assets if there are any changes made to the campaign creative since the previous phase in March 2022.

### **Evaluation and review**

- Regular status meetings with Senior Campaigns Partnerships Manager to review progress with planning and delivery.
- Monthly status meeting with the Senior Campaigns Partnership Manager and Lead Campaigns Manager.
- Quarterly contract reviews between client and 23red to review progress against deliverables and build learnings into next quarter.
- Annual full year evaluation to review successes and learnings for the year and plan for year 2.

**Key dependencies**

- Timely briefing and feedback on agency response from client ahead of each phase.
- Stakeholder engagement process – e.g. clearly defined who for each phase needs to be involved and part of review and approval process.
- Campaign creative – being briefed by lead creative agency for each phase and having assets available in time to create partner assets.
- Collaboration with wider client and inter-agency teams to support in the development and delivery of partner activations.
- Partner planning cycles and lead times for activation.

**Q5: 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.**

On being awarded the contract, we will schedule a kick off meeting with the NHS team, whereby we can discuss and map out the priorities for partnerships for each of the campaigns for the coming year based on what is currently known.

The kick off meeting will also be an opportunity to identify any potential risks (e.g. policy priority changes) and we will develop a risk management matrix that details these along with proposed risk mitigations for client approval. We will review monthly (fortnightly during campaign periods) to identify changes to risk, highlight these to the client and update the matrix as appropriate.

We will have a core account handling team assigned to each of the campaigns and we will identify up front where there may be pinch points across the year that will require an upweighted team to ensure momentum is maintained and that the campaigns schedule is achieved and KPIs met.

The core team will be responsible for scheduling regular client meetings:

- weekly status meetings with the Senior Campaigns Partnership Manager to focus on the immediate campaign phases and deliverables. A status report will be used as the basis for this meeting and can be referred to in-between meetings for live updates
- Monthly status meeting with the Senior Campaigns Partnership Manager and Lead Campaigns Managers to discuss the longer-term plan, update on any policy changes and align on how the partnership plan needs to evolve to reflect this and discuss any longer term, strategic partnership opportunities. An agenda will be circulated in advance and a contact report shared within 48 hours of the meeting.

Collaboration is a core 23red value and it is key to how we tackle the challenges and realise the opportunities associated with delivering partnerships on behalf of the public sector. We welcome being part of the all-agency team and working collaboratively with our agency partners as demonstrated with both M&C and Mullen Lowe, freuds, MMC, OMD and Kantar as part of the current all agency teams for the two campaigns. Joining weekly/fortnightly status meetings to keep up to speed on the wider channel plans and provide updates on how partnerships will be supporting the campaign phase objective, feeding into the campaign phase evaluation etc. Respecting each agency's expertise is also essential to facilitate knowledge sharing, transparency and full integration of ideas and plans.

A scope of work and billing schedule will be developed at the start of the year and reviewed monthly to ensure it accurately reflects the campaign phasing and identified 'always on' partnerships. We will provide monthly reports against the scope of work for client sign off prior to billing.

We recommend having quarterly contract meetings, where we can discuss how we're performing and agree any areas that need focus. It's a good opportunity to

also use these as a 'stand back' session, where we take a broader look at the campaigns and how partnerships is performing and identify any changes that may need to be made to the overarching campaign partnership strategies to appropriately reflect the changing landscape/pressures of the NHS.

Our rigorous approach to quality assurance, and ISO 9001 certification, makes us well placed to deliver this project on time and on budget, and provide the reassurance that you will receive consistent, quality products and services. Our Quality Assurance Charter covers account management processes including our approach to service, delivery, integration, agency performance, results and complaints procedure and is available upon request.

Our quality control procedures are designed to minimise the risk of issues or complaints. However, in the event that an issue or complaint needs to be raised, [REDACTED] be the first point of contact. In the event you are unable to speak to [REDACTED] can be contacted. If the issue cannot be resolved quickly by this team, it will be escalated to our CEO, [REDACTED] Issues will be resolved within five working days. In the unlikely event of persistent issues, we will develop an incident report, identifying the issue and cause(s), alongside a Service Improvement Action plan which sets out proposals to remedy service failure and/or mitigate similar risks.

**Q6: 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.**

23red has 20+ years' experience delivering behaviour change campaigns, with highly sensitive behaviours and complex stakeholder landscapes. Developing partnership marketing campaigns for 20+ public sector organisations; targeting a variety of audiences; negotiating activity with partners from commercial, NGO and public sectors across all communication channels.

Two case studies below best demonstrate our experience, drawing out synergies of complexity and timescale demands.

**NHS HUH:** During the last two years we've worked with the NHS whilst they've had to manage capacity pressures at different peaks of the pandemic, backlogs in treating patients and ongoing impact of the pandemic. Messaging updates and activity launch deadlines have demanded a need to be proactive in planning, but also reactive to change, ready to launch when required. Given the number of priorities, several phases have been developed either at the same time, or in close succession, occasionally presenting challenges in managing partners. Earlier this year, the NHS 111 phase was live and the launch of mental health, heart attack and cancer early diagnosis phases happened within a two-month period. To manage this, we conducted thorough partner mapping to identify which partners could support on all phases, and which were phase specific to manage the asks and expectations of the partners.

Taking heart attack as an example, we identified large employers as a key category to prioritise over other phases. By broadening the key message on symptoms to focus on people that can be 'heart attack helpers', we made it relevant to a wider audience and fit with employers' objectives around health and wellbeing, first aid and occupational health function. Working closely with the Senior Partnerships Campaigns Manager and stakeholder team at NHS, we secured a partnership with British Heart Foundation to co-brand the employer toolkit that was shared with their employer network. Well received from our large employer partners, we found a sweet spot in companies that have occupational health functions and whose work included physical work such as construction, delivering goods or manufacturing, which also skew towards our C2DE audience. These included Nissan, Yodel, DHL, Metro Bank and industry bodies e.g. Builders Merchants Federation and Association of Convenience Stores. We also gained insight on partners priorities for the coming year and how they can align to NHS priorities in terms of health and wellbeing messages to their staff.



## HEART ATTACK ACTIVITY



Co-branded assets with British Heart Foundation



Yodel shared co-branded assets with 12,000 employees



LG Screen shared the animation on Haymarket screen in London – average 6 million footfall per month

### Organisations supporting:



There are close parallels with the scope of work for NHS. The campaigns tackle major public health issues and synergies with the audiences we seek to engage; children and families (C4L), over 50s (One You) and lower socio-economic groups (all campaigns). Many of the partners are relevant to NHS (retailers, manufacturers, pharmacy, employers, media, digital), meaning we can present a joined-up calendar of health campaigns, leveraging opportunities for partners to support multiple health campaigns throughout the year and help mitigate against any calendar conflicts.

We work collaboratively with [redacted] stakeholders and cross-agency teams, to ensure partnerships are fully integrated into all life course strategies and support the policy agenda. We work with key partners to activate the campaign messages, co-creating content and leveraging it via their channels.

The long-term relationships we have developed with over 300 partners during the lifetime of the contract across all life courses has extended the reach of PHE campaigns by millions and delivered an Advertising Equivalent Value of £124 million. The breadth and depth of partners has enabled OHID to drive visibility and prompt people to reappraise their health in surprising and relevant ways.

Our Heart Age partnerships campaign with PHE further demonstrates our experience and ability to successfully meet complexity and timescale demands. With limited budgets across government, we identified campaign areas less likely to receive funding but importantly might receive public interest; one was blood

pressure. PHE launched a tool that informs users of the likely age of their heart in comparison to their actual age, however it didn't garner many completions. We developed 'Know Your Heart Age'; a campaign that encouraged consumers to find out their heart age by taking the Heart Age Test. If completed with a blood pressure reading, they would get a more accurate result.

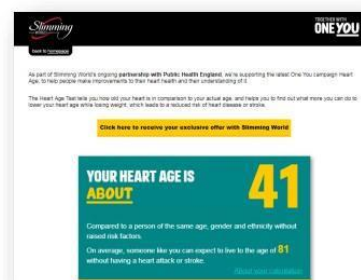
Insight showed our audience are busy, often looking after others before putting themselves first. They don't realise that high blood pressure could be an early indicator of heart disease, stroke or dementia. Getting them to engage with the Heart Age Test could quickly alert them to any areas of concern in a fun and engaging way. "A quick heart check won't do any harm".

Over two years we created a coalition of partners: those with a stake in the solution (pharmacies, retailers, NGOs and Local Authorities); those where our audience are to increase the number of test completions (e.g. Slimming World, Amazon).

We developed a range of assets that were shared with a range of partners but were also used to help theme some of the activity.



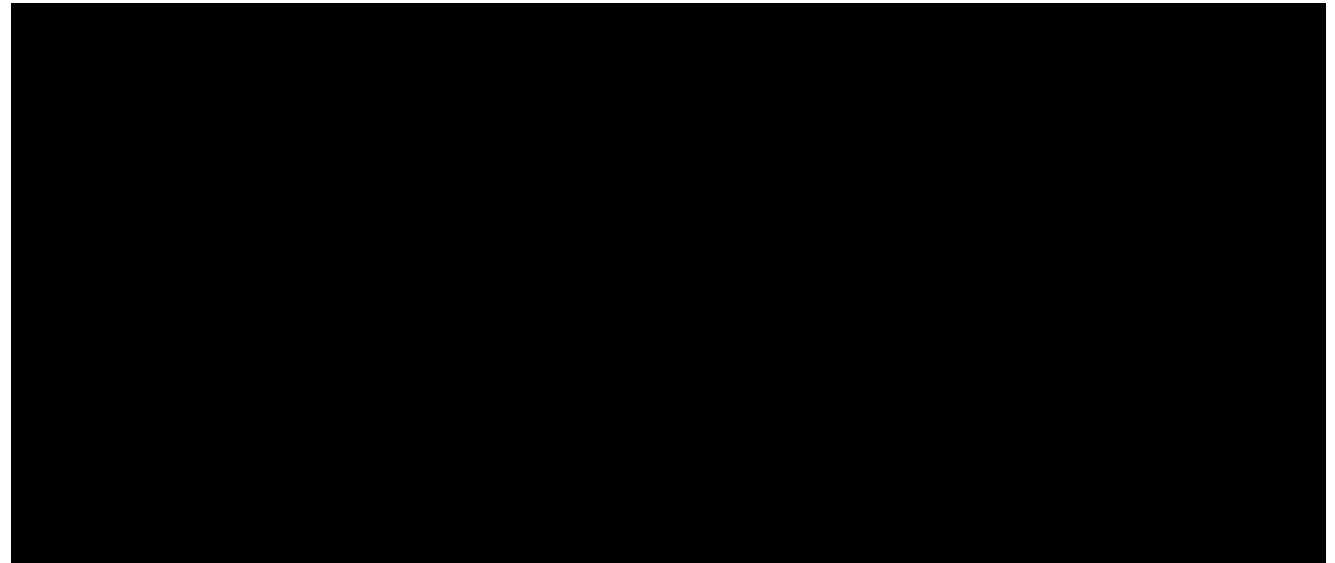
Bespoke activity included: Slimming World, making the link that losing weight can help reduce blood pressure and therefore heart age; Amazon's treasure truck encouraging their customers and passers-by to come and have their blood pressure checked and heart age calculated; pharmacy partners including Lloyds Pharmacy, who encouraged customers to take advantage of their free blood pressure service. We were also supported by local authorities and relevant charities including Stroke Association, Blood Pressure UK and British Heart Foundation.



Know Your Heart Age broke a record for daily visits to [www.nhs.uk](http://www.nhs.uk) domain with 3.2 million visits. In Year 2 there were 2.8 million test completions, on top of the original 1.9 million completions.

**Q7: Provide a resource plan, which details how you will deliver this project, including details of the key personnel involved in delivery.**

A consistent core team, detailed below, will be assigned to this contract, those with knowledge and experience for working with NHS England and the WATNHS and HUH campaigns to ensure we retain and build on the depth of knowledge amassed over the last few years. At certain stages in the lifecycle of the campaigns, additional resource/skillsets may be required to further support the delivery and we will match talent to task, drawing from our wider pool of experienced account handlers, strategists and creatives.



**██████████ and Founding Partner,**

██████████ up 23red in October 2000. A behaviour change expert, ██████████ has led the development of award-winning social marketing and behaviour change strategies on topics as wide ranging as health and well-being, skills and learning, environment and sustainability, financial inclusion and equality. ██████████ is a strategic advisor to OHID and advised the Cabinet Office on the Covid-19 partnerships programme.

**██████████ Business Director**

██████████ joined 23red in 2014 and during this time has led the strategic direction and implementation on all our health-related clients, starting with PHE's Change4Life and NHS Blood and Transplant and more recently joining the NHS England team leading on both partnership and integrated campaign requirements. ██████████ has also led partnership activation for Department for Transport's THINK, Go Ultra Low and Engineering: Take a Closer Look campaigns.

**██████████, Planning Director**

██████████ is a strategy director with 20 years' experience, specialising in behaviour change. On the consumer side, her work has included a whole host of national behaviour change initiatives, including persuading families to switch to healthier purchases for Change4Life/Public Health England (now OHID). ██████████

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] has 15 years experience working across a variety of government and NGO behaviour change campaigns. He has a specialism in negotiating and activating creative partnerships across a range of different owned, earned and paid touchpoints. Most recently he has led on improving journeys for disabled people for the Department for Transport's 'it's everyone's journey' campaign and driven recruitment to key NHS roles as part of a cross-agency team delivering the We

[REDACTED]

Are The NHS campaign. He has a proven track record for developing collaborative relationships with clients and partners to deliver effective campaigns.

**██████████ Senior Account Manager**

██████ has been with 23red for nearly 3 years and has experience in delivering campaigns through both a creative and partnerships lens. He has worked on accounts such as the Covid-19 campaign, OHID Cervical Screening and Every Mind Matters and for NHS has delivered the NHS GP Surgery Access pilot, Staff Abuse assets and partnerships for We Are The NHS.