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Agenda Item: 12

## **Integration Joint Board**

Date of Meeting: 15 December 2021.

Subject: Improving the Cancer Journey.

### **1. Summary**

1.1. This report provides details of a nascent project, in partnership with Macmillan Cancer Support, as well as health and social care colleagues in Shetland and the Western Isles, to improve non-clinical outcomes of people diagnosed with cancer. This project is known as Improving the Cancer Journey.

### **2. Purpose**

2.1. To make Members aware of the Improving the Cancer Journey project.

### **3. Recommendations**

The Integration Joint Board is invited to note:

3.1. That Scottish Government and Macmillan Cancer Care have invested £18 million in their Transforming Cancer Care initiative, a programme designed to deliver a holistic approach to improving the non-clinical outcomes of people in Scotland diagnosed with cancer.

3.2. That the Improving the Cancer Journey (ICJ) model has been deployed in 21 health and social care partnerships, across Scotland.

3.3. That Macmillan Cancer Support has approached the Orkney, Shetland and Western Isles health and social care partnerships, seeking to implement the ICJ model. This will be a partnership arrangement between Macmillan and the three island health and social care partnerships, through the investment of £900,000 covering a three-year programme, as detailed in section 8 of this report.

3.4. That, following the appointment of a Project Manager, a scoping exercise will be undertaken in each island group, resulting in the production of a Cancer Impact Assessment for the Orkney Partnership Board, and a Joint Strategic Needs Assessment for Cancer for the IJB.

3.5. That it is anticipated that link workers will be appointed in each island group, responsible for the co-ordination and delivery of non-clinical services for people diagnosed with cancer.

## **4. Introduction**

4.1. Macmillan Cancer Support approached the Chief Officers of Orkney, Shetland and Western Isles health and social care partnerships, in the early Autumn of this year, to propose a partnership project, based upon the Glasgow ICJ model, designed to better meet the needs of people affected by cancer, from the point of diagnosis.

4.2. The project aims to provide holistic care solutions by delivering joined-up, multi-agency working, combining expertise to ensure everyone diagnosed with cancer can easily access all the support they need, as soon as they need it, enabling them to live as well and as independently as possible.

4.3. In addition, there will be scope to consider the learning from the work, as well as its transferability to other long-term health conditions, supporting the longer-term sustainability of the work.

4.4. The Glasgow ICJ model, which has been agreed or implemented across 21 health and social care partnerships, reaching around 4 million of the population, and adapted to local context, has demonstrated significant impact and reach to people affected by cancer. Benefits include income maximisation, a dynamic response to housing issues, and a focus on preventative health measures. It has also been demonstrated to improve job satisfaction and morale amongst clinical staff, by taking care of the non-clinical issues presented by people affected by cancer.

## **5. Background**

5.1. Many people, 1 in every 2, are now surviving cancer. It is projected that across Scotland, by 2030, 350,000 people will be living with a cancer diagnosis. This does not necessarily mean, however, that people will be living well. For example, 70% of people with cancer also experience at least one or more comorbidity, with cancer now starting to be increasingly recognised as a long-term condition. The increasing incidence and prevalence of cancer is also having a wider impact, with an increase in unpaid carers, on children (i.e. young carers or children with parents with cancer), and employers/education.

5.2. Returning to normality for those affected by cancer is fraught with difficulties, as the consequences of the disease and treatment pathways not only impact their physical condition, but also their psychological, financial and social wellbeing. This manifests itself as:

- The need for support with mental health issues.
- Help to make lifestyle choices to aid survival and prevention of secondary occurrences.
- Assistance with returning to and/or enabling independent living.
- Help with employment.

- Access to welfare benefits.
- End-of-life and bereavement support.

5.3. The headline figures for Orkney indicate around 110 people diagnosed with cancer annually. In addition, the incidence of cancer is also anticipated to increase by 33% over the next 5-10 years. With more people now surviving a cancer diagnosis, and a current prevalence of 3-4% of the population living with cancer, it would be safe to assume that around 800-900 people are currently living with cancer in Orkney. This does not count, of course, the carers providing support.

5.4. This project will build upon previous Macmillan investments. Over the last few years Macmillan has invested £1.8 million across Orkney, Shetland, and the Western Isles. As a partner in this project, Macmillan will provide:

- Engagement with local communities, continuing its record of 1/3 of people in communities wanting to volunteer for the organisation, providing capacity for practical and emotional support.
- Mobilisation of the community voice around cancer, complementing a national approach to inclusion.
- Cancer evidence, insight, and experience.
- Strategic relationships across primary and acute healthcare, local authorities, and other third sector providers.
- Resources that include Learning and Development.

## **6. The Project**

6.1. In August 2019, Scottish Government and Macmillan Cancer Care launched the Transforming Cancer Care initiative. Using the ICJ model, the programme is designed to:

- Support local authorities, community planning partnerships, health and third sector partners to strategically assess and meet the non-clinical needs of people affected by cancer.
- Enable high quality, integrated models of person-centred assessment, care, and support.
- Create clear pathways for people affected by cancer. Focussing upon the person's Holistic Needs Assessment, transitions will be anticipated, planned, fully supported, co-ordinated and integrated, from the point of diagnosis.
- Create access points for information and other support services that will provide advice on support, health and wellbeing, and self-management. This will look to build upon existing links in local communities, making the best use of available resources and partnerships, including maximising cooperation with third sector colleagues.
- Access to financial and welfare benefits advice.
- Utilise robust research and evaluation to ensure long-term sustainability.
- Support data sharing agreements across partner agencies.

6.2. Macmillan has set aside funding amounting to £900,000 for the implementation of this project across the three island partnerships, for a period of three years.

6.3. One of the local partnerships is required to host the contracting and finance elements of the project. Owing to recent experience of other Macmillan projects, Western Isles Health and Social Care Partnership will undertake this role.

6.4. A Strategic Programme Board, with representation from all partners, will oversee the project, with each island partnership appointing its own Operational Group.

6.5. A Project Manager will be appointed to manage the programme of work across the three partnerships.

6.6. The Project Manager will undertake a scoping exercise within each island group, assessing the level of need and identifying existing support. This will result in the preparation of:

- A Joint Strategic Needs Assessment for Cancer for the IJB.
- An assessment of the impact of cancer on the community, for the local community planning partnership (the Cancer Impact Assessment).

6.6.1. For Orkney, the Cancer Impact Assessment will be prepared and presented to The Orkney Partnership Board. Whilst they have not been involved in development of this project, the ICJ model, in recognising the impact of cancer on the whole community, includes this assessment, with a view to improving cross-agency planning for the support of people with cancer, and those caring for people with cancer.

6.7. It is anticipated that 1.2 Full-Time Equivalent (FTE) posts of Link Worker (split between two 0.6 FTE posts) will be appointed in each island group, with 1 FTE Support Assistant. It will be the role of the Link Worker, working with existing agencies, to provide the support services that are at the heart of this project. It is further anticipated that the Orkney-based Link Workers will be employed by either NHS Orkney or Orkney Islands Council, based within Orkney Health and Care.

6.8. It is expected the Project Manager will be appointed in the first quarter of 2022. The subsequent scoping exercises and appointment of Link Workers is expected to be completed for October, with the ICJ service launched in November of next year.

## 7. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.

<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	Yes.

## 8. Resource implications and identified source of funding

8.1. Macmillan Cancer Support and Scottish Government's Transforming Cancer Care programme has received funding of £18 million. The Orkney/Shetland/Western Isles programme will receive funding of £900,000, covering the cost of appointing 1 x FTE Project Manager, 6 x 0.6 FTE Link Workers and 1 FTE Support Assistant. Details are given below.

<b>Cost Profile for Investment Application</b>				
<b>Application Details – Salary costs</b>				
<b>Intervention Title</b>		<b>Band</b>	<b>FTE</b>	<b>Duration (months)</b>
<b>Post Title(s)</b>	Pan Orkney, Shetland and Western Isles Health and Social Care Partnerships Macmillan Improving Cancer Journey			
	Macmillan Improving the Cancer Journey Project Manager	8a	1.0	48
	Macmillan Improving the Cancer Journey Link Worker	4	0.6	36
	Macmillan Improving the Cancer Journey Link Worker	4	0.6	36
	Macmillan Improving the Cancer Journey Link Worker	4	0.6	36
	Macmillan Improving the Cancer Journey Link Worker	4	0.6	36
	Macmillan Improving the Cancer Journey Link Worker	4	0.6	36
	Macmillan Improving the Cancer Journey Support Assistant	3	1.0	45

	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	Year 6:
<b>Macmillan's contribution (%)</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		
<b>Partner's contribution (%)</b>						
<b>Salary Total</b>	£794,799		<b>Investment Period</b>		48 months	
<b>Application Details – Non-salary costs</b>						
<b>Grant for item as specified:</b>						
	Year 1 £:	Year 2 £:	Year 3 £:	Year 4 £:	Year 5 £:	Year 6 £:
<b>Set up costs:</b>	12,000	N/A				
<b>Description:</b>	<b>IT, Telecommunications</b>					
<b>Delivery costs:</b>	10,000	20,000	20,000	20,000		
<b>Description:</b>	<b>Travel, PHS letters, communications, induction, action learning sets and courses</b>					
<b>Engagement costs:</b>	7,000	5,500	5,500	5,259		
<b>Description:</b>	<b>To run engagement sessions to PLWC or volunteers, and expense relating to volunteers</b>					
<b>Environment costs:</b>						
<b>Description:</b>						
<b>Non-salary Total</b>	£105,259		<b>Investment Period</b>		48 months	
<b>Investment Application Total</b>	£900,058		<b>Investment Period</b>		48 months	

8.2. The duration of the project is three years, from the appointment of the Link Workers. However, the Project Manager will be appointed prior to this to enable the scoping exercise to be undertaken in each island area. Funding for this post, for a period of four years, is included in the funding programme.

## 9. Risk and Equality assessment

9.1. An Equality Impact Assessment is attached as Appendix 1 to this report.

## 10. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 11. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	Yes.

## 12. Authors

12.1. Stephen Brown (Chief Officer), Integration Joint Board.

12.2. Lynda Bradford, Head of Health and Community Care, Orkney Health and Care.

12.3. Shaun Hourston-Wells, Project Manager, Orkney Health and Care.

## 13. Contact details

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13.3. Email: [shaun.hourston-wells@orkney.gov.uk](mailto:shaun.hourston-wells@orkney.gov.uk), telephone: 01856873535 extension 2414.

## 14. Supporting document

14.1. Appendix 1: Equality Impact Assessment.



## Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

<b>1. Identification of Function, Policy or Plan</b>	
Name of function / policy / plan to be assessed.	Improving the Cancer Journey (ICJ) Project.
Service / service area responsible.	Post-diagnostic non-clinical cancer care.
Name of person carrying out the assessment and contact details.	Stephen Brown.
Date of assessment.	22 November 2021.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	New.

<b>2. Initial Screening</b>	
What are the intended outcomes of the function / policy / plan?	Improving the non-clinical outcomes of people in Orkney diagnosed with cancer, as well as their family and carers.
State who is, or may be affected by this function / policy / plan, and how.	Anyone diagnosed with cancer, or anyone caring for or living with someone diagnosed with cancer.
Is the function / policy / plan strategically important?	No.
How have stakeholders been involved in the development of this function / policy / plan?	Macmillan Cancer Support are able to use the experience of delivering this model of support across 21 health and social care partnerships, in Scotland.



<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<p>No.</p>
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See <a href="#">The Fairer Scotland Duty Interim Guidance for Public Bodies</a> for further information.</p>	<p>N/A.</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).</p>
<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person's Race.</p>
<p>2. Sex: a man or a woman.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person's Sex</p>
<p>3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person's Sexual Orientation.</p>
<p>4. Gender Reassignment: the process of transitioning from one gender to another.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person undertaking Gender Reassignment.</p>
<p>5. Pregnancy and maternity.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person being Pregnant or undergoing maternity care.</p>
<p>6. Age: people of different ages.</p>	<p>There is no evidence that the outcomes of the ICJ programme are affected by a person's Age. That said, older people are more likely to be diagnosed with cancer, so this programme will deliver improved outcomes for this group.</p>

7. Religion or beliefs or none (atheists).	There is no evidence that the outcomes of the ICJ programme are affected by a person's Religion.
8. Caring responsibilities.	It is anticipated this programme will improve the wellbeing of people who care for cancer sufferers.
9. Care experienced.	There is no evidence that the outcomes of the ICJ programme are affected by a person being Care Experienced.
10. Marriage and Civil Partnerships.	There is no evidence that the outcomes of the ICJ programme are affected by a person's Marital Status.
11. Disability: people with disabilities (whether registered or not).	There is no evidence that the outcomes of the ICJ programme are affected by a person's Disability.
12. Socio-economic disadvantage.	This programme is expected to improve the financial circumstances of those suffering cancer, and their dependants.
13. Isles-Proofing	Those living in the isles do not have the same ease of access to support services as those living in the Mainland. However, implementation of the ICJ model in Orkney has been specifically designed to include a partnership with the other island groups, ensuring we can deploy a common approach to delivering improved outcomes for people in the non-linked isles.

### 3. Impact Assessment

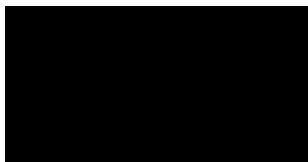
Does the analysis above identify any differential impacts which need to be addressed?	Yes.
How could you minimise or remove any potential negative impacts?	The Project Manager will ensure the scoping exercise specifically addresses access to support services in the non-linked isles.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

### 4. Conclusions and Planned Action

Is further work required?	Yes.
What action is to be taken?	The Project Manager will ensure the scoping exercise specifically addresses access to support services in the non-linked isles.

Who will undertake it?	The Project Manager.
When will it be done?	Within the first 12 months of the project.
How will it be monitored? (e.g. through service plans).	The local operational board and the Programme Board.

Signature:



Date: 22.11.21

Name: Stephen Brown.