



Humber and North Yorkshire
Cancer Alliance

Cancer Care and Outcomes Health Inequalities Framework

2025 - 2028

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Executive Summary

This Humber and North Yorkshire (HNY) Cancer Alliance Framework on Health Inequality in Cancer Care and Outcomes has been developed to continue our work to reduce cancer-related health inequalities in the Humber and North Yorkshire region. This framework outlines the system-wide, collaborative approach necessary to tackle the cancer health inequalities that exist in the Humber and North Yorkshire region in cancer prevention, screening, diagnosis and treatment services. It incorporates the principles of 'Fit for the Future:10 Year Health Plan for England'¹ of shifting care into communities, with a greater emphasis on digital information, and a stronger focus on prevention.

The framework has been developed in collaboration with Cancer Alliance colleagues and stakeholders from across the healthcare system, including the ICB, place teams, providers, public health, academic institutions, Voluntary, Community and Social Enterprise (VCSE) organisations and patient and public representatives. It has been developed with data from population health intelligence, rapid cancer registration data and findings from the Cancer Awareness Measure and 'White Other' demographic research undertaken by the Cancer Alliance in 2025. The framework is intended to provide a clear direction for the Cancer Alliance and colleagues from across the system on the priorities for cancer-related health inequality actions to maximise the opportunities to improve rates of cancer diagnosed at an early stage in this region.

This three-year framework replaces the Health Inequalities Strategy launched in January 2024² and continues to build on its achievements such as the development of the Cancer Health Inequalities dashboard, which has given valuable insight into the uptake of NHS cancer screening programmes in local areas, early stage diagnosis rates and the demographic detail of those diagnosed with cancer; and the Health Inequalities Education webinar series has been accessed by over 300 healthcare professionals.

About the Framework

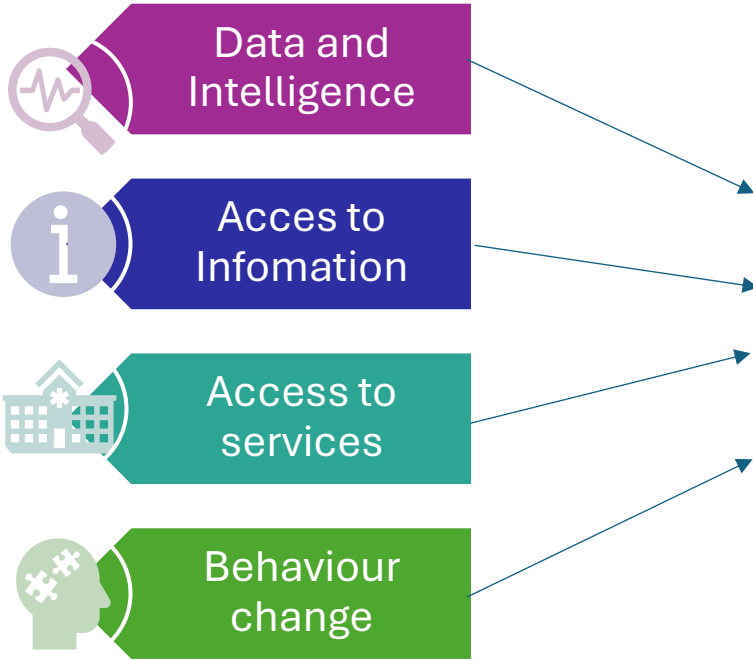
The ambition of Humber & North Yorkshire ICB is for everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our community by 2030 and increasing healthy life expectancy by five years by 2035.³ This includes outcome indicators increasing the numbers of cancers diagnosed at an earlier stage, Stage I and Stage II; improving the 5-year cancer survival rates and lowering the cancer mortality rates of those aged 75 and under.⁴

The Humber and North Yorkshire Cancer Alliance's vision is to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire, and it aims to ensure that cancer services are designed and delivered to meet the needs of the diverse population who live in our region and to reduce the impact of health inequalities that exist for parts of our population. Our Health Inequalities vision is that;

Every person in Humber and North Yorkshire has an equitable opportunity to be diagnosed with cancer at an early stage and can have equitable access to treatment, no matter who they are or where they live.

We have incorporated data from Humber & North Yorkshire Cancer Alliance health inequalities dashboard, insight from our extensive community engagement activities and evidence from academic research on the cancer health inequality risks of different population groups to develop an approach, that ensures those people who experience the greatest health inequalities and are most at risk of a late-stage cancer diagnosis, or a higher risk of mortality, are prioritised for focus and action. Humber and North Yorkshire Cancer Alliance has identified priority themes that will significantly reduce the impact of cancer health inequality on our population. Further, we have identified six priority groups within our population to focus our work on reducing inequality. We will work with system partners in primary and secondary care, neighbourhood teams and VCSE colleagues to develop and codesign actions to reduce inequality and the risks of a late-stage diagnosis or variation in care for each of our priority groups.

Framework Priority Themes



Framework Priority Groups

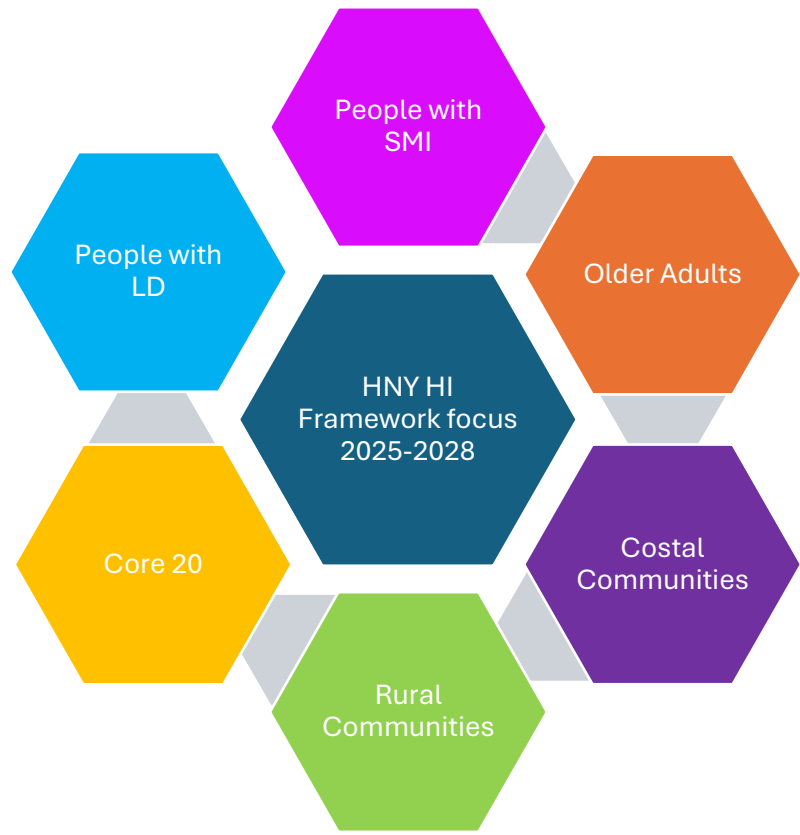


Figure 1. Framework Priority Themes and Groups

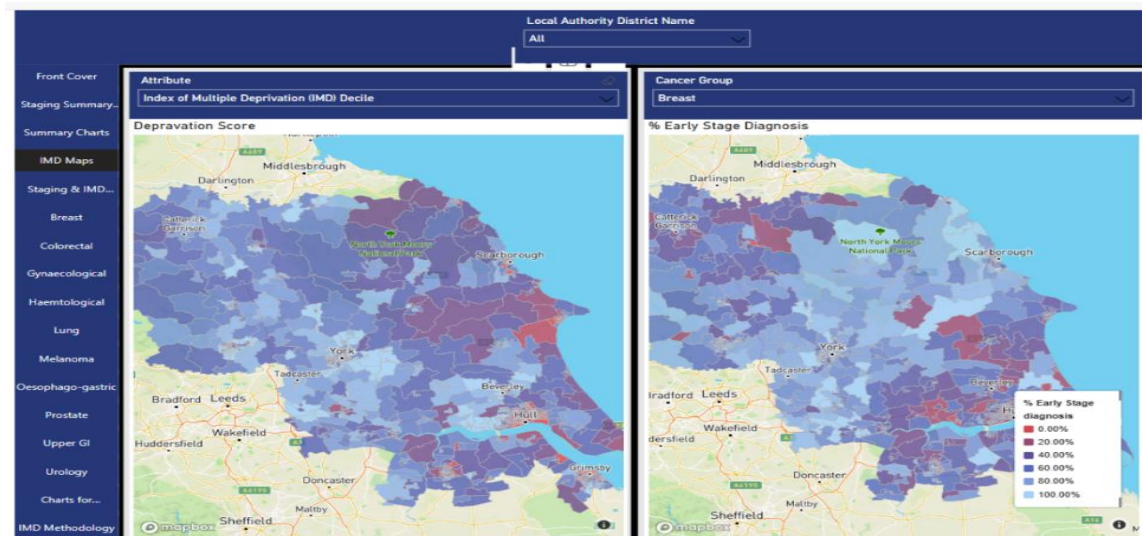
Framework Priority Themes

1.Data and Intelligence

The development of the HNY Cancer Alliance Health Inequalities dashboard has enabled the integrated care system to understand better where variation in cancer outcomes align with Core 20 areas and inclusion health populations.

Data, such as the illustration below of early-stage breast cancer diagnosis rates across the region, gives the Cancer Alliance, and system partners an invaluable indication of where resources should be focused to reduce variation and reduce rates of late-stage diagnosis. Here, Map A shows areas of deprivation in the HNY region with red areas indicating areas of high deprivation and blue areas indicating areas of low deprivation. Map B shows areas of levels of late-stage diagnosis with areas of high rates of late diagnosis in red and areas of lower rates of diagnosis in blue.

Figure 2. Areas of Deprivation and Breast Cancer Diagnosis



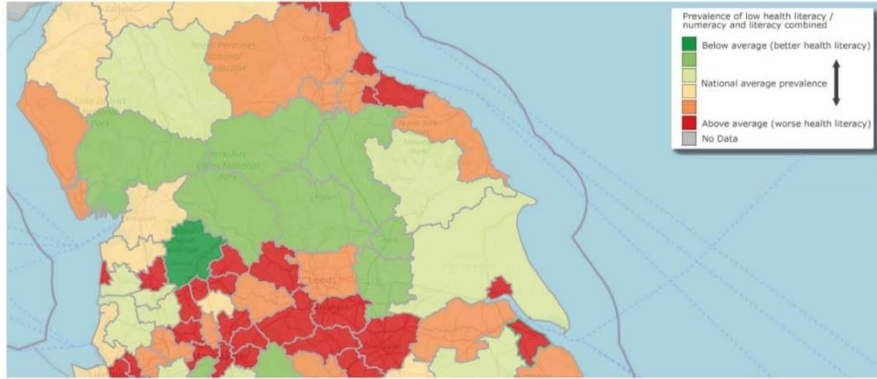
MAP A

MAP B

Analysis of the various sources of information, community insight and academic research has identified six population groups in the Humber and North Yorkshire region who experience health inequalities, are of a significant number within the Humber & North Yorkshire population and are most at risk of a late-stage cancer diagnosis. These include Core 20 areas, rural and coastal communities, older people, people with Severe Mental Illness and people with a Learning Disability. Within these larger population groups are smaller inclusion groups, such as migrants, those from ethnic groups, those who are homeless, have contact with the justice system, LGBT+, Gypsy Roma & Traveller, sex workers and those living with addiction. The six population groups are detailed below. The intelligence from the dashboard and community engagement will continue to shape where we focus our activities. We will continue to work with our academic colleagues across the region to further inform our work.

2. Access to Information

Health literacy is the understanding of the signs and symptoms of health conditions and disease, recognising them and being able to apply that understanding to oneself and to others. This may be as preventative health measures such as diet, physical exercise or seeking help from healthcare services when needed. Low levels of health literacy are associated with poor outcomes and high mortality, and they are more prevalent in Core 20 areas and in most inclusion health groups⁴. Low levels of health literacy are linked to areas with low cancer screening levels and late-stage cancer diagnoses. Access to health information that can be easily understood is a significant barrier for those who already experience inequality.



Place	Type of screening		
	Breast (2023/24 Data)	Bowel (2023/24 Data)	Cervical (Q1 2024/25 Data)
E Riding	77.80%	76..%	77.70%
Hull	69.00%	67.20%	69.10%
NE Lincs	55.50%	69.60%	73.80%
N Lincs	76.60%	71.80%	69.70%
York	78.30%	77.70%	70.90%
N Yorks	76.70%	76.60%	76.90%

Figure 3: Low literacy levels per Local Authority in HNY region and cancer screening rates per place

The Humber and North Yorkshire Cancer Alliance will build on its pioneering work of raising awareness of cancer signs and symptoms through the Cancer Champion programme and will work with system and neighbourhood partners to target the areas and population groups in our region that have been identified as having lower health literacy levels than average to increase knowledge of the common signs and symptoms of different cancers. In addition, the HNY Cancer Alliance will work with our cancer care providers to ensure that information that is given to patients can be easily understood.

3. Access to Services

Many people who live in areas of deprivation, rural and coastal communities, and those from inclusion health groups face barriers in accessing and engaging with healthcare professionals and services. A significant number of these are more likely to experience multiple co-morbidities and live with chronic health conditions. Recognising this factor emphasises the need to make the most of, and leverage, everyday interactions with health services.⁵

The HNY Cancer Alliance will develop a system-wide Making Every Contact Count (MECC) approach to foster collaboration between colleagues across multiple disease pathways and recognise the opportunities to take advantage of teachable moments to promote changes in lifestyle behaviours and health seeking actions.

Working with Neighbourhood Teams, the HNY Cancer Alliance will offer training and support to build local collaborative support, recognise these moments and maximise the opportunities to have cancer conversations about improving health and making positive lifestyle changes when people are more open to behavioural change.

4. Behaviour Change

Trauma results from an event, series of events or set of circumstances that is experienced by an individual as harmful or life-threatening. People who have experienced trauma in their lives continue to live with its lasting adverse effects throughout their lives. They are more likely to live in a Core 20 area of deprivation and/or belong to a health inclusion group⁶. The lasting effect of trauma can limit the ability to achieve well-being and some healthcare procedures can act as a trigger including cancer screening and diagnostic procedures. This can lead to delays in accessing healthcare, avoiding health screening activities and mistrust of GPs and other health professionals.

The HNY Cancer Alliance will develop an educational programme to actively promote awareness and greater understanding within the healthcare workforce of the impact of trauma on people's lives, and how it affects their decision making and behaviour. We will provide support to develop practical skills and adapt healthcare services to create care that feels safe and that can be trusted.

Strategic Priority Groups

We have incorporated population and cancer data from Humber & North Yorkshire Cancer Alliance health inequalities dashboard, insight from our extensive community engagement activities and evidence from academic research on the cancer health inequality risks of different population groups. This will help to develop an approach that ensures those people who experience the greatest health inequalities and are most at risk of a late-stage cancer diagnosis, or a higher risk of mortality in the Humber & North Yorkshire region are prioritised for focus. These are the population groups that we have identified for priority focus, with the key risk factors. Our programmes of work in the HNY Cancer Alliance and our work with system partners in primary and secondary care, VCSE organisations, Place and emerging Neighbourhood teams will reflect these themes and groups.

1. Core 20 Areas

- there are 20,000 extra cancer cases each year in more deprived areas of the UK
- there are approximately 225,000 people living in the most deprived Core 20 areas in our region
- Participation in NHS Screening programmes is significantly below the national standard in most Core 20 areas

People from more deprived areas are more likely to receive a cancer diagnosis⁷. They are more likely to be diagnosed at a late stage for certain cancer types, more likely to have longer treatment waiting times and have higher cancer mortality rates. Rates of smoking-related cancers are 3 times higher for the most deprived populations and participation in screening programmes are lower than the national average. Generally, levels of health literacy are low, with poor awareness of cancer signs and symptoms and more people are likely to be diagnosed through emergency presentation.

In Humber and North Yorkshire Core 20 areas, specifically in urban and coastal areas, there are many inclusion population groups such as people from ethnic communities, those who have contact with the justice system, people with addiction and those who are homeless, who experience additional barriers in accessing healthcare services.

2. Older Adults

- majority of all cancer diagnoses occur in over 65s
- there are over 400,000 people who are 65 and over in our region
- older people are less likely to receive active cancer treatment

Over half of all cancer diagnoses occur in those over 65, and one third in people aged 75. Survival after a diagnosis decreases with increasing age, and over half of all cancer deaths occur in this age range.⁸ Older patients are also less likely to receive active cancer treatment, such as surgery, radiotherapy and cancer drugs, than younger people. They are also less likely to be offered opportunities to take part in clinical trials. Older adults are more likely to present as an emergency and the cancer is more likely to be diagnosed at an advanced stage.

In Humber and North Yorkshire, a significant proportion of the population is over 65, and there are over 100,000 people who are 85 and older. Older adults are more likely to be living in areas of deprivation, in rural areas and in coastal areas and experience the disparities in accessing healthcare that are significant in these settings. Older adults are more likely to have low levels of health and digital literacy and may have generational limiting beliefs about cancer survival. They are also more likely to experience digital exclusion and experience transport challenges in rural and coastal areas.

3.Coastal Communities

- Majority of coastal areas are Core 20, with significant older population and inclusion health groups
- Communities are isolated from centralised healthcare services
- The regional transport network creates additional barriers to accessing services

Humber and North Yorkshire region has an extensive coast running through East and North Yorkshire which includes large tourist centres and smaller coastal towns and communities. Health inequality and economic hardship in these communities is well-documented, and many are Core 20 areas.⁹ There is a significant older population in coastal communities with people migrating to the coast following retirement. This can lead to a higher prevalence of chronic health problems and cancer diagnoses. There are also communities of homeless people, migrants, asylum seekers and those in contact with the justice system.

The unique geography of our region means that some of these communities are isolated, and transport networks can be limited. Employment and housing issues can impact the recruitment of healthcare staff, which impacts the provision of local services. Geographical remoteness and the challenges of the transport network mean that diagnostic and treatment pathways are more likely to be complex. People who live in Coastal areas travel significant distances for treatment and surgery which can impact existing financial hardship.

My experience of living in a coastal region means I had to travel for scans, tests, treatments and face to face consultations. Not easy if you don't drive. I had to attend 6 different hospitals which are not easily accessible by Public Transport. I also had financial support from family otherwise I would have struggled with money too. The furthest Hospital was a 150 mile round trip and took about 4 hours driving there and back ...anybody living in poverty and doesn't drive will struggle to access these services.

Cancer patient living in a coastal community

4. Rural Communities

- Rural residents more likely to have cancer diagnosed at a late stage
- Communities are isolated from centralised healthcare services
- Regional transport network creates additional barriers to accessing services

People who live in rural areas are more likely to have more advanced cancer at diagnosis and are less likely to survive than people who live in urban areas.¹⁰ Rural populations have longer waiting times to access healthcare services and can experience limited access to specialised cancer treatment facilities. The geography, isolation, and specific socioeconomic factors impact quality of life and the retention of the healthcare workforce.

I feel that living rurally is a health inequality that impacted negatively on my cancer experience. I soon realised that my cancer treatment was going to entail long journeys. As my partner no longer drove and I was not well enough to drive myself I was reliant on my family, none of whom lived locally to drive me, taking time off work and travelling hundreds of miles to help me.

Neighbours and friends did offer to drive me but I didn't feel it was fair to ask them to accompany me, driving miles and also giving up their time. Travelling long distances when you are feeling unwell after chemotherapy or major surgery was very stressful. Cancer Support services are not available locally requiring long journeys for face-to-face meetings or accessing them virtually. Internet connections can be an issue rurally and not everyone has the technologies or skills required.

Cancer Patient living in a rural community

Much of the employment in these areas is seasonal which affects how and when people access healthcare. There is a strong cultural sense of stoicism and fatalism, and there is a tendency to delay seeking help after the onset of symptoms. Levels of health literacy can be low. North Yorkshire, East Riding of Yorkshire and North Lincolnshire have significant rural populations.

5. People with SMI

- Cancer is the leading cause of premature mortality among people with a severe mental illness
- there are currently over 12,000 people registered with an SMI Humber & North Yorkshire

The incidence of most cancers is similar among people with and without an SMI (serious mental illness), but those who have SMI experience poorer survival outcomes. Adults with an SMI are more than twice as likely to die from cancer under the age of 75 than people without. It is the leading cause of premature death above cardiovascular, respiratory and liver-disease related mortality.¹¹ They are also more likely not to have participated in bowel, breast or cervical NHS screening programmes.

6. People with a Learning Disability

- Cancer is a leading underlying cause of death among people with learning disabilities,
- there were over 10,000 people registered with a learning disability in Humber and North Yorkshire.

People with a Learning Disability (LD) face a high risk of a cancer diagnosis and mortality.¹² Most underlying causes of cancer deaths for people with learning disabilities are from diseases of the digestive organs. There is a high prevalence of *Helicobacter pylori* in people with learning disabilities, a class 1 carcinogen linked to stomach cancer, gastric ulcer and lymphoma.

Men with learning disabilities, specifically men with Down syndrome, may be more likely to develop testicular cancer than other men, with a one in 10 chance of dying from the cancer, as opposed to a one in 36 chance in the general population. The incidence of acute leukaemia is elevated among people with Down syndrome. People with a learning disability, and their carers, are likely to have a low level of health literacy and awareness of cancer signs and symptoms, which can lead to a delay in presentation and late-stage diagnosis.

Implementation, monitoring, and reporting

The framework will be implemented through the development of the priority workstreams, including identifying regional and local plans and goals. Progress will be reported through the HNY Cancer Alliance Health Inequalities Steering Group and other Programme Boards. Progress against milestones will be reported through the HNY Cancer Alliance System Board on a quarterly basis.

Key Milestones

Task	Responsible	Governance Process	Deadline
Review of Framework themes on publication of Cancer 10 year Plan	HNY Cancer Alliance	HNY Cancer Alliance System Board	March 26
Development of working groups for each priority theme and development of work plan to meet framework outcomes	HNY Cancer Alliance	HNY Cancer Alliance System Board	March 26
Collaboration with system partners including neighbourhood teams, VCSE, ICB and provider colleagues to design and deliver actions to meet the framework outcomes identified	HNY Cancer Alliance	HNY Cancer Alliance System Board	January 27
Interim report against Implementation Plan progress to HNY Cancer Alliance System Board	HNY Cancer Alliance	HNY Cancer Alliance System Board	September 27
Review of strategic direction and engagement with system stakeholders to identify next steps for Cancer Health Inequalities	HNY Cancer Alliance	HNY Cancer Alliance System Board	Sept 27 – January 2028

Implementation Plan

Goal	Actions	Outcomes	Delivery	Impact
Provide direction for HNY CA, system colleagues and neighbourhood teams on the population groups and communities that are a priority for reducing cancer inequality.	Provide access to data for system partners on population groups that have a higher likelihood of a late-stage diagnosis and/or a poor outcome from cancer diagnosis caused by inequality. Information available through dashboard or priority group data sets	Action by system partners and local communities to reduce inequality will be focused on the priority groups in each neighbourhood. System partners will be better informed about the cancer risks faced by their local population.	April 26 HNY CA HI Steering Group & Working Groups HNY CA Comms/Eng Board & AED Board Neighbourhood Health Approach	System partners have an informed data-led approach to target their activities in vulnerable population groups and to manage the risk of inequality in cancer pathways post diagnosis
To improve awareness and understanding in healthcare professionals of the impact of poor health literacy and numeracy on cancer preventative, diagnostic and treatment behaviour	HNY CA communication, engagement and programme activities reflect the literacy needs of our communities. Prioritisation of effort to increase community awareness in areas below the UK average. Support healthcare partners to develop their understanding of diverse needs	Healthcare professionals have a better understanding of diverse literacy & numeracy needs. Skills training to support this is provided through HNY CA. Library services, learning support and public information services trained as Cancer Champions to support public understanding	March 27 HNY CA System Board HNY CA HI Steering Group & Working Groups HNY CA Programme Boards	Members of the public and patients have more opportunity to access information about cancer that meets their literacy, language and learning needs in their own community and through access to literacy aware healthcare services
Lead the system-wide implementation of Making Contacts Count principles in the delivery of cancer care services.	Work with system partners to embed Making Contacts Count principles into patient contacts around cancer prevention, diagnosis and treatment. Identify key healthcare roles that can influence increased cancer awareness and health-seeking behaviour changes	Cancer Champion training provided to a wider range of health professionals who will be able to maximise teachable moment opportunities to raise awareness and understanding through	March 28 HNY CA System Board HNY CA HI Steering Group & Working Groups HNY CA Programme Boards	Patients have greater opportunity to discuss cancer health concerns with the trusted and informed health and social professional of their choice

Goals	Actions	Outcomes	Delivery Group	Impact
<p>Lead the development of a region-wide approach to trauma informed cancer care and services</p>	<p>Work with healthcare providers, VCSE and trauma experts to understand better the impact of trauma on people's health</p> <p>Prioritise population groups and neighbourhoods, such as Core20 and inclusion health groups which are more likely to be affected by trauma.</p> <p>Provide training, expert guidance and project support to share practice across the system to improve patient experience</p>	<p>Healthcare colleagues in primary and secondary care are more able to recognise the signs of trauma and adapt their practice.</p> <p>HNY CA, will lead system partners, patients and the public to co-design services that meet the needs of people whose lives are affected by trauma.</p>	<p>March 28</p> <p>HNY CA System Board HNY CA HI Steering Group & Working Groups HNY CA Programme Boards</p>	<p>More people in HNY region will be able to safely access cancer care that is trauma informed and is understanding of and responsive to their emotional needs.</p> <p>In Core 20 areas, and in inclusion health groups, this will lead to improved levels of trust in healthcare providers and greater participation in health seeking behaviours</p>
<p>Provide information and guidance to system colleagues in managing the cancer risk of older people to reduce the rate of late-stage diagnosis.</p> <p>Support the continuation and spread of work in the development of geriatric oncology pathways.</p>	<p>Collaborate with system partners and older peoples' networks to develop health promotion and preventative activities and that reduce the cancer risk for older people and raise awareness of signs and symptoms to increase early diagnosis.</p> <p>Develop community of practice around older people oncology pathways to support the development and sharing of good practice</p>	<p>Raised awareness across system partners and in the population of the age-related cancer risk</p> <p>Collaborative network to develop and codesign equitable oncology pathways and services for older people</p>	<p>March 27</p> <p>HNY CA System Board HNY CA HI Steering Group & Working Groups HNY CA Programme Boards</p>	<p>Local communities and groups have increased knowledge about cancer to inform and support older people to have greater confidence to present with symptoms sooner, leading to increased early diagnosis.</p> <p>Healthcare professional collaboration to ensure equity of access to older people oncology services across HNY</p>

Goal	Actions	Outcomes	Delivery	Impact
<p>To improve rates of early-stage cancer diagnosis and reduce inequality in cancer treatment for those across our Core 20 areas, including inclusion health groups</p> <p>To reduce diagnostic and treatment variation in cancer services</p>	<p>Focusing on Core 20 areas defined through HNY ICB population health data, work with system partners to focus on health promotion and health prevention activities, based on the inclusion health population in each neighbourhood.</p> <p>Working with primary care, public health, Integrated Neighbourhood Teams public and patients, and VCSE to align policy around health promotion and prevention actions to establish legacy knowledge and behaviour influence</p> <p>Utilising the PCN Cancer Incentive scheme to improve NHS Screening Programme processes to increase access to screening programmes</p> <p>Support the implementation of Ethnicity Recording Improvement Plan in secondary care to support further analysis of hospital data around inequality on post-code and ethnicity basis</p>	<p>In Core 20 areas, improved levels of awareness and understanding of cancer risks, screening programmes, and signs and symptoms of common cancers for those most at risk of delayed diagnosis</p> <p>Improved PCN processes to maximise NHS Screening participation across all schemes, with a focus on ages and areas most at risk</p> <p>Through continued collaboration with secondary care providers, greater understanding and awareness of cancer treatment variation for those from Core 20 areas, including those from inclusion health groups.</p> <p>With system partners, patients and public, development and co-design of actions to reduce inequality experienced by those living in Core 20 communities on cancer treatment pathways</p>	<p>March 28</p> <p>HNY CA System Board HNY CA HI Steering Group & Working Groups HNY CA Programme Boards HHP & Y&S Cancer Boards</p>	<p>In Core 20 areas, improved rates of health literacy around cancer leading to changes to lifestyle. Legacy knowledge within local communities, VCSE groups and Neighbourhoods</p> <p>Better understanding of the rate and cause of postcode treatment variation leading to focused work on reducing variation in diagnostic and treatment pathways and poorer outcomes</p>

Goal	Action	Outcome	Delivery	Impact
<p>To improve rates of early cancer diagnosis in coastal communities, including inclusion groups.</p> <p>To reduce diagnostic and treatment variation in cancer services</p>	<p>Focusing on Coastal areas defined through HNY ICB population health data, work with system partners to focus on health promotion and health prevention activities, based on the inclusion health population in each neighbourhood.</p> <p>Working with primary care, public health, Integrated Neighbourhood Teams public and patients, and VCSE to align policy around health promotion and prevention actions to establish legacy knowledge and behaviour influence</p> <p>Utilising the PCN Cancer Incentive scheme to improve NHS Screening Programme processes to increase access to screening programmes</p> <p>Support the implementation of Ethnicity Recording Improvement Plan in secondary care to support further analysis of hospital data around inequality for post-code and ethnicity</p>	<p>Raised public awareness of the signs and systems of cancer</p> <p>Improved PCN processes to maximise NHS Screening participation across all schemes, with a focus on ages and areas most at risk</p> <p>Through continued collaboration with secondary care providers, greater understanding and awareness of cancer treatment variation for those from Coastal areas, including those from inclusion health groups.</p> <p>With system partners, patients and public, development and co-design of actions to reduce inequality experienced by those living in Coastal communities on cancer treatment pathways</p>	<p>March 28</p> <p>HNY CA System Board</p> <p>HNY CA HI Steering Group & Working Groups</p> <p>HNY CA Programme Boards</p>	<p>In Coastal areas, improved rates of health literacy around cancer leading to changes to lifestyle. Legacy knowledge within local communities, VCSE groups and Neighbourhoods</p> <p>Better understanding of the rate and cause of postcode treatment variation leading to focused work on reducing variation in diagnostic and treatment pathways and poorer outcomes</p>

Goal	Actions	Outcomes	Delivery	Impact
<p>To improve rates of early cancer diagnosis for people living in rural communities including access to primary care and diagnostic testing</p> <p>To reduce diagnostic and treatment variation in cancer services</p>	<p>Focusing on rural areas defined through HNY ICB population health data, work with system partners to focus on health promotion and health prevention activities, based on the population in each neighbourhood.</p> <p>Working with primary care, public health, Integrated Neighbourhood Teams public and patients, and VCSE to align policy around health promotion and prevention actions to establish legacy knowledge and behaviour influence</p> <p>Utilising the PCN Cancer Incentive scheme to improve NHS Screening Programme processes to increase access to screening programmes</p> <p>Work with secondary care and through patient engagement to better understand the barriers to services that cause inequality for people living in rural areas</p>	<p>Raised public awareness of the signs and systems of cancer</p> <p>Improved PCN processes to maximise NHS Screening participation across all schemes, with a focus on ages and areas most at risk</p> <p>Through continued collaboration with secondary care providers and patients develop a greater understanding and awareness of cancer treatment variation for those from rural areas, including those from inclusion health groups.</p> <p>With system partners, patients and public, development and co-design of actions to reduce inequality experienced by those living in rural communities on cancer treatment pathways</p>	<p>March 28</p> <p>HNY CA System Board</p> <p>HNY CA HI Steering Group & Working Groups</p> <p>HNY CA Programme Boards</p> <p>HHP & Y&S Cancer Boards</p>	<p>In rural areas, improved rates of health literacy around cancer leading to changes to lifestyle. Legacy knowledge within local communities, VCSE groups and Neighbourhoods</p> <p>Better understanding of the rate and cause of postcode treatment variation leading to focused work on reducing variation in diagnostic and treatment pathways and poorer outcomes</p>

Goal	Actions	Outcomes	Delivery	Impact
<p>To improve the rates of early cancer diagnosis of people with an SMI including access to primary care and diagnostic testing</p> <p>To understand better the experience of people with an SMI have of undergoing cancer screening and treatment.</p> <p>To improve their experience through identifying and addressing the barriers they face in accessing services</p> <p>To reduce diagnostic and treatment variation in cancer services</p>	<p>Working with partners across the health system, including primary and secondary care, mental health, and academic organisations, and with patients and public representatives to better understand the experience of people with SMI of screening, diagnostic and treatment pathways.</p> <p>To align policy around health promotion and prevention actions to establish legacy knowledge and behaviour influence</p> <p>Working with patients and system partners to co-design services that support people with an SMI to access supportive and informed cancer diagnostic and treatment services</p>	<p>Raised awareness of the increased cancer risks faced by people with an SMI</p> <p>Improved PCN processes to maximise NHS Screening participation across all schemes,</p> <p>Through continued collaboration with system partners and patients develop a greater understanding and awareness of cancer treatment variation for those from with an SMI</p> <p>Equitable approach through sharing of best practice across the system</p>	<p>Sep 28</p> <p>HNY CA System Board</p> <p>HNY CA HI Steering Group & Working Group</p> <p>HNY CA Programme Boards</p> <p>HHP & Y&S Cancer Boards</p>	<p>Increased awareness within healthcare services of the cancer risks and challenges</p> <p>Improved co-ordination processes between mental health, primary care and cancer services around SMI patients</p> <p>Cancer services are more responsive and supportive of the needs of people with SMI</p> <p>Better system awareness of trauma and making contacts count, ensure more opportunities for people with SMI to access informed cancer support</p>

Goal	Actions	Outcomes	Delivery	Impact
<p>To improve the rates of early cancer diagnosis of people with a Learning Disability including access to primary care and diagnostic testing</p> <p>To understand better the experience of people with a Learning Disability have of undergoing cancer screening and treatment.</p> <p>To improve their experience through identifying and addressing the barriers they face in accessing services</p> <p>To reduce diagnostic and treatment variation in cancer services</p>	<p>Working with partners across the health system, including primary and secondary care, mental health, LD support and academic organisations, and with patients and public representatives to better understand their experience of screening, diagnostic and treatment pathways.</p> <p>to align policy around health promotion and prevention actions to establish legacy knowledge and behaviour influence</p> <p>Working with patients and system partners to co-design services that support people with a LD to access supportive and informed cancer diagnostic and treatment services</p>	<p>Raised awareness of the increased cancer risks faced by people with a LD</p> <p>Improved PCN processes to maximise NHS Screening participation across all schemes,</p> <p>Through continued collaboration with system partners and patients develop a greater understanding and awareness of cancer treatment variation for those from with a LD</p> <p>Equitable approach through sharing of best practice across the system</p>	<p>Sep 28</p> <p>HNY CA System Board</p> <p>HNY CA HI Steering Group & Working Groups</p> <p>HNY CA Programme Boards</p>	<p>Improved co-ordination processes between mental health LD Services, primary care and cancer services around LD patients</p> <p>Cancer services are more responsive and supportive of the needs of people with LD</p> <p>Better system awareness of trauma and making contacts count, ensure more opportunities for people with LD to access informed cancer support</p>

Appendix

Health Inequalities

NHS England (NHSE) has defined health inequalities as unfair and avoidable differences in health across the population and between different groups within society. These differences include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health inequalities arise from the unequal distribution of social environmental and economic conditions within societies which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Core20PLUS5 is an NHSE approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ and identifies ‘5’ focus clinical areas requiring accelerated improvement. The five clinical areas of focus which require accelerated improvement are maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and lipid optimal management. PLUS population groups are identified at a local level and include groups which experience social exclusion. They are also known as inclusion health groups.

Cancer and Health Inequalities

Health inequalities have a significant impact on cancer screening, diagnosis and treatment pathways for people who live in deprived, rural, and coastal areas and from inclusion groups. People from deprived communities are more likely to have poor health literacy, are less likely to partake in cancer screening programmes and have lower recognition of the signs and symptoms of cancer. They are more likely to be diagnosed following an emergency presentation or at a later stage. Further, cancer incidence in these areas is likely to be higher, with lung cancer being the most common, with factors attributed to deprivation and smoking rates. In addition, people living in deprived areas are more likely to be living with a higher level of diagnosed illnesses such as chronic obstructive pulmonary disease, cardiovascular disease, diabetes, serious mental illness, anxiety and depression.

Inclusion Health Groups

People who are socially excluded typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma. They are relatively small groups of people, but they have high needs for healthcare, and they face a range of barriers in accessing healthcare services.

People in inclusion groups tend to have poor experiences of healthcare services because of how those services have been designed. Negative experiences lead to loss of trust and avoiding future contact with NHS services, which can result in poorer health outcomes and earlier death in people in inclusion groups compared with the general population.

The cancer risk of inclusion health groups is variable, and some groups experience the same risk of a late-stage diagnosis than the general population.

The Humber and North Yorkshire ICB Inclusion Health Strategy* has been developed to reducing health inequalities for those in inclusion groups by reducing barriers and improving access to health services. The HNY Cancer Care and Outcomes Health Inequality Framework and work programme is designed to work in collaboration with this.

Humber & North Yorkshire Geography and Demographics

The geography of our region is dominated by its coastline and rurality which bring specific challenges for access to health services for those who live in those areas. Outside of the urban areas of Hull and York, the area is rural, with 85% of North Yorkshire defined as 'super sparse'. These areas are typically underserved in health care, with fewer accessible transport links, and lower levels of social support. Engagement with our patient representatives has told us that people who live around the Humber estuary and near the Wolds experience significant travel and transport challenges in travelling for screening, diagnostic and treatment services.

In coastal and rural areas employment is largely seasonal and predominantly in fishing, farming, hospitality and tourism. Here, the working environment is challenging with high levels of unemployment and lower levels of income. Many of these areas are defined as Core 20 and face additional complexities from their rural and coastal locations.

References

1. Fit for the future: 10 Year Health Plan for England
2. Humber & North Yorkshire Cancer Care and Outcomes Health Inequalities Strategy
3. Humber & North Yorkshire Ambition [Our collective ambition](#)
4. [Cancer - Humber and North Yorkshire Health and Care Partnership](#)
5. [HEALTH LITERACY - Home](#)
[NHS England » Enabling people to make informed health decisions](#)
6. [Making Every Contact Count](#)
7. [Effects of trauma history on cancer-related screening, diagnosis, and treatment - The Lancet Oncology](#)
8. Cancer in the UK 2020 Socio-economic deprivation. Cancer Research 2020
9. Health in an Aging Society. Chief Medical Officer Annual Report 2023
[Age: the biggest cancer risk factor](#)
Older People Living with Cancer. For the Older Person with Cancer Expert Reference Group
10. [Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations](#)
11. [Is place or person more important in determining higher rural cancer mortality? A data-linkage study to compare individual versus area-based measures of deprivation: Is place or person more important in determining higher rural cancer mortality? | International Journal of Population Data Science](#)
12. [Cancer death rate higher for patients with mental health history - Cancer Research UK - Cancer News](#)
13. [Identifying the deficits in cancer care for people with intellectual disabilities | BMJ Oncology](#)

Further Reading

A National Framework for NHS – Action on Inclusion Health

Health Inequalities: Cancer. Public Health England 2020 [Health inequalities cancer \(3\).pdf](#)

HNY ICB Reimagining Health & Care – An integrated strategy

Humber & North Yorkshire Cancer Alliance Patient and Public Engagement Framework2023

Humber & North Yorkshire Cancer Alliance Communications, Marketing & Media Relations Framework2025

Humber & North Yorkshire ICB Inclusion Health Policy

Inclusion health: applying All Our Health. Gov.uk 2021

Improving population health and health equity through innovation. Yorkshire & Humber AHSN 2022

Inclusive Digital Healthcare: A framework for NHS Action on Digital Inclusion 2023

Major Conditions Strategy: A case for change and our strategic framework. Gov.UK 2023

Place-based approaches for reducing health inequalities Main Report. Gov.uk 2021

Tackling inequalities in healthcare access, experience and outcomes

Working for Health Equity: The Role of Health Professionals. UCL Institute of Health Equity 2013