Title: The Cancer Prevention, Awareness, and Early Detection Scrutiny Review

Report of the Director of Public Health

Open Report For Decision

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Summary:

At the start of the 2015/16 municipal year, the Health & Adult Services Select Committee (HASSC) agreed to undertake an in-depth scrutiny review into cancer prevention, awareness and early detection. Appended to this cover report is the proposed final report arising from this scrutiny, which makes 12 key recommendations to the Health and Wellbeing Board and partners to help improve the health and cancer awareness and early intervention and raise the profile of cancer awareness in the borough. The appended scrutiny report provides the background to why the HASSC chose to review this area, the methodology for the scrutiny, what the scrutiny found in relation to cancer prevention, awareness and early detection for Barking and Dagenham residents, and the evidence base for the recommendations made.

The HASSC was consulted on the draft report in March 2017 and Councillor Worby, the Cabinet Member for Health and Adult Social Care, and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

As standard scrutiny practice, a monitoring report shall be presented to the HASSC providing an update on the progress of the 12 recommendations in approximately six months’ time to help the HASSC evaluate the effectiveness of this scrutiny review and to what extent it has helped improve services for the borough's residents.

Recommendation(s)

The HASSC is recommended to agree the appended scrutiny report on local cancer awareness and early detection services, which makes 12 recommendations.

Reason(s)

The topic of Cancer Prevention, Awareness and Early Detection relates to the Council’s priority to ‘Enable Social Responsibility’ and the objectives to ‘protect the most vulnerable, keeping adults and children healthy and safe’ and ‘ensure everyone can access good quality healthcare when they need it’.
It is best practice to ensure that reports arising from scrutiny reviews are placed in the public domain and that HASSC places on record its agreement to the report and recommendations so that officers may work to ensure that the recommendations are shared with the decision maker, in this case, the Health and Wellbeing Board, and that feedback to the Committee on which of the recommendations are accepted and the plans to ensure that they are implemented, is provided in a timely manner.

1. **Introduction and Background**

1.1 For 2016/17, the HASSC agreed that Cancer would be the topic on which to undertake a scrutiny review due to the scale of the issue locally, and the serious implications on public health. It was felt that an in-depth review into this topic would add value.

2. **Title and Terms of Reference**

2.1 Due to restrictions on time and resources, the focus of the review was on factors that help prevent cancer and increase awareness and early detection. The title of the Scrutiny Review is “Cancer Prevention, Awareness and Early Detection” and the following three key questions formed the Terms of Reference:

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?

3. **Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?**

3.2 In summary, the reasons why residents are more likely to develop cancer and less likely to survive are, that they tend to have less healthy lifestyles, and are less aware of cancer signs and symptoms. This means that cancer is more likely to develop and less likely to be identified early.

3.3 Lifestyle accounts for 4 out of 10 preventable deaths from cancer and, for many reasons, residents of Barking and Dagenham have less healthy lifestyles than in many other London boroughs (see section 4 of the Report at Appendix 1). This suggests that more action is needed to improve lifestyle in the borough.

3.4 As well as residents often having less healthy lifestyles, the evidence indicates that people in the borough are also less likely to be aware of the signs and symptoms of cancer when these do occur (see section 7). This suggests that more action is needed to raise awareness so that residents are more aware of signs and symptoms of cancer.

3.5 Rates of diagnosis of cancer through emergency routes in Barking and Dagenham are decreasing but are higher than the England average. To improve this situation, it is essential that we have improved screening rates (see section 6) and effective routes to diagnosis (see section 8).
3.6 It is recommended that:

- The Health and Wellbeing Board act to reduce the prevalence of smokers in the borough, to levels comparable with London.
- The Health and Wellbeing Board set out to the HASSC what action it is taking to meet the priorities to reduce the number of overweight and obese individuals in the borough, to levels comparable with London.
- The Health and Wellbeing Board take action to increase residents’ awareness of the how lifestyle, including exposure to sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening.

4. **What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?**

4.2 In summary, there are many reasons why residents are less likely to present for screening, and to an extent the reason depends on the type of screening, and may be as simple as the resident not understanding the importance of being screened. In the review, we address breast and bowel screening. The reasons why residents do not always respond are presented below (also see section 7 for the report):

- Emotional – residents worry, or are scared about what the screening might find.
- Cultural – residents are not always able to understand the information that they are sent. For some residents, the process of screening can be culturally offensive, one example is bowel screening, as residents need to handle their own faeces.
- Practical – difficulty in making an appointment with the GP surgery can be a barrier as can be getting to a surgery appointment, or to a screening unit.

4.3 These findings suggest that more action is needed to be assured that the providers of screening services communicate effectively, and regularly, with residents in Barking and Dagenham, using appropriate languages and cultural approaches. The service commissioners can most effectively facilitate this approach, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group.

4.4 Assurance can also be provided from NHS England, through the Director of Public Health’s Health Protection assurance process.

4.5 It is recommended that:

- The National Awareness and Early Detection Initiative (NAEDI) inform the commissioners on what action it is taking to target specific ‘at risk’ groups.
- The Barking and Dagenham Clinical Commissioning Group to ensure that GPs are auditing and acting on audit information to ensure that patients enter the cancer pathway appropriately and cancer is diagnosed at as early a stage as possible.
- The Health and Wellbeing Board, in partnership with MacMillan and Cancer Research UK, take action to increase the proportion of residents returning bowel cancer screening kits within the next year.
• Urges that NHS England to make the Cancer Dashboard available within one year.

• The Health and Wellbeing Board take action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices.

5. **What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London Boroughs?**

5.2 In summary, Barking and Dagenham residents are not as knowledgeable about signs and symptoms of cancer as people in other London boroughs. We know that in 2009 residents in Barking and Dagenham were less aware of common signs and symptoms of cancer, such as lumps and swellings; and even less aware of less common symptoms like a long-term cough.

5.3 A small survey of residents in 2016 found that awareness of signs and symptoms amongst residents has improved slightly but the question still stands, why do residents present so often, with cancer, at the accident and emergency department?

5.4 These findings suggest that more action is needed to assure improved uptake of screening (see section 5); to support people to be aware of signs and symptoms through campaigns and face-to-face activities; to be assured that the ability of those working in primary care to recognise signs and symptoms is being maintained and enhanced; to be assured that healthcare staff facilitate timely access to the local cancer pathways; to be assured of the ability of healthcare staff, who are not routinely in touch with people who develop cancer, to recognise potential signs and symptoms and to sign post to services.

5.5 It is recommended that:

• That NHS England provides assurance that residents will continue to have in-borough access to breast screening.

• Barking and Dagenham Clinical Commissioning Group working through the North-East London Cancer Commissioning Board assure the committee of the action it is taking to increase awareness of the signs and symptoms of cancer.

6. **Cancer Survival**

6.2 Members learnt that cancer is a serious disease that can impact on life in the short term, because of treatment, and in the long term, because of disability. They were also assured that the risk of cancer can be reduced through changes in lifestyle; and the worst consequences of cancer can be reduced through early diagnosis and treatment (see Case Study on page 29).

8. **Reading List**

8.1 Officers and members drew on the following papers throughout the review to inform the report and assist with producing recommendations:


9. **Financial Implications**
   Implications completed by: Katherine Heffernan - Group Manager, Finance
   9.1 There are no financial implications arising from this report at this time.

10. **Legal Implications**
    Implications completed by: Dr. Paul Feild Senior Governance Lawyer
    10.1 There are no specific legal implications arising from this report at this time.

**Background Papers Used in the Preparation of the Report:**
None.

**List of appendices:**

- Appendix 1 HASSC Cancer Scrutiny Report on Cancer Prevention, Awareness and Early Detection