



Northumberland

County Council

HEALTH & WELLBEING BOARD

Date: 13 December 2018

Northumberland Cancer Strategy and Action Plan: Update One Year On

Report of: Siobhan Brown

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of the Report:

The purpose of this report is to:

- Update the Health and Wellbeing Board on the implementation of the 2018-23 Northumberland Cancer Strategy and associated Action Plan.

Recommendations

It is recommended that the Health and Wellbeing Board:

1. Notes the contents of the report, including key achievements, priorities and challenges.
2. Supports the Northumberland Local Strategic Cancer Locality Group to continue implementation.

Link to Corporate Plan

The Northumberland Cancer Strategy and Action Plan help to support the 'Living' priority of the Northumberland County Council (NCC) Corporate Plan 2018 – 2021: "We want you to feel safe, healthy, and cared for."

Key issues

- Key system achievements include: reducing smoking prevalence, system approaches to reducing alcohol harm, significant community engagement work on cancer awareness, general practice visits and training to increase early diagnosis, implementation of the optimal lung cancer pathway, excellent performance in the national patient cancer experience survey, and support to improve the health and wellbeing of people who have been treated for cancer (in particular, breast cancer).
- Ongoing challenges include: addressing the main causes of preventable cancer, increasing early diagnosis, reducing inequalities in screening uptake and cancer incidence, and improving performance to meet the target of 85% of patients being treated within 62 days of GP referral.

- Priorities for 2019 include: prevention and public health, early diagnosis, supporting people living with and beyond cancer, collaborative work between the Clinical Commissioning Group, Northumbria Healthcare NHS Foundation Trust (NHCFT) and Newcastle Hospitals NHS Foundation Trust to reduce cancer waiting times, and improving care for people with learning disabilities.

Background

In January 2018, the Northumberland Local Strategic Cancer Locality Group presented the Northumberland Cancer Strategy 2018-2023 and associated Action Plan. In line with the national cancer strategy,¹ key priorities of the Northumberland Cancer Strategy are:

1. Spearhead a radical upgrade in prevention and public health
2. Drive a national ambition to achieve earlier diagnosis
3. Establish patient experience as being on a par with clinical effectiveness and safety
4. Transform our approach to support people living with and beyond cancer
5. Modern high quality services

The vision of the strategy is for Northumberland to have:

- Fewer people getting preventable cancers;
- More people surviving for longer after a diagnosis of cancer;
- Reduced inequalities in survival from cancer in Northumberland;
- More people with cancer having a positive experience of care and support; and
- More people with cancer having a better long-term quality of life.

Key issues that the action plan was intended to address were:

- An estimated 42% of cancer cases each year in the UK are preventable, linked to a combination of 14 major lifestyle and other risk factors. Smoking alone accounts for 19% of all cancer cases.
- Despite similar levels of overall socioeconomic deprivation, lung cancer incidence, survival and mortality in Northumberland compare unfavourably with the England average.
- There are marked socioeconomic inequalities in cancer screening uptake.
- Adults with learning disabilities have lower uptake of cancer screening than adults without learning disabilities.
- There is marked variation between general practices in factors associated with early diagnosis.
- After several years of high performance in meeting Cancer Waiting Times targets, the target of 85% of patients being treated within 62 days of GP referral had not been met during five out of the first six months of 2017/18.

Governance

The implementation of the strategy and action is overseen jointly by the Northumberland Strategic Cancer Locality Group and the Northumberland CCG

Cancer Team, both chaired by Dr Robin Hudson, GP Clinical Lead for Quality, Transformation and Cancer. We would like to thank Dr Stephen Doherty for the excellent work he has done as chair of the locality group until 2018.

Key Achievements

- The proportion of adults who smoke in Northumberland decreased from 16.9% in 2016 to 13.0% in 2017, a decrease of around 10,000 people.
- The Drug and Alcohol Steering Group, led by Liz Robinson (Senior Manager in Public Health), is making excellent progress in reducing harm from alcohol using a whole system approach.
- Significant community engagement work on cancer awareness has been taking place through our new coordinator appointed in March 2018.
- Targeted GP practice visits by Cancer Research UK are taking place to increase early diagnosis.
- Implementation of the optimal lung cancer pathway.
- Northumberland and the local providers performed exceptionally well in the national patient cancer experience survey. Northumberland scored one of the highest scores across the country.
- New pathway for follow up of low risk breast cancer patients implemented in April 2018 to support people who have been treated for breast cancer to improve their health and wellbeing.

Update on Key Cancer Data for Northumberland

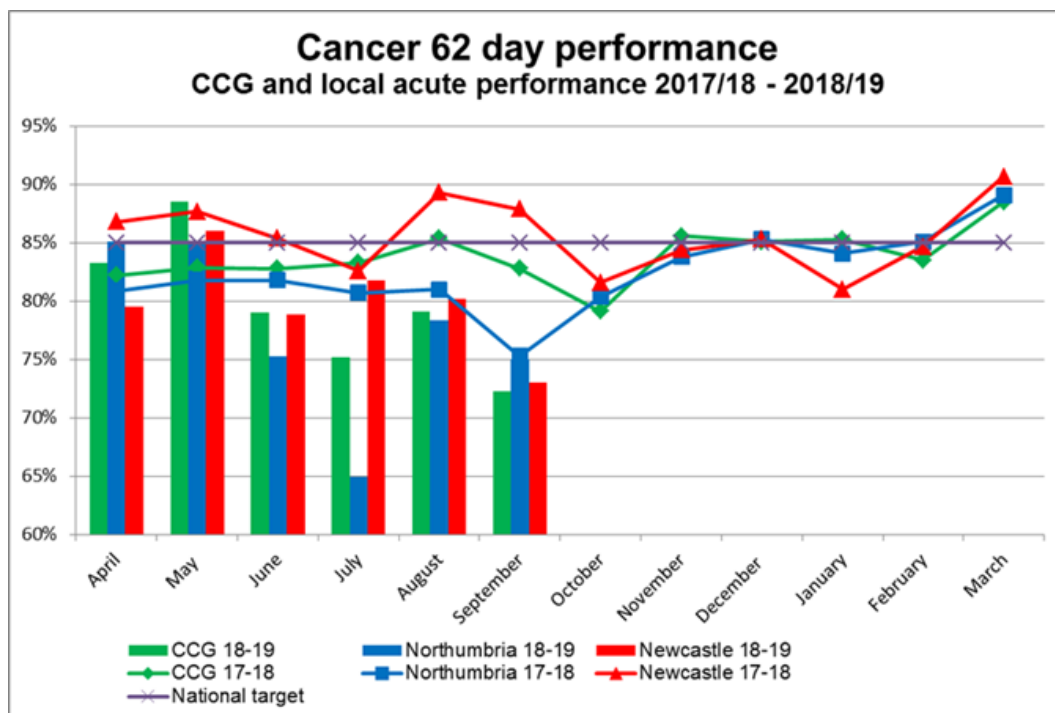
- The proportion of adults who smoke in Northumberland decreased from 16.9% in 2016 to 13.0% in 2017, a decrease of around 10,000 people.¹
- The incidence rate of alcohol-related cancer in Northumberland remains similar to the England average (38.89 compared to 37.98 per 100,000 population, directly standardised).¹
- The incidence of lung cancer in Northumberland appears to be finally decreasing, although it remains significantly higher than in England (85.2 compared to 78.6 per 100,000 population in 2014-16, directly standardised).¹
- Inequalities in lung cancer incidence persist: Blyth Valley and Central localities have significantly higher incidence of lung cancer than England, whereas West locality has significantly lower incidence of lung cancer.²
- Early diagnosis remains a major challenge: although the proportion of people with invasive malignancies who had them diagnosed at an early stage (1 or 2) was higher in Northumberland than in England (53.8% compared to 52.6% in 2016), the proportion has been decreasing over recent years.¹
- Cancer screening coverage remains significantly better for Northumberland residents than the England average for all three programmes (breast, cervix and bowel);¹ the challenge continues to be socioeconomic differences in uptake.

1

<https://fingertips.phe.org.uk/search/Cancer#page/0/gid/1/pat/6/par/E12000001/ati/102/are/E06000057>

² <http://www.localhealth.org.uk/>

- The proportion of people treated for cancer who are diagnosed via Two Week Wait referral ('detection rate') is associated with earlier diagnosis. In 2016/17, this was significantly lower in Northumberland (46.5%) than England (51.0%). However, variation *between* general practices decreased between 2015/16 and 2016/17.³
- Overall experience of cancer care by Northumberland patients in 2017 was 90%, which compares favourably with the national average of 88%.⁴ For all questions, Northumberland patients rated their care better than or similar to the national average.
- In 2016, the proportion of deaths with an underlying cause of cancer occurring in the person's usual place of residence increased was 49.0%, an increase from 45.3% in 2015 and 36.0% in 2004.¹ This is now significantly better than the England average of 44.5%.
- Northumberland traditionally has performed well against the range of cancer performance targets. In recent months however, in line with other areas of the country, there has been a surge in the demand for urology cancer services. Northumberland has seen a growth of 13% in 2 week wait referrals and 24% growth in 62 day activity in 2018/19 year to date compared with the previous year. In addition 42% growth in urology patients on the 62 day pathway when compared with a similar period. This has resulted in the worst CCG's worst recorded performance against the overall 62 day target of 85% of patients being treated within 62 days of GP referral.



3

<https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/gid/1938132830/pat/46/par/E39000039/ati/152/are/E38000130/iid/336/age/27/sex/4>

4 <http://www.ncpes.co.uk/reports/2017-reports/local-reports-2/clinical-commissioning-groups-1/3673-nhs-northumberland-ccg-2017-ncpes-report-001/file>

As a consequence, the CCG has been working alongside the local providers to improve pathways and reduce delays at each stage of the diagnostic process. Providers have created additional capacity to respond more timely to the excess demand for cancer based services. The local providers however do not expect to meet the national performance standards until early in 2019.

Priorities for 2020

1. To radically upgrade prevention and public health
 - To continue to focus on tackling some of the main causes of preventable cancers in the county using whole systems approaches.⁵
2. To improve early diagnosis rates for lung and colorectal cancer.
 - Continued engagement with community groups and businesses to promote screening and key health messages
 - Greater promotion of the existing Cancer Research UK practice visit scheme in order to reduce the variation in performance seen in general practice
 - To deliver locality based education events for general practice focusing on the key cancer areas.
 - To review the population wide commissioned services focusing upon early diagnosis in cancer in general practice.
3. Transform our approach to support people living with and beyond cancer
 - To support the continued roll out of new pathways for follow up of low risk cancers
 - To improve cancer care reviews in general practice and to evaluate the use of the MacMillan Holistic Needs Assessment tool (eHNA) in general practice
4. Modern high quality services
 - To continue in our collaborative approach to monitor and influence delivery of cancer care by the local foundation trusts
5. Learning disabilities
 - To align the cancer action plan with the ongoing work of the CCG learning disabilities team in order to improve health promotion and screening for this vulnerable group in Northumberland

⁵ A whole systems approach enables stakeholders to come together, share understanding, consider how system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long term change.

Implications

Policy	<p>The Northumberland Cancer Strategy and Action Plan are helping to address the vision of the current Northumberland Health and Wellbeing Strategy, in particular these three priority areas:</p> <ul style="list-style-type: none"> ● Focusing on tackling some of the main causes of health problems in the county. ● Making sure that all public services support the independence and social inclusion of disabled people and people with long term health conditions. ● Making sure that all partners work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people. <p>They also help to address the following priority areas of the draft Joint Health and Wellbeing Strategy 2018-2023:</p> <ul style="list-style-type: none"> ● Refocus and prioritise prevention and health promotion ● Improve quality and value for money in the health and (social) care system (integration). ● Ensure access to services that contribute to health and wellbeing are fair and equitable.
Finance and value for money	N/A
Legal	N/A
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	The strategy and action plan included specific recommendations and action to reduce inequalities and these remain priorities.
Risk Assessment	N/A
Crime & Disorder	N/A
Customer Consideration	N/A
Carbon reduction	N/A
Wards	N/A

Background Papers

See Appendix 1 for an Update on all the Actions in the Cancer Action Plan

Report Sign Off

Authors must ensure that officers and members have agreed the content of the report:

	initials
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	
Relevant Executive Director	
Chief Executive	
Portfolio Holder(s)	VJ

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Appendix 1 Summary of Achievements 2018/19 - Cancer Action Plan

Action	What have we done?
1. Optimise tobacco control in Northumberland and stop smoking pathways for Northumberland residents	<ul style="list-style-type: none"> ● Northumbria Health Care NHS Foundation Trust (NHCFT) is now totally smoke-free, and the smoking status of all adult patients is being recorded and support offered. ● The Tobacco Control Plan has been refreshed. ● The Specialist Stop Smoking Service (part of the Integrated Wellbeing Service provided by NHCFT and commissioned by NCC) is working towards 'Stop Smoking Plus' thus expanding options for smokers wishing to quit. ● We are continuing to resource, support and work with Fresh, the regional tobacco control programme.
2. Develop a whole-system approach to reducing harm from alcohol	<ul style="list-style-type: none"> ● An action plan has been developed and is being implemented following the Alcohol (and Drug) CLear self-assessment workshop - this was presented to Health and Wellbeing Board on 11th October 2018 and can be found here. ● 400 staff at NHCFT have been trained in alcohol identification and brief advice.
3. Develop whole-system approaches to promoting healthy weight, healthy diet and physical activity	<ul style="list-style-type: none"> ● Public Health and Northumberland Sport have provided extensive input into the Northumberland Local Plan, including the policy on hot food takeaways. ● The pathway for targeted obesity interventions for children is being further developed. ● A new Northumberland Physical Activity Strategy will be presented to Health and Wellbeing Board in February 2019.
4. Continue to promote 'making every contact count' (MECC) and embed into all clinical pathways	<ul style="list-style-type: none"> ● A MECC steering group has been set up to coordinate activities. ● MECC training has been undertaken or is planned with primary care staff, fire and rescue teams and library staff.
5 Identify target communities, wards, localities and GP practice populations for risk reduction	<ul style="list-style-type: none"> ● Community Cancer Awareness Coordinator appointed in March 2018 with fixed term Northern Cancer Alliance funding ● 546 direct engagements with the public ● 31 displays/leaflets been left in community venues ● Visited 69 community organisations ● Attended 21 events
6 Develop a coordinated approach to	<ul style="list-style-type: none"> ● Cancer Comms Plan has been agreed by CCG, Northumbria Trust and Northumberland

<p>cancer awareness and screening media campaigns</p>	<p>Council</p> <ul style="list-style-type: none"> ● Agreed on national campaigns to support ● Community Cancer Awareness Coordinator distributed leaflets in the community for Breast Cancer Awareness month in October ● Supported Cervical Screening Awareness Week by visiting 8 community venues and sharing resources with Primary Care ● Supported Balance 7 Cancers campaign by sharing resources in the CCG bulletin and distributing leaflets to community centres ● Supported Stoptober Balance 7 Cancers, Fresh 16 Cancers and Be Clear on Cancer Campaigns by sharing resources with Primary Care and encouraging them to upload to digital displays in waiting rooms
<p>7 Support general practices to reduce variation in early diagnosis</p>	<ul style="list-style-type: none"> ● Practice variation analysis completed - 15 Practices prioritised for Practice visits, support and training – where appropriate (this figure has been adjusted from 16 to 15 due to practice reconfiguration) ● Practices outside the 15 will also be supported when requests are made ● 8 of 15 priority practices have accepted visits and follow up support and training workshops (where appropriate). ● Training sessions for clinical and non-clinical practice staff have been held ● 2 workshops in Reducing Barriers to Cervical Screening ● 4 workshops in Reducing Barriers to Bowel Screening ● Support also been given around Early Cancer Diagnosis Safety Netting, Cancer Prevention and Risk Reduction ● Work has commenced to raise practice awareness of, and secure practice participation in the National Cancer Diagnosis Audit developed by NHSE, Macmillan and Cancer Research UK. The audit process will commence in April 2019. ● Diagnostic Masterclasses’ supported by Northumbria Trust Consultants are being finalized for delivery in February 2019. Focus on Urology and Respiratory ● Practice visits organized for all Northumberland practices for the roll out of lower gastro symptomatic FIT testing ● The CCG will be scoping out new initiatives to focus on reducing variation in early cancer diagnosis as part of the population wide commissioned services
<p>8 Support or develop interventions to improve access and uptake of</p>	<ul style="list-style-type: none"> ● 32 Practices engaged with the Project ● 20 completed 2 years of data submissions

cervical screening	<ul style="list-style-type: none"> ● 18.49% of women attended screening from receiving a letter ● 17.89% of women attended screening from receiving a tel call ● 115 referrals to colposcopy
9 Develop further opportunities to include early diagnosis of lung cancer in the continuing professional development of primary healthcare professionals	<ul style="list-style-type: none"> ● A joint Excellence Through Collaboration event was held on 6th March with 14 Primary Care staff attending ● 6 Practices shared Action Plans
10 Develop systems, job roles and specific interventions to decrease inequalities in screening uptake, including working with the Cancer in the Community group, Macmillan, CRUK, the regional LD network and the NCA, and including an explicit function in job descriptions for roles funded by NHS England Cancer Transformation programme	<ul style="list-style-type: none"> ● Community Cancer Awareness Coordinator has visited a Gypsy, Roma & Traveller Community ● Met with a ladies BME Group providing translated leaflets ● Met with the Community LD nurse about collaborative working
11 Ensure that patients with cancer are consistently offered information about entitlement to benefits and free prescriptions, and how to access them	<ul style="list-style-type: none"> ● Results from 2017 Patient Survey indicate 73% received information on financial support 9% improvement on 2016
12 Work with the North East & Cumbria LD Network, the NCA and the Northumberland Community LD Team to: understand experiences of cancer care for people with LD (or difficulties); develop a specific action plan to address any issues; and explore how to assess access to and experience of services for people	<ul style="list-style-type: none"> ● Discussion between LD Clinical Lead and GP Cancer Lead has already occurred to identify main issues ● Initiatives need to be developed as a priority to improve health promotion and screening and early cancer diagnosis. This will occur jointly with the LD and cancer teams of the CCG ● The cancer team has been assisting the LD Bowel Screening Project to increase awareness within general practice

with LD	
13 Working across sectors (including NHS commissioners and providers, local authority and the voluntary and community sector), develop and promote a directory of local services to facilitate local cancer support groups and health and social care professionals to provide peer and signposting support to cancer patients	<ul style="list-style-type: none"> • Five Locality Coordinators have been appointed (employed by NHCFT) who will be mapping community assets and groups across Northumberland. We will support them to map services and activities to support cancer prevention, diagnosis, treatment and ongoing support with a view to including these activities in any directories that are developed.
14 Ensure appropriate integrated services for palliative and end of life care, in line with NICE quality standards, the Choice Review, the Ambitions for End of Life Care Framework and the Gold Standards Framework	<ul style="list-style-type: none"> • Quality improvement for end of life care in nursing and residential homes has been identified as a potential area of development. • A similar initiative has already been developed in North Tyneside from which we can apply learning. • This will be reviewed again in 2020/21 in view of the Right Care objectives
15 Continue to implement the Recovery Package for low-risk patients who have had breast cancer and continue to develop similar appropriate programmes for people who have had other cancers (including colorectal and urological cancers).	<ul style="list-style-type: none"> • New pathway for follow up of low risk breast cancer patients went live with patients in April 2018 • Work is ongoing to implement the Colorectal plan in April 2019. • 111 Holistic Needs Assessments (HNA's) have been offered to patients with cancer in Secondary Care • 48 HNA's have been completed • 48 patients have been offered a Care Plan • 29 patients have had a Care Plan completed • 6 Health and Wellbeing Events have been held with 63 patients attending
16 Implement a standardised lung cancer pathway aimed at optimising diagnostic, referral and treatment pathways, incorporating	<ul style="list-style-type: none"> • Pathway audit taken place to benchmark against the optimal lung pathway which has identified areas to streamline further • Working with radiology to get dedicated slots for CT to reduce waiting times for staging CT.

<p>recommendations from the 2016 National Lung Cancer Audit and the National Lung Cancer Strategy, and the Accelerate, Coordinate, Evaluate (ACE) programme (when the evaluation is published)</p>	<ul style="list-style-type: none"> • Working with NUTH oncology team to look at novel ways to increase lung oncology capacity with use of skill mix to take pressure off the oncology service and increase capacity. • Lung cancer nursing team starting a pulmonary nodule follow up clinic to streamline the pathway for follow up of patients with pulmonary nodules.
<p>17 Ensure that there is regular liaison between NHCFT and Northumberland CCG to monitor Cancer Waiting Times (CWTs), including breaches, and to develop and monitor implementation of action plans for breaches</p>	<ul style="list-style-type: none"> • The CCG is continuing to build upon its positive relationships with Foundation Trusts through the Cancer Managers and leads
<p>18 For Two Week Wait suspected cancer referrals, agree a patient choice offer of a minimum of 1 appointment in the 1st week and 2 appointments in the 2nd week</p>	<ul style="list-style-type: none"> • Through the joint work of the CCG and the Foundation Trusts there has been an increase in the capacity of the diagnostic part of the cancer pathway which is leading to a reduction in the time to diagnosis