

## Joint Health Overview and Scrutiny Committee

23 January 2017

### West Yorkshire and Harrogate: Cancer

#### Background

Cancer is responsible for a considerable burden of mortality and morbidity in our population, therefore fully understanding the causes of cancer, major types of malignancies, early detection and treatment are essential.

Each week around 250 people in West Yorkshire and Harrogate (WY&H) are diagnosed with cancer and sadly around 115 people die from this disease. The number of people diagnosed and living with cancer each year will continue to grow rapidly, even with major improvements in prevention, primarily due to our ageing population and our success in increased survival. Briefly for West Yorkshire and Harrogate (WY&H) we have:

- a diverse population with 17% of people from BME communities;
- some of the highest levels of deprivation and lifestyle risks associated with the development of cancer;
- a higher incidence and mortality from cancer compared to the England average with lung cancer being the most common;
- significant variation in incidence and mortality with 9 / 11 CCGs with higher than England average mortality and 5 / 11 higher incidence of all cancers;
- although survival is improving we are still behind England's average one-year survival (69.5 versus 70.2);
- curative stage (1 and 2) at diagnosis is currently 39%. If we achieved the best CCG stage in England for lung and colorectal cancer alone, then an additional 156 people would survive one year since diagnosis; and
- screening uptake is poor overall with 9/11 CCGs and 4/11 CCGs with lower than national average uptake for breast and colorectal cancer.

#### Context

The report from the National Cancer *Taskforce* '[Achieving World Class Cancer Outcomes – A Strategy for England 2015-2020](#)', presents a compelling case for improvement in outcomes and experience for people affected by cancer. This has been accepted as the 'cancer roadmap' for delivery of the [Five Year Forward View](#) by all the National Arm's Length Bodies.

The Taskforce report includes a large number of recommendations grouped around five strategic priorities. Our West Yorkshire and Harrogate draft STP proposals for cancer, built around these five priorities have been considered and endorsed by the Healthy Futures Clinical Forum in August 2016.

1. **Spearhead a radical upgrade in prevention and Public Health** – over 40% of cancers are potentially preventable. If we truly wanted to reduce the burden of cancer on our population and health and social care, we would invest heavily in evidence based

preventative interventions and awareness-raising. However, timescales for return on investment are generally considered to be outside usual planning systems.

2. **Drive an ambition to achieve earlier diagnosis** – this will require a behavioural shift towards faster and less restrictive investigative testing, quickly responding to people who present with symptoms by confirming or ruling out cancer or other serious disease. This philosophy is perceived in many quarters as a high risk strategy which will inflate activity, and at odds with the gatekeeping/demand management role, often imposed at the very start of a person’s contact with health services. The counter-argument underpinning the Taskforce recommendation is that this is false economy, due to risk of adverse impact on patient outcome and treatment costs through delayed diagnosis of cancer and any other serious condition responsive to earlier diagnosis. A more ‘rapid solution focussed’ service model for investigation may actually reduce multiple or speculative testing and therefore be more efficient use of resources. This is currently being evaluated with two national pilots running in the West Yorkshire and Harrogate area as part of the Accelerate, Coordinate and Evaluate (ACE) Programme.
3. **Establish patient experience on a par with clinical effectiveness and safety** – current commissioning and regulatory levers and incentives do not always prioritise patient experience yet it is frequently the enduring memory of care for people affected by cancer.
4. **Transform our approach to support people living with and beyond cancer** – in many cases our post treatment care of people affected by cancer is not designed for long term survivorship. There is a way to go to make supported self-management the norm wherever appropriate for a rapidly growing number of cancer survivors. The number of people living across the area beyond a diagnosis is expected to grow from 69,000 to 117,000 over the next 15 years. There will be an increasing need for local health and social care services to support cancer patients and survivors with complex comorbidities (both consequences of treatment and other conditions) in the community but with specialist support.
5. **Invest in modern, high quality services** – currently the majority of cancer treatment services are commissioned by NHS England Specialised Commissioning Team, which plans through a national rather than local place based lens. It could be said that this focuses on one part of the patient pathway rather than integrated whole system, person centred bundles of care.

### **Implementation in West Yorkshire and Harrogate**

The national strategy for cancer, [\*‘Achieving World Class Cancer Outcomes – A Strategy for England 2015-2020’\*](#), was published in July 2015. It contained 96 recommendations that were endorsed by the national Arm’s Length Bodies including NHS England, Public Health England and NHS Improvement. It recommended the creation of Cancer Alliances to deliver the recommendations in local health economies. In West Yorkshire and Harrogate (WY&H) the development of the delivery plan for its 2.8 million populations began in May 2016 as the West Yorkshire & Harrogate Integrated Cancer Services which was formally adopted as the cancer work stream within the WY&H STP in June 2016. The WY&H Cancer Alliance was

formally agreed with NHS England (and is co-terminus with the WY&H STP) in November 2016.

The formal accountability for the delivery of the cancer programme is both through the draft STP governance process as well as being accountable to the National Cancer Delivery team.

WY&H has a single cancer plan to deliver the recommendations from the national cancer strategy. The vision for the West Yorkshire and Harrogate Cancer Alliance is:

*'The West Yorkshire and Harrogate cancer system pulling together as one, with common objectives, actively breaking down barriers and maximising resources, with the aim of being able to deliver the best possible, seamless, clinically led and patient driven health and social care so that every person affected by cancer is assured of the best possible outcomes.'*

On 1 November 2016, the commissioners and providers have collectively agreed that this single plan will be delivered through the six local placed-based planning foot prints (Bradford, Calderdale, Harrogate, Leeds, Kirklees, Wakefield). This is a relationship where the WY&H function and success on behalf of its patients is interdependent on local delivery.

As a single plan WY&H Cancer Alliance will have an agreed single set of ambitions and key metrics whereby we can judge our success and delivery of improved outcomes for patients. There are five work streams required to deliver this plan: Tobacco Control, Early Diagnosis, Living With and Beyond Cancer, High Quality Services and Patient Experience.

The governance and structure on delivery is more easily described visually (Annex A).

### **Progress to date**

There is a Programme Management function for the Cancer Alliance, hosted by the STP Programme Management Office. It has a small but enlarging cancer PMO team that ultimately will be core funded by national Cancer Alliance funding. Having the right staff and resources is vital if we are to achieve our ambitions.

The Cancer Alliance Board is fully formed and functional. It has agreed terms of reference and five work programmes have been put in place. It has had its first meeting In November 2016 and is chaired by Professor Clive Kay.

Each of the five work streams has a draft TOR, PID documentation in place, agreed membership and chairs appointed. There have been informal meetings with an allocated Chair. Formal group meetings are all scheduled for January 2017. They will be responsible for the development and engagement around the emerging plans for the implementation of the cancer strategy recommendations.

Our high level delivery plan and funding requirement have been submitted to the National Cancer Team for sign-off.

**Professor Sean Duffy**  
**Strategic Clinical Lead, Leeds Cancer Centre**  
**Programme Clinical Director and Alliance Lead,**  
**West Yorkshire and Harrogate Cancer Alliance**

# West Yorkshire and Harrogate STP Cancer Programme

Draft governance structure

