Introduction to Cancer Research UK

Cancer Research UK is the world's largest independent charity dedicated to saving lives through research. We are the largest independent funder of cancer research in the world. In 2018/19, we committed £546 million to fund and facilitate research through 4,000 scientists, doctors and nurses in institutes, hospitals and universities across the UK. Our long-term investment has helped create a thriving network of research at 90 institutions in more than 40 towns and cities across the UK.

Thanks to research, survival in the UK has doubled since the 1970s so that today, 2 in 4 people survive their cancer. Our ambition is to accelerate progress and see 3 in 4 patients surviving their cancer by 2034. We are interested in understanding how devolution across England can support this ambition.

Our work to beat cancer

One in two people born after 1960 will be diagnosed with some form of cancer at some point in their lives. Cancer remains the leading cause of death in the UK, and a growing and ageing population with more complex needs means incidence continues to rise. Every year, more than 135,000 people die from cancer in England. By 2035, the number of new cancer cases is projected to rise to over half a million a year in the UK. 4 in 10 cancers are preventable, making efforts to reduce exposure to risk factors, such as smoking and obesity, crucial to tackling rising incidence and reducing pressure on local health systems.

We want survival in the UK to be among the best in the world. That's why we focus our efforts in four key areas – working to help prevent cancer, diagnose it earlier, develop new treatments and optimise current treatments by personalising them and making them even more effective.

Geographic differences - health inequalities and cancer

Our interest in devolution, accountability and power in the health system is partly motivated by our concerns about growing health inequalities across England. This impacts both the variability in access and quality of cancer services and the likelihood that someone will be diagnosed with cancer:

- There are an extra 15,000 cases of cancer in England each year due to socioeconomic deprivation.
- The risk of presenting through an emergency route is 50% higher for people in the most deprived populations compared to the least deprived, with the risk increasing with every deprivation quintile.
- Rates of excess weight in children are around three times as high in the poorest groups compared to the richest – and this gap is widening. Obesity is the second biggest preventable cause of cancer.
- Smoking prevalence has been reducing across the UK, but there is still a large gap in rates across local authorities. In London alone, there are huge differences borough by borough; in Richmond the smoking prevalence is just 5.9%, yet in Barking & Dagenham it is 22.4%.
- Smoking prevalence for the most deprived is three times higher than the least deprived.
- Rates of smoking prevalence are falling slower within more deprived populations in all UK countries. Smoking related cancers show the largest difference between the least and most deprived populations, with lung and laryngeal cancers around 170% higher for the most deprived.

Our work locally

We work closely with local authorities in England helping them to improve public health via cancer prevention measures. Often, this will be through improved provision of specialist Stop Smoking Services and comprehensive tobacco control work. Smokers are three times more likely to quit using a specialist service, compared to quitting unaided.

Our Health Professional Engagement Facilitator team also works closely with localities. Based within each CCG boundary across England, they work with health professionals/services to drive improvement in cancer prevention and early diagnosis. They provide face-to-face, tailored support to primary care and also build constructive influencing relationships with the NHS. This includes CCGs, Health Boards (devolved nations), Cancer Alliances, Public Health, STPs and ICSs. Their objectives include: promoting evidenced interventions aimed at reducing smoking rates (including VBA) and improving the awareness of the causes of preventable cancers; increasing uptake of screening programmes; and management and referral of patients in primary care.

Our work with regional government

We work closely with City Regions and Combined Authorities. In recent years, we have provided additional engagement in Greater Manchester (GM) – to support the development of the Making Smoking History plan and the implementation of the Greater Manchester cancer plan, at a time when GM has taken responsibility for its own £6 billion health and social care budget. We are interested in how learning from this approach can be applied elsewhere.

Since 2015, we have been a partner in the development and implementation of the Greater Manchester Making Smoking History plan. We sit on relevant Making Smoking History working groups and have influenced the development of the GM 'common standards' on tobacco control. The team also works with partners at Public Health England and the Greater Manchester Health and Social Care Partnership (GMHSCP) and engages with councillors and public health teams from all ten local authorities. As a result, we have helped all GM boroughs sign up to the Local Government Declaration on Tobacco Control. Among others, we have worked closely with Manchester City Council for over three years to influence their work and help seek a reinstatement of their Stop Smoking Services, which is now in development. Similarly, we have supported Trafford Council to reinstate their service.

Through collaborative working, we have also helped shape and influence the development of an e-cigarette position statement in Tameside & Glossop and have worked to support a CCG-led session on tobacco control and smoking cessation for Bury CCG.

We think there is potential learning here for other regions to develop their own Making Smoking History plans, which could align national targets for England to be smokefree by 2030.

Learning from our work in GM, we would like to increase our work with other Metro Mayors across the country. We believe they are well placed to improve the health and care of their residents and to build healthier communities through their devolved powers. They are also able to better respond to the health needs of local communities and can contribute to more streamlined and integrated services. Chairing combined authorities puts Metro Mayors in a good position to 'influence down' to local authority leaders in their regions on our behalf, helping to bring together local partners to improve health.

Reflections on health devolution and cancer

We have seen first hand the positive impact of health devolution via our work with the GM Health and Social Care Partnership. With their devolved health and social care budget, they have made great strides into reducing health inequalities across the region.

We believe health devolution can allow for more meaningful integration of health and social care. This is important for our beneficiaries - cancer patients - who are often elderly and have ongoing health needs after treatment.

A good example of health devolution in relation to cancer is the work of Cancer Alliances. Created in 2015, there are 20 Cancer Alliances (as of Dec 2019) in England as part of the Cancer Strategy for England. Covering the whole country, these organisations are tasked with delivering on the ambitions of the NHS Long Term Plan and leading on transformation of cancer services in their areas, including the ambition to see 75% of all cancers diagnosed at the earliest stages by 2028.

Cancer Alliances are strongly positioned to draw together key stakeholders, provide strategic direction and deploy resources to deliver transformation to cancer services in their geographical footprint. Their leaderships represent clinical expertise across the whole cancer pathway from primary care to post-treatment. They also seek to reflect the diversity of their population through commissioners, arms-length bodies, patient representatives, the third sector and local authorities.

Central support for Alliances has been crucial to their success – particularly as they are non-statutory bodies. This was reinforced for Alliances by the multi-year indicative funding settlement that accompanied the NHS LTP, which has committed hundreds of millions of pounds that has given certainty to deliver in a more strategic way on LTP ambitions.

They have also been integrated into other regional and system-level organisations, with Alliances acting as the cancer arms of STPs/ICSs, as well as in some cases being integrated into devolved political structures (for example in GM). This crucially allows clear lines of accountability and decision-making, allowing for more decisive and impactful leadership.

Policy priorities for a devolved health system

- Encourage the development of local cancer strategies to improve cancer survival in each region.
- Establish regional childhood obesity taskforces committed to 'closing the gap' in childhood obesity rates and minimising unhealthy influences in the environment– *An obese child is around five times more likely to remain so as an adult.*
- Drive a Smokefree 2030 ambition and bring local partners together to deliver on it. Work to improve the delivery of smoking cessation and evidence-based interventions.
- Continuing to campaign for the UK Government to deliver a fully funded cancer workforce plan that addresses gaps across the country and meets demand for early diagnosis – *Currently, 1 in 10 diagnostic posts in the NHS are vacant, meaning we're not diagnosing people early enough. The earlier a cancer is diagnosed, the more likely it's treated successfully. You're three times more likely to survive cancer if it's caught early.*
- Support research by ensuring that life sciences are embedded within local industrial strategies.

Further information

If you would like any further information on the charity and its work, please visit our website, or email Alex.Watson@cancer.org.uk.