north west
cancer research

Looking ahead to Liverpool's 2035 cancer landscape

A North West Cancer Research roundtable exploring Liverpool's healthcare and cancer challenges

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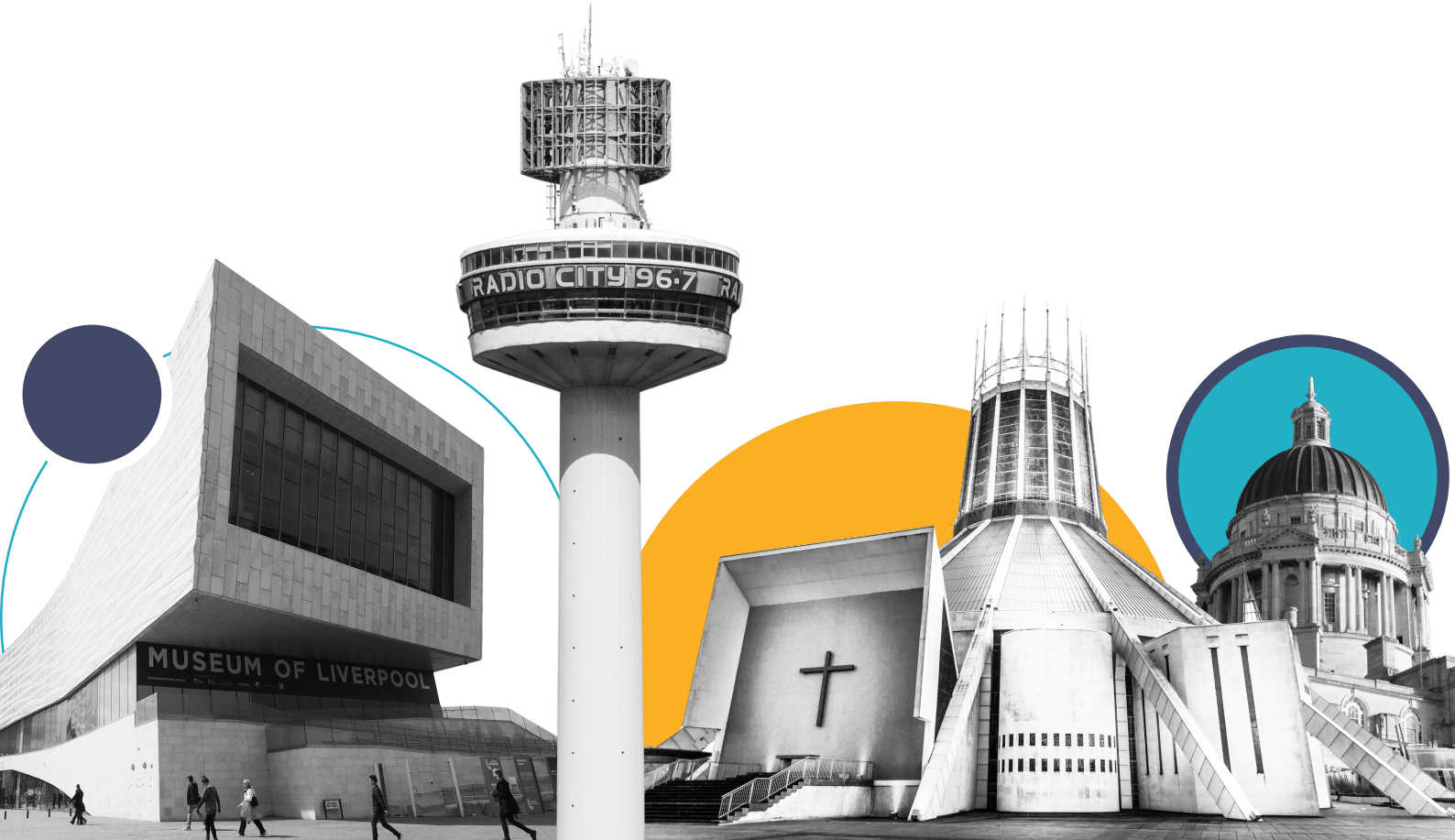


Introduction

Introduction

Tackling the cancer challenges faced by Liverpool's communities is a complex issue, which needs to consider many evolving and interconnected factors. The importance of finding the answer to this question was underlined in our latest regional report, which found that Liverpool's cancer mortality rate is 12% above the regional average and 20% higher than the rest of England.

As residents in the North West are 25% more likely to be diagnosed with cancer than in the rest of the UK, we analyse cancer data each year at a local level to identify which diseases are having an outsized impact on the people who live and work in the region.

For example, in Liverpool it's apparent that lifestyle related cancers are having a significant impact on the city, with the mortality rate for lung, trachea, and bronchus cancer being 56% above the national average and with 44% more cases by incidence for this disease. Similarly, stomach, liver, oesophageal and skin cancer rates all show stark disparities compared to the rest of England.

Insights such as these are able to provide an annual benchmark to understand if the situation is improving or worsening and also to identify targeted interventions that will help alleviate the cancer burden.

These results are especially timely given the pending launch of the government's 10-Year Health Plan, which will focus on big shifts in healthcare, including moving services from the hospital to the community, switching the NHS from an analogue to a digital approach and promoting preventative measures.

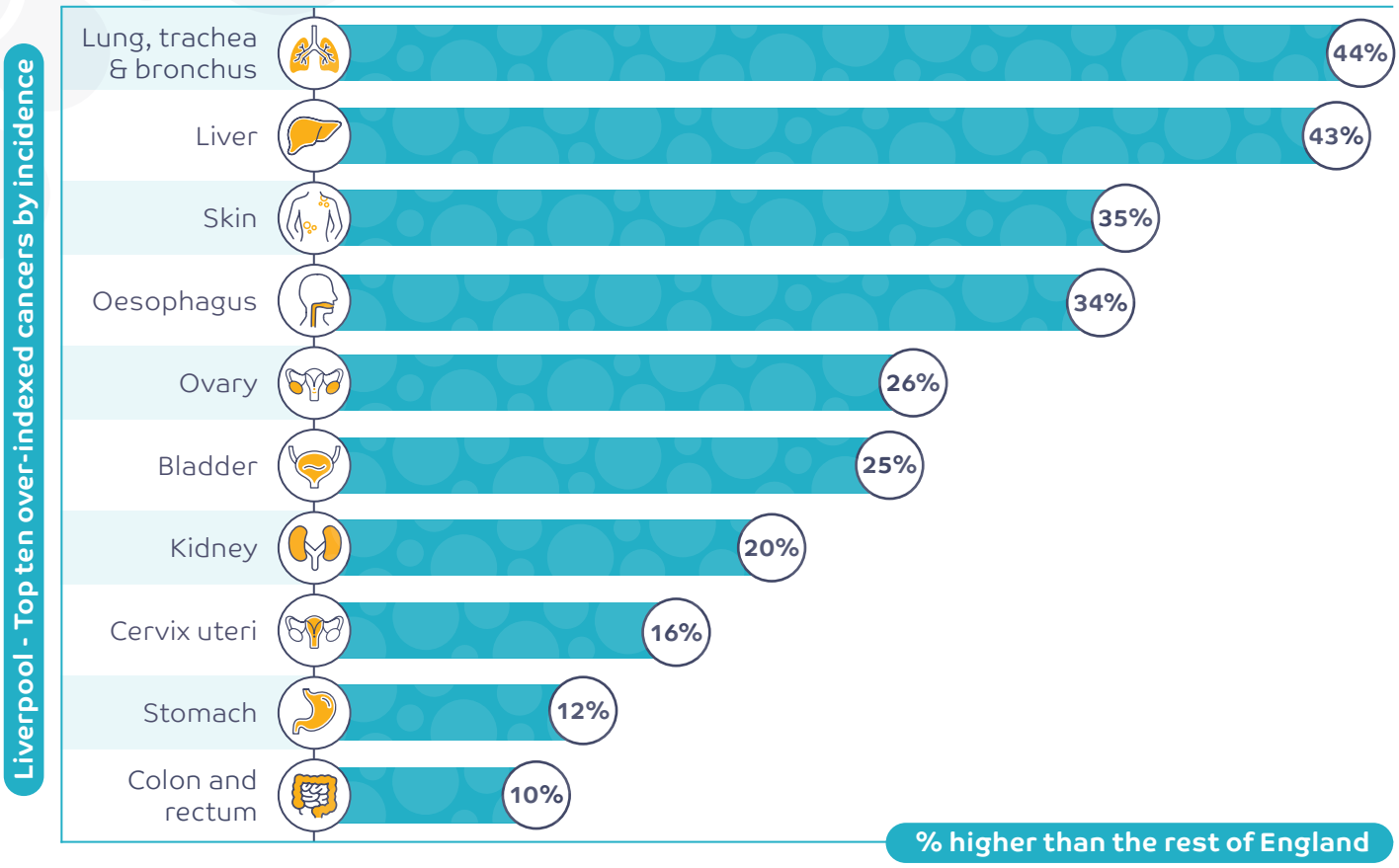
All three of these elements play critical roles to tackling cancer challenges, but it's important to assess what developments in these areas look like on the ground in Liverpool and whether there are other regional issues and idiosyncrasies that need to be accounted for.

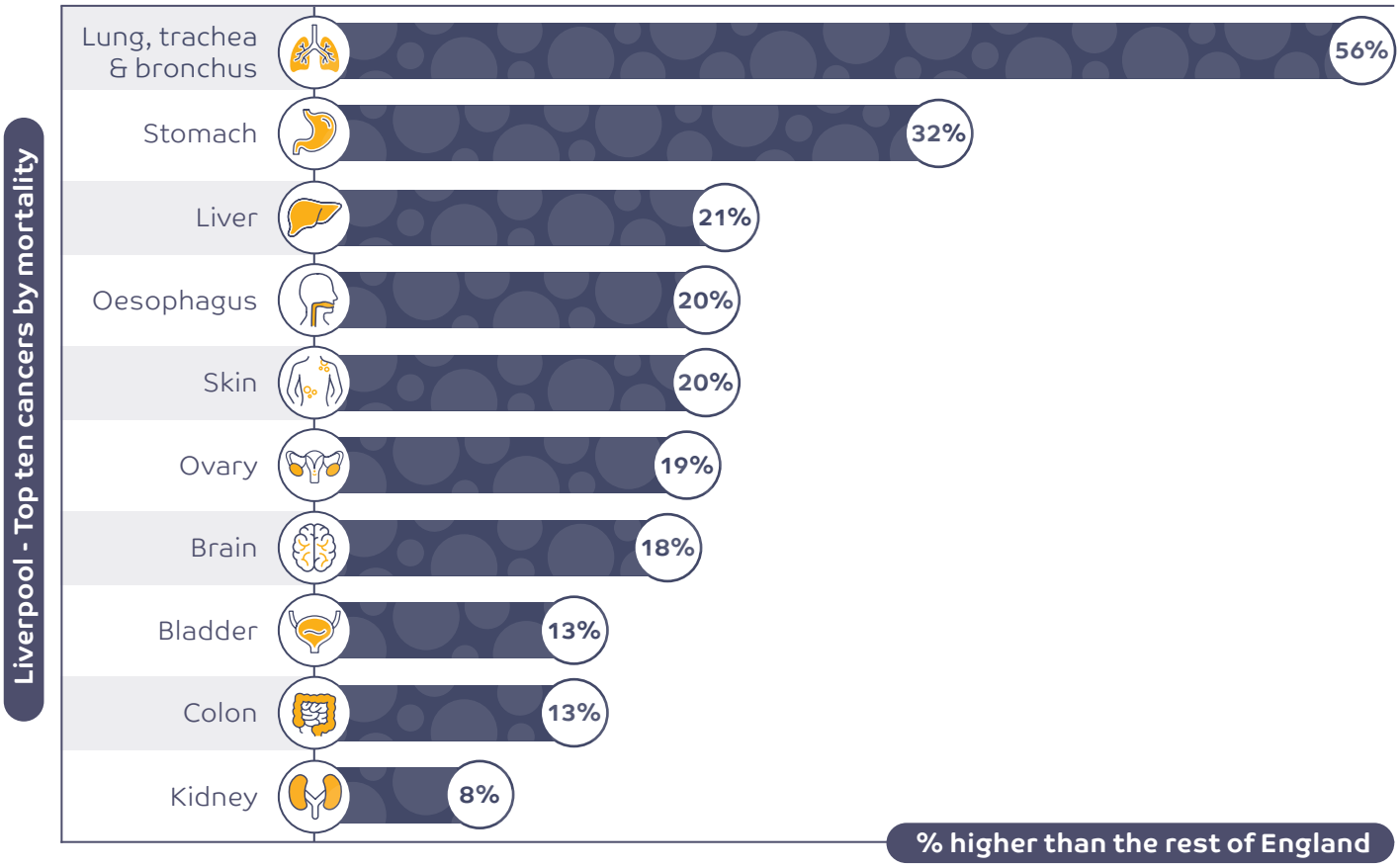
To consider the city's cancer statistics and discuss what needs to change moving forward, with an eye on how the 10-Year Health Plan can best work for Liverpool, we gathered together a panel of regional healthcare experts with charity, community and political leaders.

The roundtable explored a wide variety of topics, ranging from the progress that has been made and the challenges that remain, as well as the importance of community-led initiatives, long-term funding, access to services, and spreading positive messages among patients, communities and healthcare practitioners.

The aim of the discussion was to better understand the priority areas that need to be worked on, and how they should be reflected in local and national strategies, if we are to achieve meaningful change in the city's cancer rates.

In Liverpool, it's apparent that lifestyle related cancers are having a significant impact on the city's people and healthcare networks.


Liverpool - Top ten over-indexed cancers by incidence
Lung, trachea & bronchus
44%
Liver
43%
Skin
35%
Oesophagus
34%
Ovary
26%
Bladder
25%
Kidney
20%
Cervix uteri
16%
Stomach
12%
Colon and rectum
10%
% higher than the rest of England


Liverpool - Top ten cancers by mortality
Lung, trachea & bronchus
56%
Stomach
32%
Liver
21%
Oesophagus
20%
Skin
20%
Ovary
19%
Brain
18%
Bladder
13%
Colon
13%
Kidney
8%
% higher than the rest of England

Creating the conversation
Attendees

The roundtable was chaired by award-winning journalist Chris Maguire, who is the executive editor of BusinessCloud and TechBlast.

Alastair Richards
CEO of North West Cancer Research

North West Cancer Research is an independent charity dedicated to putting the region's cancer needs first. Alastair qualified as an accountant before working in a number of charity roles in regulated organisations providing health and social care. He joined North West Cancer Research as CEO in 2017.

Chris McBrien
Associate Director of Public Health at Liverpool City Council

Chris works alongside the Director of Public Health for Liverpool City Council to provide expert advice and support across a number of healthcare and public health areas, including long term conditions and multi-morbidity, healthy ageing and falls prevention, cancer, mental health and wellbeing.

Chris has extensive experience working in the public and voluntary sector and her public health career to date includes health protection resilience and response, health improvement and community development, strategy development, service delivery, redesign, and commissioning. She is also leading the State of Health in Liverpool 2040 and its implementation.

Ian Ashworth
Director of Population Health at NHS Cheshire & Merseyside

Ian is an experienced public health specialist with an extensive history of working in local government and the NHS. During his career, Ian has worked across clinical research, community health, epidemiology, data analysis, and prevention. He is also a Fellow of the Faculty of Public Health.

Jo Trask
Head of Health Inequality and Patient Engagement at Cheshire and Merseyside Cancer Alliance

Jo leads the health inequalities and patient experience team at the Cheshire and Merseyside Cancer Alliance, who have worked on a number of projects to increase access to cancer services for diverse communities in Cheshire and Merseyside.

She has been developing projects for over 20 years across the NHS, charities, and local authorities, often speaking out to support the most vulnerable in our society.

John McCabe
Medical Director at Cheshire & Merseyside Cancer Alliance

John is the Medical Director at Cheshire & Merseyside Cancer Alliance as well as a Consultant Urological Surgeon with an interest in prostate cancer. In addition to these roles, he acts as a Divisional Medical Director for Surgery at Mersey and West Lancashire Teaching Hospitals NHS Trust.

Rahima Farah
Councillor, Toxteth

In 2023, Cllr Rahima Farah became the first Somali Muslim woman on Liverpool City Council. She was elected to represent Toxteth where she received over 75% of the vote. In November 2024, Rahima won the Community Champion award at the LGIU and CCLA Cllr awards.

Cllr Farah works as a social prescriber with a focus on tackling health inequalities. She's particularly keen to connect with the "plus" population groups identified in the NHS' Core20PLUS5 approach and is interested in how lifestyle factors affect health outcomes.

Martin O'Flaherty
Professor and Head of Department at the Institute of Population Health

Martin is a Professor in Epidemiology and the Interim Head of Department for Public Health, Policy & Systems at the Institute of Population Health, University of Liverpool. In this role, he works to reduce the burden of non-communicable diseases in populations by addressing structural drivers of disease.

Prof Rowan Pritchard Jones
Executive Medical Director at Cheshire & Merseyside ICS

Rowan has been the Executive Medical Director at the Cheshire & Merseyside ICS since 2022. He trained in Bristol as a Plastic Reconstructive Surgeon with a special interest in skin cancer and has worked all over the world, earning his Fellowship in the United States and working with the US Army Trauma Team. He has performed cleft reconstruction in the Nepalese Himalayas and served as a British Military Surgeon.

Rowan was previously Medical Director for St Helens and Knowsley Teaching Hospitals NHS Trust, having worked for the organisation for 15 years, including six years as a Consultant.

Tony Murphy
Councillor, Rock Ferry

Cllr Tony Murphy was elected to represent Rock Ferry as part of Wirral Metropolitan Borough Council in 2023. He is also an appointed Governor for Clatterbridge Cancer Centre and previously worked at The Walton Centre where he set up a Brain Tumour Support Group.

Jon Hayes
Managing Director at the Cheshire and Merseyside Cancer Alliance

Jon has worked in cancer services for the majority of his career and was appointed Managing Director of the Cheshire and Merseyside Cancer Alliance in May 2020. The Cancer Alliance is an NHS organisation that brings together healthcare providers, commissioners, patients, communities, cancer research institutions and voluntary & charitable sector partners to improve cancer outcomes for our local population.

David O'Hagan
GP

David is a GP in Kensington, one of the most deprived wards in the city. He is part of the cancer team at Liverpool Place and his specialist areas of interest include public health, population health, chronic kidney disease (CKD), depression trajectory, and cancer.

Continuity and change

Continuity and change

Attendees from across Liverpool's healthcare, community, academic and charity sectors discuss the city's cancer challenges.

The conversation began by examining how the healthcare landscape has changed in recent years and, conversely, what still needs to change to substantially improve the region's cancer statistics.

Alastair Richards, CEO of North West Cancer Research, kicked off the discussion. He said: "If we look around Liverpool, we've still got very high rates of cancer and in particular lifestyle-related types such as lung and stomach cancers. All of those are well above both the regional average and the national average, plus there's still significantly higher rates of mortality from cancer compared to other areas. This indicates a city with some really firmly embedded issues that need to be tackled.

"I think the change that is coming, is that with the different government has come different mood music, however there's a noticeable lack of consensus as to whether we're entering a period of opportunity or decline. I think this gives us a moment to reflect and push for reforms, as we must start doing things differently.

"An optimistic sign of this change was the recent announcement of a cancer plan. Hopefully this is an indication of a change in mindset which could lead to a change of approach to cancer that delivers a better future."

The roundtable's attendees agreed that many of the required ideas, innovations and research work already exist, they just need pushing out and given the support necessary to make a significant impact.

Chris McBrien, Public Health Consultant at Liverpool Council, said: "A lot of the solutions are out there to some extent, particularly with regard to bringing services to people and creating healthy places that address the root causes of ill health. But the frustration in recent years is that there hasn't been the resources and the will to properly back these initiatives.

"My hope is that we can reset the button and galvanise the system to work together. It's going to be a problem if we don't, because the predictions of ill health by 2040 otherwise are horrendous.

"To effect this change, we need to look at the causes of poor health and ask how do we tackle inequalities? How do we tackle the structural and commercial determinants of poor health? Getting people to work together, taking things into the neighbourhoods, and listening to our communities is key. We've got some fantastic examples of work that's made a real difference, but we need more system energy and a continued commitment to truly bringing health services to people and allowing teams to work together."

John McCabe, Consultant Urological Surgeon & Divisional Medical Director at Spire Liverpool Hospital, mentioned how the NHS was still recovering from a "perfect storm" of issues since the pandemic but agreed that there is optimism for the future. He said: "There's a very cautious optimism that things might get trickier before they get better, especially in terms of the financial climate. At the minute, the system is working hard to balance the books and create efficiency, rather than take us to another level. There's an expectation that we will achieve efficiency before we achieve further growth, and I think everybody's feeling that at every level of healthcare at the moment."

Councillor Rahima Farah acknowledged that healthcare had come a long way but in certain areas there's still much to do. She explained: "When you look at the recent 2040 report, some of the statistics are quite damning. For example, how women's health is declining. To see any form of change, we need to have a long term, well-funded plan, with a focus on prevention."

Professor Rowan Pritchard Jones, Executive Medical Director at Cheshire & Merseyside ICS, picked up on the point around budgets. He said: "When I took on being the medical director of the second largest integrated care system in England, we had a budget of £6.7 billion. There's a lot of money but we're struggling for new money, so we've got to think very carefully about how we spend what we have, and we need to get better at prioritising where that money will make the biggest difference.

"Ultimately, this means being prepared to be brave and seek out where our money is being spent poorly, and being ready to say we will stop that, because that resource is needed somewhere else. One important change is that we've taken to using big data sets to understand our population better and identify where investments make the biggest difference."

The importance of spending budgets properly was underlined by the statistic that "if you spend a million pounds on treating people with advanced cancer, you will deliver about 30 quality adjusted life years from it. If you spend a million pounds on early detection, you will deliver 263 quality adjusted life years. The impact of that money spent upstream is huge."

He added that tackling incidence is a key ambition but a "long burn and very connected to improving the early detection net" highlighting that "as a short to medium term deliverable we're already on a trajectory".

An important change in recent years, according to Martin O'Flaherty, Professor and Head of Department at the Institute of Population Health, is the move towards a "tobacco-free generation". He explained that "this is a game changer" and that "it's great that the UK is a leader in this policy area".

Ian Ashworth, Director of Population Health at NHS Cheshire & Merseyside, concurred that this is a "headline ambition" and "the ICS has put millions into going smoke free alongside the nine local authorities".

"if you spend a million pounds on treating people with advanced cancer, you will deliver about 30 quality adjusted life years from it. If you spend a million pounds on early detection, you will deliver 263 quality adjusted life years. The impact of that money spent upstream is huge."

Professor Rowan Pritchard Jones

Deprivation and access

Deprivation and access

A key factor in Liverpool's health conversation that has not changed is the entrenched high levels of deprivation around the city, with some areas experiencing particularly acute levels of poverty. This inevitably impacts on health outcomes in a wide variety of ways.

Jo Trask, Cancer Alliance's Health Inequalities and Patient Experience Team Lead, described how the "experience of being born in Bootle, in the heart of a deprived community" was a motivating factor for her. She explained that while "there's an awful lot of internal passion from local people", the barriers that people must overcome to live healthier "aren't things they're proud to share". For example, many people "don't want to tell you they can't afford the bus, or they can't read the text".

Councillor Tony Murphy highlighted that the data on waiting times shows that "people in deprived communities are less likely to access their treatment quicker, and so of course the longer the treatment is delayed, the worse the outcomes, or the more severe the treatment options."

Rahima picked up on the point about deprivation and the barriers this can create, as "women in the most deprived areas die 15 years early and live 18 years of poor health". The reasons for this are multifaceted and range from the fact that "if you can work from home or are able to take a day off work it can be easier to take time out to go and have a smear test. Not everyone has that option, such as if they're on a zero-hour contract or have children to care for".

An example of tailoring services to make it easier for people was when a mobile screening unit was brought into local communities where women were struggling to afford to get to the hospital. This resulted in the levels of screening in that area drastically improving.

Rahima noted that: "In one of our GP practices, we trialled smear tests at lunchtime with drop-in appointments. I was there doing a consultation, asking these women what made them come in. And the fact it was a drop-in they could come to in their lunch hour was a major reason. I would love to see this rolled out in the city to every GP practice."

GP David O'Hagan said this links to social determinants, because "people who are struggling to find a house, struggling to get food on the table, struggling with their families, don't have time to get checkups, and don't have time to access healthcare."

This has the effect that "people who go through hospitals, tend to be middle class, relatively older and from particular parts of Cheshire and Merseyside". In contrast, "people who need a bit more support and a bit more help, we're not actually going out and investing there, particularly in the intersectionality between women, ethnicity and poverty, which really drives a lot of the issues."

Ian explained how he works closely with public health teams and how this involves reducing the barriers to accessing healthcare services. He said: "We get services out and about, for example yesterday we went to the Chung Wah supermarket off Jamaica Street with the Live Well bus to do some vital screening, which went down really well."

Ian added that: "The only reason we had success is by working with local community groups that encourage people to come out. As the gatekeepers to their local community, they're trusted. Taking services away from hospital sites in this way has had a lot of success and is a model that needs adopting."

Moving forward, Ian is excited about the fact that the ICS is getting delegated elements of immunization from next year. He said: "One of the things with the North West that's been identified is the elimination of cervical cancer in the area. So, anything we can do to increase the uptake of HPV vaccinations is crucial and is one of the key areas we want to cover with partners over the next 12 months."

Alastair Richards (left) and Chris Maguire (right) discuss how to improve Liverpool's cancer landscape.

Tony mentioned that he had a lot of positive feedback when promoting a lung health check service in his Rock Ferry constituency. He said: "I found out which GP Practices were taking part and put it in our newsletter, asking people to please accept the appointment if they get a letter from their doctor. I was amazed at the uptake and how keen people were on engaging with public health issues."

Rowan remarked that these initiatives to promote community-based health services are vital to increasing prevention rates and that more work along these lines was required, such as the training that's been done with hairdressers and barbers to spot symptoms.

As with screening, Rowan flagged that an integrated research system is required that is connected to people who otherwise may not be reached due to accessibility issues. To achieve this, he said they "have a research bus that takes studies into communities, because I want to prioritise solving the research problems within our population, especially when it comes to cancer".

Rowan added that this project was "flying in Cheshire and Merseyside, where we're recruiting twice as many patients as Greater Manchester. It's something we excel at and have formed a single point of contact for primary care research so people can easily access all the research active practices. I want to build on this capability, as it brings the research into the neighbourhoods where it should be delivered."

David concurred and added that it was important to reframe how we think about "hard to reach communities, as they're not hard to reach. They're everywhere and we know where they are and that we must go out to them.

"They are underserved, so, we need to serve the populations that need interventions at every level, and this is going to be different for different things. Some will need work for identifying and screening health. Others will need support with preventing ill health, and others might need investment in specific treatments.

"At the moment, Cheshire gets a lot of investment in terms of the demand from patients, because they have relatively active patients who go out and seek treatments. In comparison, in Liverpool you've got patients who are 'hard to reach', and so the money isn't put into supporting their services."

Jo highlighted that recently the Cancer Alliance has been doing more work in patient involvement and have been trying to align patients with research. She said: "I don't mean the usual patients that we perhaps see, with representation often being older, white, and educated. We want to bring the people we see the least to sit in groups and join with the research."

Jo Trask, Cancer Alliance's Health Inequalities and Patient Experience team lead, provides key insights into the Cancer Alliance's research and work across Liverpool.

Jo outlined that this approach is important as "if we're talking about prevention in the future and long-term change, we need research that targets people experiencing inequality. Typically, this isn't the case with trials, and I've had some very honest discussions with colleagues who say they wouldn't recruit people in a particular community or cohort because they're not reliable due to the fact that they have to work and they might not come or they can't afford to join the program. For example, if someone has take four buses to attend or doesn't speak English, then they may not get asked to join. An example of this is with lung cancer, as the people who do trials are often representative of the general population but not representative of the lung cancer population, with not nearly as many people who smoke or live in deprivation involved."

Rowan noted that a positive aspect of research is that the ICS was getting some "good traction on the Pan North data set". This means that there's a "secure data environment for the North West" which is vital to learning more about the region, because "here is a population that is poorly understood and poorly served".

As Rahima noted, understanding the communities is essential to making services accessible. She said that we need to "co-produce services with communities and ask them, 'where are we going wrong?' We need to listen and learn, because every single community takes in information differently and we can't just deliver the same information to all communities". In addition, Rahima underlined that local community interventions have not had the long-term investment required to achieve impactful results.

To improve prevention rates, John emphasised the importance of education and "transforming the way we deliver this message from day one, including through childhood and school". He added that: "There are interventions we can make within the education system that will make a critical difference, such as access to recreation and sport, as well as a curriculum that teaches children to cook and gives them the right role models, influences and opportunities."

The positives of positivity

The positives of positivity

While there are many challenges to overcome, the roundtable's attendees agreed that being positive about progress and the future was important. Jon Hayes, Managing Director at the Cheshire and Merseyside Cancer Alliance, highlighted this, saying: "It's important we recognise and celebrate the improvements we have seen within our communities. There is something about negativity that breeds negativity, and if we want to empower our communities to embrace their own health and put themselves first, then we need to give them something to be hopeful about.

"For example, our rates of early diagnosis have improved very significantly over recent years and at a faster rate than the England average, which is really positive. Also, our cancer survival rates across Cheshire and Merseyside have been ahead of the England average for one-year cancer survival and we hit an amazing milestone that our five-year cancer survival is also ahead of the England average. The improvements we've made on things like cancer waiting times have been significant as well. We're still not where we want to be, but there have been improvements.

"Another positive is that for the last two years in the National Cancer Patient Experience survey, patients in Cheshire and Merseyside rated the quality of their care higher than any other part of the country. This shows that we're doing something right in a good number of cases, not all, but in a good number of cases.

"While there's positivity there, we do need to recognise that more people in Liverpool get cancer proportionately than in many other parts of the country. So, I would agree entirely with what's been said about prevention being an absolutely central pillar of any new government strategy or local strategy. It has to be there, but to balance that, we can't lose the momentum that we have built up on improving diagnostics, improving treatments, improving aftercare, improving experience."

On the positive feedback on patient's experience, Tony spoke about a visit he made to Aintree's Marina Dalglish Centre's chemotherapy unit in his role as a Governor for Clatterbridge Cancer Centre. He said: "What a lovely bunch of people who were receiving treatment. There were no complaints, except I think the biggest comment was about the pies ordered at lunchtime."

John underlined this point, saying "patients are mainly pretty understanding of what is offered to them. There are far more compliments, even if they're not formal compliments, than there are criticisms and complaints. When we look at statistics of performance, we see that most patients are getting timely treatment, not as many as we want, but the majority are.

Rahima reflected that a lot of the progress and improvements don't get shared back into communities and "they want to hear about good news stories". She said: "We do always get bogged down by the negativity, but working in these communities I've seen a huge change, and it's the communities themselves that are driving that improvement. They want to take pride in their health."

When it comes to the broader messaging around cancer, David said: "It's really difficult, because you're not dealing with a logical, positive sort of way of thinking. You're dealing with an emotional, political argument around what cancer is, what the journey is, and what the treatment is. I think we need to change that conversation, and need to change the way people talk about cancer. We need to expand the whole conversation about cancer all the way through, so that we start with prevention and helping people to be aware of how cancer is caused in the first place.

"However, we have poverty and a lack of investment in communities. We welcome the uplift in the Public Health grant for this year and need to ensure that continues to enable continued investment in public health. To move things forward, we need to look at influencing the social determinants of health, ranging from access to good jobs, good incomes, good quality houses and education. And we need to think about making sure the system works for people, instead of against people, this includes all the commercial determinants of health, like how supermarkets can promote healthier food."

Jo added that an important part of the progress has been working in partnerships to create “a social wave of change”. However, while health inequalities are frequently discussed “we don’t encourage or motivate our staff as individuals to do something today. A big theme now is asking what can we do with what’s in front of us today? And we call it a ‘change one thing approach’. This is an important part of the strategy moving forward and is leveraging our huge staff numbers.”

“A great example of this recently came from speaking to a nurse about the levels of health literacy in the region. And she said, “I send voice notes to all my patients, because I know half of them can’t read, but if I sum up at the end of the appointment on a voice note, they can use that”. Another slightly more complex example, is that we looked at our radiotherapy booklet, and all the images of skin post-radiotherapy are white, so we’ve taken three-quarters of them out and put lots of different coloured pictures into the electronic booklet.”

When it came to positivity in the NHS, Chris said: “There’s loads of really good examples where the NHS does well in terms of prevention, such as getting upstream, early diagnosis, and working with communities. And we encourage our staff and motivate them to share things with each other. So let’s crack on and do all this at scale.”

Chris added that: “We also need to create the right conditions for good health, which is about the wider conversation on costs, city partnerships, transport, housing, green spaces, etc. We need to make it easy for people. Being optimistic, I think we are doing that and the new LSP plan is much broader in terms of its content, which fills me with hope.

Alastair discussed how there was a “lot of innovation around the city region, with lots of things changing”. He emphasised that while there is “still a long way to go”, there’s also “a lot of positivity and drive to do it” and that he “particularly likes the idea of setting a clear target, working on it with partners and celebrating the wins”.

He added that “harnessing positivity has been a key aspect of our work recently, such as the “Remember When...” campaign, which was designed to encourage people in the North West to complete bowel screening kits - which had been identified as a distinct issue with only one in three kits returned.”

Alastair explained that targeting men aged 54-74 in the North West was particularly crucial, as they’d conducted research which showed that awareness among this demographic was especially low. He said: “To achieve this, we built a campaign that focused on key moments from the 60s/70s/80s – when our audience would have been children or young adults. Among other things this included referencing riding on choppers and listening to music on a Walkman or remembering when the iconic St John’s Beacon tower still spun. We even enlisted former Everton Football Club player Kevin Sheedy to share his story, as we knew he would be an instantly recognisable face to our target audience.

“This approach meant the messaging didn’t rely on potentially scary facts or complex information but instead tapped into iconic lifestyle and fashion trends to create visually striking and emotionally engaging content, which in turn helped inform people and encourage actions that would increase early diagnosis across the region.”

The 10-Year Health Plan

The 10-Year Health Plan

With the government's 10-Year Health Plan being developed, the roundtable discussed what factors it should encompass in order to improve Liverpool's cancer outcomes.

Ian flagged that to meet the required prevention goals "you have to put the resources and planning behind it. In particular, switching money from acute to prevention needs some really long-term commitments. If you're going to do it well, you've got to fund it properly and be committed to it."

Prevention was also a key watchword for Rowan. He said: "The network that we have now needs to start prioritising the cancer questions we are responsible for. In my role, I connect all the way through the system, from caring for individual patients, through to thinking about our 2.4 million population and how we better serve them.

"I think the 10-year plan is going to boil down to prevention rather than treatment. This includes moving from hospitals into communities and investing in digital. The data sets that we've got, particularly in Cheshire and Merseyside, are world-beating, and we are now building the National Population Health tool in Cheshire and Merseyside, because of the work that's been done already in that space. The data sets are vast and need to be interrogated more.

"However, getting stuff out of the hospitals is a challenge, because you can't just suddenly turn off a ward's worth of staff, mothball the beds, send the doctors away and say, "just do it out in the community". We've still got to properly work this out. The investment in primary care announced recently has potential to be helpful here."

On looking forward to the future of the NHS, Martin explained that: "My team has been working with the Health Foundation to try to understand what demands are coming to the NHS in the next 20-30 years. The population is growing and getting older so will bring more demand and more complex patients. There's no way to escape that, so in the next two decades we will need far more resources to take care of people, even if we start prevention today at full speed. We can stop it from worsening if we act now, so that's the first real decision that needs making.

"There's a lot of prevention that needs to happen outside the healthcare system, and that will have a very good outcome for the future and will equip us to tackle this in a better way. This will enable us to transfer services, and the required money, from other areas of prevention and not out of the budget for the NHS and the healthcare system in general.

"These are all things we need to understand and move on. I think one way to achieve this would be to give the responsibility of health prevention to the Chancellor of the Exchequer. And this isn't just because of their responsibility for the budget, but because they can do things like setting fiscal rules to encourage people to make the right food choices. They can speak with those that have power over trade and standards and start to create marketing regulations to stop promoting unhealthy food or vaping to young kids."

On the need to change how investments are considered when it comes to healthcare, Alastair said: "This is around information. It's about advice. It's about getting people to reduce their cancer risk as much as possible, because if you can do that, then we still need to diagnose and treat people, but the problem is lessened.

"There's that stat which says that 80% of the money the NHS spends on an individual comes in the last two years of their life. And the government's job is to stand on top of that giant peak on the right-hand side of the graph and push that spend left, because the more you can do to prevent and then diagnose early, the easier the system works."

Rahima also remarked that better identifying where to invest should be a priority for the 10-Year Health Plan. She said: "It needs to be sustainable, and then we will see the long-term benefits, but we need to put money into these communities for 10 years. If they did that, then we would really see results. Because I know that working alongside communities, listening to them, building trust, and asking them to co-design services can lead to amazing results."

Jo concurred that "we don't add enough weight to what our communities want and know what works for them" and that her main ask for the future would be "that we fund 10-year plans in 10-year blocks, without expectations of significant results in two years". This commitment is important as "you can't

Left to right: Cllr Tony Murphy, Cllr Rahima Farah, Ian Ashworth, Chris McBrien, Chris Maguire, Alastair Richards, Jon Hayes, Jo Trask, Martin O'Flaherty, Prof Rowan Pritchard Jones, and John McCabe.

solve this stuff in two years. We need to throw everything at the solution and realise that you probably won't see the results for a generation. You must be brave about it being generational."

Chris picked up on this point about funding longevity. She said: "The public health grant has finally had an actual uplift, which is brilliant but it's for one year. We need to continue a proper uplift every year, with ring-fenced public health.

"At a government level, we also need to make sure that departments are talking to each other, as we need to create an environment that gives people the best chance of lowering their risk for cancer. This means not living in poverty, having good quality housing, having great green spaces, having places to exercise and where they feel safe, which are all things that the NHS can't directly influence."

Jon explained that his wish for the 10-Year Health Plan would be "a strong recognition that the social determinants of health are just as important as what we traditionally do in the NHS. I hope there's some acknowledgement and consideration of the bigger system in that plan, because it is about partnerships, integration and working together."

He added: "We can't necessarily influence what happens at a government level, but we can influence what we do locally. Having some form of ambition for this is really helpful. For example, with our incidence rates being significantly higher than the average in England, let's set ourselves an ambition to reduce our excess incidence by 10%.

"Achieving this means all sorts of different strategies. It's prevention. It's case finding. It's looking at high-risk patients or individuals. It's reducing the social determinants. It's a whole range of things, and everything that you could put under any definition of prevention."

Key takeaways

Key takeaways

1

Prioritising change

The local and national context has seen significant changes over the past 12 months, albeit there remain many aspects of the status quo that needs to evolve to better support the city's healthcare outcomes. Signs of systemic reforms and a new cancer plan are welcome steps towards evolving Liverpool's approach to tackling cancer.

However, sufficient, long-term resources must be allocated to the challenges at hand to avoid a looming cliff-edge over the next decade, whereby the NHS is unable to cope with the number of people with complex needs. Therefore, these resources need to be prevention-focused and prioritised to tackle the root causes of ill health, address inequalities, engage communities, and empower early diagnosis.

2

Unlocking accessibility

The discussion focused on the persistent impact of deprivation on health outcomes in Liverpool, with poverty creating significant barriers to accessing healthcare. These barriers could range from a lack of transportation or literacy skills to having limited time available to attend appointments or take part in research. To tackle this, community-focused, trust-building interventions are required, such as mobile screening units, drop-in smear test appointments, localised HPV vaccination campaigns, and targeted education initiatives. Working with trusted community groups can significantly improve the delivery of services within neighbourhoods.

Additionally, it's vital to address social determinants of health and promote healthier lifestyles. Better use of data and research can enable healthcare providers to tailor services and interventions to specific areas.

3

Staying positive

Promoting positivity and celebrating progress in Liverpool's health initiatives is important for patients and communities as well as for NHS staff and stakeholders in the city's healthcare system. Improvements in areas such as early cancer diagnosis and survival rates in Cheshire and Merseyside, along with positive patient feedback, should be highlighted. Many groups, including communities and clinicians, can be empowered and inspired by sharing successes and new ideas.

Setting clear targets and working in partnership to create the conditions for better health, including improved transport, housing, and green spaces, were approaches that the roundtable's attendees felt particularly optimistic about.

4

Planning for tomorrow

The roundtable discussed priorities for the government's 10-Year Health Plan to improve Liverpool's cancer outcomes, with prevention emerging as a key focus. The need for long-term investment in prevention was emphasised, alongside leveraging advanced data systems. The challenges inherent to shifting care from hospitals to communities needs to be a focus, as this cannot be achieved without adequate resources or planning.

Looking forward, the growing, aging population will increase demands on the NHS. Prevention is also essential here and a range of solutions needs to be explored, including cross-departmental collaboration, fiscal policies that promote healthier lifestyles and implementing sustainable, community-focused investments with a generational mindset.

In short, prevention, community engagement, and long-term commitment need to be central pillars of the 10-Year Health Plan.

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