

# Claremont

Communications for behaviour change



***NEL Cancer Alliance  
Health Inequalities strategy***

29<sup>th</sup> April 2026

# What to expect from this session

1

An **overview of the health inequalities strategy and the process** we followed to get there.

2

The opportunity to **offer your input on the implementation** of the strategy based on your personal and professional experience.

3

A chance to share if and how you **would like to get involved** in the implementation of the strategy.

# Who is behind the strategy



**North East London  
Cancer Alliance**

Leading action on cancer inequalities across the system in North East London.

**Claremont**

Communications for behaviour change

Guiding the development and implementation of the strategy.



Direct involvement in developing the strategy and its priorities.

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**Before we start sharing a bit more  
about the strategy, we want you to get involved**










**Within the context of cancer,  
when you hear “health inequalities in North East  
London”, what comes to mind?**

# Some responses from this activity

Within the context and pathways of Cancer, when you hear “health inequalities in NEL”, what comes to mind?

Access 14 Deprived 10 Inequity 8 Barriers 7 Literacy 7 Service 6 Poorer outcomes 5 Diagnosis 5 Care 5 Groups 5 Disability 4 Health 4

- Workforce does not always reflect the local population  2
- Access to Rehabilitation and Prehabiltaton  1
- Income  1
- educational attainment/access/programs  2
- Low rates of health literacy  1
- Comorbidities  1
- Inadequate values
- Easy read information  1
- Lifestyle



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# Why we need a Health Inequalities Strategy

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## A diverse population ...

- **Over half of residents** are from a minority ethnic background
- **Around 1 in 4** live in the **20% most deprived neighbourhoods** nationally
- **Around 1 in 8** live with a disability affecting day-to-day life
- **Around 200 languages** spoken, with many households not using English as their main language at home

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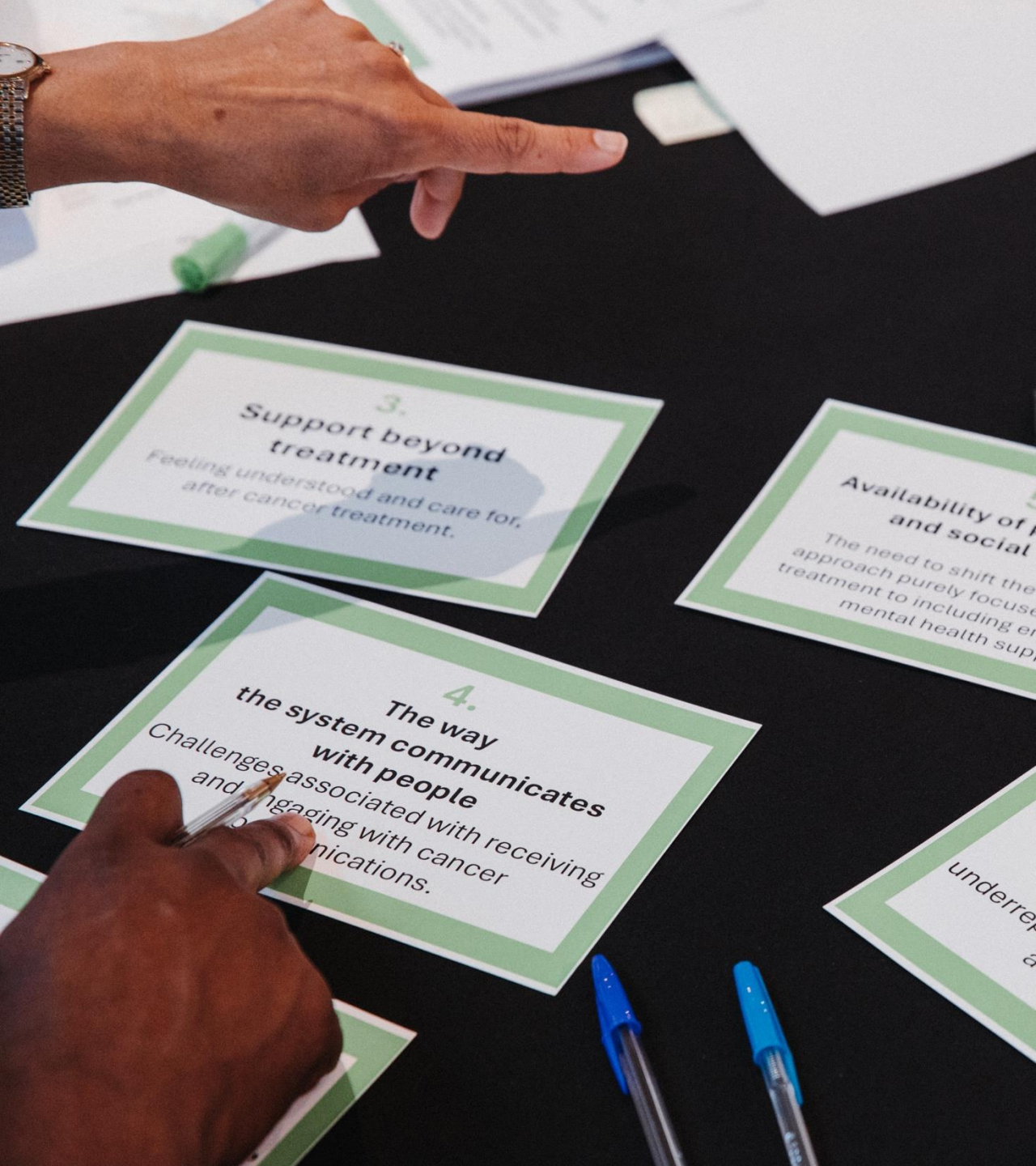
## ... with unequal outcomes

- **Screening:** Bowel cancer screening uptake is 54% in the most deprived communities, compared to 67.7% nationally
- **Diagnosis:** Early diagnosis for bowel and lung cancer is lower in deprived areas and among some ethnic minority groups
- **Access to care:** Black men are more than twice as likely to miss a first urgent cancer appointment
- **Outcomes:** People from deprived and minority ethnic communities are less likely to move smoothly through diagnosis and treatment



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**Some key principles  
behind the approach we  
used**



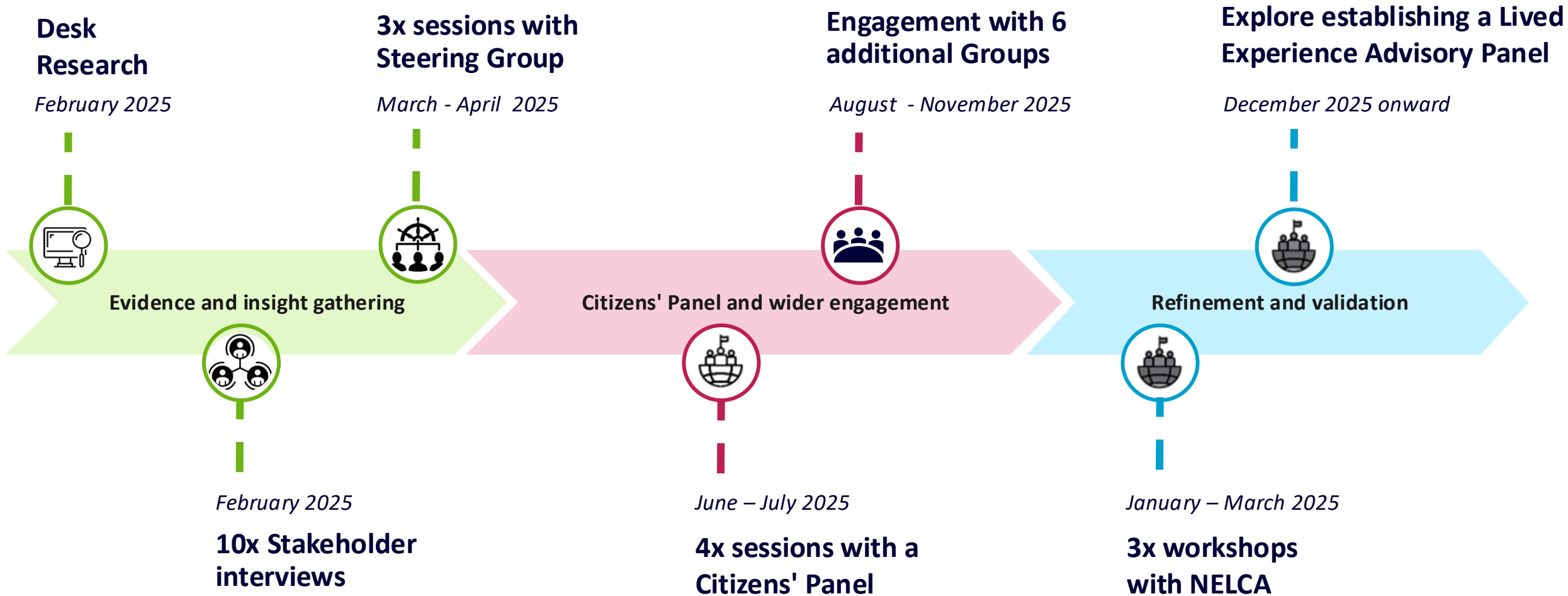
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- **Evidence-led:**  
Bringing together national and local data; and professional insight.
  - **Co-production and deliberation, not consultation:**  
Residents shaped priorities from the start through a Citizens' Panel and further activities throughout - not just feedback at the end.
  - **Trust, accessibility, and trauma-informed practices:**  
Engagement designed to be accessible, culturally appropriate and safe, recognising past experiences.



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**This programme of work**

# The programme of work – timeline overview



# The programme of work – Evidence and Insight gathering



## What we learned:

- **Data show where inequalities exist**; but often fail to show **how** they're experienced by residents.
- **Inequalities are shaped by how services are designed and delivered**. Progress can't be measured by numbers alone.
- There is a **need for system-wide direction**, while allowing room for **borough- and neighbourhood-level** adaptation.
- **Lived experience is essential**: Factors like trust, language, past care experiences and daily pressures strongly shape engagement and aren't visible in routine data.

# The programme of work – Engaging with residents from NEL

Citizens' Panel and wider engagement



June – July 2025

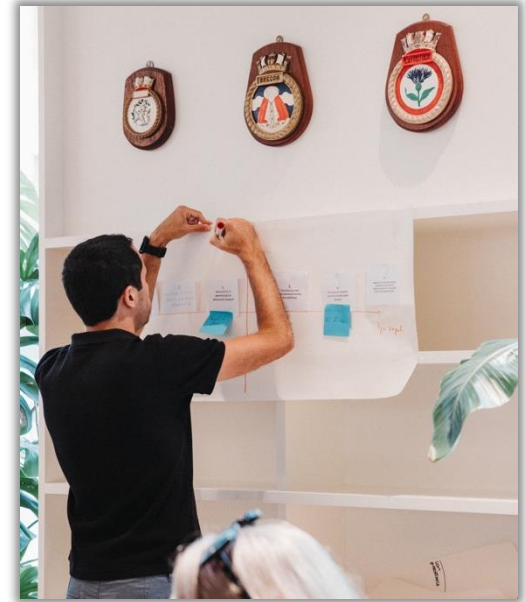
**4x sessions with a  
Citizens' Panel**

## Citizens' Panel (CORE20)

- Brought together a diverse group of 30 residents from across the seven NEL boroughs
  - Focused on people living in communities facing greater barriers and inequalities
  - Diverse levels of engagement with the cancer pathway
- Provided a structured, supportive space to share lived experience, consider trade-offs and shape priorities

## Conducted 3x online sessions + 1 full day face to face session

1. Introducing the cancer alliance and the cancer pathway
2. Introducing health inequalities and exploring challenges relevant for residents in NEL
3. Q&A panel with professionals from different backgrounds
4. In-person session to finalise and prioritise the themes, and begin shaping solutions and an action plan



# The programme of work – Engaging with residents from NEL

Engagement with 6  
additional Groups  
(70+ people)

August - November 2025

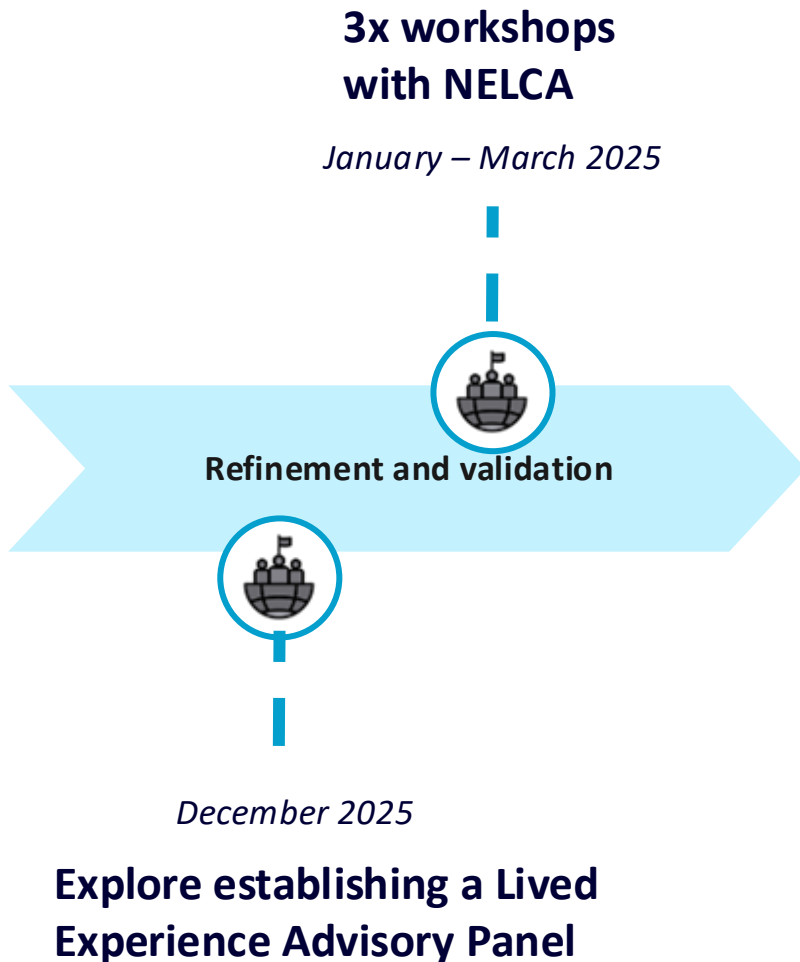


Citizens' Panel and wider engagement

## Additional engagement (PLUS)

- Recognised that **some voices are less well served by panel-based formats**. Undertook tailored engagement with groups facing additional barriers to access and outcomes:
  - **Gypsy, Roma and Traveller communities,**
  - **People experiencing homelessness,**
  - **People with learning disabilities,**
  - **LGBTQ+ individuals,**
  - **Sex workers,**
  - **Vulnerable migrants & asylum seekers.**
- Worked with **trusted organisations and practitioners** to surface experiences not captured through standard approaches

# The programme of work – Refinement and validation



## Defining ongoing community partnerships (LEAP)

- Re-engaged some members of the Citizens' Panel to explore a **Lived Experience Advisory Panel (LEAP)** - move beyond one-off engagement to ongoing community involvement in implementation

## Refining delivery with NELCA workshops

- Worked with the NELCA team to translate themes into realistic, deliverable actions
  - One in-person workshop to align priorities and ambition
  - Two online workshops to map existing activity, identify gaps, and agree next steps
- Ensured the strategy builds on current work and is practical to deliver in the system

# 6 STRATEGY THEMES

## 3. Support beyond treatment

Feeling understood and care for, and support beyond treatment.

## 5. Availability of psychological and social support

The need to shift the approach from a purely medical treatment to one that includes psychological and social support.

# 6 STRATEGY THEMES

Challenges associated with receiving and engaging with cancer communications.

## 6. Accessing clinical trials and research opportunities

Some communities feel underrepresented in cancer research and clinical trials.

## 1.

Awareness and knowledge of what to look out for (signs, symptoms, changes and screening process)

Widespread lack of awareness and knowledge about cancer signs and symptoms and the screening process (e.g., what it is for, when to get it, and types of invitations that happen).

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## Overview: 6 final themes

### Make sure people know what's available to them and why it matters

This is about what people know before they enter the system (community awareness)

- ✓ Raise understanding of cancer signs and symptoms, as well as of eligibility criteria and free screening services.
- ✓ Improve awareness and make sure individuals know what's available and why it matters.

### Remove barriers to accessing to care

This is about ensuring no one is excluded because of complex pathways/engagement processes or lack of resources

- ✓ Simplify processes and strengthen non-digital options (walk-in, phone, face-to-face support)
- ✓ Use navigators or community-based support models to drive uptake

### Improve support after treatment

This is about improving quality of life after treatment

- ✓ Standardise post-treatment touchpoints, proactive follow-ups, and clear onward support routes
- ✓ Co-produce culturally relevant survivorship resources

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## Overview: 6 final themes

### Make cancer communications & interactions work for people

This is about how the system communicates and interacts with people once they're in the pathway

- ✓ Improve the clarity, tone and accessibility of communications from providers and services (letters, verbal explanations, cultural competence of staff)
- ✓ Ensure that when there are communications/interactions, they are understandable, respectful, and tailored

### Embed social and psychological support in care pathways

This is about the integration of mental health and psychosocial support into cancer pathways

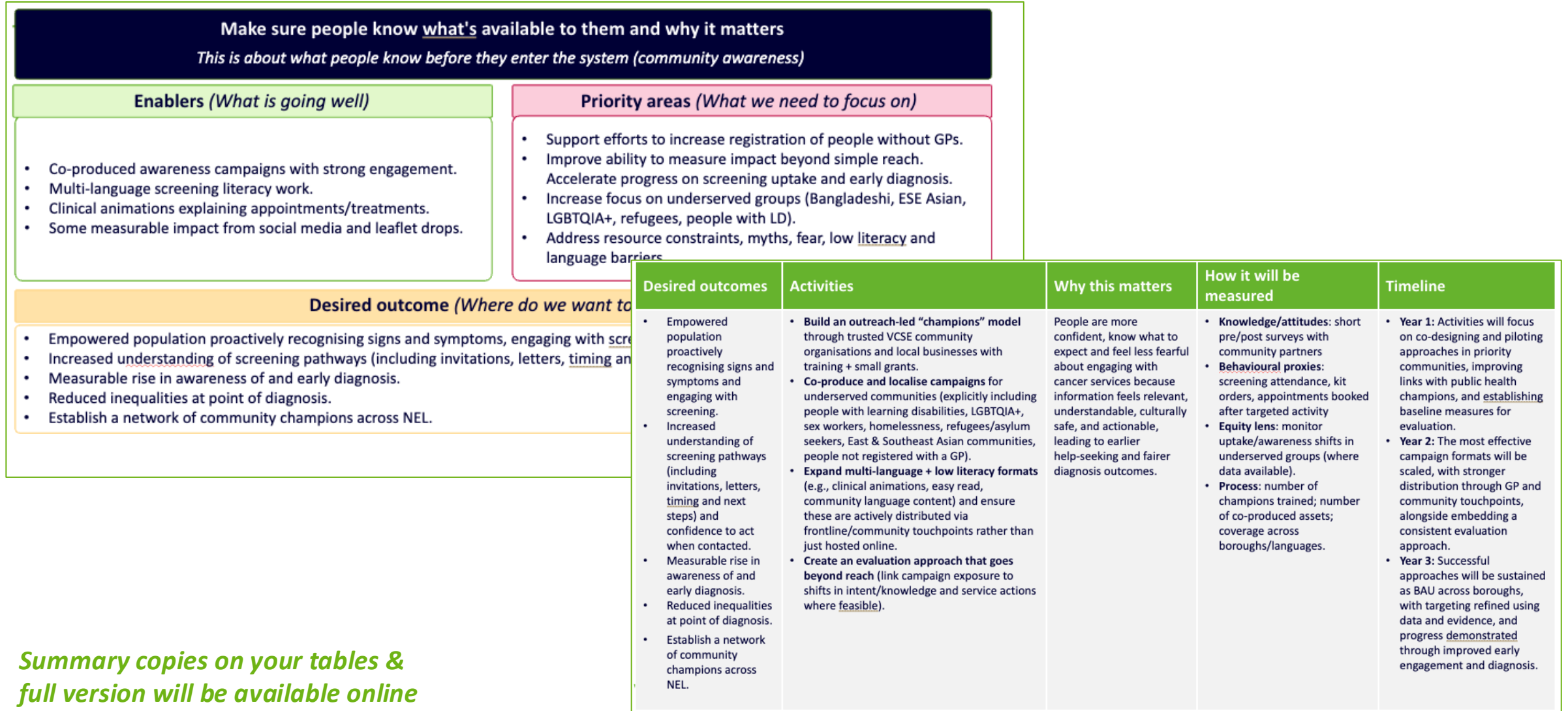
- ✓ Share resources and signposting for tailored counselling and peer support
- ✓ Strengthen skills of the workforce in identifying and responding to social and psychological need

### Open doors to research

This is about expanding fair access to research and clinical trials

- ✓ Support culturally sensitive research conversations with training for clinicians, and create accessible trial information
- ✓ Improve data on who is / isn't being approached for trials, then use it to set targeted inclusion actions

# How the action plan has been structured





# Gathering your input





## Question 1

**What feels most important to get right if this strategy is going to make a real difference to people's lives?**

# Some responses from this activity

What feels most important to get right if this strategy is going to make a real difference to people's lives?

Community 12 Patient 12 Pathway 10 People 9 Access 6 Service 6 Care 6 Strategy 6 Support 5 Sure 5 Approach 5 Sensitive 5 Group

- Reps that can communicate with carers and patient
- Use existing information and support centres/networks  1
- A Well thought out programme of implementation  
the services design development and delivery should be affected i call it three D approach. Inpact assesment required for this
- Ensuring a practical approach and framework with tangible outcomes that impact the communities it seeks to serve, regardless of who and where they are
- Conversations with the right people, an understanding of the challenges people with complex needs or lives have and solutions to how we can navigate these so they can have an equitable experience. Also really need to nail down digital exclusion  1
- Keep it simple
- Ensuring patients know how to access the information they need early on in the process, e.g. Encouraging patients to download the NHS app so they can see their appointments.



## Question 2

**Where do you see the biggest opportunity to make progress on these themes in the next 12 months?**

# Some responses from this activity

Where do you see the biggest opportunity to make progress on these themes in the next 12 months?

Community 13

Inequality 10

Time 9

Communication 7

Workforce 7

Engagement 7

Service 7

Barrier 6

Strategy 6

Groups 6

Team 6

Awareness 6

• AI for real time translation of speech and documents

👍 1

• Linking in with community partners and other groups e.g. religious leaders to help with engagement

👍❤️ 5

• Local community engagement. Using gp services

👍 2

• Health promotion teams

👍 3

• Campaigns

• Training

👍 1

• Community led approaches

👍 1

• Revisiting how training is conceived and delivered

• Education

👍 4










## Question 3

**What would help, or get in the way, of you being involved in taking the strategy forward?**

# Some responses from this activity

What would help, or get in the way, of you being involved in taking the strategy forward?

Community 13   Inequality 10   Time 9   Communication 7   Workforce 7   Engagement 7   Service 7   Barrier 6   Strategy 6   Groups 6   Team 6   Awareness 6

- Not knowing how to be involved  1
- Capacity  1
- Staffing (and lack thereof)  1
- Funding  2
- Great comment and reflection Rubina  5
- Less talking about doing and more action.  1
- Delivery - we might have great products but sometimes the issue is getting it ti the right people at the right time
- Empower frontline teams to lead their own coproduction projects to redesign and improve service delivery- they are closest to the challenge  1

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1. Awareness and knowledge of  
to look out for (signs, symptoms,  
changes and screening process)  
(described lack of awareness and knowledge  
about cancer signs and symptoms  
of the screening process (e.g., what it is for,  
what happens, times and types of invitation))
  2. Accessing care  
and services  
Practical difficulties people face  
accessing care  
and services (across the pathway).
  3. Support beyond  
treatment  
Feeling understood and care for,  
after cancer treatment.
  4. The way  
the system communicates  
with people  
Challenges associated with receiving  
and engaging with cancer  
communications.
  5. Availability of psychological  
and social support  
The need to shift the lens from an  
approach purely focused on medical  
treatment to including emotional and  
mental health support.
  6. Accessing clinical trials  
and research opportunities  
Some communities feel  
underrepresented in cancer research  
and clinical trials.

LEAST  
IMPORTANT

# What's next?

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# The plan for the next few months

## Maintain momentum

- Claremont to work closely with NELCA to support implementation – planning, evaluation, and learning
- **Ensure clear delivery structures**, tracking and regular check-ins

## Involve stakeholders

- Focus on strategy communication and early implementation
- **Establish system-champions** to build on existing work and avoid duplication (public health teams, NHS colleagues, VCSEs and community organisations)

## Focus on lived-experience

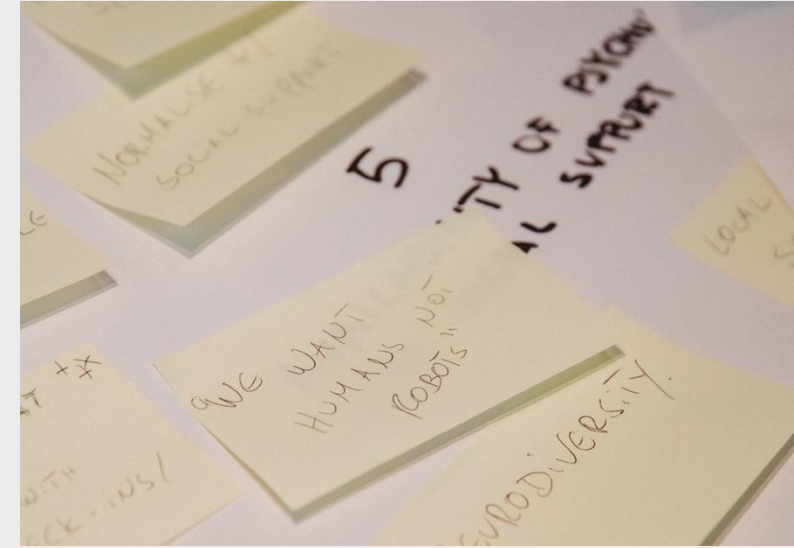
- **Establish a LEAP** to ensure progress is aligned with lived experience and resident priorities
- Acts as an ongoing sounding board for implementation. Highlight unintended consequences and how delivery is felt by communities

## Get Involved!

If you would like to get involved or learn more about the strategy, please reach out to [tiago.moutela@claremont.org.uk](mailto:tiago.moutela@claremont.org.uk) or [marta.campagnola@claremont.org.uk](mailto:marta.campagnola@claremont.org.uk).

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**Thank you!**