

10 November 2016		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Cancer Deep Dive (Health Needs Assessment) in Thurrock		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Funmi Worrell, Public Health Registrar		
Accountable Head of Service: Ian Wake, Director of Public Health		
Accountable Director: Ian Wake, Director of Public Health		
This report is Public		

Executive Summary

A Joint Strategic Needs Assessment/Cancer Deep Dive report was produced as part of the core Public Health offer to NHS Thurrock Clinical Commissioning Group (CCG).

All elements of the cancer care pathway were considered; prevention, screening and referral through to diagnosis, treatment and survival.

A number of areas were identified where joint working between the CCG, council (public health) and other partners could lead to improved outcomes for the population.

A Thurrock Cancer Action Implementation Group was convened with membership including CCG colleagues, public health and third sector involvement.

Please refer to the Cancer Action Implementation Plan document (Appendix 1) for past and future action plans by the group.

1. Recommendation(s)

1.1 That the Health Overview and Scrutiny Committee comment on the contents of this report and action plans.

1.2 HOSC should support the work done by public health, CCG colleagues and other partners to improve cancer services and outcomes in Thurrock.

2. Introduction and Background

- 2.1. Cancer is the single biggest cause of ill health and premature death in our population.
- 2.2 A Cancer Action Implementation Group was convened in June 2016 between the CCG and public health team at Thurrock Council.
- 2.3 An action log was created, with regular meetings to monitor key performance indicators (KPIs) to improve cancer care in Thurrock, including:
 - Visiting GP practices that were identified as being likely to benefit from supportive visits
 - Communicating with GPs via the CCG bulletins and patients via the council communications team
 - Training sessions with practice staff e.g. Making Every Contact Count (MECC) training
 - Various other actions (see excel sheet)

3. Issues, Options and Analysis of Options

3.1 Overview of issues – Cancer is the single biggest cause of premature mortality in Thurrock.

There are various ways in which public health and the CCG can work together to improve outcomes in Thurrock residents.

3.2 Cancer Prevention: Smoking Smoking is the single largest cause of ill health and death in the UK. Actions to be taken:

- Targeted support at motivated quitters with Long Term Conditions (LTCs) e.g. Chronic Obstructive Pulmonary Disease (COPD). Analysis of data shows a significant impact on hospital admissions and Adult Social Care demand for COPD related packages when this approach is adopted, in addition to producing significant health benefits for the patients involved in slowing progression of their condition.
- Shifting focus of historical work of stop smoking services on chasing meaningless four week smoking quit targets to one that discourages young people from starting to smoke. We will achieve this through commissioning of the evidence based ASSIST Programme in schools through the proposed re-procurement of an integrated lifestyle modification programme, and through the new 21st Century Children and Young People's Services. Modelling working undertaken by the Public Health Team has clearly demonstrated that this approach has the potential to reduce smoking prevalence in Thurrock by 1% per annum, compared with historical focus on adult four week quitters, which is having no significant impact in reducing smoking prevalence within the population. This shift in

emphasis is more cost effective, produces a greater population Public Health gain and has the best chance of breaking the inter-generational health inequalities within Thurrock where children of adult smokers are more likely to become smokers themselves. We will however continue to commission a universal stop smoking service for any adult smoker who is motivated and wishes to access support to make a quit attempt.

3.3 GP practice administrative staff were given MECC training as a means of sign-posting patients motivated to quit smoking to smoking cessation services.

3.4 **Cancer Screening**

Early identification of many types of cancer results in better treatment outcomes for patients. Cancer screening programmes aim to identify people likely to have cancer such that they can be referred for further diagnostic tests and if necessary for treatment.

3.5 National cancer screening programmes are delivered by the NHS. Commissioning and monitoring of local programmes is the responsibility of a local team of Public Health England based within the NHS England East office.

3.6 **There are three national cancer screening programmes:**

- NHS Cervical Screening Programme
- NHS Breast Screening Programme
- NHS Bowel Cancer Screening Programme

3.7 **Cervical Screening**

- 11 practices have screening coverage that is both below the 70% minimum standard and significantly below what would be expected for their level of practice population deprivation.
- These practices have been contacted and CCG/public health joint practice visits have been arranged.

3.8 **Bowel Cancer Screening**

- There is a strong negative association between bowel cancer screening coverage and deprivation. This is concerning as it is likely to be a driver of health inequalities related to cancer.
- A communication campaign to promote the importance of cancer screening programmes with particular targeting of areas with low screening coverage is being designed to be released in the autumn/winter.

3.9 Breast Cancer Screening

- The mean screening coverage rate for breast screening of patients across Thurrock is 65.9% which is below the minimum standard of 70%.
- Only 11 out of the 32 practice populations (34.3%) achieve the minimum 70% coverage standard and none are screened to the target 80%.
- A communication campaign to promote the importance of cancer screening programmes with particular targeting of areas with low screening coverage is being designed to be released in the autumn/winter.

3.10 Early Identification and Referral of People with Suspected Cancer

- Timely and appropriate referral of patients with symptoms is essential to improving cancer survival in our population.
- One of the explanations in the published literature on the UK's poor cancer survival rates compared to other countries is that patients are referred for cancer treatment too late.
- Conversely, over-referral of patients who do not have cancer risks clogging up NHS care pathways with the "worried well" and diverting capacity away from treating promptly patients who do have cancer.
- The NHS has set a two week minimum waiting time (TWW) for patients with suspected cancer to see a cancer specialist from GP referral.
- In terms of performance against the two-week waiting standard, Thurrock performs well with 95.6% of patients seeing a cancer specialist within two weeks of being referred into the pathway by their GP. This is second best performance in Thurrock's ONS comparator CCG group and statistically significantly better than the performance across England.
- There is ongoing work planned to keep early identification and referral rates of people with suspected cancer at a good comparable standard. All identified practices should be visited by the end of the financial year (March 2017).

3.11 Cancer Diagnosis and Treatment

- Prompt diagnosis and treatment is key both to the efficacy of treatment and to minimising the distress of people diagnosed with cancer.
- There is significant variation between different GP populations in terms of rate of emergency hospital admissions for cancer with 12 practices having rates significantly below the England mean and two practices significantly above and a 20 fold difference between the practice population with the highest and lowest rate. Public Health and working closely with the CCG's Primary Care Development Team to drive up standards in Primary Care, as set out in the October Cabinet Report on this topic.

- Practices that are outliers are being alerted and conversations initiated to determine the reasons behind these findings. This includes visits to poorly performing practices to improve referral into pathways for early diagnosis and care.
- There are various boards and meetings that look at the cancer care pathways in Essex, the actions from these meetings are discussed at the cancer action group meetings and the lead doctor for cancer at the CCG, Dr Kishor Padki attends these meetings.

Cancer Survival

- Cancer one-year survival rates for both Thurrock and England have increased at largely the same yearly rate and by around 10% between 1996 and 2011.
- One year survival rates will continue to be one of the KPIs that are monitored by the cancer action implementation group as well as the health and wellbeing board in Thurrock.

4. Reasons for Recommendation

- 4.1 HOSC is asked to note the contents of this report.
- 4.2 HOSC is asked to support the work that public health, CCG and other partners are doing in order to improve outcomes for those affected by cancer in Thurrock.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This report has been presented to Thurrock CCG colleagues, who supported the recommendations made.
- 5.2 A more detailed report was presented to HOSC in June 2016 and this report shows the actions that have taken place since the discussions that were had during the meeting and plans for the rest of the financial year.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 This report should be used by the Council and partners to influence new ways of working and supporting policies and actions that aim to improve outcomes by those affected by cancer.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant (Social Care & Commissioning)

There are no direct financial costs arising from this report.

7.2 Legal

Implications verified by: **Chris Pickering**
Principal Solicitor
Employment & Litigation

There are no legal implications for the following reason:

Improving the identification, treatment and survival time from cancer forms part of the NHS constitution.

7.3 Diversity and Equality

Implications verified by: **Becky Price**
Community Development Officer
Community Development and Equalities Team

Implementing the recommendations in this report will help to improve the health of some of the more vulnerable and disadvantaged members of the local community. This will be done by addressing health inequalities where the more disadvantaged are less likely to be screened and treated for various cancers compared to more affluent residents of Thurrock.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Implementing the recommendations of the report will help to improve the health of the population by diagnosing cancers earlier and treating them more quickly in order to improve cancer survival rates.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

9. Appendices to the report

Appendix 1 - Cancer Action Implementation Plan

Report Author

Funmi Worrell

Public Health Registrar