NHS
Suffolk and
North East Essex
Integrated Care Board

Supporting information for the Cancer Community Partnership Fund

Outcome of the Fund : An increase in the proportion of those diagnosed with Cancer at stage one and two.

One in two people in the UK will be told they have cancer at some point in their lives. The NHS Long Term Plan aims to save thousands more lives each year by dramatically improving how cancer is diagnosed and treated – its ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

This will include improving national screening programmes, giving people faster access to diagnostic tests, investing in cutting edge treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments as medical science advance.

Equally the NHS Long Term Plan focuses on delivering **personalised** health and care services, supporting people to have choice and control over the way their care is planned and delivered, based upon 'what matters' to them. Personalised care is fundamental to deliver the NHS cancer ambition.

However, a person's health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Likewise, these factors impact significantly on a person's ability to live well once they have a health or care concern.

The SNEE area is diverse in terms of rural and urban communities, with populations of varying socio-economic backgrounds and demographics. The diverse geography and population within SNEE creates the complex interaction of health determinates that require the local knowledge and expertise of the VCFSE sector to support the NHS in achieving Early Cancer Diagnosis.

The SNEE ICB Joint Forward Plan takes account of the key priorities of the Suffolk Transitional Joint Health and Wellbeing Strategy 2022 to 2023. This strategy was developed by considering the wider determinants of health using an asset-based approach by working in collaboration with others. A key priority of this is listening

and engaging with local voices: residents and communities will become more involved in decisions that affect their lives, health and wellbeing as evidenced through the engagement undertaken on the Joint Forward Plan.

The SNEE Joint Forward Plan strategy builds on and brings together earlier work and thinking from across local partners and describes a shared vision from the perspective of 'what matters' to people living across SNEE.

SNEE internal research finds that colorectal, lung and prostate cancers contribute the most to the total number of late-stage diagnoses in SNEE.

When a patient is diagnosed with one of those three cancers, they face a greater risk of receiving a late-stage/emergency diagnosis when they do not typically engage with general practice (even when controlling for other factors like age, sex, etc). Current smokers and housebound patients also face worse outcomes in terms of late/emergency diagnosis.

Personal Health Budget Allocation

- Applications for a small pot of money to be held by the organisation to distribute a one off PHB to individuals meeting locally agreed criteria for your project will be considered. Supported by the ICB PHB Delivery Advisor to develop your service model and governance, fund holding organisations would hold delegated authority to purchase products or services on behalf of the person who otherwise would be unable to achieve their health goals. Examples are diverse and individual, based upon each personal set of circumstances, focusing on what matters to the person and their personal barriers to achieving health goals.
- A small budget one-off PHB may be essential where the goods or service cannot be provided personally, through local community assets, including the voluntary sector, or cannot be provided by them without this additional support. Examples may include supporting people to access screening or cancer related appointments where they lack personal means or support network and would otherwise not attend, or a person may receive treatment which requires home essentials they lack the means to personally provide. An example of this is where a person is prescribed medication requiring fridge storage, eg insulin, but doesn't have a fridge or personal means to purchase.
- Organisations seeking to incorporate one-off PHBs within their fund bid will be required to keep a comprehensive spread sheet detailing those persons receiving one-off PHB funding including the date of delivery, cost, item or service provided and a brief description of the case scenario including the person reported outcome and/or experience. This information will be shared

with the ICB PHB Delivery Advisor every 3 months, upon request, for NHSE benchmarking and ICB support is available throughout your PHB project delivery. Reporting will also capture age, ethnicity, gender and locality for wider benchmarking. Spreadsheet examples are available if required.

The Cancer Programme's Primary Health Indicators are:

- All communities are enabled to live healthy lifestyles, are aware of concerning symptoms and know how to seek appropriate help (Prevention and Awareness)
- Achievement of the national screening targets for breast, colorectal and cervical across all the communities, considering deprivation and addressing pockets of worst performance
- Addressing Health inequalities