# Option 1: Cancer Survival Rates in Barking and Dagenham

## Overview

| The residents of Barking and Dagenham are more likely to develop cancer and less likely to survive than residents in other London boroughs and England. 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 cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that also contribute to poor outcomes in Barking and Dagenham include poor awareness of the signs and symptoms, and late detection and diagnosis.

1 in every 4 cancers is diagnosed in the Accident and Emergency department. This is a high compared to London and England. Two of the reasons for this are that the population has a poor awareness of cancer symptoms and low attendance for screening:

- Low percentage of B&D residents able to recall a symptom of cancer
- Breast cancer screening coverage and uptake is consistently lower than the England average
- Low bowel screening uptake compared to London boroughs
- There are 352 cancer deaths per 100,000 people each year. This is higher than the England average
- Significantly lower healthy life expectancy

An option for Scrutiny Review is cancer prevention, awareness and early diagnosis in the borough building locally on the work of the Barking, Havering and Redbridge (BHR) Cancer Collaborative Commissioning Group.

## Performance/Evidence

| Survival from cancer in B&D compare poorly with the England average. Overall, B&D has the lowest net survival amongst London and West Essex CCGs, ranking lowest out of 33 CCGs. |

More than 40% of all cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that contribute to poor outcomes in B&D include poor awareness of the signs and symptoms, and late detection and diagnosis.

“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.

As of the end of 2010, around 3,600 people in B&D 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.
Appendix C

B&D has a one year survival rate of 62%, which is below the England average of 68%. Overall, it has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest).

Latest cancer survival rates for B&D show:-

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<tr>
<th></th>
<th>Barking &amp; Dagenham</th>
<th>England</th>
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<tr>
<td>All cancers</td>
<td>64.9%</td>
<td>70.2%</td>
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<tr>
<td>Breast</td>
<td>94.1%</td>
<td>96.7%</td>
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<tr>
<td>Bowel</td>
<td>75.8%</td>
<td>77.7%</td>
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<td>Lung</td>
<td>37.5%</td>
<td>35.4%</td>
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(Cancer Research UK, 2013/2014)

This data represents the percentage of patients diagnosed in 2013 who survive their disease by at least one year following diagnosis (followed up in 2014).

The ‘all cancers’ data is for all cancers, except non-melanoma skin cancer and prostate cancer.

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Cancers diagnosed via A&E generally present at a later stage of the disease which significantly affects one-year survival rates. B&D has a higher rate of cancers diagnosed in A&E than the England average (B&D – 29.2%; England – 20.6%)

Policy and legislation issues


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 Adult Services Select Committee 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.

<table>
<thead>
<tr>
<th>Areas of potential enquiry</th>
<th>The Committee is asked to consider a number of areas of activity that contribute to preventing, increasing awareness and improving survival from cancers in Barking and Dagenham. It is suggested the Committee begin with an overview of the impact of cancers and an estimate of the costs to both the NHS and adult social care, and the evidence for the effectiveness of cancer prevention, awareness and early diagnosis measures. Following from the above, it is suggest that there is an examination of the approach the Council and partners take to improve survival through the following areas:</th>
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<td></td>
<td>• The need to improve people’s knowledge around signs and symptoms of cancer</td>
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<td>• The significant negative effect that smoking was having on cancer rates locally and action that might be taken to reduce smoking, including:</td>
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<td>- Partners using their own building / organisations estates and practices to make smoking less acceptable.</td>
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<td>- Looking at providing smoking cessation services in a radical new way.</td>
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<td>- Targeting young smokers in a different way and by empowering them to make healthy lifestyle choices.</td>
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<td>• The potential to coordinate health messages /campaigns, which issues should be targeted jointly and if there needed to be prioritisation to stop information overload.</td>
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<td>• Partners might want to jointly consider community needs and look at the potential to operate direct outreach services to difficult to target groups.</td>
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<td>• The impact of improved survival rates on health and social care.</td>
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<td></td>
<td>• How this could be undertaken by supporting radical change through funding and commissioning initiatives.</td>
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Appendix C

Option 2: Oral Health in People with Learning Difficulties in Barking & Dagenham

| Overview | Everyone in the UK has a right to access dental care and we all have a part to play in looking after our own teeth. Poor oral health can reduce a person’s ability to consume nutritious food, impact on communication, affect self-confidence and cause significant pain.

Good oral health can, however, be particularly challenging for people with learning disabilities (LD). These challenges include a lower understanding about the importance of good oral hygiene and regular dental checks; diets that are low in nutrition and high in sugar content; the side effects for certain medications; reliance upon carers for support with teeth cleaning; a heightened sense of anxiety about visiting the dentist; issues of competence to make decisions; the lack of awareness on the part of service providers and behaviours that challenge services..

The 2015 JSNS contains a considerable amount of data about what we know about the general health of local people who have a learning disability.

- One person in three people with LD is classed as obese, compared with one in five of the general population.
- The incidence of respiratory disease is three times higher and the leading cause of death for people with LD
- People with LD are 10 times more likely to have a sight or hearing impairment
- People with LD tend to have lower bone density and are more likely to get osteoporosis.
- Epilepsy is 20 times more common
- 26% of people with LD are admitted to hospital each year, compared with 14% of the general population.

We, however, currently have little publically available data about dental problems amongst local residents with LD and the quality of local dental services available to them.

In the Borough we have learned from feedback from family carers about their difficulties in finding local Opticians with the skills and confidence to provide sight tests for people with LD. This learning led to the development of the Bridge to Vision Project and the Enhanced Optometry services for people with LD.

Although we are aware that similar barriers exist when it comes to dental care we do not yet fully understand the details and the magnitude of the problem.

| Performance/Evidence | One in three adults with learning disabilities and four out of five adults with Down’s syndrome has unhealthy teeth and gums (Emerson et al 2011).
There are an estimated 3571 people over the age of 18 in the borough who LD (DoH). This figure is projected to rise to 3804 by 2020. It is projected that the number of borough residents with moderate and severe LD, who are the group most likely to face barriers to good dental health, will rise to 830 by |
2020, which is a 19% higher than in 2012.

There is a community dental service in the borough catering for children and adults with learning disabilities, in addition to children and people with complex dental problems.

The service runs from:

- **Vicarage Fields Health Centre**, Vicarage Drive, Barking IG11 7NR
- **Child and Family Centre**, Axe Street, Barking IG11 7LZ
- **Five Elms Health Centre**, Five Elms Road, Dagenham RM9 5TT

All clinics are open from 8:45am to 12.30pm and 1.30pm to 4.45pm.

### Policy and legislation issues

The Equalities Act 2010 protects disabled people from discrimination and indirect discrimination and places a special duty on the public sector to be proactive in eliminating discrimination. This is relevant because if barriers exist, however, subtle these may be, to people with LD access the dental services that they need, this may constitute unlawful discrimination.

Under the Care Act 2014 the Council is under a duty to promote the wellbeing of disabled people, this includes promoting their physical and mental health. The Council’s social care responsibilities therefore include the provision of support to help disabled people with assessed needs to maintain oral hygiene and access dental care.

### Areas of potential enquiry

Areas for potential enquiry could include:

- A briefing by Public Health setting out what is known nationally about the dental health of people with LD
- Expert briefings from Public Health and local dental practitioners about the state of dental health of local people, including those with LD, and take-up of dental services
- A survey with people with LD and their carers to gauge:
  - attitudes and understanding in relation to oral hygiene
  - taking up dental care
  - experiences when attempting to access services
Option 3: Teenage Conception Rate in Barking and Dagenham

| Overview | Teenage pregnancy is an important public health issue within Barking and Dagenham. It is a priority within the Health and Wellbeing Strategy and within the Children and Young Peoples Plan. Whilst becoming a teenage parent may be a positive turning point for teenagers we know that for many teenage parents, raising a child can be difficult and is widely associated with poor health outcomes and social exclusion for the child and parents. Examples include increased risk of infant mortality, low birth weight and child poverty for the child. For the adult there is a higher risk of postnatal depression, low educational attainment and unemployment and poverty. 

The rates of teenage pregnancies (under 18s) and younger teenage pregnancies (under 16) have been high in Barking and Dagenham in comparison with London and UK. Recently we have seen an encouraging decrease in rates in under 18 conception rates. However these rates are still high. In addition conception rates in the under 16s, the proportion of teenage pregnancies that end in legal abortions, and the number of repeat abortions is of concern.

The reduced rates in under 18s follows from a number of interventions and concerted efforts to reduce teenage pregnancy locally. Examples include an expanded condom distribution scheme (C card) and developing Sex and Relationship Education (SRE) in schools.

The current context provides challenges and opportunities to build on the progress made in reducing teenage pregnancy rates to ensure that it is sustained and that other related outcomes are improved. |

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<tr>
<th>Performance/Evidence</th>
<th>Rates of teenage pregnancy and abortions</th>
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<td>At the time of reporting (2014/15 quarter 4 (Q4) to January to March 2015), Barking and Dagenham had the third highest teenage conception rate in London for the last 12 months (29.3 per 1,000 women aged 15-17 years compared to the regional rate of 20.6). This was also statistically significantly higher than the national rate (22.4 per 1,000 women aged 15-17 years). The highest quarterly rate in the last four years was 48 conceptions per 1000 women aged 15-17 years in 2011/12 Q1 and the lowest rate was 20 in 2014/15 Q2.</td>
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<td>Rates of under age conceptions by ward varies. For example in 2010-2012 this varied from 18.4 in Whalebone to 70.9 per 1000 young women aged 15-17 in Albion. However both quarterly rates and ward level data should be treated with caution due to small numbers.</td>
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<td>As stated, however there have been improvements in under age conception rates in recent times. Both the 12 month average and the three year rolling averages for under 18 conceptions show a narrowing of the gap between Barking and Dagenham and London and England from 2011/12 to 2014/15</td>
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Q4.

For teenage conceptions in the younger group – under 16s – the rate is higher in Barking and Dagenham than in any other London borough. There were 6.9 conceptions per 1,000 women in the age group in 2012-2014 in Barking and Dagenham, compared to 4.2 in London and 4.9 in England.

The legal abortion rate in under 18s is also high in Barking and Dagenham compared to London and England. Again, though, we have also seen a fall off of 26.5% in the rate of legal abortions for under-18s in Barking and Dagenham over the last four years, from 26.3 per 1,000 women aged 15-17 years in 2011, to 19.3 in 2014. The rate in Barking and Dagenham has been decreasing more quickly than both London (reduction of 21.1%) and England (reduction of 22.5%) over this time period. The number of repeat abortions for women aged under 19 years in 2015 was 18. This made up 14.4% of all abortions in under 19 year olds in Barking and Dagenham. This compares with 13.6% in London and 10.0% in England.

**Best practice interventions**

The National Teenage Pregnancy Strategy and recent NICE guidance gives examples of key interventions. In addition, a review of strategies and interventions from boroughs which have seen a major reduction in teenage conceptions has been used to identify common approaches, evidence based practice and essential elements that contribute to the effectiveness of local interventions.

**Examples of recent work in Barking and Dagenham**

Significant work has been undertaken in Barking and Dagenham to reduce the trend in teenage pregnancies. This includes the expansion of the C Card condom distribution programme coordinated by the Integrated Youth Service and including outreach. This has led to an increase in distribution of condoms, increased involvement of pharmacy and general practice for example, alongside education from the providers of the service.

Sexual Relationship Education (SRE) has been developed in primary and secondary schools. This has been supported by coaching and developing staff within the schools.

An Integrated Sexual Health Board is established as a collaborative approach to address sexual health priorities identified by the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, including teenage pregnancies.

Engagement with young people: For example insights work has been undertaken by Activ Mob and a Young Inspectors Parliament has been set up.

| Policy and legislation issues | Local Health and Wellbeing Board and Children’s Plan places teenage pregnancy as a priority. The Office of National Statistics (ONS) conception |
statistics were established in 1998, with an aim to halve England’s under 18 conception rate from the 1998 baseline by 2010.

Teenage pregnancy is also a key indicator in the Public Health Outcomes Framework.

Aspects of sexual health commissioning are a legally mandated service following the Health and Social Care Act, 2012.

The council is undergoing an important transition programme – Ambition 2020 - and major financial challenges. The public health grant, that supports some key services in relation to teenage pregnancy and public health is ring fenced until March 2018. In this context, priorities for the public health grant are also being reviewed.

This paper outlines the high teenage conception rates in Barking and Dagenham. Currently these rates are reducing and, at a faster rate, than in London and England. Yet local rates in under 18s are still high, we have the highest teenage pregnancy rates in the under 16s in London. The local rates of abortion and repeat abortions in young women in Barking and Dagenham are also high. The current financial context of the local authority and partners and the major change agendas provide a challenge and an opportunity to build on and sustain the improvement seen in local teenage pregnancy rates in Barking and Dagenham.

In this context the following areas of potential enquiry are proposed:

- What are the interventions and approaches that have contributed to the reduction in teenage pregnancy rates and narrowing of the gap in those rates between Barking and Dagenham and London and England?
- What other interventions should be put in place to sustain and/or further reduce the reduction in teenage pregnancy in Barking and Dagenham?
- Have we got in place appropriate and effective services to support those young people who become pregnant and their children?
- How do we ensure that current or future approaches to preventing teenage pregnancy, giving young people informed choices or supporting teenage parents are equally accessible to those who need them?
- Given the challenging financial and organizational context and how can we ensure services and programmes that give teenagers the opportunity to make informed choices and support teenage parents and their offspring are supported into the future?

These lines of enquiry can build on the work already undertaken to understand best practice and engage with young people and partners.