



GOVERNING BODY

Agenda Item No.	10
Reference No.	IESCCG 19-42
Date.	23 July 2019

Title	Integrated Care System (ICS) Cancer Programme Update	
Lead Chief Officer	Richard Watson, Deputy Accountable Officer and Chief Transformation Officer	
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Purpose	For information	
Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	X
4.	To improve health & educational attainment for children and young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity and compassion and to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	X
Action required by Governing Body:		
To note the ICS Cancer Programme and the main elements for delivery within 2019/20.		

1. Background

- 1.1 The purpose of the Integrated Care System (ICS) Cancer Programme is to:
- Support the delivery of the SNEE STP Cancer Strategy and the cancer elements of the ESNEFT and Ipswich and East Suffolk (IES) Alliance Strategies.
 - Develop new models of care for key agreed specialties within acute sites and the wider health and care system, as described in the NHS Longer Term Plan (2019) with the delivery of key milestones, including:
 - Supporting the roll out of new Rapid Diagnostic Centres, from 2019.
 - Deliver a new faster diagnosis standard for cancer so that patients receive a definitive diagnosis or ruling out of cancer within 28 days, by 2020.
 - Support the conversion to HPV primary screening for cervical cancer, by 2020.
 - Deliver, where appropriate every person diagnosed with cancer to have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support, by 2021.
 - For all clinically appropriate cancers, implement stratified, follow-up pathways with unambiguous processes to re-access the system for people who are worried their cancer may have recurred, by 2023.
 - Increase earlier diagnosis of cancers at stage 1 or 2 (target 75%) by 2028
 - Support the achievement of key quality and performance standards, including all cancer waiting time standards.
 - Support the delivery of the NHS assurance statements for cancer set out annually.
 - Deliver agreed objectives for East of England (EoE) Cancer Alliance (CA) funded priorities through the ICS.
 - Support system wide and partner initiatives and approaches.

1.2 The following governance supports the Cancer Programme locally and as part of the ICS:

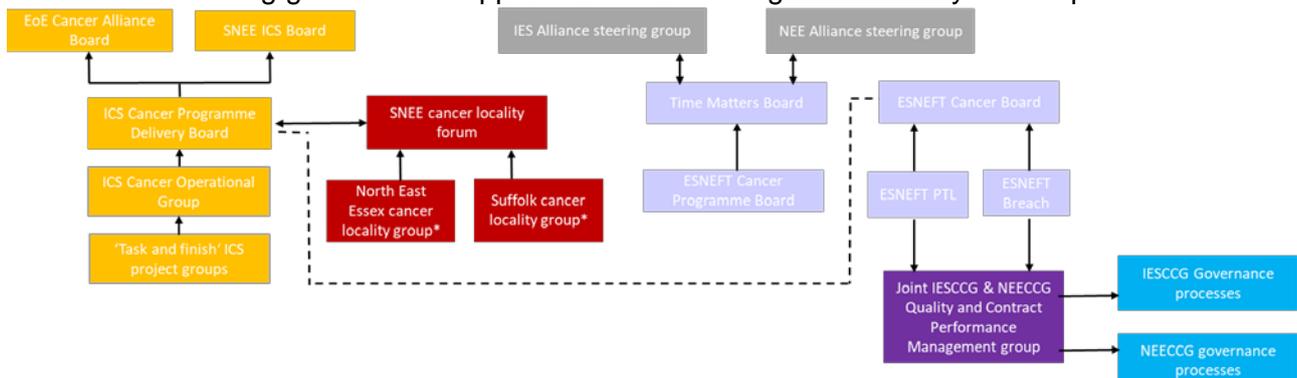


Figure 1. Local Cancer Programme governance.

2. Key Issues

- 2.1 The ICS has agreed with the East of England Cancer Alliance a series of projects to be implemented and developed for 18/19 and 19/20 that align to local priorities and the NHS longer term. The key projects and funding are identified in the tables below.
- 2.2 Table 1 and 2 identify projects funded in 18/19, which was subject to delays in funding being agreed and re-profiling due to cancer waiting times performance, and has been carried forward.
- 2.3 Delivery of the timed pathways (lung, prostate, colorectal and oesophago-gastric (OG) will support improvements in patient access to diagnostic and treatment options, with a focus on delivering the 28 day faster diagnosis standard by 2020. Personalised care projects (breast, prostate and colorectal) aims to improve support for people living with and beyond cancer by implementing the Recovery Package and stratified follow up. The Rapid Diagnostic Centre

vague symptoms clinic will support the implementation of an ESNEFT wide model, following a previous successful pilot in Ipswich.

Project	Timescale	Investment
Lung pathway	Mar 20	£174,168
Prostate pathway and stratified follow up	Mar 20	£149,121
Colorectal pathway and stratified follow up	Mar 20	£140,435
FIT in Primary care	May 2019	£62,821 (IES CCG)
Recovery package and stratified follow up breast	Mar 20	£171,166 (ESNEFT)
RDC – vague symptoms clinic	Sep 19	£90,821 (ESNEFT)

Table 1. ICS Programme – Key projects Ipswich and East 18/19 carry forward.

2.4 Table 2 identifies the system wide projects that support the Cancer Programme. The lung significant event audit and public awareness campaigns are being supported by Public Health Essex and Suffolk. The Macmillan Cancer Care Navigators project will bring together funding from both Macmillan and the EoE Cancer Alliance, with total investment for our ICS of c.£1.5m over two years, and the project being part of phase 1 of “Right By You” Macmillan test sites.

Project	Timescale	Investment
Lung Significant Event Audit (SNEE)	Sep 2019	£15,000
Public awareness campaigns (SNEE)	Mar 2020	£30,000
Patient engagement (SNEE)	Mar 2020	£10,000
Primary care nurse training (to support Cancer Care Reviews)	May 2019	£3,333
Primary and secondary care clinical leadership (to support implementation)	Mar 2020	£24,300
Macmillan Cancer Care Navigators	Sep 2019*	EoE CA and Macmillan funding*

Table 2. ICS Programme – Additional funding programmes 18/19 carry forward.

(* Funding received for Suffolk from Macmillan, EoE Cancer Alliance funding agreed to support NEE and additional Macmillan Investment Application to be submitted).

2.5 Table 3 highlights new work for 19/20 being supported both by the EoE Cancer Alliance and locally delivered projects. This includes further support for timed pathways and personalised, as well as additional funding for the OG pathway. A pilot programme will also be delivered to improve the quality of Cancer Care Reviews.

Project	Delivery requirements	Investment (SNEE)
Cancer waiting time standards	Delivery of all eight cancer waiting times standards	£0 (funding with CA)
Time to diagnosis (lung, prostate, colorectal)	Demonstrable improvement in number of patients diagnosed in 28 days	£560,393
Timed pathway for oesophago-gastric	Implementation of oesophago-gastric timed pathway in all Trusts	£79,036
Screening uptake	Demonstrable impact on uptake of the screening programmes, based on local need	£0 (funding with CA)
Rapid diagnostic centres	Implement one RDC for a defined population within the Alliance geography	Awaiting national guidance on scope of RDCs
Personalised care (breast, prostate, colorectal)	Increase in patients on a supported self-management follow-up pathway (breast) Protocols in place for stratifying follow up and remote monitoring. Patients have access to personalised care	£395,441

Personalised follow up other/all cancers	Improve quality of cancer care reviews	£13,500
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Table 3. ICS Programme – Key projects 19/20

2.6 Work is progressing for all of these projects and is reported through several governance routes, as described in figure 1. Several milestones have been achieved already as part of this programme and include:

- Established ESNEFT Cancer Programme Delivery Board
- Task and finish project groups established for projects with ESNEFT, with focus on:
 - Lung referrals and pathway management
 - Colorectal STT and diagnostics
 - Breast remote monitoring and open access follow up
- FIT testing in primary care launched 7th May
- Patients have access to elements of the recovery package including holistic needs assessments, care plans, treatment plans and are invited to health and wellbeing events
- Education and continuing professional development (CPD) offered to GPs and practice nurses
- Public health cervical screening campaign
- Workforce review being undertaken

2.7 Identified next steps, include:

- Task and finish groups to be established for remaining projects
- Continued pathway redesign and transformation, including:
 - Review cancer 2 week wait (WW) referrals and support to primary care
 - Recruitment
 - SEA to support lung pathway
 - Diagnostics
 - IT support for remote monitoring
 - Implementation of OG pathway
- MDC implementation at ESNEFT
- Training primary care
- Patient engagement workshop
- Public awareness campaigns
- Macmillan navigators roll out
- Completion of workforce review ESNEFT (capacity and demand of current and future state models)

3. Patient and Public Engagement (if appropriate)

3.1 A patient engagement stakeholder workshop is planned for July 2019, which will bring together patients, those Living With and Beyond Cancer (LWBC), carers, patient-advocates, health care providers and clinicians to exchange knowledge and ideas and actively support patient engagement in the planned projects funded by the EoE Cancer Alliance, to support redesign and development of cancer pathways and services. This will allow patients, relatives, carers and the public to be actively involved in the design, delivery and assessment of cancer services, in order to shape services and improve health. An engagement plan for each of the projects will be developed and agreed following this workshop and will highlight local alliance engagement, as well as integration across the shadow ICS, where appropriate.

4. Recommendation

4.1 To note the ICS Cancer Programme and the main elements for delivery within 2019/20.