



**Humber and North Yorkshire
Cancer Alliance**

Raising the profile of Humber and North Yorkshire Cancer Alliance: A Communications, Marketing and Media Relations Strategy

2025

Executive summary

- The communications, marketing and media strategy has been developed to describe how HNY Cancer Alliance's communications and engagement programme will 1) support Cancer Alliance's efforts to increase awareness and early diagnosis of cancer among the Humber and North Yorkshire population and 2) raise the Cancer Alliance's profile among, and establish and embed long-lasting relationships with, internal stakeholders (including the Humber and North Yorkshire cancer workforce) and external stakeholders (including cancer patients and the wider public).
- The strategy has been developed in collaboration with Cancer Alliance staff and partners. The views of communications, marketing, PR, and media relations professionals working across the Humber and North Yorkshire health and care system have been sought in the development of this strategy.
- It confirms many 'best practices' recently established within the Cancer Alliance's communications function, as well as several new practices to be implemented over the next year to improve the communications function further.
- This three-year strategy (2025-2028) replaces the Cancer Alliance's communications and engagement strategy (2018). NB: The Cancer Alliance refreshed its approach to people and community engagement in 2023 via its [working with people and communities: patient and public engagement strategy](#).
- The objectives of this strategy are:
 - 1) Raise the profile of the Cancer Alliance and help to establish greater credibility among internal stakeholders (primarily Humber and North Yorkshire's cancer workforce) and external stakeholders (particularly cancer patients and the wider public).
 - 2) Establish and embed direct (where possible) communications channels with cancer services staff; and support these colleagues with enhanced internal communications activity, helping them to excel in their roles.

- 3) Improve our population's education about cancer and the steps they can take to minimise their cancer risk (promoting health and wellbeing).
 - 4) Always take an insight-led approach to ensure the Cancer Alliance is communicating with the most appropriate audience, in the most appropriate way, to maximise reach of message and positive call to action response.
 - 5) Enhance our overall digital presence: additional social media channels and adopt good SEO practices (but continuing to consider how best to reach those who are not digitally literate)
 - 6) Provide communications advice and support to Cancer Alliance core programme staff and to those people working in cancer services across Humber and North Yorkshire; and, where appropriate, upskilling them to carry out simple but effective communications activity themselves
 - 7) Enable the Cancer Alliance to speak with one inclusive voice, to ensure that all communities and individuals in our region are able to understand and engage with our messaging
 - 8) Implement our content marketing strategy; particularly further development of the Cancer Alliance's hero-hub-hygiene (HHH) content marketing framework
- The strategy was approved at the Cancer Alliance's April Communications and Engagement Board meeting, and will be presented to the Cancer Alliance's System Board for final ratification at its May meeting.

Chapter 1: Introduction

Almost 20,000 people in Humber and North Yorkshire are diagnosed with cancer each year - a rate considerably higher than in other parts of England, while around 53,000 people in the region are currently living with or beyond cancer.

Humber and North Yorkshire Cancer Alliance seeks to improve cancer survival rates by ensuring more people are diagnosed at an earlier stage by improving cancer awareness and uptake of screening. The Cancer Alliance is working with partners to improve the care and support people with cancer receive to enable them to be more in control and better able to cope with their treatment and recovery.

Strategic and effective communications does and will continue to play an important role in achieving these objectives.

In the NHS, communications professionals play a pivotal role in ensuring their organisations engage effectively with patients, service users and local communities, helping local people understand how to access NHS services and how to prevent illness.

When done well, communications teams working in the NHS undertake a range of activities that help improve care for patients, make better use of resources and to help achieve the key objectives of their organisations.

Patients are becoming increasingly active and seeking more control over their own health and healthcare. Therefore, this move towards greater engagement and involvement requires more professional and effective communication.

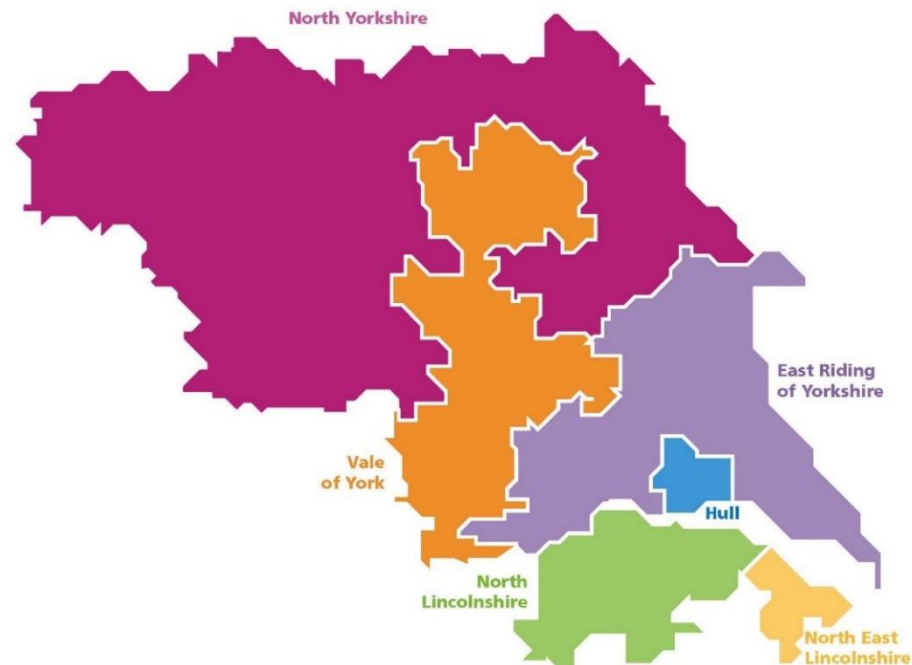
Therefore, the Cancer Alliance's new communications strategy serves as a benchmarking exercise to help stakeholders to understand how we are developing our communications approach, where we have made progress and where we need to do more to further refine this important function.

Chapter 2: About the Cancer Alliance

[Humber and North Yorkshire Cancer Alliance \(HNY Cancer Alliance\)](#) consists of various NHS organisations; voluntary, community and social enterprise organisations; and patients and members of the public. It is one of 21 cancer alliances in England.

The HNY Cancer Alliance brings together organisations that pay for and provide cancer services, to transform the diagnosis, treatment, and care for cancer patients in the Humber and North Yorkshire region.

The Cancer Alliance is a directorate within Humber and North Yorkshire Integrated Care Board (ICB), the regional NHS organisation responsible for planning health services for the Humber and North Yorkshire population. ICBs were established on a legislative basis, inheriting responsibility for managing NHS services from clinical commissioning groups, when the Health and Care Act 2022 received Royal Assent in April 2022. Cancer is a strategic priority for the HNY Partnership (ICS).



The [Humber and North Yorkshire ICB area](#) covers a population of 1.7 million people and a geographical area of more than 1,500 square miles, taking in cities, market towns and many different rural and coastal communities. The area stretches along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber and incorporates the cities of Hull and York, along with rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.

The Cancer Alliance's vision is to: ***transform the diagnosis, treatment, and care for cancer patients in Humber and North Yorkshire.***

While the Cancer Alliance is also guided by the supportive principles of being ***collaborative, patient focused, transformative, and clinically led***

The NHS Long Term Plan, which was published in 2019, sets out ambitious targets for cancer in England. The two key ambitions are:

- By 2028, 55,000 more people each year will survive their cancer for five years or more
- By 2028, the number of cancers caught early (stage one or two) will rise from around half to three-quarters (75%) of cancer patients

It is important to note that the NHS Long Term Plan will be superseded by a new [10-year plan for the NHS](#), and a subsequent new long-term plan for cancer, later this year. However, it is widely expected that the focus will remain to improve early detection rates to give cancer patients better outcomes.

To achieve this nationally the NHS is improving screening programmes, giving people faster access to diagnostic tests, investing in new treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments.

The Cancer Alliance is working hard to deliver on these targets, as well as many more, through its workstreams:

- Awareness and Early Diagnosis
- Cancer Diagnostics and Innovation
- Treatment, Pathways and Personalised Care
- Nursing and Allied Health Professionals Workforce
- Non-Surgical Oncology Workforce

- Health Inequalities
- Communications and Engagement

[Click here](#) to find out more about the Cancer Alliance and its work.

Chapter 3: About this document

HNY Cancer Alliance is not starting with a blank page and already has plenty of areas of good practice with regards to communications, marketing, and media relations.

There is, however, more work to be done to further improve our practices in these disciplines – for example, maximising team capacity, creating resources and solidifying close working relationships with partners across the Humber and North Yorkshire health and care system, and beyond.

This will enable the Cancer Alliance to consistently deliver high-standard communications activity to support the Cancer Alliance's long-term cancer delivery plan (to be developed later in 2025/26) and achieve its communications-specific objectives (see chapter six for more detail).

This document sets out how the Cancer Alliance's communications with patients, the public, cancer services staff, the media and other stakeholders will help to raise the profile of the Cancer Alliance and develop a deeper understanding among these groups of the Cancer Alliance's vision, values and strategic aims (see page five).

This strategy outlines the vision, objectives, and methods the Cancer Alliance will employ to further develop and maintain effective communications practices.

How we will consistently deliver excellent communications activity will be outlined in this strategy and then set out in more detail in the Cancer Alliance's annual communications and engagement plan.

The outcomes of this work will be promoted on the Cancer Alliance's website and social media channels, and summarised in the communications and engagement section of the Cancer Alliance's annual report and other internal and external corporate reports.

The Cancer Alliance's communications strategy has been developed in collaboration with Cancer Alliance staff and partners. The views of communications, marketing, PR, and media relations professionals working across the Humber and North Yorkshire health and care system have been sought in the development of this strategy.

The strategy will be presented to the Cancer Alliance's leadership board (HNY Cancer Alliance System Board) for ratification in May 2025. This three-year strategy will be reviewed by May 2028.

Other national legislation or guidance relevant to this strategy includes:

- [The NHS accessible information standard](#)
- [Web Content Accessibility Guidance](#)

Other relevant Cancer Alliance strategies and plans include:

- [People and community engagement strategy](#)
- [Health inequalities strategy](#)
- Place cancer plans (currently in development)

[Click here](#) to view all of the Cancer Alliance's strategies and plans.

Chapter 4: Communications, marketing, PR, and media relations - what does it mean?

The terms communications, marketing, PR, and media relations are often used synonymously but they mean different things and involve different methods and activity.

Communications refers to the broader process of exchanging information between an organisation and its stakeholders. This can involve both internal and external communication and spans all forms of communication – i.e. verbal or written. Examples of communications include creating key messages, internal newsletters, email campaigns, and employee engagement content.

Clear and consistent communication, when aligned with the organisation's long-term vision and objectives, builds relationships with both internal and external audiences (staff, patients, stakeholders).

Marketing traditionally involves promoting and selling products or services, but in the context of the NHS and wider health and care organisations it involves the encouragement of desired actions or behavioural change among target audiences to improve health outcomes among these groups.

Marketing includes market research (insight), advertising, distribution, and customer engagement to drive awareness of key messages and the adoption of desired behaviour (call to action). Key marketing activity also includes advertising, market research, brand management, offline and online campaigns.

Public relations (PR) is the practice of managing and influencing the public perception of an organisation, done by creating a positive image, handling media relations, and managing the organisation's reputation via media releases, event planning, crisis management, and community / influencer partnerships. The main goal is to build and maintain a strong, positive reputation among the public, stakeholders, and media, ensuring that the organisation is viewed favourably.

Media relations is a specialised area within PR that focuses specifically on managing an organisation's interactions with the media via activities such as story pitching, writing, and distributing media releases, arranging interviews, handling media inquiries, and maintaining relationships with journalists. The goal is to secure positive media coverage, favourably shaping the narrative around an organisation in the process.

NB: In this document, the term 'communications' will often be used when referring to a collective of activity spanning some or all the communications, marketing, PR, and media relations disciplines.

Communications provides the broad framework that encompasses all interactions between an organisation and its stakeholders. Marketing works within this framework to drive audience engagement and desired behaviours through targeted campaigns, digital marketing, and advertising.

PR helps to protect and enhance the organisation's reputation through strategic media engagement, responding to crises, and promoting positive stories. Media Relations supports PR by specifically focusing on engaging journalists and media outlets to ensure positive media coverage. Together, these areas ensure an organisation can effectively communicate its messages, build relationships, attract customers, and maintain a positive public image.

Chapter 5: Setting the scene - where are we now?

As mentioned earlier in this document it is important to remember that the Cancer Alliance has some well-established communications practices, and this strategy outlines how these practices will be complemented by further improvements to its approach to ensure effective regular communications with a wide variety of internal and external stakeholders.

Some of the ways we excel at communications, marketing, PR, and media relations activity include:

- Establishing and maintaining strong relationships with local media (this [standard operating procedure](#) summarises the Cancer Alliance's approach to working with the media)
- Establishing a multi-faceted approach to campaigns, using tried and tested activity (please read this [standard operating procedure](#) for more information on the Cancer Alliance's approach to planning, delivering, and evaluating successful public awareness campaigns)
- Recently developing a prominent website with enhanced functionality.
- Using the HHH framework to increase content production with available capacity.
- Having well-established process and practises for media enquiries, MP enquiries and FOIs.

Please refer to chapter six to learn more about how we will improve our communications functions in these ways.

Chapter 6: Communications objectives - where do we want to be

Good communication practices can have a positive effect on health outcomes. The Cancer Alliance's communications objectives support its over-arching vision and strategic aims (see page five).

The Cancer Alliance communications objectives are to:

Raise the profile of the Cancer Alliance and help to establish greater credibility among internal stakeholders (primarily Humber and North Yorkshire's cancer workforce) and external stakeholders (particularly cancer patients and the wider public).

Establish and embed direct (where possible) communications channels with cancer services staff; and support these colleagues with enhanced internal communications activity, helping them to excel in their roles.

Improve our population's education about cancer and the steps they can take to minimise their cancer risk (promoting health and wellbeing).

Always take an insight-led approach to ensure the Cancer Alliance is communicating with the most appropriate audience, in the most appropriate way, to maximise reach of message and positive call to action response.

Enhance our overall digital presence: additional social media channels and adopt good SEO practices (but continuing to consider how best to reach those who are not digitally literate)

Provide communications advice and support to Cancer Alliance core programme staff and to those people working in cancer services across Humber and North Yorkshire; and, where appropriate, upskilling them to carry out simple but effective communications activity themselves

Enable the Cancer Alliance to speak with one inclusive voice, to ensure that all communities and individuals in our region can understand and engage with our messaging

Implement our content marketing strategy; particularly further development of the Cancer Alliance's hero-hub-hygiene (HHH) content marketing framework

The Cancer Alliance communications objectives are guided by a set of principles:

- Be clear, open, honest, consistent, and accountable
- Use plain language and be accessible to all
- Use insight to develop communications approaches
- Target our communications and engagement for the audience we want to reach.
- Provide clear, consistent messages about who we are and what we do
- Encourage and support ongoing dialogue with internal and external audiences
- Provide quality and cost-effective information
- Use best practice and share knowledge with our partners across the health and care system
- Evaluate the effectiveness of our communications activity and, if necessary, refine future communications approaches accordingly

Chapter 7: How will we achieve our objectives

To successfully achieve the objectives set out in this communications strategy, the Cancer Alliance will adopt a multi-faceted and integrated approach that focuses on insight-led targeted activity; clear messaging, tailored to the needs of the audience; appropriate channel adoption; collaboration; and effective use of resources.

By also aligning our communications efforts with the NHS's core values of transparency; inclusivity; and patient-centred care, we will ensure that our efforts resonate with our diverse stakeholders and drive positive outcomes.

7.1 Objective one: Raise the profile of the Cancer Alliance and help to establish greater credibility among internal and external stakeholders

This section outlines the Cancer Alliance's commitment to raising its profile while building greater credibility within key stakeholder groups – particularly the dedicated cancer workforce across Humber and North Yorkshire, cancer patients, and the wider public.

Internally, we will focus on fostering a culture of engagement, collaboration, and recognition among the region's cancer professionals. Externally, we will amplify the Cancer Alliance's efforts to increase awareness about the disease among the wider public, while helping to signpost cancer patients to the right information they need.

The Cancer Alliance will waste no opportunity to shine a light on the many initiatives being led by the Cancer Alliance to improve outcomes for people affected by cancer in our region.

There are several ways in which we will raise the profile of HNY Cancer Alliance among internal and external stakeholders via co-ordinated communications activity.

7.11 Implementing a singular stakeholder management approach

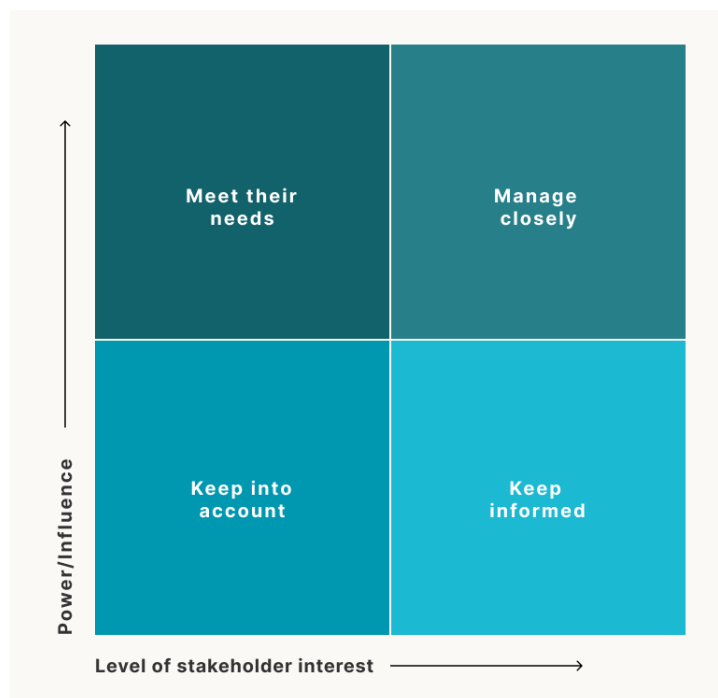
Towards the end of 2024/25, the Cancer Alliance programmes committed to adopting a singular approach to storing and managing their programme-specific stakeholder lists. This approach was agreed to help enable the Cancer Alliance to communicate with all its stakeholders in a timely and manageable manner. The new approach has been confirmed in a **standard operating procedure** document.

This agreement included the adoption of one stakeholder database, easily accessible to all, meaning in there would no longer be 'programme-specific' stakeholders, rather that every programme can now benefit from communicating with a broader range of Cancer Alliance stakeholders where there is benefit in doing so.

Prior to this, each programme had its own process for storing and managing its stakeholders, which made it challenging to communicate, en masse, with all the Cancer Alliance's stakeholders.

Looking to the future the Cancer Alliance will conduct a comprehensive stakeholder mapping exercise to identify any missing internal and external stakeholders (the last time the Cancer Alliance carried out this activity was 2022).

Once stakeholders are identified, the Cancer Alliance will re-map its stakeholders according to level of influence and interest in the Cancer Alliance's activities, using the [stakeholder matrix \(power-interest\) grid](#) to make an accurate assessment.



The Cancer Alliance will engage with its stakeholders in various ways to better understand their communications needs and develop and solidify its communications channels (see chapter eight), developing tailored communications approaches to reach different stakeholders where it makes sense to do so.

The Cancer Alliance will commit to evaluating its stakeholder communications activity on a regular basis and deliver training to Cancer Alliance programme staff to ensure they understand the importance of stakeholder management and adopting appropriate communication practices to reach their stakeholders.

In the longer term, the Cancer Alliance programmes will commit to recording their stakeholder interactions, with the stakeholder database being developed further to ensure this information can be captured and shared with other Cancer Alliance colleagues easily.

7.12 Commitment to Cancer Alliance brand adherence

Brand adherence is crucial when raising the profile of the Cancer Alliance because it ensures consistency, trust, and recognition across all communications activity. All colleagues working for the Cancer Alliance will be required to adhere to the Cancer Alliance's [brand guidelines](#), and will be trained to ensure they know how to adhere to them and the importance of doing so.

Consistency builds trust: Consistency in visuals, as well as messaging and tone (see X section) across all platforms and communications creates a cohesive brand identity. When stakeholders, whether they be internal or external, encounter the same messaging and visuals consistently, they begin to trust the brand. Trust is foundational to building strong relationships and credibility.

Recognition and recall: If the Cancer Alliance maintains adherence to its core brand elements (logo, colours, fonts, messaging), it will help it become more easily recognisable. This recognition is vital when trying to raise the Cancer Alliance's profile, as people are more likely to remember and engage with a brand they can identify. Consistent branding helps solidify the brand in the minds of its audience.

Strengthens brand values and identity: Brand adherence ensures that every piece of communication aligns with the values and mission of the Cancer Alliance. This clarity strengthens the Cancer Alliance's identity and helps external stakeholders connect with it, especially when our values are reflected consistently in all communications.

Differentiation in a competitive landscape: While the Cancer Alliance plays a crucial role in improving outcomes for people living with cancer in Humber and North Yorkshire, other organisations such as the NHS (in general), Macmillan Cancer Support and Cancer Research UK (to name a few) enjoy significantly greater recognition in this respect.

A well-established, consistently adhered-to brand stands out in a crowded landscape. Maintaining adherence to key brand elements will help the Cancer Alliance can establish its value in the minds of cancer patients and the wider public.

Internal alignment and engagement: Brand adherence is just as important internally as externally. When internal stakeholders (particularly those who work directly for HNY Cancer Alliance) understand and follow the brand guidelines, it fosters alignment. A unified team helps promote the brand more effectively, boosting engagement and driving the brand's profile forward.

Building long-term relationships: Long-term success depends on creating a connection with audiences. When the Cancer Alliance is reliable in its messaging and visual presentation, it is more likely to build loyal relationships with its stakeholders.

7.2 Objective two: Establish and embed direct (where possible) communications channels with cancer services staff; and support these colleagues with enhanced internal communications activity, helping them to excel in their roles

The adoption of a singular stakeholder management approach will help the Cancer Alliance improve the frequency and effectiveness of its internal communications approach, but there is still more work to do to improve the effectiveness of our internal communications activity.

For example, the Cancer Alliance's current approach to communicating with people working in cancer services in Humber and North Yorkshire is reliant on a dissemination model, entrusting a small number of colleagues within the cancer service provider organisations to cascade information from the Cancer Alliance to their workforce. This approach is unreliable because it only takes non-compliance from a small number of these disseminators for a large section of the workforce to not receive information from the Cancer Alliance.

Therefore, there is recognition that the Cancer Alliance needs to establish a more direct method of communicating with people who work in cancer services across the Humber and North Yorkshire health and care system, therefore avoiding an over-reliance on a dissemination model which can be hard to monitor for effectiveness.

The Cancer Alliance will explore whether it is viable, in terms of available capacity, to develop a weekly news and announcement bulletin summarising the most pertinent information relevant to cancer staff, which interested colleagues can subscribe to via the Cancer Alliance's newly developed website. Engagement of the Humber and North Yorkshire Cancer Alliance workforce will be undertaken to gain insight into what sort of information will be useful to include in the bulletin.

To complement this approach, the Cancer Alliance programmes will identify more colleagues within the cancer service provider organisations who can act as disseminators to ensure a wider network of colleagues is recruited to regularly share important information from the Cancer Alliance.

The newly developed website will feature a dedicated space to house information relevant to people working in cancer services across Humber and North Yorkshire. A concerted effort will be made by the Cancer Alliance to promote this space to the regional cancer workforce so that it becomes a well-used information repository for these colleagues.

Furthermore, the Cancer Alliance will better utilise our hospital trusts' websites, intranets, newsletters, staff/team email announcements, briefings and lock-screen messages to convey key Cancer Alliance communications activity. Providing plenty of engaging content (see the content marketing section) will help to earn coverage across these channels.

The Cancer Alliance will also explore the adoption of further communications channels to directly communicate and engage with the Humber and North Yorkshire cancer workforce (see chapter eight for more information). It will also change its approach to 'internal communications' content development to recognise excellence from within this workforce, working closely with the Cancer Alliance programmes, key colleagues within secondary, primary care and the VCSE sector in the process (see chapter 9).

7.3 Objective three: Improve our population's education about cancer and the steps they can take to minimise their cancer risk (promoting health and wellbeing)

As mentioned earlier in this strategy, the Cancer Alliance has developed a successful multi-faceted public awareness campaign approach, combining organic (earned) and paid-for activity to maximise the impact and reach of its campaigns to achieve key objectives around encouraging behaviours which will increase early cancer detection and raising cancer symptom awareness among the Humber and North Yorkshire population.

Some of campaign elements include:

- A proven insight-led approach which identifies the primary target audience
- A clear 'headline campaign angle' to attract interest from the media, the public and Cancer Alliance partners (to maximise campaign reach within communities)
- The use of a simple yet detailed communications plan template, which incorporated the [Get-Who-To-By model](#) to focus the campaign approach being taken (this is further supported by a **standard operating procedure**)
- Tried and tested media engagement approach which yields considerable media coverage.
- Co-ordinated dissemination of campaign materials across the local health and care system to maximise organic/earned reach.
- This organic activity is well supported by well-placed, paid-for communications activity, with primary audience(s), approaches, and channels carefully chosen to achieve campaign objectives.
- Targeted community engagement activity – whether focused on certain community groups (depending on focus of campaign); or in high-footfall areas (supermarkets and shopping centres); or a combination of both.
- Comprehensive campaign evaluation and reporting (acknowledging any learnings and using this insight to enhance future campaign approaches)

NB: See individual sections for more information about the different campaign elements.

This effective approach to increasing public awareness and education about cancer will be solidified during 2025/26, with further work undertaken to concentrate this activity in highly deprived areas and those communities which most significantly affected by health inequalities.

Key to this approach is:

7.31 The adoption of available data to develop targeted communications approaches, relevant to intended audience(s)

The Cancer Alliance Communications and Engagement programme will increase the sources of insight used to develop targeted communications approaches that effectively engage specific audience groups. By using more insight to better understand the unique characteristics, behaviours and needs of different audiences, the Cancer Alliance can further tailor its content and communications delivery methods, so its messaging resonates more deeply with its intended audience.

In the past 12 months the Cancer Alliance has widened its usage of data and insight to build a clearer picture of how cancer is impacting our different communities. It is imperative that the Cancer Alliance Communications and Engagement programme utilises this data to understand where to prioritise its activity and to inform the approaches taken to communicate with communities where the greatest health inequalities in our area exist.

As well as continuing to use cancer staging and cancer screening uptake data, insight from Cancer Alliance's newly developed [health inequalities dashboard](#) and the forthcoming [cancer awareness measurement survey](#) results will be integral to shape future public-facing communications activity, targeted in communities considered to be the most deprived and experiencing the greatest health inequalities from a cancer perspective.

The Communications and Engagement programme team will continue to work with the Cancer Alliance's Insight Lead to identify further and emerging datasets which can be used to glean further insight about our audiences, to increasingly tailor our communications activity to reach them successfully.

7.32 Reinforcing our strong working relationship with the media

The regional media plays a crucial role in communicating key messages about cancer awareness and prevention at scale, and the Cancer Alliance has spent the last couple of years developing strong working relationships with key regional media outlets across, print, online and broadcast platforms to help to ensure our population receive this messaging en masse.

Subsequently, the Cancer Alliance's campaigns and standalone media releases enjoy considerable media coverage so the approach going forward will be to reinforce these proven practices to continue to earn high levels of media coverage.

These include:

- Tailoring media releases to print, online and broadcast media outlets' editorial style; while creating an angle likely to appeal to their audiences. Adopting engaging headlines and leading paragraph copy, while adhering to a word count between 400 and 600 words, widely considered to be optimum for digital news platforms and for SEO purposes.
- Creating a multimedia package to accompany every media release issued to encourage coverage from online and broadcast media outlets, which enjoy the largest local audience share. The package includes (as a minimum): patient and clinician videos;

images; audio-only soundbites; and b-roll footage.

- Devoting significant time to phoning journalists to pitch story and campaign ideas; keeping in touch with them during the quieter periods to see if any Cancer Alliance media spokespeople can be used for coverage or programming (particularly relevant for local radio and TV outlets).
- Keeping an 'engaged journalists' database (but migrate to Tractivity) to track which reporters have provided Cancer Alliance coverage in the past; also tracking themes, so these can be targeted when pitching future stories and / or campaigns.
- Amassing a comprehensive list of patients and clinical colleagues willing to act as spokespeople for media interviews to promote key Cancer Alliance campaigns and messaging. In 25/26 these spokespeople will undergo professional media training to help them prepare for future media appearances.

The Cancer Alliance will continue to improve this part of its approach, by:

- Offering more frontline service and cancer innovation project filming opportunities, to encourage even more regional broadcast media coverage, as well as earn more regular national media coverage.
- Grow and develop its patient spokesperson database to regularly offer more case studies to NHS England for their national media campaign coverage, calling on a wider group of colleagues to recruit these patients than previously. Also, increase the number of expert commentators available for media interviews and increase coverage by promoting an 'experts' database on the Cancer Alliance website to signpost the media to.
- Operating a media grading system (based on viewing, reading, and listening figures and targeting those outlets) and using this insight to target the 'bigger' outlets more frequently to earn regular coverage.
- Widen the focus of Cancer Alliance communications narrative to not centre exclusively on cancer awareness and education, but also to celebrate the wide range of innovation occurring across the Humber and North Yorkshire health and care system

to reduce cancer rates and improve outcomes for those people diagnosed with the disease.

- Enhance the Cancer Alliance’s press office function by committing to horizon scanning to identify emerging issues/trends in cancer services so that the Cancer Alliance can more proactively prepared to respond to media enquiries and meet ad-hoc requests for interviews. This approach will be widened beyond regional media outlets to include national and specialist media outlets, where appropriate.
- Further enhance multimedia packages which accompany our media releases, to include as close to professional-standard videos and b-roll footage for direct use by broadcast media, recognising the decline in journalist capacity, to generate more substantial and wide-ranging coverage for the Cancer Alliance.

7.33 Incorporating people and community engagement into the campaign approach

Our enhanced communications approach will be underpinned by our people and community engagement activity. In the last two years the Cancer Alliance has worked hard to enhance its people and community function, so that we communicate and engage with under-represented or seldom-heard communities, and use their insight to improve cancer services and shape tailored communications approaches based on intended audience. This activity will continue to be prioritised in communities and areas considered to be the most deprived in our region and / or experiencing the greatest health inequalities.

For more information about the Cancer Alliance’s people and community engagement approach please read our [working with people and communities: patient and public engagement strategy](#), and for more information about how the Cancer Alliance seeks to address health inequalities in our region please read our [cancer care and outcomes health inequalities strategy](#).

During 2025/26, in response to the publication of the NHS 10-year plan and subsequent NHS 10-year plan for cancer, HNY Cancer Alliance will embark on a comprehensive series of patient, public and healthcare staff engagement activity to inform the development of a Humber and North Yorkshire long-term plan for cancer. The insight from this engagement will also be used to inform the Cancer Alliance’s future communications activity.

7.34 Collaboration with key partners across the local healthcare system and beyond

The Cancer Alliance's Communications and Engagement programme team works closely with the Humber and North Yorkshire ICB communications and engagement directorate and wider Humber and North Yorkshire health and care system communications teams to ensure our key messaging and communications activity is shared extensively across the local system to maximise reach into the communities we wish to communicate (and engage) with.

The Cancer Alliance will look to forge even closer working ties with the ICB communications and engagement directorate and wider Humber and North Yorkshire health and care system communications teams – particularly to better understand the different opportunities there are to communicate more directly with the regional cancer workforce, as well as maximise knowledge sharing and learning opportunities and resource sharing.

The Cancer Alliance will look to expand its Humber and North Yorkshire communications network further to help to ensure Cancer Alliance communications activity reaches intended audiences across our region. A scoping exercise will be undertaken to ensure stakeholders of the Cancer Alliance with platforms such as websites, social media channels and engaged audiences are encouraged to promote our awareness campaigns to extend the reach of this key messaging within communities, particularly those considered to be highly deprived and / or those which experience greatest health inequalities.

This activity will continue to be planned, co-ordinated, delivered and evaluated via the Cancer Alliance's Communications and Engagement Board, which consists of communications, engagement, and patient experience colleagues from within the Humber and North Yorkshire health and care system, as well key VCSE partners.

Central to this enhanced approach will be the creation and ongoing management of a cancer campaigns section on the HNY Cancer Alliance website, allowing system partners easy access to download Cancer Alliance campaign materials to promote across their channels and disseminate across their networks.

7.4 Objective four: Enhance our overall digital presence: additional social media channels and adopt good SEO practices (but continuing to consider how best to reach those who are not digitally literate)

HNY Cancer Alliance communicates with stakeholders across a number of different channels but recognises that it can do better to reach more internal and external stakeholders, particularly through the adoption of further social media channels to engage with people working in cancer services or across the wider local health and care system.

The Cancer Alliance will continue to grow our social media following and engagement through organic and paid-for activity on the platforms which providing the highest level of reach and engagement. In 25/26 the Cancer Alliance has committed to launching its LinkedIn social media channel, to further engage with people who work in cancer services across the region – which is currently makes up a large proportion of our existing engaged audience.

The Cancer Alliance will focus its content development on high performing and high-quality digital content, including video and photography, with a specific focus on impactful patient stories, those which the intended audience can relate to. We will explore creative video content and thought leadership pieces to maximise our internal communications activity, to successfully share our ambitions more widely.

We will enhance skills and expertise within the Communications and Engagement programme to increase the production of high-end video content with the capacity available within the team, while upskilling wider members of the Cancer Alliance programme teams so they can carry out simple yet effective communications activity to support their respective programmes.

We will continue to explore new channels to target new audiences if we believe these will support efforts to increase the Cancer Alliance's profile and generate effective engagement.

We will continue to develop our website to respond to user feedback and build opportunities for increased digital interaction where appropriate, so that the Cancer Alliance website becomes a useful resource for its three key user groups – 1) people who work directly for the Cancer Alliance 2) the wider Humber and North Yorkshire cancer workforce and 3) cancer patients and members of the public.

See the chapter eight (communications channels) for more information on the channels the Cancer Alliance already adopts and will adopt going forward.

This enhanced digital approach will not be taken at the expense of the consideration of how to reach people and communities considered to be less digitally literate, which are often highly deprived and experience the greatest health inequalities and so we therefore need to prioritise our targeted communications activity within. In all instances, substantial consideration will be taken to

identify the most suitable communications methods per communications activity and where offline approaches are most suitable, adequate resources will be allocated to ensure this approach can be successfully carried out.

7.5 Objective five: Enable the Cancer Alliance to speak with one inclusive voice, to ensure that all communities and individuals in our region can understand and engage with our messaging

The NHS has a reputation for using jargon and complex terms, while the subject of cancer (especially how services are configured) can often be complex and difficult to understand.

7.51 Adopting clear messaging and simple language

HNY Cancer Alliance will continue to adopt appropriate language and tone of voice depending on its target audience, but using simple language and being concise in messaging will be its default approach across every communications activity – the rationale being that all audiences, regardless of their understanding of cancer, will be able to understand what we are saying and be in a position to take action if necessary.

The commitment to inclusivity in our communications approach is paramount as we increase our communication and engagement with cancer patients and members of the public. More information about the Cancer Alliance’s approach can be found in our [style guide](#) (internal link).

This is especially important in Humber and North Yorkshire, part of the Yorkshire and Humber region, in which around 18% of working-age adults possess very poor literacy skills, compared to the national average of 16.6%, according to [the Organisation for Economic Co-operation and Development’s \(OECD\) survey of adult skills](#).

NHS Digital’s [content guide](#), which defines best practice in terms of how to write, tone of voice, inclusive content and considers influential factors such as health literacy, will serve as guide for the Cancer Alliance to ensure it conveys its messaging to audiences in a way that is easy to understand by all audiences. The Cancer Alliance’s style guide adopts a lot of best practice outlined in this guide.

The Cancer Alliance is also working hard to expand and diversify the membership of its Patient and Public Representative Group, so that it is reflective of as many communities within our region as possible. This group, as well as others across the VCSE sector, will act as a sounding board for our content and communications activity to ensure we have followed best practice.

It should be noted that Humber and North Yorkshire has huge variance in both literacy and health literacy levels. Therefore the Cancer Alliance will adopt an ‘understandable to all’ approach, a commitment to ensure that all public-facing information is in simple, clear language and any terms or scenarios considered to be complex are explained fully. The Cancer Alliance will use a wide array of public and community groups to test messaging against a basic set of principles around, developed against [NHS England’s Accessible Information Standard](#). The rationale to this approach is that all audiences, regardless of their literacy level, will be able to understand the message(s) conveyed.

7.6 Objective six: Provide communications advice and support to Cancer Alliance core programme staff and to those people working in cancer services across Humber and North Yorkshire

Over the past three years HNY Cancer Alliance's communications team has evolved from solely being a support arm of the Cancer Alliance programmes to a programme in its own right; responsible for achieving mandated deliverables around public awareness campaigns; people and community engagement and experience of care.

During this time, there has also been a move away from the team developing communications and engagement materials or delivering associated activity without input or constructive challenge on the programme’s proposed approach. The communications and engagement team has specialist knowledge which the programmes can benefit from tapping in to, to support them to adopt an effective approach to achieve their desired communications and engagement objectives.

In 2022 a process was introduced to manage work requests received from Cancer Alliance colleagues to ensure that the Communications and Engagement programme had enough information and context to suggest an effective approach to the colleague(s) making the request to achieve specific communications and engagement objectives of the project they have requested assistance with.

The process includes the ask of Cancer Alliance programmes to complete a [work request brief](#) (internal link), designed to provide enough context about the project to enable the Communications and Engagement programme colleagues to design an appropriate communications plan to achieve the desired outcomes.

This has helped to provide two-way transparency – providing enough context so the Communications and Engagement team could develop an effective approach and the programme making the request would have clarity on timescales for a response from the communications and engagement team and a rationale for the approach taken.

Furthermore, during the planning stage for the upcoming financial year (usually during Q4), programme leads have been asked to complete a template which summarises the projects for the forthcoming year which they believe require communications and OD and Engagement programme to consider and develop appropriate plans for.

In the future the aim is to consolidate the processes and supportive measures introduced in recent years to support the Cancer Alliance programmes with strategic communications and engagement activity.

In addition, given the Communications and Engagement Programme team has finite capacity to support all Cancer Alliance programmes, training will be developed to upskill Cancer Alliance staff so they can carry out some basic communications and engagement tasks themselves, where it makes sense for them to do so. This training will take place monthly Cancer Alliance team meetings, ad-hoc webinars and 'lunch-and-learn' sessions throughout 25/26.

7.7 Objective seven: Fully implement content marketing practises

A key tactic in raising the profile of the Cancer Alliance is extending the lifespan of its communications activity while avoiding the risk of the conversation becoming stale by maximising content production and content usage. This is a challenging feat given there is limited capacity that the Cancer Alliance can devote to its content development and promotional activity but an achievable feat, nevertheless.

7.71 Content marketing

Over the past few years the Cancer Alliance has adopted a [hero-hub-hygiene \(HHH\) content marketing framework](#) to maximise the use and impact of the content it creates.

The HHH content marketing framework is a strategic approach that categorises content into three distinct types to ensure a balanced, effective content strategy that drives both engagement and awareness about the Cancer Alliance over time.

Hero Content: This is high-impact, big-budget content designed to capture attention on a broad scale. Hero content is typically used for large campaigns or events and is aimed at creating buzz and generating massive awareness. It is often in the form of viral videos, major brand initiatives, or high-profile partnerships. The goal of Hero content is to attract a wide audience and make a strong impression.

Hub Content: Hub content is consistent, regular content created to engage a loyal audience over time. It focuses on maintaining interest and building community, offering in-depth, value-driven content that resonates with the brand's core audience. Examples include newsletters, website articles, blog posts etc.

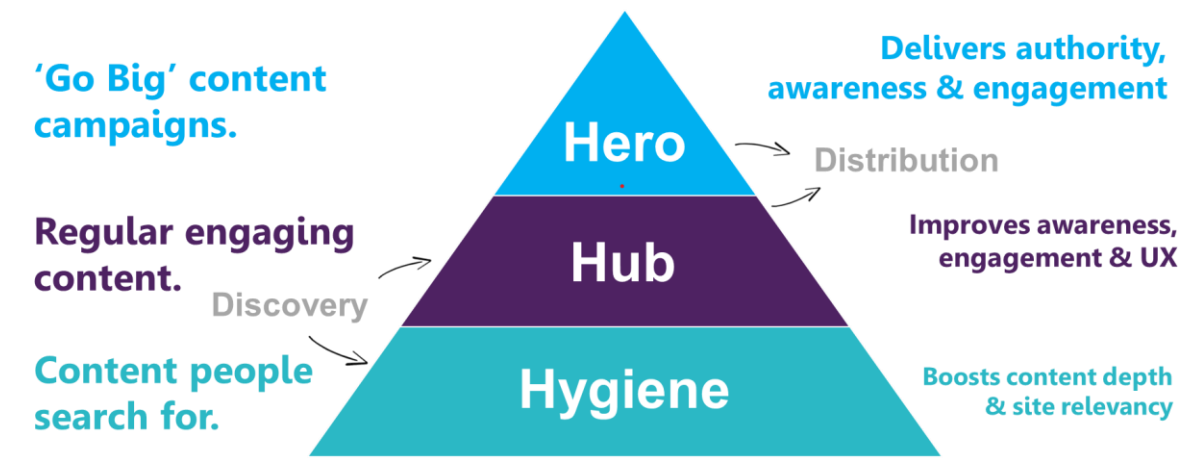
Hygiene Content: Hygiene content is the foundation of a content strategy, ensuring that the brand remains discoverable and relevant to potential customers. This content addresses frequently asked questions, solves common problems, and targets long-tail search queries. It is typically evergreen content like how-to guides, product tutorials, or answers to common industry questions. Hygiene content drives ongoing, organic traffic and is crucial for building brand visibility and search engine rankings.

By integrating all three types of content - hero content for awareness, hub content for engagement, and hygiene content for discoverability - the HHH framework ensures a well-rounded content strategy that attracts new audiences, nurtures existing relationships, and maintains a consistent online presence.

This approach helps to reinvigorate conversations between publisher (HNY Cancer Alliance) to audience (patients, the public and cancer workforce) to ensure the Cancer Alliance addresses the need for fundamental content, as well as creative brand-building activity.

From an 'internal communications' perspective, the over-arching aim is to recognise and engage - regularly highlight successes, achievements, and contributions of cancer staff to help to foster positive work environments. Recognising hard work and sharing positive stories motivates employees and improves overall engagement with the Cancer Alliance.

The Cancer Alliance Communications and Engagement programme will follow best practice in repurposing its hero content (videos, blogs, media releases, annual reports) into hub and hygiene content to continue the conversation with the intended audience(s) without the danger of the messaging becoming stale and therefore ineffective.



7.72 Maximise paid-for communications activity

The Cancer Alliance's multi-faceted public awareness campaign approach enjoys the benefit of the wide-scale reach of earned media coverage with the targeted approach paid-for communications activity offers, to ensure primary audience group(s) are exposed to the key campaign messaging and call to actions.

The Cancer Alliance's yearly activity, including communications activity, is paid for by service development funding, which is, like all NHS services, funded by general public taxation and national insurance contributions. The Cancer Alliance, therefore, has a duty to spend the money it receives responsibly – and this certainly applies to money spent on paid-for communications activity, the goal of which is to increase visibility, drive engagement, or promote specific actions among a targeted audience.

Paid-for activity, which tends to complement earned / organic communications activity, can be categorised in the following ways:

Paid advertising: Advertisements on TV, radio, print media, social media, search engines, or websites.

Sponsored content: Articles, posts, or videos created in partnership with a brand (i.e. a media outlet) and published on a platform, often labelled as "sponsored".

Influencer Marketing: Collaborating with influencers who are paid to promote public awareness campaigns.

Pay-per-click (PPC) campaigns: Online adverts where the Cancer Alliance would pay each time someone clicks on their advert (commonly used in search engines and social media).

In recent years, the Cancer Alliance has trialled different paid-for activity to determine which methods work best for different audience segments. This is an ongoing learning exercise, but the Cancer Alliance has captured a lot of intelligence to help develop bespoke paid-for strategies per campaign to effectively reach a chosen target audience(s), and will continue to explore further approaches.

In 2025/26 the Cancer Alliance will establish and adopt consistent benchmark metrics to gauge the effectiveness of any paid-for activity utilised as part of the Cancer Alliance's public awareness campaigns or ad-hoc communications activity.

However, before evaluating the effectiveness of the Cancer Alliance's paid-for communications activity it is important to establish clear, measurable objectives for this activity. For Cancer Alliance communications activity, this will include:

- Increasing awareness of cancer symptoms or encouraging specific behaviours (i.e. cancer screening).
NB: This is difficult to assess, but the Cancer Alliance is working NHS England colleagues to determine how this might be measured via the regional cancer screening programmes in Humber and North Yorkshire.
- Reaching and engaging a specific demographic or community group(s)
- Driving traffic to the campaign landing page or Cancer Alliance website in general
- Social media engagement

7.73 Paid-for activity metrics

The Cancer Alliance will establish engagement metrics help assess how well the audience interacted with the paid-for activity, using metrics such as:

- Click-through rate: The percentage of people who clicked on a paid ad or link after viewing it. This helps measure the effectiveness of the content and the targeting
- Impressions: The number of times the paid-for content is displayed to users. High impressions may indicate a wide reach, but must be considered alongside other metrics to gauge effectiveness
- Shares and comments: On social media, these metrics reflect the level of engagement and interest generated by the content.

Website traffic

When the campaign goal is to drive traffic to a specific webpage, tracking the number of visitors to that page is essential. The Cancer Alliance used Google Analytics and Hotjar to monitor:

- How many users visited the site from paid adverts
- Bounce rates (whether users leave the site quickly)
- The time spent on the site (a longer time indicates higher engagement)
- Conversion rates (how many visitors completed a desired action - e.g. clicking on link to book cancer screening appointment or find out more information)

Conversion tracking

As touched on earlier in this chapter, as it with all NHS organisations, it is difficult for the Cancer Alliance to measure the correlation between its paid-for campaign activity and certain resultant desired actions (e.g. increased cancer screening take-up). While this is difficult to assess, the Cancer Alliance is working NHS England screening colleagues and regional cancer screening programmes in Humber and North Yorkshire to find a solution.

In the meantime, the Cancer Alliance will track the number of people who visit NHS website information page(s) about how to book a cancer screening appointment from a Cancer Alliance campaign landing page, and the number of people who click through from

a Cancer Alliance campaign landing page to the NHS website information page(s) about cancer symptoms. The Cancer Alliance will use this measurement as an indication of the campaign's success to 1) increase cancer screening uptake and / or 2) increase specific cancer symptom awareness.

Assess targeted audience reach

The Cancer Alliance will evaluate whether the campaign reached the intended audience, via the following metrics:

- Demographics: Did the campaign reach the target age group, gender, or other characteristic?
- Geographic targeting: Was the campaign effective in engaging specific regions or local communities (important for local NHS initiatives)?

Sentiment analysis

Assess the public's perception and sentiment toward the campaign. This can be done by:

- Analysing social media comments, likes, and shares.
- Monitoring media coverage and / or public response to this media activity (to see if the message is being well-received or if any negative sentiment is emerging).

Cost-effectiveness

The Cancer Alliance will calculate the return on investment (ROI) for the paid-for activity by comparing the cost of the campaign to its outcomes. NB: How this will be calculated is dependent on whether the Cancer Alliance and partners can establish link between campaign activity and desired behavioural change, such as increased cancer screening uptake (see conversion tracking section).

- If the goal is to increase symptom awareness, compare the cost of the paid-for activity and number of people visiting NHS cancer symptom information online (via the campaign landing page).
- Calculate the cost per conversion (e.g. cost per screening appointment booked) to see if it is within an acceptable range.

Post-Campaign Analysis

After the campaign ends, the Cancer Alliance will conduct a comprehensive review of all collected data and compare it to the goals set during the campaign planning phase to identify:

- What worked well and why
- Areas of improvement for future campaigns
- Potential adjustments to target audiences or messaging

Benchmarking

Comparing the results of paid-for activities against past Cancer Alliance campaigns helps evaluate success to offer insight into performance.

Tools for Evaluation

- Google Analytics: For tracking website traffic, conversions, and user behaviour.
- Social Media Insights: Facebook Insights, X Analytics, LinkedIn Analytics, and others can help measure engagement with paid posts on social media platforms.
- Paid advertising platforms: Google Ads, Facebook Ads, and other platforms provide detailed reports on clicks, impressions, cost per click (CPC), and conversions.

By consistently evaluating paid-for communication activities, the Cancer Alliance can optimise the effectiveness of its campaigns, while ensuring efficient use of resources.

Chapter 8: Communication channels

Communications channels are the different ways by which we communicate and engage with our different audiences. Much of our communications is through direct activity, although we also communicate through partner channels (i.e. ICB, hospitals and VCSE sector partners). In the latter case, the Cancer Alliance does this because they are best placed to reach specific audiences. We also work closely with the media to spread key preventative healthcare messaging en masse to the population (see chapter 7.32).

In selecting the right channel for the audience, we will always bear in mind both its effectiveness and cost effectiveness. In most cases, this will mean a digital-first approach, however we will always consider how this approach might exclude certain groups or communities which is why we will always adopt the most appropriate communications channel.

This section summarises the range of channels we use to communicate and engage with people outside of the Cancer Alliance core programme. These are our core external communication channels and are by no means exhaustive.

8.1 Website

In 2024/25 the Cancer Alliance has developed a new website which aligns with the HNY Integrated Care Board website. As well as adopting a refreshed look, one which better aligns to the Cancer Alliance branding, the new Cancer Alliance website structure has been reorganised to make it easier to navigate and a lot of new features and accessibility tools have been introduced to improve user experience.

In future, where possible Cancer Alliance communications activity will steer people to information on our website and using the HHH content marketing approach (see page 27) we will refresh the content regularly while ensuring it is relevant, informative, and easy to understand.

8.2 Social media

Over the past 20 years, social media has become as one of the most powerful tools to engage with patients, staff, and the broader community. The average person in the UK [spends 4 hours and 20 minutes online each day](#), highlighting the significant role digital platforms play in our lives. However social media usage (in terms of time) is down year-on-year, suggesting a growing intentionality among users about how they spend their time online.

As the digital age transforms the way we connect and share information, HNY Cancer Alliance needs to leverage social media to fulfil its role in public health communication, build trust among internal and external audiences and drive positive patient outcomes.

HNY Cancer Alliance currently uses X and Facebook to promote the work of the Cancer Alliance as well as raise awareness about cancer symptoms to increase early diagnosis of cancer. In 2025/26 the Cancer Alliance will also launch Instagram and LinkedIn channels to grow its following among the regional cancer workforce and among members of the public.

The decision to adopt LinkedIn and Instagram channels has been made because these platforms rank as the first and third most popular social media channels in the UK (with 45m and 33.4m UK users respectively), compared to Facebook (second, 38.3m UK users) and X (fifth, 22.9m UK users). The Cancer Alliance will continue to monitor social media usage trends and adapt its usage appropriately to improve engagement with the Humber and North Yorkshire cancer workforce, cancer patients and the wider public.

Other channels we will use include:

- Printed content (letters, leaflets, newsletters, posters, reports, briefings, and consultations)
- Meetings
- Briefings
- Drop-ins
- Workshops
- Large-scale events (i.e. annual conferences)
- Advertising (printed, online and out-of-home)

Although the Cancer Alliance is very much moving towards a digital-first communications approach, it will continue to adopt offline communications methods as mentioned above to communicate and engage with under-represented communities, health inclusion groups and those within our region who have low digital literacy levels. This approach helps to ensure that no one person or community is overlooked when trying to improve early cancer diagnosis and overall outcomes for people diagnosed with cancer.

Chapter 9: Evaluating, monitoring, and reporting

The previous section has documented in detail how the Cancer Alliance will evaluate the effectiveness of its paid-for communications activity.

This section will summarise how the Cancer Alliance will evaluate, monitor, and report the effectiveness of its future organic / earned communications activity.

The Cancer Alliance will develop annual key performance indicators (KPIs) to demonstrate progress to achieve the objectives set out in this strategy.

This will be done in an ambitious way but also in a way that considers the limitations around the capacity and resource of the Cancer Alliance's Communications and Engagement programme, as well as the other Cancer Alliance programmes.

The strategy outlines a commitment to continual improvement of the Cancer Alliance's communications functions and practices. Subsequently the KPIs will focus on the following (but not be limited to):

- Website – users, page views, dwell time, bounce rates
- Social media – followers, reach, impressions, engagements, and engagement rates - benchmarked against other cancer alliances and NHS organisations
- Media coverage and sentiment – number of individual media coverage instances (graded tier one – three); analysis of public comments linked to media coverage to gauge positive audience sentiment towards the topic in question.
- Newsletter and bulletin open rates and that of any other internal communications materials
- Attendance at internal communications events
- Feedback from surveys carried out to gauge the effectiveness of the chosen communications activity

- Any user activity across other digital platforms used or adopted by the Cancer Alliance
- Open rates and click throughs for external-facing publications (annual reports, strategies etc)
- Individual project outcomes (i.e. behaviour change)

The Cancer Alliance will also utilise the [Government Communication Evaluation Cycle Framework](#) when assessing the performance of its communications activity.

The progress made during the year will be reported and monitored by the HNY Cancer Alliance Communications and Engagement Board, while also being reported to the Cancer Alliance's System Board, Patient and Public Representative Group and various programme boards. Public awareness campaign activity, particularly to increase cancer symptom awareness and early cancer detection, will be reported to NHS England via the Cancer Alliance's quarterly reports.

Chapter 10: Next steps

To embed this strategy the Cancer Alliance will develop a comprehensive 25/26 communications and engagement action plan.

This will include, but not be limited to, the following actions:

- Finalise the development of a singular stakeholder management approach and implement across the Cancer Alliance programmes (April 2025)
- Achieve strategy ratification via the Cancer Alliance's Communications and Engagement Board (April 2025) and the System Board (May 2025)
- Develop standard operating procedures for: 1) the singular stakeholder management approach 2) reinforced media engagement approach 3) developing comprehensive cancer public awareness campaigns submitting 4) submitting work requests to the Communications and Engagement programme team 5) maximising effectiveness of paid-for communications activity 6) updating the Cancer Alliance's approaches around its press office function 7) planning and development of Cancer Alliance programme-specific annual communications and engagement plans.
- Work with the Cancer Alliance PMO Lead, Insight Lead and Health Inequalities Lead to identify further available data and insight which can be used to characterise, segment and therefore more effectively reach oft-overlooked groups and communities in our population which experience so that we can develop targeted communications activity which succeeds in raising cancer awareness and encouraging early detection among them.
- Work with the Health Inequalities Lead and place cancer leads to ensure that local cancer plans / local annual cancer plans include a commitment to delivering tailored communications activity which targets the groups and / or communities in their regions which have the worst cancer outcomes, using a data and insight-led approach.
- Develop and deliver a training programme and supportive materials to upskill members of the Cancer Alliance Communications and Engagement programme

- Develop and deliver a training programme and supportive materials to upskill Cancer Alliance programme colleagues (so they can carry out basic communications activity to a high standard with minimal support from the Communications and Engagement programme team)
- Develop individual 25/26 communications and engagement plans for each of the Cancer Alliance programmes (restricted to communications and engagement activity which directly supports mandated deliverables as outlined in NHS England’s planning guidance)
- Measure impact of changes in approach to the Cancer Alliance communications function via monthly highlight reports, quarterly returns to NHS England and ad-hoc reports to the Communications and Engagement Board, the System Board, programme boards and other relevant forums.
- Evaluate the impact of the new ways of working which have been implemented (via the 25/26 Communications and Engagement programme closure report)

During 2025/26, the Cancer Alliance’s Communications and Engagement Lead will assume responsibility for maintaining the already-established good communications practices documented in this strategy, while also implementing the new practices and policies outlined to improve the Cancer Alliance’s communications function even further.

10.1 Roles and responsibilities

Who is doing what and when are they doing this during 2025/26. Responsibilities have been determined for each element of communications activity described earlier in this strategy.

Responsibility	Role	Role holder	Deadline
Develop baseline KPI metrics for all – to use as a measurement for the effectiveness of all future	Communications and Engagement Lead (in	Leo Stevens	April 2025

Cancer Alliance communications activity	collaboration with C/E programme team)		
Implement singular stakeholder approach	Various	1 x appointed stakeholder manager per programme	April 2025
Develop programme 25/26 communications and engagement plans based on mandatory activity stipulated in NHSE guidance; and sign these off with Communications and Engagement Lead	All Programme Leads	Various	April 2025
Develop SOPs to clarify and formalise certain communications-related procedures	Communications and Engagement Lead	Leo Stevens	May 2025
Ratify communications strategy via C/E Board and System Board	Communications and Engagement Lead	Leo Stevens	April 2025 (C/E Board) May 2025 (System Board)
Scope and establish additional data to inform communications campaign activity approaches for 25/26, particularly from a health inequalities perspective	PMO Lead Communications Lead Health Inequalities Lead	Laura Tattersall Leo Stevens Jennie Walker	June 2025
Procure media training for system colleagues who have volunteered to become Cancer Alliance spokespeople	Various clinical leads and senior leaders Communications and Engagement Lead	Media spokespeople identified on this database (internal document) Leo Stevens	June 2025

Create a paid-for communications activity preferred supplier list to widen paid-for activity opportunities	Senior Communications Officer Senior Patient and Public Engagement Co-ordinator	Rob Barker Emily Johnson	July 2025
Communications and Engagement Programme team to undertake video and photography production training – to enhance and diversify in-house content production capabilities	Communications and Engagement Lead Senior Communications Officer Senior Patient and Public Engagement Co-ordinator	Leo Stevens Rob Barker Emily Johnson	August 2025
Scope and collate details of all internal and external communications channels across the HNY communications system and processes for including Cancer Alliance activity across these	Communications and Engagement Programme Team	Rob Barker	September 2025
Ensure place cancer plans include bespoke targeted communications activity, prioritising those affected greatest by health inequalities	Place Cancer Leads Health Inequalities Lead Communications and Engagement Lead	Mary Curtis, Beth Ellett, Pauline Bamgbala Jennie Walker Leo Stevens	September 2025
Create and deliver training programme to upskill Cancer Alliance staff to carry out basic communications activity	Communications and Engagement Programme Team	Leo Stevens Rob Barker Emily Johnson	September to December 2025

Evaluate impact and effectiveness of new, enhanced Communications approach and report to C/E Board and System Board	Communications and Engagement Lead	Leo Stevens	March 2026
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The Cancer Alliance's 25/26 draft Communications and Engagement Programme plan can be [viewed here](#) (internal document). It outlines the programme's mandatory, corporate and programme-specific communications and engagement activity, and will be updated regularly to monitor progress

Appendix

- Humber and North Yorkshire Cancer Alliance [Communications and Engagement Programme website section](#)
- HNY Cancer Alliance 25/26 [Communications and Engagement Programme plan](#).
- NHS England Accessible Information Standard: <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>
- NHS Digital content guide: <https://service-manual.nhs.uk/content>
- [Humber and North Yorkshire Cancer Alliance brand guidelines](#)
- [HNY Cancer Alliance style guide](#)
- What is content marketing?: <https://contentmarketinginstitute.com/what-is-content-marketing/>
- Explaining the hero-hub-hygiene (HHH) content marketing framework <https://www.stickyeyes.com/2017/10/26/making-sense-of-the-hero-hub-and-hygiene-content-marketing-model/>
- Government Analysis Function: Stakeholder mapping guide: <https://analysisfunction.civilservice.gov.uk/policy-store/stakeholder-mapping/>
- [Social media usage in the UK in 2025: A report by Sprout Social](#)