

MACMILLAN'S INCLUSION STRATEGY

2009 -2014

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Macmillan Cancer Support Inclusion Strategy 2009 – 2014

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What we want to achieve and why: Introducing the new Macmillan Inclusion Vision and Ambition

The facts:

- 2 million people are living with cancer in the UK
- This number will continue to grow as 1 in 3 of us will get cancer at some point in our lives
- As family members, carers and friends all of us are affected by cancer

The Issues:

- Cancer affects people in many different ways
- The emotional, financial and practical impact of cancer can be just as great as the physical effects
- However, the quality of support and care someone receives can vary depending on where they live, the type of cancer they have and their background
- As more of us get cancer, such inequalities will also become more prevalent
- Inequalities in cancer care include discrimination, under-resourced services in areas where they are most needed, inaccessible service and information provision
- Inequalities in cancer care affect the quality of life for people living with and beyond cancer

Big numbers, big issues = big and bold solutions?

The full scale of cancer inequalities is not well understood. As a result of improved data collection we are beginning to learn more about cancer inequalities in relation to incidence and mortality rates. However, very little is known about inequalities in cancer care. This limits the potential for developing world class cancer services that are accessible and appropriate to the needs of every person living with cancer no matter who they are, where they live and the type of cancer they have.

Macmillan believes that inequalities in cancer care must become a recognisable feature of the challenges posed by a growing number of people living with cancer. However, the big and bold solutions required to respond to the sheer scale and complexity of inequalities in cancer care are somewhat lacking. For example:

- **21 key pieces of equality and human rights legislation have been passed in the UK. Despite this, it is difficult to assess whether legislation relevant to cancer inequalities, such as the Disability Discrimination Act, has had a positive impact on reducing inequalities in cancer care**
- **All publicly funded health and social care services are prohibited from discrimination and must demonstrate due regard to equality. However, the recent All Party Parliamentary Group on Cancer Inquiry into inequalities (2009) is expected to find that certain people living with cancer are still likely to experience discrimination; ageism being one of the most common experiences of discriminatory practice**
- **The establishment of the Equality and Human Rights Commission as a modern day regulator has yet to support it realise its aspirations of embedding equality and human rights across the health and social care sector**
- **The launch of the National Cancer Equality Initiative has yet to produce clear guidance and outcome measures to reduce inequalities and discrimination in cancer care**
- **Research on inequalities in cancer tends to focus on incidence and mortality with very little focus and evidence on inequalities in cancer care**

This is why Macmillan has invested in a new programme of work called 'Inclusion'. The Inclusion Programme is the first of its kind for a large cancer charity bringing together User Support and Involvement and Equality, Human Rights and Diversity approaches to ensure a person centred approach underpins the development of a sustainable, meaningful and innovative approach to tackling inequalities in cancer care.

The success of this programme will be judged on Macmillan's ability to use this approach to position itself as **THE** thought leader and change agent in tackling inequalities in cancer care.

We will know that this approach has worked when any person, be it a high ranking official from the Government Equality Office or a person living with cancer in rural Scotland instantly recognises Macmillan as a 'Force for Change' and 'Source of Support' in leading the fight against inequalities. People from all backgrounds will describe our approach as:

- **INCLUSIVE**
- **BOLD**
- **HONEST**
- **COURAGEOUS**
- **SUPPORTIVE**
- **AMBITIOUS**
- **PROGRESSIVE**
- **ASSERTIVE**
- **COLLABORATIVE**
- **EFFECTIVE**

The tools and approaches we will use to get us to this point will be described as:

- **INNOVATIVE**
- **INSPIRATIONAL**
- **RESPONSIVE**
- **EMPOWERING**
- **FAIR**

Quite simply, Macmillan will be at the cutting edge of practice. We will reinvigorate the focus on tackling inequalities in cancer care and remove the professional and organisational 'paralysis' which has unfortunately come to define an agenda where the uncomfortable often leads to the unspoken and thus the conveniently ignored.

Our approach will be one of promoting an expansion of equalities thinking and practice rather than just that of new services to tackle inequalities in cancer care. In the current economic climate this will further demonstrate Macmillan's innovative approach to thought leadership. To this end, we also need an ambitious and inspiring vision to affect change at all levels, for example from ward to board.

The Macmillan Inclusion Vision and Ambition

Our vision is of a health and social care system where equal access to and appropriate delivery of the best quality cancer care services are available to everyone living with and beyond cancer

To support this, our ambition is for Macmillan to be recognised as a UK centre of excellence providing unrivalled guidance, innovative solutions and fresh thinking to eradicate inequalities in cancer care.

Our vision and ambition: a new approach

The Inclusion vision and ambition emphasise a considerable shift in action and mindset to tackling inequalities in cancer care. UK wide approaches have often concentrated exclusively on improving access to the detriment of how equitable service design and delivery is in the first place. Improving access alone can not be held up as a panacea to mitigate the impact of cancer inequalities; one must also then evaluate the appropriateness of services. Equality of access for all can ultimately lead to equality of misery for all.

Macmillan will champion a move towards personalised care. We will encourage our partners as well as our own staff to work towards five key human rights principles: **Fairness, Respect, Equality, Dignity** and **Autonomy** to ensure medical and social care interventions are equitable and appropriate to each individual. We will promote the value of using such a holistic and person centred approach to ensure that we all focus on 'the human being in front of us'; thus achieving a better balance between improving access to services whilst also mainstreaming equality within the design and delivery of services, care and patient experience. The approach also enables the identification of the workforce skills required for achieving equitable outcomes, and the importance of mainstreaming user involvement and experience to influence change in organisational cultures.

Strategic Goals

To successfully implement the vision and ambition, we have identified three key strategic goals:

Strategic goal 1: **MOBILISATION**

- **We will mobilise a Macmillan movement of diverse supporters to help us lead the fight on tackling inequalities in cancer care.**

Why? People living with cancer are experts by experience. Macmillan should harness this expertise. The empathy and passion demonstrated by so many of our supporters must be given a more effective platform to support Macmillan challenge inequalities in cancer care and influence organisational change.

Success is dependent upon ensuring that the User Support & Involvement community reflects the diversity of people living with cancer. This will enable Macmillan to improve understanding of the experience of inequality and provide a powerful collective voice that can not be ignored by government, cancer charities and health and social care providers.

How? We will develop and implement three user support and involvement roles: Activist, Advocate and Service Improvement Champion, which will be inclusive, exciting and empowering, to thus ensure that the voice and experience of people living with cancer support Macmillan and its partners:

- Enhance their emotional intelligence to the suffering of people living with cancer that experience inequalities in cancer care and the personalised solutions required to tackle these, thus providing a 'human face' to inequality and putting the needs of every person living with cancer at the heart of cancer service improvement.
- Develop robust outcome measures for tackling inequalities in cancer care which are linked more closely to patient experience.
- Support providers develop a better understanding of how nebulous terms such dignity and human rights can better be applied to the care and support they offer

Outcome: Develop and profile Macmillan as the leading charity in championing as well as providing person centred and equitable cancer care and support

Priorities for 2009-2012 (priorities restricted to the first 3 years of the strategy)

- Develop, implement and review the three new cancer voices roles
- Recruit and develop a more diverse network of cancer voices to get involved in the three new roles
- Work with our cancer voices to develop innovative resources and projects to support our partners understand the impact of inequalities on cancer care on people living with cancer

Strategic goal 2: **ACHIEVING CULTURAL CHANGE AND UNDERSTANDING**

- **We will become the leading charity in transforming not only our own organisational culture and practices but also those of the health and social care sector to be more equitable and inclusive. We will develop exemplar training and support programmes for organisations, professionals and internal staff to be more confident and competent in responding to the challenges of inequalities**

Why? Traditional approaches to Inclusion have largely focused on superficial action. This action has focused on the perceived negative characteristics of diverse communities and familiar yet outdated multicultural models, which over emphasise cultural features e.g. cuisine, attire and behaviour. Such an approach detracts from systemic discrimination and the responsibility of organisations to change their structures, systems and behaviour. In the light of this, it is evident why gaps exist between the exponential rise in equalities legislation and poor equality outcomes.

Success is dependent upon Macmillan 'going against the grain' and developing programmes of training support, good practice resources and strategies, which challenge conventional wisdom on Equality, Diversity & Human Rights and User Support & Involvement. Only then can we confidently and competently shine the light on the issues that no one else wants to or that no one else can.

How? We will develop and support a network of professionals and internal staff to act as 'critical friends' to champion and mainstream equality and person centred principles through accredited training.

We will undertake equality impact assessments on the services we provide (on a sample basis) as well as ensuring our commissioning process demonstrates a commitment to purchasing equality services

We will support the Macmillan Human Resources Department embed equality practice in it's Talent Management programme and in the development of a new Equality Policy and action plan

We will prioritise research focusing on inequalities in cancer care through local intelligence gathering and commissioned research

Outcome: Macmillan to be widely recognised for promoting a learning culture to tackle inequalities in cancer care. Competencies rather than outdated representative models will define future approaches to achieving equality and inclusion

Priorities for 2009-2012 (priorities restricted to the first 3 years of the strategy)

- Develop a UK wide Inclusion Champions Network that will be offered accredited training to confidently and competently tackle inequalities in cancer care

- Develop a robust evidence base of the prevalence and impact of inequalities in cancer care
- Work closely with Macmillan's Human Resources Department on developing a robust equality policy and action plan to ensure all staff feel valued and that development opportunities are equitable

Strategic goal 3: **THOUGHT LEADERSHIP**

- **We will profile and position Macmillan as THE thought leader in tackling inequalities in cancer**

Why? Macmillan is not afraid to shine the spotlight on difficult issues that no one else wants to or that no one else can. We must build on our assertive and evidence based practice to profile the level of innovation that we possess to eradicate inequalities in cancer care and to challenge the status quo. We shall be the obvious choice of government, other cancer charities and health and social care providers for leadership and advice on innovative approaches to address cancer inequalities. The media (across all disciplines) will naturally seek our opinion first as the leading commentator on these issues.

How? We will be the first charity to launch a Human Rights standard in cancer care.

We will be the first cancer charity to work with the Equality and Human Rights Commission on developing Human Rights indicators for regulatory frameworks and inspection audits

We will work to incorporate human rights indicators into future iterations of performance management structures, including the World Class Commissioning quality assurance framework and the Care Quality Commission registration criteria

We will develop a cancer health and social care advocacy pathway for people living with cancer

We will seek to develop criteria for the socio-economic duty (Equality Bill) when applied to cancer services

We will work to reform NICE to ensure better access to treatments

We will organise high level round table events to influence government

Outcomes:

Macmillan will be widely recognised for tackling the issues that no one else wants to or that no one else can: cancer discrimination, cancer poverty and social exclusion

Position ourselves so that we are the first choice of Government, the Health and Social Care sector and other charities for leadership and guidance on challenging inequalities in cancer care

Priorities for 2009-2012 (priorities restricted to the first 3 years of the strategy)

- Develop and implement a UK recognised Human Rights standard in cancer care
- Develop and implement a UK recognised Advocacy and Informed Choice cancer care pathway
- Develop criteria for health and social care services to fulfil legal requirements under the Socio-Economic Duty (Equality Bill) when applied to cancer services (this priority will be reviewed next year following the publication of the Equality Bill and the extent of the application of the Socio-Economic Duty)

THE INCLUSION PRINCIPLES FOR TACKLING INEQUALITIES IN CANCER CARE: WHAT MAKES US DIFFERENT

The following five principles define our approach in achieving real change and in positioning Macmillan as a ground breaking charity leading the fight in tackling inequalities in cancer care:

- 1. Solutions oriented:** We're not just all about making lots of noise and raising awareness of inequalities in cancer care. We're committed to finding solutions to help make a difference
- 2. We're not just about improving access:** We will work to improve service design, delivery and patient experience rather than just focus on access
- 3. Equality for all not just for some:** We will champion a universal approach to tackling inequalities in cancer care rather than targeting or limiting our focus. Inclusion means supporting everyone, from people living in rural communities to those belonging to an ethnic minority community
- 4. We will champion a Human Rights and Person Centred approach:** We will use human rights principles such as dignity and respect to ensure that services are appropriate and considerate to the needs of the individual
- 5. We will lead by example:** We will support our own staff and Macmillan professionals to develop the skills and confidence to tackle inequalities in cancer care

SCOPE OF THE STRATEGY

At Macmillan, we have set ourselves an ambitious target to reach and improve the lives of everyone living with cancer. A strong brand identity, responsive and innovative service and support offerings, effective campaigning and fundraising are just some of the key contributing factors moving the charity closer to achieving this goal.

As a consequence, Macmillan has grown in its reputation as the charity of choice for people living with cancer. However, as cancer continues to touch more and more lives, we need to develop new ways of thinking and forms of support to target those socially excluded communities the health and social care system routinely fail. To enable this, the Inclusion team has developed this strategy to outline how we will reach and empower, as well as improve outcomes for people living with cancer who experience inequality.

The Inclusion strategy can be defined as a 'cross-cutting' strategy. It has applicability and relevance across all Macmillan functions and programmes of work. For the strategy to be effective we will, where appropriate, need to evaluate and improve how we engage and involve more diverse communities in the work that we do as well as 'equality assure' core activity.

The strategy covers all Equality and Diversity, User Support & Involvement and outreach development work across Macmillan at a UKO wide and Regional level. The strategy must also ensure appropriate links are made with HR to promote key messages internally through the recruitment and development of a more diverse workforce.

The strategy and programme also have an external focus and will determine and lead on how Macmillan influences wider Equality and User Support & Involvement UK wide priorities.

This is a five year strategy, the implementation and review of which will be undertaken by the Inclusion Programmes Board reporting directly back to the Executive Management Team.

An overview of the deliverables and financial summary is restricted to the first three years of the strategy allowing for review and modification to determine outcomes for the remaining period.

INTERNAL DRIVERS FOR THE NEW STRATEGY

Why now?

The Inclusion strategy brings together two separate Macmillan programmes of work. As stand alone programmes, User Support and Involvement and Equality and Diversity have, as in many organisations, reached an impasse. As well intentioned and as powerful as the rhetoric may be, generally public, private and third sector responses to both agendas have at best been ill conceived and at their worst have been light touch approaches to deflect scrutiny and pressure.

Macmillan can proudly distance itself from the latter of these two typical approaches. However, in spite of Macmillan's attempts to develop robust outcomes to reflect its serious commitment to both agendas, the charity has faced the following key challenges:

- The concept of User Support & Involvement across the charity is not clearly understood. Its ability to facilitate change has been obscured as a result of measuring success against tokenistic approaches that rely on 'presence' rather than impact.
- Equality and Diversity has focussed on 'peculiarising' communities through an examination of perceived community differences, 'cultural habits' and practices, which have obscured the focus on tackling organisational cultures and discrimination. The unintended outcome of this has been to locate the issue of inequality with the perceived characteristics of communities.
- Macmillan's previous User Support and Involvement and Equality and Diversity Strategies have also lacked a robust external focus to respond to and influence national priorities emerging from the Cancer Reform Strategy and, for example, World Class Commissioning Competencies.

As a result there is a need for a refreshed strategy combining both agendas to position Macmillan as the leading charity in challenging cancer inequalities.

THE EXTERNAL ENVIRONMENT – influencing factors

- **The Cancer Reform Strategy (CRS)** builds on the progress made since the publication of the NHS Cancer Plan in 2000 and sets out a clear direction for cancer services for the next five years. It outlines how, by 2012, cancer services in England can and should become among the best in the world. Central to this aim is the successful integration and mainstreaming of equality outcomes to ensure that anyone, irrespective of who they are and what their background is, can expect the best possible cancer care from the NHS. As a result, the strategy focuses specifically on tackling cancer inequalities.

Macmillan needs to influence the development of a robust equalities framework and groundbreaking solutions signalling a departure from the typical and light-touch approaches to mainstreaming equality

- A similar approach will be needed to influence the Welsh cancer plan and national cancer strategies/priorities in Scotland and Northern Ireland
- **The Equality Bill (2009)** outlines public sector duties and employment regulations to tackle, in a more integrated way, inequality and discrimination. The Bill includes a new public sector duty to consider reducing socio-economic inequalities. If the Bill is enacted Macmillan will need to position itself as a thought leader in tackling cancer poverty to influence compliance criteria for this particular duty when applied to cancer services. Outcomes from this work will be adapted and applied to ensure relevance to the Nations where the duty is not in force
- The launch of the **Equality and Human Rights Commission** has further promoted the relevance of **Human Rights principles** and legislation to the Health and Social Care Sector. Macmillan will need to ensure that its approach to tackling cancer inequalities reflects this change. Through the Inclusion strategy Macmillan will respond by delivering the **first ever Human Rights Standard in cancer care**.
- **Section 242 of the Health and Social Care Act** makes explicit the duty on providers to involve service users in all aspects of service design and delivery. Macmillan must mobilise Cancer Voices to get involved in cancer service design and use such opportunities to challenge cancer inequalities.
- **The World Class Commissioning (WCC) programme** was established to support the development of stronger commissioning; effective commissioning has been identified as the key improvement driver across the NHS. There is an opportunity for Macmillan to influence the 11 assessment competencies to respond more appropriately to cancer inequalities through its Inclusion agenda. The work on influencing the WCC agenda will be adapted to support additional priorities for the remaining Nations where the WCC agenda is not in force.
- **The recent Ara Darzi Review** 'High Quality Care for All' signals a major shift in how health providers involve service users in care planning and service design. Patient centred principles and partnership approaches are much more closely linked to successful outcome measures. The Inclusion strategy will profile Macmillan as the leading person centred charity to advise health providers on how to develop effective and more diverse partnership approaches.
- The launch of the **National Cancer Equalities Initiative** highlighted that currently no cancer charity exclusively occupies the position of being THE **thought leader** in addressing cancer inequalities. Through implementation of the Inclusion strategy, Macmillan will be closer to assuming this position across the four Nations.

SWOT analysis – summary

To respond effectively to both internal and external drivers, it is essential for Macmillan to undertake a robust analysis of its current position in relation to the Inclusion agenda and the broader context in which it occurs.

Strengths:

- The profile of Macmillan in the equalities field has been considerably enhanced via the networks and links which have been established with government departments and regulatory bodies focusing on this agenda
- The scope for innovation and piloting projects
- The growth in partnerships with diverse community organisations and cross sector strategic partners
- Our Cancer Voices
- The Self Help and Support Group community
- Backing and support at EMT level
- Our high reputation with Government and Parliament

Weaknesses:

- Baseline data on unmet need and the profile of communities that access our support is not routinely collated or analysed in a standardised manner.
- The same is true externally, national data and research is often incomplete and provides a limited overview of cancer inequalities, particularly in cancer care
- The Opportunities Exchange is unreliable and often fails to work, resulting in a regular break down in communication between Macmillan and our Cancer Voices
- Limited involvement opportunities at a Regional level for Cancer Voices
- The lack of equality of opportunity and diversity within our own workforce, particularly at senior level.

Opportunities:

- Equality and Diversity is high on the government agenda following the launch of the Equality Bill in April 2009
- The Equality and Human Rights Commission is interested in developing an 'Equality Cancer Pathway' in collaboration with Macmillan
- The National Cancer Equality Initiative is still in its formative stages in terms of planning priorities and work plans; this enables Macmillan to further influence the national agenda in England.

Threats:

- A change in government could lead to an overall de-prioritisation of the equality, human rights and diversity agenda or a significant ideological shift incompatible with Macmillan priorities.
- The economic downturn could impact negatively on UK wide equality and user involvement priorities which are often seen as secondary to safeguarding what are perceived as core business functions.

CRITICAL SUCCESS FACTORS

The SWOT analysis has identified variables, both positive and negative, which may significantly influence outcomes on either side of the spectrum. Reassuringly, those which may adversely impact on the successful implementation of a developed programme of work are not insurmountable:

On this basis, we are confident that Macmillan can deliver an innovative vision and achieve its ambition to ensure the Inclusion agenda is integral to its aim of reaching and improving the lives of everyone living with cancer. This will however be dependent upon the following broader critical success factors:

- EMT, senior management and the Service Development Team's buy in and ownership of the agenda
- A budget which reflects Macmillan's commitment to growing and developing the Inclusion agenda
- Macmillan brand values and behaviours include a focus on equality and diversity and broader Inclusion principles
- Recruitment and development of a more diverse Macmillan workforce to thus demonstrate an internal commitment to Inclusion principles
- Scope to test and innovate new solutions without being risk averse
- Accredited training for staff on Inclusion principles

WHAT SUCCESS WILL LOOK LIKE:



DELIVERABLES

| Deliverables | Activity | Measure | Accountability |
|---|--|--|---|
| <p>Deliverables for Strategic Goal 1</p> <p>MOBILISATION</p> <ul style="list-style-type: none"> By 2012 we will have mobilised a Macmillan movement of diverse supporters (Cancer Voices and Self Help & Support Groups) to help us lead the fight on tackling inequalities in cancer care. As a result our User Support and Involvement initiatives will be linked more closely to our Force For Change and Source of Support agendas | <p>1.0 2009 – 2010: develop and launch 3 new Cancer Voices roles to promote new involvement opportunities for new and existing cancer voices. The roles will focus specifically on supporting Macmillan tackle inequalities in cancer care</p> <ul style="list-style-type: none"> Develop a Macmillan involvement menu linking opportunities to the new roles 2010-2012: Carry out regional outreach work to recruit more diverse cancer voices to take up these roles (supported by a Marketing strategy) 2010-2012: Work with Cancer Voices in these new roles to develop a range of innovative resources and projects to promote understanding of the impact of inequalities in cancer care on the individual and to improve the skills of professionals to respond more appropriately to the needs of all communities <p>1.1 2009-2012: Develop and implement a national engagement plan via the annual Cancer Voices Conferences to ensure we continue to mobilise and acknowledge the role of our Cancer Voices in contributing to Macmillan's corporate priority of tackling inequalities in cancer care</p> | <ul style="list-style-type: none"> The composition of the Cancer Voices network reflects the diversity of people living with cancer, therefore enabling Macmillan to better utilise personal experiences to challenge cancer inequalities 3000 diverse Cancer Voices fully engaged in challenging cancer inequalities by 2012 75% retention rate by 2012, therefore ensuring Macmillan has a fully engaged and committed user involvement network 50% increase in opportunities posted by Macmillan staff on the Opportunities Exchange by 2012, thereby demonstrating Macmillan's own commitment to user involvement and person centred care 1000 Cancer Voices to have attended the annual conferences by 2012 and have a clear overview of Macmillan's Inequality priorities and how they can get involved | <p>UKO Inclusion Team CNDC's UKO ICS Teams SDT's Marketing</p> <p>UKO Inclusion Team CNDC's SDT's Events team</p> |

| Deliverables | Activity | Measure | Accountability |
|--------------|---|--|--|
| | <p>1.2 2010 – 2012: Develop and implement a new Inclusion grants programme, which replaces Macmillan’s previous Cancer Network Partnership Group grants programme. The Inclusion grants programme will be available to any patient group and small grass root voluntary sector organisation that demonstrates innovation in the development of resources/projects that provide people living with cancer an opportunity to develop solutions to tackle inequalities in cancer care</p> <ul style="list-style-type: none"> • 2010: develop new guidelines for funding eligibility • 2010: Market new grants programme to smaller grass root voluntary sector organisations • 2011: National roll out <p>1.3: 2010-2012: Build on our existing outreach work by engaging with smaller grass –root voluntary sector organisations to ensure that we involve people with multiple and complex needs develop solutions to the types of inequality in cancer care that they experience</p> <ul style="list-style-type: none"> • 6 National Cancer Voice groups set up in collaboration with diverse community organisations that specialise in | <ul style="list-style-type: none"> ▪ An inclusive engagement model supported by a grants programme ▪ More diverse and under-represented organisations can access grants to support activity focusing on cancer inequalities. 20 organisations by 2012 ▪ £300,000 funding allocated by 2012 ▪ Network Partnership Groups no longer have a monopoly over the grants offered by Macmillan to support User Involvement ▪ A range of innovative projects and resources developed to enhance the emotional intelligence of partner organisations and professionals to the impact of inequalities in cancer care on the individual ▪ Communities most at risk of exclusion and discrimination are engaged in Macmillan’s work to tackle inequalities in cancer care | <p>UKO Inclusion Team CNDC’s SDT’s Marketing Grants Assessment Panel</p> <p>UKO Inclusion Team CNDC’s Marketing Community Fundraising</p> |

| Deliverables | Activity | Measure | Accountability |
|--------------|---|--|---|
| | <p>providing support to socially excluded communities or that specialise on a particular area of focus (e.g. homelessness)</p> <ul style="list-style-type: none"> • 2 small events held each year to bring all national cancer voice groups together to share learning and best practice • 15 local networking events held by 2012 to engage more communities in our work <p>1.4: Develop and implement new Self Help and Support Groups offerings to encourage more diverse communities' access and offer support.</p> <ul style="list-style-type: none"> • By 2012 develop 20 Macmillan branded activity Support Groups (e.g. cinema and film support group) to encourage a broader range of people to access support who are traditionally discouraged from doing so based on the traditional 'talking around a table' model • By 2012 develop 20 online support groups • By 2012 develop 10 Corporate Support groups to encourage people who are working to join support groups | <ul style="list-style-type: none"> ▪ Macmillan recognised for innovation in the emotional and practical support it provides to people living with cancer ▪ Increased access to support offerings from diverse communities ▪ People living with cancer who find it difficult to juggle work priorities and in accessing support can do so via Macmillan Corporate Support Groups | <p>UKO Inclusion Team CNDC's New Media Corporate Fundraising Team Working Through Cancer Steering Group</p> |

| Deliverables | Activity | Measure | Accountability |
|---|--|---|--|
| <p>Deliverables for Strategic Goal 2</p> <p>ACHIEVING CULTURAL CHANGE</p> <ul style="list-style-type: none"> ▪ By 2012 we will have developed a range of resources, training programmes and guidance to support Macmillan and our partners achieve a more equitable and inclusive organisational culture. <p>We will be recognised for our delivery of exemplar training to tackle inequalities in cancer care, and for developing robust equality assessment guidance to support the commissioning of equitable services.</p> <p>We will be recognised for developing a robust evidence base on inequalities in cancer care which provide a unique insight into the relationship between organisational cultures and practice and the prevalence of inequalities in cancer care</p> | <p>2.0: 2010 – Develop a UK wide Inclusion Champions Network</p> <ul style="list-style-type: none"> ▪ 2010 – Work with external training provider to develop accredited training programme to the champions ▪ 2011 – extend membership of the network to Macmillan professionals and health and social care providers ▪ 2011 – online resources available on the Learn Zone ▪ 2012 – 3 UK wide learning events organised which include awards for network members <p>2.1: 2010 – Commission research into systemic discrimination and Inequalities in cancer care</p> <ul style="list-style-type: none"> • 2011: Commission further research into the limited practical and emotional support offered to socially excluded communities • 2012: Research TBC • 2010: Develop inequalities intelligence gathering form for CNDC's to use to capture evidence of inequalities in cancer care from Cancer Voices and Support Groups • 2010-2012: Use Intelligence gathering data to profile inequalities in cancer care at a media, political, provider and commissioner level <p>2.2: 2009 – carry out equality impact assessments across 10 Macmillan programmes of work/ projects/services</p> <ul style="list-style-type: none"> ▪ 2010 – review and modification – sample assessment across another 10 services or projects | <ul style="list-style-type: none"> ▪ 50 members by 2012, 50% from external organisations ▪ Learning outcomes used by professionals to support KSF objectives ▪ Training recognised nationally and awarded relevant industry quality marks ▪ Focus of inequality to extend to issues of cancer discrimination and organisational cultures <ul style="list-style-type: none"> ▪ Macmillan's research and intelligence on inequalities in cancer care to shape national responses and solutions on how best to tackle inequalities in cancer care <ul style="list-style-type: none"> ▪ Key Macmillan programmes/ projects will be 'equality assured' and fit for purpose in delivering E&D outcomes ▪ The EQIA's will be recognised | <p>UKO Inclusion Team L&D (UKO) HR</p> <p>UKO Inclusion Team I&R Media and PR team CNDC's CPPA</p> <p>UKO Inclusion Team SDT's UKO ICS Departments</p> |

| Deliverables | Activity | Measure | Accountability |
|---|--|---|---|
| | <ul style="list-style-type: none"> ▪ 2011 –carry out equality impact assessment and develop equality success metrics for 4 Cancer Networks and or health and social care providers ▪ 2012 - evaluation | <p>nationally as providing the best guidance to achieve compliance. The EQIA'S will be targeted and successfully implemented by 4 Cancer Networks by 2012</p> | |
| <p>Deliverables for Strategic Goal 3</p> <p>Thought Leadership</p> <ul style="list-style-type: none"> ▪ By 2012 we will have developed a number of innovative projects to support the Department of Health, National Cancer Equality Initiative and key regulators incorporate equality and Human Rights indicators/metrics into the development and review of cancer services and support | <p>3.0: 2009 – Launch Macmillan Human Rights Project</p> <ul style="list-style-type: none"> ▪ 2009 – secure involvement from the DH, NCEI and the EHRC in supporting the project ▪ 2009 - Identify 2 pilot sites to work on the project ▪ 2009 – commission specialist organisation to provide support and training to the test sites ▪ 2010 – evaluate learning and identify a further 3 pilot sites ▪ 2010 – work with the EHRC, Care Quality Commission and Monitor to incorporate Human Rights Indicators into the World Class Commissioning Competencies and registration criteria for providers ▪ 2011 – Use learning from the test sites to develop the first ever Human Rights Standard in cancer care ▪ 2012- evaluation ▪ 2010-2012 – Human Rights project to inform the development of the EHRC 'Equally Caring' Cancer care pathway | <p>Human Rights Standard endorsed by the EHRC , DOH and the NCEI</p> <p>10 Cancer Networks awarded a Human Rights Standard by 2012. The Standard will support providers bypass bureaucratic inspection processes and provide commissioners with robust assurances that services are equitable</p> <p>The Incorporation of human rights indicators into future iterations of performance management structures, including the World Class Commissioning quality assurance framework and the Care Quality Commission registration criteria</p> <p>Macmillan will make clear the importance of work to improve</p> | <p>Inclusion Team Jessica Corner EHRC DH NCEI</p> |

| Deliverables | Activity | Measure | Accountability |
|--------------|---|--|--|
| | <p>3.1: 2009 commission research on advocacy and informed choice</p> <ul style="list-style-type: none"> • 2010 – use research to develop 2 test sites • 2011 – use findings from test sites to engage NHS professionals taking early retirement due to pension changes in 2013 to become expert advocates (50 in total) • 2012 – 5 pathways developed and evaluation • 2010-2012 Informed choice project to support the development of the EHRC ‘Equally Caring’ Cancer care pathway <p>3.2: 2010 Macmillan to support the development of compliance criteria for the Socio-Economic Duty (Equality Bill) when applied to cancer services</p> <ul style="list-style-type: none"> • 2011 – test criteria with 3 pilot sites • 2012 – roll out criteria nationally and seek to use criteria as best practice in Scotland and Northern Ireland | <p>cancer equality by giving the issue greater prominence in future iterations of the cancer commissioning guidance (the word ‘equality’ only features four times in the <i>Cancer Commissioning Guidance</i>, which runs to 159 pages)</p> <p>Macmillan recognised at the first cancer charity to lead on the development of a UK wide Advocacy and Informed Choice cancer pathway. The pathway will support more diverse communities’ access better information and support to make informed decisions about their care. The project will focus on the ‘personalisation’ agenda</p> <ul style="list-style-type: none"> ▪ Macmillan recognised as a thought leader in addressing cancer poverty ▪ 15 pilots to have adopted the criteria by 2012 ▪ Develop holistic signposting model between health and financial support | <p>Inclusion Team Jessica Corner Information Team Learning & Development Hana Ibrahim Carol Gibbons EHRC</p> <p>Inclusion Team Financial Support Manager Jessica Corner GEO EHRC Support: CPPA</p> |

| Deliverables | Activity | Measure | Accountability |
|---|---|---|---|
| <ul style="list-style-type: none"> Macmillan will continue to influence the reform of NICE and access to treatments. We will respond to Health Technology Appraisals to represent the views of people affected by cancer who are experiencing inequalities in accessing treatments | <ul style="list-style-type: none"> 3.3: We will host 3 high level round table events on cancer inequalities with the aim to create an ongoing dialogue with influencing figures. Following which, Macmillan will launch a cancer inequalities think tank, which will position Macmillan's agenda at a UK government wide level (post 2012) 3.4: Ongoing responses to Health Technology Appraisals Ongoing influencing of Government and Opposition parties on Nice reform | <ul style="list-style-type: none"> Macmillan will be recognised as a thought leader in cancer inequalities High level relationships developed to influence change at a strategic level Macmillan recognised as a centre of excellence (Launch of a UK wide think tank) Macmillan continues to be recognised as a valued patient voice in Health Technology Appraisal processes Macmillan is recognised as an expert voice on NICE reform | <p>Inclusion Team Jessica Corner Events Team I&R Support: CPPA</p> <p>CPPA Support: Inclusion Team DCISS Media Team</p> |

New team structure



