

Scottish Borders Health and Social Care Partnership Integration Joint Board

24 October 2024



Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Macmillan Improving the Cancer Journey

Report by Jen Holland, Director of Strategic Commissioning and Partnerships

1. PURPOSE AND SUMMARY

- 1.1. To appraise the Joint Board on the implementation of the Macmillan Improving the Cancer Journey (ICJ) service in Scottish Borders
- 1.2. This Report notes the context for establishing the Macmillan ICJ in Scottish Borders and updates on the progress towards implementation.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) and Strategic Planning Group is asked to note the progress towards implementation of the Macmillan Improving the Cancer Journey service in Scottish Borders.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

A direction is not required.

5. BACKGROUND

- 5.1 The Cancer Strategy for Scotland 2023-2033 sets out the vision and priorities of the Scottish Government for cancer over the next 10 years, with the aim to improve cancer survival and provide excellent, equitably accessible care to all.
- 5.2 During the period 2014-2018 there were an average of 831 people per annum in the Borders diagnosed with cancer and trends estimate that this will increase by approximately 3% per annum, resulting in over 1000 people per annum by 2025. The prevalence of cancer primarily resides within populations with the highest deprivation. The Borders has small number of areas which would be regarded as being some of the most deprived in Scotland. The Scottish Index of Multiple Deprivation (SIMD) has consistently identified the same handful of local areas in Scottish Borders as being Multiply-Deprived.
- 5.3 Cancer survival continues to improve, but not at a satisfactory rate. Improving cancer survival means the number of people who have, or have had, cancer will continue to grow substantially in the coming decades, as mortality rates decline. There will also be an increasing number of people with cancer due to the ageing population and Scotland's success in reducing mortality from other diseases. This will contribute to an increasing demand on health and social care services. It is vital that Realistic Medicine is embedded throughout cancer services as people need holistic care and support throughout their cancer journey.
- 5.4 Building on the previous Strategy and Action Plans, person-centred care for all is one of the key priority areas of the Cancer Strategy for Scotland 2023-2033. Transforming Cancer Care (TCC) is a partnership between Macmillan Cancer Support and the Scottish Government, launched back in 2019 with the aim of transforming cancer care and support from the point of diagnosis by tailoring it to meet all needs of the individual. The TCC partnership began under the 2016 Cancer Strategy and has seen £18 million invested to date with a further £9 million announced in July 2023.
- 5.4 In response to the 2016 Cancer Strategy, through the Transforming Care After Treatment (TCAT) programme, NHS Borders have implemented a number of new approaches to support people diagnosed with cancer to prepare them to live an independent life with confidence but knowing who to contact and when. During 2014-2015 NHS Borders' TCAT Project Team reviewed and piloted ways to improve services for all cancer patients within the TD9 (Hawick) postcode area. Although funding for the project finished it was agreed that it would greatly improve patient journeys if we were able to roll out some key aspects of TCAT across the whole of NHS Borders area. With this in mind it was agreed to:
- a) embed the use of the electronic Holistic Needs Assessments (eHNA) for all patients with cancer at the end of treatment
 - b) each patient to be offered the chance to attend a Health and Well Being Event
 - c) develop End of Treatment Summaries (EOTS) and trial the use of these.
- 5.5 More recently, with Scottish Government funding, the implementation of the Single Point of Contact (SPOC) service ensures that everyone who is referred for urgent suspicion of cancer (USC) or diagnosed with cancer has a single point of contact with dedicated person-centred

support through their clinical cancer pathway that aims to improve patient communication, experience and outcomes.

- 5.6 The SPOC model developed in the Borders incorporates an offer of a holistic needs assessment (HNA). Macmillan's HNA is a structured method of discussing someone's physical, emotional, family, practical, lifestyle and spiritual needs. It can be used to co-produce with the individual a personalised care and support plan to address any identified concerns including signposting and referral to relevant services.
- 5.7 ICJ is one of the newer aspects of the TCC. The model is being implemented across all of the 31 Health and Social Care Partnership (HSCP) areas in Scotland as part of the TCC programme. Macmillan Improving the Cancer Journey services are open for referrals in: Dumfries and Galloway, East Dunbartonshire, Fife, Glasgow City, Highland (Highland and Argyll and Bute), Inverclyde, East Renfrewshire, South Lanarkshire, Lothian (Edinburgh City, Midlothian, East Lothian and West Lothian), Renfrewshire, Tayside (Dundee City, Angus and Perth & Kinross), West Dunbartonshire. It is expected that Macmillan ICJ services will be provided across Scotland by the end of 2024 in: North Lanarkshire, Ayrshire and Arran (East Ayrshire, North Ayrshire and South Ayrshire), Forth Valley (Clackmannanshire & Stirling and Falkirk), Grampian (Aberdeen City, Aberdeenshire and Moray), the Islands (Western Isles, Orkney and Shetland) and Scottish Borders.
- 5.8 ICJ is the development of a seamless cancer pathway from Acute into the Community, to support people newly diagnosed with cancer with both their clinical and non-clinical needs. The ICJ also supports carers and family members affected by the diagnosis and ensures that the person with is at the centre of their care. The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.
- 5.9 ICJ utilises the Macmillan eHNA, a simple and secure web-based tool which enables the team to identify a patient's concerns, start a conversation about their needs, develop a personalised care and support plan, share information and signpost or refer to local support services. The eHNA invites people to identify concerns under the headings of physical, practical, emotional, family/relationships, spiritual and information/support, scoring each concern identified between 1 and 10. The ICJ can refer and signpost to community-based services such as Housing, Welfare and Benefits, Smoking Cessation, physical activity programmes, social groups and more.
- 5.10 Evidence from independent evaluation of ICJ demonstrates that it improves outcomes for people living with and affected by cancer at an individual level, service level and cultural level and that it reaches the people who most need support.
- 5.11 The ICJ service can deliver financial gains for clients (the average from the Glasgow evaluation was £5,300 per person) and mitigate costs of living pressures to ensure people can heat their home and afford food and clothing. Working closely with partners, it can also ensure that no one diagnosed with cancer loses their home and that new housing solutions meet their needs. ICJ can help people to keep their jobs, to remain at work or return to work sooner, and to support employers to make good decisions about their staff. The wider health gains of onwards referrals from ICJ to community based services such as smoking cessation and exercise programmes are also notable. In addition, ICJ supports statutory responsibilities towards carers by ensuring their needs are also met.

6. ICJ IN THE SCOTTISH BORDERS

- 6.1 In June 2021, Scottish Borders HSCP was awarded a grant from Macmillan Cancer Support to the sum of £319,998 to establish the Macmillan Improving the Cancer Journey service in the Borders. This included £259, 933 for two Macmillan Link Worker posts (3-year period) one Project Manager (3 years period) and one Macmillan Project Assistant post (3-year period), plus £60,065 for non-salary costs. The grant is for a fixed period of 48 months with a further 3 years of funding for the Link Worker roles recently announced (July 2023).
- 6.2 The grant will facilitate a partnership between Macmillan Cancer Support, the Scottish Government and Borders HSCP to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies, by implementing the ICJ model to ensure that all people diagnosed with cancer can easily access all the support they need as soon as they need it to enable them to live as well and as independently as possible, for as long as possible. The ambition is to develop a sustainable ICJ services across the Scottish Borders that support all people affected by long term conditions.
- 6.3 The NHS Borders Cancer Services Strategy has a vision to provide high quality, safe, seamless and sustainable cancer services for the Borders' population. The vision stresses that services should be person-centred and based on evidence to deliver the best possible health outcomes. The commitment to meeting not just the clinical needs of people diagnosed with cancer, but the holistic needs ensures that cancer is not just seen as a medical issue. Implementing the ICJ service will ensure that everyone diagnosed with cancer is offered, from the point of diagnosis, a specialist Link Worker who can assess and triage their holistic needs, provide the right support and signpost or refer on to appropriate services in the person's local community. This whole-system approach building on the successes of current services, will increase partnership working across acute, primary care and community settings, promote the use of digital technology, increase engagement with local communities and people with lived experience of cancer, and increase the provision of practical and emotional support for people affected by cancer.
- 6.4 The Project Team now has additional support from both Scottish Borders Council and NHS Borders for project assistant and administrative capacity respectively. Governance is in place for the project, with the Steering Group meeting six weekly and an Operational Delivery Group now also established to oversee the operational elements and create the service pathway. The Borders and Dumfries and Galloway Steering Groups have agreed to collaborate to learn from each other with the first joint Steering Group meeting taking place on 9th November 2023.
- 6.5 Following appraisal of the options, recent decisions taken by the Steering Group include the team that will host the staff; Scottish Borders Council's Local Area Coordination team, and posts will be recruited to through the Council.
- 6.6 The ICJ pathway is being co-designed with staff from across the partnership, with people with lived experience of cancer and with the public through a series of engagement opportunities planned jointly between Macmillan and the Health and Social Care Partnership to ensure seamless care and support for everyone diagnosed with cancer.
- 6.7 Work continues to ensure that the service is established by January 2024 to provide everyone newly diagnosed with cancer, their families and cares with seamless clinical and non-clinical support to meet their individual needs.

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

7.2. There are no costs attached to the implementation and embedding of the Macmillan Improving the Cancer Journey service for the first 6 years as all pay and non-pay costs are covered by the grant from Macmillan. It should be noted that a small amount of project support capacity (2 days per week) from Scottish Borders Council (SBC) and admin support capacity (0.5 days per month) from NHS Borders are currently contributed to enable the service to establish. A sustainability plan is being developed to embed the ICJ service across the Borders with an Evaluation and Measurement plan informing the on-going design of the sustainable service to enable the service to continue to be delivered for people affected by cancer and other long term conditions.

Equality, Human Rights and Fairer Scotland Duty

7.3. The IJB three stage Equality and Human Rights Impact Assessment process is planned during the engagement and pathway development phase of the project (estimated October to December 2023).

7.4. In addition, the Macmillan Equity Impact Assessment will be undertaken by the Project Team in collaboration with people affected by cancer to design an equitable ICJ service.

Legislative considerations

- 7.5. A Data Impact Assessment will be undertaken as part of the pathway development to ensure the service is compliant with Data Governance legislation.

Climate Change and Sustainability

- 7.6. There are no climate change impacts of the ICJ service.

Risk and Mitigations

- 7.7. As the ICJ service develops and is implemented, a project Risk and Issues log will be maintained and reported regularly to the project Steering Group with appropriate governance processes in place to bring these to the attention of the IJB.

- 7.8. Current risks identified include:

	Risk	Mitigation
a	ICJ seen as another project with time limited funding and not as a permanent service to drive the transformation of the delivering of Health and Social Care services for people diagnosed with cancer and other long term conditions	Sustainability is being considered at an early stage, with a Monitoring and Evaluation Framework developed to enable regular reporting of individual, service and cultural impacts through governance structures, supporting the case for continuation beyond the funding period
b	High levels of previous and current community engagement across the region impacts negatively on the uptake of opportunities to shape the ICJ in the Borders	A multi-agency Engagement sub-group will develop a series of engagement opportunities reaching out to where key stakeholders are
c	People diagnosed with cancer decline the opportunity to participate in ICJ	A robust referral process will be tested and refined with ICJ staff undergoing good conversations training, awareness raising across the system and a formal launch to promote the service and build confidence and trust in the service
d	People who initially decline the offer to participate in ICJ may need it at a later stage	People who decline the ICJ offer will receive written information about the service and a call back at a future date arranged to renew the offer
e	Not all patients diagnosed with cancer are referred to ICJ and therefore the service does not reach everyone newly diagnosed with cancer	A robust referral process will be developed in collaboration with other cancer care services and tested and refined to ensure everyone diagnosed with cancer is referred to ICJ
f	Funding to deliver the ICJ beyond the Macmillan funding is not secured	Sustainability is being considered at an early stage, with a Monitoring and Evaluation Framework to support this and regular reporting through governance structures
g	People diagnosed with cancer, their families and carers are confused about the role of each cancer service	A communications strategy is developed in advance of the roll out
h	Staff delivering care and support for people diagnosed with cancer are confused about the role of each service and how they work together	Collaboration and engagement throughout the development of the ICJ service with other services already delivering acute and community based support for people diagnosed with cancer will ensure streamlined services

8. CONSULTATION

Communities consulted

- 8.1. A Communication and Engagement Sub-Group of the Operational Delivery Group is being established. This includes representatives from Communications and Engagement Teams in NHS Borders, Scottish Borders Council and Third Sector.
- 8.2. This group will plan a series of engagement activities to involve people with lived experience of cancer, staff across the system and members of the public in shaping the service.
- 8.3. Through a series of community and stakeholder engagements, the following groups will be consulted in the development of the ICJ:
 - People with lived experience of cancer, their families and carers
 - Staff in cancer services
 - Staff in the Local Area Coordination team
 - Primary care staff
 - IJB Strategic Planning Group
 - Carers
 - Members of the public
 - Third sector partners

Integration Joint Board Officers consulted

- 8.4. IJB Chief Officer , ICJ operational Lead, Joint Chairs
- 8.5. In addition, consultation has occurred with our statutory operational partners at the:
 - HSCP Joint Executive

Approved by:

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Background Papers:

Scottish Government Cancer Strategy 2023-2026

<https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/>

Napier University Evaluation of Improving the Cancer Journey in Glasgow

<https://www.napier.ac.uk/~media/worktribe/output-2710068/evaluation-of-improving-the-cancer-journey-final-report.pdf>

Previous Minute Reference: n/a

For more information on this report, contact us at laura.gibson3@nhs.scot