

# INTEGRATING CANCER CARE IN THE COMMUNITY

## Emerging findings from an evaluation of the Macmillan Local Authority Partnership Programme (MLAPP)

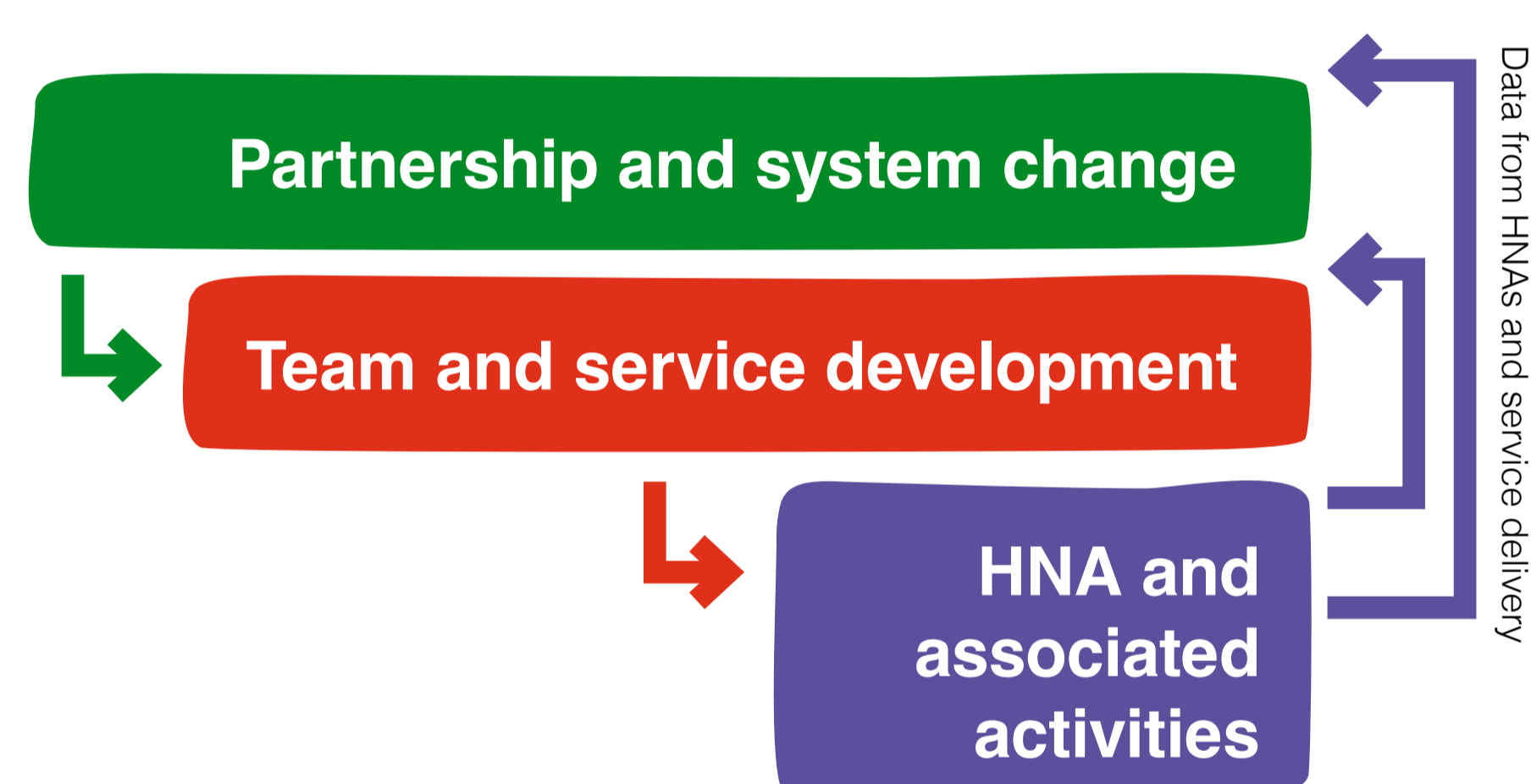
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### Background

The Macmillan Local Authority Partnership Programme (MLAPP) is a national system change programme working across 4 sites in England and Scotland (Dundee, Fife, Durham and Tower Hamlets). The programme is exploring how to co-produce integrated models of non-clinical care and support for people living with cancer (PABC) in a place-based setting, to ensure that they receive personalised support to meet their needs.

Core components of the programme include:

- A partnership-based coproduction approach with communities and professionals to develop local solutions
- Understanding the experience of the local cancer population and current pathways
- Scoping what assets exist in local areas to build sustainable solutions utilising these assets
- Using local authorities as the vehicle for delivering co-produced integrated models of support for PABC



MLAPP is a complex programme with activities taking place at multiple levels, as outlined above. These can be visualised as the ways the programme developed over time, beginning with the establishment of partnerships and creating service and system change, then establishing structures and services through which to undertake holistic needs assessments (HNAs), care planning, and provision of wider navigation and support for PABC. An important feedback loop exists whereby data from HNAs and service delivery feeds back into partnership and system level activities, as well as facilitating service improvement.

SQW and SCIE have been commissioned by Macmillan to undertake an evaluation of the programme that considers outcomes at the levels outlined above, including for PABC, at the level of team and service development, and in terms of partnerships and system change.

### Methods

The evaluation takes a mixed-methods approach to addressing the key evaluation questions in each of the areas of focus, including the following:

- Surveys of PABC using the services at the following stages: pre-HNA, immediately post-HNA and 6 months post-HNA
- Qualitative interviews with key stakeholders and programme staff at national and local levels
- Analysis of HNA data from sites delivering a service
- A staff and partner survey (upcoming)
- Economic evaluation, employing a cost-benefit analytical approach (upcoming)

### Findings

Interviews with key stakeholders at national and local level have yielded emerging findings in terms of the features and enablers of successful partnership working, team and service development, and service improvement and evolution:

- Local authorities have existing community connections that can be utilised both with communities and providers to develop an integrated model of support
- Strong leadership and buy-in from partners and champions across all organisations are needed
- Early priorities should be the recruitment of a programme manager with skills that include understanding the community and how to empower distinct communities to engage and influence, as well as sufficient and skilled support staff
- Data at local level and findings from the evaluation are critical for quality and service improvement and these are being used to assess and adapt in real time
- Professionals have benefitted from improved knowledge, skills and confidence to support and work with people living with cancer
- A toolkit to consolidate our learning so far is here <http://www.tinyurl.com/scie-mlapp>

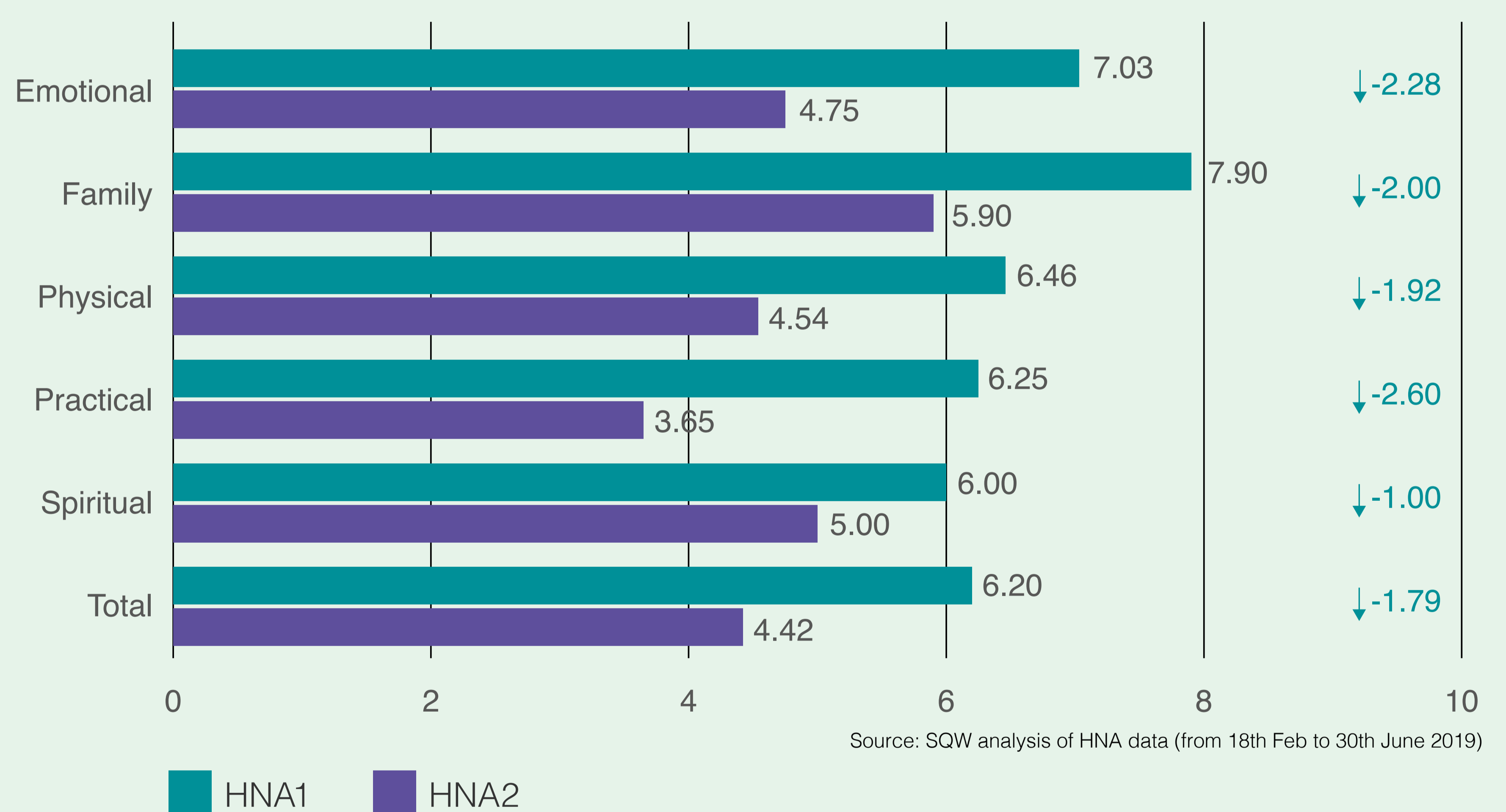
- In both the Dundee and Fife sites, the severity of concerns reported decreased from the first HNA to the updated (second) HNA across all types of concerns, with the exception of spiritual concerns in Fife
- Overall, the average number of concerns experienced by people using the service in Dundee and Fife fell from the first to the second HNA
- A key question is the extent to which these positive changes can be attributed to MLAPP services, given the lack of a comparator group.

An early view of post-HNA survey data from service users in the different sites indicates positive perceptions of the service and early indication of positive outcomes for PABC:

- Service users had positive perceptions of the HNA conversation. People felt listened to, able to discuss things, that they were treated with dignity and respect and felt supported as a result of the conversation
- Service users felt their action plan addressed their concerns at both sites
- The HNA conversation has generated further activity from PABC (such as enrolment in support groups, increased activation and healthcare service use)
- A small number of respondents indicated that it was a unique service, as there was no alternative place for them to receive this kind of support.

While emerging findings should be treated with caution at this early stage, there seem to be some indications of positive outcomes for PABC in sites which have a service delivery model, following analysis of HNA data:

#### Average severity of concerns in Dundee (n=144)



### Conclusions

- Scoping phase is key and organisations rolling out key policy around integrated and personalised care should consider using the core principles of MLAPP to develop and deliver personalised care models
- Core principles and methods are not unique to cancer and therefore can be applied to other long term conditions
- Local authorities are vital to influence health and care and should be regarded as a key partner
- Work should be rooted in a co-production approach
- Timescales should allow time for community engagement, mapping the cancer landscape, assessing existing assets in the community and modelling cancer care pathways
- No 'one size fits all' solution for changing the system to improve cancer care.