

TITLE OF REPORT: Gateshead Cancer Locality Group Work Programme

Purpose of the Report

- To seek the views of the Health & Wellbeing Board on the work programme being developed by the Gateshead Cancer Locality Group (GCLG).

Background

- The GCLG is a multi-agency approach to improving cancer outcomes in Gateshead. The group has been meeting in its current form for about three years. It has successfully evaluated its first work plan from 2015/6. During this time the World Class Outcomes for Cancer document was produced and adopted as the National Cancer Strategy.

This Strategy contains 93 actions in six priority areas (figure 1) to be delivered at a local, regional and National level. These 93 have been considered in the North East by the Northern Cancer Network (soon to become the Northern Cancer Alliance) as well as all the cancer locality groups.

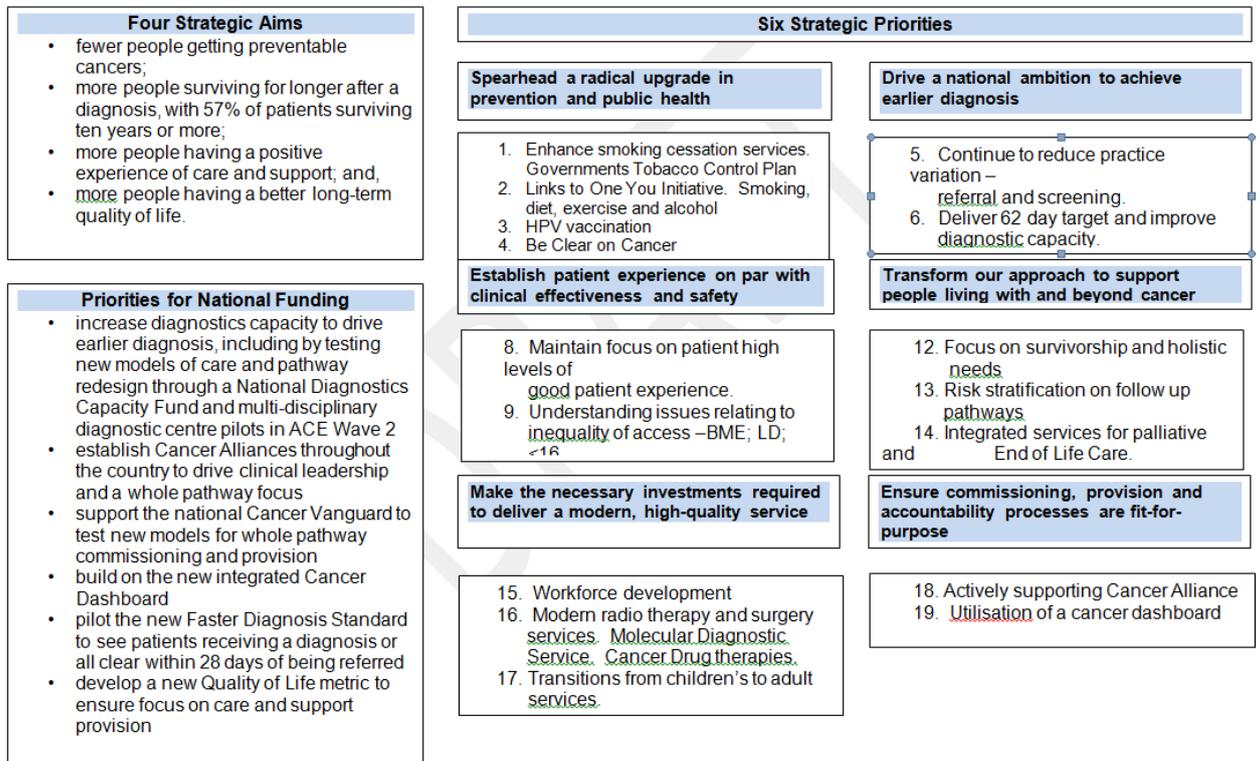


Figure 1. The six priority areas from World Class Cancer Outcomes –National cancer Strategy (2015)

GCLG produced a draft of how at a local level it could respond to this new national guidance. The aim of this draft was to identify potential projects that could be adopted by GCLG that would be enhanced by a multi-agency approach to cancer. This is in addition to the targeted work that the members of the GCLG may be undertaking within their own organisation such as delivering NHS waiting times or delivering existing projects relating to improving peoples understanding about why they should make use of screening programs available.

This draft document was used for the basis of discussions within a workshop held on 27th September. This highlighted the difficulties facing Gateshead with regard to cancer (fig2.).

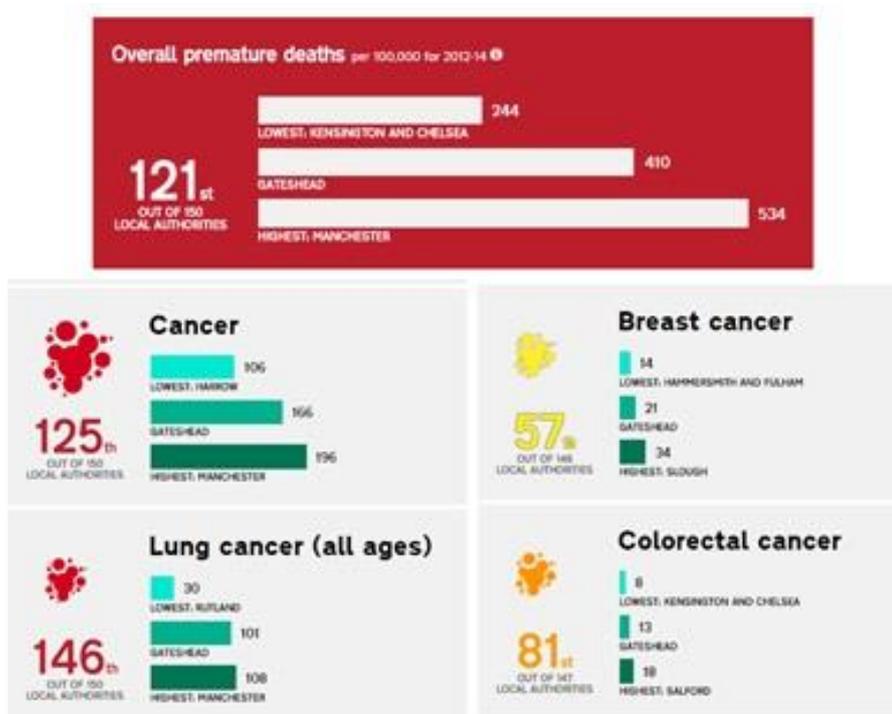


Fig 2. The relative ranking of cancer and premature death in Gateshead compared to 149 other Local Authority areas.

The GCLG is led by the Newcastle Gateshead CCG and as such takes its lead from the CCG's performance targets around Cancer. Figure 3 highlights the relative position between the CCG and England.

Cancer early diagnosis	Cancer Patient Experience	62 day cancer	1 year survival
2014 CCG: 51.4% National 45.7%	2015 CCG 8.9 National N/A	Q1 16/17 CCG: 85.8% National 82.2%	2013 CCG: 68.4% National: 70.2%

Fig 3. Relative CCG and National performance regarding cancer outcomes 2016/17.

Despite good performance on 3 of the indicators, the North East has historically high rates of cancer, due to a range of factors including its industrial heritage, high levels of deprivation and lifestyle issues like smoking which has a detrimental impact on survival rate (lowest quartile nationally) and brings the rating down to "Needs improvement". Actions for CCG on cancer include:

- National Institute of Clinical Excellence (NICE) suspected cancer pathways guidelines currently being rolled out to practices, training of practices on new referral guidelines is underway.
- Straight to test implementation for some pathways at NHS Foundation Trusts.
- Public Health England (PHE) promotion of screening campaigns.
- Bowel Screening in Practice Engagement Programme (PEP) to encourage early presentation before symptoms are experienced.
- Long term work on a tobacco control and stop smoking strategy.

Two areas have been identified by the GCLG that would benefit from a multi-agency approach:

- a) Smoking. Reducing the prevalence of smoking must be one of our priorities if we are to reduce the incidence of cancer. The Director of Public Health (DPH) Annual Report will highlight both the good progress made to date, and the challenges still faced in reducing the harm that tobacco causes. The Local Authority is already leading work to produce a ten year plan for tobacco control, with the aim of reducing prevalence to 5% by 2025. This will require a cross-cutting approach embracing compliance (e.g. tackling illegal tobacco and enforcing smoke-free legislation), targeted work with specific groups with high smoking prevalence rates (such as pregnant women, mental health service users and low income groups/communities) and stop-smoking services.
- b) 1 –year survivorship. There is a complex interaction between early detection, where the disease has less chance to develop; through high quality treatment; and support with individual patient responsibility post-treatment. A person shares a number interactions with many agencies represented in the GCLG and a number of projects need to be aligned to deliver the maximum impact. Key areas to focus on with regard to improvements are:
 - Ensuring that people who are invited for breast, cervical and bowel screening are able to make this choice easily. This includes receiving appropriate information as well as well as receiving regular encouragement e.g. 'Every Contact Counts'.
 - Ensuring that people called for screening and follow up get appropriate reminders from health services –primary and secondary care.
 - Ensuring that people living with and beyond cancer are provided with information and encouraged to adopt a healthy lifestyle following their cancer treatment. This requires consistent messages regarding smoking; diet and exercise; and alcohol to be available in health, Local Authority and community settings.
 - Regular information is supplied to Gateshead residents regarding cancer e.g. Be Clear on Cancer campaign; and opportunities to stop smoking.

Inequalities.

Cancer is not experienced equally across Gateshead. Apart from breast cancer the highest incidence of disease is experienced in the most deprived wards. So the discussion regarding GCLG priorities will be informed by this information. In reality, this means that some people have been making the choice between attending for their treatment and staying in their zero hours contracted job. Or a carer choosing between attending their own appointment, or that of the person they care for.

Proposal

3. It is proposed that following the workshop on 27th September (where staff from organisations represented on the Health and Wellbeing Board were present) that the GCLG develops targeted activities to address the improvements required to meet the National Cancer Strategy (Fig. 1). The group will continue to meet every six weeks to ensure delivery of the projects and improvements in cancer outcomes in Gateshead.

Recommendations

4. The Health and Wellbeing Board is asked to consider the information in the report and endorse it and the activity of the Gateshead Cancer Locality Group.

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