Cancer Care for Leeds City

Scrutiny Board (Adult Social Services, Public Health, NHS)
21 February 2017

Purpose

The purpose of this paper is to share progress in relation to the development of formal plans to improve cancer care for the city of Leeds with members of the Scrutiny Board. It sets out the challenges and ambitions supported at high level by a wide range of stakeholders.

It also outlines the plan for implementation and delivery, and current governance arrangements so that there is accountability and regular reporting and monitoring of progress.

These governance arrangements will also cover accountability for public and patient engagement so that work across all work streams and our overall ambition to improve outcomes and to reduce inequalities can be more effective.

Our Challenges

Leeds as a health community has much to be proud of. Investment in facilities such as the Bexley Wing has enhanced the experience of care for patients in Leeds and West Yorkshire. There are excellent multi-professional teams operating throughout the Leeds campus and in collaboration with colleagues in primary care, public health and prevention, these teams and facilities together have led to significant improvement in the quality of care and the survival of cancer patients. Despite this our cancer outcomes, whilst improving year on year, are not the best in England and we must do better.

The uptake of screening by our population is below our aspirations and is falling in some important areas; this needs remedial action. Diagnosis sometimes happens too late and in such cases outcomes are correspondingly poor; so we need to make improvements. Premature cancer mortality rates are higher in areas of deprivation; this needs affirmative action.

Building on our achievements to date and being ambitious to deliver the best outcomes for the cancer patients of Leeds requires system leadership across all parts of the health and social care setting.

There are challenges to tackle. Lifestyle choices, often set in place early in life and engrained, lead to increasing risks of developing cancer. Our aging population means that even more cancers will be diagnosed as a result. Therefore, we have to respond across the whole system to collectively change our approach to healthy living in addition to providing the best diagnosis and treatment when we are unhealthy. Our services have to adapt to our older population, recognising that the needs of older people are not the same as younger and fitter patients.
Our Citywide improvements in cancer care means that more patients are living with the diagnosis of cancer. This success is in itself a challenge as we design new models of care that provide the right kind of support in the right place so that as many patients living with and beyond their cancer diagnosis have a full and productive a life as possible.

Our Ambitions

We have four ambitions for the those charged with coordinating the care of cancer patients:

1) We want to see a fall in the number of new cases of cancer year on year
2) We want to diagnosis more cancer when they are curable and see further improvements in survival
3) We want the best patient experience to be what drives improvements in care
4) We want to sustain and further develop excellence in multi-professional care

Realising our ambitions

In order to deliver the best outcomes, we must ensure we deliver the best care. This means working in multi-professional teams across both health and social care. Extending the concept and function of the multi-disciplinary team (MDT) to be inclusive of primary and social care could realise as many benefits as this has brought within cancer teams in the secondary and tertiary setting.

To make this we are committed to undertaking seven key work streams over the next 5 years. Our ambition to tackle inequalities needs to be woven onto each of these workstreams:

1) Set out plans to improve healthy living and ensure that prevention measures are part of everyone’s responsibility across the system. We want a collaborative system wide approach to the delivery of improvements in smoking cessation, reduction in alcohol intake and a reduction in obesity rates across the city.

2) Develop and implement a plan to establish the diagnosis of cancer as early as possible through the increase uptake of screening, and the evaluation of new models for diagnostic testing.

3) Ensure that patient experience is captured more innovatively and in real time and that this feedback is given to all providers of care to drive improvements.

4) Transform how we support patients following their treatment of cancer taking into account the longer term impacts of cancer treatments and promoting self-management.
5) Make investment and risk sharing decisions across the whole of health and social care to collectively deliver our ambitions.

6) Make sure that research and evaluation of services and treatment is a consistent and ever present function of the system to ensure new developments are translated quickly into frontline services.

7) Work collaboratively and responsibly across the whole health and social care setting as a unified accountable care system and foster this behaviour in each stakeholder organisation.

Progress to date

The Leeds Cancer team is a pilot site for two key national activities:

i) the Accelerate Coordinate and Evaluate pilot exploring the Multidisciplinary Diagnostic Centre approach for earlier diagnosis, and

ii) the Faster Diagnosis 28 day metric pilot).

As part of the STP process throughout West Yorkshire and Harrogate (WY&H) the Leeds Cancer team in June 2016 submitted its high level plan to deliver the local components of the national cancer strategy. The plan was developed based on ongoing work with patients, health professionals and health researchers and the emerging themes from the national strategy following national consultation.

A more detailed local stakeholder engagement process resulted in a documented plan being developed, based on the seven work-streams above and the incorporation of the two pilot activities. This was presented to and supported by senior executive leads across the health, social care and political system in November 2016. This plan was endorsed by the wider Leeds Integrated Cancer Services group in December 2016. There will be ongoing work to build public awareness and engagement at a strategic level, as part of the STP work, and more specifically in relation to the work streams in the city-wide strategy.

In addition to the pilot activity outlined above, work-streams are already underway on Prevention and Living With and Beyond Cancer.

Resources

Our ambitions and our plans are ambitious but can be delivered with strong, joined-up leadership and with support to link up existing resource across the health and care community. Project Management Office support for the Leeds City cancer plan is being provided by a combination of existing staff within the Leeds West CCG and the Leeds Cancer Centre. In addition further funding has been negotiated with Macmillan Cancer Support to ensure the PMO function is established on a strong footing over the coming two years. The key managerial support role will be appointed in February 2017.
Governance

The Leeds plan, as part of the STP process for WY&H is emerging through collaborative work across the CCGs, Leeds City Council and Leeds Teaching Hospitals Trust and are not yet fully formed.

The organogram at Annex A indicates the current situation in relation to governance for the city’s cancer plan. The plan has been discussed and supported by all key stakeholders as part of the STP submission and agreed with the current chair of the Leeds Delivery Board following the November 2016 senior executives meeting.

Relationship with West Yorkshire and Harrogate STP

Commissioners and providers across West Yorkshire and Harrogate have agreed that due to the complexity of cancer patient pathways, the national cancer strategy ambitions can best be delivered locally through a single plan and using a shared set of key metrics to judge our success in improved outcomes for our collective population. The vision 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.’

There are five work streams required to deliver this WY&H plan: Tobacco Control, Earlier Diagnosis, Living With and Beyond Cancer, High Quality Services and Patient Experience.

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

Whilst work across the WY&H footprint will focus on enabling activity and developing policies and procedures where there is merit in common approaches across the whole STP geography, our single plan for cancer will be delivered through the six local place-based footprints; Bradford, Calderdale, Harrogate, Leeds, Kirklees and Wakefield.

Close working between the two levels of activity should ensure accelerated improvement in outcomes and reduction in inequalities through the regional focus, with locally sensitive implementation delivered through the six footprints.

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On behalf of Leeds Integrated Cancer Services Steering Group
GOVERNANCE STRUCTURE – LEEDS CITY WIDE CANCER STRATEGY

PARTNERSHIP EXECUTIVE GROUP (PEG)

LEEDS DELIVERY BOARD

LTHT CANCER BOARD

LEEDS INTEGRATED CANCER SERVICES STEERING GROUP

WEST YORKSHIRE & HARROGATE CANCER ALLIANCE

Prevention and Public Health

Patient Experience City wide

Early Diagnosis City wide

Living with and beyond Cancer

High Quality Modern Service

DELIVERY OF LEEDS CITY CANCER STRATEGY
West Yorkshire and Harrogate STP
Cancer Programme
Draft governance structure

WY & H Cancer Alliance Board
Key functions:
- Deliver programme ambitions.
- Project steer and support.
- Develop accountable care system.
- Dual function as cancer alliance.

Patient participation groups
- Tobacco control
- Patient experience
- Early diagnosis
- Living with and beyond cancer
- High quality service

Cancer delivery group

Six place-based plans

Wider stakeholders
including, but not exhaustive: WYAA, Oversight & Scrutiny; and Yorkshire STPs

Communications and engagement
- Cross-cutting activities and programme dependencies
- Workforce
- Finance, levers and incentives
- IM&T