Cheshire East Council

Health and Wellbeing Board

Date of Meeting: 28th March 2017

Report of: Director of Public Health

Subject/Title: Cancer Strategy for South Cheshire and Vale Royal

Portfolio Holder: Cllr Paul Bates

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1. Report Summary

1.1. A Cancer Strategy for South Cheshire and Vale Royal (2016-2020)

2. Recommendation

2.1. Health and Wellbeing Board is asked to note the Cancer Strategy for South Cheshire and Vale Royal.

3. Other Options Considered

3.1. There are no other options considered.

4. Reasons for Recommendation

4.1. This local cancer strategy is aligned with and provides a vehicle for the delivery of the national cancer strategy.

5. Background/Chronology

5.1. In July 2015, 'Achieving world-class cancer outcomes: a strategy for England 2015-2020' was produced by the Independent Cancer taskforce. This is the national cancer strategy. It proposed 6 strategic priorities over a 5 year time period:

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience as being on a par with clinical effectiveness and safety
- Transform our approach to support people living with and beyond cancer

- Make the necessary investments required to deliver a modern high-quality service
- Overhaul processes for commissioning, accountability and provision

5.2. At around the same time, an All Party Parliamentary Group Report on Cancer (published June 2015), highlighted NHS Vale Royal CCG as having the worst 1 year survival from cancer in England in 2012 (63.7% compared to 69.3% for England) and NHS South Cheshire CCG as the fourth lowest 1 year survival for lung, breast and colorectal cancer across England in 2012.

5.3. The Cancer Commissioning Board thus took the decision in December 2015 to re-focus its work programme on early detection of cancer and to develop a local Cancer Strategy that covers the next 5 years, to ensure that the local work programme/ action plan not only reflects but is in line with the national strategy.

5.4. The Cancer Commissioning Board has representation from key stakeholders including Cheshire East Council and Cheshire West and Chester Council Public Health; NHS South Cheshire CCG and NHS Vale Royal CCG (including Chief Executive, Cancer Commissioner and Macmillan GP Cancer Leads); Mid-Cheshire Hospitals NHS Foundation Trust (including Cancer Lead), Macmillan, Healthwatch and Cancer Research UK. The Board reports to CCG Clinical Commissioning Executive and NHS England.

5.5. In 2016, the Cancer Commissioning Board has been overseeing the implementation of the work plans of four work streams:

- Ambitions and Performance
- Reducing the growth in the number of cancer cases
- Improving Survival
- Improving the quality of life of patients after treatment and at the end of life (not included in the improving survival work stream)

5.6. Work of the Cancer Commissioning Board this year has included the initiation of an Action on Cancer project aimed at improving early detection of cancer and involving the launch of a social marketing campaign, community engagement and recruitment and training of community cancer champions, support for national Be Clear on Cancer campaigns, practice based audits on cancer diagnosis, actions to improve bowel cancer screening, delivery of education and training to primary care staff, the launch of new suspected cancer referral forms in line with new NICE guidance and the development of a CCG Cancer Dashboard to enable the tracking of progress

5.7. The aim of the attached document is to provide a public facing document which outlines the framework in which Cancer Commissioning Board

partners are working to in order to improve cancer outcomes locally. The document itself is being re-designed.

5.8. Cheshire East Council Public Health team is currently leading on the development of a Joint Strategic Needs Assessment on cancer. Access to data had caused a delay in progress but this is now due for publication in early 2017 as per the JSNA work programme. This needs assessment will inform further development and refinement of the Cancer Commissioning Board work plans. Furthermore, it will inform the development of work to improve cancer outcomes in Eastern Cheshire.

5.9. The Cancer Taskforce recommended the establishment of Cancer Alliances to drive and support improvement and integrate care pathways, using a dashboard of key metrics to understand variation and support service redesign. They will sit within their STP governance locally so that they become the 'cancer work stream' of STPs. Work on the Cheshire and Merseyside Cancer Alliance to develop a Cheshire and Merseyside Strategy has started; however it is worth noting that only one cancer pathway from South Cheshire flows to Merseyside hospitals, many patients instead flowing to Greater Manchester hospitals. Cheshire and Merseyside Cancer Alliance will bring together clinical and other senior leaders locally across Cheshire and Merseyside to:

•plan for and lead the delivery of the Taskforce's ambitions locally; and
•reduce variation in outcomes and in access to high quality, evidence based interventions across whole pathways and for the Alliance's whole population.

6. Wards Affected and Local Ward Members

6.1. All wards aligned to NHS South Cheshire CCG (Wrenbury; Bunbury; Audlem; Nantwich South and Stapeley; Nantwich North and West; Wybunbury; Shavington; Willaston and Rope; Wistaton; Crewe South; Crewe West; Crewe Central; Crewe St Barnabas; Crewe North; Crewe East; Leighton; Haslington; Sandbach Ettiley Heath and Wheelock; Sandbach elworth; Sandbach Town; Sandbach Heath and East; Middlewich; Brereton Rural; Alsager; Odd Rode).

7. Implications of Recommendation

7.1. Policy Implications

7.1.1. Nil specific

7.2. Legal Implications

7.2.1. Nil specific

7.3. **Financial Implications**

7.3.1. Nil specific.

7.4. **Equality Implications**

7.4.1. Half of all cancers are diagnosed in people aged 70 or over and the highest incidence is observed in people aged 85+. However, different types of cancer tend to be diagnosed in different population groups. Cancer is more common in people living in deprived areas.

7.5. **Rural Community Implications**

7.5.1. Nil specific

7.6. **Human Resources Implications**

7.6.1. As described above

7.7. **Public Health Implications**

7.7.1. As described above

7.8. **Implications for Children and Young People**

7.8.1. Nil specific.

7.9. **Other Implications (Please Specify)**

7.9.1. Nil specific.

8. Risk Management

8.1. Implementation of the national cancer strategy locally is essential both for improving patient outcomes and reducing costs associated with avoidable morbidity, mortality and healthcare costs.

9. Access to Information/Bibliography

9.1. Cancer Research UK (2015). Achieving World Class Cancer Outcomes .A Strategy for England 2015-2020. http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

10. Contact Information

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