



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 FEBRUARY 2017

REPORT ON: DUNDEE MACMILLAN IMPROVING THE CANCER JOURNEY PROJECT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB3-2017

1.0 PURPOSE OF REPORT

To provide an update on the progress of the Dundee Macmillan Improving the Cancer Journey project (ICJ) and outline next steps.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the progress made and key milestones for the project in 2017.

3.0 FINANCIAL IMPLICATIONS

None. The Dundee ICJ is funded by a grant of up to £1 million from Macmillan Cancer Support until June 2019.

4.0 MAIN TEXT

4.1 Background

4.1.1 Macmillan Cancer Support made contact with Dundee City Council in 2014 to discuss the possible development of a Macmillan Local Authorities Partnership with Dundee City Council. A co-ordinating group was then established and a formal application submitted to Macmillan in autumn of 2015. A formal grant agreement was signed between both parties in January 2016. The Senior Macmillan Partnership Manager, responsible for the management of the project, was appointed at the end of June 2016. Dundee Health and Social Care Partnership took lead responsibility in April 2016 with the project and budget now hosted with the Partnership.

4.1.2 Macmillan has targeted £6 million to test out the value of collaboration with local government. The charity has made this commitment because, despite their continuing support to the NHS in delivering the aspirations of all National Cancer Strategies across UK, it has come to recognise the significance of local authorities in terms of strategic influence and leadership, partnerships, commissioning and delivery of services that help people affected by cancer and their families and communities. The funding will be directed towards six to nine sites across UK. Dundee is the first site in Scotland (excluding the pilot ICJ project in Glasgow).

4.1.3 The approach by Macmillan has been informed by research they commissioned to understand the social care needs of people with cancer (*Hidden at Home: Macmillan Cancer Support, March 2015*). The research revealed the social care needs of people with cancer are far more widespread than they had expected and, in many cases, levels of support are falling woefully short.

4.2 The local context

- 4.2.1 In 2014, 5,800 people were estimated to be living with or beyond cancer in Dundee. This is expected to rise to 8,400 by 2030. Dundee is a city with higher than average incidence of all main cancers (except prostate) compared with the rest of the UK and life expectancy for people affected by cancer (PABC) (both male and female) is significantly worse than national average (as are deaths overall). A full package of baseline statistics about cancer in Dundee has been prepared by ISD to inform the development of the model. This is available on request.

4.3 Ambition and aims

- 4.3.1 We want everyone affected by cancer to be able to live as well and as independently as possible. The overall aim of the project is to provide clear, seamless and accessible pathways of care and support for PABC, based on a robust holistic assessment of individual need and what matters to them. This is underpinned by a number of objectives:

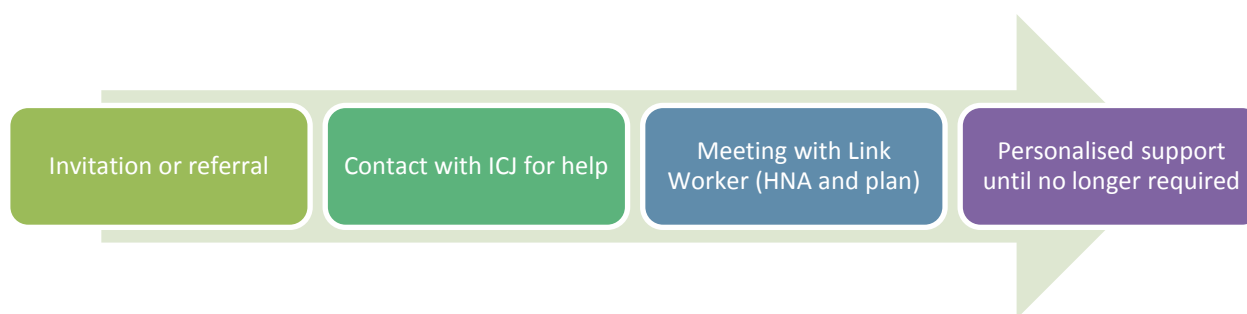
- To develop an integrated holistic needs assessment and post treatment care-planning framework and to promote early, targeted, planned intervention and support
- To develop re-enablement and rehabilitation packages to ensure health and wellbeing continues beyond acute care
- To promote self-directed support and encourage self-management
- To involve local communities in developing community led solutions
- To work across organisational boundaries with partners in Dundee to ensure the best possible outcomes for PABC.

4.4 Governance arrangements

- 4.4.1 The project is overseen by a Project Board, chaired by the Chief Executive of Dundee City Council, David Martin, and comprised of senior representatives from other statutory partners, clinicians, Macmillan and the voluntary sector. The IJB is represented on the Project Board by the Chief Officer of the Health and Social Care Partnership. This group is accountable for the direction, development and delivery of the programme, ensuring that that the desired outcomes and benefits are achieved. The Board meets quarterly.
- 4.4.2 The Board is supported by a Project Team, chaired by the Senior Macmillan Partnership Manager, which meets every six weeks. Again, the membership of the group is drawn from across the Dundee ICJ partner organisations. The Team's focus is on the planning and day to day delivery of the programme, ensuring that activity is coherent, completed to time and the required quality, and with the associated risks and issues being effectively managed.
- 4.4.3 We are in the process of setting up a group of PABC to form a Cancer Voices Panel. This group will be involved in all aspects of the project and its decision-making and provide advice to the Project Board and Project Team.

4.5 Model

- 4.5.1 We have taken the principles and learning from the Glasgow ICJ to develop a very similar model for Dundee. Our service is also a 'hub and spoke' model with the client at the centre of the hub, allowing links to be made with partner organisations. The Holistic Needs Assessment (HNA) is the bedrock of the model. This covers physical issues, such as pain and fatigue, but also asks about emotional, social and financial needs such as housing, family and employment issues. The HNA will be offered in a community setting, for example, a local library. We are in the process of recruiting for two Link Workers who will meet the PABC, conduct the HNA and work with the individuals to set a plan of action. They will also co-ordinate referrals on behalf of the individual and follow up on their progress at agreed intervals.



4.5.2 We are implementing the model in three phases as outlined below:

Phase	Timing	Referral routes/activity
One	May to September 2017	<ul style="list-style-type: none"> • Invitation at point of diagnosis through letter from ISD • Concentrated engagement activity in Colonside and Lochee (two localities with the highest incidence of cancer) • Referrals from two Clinical Nurse Specialist (CNS) teams, Move More, Macmillan@Libraries project and Council Advice Services • Development of carers' pathway
Two	October 2017 to June 2018	<ul style="list-style-type: none"> • City wide access • Expansion of CNS referral • GP, Community Nursing, Community Officers and self referrals • Volunteering model developed • Employer and employee support
Three	July 2018 to June 2019	<ul style="list-style-type: none"> • Opt-out model • Decision about future of project, including whether to extend to other long-term health conditions

4.6 Progress to date

4.6.1 Between July and December 2016, the project was firmly in the scoping and development phase. This included setting up the governance arrangements outlined in 4.4 and the formation of two sub-groups of the Project Team, one to look after information and data and one responsible for communications and engagement. A detailed project plan and budget was prepared in collaboration with partners and project management documentation and processes put in place, including risk management and reporting.

4.6.2 In addition to project set up, and developing a high-level model, the two other priorities for this phase were the review and assessment of all data available to profile the cancer population in Dundee and their needs and relationship building. The review and assessment of data culminated in the production of the information pack mentioned in paragraph 4.2 above along with initial mapping of the services and support currently provided for PABC. We also agreed to act as the control group for the Glasgow ICJ, which will provide a further baseline for the project. Napier University will be conducting this work in February/March.

4.6.3 Relationship management activity is underpinned by a comprehensive participation and engagement plan and the emerging communications plan. The team have met with a wide range of stakeholders in Dundee, including Maggie's, Tayside Cancer Support, the Carer's Centre, Dundee Voluntary Action, Prostate Cancer UK, NHS Tayside staff at Ninewells and Roxburghe House. All have given strong support for the Dundee ICJ and are keen to be involved as it progresses. A small engagement event for PABC took place on 5 December, and the feedback

from the discussions chimed with the findings of Macmillan's Hidden at Home report: the group talked of poor communication; the lack of information on or signposting to where to get help and feelings of abandonment and isolation after treatment. All attendees at the event will continue to be involved with the Dundee ICJ, either as part of the Cancer Voice Panel or in some other way.

4.7 Key milestones for 2017

4.7.1 The three key milestones for the Dundee ICJ in 2017 are: the start Phase One in May; the public launch in September and the beginning of Phase Two in October. Our focus ahead of May is the recruitment of the Link Workers, detailed development of the first referral routes and establishing the required IT systems (the project will be hosted on Mosaic). We will also be involved in the development of the national evaluation framework for all ICJ projects.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None

David W Lynch
Chief Officer

DATE: 2 February 2017