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**South Yorkshire, Bassetlaw & North Derbyshire
Cancer Alliance Delivery Plan**

2017/18 – 2020/21

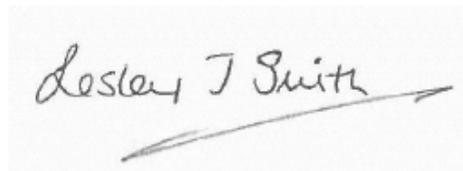
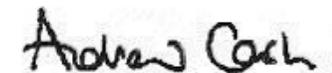
Foreword

Cancer care has improved greatly in recent years, with people living longer and survival rates increasing for a range of cancers. As the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance we want to build on this good work and continue to improve the care and experience of everyone affected by cancer across our region.

We want everyone, no matter where they live, to have equal access to high quality care, treatment and support and by continually listening to people affected by cancer and the professionals who care for, treat and support them we can learn and adapt our approach to improving services. This is an approach mirrored in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

Over the coming months we will ensure people living with and beyond cancer, healthcare professionals, support and voluntary groups and the wider population are given an opportunity to share their views, knowledge and experiences to help shape our work and the way we deliver cancer care in the future.

Together we have an exciting opportunity to shape the future of cancer care and support for the people of South Yorkshire, Bassetlaw and North Derbyshire.

A handwritten signature in black ink that reads "Lesley J Smith". The signature is written in a cursive style and is underlined with a long, sweeping horizontal line.A handwritten signature in black ink that reads "Andrew Cash.". The signature is written in a cursive style.

Lesley Smith, chair of the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance and chief officer, NHS Barnsley Clinical Commissioning Group

Sir Andrew Cash, South Yorkshire and Bassetlaw STP lead and chief executive of Sheffield Teaching Hospitals NHS Foundation Trust

Section 1 – Vision

The overall vision for South Yorkshire, Bassetlaw & North Derbyshire Cancer Alliance is the delivery of the ambitions identified by the Cancer Taskforce.

Engagement with a wide group of stakeholders took place in March 2016 to understand the early thoughts around a local approach to the development of a Cancer Alliance. From that work the following vision was developed:

Our vision is to work together to develop services based around the whole person, not just their cancer, for every stage of support they may need to:

- Be healthy
- Be in treatment
- Recover
- Stay healthy
- Be pain free
- Die with dignity

“We are collaborators working to develop and implement a different model of cancer care for South Yorkshire and Bassetlaw”

We want to deliver this vision by:

- Planning ‘without walls’
- Managing our resources as ‘one budget’
- Working collaboratively
- Challenging the status quo

In August 2016 colleagues representing the South Yorkshire and Bassetlaw Clinical network Cancer Strategy Group and the Cancer work stream of the Sustainability and Transformation Plan met. The key aim of this facilitated session was to consider how

we start to deliver the Cancer work stream of the Sustainability and Transformation plan, in the context of emerging national policy on Cancer Alliances. From this session the following principles were developed and are now included in our Cancer Alliance board terms of reference (see Appendix 1 for the full terms of reference).

The principles of the Cancer Alliance board are based on our experience of collaborative working around Cancer care in South Yorkshire, North Derbyshire & Bassetlaw.

- We recognise that we work for separate statutory organisations but that we will establish underlying principles and values to our decision-making to operate in patients' best interests.
- To work as a single team, to act with common purpose to deliver high quality sustainable cancer treatment, care and prevention to the populations we serve.
- We need system wide planning and action.
- Decisions can and should be made as close to the patient as possible, whilst at the same time we can also make decisions collectively for the benefit of our population as a whole.
- We need structure and systems work to support the delivery of a shared strategy, built on shared values eg: by ensuring that rewards and incentives operate at a system level.
- Work to ensure more holistic care, supporting people to live well with and beyond cancer.
- Reduce duplication and variation.
- Radically upgrade our approach to prevention.

Based on these principles the Cancer Alliance Board will aspire to:

- ensure future cancer commissioning and provision is driven by patient outcomes rather than organisational priorities.
- make binding decisions on all organisations in the room-with clarity on authority and mandate.
- engage a wide range of stakeholders beyond NHS.
- support representation from primary care – supporting federation & how to create a common purpose.
- ensure real, honest engagement with people affected by Cancer.
- examine and challenge variation.
- plan patient centred cancer services for the population of the Cancer Alliance.
- honestly consider the impact of ageing and prevention on Cancer policy locally.
- design care pathways, particularly those requiring care delivered across multiple provider organisations.
- be driven by intelligence, information and data.
- undertake outcome measurement (through the CCG Assessment Framework and integrated Cancer Dashboard).

Section 2 - Membership and governance

The Cancer Alliance board Terms of reference are included in Appendix 1. The Terms of reference include Principles, Objectives, Tasks, Cancer Alliance Board membership, the Cancer Alliance structure including the work stream structure and a section on Accountability.

Engaging with people affected by cancer and those who work to treat, care for and support them.

People affected by cancer are engaged in conversations with constituent Cancer Alliance member organisations. Engagement methods range from statutory processes such as complaints management, national surveys such as the Cancer Patient Experience Survey through to significant co-design work such as that undertaken in relation to Living with and Beyond Cancer. People affected by cancer have already been involved in on the early thoughts around a local approach to the development of a Cancer Alliance and the early vision development.

In recent months much of this work has been led through the Living with and Beyond Cancer programme. The Cancer Alliance will explore opportunities to develop this work across the Alliance including:

- further development of our Communications and engagement strategy (see Appendix 2)
- agreeing Principles for engagement with people affected by cancer – consulted with the public during summer 2016
- specific work via the voluntary and community sector organisations to engage reach/seldom heard groups
- development of an Advisory board of people affected by cancer – representative of the localities to support decision making
- using intelligence from conversations with people affected by cancer to inform a decision making framework
- building on co-production experience and skills across the footprint
- ensuring the strategy builds on local organisations, networks and people to support local conversations
- utilising localities intelligence and what we already know from the CPES, regional and local engagement work

Engaging the people who work to treat, care for and support people affected by cancer in the work of the Cancer Alliance in the development of this plan is of the highest priority.

We have developed a Communications and engagement strategy which identifies who, both the Cancer Alliance and through its constituent member organisations, will engage with (Appendix 2), through:

- Workforce engagement
- Clinical engagement
- Pathway led engagement
- Targeting seldom heard staff groups
- Understanding staff satisfaction, potentially developing a measure/KPI

The importance and value of research in our work

In the further development and delivery of the work of the Cancer Alliance we will aspire to:

- reflect at every level the importance and value of research in our work
- apply the full range of research based activity from day to day practice based learning through to funded research projects
- promote equality of access to research for example through clinical trials
- maximise learning from the best available sources including beyond the field of cancer

Our delivery plan reflects many of the national research based priorities such as earlier diagnosis, screening, diagnostics, high value pathways and Living with and beyond cancer.

We are not starting from a blank sheet, research activity is already underway in both the Yorkshire and Humber region as well across our own Cancer Alliance footprint, for example:

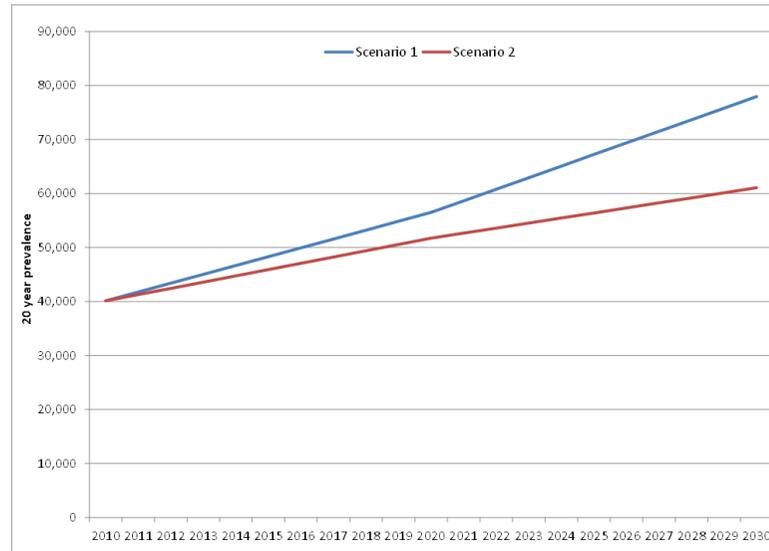
- Yorkshire Cancer Research who are investing in research-led innovation to help avoid, survive and cope with cancer
- Research is already embedded in High value pathway work which has been led by the Yorkshire & Humber Clinical Research Network and we will be working to adopt during 2017
- Sheffield Universities work around Living with and beyond cancer and exercise
- Understanding the training needs of health care professionals to equip them to support patients Living with and beyond cancer
- Trailing a device that can be used to screen patients complaining of heartburn for Barrett's oesophagus and oesophageal cancer

South Yorkshire, North Derbyshire & Bassetlaw STP System Priorities – Cancer services

What is the challenge?

Scenario 1: assumes people will continue to get and survive cancer at increasing rates in line with recent trends and the general population will continue to grow and age.

Scenario 2: assumes people will continue to get cancer at the rate they do today, and that survival rates will remain as they are. The estimates are therefore driven by a growing and ageing population only.



What are we going to do?

1. **Improve the system architecture**, work collaboratively across the system in a new Cancer Alliance.
2. **Radically upgrade primary, secondary and tertiary prevention, earlier intervention and earlier identification.**
3. **Standardise diagnosis and treatment** based on optimum pathways.
4. **Deliver Person centred care and support for people living with and beyond cancer.**

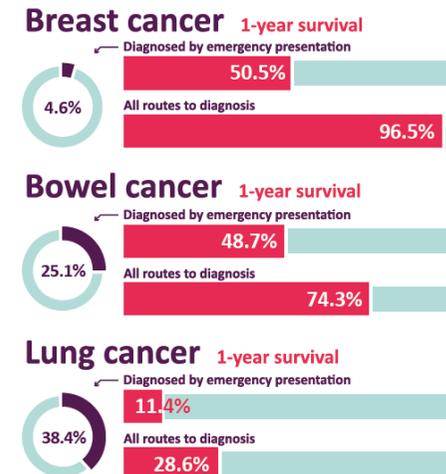


What are the benefits?

Care and quality - Improved performance and achieve new targets, ensure information sharing, care planning and care co-ordination is person centred are effective, avoid unnecessary emergency admissions for patients with cancer and ensure that care is delivered in the most appropriate setting

Health and wellbeing – Greater ability to address the primary and secondary causes of cancer and inequalities in provision, intervene earlier to achieve a shift in the stage at which cancer is diagnosed.

Finance and sustainability – reduction in the unwarranted variation in the provision of services, duplication of services and earlier diagnosis will all enable savings for the system.



South Yorkshire, North Derbyshire & Bassetlaw Cancer Alliance - Local Context

KEY CHALLENGES

- All providers are meeting the standard for 2 week waits for suspected cancer and the 31 day diagnosis to treatment standard.
- Three of our six provider organisations reporting on 62 day GP referral to treatment are not meeting the standard of 85%, with one provider not meeting the urgent screening referral standard of 90%.
- An ageing population and a rise in lifestyle related risk factors mean that cancer incidence is increasing, the 14,000 people being treated each year currently in South Yorkshire and Bassetlaw is expected to increase to 18,000 by 2030.
- The percentage of cancers detected at stages 1 & 2 rose across all SY&B CCGs between 2012 and 2014. However early diagnosis rates across all CCGs are still lower than they are for England as a whole.
- There is a significantly higher rate of emergency presentations for lung, prostate and breast cancer in South Yorkshire and Bassetlaw compared to England – an indication of late stage diagnosis, and therefore poor survival
- Improvements in cancer survival rates mean that almost 45,000 people are living with and beyond cancer, this is expected to rise to as many as 78,000 by 2030

KEY POINTS

The key points arising from the analysis to date can be summarised as follows:

- Incidence of cancer is rising in South Yorkshire and Bassetlaw in line with England – however mortality rates are falling. Incidence and mortality rates are significantly higher than average.
- Nearly two thirds of cancer diagnoses occur in the over 65s and the 65 and over population is predicted to increase by about 20% over the next twenty years.
- Incidence and mortality rates from lung cancer are significantly higher in South Yorkshire and Bassetlaw than in England as a whole and disproportionately affect the most deprived groups.
- Significant improvements have been seen in cancer survival over the last 10 years for the majority of cancer sites, although some work is still to be done for specific cancers.
- Despite high incidence and mortality rates for lung cancer, survival from lung cancer in South Yorkshire & Bassetlaw is as good as or better than average.
- Smoking rates in South Yorkshire & Bassetlaw are significantly higher than the England average, but have declined significantly since 2010.
- Screening uptake is significantly higher than the England average for all cancer screening programme.

Section 3 – Priorities, high level Deliverables and Activities:

In developing our priorities, deliverables and activities we have taken into account:

- the Cancer Taskforce actions for local delivery by Cancer Alliances from the NHSE Guidance for Cancer Alliances
- we have built upon the work undertaken by the South Yorkshire and Bassetlaw STP Cancer work stream and linked to other STP work streams
- South Yorkshire and Bassetlaw STP Strategic Commissioning Intentions (Cancer Services) November 2016 (Appendix 3)
- Local Place based plans and responses to NHS Shared Planning guidance ‘must do’ actions on Cancer in operational plans

The detailed activity plan can be found in Appendix 4. The detailed activity within each work stream will be developed further by the work stream.

Priorities, high level Deliverables and Actives 2017/18 – 2020/21.	2017/18		2018/19		2019/20		2020/21	
	Q1/2	Q3/4	Q1/2	Q3/4	Q1/2	Q3/4	Q1/2	Q3/4
Cancer Intelligence: <ul style="list-style-type: none"> • We will develop a Cancer Alliance approach to performance management and investment. • We will focus on 62 day including Inter Provider Transfers and specific pathway work around Upper GI and Head & Neck. 	•	•						
Prevention, Early Identification including Screening & Diagnostics. <ul style="list-style-type: none"> • We will work to reduce variation in service provision to address cancer risk factors through the SY&B Healthy Lives programme. • We will understand the next level of detail in our data, utilising clinical 	•	•	•	•	•	•	•	•

<p>and specialist professional engagement to ensure we focus in the right place and target interventions. We already know we need to focus on Lung cancer, colorectal cancer and the variation in outcomes in Breast cancer.</p> <ul style="list-style-type: none"> • We will understand more about the variation in screening and how we can share experience and interventions to maximise uptake and reduce variation. • We will understand capacity and demand across our diagnostics services, priorities in access to diagnostics and explore new models of care, for example vague symptoms. 	•	•						
<p>High value pathways</p> <ul style="list-style-type: none"> • We will bring together learning from local implementation of four high value pathways (Lung, Breast, Colorectal & Prostate) to share experience and interventions to explore what we need to address at an Alliance level and what work should continue locally. • We will work across the Alliance around Radiotherapy, Chemotherapy and Acute oncology services. 	•	•	•				•	
<p>Living with and Beyond Cancer</p> <ul style="list-style-type: none"> • We will continue to work in a programme approach across the Cancer Alliance to deliver person centred care for people affected by cancer through implementing risk stratified pathways and the recovery package. 	•	•	•	•	•	•	•	•



South Yorkshire, North Derbyshire & Bassetlaw Cancer Alliance Board

Terms of reference

Principles

The principles of the Cancer Alliance board are based on our experience of collaborative in South Yorkshire, North Derbyshire & Bassetlaw.

- We recognise that we work for separate statutory organisations but that we will establish underlying principles and values to our decision-making to operate in patients' best interests.
- To work as a single team, to act with common purpose to deliver high quality sustainable cancer treatment, care and prevention to the populations we serve.
- We need system wide planning and action.
- Decisions can and should be made as close to the patient as possible, whilst at the same time we can also make decisions collectively for the benefit of our population as a whole.
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Based on these principles the Cancer Alliance Board will aspire to:

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- ensure real, honest engagement with people affected by Cancer.
- examine and challenge variation.

- plan patient centred cancer services for the population of the Cancer Alliance.
- honestly consider the impact of ageing and prevention on Cancer policy locally.
- design care pathways, particularly those requiring care delivered across multiple provider organisations.
- be driven by intelligence, information and data.
- undertake outcome measurement (through the CCG Assessment Framework and integrated Cancer Dashboard).

At this stage, the Cancer Board would not:

- performance manage Clinical Commissioning Groups (CCGs) or any other organisations
- interfere with the statutory roles of constituent organisations e.g. contractual powers or regulatory responsibilities

The Cancer Alliance board objectives and tasks for 2016/17

Objectives

We will plan for and lead the delivery of the transformation required to implement the Cancer Taskforce strategy locally, taking a whole-pathway and cross-organisational approach. To reduce variation in outcomes and in access to high-quality, evidence-based interventions across whole pathways of care and for the Alliance's whole population.

We will take on more levers and implement new models for driving a cross-organisational approach to improving outcomes, and potentially to take on devolved responsibilities for outcomes and funding, based on progress along a development pathway.

Tasks

We will examine outcomes and other data, using the new integrated Cancer Dashboard, to identify areas across whole pathways where improvement is required.

Based on the above, and drawing on evidence on best practice pathways, we will create and agree a delivery plan which delivers the transformation required to implement the Taskforce strategy locally. In practice this will add the next layer of detail on cancer to STPs.

The delivery plan will include:

- Activities required to meet the Taskforce's 2020 ambitions
- Activities required to implement specific recommendations/initiatives.

We will lead the delivery of the delivery plan by:

- Individual Alliance members driving forward the activity required within their constituent/represented organisations
- Working together to deliver the shared activities (for example, redesign of whole pathways which will involve multiple organisations working together).

We will:

- ensure meaningful engagement with the public and patients and other key stakeholders on the development of delivery plans and their delivery.
- monitor outcomes data and key metrics associated with delivery plans.
- report to the Commissioning, Provision and Accountability Oversight Group on progress against delivery plans.
- take part in any national forums established for the purpose of Alliances sharing learning between themselves and with the National Cancer Vanguard.

Membership

Representation will be dependent on the future collaborative decision making arrangements. We would aspire to a system of delegated decision making within an agreed scheme of delegation, which may enable the board to operate with fewer members. Whilst this is our aspiration, at this stage within current schemes of delegation the proposed membership is currently more realistic. It is likely that transition would require a phased or stepped approach over time.

- It is expected that members of the board will represent partner organisations in addition to their own, for example an individual from a CCG would represent a number of CCGs on a Cancer Alliance board
- Members should be individuals who are able to lead the transformation required locally to improve cancer outcomes
- Members should have the time to play a meaningful role on the board
- There should be a clear focus on ensuring that strong clinical expertise is in place across the board, alongside other expertise.

Table 1 - Cancer Alliance Board membership

Member	Representation	Number of Cancer Board positions
Chair – CCG AO/Chair		1
Clinical Director		1
Acute Trust Cancer Exec and Clinical Leads		5 Exec and 5 clinical leads
Commissioning lead	CCG cancer commissioners (GP	1 clinical and 7 managerial

	and managerial leads)	
Primary care clinician	LMC, Macmillan and CRUK GPs	3 GP
	Wider primary care teams	
Local authority (public health)	Directors of local authority PH	1 director public health
NHS England (public health)	Public health consultants NHSE	1 public health consultant
NHS England Director Commissioning Operations		1 DCO
Specialised commissioning	Specialised and CCG commissioning colleagues	1 cancer lead
Health Education	wider network including universities	1 executive lead
Strategic Clinical Network (Cancer)	Strategic Clinical Network	1 clinical, 1 managerial
Cancer Research Network		1
South Yorkshire and Bassetlaw Collaborative Partnership Board/ Alliance lead	Cancer Clinical Network	1 clinical, 1 managerial
	Clinical site specific groups	
Patient representation		2
Voluntary/community sector representation	Healthwatch, Macmillan, CRUK	1
Total		35

Resources

It is proposed that in the short to medium term the Cancer Board would be supported by existing structures including the Clinical Network, the South Yorkshire and Bassetlaw Collaborative Partnership Board PMO and non-recurrent funding from NHS England.

As the Cancer Alliance develops the Board will need to assess their resource needs in line with emerging thinking around the support provided from local collaborative arrangements and any national thinking on support provided to Cancer Alliances.

At this stage funding from NHS England for Cancer the Alliance has been confirmed for 2016/17 which will be used for:

- clinical expertise
- establishing the Cancer Alliance
- the initial running of each Cancer Alliance
- to create and agree a delivery plan for delivery of the Cancer Taskforce strategy locally

Cancer Alliance structure

The Cancer Alliance board have approved a working structure based on work undertaken during 2016 between the Cancer network strategy group and the Cancer work stream of the STP. The structure includes a bi-monthly Cancer Alliance board meeting, a monthly executive steering group and four work streams (see Appendix 1).

Accountability

The Cancer Alliance Board is accountable to the South Yorkshire and Bassetlaw Collaborative Partnership Board and National Accountability Oversight Group.

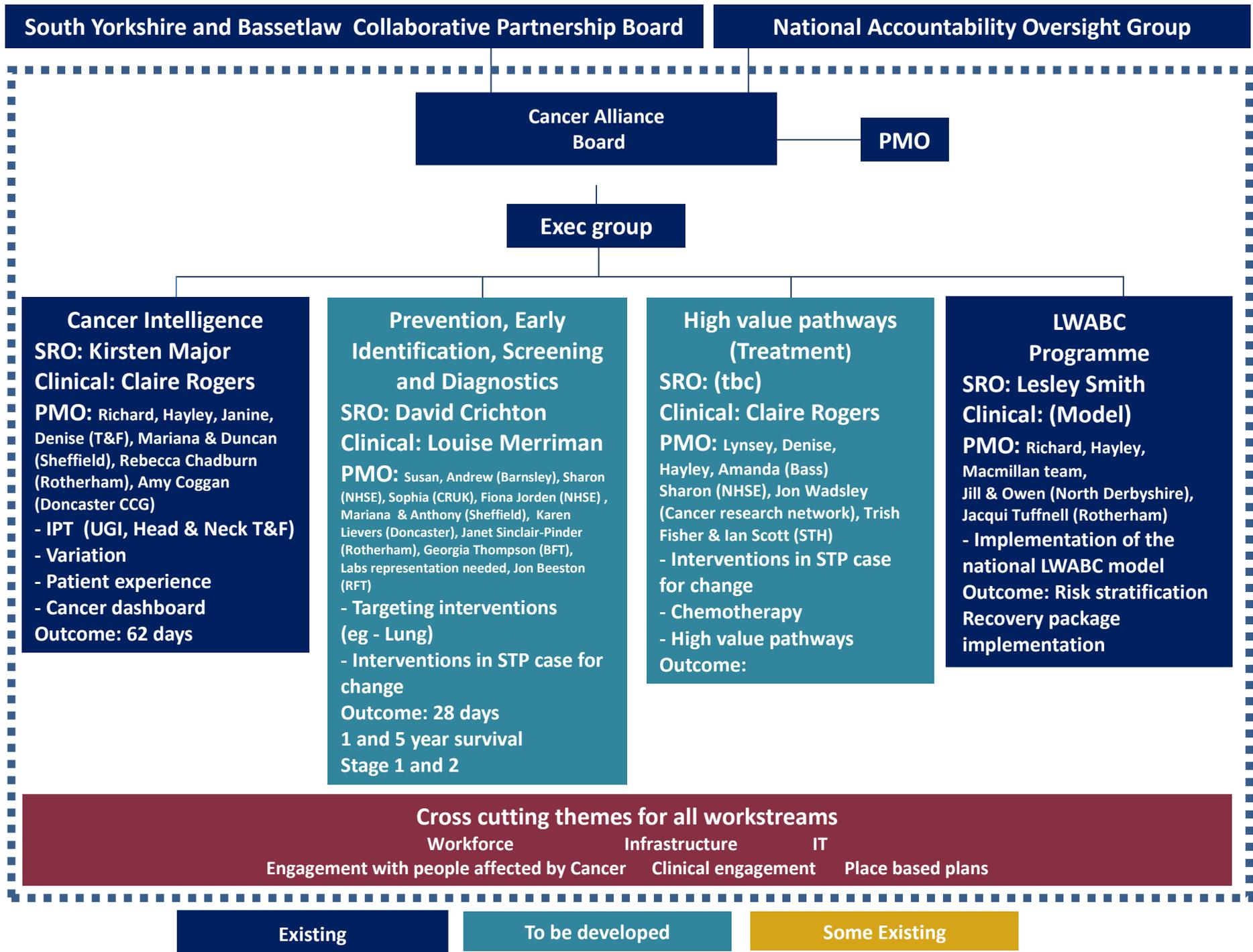
Statutory responsibility for decision-making currently rests with the boards of the constituent organisations.

Frequency of meetings

The Board will meet bi monthly.

Review

The role of the Cancer Alliance Board and terms of reference will be reviewed on an annual basis and/or in light of any changes to the role and function of Cancer alliances as mandated by NHS England.



Appendix 2 – SYB&ND Cancer Alliance Delivery Plan - Communications and engagement plan

South Yorkshire, North Derbyshire and Bassetlaw Cancer Alliance communications and engagement strategy

December 2016

Contents:

- Overarching communications and engagement strategy
- Draft - communications and engagement activity planner

Communications and engagement strategy

Introduction

As the South Yorkshire, North Derbyshire and Bassetlaw Cancer Alliance, we are a collaborative Board of organisations and services involved in cancer care across the region, with representatives from and feeding into the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

In August 2016, colleagues representing the South Yorkshire and Bassetlaw Clinical Network Cancer Strategy Group and the Cancer workstream of the STP met to consider how we collectively deliver our joint and individual work, in the context of emerging national policy on Cancer Alliances. From this, principles for working were developed to meet the collective ambitions of:

- Ensuring future cancer commissioning and provision is driven by patient outcomes rather than organisational priorities
- Making binding decisions for all organisations with clarity on responsibilities and roles
- Engaging a wide range of stakeholders – beyond NHS bodies
- Supporting representation from primary care and creating a common purpose
- Ensuring real, honest engagement with people affected by cancer
- Planning patient centred cancer services for the population of the Alliance
- Honestly considering the impact of ageing and prevention locally
- Designing care pathways across multiple partners
- Being driven by intelligence, information and data
- Undertaking outcomes measurements (eg through the CCG Assessment Framework and integrated Cancer Dashboard)

In January 2017, a draft of the Cancer Alliance Delivery Plan will be submitted to NHS England – following this, we will need to engage with staff (clinical and non-clinical) across all partner organisations, patients and the public on our collective ambitions and approach to inform our final submission at the end of March 2017.

Effective communication and engagement is a two-way process. Our activity to support the Cancer Alliance will focus on informing, sharing, listening and responding. Being proactive is central to our communications and engagement strategy of:

- Proactively and effectively communicating our purpose, priorities, messages and values.
- Developing effective, two-way mechanisms where we share news, we listen and respond whilst being open and transparent.
- Identifying relevant and effective methods for audience and stakeholder engagement.

In all communications and engagement activity, we will work with all our partners and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences.

Aims and Objectives

- Raise awareness of the Cancer Alliance, the delivery plan and understanding of the current provision and need for changes to the way we deliver cancer care
- Ensure staff and clinicians in each partner organisation are involved, able to share their views and given opportunities to help shape the delivery of the plan
- Ensure patients, families, carers and the public are involved, are able to share their views on the plan and are listened to
- Ensure existing cancer patients, family and carers are informed, kept updated and given opportunities to have their say
- Inform all stakeholders of the delivery plan and opportunities to have their say
- Provide high quality support, advice and updates on activity to the Cancer Alliance Board, partners and staff within each member organisation.

Key Messages

Our vision is to work together to develop services based around the whole person, not just their cancer, for every stage of support they may need to:

- Be healthy
- Be in treatment
- Recover
- Stay healthy
- Be pain free
- And if we are unable to make them better, die with dignity

We are working together to develop and deliver a new way of caring for people with cancer in South Yorkshire and Bassetlaw.

We will work together to:

- Plan “without walls”
- Manage our budget and resources as “one”
- Challenge the status quo

Workstream specific messages will be developed, incorporating those of the wider STP as and when appropriate.

Target Audiences

A full stakeholder mapping exercise will be carried out to identify all stakeholders involved in and affected by any proposed changes to the way we deliver cancer care.

Through various and tailored communications and engagement methods, the following groups have already been identified for targeted communications and engagement activity:

- Staff working in cancer and support services across acute, primary and community care
- Clinicians – acute, primary and community care
- GPs as providers – LMCs and Primary Care Federations
- Out of hours providers – walk in centres etc
- Patients and the public - including seldom heard groups and those identified in the following protected characteristics (Equality Act 2010):
 - Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- National and local patient groups
- Local Authorities, MPs and councillors
- Public health
- Governing body members of all CCGs

- Executive board members of all providers
- Foundation trust and CCG members
- Clinical Senates
- Healthwatch
- Voluntary sector organisations
- Health and Wellbeing boards
- Local, regional and trade media

Communications Approach

Overall communications and engagement activity will be pro-actively co-ordinated by the Commissioners Working Together/South Yorkshire and Bassetlaw STP core communications team who will work with representatives and leads of the Cancer Alliance Board, workstream leads and communications and engagement leads from our commissioner and provider partners, including Macmillan, to ensure all activity is joined up, timely and appropriate.

Our inclusive approach will include:

- Overarching strategic communications and engagement planning and support from the Commissioners Working Together team.
- Partner led local conversation and awareness raising based on comprehensive, place-based communications and engagement plans and networks
- Regionally-led clinical and managerial engagement.
- Clinical lead and patient informed communication materials, including easy-read versions and access to translation services
- Clinically led conversations with patient 'champions'
- Patient and public involvement in the development of communication materials.

We have established a working group with all communications and engagement leads from our CCG partners, along with communications leads from the region's acute provider organisations and NHS England which has been meeting regularly since June 2015. Local authority colleagues have also been involved since the development of the South Yorkshire and Bassetlaw STP. As well as helping to shape and evaluate our communications and engagement approach, the group will meet to discuss and update on activity, feedback and progress.

To further strengthen our communications and engagement working group and activity we will build on our relationships with our public health colleagues – allowing us to work together to disseminate messages and target existing networks, eg, for seldom heard groups and those included in the protected characteristics.

Communications Principles

All communications and engagement activity carried out on behalf of the Cancer Alliance Board will be:

- **Accessible and inclusive** – to all our audiences
- **Clear and concise** – allowing messages to be easily understood by all
- **Consistent and accountable** – in line with our vision, messages and purpose
- **Flexible** – ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience
- **Open, honest and transparent** – we will be clear from the start of the consultations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made
- **Targeted** – making sure we get messages to the right people and in the right way
- **Timely** – making sure people have enough time to respond and are kept updated on a regular basis
- **Two-way** – we will listen and respond accordingly, letting people know the outcome of all conversations.

Methods

No single communications channel will be effective in reaching and engaging all our audiences, therefore it is important that a variety of different communications and engagement methods are used, presenting relevant information in a timely and proactive way that best meets the needs of our individual stakeholders.

Although full details of communications and engagement methods for individual audiences will be included in communications and engagement planners, some of our quantitative, qualitative and participatory methods will include the following:

- Team/service/practice meetings
- Stakeholder briefings
- Attendance at partner and stakeholder meetings and events
- Focus groups
- Flyers
- Newsletters and e-bulletins
- Local, regional and trade print and broadcast media
- Internal bulletins
- Public website
- Online surveys
- Deliberative events
- Videos and vox pops

Alongside these methods, a key mechanism for public facing communications and engagement activity will be through the use of **social media**. Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, including an easy-read executive summary version of the delivery plan, we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by sharing their thoughts and feedback.

Branding

Brand identity is important – particularly when multiple partners are involved. As a partnership we want to be seen as joined up, open and honest, approachable, clinically sound and responsive.

The Cancer Alliance Delivery Plan is NHS led and we will therefore use the NHS logo with a clear message of being ‘in partnership’ with relevant partners. Based on feedback from previous partnership working, a single logo avoids confusion between the partners and will be clear to anyone across the region that all activity is being delivered on behalf of all partners and organisations in the South Yorkshire, North Derbyshire and Bassetlaw Cancer Alliance.

Consultation and engagement legislation

Throughout our communications and engagement activity we will bear in mind and abide by the necessary legislation should any service changes result from the delivery plan. This would include:

- Health and Social Care Act 2012
- The NHS Constitution
- The Equality Act 2010

Although a formal public consultation is not yet needed, the four ‘Gunning Principals’ are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response

- The product of consultation must be conscientiously taken into account

Evaluation and Monitoring

Evaluation will play an important part in our communications and engagement activity, evidencing whether we have achieved our objectives by engaging with our target audiences successfully. We will consistently monitor our methods and activity to ensure we are reaching our audiences effectively and providing equal and appropriate opportunities for involvement and feedback.

Through monitoring and evaluation we will be able to learn lessons and gain valuable insight into staff, public and stakeholder sentiment and behaviour, allowing us to tailor our methods appropriately. Examples of how we will monitor our activity include:

- Media and social media monitoring
- Stakeholder meetings for discussions and feedback
- Staff feedback via briefings
- Patient and public feedback via online surveys, events and face to face discussion

Where necessary, we will update the strategy to adapt to staff, clinical, patient, public and stakeholder feedback. It is vital that we are able to demonstrate that we listen to comments and suggestions from all our stakeholders in order that they are fully involved and engaged in the delivery of the plan.

DRAFT activity planner

Date	Activity	Audience	Comments	Update (complete?)
January 2017	The South Yorkshire, North Derbyshire and Bassetlaw Cancer Alliance Delivery Plan will be signed off by the Cancer Alliance Board and submitted to NHS England for review			
Early January 2017	Development of executive summary	Staff, public	Will need to be developed in advance of the Cancer Alliance Board meeting to gain final sign off	
Early January 2017	Publication of the draft delivery plan and executive summary along with an online survey to gain feedback	Staff, patients and public	Published via www.smybndccgs.nhs.uk on the 18 th January 2017	
Jan – March 2017	Share the delivery plan with internal stakeholders – staff in all partner organisations and relevant services, asking for online feedback	Staff	CWT and partners comms to share via existing networks	
Jan – March 2017	Disseminate the executive summary via team/service/practice meetings, sharing the link for feedback and offering attendance from Board/workstream	Staff	Target existing networks	

	representatives for face to face discussion		
	Specific engagement Primary care. via LMC chairs and through CCG's to GP practices. To include out of hours/walk in centre providers.	Primary care (GP's as providers)	
Jan to March 2017	Information stalls within provider organisations. Information stalls at pre-planned events eg, those planned for the Commissioners Working Together consultations.	Staff	CWT team to liaise with partner comms
Jan to March 2017	Attendance at existing cancer support groups and patient/public meetings to share the plan and ask for feedback	Patients, families, carers and the public	Existing Macmillan contacts
Jan to March 2017	Social media activity signposting to the delivery plan and opportunities to give feedback (eg online survey)		
March 2017	Delivery plan finalised		

Appendix 3 – SYB STP Strategic Commissioning Intentions (Cancer Services) November 2016

Strategic Commissioning Intention	Link to Case for Change
<p>Improve performance and address variation in clinical pathways and patient outcomes through a programme of work that will ensure earlier detection and intervention and with specific elements associated with identification, diagnostics and treatment.</p>	Intervention
<p>Early intervention & identification programmes implemented to target health and population inequalities within the system across primary, secondary and tertiary services improving efficacy of screening services and access to diagnostics in primary care</p>	
<p>Develop standardised and optimum clinical pathways across the system, for the early diagnosis and treatment of cancer, encouraging networked models of provision to reduce variation and make effective use of workforce skills and capacity, including review of delivery of chemotherapy services outside main acute centres</p>	
<p>Roll out best practice and evidence based practice to support patients living with and beyond cancer</p>	
<p>Undertake a comprehensive review of delivery and workforce models, increasing knowledge and skills across the system, developing and implementing new workforce models and education programmes, working with academic partners, to enable new models of service provision to be delivered, enhancing skill base and capacity in community based settings and across the network of service providers within the system</p>	
<p>Optimising the use of technology to radically transform the way that patients access care, reviewing best practice, scaling up existing initiatives and introducing new models of delivery including the introduction of shared care records across and between organisations</p>	Intervention
<p>Implement best practice prevention programmes to promote healthy lifestyles and support the population to modify and change their lifestyle behaviour, improving health outcomes and reduce long term demand on high acuity health services with particular focus on weight loss, alcohol consumption, smoking etc</p>	Intervention
<p>Ensure services are financially and clinically sustainable, ensuring patients continue to receive high quality services and achieve the best clinical outcomes, by rethinking and reshaping urgent and emergency services across South Yorkshire & Bassetlaw providers working together and delivering networked services</p>	Intervention

Appendix 4 – SYB&ND Cancer Alliance detailed delivery plan

Taskforce area/ SYB Cancer Alliance Workstream(#)	Taskforce ambitions (metric included in Cancer Dashboard except where indicated)	What needs to be achieved locally? (with relevant Taskforce recommendation in brackets)	Relevant national work (specifically where this is an interdependency for local activity)	SYB STP 'Interventions'	CCG Place based Plans
<p align="center"> Cancer Intelligence (Workstream1) </p>	<p> Outcomes Variation CPES </p> <p> Processes Day 38 85% meeting 62 day target and 96% meeting 31 day targets </p>			<p> Maintaining Cancer Waiting Times KPI's </p> <p> Work to achieve by 2020 95% any patient referred for testing is definitively diagnosed/cancer excluded and the results communicated to the patients within 28 days/4 weeks. 50% definitively diagnosed. </p> <p> Over time improving performance and achieve new targets, ensure information sharing, care planning and care co-ordination is person centred are effective, avoid unnecessary emergency admissions for patients with cancer and ensure that care is delivered in the most appropriate setting </p>	<p> Achieve/ maintain Cancer Waiting times (Sheffield) </p> <p> Radiology Tracking post established for cancer services (Rotherham) </p>

Deliverables and activities:

- We will develop a Cancer Alliance approach to performance management and investment. Including the development of dashboard's for reporting progress; against the activity within this plan and across Alliance member organisations.
- We will focus on 62 day including IPT and specific pathway work around Upper GI and Head & Neck

Detailed activities:

Inter Provider Transfers

- Agree IPT policy
 - Task and finish work on priority pathways: Upper GI and Head & Neck
 - Establish agreed monitoring framework
 - Assess against day 38/62 and 28 days
 - Develop joint contracting approach
 - Need to define across Cancer Alliance clinical pathways for Occular/Testicular/Skull base/Sarcoma referral
- We will understand the next level of detail in our data, utilising clinical and specialist professional engagement to ensure we focus in the right place and target interventions.
 - We already know we need to focus on Lung cancer, Colorectal cancer and the variation in outcomes in Breast cancer.

Detailed activities:

Based on further analysis and clinical engagement, the Alliance will develop and lead the delivery of a targeted action plan to achieve identification at an earlier stage.

- Utilise existing evidence to undertake analysis
- Deprivation, Geography and Protected characteristics approach
- Clinical and specialist professional engagement
- Assess gaps in existing intelligence
- Targeting interventions: Lung cancer needs assessment

- Gap analysis against National Lung Cancer specification with work stream 3
- Work with work stream 1 to **develop a targeted action plan** to include a range of Push/Pull approaches to enhance national Be clear on Cancer campaigns and **deliver interventions to increase awareness of signs and symptoms.**
- To link with community interventions around Screening and Living with and beyond Cancer

Patient experience

- Principles for engagement
 - Establish Board level approach
 - Map current experience from CPES and other existing sources/intelligence eg: LWABC decision making framework, Macmillan eHNA intelligence etc...
 - Actions in specific areas
- We want to understand more about the variation in screening and how we can share experience and interventions to reduce variation. See **Develop focussed work, at targeted populations to maximise uptake and reduce variation in screening,** in work stream 2 below.

<p>Prevention (Workstream 2)</p>	<p>Outcomes</p> <p>Discernible fall in age-standardised incidence</p> <p>Fall in adult smoking rates (13% by 2020 and 21% in routine and manual workers)</p> <p>Outcomes – reduction in variation</p> <p>Reduction in the number of cases linked to deprivation (metric: age-standardised incidence) [not in Dashboard]</p>	<p>Optimal uptake of cervical screening programme, including roll out of primary HPV from 2018/19 (12, 11)</p> <p>Chemo-prevention drugs prescribed as recommended by NICE (6)</p> <p>Reduction in variation in service provision to address cancer risk factors (smoking, alcohol, excess weight and lack of physical activity), delivered through working with local authority partners (2-4)</p>	<p>Public Health England is developing the specification for the new service and NHS England screening teams are developing plans to implement the specification</p>	<p>(See Early Identification, Screening and Diagnostics below)</p> <p>SY&B Healthy Lives programme</p> <p>Scaled up holistic primary care: social prescribing element</p>	<p>(See Early Identification, Screening and Diagnostics below)</p> <p>Radical upgrade in prevention though delivery of the tobacco control strategy (Barnsley)</p>
<p>Deliverables and activities</p>					
<ul style="list-style-type: none"> We will work to reduce in variation in service provision to address cancer risk factors through work with the South Yorkshire & Bassetlaw Healthy Lives programme, including scaled up holistic primary care: social prescribing element 					

Detailed activities:

- Assess current provision, opportunities how the programme will work across NHS settings
 - Scaled up brief intervention at all points in clinical pathways
 - Review 'lifestyle services' and population health strategies across SYB, and make changes to maximise impact based on best evidence
 - Develop and implement healthy public policies that will lead to improvements in population health and wellbeing
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- In line with our work to understand the variation in outcomes in Breast cancer we will undertake further analysis of the prescribing of Chemo-prevention drugs across the Cancer Alliance in line with NICE guidance. This work will include working with our colleagues in medicines management, with GP practices to understand any issues around appropriate 'end dates' and will also link to work ongoing across the Cancer Alliance around Bisphosphonates.

<p>(Early diagnosis)</p> <p>Early Identification, Screening and Diagnostics (Workstream 2)</p>	<p>Outcomes</p> <p>Increase in 5 and 10-year survival (57% surviving ten years or more by 2020)</p> <p>Increase in one-year survival (75% by 2020)</p> <p>Continuous improvement in patient experience</p> <p>Outcomes – reduction in variation</p> <p>Reduction in survival deficit for older people (metric: one year survival) [not in Dashboard]</p> <p>Reduction in CCG variation (metric: one year survival)</p> <p>Reduction in CCG variation (metric: overall rating of care)</p>	<p>Optimal uptake of bowel and breast screening programmes, including roll out of FIT into bowel cancer screening programme (12, 10)</p>	<p>Public Health England is developing the specification for the new service and NHS England screening teams are developing plans to implement the specification</p>	<p>Based on further analysis and clinical engagement, the Alliance will develop and lead the delivery of a targeted action plan to achieve identification at an earlier stage.</p> <p>Push/Pull approaches to enhance national BCOC campaigns</p> <p>Evidence based interventions to reduced variation in screening uptake such as targeted follow up of patients missing screening, work with communities. Focussed work at targeted populations: Age (middle age US work, 18 to 64), specific tumours sites</p> <p>Work with NHSE/PHE/HEE to review the sustainability of the screening workforce and commissioning arrangements.</p>	<p>Increase awareness of the risk factors and early signs and symptoms of cancer through targeted communications and community development. (Bassetlaw)</p> <p>Maximise uptake of national cancer screening programmes in particular to support improved access to high risk/low uptake groups , including people with mental health problems and disabilities. (Bassetlaw)</p> <p>Optimising the use of Screening programmes in Sheffield (led by an operational group) Plans to</p>
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	<p>from CPES)</p> <p>Processes</p> <p>62% of staged cancers diagnosed at stage 1 and 2 and an increase in the proportions of cancers staged</p> <p>Patients should be informed of definitive diagnosis of cancer or otherwise within 28 days of GP referral by 2020</p> <p>85% meeting 62 day target and 96% meeting 31 day target</p> <p>75% uptake for FIT in the bowel screening programme</p>	<p>Implementation of NICE referral guidelines which reduce the threshold of risk which should trigger an urgent cancer referral, including increased provision of GP direct access to key investigative tests for suspected cancer (16, 17)</p>		<p>Primary care workforce continuous education cycle and use of prediction software in primary care.</p> <p>Role of extended primary and community workforce in identification and referral (NICE guidelines)</p> <p>Explore evidence based variations to NICE guidelines (either way) to change thresholds across the STP footprint for maximum local benefit.</p>	<p>reduce variation in uptake. (Sheffield)</p> <p>Cancer awareness/ LWABC activities. Work to enhance social prescribing. (Sheffield)</p> <p>Increase screening uptake (Barnsley)</p> <p>Implementation of the new NICE suspected cancer referral guidelines (Sheffield)</p> <p>Increase case finding of early signs of cancer and reduce clinical variation for the identification and management of early signs of cancer. (Bassetlaw)</p> <p>Work with primary care to increase early diagnosis of cancer</p>
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		<p>All GPs undertaking a Significant Event Analysis for any patient diagnosed with cancer as a result of an emergency admission (25)</p> <p>GP practices have 'safety-netting' processes in place for patients sent for an investigative test (18)</p> <p>Adequate diagnostic capacity in place to meet waiting times standards (including 28 Day Faster Diagnosis Standard from 2018/19) (24)</p>	<p>National framework for rollout of 28 Day Faster Diagnosis Standard to be developed in 2017/18 based on evaluation of five regional test sites testing and developing approach to the new standard</p> <p>NHSE are currently working with five pilot sites in part to help to understand what would be a clinically appropriate ambition for the proportion of patients that should be meeting the new standard.</p>	<p>Interdependency with Diagnostics STP workstream</p> <p>Increase direct access in line with NICE for primary care where necessary and ensure appropriate.</p> <p>Explore options for delivery of multi-disciplinary diagnostics, including the role of virtual diagnostic centres.</p> <p>Cohesive plan to address the shortfalls which will not be eliminated by removal of duplication and better demand management.</p> <p>Review bottlenecks/pinch points, standardise quality and access, improve experience and reduce waste.</p> <p>Parity of access to diagnostics for non 2ww and 2ww pathways.</p>	<p>(Barnsley)</p> <p>Develop a primary care training Programme (Barnsley)</p> <p>Suspected cancers will be diagnosed within 28 days of GP referral (Sheffield)</p> <p>Engage in the development of guidelines and pathways to deliver enhanced access to diagnostic services to support elective care pathways and achievement of cancer waiting times. (Sheffield)</p>
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Deliverables and activities

Delivering targeted interventions to increase awareness of signs and symptoms

- We will understand the next level of detail in our data, utilising clinical and specialist professional engagement to ensure we focus in the right place and target interventions.
- We already know we need to focus on Lung cancer, Colorectal cancer and the variation in outcomes in Breast cancer.

Detailed activities:

Based on further analysis and clinical engagement, the Alliance will develop and lead the delivery of a targeted action plan to achieve identification at an earlier stage.

- Utilising existing evidence to undertake analysis with clinical and professional input
- Considering Deprivation, Geography and Protected characteristics in our approach
- Assess gaps in existing intelligence
- Targeting interventions: Lung cancer needs assessment
- Gap analysis against National Lung Cancer specification with work stream 3
- Work with work stream 1 to **develop a targeted action plan** to include a range of Push/Pull approaches to enhance national Be clear on Cancer campaigns and **deliver interventions to increase awareness of signs and symptoms.**
- Targeted focus groups, community and stakeholder events
- Social media and web content.
- To link with community interventions around Screening and Living with and beyond Cancer

Primary care workforce education

- We will develop a Primary care workforce continuous education cycle

Detailed activities:

- Work with our Primary care STP work stream colleagues to understanding the issues relevant to capacity on primary care which impact on cancer care
- Undertake workforce skills and confidence analysis, incl. role of extended primary and community workforce in identification and referral (NICE guidelines)
- Map current training, CPD opportunities and resources
- Focus resource on/priority action in areas of greatest need
- Develop new resources including an online platform, video and podcasts
- Assess current use of prediction software in primary care and explore options to maximise
- We will explore evidence based variations to NICE guidelines (either way) to change thresholds across the STP footprint for maximum local benefit.

Develop focussed work, at targeted populations to maximise uptake and reduce variation in screening

Screening - we will work with work stream 1 and colleagues from NHSE/PHE/HEE to maximise uptake and reduce the variation.

Detailed activities:

- Assess current variation in data and approaches being undertaken to maximise informed uptake and reduce variation
- Share experience and local impact of interventions to maximise uptake and reduce variation
- Understand evidence based interventions to reduced variation in screening uptake, such as: targeted follow up of patients missing screening, working with screening providers, community development approaches and GP endorsement (eg: ACE programme outputs, [Br J Cancer](https://pubmed.ncbi.nlm.nih.gov/21511111/). 2011 Aug 9;105(4):475-80. doi: 10.1038/bjc.2011.255, <https://publichealthmatters.blog.gov.uk/2016/11/01/understanding-the-costs-and-benefits-of-investing-in-cancer/>)
- Advocate local alignment with local community development approaches/engagement
- To develop further focussed work plan at targeted populations: age, deprivation and protected characteristics, particularly in hard to reach populations.
- Develop an Alliance approach to support PHE to engage with screening providers to enable them to more proactively improve uptake and reduce variation and make reasonable adjustments.

Diagnostics – new models of care

- We will understand capacity and demand across our diagnostics services, priorities in access to diagnostics and develop a local model around diagnostics for vague symptoms.
- Increase direct access in line with NICE for primary care where necessary and explore options for delivery of multi-disciplinary diagnostics, including the role of virtual diagnostic centres.

Detailed activities:

- Assess current status of straight to test across pathways and providers
- Gap analysis against NICE and plan for shortfall including capacity, workforce, infrastructure, IT
- Gap analysis against The National Optimum Clinical Lung Cancer Pathway (NOLCP) with local action plans for implementation
- Primary care education programme and awareness campaigns re: NICE/STT
- Evidence review best evidence re: multi-disciplinary diagnostics, including the role of virtual diagnostic centres (eg: ACE programme outputs)
- We will specifically develop a local model around diagnostics for vague symptoms and based on new evidence work to develop a model for the use of FIT with symptomatic patients.
- By q3 2017/18 we will pump prime these models, investing in both revenue and capital funding to test further models around multi-disciplinary diagnostics including the role of virtual diagnostic centres based on the available evidence

Vague symptoms, detailed activities:

- options appraisal of existing Vague symptoms criteria/models including local work in this area for application in SYB&ND context.(eg: pathways in North Derbyshire, pathways for investigation of abdominal symptoms and vague symptoms across tumours sites eg: Bowel, Gynae and Upper GI)
- clinically led design process; get the right people around the table, but remembering not to over-complicate it
- broad GP engagement in the options appraisal/design to inform the model
- education and communication will play a big part – online, video, podcasts etc...
- explore opportunities for application of ‘next best test’ guidance when accessing test via ICE

- q3 2017/18 pump prime set up, operational changes in both primary and secondary care, evaluation and audit

FIT with symptomatic patients, detailed activities:

We will work across the three Yorkshire and Humber Cancer Alliances to:

- Explore pan STP alignment with screening opportunities to develop a business case
- Develop options based on the latest evidence and learning from national pilots
- Engagement with options and development of service delivery model and specification
- Procurement/tendering
- Commission a new service to start q1 2018/19

We will work with the STP Diagnostics work stream and the Acute Provider Vanguard to review bottlenecks/pinch points, standardise quality and access, improve experience and reduce waste and develop a cohesive plan to address the shortfalls which will not be eliminated by removal of duplication and better demand management.

Detailed activities:

- In-depth demand and capacity work analysis of current and future diagnosis for all modalities across the sector
- model impact of NICE, increasing demand and other guidance including 28 days
- explore networking diagnostic services including networked radiological and pathology reporting capabilities, explore systems of networked capacity management to enable patients to access the next available test regardless of geography
- reducing inappropriate requests and reduce double reading safely.
- focus needed on workforce development as part of the capacity and diagnostics
- develop an action plan with including capacity, workforce, infrastructure, IT, skills
- develop a case for change and business plan for a service delivery model to achieve earlier diagnosis that supports and aligns with the STP diagnostic and service configuration plans

Significant Event Analysis and Safety netting

We will develop quality standards and metrics, where they are not already in place to support improvements in systems and processes in primary care. To explore a supportive approach to quality assure the spread of such standards through primary care services, through peer education and support. Learning from existing tools and interventions to deliver practical interventions (in association with CRUK) to support referral processes, timely accessing of diagnostics and results, safety netting & treatment care reviews (in association with Macmillan)

Detailed activities:

- Stakeholder mapping & engagement
- Scope current resource (e.g. CRUK/Macmillan/CCG) and identify current initiatives for alignment
- Develop quality standards & associated metrics
- Pump prime interventions

<p>(Treatment and care)</p> <p>High value pathways (Treatment) (Workstream 3)</p>	<p>Outcomes</p> <p>Increase in 5 and 10-year survival (57% surviving ten years or more by 2020)</p> <p>Increase in one-year survival (75% by 2020)</p> <p>Continuous improvement in patient experience</p> <p>Outcomes – reduction in variation</p> <p>Reduction in survival deficit for older people (metric: one year survival) [not in Dashboard]</p> <p>Reduction in CCG variation (metric: one year survival)</p> <p>Reduction in CCG variation (metric: overall rating of care)</p>	<p>Alignment with radiotherapy provider networks as they are established, to modernise equitable radiotherapy provision and support the roll out of new and updated radiotherapy equipment (29)</p> <p>Chemotherapy available in community settings (roll out from 2018/19) (33)</p>	<p>Radiotherapy service review ongoing – proposing a new clinical and service model; developing new service specification in the new year</p> <p>National co-ordination of investment in new and upgraded equipment</p> <p>Chemotherapy CRG producing a list of drugs which are safe to give in community settings</p>	<p>Linked to elective STP workstream re: configuration of tertiary, DGH, diagnostics and alignment with any central NHSE/STH oncology strategy.</p> <p>Review bottlenecks/pinch points, standardise quality and access, improve experience and reduce waste.</p> <p>Progress from standard to optimum pathways, consistent and standardised across all CCG areas.</p> <p>The considerable developments in chemotherapy need to be reflected in more delivery outside of main acute centres though a new Chemotherapy delivery model.</p>	
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	<p>from CPES)</p> <p>Processes</p> <p>85% meeting 62 day target and 96% meeting 31 day targets</p>	<p>All providers providing a directory of local services and facilitating local cancer support groups (62)</p> <p>All patients under the age of 50 receiving a bowel cancer diagnosis are offered a genetic test for Lynch Syndrome</p> <p>All women with non-mucinous epithelial ovarian cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis</p> <p>All women under the age of 50 diagnosed with breast cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis (36)</p> <p>Improved access to clinical trials (particularly for teenagers and young adults) (45)</p> <p>MDTs review a monthly audit report of patients who have died within 30 days of active treatment (39)</p> <p>MDTs consider appropriate pathways of care for metastatic cancer patients (46)</p> <p>Effective MDT working is in place (38)</p>	<p>Producing recommendations on effective MDT working</p>	<p>Review of MDT model in line with national work- one team across footprint for every cancer: not working in organisational silos with greater focus on stratification, rationalising MDTs to optimise the use of clinical time. Need to be at the forefront of trials to support truly personalised care.</p>	
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Deliverables and activities:

- We will bring together learning from local implementation of four high value pathways (Lung, Breast, Colorectal & Prostate) to share experience and interventions to explore what we need to address at an Alliance level and what work should continue locally.

Detailed activities:

- review bottlenecks/pinch points, standardise quality and access, improve experience and reduce waste.
 - develop standard template to assess current gap
 - Gap analysis against National Lung Cancer specification with work stream 2
 - model impact of NICE, increasing demand and other guidance
 - action plan including capacity, infrastructure, IT, skills
 - aiming to progress from standard to optimum pathways, consistent and standardised across all CCG areas.
- We will work across the Alliance around Radiotherapy, Chemotherapy and Acute oncology services.

Radiotherapy

Detailed activities:

- Constituent Cancer Alliance member organisations will work with our tertiary provider STHNHSFT and NHSE to respond to new Radiotherapy network proposals.
- We will work with our tertiary provider STHNHSFT to support their strategy in the following areas:
 - Optimal access to high quality radiotherapy across the region
 - Early adoption of the latest innovations in radiotherapy
 - Develop new ways of working
 - Enhance existing collaborative programmes of care across the network to optimise patient experience and enable a future proof service

Chemotherapy

The considerable developments in chemotherapy need to be reflected in more delivery outside of main acute centres through a new Chemotherapy delivery model. We will optimise patients' experiences and outcomes by delivering high quality personalised treatment in appropriate environments. Treatment will be as close to home as possible, at the closest unit specialising in the best care for that individual and will be underpinned by robust guidelines and governance models.

Detailed activities:

- Chemotherapy work is ongoing across the Alliance footprint
- Our tertiary provider STHNHSFT will make key appointments to address current capacity constraints and ensure sustainability of service delivery whilst allowing strategy implementation
- Options considered will be based on five key underlying principles from our tertiary centre:
 - An outreach model in the major hubs underpinned by robust governance arrangements
 - Retention and expansion of the catchment population
 - Delivery of chemotherapy as close to home as possible, at the closest unit specialising in the best care for that individual
 - A sustainable and transparent financial model which supports a partnership approach to future service developments across the network
 - Maintaining and increasing recruitment to research trials across the network
- An optimum pathway has been developed and is now being audited
- We will incorporate CRG list of drugs which are safe to give in community settings, into the pathway
- Test new pathway
- Explore further options for community delivery

Acute oncology services

The increasing use of systemic anticancer therapies including expansion of the use of novel agents and the ever increasing complexity of cancer care, means it is more important than ever that patients have access to expert advice in a timely manner when there are concerns or complications. Forward thinking acute oncology service with strong leadership and cohesiveness across the Network are essential in ensuring safe and appropriate management of complications, minimising adverse outcomes and reducing length of stay.

Detailed activities:

- We will further develop collaborative working relationships and input into Acute Oncology services across the Cancer Alliance.
 - Further development of coordinated care pathways for acute oncology presentations across the Network
 - Developing services with palliative care where appropriate
 - Develop in-reach services into emergency care
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- Review of MDT model in line with national work- one team across footprint for every cancer: not working in organisational silos with greater focus on stratification, rationalising MDTs to optimise the use of clinical time.
 - Need to be at the forefront of trials to support truly personalised care.

Detailed activities:

- Map and disseminate the availability of genetic tests for Lynch Syndrome, BRCA1/BRCA2, online/web based presence with communications plan.
- Map and disseminate the availability of clinical trials – online/web based presence with communications plan.
- Assess and understand the issues relating to access to clinical trials particularly for teenagers and young adults, take action to address

Deliverables and activities:

- We will continue to work in a programme approach across the Cancer Alliance to deliver person centred care for people affected by cancer through implementing risk stratified pathways and the recovery package.

Detailed activities:

- continue to work in a programme approach through the Macmillan enabled programme approach across eight CCG localities.
- aspiring to “Person centred conversations with a meaningful shared care plan” ... using the elements of the LWABC model (HNA, Treatment summary, Cancer Care review) as enablers.
- working in a partnership approach with people affected by cancer, CCG’s, Acute trusts and local stakeholders
- using a locality approach to identify gaps to implementation of the model by 2020 and the local approach to meaningful engagement with PABC to deliver local solutions.
- implement a programme approach to e-HNA across acute provider trusts
- clinical engagement model based on the three priority tumour sites (Breast, Colorectal & Prostate) to convert ‘High value pathways’ into locally deliverable risk stratified approaches.
- Engagement with PABC: locality based co-design, principles for engagement, patient advisory board, engagement with seldom heard groups etc...
- Continuous learning approach throughout the programme incl. for example a Share & Learn approach to promote local solutions are based on best evidence.
- programme wide approach to evaluation based on theories of change with strategic evaluation partner.

Access to a CNS or other key worker (61) is being considered throughout the detailed activities in this work stream.

- We will work to assure the Cancer Alliance that CCG place based plans reflect appropriate integrated services for palliative and end of life care are in place which support people affected by cancer. It is not the intention to duplicate CCG place based End of life care strategies within this plan, however we will seek to understand:

- How CCG place based plans consider pathway issues for people Living with and beyond cancer and the link to Advanced care planning
- The integration of CCG place based plans with services such as Acute Oncology and Vague symptoms (also referenced in this plan)
- How we integrate work at a Cancer Alliance level around Chemotherapy and the commissioning of Chemotherapy (through NHSE) particularly focussing on decision making and the trigger point when active treatment moves to Palliation.

Deliverables and activities:

Workforce

We will work across the Cancer work streams and with the STP Workforce work stream to:

- share workforce, develop new roles and training, improve joint working, increase resilience, reduce duplication, aim for more common systems we can all use.
- comprehensive review of the delivery and workforce model – surgery, radiotherapy and oncology role of community and primary care.
- access to a CNS or other key worker (61) is being be considered throughout the work around LWABC (work stream 4).

IT/information governance

We know that truly excellent IT would bring patients and providers across the system together to work in a seamless way across the whole pathway.

We will work across the Cancer work streams and with the STP IT work stream to:

- we will work to develop a single information sharing agreement to enable: clinical information to be available at the point of care throughout the system across pathways and the tracking of patients between organisations.
- we will explore all solutions such as apps and mobile technologies.
- we will explore a single common web-based patient care cancer record.