



**Report of:** Leeds Integrated Cancer Services Programme Board

**Report to:** Leeds Health and Wellbeing Board

**Date:** 14<sup>th</sup> June 2018

**Subject:** Update on Leeds Cancer Programme

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| Are specific geographical areas affected?<br>If relevant, name(s) of area(s):  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Is the decision eligible for call-In?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information?<br>If relevant, access to information procedure rule number:<br>Appendix number: | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

### Summary of main issues

This report focuses on the following issues:

- The consequences of ageing population on cancer incidence rates
- Diversity of cancer outcomes across Leeds
- Improved survival rates leading to increased demand for cancer services

### Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- Inform the development of a vision for cancer aware communities
- Support engagement with communities and constituents

## **1 Purpose of this report**

- 1.1 In January 2016 Professor Peter Selby and Public Health Consultant Fiona Day presented to the Health and Wellbeing Board a position paper on cancer outcomes for Leeds with a series of recommendations for the city. Combined with the launch of the National Cancer Taskforce Strategy in 2015, the cancer system across Leeds was signed up to working as an integrated system to deliver change.
- 1.2 We want to share our progress to date in response to the local and national challenges we were set and also early indications of impact on cancer outcomes. In particular we would like to update on:
- Patient outcomes
  - Public and patient engagement
  - The Programme Management Office
  - Work programme updates
- 1.3 We are also looking to explore with Health and Wellbeing Board members the opportunity we have to develop cancer aware communities aligned with the emerging primary care delivery models through Local Care Partnerships. Our ambition for the Leeds Cancer Programme is to ensure support at a local level to improve lifestyle behaviours to reduce cancer incidence and for people to be able to seek help when symptoms occur, ensuring the health and care system is able to respond quickly and support people after cancer treatment to be as independent as possible.

## **2 Background information**

- 2.1 Studies indicate that the shortfall in survival in the UK, and in Leeds and Yorkshire, arise substantially from the relatively late diagnosis of cancer patients, resulting in their presentation with relatively advanced disease which results in a lower chance of cure, a poorer patient experience and reduced quality of life.
- 2.2 To achieve our ambitions of reducing incidence in cancer, improving survival of cancer and promoting patient experience to have parity of esteem as other clinical outcomes, we need an integrated approach to ensure that patients are able to access support and services when then are needed and not to encounter delays.
- 2.3 The Leeds Integrated Cancer Services (LICS) group was established in 2016, this group was formed to bring healthcare professionals and patient advocates from primary, secondary and tertiary care to work together, to redesign cancer services ensuring a focus on integrated, seamless care for patients to deliver improved cancer outcomes. The LICS group continues to be a critical part of the governance structure for the Leeds Cancer Programme and where the cancer system leads come together to focus on priorities of a whole system rather than individual organisation responsibilities (see Appendix 1).

- 2.4 Leeds is in an extremely prominent position as one of 6 'places' within the West Yorkshire and Harrogate Cancer Alliance (WH&Y). Through Macmillan funding we have been able to invest in a system wide delivery infrastructure, in place until 2020 which has already brought in additional funds for implementation of projects to address specific needs for our population. Leeds is piloting several national initiatives with NHS England and is also at the forefront of rolling out citywide services with a view to sharing learning with colleagues across the WY&H Alliance footprint.

### **3 Progress and challenges**

#### **3.1 Patient Outcomes**

- 3.1.1 In Leeds we are no different to the rest of the UK and face major challenges to the health and wellbeing of our populations as a consequence of cancer, with the aging population if we fail to respond adequately to the lifestyle factors which promote cancer incidence such as smoking and obesity, the number of cancer patients will increase.

- 3.1.2 Our outcome data indicates that the incidence of cancer cases is slowly increasing with 4,109 cases in 2015 (latest figures) compared to 3,898 in 2010. Over the same time period our 1-year survival (all cancers) has improved from 69.9% to 72.4% in line with improvements seen across the country. We have seen year on year improvements in cancers diagnosed as emergencies but our rate is still behind that of the rest of the country (21.3% versus 19.2%). There are other positive signs with our curable stage at diagnosis (stage 1 and 2) with Leeds at 56.5% and the national figure being 52.1%.

- 3.1.3 Within these overall figures is evidence of significant improvement in terms of particular cancers, for example lung cancer. As a city there has been a consistent focus on improving outcomes in lung cancer through various initiatives including smoking cessation support, symptom awareness campaigns (The "Cough" campaign), direct and open access to chest X-ray as well as world leading surgical and radiotherapy treatments. In the latest national audit data on Lung Cancer, Leeds had some of the highest curative treatment rates (89.2%), early stage at diagnosis (33%) and the best 1-year survival in the country (45.9%). Nevertheless, lung cancer still remains a significant contributor to potential lives lost in our health and care system.

#### **3.2 Work Programme updates**

Within the Leeds Cancer Programme there are 4 work streams, aligned to the structure of the West Yorkshire and Harrogate Cancer Alliance programme. An overview of progress and outcomes within each is detailed

##### **3.2.1 Prevention, Awareness and Increasing Screening Uptake Work stream**

Led by Public Health colleagues, interventions within this area include a continued investment of CCG funding for screening champions within general practice to promote uptake of national screening programmes in our most deprived areas. Available data (Oct 2017) indicates a marked improvement in screening uptake

for a number of practices with dedicated screening support and our ambition is to support all practices to reach national screening targets. In addition to this we are progressing discussions for further charity funding to develop a presence across all of Leeds and encourage screening uptake for all to be delivered through the emerging Local Care Partnership (LCP) model. This work links with the Integrated Healthy Living Service to join up and maximise opportunities across primary and secondary care for referrals into this service and also an active programme of raising awareness of risk factors / signs of symptoms of cancer and developing cancer aware communities. There is a continued focus on smoking prevalence and targeted efforts especially within the acute sector to ensure that every contact counts with patients.

### **3.2.2 Early Diagnosis**

This work stream is focused on ensuring patients receive a cancer diagnosis at the earliest stage possible to maximise potential for curative treatment. Leeds was one of 6 sites across England to pilot the ACE (Accelerate, Coordinate, Evaluate) project, within the NHS Early Diagnosis Initiative, to develop a pathway for patients with non-specific but concerning symptoms. Early findings and evidence from this pilot has enabled Leeds to attract a further £1million of Cancer Transformation Funds (CTF) through the WY & H Cancer Alliance to deliver a citywide rollout enabling all GPs across Leeds to refer onto the pathway. In addition we are now implementing community based nursing assessments to further improve patient experience and avoid where possible the need for patients to access secondary care.

In addition CTF funds have also enabled Leeds to pioneer a city wide rollout of teledermatology, a revolutionary approach where GPs will be able to take and send images of potential skin lesions to secondary care electronically and through virtual triage we have an ambition to reduce dramatically the numbers of people who need to attend the hospital for a face-to-face appointment. This project will be rolled out across Leeds from early June 2018.

### **3.2.3 Living with and Beyond Cancer**

Continued improvements in clinical practice will advance our long term survival rates even further. Within the Leeds Cancer Programme there is a work stream focused on supporting patients and those people affected by a cancer diagnosis to live as full and active lives as possible. Interventions focus on the delivery of follow up care and support to patients, moving towards delivery of this within communities or closer to home. This also includes a focus on information sharing across the system ensuring that access to patient details are accessible to all, therefore improving patient experience and the quality of care received from the cancer system. Leeds has also been piloting the delivery of Cancer Care Reviews by a Nurse based in primary care, we are now in the second year of this pilot and will be using the findings from this study to develop a sustainable model for implementation of this service within the emerging LCPs.

### **3.2.4 High Quality Modern Services**

This programme is concentrating on three key elements: the modernisation of the multi-disciplinary teams (MDT) and how they function, the development of outcome metrics for MDTs to use in order to see progress on delivering our ambitions, and ensuring that the treatments being delivered within the hospital phase of the cancer pathways are at the highest standard (for example the procurement of real time MRI simulation in the delivery of radiotherapy).

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 We have recently established a Public/ Patient Cancer Engagement Hub for the Leeds Cancer Programme. Working closely with engagement leads from NHS Leeds CCG, Macmillan and Leeds Teaching Hospitals Trust the main purpose of this group is to provide assurance that appropriate engagement has been carried out with the Leeds population prior to changes being made to cancer services at a citywide level.

4.1.2 The outputs from this group will continue to be overseen by engagement professionals across the system and aligned with structures for patient/ public engagement across the city. Although still in early stages of working as a cohesive hub it is hoped that this group will become a centre of expertise in terms of providing assuring to the system that we are engaging appropriately and in a targeted way for the future re-design of cancer services.

### **4.2 Equality and diversity / cohesion and integration**

4.2.1 There is considerable diversity in cancer outcomes which largely reflects socioeconomic diversity and access to care across Leeds. Working with Public Health colleagues we are ensuring initiatives are focused on those populations that need it most, therefore reflecting the Health and Wellbeing Strategy ambition on improving the health of the poorest the fastest. Examples of this are the implementation of the ACE project, for non-specific but concerning symptoms in the most deprived general practices across Leeds. Also the delivery of a 3 year screening champions model, with funding for practices with IMD codes 1-4, funded by the Leeds CCG and working with CR-UK to engage practices on a 1-1 basis.

4.2.2 We are in the process of recruiting a dedicated Macmillan Engagement Lead for the Leeds Cancer Programme who will be starting in post in July 2017. Their background is very focused on community engagement, working with seldom heard groups and will ensure a sustained focus on developing relationships and ensuring engagement across all communities especially those traditionally who are hard to reach. This post will also lead the development of relationships with community groups with a focus on cohesion and integration across aspects of cancer work and other areas including mental health.

4.2.3 We are working with our Cancer Public/ Patient Engagement Hub members to ensure a focus on equality and diversity and awareness of its principles, ensuring

that we consider needs of the whole population when developing changes to cancer services. At a meeting of this group recently we delivered a session on inequalities in cancer outcomes across protected characteristics in order to reinforce the principles of equality impact assessments.

### **4.3 Resources and value for money**

4.3.1 Macmillan awarded the Leeds Cancer system circa £550,000 in early 2017 to establish a Programme Management Office (PMO) infrastructure. This has enabled the recruitment of a sizeable team working at a system wide level dedicated to improving cancer outcomes across Leeds. In April 2018 an additional £500,000 was awarded to the Leeds system from Macmillan to further extend this programme of work until March 2020, including a focus on engaging wider with communities, communications activities to raise awareness of the programme as well as dedicated GP leadership support across specific work streams.

### **4.4 Legal Implications, access to information and call in**

4.4.1 There are no legal, access to information and call in implications arising from this report

### **4.5 Risk management**

4.5.1 The ambitions set out as part of the cancer strategy for Leeds are linked with the progress of the Leeds Care Partnership model. Much of the awareness raising, healthy living and access to services before and after cancer treatment will benefit from greater coordination at this population level. Therefore coordination with the teams developing the landscape for the future has been recognised as an important element of our work.

## **5 Conclusions**

5.1 The cancer strategy for Leeds has a clear set of ambitions and plans and has the resource to deliver its work programmes.

5.2 Being part of the West Yorkshire and Harrogate Cancer Alliance has, in addition, meant that new money has been brought in to help transform both the front and back ends of the cancer pathways.

5.3 Progress is being made on our key areas of work.

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- Inform the development of a vision for cancer aware communities
- Support engagement with communities and constituents

## **7 Background documents**

7.1 None.

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**How does this help reduce health inequalities in Leeds?**

There is considerable diversity in cancer outcomes which largely reflects socioeconomic diversity and access to care across Leeds. Working with Public Health colleagues we are ensuring initiatives are focused on those populations that need it most, therefore reflecting the Health and Wellbeing Strategy ambition on improving the health of the poorest the fastest.

**How does this help create a high quality health and care system?**

We have a work stream focused on ensuring we develop 'High Quality Modern Cancer Services.' Within this we will ensure we use data to drive improvement and decision making on cancer pathways and we will ensure a focus on making the best use of our available resources.

**How does this help to have a financially sustainable health and care system?**

The Leeds Cancer programme, within the High Quality Modern Services work stream is focused on ensuring best use of resources across the cancer system. This includes the redesign of pathways to facilitate earlier diagnosis with an emphasis on holistic assessment of patients, more appropriate use of testing with a focus on improved patient experience.

**Future challenges or opportunities**

We have a great opportunity in Leeds through working as a 'cancer system' to embed and change historic ways of working and truly impact on cancer outcomes.

The Leeds Cancer Programme and Macmillan funding is in place until 2020 currently. The Leeds cancer system will need to work together to develop a sustainability plan to ensure a continued focus on improving cancer outcomes in Leeds beyond the end of this funding. Changes within the primary care and the emerging LCPs will provide an opportunity for us to test out this way of working through the delivery of joined up cancer services at a community level.

## Priorities of the Leeds Health and Wellbeing Strategy 2016-21

|  |   |
|--|---|
| A Child Friendly City and the best start in life                     |   |
| An Age Friendly City where people age well                           | x |
| Strong, engaged and well-connected communities                       |   |
| Housing and the environment enable all people of Leeds to be healthy |   |
| A strong economy with quality, local jobs                            |   |
| Get more people, more physically active, more often                  |   |
| Maximise the benefits of information and technology                  |   |
| A stronger focus on prevention                                       | x |
| Support self-care, with more people managing their own conditions    | x |
| Promote mental and physical health equally                           |   |
| A valued, well trained and supported workforce                       |   |
| The best care, in the right place, at the right time                 | x |