

HEALTH AND WELLBEING BOARD

26 JANUARY 2016

Title:	Delivering the 2020 ambition for world class cancer outcomes
Report of the Cabinet Member for Adult Social Care and Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: <p>Cancer outcomes in Barking and Dagenham compare poorly with the England average. Overall, Barking and Dagenham has the lowest net survival amongst London and West Essex CCGs, ranking lowest out of 33 CCGs. More than 40% of all cancer cases are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that contribute to poor outcomes for cancer include the late detection and diagnosis of cancer.</p> <p>“Achieving world-class cancer outcomes: A strategy for England 2015-2020” was published by the Independent Cancer Taskforce in 2015. This identifies six strategic priorities for cancer to be delivered over the next 5 years. The goal nationally is to significantly improve one-year survival to achieve 75% by 2020 for all cancers combined.</p> <p>The report summarises work that is being taken forward locally through the BHR CCGs Cancer Collaborative Commissioning Group in 2014 to improve the prevention, early detection and diagnosis of cancer and through London wide initiatives that support cancer transformation.</p> <p>The purpose of the presentation is to provoke discussion from partners on key questions that we will need to consider as a system if we are to achieve the required improvements in cancer outcomes.</p>	
Recommendation(s) Members of the Health and Wellbeing Board are asked to consider the following questions:	
i. How can we reduce the growth in the number of cancer cases?	

- ii. How can we best engage the community to support the prevention agenda?
- iii. What are the key areas B&D need to focus on to deliver the 2020 ambition?

Reason(s):

1. Introduction

- 1.1 The purpose of this paper is to support a discussion on how the system leadership of the Health and Wellbeing Board can support cancer outcomes to improve in Barking and Dagenham.
- 1.2 Information has been provided on local cancer outcomes and progress made locally to modify the risk factors for cancer. There are a number of challenges locally that contribute to poor cancer outcomes: Barking and Dagenham has a higher prevalence of smoking and obesity compared to the national average which are risk factors for cancer; patients are often diagnosed in the later stages of disease which has an impact on survival rates and more patients who survive cancer require long term care and support.
- 1.3 A programme of work has started through the BHR Cancer Collaborative Commissioning Group to improve the prevention, early detection and diagnosis of cancer, which draws on London wide work that is being taken forward through the Healthy London Partnership. This programme will need to be enhanced to take into account new requirements set out in the Cancer Strategy for England ¹ and NICE guidance on suspected cancer ² which will require a step change approach to delivery to achieve the ambition for 2020.
- 1.4 Consideration needs to be given as to how which will require local stakeholder engagement, particularly with patients, the public and primary care.

2. Background

- 2.1 Cancer is the leading cause of death from illness in every age group except men aged 15-24 years. (Office of National Statistics (ONS), 2011) Although one year survival is improving across England, it still lags behind other comparative countries and five year survival rates are approximately 10% lower than the European average (National Audit Office, 2014).
- 2.2 More than 40% of all cancer cases are linked to behaviour and environmental exposures which could be avoided or reduced. The main risk factors are tobacco, weight, diet, alcohol consumption, UV exposure and lack of physical activity.

¹ Achieving world-class cancer outcomes: A strategy for England 2015-2020. Report of the Independent Cancer Taskforce. (2014).

² Suspected cancer: recognition and referral. NICE (June 2015)

- 2.3 As of the end of 2010, around 3,600 people in Barking and Dagenham were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 7,000 by 2030. People living with cancer can have complex and varied needs which require holistic support.
- 2.4 Barking and Dagenham has a one year survival rate of 62%, which is below the England average of 68%. Overall, Barking and Dagenham has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest).
- 2.5 The National Awareness and Earlier Diagnosis Initiative launched in 2009 identified a number of reasons for poor survival and key factors included:-
- Demographics (ethnicity, age)
 - Poor awareness of the symptoms of cancers
 - Numbers of 2- week wait referrals and conversion rates in comparison with peers
 - Number of new cancer diagnosis following an emergency admission/A&E attendance.
- 2.6 Cancers diagnosed via A&E generally present at a later stage of the disease which significantly affects one-year survival rates. Barking and Dagenham has a higher rate of cancers diagnosed in A&E than the England average (B&D – 29.2%; England – 20.6%)

3. Strategic context

- 3.1 “Achieving world-class cancer outcomes: A strategy for England 2015-2020” was published by the Independent Cancer Taskforce in 2015. This identifies six strategic priorities for cancer to be delivered over the next 5 years:
- A radical upgrade in prevention and public health with a focus on reducing smoking and obesity. *2020 ambition to reduce smoking prevalence to less than 13%.*
 - Drive a national ambition to achieve earlier diagnosis. *2020 ambition that 95% of patients referred for testing by a GP are definitively diagnosed with cancer, or cancer is excluded, and the result communicated to patients within 4-weeks.*
 - Establish patient experience as being on a par with clinical effectiveness and safety. *2020 ambition all consenting adults have on-line access to all test results and other communications involving secondary or tertiary providers*
 - Transform our support for people living with and beyond cancer. *2020 ambition for every person with cancer to have access to elements of the recovery Package, and stratified pathways of follow-up care will be in place for common cancers*
 - Make the necessary investments required to deliver a modern high-quality service

- Overhaul processes for commissioning, accountability and provision. *By 2016 Cancer Alliances should be established across the country bringing together key partners at a sub-regional level, including commissioners, providers and patients.*
- 3.2 NHS planning guidance for 2016/17-2020/21 asks every health and care system to create a Sustainability and Transformation Plan (STP) to accelerate implementation of the Forward View. STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.
- 3.3 Delivering the recommendations of the Independent Cancer Taskforce has been identified as one of the national challenges that systems should seek to take forward through their Sustainability and Transformation Programme. This identifies two key goals to be achieved by 2020:
- To significantly improve one-year survival to achieve 75% by 2020 for all cancers combined (up from 69% currently)
 - Patients given a definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP
- 3.4 From April 2015 one-year cancer survival rates by CCG will be included in the Delivery Dashboard of the NHS' Assurance Framework – the only disease-specific outcome measure to be included in the dashboard.

4. Work to date

BHR Cancer Collaborative Commissioning Group

- 4.1 The BHR Cancer Collaborative Commissioning Group was set up in 2013 to take a whole system strategic approach to securing improvements in cancer focusing primarily on the early diagnosis and detection of cancer. The Group is chaired by the LBB Director of Public Health and has clinical and officer representation from the Barking and Dagenham, Havering and Redbridge CCGs, BHRUT, and the London Cancer Transformation Team.
- 4.2 The group has agreed a joint programme of work across health and social care to improve prevention, routes to diagnosis and one-year survival rates for the population of BHR CCGs. The programme focuses on three areas for improvement:
- To increase the uptake of the national bowel cancer screening programme –to enable earlier diagnosis / diagnosis of early stage disease
 - To improve awareness of signs and symptoms of cancer in those from lower socio-economic status groups, men, those who are younger and those from ethnic minorities. – to deliver improvements against the (National Cancer Equalities Initiative) Cancer Awareness Measure (CAM) and increase rates of early stage diagnosis

- To improve safety-netting in order to reduce the number of patients diagnosed via A&E to lower than the national average & increase appropriate 2WW referrals in line with new NICE guidelines (2015) – this is expected to bring diagnosis via emergency route in line with England average and increase early stage diagnosis

4.3 The programme is supported by two specialist GPs funded by Macmillan (Macmillan GPs) who work with a Cancer UK Facilitator to improve cancer outcomes by engaging with and supporting primary care locally. This includes:

- Visiting all practices in Barking and Dagenham with their most up to date cancer data
- Raising awareness of the importance of early diagnosis in primary care and tools available to support this
- Encouraging practices to adopt actions to support early diagnosis

4.4 So far the team have completed 23 visits out of 39 practices – with an initial focus on practices which appeared to be outliers. All practices visited have agreed to an action plan for improvement with a particular focus on increasing screening uptake and audit work, which will be followed up through the facilitator. Baseline data will be available shortly to measure progress in primary care and the impact of the programme of work.

4.5 There have been a number of educational events lead by the Macmillan GPs and they have also been instrumental in devising and getting agreement to a cancer local incentive scheme which supports work done to date engaging in practices. This is due to be launched in January 2016. The GP leads and the facilitator play a key role in the BHR collaborative working and individual task and finish groups.

Barking and Dagenham Health and Wellbeing Strategy

4.6 The Health and Wellbeing Strategy includes a number of actions that will support a reduction in cancer incidence including:

- A percentage reduction in smoking prevalence over the three year period from 2009/10 baseline by 2018
- An increase in the number of adults participating in regular physical activity by 2018
- A percentage reduction in prevalence of adult obesity from baseline by 2018

Transforming cancer services programme

4.7 The Transforming cancer services programme was set up in April 2014 to address issues surrounding the quality and effectiveness of early diagnosis and awareness of cancer, treatment and outcomes. During 2015/16 the programme has delivered against the 5 priority areas set out in its plan for 15/16:

- Early detection and awareness
- Reducing variation in outcomes and service consolidation to deliver centres of excellence
- Living with and beyond cancer
- Supporting commissioning including contract negotiation, management and monitoring
- Improving patient experience across hospitals, general practice and the community

4.8 Priorities for 16/17 have been reviewed to take into account the report of the Independent Cancer Taskforce:

- Return cancer waiting times to target and sustain performance; undertake a diagnostics demand and capacity review
- Address primary care variation
- Commission improvements for the colorectal pathway
- Commission improvements for the prostate cancer pathway
- Commission improvements for the lung cancer pathway

Cancer vanguard

4.9 The Royal Marsden, Manchester Cancer and UCLH (Cancer) accountable clinical network was approved as a national cancer vanguard site in September 2015. The vanguard is an acute care collaboration that aims to link local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency. The vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and in London covers the North East, North West and North Central sectors.

4.10 The aim of the cancer vanguard is to close the health and wellbeing, care and quality gaps through three strands of work:

By transforming the clinical model of delivery – to develop the capacity and capability of the workforce to deliver screening and diagnostics earlier in the patient journey thereby reducing the need for costly specialist treatment at the later stages of disease; deliver replicable evidence based practice across the pathway – from prevention, through to living with and beyond cancer and end of life care

By changing the system architecture – development of new financial models that incentivise the system to improve and governance arrangements that drive good performance; enhanced cancer alliances to ensure collaborative accountability for delivery across the sector that has the patient voice.

By enabling infrastructure – benchmarking and sharing performance information, at organisation and multi-disciplinary team level, to drive best practice decision making; workforce development and developing IT solutions that support shared care.

5. Discussion

5.1 A new approach to delivering transformational change in cancer outcomes will be required to deliver the 2020 ambition of the national cancer strategy. The Health and Wellbeing Board has a key role to play in developing a shared vision for transformation and in engaging with the local population on the prevention and early detection of cancer.

5.2 The Board is asked to consider the following questions:

- i. How can we reduce the growth in the number of cancer cases?
- ii. How can we best engage the community to support the prevention agenda?
- iii. What are the key areas B&D need to focus on to deliver the 2020 ambition?

Further information will be circulated prior to the meeting and a presentation will be made at the meeting itself to better inform discussion of the above questions.