

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	21 September 2017
<b>Executive Member / Reporting Officer:</b>	Angela Hardman, Director of Population Health Gideon Smith, Consultant in Public Health Medicine
<b>Subject:</b>	<b>GREATER MANCHESTER CANCER PLAN – TAMESIDE AND GLOSSOP STOCKTAKE</b>
<b>Report Summary:</b>	<p>The Greater Manchester Cancer Plan was received by the Health and Wellbeing Board in March 2017. The Tameside and Glossop Cancer Board, which is led by Tameside and Glossop Integrated Care Foundation Trust with membership from the Single Commission, have developed a comprehensive implementation plan.</p> <p>A detailed working action plan has been developed by the project manager to support the work of the local working group, and progress is reported to Tameside and Glossop Cancer Board.</p> <p><b>Appendix 1 and 2</b> provide an update on the current local position and next steps required to deliver the contributions required in the locality specific plan.</p>
<b>Recommendations:</b>	<p>The Health and Wellbeing Board is asked to :</p> <ol style="list-style-type: none"> <li>1. Note the progress to date with local implementation of the Greater Manchester Cancer Plan;</li> <li>2. Endorse the local action summaries outlined in <b>Appendix 1 and 2</b>.</li> <li>3. Receive further progress reports.</li> </ol>
<b>Links to Health and Wellbeing Strategy:</b>	Cancer is the most common cause of death in Tameside for males and females, and there are significantly more deaths than there should be given the population age and gender profile, so improving cancer outcomes delivers against all life course priorities of the Health and Wellbeing Strategy.
<b>Policy Implications:</b>	<p>The Greater Manchester Health and Social Care Strategic Partnership Board approved the Greater Manchester Cancer Plan for implementation on 24 February 2017.</p> <p>This paper summarises the local actions required to realise the ambitions of the Greater Manchester Cancer Plan.</p>
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer)</b>	<p>There are no direct financial implications arising from the report at this stage.</p> <p>However, the financial implications within further update reports on the associated plan will be considered and reported accordingly to Health and Wellbeing Board members.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	It is important that decisions regarding resources are made on an evidence based approach. This report sets out the evidence of the challenges and how we tackle improving cancer outcomes.

**Risk Management :**

The Greater Manchester Cancer Plan contains a substantial amount of work, much of which requires contributions from all parts of the cancer system. The proposed accountable cancer network model as part of cancer vanguard programme requires further substantial Greater Manchester system debate and engagement. Transformation funding will be sought to deliver some of the signature proposals in the plan, including lung health check (if pilot successful) and delivery of the recovery package.

The actions detailed in this local stocktake are extensive, but within the scope of existing service and clinical development and improvement expectations.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Gideon Smith, Consultant, Public Health Medicine, by:



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## 1.0 INTRODUCTION

- 1.1 The Greater Manchester Cancer Plan was received by Tameside Health and Wellbeing Board on the 9 March 2017. The Tameside and Glossop Cancer Board, which is led by Tameside and Glossop Integrated Care Foundation Trust with membership from the Single Commission, had develop a comprehensive implementation plan.
- 1.2 The Greater Manchester Plan sets out the ambitions for Greater Manchester Cancer, the cancer programme of the Greater Manchester Health and Social Care Partnership. It is set out in eight domains reflecting a combination of the five key areas for change set out in Taking Charge and the six key workstreams of the national cancer strategy.
- 1.3 Much of the work set out in the plan will be delivered by the current and proposed Greater Manchester Cancer infrastructure. A substantial part of the plan in 2016/17 and 2017/18 is part of the vanguard innovation programme and funded by NHS England's New Care Models Team.
- 1.4 Greater Manchester Transformation funding will be sought to deliver other key parts of the programme and, if appropriate, to roll out successful pilots from the vanguard innovation programme beyond 2017/18.

## 2.0 GREATER MANCHESTER CANCER PLAN: "ACHIEVING WORLD-CLASS CANCER OUTCOMES: TAKING CHARGE IN GREATER MANCHESTER 2017-2021"

### 2.1 Vision and key objectives:

- 1) We will reduce adult smoking rates to 13% by 2020;
- 2) We will increase one-year survival to more than 75% by 2020;
- 3) We will prevent 1,300 avoidable cancer deaths before 2021;
- 4) We will offer class-leading patient experience, consistently achieving an average overall rating of 9/10 in the national survey from 2018;
- 5) We will consistently exceed the national standard for starting treatment within 62 days of urgent cancer referral;
- 6) We will ensure that the Recovery Package is available to all patients reaching completion of treatment by 2019.

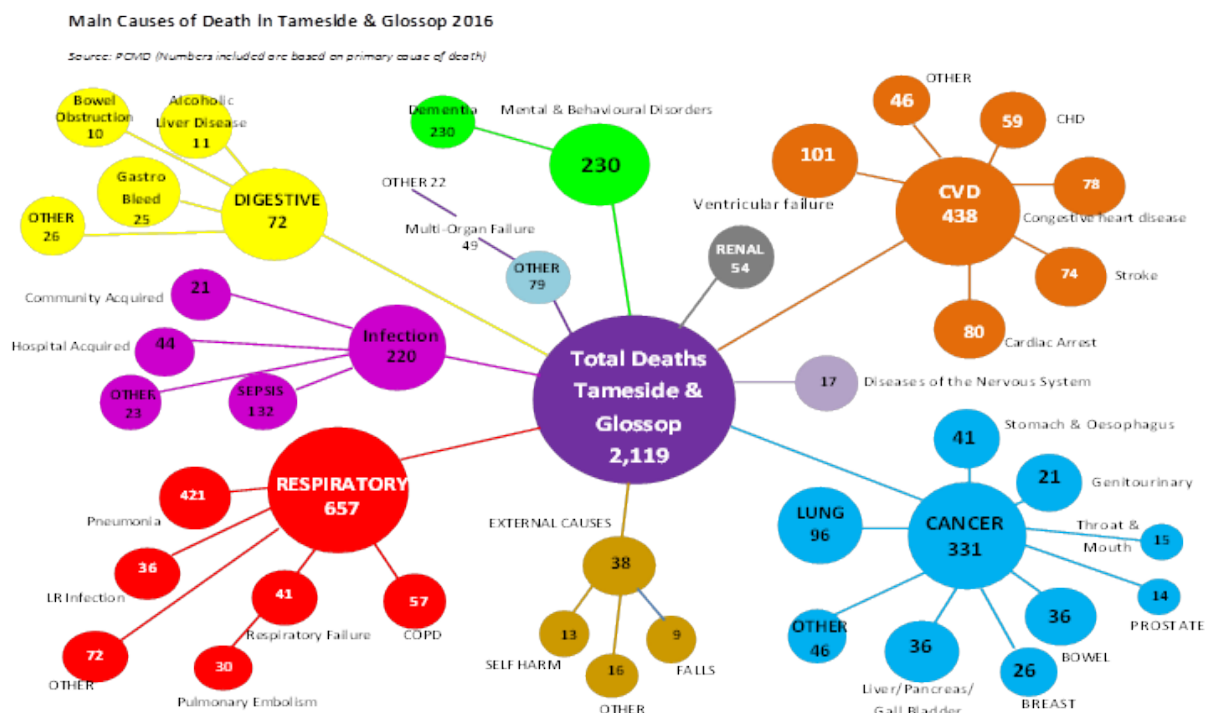
### 2.2 Domains:

There are eight domains within the Greater Manchester plan; reflecting a combination of the five key areas for change set out in '**Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017-2021**' and the six key work streams of the National Cancer Strategy.



### 3.0 CANCER IN TAMESIDE AND GLOSSOP

- 3.1 A detailed summary of local cancer experience received by T&G Single Commissioning Board in June 2017 is included as appended.
- 3.2 In 2016 Cancer was the main cause of death in 15.6% of the population in Tameside and Glossop Clinical Commissioning Group (331 out of 2,119 total deaths).



- 3.3 In Tameside and Glossop Clinical Commissioning Group all of the following were higher than the NHSE average:
- incidence of cancer;
  - mortality rates;
  - under 75 years of age mortality;
  - number of deaths from cancers considered preventable;
  - adult smoking rates.
- 3.4 The majority of the time we are achieving the operational waiting times standards (93% within 2 week waits, 96% within 31 days and 85% within 62 days).
- 3.5 NHS Right Care data highlights areas for improvement where we were worse than our average 10 Clinical Commissioning Group equivalents including:
- Screening uptake;
  - Smoking;
  - Spend on primary care prescribing;
  - Waiting times for endoscopy;
  - Liver disease.
- 3.6 The report to Single Commissioning Board concludes that the following areas need to be considered as part of an ongoing improvement process and incorporated into the local response to cancer:
- What else can we do to detect Cancer earlier and raise public awareness through national and local campaigns?

- How do we reduce emergency presentations (impact on non-elective admissions)?
- Role of Primary Care e.g. Use of e-referrals and EMIS templates.
- Improve access e.g. Straight to Test Colonoscopy, new lung pathway, bowel prep issued within primary care .
- Ensure access to services is equitable.
- Planning, demand and Capacity.
  - Impact of Locum staff e.g. new rules IR35.
  - How do we reduce the number of DNAs?
  - Learning from breach analysis.
  - Support within the community.
  - Data shows Length of Stay in hospital is greater than comparative CCGs.
  - Care planning, data shows we only prepare 32.5% of after care plans
  - How do we improve patient experience?

## 4.0 TAMESIDE AND GLOSSOP RESPONSE

### 4.1 Vision and key objectives

GM Cancer Plan key objective	Tameside and Glossop current position
1. We will reduce adult smoking rates to 13% by 2020	Current downward trend of up to 2% per year. 22.1% in 2016.
2. We will increase one-year survival to more than 75% by 2020	One year survival from cancer is improving year on year but is lower than the NHSE average (70.2%) at 67.6% in 2013. When comparing to 10 similar CCGs two were lower than T&G CCG.
3. We will prevent 1,300 avoidable cancer deaths before 2021	331 cancer deaths in T&G in 2016. Aim to avoid 130 deaths in T&G by 2021.
4. We will offer class-leading patient experience, consistently achieving an average overall rating of 9/10 in the national survey from 2018	Cancer patient experience rating 8.9 for T&GICFT and 8.8 for T&GCCG for 2016 (England 8.7).
5. We will consistently exceed the national standard for starting treatment within 62 days of urgent cancer referral	Better than the NHSE average (82.2%) for GP referral to first definitive treatment within 62 days in Q1 16/17. When comparing to 10 similar CCGs all were lower.
6. We will ensure that the Recovery Package is available to all patients reaching completion of treatment by 2019	T&G ICFT made a successful bid to Macmillan for 2 year funding for a 3 member team to support local implementation of the Recovery Package.

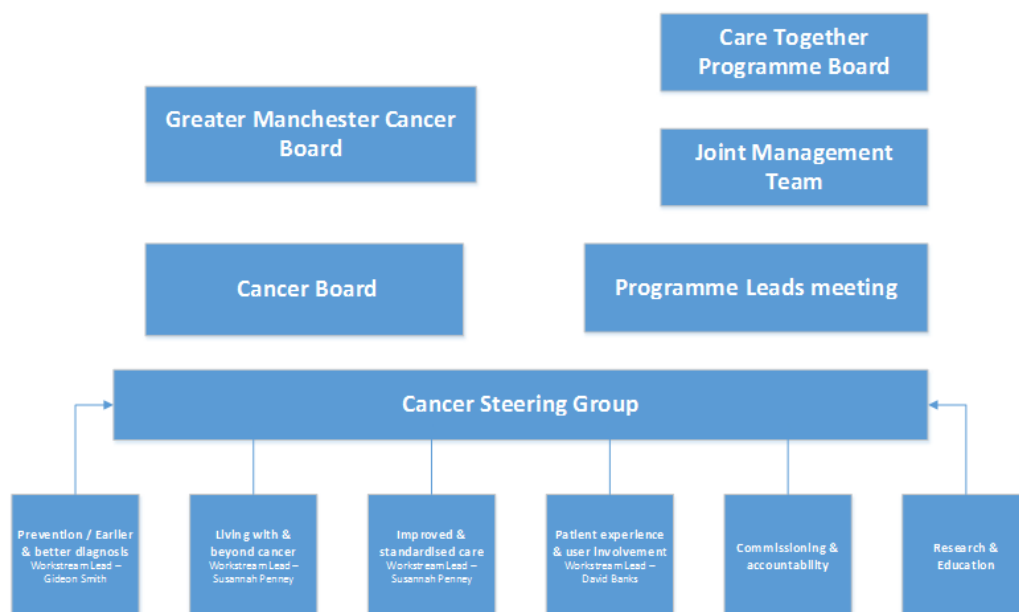
### 4.2 To date the Tameside and Glossop Cancer Board has:

- audited local working position and outlined actions required to meet the Locality Specific actions;
- Agreed terms of reference and membership of Greater Manchester Cancer Plan local working group to further progress the plan that will meet on a monthly basis;

- assigned a Care Together Project Manager who started to develop a project plan;
- progressed the development of the Locality specific plan;
- established Task and Finish Groups for each of the work streams identified within the plan to oversee the implementation of Locality Specific actions with these work streams:
  - Prevention and Earlier & Better Diagnosis (lead - Gideon Smith)
  - Living With and Beyond Cancer (lead - Carol Diver )
  - Improved & Standardised Care (lead – Susi Penney)
  - Patient Experience & User Involvement (lead - David Banks)
  - Commissioning & Accountability (lead - Alison Lewin)
  - Research & Education – (lead Tameside and Glossop Cancer Board)

4.2 Going forward the Tameside and Glossop Cancer Board will be kept informed of progress by the Steering Group with any areas of concern escalated as appropriate.

4.3 Greater Manchester and Tameside and Glossop governance for Greater Manchester Cancer Plan implementation:



3.3 A detailed working action plan has been developed by the project manager to support the work of the local working group, and progress is reported to T&G Cancer Board.

3.4 Appendix 1 and 2 provide an update on the current local position and next steps required to deliver the contributions required in the Locality specific plan.

## 4.0 LOCAL HIGHLIGHTS

4.1 Prevention and Earlier and Better Diagnosis

4.2 **Tobacco Control:** Smoking is a significant challenge locally, but good progress is being made with year on year reductions for adults, young people and pregnant women. And the Tameside Tobacco Alliance is an effective partnership driving the HWBB Turning the Curve ambition to reduce local smoking prevalence.

- 4.3 **Cancer Champions Social Movement:** The GM lead for this programme is Ben Gilchrist, Deputy Chief Executive of Action Together in Tameside and a HWBB member, and this connection provides additional impetus to local activity. Action Together and Be Well Tameside have previously worked together on a Macmillan funded project to recruit and support community volunteers, and there is strong local expertise and commitment to enable this vision.
- 4.4 **Promoting Screening:** the Bowel Cancer Screening Programme for Tameside, Stockport & Trafford includes a shared Health Improvement Practitioner for Tameside and Glossop who leads and coordinates the local promotion of bowel cancer screening. T&G Primary Care Delivery and Improvement Group have an Quality Improvement Initiative for cancer screening.
- 4.5 **T&G Cancer Early Detection Network:** This group links local stakeholders including: Public Health, Be Well Tameside, Bowel Cancer Screening Team, Cancer Research UK, workplace health, Macmillan GP, CCG commissioner, Tameside Macmillan Centre and Action Together. It enables coordination and joint working, and its members will be key to the development of the social movement, symptom awareness and improving screening uptake.
- 4.6 **Cancer Waiting Times:** Local good performance is built on sustained concerted effort of clinical teams to continuously improve pathways and protocols. Plans for further developments to reduce waits for complex and high volume pathways in step with GM pathway work is in hand locally.
- 4.7 Living With and Beyond Cancer
- 4.8 **Recovery Package:** T&G ICFT made a successful bid to Macmillan for 2 year funding for a 3 member team to support local implementation of the Recovery Package.
- 4.9 Improved and Standardised Care
- 4.10 **Lymphoedema service:** T&G has had an award winning service in place for several years, and is very well placed to extend this in line with GM aspiration.
- 4.11 **GM Clinical Pathways:** T&G cancer patients receive much of their care from a range of providers across GM, and efficient pathways are critical for good outcomes. Local clinicians are actively involved in the development and local implementation of these pathways.
- 4.12 Patient Experience and User Involvement
- 4.13 **T&G Macmillan Unit:** This recently opened facility at Tameside Hospital includes a dedicated team member with a remit for user and community engagement, as well as an information centre. The Unit is very well placed to support the development of the Recovery Package, patient engagement and Cancer Champion recruitment and support.

## 5.0 LOOKING FORWARD TO 2021

- 5.1 By 2021 in Tameside and Glossop, in line with the GM vision we will have:
- reduced smoking in adults, young people and pregnant women
  - increased one year survival

- reduced the number of preventable deaths from cancer
- improved patient experience
- improved waiting times
- introduced the Recovery Package

5.2 In addition the Tameside and Glossop Cancer Board will have overseen and coordinated a programme of developments and transformation that addresses the actions for CCGs and Provider Trust prioritised in the GM Cancer Plan, including:

- growth of a GM Cancer Champions Social Movement
- increased uptake of screening
- expanded lymphoedema service
- adoption of standard GM system-wide pathways
- optimised multi -disciplinary team processes
- adoption of optimal GM tumour specific service specifications
- 7 day specialist palliative care advice and assessment
- choice in end of life care
- shared digital palliative and end of life care records
- patient self-referral
- stratified follow pathways of care
- service user involvement in continuous development of services
- access to clinical nurse specialists
- integrated acute oncology service
- primary care education platform

## **6.0 RECOMMENDATIONS**

6.1 As detailed on the front of this report.