



Public Health
England

Protecting and improving the nation's health

PHE Cancer Board Plan 2017 - 2021

A plan for PHE staff



PHE Cancer Board Plan



Foreword

Cancer is a leading public health challenge – a condition that in all its forms is likely to affect one in two of us during our lifetime. However, over 40% of cancers are thought to be preventable so our work can have a profound effect on those burdened with this disease by tackling inequalities and reducing the impact of the major risk factors such as smoking, obesity and alcohol. PHE is a significant contributor in the system-wide approach cancer across England and we recognise that success will come from strong partnership-working across the health and care sector, with the voluntary and charitable sector and most of all with the public themselves.



This strategy outlines our contribution to the cancer system and how our activities integrate with the work of others. We have made cancer a cross-cutting programme to bring together the extensive skills and expertise we have in PHE. This embraces the design and implementation of national prevention programmes based on the best evidence, population screening for breast, bowel and cervical cancer, cancer vaccination programmes, public awareness campaigns, all the national cancer data collection and analysis, and our support for the long-term quality of life of those living with or who have had cancer.

Duncan Selbie, Chief Executive

PHE has over four hundred people working on cancer in a diverse and complex range of programmes that form one of the ten cross-cutting PHE Programmes and co-ordinated through the PHE Cancer Board. Our plan provides the framework for our work programmes across the organisation and highlights how we will work in partnership with external bodies that is key to making the delivery a success. We have highlighted the extensive range of activities of our system-wide data collection and analysis for all cancer.



Dr Jem Rashbass, National Director
Disease Registration/ PHE Strategic Lead
for Cancer

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Glossary

ACE	Accelerate, Coordinate and Evaluate	NCRAS	National Cancer Registration and Analysis Service
ALB(s)	Arm's Length Body (Bodies)	NCRI	National Cancer Research Institute
BCOC	Be Clear On Cancer	NEoLCIN	National End of Life Care Intelligence Network
CAS	Cancer Analysis Service	NHSE	NHS England
CCG	Clinical Commissioning Group	NHSI	NHS Improvement
CDF	Cancer Drugs Fund	NICE	The National Institute for Health and Care Excellence
CNS	Clinical Nurse Specialist	NIHR	National Institute for Health Research
COMARE	Committee on Medical Aspects of Radiation in the Environment	ODR	(PHE) Office for Data Release
COSD	Cancer Outcomes and Services Dataset	ONS	Office for National Statistics
CPES	Cancer Patient Experience Survey	PHE	Public Health England
CPRD	Clinical Practice Research Datalink	PHOF	Public Health Outcomes Framework
CQC	Care Quality Commission	PMO	Programme Management Office
CRCE	Centre for Radiation and Chemical and Environmental Hazards	PROMS	Patient Reported Outcome Measures
CRUK	Cancer Research UK	QA	Quality Assurance
CSQM	Clinical Service Quality Measures	RTD	Routes to Diagnosis
DH	Department of Health	RTDS	Radiotherapy Dataset
DIDs	Diagnostic Imaging Datasets	SACT	Systemic Anti-Cancer Treatment
DPH	Directors of Public Health	STPs	Sustainability and Transformation Plans
EAG	Expert Advisory Group	UK NSC	UK National Screening Committee
FIT	Faecal Immunochemical Testing	UV	Ultra-Violet
FYFV	Five Year Forward View		
HEE	Health Education England		
HPV	Human Papillomavirus Infection		
HTA	Health Technology Assessment		
ICBP	International Cancer Benchmarking Partnership		
ICTR	Independent Cancer Taskforce Report		
IR(ME)R	Ionising Radiation (Medication Exposure) Regulations		
JCVI	Joint Committee of Vaccinations and Immunisation		
KPIs	Key Performance Indicators		
LAs	Local Authorities		
LINAC	Linear Accelerator		
MDT	Multi- Disciplinary Team		
MRC	Medical Research Council		
NCIN	National Cancer Intelligence Network		

Introduction

Public Health England (PHE) is a major contributor to the system-wide approach to cancer in England outlined in the Independent Cancer Taskforce Report 'Achieving World Class Cancer Outcomes: a strategy for England 2015-2020' (published in July 2015). We bring leadership in prevention, screening, health marketing and cancer data collection, liaison and analysis and support many other cancer-related areas. We deliver through our national role in Public Health and our partnership with health and social care in Local Government as well as our collaborations with NHS England, other Arm's Length Bodies (ALBs), Third Sector partners and Academia. We are committed to improving the public's health and reducing variation and inequalities across society.

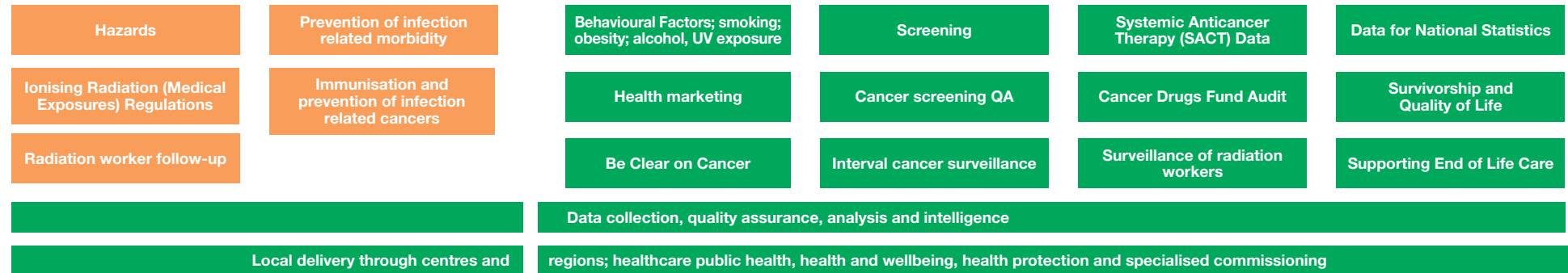
This, our internal plan, outlines our approach to co-ordinating Public Health England's cancer work for the next 5 years, set in the national context of the whole cancer system. It is aligned with the Five Year Forward View (FYFV) and the Independent Cancer Taskforce Report (ICTR) and is the manifesto that coordinates the work across PHE to deliver on these cross-organisational strategies as well as our own core work and innovation. It describes our ambitions and what we will do to maximise our effectiveness while working in partnership with others to deliver on the recommendations made in Independent Cancer Taskforce and enhance PHE's own role in the fight against cancer.

A schematic diagram showing the relationship between the internal cancer-related activities in PHE and those in the wider service

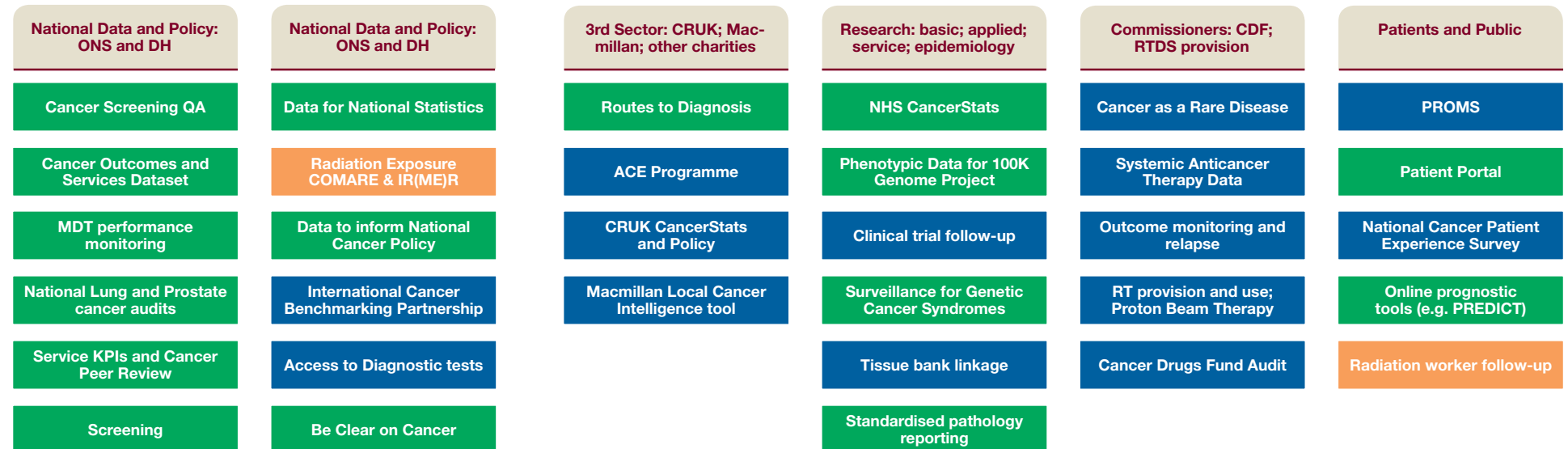
Key: _____



PHE activities:



External activities:



Cancer work in PHE

Public Health England has a wealth of expertise and knowledge in cancer, and is well-recognised for its unique position in many areas. We spend over £22 million a year directly on cancer and employ over 400 people who work directly on cancer-related work, with many more working in areas that significantly contribute to our cancer activity.

PHE cancer-related activity spans the entire patient pathway. From cancer prevention (which includes our work on obesity, alcohol & tobacco, UV radiation and radon exposure, screening and HPV vaccination), to earlier diagnosis (including cancer screening and health marketing), guiding and supporting the NHS to commission treatment and services (specialised commissioning, screening, data intelligence and health economics) through to supporting those living with and beyond cancer and end-of-life care, encompassing and responding to user needs and patient experience.

In early 2016 cancer was established as one of the ten PHE Corporate Programmes. In doing so, we have begun to harness the benefits from cross-organisational working and identify further opportunity to exploit our combined skills and knowledge. This allows us to work synergistically, sharing expertise, creating efficiencies and cost savings. To external collaborators and partners it shows how we link our diverse cancer work and provides us with a single voice and common front door.

Examples of existing internal collaborations include:

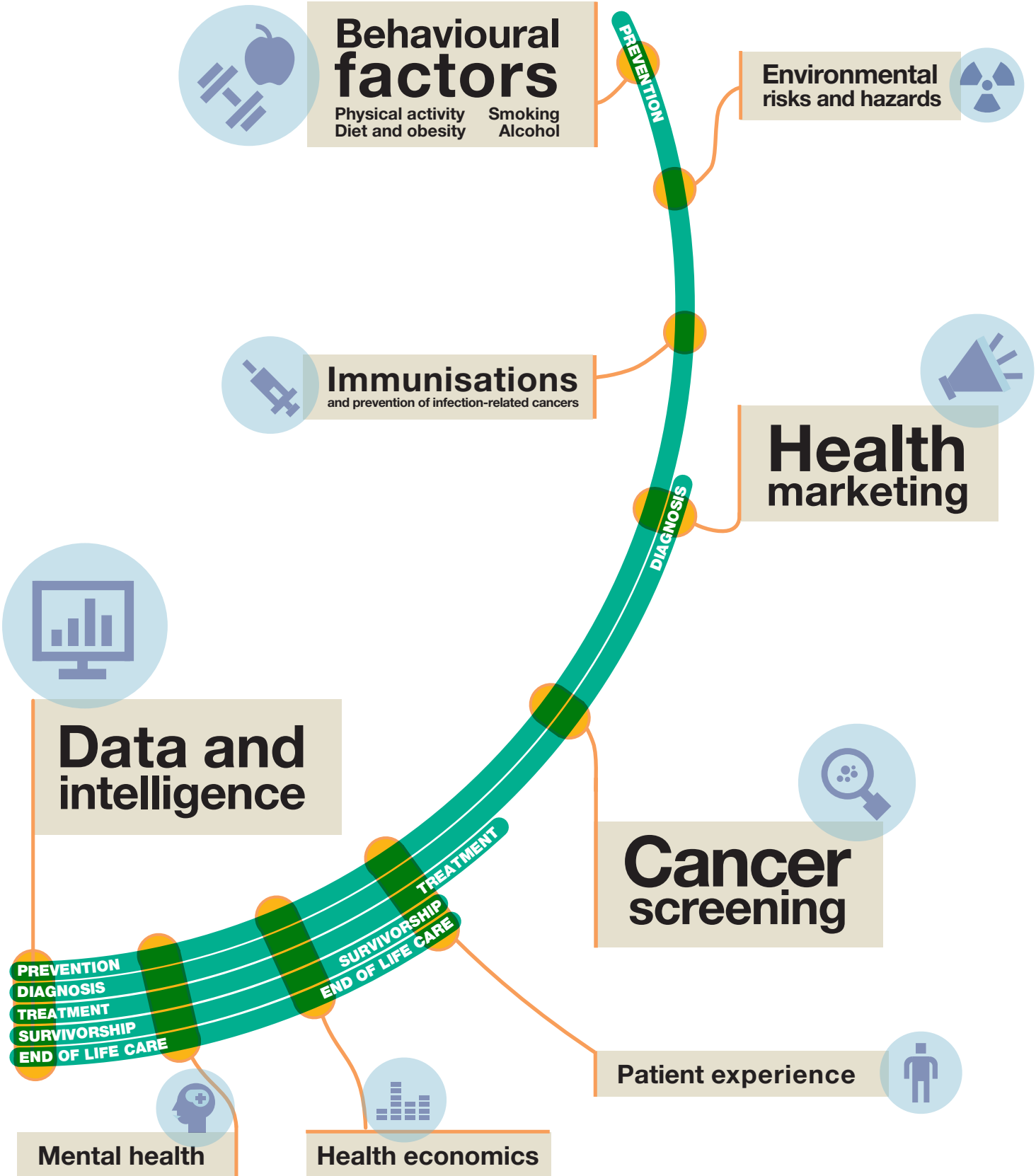
- The monitoring of cancer screening involving National Cancer Registration, Analysis Service (NCRAS), and Cancer Screening

- Be Clear on Cancer Evaluation with Health Marketing and NCRAS
- Communicating complex messages about screening to patients, professionals, the media and the public, supported by Screening, NCRAS, Communications, Specialised Commissioning and our Regions and Centres
- Radiation worker follow-up involving Health Protection Centre for Radiation, Chemical and Environmental Hazards (CRCE) and NCRAS
- NCRAS data to support others such as specialised commissioning, Public Health Outcomes Framework, health economics, Knowledge & Intelligence and Health Marketing
- Local networks for national initiatives and support for Local Authority Public Health teams through our Centres & Regions, for example tobacco control, alcohol harm reduction and tackling indoor radon

How the plan will be used

Our plan will be used by all areas of PHE working on cancer related activities, to set the direction of travel for a coordinated approach, ensuring join up both internally and externally over the next 5 years. Each year the PHE Cancer Board will approve a delivery plan using the strategy as its guide, adapting where needed to new initiatives, intelligence and policy as this arises. The delivery plan will indicate the year on year deliverables and will link with other PHE plans and priorities. It will be the responsibility of the PHE Cancer Board to ensure the strategy is reflected in business planning processes and to decide on the annual priorities for each year.

Breadth of cancer-related activity in PHE, through all steps of the patient pathway:



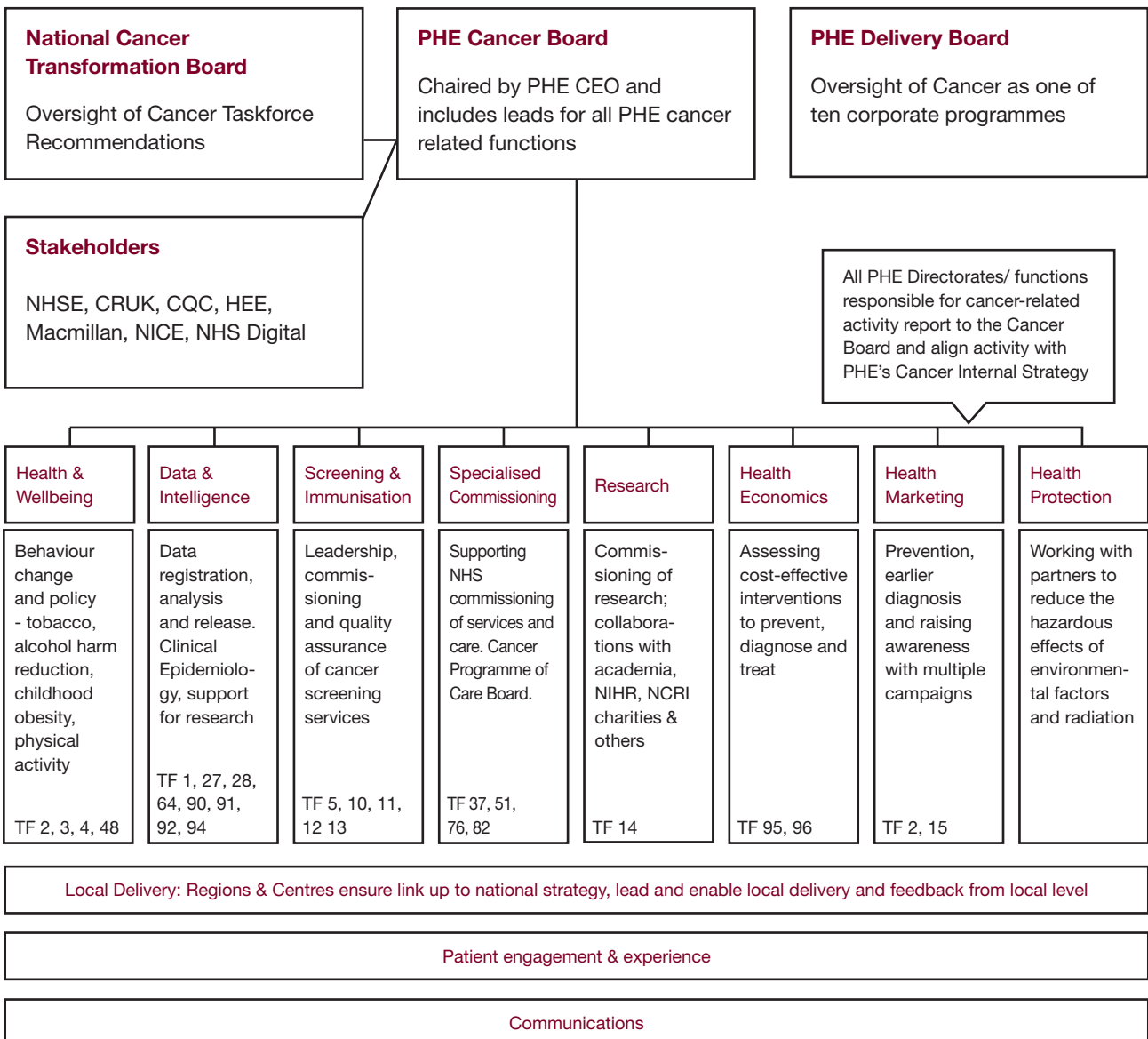
Governance and accountability

To deliver our ambitions on cancer successfully we need to coordinate our approach both internally across PHE departments and Directorates and externally, aligning with the National Cancer Transformation Board Implementation Plan, as well as delivering in collaboration with stakeholders and the public.

Internally, Cancer is one of PHE's Corporate Programmes and the PHE Cancer Board,

chaired by our Chief Executive, is responsible for the co-ordination and delivery of our work on the cancer taskforce recommendations and reports to the PHE Delivery Board. The Delivery Board requires the PHE Cancer Board to report monthly on its progress against the strategy and delivery plans. The PHE Cancer Board Terms of Reference and Membership can be found in Appendix 1.

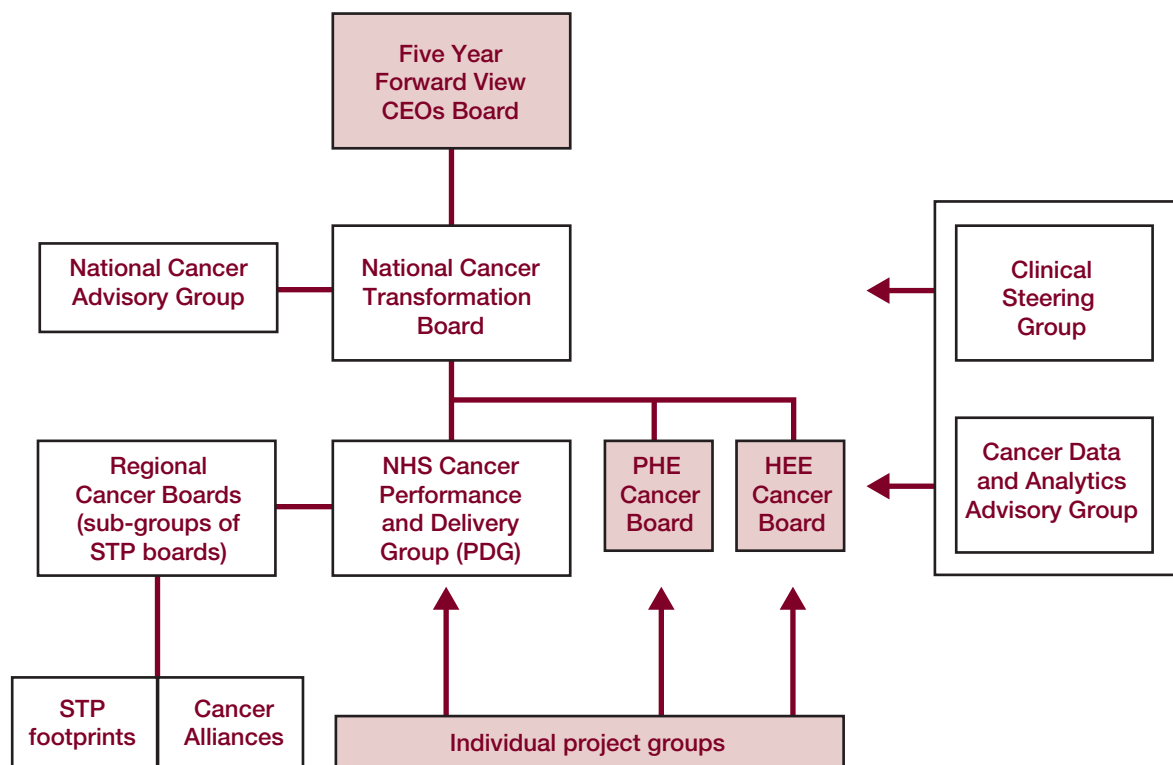
PHE Cancer Board: Governance, Functions and Membership



Externally, the PHE Cancer Board will work with the National Cancer Transformation Board, which provides the focal point for system-wide leadership on the implementation of the Independent Cancer Taskforce Cancer Strategy for England 2015 - 2020, enabling a joined up and coherent approach. PHE leads the prevention work-stream of the National Cancer Transformation Programme.

Additionally, we will develop our partnership working at national, regional and local levels, building on successful collaborations to develop more formal arrangements with the Third Sector including CRUK, Macmillan, Teenage Cancer Trust, National Cancer Research Institute (NCRI) and many others as well as strengthening our activities with academia. More detail about our partnership working can be found in section 3.

External Governance



The next section will outline the three key areas of our strategy and describe the work we will deliver over the next 4 years.

Our plan will:

- Align our work with the Independent Cancer Taskforce recommendations, showing where we have a lead or support role and what we are committed to delivering
- Develop our internal data and intelligence functions to be responsive to user need and to develop links across PHE cancer-related activities
- Strengthen our partnerships, acknowledging the expertise and challenge that partners bring and to scope further opportunity to work with combined strength

Section 1: Delivering on the Taskforce Recommendations

Workstream 1. Lead the national work-stream on cancer prevention and public health

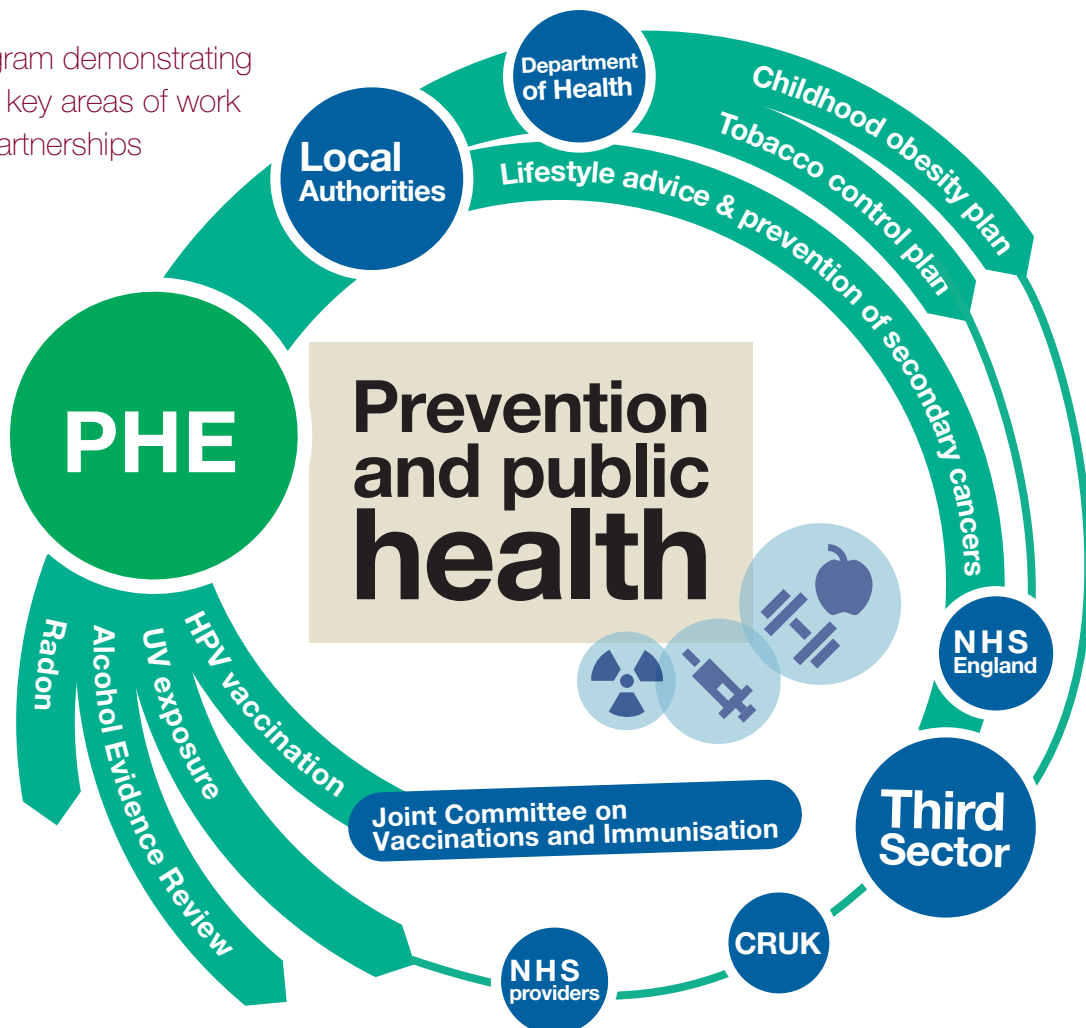
We can prevent cancer by changing behaviours, influencing policy, by the elimination or reduction of harm and improving protection. PHE's 'From Evidence Into Action: Opportunities to Protect and Improve the Nations' Health' sets out our ambitions to tackle many of the root causes of preventable cancers. By providing the evidence base we can change policy, and through our national and regional teams and local centres we support a whole system approach, engaging clinicians, commissioners and local authority providers to inform

commissioning, service provision and decision making. PHE leads the prevention work-stream of the National Cancer Transformation Board to better exploit the system resources and expertise to reduce the incidence of preventable cancers.

Our ambitions:

- To significantly reduce the 40% of preventable cancers caused by lifestyle, behavioural, and environmental and chemical exposure through increased public awareness and by providing the evidence to influence policy and support local decision making

A diagram demonstrating PHE's key areas of work and partnerships



We will:	Working with:
<p>(*) denotes corresponding Cancer Taskforce Recommendation</p>	
<p>Address obesity as part of a whole systems approach, working with Government, Directors of Public Health and the voluntary sector to increase the proportion of children leaving primary schools at a healthy weight (2)</p>	<p>NHSE, Local Authorities, Department of Health (DH)</p>
<p>Work with Government and NHSE to develop and publish a new tobacco control plan and will lead on the implementation of the plan with partners including NHSE and CRUK to reduce the number of adults smoking to 13% by 2020 (3)</p>	<p>NHSE, DH</p>
<p>Following the publication of the Alcohol Evidence Review in December 2016, PHE will work at a national and local level to promote the findings and support the implementation of appropriate evidence based policies (4)</p>	<p>NHSE, DH, Academia</p>
<p>Work with the Joint Committee on Vaccination and Immunisation (JCVI) to re-evaluate the effectiveness of the HPV vaccination in boys (5)</p>	<p>Joint Committee on Vaccinations and Immunisation (JCVI)</p>
<p>Work with the JCVI and NHSE to take forward the HPV vaccination pilot for men who have sex with men (5)</p>	<p>JCVI and NHSE</p>
<p>Support the work to monitor the use of cancer-preventative medication across the population and work with partners to ensure maximal use of these interventions (6,7)</p>	<p>NHSE</p>
<p>Work with other ALBs, charities and other stakeholders to ensure that lifestyle advice is provided to cancer patients to prevent secondary cancers, increase sustained health lifestyles and reduce recurrence (8)</p>	<p>NHSE, Care Quality Commission (CQC), NICE, Third Sector</p>
<p>In line with the PHE Liver Disease Framework we will examine the evidence for a Hepatitis B vaccine and implement the Hepatitis C Improvement Framework to protect against and reduce primary liver cancers (8)</p>	<p>NHSE</p>
<p>Developing the UK National Radon Action Plan and provide leadership and evidence on tackling radon exposure in homes and supporting employers and regulators to manage radon exposure in workplaces (8)</p>	<p>DH, Local Authorities and other government departments</p>
<p>PHE will work with the Health Technology Assessment (HTA) to determine the positive mortality outcome and cost-effectiveness evidence for lung screening (13)</p>	<p>UK National Screening Committee (UK NSC) HTA</p>
<p>We will work with the UK NSC when new data is available to re-assess the cost effectiveness of ovarian screening (13)</p>	<p>UK NSC</p>
<p>Continue to support the prevention of cancer through a wide range of marketing campaigns beyond Be Clear On Cancer. In addition to encouraging people to stop smoking with health harm advertising and the Stoptober campaign, we will also have a major focus on increasing physical activity and healthier diets for both adults and children through the One You and Change4Life programmes (15)</p>	<p>NHSE, Third Sector, DH, Local Authorities</p>

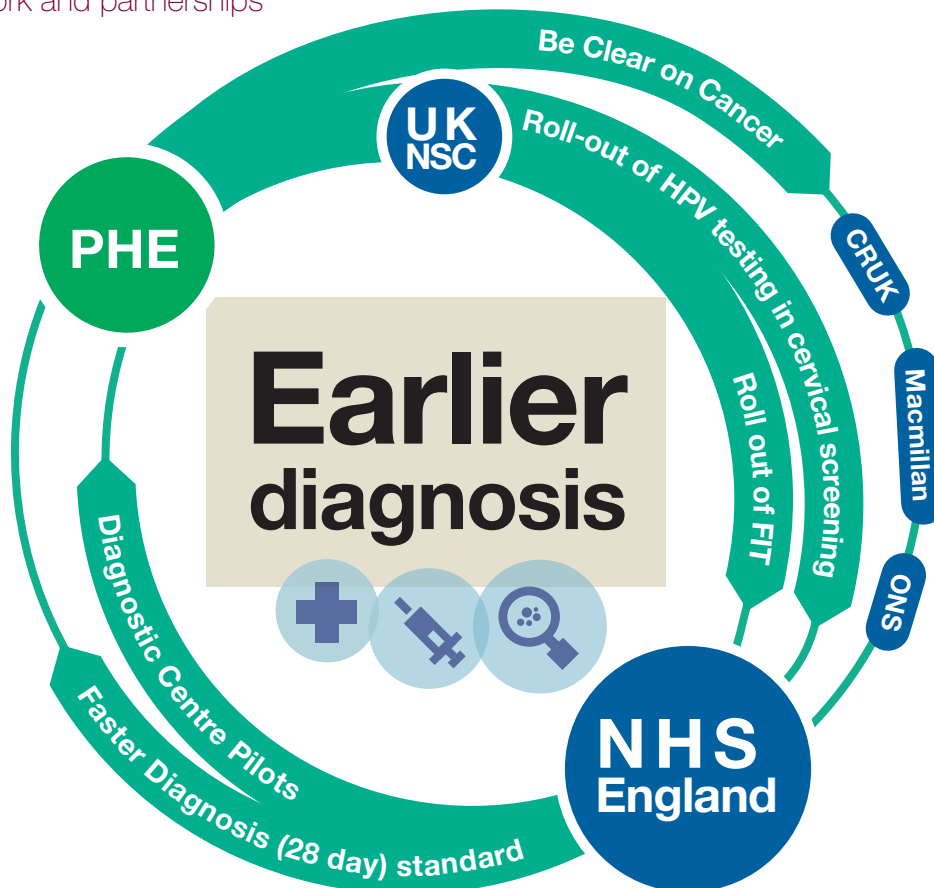
Workstream 2. Drive a national ambition to achieve earlier diagnosis

The earlier a cancer is detected, the better the chance of it being treated successfully. Earlier diagnosis is facilitated through increased awareness of symptoms and signs to act on, screening which detects cancers at an earlier stage and strong links between primary and secondary care for timely referrals for diagnostics and testing. PHE provides system leadership for early detection through cancer screening, and its health marketing campaigns support decision making on the design and provision of front line services through cancer intelligence.

Our ambitions:

- Increase in the number of patients diagnosed at an earlier stage and referred for treatment sooner
- Reduce the inequalities of access to screening and other detection and diagnostic services through targeted service configuration and campaigns

A diagram demonstrating PHE's key areas of work and partnerships



We will:	Working with:
(*) denotes corresponding Cancer Taskforce Recommendation	
We will work with NHSE to roll-out faecal immunochemical testing (FIT) for bowel cancer screening and drive up uptake by 2020 (10)	NHSE, UK NSC
We will lead a roll-out of HPV primary testing in cervical screening (11)	NHSE, UK NSC
Examine inequalities in screening programmes and make recommendations for action to reduce these and improve access and uptake to services (10,11,12,13)	NHSE, UK NSC
Continue to invest and deliver the Be Clear On Cancer (BCOC) campaigns with at least two campaigns every year (15)	CRUK, Macmillan, NHSE, DH
Continue to develop, pilot and evaluate the BCOC campaigns, looking to increase efficiencies and exploring opportunities to raise awareness of multiple symptoms and, therefore, a greater number of cancers, assessing their effectiveness and potential for further roll-out as data becomes available (15)	CRUK, Macmillan, NHSE, DH
Continue to build on the BCOC digital and social media presence, including opportunities to test and evaluate new approaches wherever possible (15)	CRUK, Macmillan, NHSE, DH
Work with NHSE, DH Policy Research Unit, CRUK and Macmillan to evaluate the Accelerate, Coordinate and Evaluate (ACE) early diagnosis intervention programme (21)	NHSE, CRUK, Macmillan, DH
We will support NHSE with the 28-day referral pilots by developing the metrics and providing near real-time data showing the patient pathway and the stage of diagnosis (24)	NHSE
Building on the Routes to Diagnosis tool will develop an interactive version and make this publicly available and scope other options for supporting the reduction of people diagnosed through A&E (24)	CRUK, Macmillan, NHSE
Support the international comparative analysis on cancer care and outcomes for example through International Cancer Benchmarking Programme (ICBP) Phase 2 work (Multiple Recommendations)	CRUK, Academia
Deliver the data collection and evaluation of the primary care National Cancer Diagnosis Audit (39,82)	NHSE, Third Sector, DH, Local Authorities

Workstream 3. Make patient experience as important as safety and clinical effectiveness

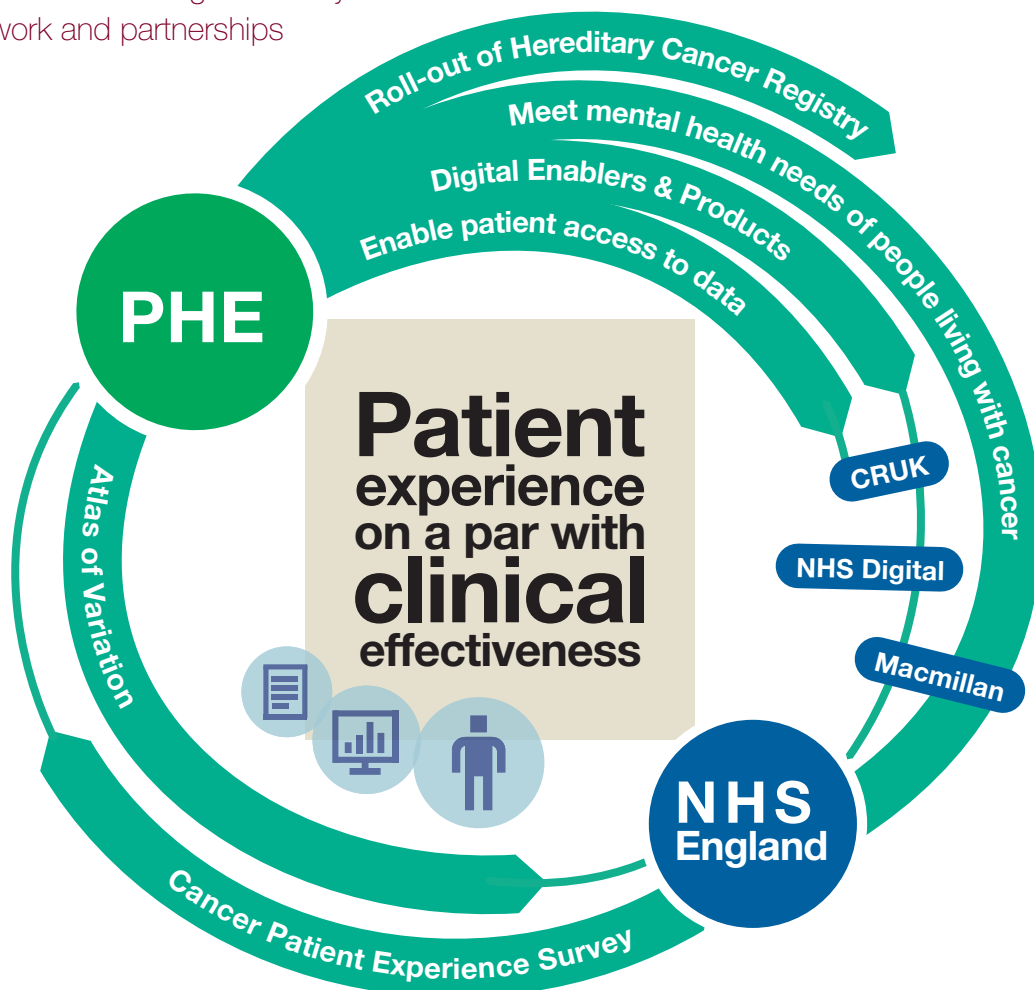
Our role is to support the NHS to improve its services and provision of care, and patient and carer experience is the barometer of how successful the system is performing. How patients experience the care pathway and to what extent they are able to make informed decisions are fundamental to their quality of life while living with and beyond cancer and at the end of life. PHE deeply values its relationship with patients and their families and takes great care in ensuring their data and information is

protected and used only for patient benefit at all times. We hope to improve patient experience by providing patients with their own information and by making cancer data and its meaning more accessible.

Our ambitions:

- Continue to work closely with patient groups to enable the patient voice throughout our work and provide patients with access to their own data to support their decision making and understanding of their condition

A diagram demonstrating PHE's key areas of work and partnerships



We will:	Working with:
<p>(*) denotes corresponding Cancer Taskforce Recommendation</p>	
<p>Work to embed the practice of meeting the mental health needs in everyday practice through staff training and new patient information materials (48)</p>	<p>NHSE, HEE, Macmillan, CRUK & Academia</p>
<p>Work with NHSE on the National Cancer Patient Experience Survey to develop new metrics that measure and promote continuous improvement to service provision (54)</p>	<p>NHSE, Macmillan</p>
<p>Undertake linkage work to understand the links between patient experience and outcomes (54)</p>	<p>Macmillan</p>
<p>Develop tools and information to support patients and the public to better understand how accessing their data can support their care and decision making (57)</p>	<p>Third Sector, NHSE and patient organisations</p>
<p>Roll-out of the National Hereditary Cancer Registry focussing initially on BRCA testing for women at risk of breast and ovarian cancer (57/90)</p>	
<p>Continue to deliver the data and analysis to support the Atlas of Variation and a reduction in the variation of care (78)</p>	<p>NHSE</p>
<p>Continue close engagement with patients groups, third sector partners and others to ensure that our work is guided and endorsed by patients and meets their expectations</p>	<p>NHSE, Macmillan, CRUK and other cancer charities, NCRI patient partners.</p>

Workstream 4. Transform our approach to support people living with and beyond cancer

There are an increasing number of people living with and beyond cancer who will experience new challenges post-treatment and changing needs which will impact on their quality of life. This is an area of increasing need as treatments and survival rates improve.

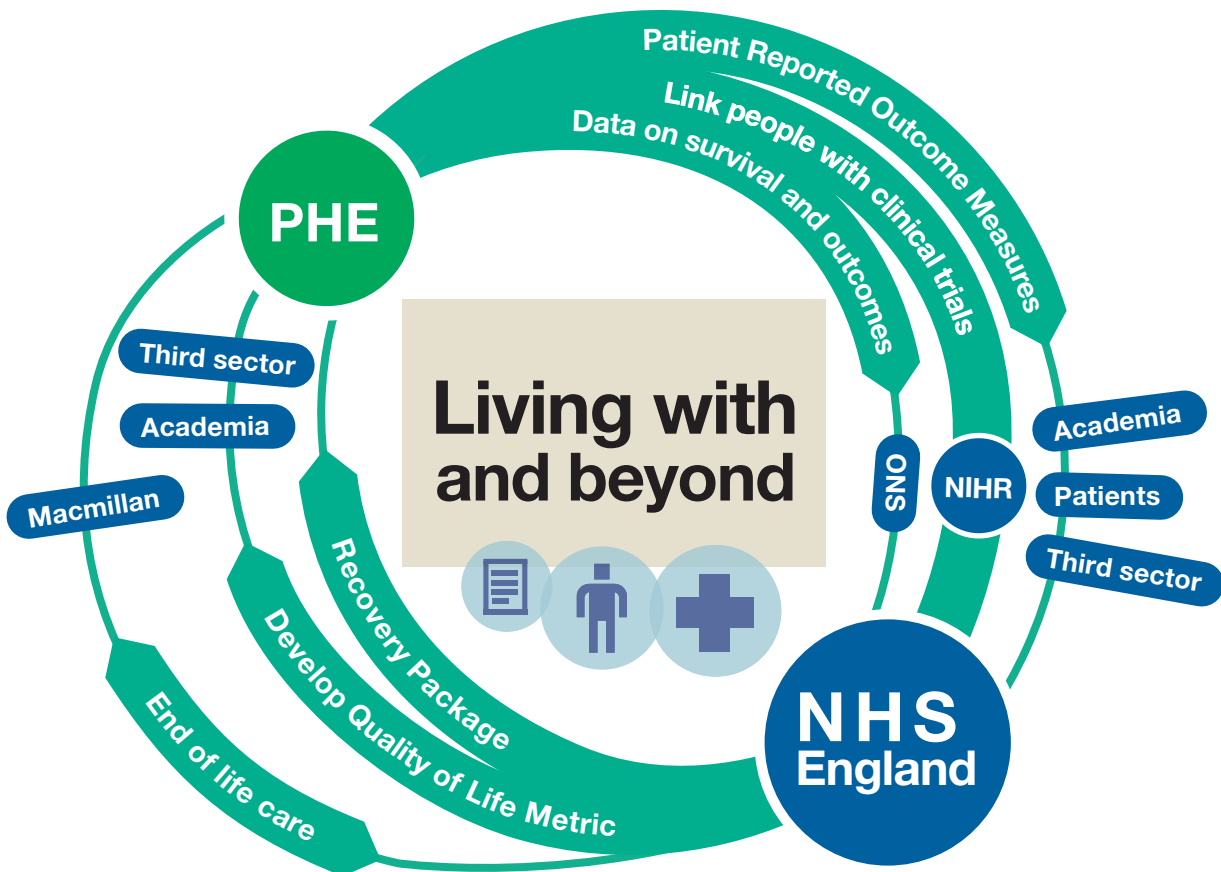
In addition, while end of life care is more developed, still there are significant unmet needs; for example over 40% of patients who die of cancer do so in hospital, despite wanting to die at home.

PHE's National End of Life Care Intelligence Network (NEoLCIN) monitors the quality of care in end of life services which serves to drive improvements across all sectors working in partnership with NHSE, charities and academia. The wealth of data collected by the National Cancer Registration and Analysis Service (NRCAS) allows us to model survival by stage, compare patient pathways and provide data on the variations in quality of services and care.

Our ambitions:

- A significant increase in the quality of life for people living with and beyond cancer by ensuring timely collection of patient outcomes to drive immediate changes in service provision, decision making and understanding of their condition

A diagram demonstrating PHE's key areas of work and partnerships



We will:	Working with:
<p>(*) denotes corresponding Cancer Taskforce Recommendation</p>	
<p>Develop data gathering and monitoring systems to report on access to services for those living with mental illness and or learning disabilities (48)</p>	<p>NHSE</p>
<p>Work with the National Institute of Health Research (NIHR) and research charities to develop a system to link patients with clinical trials (50)</p>	<p>NIHR, Third Sector</p>
<p>Support the development of a new quality of life metric to drive improvements across services (64)</p>	<p>NHSE, Third Sector, Academia</p>
<p>Support the development of Patient Reported Outcome Measures (PROMs) (64)</p>	<p>NHSE, CRUK, Macmillan, Academia</p>
<p>Explore ways to support the work on recovery pathways and follow – up care with partners (65)</p>	<p>As appropriate</p>
<p>Support development of stratified follow-up pathways of care for other tumour types, ideally including prostate and colorectal and some rarer cancer types (67)</p>	<p>NHSE, Commissioning including Specialised Commissioning</p>
<p>Understand the outcomes of treatment – for example 30 day mortality following chemotherapy and surgery; work with NHSE and others to establish online monitoring tools for key metrics</p>	<p>NHSE, CQC and NHS Improvement</p>
<p>Publish 1 year stage survival analysis on an annual basis using near real-time data (90/1)</p>	<p>ONS, DH</p>
<p>Reduce unwarranted variation in quality of end of life care by geography, age and in some instances ethnicity (73)</p>	<p>Academia, DH, NHSE</p>
<p>At the local level support NHSE regional teams to ensure that there is not inequality of access to health and wellbeing guidance and extending preventative lifestyle advice to people living with and beyond cancer</p>	<p>NHSE, DPH, Third Sector</p>

Workstream 5. Make the necessary investments required to deliver a modern, high-quality service

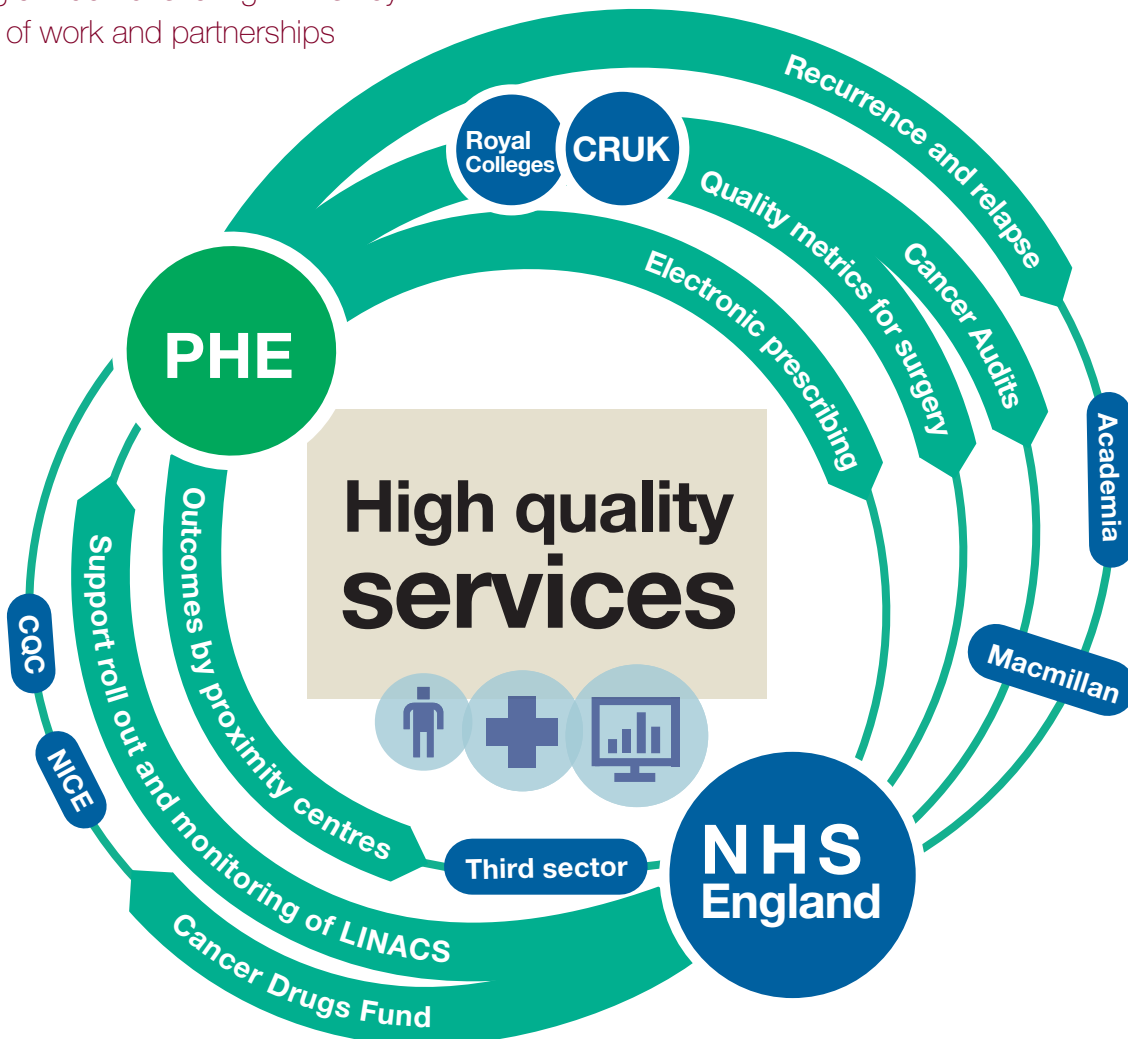
Knowing where to invest and the impact of the investment is critical to improving services and care for all. PHE's role is to support NHSE, commissioners and service providers to understand the prevalence, disparity and standards of cancer services by linking the datasets we hold in the Cancer Analysis System (CAS) through data analyses and metrics. This includes Prescription data, Diagnostic Imaging Dataset (DIDs) Systemic

Anti-Cancer Therapy Dataset (SACT) and Radiotherapy Dataset (RTDS). Furthermore, we support NHS England, through the specialised commissioning cancer Programme of Care board and clinical reference groups, to develop evidenced based clinical policies to ensure cancer services improve outcomes and impact on reducing health inequalities.

Our ambitions:

- Robust and near real-time data, metrics and indicators to measure the effectiveness of new initiatives, inform value for money commissioning and policy and decision making to improve patient outcomes

A diagram demonstrating PHE's key areas of work and partnerships



We will:	Working with:
(*) denotes corresponding Cancer Taskforce Recommendation	
Develop an algorithmic solution to determine prevalence of recurrence across all cancers (9)	Macmillan, academia
Publish the number of cancers diagnosed at stage 1 & 2 and via emergency presentation on a quarterly basis each year (24,96)	NHSE
Develop the software to provide individual patient pathways and make it publicly available (24,38,41,46,81)	NHSE, Third Sector and others as appropriate
Determine the variation in outcomes for patients dependent on their proximity to cancer centres (27)	Macmillan, CRUK
Support the development of the pilot metrics for cancer surgery sub-specialties and make recommendations to the National Cancer Transformation Board on next steps (28)	CRUK, Royal College of Surgeons, NHSE, CQC
Support NHSE in the roll-out of new Linear Accelerators (LINACs) linked with the Radiotherapy Equipment Register (29)	NHSE
Work with CQC and providers to drive up SACT completeness in order to enable a better understanding of drug use and spend to inform The National Institute for Health and Care Excellence (NICE) decisions on the future of the Cancer Drug Fund (35)	CQC, NICE, NHSE
Provide the data and undertake with partners the analysis for cancer audits (82)	NHSE, Royal Colleges, CRUK, Academia
Use data on recurrence and relapse to identify and then optimise the care pathways for patients with metastatic cancer (46)	NHSE, Macmillan, other third sector
To support the monitoring, use and equitable access to genetic testing and molecular diagnostics (36,37)	NHSE, Specialised Commissioning and Genomics England
Provide data and analytical support to promote the use of electronic prescribing particularly in secondary care (34)	NHSE, NICE
To support the data requirements for radiotherapy service provision – capital investment planning, service utilisation, new therapies and outcome evaluation.	NHSE, CRUK
To provide the data infrastructure to support the efficient delivery of rarer cancer MDTs (40) including for Paediatric Cancer (43,44,45)	NHSE
Public health leadership and support for defined clinical cancer policies and service reviews for the cancer Programme of Care board	NHSE
Explore the potential to build on existing analytical investments and further collaborations	All partners

Workstream 6. Overhaul processes of commissioning, accountability and provision

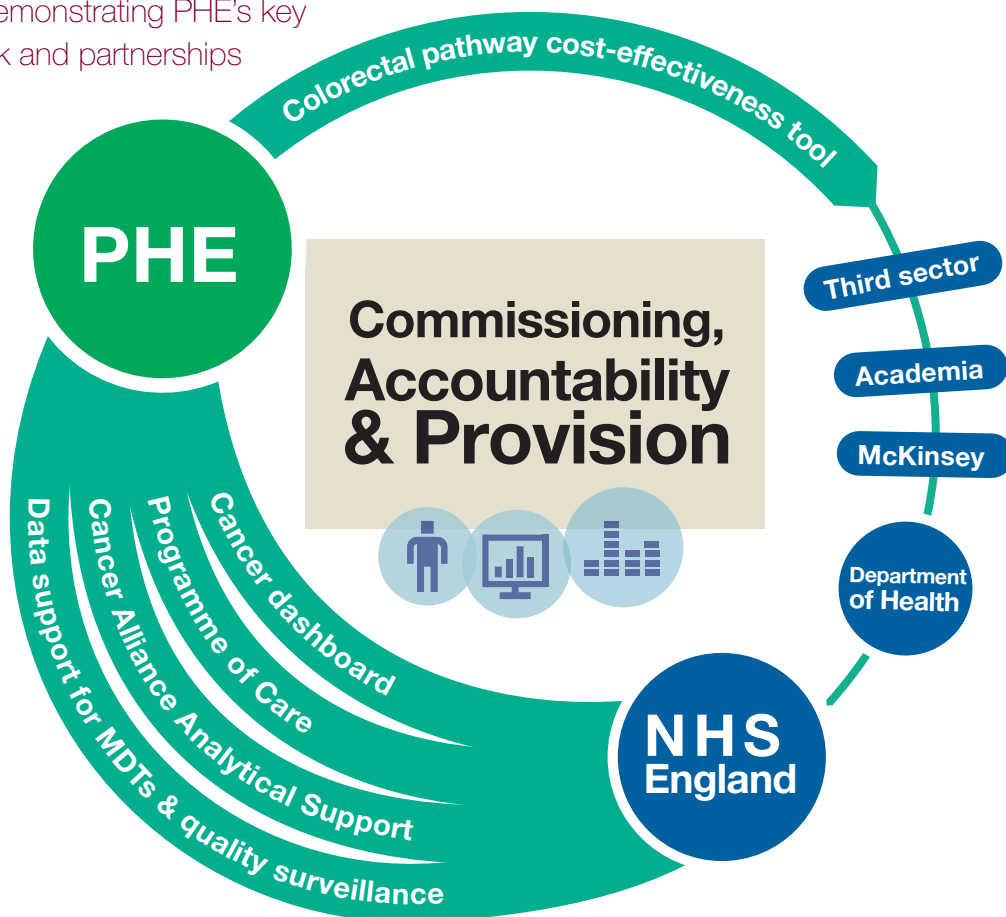
Through PHE’s role as chief public health advisor to NHS England, PHE supports the translation of knowledge and intelligence into strategic advice and policy for commissioners. The taskforce recommends timely metrics that will allow rapid feedback and therefore enable a more responsive commissioning of local services. PHE will align its analysis outputs to those of the taskforce recommendations and work with partners to deliver these. Furthermore, PHE recognises its responsibility in the delivery of the taskforce recommendations and will ensure its structures, governance and reporting mechanisms follow suit. We will ensure robust, evidence based public health

advice and systems leadership to improve services, outcomes and reduce inequalities at national, regional and centre level for the specialist commissioning portfolio of cancer services.

Our ambitions:

- Provide public health leadership with representation on the National Cancer Transformation Board and cancer Programme of Care Board
- Active involvement with the National Cancer Transformation Board plans and decision making
- To develop an understanding of the costs and benefits associated with cancer programmes

A diagram demonstrating PHE’s key areas of work and partnerships



We will:	Working with:
(*) denotes corresponding Cancer Taskforce Recommendation	
Work with NHSE to develop and deliver a cancer dashboard of metrics to support the work of CCGs, Providers and Alliances (1)	NHSE
Work with NHS England colleagues to define the new Cancer Waiting Times data collection service (24,38)	NHSE
Develop a user-friendly tool to enable Clinical Commissioning Groups (CCGs) and local commissioners for the first time to estimate costs and benefits at a local level of improving outcomes in colorectal cancer and to make the business case for appropriate investment to improve early detection (95)	NHSE, CRUK, Macmillan, Academia, McKinsey
Provide the data collection, analysis and reporting functions to assist with the delivery of efficient Multi-Disciplinary Team (MDT) working (38,39,40,41,46,70)	NHSE, NICE
Provide the data collection, analysis and reporting functions to support efficient decision making and use of Cancer Prevention Drugs (6)	NHSE, NICE
Provide the data collection, analysis and reporting functions to assist with the delivery of efficient use of quality surveillance and the use of NICE and other clinical guidelines (79)	NHSE, NICE, HEE
Provide the analytical support capacity in partnership with the Cancer Vanguard and Alliances (78)	NHSE
Provide evidence of impact on national specialised commissioning cancer products through the NHS England Cancer POC Board; and support approaches to improving cancer services access and outcomes at Centre and Region level	NHSE

Section 2. Consolidating and accelerating our cancer intelligence function

PHE is responsible for nearly all the data collection, reporting and analysis that underpins the work of the whole cancer system in England spanning public health, health care, commissioning, evaluation, research and individual patient choice. The National Cancer Registration and Analysis Service collects richer, more-timely data on greater number of patients than any other country; data quality for key data items such as cancer stage.

Joining up cancer intelligence & new ways of working:

We have realigned the work between our registration and analysis teams with the implementation of the National Cancer Registration and Analysis Service (NCRAS) which replaces the National Cancer Registration Service (NCRS) and the National Cancer Intelligence Network (NCIN.) By bringing the functions together we now need to focus our ambitions on continuing to provide a near real-time, cost effective, comprehensive data collection and delivering an academically rigorous and strategically-driven analysis service. We have also enriched our collaborative working to support our capabilities and build capacity and we will continue to explore further opportunities with stakeholders. For more information about our work with partners see section 3.

Our ambitions:

- To set the standard for data collection, analysis and release

- Collect, quality assure and curate cancer data from the entire care pathway on all cases of cancer in the population in England
- Co-ordinate cancer data collection and analysis across PHE and working with partners in NHSE and other arm's length bodies
- Undertake and support academically robust data analysis on all aspects of the cancer system in England including the new Cancer Alliances and Vanguard, and alignment with non-cancer specific 'Sustainability and Transformation Plans' footprints
- Provide timely, high-quality data to all those who require it within a robust information governance framework
- Develop new resources to deliver relevant, timely cancer data and information to all users such as the integrated cancer dashboard
- Continue to interrogate the data and evidence and identify new areas of need to inform the next national cancer strategy

We will:

- Ensure that all our data collection, use and release is fully aligned with the recommendations of the National Data Guardian Review and emerging policy on data collection for National Disease Registers
- Align the work of the National Cancer Registration and Analysis Service to the taskforce data needs as described in Section 1 and deliver these in the timeframes given

- In partnership with others, continue to drive-up data quality and completeness for all datasets including staging completeness, SACT, RTDS, DIDs, Prescription Data and the Cancer Outcomes and Services Dataset (COSD)
- Provide data and expertise on the design and assessment of prevention interventions including cost-effectiveness and return on investment
- Work with the Office for National Statistics (ONS) to produce official and national cancer statistics for England
- Provide the timely, relevant and responsive evaluation of the Be Clear on Cancer campaigns
- Work with NHS England and NICE to provide a robust data collection and evaluation of chemotherapy treatments and outcomes including those medications provided through the cancer drugs fund
- Support the monitoring of Section 7a-funded activities including the roll-out of FIT and HPV primary testing
- Provide data and expertise to support the assessment of inequity and variations in access, treatments and outcomes
- Provide data to support the work of PHE's Chief Economist
- Develop relevant metrics and indicators to monitor cancer pathways and outcomes including monitoring the 28-day standard and diagnostic capacity fund
- Develop and manage a national directory of all Multi-Disciplinary Teams and the lead clinician
- Review the role of the PHE Expert Advisory Groups (EAGs) and their relationship with other cancer clinical reference groups including those supporting NCRI, NICE and NHSE to improve effective engagement

- Work to establish data collection and reporting from rarer cancer MDTs and sharing data with the 100,000 genome project

To improving data access we will:

- Continue to develop the PHE Office for Data Release (ODR) to manage the delivery of timely data to all those who request it, within a robust information governance framework
- Work with the Ministerial Information Strategy Group and other partners including the NHS Digital, Clinical Practice Research Datalink (CPRD) and ONS to harmonise data access requests
- Develop a range of online directories that allow users to discover what data we hold, and the quality and completeness of this data
- Develop one or more physical safe haven facilities to allow secure data access in a controlled environment that guarantees patient confidentiality
- Provide online resources of data, information and knowledge to support call users – including a CCG and Alliance dashboard, the Public Health Outcomes Framework and Fingertips and Health Economics modelling tool.
- Work with colleagues in NCRI to improve the use of data collected in clinical trials

Section 3. Working in collaboration

Cancer is a system-wide activity and PHE has a significant role in improving outcomes for cancer but it is the system-wide approach that will make the difference. We must be clear on our part in this, while recognising the many strengths of our partners, and how we can work better together to achieve the change in patient outcomes we all want.

The teams and functions delivering cancer-related activities already have strong links with partners including the Third Sector, Academia and other Arm's Length Bodies (ALBs).

Building on current successes, we aim to strengthen our partnership working by consolidating existing relationships, and extending our collaborations with other ALBs, charities, industry and academia to maximise on the potential of collaborative working and achieve our ambitions and those of our partners. We recognise partnership working as an enabler of joint success, bringing added value by working to organisational strengths and learning from one another.

Our work with the Third Sector

PHE already has a number of collaborations with third sector partners which bring together organisational expertise in specific areas of the cancer patient pathway and/ or knowledge and focus on specific cancers or skills.

These include:

- Be Clear on Cancer Campaigns working alongside CRUK & NHSE
- Increased capacity of our cancer intelligence function and enabling increased data access through posts funded by CRUK, Macmillan, and NCRI
- Macmillan investment and expertise supporting the work on recurrence
- Teenage Cancer Trust investment for data linkage and new work on children's cancer

Our ambitions

Going forward, we will look to build our partnership working with the Third Sector so that wherever possible we have a whole pathway approach which harnesses partners' expertise in areas such as prevention, quality of life and reducing inequalities and variation. We will:

- Apply a strategic approach to future partnership development, scoping areas of need and exploring opportunities with our wide range of stakeholders
- Expand our working partnership with CRUK to deliver an accelerated cancer intelligence function and innovative ways of working through additional capacity
- Build on our working partnership with Macmillan to ensure our resources and expertise are used to support activities in the areas of Living With and Beyond Cancer and End of Life Care
- To scope other partnership opportunities with our other third sector partners including Teenage Cancer Trust, Braintrust UK, NCRI and many others

Our work with academia & clinical engagement

Academic input to our work is crucial to producing high quality, evidence based outputs, and clinical engagement informs the prioritisation of our work, seeing that it is focused on patient care and service improvement. Across PHE we have a strong relationship with academia. For example, the screening team work with health education institutes and Royal Colleges to develop education and training resources for thousands of front line clinicians, and we work closely with clinicians to help inform our data and intelligence work through the EAGs.

We will:

- Scope and develop academic partnerships and research collaborations building on appointment of Senior Academic Epidemiologist to provide challenge and academic rigour to our workforce and outputs
- Work with the Farr and emerging MRC health informatics initiative on data analysis and interpretation
- Work with the Chairs of the SSCRGs to re-align clinical input as part of our efforts to ensure our work programme is based on user needs
- Expand our clinical engagement and input with the appointment of clinical leads for domain areas

Our work with local partners

PHE's local function is delivered through its Centres and Regions who work as part of local health systems, contributing to local

and national priorities, supporting delivery of national programmes tailored to local need and enabling others to improve health and reduce variation.

At the regional level PHE provides overall quality assurance and co-ordination of PHE functions, leading our work on the Sustainability and Transformation Plans (STPs) and acts as public health advisers to NHS England.

The 9 Centres provide a tailored approach, reflecting geographical differences.

Centres work with NHS England, Health Education England (HEE) and Directors of Public Health to support the breadth of public health functions at the local level. This includes representation on clinical senates, quality surveillance groups, and work that supports improvement in outcomes, providing advice and evidence on a wide range of cancer-related areas. This local position enables us to support place-based approaches with local public health teams. They provide a strategic link for the 'national to local' and 'local to national' interface working.

Examples of the local role in supporting and taking forward cancer-related activities include:

- Centres have strengthened their efforts to improve cancer outcomes locally. They successfully undertook the redesign and implementation of their screening and immunisation teams in conjunction with local NHSE partners. This is helping to provide more appropriate services to meet local needs. They continue to be creative by instituting local initiatives aimed to address challenges in the vulnerable and underserved populations

- Through the STP processes, Centres support local government and NHS to co-commission preventative services aimed to improve health outcomes, reduce demand on the local health and care system, and secure a reduction in variations in outcomes across and between localities.
- Centres also work directly within wider partnerships including Academic Health Science Networks, CLAHRCs, Clinical Networks, Health Education England and, Clinical Senates to provide public health advice and support
- Health protection function in monitoring radon exposure and advise on chemical and environmental risks
- Screening & Immunisation staff sit under NHSE Directors of Commissioning Operations to deliver local screening programmes which are tailored to address variation and inequalities to ensure maximum coverage as well as delivering HPV vaccinations

Section 4. Communications and Awareness

One of the keys to our success will be our ability to communicate our intentions and actions in an accessible manner to engage and inform staff, partners, stakeholders, patients and the public.

Internally, we have raised the profile of our cancer-related activities with all staff using targeted internal communications and events, inviting staff to give feedback on how we can improve their knowledge of our cancer-related work and to support them in talking to stakeholders and partners in their roles. We will ensure all staff have access to the PHE internal cancer strategy and that the cross dependencies with department and teams plans are considered as part of the annual business planning cycle.

Both the National Data Guardian Review of Security, Consent and Opt Outs and Macmillan and Cancer Research UK's Review

of Informed Choice for Cancer Registration highlighted the need for PHE to increase its transparency about how it obtains and uses data and its need to improve awareness of the role of the cancer registry respectively, in particular with the public, cancer patients, carers and health professionals. We will work with CRUK, Macmillan, and many other partners to respond appropriately to the recommendations from both reviews.

We will increase our presence with health professionals, cancer patients and carers with the review of existing materials and taking on new suggestions to improve accessibility to information, the patient's right to opt-out and the benefits that patient data brings to the whole system.

More widely, PHE recognises its role in disseminating evidence and guidance to a

wide range of stakeholders to support delivery and service improvements, but until now has not coordinated its approach to cancer. The establishment of the PHE Cancer Board has already taken steps to address this with the creation of the PHE Cancer Board Gov.UK page and dedicated communications support.

To deliver on PHE's commitments as part of the Cancer Taskforce, particularly in relation to prevention and data expertise, Cancer is one of the PHE communications priorities as outlined in our communications business plan.

We will use national media, online and digital channels and direct communications to inform stakeholders of our work in relation to cancer in general and cancer prevention specifically. Our public facing messages on diagnosis and prevention will be delivered primarily through our Be Clear on Cancer campaigns and screening communications work.

Key outputs outlined in the plan reflect the priorities in the PHE cancer strategy for example:

- Publication of national and CCG level survival statistics
- Increase in primary screening for HPV and national roll out of HPV testing in the cervical screening programme
- National Be Clear on Cancer campaign on respiratory symptoms
- Outputs of data analysis and cancer intelligence work such as that on SACT

These will be delivered using a variety of communications channels including print and online national and regional media and direct communications via our direct mailing bulletins. They will be produced and amplified alongside our partners in the Five Year Forward View and the National Cancer Transformation Board.

Patient and public engagement

We value the significant input and feedback from the many patients and carers involved with our work and seek to build on these activities to ensure the patient voice is reflected in all areas of our cancer-related activity. At the current time public engagement helps to shape many of our services and campaigns including:

- The development of screening information materials
- Testing our health marketing campaigns to maximise impact
- Informing NCRAS deliverables through patient representation on the EAGs
- Ensuring the PHE Cancer Data and Outcomes Conference has a distinct patient and carer presence through patient bursaries
- Project specific involvement with the many patient and consumer groups through our third sector partners

As we move forward we will seek further opportunity to engage with patients and the public to help inform our work.

Section 5. Investing in cancer activity

Annually, PHE invests £22 million directly into dedicated cancer activities.

This includes screening and screening quality assurance, cancer data collection and intelligence, Be Clear on Cancer, radiation protection and with an additional £38 million allocated across all our Directorates and teams who support the delivery of our cancer-related activities, for example Healthcare Public Health teams in our local Centres.

* Budgets shown for Centres and Regions are not dedicated to cancer-related activity, but show the total resource for cross-cutting functions that impact on cancer

Dedicated cancer functions	Full Year budget (000s)
Be Clear on Cancer campaigns	£4,390
National Cancer Registration and Analysis Service (NCRAS)	£11,551
HPV-related cancers	£478
Preventing infection amongst people with cancer	£300
Cancer screening	£6,170
Subtotal	£22,889
Crosscutting functions benefitting cancer	Full Year budget (000s)
Ionising radiation	£7,000
Non-ionising radiation	£500
Chemical hazards	£1,500
Hepatitis B and C	£586
Health Equity and Place (Inequalities)	£1,323
Behavioural risk factors	
Health & Wellbeing (Diet & Obesity/Alcohol/Tobacco Control)	£5,686
National Child Measurement Programme	£205
NHS Health Checks	£648
Physical Activity	£43
Non-cancer marketing	
Ageing Well (Early Diagnosis)	£5,200
Living Well (Smokefree)	£4,000
Living Well (Alcohol)	£200
End of Life Care Network	£436
Subtotal	£27,327
Centres and Regions *	Full Year budget (000s)
Immunisation and Screening	£13,804
Specialist Public Health	£4,934
Health Improvement	£8,245
Sub total	£26,983
Overall total	£77,199

The Independent Cancer Taskforce identified additional resource requirement to deliver on the recommendations as follows:

Taskforce Recommendation	Funding identified by ICTR
Roll-out of FIT for bowel screening	£1 million
Roll-out of HPV testing	£2 million
Additional metrics and data tools	£1.5 million
Be Clear on Cancer Campaigns & Evaluation	£5.5 million

Our strategy and implementation plan includes new areas of work that will not be accounted for in our current funding. As we go forward we will develop a delivery plan for each year of our strategy as part of our overall business planning. This will ensure we have considered the required resources for our cancer activities, deciding where additional investment is needed and how we will leverage this to enable delivery of our ambitions.

Appendices

Appendix 1: PHE Cancer Board Terms of Reference and Membership



Public Health
England

PHE Cancer Board Terms of Reference

This document is the terms of reference for the PHE Cancer Board and defines:

- The background and purpose
- The membership
- The governance and accountability
- The role and responsibilities
- The method of operation

Background

In July 2015 the Independent Cancer Taskforce published its recommendations report 'Achieving World Class Cancer Outcomes'. The report highlights PHE's critical role in delivering on many of the outcomes either as lead organisation or as a contributor to a significant number of recommendations.

The impetus of the taskforce provides an exciting opportunity for PHE to bring together the wealth of cancer related activity across the organisation and to raise awareness of the breadth of skills, expertise and tools that PHE has.

The PHE Cancer Board provides senior-level oversight and coordination of all PHE cancer related activities; strengthening our internal

and external partnerships to excel in our work against cancer which will include, but not be limited to, PHE's response to the taskforce recommendations.

Purpose

The PHE Cancer Board and its membership will:

- Provide senior strategic leadership to PHE's cancer-related activities
- Develop a cancer strategy for PHE and oversee its implementation and delivery
- Coordinate PHE's activity to deliver on the Independent Taskforce recommendations
- Identify resources needed to deliver the PHE cancer strategy and seek opportunities to secure these
- Provide information and make recommendations to the PHE Management Committee on PHE's position on cancer
- Act to commission research and identify further funding opportunities
- To ensure that new cancer related activity is integrated with the PHE Cancer Strategy
- Ensure regular and timely communication and engagement with PHE staff and external stakeholders, with members acting as spokesperson as required

Membership

The membership of the board will be the senior lead for each of the key functions that contribute to PHE's cancer activity. Deputies are not permitted unless previously agreed with the Chair. For the meeting to be quorate, at least four members must be present including the Chair or a delegated deputy Chair.

Member	Role / Department
Duncan Selbie	Chief Executive/ Chair
John Newton	Chief Knowledge Officer
Alison Tedstone	National Lead Diet & Obesity
Anne Mackie	Director of Screening
Brian Ferguson	Chief Economist
David Rhodes	Director CRCE
Fran Woodard	External Stakeholder Representative, Macmillan
Jem Rashbass	PHE Strategic Lead for Cancer/ Director National Cancer Registration & Analysis Service (NCRAS)
Jenny Harries	Regional Director, South
Julia Verne	Head of Clinical Epidemiology/ Clinical Lead End of Life Network
Lily Makurah	Deputy National Lead Mental Health and Wellbeing
Mary Ramsay	Consultant Epidemiologist and Head of Immunisation
Megan Inett	Partnerships & Awareness Project Manager (Board Secretariat)
Nisha Patel	Head of Partnerships and Awareness
Rosanna O'Connor	Director Alcohol, Drugs & Tobacco
Sarah Woolnough	External Stakeholder Representative, CR-UK
Sean Kelleher	Senior Communications Officer (CKO/ Cancer)
Sheila Mitchell	Health Marketing & Public Engagement Director

At the Chair's invitation, the Board may also request other staff and stakeholders to attend meetings.

Governance and Accountability

The PHE Cancer Board is accountable to the PHE Delivery Board and externally the board will respond to the independent taskforce National Cancer Transformation Board.

circulated no less than 5 working days in advance of the meeting and a call for items will be circulated to all members beforehand. Minutes will be circulated within 3 working days after the meeting.

Method of Operation

The board will meet face to face quarterly with teleconferences convened on a need to basis. The agenda and papers will be

Review

These terms of reference will be reviewed in December 2016 and then annually from there on.

Appendix 2: Related resources

ACE Programme

<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/ace-programme>

Be Clear on Cancer

<https://campaignresources.phe.gov.uk/resources/campaigns/16-be-clear-on-cancer/overview>

Childhood Obesity Plan

<https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

From Evidence into Action: Opportunities to Protect and Improve the Nations' Health

<https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

International Cancer Benchmarking Partnership (ICBP)

<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/international-cancer-benchmarking-partnership-icbp>

National Cancer Patient Experience Survey

<https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey>

PHE Cancer Board

<https://www.gov.uk/government/collections/public-health-england-cancer-board>

PHE Fingertips Liver Disease

<https://fingertips.phe.org.uk/profile/liver-disease>

PHE Obesity Website

<http://www.noo.org.uk/visualisation>

Strategic Plan: Better outcomes by 2020

<http://phenet.phe.gov.uk/Our-Organisation/Directorates/Health-and-Wellbeing/Health-Equity/Documents/A-frame-work-for-PHE-action-on-health-inequalities.pdf>

Sugar Reduction: Evidence into action

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

UK National Radon Website

<http://www.ukradon.org/information/level>

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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