Report of the
Health and Adult Services
Select Committee:
Cancer Prevention, Awareness and Early Detection:
Scrutiny Review 2016/17

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Lead Member’s Foreword

The Health and Adults Services Select Committee (HASSC) is a scrutiny committee made up of local councillors who want to help improve health and social care outcomes for the borough’s residents by working with the Council and its partners to improve services and hold decision makers to account.

In 2016/17, as the Chair of the Committee, I oversaw an in-depth review into Cancer awareness and treatment services. We chose to review this area as we felt that the fear of having cancer was the main barrier for people to discuss this with their GP, which could mean that many people were missing out on early diagnosis of this diseases, such as breast, lung or prostate cancer.

We were concerned that there needed to be more public awareness around the importance of early intervention to ensure that care services are accessed in a timely manner to have the best possible outcome for our residents.

One of our residents shared her story of surviving cancer. I found her story of survival uplifting and you can read it for yourself on page 35 of this review.

Her journey was a mixed picture, she felt unwell for a long period but didn’t really follow it up with her GP.

Her message was loud and clear, eat well, exercise, drink in moderation and if you smoke, try to stop or get some help!

I also want all our residents to feel comfortable talking about cancer. Talking about cancer means we can share positive messages and encourage early diagnosis through understanding signs and symptoms. Currently many of our residents don’t know the signs and symptoms of cancer, and without knowing these it’s more difficult for our residents go to get help when they need it.

Leading a full and active life after a cancer diagnosis is most likely if the cancer is diagnosed early. I want to support residents to take up invitations to be screened and to assure them that it is the right thing to do.

I will be pushing for screening letters to be sent to groups that fall into the at-risk band.
It is very important that we have an awareness road show that goes into churches, temples, mosques and local schools.

All the evidence points to a ‘healthy lifestyle’ protecting against cancer, and this report points us toward making a change and making the healthy choice the easy choice.

Smoking is the leading cause of cancer in the borough, and I believe that the time has come to talk openly about how smoking is causing lung cancer in Barking and Dagenham. Sadly, a resident of Barking and Dagenham is one and a third times more likely to develop lung cancer than people in other parts of England.

I believe that residents can live healthily given the right environment. This means that Barking and Dagenham must become a place where the healthy choice is the easy choice. It must be a place where eating healthily and being active is normal from the start, and families who are overweight or obese are supported to address their problems.

This is easy to say, but much harder to achieve.

So, this review is very welcome and very necessary. It sets out a series of principles, ideas and actions that will support residents to become more aware of signs and symptoms of cancer and to recognise the importance of early diagnosis. This will help to focus and drive the work of all the borough’s health and social care partners Please take the time to read it.

Councillor Peter Chand
Lead Member, Health & Adult Services Select Committee 2016/17 – 2017/18
Members of the HASSC 2016/17

The HASSC members who carried out this Review were:

Councillor P Chand (Lead Member)

Councillor L Zanitchkhah (Deputy Lead Member)

Councillor S Alasia

Councillor A Aziz

Councillor Edna Fergus

Councillor J Jones

Councillor E Keller

Councillor H S Rai

Councillor F Shaukat
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Executive Summary

Members learnt that cancer is a serious disease that can impact on life in the short term, because of treatment, and also in the long term, because of disability as a result of the cancer. They were also assured that the risk of cancer and the worst consequences of cancer can be reduced.

4 out of 10 avoidable deaths in England are a result of cancer (ONS).

1 in 2 people will be diagnosed with cancer during their life (CRUK).

Over 2 million people are living with and beyond cancer in the UK (4 million by 2030) (Macmillan).

Through extensive scrutiny of lifestyle and early awareness of cancer in the borough members were able to make recommendations on how improvements can be made for residents.

The England Independent Cancer Taskforce\(^1\) established 4 priorities for improving cancer outcomes

1. A radical upgrade in prevention and public health – focus on reducing smoking and obesity
2. Achieving earlier diagnosis
3. Patient experience on a par with clinical effectiveness and safety
4. Transformation in support for people living with and beyond cancer

The LBBD Scrutiny Committee decided to focus on the first 2 priorities:

A radical upgrade in prevention and public health – focus on reducing smoking and obesity

Achieving earlier diagnosis

Based on the 2 priorities the Taskforce recommended 6 evidence-based outcomes:

1. Adult smoking rates should fall to approx. 1 in 10
2. 3 out of every 4 screening opportunities offered should be taken up
3. Approximately 6 out of 10 people should be surviving 10 years or more after a cancer diagnosis
4. More than 7 out of 10 people should be surviving for 1 year
5. The cancer waiting time standard of 2 weeks, 31 days and 62 days to be achieved
6. 95% of people to have a definitive cancer diagnosis within 4 weeks, and 50% within 2 weeks.

Barking and Dagenham are performing less well than we could be as a borough on some of these indicators, particularly 2 in 10 people in the borough smoke and less than 2 of every people invited attend screening.

Figure X
At the Talk Cancer workshop Members learnt that both lifestyle and awareness are important factors in cancer prevention and survival.

**Lifestyle**
Lifestyle factors that we can control include smoking, how much alcohol we drink, what we eat, how heavy we are, how much exercise we get, and how long we expose our unprotected bodies to the sun.

Smoking is most important preventable cause of cancer in Barking and Dagenham.

Being overweight can cause 13 types of cancer and Barking and Dagenham has one of the highest numbers of overweight and obese adults in any of the London boroughs.

Members also learnt that the lifestyle clearly has a big impact on residents’ risk of developing cancer but other factors are in play and we mustn’t forget about them. These include:
- Air pollution and radon gas
- Infections and HPV
- Hormones, for example HRT
- Risk factors in the work place e.g. exposure to asbestos, chemicals and gases
- Genes
- Age

**Screening and early diagnosis**
Members learnt that if a cancer diagnosis is made early it is better than if it is made late. A resident who is diagnosed with Stage 1 or Stage 2 cancer is more likely to survive one or five years, then someone diagnosed at Stage 4.

One way to find a cancer early is through screening, another is through recognising signs and symptoms.

Screening programmes available to residents include breast screening, bowel screening and cervical screening. Uptake of screening programmes is lower than the London average, and there is room to support an increase in uptake.

The research done with the Cancer Awareness Measure found that residents in Barking and Dagenham were less likely to recognise signs and symptoms of cancer compared to residents in other London boroughs.
From the report on the pilot for healthy lifestyle services members learnt that through the Mayesbrook Park pilot a number of health champions have been trained to talk to the public, and particularly to people from their own ethnic group about cancer, lifestyle and screening. These people now have the skills and knowledge to increase awareness.

From the resident’s experience Members learnt that there are 4 barriers to early diagnosis, and these barriers can be reduced with effective partnership working.

**Barriers to early cancer diagnosis**

1. **Emotional**
   - Too worried about what the doctor might find
   - Too embarrassed
   - Difficulty in talking about the symptoms
   - Too scared

2. **Cultural**
   - Language barriers
   - Other cultural barriers

3. **Practical**
   - Difficulty in making an appointment
   - Other things to worry about
   - Difficult to arrange transport

4. **Service**
   - Worry about wasting the doctor’s time
1. Background to the Review

Why did the Health and Adult Services Select Committee (HASSC) choose to undertake an in-depth review on Cancer Prevention, Awareness and Early Detection?

1.1 The Council’s scrutiny committees decide what topic to undertake an in-depth review on based on the ‘PAPER’ criteria. The section below explains why according to this criteria ‘Cancer Prevention, Awareness and Early Detection’ was a good topic to review.

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<td>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, the borough has the lowest net survival amongst London and West Essex Clinical Commissioning Groups (CCGs).</td>
<td>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. Members considered that there was potential to improve people’s knowledge around signs and symptoms of cancer.</td>
<td>As well as ranking the lowest out of 33 CCGs for net survival, 1 in every 4 cancers is diagnosed in the Accident and Emergency department. This is high compared to London and England.</td>
<td>As of the end of 2010, around 3,600 people in B&amp;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.</td>
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2. Scoping & Methodology

2.1 This section outlines the scope of the Review which includes the areas the HASSC wished to explore and the different methods the HASSC used to collate evidence for potential recommendations.

Terms of Reference

2.2 Having received a scoping report at its meeting on 7 September 2016, the HASSC agreed that the Terms of Reference for this Review should be:

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?
2. What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?
3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?

As there are over 200 types of cancer the HASSC agreed to focus on the four most prevalent cancers in the borough which are cancers of the lung, breast, bowel and prostate. These are also the four most common cancers nationally.

Overview of Methodology

2.3 The review gathered evidence during the Committee’s meetings held between 7 September 2016 and 11 January 2017. Details of stakeholders and their contributions to this review are outlined below.

Presentation – National and Local Context on Cancer Awareness and Early Diagnosis

2.4 On 7 September and 2 November 2016 Public Health delivered presentations which considered:

- The national challenge
- Cancer Taskforce Strategy priorities and ambition for 2020
- Barking and Dagenham cancer numbers
- Prevention and early diagnosis
- Barking and Dagenham – what are the problems and what is happening to overcome them.
Talk Cancer Workshop

2.5 Nurses from Cancer Research UK delivered an engaging workshop on 12 October 2016 to members of the HASSC as well as community health champions which raised awareness of the risk factors for cancer and the signs and symptoms.

Report on the Pilot for Healthy Lifestyle Services

2.6 At the HASSC meeting of 11 January 2017 members considered a report on a pilot project for Healthy Lifestyle Services in the borough and how such services could help raise awareness of cancer and its prevention locally.

A Resident’s Journey

2.7 On 2 February 2017 members of the HASSC met with a resident who previously had cancer to hear about the resident’s journey and take her views into consideration as part of this review.

Submissions

2.8 During the review xxxx, and xxxx submitted statements to the HASSC expressing views about current provision, pathways and potential areas for service improvement.

Research

2.9 During the Review Council Officers considered the following pieces of evidence: NOTE: to be extended.

3. Introduction – Understanding Cancer

What is cancer?

3.1 There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way.

One common fact about cancers is that all cancers begin in cells. Our bodies are made up of more than a hundred million million (100,000,000,000,000) cells. Cancer starts with uncontrolled changes in one cell or a small group of cells.

Usually we have just the right number of each type of cell. This is because cells produce signals to control how much and how often the cells divide. If any of these signals are faulty or missing, cells may start to grow and multiply too much and form a lump called a tumour. Where the cancer starts is called the primary tumour.

Some types of cancer, called leukaemia, start from blood cells. They don't form solid tumours. Instead, the cancer cells build up in the blood and sometimes the bone marrow.

A Typical Cell

Source: Cancer Research UK

Source: www.nhs.uk
The Impact of Cancer

3.2 Cancer is a serious disease that can impact on life in the short term, because of treatment, and also in the long term, because of disability as a result of the cancer.

3.3 Cancer and the worst consequences of cancer are also preventable. We look at prevention and early awareness in section 4, of this report.

3.4 Cancer that is found early is more easily treated than if it is found late. We look at early detection in section 5, of this report.

3.5 The consequences of cancer and its treatment may mean that people are unable to take part in activities that had been a normal part of their life before, such as going to school or college, shopping, working, socialising, being physically active, going on holiday and enjoying sexual intimacy. This leads to a significant knock-on effect on family and friends, which in turn may cause breakdown of relationships, mental health problems and further isolation.²

Common Signs and Symptoms of Cancer

3.6 The common signs and symptoms of cancer are:

- A lump in your breast
- Coughing, chest pain and breathlessness
- Changes in bowel habits
- Bleeding
- Unexplained weight loss
- Any changes that you don't recognise in your body.

Source: www.nhs.uk and www.cancerresearchuk.org

How is Cancer Treated?

3.7 Common treatments for cancer include:

- Surgery
- Radiotherapy
- Chemotherapy

• hormone therapy.

Source: www.cancerresearchuk.org

Cancer taskforce

The England Independent Cancer Taskforce\(^3\) established 4 priorities for improving cancer outcomes

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Barking and Dagenham are preforming less well than we could be as a borough on some of these indicators, particularly 2 in 10 people in the borough smoke and less than 2 of every people invited attend screening.

**Figure X**

### 4. Risk Factors for Cancer

LBBD officers spent the afternoon of the 12 October 2016 taking part in a ‘Talk Cancer workshop’ run by Cancer Research UK. It was an excellent opportunity to hear experts in the field talk about some of the myths around cancer and to present the facts about incidence, diagnosis and treatment, in a very positive and encouraging way. All the attendees found the session, which was presented in an interesting and enjoyable way, very helpful in increasing their knowledge and actually changing their thoughts about cancer from a negative to a more positive way…

**Pre-workshop word association**  **Post-workshop word association**

The session busted a number of common cancer myths, and gave an excellent insight into just how important a healthy lifestyle is to preventing cancer.
4.1 Cancer specialists estimate that 4 out of 10 cancer cases could be prevented largely through lifestyle changes. Many people believe that getting cancer is purely down to genes, fate, or bad luck. However, as members discovered on the Talk Cancer session in October 2016, our risk depends on a combination of genes, age, environment, and lifestyle, the last two factors we are more able to control.

Lifestyle factors that we can control include smoking, how much alcohol we drink, what we eat, how heavy we are, how much exercise we get, and how long we expose our unprotected bodies to the sun.

4.2 Smoking

Smoking remains the most important preventable cause of cancer Barking and Dagenham. Smoking has a long history of being linked to lung cancer, having been identified by Dr Richard Doll in the 1950s. Research in recent times has now also identified that smoking increases the risk of developing cancer in many other areas of the body including breast, bowel, stomach, bladder, prostate and cervix. It is in fact fair to say that there isn’t a part of the body that the damaging effects of smoking do not reach.

4.3 Alcohol consumption

According to recent research from Sheffield University alcohol related cancers will cause about 135,000 deaths over the next 20 years, unless people radically change their drinking habits.

The majority of alcohol-related cancer deaths are expected to be from cancers of the oesophagus, bowel, mouth and throat, breast and liver.

Advice on safe alcohol consumption has varied over the years and has not provided the necessary clarity for the public, part of the difficulty being that moderation, rather than total abstinence has been the message.
4.4 Diet

Diet can directly affect cancer risk. Some foods, such as processed and red meat and salt-preserved foods, can increase the risk of developing cancer; whilst others, such as fruits, vegetables and foods high in vitamins, minerals and fibre, can reduce the risk.

Eating a healthy, balanced diet also helps maintain a healthy body weight, which is important, because obesity is the second biggest preventable cause of cancer after smoking. However in areas of deprivation like Barking and Dagenham it can be harder to afford a healthy diet and money will go further in buying sugary, refined food than buying fruit and vegetables.

4.5 Weight

Research shows that many types of cancer are more common in people who are overweight or obese. This is essentially because fat cells affect the level of hormones and proteins in the body. These chemical messengers can then cause cells to change and divide abnormally, and so becoming cancerous.

Being overweight or obese can cause 13 types of cancer. The list includes 2 of the most common types of cancer that affect people in Barking and Dagenham, breast and bowel and 3 of the hardest to treat – pancreatic, oesophageal and gallbladder cancer.

Excess fat around the belly is particularly linked to cancer of the bowel and breast.

*Source: Active People Survey, Sport England.2012*

4.6 Exercise

Around 3,400 cases of cancer in the UK each year could be prevented by keeping active.

Being inactive and sedentary lifestyles can increase the risk of cancer. The risk of getting bowel, and breast cancer could be reduced if people increased their physical activity.

Physical activity can help people manage their weight and therefore decrease the cancer risks that are linked to excess weight.
Physical activity helps food move through the bowel and so reduces the amount of time the toxins from digestion are in contact with the lining of the bowel.

Physical activity also helps control levels of inflammation in the bowel, which if repetitive can lead to cells multiplying more frequently than usual as they attempt to repair the damage. There is then more risk that this excess cell multiplication can turn cancerous.

*Source: Active People Survey, Sport England.2012*

### 4.7 Exposure to the sun (solar radiation)

Overexposure to ultraviolet (UV) light from the sun, during leisure or work, or sunbeds is the main cause of skin cancer.

Melanoma is the most serious type of skin cancer and in the UK more than 8 in 10 cases could be prevented through enjoying the sun safely and avoiding sunburn.

There are 2 main types of UV rays that damage our skin. Both types can cause skin cancer:

- **UVB** is responsible for the majority of sunburns.
- **UVA** penetrates deeper into the skin. It ages the skin, but contributes much less towards sunburn.

Sunbeds give off UVA and UVB, but the mixture of the two is usually different to natural sunlight and the UV is often much stronger.

Sunburn is a clear sign that the DNA in your skin cells has been damaged by too much UV radiation. Getting painful sunburn, just once every 2 years, can triple your risk of melanoma skin cancer.

*Source: [http://www.cancerresearchuk.org](http://www.cancerresearchuk.org)*

### 4.8 Other factors?

Members learnt that the lifestyle clearly has a big impact on residents’ risk of developing cancer but other factors are in play and we mustn’t forget about them. These include:

- Air pollution and radon gas
- Infections and HPV
• Hormones
• Risk factors in the work place e.g. exposure to asbestos, chemicals and gases
• Genes
• Age

5. The Importance of early diagnosis

5.1 Stages of cancer development

While no-one wants to be diagnosed with cancer Members learnt that if a cancer diagnosis is made early it is better than if it is made late. A resident who is diagnosed with Stage 1 or Stage 2 cancer is more likely to survive one or five years, then someone diagnosed at Stage 4.

Staging is important because cancers that are smaller and not entangled with healthy cells are harder to find but easier to treat. These cancers are generally stage 1 and stage 2 cancers.

Cancer grows and as it grows it gets bigger and entangled with other, healthy cells. Staging is a way of describing how big a cancer is and whether it has spread into surrounding tissues.

5.2 National cancer screening programmes and uptake

Screening is a positive way of finding cancers early so that they can be treated.

There are 3 national cancer screening programmes, bowel, breast and cervical cancer. Screening can help detect cancer before the person has symptoms or has become aware of any. People should still be alert to signs and changes as described earlier in section 3 as cancer can develop between screening rounds. However, attending screening is a good way to save lives by finding cancer at an early stage.
The earlier cancer is detected in a person and is treated, the longer his or her survival after diagnosis is likely to be. People need to be registered with a GP with an up to date address to receive screening invitations.

**Bowel cancer**

Bowel screening is offered every 2 years to people between the ages of 60 and 74, however those over the age of 74 can request a screening kit. The screening can detect cancer at an early stage and also help cancer from developing in the first place.

**Breast cancer screening**

Breast cancer uses a test called mammography which involves taking x-rays of the breast; it can help find cancers early when they are too small to see or feel. Tiny breast cancers, at Stages 1 or 2, are usually easier to treat than larger ones. Screening is offered to women between the ages of 50 and 70, though again, people over the age of 70 can request a screening. There are also pilots to increase the age range for screening so that it is between 47 – 73 years.

Current evidence suggests that breast screening reduces the number of deaths from breast cancer by about 1,300 a year in the UK.

**Prostate cancer screening**

Diagnosis of prostate cancer is by a GP through recognising signs and symptoms and sending a resident for further tests. This depends on the resident recognising the potential signs and symptoms.

There is no national screening programme for prostate cancer because we don’t have a reliable enough test to use.

**Lung cancer screening**

Diagnosis of lung cancer is by a GP recognising signs and symptoms and sending a resident for further tests. Of course, again this depends on the resident recognising the potential signs and symptoms first.
There is no screening programme for lung cancer because there isn’t a practical way to screen a population for this condition.

5.3 **Emergency cancer presentation**

Emergency presentation of cancer often happens late at Stages 3&4. Diagnosing cancers early is important and members learnt that residents of Barking and Dagenham are less likely to recognise signs and symptoms of cancer. When a patient is diagnosed as an emergency, this can mean their cancer has progressed to stage 3 and 4 and this is harder to treat.

6. **The Incidence of Lung, Bowel, Breast and Prostate Cancers**

6.1 This section compares the incidence of the four most common cancers in Barking and Dagenham against national rates.

**Lung Cancer – the National Picture**

6.2 Most lung cancers are diagnosed at a late stage and it is more common in those living in the most deprived areas.

Lung cancer is the third most common cancer in the UK, 46,000 new cases were diagnosed in 2014. Incident rates are highest in the 85-89 age group, but 44% are diagnosed in people aged 75 and over.

**Lung Cancer – the Local Picture**

6.3 A resident of Barking and Dagenham is one and a third times 4 more likely to develop lung cancer than people in other parts of England. The incidence of lung cancer in Barking and Dagenham is higher than the national average, which is in keeping with the fact that it is the 3rd most deprived borough in London and that smoking rates are higher than London and the average.

However, after treatment a resident is more likely to survive up to 1 year. The 1 year survival rates at 37.6% are better than England (35.4%)

**Breast Cancer – the National Picture**

4 CRUK Local stats site The 2013 European age standardised rate for 2012-14 is 109.9 per 100,000 where the England average is 79.8.
Breast cancer is the most common cancer in the UK, and the commonest cause of cancer in women, with 150 cases diagnosed every day. Most breast cancers are diagnosed at an early stage, but incident rates are expected to rise by 2% up to 20135.

Incident rates are highest in people 85 years and over, but 1 in 2 breast cancers are diagnosed in women aged 65+.

There is increasing evidence that black African and black Caribbean women have a high risk of particular types of breast cancer and are more likely to get breast cancer in an aggressive form (‘triple negative cancer’) and so have a much worse prognosis. The survival rate for women aged 15-64 years after both one and three years is significantly lower in black African/Caribbean women than in white women.\(^5\)

**Breast Cancer – the Local Picture**

A resident in Barking and Dagenham is less likely to develop breast cancer than a person living in the rest of England. This is in keeping with the fact that it is less common in the most deprived areas and in the Asian and black females.

Once diagnosed a resident likely to survive to one year, and this is good news. In Barking and Dagenham 9 out of 10 people survive to one year, across England this is also 9 of 10 people.

It is, however, important to note that there is slightly lower than expected uptake of breast cancer screening, the relatively high numbers of people of Black ethnic origin in the population.

Breast cancer screening uptake in Barking and Dagenham (2015) was 6 out of 10 (60%) people invited compared to England 7 out of 10 (73%).

**Bowel Cancer – the National Picture**

Bowel cancer is more common in males living in deprived areas and most bowel cases are diagnosed at a late stage.

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Bowel cancer is the 4th most common cancer in the UK, with 110 cases diagnosed every day.

Over the last decade, bowel cancer incidence rates have increased by a twentieth (5%) in the UK. The increase is greater in females where rates have increased by 6%, than in males where rates have increased by 3%.

**Bowel Cancer – the Local Picture**

6.7 A resident in Barking and Dagenham is slightly more likely to develop bowel cancer than a person living in the rest of England.

Residents are less likely to send their screening kits back for testing than in England generally. Until recently screening uptake rate was 4 of 10 in the 60-69 year age group, across England it was 6 of 10.

Barking and Dagenham is now seeing 5 of 10 people sending off kits. This has happened since the start of a local scheme to increase uptake.

Once diagnosed a resident is equally likely to survive 1 year as other people living in England.

**Prostate Cancer – the National Picture**

6.8 Prostate cancer is the most common cancer in males, with 130 cases being diagnosed every day.

One in every two cases are diagnosed each year in men aged 70+ and the numbers diagnosed have more than doubled since the 1970s, probably because of improved diagnostic testing. The numbers of cases of prostate

Black men have a higher risk of developing prostate cancer than other ethnic groups. Prostate cancer is three times more common in Black ethnic groups.\(^6\)

**Prostate Cancer – the Local Picture**

6.9 A resident of Barking and Dagenham has the same chance of developing prostate cancer as someone in another area of London.

However, a person who does develop prostate cancer is sadly, more likely to die\textsuperscript{7}.

6.10 Barking and Dagenham has a has larger than average young population of men of Black African and Caribbean ethnic origin and the number of cases of prostate cancer is likely to rise in the future. For this reason, it is important to raise awareness of the signs and symptoms.

7. Why is the incidence of lung, breast, bowel, and prostate cancers higher in Barking and Dagenham?

In this section we explore the reasons why the incidence of lung, bowel and prostate cancer is higher in the borough than the England average.

Lifestyle Influences

7.1 As previously mentioned 4 out of 10 cancers could be prevented by healthier lifestyles. So a decision to smoke and continue smoking, for example will increase a person’s risk of developing cancer. Also choosing not to do anything about being overweight, exercising and eating more healthily, a person is also increasing their risk.

However the ability to choose to live a healthy lifestyle is harder and more limited if you are poor than if you are more affluent. You may feel unable to afford healthy food, which is more expensive than unhealthy, more refined food and you may feel unable to afford to belong to a club that will encourage you to exercise. In fact, you may feel depressed and lacking in motivation anyway and find it hard to break a habitual cycle of

\textsuperscript{7} Mortality rates for prostate cancer are higher than the England average – 52.4 per 100,000 as opposed to 45.9. This follows logically from the higher incidence rate
unhealthy behaviours, unless there is access to the means to change and which won’t cost money.

**Lifestyle influences: In LBBD**

4 in 10 cancers can be avoided through lifestyle modifications

**Smoking**

Smoking prevalence in Barking and Dagenham is 18.4% and higher than the London average (14%) and the national (16.3%). The numbers of smokers in Barking and Dagenham have steadily been going down as have the national averages, particularly since the 2007 smoking ban in public places. However, we know that there are certain pockets of the population where smoking prevalence is above the averages that are cited. This is because the poorer the area, the higher the prevalence of smoking. In these communities and amongst the unskilled and manual working groups smoking remains an acceptable, social activity. Stop smoking services have attempted through various targeting strategies, to actively engage these resistant smokers in quitting attempts with some degree of success. However it is difficult and intensive work to break down these barriers and support the breaking of habits that are long established and often perpetuated through family and friendship networks.
**Alcohol**

In Barking and Dagenham, it is estimated that 14.2% of the population binge drink at least one day a week which is not as high as the national average of 20.1%

However with poor rates of other healthy lifestyles and poorer outcomes on cancer compared to national and London averages, we should not be complacent about Barking and Dagenham’s statistics and should aim to bring about a decrease in drinking levels.

**Diet**

Food access, particularly to healthy food is a problem in some areas of Barking and Dagenham. The borough also has a high number of takeaway food outlets particularly in residential areas and intake of fruit and vegetables is low with 4 in 10 people eating fruit and vegetables every day compared to 5.5 in 10 across England. It is clear that these things impact on the healthy weight of people in the borough.

**Weight**

1 in 4 reception children and 1 in 3 year 6 children are overweight or obese (2014/15) This prevalence sets Barking and Dagenham as the 5th highest prevalence of excess weight in reception (26.6%) in London, above the London and National prevalence of 23% and 22.5% respectively. Barking and Dagenham also has the 3rd highest prevalence of excess weight in year 6 (42.2%) in London, above the London and National prevalence of 37.6% and 33.5% respectively.

Nationally 64.6% of adults nationally are overweight, in Barking and Dagenham this figure is 68.4% and is the highest of all the London boroughs.

**Exercise**

Physical activity of adults in Barking and Dagenham is low (46.4%), with less than one in two residents taking 150 minutes of physical activity per week. The England average is 6 out of 10 people doing this amount of activity.
A Healthy Weight Strategy for Barking and Dagenham to address lifestyle issues in the borough, such as diet and physical activity was approved by the Health and Wellbeing Board in September 2016 [https://www.lb bd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/health-and-wellbeing-strategy/81738-2/](https://www.lb bd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/health-and-wellbeing-strategy/81738-2/)

### Recommendation

Support the actions linked to the vision and ‘to do’s of the borough’s Healthy Weight Strategy

1. Enable families and individuals to take responsibility for achieving and maintaining a healthy weight.
2. Make an active lifestyle and healthy eating the easier choice.
3. Address causes that put particular groups of families and individuals at a greater risk of obesity.
4. Ensure the built and natural environment support families and individuals to be more healthy and active.

### Exposure to sun

Residents are exposed to the sun particularly during heatwaves. The borough takes an active role in advising residents particularly those at high risk.

Some occupations, including people who work on highways for LBBD, need protection when exposed to the sun.

### The Cancer Awareness Measure

Members learnt that in 2009/2010 residents were asked a number of questions as part of national research to find out if people could
recognise signs and symptoms of cancer. This research used the Cancer Awareness Measure (CAM). This survey found that while people are generally aware that smoking can cause cancer only 1 in 3 residents of Barking and Dagenham were aware that a persistent cough can be sign of cancer.

Similarly 1 in 3 residents could not recall any other sign or symptom of cancer including:

- An unexplained lump or swelling
- Persistent unexplained pain
- Unexplained bleeding
- A persistent change in bowel habits

At the same time, across England 2 in 3 residents could recall a classic cancer symptom.

Local information, from a small number of residents who answered a questionnaire, suggests that in 2016 4 in 5 residents know that an unexplained lump or swelling could be a sign of cancer.

In the same survey we found that 3 in 5 residents were aware that a persistent cough, persistent change in bowel habit or change in appearance of a mole is a sign or symptom of cancer.

Less residents were aware of other signs and symptoms e.g. persistent difficulty in swallowing; a sore that does not heal; a persistent unexplained pain.

Awareness of the signs of cancer is also lower in men, teens and ethnic groups.
7.2 Cancer and improving awareness and early intervention is the topic of this review. Through the review process Members found that there are a number of barriers to getting diagnosed. These can be emotional, cultural, practical and service-based barriers.

**Emotional**
Cancer is a concerning topic and some people find it very difficult to talk about, they may be embarrassed, concerned with what the doctor might find or simply not quite know how to bring the topic up with the doctor.

**Cultural**
Difficulty in talking about cancer may also be a cultural issue, for some residents English is not a first language. There may also be cases where individuals are not taking tests e.g. bowel cancer screening because handing faeces is culturally offensive.

**Practical**
Both for screening and diagnosis residents need to tackle practical issues such as making an appointment, and arranging or taking transport. These issues can disproportionality affect people from vulnerable groups in the community including people from minority ethnic groups, people with mental health issues, people living with learning disabilities and people living with physical disabilities.

**Service**
Sometimes residents simply worry that they are wasting the doctor’s time with their concerns.

- Too worried about what the doctor might find
- Too embarrassed
- Difficulty in talking about the symptoms
- Too scared
Cultural
Language barriers
Other cultural barriers

Practical
Difficulty in making an appointment
Other things to worry about
Difficult to arrange transport

Service
Worry about wasting the doctor’s time

In general Barking and Dagenham residents are more likely to have emotional barriers to seeking diagnosis rather than practical barriers. However vulnerable groups may need additional support to overcome barriers.

Screening uptake

Residents of Barking and Dagenham have access to the three cancer screening programmes, breast, bowel and cervical. The uptake of cervical screening is 70.2% slightly worse than the England average of 73.5%.

Breast cancer screening

The uptake of breast cancer screening in the borough is decreasing. In 2012 the offer was taken up by 64% of those offered. In 2014/15 this had decreased to 60%. One barrier to attending has been that there is no breast screening unit in the borough.

There is considerable variation in uptake by patients across GP practices. Some GP practices in the borough have an uptake that is higher than 64%, others needs support and have an uptake that is considerably lower than 64%.
Bowel cancer screening

The uptake of bowel cancer screening in the borough is low and steady. In 2012 the offer was taken up by 43% of those offered. In 2014/15 this was still 43%. One barrier to taking the test has been lack of awareness of the test and cultural objections to handling faeces.

Uptake of bowel screening has recently increased to 51.73% after the introduction of a local enhanced services agreement with GP practices.

There remains considerable variation in uptake by patients across GP practices with some practices achieving an uptake of 53.7% and others 31%.

Figure X Changes in breast and bowel cancer screening uptake 2012 – 2015.

The Cancer Strategy for England⁸ recommends that NHS England work with other arm’s length bodies to develop a cancer dashboard of metrics at the

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CCG and provider level. It is proposed that this dashboard includes information on screening uptake across GP practices.

7.3 **Emergency diagnosis results in poorer outcomes for residents.** As an outcome of all the factors that are outlined in this section residents of Barking and Dagenham the number of cancers diagnosed at a later stage, Stages 3 and 4, in the borough is higher than is usual in England.

The chances of a resident surviving for one year after a cancer is diagnosed at accident and emergency is significantly lower than all other routes to diagnosis because this generally correlates with late stage diagnosis. The impact of this can be demonstrated by looking at the rates of survival when cancer is diagnosed at different stages. For example, in bowel cancer, an early diagnosis usually means 9 out of 10 residents will survival for 5 years or longer, whereas a late diagnosis often results in less than 1 in 20 surviving five years or longer.

For breast cancer early diagnosis results in 9 out of 10 residents surviving 5 years or longer, but late diagnosis means only 1 in 10 surviving five years or longer.

Nearly 1 in every 4 (22.8%) cancer diagnosis in Barking and Dagenham are made through emergency routes, as compared to the England average which is 1 in every 5 (20.1%) of cancer diagnoses.

**Presenting late for cancer diagnosis leads to poor outcomes for residents.** Sadly, residents who are diagnosed with cancer in the borough
are more likely to be diagnosed late and therefore not to survive one year, Figure X.

**Figure X** all age group, age-standardised mortality rate per 100,000 by tumour group, LBBD and England, 2013

Source: LCI-PHE and MCS
Case Study

Mary's story
Mary told members that she had suffered with lung cancer which later spread to her brain, and how, after successful treatment, she is now leading a full and active life.

Mary explained that she before her lung cancer diagnosis, she had had a cough for about three weeks but that at the time this did not seem relevant to her because her main concern was severe joint pains. She was an ex-smoker but at the time of her diagnosis she had not been smoking for over 8 years. She had also lost weight. The joint pain, her main concern, was unusual for her and so she went to her GP. A test result showed a high marker for cancer in her liver and an X-ray later confirmed that there was a mass in her lung. Queen’s was initially not able to confirm a cancer diagnosis despite undertaking a bronchoscopy and PET scan due the positioning of the mass in her lung. Eventually she was referred to a consultant in Barts and three weeks later she had an operation to remove the cancer.

Following on after her treatment for lung cancer, at around March/April, Mary noticed that one side of her mouth had dropped so visited her GP again. He initially suspected Bell’s Palsy but sent her for tests to be sure, and it was after this that she found out that she had a tumour in her brain. Mary started treatment at King George’s Hospital in the chemo unit which is both small and comfortable. It was very positive that there was cancer nurse who she could contact. She could leave a message and the nurse was good at ringing her back.

Mary shared that her faith played an important part in her emotional state while she had cancer and still does. She went to a retreat in Bristol with her sister which she found very helpful, her she learnt more about cancer and the importance of diet in preventing cancer. She felt her immune system was very poor prior to her developing cancer as she kept getting infections. She personally felt that this may have had part to play in her developing the tumour.

To help other people she felt there are a lot of messages already out in the borough about diet and other lifestyle changes; however, these are not linked to cancer. Local services could be more explicit in their messages about the link between lifestyle and cancer but it is important to do this in a positive way by emphasising that it is preventative. Mary also felt the reason people in the borough don’t always attend screening is perhaps down to fear so she considered it is important to explain to people what cancer is and that it can be beaten more easily if it is caught early.

HASCC took from Mary’s story:
1. It is important to raise awareness of signs and symptoms of cancer.
2. It is important that residents have access to local services for both diagnosis and treatment.
3. It is important to ensure easy access to screening
4. It is important to promote the message that even if one does develop cancer that early treatment can lead to
8. **What is Working Well and What more can be done?**

*We may want to use submissions here from local stakeholders – Dr Rai??*

Have emailed Kanika and asked for some anecdotal/observations from her work with patients

**What is working well?**

The Mayesbrook Park pilot is an exciting piece of local work designed to increase awareness of healthy lifestyles, including signs and symptoms of cancer. This piece of work is particularly exciting because, through community engagement, many of our local residents are involved. Some are involved as community champions, and in this role have been trained to engage with their own community, whether that be an ethnic community, a faith community of simply their neighbours. If this piece of work evaluates well it will be rolled out across the borough.

Barking and Dagenham health partners have also been successful in introducing positive change through communities, GP practices and St Georges and Queen’s Hospitals.

8.1 **In the community**
- Local slant on NHS awareness campaigns.
- Using social media and posters E.g. Be Clear on Cancer
- Some community talks to local groups
- Physical activity schemes for cancer patients

8.2 **In GP practices**
- A *Cancer Research Facilitator* is in post to support primary care to develop skills and knowledge in cancer awareness and treatment
- Practice visits by MacMillan GPs and primary care facilitator
- Local Enhanced Scheme from bowel cancer screening.
- GP education programme to increase awareness of common and vague signs and symptoms of cancer
- Education programme for practice staff to support patient care locally
- Improved patient awareness of signs and symptoms of cancer, particularly within hard to reach groups
- Work plan to increase the uptake of screening services
8.3 St Georges and Queen’s Hospitals
• Audit of emergency department presentations of cancer to identify potential opportunities for early diagnosis and improved patient experience.

8.4 Across Barking & Dagenham, Havering and Redbridge
• Collaborative working with secondary care clinicians to develop direct access diagnostic pathways

What more can be done?

8.5 Support action to increase community awareness of importance of lifestyle. Building on the Mayesbrook project work and the community engagement, if successful, consideration should be given to rolling out this approach to wards across Barking and Dagenham.

8.6 Introduce targeted social media campaigns linked to the national be Clear on Cancer NAEDI campaigns. With the aim of increasing uptake of screening and awareness of signs and symptoms.
– Including encouraging attendance at the Cancer Research UK roadshow
– A targeted approach to increase screening in vulnerable groups e.g. increasing the uptake of bowel screening in people with learning disabilities should be put in place. (ELF)
– A targeted approach to increasing awareness and the uptake of screening in LBBD staff and other staff in the workplace can be encouraged through the London Work Place Health initiative.

8.7 Support action to increase screening, particularly bowel screening
– Support and encourage local residents to register with a GP practice
– Encourage health partners to put in place actions that are known to improve uptake of screening
  – Phone reminders
  – Case note reminders
  – Local enhanced services agreements

8.8 Support staff to skills in talking about cancer to residents, particularly community health champions, Community Solutions, social care and health staff.
– Encourage awareness training including on-line (making Every Contact Count (MECC))
8.9 Further strengthen partnership with health providers to provide a consistent approach to awareness and early intervention role of health providers:

- Strengthen links through the North East London Cancer Commissioning Board
- Strengthen local public health contracts through specifications that include a requirement to increase awareness and early intervention in cancer.

9. Conclusions, Recommendations and next steps

9.1 This report will be submitted to xxxx, who will decide whether to agree the recommendations. If the recommendations are accepted, xxx will be asked to draw up an action plan describing how the recommendations will be implemented. In six months’ time, the HASSC will request a monitoring report explaining the progress of the implementation of the recommendations and whether anything could be said of the early impact they have had.
The HASSC would like to extend its thanks to the following for contributing to this Review:

Officer Support for this Review

Members also thank the following Council officers for their support during this Review:

- Sue Lloyd: Public Health Consultant
- Mary Knower, Public Health Strategist
- Masuma Ahmed: Democratic Services Officer
Appendices
Cancer Myths

**Stress causes cancer**

Some people think that stress can cause cancer but the evidence for this is poor.
Stressful events can alter the levels of hormones in the body and affect the immune system but there is no evidence that these changes could lead to cancer.
Stressful situations can make some people more likely to take up unhealthy behaviours such as smoking, overeating and drinking alcohol. We know these behaviours increase the risk of developing cancer.

**Mobile phones cause cancer**

So far, the scientific evidence shows that it’s unlikely that mobile phones could increase the risk of cancer, but we do not know enough to completely rule out a risk.
The use of mobile phones has skyrocketed since the 1990’s. If mobile phones increase the incidence of brain cancer, increasingly people should be developing this disease. In the UK, the incidence of brain cancer has been constant for years.