



## PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 November 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer Workforce
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gina Beard, Lead Cancer Nurse

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to request the Charitable Funds Committee to consider the release of cancer charitable monies to support the second phase of Cancer Psychological Support (CaPS). For the past two years, CaPS has provided a pilot service, fully funded by cancer charitable funds, delivering psychological support to people affected by cancer within the Health Board population, and the associated cancer workforce.

The Committee is requested to consider the allocation of £228,000 over the next 3 financial years to support funding for phase 2 of the CaPS Project.

#### Cefndir / Background

Prior to September 2019, health boards in Wales were supported in meeting the psychological needs of people affected by cancer by independent charities. This included Tenovus, one of the largest national cancer charities. Unfortunately, Tenovus withdrew this support with little notice, which left health boards with an urgent requirement to address the needs of their cancer population in the area of psychological support. Although Hywel Dda University Health Board (HDdUHB) had psychological support services in place for bereavement and specialist palliative care, there was no specific provision for those affected by a cancer diagnosis. While there were small local charities offering various levels of support for people affected by cancer, there was no equitable, accredited, psychological support in place across the three counties, and no governance relationships in place between these small charities and HDdUHB.

In March 2018, the Charitable Funds Committee approved an application from Cancer Services for a two year psychological support pilot project, which became known as the CaPS project.

Following some initial recruitment challenges, CaPS was launched in September 2019. The aim of the CaPS project was to pilot a service for people affected by cancer and the cancer workforce. The pilot ran alongside a scoping exercise of service needs, based on real world

data, to measure the existing need and the effectiveness of the interventions, to inform future service design and provision, and to support any commitment made by the Health Board towards an ongoing sustainable service.

The CaPS project has delivered and achieved the following main objectives embedded in HDdUHB's values:

- **Supporting people with cancer** and improving the patient experience by providing a robust counselling service to support the psychological needs of people with a cancer diagnosis – *putting people at the heart of everything we do*.
- **Educating cancer professionals** through training and support, enhancing psychological skills in daily encounters with cancer patients – *striving to deliver and develop excellent services*.
- **Empowering local cancer teams** by supporting the emotional burden of the cancer workforce through supportive supervision, one to one support, teamwork and innovative approaches that support resilience – *working together to be the best that we can be*.

In March 2020, six months into the pilot project, the COVID-19 global pandemic resulted in overnight adjustments to most health services, which impacted on the CaPS project. CaPS had to quickly evolve to meet the resultant increased vulnerability and isolation of the cancer population and the added pressures upon the cancer workforce. CaPS became a valuable support during this time, and phase 2 of the project will focus on lessons learnt, what recovery from the pandemic might involve, and what a permanent CaPS service should look like.

### Asesiad / Assessment

The psychological impact of cancer is well documented. Macmillan Cancer Support (2006) found that more than four in ten (45%) people with cancer felt that the emotional aspects of cancer are the most difficult to cope with, compared to the practical and physical effects. Nearly six in ten (58%) people with cancer felt their emotional needs are not catered for as much as their physical needs (*source: Worried Sick: The Emotional Impact of Cancer. Macmillan Cancer Support 2006*).

Studies have shown that patients with malignancies experience higher rates of distress, anxiety, and depression than the general population, and that the slower the course of treatment, the higher the distress would be (Pitman et al., 2018; Tsaras et al., 2018; Slimano et al., 2020).

### Impact of COVID-19

The global pandemic has resulted in specific stressors for cancer patients associated with higher rates of anxiety, depression, and insomnia (Massicotte et al., 2021). Access to Primary Care, delays and disruption of diagnostics, paused cancer screening, cancer surgery and cancer surveillance procedures in the first wave of COVID-19, and disruptions to Oncology services have all added to higher levels of anxiety and depression (Swainston et al., 2020). One study reported delay in cancer care was associated with a 4-fold increased rate of anxiety (Chen et al., 2021b). Loneliness and isolation related to the requirement to shield have also increased the anxiety levels in many people affected by cancer through the pandemic (Chen et al., 2020).

In addition to anxiety and depression, fear has also affected a significant number of cancer patients during the COVID-19 pandemic (Schellekens and van der Lee, 2020). Fear of disease progression or recurrence, fear around a weakened immune system during

chemotherapy, fear of delay or interruption of treatment schedules, fear of infection, fears around supporting family or others and receiving support from others. Guven found more than 90% of cancer patients had moderate to severe fear of COVID-19 (Guven et al., 2020).

Between March 31<sup>st</sup> 2020 and April 1<sup>st</sup> 2021, 2311 people were diagnosed with cancer within the population of HDdUHB.

### **Current Health Board Position Against the CaPS Project Objectives**

#### **Objective1: Supporting people with cancer**

*"I had fallen down a hole, struggling to climb back up – so grateful to have had 6 sessions to be able to talk and be listened to" (service user feedback)*

*"the [CaPS] service saved my life!! Thank you for everything CaPS did for me" (service user feedback)*

*"My counsellor is the 1<sup>st</sup> person who actually "got me". Brilliant too that the service is extended now to family members (they suffer just as much)" (service user feedback)*

- CaPS currently provides a specialist level 3 counselling support service available to people affected by cancer:
  - Currently employing 60 hours of Band 5 Specialist Cancer Counsellors across the 3 counties
  - During 2020, CaPS caseload averaged 20 patients per month who were actively receiving counselling
  - During 2021, CaPS caseload is currently averaging 36 patients per month who are actively receiving counselling (January to October averages).
  - No waiting list – referrals are received, assessed and contacted within 2 weeks
  - Counselling sessions moved to virtual options during first wave of COVID-19 - CaPS now offers a range of virtual or risk assessed face-to-face options.
  - Need identified for service to offer more than six core sessions per referral, with additional needs assessed on an individual service user basis.
  - During March 2020, the need for the service to extend to (cancer related) carer psychological support was identified through patient feedback. This was initially offered opportunistically; however it has been included within core service since September 2020 (carer psychological support represents 23% of total referrals since offered as a core service).
  - Carer support extended to parents of children with cancer – referrals received from Health Board Paediatric Oncology Outreach Nurse Specialists (POONS), Latch (Welsh Children's Charity), and CLIC Sargent (Young Lives Vs Cancer).
  - Counselling extended to young people with cancer from age 16.
- CaPS collaborates with existing services to provide psychological support from cancer diagnosis through to survivorship or end of life, including pre-bereavement and bereavement.
  - CaPS service sits within HDdUHB's current existing infrastructure and professional governance that provides a counselling service to the bereaved.
  - Caseload management provided by 7.5 hours Band 7
  - Supervision of counsellors provided by 15 hours Band 6
  - Administration of service 7.5 hours Band 4
  - Service lead 7.5 hours Band 8a
  - This model supports a strong clinical supervision model and accessible line management throughout the working week (Bands 6, 7 and 8a form part of both services)

- Opportunities have been identified through the CaPS project to support seamless care, e.g. CaPS counsellors offering carers, who have accessed CaPS before their bereavement, counselling after a cancer bereavement.
- CaPS service has identified a need for advanced care planning (ACP) for the cancer population who may have incurable but stable disease, as opposed to having reached end of life. Counsellor supported ACP within CaPS is also being considered.

### **Objective 2: Educating Cancer Professionals**

*“A refreshing day away – interactive, informal, invaluable and provided much food for thought” (CaPS Away Day delegate evaluation)*

- CaPS provide a resource of specialist cancer knowledge, advice and education in psychological aspects of care, promoting positive coping skills for the person affected by cancer and the cancer workforce.
  - CaPS Team is accessed by the cancer workforce for advice on psychological aspects of a patient’s care, even when a full CaPS referral is not required.
  - CaPS has been identified in cancer workforce Personal Appraisal Development Reviews (PADR) as “something that has gone well”.
  - Cognitive Behaviour Therapy (CBT) Project – CaPS funded 6 cancer Clinical Nurse Specialists (CNS) to be trained to deliver CBT workshops to support women with cancer treatment induced menopause. The first cohort has concluded with excellent feedback received from participants. The CNS team presented at the Hywel Dda Breast Cancer Away Day 2021.
- CaPS provide and participate in the organisation and delivery of appropriate education and training programmes for the cancer workforce, linked to psychological support (enhancing levels 1-2 psychological support).
  - 38 cancer professionals accessed the CaPS Away Days in 2019, which focused on psychological skills in daily frontline interventions, identifying the patient need for a higher level of support, referral processes for CaPS, workforce wellbeing and work life balance.
  - Further Away Days were prevented by COVID-19 but will resume when risks around the pandemic allow.
  - CaPS have planned virtual training for the Cancer workforce on psychological skills in terms of breaking bad news. This will focus both on the patient intervention and the coping skills for the cancer professional.

### **Objective 3: Empowering local cancer teams**

- Enhance the skills of the cancer workforce to provide collegial, peer based psychological support in the everyday, and promote innovations that build reflective practice, clinical supervision and support into clinical practice.
  - CaPS offers clinical supervision to members of the cancer workforce.
  - This has been accessed by small numbers of the cancer workforce.
  - Supervision has been available virtually since the COVID-19 pandemic.
- Provide higher level clinical supervision to members of the cancer workforce who have encountered clinical events that have been particularly distressing.
  - CaPS referrals shifted to telephone referrals during the pandemic to provide opportunities for the CaPS Team to check in on the cancer workforce who were contacting the service. This has provided excellent, ad hoc, opportunities to support the cancer workforce.

### **Future Plans, Sustainability/Exit Strategy**

CaPS referrals dropped during the first wave of COVID-19. This was in line with the wider picture of cancer activity within the Health Board and the nation and has since returned to pre-COVID referral rates. This lull in referrals provided the project with an extra 6 month funded service from the predicted 2 year timeline, which would have concluded in September 2021. Current CaPS funding will take the service up to the end of the current financial year.

The original report that secured funding for CaPS outlined the following exit strategy considerations for the end of the initial charitably funded period:

- A repeat application to the Charitable Funds Committee should the project demonstrate that an extension on the scoping period would be beneficial.
- An application to other cancer charities for initial funding of the service need that the project demonstrates.
- Application for, and consideration of, mainstream HDdUHB funded provision of services, validated by project data and outcomes.
- Potential that the service will cease at the end of the 12 month period – should this be the outcome, a decision to freeze new referrals to the psychological support service should be made early enough for current commitments to patients in the system to be honoured (3 months prior to the end of funded period).

### **Availability of Cancer Charitable Funds November 2021:**

#### **Fund code Fund name**

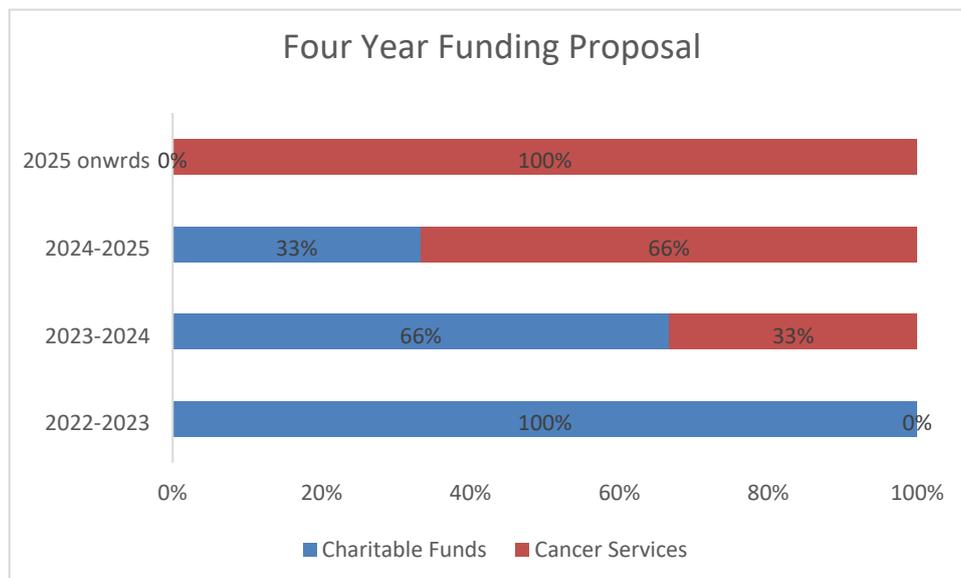
T075	CAR - Carmarthen Oncology Fund	94,562.98
T091	CAR – PPH Cancer Fund	89.50
T440	PDT - WGH Cancer Day Unit	13,190.98
T705	GGH Oncology	367,167.45
T720	PPH Oncology	126,211.16
T865	Ceredigion - Cancer Services	75,334.26
T905	Cancer Services - Pembs	88,510.18
	<b>Total</b>	<b>765,066.51</b>

### **Annual Cost of Phase 2 of CaPS Project based on current model**

<b>Staffing</b>	<b>Hrs</b>	<b>WTE</b>	<b>Estimated Cost £ p.a</b>
Band 5	60.00	1.60	62,560
Band 4	7.50	0.20	6,115
Band 6	15.00	0.40	19,482
Band 7	7.50	0.20	10,534
Band 8a	7.50	0.20	13,379
Non Pay - Travel			2,000
<b>Total Est Costs</b>	<b>97.50</b>	<b>2.60</b>	<b>114,070</b>

It is recommended that a phased approach be applied to the ongoing CaPS funding as outlined in the graph below, with charitable funds continuing to fully fund phase 2 of the pilot from April 1<sup>st</sup> 2022, with phased incremental mainstream funding from the Health Board cancer services

budget from 2023 (Year 4 of the project). During this year the CaPS Team, supported by the Value Based Healthcare Team, will capture patient recorded outcome measures (PROMs) to strengthen the evidence base in support of mainstream investment from the Health Board.



Recommended allocation of charitable funds for Phase 2 £114 K per annum as follows:

**Year 3: 2022-2023**

T865	Ceredigion Cancer Services	£5,000 per annum
T905	Pembrokeshire Cancer Services	£5,000 per annum
T705	GGH Oncology	£52,000 per annum
T720	PPH Oncology	£52,000 per annum

**Year 4: 2023-2024**

T865	Ceredigion Cancer Services	£3,000 per annum
T905	Pembrokeshire Cancer Services	£3,000 per annum
T705	GGH Oncology	£35,000 per annum
T720	PPH Oncology	£35,000 per annum
	Cancer Services budget	£38,000 per annum

**Year 5: 2024-2025**

T865	Ceredigion Cancer Services	£3,000 per annum
T905	Pembrokeshire Cancer Services	£3,000 per annum
T705	GGH Oncology	£16,000 per annum
T720	PPH Oncology	£16,000 per annum
	Cancer Services budget	£76,000 per annum

**Year 6: 2025 onwards**

	Cancer Services budget	£114,000 per annum
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This allocation recognises that the greater portion of cancer activity in the Health Board is undertaken in Carmarthenshire and considers the reduced availability of charitable funds in Ceredigion and Pembrokeshire in the light of recent and ongoing capital projects at these sites.

The Cancer Services Team have the four year phased funding proposal in the Directorate's Integrated Medium Term Plan (IMTP), and full funding for 2025 onwards. A final decision on this is not expected until the new year. If this is not approved, the CaPS team would need to

revisit the Health Board's charitable funds contribution, explore external charitable funding, and/or revise the project capacity.

These projected costs do not accommodate the educational element of CaPS project. During Phase 2, the CaPS team will apply for funding for eligible educational events and/or workforce welfare initiatives from charitable funds through the usual approval procedures.

### Argymhelliad / Recommendation

This report requests that the Charitable Funds Committee supports Phase 2 of the CaPS Project by providing funding for the next financial year, with phased funding over consecutive years. This recommendation recognises that the current two year funded period has provided a service which has proved valuable to those affected by cancer. However, there are opportunities for further learning through an extension of the pilot period. This would allow the CaPS team to gain an understanding of the post COVID-19 cancer landscape and consider this in future service design. It also allows for mainstreaming the future service into the Cancer Services core budget and further development of the cancer workforce element of the CaPS Project, supporting the cancer team as it emerges from the challenges of the COVID-19 pandemic.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	11.11 The following thresholds are approved in the Charitable Funds Procedure: <i>Expenditure in excess of £50,000 will require the approval of the Charitable Funds Committee</i> .
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A Risk Register is in place and managed by the Cancer Psychological Support Project Group
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation 1.1 Health Promotion, Protection and Improvement 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

### **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth:  
Evidence Base:

Chen, G., Wu, Q., Jiang, H., Zhang, H., Peng, J., Hu, J., et al. (2020). Fear of disease progression and psychological stress in cancer patients under the outbreak of COVID-19. ***Psychooncology*** **29**, 1395–1398. doi: [10.1002/pon.5451](https://doi.org/10.1002/pon.5451)

Chen, Y. S., Zhou, Z. N., Glynn, S. M., Frey, M. K., Balogun, O. D., Kanis, M., et al. (2021b). Financial toxicity, mental health, and gynecologic cancer treatment: The effect of the coronavirus disease 2019 (COVID-19) pandemic among low-income women in New York City. ***Cancer*** **127**, 2399–2408. doi: [10.1002/cncr.33537](https://doi.org/10.1002/cncr.33537)

Guven, D. C., Sahin, T. K., Aktepe, O. H., Yildirim, H. C., Aksoy, S., and Kilickap, S. (2020). Perspectives, knowledge, and fears of cancer patients about COVID-19. ***Front. Oncol.*** **10**:1553. doi: [10.3389/fonc.2020.01553](https://doi.org/10.3389/fonc.2020.01553)

Massicotte, V., Ivers, H., and Savard, J. (2021). COVID-19 pandemic stressors and psychological symptoms in breast cancer patients. ***Curr. Oncol.*** **28**, 294–300. doi: [10.3390/curroncol28010034](https://doi.org/10.3390/curroncol28010034)

Pitman A, Suleman S, Hyde N, Hodgkiss A. Depression and anxiety in patients with cancer. ***BMJ.*** **2018 Apr 25**;361:k1415. doi: [10.1136/bmj.k1415](https://doi.org/10.1136/bmj.k1415). PMID: [29695476](https://pubmed.ncbi.nlm.nih.gov/29695476/).

Swainston, J., Chapman, B., Grunfeld, E. A., and Derakshan, N. (2020). COVID-19 lockdown and its adverse impact on psychological health in breast cancer. ***Front. Psychol.*** **11**:2033. doi: [10.3389/fpsyg.2020.02033](https://doi.org/10.3389/fpsyg.2020.02033)

Slimano, F., Baudouin, A., Zerbit, J., Toulemonde-Deldicque, A., Thomas-Schoemann, A., Chevrier, R., et al. (2020). Cancer, immune suppression and Coronavirus Disease-19 (COVID-19): Need to manage drug safety (French Society for Oncology Pharmacy [SFPO] guidelines). ***Cancer Treat. Rev.*** **88**:102063. doi: [10.1016/j.ctrv.2020.102063](https://doi.org/10.1016/j.ctrv.2020.102063)

Schellekens, M. P. J., and van der Lee, M. L. (2020). Loneliness and belonging: Exploring experiences with the COVID-19 pandemic in psycho-oncology. ***Psychooncology.*** **29**, 1399–1401. doi: [10.1002/pon.5459](https://doi.org/10.1002/pon.5459)

Tsaras, K., Papathanasiou, I. V., Mitsi, D., Veneti, A., Kelesi, M., Zyga, S., et al. (2018). Assessment of depression and anxiety in breast cancer patients:

	prevalence and associated factors. <u><i>Asian Pacific J Cancer Prevent.</i> 19, 1661–1669. doi: 10.22034/APJCP.2018.19.6.1661</u>  <u><i>Worried Sick: The Emotional Impact of Cancer.</i></u> <i>Macmillan Cancer Support 2006.</i>
Rhestr Termâu: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Head of Hywel Dda Health Charities

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Included within the body of the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Patient experience will be enhanced as a result of the service and their overall care improved.
<b>Gweithlu:</b> <b>Workforce:</b>	The project is expected to assist with recruitment by reducing pressure on the existing workforce and providing support to the cancer workforce.
<b>Risg:</b> <b>Risk:</b>	Initial risks have been identified as: funding, recruitment and retention of staff Risks are documented via the Project Risk Register.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable - as the service directly benefits patients and NHS staff there is no likelihood of public/patient opposition.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	A Privacy Impact Assessment is in place
<b>Cydraddoldeb:</b> <b>Equality:</b>	Equality impact assessment has been undertaken and referred to Equality and Diversity Advisor. The Equality Impact Assessment will be monitored by the Cancer Psychological Support Project Group.