


<p>Non-Executive Report of the:</p> <p><b>Health and Wellbeing Board</b></p> <p>13 May 2019</p>	
<p><b>Report of:</b> Denise Radley</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Tower Hamlets Living with Cancer Programme (Macmillan Local Authority Partnership)</b></p>	

## Executive Summary

There are approximately 665 new cancer diagnoses in the borough every year with 4338 people with cancer alive and registered with GPs on 1<sup>st</sup> April 2018. Evidence shows that Tower Hamlets residents experience relatively poor outcomes, with clear areas for improvement.

The Macmillan Local Authority Partnership (MLAP) in Tower Hamlets is a transformation programme. It aims to ensure that everyone living with and beyond cancer can easily access the full range of wider holistic support required to enhance quality of life through: personalised care planning, an integrated approach with an emphasis on community-based support, as outlined in the NHS Long Term Plan and new 'Universal Personalised Care' model. The programme intends to enable people to live as well and as independently as possible and support their carers. Tower Hamlets is one of five pilot sites with £1 million grant from Macmillan, and launched in February 2018.

### Progress in Phase 1:

- Programme set-up, including establishing governance and reporting structures.
- Asset mapping to understand the services and roles which exist to support people's holistic needs (both specific and generic) and how they work together.
- Commissioning a Cancer Health Intelligence report.
- Insight gathering from 48 residents affected by cancer.
- Engaging with professionals from all sectors to gather their insight on gaps in provision and opportunities to improve system wide integration.

### Some key reflections from this programme to date:

- ❖ Many Tower Hamlets residents have unmet needs in relation to their emotional wellbeing, finance, housing, and ability to return to work.
- ❖ Many require support to make best possible use of available resources.
- ❖ Lack of coordination support, can mean care is inconsistent and fragmented.
- ❖ A critical amount of knowledge is required about services and systems and a case management approach for a specific cohort of patients.

As the MLAP programme moves to design and implementation phase, all partners will need to work together to develop a model and agree key 'tests of change'.

Health and Wellbeing Board members are requested to consider this programme, the progress to date and its overall aims and objectives in the context of delivering other local strategic priorities for patients with complex health needs and long term conditions. This programme has significant interdependencies with transformation programmes looking to improve access to Information Advice and Guidance, Care Coordination and Navigation and Social Prescribing in Tower Hamlets. Its main focus is to ensure delivery of personalised care and support seamlessly across sectors to meet the wider holistic needs of people living with a beyond cancer through system wide changes in culture and practice.

### **Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Provide strategic support to address system wide issues highlighted in the presentation and the draft Phase 1 Annual Report. The programme has identified some significant interface issues between organisations, services and sectors.
2. Support the programme to engage teams and organisations and work across the system to co-design an effective model for delivery which might be replicated for other long term conditions / complex health needs in Tower Hamlets and across East London Health & Care Partnership (ELHCP).
3. Support the overall change management process across organisational boundaries.
4. Support the programme to articulate a clear shared understanding of the outcomes and objectives of change and embrace the culture to achieve them.

### **1. REASONS FOR THE DECISIONS**

- 1.1 This report does not require any decision at this stage

### **2. ALTERNATIVE OPTIONS**

- 2.1 None listed

### **3. DETAILS OF THE REPORT**

- 3.1 Phase 1 Draft Annual Report attached
- 3.2 Presentation slides attached

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 The overall aim of the programme is to fundamentally address inequalities in access to wider holistic support at different stages of a patient's journey.

#### **5. OTHER STATUTORY IMPLICATIONS – None at this stage**

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

#### **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 6.1 There are currently no direct financial implications which result from updating the Board on the Tower Hamlets Living with Cancer Programme (Macmillan Local Authority Partnership). As the Programme progresses, financial implications of potential actions to address any issues identified will be assessed and considered.

#### **7. COMMENTS OF LEGAL SERVICES**

- 7.1 This report provides an update on the support available to people living with cancer which is being provided through a partnership arrangement between the Council and the Macmillan Local Authority Partnership (MLAP) and has no direct legal implications.
- 7.2 The Health and Wellbeing Board is responsible for advising on strategies to improve the health and wellbeing of the population of Tower Hamlets and therefore the appropriate body to receive and consider the contents of this report.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- Year 1 Draft Annual Report
- Slide Pack

#### **Appendices**

- None

**Local Government Act, 1972 Section 100D (As amended)**

**List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- None.

**Officer contact details for documents:**

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