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Meeting Health and Well-Being Board

Date 4 October 2012

**Subject Update on cancer prevention work and North Central London cancer network**

Report of Director for Public Health

Summary of item and decision being sought Members of the Board are asked to note this report

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Officer Contributors Dr Andrew Burnett, Director of Public Health, Barnet

Reason for Report This report summarises work on cancer prevention across north central London, including Barnet. The responsibility for raising the public's awareness of cancer issues and for its prevention passes to local authorities in April 2013

Partnership flexibility being exercised N/A

Wards Affected All wards

Contact for further information

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## **1. RECOMMENDATION**

- 1.1 That the Health & Well-being Board note the report attached at Appendix 'A', especially the need for the development of links between the council's public health team and the North Central and North East London Commissioning Support Unit's cancer support team, and liaison with the North Central and North East London Cancer System.
- 1.2 To note that the responsibility for raising the public's awareness of cancer, a key factor in increasing one-year survival, passes to local authorities in April 2013.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 This report has not previously been presented to Barnet Council but it has been discussed by the NHS North Central London Directors for Public Health

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 This links with the Barnet Health & Well-being Strategy and draft Integrated Prevention Plan.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 Most cancers occur more commonly in people living in more deprived areas, especially lung cancer. Survival rates tend to be higher for all cancers amongst people living in more affluent areas.

## **5. RISK MANAGEMENT**

- 5.1 As the population ages and, literally, as people become less likely to die from other things, the likelihood of developing a malignancy increases. Cancer is becoming more common for this reason but death rates are falling. Key to reducing death rates and making cancer a 'long term condition', that is one that people live *with* and die with but are less likely to die *from*, is increasing the public's awareness of causative factors and enabling them to avoid these, and increasing awareness of early symptoms and the importance of seeking medical advice sooner rather than later. This includes, but is not restricted to, participating in national screening programmes.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 N/A Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the *prevention*, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.2 In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions.

- 6.3 Regulations setting out the detailed obligations are yet to be issued.
- 6.4 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 The Department of Health has yet to clarify either the funding regime or the levels of funding available for local authorities for the new responsibility of increasing the public's awareness of issues concerning cancer. It is anticipated that any work on cancer awareness will be delivered through a partnership between the local NHS, local authority and the London Health Improvement Board.
- 7.2 Should no additional funding be earmarked as a result from the Department of Health, then any projects not currently funded will need to be supported from existing budgets from public health, the NHS or social care. These will need to be included within a process of prioritising allocation of these budgets against the outcomes set out in the Health and Wellbeing Strategy and the Integrated Prevention Plan.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 There has not been any formal engagement or communication with users and stakeholders for the cancer prevention plan which will occur following the Health and Well-being Board's comments on the draft documents.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 None yet for the same reasons as in 8 above.

## **10. DETAILS**

- 10.1 The former North Central London Cancer Network supporting activities in Barnet has now merged with the North East London Cancer Network to mirror the boroughs covered by the future North Central and North East London Commissioning Support Unit (CSU) and will become a 'cancer support team' within this new body. It is likely that the CSU will seek healthcare public health support from local authority public health teams as part of the support that they are required to give to clinical commissioning groups.
- 10.2 'Integrated cancer systems' are being developed in London, bringing together various NHS providers to better co-ordinate cancer prevention and care services. These integrated cancer systems will also mirror the commissioning support unit areas, so Barnet will be covered by the north central and north east London one, which will also cover west Essex and include all of the main NHS trusts currently serving Barnet residents.
- 10.3 Table 1 below summarises the main features of three key cancers in Barnet. More detail can be found in the main report. Overall, mortality and one-year survival rates are improving. The key reason for low one-year survival rates is late presentation and thus the key way to address this is through increasing the public's awareness of relevant symptoms and what to do. Of course, encouraging lifestyles that themselves reduce the risk of cancers of various types is vital, especially as about one third of all cancers are caused by tobacco consumption, inappropriate diet, overweight and obesity, and excess alcohol consumption.

10.4 Table 1 - Summary of the Main Features of Key Cancers in Barnet

Cancer	Barnet incidence	Barnet mortality	Barnet one-year survival
Breast	Below national average	Lowest in north central London but above the London and England averages	Similar to those in the other north central London boroughs
Cervix	Below national average	Below London and national averages	Similar to London average
Colon and rectum	Similar to London average	Similar to national average	Similar to national average

10.5 The responsibility for promoting cancer awareness and prevention transfers to local authorities in April 2013. Funding for NAEDI (the National Awareness and Early Diagnosis Initiative) is held within cancer commissioning teams and it is not yet clear whether this will be passed to local authorities, whether it needs to be bid for or whether local authorities will need to work with local cancer networks to undertake this work.

10.6 There are various cancer awareness initiatives currently in place, including:

- a GP leadership project
- NAEDI cancer networks supporting primary care local improvement initiatives
- achieving earlier presentation in lung cancer through targeted community awareness

10.7 Full details are included in the update '**Cancer Prevention work and NCL Cancer Network**' prepared by Rachel Wells from the Public Health team which is attached at Appendix 'A'.

## 11 BACKGROUND PAPERS

11.1 Joint Strategic Needs Assessment (2011-2015):

[http://www.barnet.gov.uk/downloads/download/356/joint\\_strategic\\_needs\\_assessment\\_2011-2015](http://www.barnet.gov.uk/downloads/download/356/joint_strategic_needs_assessment_2011-2015)

11.2 Barnet Health & Wellbeing Strategy (elsewhere on this agenda)

11.3 Annual Report of the Barnet Director for Public Health:

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6565&Ver=4>

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