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# Health as a Social Movement

National  
Seminar  
Series

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Manchester  
February 2017

RSA

21st century enlightenment

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## AGENDA

10.00	Welcome
10.05	Health as a social movement: an overview
10:30	Presentations and Q&A with Vanguard representatives
11:30	Break
11.45	Social Movements in your locality: Mapping the system
12.00	Breakout exercise on roundtables: What are your challenges? Feedback from challenge setting: emerging themes
13.00	Lunch
13:45	Idea generation: Response to challenges
14:30	Feedback and next steps
15:00	Close

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# THE ROYAL SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES AND COMMERCE (RSA)

Founded 1754

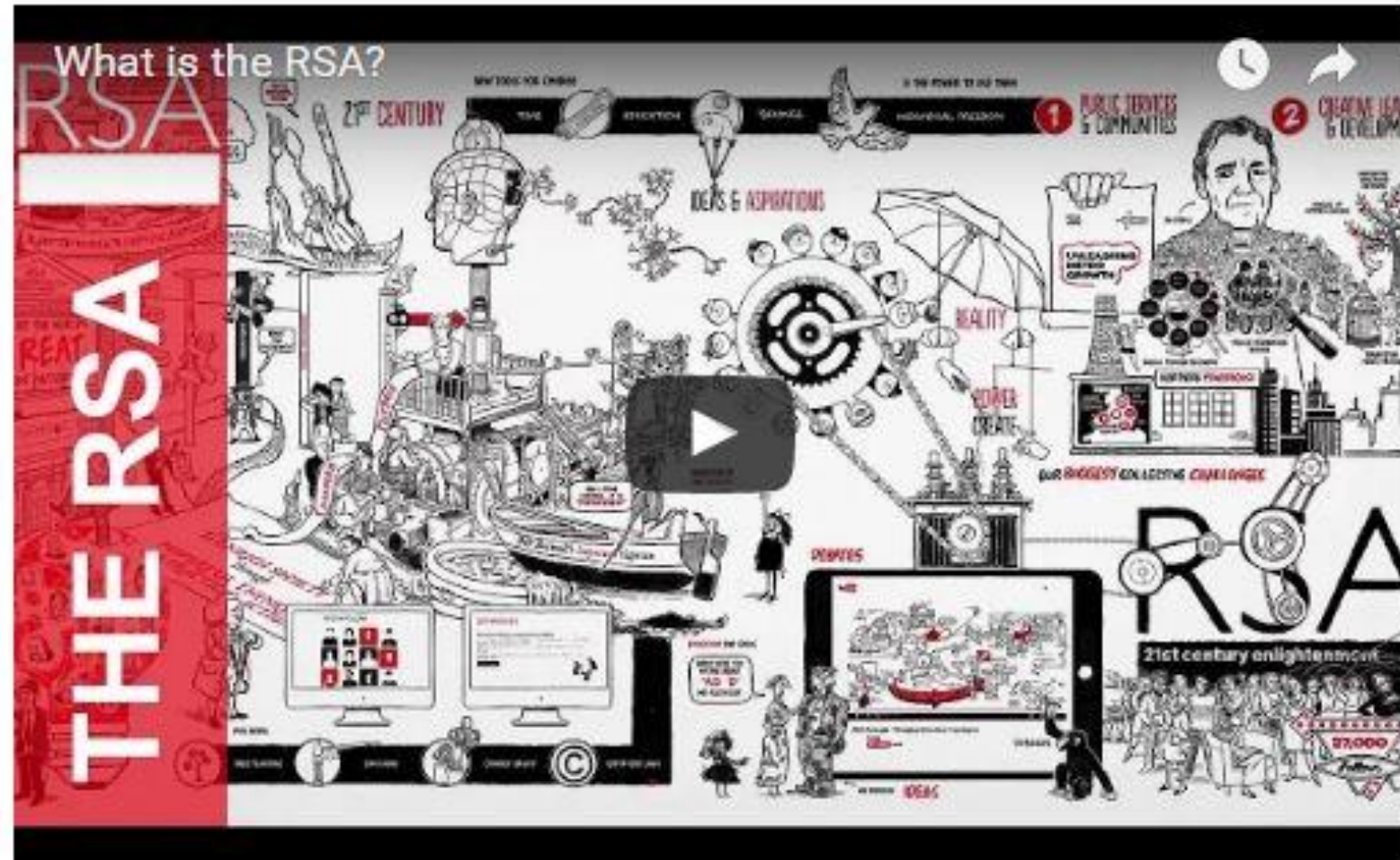
Tackling a range of social challenges through research, action and ideas





WHAT DOES  
THE RSA DO?

FOLLOW THE  
LINK [HERE](#)



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## Overview



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## NHS England

Eileen Mitchell

# RSA

21st century enlightenment

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# Health as a Social Movement - Overview

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**NESTA**

Jackie Del Castillo

**RSA**

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# Health as a social movement



# Nesta...



Health as a Social Movement

## THE POWER OF PEOPLE IN MOVEMENTS

Jacqueline del Castillo, Halima Khan,  
Lydia Nicholas, Annie Finnis

SEPTEMBER 2016



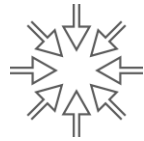
“What does the NHS expect? For people to camp outside of hospital?”

Social movements are one of the most effective forms of pressure on societal systems in health and care

# A health social movement EMPOWERS



Empathises with people + communities



Mobilises people



Pressures systems



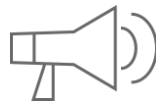
Orbits existing systems



Waves in intensity over time



Experiments



Rages and roars



Self-governs

“We cannot understand social movements unless we understand how they *spread*.”

What *spreads* in a social movement?



VISION: what vision are you promoting?

ACTIONS: what do you want people to do?





The doctor can make the incision,  
I'll make the decision.

SHIRLEY TEMPLE



# The open data movement



**AWAKE**

**TUMOR TYPE:** ASTROCYTOMA  
**GRADE:** GRADE II WITH TWO SMALL REGIONS SHOWING GRADE III



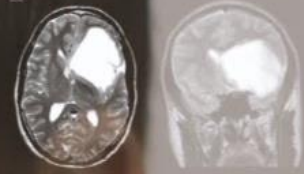
**TREATMENT:** SURGERY, THEN 49 DAYS OF  
PROTON IRRADIATION FOLLOWED BY 12 MONTHS  
OF TEMODAR

**CHEMOTHERAPY**

**SURGERY**

**OPTION 002**

**TUMOR TYPE:** ASTROCYTOMA  
**GRADE:** GRADE II WITH TWO SMALL REGIONS SHOWING GRADE III



**TREATMENT:** SURGERY, THEN 49 DAYS OF  
PROTON IRRADIATION FOLLOWED BY 12 MONTHS  
OF TEMODAR



# Impact to date

- 7 million patients
- Nationwide adoption
- A “new care standard” with patients involved in decisions
- Clinically relevant benefits
- Minimal concerns
- Experts cite the potential to improve patient safety, medication adherence, and patient recall
- Potential to save healthcare costs

# Adverse childhood experiences

“My patient said,  
being overweight is  
SAFE.”

- Dr. Vincent Felitti



# Ten adverse childhood experiences

## ABUSE



emotional



physical



sexual

## NEGLECT



emotional



physical

## HOUSEHOLD DYSFUNCTION



divorce



substance  
abuse



mental illness



mother treated  
violently



incarcerated  
relative

# Unhealthy behaviours



lack of exercise



smoking



alcoholism



substance abuse



missed work

# Health issues



severe obesity



diabetes



depression



suicide attempts



STDs



heart disease



cancer



stroke



COPD



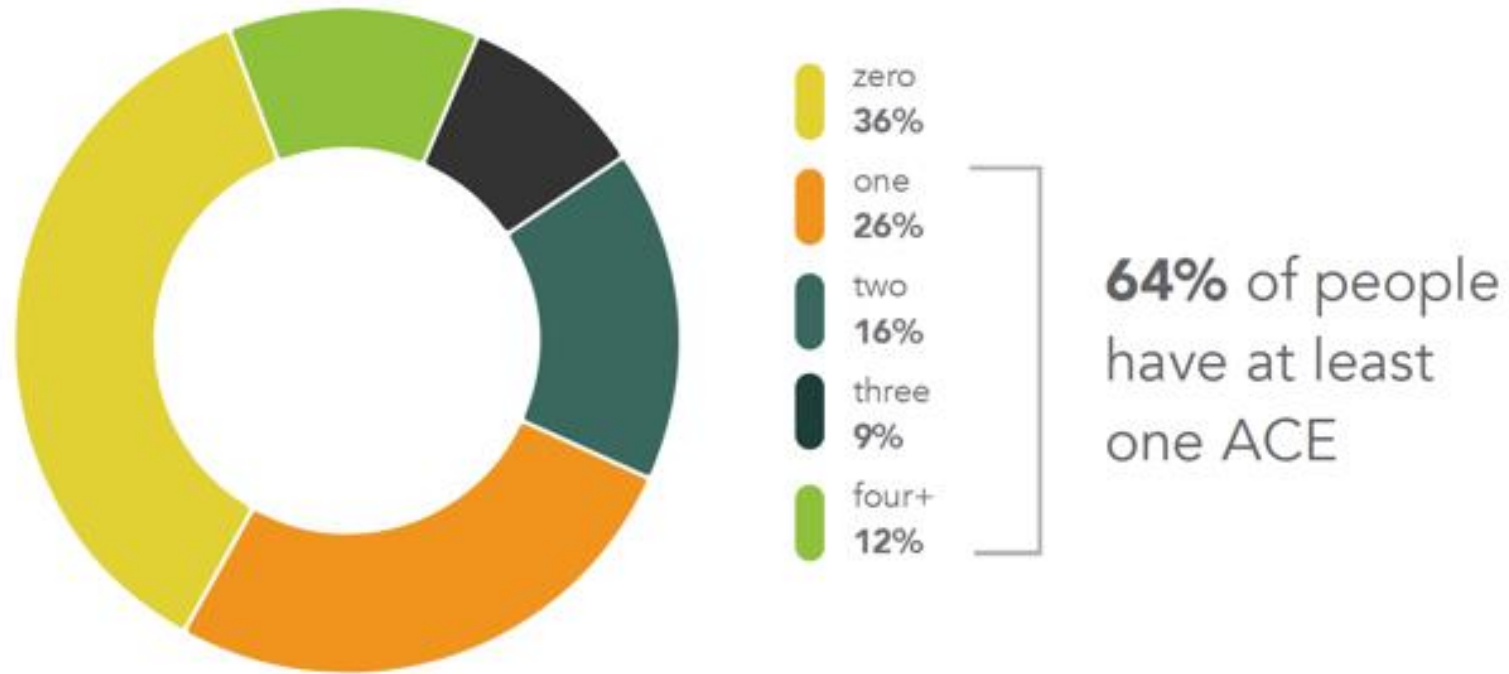
broken bones



# The correlations

No ACEs	1-3 ACEs	4-10 ACEs
1 in 16 are smokers	1 in 9 are smokers	1 in 6 are smokers
1 in 69 are alcoholics	1 in 9 are alcoholics	1 in 6 are alcoholics
1 in 480 use IV drugs	1 in 43 use IV drugs	1 in 30 use IV drugs
1 in 14 have heart disease	1 in 7 have heart disease	1 in 6 have heart disease
1 in 96 attempt suicide	1 in 10 attempt suicide	1 in 5 attempt suicide

# ACEs are common



# The economics

86%

of U.S. healthcare costs  
spent on people with >1  
chronic condition

\$5.8 T

estimated impact of the  
social costs and lost  
earnings associated  
with child maltreatment in  
US alone

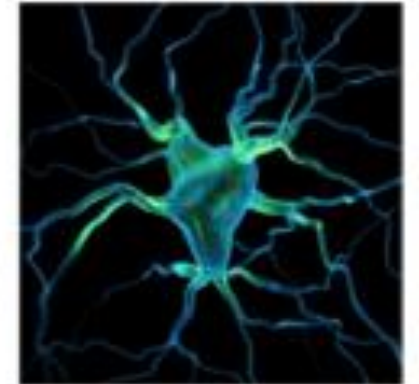
# Why is this issue ripe for a movement?

1. Childhood trauma is still highly stigmatised
2. There are deep cognitive biases to break
3. Research uptake has been low, especially in healthcare
4. Pathways to solutions now exist
5. People are mobilizing around the issue

## The Roles Neuroplasticity and EMDR Play in Healing from Childhood Trauma

By Zoe Reyes, LMFT  
- 4 min read

Studies on neuroplasticity have become increasingly popular in the last several years. It was once thought that our brain was fixed and unchanging once we enter adulthood. Research throughout the last few decades has determined that in fact, our brain has the ability to change and create new neural pathways as well as produce new neurons, a process labeled as neurogenesis (Doidge, 2015). This finding is significant because if the brain has this ability to change, we have the ability to change our way of thinking and possibly improve mood.



Neural pathways in the brain are strengthened with repetition. One way to describe this process is "the neurons that fire together, wire together."

Dr. Nadine Burke,  
Founder of Center for  
Youth Wellness





“If you think this is anything less than a human rights movement, think again... the smoking fight took 60 years.”

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**Health as a  
Social  
Movement -  
Moments for  
change**

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## **WHAT WE WILL ACHIEVE TODAY**

- Tools for action:
  - Introducing **Social Moments**
  - Understanding **Spread and Diffusion**
  - Understanding the role **Networks, Norms, Narrative**
- Learning from case studies (local and international)
- Collaborate together to produce a set of actions that could support social action for health

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## **WHAT ARE SOCIAL MOMENTS?**

'Social Moments' are opportunities for change

They can be small or large opportunities

They can manifest in both predictable and unpredictable ways

The hierarchy can play a role in socialising/mobilising these 'moments'

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## **WHAT ARE SOCIAL MOMENTS?**

Different 'Moments' present themselves to us each and every day, but many - and frequently all - of these moments' pass us by

Raising our consciousness of these 'moments' is a good step to take

But awareness is not the end goal, **doing something with them is**

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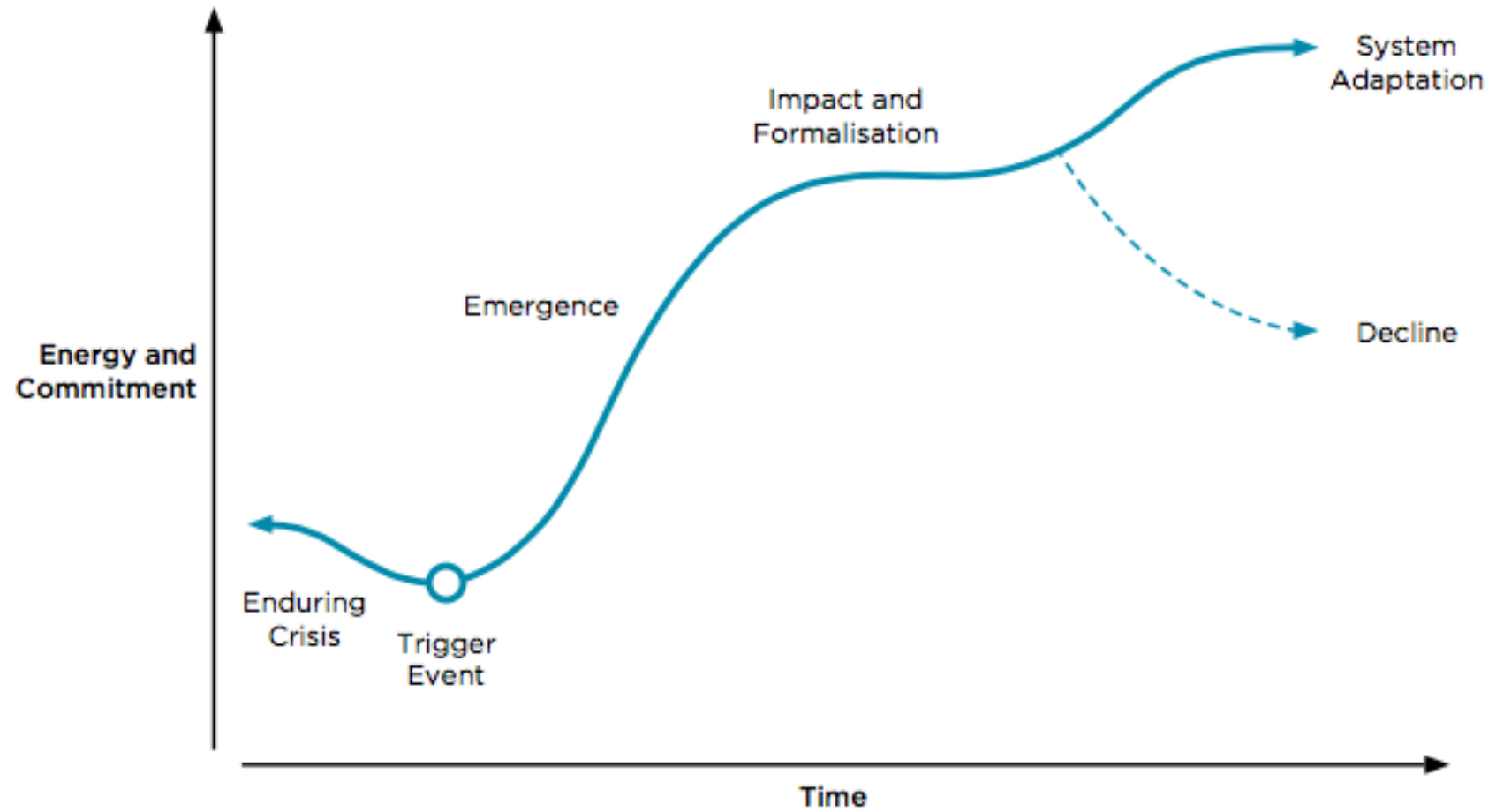
## **LEVERAGING SOCIAL MOMENTS**

Social moments are **leverage points** where the equilibrium or paradigm is challenged  
This can be challenged at 3 levels:

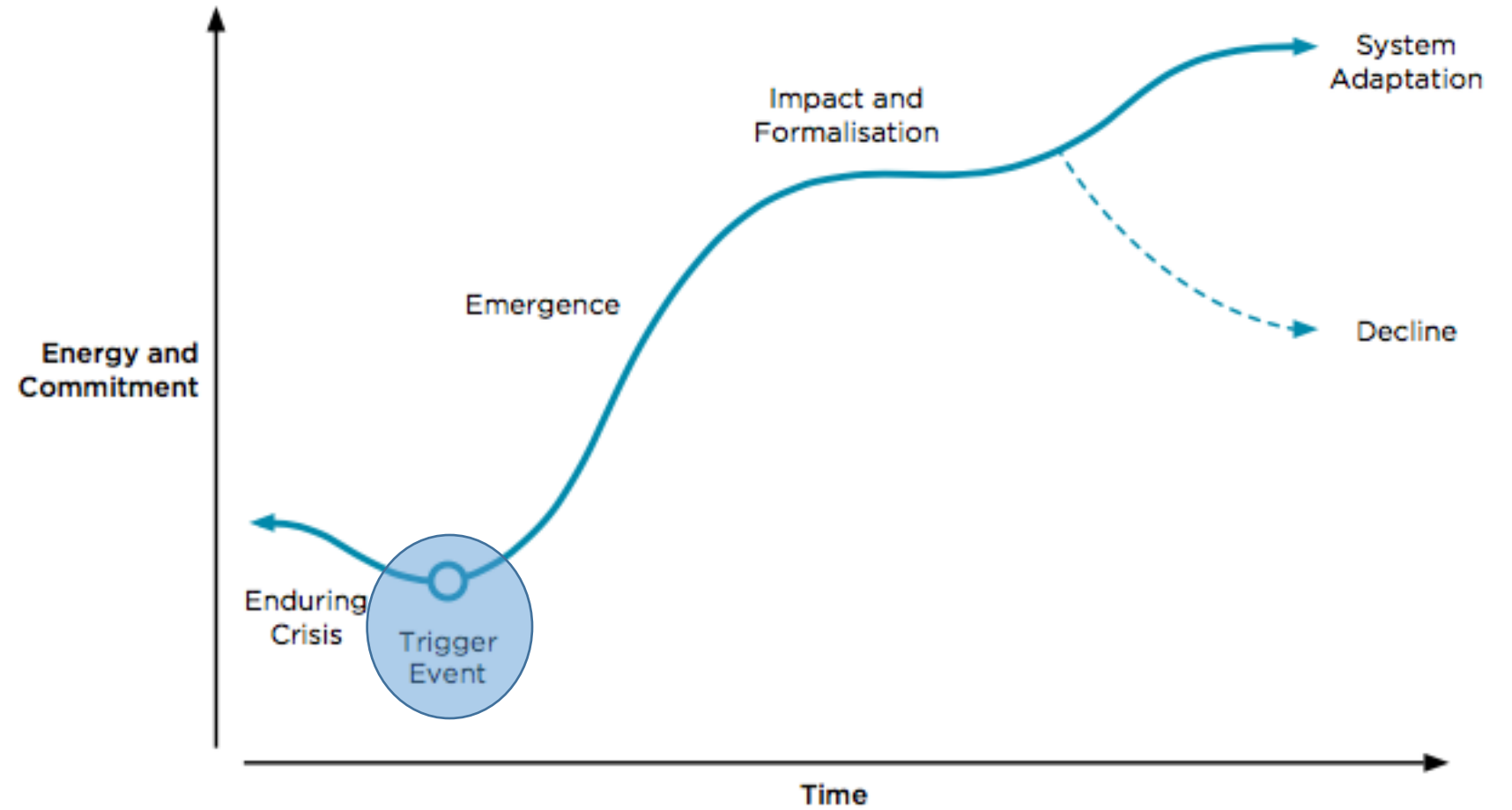
- 1) Individuals
- 2) Communities
- 3) Systems

Moments can also be created/manufactured  
The combined effort to maximise the benefits of social moments creates **social capital**

# SOCIAL MOVEMENTS LIFECYCLE: REPRISE



# SOCIAL MOVEMENTS LIFECYCLE





# TYPES OF SOCIAL MOMENT

Summary	<b>Predictable</b>	<b>Unpredictable</b>
Response	Static	Dynamic
	Process-led	Value-led
	A standardised, joined-up and co-ordinated response can be designed	The readiness of the organisation / community / individual to respond is key
Frequency and scale	Tend to be recurring, lower individual impact	Low frequency, tend to be one-offs, large scale, higher individual impact
Examples	Notification of the death of an elderly person Child starting school Leaving hospital Diagnosis of a mental illness Design of a new housing estate	Death of a child in a house fire Flooding Spate of RTAs among young people High profile hate crime incident

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## Learning from the Vanguards

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### Nef

Stockport Together  
Manchester GM  
Cancer Vanguard



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# Health as a Social Movement

## Stockport Together, with Oldham and Tameside

Nick Dixon, Lead Practitioner Healthy Communities, Stockport Together  
Project Managers, Steve Goslyn and Carey Bamber

February 22<sup>nd</sup> 2017

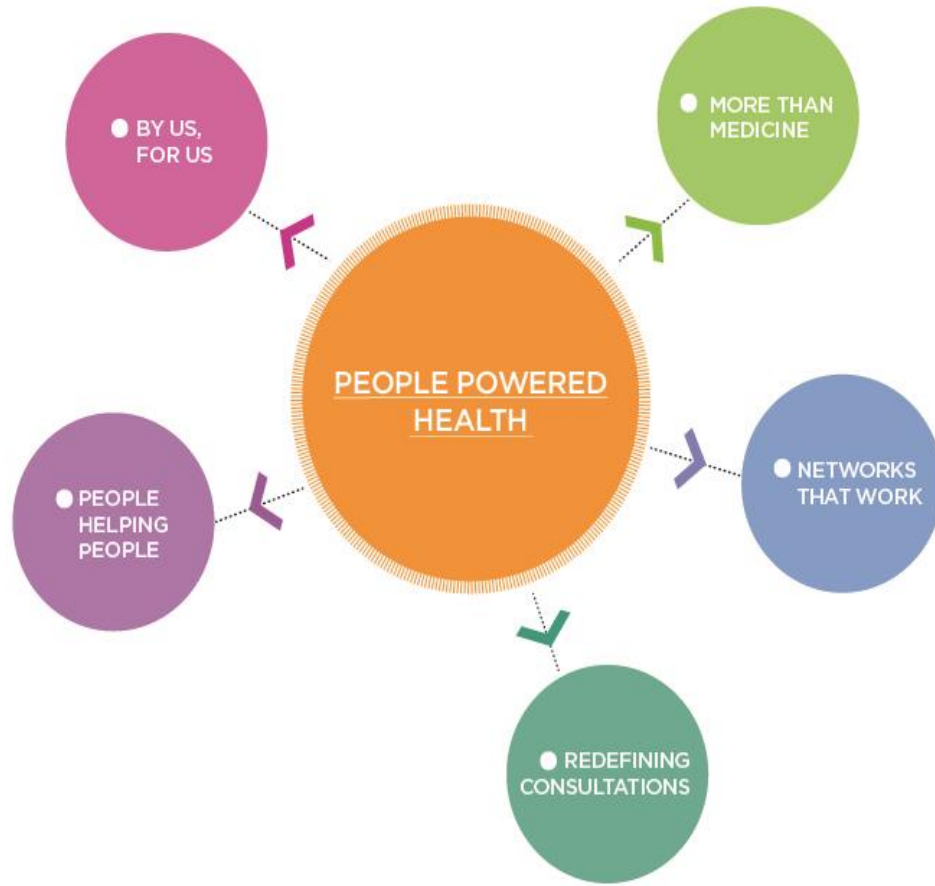


# People Powered Commissioning for Social Action in Stockport

October 2016



[http://www.stockport-together.co.uk/download\\_file/109/160](http://www.stockport-together.co.uk/download_file/109/160)



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## **SYSTEM LEVEL CHANGE IN STOCKPORT**

## **WHAT WE HAVE LEARNT IN OUR COMMUNITIES**

- Need to shift from service silos to system outcomes, from vertical silos of health and care to horizontal place-based systems
- Culture and behavioural change is needed for transformation- both within services and communities/ citizens
- Neither people nor places are seen as assets, we tend not to leverage in people's capacity and local resources
- Health and care systems determine service delivery in isolation of people and in response to national policy and drivers

Welcomed the NHS England 'Health as a Social Movement' opportunity

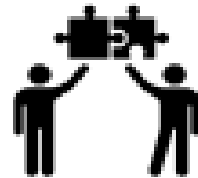
# APPLICATION OF LEARNING



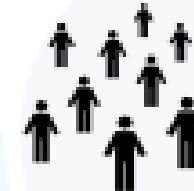
A Stockport 'Call to Action'  
Four areas to consider

## GIVE YOUR WORKFORCE THE TRAINING AND TOOLS

Shift from 'doing to'  
to 'working with'



## PROMOTE HEALTH AS A SOCIAL MOVEMENT



## DEVELOP PLACE-BASED HEALTH AND COMMUNITY NETWORKS OF SUPPORT



## COMMISSION DIFFERENTLY



# Workforce Training and Tools



- Who are your workforce?
- Relationships matter so much
- “Transformational change can only go at the speed of trust”
- “We hired workers but human beings came instead”
- Resistance- understand why
- Single OD Strategy with agreed vision
- Leaders set the culture
- System Translators

# Commission differently

- How is the VCSE commissioned?
- Commission for outcomes including social capital
- Alliance Contracting
- Asset based commissioning across age and label
- Creative use of the resources available
- Commitment Devices
- Investment Funds

COMMISSION DIFFERENTLY





# Place based health and community networks

- Rich resource in the Community and the Voluntary sector
- Work in neighbourhoods people identify
- Go where the fires are burning
- Use the community hubs which exist- map the assets
- Provide information and advice, signposting, digital hubs, link to the prevention services
- Bridge Place and Health: connect to the New Care Model team

**DEVELOP PLACE-BASED HEALTH AND  
COMMUNITY NETWORKS OF SUPPORT**



# The Liminal Space

Between the 'Life World' and the  
'System World', the land and the sea

The world of people and the world of  
the NHS and care

The great divide- language,  
behaviours, priorities, custom and  
practice, relevance

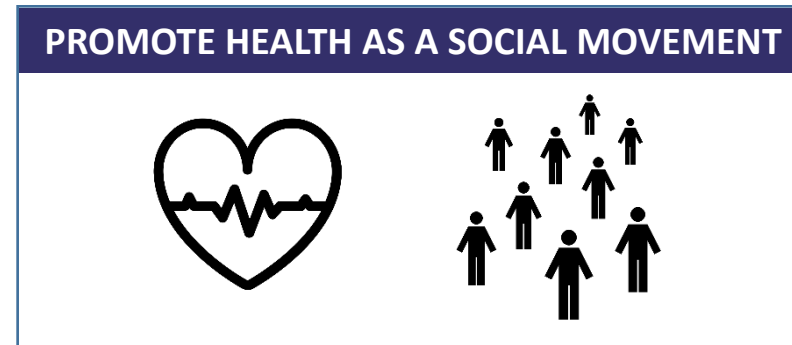
We must bridge the divide, come  
together on the beach and design  
together the solutions to the  
loneliness and distress which is  
overwhelming the system



Thanks to Altogether Better

# Health as a social movement

- Activated patients taking more responsibility
- More aware citizens wanting change
- Community champions and conversations
- Compassion inherent in communities; loneliness- an unnatural disaster
- The VCSE can broker the conversations: “the Council kills it”
- Faith Groups, Businesses, Arts, Housing, Leisure, Fire
- Top down, bottom up AND outside in change



**Must see beyond established practice, away from the service prism through which we conceive the problem, and admit disruption into the system**

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## **STOCKPORT TOGETHER – SOCIAL MOVEMENT BUILDING**

- Working out of Stockport and linking across the GM boroughs of Tameside and Stockport (with strategic leadership support)
- Focusing on loneliness and isolation
- Exploring and stimulating Arts and Food movement activity
- Supported by Small Sparks grants facilitated through Action Together

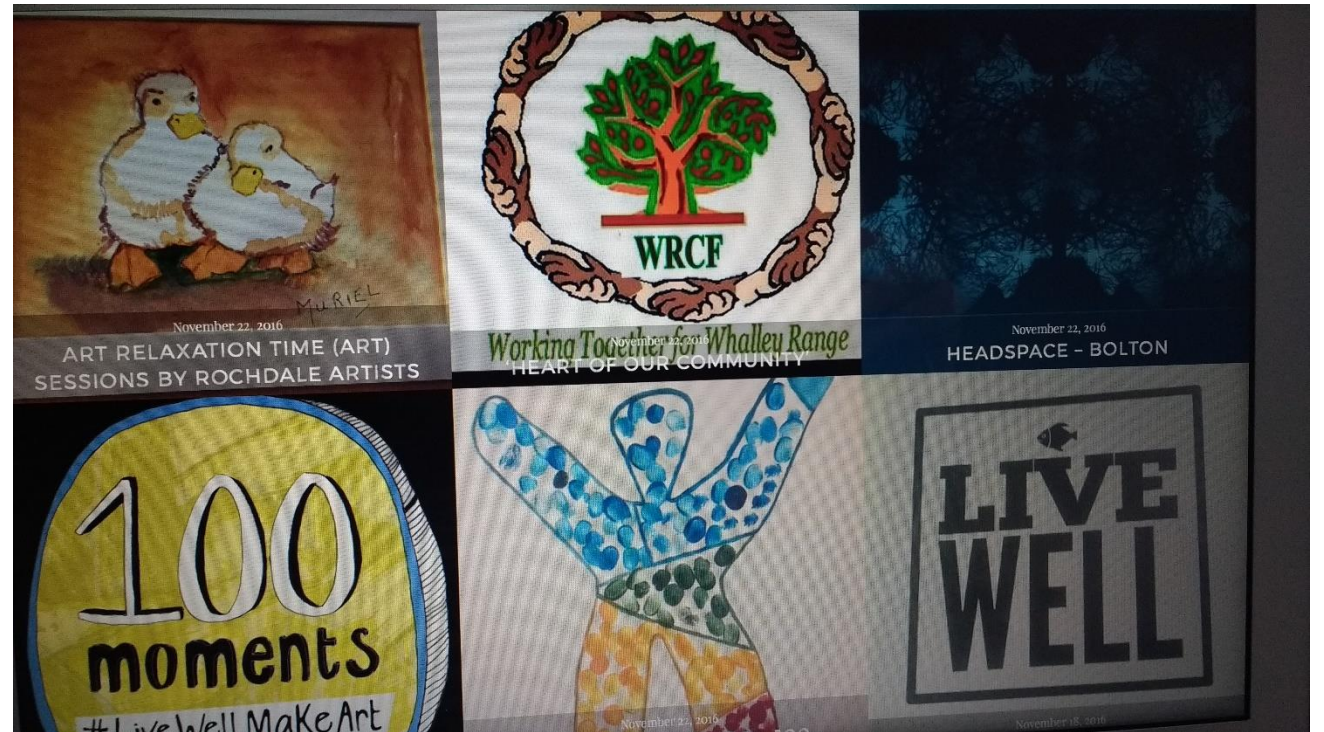
# Highlights

## Arts

#100Moments

#LiveWellMakeArt

Arts and Wellbeing  
movement building in  
Greater Manchester





# Food

Local movement building linking local Stockport's interest in food sharing/growing with Altogether Better's health champions work, GP surgeries, community cafe/hub, and the Kindling Trust growing initiatives

**Altogether Better  
Working Together  
to Create Healthier  
People and Communities**

*Bringing citizens and services  
together in new conversations*

# Small Sparks funds

£60K funding 47  
groups to encourage  
groups and  
communities to tackle  
social isolation



# Future priorities

- Support and grow local leadership
- Movement/network building
- Capturing learning
- Dissemination and spread



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Very great change starts from  
very small conversations held  
among people who care

Margaret J. Wheatley

# Contacts

[www.facebook.com/social-movements-in-health-GM](http://www.facebook.com/social-movements-in-health-GM)

[www.socialmovementsinhealthgm.com](http://www.socialmovementsinhealthgm.com)

[@socmovinhealthgm](#)

[stevegoslyn@outlook.com](mailto:stevegoslyn@outlook.com)

[careybamber@live.com](mailto:careybamber@live.com)



## Prevention workstream of the GM Cancer Vanguard

# Prevention workstream



### **Our Aim**

To catalyse and connect a grassroots, citizen-led social movement for cancer prevention by working through the voluntary sector. The two main objectives for this project are:

- To develop a network of 20,000 cancer champions over the course of the three years.
- To explore the use of digital technologies including social media to support the development of a social movement and mass involvement across the entire cancer prevention spectrum that is ultimately self-sustaining.

### **Our Focus**

- Supporting, harnessing and connecting the energy of the voluntary sector and GM citizens which is currently centred on cancer research, treatment and survivorship
- Understanding what motivates people to make lifestyle choices
- Drawing on the intelligence of communities that face health inequality
- Identifying ways to help change happen and scaling up collective action and campaigning
- A fully engaged population – taking ownership and responsibility for their health and wellbeing
- A new relationship between citizen, state and society – at the heart of devolution

### **Progress and Impact**

- 20 social movement champions identified to lead work on growing a social movement.
- Aiming to recruit 5000 cancer champions by August 2017.
- 20 workshops held with GM voluntary sector cancer groups to co-design the social movement
- Over 150 individuals engaged from over 75 organisations including grassroots groups, charities, voluntary sector leaders and system leaders.
- Three expert reference group meetings held with 10 cancer charities and cancer champion leaders to draw on expertise, assess progress, build connections and shape and steer the development of the work
- Using the insight work from other Vanguard projects as a stimulus for discussion and action.
- Mapping of training and learning resources and opportunities for champions including discussion of maximising digital technology options and opportunities.
- Case studies for publicity material developed to support recruitment and programme development.
- Specialist provider working to enable the social movement programme to embed digital approaches as part of the citizen-led campaigning activity for cancer prevention.



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**Social  
Movements in  
your locality:  
Mapping the  
system**

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**RSA**

Rowan Conway and Ian  
Burbidge

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**SOCIAL  
SYSTEMS:**

**INDIVIDUAL**

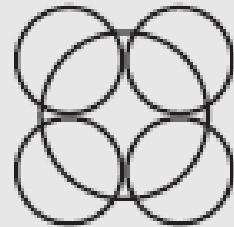


**People**  
Individuals

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# SOCIAL SYSTEMS:

# COMMUNITY

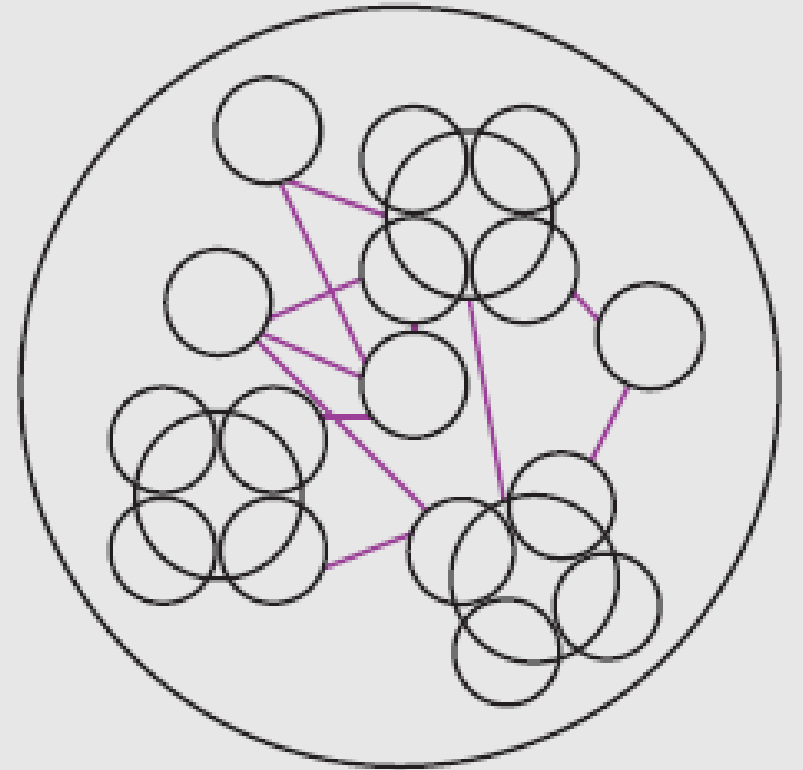


## Groups

A collection of two or more individuals – a team, group, organisation, even a coffee morning

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**SOCIAL  
SYSTEMS:  
SYSTEMS**



**Systems**

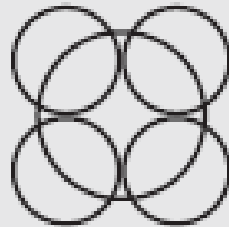
Connections of and between  
individuals and groups

# COMPLEX SOCIAL SYSTEMS:

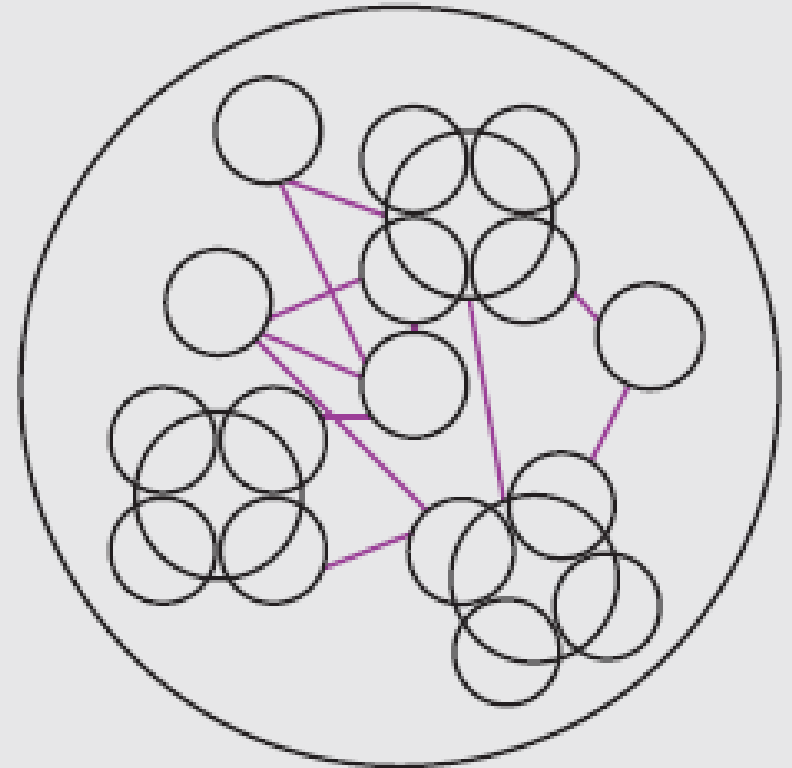
## SEEING THE WHOLE AS MORE THAN THE SUM OF ITS PARTS



**People**  
Individuals

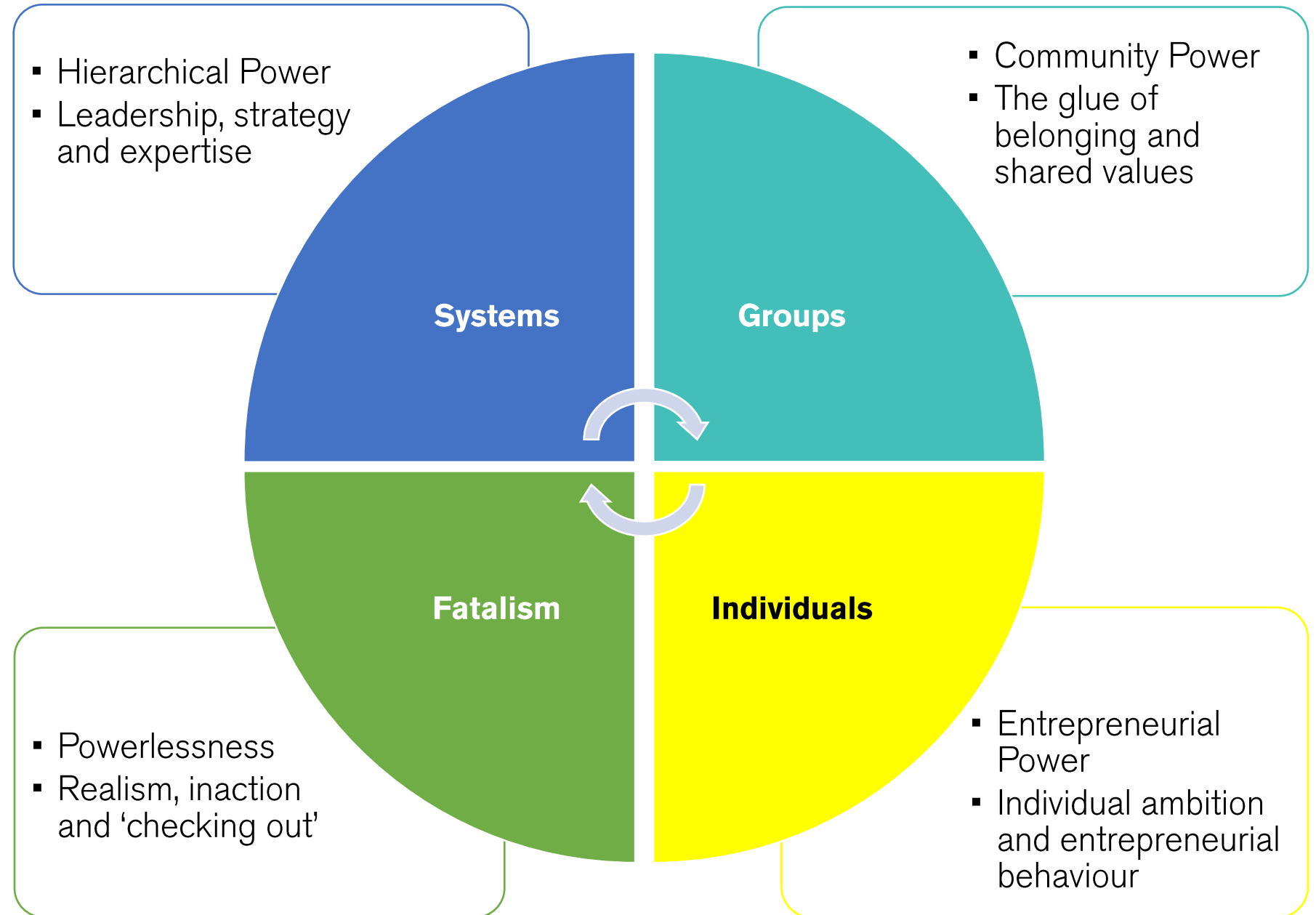


**Groups**  
A collection of two or more  
individuals – a team, group,  
organisation, even a coffee morning



**Systems**  
Connections of and between  
individuals and groups

# HARNESSING POWER WITHIN SOCIAL SYSTEMS



# AN OVERVIEW

	<b>Systems</b>	<b>Communities</b>	<b>Individuals</b>
Emphasis on co-ordination through...	leadership, strategy and expertise	the glue of belonging and values	individual ambition and competitive endeavour
<b>At its best...</b>	<p>Clear, consistent strategy, transformative, at scale, purposeful</p> <p>Listens, trusts, empowers</p> <p>Ethical and brave</p>	<p>Altruistic, values-based, co-ordinated, collective, collaborative, community, norms, tribes</p> <p>Commitment to vision</p> <p>External focus, celebrates achievement</p>	<p>Responsible, accountable</p> <p>Empowering others and self</p> <p>Energised, ambitious, creative, resourceful, dynamic, agency and control</p>
<b>At its worst...</b>	<p>Communities done-to, paternalistic, professionals know-best</p> <p>Top down, bureaucratic, lack of choice and voice</p> <p>Inflexible, inefficient, illegitimate, poor leadership, lack of vision</p>	<p>Actively fighting against vision, strategy, approach</p> <p>Discursive, moored, factional</p> <p>Internal focus, wrapped up in in-fighting or other such distractions</p>	<p>Disempowering, undermining, not engaging in community</p> <p>Irresponsible, short-termism</p> <p>Defensive, reactive, conflictual</p>

# WHERE SOCIAL MOMENTS ARISE

“

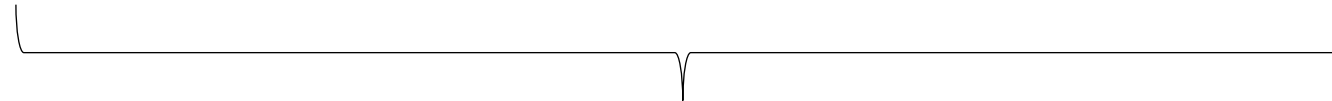
Imagine a community where all these relationships, and infinite others like them, were energy creating, not draining...

”

	<b>Systems</b>	<b>Communities</b>	<b>Individuals</b>
Emphasis on co-ordination through...	leadership, strategy and expertise	the glue of belonging and values	individual ambition and competitive endeavour
<b>Examples</b>	GPs and Hospitals Public Health and Commissioners Health and social care Hospitals and social care Commissioners and the voluntary sector Social prescribing Involving service users in their care; co-production	Local pressure groups Patient participation groups Community groups People joining community groups	GP and patient Care worker and patient Community groups, having good neighbours People helping people Good neighbours Family interactions

# WHAT DOES THIS ALIGNMENT ACHIEVE?

<b>Systems</b>	<b>Communities</b>	<b>Individuals</b>
Public Value	Social Capital	Individual Agency



**= Wellbeing**



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**Breakout  
Exercise:  
What are your  
Challenges?**

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# UNDERSTANDING SYSTEMS

## **Who are the actors?**

- Power dynamics: Who has the power? What kind of power?

## **Where are the priorities?**

- What are the drivers? (eg: lack of affordable healthy food, pressure of health services due to demographic change) Which priorities compete with each other?

## **What are the barriers to change?**

- What are the regulatory and policy binds?
- What are the repeating problems?

## **Where are the opportunities?**

- What is the appetite for change? Which levels can be pulled? Where should we set challenges to proactively make change? What are the social moments?



# SOCIAL MOVEMENTS IN YOUR LOCALITY:

## WORKED EXAMPLE

Challenges (aims/goals)	Stakeholders	Barriers to change	Opportunities (social moments)
Reducing childhood obesity	<ul style="list-style-type: none"> <li>• Schools</li> <li>• Parents forums</li> <li>• Young people</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of affordable healthy food</li> <li>• Advertising</li> </ul>	Sports Days
Reducing social isolation	<ul style="list-style-type: none"> <li>• Care homes &amp; sheltered accommodation</li> <li>• Carers</li> <li>• Carer companies</li> </ul>	<ul style="list-style-type: none"> <li>• Social norms related to ageing or discriminations</li> <li>• Time pressures on carers and care homes staff</li> <li>• Limited finance for social activities</li> </ul>	Targeted support for the recently bereaved
Increase volunteer involvement in health system	<ul style="list-style-type: none"> <li>• Local CVS</li> <li>• CCGs</li> <li>• Health practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of awareness</li> <li>• Caution related to risk</li> <li>• Time commitment (volunteer management)</li> </ul>	Step Up To Serve campaign
Reduce admission to acute services	<ul style="list-style-type: none"> <li>• Primary care staff</li> <li>• Local gov.</li> <li>• CCG</li> <li>• NHS Trusts</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure on GP services</li> <li>• Pressure on pharmacies</li> <li>• Medical model of health</li> </ul>	Press campaign 'Over bed-blocking'

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**Lunch**

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**Idea  
Generation:  
Responding  
to your  
Challenges**

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# SOCIAL MOVEMENTS IN YOUR LOCALITY:

## WORKED EXAMPLE

Goals	ACTIONS			
	For Organisations	For Groups	For Individuals	Other ideas
Increase HIV testing	<ul style="list-style-type: none"> <li>- Encourage NHS Trusts to share information + resources with voluntary sector (e.g. Terrance Higgins Trust)</li> <li>- Public messaging campaign (using Bowling Pin strategy)</li> </ul>	Capacity build support groups of people with lived experience (particularly outside urban areas)	<ul style="list-style-type: none"> <li>- Display awareness               <ul style="list-style-type: none"> <li>• E.g Wearing Red ribbons</li> </ul> </li> <li>- Raising awareness               <ul style="list-style-type: none"> <li>• E.g. Social media posts</li> </ul> </li> </ul>	Campaign for drug companies reduce costs of testing kits



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**Feedback  
discussion  
from groups**

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**Next Steps  
for you in  
your locality**

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**HOW ARE YOU  
GOING TO  
APPLY THIS  
WHEN YOU GET  
BACK TO THE  
OFFICE?**

Some further thoughts...

- the power of behavioural insights
- the power of social networks
- the power of narrative

And...

- how ideas spread

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# ELEMENTS INFLUENCING DIFFUSION

## INDIVIDUALS

### 1. Change Agents

Who are the innovators?

### 2. Expert Opinion Leaders

Those with Authority, status, credibility

### 3. Boundary Spanners

Those with ties across social or organizational networks and boundaries

### 4. Champions / Early Adopters

Influenced by / following lead of those in your network

## COMMUNITY

### 1. Social Networks

Influenced by structure and quality of your social network

### 2. Peer Opinion

Identify the true opinion leaders

### 3. Homophily

People like me (in terms of background, culture)

# COMMUNITY

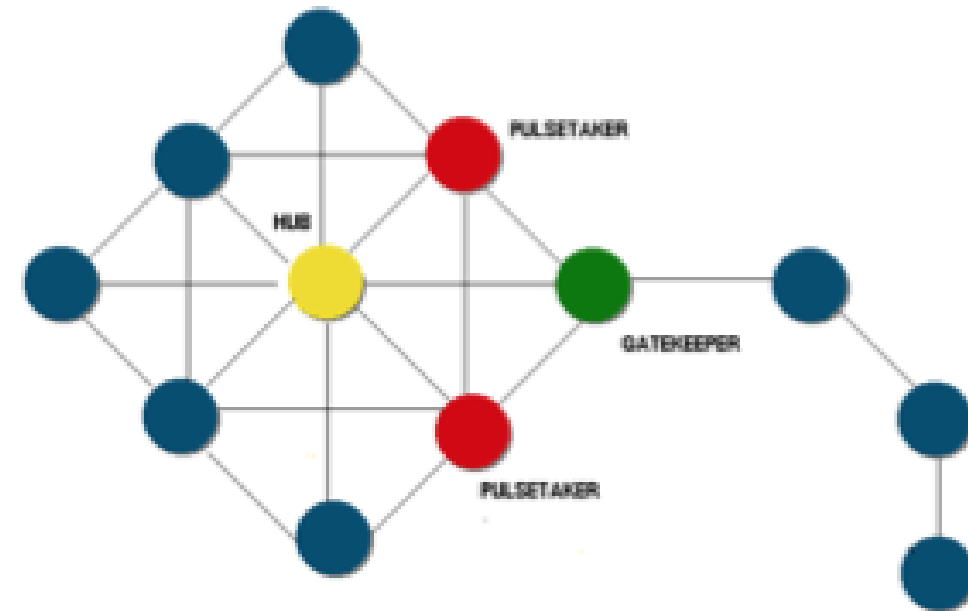
## THE POWER OF SOCIAL NETWORKS

**Hubs** are people who are highly and directly connected with many people; communicating and disseminating knowledge throughout the organisation

**Gatekeepers** link people and customers together acting as information gateways and brokering knowledge between critical parts of the organisation

**Pulsetakers** are subtle, having the maximum influence using the minimum number of direct contacts; they work through indirect means

Together these network positions account for the stability and flexibility of organisational culture



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## COMMUNITY

## THE POWER OF SOCIAL NETWORKS

Networks are the invisible connections forming communities; a strong community is therefore one that is highly networked.

**Connection** has to do with who is connected to whom (network structure). When a group is constituted as a network, there is a particular pattern of ties that connects the people involved.

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# CONTAGION

**Contagion pertains to what, if anything, flows across the ties (network function).** One fundamental determinant of flow is the tendency of human beings to influence and copy one another. Each and every one of these ties offers opportunities to influence and be influenced. This is the power of social norms.

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## THREE DEGREES OF INFLUENCE

**‘Three degrees of influence’ rule.** Everything we do or say tends to ripple through our network, having an impact on our friends (one degree), our friends’ friends (two degrees), and even our friends’ friends’ friends (three degrees).



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# ORGANIC NETWORKS

**Organic networks** have a structure, complexity, function and spontaneity not found in organized networks.

- There is no central control of the movement of the group
- But organic networks manifests a kind of collective intelligence that leads to behaviour which does not reside within individual creatures but, rather, is a property of groups.

# MESSENGER EFFECT

Messenger Effect suggests:

- We are heavily influenced by who communicates the message. Three characteristics of a successful messenger. E.g.
  - Perceived authority or expertise (eg GP)
  - Someone like me (which is why celebrity messengers often don't work)
  - Someone I trust (e.g Cialdini shows we don't believe what people we don't like say, even if it's true)



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## **POWER OF STORIES AND NARRATIVE**

Stories are an important method of spread  
(Herndon, Kaufman, Larkin & McGahan)

How are you enabling people to tell their stories  
and listening to them?

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## ORGANISATION

**WHAT DOES  
THIS MEAN FOR  
THE WAY WE  
WORK?**

### Diffusion

“LET IT HAPPEN”

Informal, Unplanned

Horizontal

Unpredictable, emergent

Adaptive, self-organising

More behavioural approach

Power of networks

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## ORGANISATION

**WHAT DOES  
THIS MEAN FOR  
THE WAY WE  
WORK?**

### Dissemination

“MAKE IT HAPPEN”

Formal, Planned, Regulated,  
Managed

Vertical (Hierarchical)

More structured approach E.g.  
Comms, Training, Marketing,  
public engagement, social  
media, consultation etc

‘NPM’

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## Diffusion

“LET IT HAPPEN”

Informal, Unplanned

Horizontal

Unpredictable, emergent

Adaptive, self-organising

More behavioural approach

Power of networks



## Dissemination

“HELP IT HAPPEN”

**Negotiated,  
Influenced, Enabled**

**Co-production**

“MAKE IT HAPPEN”

Formal, Planned,  
Regulated, Managed

Vertical (Hierarchical)

More structured approach  
E.g. Comms, Training,  
Marketing, public  
engagement, social media,  
consultation etc

‘New Public Management’

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## Next Steps for the programme

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**NHS England**  
Eileen Mitchell

RSA

21st century enlightenment

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**Close and  
further  
networking**

**RSA**

21st century enlightenment