Evaluation of the Macmillan and Coventry City Council Partnership

Final Report

January 2016

SQW

Contents

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Executive Summary

1. The Partnership was launched in March 2013. It was led jointly by Macmillan Cancer Support and Coventry City Council, and supported by a range of statutory and third sector partners. The work of the Partnership has been guided by four objectives aimed at improving the experience of people affected by cancer in Coventry:

    *   Breaking down the barriers between services

    *   Improving the Coordination between services

    *   Filling in gaps in the provision of support

    *   Inspiring and empowering people to support.

2. In addition to these overarching objectives, the Partnership has 'tacitly' sought to improve awareness of the issues faced by PABC and engage additional stakeholders in the work of the Partnership, as well as test the effectiveness of partnership activity led by a local authority and a third sector organisation.

3. Led by a Programme Board chaired by the Director of Public Health at Coventry City Council (CCC) with support from the General Manager for Macmillan (Central and South West England), day to day management of Partnership activity has been delivered by a full-time Project Manager. The role was funded by Macmillan, which marked the first time that the charity has supported a post of this nature hosted within a partner organisation. Initially contracted for 12 months, this role was later extended until the end of September 2015. After this point it was expected that partnership activity would be sufficiently embedded in order to take forward activities as 'business as usual'.

4. In response to the objectives, the Partnership has supported a portfolio of discrete projects (as summarised in Figure 1). These in turn have been supported by a range of initiatives and activities focussed around raising awareness and engaging partners, and capturing project learning.

Figure 1: Anticipated outcomes of the Macmillan and Coventry City Partnership
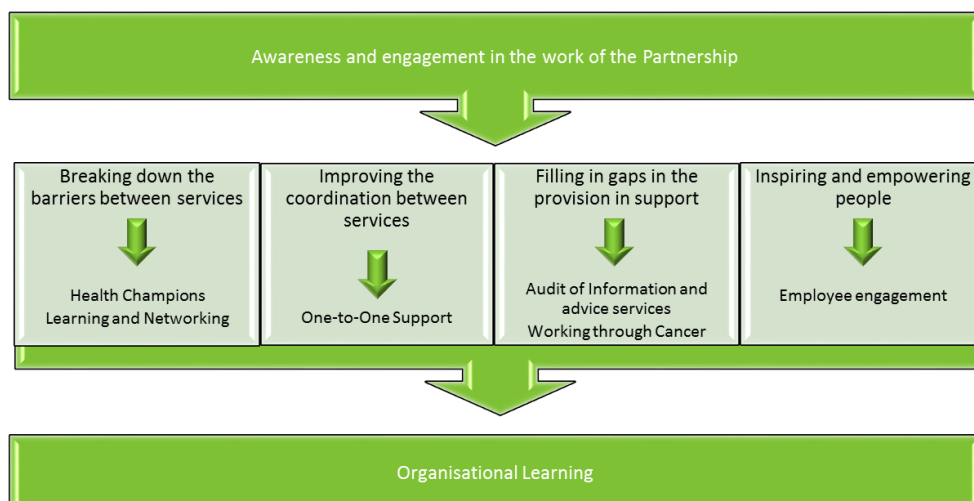
Approach taken to the evaluation

5. SQW was commissioned by Macmillan in March 2014 to undertake an independent evaluation of the Macmillan and Coventry City Council Partnership. The evaluation has been undertaken over the course of 16 months (March 2014 – June 2015), and has sought to assess the performance of the Partnership against its key objectives. Adopting a mixed-methods approach, the evaluation has gathered and analysed information (including the views of various stakeholders) through a number of research activities. These are summarised in Figure 2.

Figure 2: Approach to the evaluation of the Macmillan and Coventry City Partnership

Key findings of the evaluation

6. The following section considers the performance of the Partnership to-date. These are presented in relation to six key findings, and summarised in Figure 3.

Figure 3: Progress made by the Macmillan and Coventry City Partnership

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Key finding 1: To date the Partnership has made considerable progress against a number of its objectives

7. Much of the early work of the Partnership focussed on raising the profile and awareness of the needs of PABC and building the relationships between relevant actors that are the necessary building-blocks for further collaborative working in future. On the whole, this work appears to have been effective, with stakeholders generally of the view that awareness of the work of the Partnership in the Council is relatively high and that the Partnership has made some progress in raising awareness in Coventry more widely. The Partnership has also acted as a catalyst for a number of successful projects. Most importantly, it has contributed to a better understanding of the information and advice currently available, and gaps in the existing offer. Based on this, additional information and advice has been made available for different target groups, in particular through an increase in the number of Boots-Macmillan Information Pharmacists in Coventry; the development of a library information offer, with a specific focus on hard-to-reach communities; and a number of activities to improve the support available to Council employees affected by cancer.

Figure 4: Progress made by the Partnership in achieving its main objectives
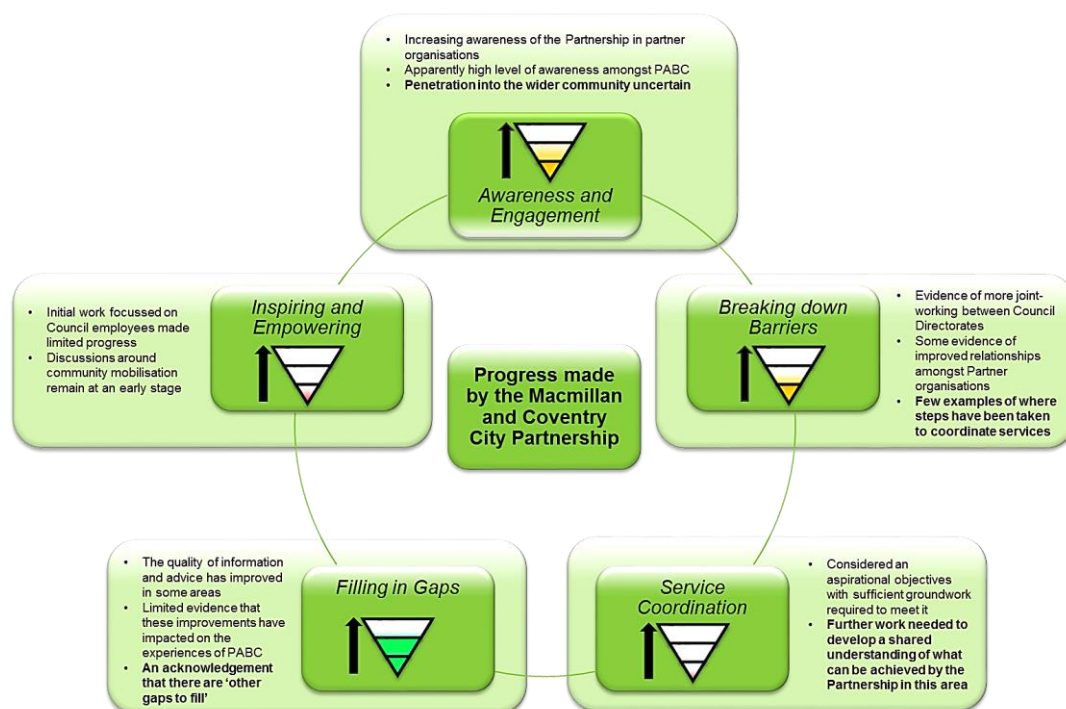
8. However, it is also important to acknowledge that, although all those involved recognised and accepted that the aims of the Partnership would not be realised in a year or two, there was a perception that it had taken longer to get some of the projects 'off the ground' than might have been anticipated. This is especially true of work aimed at addressing issues relating to the coordination and/or delivery of health and social care services. Instead, most Partnership activity to date has focused on the provision of information, advice and support, with a particular focus on Council employees. Progress against each of the main objectives of the Partnership is summarised in Figure 4 above.

Key finding 2: The mode of project selection had some positive and negative consequences on subsequent progress

9.   Projects were initially prioritised by the Partnership in areas where progress was perceived as possible and impact could be achieved relatively quickly. Partners agreed that such a pragmatic approach was effective in getting activities off the ground relatively quickly, and also supported the engagement of certain other partners (e.g. Boots). At the same time, it seems that a lack of clarity around some of the objectives of the Partnership, for instance, no explicit definition of which 'services' were within the scope of Partnership activity, ended up leading to longer delays than necessary. In hindsight, it may have been more effective to invest a little more time at the outset to define more concrete objectives (possibly at different levels – general, specific and operational), and scope out in more detail the feasibility and likely added value of projects, and the expectations and role of key partners within each.

Key finding 3: Partners took time to develop a shared understanding of what they collectively wanted to achieve leading to some delays in implementation

10.   Understandably, partners were most ready to engage and invest in activities that are consistent with and can contribute to their own objectives. The limited progress made by the Partnership against some of its objectives can be attributed, in part, to the challenges faced by partners in looking to develop a common language and identify concrete activities that would be mutually beneficial. For example, for Coventry City Council, the Partnership's value was most obvious where it provided the Council with privileged access to Macmillan knowledge and resources. Areas that deviate or would require major revisions of existing policies/service design have proved more challenging to address. On Macmillan's part, tensions have at times arisen over the question of the extent to which preferential treatment and tailored services would/should be made available for Coventry, and the extent to which the services needed to be consistent with Macmillan's broader (national/regional) service offering. Moving forward, the Partnership should be mindful of these tensions and devise a forward programme of work that acknowledges these issues and incorporates those of Partner organisations.

Key finding 4: Early consensus that the Partnership should focus on activities that could achieve rapid progress appears to have impacted on levels of engagement of other partners over the short to medium term

11.   Although the quick wins achieved by the Partnership in its first year convinced principal stakeholders of the value of their continued investment, there is evidence to suggest that by focussing on activities that could be delivered primarily by Coventry City Council and Macmillan themselves, an opportunity was missed to strengthen links with other partner organisations (even where such organisations were involved in these initial discussions and agreed to this approach). This was found to have impacted on progress made over the medium to long term. In reality a more equitable balance between activities aimed at achieving quick wins and those aimed at strengthening the engagement of partner organisations to support the delivery of activity over the medium to long term might have led to a more successful outcome.

Key finding 5: Governance arrangements worked well but there was an overreliance on the Project Manager

12. Embedding a Macmillan Project Manager within the Council was the main innovation that propelled the Partnership, and in the event, it turned out to be one of the keys to its success. The Project Manager was the face of and the driving force behind the Partnership and was widely perceived as having been invaluable to the progress and buy-in that was achieved. The downside of this was a certain over-reliance on the Project Manager. During the slightly more than two years she was in post, the lack of administrative support meant that she had to dedicate a not insignificant part of her time to clerical tasks – time that could have been more productively spent on strategic activities.

Key finding 6: There is an appetite amongst many partners to continue to invest in the work of the Partnership

13. Amongst the majority of stakeholders we spoke to over the course of the evaluation there was an appetite to continue and build-on the work of the Partnership undertaken to-date. The majority of partners not only considered their involvement in the work of the Partnership to be a good use of their time and resources but hoped that their role in supporting Partnership activities would grow over time.

Areas for consideration

14. As the Partnership moves into its next phase, and the work of the Project Manager comes to an end, it will be vital to build on the progress achieved to date and leverage the raised profile of cancer, the common understanding between partners and the relationships that have been built, to sustain momentum for the ongoing activities, as well as expand the scope and level of ambition of the work. To this end, we recommend:

Broadening scope and engagement

15. In order to make significant further progress towards its original aims (including improving service coordination), the Partnership needs to begin to tackle to a greater extent issues beyond information and advice provision. This should include in particular health and social care services, as well as the key aspect of empowering and inspiring people affected by cancer. This requires stronger engagement from the CCG and other stakeholders whose involvement was limited during the early stage of the Partnership. For other partners to be effectively engaged, there needs to be a shared understanding of the ultimate aims (which therefore may need to be revisited and clarified), and a clear view of if, and how, activities to be taken forward are in line with and help solve the challenges faced by key actors.

Securing the sustainability of the Partnership post-Project Manager

16. Given the important role that the Project Manager has played in driving-forward the work of the Partnership, with their imminent departure, if the momentum of the Partnership is to be maintained it will be important that others take on responsibility for coordinating Partnership activity. Although it is recognised that the existing 'legacy' Action Plan agreed by the Programme Board offers a basis for this, maintaining the existing levels of momentum is likely to be a challenge. It is also clear that the role of the proposed Operational Group will be one of

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the keys to facilitating activity "on the ground" and care should be taken by Partners to ensure that it functions in this manner.

Strengthening ongoing communications

17.   Communication continues to be one of the keys to effective Partnership working. The departure of the Project Manager represents a challenge, as it might be perceived as a "*down-grading*" of the Partnership, and lead to doubts as to partners' continued commitment. Partners should mitigate against this risk by identifying and communicating positive messages about the Partnership's achievements to date, and its direction of travel going forward.

Key Learning from the Partnership

18.   In order to learn from the Macmillan and Coventry City Council Partnership, and maximise the effectiveness and impact of collaborative work in the future, partners may want to consider the following points:

Defining the aims of a Partnership

19.   A key decision to be taken at the outset is what a Partnership is aiming to achieve. This should inform the choice of partners. In this case this would have involved a more explicit decision about whether the desired outcomes of the Partnership could be achieved by two partners (a local authority and a third sector organisation), or a broader area-based set-up involving and requiring a contribution from a wider range of relevant stakeholders. Clarity on this issue should help define aims more concretely and realistically and better inform the trajectory of activity from that starting point.

Selecting and progressing projects

20.   In developing a programme of activity a balance must be found between strategic concerns and the need to achieve momentum relatively quickly. While it is necessary to maintain an element of flexibility and pragmatism, the evaluation findings suggest that the Partnership could have benefited from taking a little more time in the early stages to scope out potential activities, and map/analyse relevant stakeholders, their interests and potential contributions. Following such analysis a more equitable balance might have been found between ensuring quick-wins and strengthening the engagement of those partner organisations who might otherwise find themselves on the periphery of activity, in the short-term at least.

Coordinating Partnership work

21.   The model of embedding a Macmillan-funded Project Manager within the Council has worked well, and is worth considering when looking at similar work elsewhere. It would be very difficult to achieve a similar level of progress without an individual who is equally fully dedicated to making the Partnership work. Since the role provides an interface between the two main partners, as well as a face for the Partnership both within the Council and towards other stakeholders, an open and engaging personality is one of the key prerequisites of the job.

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1. Introduction

1.1 Launched in March 2013, the Macmillan and Coventry City Partnership (hereafter referred to as the *Partnership*) has sought to improve the quality of support received by people affected by cancer (PABC) in Coventry through awareness raising, multi-agency working, information sharing and workforce development. Led jointly by Macmillan Cancer Support and Coventry City Council and supported by a range of statutory and third sector partners, the Partnership has sought to do this in a number of ways These have explored a number of areas including the potential to improve the quality of information and advice services available to PABC, improve the support available to PABC to stay in work following a cancer diagnosis and have considered the extent to which changes can be made to the way that services are delivered to PABC.

1.2 To support the development and implementation of the Partnership, Macmillan employed a full-time Project Manager (henceforth referred to as the 'Project Manager') in April 2013. This is the first time that the organisation has embedded such a post within the host Local Authority infrastructure and was considered a valuable opportunity to test the effectiveness of this type of role. Initially contracted for 12 months, this role was later extended until the end of September 2015. After this point it was expected that partnership activity will be sufficiently embedded in order to take forward activities as 'business as usual'.

1.3 The Project Manager has been supported in their role by a Programme Board. Chaired by the Director of Public Health at Coventry City Council (CCC) with support from the General Manager for Macmillan (Central and South West England), this has met bi-monthly and has comprised of representatives from key Teams at the Council including; Adult and Community Services, Human Resources and Occupational Health; the Macmillan Development Manager (responsible for developing and delivering new services in Coventry, Warwickshire and Worcestershire); the third sector in the form of Voluntary Action Coventry (the umbrella organisation for third sector organisations across the city); and Coventry and Rugby Clinical Commissioning Group (CCG).

Rationale of the Partnership

1.4 Although launched in March 2013, the Partnership was developed following a considerable amount of scoping work stretching back to 2010. Such work between Macmillan, CCC representatives and other stakeholders played a major role in shaping the focus of the work of the Partnership and is worth considering in depth.

1.5 As captured in policy documents such as *Integrated Care: Our Shared Commitment*[1] (2013), the *Caring for Our Future White Paper*[2] (2012), legislation (e.g. *Children and Families Bill 2013*[3]), there is an emerging consensus across government, the third sector and local communities pointing to the importance of ensuring that public services are fit-for-purpose and effectively support service users and their families. This rapidly evolving agenda is underwritten by strong recognition that if support is to be improved, it must be better

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[1] https://www.gov.uk/government/publications/integrated-care
[2] https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support
[3] http://www.education.gov.uk/a00221161/children-families-bill

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coordinated (across different agencies, including health and social care), personalised (according to an individual's needs and interests) and delivered in a manner that empowers and encourages choice and control for service users. Offering the potential to draw together a range of public and third sector providers, the Partnership has provided an opportunity to test different approaches to collaborative multi-agency working with relevance not just to cancer services, but also other long-term health conditions.

1.6   Against this backdrop, there has been increasing recognition from local leaders within Coventry that the city was lagging behind the rest of England in improving outcomes for people living with cancer. For instance, as summarised in Figure 1.1, between 1999 and 2009, the mortality rate following a cancer diagnosis fell by 13% in Coventry, whereas the corresponding figure for England was 21%. This was considered within a context of persistent health inequalities across the city. For instance the incidence of certain types of cancer among deprived groups and ethnic minorities in Coventry has historically been higher (e.g. higher incidences of mouth and cervical cancer in Asian females aged 65 and over, and higher rates of diagnosis of prostate cancer among Caribbean and African males compared to white males[4]).

Figure 1-1: Coventry in context
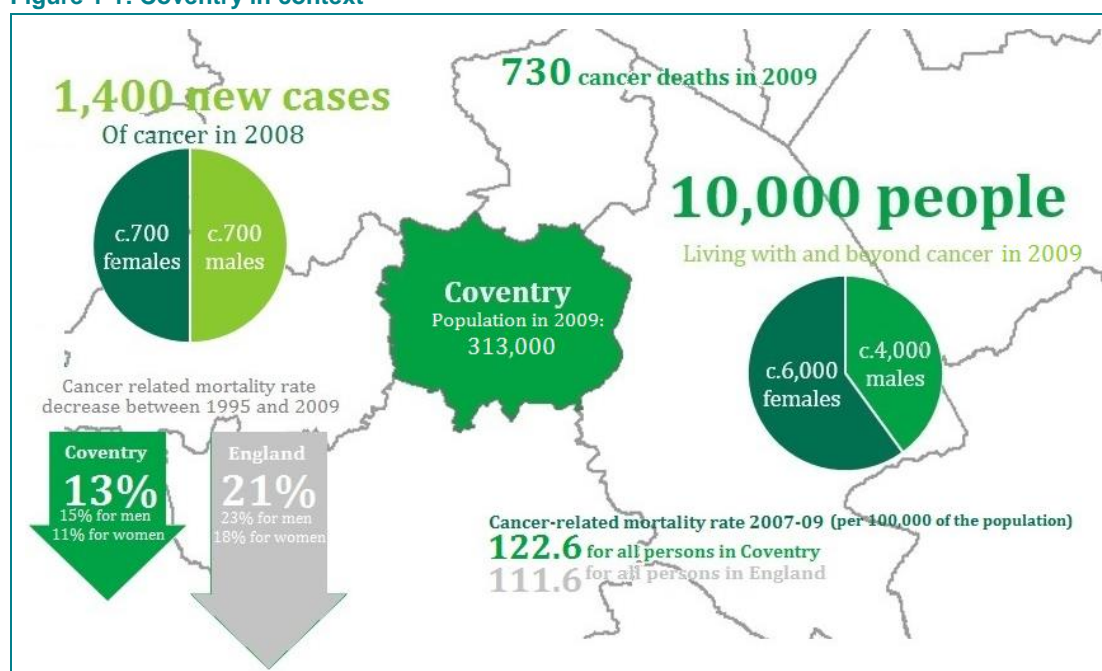
Source: SQW, based on Macmillan Research – 'Impact of Cancer in Coventry' Macmillan Intelligence and Research, 2011.

1.7   Such evidence led the Council to recognise improving the quality of cancer services as a key objective of both the Joint Strategic Needs Assessment (JSNA) and the Health and Well-being Strategy in 2012[5]. This in turn has informed a number of initiatives aimed at improving public health, including the city's successful bid to become a Marmot City[6]. Work was also undertaken through CCC's work with the Society of Local Authority Chief Executives

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[4] An audit of information and advice provision for people affected by cancer in Coventry, Rebecca Elson, 2013. The information is cited from the NCIN and Cancer Research UK's report - Cancer Incidence and Survival by Major Ethnic Group, England - 2002-2006.
[5] Ratified by the Coventry Shadow Health & Well-being Board in December 2012, the strategy includes targets for "Improving Outcomes: Cancer 1 year survival, variation in primary care, lifestyle risk-management (training staff to provide advice around health lifestyles)".
[6] http://moderngov.coventry.gov.uk/documents/s7636/Coventry%20-%20A%20Marmot%20City.pdf

(SOLACE) to raise awareness of Macmillan's activities, and to build closer working relationships with local authorities (LA) across the UK in re-shaping local services.

1.8 Together with Macmillan's existing work in Coventry it was the relationship between the Chief Executive of Coventry City Council and the General Manager from Macmillan (Central and South West England) that provided the main initial 'building blocks' for the Partnership. After initial discussions about potential joint working, a workshop was held with the Council's Leadership Group in August 2011 to identify how cancer services could be improved through partnership working.

1.9 Following the event and further discussions, an independent consultancy, Public Intelligence, was commissioned to assess the current state of non-acute services for PABC in Coventry and develop ideas for service improvement, investment and innovation, the findings and recommendations of which are presented in Table 1.1[7].

Table 1-1: Findings and recommendations from the Scoping Report

Finding	Recommendations for Macmillan
1. People affected by cancer often lose the ability to work and do not get entitled benefits, which can reinforce health and social inequalities	1. Work with the city employers to enable them to support people to remain in work after a cancer diagnosis 2. Develop a model Cancer Impact Assessment to enable employers to understand how cancer affects their staff, how to manage and reduce its impact effectively and to support people better at work 3. Promote Leadership Champions at work 4. Work with partners to develop flexible peer support in the workplace 5. Work with the City Council, Citizens Advice Bureau (CAB) and JobCentre Plus to develop an action plan to increase benefits take up among PABC
2. The provision of information and advice in Coventry is fragmented	6. Seek a formal meeting with the team leading the Comprehensive Review of Information and Advice to understand how it could make an input to offer views and support 7. Work with Coventry partners to invest in a new suite of smart communications, including an enhanced web presence 8. Work with local authorities, the public health observatories and national cancer networks to explore how data could be used to map the national and local impacts of cancer 9. Work with partners to maximise the benefits of open data and explore how to involve the developer community in creating new ways of presenting and communicating data (with safeguards) 10. Develop a Macmillan smartphone application of mobile website 11. Consider developing a city-wide app
3. There is a lack of co-ordination of care for people with cancer	12. Encourage the acute sector to develop a Post-Treatment Care Plan 13. Encourage the shadow Health and Wellbeing Board to convene a Coventry Summit for Primary Care in Cancer 14. Work with the Council and NHS Coventry to develop proposals for a Macmillan Support Worker
4. Cancer services remain dominated by acute services	15. Use review as evidence of the Council's work on Care Pathway Optimisation and offer to take part in any future review of work in this area

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[7] Living with Cancer: An Evaluation of Services in Coventry City, Mike Bennett, Public Intelligence Ltd, January 2012.

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| Finding	Recommendations for Macmillan
5. Social capital needs to be built to encourage volunteering as a meaningful role that can create more resources for people with cancer	16. Work with the Council and other community and voluntary sector partners to establish an infrastructure to promote effective volunteering in Coventry 17. Encourage the Council to develop volunteering support in the areas of domestic help, shopping, sitting, transport and sharing of experiences 18. Work with the Council and other partners to develop the range of peer-to-peer support available for PABC 19. Work with the Council and other major employers to promote volunteering as an employee benefit
6. Leadership is required to help professionals see how their objectives align with others from different professional or non-professional backgrounds.	20. Approach the Council about creating an elected member and senior manager Champions to lead the Council's approach to cancer 21. Work with the Council and other partners to develop multi-disciplinary learning and networking opportunities for professionals and managers from across the NHS and community and social services

Source: Living with Cancer: An Evaluation of Services in Coventry City, Mike Bennett, Public Intelligence Ltd, January 2012

1.11 Whilst the review referenced a range of existing cancer services (including the Arden Cancer Network, which was disbanded as part of the NHS reforms and their work absorbed into the new West Midlands Strategic Clinical Network), a number of gaps and barriers were also highlighted, including the need to provide adequate support to people in work, online access to information, a clear framework for post-treatment support (e.g. Post-Treatment Care Plan), and leadership to steer awareness-raising and provision around cancer.

Learning from the Partnership

1.12 SQW was commissioned by Macmillan Cancer Support in March 2014 to undertake an independent evaluation of the Macmillan and Coventry City Council Partnership. The evaluation has been undertaken over the course of 16 months (March 2014 – June 2015), and has sought to assess the activity, impact and return on investment of the Partnership, to both inform ongoing delivery and provide summative feedback. Where appropriate the evaluation has also identified instances of replicable and sustainable practice.

1.13 The research has been undertaken over three distinct phases using a mixed-method approach including desk-based research, qualitative interviews/consultations, e-surveys, and project case studies. A summary of our approach is provided in Figure 1.2. More detail on our approach to the research can be found in Annex A.

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Figure 1-2: Overview of research phases and methods
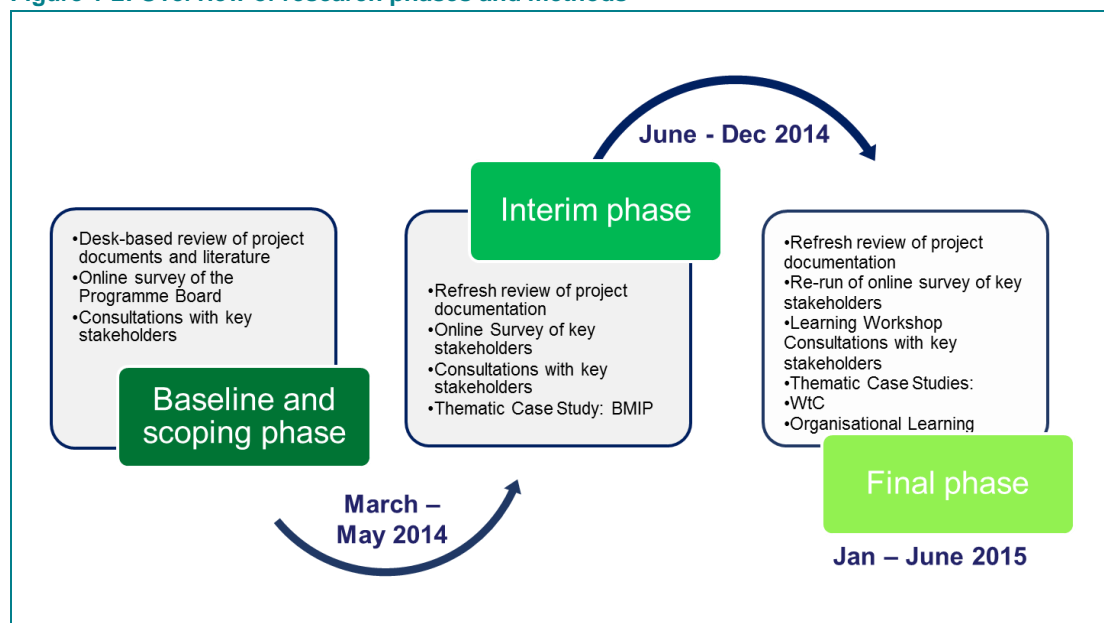
Source: SQW

Evaluation Framework

1.14 Our approach to the evaluation has been guided by consideration of an evaluation framework (See Table 1.2). Developed over the course of the Scoping Phase the framework sets out the key research questions that we have considered over the course of the study and the methods that were used to gather the relevant information. They were designed so as to complement each other, rather than be mutually exclusive, and provide a structure to ensure that activities of the Partnership and its projects were considered at all stages of their development. This includes specific elements to cover the short and medium-longer term outcomes and impacts that we proposed to explore through the research. Designed for use (and refinement) over the life of the Partnership it was recognised that some forms of evidence would take longer to emerge than others. As such, it was clear from the outset that in some areas it would only be possible to consider intermediate outcomes or proximate measures, for instance of changed working practices to support multi-agency working.

Table 1-2: Proposed evaluation framework

Evaluation element	High level evaluation questions
CONTEXT The way in which activity was previously undertaken	What was the rationale for the Partnership? What were the key contextual conditions in Coventry City? What was the starting point of each of the engaged agencies at the outset of the Partnership – including what existing support/services were available and how were each of the agencies involved in their delivery? What gaps and barriers existed to limit effective multi-agency working and/or to improve the outcomes for PABC?
OBJECTIVES The intended purpose and focus of the Partnership	What were the main objectives of the Partnership? How were these to be achieved? Why did each partner engage in the Partnership and what were they seeking to achieve?
INPUTS Resources – people, time, materials, funds	What financial and non-financial inputs did each partner provide to develop and deliver the Partnership and its associated activities?

Evaluation element	High level evaluation questions
ACTIVITIES AND PROCESSES The support and services provided	What strategic and project activities did the Partnership deliver? Which partners were involved and how? What worked well and less well? How were challenges addressed? What were the most effective models of engagement in the Partnership?
OUTPUTS Direct effects from the interventions that can be targeted and monitored	Number and variety of partners engaged and extent of engagement Number and variety of practitioners (and where relevant PABC) engaged in project activity and extent of engagement Strategic outputs e.g. development/changes to organisational policies and protocols, accessible information
OUTCOMES Changes in the behaviour, capacity and performance of the people and organisations associated with the interventions directly and indirectly	Did the Partnership change the behaviour of those involved? What value did it add to each partner? e.g. increased awareness of cancer related issues, change in the working culture of agencies and practitioners, increased multi-agency working, improved coordination of provision, improved information sharing and quality of information, reduced duplication between agencies, development of more accessible and appropriate service provision, increased choice and control provided to PABC Did any unintended outcomes arise as a result of the Partnership?
IMPACTS Changes in conditions driving changes over the longer term and at higher levels	Can the Partnership and its activities be sustained and potentially scaled up to enable it to flexibly evolve to meet the growing needs of PABC? Can the Partnership model be replicated across other areas and for other health conditions? What are the underlying principles that could be replicated?

Source: SQW

Structure of the Report

1.15 The remainder of the report is structured as follows:

- **Chapter 2: Objectives of the Partnership:** Reviews the objectives of the Partnership and considers the extent to which these have informed delivery of the Partnership, and been clearly understood and supported by key stakeholders.

- **Chapter 3: Implementation of the Partnership:** This section examines progress made in implementing the Partnership. Reflecting on our fieldwork, we consider the factors that have shaped programme delivery and the potential consequences of this for the effectiveness of the initiative.

- **Chapter 4: Outcomes of Partnership work:** In this section we explore the effectiveness of the Partnership in achieving its principal aims; facilitating dialogue and breaking down the barriers between different services in Coventry, promoting improvements in the coordination of these services in order to improve outcomes for PABC, identifying and filling the gaps in the support available to PABC, and inspiring and empowering the people of Coventry to support those in need. In doing so we consider what factors have supported or hindered the Partnership in achieving its aims and how the Partnership might respond to any barriers moving forward.

- **Chapter 5: Key Findings and Recommendations:** Summarises the key findings of the study and considers what steps could be taken by stakeholders to improve the effectiveness of the Partnership moving forward. Where appropriate we also consider what lessons Macmillan and others can learn from the Partnership and how this learning could be applied elsewhere.

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1.16 There are also four Annexes to the report:

- **Annex A: Research Design:** This provides a comprehensive overview of our approach to the study. Where appropriate we consider the issues/challenges faced with implementing our preferred approach and the consequences of any changes made to our design to the fidelity of the research.

- **Annex B: List of strategic consultees:** In this section we list all of the consultees we have interviewed over the course of the evaluation.

- **Annex C: Findings from the E-survey of PABC:** We summarise the findings of our e-survey of people affected by cancer to explore their experiences and assess the quality of the support available to employees of Coventry City Council.

- **Annex D: Findings from the E-survey of key stakeholders:** We compare the findings of wave 1 and wave 2 of our survey of key stakeholders, in particular changes in their awareness of the work of the Partnership and how effective the Partnership has been in meeting its objectives.

2. Objectives of the Partnership

2.1   There can be little doubt that one of the key preconditions for a successful Partnership is a set of objectives that are clearly articulated, relevant to the needs of the intended beneficiaries and that are understood and shared by the members of the Partnership. The objectives as defined at the outset also provide the backdrop against which the effectiveness of any intervention has to be assessed. At the same time, it is important to acknowledge that interventions – in particular those that seek to test and try out new approaches – have a tendency to evolve over time, which can mean that the original objectives need to be revisited. The priority afforded to different objectives may shift, certain objectives may no longer be considered relevant (or achievable), and new objectives may emerge based on previously unforeseen developments.

2.2   The remainder of this chapter introduces the objectives of the Macmillan and Coventry City Council Partnership and discusses how these were defined, how partners have looked to respond to them, if and how they have evolved over time, and the main implications of this for the work. It also attempts to illustrate some of the advantages and possible drawbacks of the approach adopted, and thereby sets the scene for the ensuing chapters on the Partnership's implementation and effectiveness.

Overall Partnership aims

2.3   As discussed in Section 1, the Partnership was launched following a substantial body of work dating back to 2010; from January 2012, it was guided in particular by the findings and recommendations of the '*Living with Cancer'* scoping report (see Table 1-1). Based on this, Macmillan and the Council defined four overarching aims for the Partnership, namely:

- Improving the coordination of services

- Breaking down the barriers between services

- Filling the gaps in provision for support

- Inspiring and empowering people.

2.4   These aims were agreed by the Programme Board. The feedback from members of the Board gathered at various points in time over the course of the evaluation revealed a high level of awareness of these aims, and a general feeling that they were and continued to be the 'right' ones (See Figure D-1 in Annex D). At the same time, it was recognised that many of these were aspirational in scope and would take more than a couple of years to achieve. This points to the need to operationalise the objectives and focus on aspects that were achievable in the (relatively) short term (see below). Perhaps as a consequence of their aspirational nature, awareness and understanding of the overall aims was more limited among non-Board members (i.e. Council staff and wider stakeholders), in particular regarding 'inspiring and empowering people', which was the least well understood of the four.

2.5   In addition to the four explicit aims, all of which relate directly or indirectly to the need to improve support for PABC in Coventry, both main partners were also motivated by the desire

to test the effectiveness of the Partnership working itself. Macmillan recognised the growing importance of working in Partnership with local authorities, and saw the Coventry Partnership as an opportunity to try out new models and approaches, and thereby gather valuable experience that could potentially be applied elsewhere in the future. For its part, CCC was keen to test if and how third sector organisations could help deliver specialist services at a time when it was faced with severe pressure on its resources. In this sense, a fifth (implicit, cross-cutting) aim of the Partnership was to facilitate organisational learning that could inform both partners' working methods more broadly, including potentially in other thematic areas (in the case of CCC) or geographies (in the case of Macmillan).

Operationalisation and evolution of the objectives

2.6   In order to guide Partnership activities in more concrete terms, and thereby operationalise the overall aims, Macmillan and the Council went through a process of defining a portfolio of projects to take forward over the life of the Partnership.   Partly based on the recommendations of *'Living with Cancer'*, projects were selected by the Programme Board in consultation with other key partner organisations[8]. Projects were selected according to a number of criteria, including cost/resources required for implementation, anticipated impact, ease of implementation, and risk. The projects as originally defined[9] are presented in the diagram below.

Figure 2-1: Partnership aims and suite of original potential projects
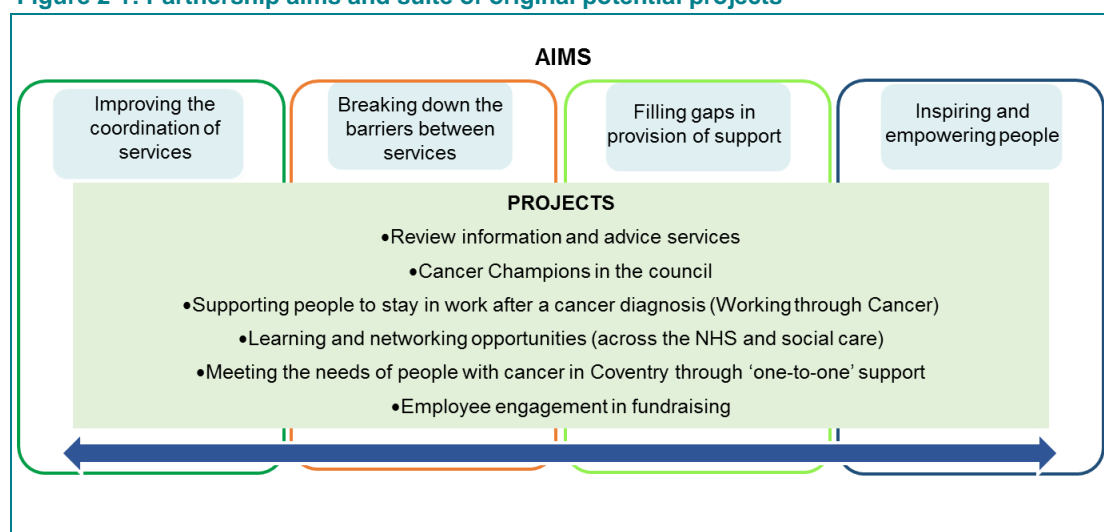
Source: SQW

2.7   Those involved mostly felt that this was the right approach, and that the Partnership needed to be realistic in terms of what it could achieve in the early stages. From the outset there was a recognition amongst Programme Board members and other stakeholders of the need for significant groundwork to achieve the Partnership aims, and that it was best to focus initially on certain areas (which were mainly related to awareness raising and filling gaps in provision,

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[8]Initial partner organisations included: Coventry City Council, Macmillan, the University Hospitals Coventry and Warwickshire, the Arden Cancer Network, the Myton Hospice, the Coventry and Warwickshire Partnership Trust, the Citizens Advice Bureau, Coventry LINK, Coventry University, Voluntary Action Coventry, the Voluntary Organisations Disability Group, Warwick University and the West Midlands Fire Service.

[9] Note that, soon after the selection process, the decision was taken by the Council not to proceed with the partnership-wide review of information and advice services, but instead carry out a cancer-specific focused audit of information and advice,

particularly for PABC in the workplace), and then gradually branch out and scale up activities, guided by the early results. It was also recognised that there was a need to undertake extensive awareness raising and relationship building among key stakeholders to build the foundations for effective joint working and service delivery.

2.8 However, this approach also meant that opportunities may have been missed to more fully involve other partners in early activity. Initial consultation with key partner organisations led to a number of the projects initially identified by the Programme Board being de-prioritised (for example work around the development of a 'one-to-one' support model) in favour of those that were more likely to gain traction in the short-term. This meant inter alia that there was initially a strong focus on internal activities aimed primarily at Council staff. Over time, with considerable turnover in personnel in partner organisations, limited engagement in the day-to-day activities of the partnership appears to have translated into a lack of clarity around what might be expected of them in future or how they could seek to contribute to meeting the aims of the Partnership. Some consultees therefore felt that, in hindsight, more could have been done to strengthen engagement with partner organisations at this early stage, ensuring that it was more widely understood how/when they could expect to contribute to Partnership activity (in so doing protecting the momentum of partnership-work against natural wastage). It is also arguable that a more equitable balance could have been found in the selection of initial activities to better bind partners into the work of the Partnership even where not all of these activities may have led to quick wins.

2.9 The initial portfolio of projects set out in Figure 2.1 provided the framework for activity during the first year of the operation of the Partnership (roughly spanning the second half of 2013 and the first half of 2014). However, progress made against the different projects was varied, and this resulted in a perception that, while there had been some important successes in putting in the ground work to ensure that the Partnership functioned in an effective manner, it would be appropriate at the end of Year 1 to pause and take stock. Based on a recommendation made in the evaluation baseline report[10], a stock-take event was held in July 2014, bringing together senior representatives from across Macmillan, the Council and the CCG to discuss the aims and objectives going forward, and identify ongoing priorities.

2.10 The main output of the event was an Action Plan for 2014/15. The more overt brokering process between key partners at and following the event led to the reconfiguration of the original six projects into four work-streams, which were accompanied by an Action Plan and have provided the framework for activity in Year 2:

- Applying learning and applicability of the Partnership work to other long term conditions

- Community engagement and empowerment

- Information, support and sign-posting

- Workforce development and support

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[10]Lupton K and Kuehnemund M (2014). Evaluation of the Macmillan and Coventry City Partnership: Baseline Report (Unpublished)

2.11   These work-streams provided a clearer, more realistic framework for action in the second year of the Partnership, taking into account the main lessons learned and difficulties encountered in the first phase. That said, progress has continued to be uneven, with a far higher level of activity under some work-streams (in particular information, support and sign-posting, and workforce development and support) than others. Chapter 3 of this report discusses key aspects related to the implementation of the Partnership and the various projects and activities. In chapter 4, we return to the aims and objectives outlined above, in order to make an assessment of the outcomes of the Partnership and the level of progress achieved against each main objective.

3. Implementation of the Partnership

3.1   In this section we consider the progress made by Macmillan and Coventry City Council in developing and sustaining the Partnership and the activities that it has supported over the last two years. Where appropriate we consider the barriers and enablers that have supported or hindered progress and reflect on what partner organisations could learn from these experiences in engaging in similar processes in the future.

Progress made by the Partnership

3.2   In assessing the progress made by the *'Partnership'*, we consider a number of key principles that facilitate effective Partnership working including; a set of clear and shared objectives (see the previous chapter), effective Partnership management arrangements, an appropriate emphasis on communication and relationship-building activities, the strength of existing arrangements for monitoring progress and the emphasis placed on learning from experience, and legacy/sustainability planning.

3.3   It is important to acknowledge that it is difficult (and to some extent counterproductive) to discuss the '*Partnership*' without taking into account the various projects and activities it has launched, facilitated and/or provided an impetus for, and reflect on the work already being done by the Macmillan area team. After all, the Partnership existed primarily to foster joint working across various stakeholders to contribute to concrete progress against its objectives. The projects are discussed in detail in the ensuing sub-section; to provide an indication of the scope and nature of activities, they can be summarised as follows:

- In the first year (April 2013 – March 2014), activity focused on establishing Partnership arrangements, raising awareness and building and developing new relationships. Consultees acknowledged that it took more time than initially expected to develop a common understanding of the Partnership and the needs and interests of each partner, and to begin to build trust and momentum necessary to take forward concrete activity. As a result, progress on projects was relatively limited, mostly focused on mapping existing information and advice services, and filling specific gaps, mostly within the Council itself.

- In the second year (April 2014 – May 2015), the expectation was that the scope of the work would widen considerably, i.e. launch and/or expand projects to tackle a wider range of issues and become more externally focused. However, in reality a significant amount of time and energy during the first half of this period was dedicated to a reflection process to revisit progress to date and discuss lessons learned and adjustments to the Partnership priorities, working methods and arrangements (partly based on the early evaluation findings). As a result, project activity only began to pick up significantly towards the end of 2014. In addition, discussions continued around the future of the Partnership beyond mid-2015.

3.4   In terms of Partnership governance and management arrangements, the two main actors have been the Programme Board and the Project Manager who has reported to it. Between them, they have had responsibility for agreeing the strategic direction of the Partnership,

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communicating to, building relevant relationships with and securing buy-in from relevant actors, and overseeing project delivery. We will consider the contribution of both parties to the progress of the Partnership in meeting its objectives below.

Contribution of the Programme Board

3.5 Key to implementation of the Partnership has been the contribution of the Programme Board. Chaired by the Director of Public Health at Coventry City Council (CCC), supported by the General Manager for Macmillan (Central and South West England) as Vice-Chair, the Board included representatives from key Directorates at the Council, Coventry and Rugby CCG and the third sector. Launched in May 2013, this group has been responsible for facilitating engagement in the Partnership by agreeing and sponsoring projects and monitoring delivery. The group has met bi-monthly, with operational support provided by the Project Manager.

3.6 On the whole, based on the evidence collected, the Board appears to have functioned fairly well; its work was informed by a range of strategic documents such as Terms of Reference, Project Initiation Documents and a Communications Plan. Papers were circulated in advance of the meetings and accurate minutes recorded by the Project Manager. This view is corroborated by our survey of key stakeholders. In both Wave 1 and 2, nine of twelve and eight of ten respondents respectively indicated that they felt that Partnership governance arrangements had worked well.

3.7 That said, a number of consultees on the Programme Board noted that representation at meetings, particularly in the early stages of the Partnership, had been somewhat sporadic particularly from Adult Social Care and the Clinical Commissioning Group. It was felt that limited engagement at this stage had contributed to an increasing focus on those activities that could be implemented based on the support of frequent attendees (for example the audit of information and advice services) and/or work that was already underway (for example the Cancer Buddies scheme or the Boots Macmillan Information Pharmacists), to the detriment of potentially more impactful activities that would have a greater degree of engagement from other actors.

3.8 Further to this, although, on the whole, consultees felt that the composition of the Programme Board had been essential to achieving buy-in across the major Directorates of the Council (and more widely), many Board members had had insufficient capacity (i.e. time and resources) to actively support delivery. In view of these constraints, discussions were held over the second half of 2014 on the possibility of establishing an 'Operational Group' tasked with taking forward actions agreed by the Programme Board. It was argued that this would enable the Board to focus more on its strategic oversight role, and could provide a stronger support network for the Project Manager as well as create a stronger sense of shared ownership across participating organisations. However, at the time of writing, although the process of recruiting members to such a group had begun, the Group had not yet begun to function.

Contribution of the Project Manager

3.9 Recruited in March 2013, the Project Manager was appointed to drive forward the development and implementation of the Partnership. The post was funded and employed by Macmillan, and embedded within CCC's Public Health Directorate. The Project Manager was

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accountable to the Programme Board but line managed by the General Manager (Central and South West England) at Macmillan.

3.10   It is clear from conversations with consultees and consideration of responses to Wave 1 and 2 of the stakeholder survey that the work of the Project Manager has been '*invaluable*'. Indeed most respondents noted that, without her, progress at a strategic and operational level would have been considerably slower. The Project Manager also provided a visible '*face*' for the Partnership, and made a very significant contribution to driving forward activity, achieving buy-in and building momentum. As noted by one consultee, '*without having somebody [for who] this agenda [is] central to their role it is too easy for activity to slip to the margins*'.

3.11   The Project Manager was recruited to take forward the projects agreed by the Programme Board. However, it was noted that to be successful the Project Manager had to do much more than this, for example significant stakeholder engagement and communications. Some consultees from the Programme Board recognised that in hindsight, the initial job specification (which had been the basis on which the Project Manager had been recruited) had not been appropriate. That said, it was felt that in terms of selecting the right person to rise to the challenges posed by the post, Macmillan (in partnership with Coventry City Council) had made the right decision, picking somebody with the right skill set (including a talent for building relationships and inspiring people), as well as a high level of dedication and enthusiasm, and a range of experience across different relevant disciplines.

3.12   However, in driving forward the Partnership as well as projects, at times, consultees felt that the Project Manager had been overstretched, which may, at times, have inhibited the progress of individual projects. For instance, the Project Manager was found to have spent a considerable amount of time engaging with stakeholders in order to catalyse activity. Despite the initial aspiration that each project would be coordinated by a Task and Finish Group, only one such group had been convened to support the delivery of the 'Working through Cancer' project. Even then, it had only met on one occasion after which meetings with individual members had taken place on an ad hoc basis. In retrospect, it was questioned whether the Programme Board could have done more to ensure that these groups were convened. If such groups had played an active role in coordinating these activities it was argued that the Project Manager could have focussed on driving and facilitating project delivery.

3.13   A number of consultees also noted that while embedding the Project Manager within the Local Authority had sent out a powerful signal of the commitment of the Council to the Partnership, this had also posed a number of strategic and logistical challenges. Principally, it meant that she had had to 'wear two hats' (illustrated by the fact she had two email addresses), which provided opportunities to mediate between different interests, but was also challenging at times. On reflection a number of consultees questioned whether more could have been done to induct her into the structures/processes of each organisation. It was felt that this might have given her a greater impetus over the first few months of her role. For example, she noted that following her appointment she had assumed that the Programme Board had decided not to convene Task and Finish Groups to support the implementation of the projects. However, some Programme Board members indicated that they had thought that the decision not to convene the groups had been made by the Project Manager, in consultation with the Programme Board's Vice-Chair (her line manager).

3.14   Over the lifetime of the Partnership the lack of administrative support available also gave rise to concerns, as it forced the Project Manager to perform relatively menial tasks that did not make full use of her skills. Some consultees also noted that the Project Manager had not had any budgetary responsibility. They argued that it was possible that the work of the Partnership may have progressed more quickly if the Project Manager had had access to 'seed funding'. In considering engaging in similar activities moving forward, Macmillan and Coventry City Council may wish to consider the extent to which additional investment of this type could improve the impact of such a role.

3.15   In thinking about the future, the strong role of and reliance on the Project Manager raises questions regarding the sustainability of the Partnership once her involvement ends. Beginning in the second half of 2014, discussions have been held to ensure appropriate arrangements are in place to manage the transition to a different delivery model and ensure continuity. These have centred on the creation of an 'Operational Group'. In developing Terms of Reference for this group the Partnership may wish to reflect on the experience of the Partnership to date and consider the extent to which steps can be taken to ensure that members are fully accountable for progress in delivering project activity so as to ensure that the momentum developed to date is not lost. Moving forward, the Programme Board may wish to consider what other mechanisms can be used to support/structure the engagement of partner organisations in project activity. One option could be to convene a series of focussed Task and Finish Groups.

Communications

3.16   With regard to communication and awareness raising, a mixed picture emerges. As noted previously, a significant amount of work was undertaken (especially by the Project Manager) to engage stakeholders and raise awareness of the Partnership, often via personal contacts, attendance of community events, coffee mornings, etc.   Other communication activity increased gradually over time, and came to include various existing Council channels (such as the 'Be Healthy Be Well' magazine and the Council intranet). A Partnership leaflet was also published after the first year (providing a review of work undertaken at that point). An updated communications Action Plan was developed in the second half of 2014 to provide more of a strategic focus to these efforts. A Council-wide e-bulletin was also launched in March 2015.

3.17   Nonetheless, the evaluation results suggest there remain gaps in awareness and understanding of the Partnership and its objectives. During the first round of consultations in early 2014, few of the wider stakeholders (beyond the Programme Board itself) were aware of what the Partnership was doing (or aiming to do) beyond their immediate areas of work, and many relied on conversations with the Project Manager to obtain information. Through the second wave of the survey considerable progress had been made with most stakeholders indicating that they aware of the full breadth of Partnership activity. However through our consultations with key stakeholders a more mixed picture emerged, leading to a number of concerns regarding the depth of understanding of many respondents, some of whom appeared to have differing understanding regarding the purpose and scope of activity (particularly where they had come into post after the initial discussions around the work of the Partnership had concluded). A number of consultees queried whether – despite the considerable efforts made by the Project Manager, be it by attending conferences or events or

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by arranging regular meeting – sufficient progress was being made in bringing new partners to the table (for instance GPs). Some felt that slow progress in this area continued to limit the progress made in achieving the overall aims of the Partnership.

Monitoring and learning from experience

3.18   Throughout the life of the Partnership, there has been a genuine commitment to taking an evidence-based approach to delivery. From the outset, the selection of projects has been guided by the findings of an independent research report, and further research and analysis was carried out or commissioned to help guide the work in a number of areas, including an audit of information and advice services, and research by Coventry University on the needs and experiences of PABC in the Council. In a similar vein, throughout the various rounds of consultations, representatives of both main partners reiterated their view that the Partnership was right to take an iterative approach and adjust priorities in response to emerging opportunities and needs, as well as try out approaches on a relatively small scale (often targeting only Council employees) before rolling them out more widely.

3.19   In this context, it is worth noting the evaluation itself, which was commissioned to run alongside delivery of the Partnership, review progress made and results achieved, and provide input to help stakeholders to reflect on progress made and adapt their approach, where appropriate, to maximise impact. Partly based on preliminary evaluation findings, two events were organised:

- A stock-take event was held in July 2014, and brought together senior representatives from Macmillan, the Council and the CCG to discuss and revisit the Partnership's objectives, priorities and activities. This led inter alia to the reconfiguration of the original six projects into four main workstreams, in an attempt to provide a more realistic and achievable framework for action going forward.

- A learning workshop was held in March 2015, to present and discuss the interim results of the evaluation and their implications for the work during the remainder of the 2-year Partnership period and beyond.

3.20   On the other hand, monitoring of project delivery has largely been ad hoc, partly due to the lack of clear action plans including specific deliverables and timeframes. This has limited partners' ability to draw on key learning when developing projects, and to focus activities and resources going forwards. The development of an Action Plan for 2014/15 (following the stock-take event) was an attempt to remedy this to some extent; however, it did not contain certain details (e.g. clear desired outcomes and targets, a prioritisation of and/or within work-streams, or the identification of key risks and challenges) that would have been likely to significantly enhance its usefulness. These defects have been remedied to a certain extent through the recent production of a Legacy document. This identifies those activities that the Partnership will take forward over the next year or so and identifies which Partner will take responsibility for delivery.

Project Delivery

3.21   Based on initial discussions, the Project Manager was tasked with coordinating the delivery of a portfolio of projects which it was hoped would help the Partnership to meet its objectives.

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These were set to be delivered in two waves. It was agreed that wave one would include: Cancer Champions, Working through Cancer and an audit of information and advice services. Wave two would then include: employee engagement; learning and networking;; one-to-one support models. As summarised in Figure 3.1, following the stock-take event in July 2014, the Programme Board decided to refocus activity around four work-streams: applying learning and applicability of the Partnership work to other long term conditions; community engagement and empowerment; information, support and sign-posting; and workforce development and support. This process has had a number of implications for the shape and scale of work undertaken over the last eleven months. In order to best understand the implications of the stock-take on the activity of the Partnership the rest of the section is structured around the six aforementioned projects. Where appropriate the implications of the stock-take are discussed alongside other factors that are felt to have contributed to, or hindered, progress in these areas.

Figure 3-1: Workstreams identified in the 2014/15 Action Plan
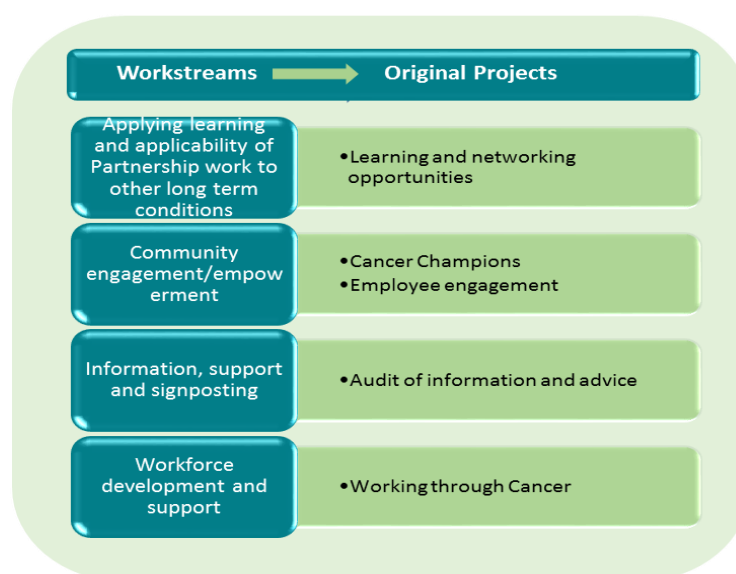
Information and advice services

3.22   As recommended in '*Living Better',* initial conversations between Macmillan and Coventry City Council led to the sponsorship of a project designed to complete a review of information and advice services across the city with the aim of better understanding the way that residents look to access information and advice to help them and what could be done to improve their experiences. After further consideration it was decided that this project should be de-prioritised as the Council was already conducting an internal review in this area. However, later in the year following conversations with stakeholders a more focussed piece was proposed looking solely at the experiences of PABC.

3.23   Led by the Project Manager and supported by the Public Health team within Coventry City Council, the audit published in May 2013 set out ten recommendations for consideration by the Programme Board. These are summarised in Table 3.1.

Table 3-1: Recommendations of the Audit of information and advice provision for PABC

Number	Recommendation
1	Support the business case for the bid to Macmillan that is currently under development to provide a branded information point that will be used to promote and showcase Macmillan information in one or more places around University Hospital Coventry and Warwickshire
2	Explore the potential of providing training to Coventry's pharmacists – initially by extending Macmillan's national relationship with Boots across all Coventry's Boots stores
3	Work with the Clinical Commissioning Group and Macmillan to develop an Action Plan for GP Practice provision and co-ordination and explore the potential of a Macmillan funded GP to promote good practice in early detection and implementing Cancer Care Reviews;
4	Work with stakeholders and Third sector organisations across the city to improve signposting
5	Ensure existing support groups for people affected by cancer are advertised more widely
6	Improve signposting to NHS Choices through Coventry City Council's and Macmillan's information channels
7	Explore the possibility of creating local cancer or long term condition pages on the Council's website to include local services' contact details and information and local support groups – linked to Macmillan's refreshed website offer
8	Explore the potential of setting up an internal cancer support group for City Council employees
9	Work with the library service to develop an appropriate local offer based on models of good practice elsewhere across the UK
10	Explore Partnership opportunities with other site-specific cancer charities to improve tumour-specific information

Source: SQW

3.24 The report was presented to the Programme Board in July 2013. Of those members that we spoke to, all indicated that they had found the report extremely helpful. A number noted that the audit had had an extremely positive effect, in that it had provided an evidence-base which had helped shape ensuing activities. As well as supporting the development of a programme of activity it was also felt to have led to greater buy-in than might otherwise have been achieved. Following the meeting the Project Manager was encouraged to take forward the recommendations with appropriate partners. Progress in implementing these recommendations is discussed below.

Working with UHCW

3.25 A major finding of the audit was the limited joint-working between the Macmillan Drop-in Centre at Coventry University Hospital and information and advice services elsewhere in the city. One consultee noted that they were shocked to learn *'that the service could not be found via a simple Google search'.* Consultees felt that the work of the Project Manager over the last two years had transformed this situation to the point where the service is now referenced in literature provided by the Library Service leading to an increase in footfall, and the Macmillan Information and Support Manager regularly hosts a drop-in session in libraries around the city.

Working with Pharmacies

3.26 Following the audit it was felt that pharmacies – despite their key role in dispensing medicine – were under-utilised in the sharing of information and advice about issues such as cancer. Building on work undertaken at a national level, the Partnership set out to increase the

number of Boots pharmacists trained to become Boots Macmillan Information Pharmacists. It was also hoped that a similar training programme could be offered to other pharmacists working across the city.

3.27   Based on strong relationships developed between the Project Manager, the Boots Area Manager and the local Macmillan team, the scheme has grown considerably. Prior to the launch of the Partnership only two Boots pharmacists in the city had received the necessary training. Two years on, 15 staff have received the training and 11 remain in post within the city. Although somewhat short of the aspiration to ensure that all 40 branches across the city have a BMIP on duty at all times, consultees were optimistic that this was a realistic medium-term goal building on the momentum achieved so far.

3.28   Despite the progress made in training additional BMIPs, a number of the pharmacists we spoke to argued that there was still work to do in ensuring that their presence was widely known across the community (see the case study overleaf). While it was felt that an improvement in in-store marketing would make a difference (alongside the planned in-store campaign), it was questioned if the Partnership could also play a role in ensuring that the offer was included in future bulletins and that key information hubs such as libraries stocked appropriate literature.

3.29   Progress in engaging other local pharmacists has been more limited. A number of consultees reported that they had been cautious due to the fear of undermining the relationship that Macmillan has with Boots. That said, there appeared to be a strong appetite from Programme Board members to see progress in this area. In recent months a number of local pharmacists' staff have attended Macmillan Cancer Awareness Training. A bulletin was also issued to all local pharmacies to make them aware of the support available to PABC. It is hoped that this type of activity will provide the catalyst for greater engagement. Further information on the activities supported in this area can be found in the text box below.

Case Study: Boots Macmillan Information Pharmacist WE ARE MACMILLAN. CANCER SUPPORT ✚ Boots

What is BMIP?

Introduced in September 2012, BMIP is a UK-wide Macmillan initiative developed to train and support Boots pharmacists, so that that they can better support people affected by cancer. BMIPs are provided with a range of support to help them do so, including bespoke **Macmillan e-training** (covering topics such as the science of cancer, emotional and financial implications of cancer, side effects of treatment), and access to **informational materials** (e.g. core leaflets). BMIP was introduced in Coventry in 2012 as part of the national roll-out. Although take up was initially low, there are now **11 BMIPs in Coventry** (about 1/4 of Boots pharmacists in the area), with the longer-term aspiration being to have a BMIP in every Coventry store (reflecting national trends).

How has the Partnership supported the delivery of BMIP in Coventry?

The successful delivery of BMIP nationally is dependent upon strong relationships being in place between key representatives from Macmillan, Boots and other stakeholders. Coventry provides a good example of where these relationships have been leveraged to drive forward local delivery. The relationship between the Partnership project manager and Boots Area Manager, as well as the strong ownership in delivering BMIP demonstrated by the local Area Manager, were identified as important enabling factors to delivery. In addition, other activities undertaken through the Partnership, such as the information audit (of local services) and learning and networking events, were reported to have helped ensure joined-up delivery (e.g. awareness of other services, and gaps in information provision/ support).

Positive feedback was provided about the BMIP initiative by the pharmacists consulted. They felt that they had benefitted from the national e-training, and provided a number of examples of where they had put the training into practice:

- *"I supported a mother to have the hardest conversation... to break the news that she had cancer to her young daughter. I wouldn't have felt able to do this if I hadn't done the BMIP training."*
- *"A young mum had become a fulltime carer for her mum who had been recently diagnosed. I was able to provide her with support" and signpost her to Coventry Carers' Centre."*

Communication about BMIP in Coventry was raised as an area for development however, as highlighted in the boxes below.

Communication issues relating to BMIP in Coventry	
BMIPs	**PABC and people around them**
In Coventry, it was felt that not all BMIPs were benefitting (or completing the BMIP training) because they were not clear on what benefits it would bring. Communicating the value of BMIP to pharmacists, both in terms of how it can help PABC and also develop their skills as a healthcare professional, is therefore a priority. In addition, it was felt that more could be done to promote the initiative to other Boots staff, such as No 7 beauticians (which is being undertaken elsewhere as part of the national BMIP initiative).	The BMIPs reported that awareness of BMIP among PABC is low. Communicating to this group can be challenging for a number of reasons (e.g. cancer isn't visible through prescriptions), although it was felt that better in-store advertising could help to address the issue. The BMIP partnership plans to run a campaign in-store in 2015, which should help to address this.
Strategic staff	**Health professionals**
Demonstrating the value of the project, and more generally the partnership between Boots, Macmillan and other providers (e.g. Coventry Carer Centre), was seen as an ongoing priority. The need to make better use of the 'recorded conversation forms' (only 2 forms have been sent back to Boots' Support Office from Coventry to date) was seen as important to building the evidence base to help raise awareness.	BMIPs in Coventry felt strongly that they would benefit from greater engagement with other health professionals (e.g. Macmillan nurses), who were often not aware of the support they could provide, meaning that PABC were not always being signposted to them. Facilitating better integration into local services was hence identified as important. It is recognised that this is already seen at the national level as a priority, although the Partnership could help to support this, through for example the learning and networking workstream.

Working with the Clinical Commissioning Group

3.30   Linked to wider discussions around the introduction of a one-to-one support model, the Partnership has supported work aiming to secure funding for a new Macmillan GP post with a remit for promoting awareness of cancer related issues across the GP practices in the city. However, these discussions came at a time when the CCG had only recently been created and was still considering how best to meet its primary objectives (of which cancer related issues haven't been prioritised at the moment). As such, while consultees indicated that key personnel at the CCG had been open, in principle, to hosting the position, resolving this issue

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had not been a priority. As the structure of the CCG becomes more stable, it was felt that now might be a time to push ahead on this matter.

Working across Coventry City Council

3.31   The audit made a number of recommendations for improving the quality of information and advice available to Council employees affected by cancer, in particular the establishment of a support group and an improvement in the quality of information available through the Council website (such as that provided by NHS Choices). Over the last two years considerable progress has been made in this area. Most notably, the resources on the Council's intranet have been overhauled by the Occupational Health Team providing explicit links to NHS Choices and Macmillan literature. A number of consultees remarked that this had the dual effect of supporting PABC while also raising awareness of the Partnership. Consultees also noted that following early discussions, the Programme Board decided to focus energy on re-launching the Cancer Buddies scheme rather than developing a support group (see paragraph 3.44).

Working with the Third Sector

3.32   Despite the important role played by a range of third sector organisations throughout the city in supporting PABC, the audit found that signposting between different organisations was quite weak in some areas. Interestingly, despite considerable interest in this area, progress over the course of the first year of the Partnership had been limited. A number of factors appear to have contributed to this outcome. Although consultees noted that the Project Manager had worked hard with Neighbourhood Teams to gain access to a range of community and faith groups, this work had lacked a strategic focus. Furthermore despite frequent meetings with the Project Manager a number of consultees felt that the Partnership's focus had been on improving the experience of Council employees affected by cancer. As a result, while they had looked to ensure that the work of their organisation was taken into account in the information presented to Council employees, they had not seen value in being actively involved in wider dissemination activities.

3.33   Having said this, such attitudes appear to have been altered following the stock-take event in July 2014 and the commitment by the Partnership to take forward a work-stream around information, support and signposting. At the time of writing, discussions are ongoing relating to the recruitment of a Community Mobilisation Coordinator to be hosted by Voluntary Action Coventry.

Working with the Libraries Service

3.34   Despite the potential role of library staff in providing signposting and other sources of information to members of the public, consultees noted that prior to the Partnership, library staff had not received any training or information on cancer-related issues. It was further suggested that at a time at which the Library Service was looking hard at its role in the community, the work of the Partnership had provided a real opportunity for the service to demonstrate its value. Subsequent to the formation of the Partnership all front of house library staff had accessed e-learning training materials developed by Macmillan as part of their ongoing professional development programme. Following the training, managers

indicated that they felt that staff had demonstrated a marked change in their disposition towards PABC and were much more confident in providing them with relevant information.

3.35   Following discussions between Macmillan and the Manager of the Library Service at CCC, the Council put in a successful bid for funding in order to recruit a Macmillan Library Service Coordinator to take forward community engagement activity. This bid was successful and the post was recently filled. While it is still early days, it was hoped that this post would provide a catalyst for an improvement in information and advice services available at libraries across the city, working with community and faith groups across the city to raise awareness of the services open to PABC and working to increase the proportion of at risk groups subject to screening and thereby reduce late-presentation of cancer. Consultees suggested that in future work with other local authorities, developing relationships with Library Services could be a key driver in improving the quality of information and advice services.

Learning and Networking

3.36   The audit of information and advice provision (see above) confirmed the perception held by many stakeholders that information and advice services were '*fragmented*' and that different organisations were unfamiliar with the organisational roles and referral routes used by other organisations (for instance the relationship between GPs and community nurses). To remedy this, the Partnership committed to a programme of learning and networking opportunities (at least four events by July 2015). Initially targeted at practitioners within the NHS and Adult Social Care, it was hoped that this approach could be replicable across other areas and would lead to engagement of the third sector as well as public authorities leading to a breaking down of the barriers between services.

3.37   The programme was launched at an event on 8th May 2014, which was attended by over 25 different organisations from the public and third sectors including Healthwatch and the Social Care forum. It is hoped that these organisations will provide the basis for a Steering Group for future activity. Consultees who were involved noted that attendees had expressed a strong interest in the project and a willingness to learn from the project as a whole (a finding consistent with the results of an e-survey of event attendees launched in the autumn of 2014). However, following the event the Project Manager was unable to identify an organisation willing to take a lead on the workstream and, perhaps most importantly, help resource learning and development opportunities.

3.38   As a consequence of this, and in the hope of promoting greater engagement in the work of the Partnership activity over the last year or so has largely focussed on the development and execution of a communication strategy. As part of this, the Project Manager has held regular catch-up meetings with key stakeholders (such as Voluntary Action Coventry), and developed (with support from the Macmillan Communications team) a bi-monthly bulletin of the Partnership's work. Within the Council, the Project Manager has made use of existing Council communication channels, including posting updates on the Council intranet and writing articles that have been circulated through the 'Be Healthy Be Well' magazine.

3.39   Based on feedback obtained from stakeholders at the stock-take in July 2014, it is evident that the Programme Board has returned to this theme, with an increasing openness to consider the extent to which the work of the Partnership can be aligned with work with a focus on other long-term conditions such as dementia if this is capable of attracting the required level of buy-

in to secure engagement. A number of Programme Board members noted that such an approach, despite the risk that it entailed in distracting from the core message of the Partnership, had begun to open some doors. Coordinated by the Project Manager and Macmillan's Learning and Development Manager, it was noted that the first of a series of learning and development events had been delivered on the 30th April 2015. This was reported to have had a turnout of over 15 people from a range of public, private and third sector partners.

Cancer Champions

3.40   Initially recommended in '*Living with Cancer',* the Cancer Champions initiative was designed to help raise awareness and engagement of the issues associated with cancer across the Council, and thereby lead to a cultural shift in which Directorates are much more open to introducing/amending policies conducive to meeting the needs of PABC. It was anticipated at the outset that four Champions would be identified in each Directorate of the Council. It was hoped that Champions would provide representation on cancer related issues, and have a role in ensuring that cancer is considered appropriately within the management and development of the Council's work, principally by assessing the impact of decisions/new policies on PABC. To support them in their role, it was anticipated that each Cancer Champion would have access to learning opportunities delivered by Macmillan.

3.41   Initial discussions between relevant Council services and Macmillan showed the main barrier to the success of the project was the need to align the objectives of the Partnership, and its focus on cancer, with the needs of Directorates such as Occupational Health and Human Resources, who were keen to ensure that efforts made to raise awareness of cancer did not detract from the need to address issues associated with other long term conditions such as dementia. Such conversations resulted in the decision to better align the Champion role in-line with the Council's broader Health and Well-being Strategy, and incorporate cancer more explicitly into the role of a 'Health Champion' (which had only just recently been developed).

3.42   On the whole consultees expressed satisfaction with the progress made in recruiting Health Champions, although it was felt that the desire to recruit four in each Directorate was likely to prove too ambitious. That said, it was noted as time had gone on, one of the major challenges to the long-term success of the scheme was staff turnover. Moving forward, more explicit consideration will need to be given to succession planning. Interestingly, nobody that we spoke to indicated that by aligning cancer with other long term conditions that the strength of the message had been diminished.

Employee engagement

3.43   Initial discussions between Macmillan and Coventry City Council led to the promotion of a work-stream looking to increase the involvement of Council employees in fundraising activities. However, subsequent conversations with wider stakeholders indicated disquiet at the potential danger of displacing other fundraising activity to the detriment of local charities or appearing to associate the Council with one charity, rather than the issue of better supporting PABC. As a result it was decided to re-focus activity towards supporting and promoting volunteering amongst Council employees.

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3.44   Despite a widely-held view that this type of activity is better aligned with the objectives of the Partnership (namely to inspire and empower), progress has remained limited. Programme Board members noted that despite committing to developing a menu of options in May 2014, initial conversations between the Project Manager and the Volunteering team at Macmillan concluded that it would be inappropriate to launch such a scheme at a time when staff in a number of Directorates at CCC were facing potential redundancy. More recently this project does not appear to have been prioritised. It is therefore somewhat unsurprising that when asked about volunteering, most consultees indicated that the main area of progress had been the recruitment of Cancer Buddies (staff trained to support PABC), which in fact operationally was considered to form part of the Working through Cancer project (see below).

3.45   In reality, any real momentum has only been achieved following the stock–take event in July 2014 at which point the Programme Board decided to re-focus the project on the wider community. It was hoped that by re-focussing activity in this way the work-stream would better align with the objectives of other stakeholders such as the Clinical Commissioning Group, and the University Hospital for Coventry and Warwickshire and build on activity that Macmillan were already committed to across the city, for instance the Direct Volunteering Scheme. To date Macmillan's Direct Volunteering Services Manager (covering the West Midlands) has confirmed that two Direct Volunteering Schemes can be developed in the city through which volunteers are recruited and trained to offer emotional and practical support to people affected by cancer. That said, issues around the capacity of the scheme have meant that no timescale has been set for their delivery.

One-to-one support models

3.46   At the outset, the Programme Board agreed to explore the potential to introduce a 'One to One' support model. This represented arguably the most ambitious of the projects initially conceived by Macmillan and Coventry City Council. The model, which had previously been piloted by Macmillan in 15 sites across the UK, aimed to transform existing treatment pathways through the creation of new support roles, delivered within a multi-disciplinary team structure (in which there is no barrier between Health and Social Care professionals). In doing so, pilot sites have sought to improve the volume of one-to-one care received by cancer patients while reducing the overall cost by ensuring that each intervention is made by staff with the right skill level for the task, and reducing admissions into the care home sector.[11]

3.47   There was widespread acceptance of the potential contribution of such an approach to resolving some of the '*big challenges'* facing the Clinical Commissioning Group and the Adult Social Care Directorate at the Council, and the opportunity it presented to respond to '*big questions'* associated with service coordination. In spite of this, it was noted that at the time at which the Partnership was launched and that the Project Manager met with the Clinical Commissioning Group Operational Group, the organisation had not been in a position to take forward a pilot of this type. It was noted that while Partners in Coventry had initially applied to Macmillan to be a national pilot site for the 'One-to-One Support Programme' their application had not been successful. At the time that the Partnership was launched many of

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[11] Further information about the pilot can be found in: Macmillan (2014) Evaluation of Phase 1 of the One-to-One Support Implementation Project (Online) Available at:
http://www.macmillan.org.uk/Documents/AboutUs/Research/Researchandevaluationreports/OnetoOneSupportPilotReportFinal.pdf (Accessed: 01/02/2015)

those that had written the application were no longer in post. A number of consultees also felt that at a time at which the Directorate for Adult Social Care had been asked to make considerable cuts to its operational costs, there was limited appetite to invest in a pilot (even where Macmillan would meet the lion's share of the cost) where a return might only be realised over the long term.

3.48   Given the limited traction that the project had managed to obtain amongst key stakeholders at the stock-take event in July 2014, the Programme Board decided to draw this work-stream to a close, and instead to focus on cultivating stronger links between the Clinical Commissioning Group and the Public Health Directorate and reducing late presentation rates for key cancer types, a key target for both organisations. That said, more recently there has also been interest in progressing discussions into the recruitment of a Macmillan GP.

Working through Cancer

3.49   The need to improve the experiences of those affected by cancer following a diagnosis or on their return to work is one of the key issues discussed at length in '*Living with Cancer'.* Responding to this need was placed at the heart of the work of the Partnership through the commitment to the 'Working through Cancer' project. Initially focussed on improving the experience of Council employees, this project has included a number of different elements. Each of these has progressed independently but have nonetheless been designed to support an improvement of the overall experience of PABC.

3.50   Central to the work of the project has been the desire to harness Macmillan's existing learning resources and ensure that they are widely used by the Council's Human Resources and Occupational Health teams. Across both teams, consultees indicated that they had found access to this material to be timely, as they were already in the process of revising their materials. However when asked to name a time in which they had referred a client to different resources, most consultees struggled to identify an instance where they had. In most cases staff appeared to value the fact that they knew where the resources were.

3.51   Following concerns that the experiences of PABC within the Council could differ depending on their line manager, the Partnership looked to support the development of a bespoke training package. Developed as a free to access resource in collaboration with the local Macmillan team, a series of such events were run with Managers and Human Resources/Occupational Health Professionals in June 2014. Such sessions were generally well received, with training participants noting that they had been effective in improving their confidence in applying policies in a fair and reasonable manner. However despite an appetite amongst some Programme Board Members to further develop the offer, the local Macmillan team have decided to wait for the outcome of the Coventry University research to gain more clarity on the actual needs in Coventry, before deciding whether to progress a stream of work that might not align with corporate activity at national level. It was noted that through *'Macmillan at Work'[12]* this type of training is offered at cost. In these circumstances staff were reluctant to appear to give Coventry preferential treatment.

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[12]Macmillan (2015) Macmillan at Work (Online) Available at:
http://www.macmillan.org.uk/Aboutus/Workandcancer/Macmillanatwork/MacmillanatWork.aspx (Accessed: 05/01/2015)

3.52   Despite feedback from managers that the training they had received had helped them to improve the quality of their advice and support for PABC, a number of Programme Board members indicated that they felt there were still question marks around the willingness of some employees to engage with their line manager / Human Resources about cancer-related issues. This was corroborated by feedback from the Project Manager who noted that she had been approached on a number of occasions by employees affected by cancer due to the perception that she offered an '*independent perspective'.* To investigate this further, CCC commissioned Coventry University to undertake a piece of work examining the experiences of line managers and employees in order to understand how support for PABC can be improved. The findings of this research were presented to the Programme Board in April 2015. The study found that while satisfaction amongst Council employees was generally very good, with most of the opinion that they had maintained a good relationship with their line manager, a number indicated that at times Human Resources failed to take individual circumstances sufficiently into account in applying Council policy. A number of employees also noted that following their return to work they felt unable to take time off sick in case there were repercussions.[13] The Council should consider what action can be taken based on these findings as a matter of priority.

3.53   In tandem with these activities, there seems to have been a gradually increasing appetite by Programme Board members to increase awareness of effective guidance outside of the Council. Although conversations remain at an early stage, there is evidence of increased interest across a number of private and public sector employers (including amongst school business managers and large firms such as IKEA). In retrospect, a number of consultees questioned whether the idea of focusing on the Council and using it as a *'demonstrator site'* was wholly appropriate, or whether some of this ground work with other employers could have been undertaken earlier. For instance, one consultee noted that although she felt that the principles of the work undertaken by the Partnership could be applied to any setting, the content and indeed approach used by staff in these firms would have to be adapted to fit in with the different work culture within each organisation. As such it would have been beneficial if this work-stream had been progressed earlier. She felt that other private sector organisations would benefit from support but were only likely to engage if they could see that activity had been successful in other similar firms.

3.54   The need to recognise and adapt to the culture in different organisations was also highlighted through discussions about the Workplace Well-being Charter. Coordinated by Public Health England and delivered by a range of accredited providers including Local Authorities (including Coventry City Council), NHS organisations and third sector organisations, charter status is available to any organisation assessed as meeting key standards across domains such as leadership, culture and communication. The Charter is subject to periodic review. It was noted that following the launch of the Partnership, the Council had sought to directly influence the development of the Charter, in order to better take into account the needs of PABC. This was felt to have led to notable improvements in making the guidance more *'cancer friendly'.* That said, at a local level, it was noted that despite enthusiasm for the scheme, existing resources already heavily constrained the number of organisations that the Workplace Well-being Charter Lead could afford to assess for Charter status. Although the team would never actively refuse to consider the application of an organisation who wished to obtain Charter

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[13]Atkinson L, J Kosmala-Anderson & Clyne W (2015) Supporting employees with a cancer diagnosis (Unpublished)

status, the Council was not actively marketing the scheme and was said to be unlikely to do so in the short-medium term.

3.55   A key element of the Working through Cancer work stream has been the re-launch of the Cancer Buddies scheme. First launched in 2012, the scheme aimed to recruit a cadre of volunteers to support employees of the Council affected by cancer. Despite some initial interest, between 2012 and 2014 the initial cohort of volunteers had fallen from 12 to three. It was hoped that a jointly branded re-launch, sponsored by the Chief Executive and under the banner of the Partnership, would promote further interest. Although one of the major reasons for the decrease in numbers had reportedly been a lack of interest from PABC (there were only five cases where a member of staff had looked to access support from a buddy), feedback from volunteers had also indicated a need for additional training so as to be able to provide effective support. It was hoped that the expertise of Macmillan's Learning and Development team could contribute to developing a bespoke training package to better support buddies in their role.

3.56   Following the re-launch of the scheme in March 2014, consultees indicated that the number of buddies had increased to eight. However, despite the enthusiasm of the buddies, a lack of interest from PABC remained a challenge. In total two PABC have received support from a buddy over the course of the last year. Consultees were philosophical about this, noting that *'as long as the gap was filled'* they would look to continue promoting the scheme. However in prioritising future work the Partnership may wish to consider changes to the buddies scheme (e.g. the recommendation stemming from Coventry University's research to extend buddy support to line managers of employees affected by cancer), as well as other ways that volunteers can be deployed in a more impactful way. For more detail on progress made in implementing Working through Cancer, see the text box overleaf.

Case Study: Working through Cancer

An introduction to WtC

Using Macmillan's existing resources and expertise of its 'Working through Cancer team', the project has sought to improve the quality of support available to people affected by cancer in order to help them to stay in work following a cancer diagnosis, or return to work following treatment. Initially targeted at Council employees the Partnership has sought to increase awareness of good-practice across the city. Key strands of activity undertaken to date have included **training and awareness raising workshops** for managers delivered by Macmillan, the **revision of existing resources** for managers (e.g. the resources shared on the Council intranet), and the re-launch of the **Cancer Buddies scheme**.

How has the Partnership supported the delivery of WtC?

Although support for employees affected by cancer had already been considered a priority prior to the launch of the Partnership across the Human Resources and Occupational Health Teams within the Council, strategic buy-in from the Chief Executive of the Council has had a catalytic effect in galvanizing activity across the organisation. Since the Cancer Buddies scheme was re-launched by the Chief Executive in March 2014, the number of volunteers trained to support an employee affected by cancer has grown from three to eight. Over twenty employees with line management responsibilities have received training led by Macmillan so that they are better prepared to support staff affected by cancer they are responsible for.

Positive feedback was provided about the training provided by managers in receipt of support. They felt that they had benefitted from the support made available to them and this had influenced the way that they had responded to employees in need of support:

- *"Due to the work of the Partnership I feel much better prepared to talk to an employee following a cancer diagnosis"*
- *"Managing a return to work is always tricky, following the training I feel much better prepared to implement Council policy in a way that meets an employee's needs too "*

Despite early progress in implementing WtC, frustration was expressed that the Partnership had been unable to use the success of the scheme to replicate the initiative in other organisations across the City. A number of factors were felt to have contributed to this outcome:

Barriers to implementing WtC	
Employer engagement	**National vs Local**
There was a feeling that the Partnership had only recently sought to engage other employers as part of the WtC initiative. Although it was felt that there was value in using the Council as a demonstrator site, some were of the opinion that Partners could have moved quicker to share this work with other employers to test what might be replicable within their context. It was felt that if these conversations had been taken forward earlier then more momentum would have been established at this stage. As noted by a member of the Occupational Health Team 'in order to be successful, it is vital that you deliver a tailored offer'	There was concern that progress in implementing the WtC project in Coventry had been lessened due to concerns about the alignment of the local objectives of the Partnership with the national 'Macmillan at Work' initiative. In particular, there was concern that any local innovation with employees could lead to a reduction in interest and take-up of the national offer.
Finding the funding	**Mind the gap**
Despite an appetite to engage with employers across the city there was concern about the capacity of the Council to provide any seed-funding to support this. For example, it was noted that while the Council continues to support the 'Workplace Wellbeing Charter' there is insufficient funding to undertake any pro-active marketing.	Although the increase in the number of Cancer Buddies has been welcomed, there was recognition that the number of PABC looking to access this type of support was always likely to be small (two over the course of the last year). Moving forward, there was recognition that although the scheme has been shown to fill a gap in provision, Partners may wish to consider the extent to which other initiatives can deliver a greater impact.

4. Outcomes of Partnership work

4.1   This section considers the progress made by the Partnership towards meeting its aims, namely: breaking down the barriers between services, improving the coordination of services, filling in gaps in the provision of support, and inspiring people to support PABC. In order to support this assessment (as summarised in Figure 4-1) we have mapped the projects delivered by the Partnership against these four aims. In doing so we acknowledge that a number of projects may have contributed towards a number of different outcomes. We also recognise the aspirational nature of these aims and widespread recognition amongst key stakeholders that such aims are only likely to be met over the longer term. As such, where possible we consider the intermediate outcomes or proximate measures that could provide an early indication of progress.

4.2   As discussed in Section 2, initial discussions within the Partnership highlighted the volume of *'groundwork'* that would be required in order to achieve the level of buy-in required in order to take forward the projects. As a result, during the early years of the Partnership considerable emphasis was placed on raising awareness, engagement and understanding within Partner organisations. Therefore, it is important that we consider the performance of the Partnership in this domain (alongside the four formal aims), as awareness and engagement is clearly a pre-condition for progress in other areas.

4.3   While looking where possible to support activities that lead to an improvement in outcomes for PABC, it is important to recognise the emphasis placed by stakeholders on the idea of the Partnership as an opportunity to try out and test new models and approaches. In response to this tacit objective, it is important that we identify where innovation has occurred and consider what has been learnt. Given the commitment by stakeholders to support the Partnership over the longer term we also consider the sustainability of activity. This is particularly important given the imminent departure of the Project Manager.

Figure 4-1: Anticipated outcomes of the Macmillan and Coventry City Partnership

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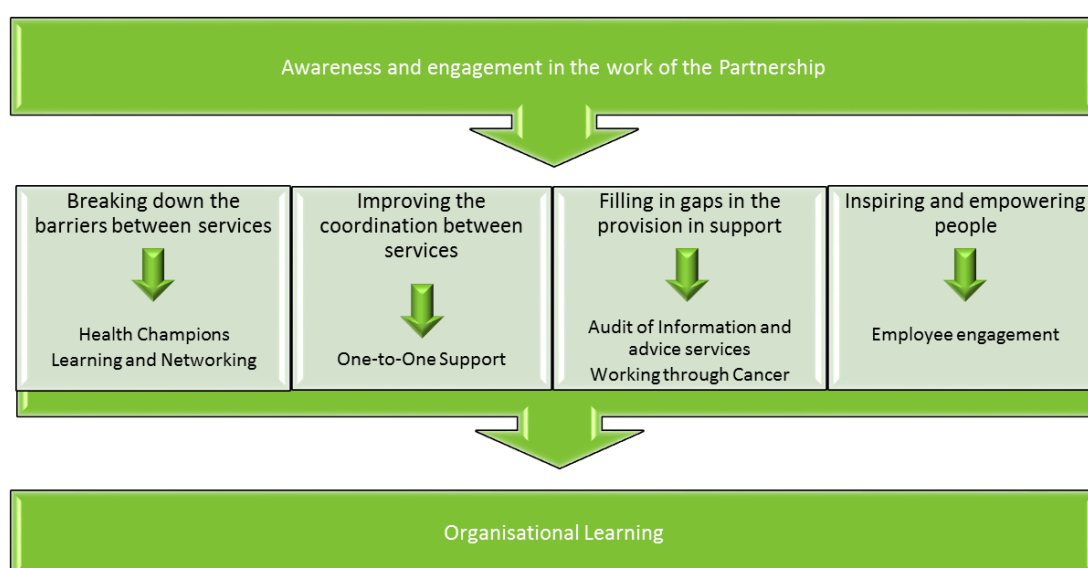
Awareness and engagement

4.4   In order to support the implementation of planned activity identified by the Programme Board it is important to recognise the considerable amount of work undertaken principally, although not exclusively, by the Project Manager to raise awareness of the Partnership in key partner organisations. Although much of this work has been delivered within the overall framework of the projects, for instance, through the promotion of Learning and Networking events and Working through Cancer, it is important to recognise that, at least in its initial stages, much of the content of communications has had a much broader focus, for instance the updates provided in the 'Be Healthy Be Well' magazine. At this stage it is important to reflect on the success of this activity.

Figure 4-2: Involvement and awareness of the Partnership and its projects
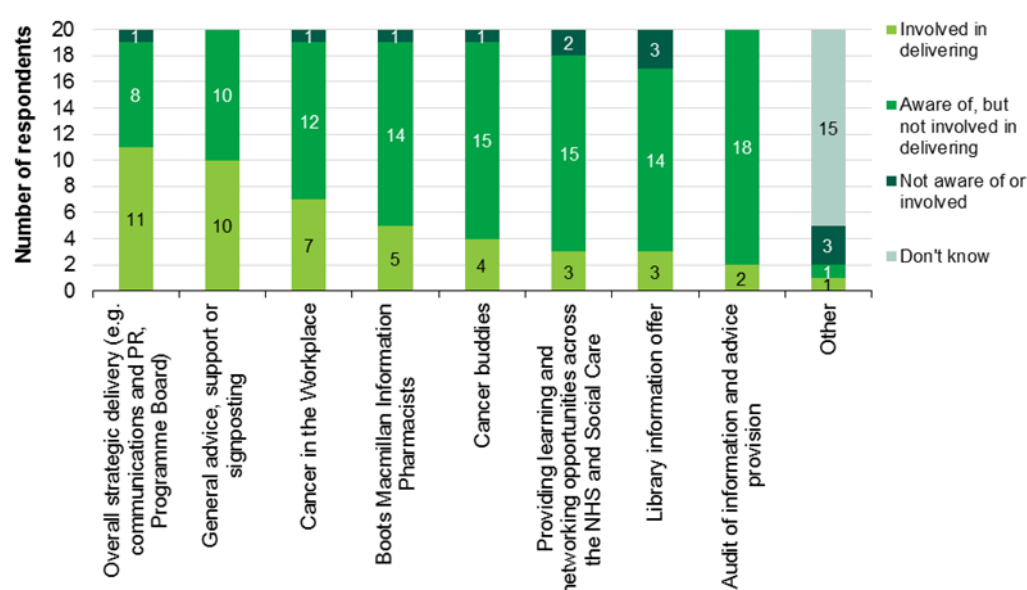
Source: SQW Wave 2 Survey
N=20[14]

4.5   Given the emphasis placed on this work it is positive to note that through the Wave 2 survey all respondents indicated that they were aware of the Partnership and the projects undertaken by it. Such responses showed a marked change in awareness from those received through the Wave 1 survey, where there appeared to be notable gaps in understanding at an operational level about what projects were being delivered amongst those stakeholders who were not involved (see Annex D). This view was echoed my many of the consultees we spoke to who, in particular, identified events such as the stock-take event in July 2014 as having been extremely helpful in providing them with a more holistic understanding of what the Partnership had done and was looking to do in the future.

4.6   That said, the extent to which awareness of the Partnership has extended beyond strategic actors (such as Heads of Service) remains unclear. Despite a perception amongst stakeholders that employees in their organisations had become increasingly aware of the Partnership, the

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[14]Figure 4.2 refers to data collected through the Wave 2 survey. Only indirect comparison with Wave 1 data is possible due to a change in the format/content of the question(s).

extent to which awareness had penetrated beyond those teams directly involved was difficult to verify. Although those Council employees affected by cancer who responded to our survey had a good level of awareness of project activity, the survey was only sent to sixteen people, all of whom were identified (directly or indirectly) by the Project Manager. In order to understand penetration more fully the Partnership may wish to consider whether further work in this area is required.

4.7   If the Partnership is to achieve its aims in improving outcomes for PABC, it is clearly important that awareness and understanding of what the Partnership is trying to achieve translates into effective engagement in project activity. As part of our survey of key stakeholders, respondents were asked about the extent to which they felt that that the Partnership had represented an effective use of their time and resources. Eleven of twelve strategic respondents (those involved in the work of the Programme Board), and five of eight operational respondents (those involved in the work of individual projects) indicated that this was the case. Overall consultees corroborated this view by indicating that they felt that the work of the Partnership was of considerable value and they intended to maintain their involvement. Having said this, a number queried whether the Partnership still needed to do additional work to ensure that the full range of Partners, including clinicians, saw a role in the Partnership/it's activities. It was noted that engagement of this type would be vital if progress was to be achieved in re-evaluating existing support models for PABC.

Breaking down the barriers between services

4.8   As set out in *'Living with Cancer'*, PABC access services from a broad range of organisations. Each of these organisations is likely to have differing priorities and working cultures. Further to this, the report acknowledged that there was evidence that in some cases services remained misaligned leading to sub-optimal outcomes for PABC. In order to provide a more seamless service to PABC the Partnership explicitly sought to break down the barriers that stand in the way of effective dialogue, in the hope that this leads to a level of shared understanding between service providers that may eventually lead to supporting service coordination/integration (the second overall aim of the Partnership).

4.9   Given the importance of such a process to the onward success of the Partnership, the rest of the section considers the progress made in achieving this outcome. In doing so we recognise that a number of different projects/work streams are likely to have contributed to this outcome. In particular:

- **Health (formally Cancer) Champions**: Recruited in a number of Directorates across CCC, Champions have received training from Macmillan to help them ensure that the impact on PABC is considered in all Council decision-making and that learning is shared across the organisation leading to a better alignment of corporate objectives. The scheme thus has the potential to contribute to breaking down barriers within CCC.

- **Learning and Networking:** The Partnership has sought to facilitate engagement between public, private and third sector organisations (particularly those in Health and Social Care) in order to support the development of a greater shared

understanding about how to improve outcomes for PABC. One of its main desired outcomes is therefore to break down barriers between different service providers.

4.10   There is evidence of improved relationships between many Council Directorates and indeed between other partners, mainly as a result of the awareness-raising activities, principally but not exclusively coordinated by the Project Manager. However, despite the positive findings of our fieldwork, concerns remain about the extent to which a sufficient level of engagement has been achieved in order to support the identification of opportunities for service coordination/integration. For example, consistent with our consultations with key stakeholders, eight of twelve respondents indicated that they felt that the Partnership had supported an improvement in the quality of dialogue between different stakeholders (see Table D-2). When asked why they felt that relationships had improved, most consultees cited the communications activity facilitated by the Project Manager. Within the Council, stakeholders also welcomed the work undertaken through Working through Cancer, noting that as a result of the Partnership other members of their team/Directorate were much more aware of the issues associated with PABC and the support available to them through Human Resources/Occupational Health. Outside of the Council, a number of consultees argued that the Partnership had played a key role in helping them to develop relationships with other organisations that might not otherwise have been. For instance, the Macmillan Information Support Manager at the University Hospitals Coventry and Warwickshire (UHCW) identified the important role that the Partnership had played in helping her to develop a relationship with the Libraries Service. Representatives from the CCG also noted that the Partnership had provided an excellent vehicle by which they had deepened their relationship with staff within the Public Health team.

4.11   However, when asked about the extent to which this type of activity had led to the identification of any ways in which the activities of different organisations could be aligned to better meet the needs of PABC, few examples were provided where engagement had resulted in discussions regarding service coordination. Given the importance (at least initially) placed by stakeholders on the role of Health Champions in facilitating this type of discussion, the Partnership may wish to consider the extent to which steps can be taken to prioritise this aspect of their work not just within the Council but also with those organisations most closely involved in Partnership activities.

4.12   As discussed in Section 3, progress in developing and implementing a formal programme of learning and development opportunities for health, social care and third sector employees has been slow. The first of what is hoped will be a programme of events did not take place until April 2015. As a result, somewhat unsurprisingly, levels of awareness and engagement within these sectors remains limited. Although it was noted that the People Directorate continue to be represented on the Programme Board, progress in engaging Adult Social Care in the delivery of project activity has been minimal. As the Partnership considers how best to take forward this programme, partners may wish to reflect on the progress made following the review of information and advice services. Although principally targeted at filling in gaps in support, it was noted that by starting a dialogue about how information sharing could best be facilitated across organisations such as the Libraries Service and UHCW, a climate had been created in which stakeholders became much more open to considering the development of shared solutions, for instance the commitment by Voluntary Action Coventry (VAC) to host a new Community Mobilisation post joint-funded by Macmillan and CCC. In designing the

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programme the Programme Board may wish to consider whether there is appetite to explore other aspects of provision and whether buy-in can be crystallised around a discrete research project, for example one considering the factors that commonly contribute to late diagnosis of cancer.

Improving the coordination of services

4.13   As the most ambitious objective of the Partnership, requiring considerable buy-in from Health and Social Care providers, it is perhaps understandable that the Partnership has made the least progress against this objective. Despite a keen interest from Macmillan in exploring the potential of a one-to-one support model to improve outcomes for PABC in Coventry, consultees remarked that few in Adult Social Care or the Clinical Commissioning Group had considered this a priority. As the Programme Board consider how best to take forward the Learning and Development project, they may wish to consider how best this concept can be re-introduced.

4.14   Given this finding it was somewhat surprising that six of twelve respondents to the wave 2 survey indicated that they felt that the work of the Partnership had contributed to an improvement in service coordination and an increase in multi-agency working (See Table D-2). In reality, we question the extent to which there is a 'shared understanding' amongst consultees about what 'service coordination' means in this context. It was notable that when consultees were asked to provide examples of where multi-agency working had led to a change in the way services were provided, few were offered. Despite the significance placed by key stakeholders on the importance of using 'service coordination' as a tool by which to improve 'choice and control for PABC' few of the stakeholders we spoke to were confident about how this outcome could be achieved. In future deliberations the Partnership should consider how to build a shared understanding of this concept as a matter of priority.

Filling gaps in the provision of support

4.15   At a time of increasing pressure on the public purse, there has been increasing concern amongst key actors such as Local Authorities and Healthcare providers that in the absence of effective multi-agency coordination, gaps in service provision may widen, particularly for those service users such as PABC who often need them. The Partnership has placed responding to this challenge at the heart of their approach by making *'filling gaps in the provision of support'* a key objective.

4.16   Explicitly recommended in *'Living with Cancer'* , central to the Partnership's response to this objective has been the desire to reflect on the quality of information available to PABC and ensure that the right type of information is available at those locations which PABC are likely to use. This was taken forward firstly through an **audit of information and advice services**. Consultees considered this one of the major achievements of the Partnership so far. This view was corroborated by our survey of key stakeholders. Eight of the twelve respondents indicated that the quality of information and advice had improved due to the work of the Partnership (See Table D-2).

4.17   Through our interviews with key stakeholders a number of examples were identified where the Partnership had meant that PABC could now expect to receive information and advice where in the past none would be available:

- Through the Partnership the Council's Human Resources and Occupational Health teams have developed a much stronger relationship with Coventry Carers' Centre. This has led the Council to refresh its guidance for carers to better take account of the needs of PABC. The Council has also supported an event on National Carer's Day. Although it is impossible to ascertain causality, it is interesting to note that the proportion of carers supported by Coventry Carer's Centre who were caring for someone with cancer was reported to have increased from 4.1% in 2012/13, to 5.8% in 2013/14. As a result of this, it was noted that the Carer's Centre were in the process of applying to Macmillan for funding for a new full-time post to support those seeking support.

- Although anecdotal, consultees from the Library Service and the Clinical Commissioning Group indicated that as a result of the work of the Partnership the quality of information and advice provided to the public had improved considerably. In particular, Library staff felt they had benefited from access to Macmillan training materials. Delivered alongside 'Making Every Conversation Count' (a nationwide initiative aimed at improving the quality of information and advice services) it was felt that Library staff had become increasingly confident in proving guidance for PABC. Over time it was hoped that this would lead to an improvement in the experiences of PABC and an improvement in health outcomes across the city. This view was backed up by respondents to our survey of people affected by cancer. Around half of the twelve respondents to the survey indicated that they felt that the Partnership had been effective in supporting the development of a more accessible and appropriate service, or had supported an improvement in the quality of information offered to PABC (see Figure 4.3).

Figure 4-3: Effectiveness of the Partnership
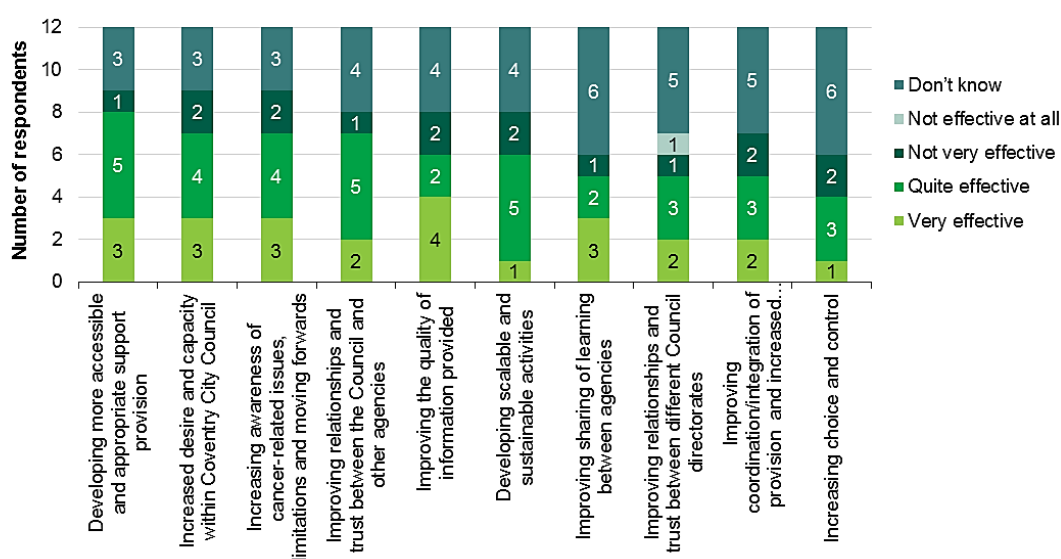
Source: SQW Survey of people affected by cancer
N=12

- Consultees noted that additional support provided by Macmillan following the implementation of the Partnership had resulted in a considerable expansion of the existing Partnership between A Boots and Macmillan. Two years after the launch of the Partnership, the number of Boots staff who have received training to become a Boots Macmillan Information Pharmacist (BMIP) has increased from two to 15, of whom 11 remain in post within the city, with a further rise in numbers anticipated. While other areas have also seen an increase in the number of BMIPs during the period in question, the views collected by the evaluation suggest that the Partnership did contribute to the progress made in Coventry, inter alia due to the backing of the Council that it implied

4.18   That said, while such findings should be considered evidence of progress against this objective, as the Partnership considers how to move forward there is still work to be done. For example, only two of twelve respondents to the survey of PABC indicated that the work undertaken to date had made a demonstrable difference to the experiences of PABC, one noting that while she recognised that there had *'been an increase in pharmacies offering information… (and that this was) more convenient than trips to the NHS information centres. The improvement made for Council employees needs to be rolled out to other organisations.'* Such a view appears consistent with the findings of recent work undertaken by Coventry University. Of the seventeen Council employees to respond to their survey, only one indicated that their line manager had provided them with information relating to support available outside of the Council.

4.19   In future work the Partnership may also wish to consider whether 'information and advice' is the only area of service provision in which there are '*gaps*'. For instance, given the growing engagement of VAC, the Partnership may wish to consider the extent to which the resources of the third sector are being maximised for those caring for somebody with cancer and the extent to which more could be done to use existing infrastructure in new ways.

Inspiring and empowering people

4.20   In order to achieve an improvement in the quality of support available to PABC it is important to acknowledge the potential role of civil society in supplementing the support available through public authorities. As recognised by the Partnership in setting their fourth key objective, *'Inspiring and empowering people',* to unlock this potential resource will require a sustained programme of activity capable of both galvanising action and ensuring that there are sufficient opportunities for volunteers to make a worthwhile contribution.

4.21   As acknowledged by members of the Programme Board (please see section 3 for more information), until fairly recently the Partnership has struggled to make progress around this issue. In hindsight it was acknowledged that an initial failure to support a project focussed on activity in support of this objective had been compounded by early discussions that had centred on developing a menu of fundraising activities for Council employees. At a time of considerable uncertainty amongst many such employees about their job security, this focus was regarded by many as inappropriate and had had the potential to reduce rather than increase engagement in Partnership activities. It was also acknowledged that by focussing activity on Council employees, the Programme Board neglected the potential contribution of the voluntary and communities sector. As a result, progress in inspiring and empowering

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employees has largely arisen due to work undertaken through Working through Cancer, in particular the Cancer Buddies scheme. Re-launched with support of the Project Manager, it was noted that the number of volunteers had risen from three to eight.

4.22 In reality any momentum in this area has followed the stock-take event in July 2014. The subsequent Action Plan for 2014/15 identified *community engagement and empowerment* as one of four key work streams. At the present time discussions with Macmillan are ongoing about the potential that they could support a number of volunteering schemes in 2015. The Partnership is also in the process of putting together a bid to Macmillan for funding of a Community Mobilisation Coordinator to support community engagement and empowerment across the city.

Organisational Learning

4.23 As discussed in Section 2, in addition to the four explicit aims, both main partners were motivated by a desire to use the 'Partnership' as an opportunity to test new approaches and ways of working. Buy-in to this approach has been shown by the candour with which many consultees have chosen to speak with us over the course of the evaluation. For instance respondents to the wave 2 survey identified no less than 44 'top' lessons that they felt they had learned as a result of their involvement in the work of the Partnership (see paragraph D-24). However, despite evidence of a number of common themes, for instance an appetite to consider resourcing (five of seventeen respondents) and ways of supporting strategic engagement (five of seventeen respondents), there was little evidence that such learning has contributed to changes in working practices within the organisations involved in Partnership activity. Indeed a number of consultees indicated that in many of the organisations engaged in the work of the Partnership the infrastructure to support the discussion and sharing of this type of learning was limited.

4.24 That notwithstanding, reflecting on the feedback from our fieldwork we feel that any such discussion should take into account a number of issues. In the main these can be divided into two areas: those relating to the operation of the Partnership, and those relating to activity at the project level. A brief discussion exploring the key learning is provided below within this structure.

Learning at a Partnership level

4.25 Across the consultees we spoke to there was increasing recognition of the challenges associated with objective-setting. In hindsight a number of Programme Board members recognised that although the Partnership had been right to pursue some early quick wins (such as the audit of information and advice services, and a range of activities focused on Council employees), it was argued that limited investment in other areas had contributed to reduced levels of engagement in those partner organisations that found themselves on the periphery. In some cases this had led to the perception of some stakeholders that they were expected to contribute in an advisory, rather than a pro-active way. It was noted that this misconception had only started to be fully addressed following the stock-take event in July 2014.

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4.26   Despite the importance of the Programme Board in securing the necessary strategic buy-in to sponsor project activity, it was questioned whether some momentum at times had been lost by an inability of strategic actors to directly influence operational matters within their respective organisations/Directorates. It was noted that such a recognition has led latterly to ongoing discussions about the need to form an operational group to support the implementation of project-level activity. Moving forward, to ensure that momentum is maintained, the group may wish to consider the extent to which members should be made accountable for the performance of projects under their direction, and the degree to which the 'operational' group alone will be sufficient to achieve this.

4.27   Despite generally positive feedback from key stakeholders on the general sufficiency of Partnership communications activity with a view to raising awareness of the Partnership, a number of stakeholders queried whether much of this activity had not been delivered in a manner of stimulating engagement. As a result it was noted that penetration remained a concern, with key gaps identified within Macmillan and CCC (and in particular Adult Social Care). As well as addressing this issue it was argued that the Partnership would need to address the challenge of engaging the healthcare providers such as UHCW.

Learning at an operational level

4.28   In our discussions with consultees a number sought to reflect on the performance of the Project Manager role. Overall while most felt that the Project Manager had *'done an admirable job'* in providing the driving force in pushing forward project-activity it was felt that their capacity to do this had been hindered by a number of factors:

- Although it was noted that embedding the Project Manager within the LA infrastructure had had a number of benefits, not least in providing a level of access to strategic actors that would never otherwise have been achieved, and providing an independent figure-head and symbol of CCC's commitment to the agenda, the dual role had also had a number of drawbacks such as limited access to IT and no budgetary accountability. In future work it was argued the Macmillan may wish to consider how such barriers could be overcome prior to recruitment.

- A number of consultees noted that they felt that the progress of the Project Manager had been hindered due to a lack of clear lines of accountability. This was also an issue for the Macmillan Development Manager who also reported that some of their development activity had been negatively impacted on due to a lack of clarity between their roles. For example it was noted that there continued to be a degree of uncertainty regarding the remit of the Project Manager as opposed to the Macmillan regional Service Development Manager and Learning and Development Manager. In sponsoring local innovation a number of consultees expressed frustration around the lack of guidance governing the relationship between regional activity and that sponsored nationally.

- As illustrated through responses to the survey of key stakeholders, a key barrier to project activity was felt to be the lack of an identified budget-stream to support activity. Although it was noted that the Partnership had been able to attract some additional investment from Macmillan to support a new post in the Library Service,

this had followed a lengthy application process. In hindsight it was suggested that initial discussions should have focussed more explicitly on the identification of resources to support activity with an emphasis on securing investment from each of the main partners.

4.29   Areas in which the Partnership has supported learning within Macmillan are considered in the text box below.

Case Study: Organisational Learning

Although working in partnership with a local authority was not new to Macmillan, the Partnership with Coventry City Council (CCC) was the first time that the organsiation has funded a post hosted within the LA infrastructure. With funding for the post due to come to a close, this is an opportune time to reflect on the lessons learnt by Macmillan at this stage in the hope of supporting ongoing work in this area.

Based on our interviews with key stakeholders we reflect on three areas of learning: **communications, delivery expectations and pre-delivery planning.**

Key areas of Organisational Learning	
Communications	**Delivery expectations**
Knowledge of the Partnership, its aims and objectives amongst Macmillan staff not directly involved was lower than expected. Contributing factors to this were thought to be slow adoption of an internal communication strategy, limited communication at team meetings and staff turnover. The Partnership has identified the need to establish an internal communications strategy early on to ensure consistent and effective messaging about activities. Such a strategy should build-in frequent opportunities for engagement in order to maintain awareness. Moving forward Macmillan may wish to consider what infrastructure can be created to support this type of activity and ensure that learning is disseminated across the	The role of the project manager had been unique and existing Macmillan employees had been unsure of what they could reasonably expect this individual to achieve. Experience from other partnerships and wider knowledge identified that it can take 3–10 years for impact to be achieved. A Partnership with an initial lifetime of 12 months, extended to 24, was unusual and there was no benchmark within Macmillan. Although a lot has been achieved staff indicated that they had learnt to be more realistic about how many projects within a time-bound Partnership can, and should, be undertaken.

Pre-delivery planning
Consultees indicated they felt that Macmillan had underestimated the amount of *'ground-work'* that would be required prior to delivering projects. They felt that a desire to obtain some *'quick-wins'* had led the Partnership to try and identify projects that could be delivered quickly but had led some partners to find themselves on the periphery of activity. In particular it was felt that Macmillan should have been more explicit at the outset with partners, about what it wanted to achieve. This it was hoped would lead to a much more effective shared-understanding of what could reasonably be expected to be achieved through collaborative activity and how the engagement of a full range of partners could be sustained over the long-term. This undoubtedly had been complicated due to the multi-disciplinary nature of the Partnership. Where Macmillan has traditionally worked with other health organisations that 'speak the same language', it was noted that working with a local authority had required the development of a new *'common language'*. In future work it was felt more time should be spent building this level of understanding.

The Partnership may have also benefited from more time being spent at the outset ensuring that the Project Manager was fully integrated into the Macmillan infrastructure with key lines of accountability to each major team. Recruited externally and based within CCC it was felt that insufficient time had been spent on ensuring that the Project Manager was fully aware of Macmillan structures and processes. It was felt that if more had been done to do this they may have been better able to *'hit the ground running'*.

Consultees noted that positioning the Project Manager outside of the traditional management structure had highlighted tensions between the remits of different actors. For instance the Project Manager and Macmillan Development Manager for the region had overlapping geographic areas and there were concerns from both about not wanting to duplicate and 'step on each others toes'. Alleviating this by spending more time defining roles and responsibilities at the outset was thought to be an action that may be beneficial for similar Partnerships in the future. |

The Partnership has afforded Macmillan the opportunity to test how best to work with a Local Authority. The outcome has been a wealth of knowledge about what doesn't work and why this is the case. Building on the *'honest culture'* that characterises much of Macmillan's work, as part of the succession planning process the Project Manager should be encouraged, with others to write a *'warts and all'* paper detailing their experiences of working for the Partnership, with the aim of supporting future work of this type and could help inform ongoing discussions around 'Making Life Better'.

5. Conclusions and Recommendations

5.1 Based on the evaluation findings summarised in the previous chapters, the ensuing pages present a series of conclusions regarding the Partnership approach, key success factors and barriers. We also identify a number of areas that merit attention going forward, both with a view to the future of the Macmillan and Coventry City Council Partnership itself, and to inform possible Partnership approaches between local authorities and third sector organisations more broadly.

Key finding 1: The Partnership has made considerable progress in a few areas, and laid a solid foundation for further progress in years to come.

5.2 The evaluation results confirm that the Partnership has delivered useful results, mainly in terms of raising the profile and awareness of the needs of PABC in the Council and to some extent in Coventry more widely, building relationships between relevant actors, and laying the foundation for further collaborative working across different agencies in future. The Partnership has also acted as a catalyst for a number of successful projects. Most importantly, it has contributed to a better understanding of the information and advice currently available, and gaps in the existing offer; an increase in the number of Boots Macmillan Information Pharmacists in Coventry; the development of a library information offer, with a specific focus on hard-to-reach communities; and a number of activities to improve the support available to City Council employees affected by cancer. There is widespread agreement among those who were involved that the Partnership was a good use of their time.

5.3 However, it is also important to acknowledge that, overall, the pace of change has been slower than originally hoped for. Although it is widely recognised and accepted that the aims of the Partnership were aspirational, and that it would be unlikely to '*change the world*' in just a couple of years, there is nonetheless a shared feeling among partners that it took longer than expected to get the Partnership '*off the ground*', and that after two years of working together, progress on several projects that were initially agreed is still limited. This is especially true of those work streams that addressed the coordination and/or delivery of health and social care services. Instead, most Partnership activity to date has focused on the provision of information, advice and support, with a particular focus on Council employees. As a result, the vast majority of PABC in Coventry are yet to feel a tangible effect of the Partnership.

5.4 When assessing the effectiveness of the Partnership against the four aims defined by the Partners themselves at the outset, the picture that emerges is therefore mixed. It is important to recognise that the four aims were deliberately kept broad and aspirational, and it would take considerable time to achieve them. Still, in the first approximately two years of its existence, the Partnership has already made a significant contribution to breaking down the barriers between services, initially mainly those between different CCC Directorates, but in recent months increasingly also involving other service providers including the CCG. The Partnership has also helped to identify and fill in gaps in support, primarily regarding the provision of information and advice to PABC in a variety of settings. However, progress against the other two aims has been very limited. Better service coordination has not yet been achieved (partly due to the initial lack of engagement from key service providers, including

Adult Social Care), and the Partnership has struggled to define and launch concrete initiatives to inspire and empower people.

Key finding 2: The pragmatic and iterative approach to project selection and implementation helped to get activity started but also contributed to delays in delivery and difficulties in communicating what the Partnership was hoping to achieve.

5.5   Specific projects to help deliver progress against the Partnership aims were agreed with a view to identifying areas where results could be achieved relatively quickly, and would have a significant impact combined with a low risk. Nonetheless, in some cases progress has been limited; partly in response to this, the projects that were originally selected were re-visited, and eventually re-framed into four work streams.

5.6   Partners argued that such a pragmatic and iterative approach was necessary due to the novelty of the Partnership approach, and the need for partners to understand each other's needs and positions and work towards identifying and addressing areas of common interest, which was not always easy. There is clearly some merit in this. At the same time, it seems that the lack of clarity around some of the objectives (in particular, no explicit definition of what "services" were meant, and the unspecific nature of "inspiring and empowering") coupled with the desire to start to work towards "quick wins" as soon as possible, ended up leading to longer delays than necessary. The disconnect between the aims and projects also made it difficult to communicate exactly what the Partnership was trying to achieve, and thus contributed to the lack of understanding (beyond the innermost circle of stakeholders) revealed by the evaluation.

5.7   In hindsight, it may have been more effective to invest a little more time at the outset to define more concrete objectives (possibly at different levels – general, specific and operational), and scope out in more detail the feasibility and likely added value of projects, and the expectations and role of key partners within each.

Key finding 3: In order to work effectively and achieve buy-in, a Partnership of this kind needs to link in to the pre-existing agenda of key partners. Where this is not the case, progress is hard to come by.

5.8   Clearly, partners will be most ready to engage and invest in activities that are consistent with and can contribute to their own agenda. Understanding this, finding a common language, and beginning to implement projects and activities in a way that linked up with the needs and interests of both main partners, took considerable time and effort at the outset of the Partnership.

5.9   For CCC, the Partnership's value was most obvious where it provided the Council privileged access to Macmillan knowledge and resources to address immediate needs, such as support provision for its own employees. Areas that deviate or would require major revisions of existing policies (e.g. changes to support models) have proved more challenging to address. Also, there have at times been tensions between adopting a tailored approach to cancer, and treating it in the context of (and on a similar footing to) other long-term conditions.

5.10   On Macmillan's part, tensions have at times arisen over the question of the extent to which preferential treatment and tailored services would/should be made available for Coventry,

and the extent to which the services needed to be consistent with Macmillan's broader (national/regional) service offering. A realistic view of the need to find common ground between partners, their ability and desire to go beyond their pre-existing agendas, and the resource implications, needs to be taken.

Key finding 4: Early consensus that the Partnership should focus on activities that could achieve rapid progress appears to have impacted on levels of engagement of other partners over the short to medium term.

5.11   The quick wins achieved by the Partnership in its first year have undoubtedly convinced many stakeholders of the value of their continued investment. However, there is also evidence to suggest that by focussing initially on activities that could be delivered primarily by CCC and Macmillan, an opportunity was missed to strengthen links with other partner organisations (even where such organisations were involved in these initial discussions and agreed to this approach). Consultees noted that where organisations were not directly involved in partnership activity in the early stages of the Partnership, institutional memory had proved to be poor (not least due to considerable levels of staff turnover) meaning that key stakeholders no longer had a clear view of how they could best contribute to the work of the Partnership or what was expected from them. This in turn led to slow progress in getting key areas of work off the ground.

5.12   As noted above, this meant that activity was focused in areas that did not require strong CCG or social care involvement. This enabled the Partnership to make good progress in some areas, in particular information and advice provision and support for employees. However, other areas – in particular the provision, coordination and possibly integration of health and social care services, which could arguably address many of the problems faced by PABC more directly – were only addressed to a very limited extent. Although the engagement with the CCG improved significantly during the second year of the Partnership, and there now also seems to be a greater readiness to consider issues related to social care within the Partnership, opportunities to make progress in these areas more quickly were lost.

5.13   It is important to acknowledge that the Partnership was formed at a time when potential other partners were faced with challenges that made their involvement more difficult, especially the fact that the CCG was only established in early 2013 (and its role was not yet fully defined), and that the Council was having to cope with significant budgetary pressure and was reluctant to be overly ambitious and propose major changes to social care provision. Nonetheless, a key lesson learned is that the initial focus on what the two main partners could achieve on their own – while at the same time maintaining the ambition of a wider partnership involving other stakeholders – was counterproductive to some extent. A fuller consideration of the role of various other potential partners could achieve over the short, medium and long-term (ideally via a stakeholder mapping and analysis exercise) could have enabled a more balanced programme of activity that could have secured the quick-wins that the Partnership needed while at the same time cultivating stronger links with other partner organisations.

Key finding 5: The governance and management arrangements were largely appropriate, but the over-reliance on the Project Manager created problems both during the first two years of the Partnership and with a view to the future.

5.14   Embedding a Macmillan Project Manager within the Council was the main innovation that propelled the Partnership, and in the event, it turned out to be one of the keys to its success. The Project Manager was the face of and the driving force behind the Partnership; she brought to it the right mix of skills and attributes (not least, a remarkable energy and ability to build relationships), and was widely perceived as having been invaluable to the progress and buy-in that was achieved. Some relatively minor practical issues notwithstanding, the Project Manager played the potentially difficult role as the interface between Macmillan and the Council very well.

5.15   The downside of this was a certain over-reliance on the Project Manager. During the slightly more than two years she was in post, the lack of administrative support meant that she had to dedicate a not insignificant part of her time to clerical tasks – time that could have been more productively spent on strategic activities. With a view to the future, the absence of a dedicated Project Manager is likely to be a challenge, and the transition to a different arrangement that is sustainable and maintains momentum needs to be carefully managed. In this context, the proposed Operational Group is likely to play a key role, and its membership, remit and working arrangements therefore need to be considered very carefully.

5.16   As the Partnership moves into its next phase, and the work of the Project Manager comes to an end, it will be vital to build on the progress achieved to date and leverage the raised profile of cancer, the common understanding and the relationships that have been built, to sustain momentum for the ongoing activities, as well as expand the scope and level of ambition of the work. To this end, we recommend:

Key finding 6: There is an appetite amongst many partners to continue to invest in the work of the Partnership

5.17   As highlighted in the responses we received to our e-survey of key stakeholders the majority of partners involved in the work of the Partnership felt that their involvement represented a good use of their time and resources (eleven of twelve strategic respondents and five of eight operational respondents). Of the stakeholders that we spoke to over the latter stages of the evaluation most if not all indicated that they would look to continue to support the work of the Partnership in the future. Indeed, a number hoped that their role would grow over the next year or so, taking advantage of the building blocks that Partners had put in place over the last two years.

Areas for consideration by the Partnership

Sustainability post-Project Manager

- It needs to be recognised that the new post for a Community Mobilisation Coordinator is not a replacement for the Project Manager, and will have a very different remit, and therefore there will inevitably be a gap to fill. To support a continuation in the work of the Partnership following the departure of the Project Manager the Programme Board has agreed to a 'legacy' Action Plan. This identifies who will be responsible for

progressing activity in future. Nonetheless, maintaining the existing levels of momentum is likely to be a challenge

- The proposed Operational Group will be one of the keys to facilitating an adequate level of activity "*on the ground*" going forward. To enable it to do so, its role (and that of each member of the group), remit and responsibilities, and lines of accountability need to be considered and clearly defined. Ideally, its work should be driven by a clear action plan with milestones and a clear understanding of budgetary implications. This would also facilitate more systematic activity monitoring than has been the case to date.

- Depending on the nature of activity taken forward by the Partnership, stakeholders should consider what other mechanisms should be put in place to support the delivery of project activity. In particular, there might be benefits in revisiting the idea of convening Task and Finish Groups to take forward particular areas of work and then reporting on their progress to the Operational Group.

Broadening scope and engagement

- In order to make significant further progress towards its original aims (including improving service coordination), the Partnership needs to begin to tackle issues around core services beyond information and advice provision, in particular health and social care services. This requires stronger engagement from the CCG and other stakeholders whose involvement was limited during the early stage of the Partnership.

- For other partners to be effectively engaged, there needs to be a shared understanding of the ultimate aims (which therefore may need to be revisited and clarified), and a clear view of if and how activities to be taken forward are in line with and help solve the challenges faced by key actors such as the CCG and Adult Social Care.

- Existing activities provide a useful "launch pad" for fostering wider engagement. In particular, the fact that the learning and networking project has recently gathered momentum should open up opportunities to clarify interests, needs and potential roles for various actors.

Communicating the transition to the next stage

- Communication continues to be one of the keys to effective Partnership working. The departure of the Project Manager represents a challenge, as it might be perceived as a "*down-grading*" of the Partnership, and lead to doubts as to partners' continued commitment. Partners should mitigate against this risk by identifying and communicating positive messages about the Partnership's achievements to date, and its direction of travel going forward, e.g. that it will no longer be driven by an individual or organisation, but by a collective involving all key stakeholders.

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Key learning from the Partnership

5.18   In order to learn from the Macmillan and Coventry City Council Partnership, and maximise the effectiveness and impact of collaborative work in the future, partners may want to consider the following points:

Defining the aims of a Partnership

- A key decision to be taken at the outset is about what a Partnership is aiming to achieve in the short, medium and long-term. This should inform which partners are engaged at particular times in the life of the Partnership. In other words, is it meant to be based primarily around collaboration between two partners (a local authority and a third sector organisation), or a broader area-based set-up involving and requiring a contribution from a wider range of relevant stakeholders? Or is it meant to move gradually from the former to the latter model (which, in broad terms, seems to have been the case in Coventry)? Whatever the decision taken at this point, this must be clearly communicated to potential partners so that they understand what contribution is expected from them and can plan accordingly.

- A local authority is a complex organisation, within which there are various (sometimes conflicting) interests and priorities. The Partnership experience suggests that, in order to make it a success, there is a need to not only obtain buy-in from the very top, but also to find champions across the organisation to drive it forward. At the same time, it is clear that where those champions sit in the local authority (in the case of Coventry, primarily in Public Health) is likely to affect the priorities of the Partnership work.

- In this context, some doubts seem justified as to whether the Programme Board of the Macmillan and Coventry City Council Partnership was sufficiently representative of all key Directorates/teams. This links back to the issue of representation driving project activity, and vice versa.

Selecting and progressing projects

- There is a need to find a balance between a strategic and an iterative approach to agreeing and driving forward project activity. While it is necessary to maintain an element of flexibility and pragmatism, the evaluation findings suggest that the Partnership could have benefited from taking a little more time at the outset to scope out potential activities, and map/analyse relevant stakeholders, their interests and potential contributions, and ensuring that they provided an ongoing platform for the engagement of all those partner organisations that might not be expected to contribute directly to project activity in the short term.

- The evidence-based approach to specific projects and activities has worked well, and should ideally be repeated in future collaborative undertakings. Typically, projects began with an analysis of the baseline situation and associated problems; this helped generate buy-in and target activities appropriately.

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Partnership arrangements

- The model of embedding a Macmillan-funded Project Manager within the Council has worked well, and is worth considering when looking at similar work elsewhere. It would be very difficult to achieve a similar level of progress without an individual who is equally fully dedicated to making the Partnership work. Since the role provides an interface between the two main partners, as well as a face for the Partnership both within the Council and towards other stakeholders, an open and engaging personality is one of the key prerequisites of the job.

- The inherent risk is an over-reliance on the Project Manager, which can lead to inefficiencies and give rise to concerns around sustainability if/when funding for the role comes to an end. To mitigate against this, due consideration should be given to appropriate support mechanisms, so that a reasonable share of the responsibility for delivery can be passed on and embedded into other existing roles.

- Linked to this, Macmillan has not (yet) been able to fully capitalise on opportunities for organisational learning. In future, ways should be sought to create better linkages between embedded staff and Macmillan regional and national teams, so as to ensure that lessons learned are better internalised.

- Macmillan and the Council should also review the approach to resourcing the Partnership, in particular whether a small amount of budget set aside as "seed funding" could have avoided some delays and spurred a higher level of activity.

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Annex A: Research Design

1.1 This section discusses the approach adopted by the evaluation team in order to meet the aims of the study. The key research activities by strand are summarised in Table A-1.

Table A-1: Summary of evaluation activities

Task	What this involved	Timeframe
Desk-based research	Review of project documentation and background literature	March-April 2014, July-August 2014, and January -February 2015
Online Survey of the Programme Board	A short online survey of Programme Board members	March-April 2014
Stakeholder consultations	Telephone consultations with Programme Board members, operational staff, Service Managers from the City Council and other key stakeholders	April-May 2014, September-October 2014 and March-April 2015
Online survey of partners and stakeholders	An online survey of Programme Board members, operational staff, Service Managers from the City Council and other key stakeholders	April-May 2014 and February-March 2015
Thematic Case Studies	Three thematic case studies exploring areas of Partnership activity including progress in implementing the Boots Macmillan Information Pharmacist initiative, Working through Cancer and a study exploring Organisational Learning arising from the work of the Partnership.	September-October 2014 and March-April 2015
Online survey of people affected by cancer	An online survey of people affected by cancer known to stakeholder organisations	February-March 2015
Learning workshop	A workshop attended by Programme Board members, operational staff, Service Managers from the City Council and other key stakeholders	March 2015

Source: SQW

Desk-based research

A.2 Over the course of the study we have kept abreast of the implementation of the Partnership by reviewing all available programme/project documentation. Where appropriate we have also sought to take into account relevant research papers either shared with us by stakeholders or that we have been made aware of through our work in this field. Over the course of the study a total of 76 papers were reviewed. Each paper was considered in a systematic way using a predetermined framework. The use of this framework was vital in providing an accurate map of project activity (over time).

Online Survey of the Programme Board

A.3 To gather perspectives on the objectives, expectation and anticipated outcomes of the Partnership, individual goals and incentives for participation, and suggested indicators of success we undertook a short e-survey of Programme Board members in March-April 2014.

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A.4   Using contact information provided by the Project Manager each member of the Programme Board was sent an individualised link to the survey. Where a response was not forthcoming, reminders were sent out jointly by the Project and Evaluation Managers. Responses were received from seven of eight Programme Board Members. At the time of the survey it was noted that the Programme Board Member who did not respond to the survey had found it difficult to engage with the Partnership due to limited capacity.

Stakeholder consultations

A.5   Initial stakeholder consultations which took place in April-May 2014, were followed by two further rounds of meetings in September-October 2014 and March-April 2015. Consultations have been undertaken by telephone and have targeted a mix of Programme Board members, wider stakeholders (including Macmillan and Coventry City employees), and City Council employees affected by cancer.

A.6   In total 44 consultations have been undertaken to date (three more than initially proposed). These are summarised in Table A.2. Over the course of the study the profile of these consultees was modified considerably. For instance over the course of the scoping phase it became evident that the Programme Board was viewed as the main decision-making body and meetings of project groups had been largely ad hoc. As a result it was decided to increase the number of consultations undertaken with Programme Board members (from 12 to 15) and reduce the number of consultations undertaken with operational staff (from 15 to 7). Due to early discussions with the co-production panel and feedback from people affected by cancer it was decided to alter our approach to include an e-survey rather than continue with the telephone consultations. As a result only one telephone consultation with an employee affected by cancer was undertaken.

Table A-1: Number of stakeholder consultations undertaken

Stakeholder group	Number of Interviews
Programme Board Members	15
Operational staff	7
Wider stakeholder	9
Service Managers	12
Employees	1
Total	44

Source: SQW

A.7   Consultations were undertaken using a semi-structured topic guide and where possible were recorded. Each consultation took approximately 30-40 minutes. As well as assessing how much progress has been made in delivering Partnership and project activities (including the extent to which activities have been embedded as business-as-usual), the consultations provided an opportunity to assess the critical success factors and challenges that have arisen as the Partnership has progressed (as well as ways to mitigate these). During the final phase, we also asked consultees to reflect on what they felt the Partnership had done that was innovative, sustainable and replicable.

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Online survey of partners and stakeholders

A.8 Partnership activities have impacted on a range of stakeholders, the views of whom have all been important in assessing the performance and impact of the initiative. To capture the views of all appropriate stakeholders we undertook an online survey of professionals engaged in the work of the Partnership in April-May 2014. In order to gain a sense of the progress made by Partnership the survey was re-run in March-April 2015. In particular the survey was used to explore a number of issues including:

- The **background** of the respondent, and their involvement in the Partnership and underlying projects to date

- **Awareness** of the work of the Partnership

- The **objectives** of the Partnership, and the degree to which these align with those of the projects taken forward

- Perceptions regarding the effectiveness of the Partnership

- Perceptions regarding the **impact** of the Partnership

- **Key learning** that respondents have gained from their involvement in the Partnership

A.9 Recipients were identified by the Project Manager based on her knowledge of who had been involved at a project and a Partnership level. The survey was sent out to a total of 52 stakeholders in Wave 1 and 44 stakeholders in Wave 2. A total of 29 responses were received in Wave 1 and 20 in Wave 2. Although these results represent a relatively high response rate for an online survey (56% and 45% respectively) it nonetheless places major constraints on the extent and sophistication of any analysis that can be conducted. Any findings made based on survey data should be made with care.

Thematic Case Studies

A.10 Three thematic case studies were conducted to explore key areas of Partnership activity. Themes were selected in Partnership with the Programme Board (and revisited based on actual progress made in delivering the different projects), and the case studies were undertaken throughout the duration of the study. Following discussions with the Programme Board it was decided to focus on:

- Progress made in increasing the number of Boots Macmillan Information Pharmacists working in Coventry

- Progress made in implementing the 'Working through Cancer' project

- Identifying areas of Organisational Learning for Macmillan arising from the work of the Partnership.

SQW

Boots Macmillan Information Pharmacists

A.11   This thematic explored progress made in developing the Boots Macmillan Information Pharmacists (BMIP) offer in Coventry. Over the course of thematic study (September- October 2014) interviews were undertaken with a wide range of stakeholders including:

- The national Boots and Macmillan Partnership Services lead.

- The regional Boots lead

- The Project Manager for the Partnership

- Two BMIPs

A.12   Interviews were undertaken using a semi-structured topic guide. Interviews took 45-60 minutes and were undertaken both by telephone and face-to-face. In addition a short video of the BMIPs was recorded. This was an abbreviated version of the consultations undertaken and has been used to promote the project. Where possible the findings of our fieldwork were supplemented by a desk-based review of available documentation.

Working through Cancer

A.13   This thematic was undertaken to explore the progress made in implementing the 'Working through Cancer project'. Over the course of the thematic study (March-April 2015), interviews were undertaken with a wide range of stakeholders including:

- The national Macmillan Working through Cancer lead

- The lead researcher from Coventry University (commissioned to explore the experiences of managers responsible for line managing employees with a cancer diagnosis and employees who have had a cancer diagnosis)

- Four key champions within the Occupational Health and Human Resources teams at Coventry City Council

- Two managers at Coventry City Council in receipt of training to support them in dealing with employees affected by cancer

A.14   Initially due for completion in September-October 2014, due to the limited progress made by the Partnership at that point, the Programme Board agreed to delay the completion of the study until March-April 2015. In recognition that the online survey of PABC was due to be launched at the same time that the study was to be undertaken it was decided to drop the proposal to undertake interviews with employees affected by cancer.

A.15   Contact information for managers in receipt of training was provided by staff within the Human Resources team at Coventry City Council. In order to maintain compliance with data protection guidelines permission was sought from managers prior to releasing contact information to us. Four managers provided the appropriate permissions of which two were able to find the time to speak to us (one member of staff was found to be ill at the time of our enquiry, the other was unresponsive).

SQW

Organisational Learning

A.16   The third thematic has examined the ways in which Macmillan have looked to learn from their experiences in supporting the Partnership. The study was undertaken in April-May 2015 and involved interviews with a variety of stakeholders based within Macmillan's regional and national infrastructure. In total eight interviews were undertaken. All of these were undertaken by telephone and took around an hour.

Online survey of people affected by cancer

A.17   As discussed above, during the scoping phase it was decided to undertake a survey of people affected by cancer. This was undertaken instead of telephone interviews with PABC. This decision was taken based on feedback from the co-production panel and concerns that PABC may be more open to putting their experiences *'on paper'* rather than responding to somebody on the end of a 'phone, particularly where the issues discussed had the potential to be a subject of ongoing trauma. The survey was used to explore a number of issues including:

- **Awareness** of the work of the Partnership

- Perceptions regarding the **utility** of the support available to PABC

- Perceptions regarding the **impact** of the Partnership on people affected by cancer

- Understanding what people affected by cancer think that the priorities of the Partnership should be **moving forward**.

A.18   Using contact information provided by the Project Manager the survey was sent out to a total of sixteen individuals, twelve of whom responded. Although a relatively high response rate for an online survey (75%) it is important to recognise the constraints that this number of responses places on the sophistication of the analysis. Given the relatively small sample size care must been taken in interpreting the results.

Learning workshop

A.19   A learning workshop was held to help key stakeholders to reflect on the lessons learnt to date through the work of the Partnership and 'sound-check' the findings of the evaluation. Initially proposed to take place in November 2014, due to the limited progress made by the Partnership, the Partnership Board agreed to postpone the workshop until March 2015. Marketed by the Project Manager, the event was attended by sixteen professionals; nine of whom were Macmillan employees, three of whom were Council employees, one of whom was an elected member, one of whom was from the CCG, one of whom was employed by an organisation in the Third Sector and one of whom was employed by the private sector.

A.20   Based on an agenda developed in consultation with the Programme Board, Project Manager and Evaluation and Impact Officer the workshop comprised of a:

- Presentation by the evaluation team (Project Director and Project Manager) to provide an update on the evaluation (in terms of progress), interim findings, and emerging recommendations

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- Break-out discussions to 'sound-check' the findings and recommendations.

A.21 After the lunch-break the number of attendees dropped to nine. As a result the decision was taken to reduce the number of break-out groups to two. Where possible efforts were made to ensure that a range of different organisations were represented within each group.

Annex B: List of strategic consultees

Name	Role / Organisation
Steve Banbury	CEO, Voluntary Action Coventry
Jasbir Bilen	HR Business Partner, Coventry City Council
Lyn Bruce	Associate Learning and Development Manager, Macmillan
Monica Burchell	Macmillan Development Manager for Coventry, Warwickshire and Worcestershire, Macmillan Member of Partnership Programme Board
Angela Cleary	Learning and Development Manager, Macmillan
Sorrelle Clements	Library Services Development Manager, Coventry City Council
David Crosby	General Manager, Macmillan Deputy Chair of Partnership Programme Board
Pauline Dye	CEO, Coventry Carers' Centre
Rebecca Elson	Partnership Project Manager, Macmillan Cancer Support Member of Partnership Programme Board
Elizabeth Flowers	Disability Policy Lead and Chair of the Disabled Employees Network
Anne Hartley	Epidemiologist, Public Health, Coventry City Council
Rachel Hobbs	Senior Communications Lead, Macmillan
Rowena Howell	Services Lead for the Macmillan and Boots Partnership
Ruth Light	Chief Officer, Healthwatch Coventry
Liz McPherson	Area Manager, Boots
Kate Montgomery	Involvement Lead, CCG Member of Partnership Programme Board
Dr Jane Moore	Director of Public Health, Coventry City Council Chair of Partnership Programme Board
Esther Peapell	Involvement Lead, CCG Member of Partnership Programme Board
Deborah Smith	Macmillan Cancer Information & Support Manager, Coventry University Hospital
Mandy Spraggett	Fundraising Manager for Coventry and Rugby, Macmillan
Elizabeth Stickney	Direct Volunteering Service Manager for the West Midlands, Macmillan
Ruth Tenant	Deputy Director of Public Health, Coventry City Council
Roseann Tiff	Cancer Buddy Scheme Manager, Occupational Health Team, Coventry City Council
Laura Vernals	Working through Cancer Programme Manager, Macmillan
Brian Walsh	Executive Director of the People Directorate, Coventry City Council
John West	Communications Manager, Coventry City Council
Angela White	Occupational Health Manager, Coventry City Council

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Name	Role / Organisation
	Member of Partnership Programme Board

Annex C: Findings from the E-survey of PABC

Overview of the survey of people affected by cancer

C.1   Between March-April 2015 we undertook an online survey of people affected by cancer (PABC) to understand how people affected by cancer had been involved and/or supported by the Partnership or its projects, and their thoughts on how the Partnership or its projects have made a difference to people affected by cancer in Coventry. The survey was sent to a list of individuals who had been engaged in the Partnership or its projects and were known to have been affected by cancer.

C.2   Table C-1 sets out the response rate to the survey and how those who responded had been affected by cancer. Overall, 12 individuals responded, a response rate of 75% (the survey was sent to a total of 16 people). Of the respondents, all but one were employees of Coventry City Council.

Table C-1: People affected by cancer online survey

Affected by Cancer	Number of responses
I have finished treatment and have no active symptoms of cancer or long-term effects of cancer treatment	5
I have finished treatment and living with long-term effects of cancer treatment	3
I have a family member or friend who is currently undergoing treatment for cancer	1
I provide care for a relative or friend who is living with cancer and have a family member or friend who is currently undergoing treatment for cancer	1
I am currently undergoing treatment for cancer	1
Prefer not to say	1
Total responses/response rate	**12 (75%)**

Source: SQW
Note: Survey sent to 16 potential respondents

C.3   The findings below are presented to align with the structure of the survey, and cover:

- **Awareness** – at both the Partnership and project level

- **Support received** – projects and services used and its usefulness

- **Impact –** to understand the impact of the Partnership and projects to people affected by cancer

- **Going forward –** what do people affected by cancer think the priorities should be

Awareness

C.4   Overall only a few respondents had used the projects that the Partnership delivered. The most used services were specific support offered from the Council's Occupational Health team

SQW

(four) and specific support offered from a line manager or other people at the Council (four). Although usage was relatively low amongst respondents, they had good awareness of the various projects offered by the Partnership. Awareness amongst respondents was found to be highest of general advice, support or signposting within the Council (two used, nine aware) and Cancer Buddies (one used, ten aware) (see Figure C-)

Figure C-1: Awareness and usage of the projects delivered by the Partnership by people affected by cancer
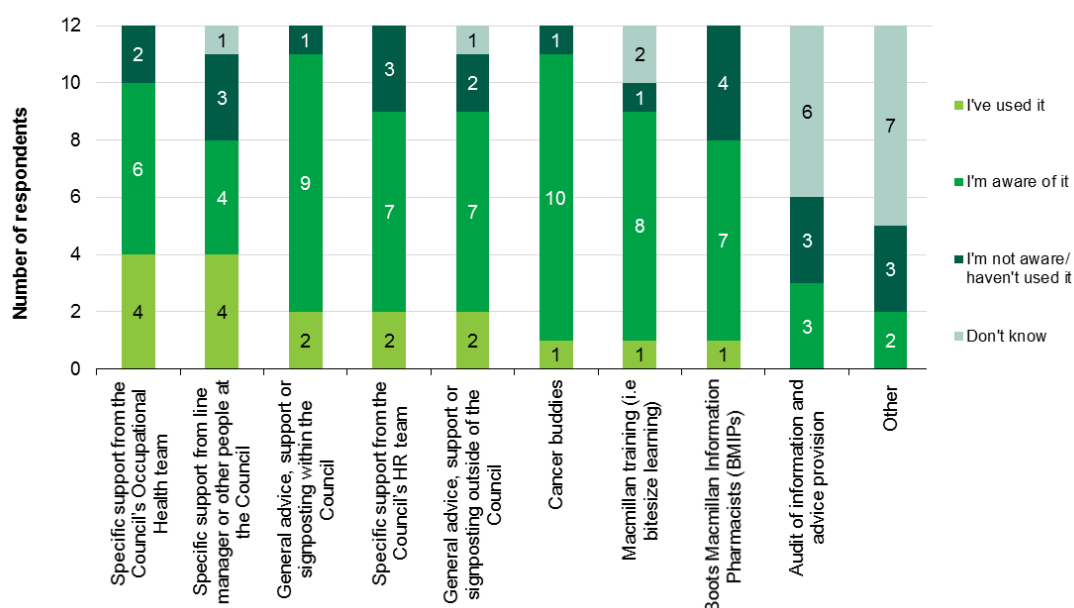
N: 12 Source: SQW survey of people affected by cancer
Note: one respondent said they were both aware and had used Macmillan training (i.e. bitesize learning). This respondent's response was amended to 'I've used it' as respondents are assumed to be aware of a project if they have used it.

C.5   Of those respondents (four) who were personally receiving treatment for cancer or supporting a friend or relative with cancer, feedback on the utility of the projects was positive:

> *"Macmillan Cancer Support (the CSC course). Brilliant course which helped me to overcome my personal demons and be useful in supporting others."*

> *"I received support from both HR and Occupational Health, which was extremely helpful. I discussed my working hours with HR and reduced my hours to support a close relative during their treatment for Cancer and received counselling from Occupational Health."*

> *"(Support from) Occupational health when undergoing treatment, HR support when taking off time while undergoing treatment and support from line manager with reduction of hours to deal and undergo treatment while still working"*

C.6   Overall respondents thought that people affected by cancer in Coventry have access to relevant, accessible and high quality information about the services and/or support available (two strongly agreed and seven agreed) and support to be able to stay in work (one strongly agreed and eight agreed). Nearly half the respondents (five) either did not really agree (one) or did not agree at all (four) that people affected in Coventry have access to coordinated and joined-up cancer services (see Figure C-1).

SQW

Figure C-1: Accessibility of services to people affected by cancer
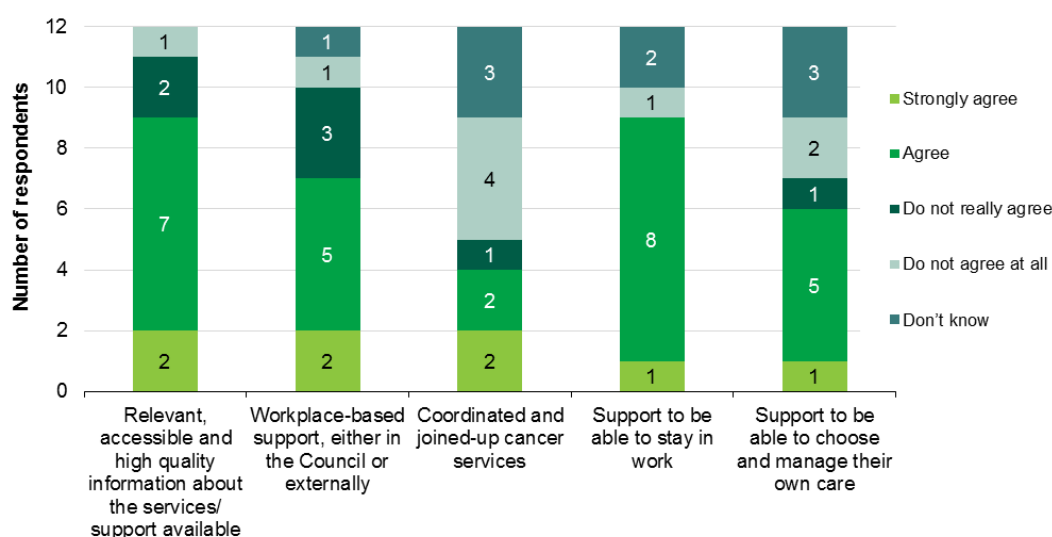
N: 12 Source: SQW survey of people affected by cancer

C.7   Some respondents (four) thought that the Partnership was aiming to address gaps and issues in the support available to people affected by cancer in Coventry by joining up services and making information and services more accessible:

> *"Making information available in easy to access places like pharmacies and the library"*

> *"Trying to do a joined up approach"*

C.8   In addition to these respondents, one respondent thought that the Partnership was providing an example to other employers in the Coventry. Another respondent commented that it was seeking to address gaps by understanding what people affected by cancer wanted and then how to address them:

> *"Understanding what people want during their diagnosis/treatment and beyond through surveys/questionnaires (such as this) and plugging gaps where they can (resources dependent)."*

C.9   What impressed respondents the most about the Partnership were the resources, information and support it offered to people affected by cancer. This was mentioned by six respondents. Two respondents commented that they had been impressed by the way that the Partnership had looked to engage wider partners as it engaged multiple organisations and/or key individuals.

C.10   Two respondents indicated that they had been disappointed by one or more aspect of the Partnership. One indicated that they had been disappointed by efforts to raise awareness of the Partnership. The other felt that there had been insufficient communication regarding how the work of the Partnership as a whole was being progressed.

C.11   Respondents thought that the Partnership had been most effective in developing more accessible and appropriate support provision (three very effective, five quite effective). Few

respondents indicated that they felt that the Partnership had been ineffective in achieving a particular objective (see Figure C-2).

Figure C-2: Effective of the Partnership and its projects
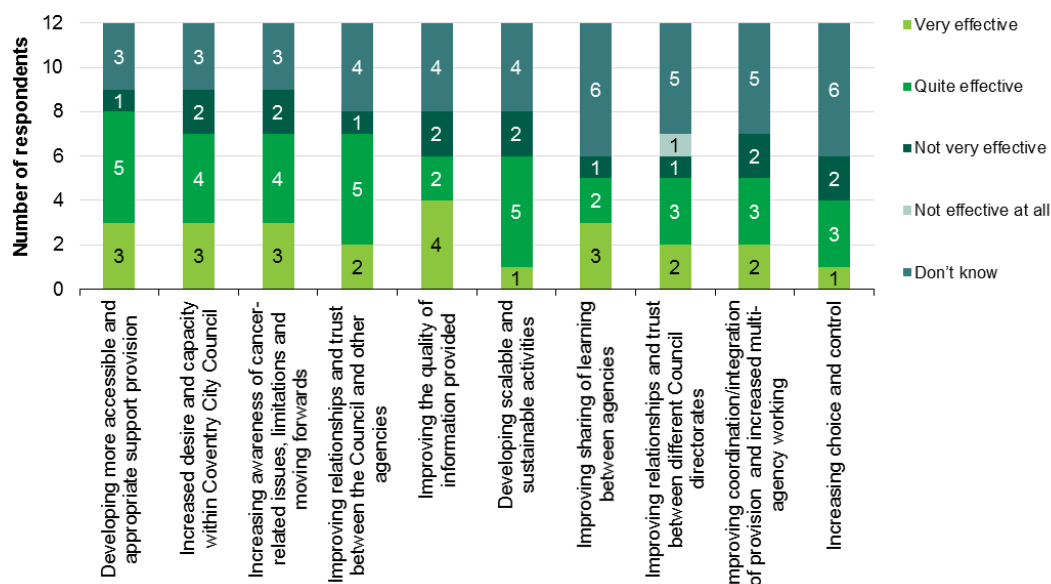
N: 12 Source: SQW survey of people affected by cancer

C.12   Around a third (four) of the respondents thought that the views of people affected by cancer had been given appropriate consideration by the Partnership. The remaining respondents (eight) did not know if they had or not. Of the four that felt that the views of PABC had been taken into account, two indicated that they had themselves provided this perspective:

> *"There has been engagement with service users and third sector providers. There was scope for a public engagement event."*

> *"I was pleased as a close relative of someone living with cancer to be able to provide my views as I had felt previously that these were often missed and in my experience I had been the person who sourced most (of the) information and help for my relative as they were not well enough to do so themselves."*

C.13   Of twelve respondents, two thought that the Partnership so far had made a difference to people affected by cancer in Coventry. Principally it was argued that the work of the Partnership had contributed to more dialogue about the issues faced by PABC. Another respondent commented that the Partnership had made information more accessible.

> *"Making it less taboo and more 'acceptable' to discuss."*

> *"The topic is much more widely discussed and access to information and support is clearer especially as an employee of CCC."*

> *"There has been an increase in pharmacies offering information. This is more convenient than trips to the NHS information centres. The improvement made for Council employees needs to be rolled out to other organisations."*

SQW

C.14 There were three respondents who provided their thoughts on how the Partnership could develop over the next three years. Their suggestions included expansion of the Cancer Buddies project, more support for those living with long terms conditions as a result of cancer treatment, and more activities to raise awareness.

C.15 Overall five respondents provided fourteen comments on what they thought the priorities for the Partnership should be going forwards. Of the fourteen comments, six were related to issues or difficulties people affected by cancer face in the workplace. These ranged from wanting more understanding of cancer in the workplace, more support for people affected by cancer either themselves or by a relative's illness in the workplace, and better recognition of cancer by employers or workplace practices. There were two comments that identified a need to prioritise understanding what it is like to live with cancer and the long term effects after treatment.

Annex D: Findings from the E-survey of key stakeholders

Overview of the two phase survey of operational and strategic stakeholders

D.1   An online survey was undertaken in September-October 2014 (wave 1) and March-April 2015 (wave 2) to gather the perspectives of a range of internal and external stakeholders about the Partnership and its underlying projects.

D.2   Table A-1 sets out the main target audiences for the wave 1 and 2 surveys, including their organisational 'background', and the associated number of responses and response rate achieved. Overall, 29 responses were received to the wave 1 survey and 20 individuals responded to the wave 2 survey. A response rate of 56% and 45% respectively.

Table D-1: Second wave online survey

Target audience	Types of organisation	No of responses/ response rate
Wave 1		
Programme Board members	Macmillan, Coventry City Council, CCG, Voluntary Action Coventry	5 (63%)
Other stakeholders	Macmillan, Boots, Coventry City Council, third sector organisations and health care professionals	24 (55%)
Overall		**29 (56%)**
Wave 2		
Programme Board members	Macmillan, Coventry City Council, CCG, Voluntary Action Coventry	6 (75%)
Other stakeholders	Macmillan, Boots, Coventry City Council, third sector organisations and health care professionals	14 (37%)
Overall		**20 (45%)**

Source: SQW
Note: Wave 1: The survey was sent to 60 potential respondents, due to individual circumstances eight email addresses were subsequently removed from the contact list. Reasons include retirement or absence from work due to ill-health.
Note: Wave 2: The survey was sent to 51 potential respondents, due to individual circumstances seven email addresses were subsequently removed from the contact list. Reasons include retirement or absence from work due to ill-health.

D.3   The survey was tailored to meet the needs of different audiences. Strategic respondents (e.g. Programme Board members) were asked questions relating to the overall Partnership. Other stakeholders were asked questions about project-specific activities[15].

D.4   The findings below are presented to align with the structure of the survey, and cover:

- **Background/context** – including the role of the participant, and their involvement in the Partnership and underlying projects to date

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[15] The same survey was sent to Programme Board members and other stakeholders. Respondents self-reported on their involvement (strategic, operational, received support and/or other) and were routed to appropriate questions accordingly.

SQW

- **Awareness** – at both the Partnership and project level

- **Objectives** – of the Partnership and projects, and the degree to which they align

- **Implementation** – including how effective strategic and operational measures have been (e.g. setting of priorities, communication, engagement from key stakeholders) at both the Partnership and project levels, and what has worked particularly well or where there is room for improvement

- **Impact –** to understand the impact of the Partnership and projects

- **Lessons learnt –** the key learning that respondents have gained from their involvement in the Partnership

Background and context

D.5 Of the 29 respondents to the wave 1 survey, nearly half (14) worked for the Council. As did a similar proportion of respondents to the wave 2 (ten). Responses to the surveys were also received from Macmillan staff, eight in wave 1 and six in wave 2. And those aware or involved in the Partnership through association. These included individuals associated with support services (e.g. Voluntary Action Coventry and Coventry Carers' Centre) and the provision of healthcare services. In terms of the type of involvement respondents had:

- About one third of respondents to both surveys had been involved strategically by being on the Programme Board

- About one third of respondents to both surveys had been involved in the Partnership in a strategic capacity – these respondents provided support (i.e. communications, awareness raising etc.) to the Partnership

- The remaining respondents to the wave 1 survey (11) stated that they had been involved indirectly in operational activities – for example as a supportive partner (e.g. Coventry and Rugby CCG) or via receiving information through project activities (e.g. Coventry and Warwickshire Partnership Trust and divisions of Macmillan and the Council)

- The remaining respondents to the wave 2 survey had either been involved by working on a specific project (three[16]) or in another capacity (five) – for example as a supportive partner (e.g. Coventry and Rugby CCG) or via receiving information through project activities

Awareness

D.6 Awareness of the overall Partnership and its projects was good amongst wave 2 respondents, irrespective of their involvement in strategic or operational activities. Over half of the respondents were involved in the overall strategic delivery of the Partnership (11) and the general advice, support and signposting activities (ten). Overall all wave 2 respondents were

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[16] Note that one Programme Board member and two respondents involved in a strategic capacity also reported that they worked on a specific project

aware or involved in the general advice, support and signposting activities and the audit of information and advice provision projects (see Figure 5.1).

Figure D-5-1: Involvement and awareness of the Partnership and its projects
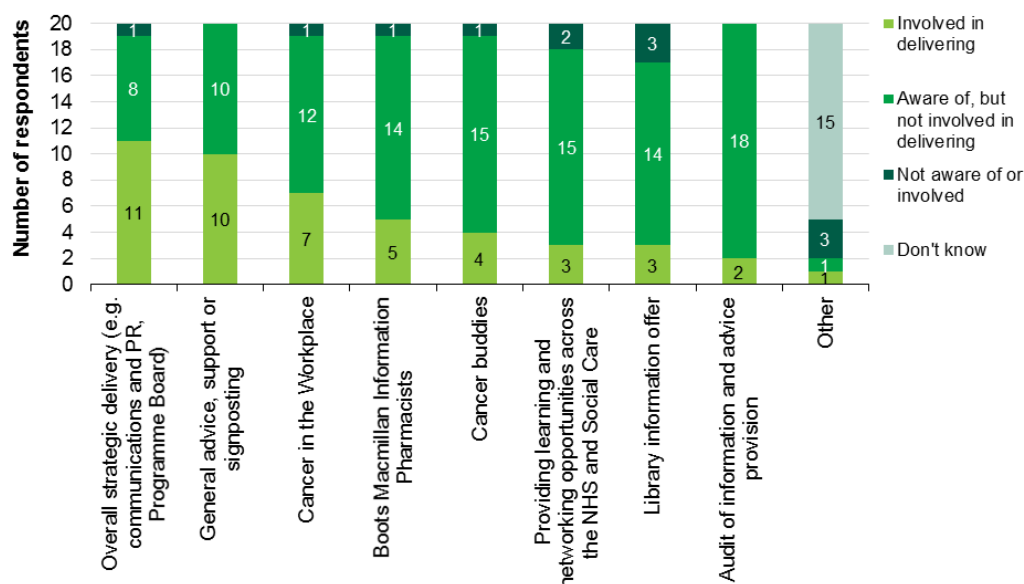
N: 20 Source: SQW wave 2 survey

Objectives

D.7 Wave 2 respondents understood the main issue and challenge faced by people affected by cancer in Coventry to be knowing what support was available and how to access it. Overall more than half (12) respondents thought that this was an issue. The provision of support to people affected by cancer post-treatment (five) and specific support with employment issues (four) were also issues raised. Some respondents (four) also thought that there were issues with employers' knowledge of cancer, including understanding the impact cancer has on an employee's performance and employment laws, which was a challenge for people affected by cancer. Other issues and challenges raised by respondents included a lack of joined up and integrated services for people affected by cancer (three) and other issues such as reduced confidence (three):

> *"I think knowing what support there is open to them (people affected by cancer), outside of their medical care for the condition. Then knowing how and when they can access whatever this support may be."*

D.8 These respondents thought that the Partnership had tried to address these issues by undertaking activities to raise awareness (ten), promoted or launched specific projects (nine) and brought together and engaged key stakeholders (six).

D.9 There was unanimous agreement amongst the wave 2 respondents that it still makes sense to continue the delivery of the Partnership's projects and activities in light of the main issues experienced by people affected by cancer in Coventry:

"I absolutely do believe it is imperative to continue to deliver these initiatives. The journey to help cancer patients in Coventry and CCC is only just begun."

"Yes, as these initiatives are sensible, practical and sustainable. They help to create a network of support and routes to sign post individuals to the correct support and advice. In addition, many of the projects are City wide and therefore ensuring improved access to the support that is available."

"Yes – increasing number of people with a cancer diagnosis is forecast and the Partnership is laying the foundations to manage this and has an opportunity to continue to evolve with the emerging picture."

"It seems strange to stop now, when actually I think only the size of the issue has been determined, not the outcome."

Implementation

D.10   Questions on implementation in both surveys were tailored to the target audiences, with strategic stakeholders[17] only asked about the implementation of the Partnership, and operational respondents asked questions about the implementation of the projects.

Implementation at a Partnership level

D.11   Overall all strategic respondents (12) to the wave 2 survey agreed that buy-in to the Partnership from Macmillan had been sufficient and that project management had been effective. This finding was consistent with that of the wave 1 survey (see Figure D-1). A small number of respondents to the wave 2 survey did not agree that the dissemination of learning amongst key stakeholders within Macmillan and Coventry City Council had been effective (three). Again this was consistent with the findings of the wave 1 survey.

Figure D-1: Implementation of the Partnership, strategic respondents' wave 1 and 2

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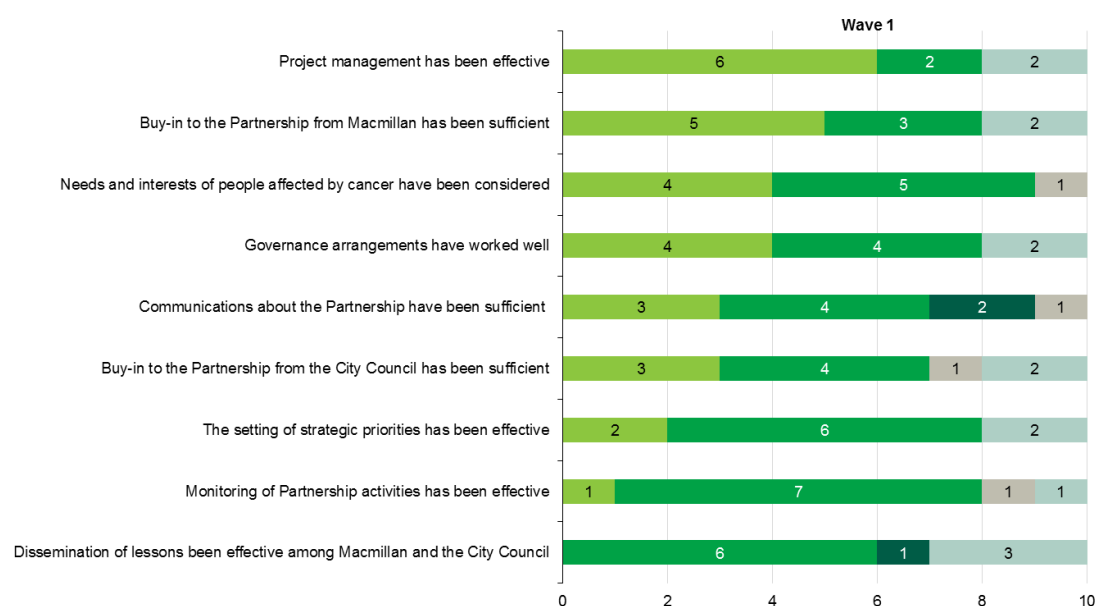
[17] These are members of the Programme Board or those who provided strategic support to the Partnership
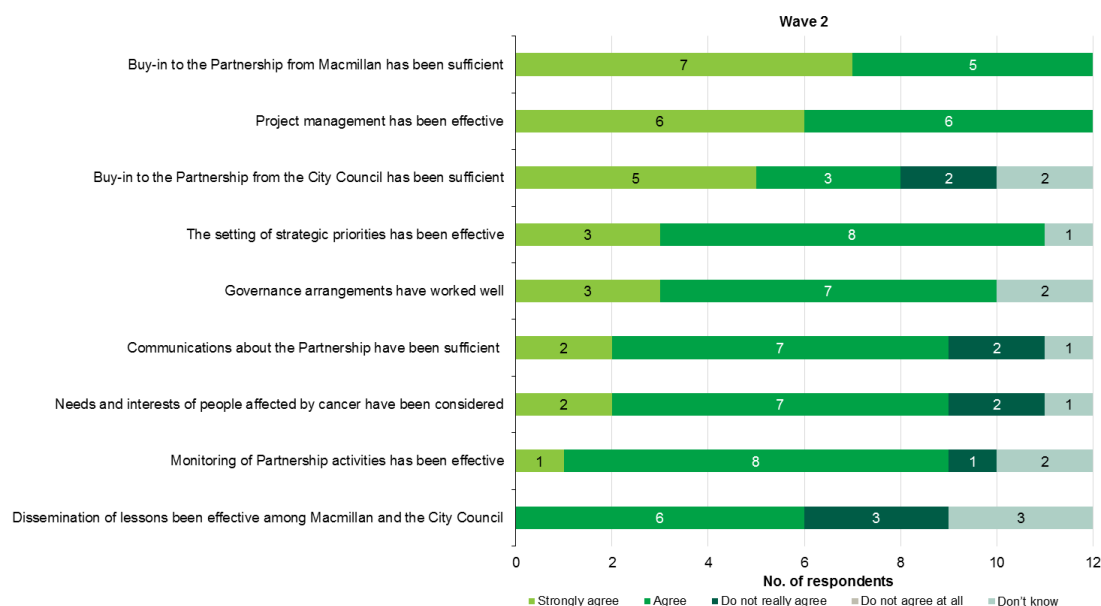
Wave 2

N: Wave 1: 10, Wave 2: 12 Source: SQW wave 1 and wave 2 surveys

D.12   Strategic respondents indicated that that a number of factors had affected the effectiveness of the Partnership. The most common barrier mentioned by half (six) of the strategic respondents was resources. This included time resources, reliance on key members of staff and resources to ensure sustainability. Limited resources was the most common barrier and challenge to implementing the Partnership mentioned by strategic respondents to the wave 1 survey. Other challenges included difficulties gaining buy-in (four), lack of clarity around the aims and/or objectives (three), unclear roles and responsibilities (three) and communications (three):

> *"Resources to support and sustain some of the work emerging from the Partnership."*

> *"Limited resources and over-reliance on the Project Manager."*

> *"Buy in from all agencies."*

D.13   To overcome these barriers wave 2 strategic respondents indicated that the Partnership had reacted in a number of ways. These included seeking to set up an operational group and sourcing more resources from within Macmillan from the regional Service Development Team. A review of the Programme Board was also undertaken and new organisations were involved in the work of the Programme Board.

Implementation at a project level

D.14   At an operational level, respondents were similarly satisfied with the level of communication from key stakeholders. Nearly all (seven) agreed that communication has been sufficient. Buy-in to the projects from Macmillan was thought to have been sufficient with half (four) of the respondents 'strongly agreeing' and a further respondent 'agreeing'. A quarter of wave 2 operational respondents (two) did not agree that buy-in to the projects from Coventry City Council had been sufficient. This differs from the views of wave 1 operational respondents, as

the majority in the earlier survey commented that buy-in from Coventry City Council had been sufficient.

Table D-3: Implementation of the Partnership and its projects, operational respondents wave 1 and 2

Wave 1

Communication about the Partnership has been sufficient	4, 5, 1
Buy-in to the projects from Macmillan has been sufficient	4, 4, 1, 1
Buy-in to the projects from the City Council has been sufficient	4, 4, 2
Needs and interests of people affected by cancer have been considered	3, 6, 1
The setting of operational priorities has been effective	3, 4, 3
Project management has been effective	3, 3, 4
Monitoring of project activities has been effective	2, 5, 3
Governance arrangements have worked well	2, 3, 1, 4
Dissemination of lessons from the project(s) has been effective	2, 2, 1, 5
Buy-in to the projects from external stakeholders has been sufficient	2, 1, 1, 6

Wave 2

Buy-in to the projects from Macmillan has been sufficient	4, 1, 1, 2
Project management has been effective	3, 4, 1
Communication about the Partnership has been sufficient	2, 5, 1
Needs and interests of people affected by cancer have been considered	2, 4, 2
The setting of operational priorities has been effective	2, 3, 3
Governance arrangements have worked well	2, 1, 5
Monitoring of project activities has been effective	2, 1, 5
Buy-in to the projects from the City Council has been sufficient	2, 1, 2, 3
Dissemination of lessons from the project(s) has been effective	2, 1, 1, 4
Buy-in to the projects from external stakeholders has been sufficient	1, 4, 3

Number of respondents

■ Strongly agree ■ Agree ■ Do not really agree ■ Do not agree at all ■ Don't know

N: Wave 1: 10, Wave 2: 8 Source: SQW wave 1 and wave 2 surveys

D.15   Operational respondents also indicated that a number of factors had affected the effectiveness of the Partnership. Barriers and challenges were felt to include a lack of resources (three), difficulties prioritising the projects due to other competing demands (two) and low visibility of the Partnership and its projects (two).

Impact

D.16   The Partnership had impressed wave 2 strategic respondents in a number of ways. In particular its approach to creating a Partnership and building relationships between

organisations (six) and the projects which it has supported namely; BMIP (five), the audit of information, advice and guidance (three) and Cancer Buddies (two) (see Table D-1).

D.17 That is not to say that some respondents had not been disappointed by some aspects of the Partnership's work. Although there was little consensus about this, key issues included a perceived failure by the Partnership to engage more partners at an earlier stage and a lack of sustainability planning (see Table D-1).

Table D-1: Strategic respondents, Partnership activities most and least impressed by

Most impressed by	Disappointed by
Joint working and relationship building (six)	Not engaging more partners earlier (two)
Activities to raise awareness about cancer and/or Macmillan (six)	Not having a sustainability plan in place and lack of clarity about the future (two)
BMIP (five)	Not having enough impact or influence on some Coventry City Council departments (two)
Audit of information, advice and guidance (three)	Could have been more involvement of people affected by cancer (two)
Increased the offer of support and information available to people affected by cancer (three)	The Partnership and projects are not fully embedded or mainstreamed (two)
Cancer Buddies (two)	Involving more partners throughout the process (two)
Pioneered an approach, tested a new way of working (two)	
Good leadership and management (two)	

N: 12 Source: SQW wave 2 survey

D.18 The most common aspect of Partnership that impressed wave 2 operational respondents was the access it had offered to new and/or better resources (three). The approach taken by the Partnership has also impressed two operational respondents. One noting that the open and willing approach of the Partnership had enabled their organisation to adopt *"a more positive approach in supporting those with cancer".*

D.19 Wave 2 strategic respondents thought that the Partnership had been effective in delivering most of its outcomes. All (12) thought that the Partnership had been effective at achieving an increased awareness of cancer-related issues, limitations of the existing offer and the extent to which partners/agencies are able to contribute moving forwards. The outcomes that strategic respondents thought the Partnership had been less effective were in delivering choice and control for people affected by cancer and in the development of scalable and sustainable activities (see Table D-2).

D.20 Such results illustrate the progress made by the Partnership since the wave 1 survey. When asked a similar question the views expressed were more mixed. On the one hand, the majority of respondents agreed (to at least some extent) that the Partnership had raised awareness of cancer-related issues, and helped support better relationships and trust between different

Council directorates and agencies. However, achievement against the other outcomes was seen to be more limited.

Table D-2: Effectiveness of the Partnership at delivering outcomes, Strategic respondents

Outcome	No. of responses			
	Very or quite effective	**Not really or not at all effective**	**Don't know**	**Total**
Increased awareness of cancer-related issues, limitations of the existing offer and the extent to which partners/agencies are able to contribute moving forwards	12	0	0	12
Increased awareness and understanding of the Partnership and its objectives across all wider stakeholders	10	1	1	12
Increased desire and capacity within Coventry City Council to identify and meet the needs of people affected by cancer	10	1	1	12
Development of more accessible and appropriate support provision for people affected by cancer	10	1	1	12
Improved sharing of expertise about issues relating to people affected by cancer between agencies	10	0	2	12
Improvement in the quality of information provided by involved agencies for people affected by cancer	8	2	2	12
Improved sharing of learning between agencies, developed through the Partnership	8	1	3	12
Improving relationships and trust between the Council and other agencies (e.g. Carers Centre, local hospitals)	7	1	4	12
Improved coordination/integration of provision for people affected by cancer and increased multi-agency working	6	5	1	12
Improved relationships and trust between different Council directorates	6	2	4	12
Increased choice and control provided to people affected by cancer	5	3	4	12
Development of scalable and sustainable activities, which can be used locally to facilitate an evolving offer for people affected by cancer	5	2	5	12
Other	1	0	11	12

N: 20 Source: SQW wave 2 survey

D.21　Overall wave 2 operational respondents thought that the projects they were aware of had been effective at delivering the intended outcomes. For example all (eight) operational respondents thought that the project(s) they were aware of had been either 'very' or 'quite' effective at achieving an increased awareness of cancer-related issues. However operational respondents thought that the Partnership had not been as effective at achieving the development of scalable and sustainable activities, which could be used locally to facilitate an evolving offer for people affected by cancer, two respondents noting that the project(s) had 'not really' been effective at achieving this.

SQW

D.22   Interestingly, the majority of wave 2 strategic respondents went on to say that they thought that it was unlikely that the projects would have been delivered if the Partnership had not been in place. Of the 12 who responded, four thought that in the absence of the Partnership another organisation or project may have delivered similar projects.

D.23   Further to this, nearly all (11) of these strategic respondents thought that their involvement represented a good use of their time and resource. That said seven went on to identify actions that they felt could have been taken to ensure that their time was put to better use. Suggestions included having more scope within meetings to explore the needs of each organisation within the Partnership, more stakeholder engagement activities and by re-starting the task and finish groups that had been in place prior to the appointment of the Project Manager.

D.24   Overall five[18] wave 2 operational respondents thought that their involvement in the Partnership represented a good use of their time and resource. Of the five, three provided reasons why it was a good use. The comments show that the Partnership enabled them reach more people who might be in need of support and also enabled them to support people better:

> *"It has changed my strategic view of the care I need to make sure my teams are geared up to provide not just for cancer services, but the other long term conditions, people in Coventry exhibit health inequalities e.g.; COPD, Diabetes, flu etc."*

> *"It has resulted in more cancer carers being identified and supported."*

> *"It has been very helpful, and given me so much information that I have used to pass on to individuals and specific groups in CCC."*

D.25   Overall 17 wave 2 respondents provided 44 'top' lessons from the Partnership. These lessons were wide ranging and covered a number of topics. The most common lessons related to organisation and individual learning about Partnerships (six), resourcing of a programme (five) and strategic approaches to Partnerships (five). In particular respondents highlighted that personal relationships, which take time to build, and are important when establishing and maintaining Partnerships. A number also commented that they had learnt to appreciate the value of a dedicated Project Manager with the appropriate skill-set.

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[18] Two respondents did not provide a response and one respondent provided an answer that indicates that they misinterpreted the question asked.