



# Doncaster Council

**Agenda Item No: 8**  
**Date: 17.01.19**

## **To the Chair and Members of the HEALTH AND WELLBEING BOARD**

### **HEALTH AND WELLBEING BOARD OUTCOMES FRAMEWORK 2018-21 – CANCER UPDATE**

#### **EXECUTIVE SUMMARY**

1. The paper gives an update on the outcomes framework for the Health and Wellbeing board which allows the board to drive delivery and be sighted on the key outcomes and indicators identified as important for the Board and links into the outcomes identified as part of the plan for the Borough – Doncaster Growing Together (DGT).
2. It provides a specific update, as requested by the Health and well Being Board, on the work to address Cancer across the borough.

#### **EXEMPT REPORT**

3. N/A

#### **RECOMMENDATIONS**

4. The Health and Wellbeing Board is asked to note and comment on the updated information contained within the Health and Wellbeing Board Outcomes Framework update regarding Cancer.

#### **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

5. Good strategic intelligence and performance management arrangements will ensure the board can target improvements to services and peoples experience of the local health, care and wellbeing system is positive. This update seeks to do this specifically related to Cancer.

#### **BACKGROUND**

6. The outcomes framework update in November highlighted a number of areas that needed further discussion. One of those areas reported was Cancer mortality rates and this update seeks to give the Board more information on the work that is currently taking place across the borough as detailed in **Appendix A**.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

7.

Outcomes	Implications
<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular employment rate gaps between specific vulnerable groups.</p>
<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular overall well-being and population health.</p>
<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular supporting young people to have the right environments and well-being to meet their potential.</p>
<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough. In particular the overall view of integrated care and support across the wider health and care system.</p>

<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	
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**RISKS AND ASSUMPTIONS**

8. NA

**LEGAL IMPLICATIONS**

9. No Legal Implications have been sought for this update paper.

**FINANCIAL IMPLICATIONS**

10. No Financial Implications have been sought for this update paper.

**HUMAN RESOURCES IMPLICATIONS**

11. No HR Implications have been sought for this update paper.

**EQUALITY IMPLICATIONS**

12. The theme of health inequalities has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can describe and analyse them is a vital part of our success.

**CONSULTATION**

13. NA

**BACKGROUND PAPERS**

14. NA

**REPORT AUTHOR & CONTRIBUTORS**

**Dr David Crichton**  
**Chair of Doncaster Clinical Commissioning Group**

## APPENDIX A

### Introduction

At November's Health and Wellbeing board, Cancer mortality rate (<75) and Preventable Cancer Mortality Rate (<75) was briefly discussed. The purpose of this paper is to update Doncaster Health and Wellbeing board of a summary of the ongoing work undertaken by our organisations to fight cancer.

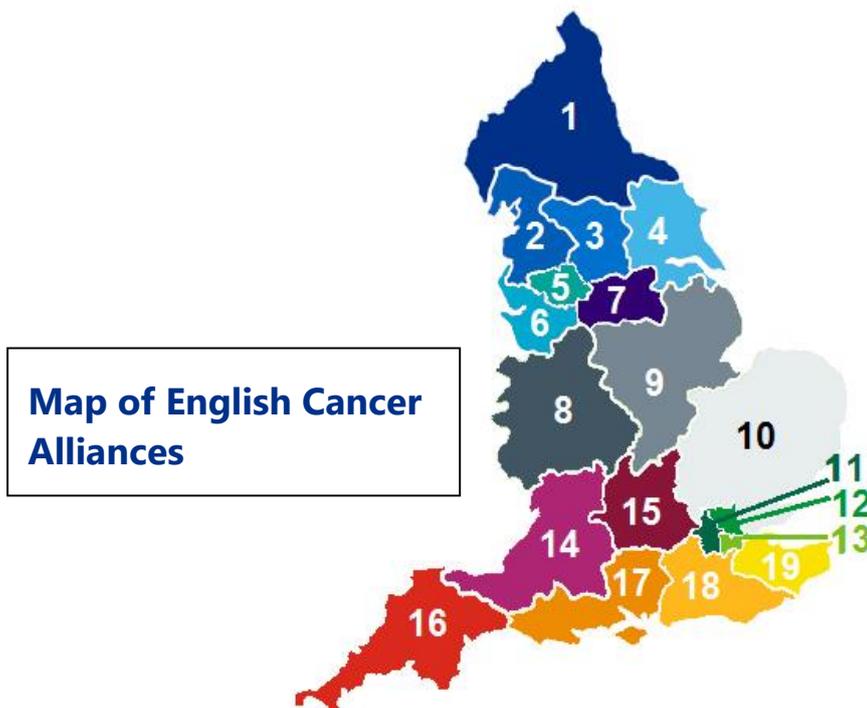
Cancer prevalence is rising year on year. For those individuals born after 1960, 1 in 2 will be affected by a diagnosis of cancer. Cancer is talked about as a single entity but there are over 200 different cancers, present in a wide range of ways, at differing stages of the disease and as a result have a varied outcomes. The commonest cancers are breast, prostate, lung and bowel these account for just over ½ of all cancers.

Smoking continues to be the biggest risk factor for developing cancer, obesity is second, other factors include; increasing age, alcohol intake and exposure to other risk factors include; UV light, radiation and pollution.

One promising statistic is that more and more people are surviving and living with and beyond cancer. In the UK 50% of people now survive 10 or more years. The UK lags behind many comparative European countries. In England, Doncaster generally shows improvement in line with the national picture but there continues to be a comparative gap in outcomes. Doncaster has however been recognised by the All-Party Parliamentary Group on Cancer which was established in 1999, as one of the most improved 1yr cancer survival areas in the country for 2 consecutive years in 2016 and 2017.

### Cancer Alliances

Established in 2016 in response to the National Cancer Taskforce publication, there are a total of 19 alliances across England.



## 7. South Yorkshire, Bassetlaw, North Derbyshire and Hardwick Cancer Alliance

Our Cancer Alliance is a partnership of health organisations (243 GP practices, 5 acute hospitals and 7 clinical commissioning groups), charities and patient groups. Doncaster is well represented on the Cancer Alliance board. The Alliance serves 1.8million population and mirrors the flow of cancer patient care. The three top priorities are to; support early diagnosis, improve quality of life and deliver cancer waiting times targets.

There are 4 work streams; Cancer Intelligence, Prevention, early Identification including screening & diagnostics, High value pathways, Living With and Beyond Cancer program.

The Alliance transformation funds have supported a number of local initiatives in Doncaster.

[https://smybndccgs.nhs.uk/application/files/9814/8467/0317/Cancer Alliance Delivery Plan 20172021.pdf](https://smybndccgs.nhs.uk/application/files/9814/8467/0317/Cancer_Alliance_Delivery_Plan_20172021.pdf)

### **Current local Initiatives**

#### **Prevention**

A number of cross cutting themes have been discussed at the health and wellbeing board.

Most relevant to cancer are smoking and obesity, it is 20yrs since the 'Smoking Kills' white paper publication and smoking cessation continues to be a priority area and focus in Doncaster. In addition to the community services in place all acute hospital trusts in South Yorkshire and Bassetlaw have agreed to implement a QUIT program to aid smoking cessation while patients are in hospital. A number of initiatives to tackle obesity are also being undertaken.

#### **Screening**

This is nationally determined and overseen by Public Health England.

Breast screening was introduced in 1988, currently offered to females aged 50-70yrs every 3 years and women 70yrs and over can self-refer.

Cervical screening introduced in 1980 and offered to women aged 25-49yrs every 3 years and 50-64yrs every 5 years.

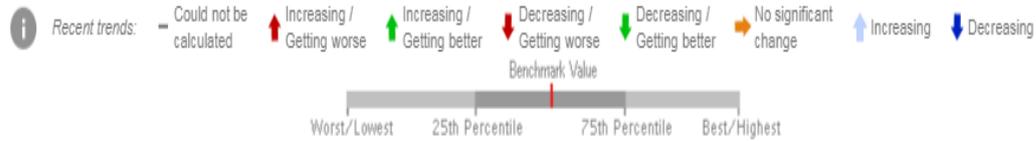
Bowel cancer screening introduced more recently in 2009 offered to all aged 60-74yrs every 2 years.

There is lots of debate about Prostate screening but there is no nationally agreed program at this time. Guidance at present is to encourage men over 50yrs with symptoms to seek advice from a health professional to be assessed.

The most recent data below shows Doncaster benchmarks above the England average for breast, cervical and bowel screening; however there is a general decline in screening uptake across the country. We have a screening operational group for Doncaster who are looking at ways to buck this trend. New screening techniques are to be introduced in 2019 which will hopefully support the uptake. There is a local focus on the additional support people with Learning Disabilities need to attend for screening; work has started between GP practices and the specialist nurse at Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH).

\* a note is attached to the value, hover over to see more details

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not compared



Indicator	Period	Doncaster		STP	England	England			
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
% aged 65+ years	2018	↑	59,467	18.6%	17.8%	17.3%	5.5%		29.7%
Deprivation score (IMD 2015)	2015	-	-	29.1	-	21.8	51.5		7.7
New cancer cases (Crude incidence rate: new cases per 100,000 population)	2016/17	↑	1,883	593	555*	521	209		758
Cancer: QOF prevalence (all ages)	2017/18	↑	8,539	2.6%	2.6%	2.7%	0.9%		4.2%
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2017/18	↓	31,475	73.8%	74.7%*	72.1%	53.0%		80.5%
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2017/18	↓	11,112	76.5%	74.2%*	71.7%	44.7%		81.7%
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2017/18	↓	58,197	74.2%	74.6%*	71.7%	52.2%		82.2%
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2017/18	↓	21,154	58.7%	58.9%*	57.3%	36.4%		66.9%
Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	2017/18	↓	10,138	56.7%	57.3%*	56.1%	33.1%		65.9%
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2017/18	↑	31,643	61.1%	61.1%*	59.6%	37.9%		69.0%
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2017/18	↓	15,122	58.2%	58.6%*	57.7%	34.9%		67.3%
In-patient or day-case colonoscopy procedures (Number per 100,000 population)	2017/18	↓	3,162	981	926*	747	118		1,451
In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	2017/18	↑	1,104	342	475*	522	114		1,417
In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)	2017/18	↑	6,001	1,861	1618*	1253	314		2,139
Number of emergency admissions with cancer (Number per 100,000 population)	2017/18	↑	2,231	692*	662*	540*	267		862
Number of emergency presentations (Number per 100,000 population)	2017/18	→	367	114*	97*	85*	44		127
Number of other presentations (Number per 100,000 population)	2017/18	→	1,201	372*	375*	362*	125		592

## **Education and awareness campaigns**

We know that the earlier that people present with cancer they need less treatment and have a better prognosis and outcome.

Public Health teams are involved in cancer awareness sessions in secondary schools, most interest is in breast and testicular lumps with a focus on skin cancer prevention.

They have also established workplace events run alongside the workplace charter. Men's groups have increased this year with lots of interest in Prostate Cancer awareness and having held drop in sessions with our North Bridge Depot where staff also have skin/sun awareness sessions as compulsory training. Attendance at the Caribbean Day in the summer which was ideal to target the Black Afro Caribbean community and prostate cancer awareness again lots of interest and the venue (Parklands) agreed to posters in their toilets to support the message.

There is widespread support from all organisations in Doncaster to raise awareness of the national 'Be clear on cancer' campaigns.

The Alliance #BecancerSafe initiative is undertaken by RDaSH in Doncaster and commenced in 2018, this is based on a social movement model to recruit local cancer champions, so far 2811 individuals have been identified. As well as relationship building, raising awareness of specific cancer issues to higher prevalence groups, there has been some valuable learning and soft intelligence of people's views to screening uptake. A review is being undertaken to see how this could be refined to respond to inequalities across place and the region.

Two Doncaster wide GP cancer education sessions are held annually, Cancer Research UK facilitators are working with GP practices to support non-clinical practice cancer champions. Funding for Significant Event Analysis undertaken by practices reflective learning from cancer cases where there was a potential delay in diagnosis, shared learning at place and fed back into the cancer alliance.

## **Development of new pathways and services**

Doncaster, Bassetlaw, Teaching Hospital Foundation Trust (DBTHFT) have implemented a number of new clinical pathways over the past 12 months. Vague Symptoms pathway allows GPs to refer patients who do not fit into current cancer referral pathways but where there are symptoms such as weight loss and unexplained abdominal pain which might raise a suspicion of cancer.

Late last year the hospital started a pilot one stop clinic for suspected prostate cancer where patients are seen, assessed and have investigations undertaken in the same day where possible. This has been rolled out alongside a Cancer Alliance wide agreed referral process to better identify patients and prepare them with the right information of what to expect when they attend clinics.

The move for most appointments to be made on the Electronic Referral Service has allowed patients to know when their hospital appointment is at the time they are referred. This is linked to an initiative to reduce the number of missed appointments.

## **Patient experiences and living with and beyond Cancer**

The latest National Cancer Patient Experience Survey was published in Nov 2017, Doncaster's overall scores well, the local cancer board have recently considered the areas for focus to improve further.

All patients in Doncaster are now offered a Holistic Needs Assessment at the time of diagnosis and additional support is offered from the St. John's Information centre at Tickhill road site to support any patient with a cancer diagnosis.

### **Proposed Changes in 2019**

While we await the NHS long term plan, we do know from the NHS operational planning and contracting guidance published in Dec 2018 that cancer will remain a key focus.

- *Helping people with cancer to benefit from innovative, specialised cancer treatments that will extend and improve quality of life, including the latest NICE-approved drugs, new genomic testing, cutting-edge radiotherapy techniques such as proton beam therapy, implementation of eleven new radiotherapy networks, and new service specifications for children, teenagers and young adults. We will also look to streamline cancer pathways across specialised and non-specialised services.*
- *Enabling patients to benefit from the latest advances in genomics and personalised medicine, including reducing the time it takes to receive a diagnosis for a rare disease and improving survival outcomes for those with aggressive cancers, as well as embedding whole genome sequencing as part of routine care.*

We expect the ongoing focus to be on early diagnosis, tackling inequalities and ensuring a good patient experience. There is also a planned move towards a reduction in waiting times from referral to treatment, specifically for commonest cancers of Lung, Colorectal and Prostate. We will see an increase in straight to test and one stop clinics.

### **Other recent announcements include;**

Roll out of HPV vaccination to boys aged 12-13yrs alongside the established immunisation schedule for girls. We know that Human Papilloma Virus is linked with cervical cancers and also with oral and anal cancers.

A planned national rollout of HPV testing in Doncaster for cervical screening sample testing.

A new more acceptable and specific test for bowel cancer screening called FIT (Faecal Immunochemical Testing) is to be rolled out in 2019 and also extending the current age range to 50-74yrs. 75yr olds and older can request ongoing screening. This is in addition to the one off bowel scope screening test offered at aged 55yrs which has already been implemented in Doncaster.

The next round of the National Cancer Detection Audit, recruitment starts in Feb with 12 months submission of data from April 19 to Mar 2020. As a CCG and an Alliance we will be encouraging GP practices participate in this program of learning.

New agreed Lower Gastrointestinal pathway, to better manage patient's with suspected bowel cancer. The Alliance has a pending bid with Yorkshire Cancer Research to fund research to widen the use of FIT testing in symptomatic patients.

A Region wide service for testing for lynch Syndrome, this is a genetic condition which predisposes those affected to develop cancers such as colorectal, often at a relatively young age. Affected individuals are otherwise healthy and hence are unaware that they have the condition until a cancer develops.