

## Integrated Care Board

<b>Date of meeting</b>	29 March 2023
<b>Title of paper</b>	Cancer Recovery Plan - 2023/24
<b>Presented by</b>	Melanie Zeiderman Director for Cancer
<b>Author</b>	Melanie Zeiderman Director for Cancer
<b>Agenda item</b>	13
<b>Confidential</b>	No

### Purpose of the paper

2023/24 is an important recovery year for cancer, in terms of delivering full restoration of services and eradicating backlogs acquired due to covid-19.

The 3 main recovery metrics are

1. Achieving the 75% target for faster diagnosis standard
2. Reducing waiting list (62 day) backlogs to agreed volumes
3. Increasing the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

To achieve these ambitions, the ICB through its Cancer Alliance must deliver a comprehensive programme of transformation and improvement. This plan requires partnership working across directorates and functions, in and out of hospital, and across a Northwest and National footprint

This paper describes the proposed programme of work for 2023/24. Each of the 12 action points has a specific outcome, and the progress towards delivery will be tracked robustly. The increased activity required in both primary and secondary care comes at a cost, and there needs to be alignment with plans and finances that respects the position of all stakeholders in the ICB and makes best use of the opportunities that National funding affords us.

### Executive summary

In terms of the 3 key recovery metrics the current position in LSC is:

1. 1 out of 4 acute Trusts is consistently delivering the 28-day faster diagnosis standard. Trajectories have been submitted for all 4 to reach the standard by Q4 2023/24, but this will require constant monitoring and delivery of additional diagnostic and treatment capacity.
2. Lancashire and South Cumbria backlog position at year end 2022/23 is likely to be worse than England average, position being driven by 2 out of 4 of our acute Trusts. Trajectories set to reach agreed volumes will require accelerated transformation of high-volume pathways for skin, colorectal, prostate and gynaecology.

3. The required increase from ~59% to 75% cancers diagnosed at stage 1 or 2 by 2028 requires roll out of innovations, targeted action on screening uptake and also identification of new national schemes.

Plans have been submitted to deliver the improvements required in terms of faster diagnosis and backlog reduction, although there are key risks associated with this in terms of workforce shortages and finance.

The Cancer Alliance team has sufficient capacity and capability to guide providers through the steps to transformation, but there is complete dependence on the system ability to deliver increased diagnostic capacity and realise benefits of programmes such as Community Diagnostic Centres. Our reputation as a system with a focus on innovation and delivery of programmes with National significance stands us in good stead, and our aim is to go much further in terms of targeting our focus on populations with the most disadvantage.

### Recommendations

The Board is asked to approve the recommendations in this 12-point action plan, and to note the risks to delivery outlined in the cover sheet and narrative that accompanies the slide set.

The Board is also asked to note that this plan requires full utilisation of the National System Development Funding for Cancer, and to continue to delegate to the Cancer Alliance responsibility for distribution of funding to system partners in line with delivery plans through 2023/24.

### Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
Cancer Alliance Programme Board	28 <sup>th</sup> March 2023	TBC

### Conflicts of interest identified

None applicable

### Implications

<i>If yes, please provide a brief risk description and reference number</i>	Yes	No	N/A	Comments
Quality impact assessment completed		x		
Equality impact assessment completed		x		
Privacy impact assessment completed		x		
Financial impact assessment completed		x		
Associated risks	x			Risk of not delivering required activity in acute Trusts to eradicate backlogs

Are associated risks detailed on the ICS Risk Register?	x			Yes this is on the ICB risk register
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<b>Report authorised by:</b>	David Levy, Medical Director
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