County Durham
The scale of the challenge

An ageing population

- Our older population is getting bigger
- Population growth is different in different age strata

Are these additional years of life are being spent in good health or prolonged poor health and dependency? Multi-morbidities?
There are approximately **15,000** living with cancer.

- **24%** have been living with cancer for up to 2 years.
- **50%** have been living with cancer for 2-10 years.
- **26%** have been living with cancer for 10-20 years.

**Over 3,000 people diagnosed each year.**

**3 out of 10 deaths are caused by cancer.**

- **Estimated to be 28,000 people living with cancer by 2030.**
  - Around 800 deaths per year amongst <75 year olds.
  - Around 300 deaths per year amongst our working age population.

**1 of 2 deaths from cancer occur at home or in care homes.**

**1 of 3 of deaths from respiratory disease.**

Delivered by Macmillan Joining the Dots County Durham

Working together: well being for life, MACMILLAN CANCER SUPPORT, Durham County Council.
What have local authorities got to do with it?

“A diagnosis of cancer impacts upon a variety of elements within an individual’s life, not only on their physical health but also on their mental wellbeing, social functioning, relationships, work and finance”

(Moghaddam et al, 2016)
What have local authorities got to do with it?

*Local government touches the lives of everybody, every day (LGA, 2019)*

**Adults & health** – public health, adult care, older people, physical disabilities, sensory impairment, Better Care Fund

**Children & young people** – early help, inclusion, education

**Regeneration & local services** – business support, culture & sport, housing, transport & contracts

**Resources** – council tax, welfare assistance, welfare rights
Why Macmillan Joining the dots?

• Unmet needs – finance, employment, housing, lifestyle, legal, psychological, peer support
• Identifying all needs impacting on the person affected by cancer
• Identifying where best to get the support they need – building on assets
• Referring to support agencies and ensuring all relevant support is obtained in a timely manner
• From diagnosis, to living beyond cancer, or end of life
Joining the dots - events

- Asset mapping
- Good practice from elsewhere
- Stakeholder views on what the model should look like

Delivered by

Working together
Coproduction
The issues facing people who live in County Durham

• Treatment pathways are complex

• Many people diagnosed with cancer do not receive any or all of their treatment within area

• While many people are allocated a clinical nurse specialist (CNS) some are not

• People report being in crisis before contacting their CNS

• Externally - unaware of local services are available to meet needs
How to improve?

• Single access to all of the support services
• Systematic referral to the service at the point of diagnosis
• Named coordinator
• Identification of personal needs - through a holistic needs assessment
• Access to services - care plan
• Go to people (outreach)
• Build on what is already there by bringing it all together
• Where gaps are identified, support local community and voluntary organisations to bridge the gaps
• Cover the whole cancer journey
Service description

- The allocation of a JTD Facilitator available from the point of a cancer diagnosis and consistent throughout someone’s cancer experience
- Single and **free access** routes into the service
- Identification of needs of people diagnosed, carers (including young carers and families)
- **Facilitated access** to support for identified needs
- Follow up to ensure people are receiving the support that they need
- A structured plan for “step-down” in the level of support
- Ongoing support is available as agreed between the individual and the Coordinator and people are able to access support at any time should their circumstances change
- Access to support is available and tailored to individual needs
Facilitator

- Build a relationship with the individual affected by cancer
- Liaise with support services
- Make referrals to support services
- Develop support plans
- Appointments
- Mobile

Community based

- Allocated by where people live (not on their tumour site or where they are receiving their treatment)
- Liaise with clinical leads
- Case management
- Coordinate support

Personal contact

- Identify needs of people affected by cancer
- Non-clinical
- Hand hold

Outreach

- Liaise with support services
- Non-clinical

Advocacy

- Chaplaincy support delivery

Delivered by

- Macmillan Joining the Dots
- County Durham
- Wellbeing for Life
- MACMILLAN CANCER SUPPORT
- Durham County Council
Buddy

Volunteers

Help

Emotional Support

Hand hold

People who have had their own cancer experience
**OUR PLANS FOR A NEW SERVICE FOR PEOPLE AFFECTED BY CANCER**

**WHO IS THIS FOR?**
- Live in County Durham
- Relatives, carers and friends
- Aged 18 and over
- Diagnosed with cancer

**HOW CAN I GET HELP?**
- You can refer yourself
- Or the hospital, a health worker, or a social care professional can refer you

**WHAT IS JOINING THE DOTS?**
- One-to-one help from a key worker to identify your needs at a time and place convenient to you
- Single point of contact
- It's FREE

**RESULT**
- Improved support for people affected by cancer

**WHAT IS JOINING THE DOTS?**
- Linking you to help with the domestic, legal, and financial stuff
- Links to emotional support

**Macmillan Joining the Dots County Durham**

**Family/Relationships**
- Physical
- Practical/Money
- Spiritual/Religious
- Lifestyle/Information
- Emotional
Options for implementation

• In-house – Durham County Council (DCC)
• Vary existing contract – Wellbeing for Life (WFL)
• Stand alone procurement
Option 1: Develop “in-house” DCC

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No additional management costs</td>
<td>• Length of time for mobilisation</td>
</tr>
<tr>
<td>• Direct control of development of service</td>
<td>• Infrastructure costs i.e. computers, tablets, mobile phones, Freephone</td>
</tr>
<tr>
<td></td>
<td>telephone line would be high</td>
</tr>
<tr>
<td></td>
<td>• Ability to work 7 days a week?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Could be direct links to Macmillan Welfare Rights Service for training</td>
<td>• Inability to attract additional outside funding</td>
</tr>
<tr>
<td>of staff and professional advice</td>
<td>• Possible limitations for delivery through the local authority – 7 days,</td>
</tr>
<tr>
<td>• Direct SLAs developed across the Council for referrals from Joining the</td>
<td>website</td>
</tr>
<tr>
<td>Dots</td>
<td></td>
</tr>
<tr>
<td>• Links with Social Care Direct for 7 day referrals</td>
<td></td>
</tr>
</tbody>
</table>
## Option 2: Vary W4L contract

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quick mobilisation</td>
<td>• Joining the Dots is not necessarily going to be easily identifiable within a current service</td>
</tr>
<tr>
<td>• Existing community bases</td>
<td></td>
</tr>
<tr>
<td>• Existing Freephone single telephone number</td>
<td></td>
</tr>
<tr>
<td>• Existing links within local communities</td>
<td></td>
</tr>
<tr>
<td>• Same people accessing</td>
<td></td>
</tr>
<tr>
<td>• Reduced stigma for people affected by cancer</td>
<td></td>
</tr>
<tr>
<td>• Existing links with support services</td>
<td></td>
</tr>
<tr>
<td>• Referral mechanisms already in place to support services</td>
<td></td>
</tr>
<tr>
<td>• Reduced management and administrative costs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ability to add to what is already there</td>
<td>• Re-procurement currently underway, if new provider the service will be destabilised and may take some time to become fully mobilised</td>
</tr>
<tr>
<td>• Additional capacity within an existing system for the benefit of people affected by cancer</td>
<td></td>
</tr>
<tr>
<td>• Utilisation of existing networks</td>
<td></td>
</tr>
<tr>
<td>• Ability to develop “bids” for other charitable funding</td>
<td></td>
</tr>
</tbody>
</table>
## Option 3: Stand alone

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easily identifiable service</td>
<td>• Finance</td>
</tr>
<tr>
<td>• Bespoke</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Other potential providers may bring benefits of more integration with the health system</td>
<td>• Length of time for procurement</td>
</tr>
<tr>
<td></td>
<td>• Length of time for mobilisation and delivery of service</td>
</tr>
<tr>
<td></td>
<td>• Cost of a standalone service</td>
</tr>
<tr>
<td></td>
<td>• Additional management and setup costs</td>
</tr>
</tbody>
</table>
Preferred option:

Vary the Wellbeing for Life contract based on the following key factors:

(i) Ability to quickly mobilise the Macmillan Joining the Dots Service
(ii) The potential of cost savings and added value utilising an existing service
(iii) Reduced set up costs due to existing infrastructure
(iv) Reduced duplication of procurement processes and
(v) The ability to effectively support a volunteer programme
Implementation

• Extensive training programme – July 2018 and continuing

• Cancer Awareness Showcase event – 19th September 2018 at County Hall

• Official launch – 24th January 2019
How do I get in touch

0800 876 6887

www.joiningthedots.info

cdft.joiningthedots@nhs.net

07766558688
Impact

As at 22\textsuperscript{nd} February 2019:

- 131 people engaged with the service
- 60% with their own cancer diagnosis
- 25% men
- Referrals from CNS, Macmillan Information Centres...

But don’t just take it from me...
Annette
Vicky
Lessons learnt

- Political support/will
- Plan before do
- Coproduction ethos from the beginning
- Evaluation from the start
- Time
- “No mans land”
- Control
- More than cancer?