



# Communications and Public, Carer and Patient Involvement (PPI) Strategy

<b>Report to the Wessex Cancer Alliance Board</b>	
<b>Title:</b>	<b>Communication and Patient, Carer and Public Involvement Strategy (3 year)</b>
<b>Sponsor</b>	<b>Jemma Jones and Sue Newell</b>
<b>Date:</b>	<b>9<sup>th</sup> December 2020</b>
<b>Purpose</b>	<b>Approval to engage with WCA stakeholders</b>
<b>Issue to be addressed:</b>	The Wessex Cancer Alliance does not yet have a Communications and Patient, Carer and Public Involvement Strategy. There are national and legal requirements to communicate and engage with stakeholders, particularly patients, carers and the public and specifically from those with protected characteristics and/ who experience health inequalities.
<b>Response to the issue:</b>	A three year communication and PPI strategy has been drafted for the Alliance. We would like to share this with our partners and stakeholders to seek their feedback, with a view to amending and publishing a final version following Board approval in March 2021. The strategy will provide a clear aim, vision and set of outcomes around communications and involvement for the Alliance. It is accompanied by a draft Equality Health Impact Assessment (EHIA). In addition a Communication and PPI activity planner will be developed to describe intended comms and involvement actions for each WCA project.
<b>Implications:</b>	Organisational and legal.
<b>Risks: (Top 3) of carrying out the change / or not:</b>	At this stage, we are seeking approval to share and engage with stakeholders on this strategy and EHIA. The feedback and involvement we obtain will be used to update the strategy. It may highlight risks to enable to consider mitigations where appropriate. Risks around seeking feedback are minimal but risks to the organisation if no strategy is in place, could be numerous. 1) Poor outcomes for cancer as public are not well informed 2) Alliance projects do not achieve impact as engagement or comms is poorly executed 3) Involvement from seldom heard groups remains low and so health inequalities do not reduce in these communities.
<b>Summary: Conclusion and/or recommendation</b>	We ask the Board to approve this draft Strategy and EHIA so that it can be shared and feedback sought from key stakeholders across Wessex Cancer Alliance. We specifically ask the Board for their feedback on the documents.



# Communication and Patient, Carer and Public Involvement Strategy and Plan - 2020-2023

## Introduction

Wessex Cancer Alliance's Communication and Patient, Carer and Public Involvement<sup>1</sup> Strategy and Plan sets out its expectations around improving the culture and delivery of effective communications and involvement across all its areas of work.

Communications and involvement are two sides of the same coin. One cannot be done without the other. To be effective and bring about the improvements to cancer services and health outcomes for people living in Dorset, Hampshire and the Isle of Wight and for those who come for treatment from elsewhere; the Alliance recognises it needs to be good at both.

This document sets out for the Alliance, its partners, patients, carers and the public, the outcomes it wants to achieve for both functions and provides a roadmap of how it is going to get there. In this way, anyone interested can see the Alliance's intentions and hold them to account in terms of progress against these commitments.

<sup>1</sup> This will be referred to as involvement throughout the remainder of this document



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## Background

The Alliance is not starting from scratch and there are already areas of good practice with regards to communications and involvement. There is however still work to do in terms of improving how we do both more effectively, for example by building team capacity, creating tools and resources to make this easier to do and to develop consistent high quality practice to support the Alliance's 5-year Delivery Plan across its four pillars of work:

- Early Diagnosis and Prevention
- Faster Diagnosis
- Treatment and Care
- Personalised Care

The COVID19 pandemic has put a spotlight on how essential communications and involvement are. Proactive communications with all stakeholders had never been more needed, to ensure patients, the public and staff were kept up to date with clear, relevant information. Learning from people's experiences during this time; their feedback on information they are given; and the stark health inequalities that have been highlighted, particularly for Black, Asian and minority ethnic people, give us rich insight to inform how we need to recover services<sup>2</sup> and urgently address the needs of specific groups of people, working across health and social care systems.

<sup>2</sup> Known as 'Adapt and Adopt' action plan



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This strategy will continue to be developed with a wide range of people, including the workstream leads and patients, carers and the public, to ensure our approach will meet the needs of those we expect to communicate, involve and provide support to.

The Alliance is already investing in resources to ensure it has the support to develop the skills and confidence across the team to deliver this strategy and plan.

## Aims

The aims of this strategy are:

- To provide Wessex Cancer Alliance and its stakeholders with a clear, concise strategy for the next 3 years that outlines how it will achieve and measure the effectiveness of its communications and involvement
- To provide a clear plan of how the Alliance will share, develop and deliver communications to partners, stakeholders, NHSE&I, patients and the public to support each of its areas of work
- To provide a clear plan of how the Alliance will build a culture of meaningful partnerships with the public and patient for all its workstreams
- To set clear measures to be able to demonstrate the outcomes of this strategy

It should be noted that this strategy and plan will be supported by specific communications and involvement plans related to each workstream and project.



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## Vision

The vision is that in three years all Alliance communications and involvement will be:

- Meaningful and impactful to those involved in these activities
- Accessible and inclusive
- More proactive, well planned and coordinated
- Supported and valued by a wider set of stakeholders



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## Strategy outcomes

The outcomes that we expect this strategy to deliver are:

- That there will be a culture of understanding around communications, sharing of information and involvement within the Alliance team
- That the team will be undertaking more meaningful involvement (as reported by those involved) and this will be shaping and influencing their workstreams
- That public and patients will receive timely updates and messages about cancer that will be informed by the insight and reports we gather from them
- Alliance stakeholders will be involved and informed of Alliance communications at the right time, in the right way for them (via website, social media and other communication channels)
- That proactive media coverage becomes part of business as usual
  
- That people (patients, carers and the public), specifically those communities who experience worse health outcomes, are more aware of how they can be involved and are influencing improvements in cancer services across Wessex
- That the way communications and involvement is collectively carried out is better coordinated, planned and executed, and the way we share intelligence is much more effective.



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## Evaluation measures

We will know we have achieved this because we will be able to demonstrate:

Increased reach and engagement with our website and social media

Improved media coverage around cancer services

Increased confidence in the team to undertake patient and public involvement

Improved reach of patients, carers and the public that are involved in activities and people's satisfaction in getting involved

Improved stakeholder satisfaction with Alliance communications

Improved outcomes from workstream projects where there has been significant communication and involvement, e.g. increase bowel screening uptake in areas of health inequalities.



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## Who we will communicate with and involve

Who we will communicate and involve will vary depend on our workstream goal. We do not underestimate the importance of involving a wide range of people and organisations as equal partners to enable us to achieve our ambitions as an Alliance.

Wessex Cancer Alliance is responsible for keeping a large number of stakeholders informed and this is achieved through strong links and relationships with Dorset Cancer Partnership, our local NHS Trusts, Clinical Commissioning Groups, our primary care leads and PCN's, the integrated care systems and Public Health teams. Part of this strategy will be to maintain those links and establish projects where there is a clear benefit in working as a whole system or in partnership, for example around cancer screening messaging working closely with Public Health.

We know our involvement of the public, patients and carers, particularly those who experience health inequalities, could be better and it is our intention to improve this. They should be an equal partner in all that we do.

We have long standing relationships with a number of voluntary sector organisations, such as Cancer Research UK, Macmillan, Wessex Cancer Trust, local Healthwatch, and we continue to build newer ones through the [Communities Against Cancer](#) project, hosted by Action Hampshire. We know the value partnering with these organisations can bring and how much they support our work, help provide insight, and different perspectives to guide our thinking.



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## How we will communicate and involve people

Communication and involvement will be carried out in a variety of different ways depending on the audience and activity. Accessibility and inclusion will be our primary consideration.

This may be via media/press releases, use of the websites, virtual consultations or meetings, leaflets or face to face engagement, where possible. It is important that we utilise all the channels we have for communicating our messages and engaging people and ensuring we reach all areas of the Wessex region. For each workstream and project the Alliance will consider the best way to do this at the start of any work.

Examples of how people have been involved in cancer services to date can be found on the [Wessex Voices website](#).

As part of our planning, we will continue to review existing intelligence and feedback to help us to shape future communications and involvement. For example, during 2020, there have been a number of useful evaluations into people's use of digital technology, inclusion and patient experience during a national pandemic. We will utilise all of this and look for further evidence to support any plans we develop for communication and engagement. The way we communicate with people must be meaningful and impactful in order to affect change.



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## Risks

The main risk to delivering this strategy is having sufficient resources in place to deliver the attached communication and involvement plan. Unforeseen events may divert existing resources and may mean it takes longer to deliver the strategy outcomes.

An external risk will be the pressures that our NHS and Public Health colleagues may face with at various times of the year (e.g. winter pressures) that will mean their support may not always be possible to a level that we would want. The best risk mitigation will be to prepare toolkits and briefings, making the task less onerous but the impact, hopefully can remain unaffected. We will also need to consider appropriate timings of campaigns and projects to allow for the most support.



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## Review and reporting

The Alliance will review its' progress against this strategy at least annually. This will be reported to the Board and shared on the Alliance [website](#). Should circumstances require a change in reporting, the Board will be informed and this will be made public. All Board papers and minutes will be published on the WCA website.



# Communication and Patient, Carer and Public Involvement Strategy and Plan - 2020-2023

Wessex Cancer Alliance Communications and Patient, Carer and Public Involvement Strategy Action Plan			
Strategy outcome	Action	Timescales	Lead
1. Found a culture of meaningful communications and involvement	1.1 Coproduce a set of involvement and communications principles with patients and the public	March 2021	SN/JJ
	1.2 Promote the tools and support available to the team to undertake effective communications and involvement	Ongoing	SN
	1.3 Provide support to workstream leads to develop and plan communications and involvement at the start of projects, with evaluations of these functions built in from the outset	Ongoing / Annual Review	JJ/SN
	1.4 Provide communications and involvement training and support to WCA colleagues and partners to improve how we do this	Ongoing	JJ/SN
	1.5 Create a culture of continuous learning by linking to and sharing good practice around communications and involvement	Ongoing	JJ/SN
2. Timely, relevant communications, informed by patient feedback, to the right people in the right way	2.1 Build and maintain content both for WCA and Cancer Matters Wessex websites, using case studies and sharing feedback in a timely manner via these sites	Ongoing	JJ
	2.2 Communicate messages and share information, including opportunities for patients and the public to get involved, via social media channels – twitter, LinkedIn and YouTube etc	Ongoing	JJ
	2.3 Develop a patient facing newsletter – providing updates on Alliance work, engagement and involvement opportunities	March 2021	JJ
	2.4 Share fortnightly stakeholder bulletin with Cancer updates from WCA and regional/national messages as appropriate	Ongoing	JJ
	2.5 Develop the WCA existing database to ensure we have a wide and diverse range of organisations and other stakeholders to extend the reach of our communications and involvement activities (see Equality Health Impact Assessment)	Ongoing – held centrally by WCA	JJ/SN
	2.6 Provide briefings to the team on the Accessible Information Standard and ensure all public facing communications meet it	January 2021/ Ongoing	JJ/SN



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3. Greater awareness and involvement, particularly of people who experience worse health outcomes, who are partners in WCA work	3.1 Develop, grow and manage a representative and accessible Patient, Carer and Public Involvement Network	March 2021/ Ongoing	SN
	3.2 Establish the training and support needs for people to get involved with Alliance and provide this on an ongoing basis	March 2021/ Ongoing	SN
	3.3 Organise regular WCA involvement steering group meetings to shape the way the Alliance undertakes its involvement	Ongoing	SN
	3.4 Promote opportunities for a wide range of people to get involved in shaping cancer services in Dorset, Hampshire and the Isle of Wight	Ongoing	SN
4. Better coordinated, planned and executed activities, and more effective intelligence sharing effective	4.1 Establish and link with existing involvement mechanisms in cancer and wider health and care services across Sigt Specific Groups, cancer pathway reviews and Trusts, CCGs, ICSs, Councils and voluntary sectors to create a more joined up network of cancer involvement activity	July 2021	SN
	4.2 Create and update a central place for sharing insight and continuously promote these findings to inform services and reduce duplication	Mar ch 202 1/ On goi ng	SN
5. Evaluated our progress	5.1 Baseline strategy performance measures	March 2021	JJ/SN
	5.2 Develop and undertake a stakeholder WCA communications feedback survey	December 2021	JJ
	5.3 Review, replan and report to Board annually	March 2022	JJ/SN

## Appendix 1: Accessibility Standards and Guidance

There are a number of standards and guidance that the WCA will start to use to ensure inclusive, accessible communications and involvement. These include:

- Collecting equality monitoring data across the protected characteristics for relevant communications and involvement activities
- Follow the [Accessible Information Standard](#) and the [NHS Accessible Information and Communications Policy](#)
- [NHS Inclusive Language Guidance](#)
- [Plain English guidance](#)
- Undertaking Equality Health Impact Assessments for each new or changing area of work, which will consider impacts on the communications and involvement.

We also recognise the images we use in our communications need to reflect the diverse range of people and communities we serve and will make sure this is the case.

This guidance is highlighted in a draft Equality Health Impact Assessment that supports this Strategy.