

## 1. Introduction

West Yorkshire and Harrogate is one of 19 Cancer Alliances around the country established to deliver at local level the ambitious improvements and 96 recommendations laid out by the national Cancer Taskforce in its report, *Achieving World Class Cancer Outcomes, 2015 – 2020 (NHS England, July 2015)*.

Cancer Alliances bring together key partners at a sub-regional level, including commissioning organisations, providers, local authorities, voluntary and charitable sector organisations, individual patients and support groups to drive and support improvement across all cancer services, using a set of clearly-understood performance and improvement measures. They are charged with transforming how services are delivered; tackling inequalities and variation in outcomes; piloting and rolling-out new models of care and challenging traditional pathways, while ensuring that the experiences of patients are valued as highly as the clinical care they receive.

By working in close collaboration with their partners, Cancer Alliances will support the implementation of the national strategy in ways that best meet the needs of their local population, supporting locality-specific approaches where most appropriate, and rolling-out across their entire geography wherever possible. Review, evaluation and sharing best practice is at the heart of their business.

This strategy – a key project deliverable referred to in the Alliance Delivery Plan - outlines how West Yorkshire and Harrogate Alliance will use effective communications and engagement to deliver on its shared vision – a genuine partnership approach to wrapping the cancer system and services around the patient, rather than being constrained by corporate interests, organisational boundaries or traditional tumour site pathways of care.

This strategy supports, and should be read in conjunction with, the West Yorkshire and Harrogate Cancer Alliance Delivery Plan, 2017 – 2019, and the West Yorkshire and Harrogate Sustainability and Transformation Plan, published in October 2016.

## 2. The West Yorkshire and Harrogate Context

Cancer is an agreed strategic priority of the West Yorkshire and Harrogate Sustainability and Transformation Partnership – also known as the WYH health and care partnership. The Cancer Alliance is the mechanism through which targets for improved population health, quality of care and patient experience, and financial efficiencies will be delivered for the priority workstream.

The STP is built on a commitment to working with local populations wherever possible through six place-based planning footprints in a ‘bottom up’ approach. In line with this overall approach, the Alliance will focus on enabling and co-ordinating activity, developing policies and procedures where there is merit in a common approach or benefits at scale across the entire geography, and driving investment (largely through its successful bids to the National Cancer Transformation Fund) to where it can make the most difference to the sub-region as a whole.

The six local places – namely Bradford, Airedale and Craven; Calderdale; Harrogate and Rural District; Leeds, Kirklees and Wakefield - will concentrate on locally sensitive implementation which makes most sense to their communities, but working to a single vision, plan and outcome measures, with leadership from the Alliance. The Alliance will concentrate on a number of key areas for transformation and/or improvement, consistent with the specific challenges facing its own geography:

- Making more cancers curable, driving an ambition to achieve earlier diagnosis – the proportion of cancers currently diagnosed at stage 1 or 2 is currently 39 per cent
- Prevention and improved uptake of screening – this is currently poor overall and especially in breast and colorectal cancer
- Ensuring that the patient experience is valued as much as clinical effectiveness and safety – listening to those affected by cancer and using their views to shape and influence services
- Transforming the approach to people living with and beyond cancer – making supported self-management the norm, wherever possible and appropriate
- Investment in modern high quality services, readily accessible to all, and driving out variations in quality

A programme management approach is applied to the Alliance, consistent with other programmes for the STP. An Alliance Board with multi-disciplinary membership drawn from organisations and agencies across West Yorkshire and Harrogate provides leadership and direction, including the oversight, co-ordination and assurance of local delivery plans.

A number of leadership project groups, supported by the Cancer Alliance Programme Office, have been established through which the work will be driven. They cover the specific areas of Patient Experience, High Quality Services, Early Diagnosis, Tobacco Control, Living With and Beyond Cancer. They too comprise a multi-disciplinary membership drawn from health, social care, voluntary and charitable organisations.

The need is clear, therefore, for the Alliance to lead and facilitate positive relationships with and between a wide and diverse range of stakeholders, including:

- Building a community of Alliance ‘internal’ stakeholders (those actively engaged in progressing business within the Alliance infrastructure), sharing information and creating a sense of shared vision, understanding and ownership
- Strengthening virtual networks across the cancer system – Lead Cancer Clinicians, GPs, Nurses and Managers within the NHS, Public Health professionals working in local government – which support new pathways and models of care (horizontally across organisations and vertically across primary and community care, hospital and specialist services)
- Strengthening the integration with the wider health and social care system, connecting with organisations already delivering cancer services at a place/locality level with the potential to hugely impact on the delivery of Alliance objectives
- Connecting with and empowering individuals whose lives are being/have been affected by cancer, ensuring their views and experiences are used to help shape and improve services
- Working closely with the voluntary and community sector
- Effective two-way communications with the wider population – providing information which supports prevention, promoting informed lifestyle and behaviour choices and supporting understanding of how patients will benefit from transformation and improvement work
- Engaging across all staff groups to ensure they are able to contribute as appropriate to the delivery of improved cancer care and services

The first edition of a more detailed stakeholder analysis is provided at Appendix 1. It is envisaged that this will be an ongoing piece of work, updated and revised as other key stakeholders are identified.

### 3. Aims of The Communications and Engagement Strategy/Action Plan

- To inform and explain what the Alliance is/does and its role in improving the lives of those affected by cancer

- To ensure the voices of all those affected by cancer are listened to and are at the heart of everything the Alliance does, and are able to shape and influence its work
- To translate the objectives and outcomes of the national cancer strategy into a narrative that means something to real people in local communities
- To build and develop trust and confidence in cancer care and services
  
- To provide public health advice and information, encourage changes in behaviours that support healthy lifestyles
- To promote take-up of screening services
- To encourage informed choice and promote access to services, diagnostics and therapies
  
- To ensure cancer ambitions and plans are not viewed and developed in isolation – build relationships with local places, strong relationships with key decision makers and influencers across the health and care system
  
- To promote strong intra-Alliance working and the creation of a ‘virtual community’ of those actively involved in Alliance business
- To facilitate transparency and accountability to all stakeholders, particularly in how funding is used to deliver transformation
  
- To secure essential understanding, buy-in and ownership from all staff groups – both within and outside the current cancer system - across the health and care system and how they can contribute to the transformation and improvement of the patient experience
- Promote new opportunities for employment and training under workforce plans
- To educate staff around system changes, such as the new cancer dashboard, areas for investment
- To encourage best practice and learning from others
  
- To promote confidence across the health and care system leadership – at national, regional, sub-regional and local level – that the Cancer Alliance is delivering and making a difference
- To demonstrate progress and celebrate success
- To articulate, through the action plan and timeline, the specific communications and engagement activity the Cancer Alliance will use to deliver the above

#### 4. Communications and Engagement Core Standards and Principles

- i) The Cancer Alliance Board has recognised the vital role of strategic communications and stakeholder engagement in the delivery of its ambitions, and has endorsed this strategy, along with the need for it to be supported by an operational delivery plan and associated timeline. Progress will be reviewed by the Board at six-monthly intervals. Our work is underpinned by the following core principles:
- All activity will dovetail with the communications and engagement strategy of the West Yorkshire and Harrogate health and care partnership (STP), reflecting the Alliance’s role in delivering the STP cancer workstream
  - All communications and engagement activity will be undertaken, where appropriate, in conjunction with key partners, in line with agreed West Yorkshire and Harrogate STP information sharing protocols and approval procedures, and will not impinge or duplicate what is best delivered at local level and by others

- Wherever possible and appropriate, the Alliance will use existing communications and engagement mechanisms to reach target audiences and will identify where best effectiveness and value can be delivered by a cross-Alliance approach and pooled resources. Where engagement evidence and feedback already exists, the Alliance will not duplicate effort and resources
- We will make the most of the West Yorkshire and Harrogate communication and engagement network, including leads within the West Yorkshire Association of Acute Trusts, to ensure our messages reach all our diverse communities. We will make effective use of equality impact assessments to ensure we are reaching everyone and that we understand the impact of our work
- New channels and tactics will always be developed in line with best value for money principles
- The Alliance will meet and seek to go beyond its legal obligations to communicate and consult with all stakeholders, should any proposals arise for significant service change (see iii) below)

ii) Realisation of the Alliance ambitions through transformation and service improvement will require meaningful engagement with all stakeholders, more specifically the following groups:

- Patient engagement – eg listening to patient stories and experiences to shape Alliance priorities and the way care is delivered
- Clinical engagement, both within and outside the cancer system – eg seeking the views of clinicians in the development of new models of care and patient pathways
- Engagement with wider health and care staff, both within and outside the cancer system eg seeking their support in sharing best practice and communicating key health promotion messages to patients, helping to understand and own transformational change and their contribution
- Political engagement eg seeking the views and endorsement of Members of Parliament and local councillors – Leaders, Cabinet and Ward Members
- Public engagement – eg enabling local populations to play an integral part in any significant changes arising from the Alliance’s transformation activity; influencing behaviours and lifestyle choices which can contribute to Alliance ambitions

The Alliance will take a multi-layered approach to engagement, ie:

- On an ongoing basis, building relationships, developing networks and making connections with individuals and groups across all sectors, which ensure the Alliance is constantly responsive, dynamic and relevant to stakeholders
- Work with local independent organisations, including Healthwatch, to develop a structured yet flexible approach to securing patient, carer and supporter engagement through a range of mechanisms appropriate to the delivery of
- Formal consultation, in line with relevant legislation and in conjunction with relevant partners, should any proposed service changes arise from the work of the Alliance

iii) The Alliance will comply at all times with all relevant legislation, including the NHS Constitution, the Health and Social Care Act 2012 and the Equality Act. It will also adhere to the fundamental Gunning Principles, ie:

- Consultation should occur when proposals are at a formative stage;
- Consultations should give sufficient reasons for any proposal to permit intelligent consideration

- Consultations should allow adequate time for consideration and response
- Consultation results should be conscientiously taken into account

- iv) All Alliance communications and engagement activity will adhere to the following standards:
- Open, honest and accountable – explaining the reasons for what we do and why, always willing to share information unless prevented from doing for example by patient confidentiality, commercial in confidence.
  - Credible – we do what we say we will do, based on evidence and in line with best practice
  - Two-way – listening to our stakeholders and acting on feedback, as well as sharing information
  - Co-ordinated and consistent – there will be no contradictory messages, our words will match our actions, we will do what we say we will do, in line with vision and priorities
  - Targeted and relevant – the right messages to the right people using the right format in the appropriate format for the audience
  - Timely – we connect with our stakeholders at a time that allows them to take any action necessary
  - Clear, concise and accessible– plain English, jargon free with messages easily understood by everyone
  - Efficient – value for money, making best use of digital platforms and tools, where appropriate

#### 4. Vision, Values and Visual Identity

- i) The vision of the West Yorkshire and Harrogate Cancer Alliance has been agreed and is articulated in the Delivery Plan: *‘The West Yorkshire and Harrogate cancer system pulling together as one, with common objectives, actively breaking down barriers and maximising resources, with the aim of being able to deliver the best possible, seamless, clinically led and patient driven health and social care so that every person affected by cancer is assured of the best possible outcomes.’*
- ii) All our stakeholders will feel valued, listened to and a sense of clarity in their dealings with the Alliance. The Alliance will adopt a set of core values and characteristics which will underpin the delivery of this vision and all its work programmes. These are:

Patient-centred	Outcomes-focused	Committed
Engaging	Accessible	Inclusive
Collaborative	Connected	Influential
Honest	Trustworthy	Respected
Professional	Experienced	Adding value
Dynamic	Responsive	Innovative
Innovative	Transformational	Responsive

- iii) The Alliance has developed a visual identity which by association will reinforce these values and will effectively act as a sub-brand of the West Yorkshire and Harrogate STP, signifying that the work of the Alliance is undertaken on behalf of all organisations across the health and care partnership. The logo will be managed in line with the WY STP brand guidelines and will routinely be used with the NHS logo, (taking primacy, as an NHS led collaborative), and Macmillan Cancer Support, as a key sponsor of the Alliance. Other partner logos will be used as appropriate, to reflect partnership in Alliance projects.

## 5. Roles and Responsibilities

Everyone who is directly involved in the work of the WYH Cancer Alliance has a role to play in the delivery of this strategy, and their roles and responsibilities are summarised below:

- i) **Alliance Board Chair, Vice Chair and Members (including Strategic/Clinical Lead and Programme Director, PMO)**  
Ambassadors for the Alliance and its work; endorse and review communications and engagement strategy; provide high level leadership for communications/engagement activity; consider potential issues as part of overall Alliance risk management; act as media spokespeople when required; take back key Board messages to their organisations/networks and cascade as agreed; reinforce communications messages wherever possible eg social media, within employing organisations.
- ii) **Chairs and Members of Project Groups**  
Ambassadors for the Alliance and its work; review and endorse communications and engagement activity to support group's work plan and identify potential risks; act as media spokespeople when required (Chairs); agree key stakeholder messages as required; reinforce agreed communications messages wherever possible eg through social media, within their employing organisations.
- iii) **Programme Management Office**  
Ambassadors for the Alliance and its work; review/performance management of implementation of communications and engagement strategy and identify potential risks; reinforce communications messages wherever possible.
- iv) **'Virtual' cancer network of CCG leads; GP leads; lead clinicians; lead managers; lead nurses; local communications and engagement specialists**  
Contribute as appropriate to the delivery of the communications and engagement strategy through local place based projects; act as media spokespeople where required to support local delivery; reinforce communications messages wherever possible at place level.
- v) **Cancer Alliance Communications and Engagement Lead (working with network of Communications and Engagement specialists)**  
Development and implementation of agreed communications and engagement strategy and supporting activity plans; provision of strategic and operational communications and engagement advice to i) to iv) above; gatekeeper of the Cancer Alliance sub-brand; maintain network of communications and engagement leads across all stakeholder organisations; develop and maintain effective relationships with print and broadcast media.

## 6. Communications and Engagements Mechanisms and Channels

These are described in detail at Appendix 2.

## 7. Risks

It is important that any risks to the delivery of the communications and engagement strategy, and individual elements of the action plan, are identified through the development of a specific risk log, and mitigating actions put in place. Any significant risks to the wider Alliance should be reflected in the Alliance Board risk register, regularly reviewed and updated.

#### 8. Review and Evaluation

This strategy will be reviewed by the Alliance Board at six-monthly interviews. Communications and engagement activity will be evaluated using best practice and this strategy and associated action plans will be reviewed and updated according to outcomes and evidence.

15<sup>th</sup> November 2017

#### Appendix 1 Stakeholder Analysis

<p><b>West Yorkshire and Harrogate Cancer System ('internal stakeholders')</b></p> <ul style="list-style-type: none"> <li>• Cancer Alliance Board members</li> <li>• Programme Management Office</li> <li>• Project Group Chairs (Patient Experience; High Quality Services; Early Diagnosis; Living With and Beyond Cancer; Tobacco Control)</li> <li>• Project Group members</li> <li>• CCG Lead Cancer Managers</li> <li>• CCG GP Leads</li> </ul>	<p><b>NHS Organisations/ Partnerships:</b></p> <ul style="list-style-type: none"> <li>• NHS England National Cancer Programme Team</li> <li>• Public Health England</li> <li>• Other Cancer Alliances</li> <li>• NHS England Area Team (Yorkshire and the Humber)</li> <li>• NHS England North Area Team</li> <li>• NHS England specialised commissioning</li> <li>• WYH STP: <ul style="list-style-type: none"> <li>- STP Leadership Group</li> <li>- System Ldrship Grp (SLEG)</li> <li>- Joint Committee of CCGs</li> <li>- WY Association of Acute Trusts (WYAAT)</li> <li>- Other priority programme leads</li> </ul> </li> </ul>	<p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>• Health Education England</li> <li>• Clinical staff in all NHS providers and commissioning organisations</li> <li>• Foundation Trust Governors</li> <li>• GPs and primary care teams</li> <li>• Community services</li> <li>• Royal Colleges</li> <li>• Trade Unions</li> <li>• Volunteers</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Academies at primary and secondary level</li> <li>• University of Bradford</li> <li>• University of Huddersfield</li> <li>• University of Leeds</li> </ul>	<p><b>Print and Broadcast Media:</b></p> <ul style="list-style-type: none"> <li>• BBC online</li> <li>• BBC TV Look North</li> <li>• ITV Calendar</li> <li>• BBC Radio Leeds</li> <li>• BBC Radio York</li> <li>• Stray FM</li> <li>• Capital Radio</li> <li>• Yorkshire Post</li> <li>• Yorkshire Evening Post</li> <li>• The Press (York)</li> <li>• Bradford Telegraph and Argus</li> <li>• Huddersfield Daily Examiner</li> <li>• Halifax Courier</li> <li>• Craven Herald</li> <li>• Wharfedale and Airedale</li> </ul>
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<ul style="list-style-type: none"> <li>Trust Lead Cancer Clinicians</li> <li>Trust Lead Cancer Nurses</li> <li>Trust Lead Cancer Managers</li> </ul> <p><b>National/Regnl Charities eg:</b>  Macmillan Cancer Support  Cancer Research UK  Yorkshire Cancer Research  Breast Cancer Care  Breast Cancer Now  Pancreatic Action UK  Prostate Cancer UK  Bowel Cancer UK  Roy Castle Lung Foundation  Kidney Cancer UK  Cancer52  Clic Sargent  Teenage Cancer Trust</p> <p><b>Public/ Patients and Groups:</b></p> <p><b>Statutory:</b></p> <ul style="list-style-type: none"> <li>Healthwatch Leeds</li> <li>Healthwatch Bradford</li> <li>Healthwatch Wakefield</li> <li>Healthwatch Kirklees</li> <li>Healthwatch Calderdale</li> </ul> <p><b>Non-Statutory:</b></p> <ul style="list-style-type: none"> <li>Yorkshire Cancer Patient Forum</li> <li>Yorkshire Cancer Support</li> <li>Other patient support groups across WYH</li> </ul> <p>(nb further scoping required –</p>	<ul style="list-style-type: none"> <li>Clinical Networks – Yorkshire and the Humber</li> <li>Yorkshire and Humber Clinical Senate</li> </ul> <p><b>Clinical Commissioning Groups:</b></p> <ul style="list-style-type: none"> <li>NHS Airedale, Wharfedale and Craven CCG</li> <li>NHS Bradford City CCG</li> <li>NHS Bradford Districts</li> <li>NHS Calderdale CCG</li> <li>NHS Greater Huddersfield CCG</li> <li>NHS Harrogate/Rural District CCG</li> <li>NHS Leeds North CCG</li> <li>NHS Leeds South and East CCG</li> <li>NHS Leeds West CCG</li> <li>NHS North Kirklees CCG</li> <li>NHS Wakefield CCG</li> </ul> <p><b>Acute Trusts:</b></p> <ul style="list-style-type: none"> <li>Airedale NHS Foundation Trust</li> <li>Bradford Teaching Hospitals NHS Trusts</li> <li>Calderdale and Huddersfield NHS Foundation Trust</li> <li>Harrogate and District NHS Foundation Trust</li> <li>Leeds Teaching Hospitals NHS Trust</li> <li>The Mid Yorkshire Hospitals NHS Trust</li> </ul> <p><b>Other care providers:</b></p> <ul style="list-style-type: none"> <li>Bradford District Care NHS Foundation Trust</li> <li>Leeds Community Healthcare NHS Trust</li> <li>Leeds and York Partnership NHS Trust</li> <li>Locala Community Partnerships</li> <li>South West Yorkshire Partnership NHS Foundation Trust</li> <li>Tees Esk and Wear Valleys NHS</li> </ul>	<ul style="list-style-type: none"> <li>Leeds Beckett University</li> <li>Leeds Trinity University</li> </ul> <p><b>Politicians : MPs</b></p> <ul style="list-style-type: none"> <li>Tracy Brabin, Batley and Spen</li> <li>Imran Hussain, Bradford East</li> <li>Judith Cummins,, Bradford South</li> <li>Naz Shah, Bradford West</li> <li>Craig Whittaker, Calder Valley</li> <li>Thelma Walker, Colne Valley</li> <li>Paula Sherriff, Dewsbury</li> <li>Alec Shelbrooke, Elmet and Rothwell</li> <li>Holly Lynch, Halifax</li> <li>Jon Trickett, Hemsworth</li> <li>Barry Sheerman, Huddersfield</li> <li>John Grogan, Keighley</li> <li>Hilary Benn, Leeds Central</li> <li>Richard Burgon, Leeds East</li> <li>Leeds North East, Fabian Hamilton</li> <li>Alex Sobel, Leeds North West</li> <li>Rachel Reeves, Leeds West</li> <li>Andrea Jenkyns, Morley and Outwood</li> <li>Yvette Cooper, Normanton, Pontefract and Castleford</li> <li>Stuart Andrew, Pudsey</li> <li>Philip Davies, Shipley</li> <li>Mary Creagh, Wakefield</li> <li>Andrew Jones, Harrogate and Knaresborough</li> </ul> <p><b>Local Government:</b></p> <ul style="list-style-type: none"> <li>West Yorkshire Joint Health Overview and Scrutiny Committee</li> <li></li> </ul>	<p>Observer</p> <ul style="list-style-type: none"> <li>Rippon Gazette</li> <li>Harrogate Advertiser</li> <li>Pontefract and Castleford Express</li> <li>Dewsbury Reporter</li> <li>Wakefield Express and Star</li> <li>Pontefract and Castleford Express</li> </ul> <p><b>Specialist:</b></p> <ul style="list-style-type: none"> <li>Health Service Journal</li> <li>Local Government Chronicle</li> <li>Municipal Journal</li> <li>Public Health Perspectives</li> <li>Journal of Public Health</li> <li>Pulse</li> </ul> <p><b>BME media, including:</b></p> <ul style="list-style-type: none"> <li>Asian express (Yorkshire)</li> <li>Asian Voice</li> <li>BBC Asian Network</li> <li>Asian Leader</li> <li>Asian Lite</li> <li>Sunrise Radio</li> </ul>
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<p>as discussed at STP VCS event on 6.11.17)</p> <p><b>Communications/Engagement Networks:</b> Communications/Engagement leads in all partner organisations - both a key audience and key channel for ensuring effective two-way sharing of info/feedback</p> <p>STP Lay Members Reference Group</p> <p><b>Third sector (Community/voluntary sector)</b></p> <ul style="list-style-type: none"> <li>CVS or equivalent umbrella organisations in each of 6 local places (nb further scoping required – discussed at STP /VCS event on 6.11.17)</li> </ul> <p><b>Information and Support Centres</b> (nb further scoping required – discussed at STP /VCS event on 6.11.17)</p>	<p>Foundation Trust</p> <ul style="list-style-type: none"> <li>Yorkshire Ambulance Service NHS Trust</li> </ul> <p><b>Hospices:</b></p> <ul style="list-style-type: none"> <li>St Gemma’s, Leeds</li> <li>Sue Ryder Wheatfields, Leeds</li> <li>Forget Me Not Hospice, Huddersfield</li> <li>Kirkwood Hospice, Kirklees</li> <li>Marie Curie Hospice, Bradford</li> <li>St Michael’s Hospice, Harrogate</li> <li>Prince of Wales Hospice, Pontefract</li> </ul>	<p><b>Local councils:</b></p> <ul style="list-style-type: none"> <li>Bradford Metropolitan District Council</li> <li>Calderdale Council</li> <li>Craven District Council</li> <li>Harrogate Borough Council</li> <li>Kirklees Council</li> <li>Leeds City Council</li> </ul> <ul style="list-style-type: none"> <li>North Yorkshire County Council</li> <li>Wakefield Metropolitan District Council</li> </ul> <p>More specifically: Leaders/Deputy Leaders/Local ward members Health and Wellbeing Boards Cabinet Members and officers responsible for:</p> <ul style="list-style-type: none"> <li>Public health/ prevention</li> <li>Young People’s Services/Education</li> <li>Leisure and sports</li> <li>Adult social care</li> <li>Unpaid Carers</li> <li>Community services</li> <li>Libraries</li> <li>Housing</li> <li>Welfare benefits</li> </ul>	
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Appendix 2: Communications and Engagement Mechanisms and Tools

The Cancer Alliance will consider a range of communications and engagement mechanisms as appropriate to reach the stakeholder groups listed at Appendix 1.

A summary of these (not exhaustive) is given below.

<u>Stakeholder Group</u>	<u>Communications and Engagement Mechanism/Channel</u>	<u>Additional Comments</u>
All	Cancer Alliance visual identity to run across all communications channels (alongside NHS and Macmillan logos)	Sub-brand of health and care partnership – reinforcing Alliance as identity in its own right but integral to STP
All	West Yorkshire and Harrogate Cancer Alliance website	Microsite of health and care partnership site but with unique URL.
All	Social media : Twitter	Using WYH Partnership account to reinforce association @wyhpartnership #wyhcancer
All	Core Alliance information materials to support attendance at events, exhibitions and conferences eg pull up banner stands, flyers, information leaflets, core Powerpoint slidedeck	Eg pull up banner stands; flyers; information leaflets
National cancer programme/other Cancer Alliances	<ul style="list-style-type: none"> <li>• Participation in national cancer communications network</li> <li>• Contribution to national Cancer Alliance e-bulletin</li> <li>• Use of Kahootz Cancer Alliance platform</li> <li>• Submission of case studies for inclusion in national reports</li> <li>• Participation in national/regional conferences</li> </ul>	
Cancer Alliance	<ul style="list-style-type: none"> <li>• Key messages briefing following Board meeting</li> <li>• Presentations to Board by PMO/project group chairs</li> </ul>	(To facilitate sharing of information across organisations and wider networks)

'internal stakeholders' (see detailed breakdown at Appendix 1)	<ul style="list-style-type: none"> <li>• Six monthly stakeholder (symposium) events</li> <li>• Dedicated monthly e-bulletin to share progress and info</li> <li>• Social media – consider What's App group for information sharing/forum discussion</li> </ul>	
<u>Stakeholder Group</u>	<u>Communications and Engagement Mechanism/Channel</u>	<u>Additional Comments</u>
Wider health and care partnership and programmes	<ul style="list-style-type: none"> <li>• Regular contributions to weekly STP weekly e-bulletin including blogs/vlogs</li> <li>• WYH partnership Twitter feed</li> <li>• Latest News on WYH partnership website</li> <li>• Presentations to system leadership by PMO and project group leads</li> <li>• Cancer programme participation in partnership events</li> </ul>	
Clinicians – primary, secondary and tertiary care	<ul style="list-style-type: none"> <li>• Regular face to face joint discussions across primary/secondary care at place level</li> <li>• Issues led engagement through project groups</li> <li>• Targeted e-bulletins/contributions to CCG bulletins for primary care</li> <li>• Alliance events/conferences</li> <li>• Podcasts, blogs, linked to education/CPD, other digital platforms</li> <li>• Regular tumour site specific primary/secondary care learning events</li> </ul>	Specific examples arising from clinical engagement meetings during October/November 2017
Patients	<ul style="list-style-type: none"> <li>• Attendance at conferences</li> <li>• Patient panel/forum/outreach framework developed in association with Healthwatch</li> <li>• Alliance events eg six-monthly stakeholder symposium</li> <li>• Supporting national/regional/local campaigns eg Be Clear On Cancer</li> <li>• Supporting charity general and tumour site specific awareness campaigns across all channels</li> <li>• Social media: Alliance Facebook page</li> <li>• 'Getting To Know You Events' with support groups</li> <li>• Online surveys</li> <li>• Opportunities for patient stories and case studies</li> <li>• Videos and vox pops</li> <li>• Latest news area of Alliance website</li> <li>• Q and A briefing on website</li> <li>• 'How to get involved' and feedback forms on Alliance website</li> <li>• Use of existing channels eg Trust newsletters</li> </ul>	Via network of communications/engagement leads

<u>Stakeholder Group</u>	<u>Communications and Engagement Mechanism/Channel</u>	<u>Additional Comments</u>
Health and social care staff	<ul style="list-style-type: none"> <li>• Information in staff bulletins</li> <li>• Stakeholder events (including existing frameworks at local level)</li> <li>• Focus groups</li> <li>• Issues led engagement through project groups</li> </ul>	Via network of communications/engagement leads
Local government – elected members and chief officers	<ul style="list-style-type: none"> <li>• Introductory and follow-up presentations to Joint Health Overview and Scrutiny Committee</li> <li>• Introductory and follow-up presentations to Health and Wellbeing Boards</li> <li>• Issues led engagement through project groups (eg public health teams through Tobacco Control)</li> </ul>	To be agreed as part of ongoing briefings programme for wider health and care partnership
Politicians – local MPs	<ul style="list-style-type: none"> <li>• Offer six-monthly face to face briefings and/or written briefings</li> <li>• One-off issues-based briefings eg in advance of Parliamentary debates relating to cancer</li> <li>• Developing links with All Parliamentary Group on Cancer</li> </ul>	To dovetail with other engagement activity undertaken by health and care partnership system leadership/other programmes
Print and broadcast media	<ul style="list-style-type: none"> <li>• Key issues briefings with Clinical Lead/Board Chair, Vice Chair/Group Chairs</li> <li>• Regular media releases and follow-up interviews</li> <li>• Feature pieces – ‘expert’ spokespeople</li> <li>• Latest news section,, Q and As on Alliance website</li> <li>• One to one discussions with key journalists</li> <li>• Social media</li> </ul>	Linked to key developments/issues identified in a forward plan of key milestones/ announcements
General public	<ul style="list-style-type: none"> <li>• Campaigns</li> <li>• Participation in cancer charity awareness weeks</li> <li>• Print and broadcast media articles and interviews</li> <li>• Participation in public events, roadshows, etc.</li> <li>• Q and A briefing on website</li> <li>• Enquiries via website</li> <li>• Alliance email address to receive specific questions and queries</li> <li>• Responses to requests under the Freedom of Information Act</li> </ul>	Specific plans to be developed where more closely targeted patient engagement is required