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|--------------------------|---|--|--------------------------|
| <b>Subject:</b>          | <b>Cancer Screening and Treatment</b>   |  |                          |
| <b>Date of Meeting:</b>  | <b>20 March 2019</b>  |  |                          |
| <b>Report of:</b>        | <b>Executive Lead for Strategy, Governance &amp; Law<br/>(Monitoring Officer)</b> |  |                          |
| <b>Contact Officer:</b>  | <b>Name:</b>  | <b>Giles Rossington</b>                      | <b>Tel: 01273 295514</b> |
|                          | <b>Email:</b>   | <b>giles.rossington@brighton-hove.gov.uk</b> |                          |
| <b>Ward(s) affected:</b> | <b>(All Wards);</b>   |  |                          |

**FOR GENERAL RELEASE**

**Glossary**

- **BHCCG: Brighton & Hove Clinical Commissioning Group** – commissions most healthcare services for the city
- **BSUH: Brighton & Sussex University Hospitals Trust** – local acute trust and main provider of cancer treatment for BH residents
- **PHE: Public Health England** – responsible for national screening programmes (bowel, cervical and breast)
- **NHSE: NHS England** – NHS body responsible for specialist commissioning (including rare cancers) and for some oversight of local NHS organisations
- **IAF: Improvement & Assessment Framework** – NHSE framework for performance improvement
- **LTP: NHS Long Term Plan** – recently published five year vision for the NHS
- **ICS: Integrated Care System** – formal alliances of health and care commissioners and providers required by LTP
- **STP: Sustainability & Transformation Partnership** – sub-regional NHS planning footprint (i.e. Sussex & East Surrey)
- **PCN: Primary Care Network** – primary and community care services based around clusters of GP practices – also required by LTP

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

1.1 This report provides details of the performance of the local health system in terms of screening for and treating cancer.

1.2 The report was requested by HOSC members because of concerns about cancer performance. **Appendix 1** to this report contains information from BHCCG, BSUH and the council's Public Health team (however please note that screening for cancers is the responsibility of Public Health England/NHS England rather than local authority public health teams).

- 1.3 The HOSC has a statutory role in ensuring that NHS-funded healthcare for local people is delivered to an acceptable standard, and the HOSC should hold providers to account for the quality of their provision. However, where the HOSC finds systemic performance or quality issues, it may wish to make a referral to the Health & Wellbeing Board, which is responsible for commissioning services across the local health and care system.

## 2. RECOMMENDATIONS:

- 2.1 That the Committee notes the contents of this report.

## 3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 NHS England assesses the performance of all CCGs using an Improvement & Assessment Framework (IAF). The IAF includes four measures relating to cancer:

- cancers diagnosed at an early stage (i.e. via screening rather than by diagnosis of symptoms);
- people with an urgent GP referral for cancer having definitive treatment within 62 days;
- one year survival from all cancers;
- cancer patient experience.

In addition, NHS providers are assessed against targets for:

- a two week wait between GP referral and an initial outpatient appointment; and
- 31 days between diagnosis and commencing treatment for all cancers.

- 3.2 The local health system has consistently struggled with the majority of these measures. Details of performance and of NHS improvement planning in response are included in **Appendix 1**.

- 3.3 Cancer is a priority in the NHS Long Term Plan and the LTP makes a number of commitments to improve cancer diagnosis and services. These include Primary Care Networks addressing local early diagnosis rates by 2023/24 and aligning cancer alliance areas with STP and/or Integrated Care System footprints.

## 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The report recommendation is to note. However, the Committee has the option to refer this report to the HWB if members feel that there is a systemic issue of performance/quality which is not adequately addressed in the action planning outlined in **Appendix 1**.

## 5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 None directly, although members may wish to note that one of the major quality measures for cancer is cancer patient experience (Brighton & Hove performs at the national average).

## 6. CONCLUSION

- 6.1 Members are asked to note information on quality and performance relating to cancer diagnosis and treatment.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 7.1 None to this report for information.

### Legal Implications:

- 7.2 There are no legal implications to this report.

*Lawyer Consulted: Elizabeth Culbert Date: 01/02/2019*

### Equalities Implications:

- 7.3 None directly. Members may wish to note that particular cancers may have a disproportionate impact on some protected groups; and also that cancer screening programmes may be less effective amongst certain groups than across the population as a whole. In both instances, members may be interested in the steps being taken by commissioners and providers to address these issues.

### Sustainability Implications:

- 7.4 None directly.

### Any Other Significant Implications:

- 7.5 None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information jointly provided by BH CCG, BSUH and by BHCC Public Health

### **Documents in Members' Rooms**

None

### **Background Documents**

None

