



Title of meeting:	West Yorkshire and Harrogate Cancer Alliance Board				Agenda Item:	7.		
Date of Meeting:	Wednesday 3 rd July 2019				Public/Private Section:			
Paper Title:	Review and refresh of the WYH Cancer Alliance Communications and Engagement Strategy				Public			
					Private			
					N/A	X		
Purpose (this paper is for):	Decision	X	Discussion	X	Assurance		Information	
Report Author and Job Title:	Tracy Holmes Macmillan Communications and Engagement Lead							
Recommendation (s):								
<p>It is recommended that the West Yorkshire and Harrogate Alliance Board:</p> <ol style="list-style-type: none"> Approve the timeline for consultation on the revised strategy, including approval by the Board at its September 2019 meeting. Agree the issues to be highlighted during the consultation, as outlined in the paper. Discuss and provide any additional views and comments to be fed into the consultation process. 								
Executive Summary:								
<p>The current communications and engagement strategy was approved by the Board in November 2016. Having considered a progress report in May 2019, the Board agreed to a review and refresh of the strategy in May 2019 meeting. This paper presents more information about the timeline for consultation and issues to be highlighted, and invites Board members to submit views and comments.</p>								
Outline of engagement activity – public/patient, clinical, stakeholder	The consultation timeline is detailed later in this report.							
Risk Assessment:	<p>Effective communications and engagement underpins the delivery of the Cancer Alliance core vision and objectives. Failure to achieve this presents significant organisational reputational risk to Cancer Alliance and WYH Health and Care Partnership.</p> <p>A more detailed risk assessment will be undertaken as part of the consultation process and presented to the Board in September 2019.</p>							
Finance/ resource implications:	There are no financial implications associated with the consultation period. Any additional funding/capacity requirements to deliver the revised strategy will be presented at the September Board meeting.							

Review and Refresh of the WYH Cancer Alliance Communications and Engagement Strategy

1. Introduction

- 1.1 The Cancer Alliance communications and engagement strategy was approved by the Cancer Alliance Board in November 2017. In May 2019, a progress report on communications and engagement activity was presented to the Board and it was agreed that the strategy should be reviewed and refreshed. The July 2019 meeting is an opportunity for members to contribute to the consultation and provide a steer on any particular issues they wish to see explored further or incorporated into the strategy, as well as to comment on progress to date.
- 1.2 A draft for approval will return to the Board in September 2019 and will be developed in line with the Cancer Alliance five year plan.

2. Consultation

- 2.1 The timeline for consultation on the revised strategy will include:
 - a. Alliance Board – 3rd July (meeting), with inclusion in post-Board briefing
 - b. Cancer Alliance Patient Experience Group – 4th July (meeting)
 - c. Cancer Alliance Community/Patient Panel – 30th July (meeting with follow-up by email for those unable to attend and request for members to share with their own networks)
 - d. WYH Partnership Lay Members' Reference Group – 12th August (meeting)
 - e. All Cancer Alliance stakeholder groups, eg lead clinicians, lead cancer nurses/managers, lead GPs (following the Board - direct email plus inclusion in Alliance Matters)
 - f. WYH Health and Care Partnership – communications and engagement leads (email) with request to involve as appropriate within their organisations – 4th July onwards
 - g. Cancer Alliance website (inviting public comments by email) 4th July onwards
 - h. Social media (promoting website consultation) 4th July onwards

3. Ambitions, Principles, Core Standards and Messaging

- 3.1 Although these sections of the strategy will be revisited in the light of developments over the last 18 months (eg Context below), it is likely that much of the content will remain unchanged or only require tweaks in emphasis and terminology.
- 3.2 However, roles and responsibilities will need to be enhanced to take account of the new Alliance PMO infrastructure, and the shifting nature of the Alliance's internal communications requirements across a larger and more geographically-spread team.

4. Context

- 4.1 There have been a number of significant changes in the national and regional context within which the Cancer Alliance is working and therefore in which the communications and engagement strategy is to be developed and implemented, along with the references and terminology used in the document, eg:
 - a. Publication of the NHS Long Term Plan, and approval of the Alliance 12-month delivery plan
 - b. Creation of the WYH Integrated Care System
 - c. Increasing emphasis by NHS England on the role of Cancer Alliances as system leaders
 - d. Changing role and expectations of Cancer Alliances in general
 - e. The maturity of WYH Cancer Alliance more specifically and strategic/operational progress made since the strategy was approved
 - f. The new Cancer Alliance PMO infrastructure and revised workstreams, with devolved 'ownership' of some areas of work
 - g. An increasing need to 'join the dots' with national communications and engagement networks, including the National Patient and Public Voices Forum/national Cancer Team communications support.
- 4.2 Other issues include:
 - a. The establishment of the Community/Patient Panel, which was only in proposal form when the strategy was approved
 - b. Increasing links with the Yorkshire Cancer Patient Forum
 - c. Appointment of lay members to the Board and new approaches to networking in the community
 - d. Creation of optimal pathway groups/clinical networking

5. Board Discussion

5.1 As part of the consultation, a number of headline issues will be highlighted for consideration by stakeholders:

- a. The need to strengthen links between communications, engagement and patient experience, both strategically and operationally
- b. Greater emphasis on engagement with the public, ie beyond the cancer community, in support of Alliance objectives, eg the new Healthy Communities/screening workstream
- c. To what extent is the Alliance engaging with minority communities and patient groups and how can this be improved?
- d. Similarly, other patient groups such as Children/Teenagers and Young Adults
- e. Potential to create a higher public profile for the Alliance through traditional media
- f. Clinical engagement
- g. Importance of internal communication to maintain a sense of Alliance identity and 'corporacy' in the revised infrastructure to maintain a 'one Alliance' approach, therefore....
- h. The need to reinforce understanding of each individual's role and responsibilities with regard to communications and engagement
- i. Potential requirement for upskilling/training in this context
- j. Communication and engagement function - capacity, resource and informed prioritisation
- k. Greater explicit reference to NHS Long Term Plan priorities eg screening, personalised care and rapid diagnostic centres
- l. Effective engagement with democratically elected representatives

5.2 A number of areas already identified for action at the last Board are:

- a. Undertake a formal review of the community/patient panel
- b. Reality check on the channels currently being used, which would be supported by.....
- c. A greater focus on evaluation, eg social media analytics, website hits,
- d. Getting the balance right between digital and face to face communications and engagement
- e. Overhaul of Alliance website
- f. Development of a Cancer Alliance photolibrary

These key ideas and themes will be used throughout the consultation and supplemented by others as they are identified by stakeholders.

6. Recommendations

It is recommended that the West Yorkshire and Harrogate Alliance Board:

- a. Approve the timeline for consultation on the revised strategy, including approval by the Board at its September meeting.
- b. Agree the issues to be highlighted during the consultation, as outlined in the paper.
- c. Discuss and provide any additional views and comments to be fed into the consultation process.