

Wessex Cancer Alliance – Transformation Taskforce Social Capital

Working Group: Project Scoping Charter (Final) 10/09/2018

Problem Statement	Objectives	Benefits expected	Stakeholders
<ul style="list-style-type: none"> • Many people are still fearful of and find it difficult to talk about cancer which can prevent them from approaching their doctor if they notice something wrong or from accepting invitations to have screening for common cancers (bowel, cervical and breast). • Lack of timely screening and intervention reduces the likelihood of early diagnosis and results in poorer outcomes. • Long term sustainability of the NHS requires that we focus on prevention rather than cure. 	<ul style="list-style-type: none"> • Apply at scale a multi-faceted approach to nurture a social movement across the entire cancer prevention spectrum which is ultimately self-sustaining. • Harness local knowledge to involve hard to reach groups and those facing health inequalities in the community. • Raise community awareness of where to find information and help on cancer. • Understanding motivating factors for lifestyle choices and promote healthy lifestyle choices and cancer screening as methods of preventing cancer. • Explore use of digital technology to support the movement. 	<p>A self-sustaining voluntary network which will train Champions who:</p> <ul style="list-style-type: none"> • Increase patient awareness and knowledge of cancer prevention and support. • Contribute to earlier diagnosis and better long term outcomes for patients with a cancer diagnosis. • Promote healthy lifestyle choices as a way of preventing cancer. • Encourage and empower the public to take advantage of screening programmes. • Add to increased confidence, motivation, knowledge and skills amongst volunteers. • Contribute to reduced health inequalities. 	<ul style="list-style-type: none"> • Wessex Cancer Alliance • MacMillan • CRUK • Wessex Voices • Wessex-wide Primary and Secondary Care • Wessex-wide Local Authorities • Wessex-wide CCG's • Dorset Cancer Partnership • HIOW STP • Voluntary, community, faith, social enterprise groups and organisations. • Smoking cessation services • Behavioural change services • Patients and public
<h3>Context</h3>	<h3>Deliverables</h3>	<h3>Ingredients for success</h3>	<h3>Risks</h3>
<ul style="list-style-type: none"> • According to CRUK and NHS Digital, percentage of cervical screening uptake is declining across the UK. • Parts of the Wessex region show areas of higher incidence of Lung cancer, higher percentage of the population who smoke and lower survival rates than the national average. • Parts of the Wessex area show low percentages of uptake of bowel cancer screening. • Areas of high deprivation and health inequalities identified the Southampton, Portsmouth, IOW and south urban areas of Dorset. 	<ul style="list-style-type: none"> • Development of an action plan for delivery of key work streams. • Workshops with stakeholders to inform and gain intelligence of populations which would benefit from this intervention. • Develop campaign resources, training and support, tailoring these to the local areas and adapting these as the project progresses. • Build momentum 	<ul style="list-style-type: none"> • Strong engagement between the working group and stakeholders. • Clear communication to all stakeholders regarding the progress of the project. • Commitment from working group members to take ownership of the task and develop innovative and collaborative solutions. 	<ul style="list-style-type: none"> • Flagging commitment from working group members. • The group may have difficulty engaging stakeholders and building enthusiasm for the project. • Difficulties in communication between all involved parties. • Reduction of budget • Short timescale
		<h3>Out of Scope</h3>	
		<ul style="list-style-type: none"> • Medical advice, recommendations for diagnosis/treatment options. 	