TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

21ST JANUARY 2015

HEALTH AND WELLBEING BOARD PRIORITY UPDATE: LIFE EXPECTANCY

REPORT OF:

- **HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL**
- **ANN-MARIE MCSHANE, PUBLIC HEALTH NURSE, TELFORD & WREKIN COUNCIL**
- **JULIA MEAKIN, INTERIM HEAD OF COMMISSIONING PLANNED CARE/LONG TERM CONDITIONS, NHS TELFORD AND WREKIN CCG**
- **LIZ CARTWRIGHT, INTERIM HEAD OF COMMISSIONING PLANNED CARE/LONG TERM CONDITIONS, NHS TELFORD AND WREKIN CCG**
- **DR MIKE INNES, CHAIR, NHS TELFORD AND WREKIN CCG**

HEALTH & WELLBEING BOARD PRIORITY SPONSOR: RICHARD OVERTON, DEPUTY LEADER TELFORD & WREKIN COUNCIL, HEALTH & WELLBEING BOARD CHAIR.

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Board last received a life expectancy priority update report, which had a particular focus on cancer, in March 2014. This report provides an update on life expectancy and premature mortality rates and associated JSNA intelligence on the main causes of early death in Telford & Wrekin, which contribute to our reduced life expectancy position. It describes collaborative action being led by the Clinical Commissioning Group (CCG) as part of the CCG Quality Premium, to reduce premature mortality which is amenable to healthcare, specifically focussing on the treatment of cardiovascular diseases and cancers. The relevant prevention work, led by the Council to reduce the impact of smoking, excess weight and the misuse drugs and alcohol is routinely reported to the Health & Wellbeing Board as part of the regular CATP and priority update reports.

2. RECOMMENDATIONS

2.1 It is recommended that in order to gain assurance that collaborative action planned is adequate to impact on the poorer than average local outcomes for cardiovascular disease and cancer that the Board agree to receive and scrutinise the cancer survival plan and the potential years of life lost plan at a future meeting.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	Yes	In respect specifically of the Health and Wellbeing Board (HWBB) responsibilities regarding work to improve life expectancy, it should be noted that section 2B of the National Health Services Act 2006 (as amended) contains a duty on local authorities to take appropriate steps to improve the health of local people in its area. Further the HWBB has a role in co-ordinating and encouraging integrated working. Work undertaken in respect of these responsibilities is set out in the main body of this report.
EQUALITY & DIVERSITY	Yes	The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including: • Geographical hot spots where early death rates are significantly worse than average • Variations in the uptake of bowel cancer screening across GP practices
IMPACT ON SPECIFIC WARDS	Yes	See equality and diversity section above. • Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to those in the least deprived areas. • Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to those in

		the least deprived areas. In terms of our life expectancy inequalities gap within Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities: • for men 21% of the inequalities life expectancy gap is due to cancer • for women 27% of the inequalities life expectancy gap is due to cancer
PATIENTS & PUBLIC ENGAGEMENT	Yes	Patient Experience will be a key work stream within the cancer survival plan. A patient experience survey has been developed for use in the NHS Health Check programme.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are key interdependencies with the improving life expectancy and reducing health inequalities priority and several other HWB strategy priorities. Smoking, alcohol consumption and excess weight are well acknowledged and significant lifestyle risk factors for a wide range of cancers, including: lung cancer, bowel cancer and breast cancer.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Life expectancy figures update

Updated life expectancy figures for the period 2011-13 were released in December 2014. (See Appendix I for historic trends) Key messages are:

- Male life expectancy at birth increased by 0.3 years, to 78.2 from 77.9 in 2010-12
- Female life expectancy at birth decreased by 0.1 years, to 81.5 from 81.6 in 2010-12
- Both male and female expectancy were significantly worse than the average for England during 2011-13, for women life expectancy was 1.6 years below the national average and for men 1.2 years below the England figure
- Male life expectancy at age 65 increased by 0.3 years, to 18.0 from 17.7 in 2010-12
- Female life expectancy at age 65 decreased slightly by 0.1 years, to 20.1 from 20.2 in 2010-12
- Both male and female expectancy at age 65 were significantly worse than the average for England during 2011-13, for women life expectancy was 0.7 years below the national average and for men 1.0 years below the England figure

1.2 Reducing Premature Mortality

1.2.1 Early deaths from the big killers in Telford and Wrekin

Early deaths from cancers and cardiovascular diseases account for in excess of 75% of all early deaths and all years of life lost under 75 years. The key relevant JSNA messages are:

- **Cancers:** Early death rates from all cancers have been relatively static over the past decade with trends showing little decline. The early death rates from all cancers for persons and women remain significantly worse than the England average as do the rates from cancers considered preventable (persons) and cancers which are amenable to healthcare (both rates for men and women).

- **Cardiovascular diseases:** Early death rates from all cardiovascular diseases have declined significantly over the past decade in both men and women. In 2011-13 the rates of preventable early death from CVD were not significantly different to the England average from men, women or persons. However, the early death rate from CVD which is considered amenable to healthcare remained worse than the England average in both men and women.

- **Focus on CVD treatment**

  Public Health England have produced commissioning for value focus packs to support CCGs improve CVD treatment pathways. Key messages for CVD treatment include the following:

  - Significant benefits to patients could be made if improvement to primary care management indicators were made
  - Performance on all 27 of the CVD management in primary care indicators is worse than the benchmark, these predominately relate to the management of high blood pressure
  - The number and associated costs for hospital admissions relating to cardiovascular diseases and cardiac surgery procedures is high

1.3 The CCG Quality Premium Potential Years of Life Lost Plan

Reducing premature mortality is an aim which is shared between the NHS and Public Health Frameworks. The contribution which can be delivered by the NHS is best measured by Potential Years of life lost (PYLL) from causes considered amenable to healthcare[1]. Reducing PYLLs which are amenable to healthcare is a key component of the CCG quality premium. CCGs can make the most significant impact in reducing premature mortality by determining which contributing factors are of greatest impact to their local population, particularly taking into account the causes of premature mortality for those living in areas of deprivation.

In Telford & Wrekin 80% of the total Potential Years of Life Lost (PYLL) amenable to healthcare during 2011-13 were caused by cardiovascular diseases, cancers and respiratory diseases[2] with:

- Cardiovascular diseases (heart disease and stroke) accounting for 30% and 13% of the total PYLLs respectively
- Cancers accounting for 31% of the total PYLLs (the top three cancers with the greatest number of early deaths which are amenable to healthcare are bowel cancers, breast cancers and bladder cancers)
- Respiratory disease accounting for 6% of the total PYLLs.

The electoral wards with early death rates from cancers and cardiovascular diseases which are significantly higher than the national average are also the wards with some of the highest levels of deprivation.

The CCG commissioning team have been working with the Council's public health team to develop a PYLL action plan. The plan is based on high impact interventions[3] known to reduce early death rates.

[1] The causes of death considered amenable to healthcare include: cancers of the bowel, bladder, breast, skin and cervix and cardiovascular diseases such as coronary heart disease and stroke

[2] https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Data/CCG_1.1_I00767_D_V5.xls

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307703/LW4L.pdf

Key priorities in the plan include:

- **Cardiovascular Disease**
  - Improvement of CVD management and treatment for patients in primary care
  - Diagnosis and treatment of hypertension
  - NHS Health Check programme
  - Smoking cessation services
- **Stroke prevention and survival**
  - Atrial Fibrilation diagnosis and management
- **Cancer**
  - Cancer survivorship plan
  - Cancer services remedial action plan

1.4 NHS Health Check Update

1.4.1 National programme developments

During 2014 there has been significant development of the NHS Health Check programme nationally under the guidance of Public Health England. Key highlights are:

- Improving coverage and uptake is both a local and a national priority.
- Establishment of the NHS Health Check Expert Scientific and Clinical Advisory Panel to ensure improvements are based on emerging best practice.
- New Quality Assurance Standards to ensure that delivery across all areas is measured consistently.
- National directory now linked to the NHS Choices website and the Council's own website.
- CQC inspection of GP Practices now includes questions relating to access to NHS Health Checks and appropriate follow up of risk factors and/or clinical outcomes.

1.4.2 Local developments in 2014 and planned work for 2015

- A Patient Experience Survey has been developed to understand local people's experience of the programme and use this knowledge to improve accessibility and uptake
- GP practices have been assessed against the new Quality Assurance framework, with follow up clinical support and training and resource tools signposting by the Public Health Nurse. Targeted support has also been offered at locations with lower uptake rates to encourage follow up of non-attendees.

- Hadley GP Practice now have a member of staff form the local community trained and delivering NHS Health Checks, often to non-English speaking clients
- The Public Health Team will further capitalise on the unique opportunity which NHS Health Check offers to impact on prevention, earlier diagnosis and better management of cardiovascular disease across health and wellbeing partner organisations. This collaborative work includes a pilot project recently started at Church Close Surgery, Madeley. The Public Health Nurse and CCG Medicines Management lead have devised the project which is inviting high risk patients with poorly controlled high blood pressure to attend a joint lifestyle and medication review. The results of this work will be reported in 2015.
- A Results card has been developed to enable those undergoing a Health Check to record their results and planned next steps. To capitalise on the opportunity, signposting and awareness raising of the cancer screening programmes and for the Council's Healthy Lifestyle Hub.

1.5 Improving Cancer Outcomes

1.5.1 Cancer waiting and treatment times performance update

In September 2014 SaTH met all the cancer waiting and treatment time targets for the first time since October 2012. The CCG year to date position (April-Sept 2014) was still below target on the target for 31 day subsequent surgery and 62 day referral to treatment targets. The current position for Telford and Wrekin CCG is shown in Appendix II.

A Remedial Action Plan (RAP) was developed with SaTH in 2013/14, however as a result of the Intensive Support Team (IST) working with SaTH, a number of other issues were raised. These were subsequently added to the plan but unfortunately this made the plan too lengthy and unmanageable and is therefore being revisited. The CCG will need to be assured that the RAP will deliver improvements in terms of stating the trajectory target, improving quality and the sustainability of meeting the targets. The weekly cancer meeting has revised the Cancer RAP in conjunction with both CCGs and SaTH which includes the recommendations from IST. Final draft of the RAP has been agreed and is monitored at the now fortnightly Cancer Assurance meeting.

Improvements to the referral pathway for patients with breast symptoms has been developed between SaTH and the CCG. The CCGs are also working with the urologists at SaTH, to improve the prostate cancer pathways which will be developed with GP practices across both CCGs. The expected outcome of both these pathway developments will be to improve capacity by streamlining the patient journey. The CCG is also undertaking some work on the ovarian pathway and working alongside Shropshire CCG to improve cancer performance.

1.5.2 Developing the Cancer Survival Plan

The CCG has commenced discussions around the poor survival rates for Telford and Wrekin which were nationally reported in September 2014 with Macmillan and partners. The CCG has a Cancer Protected Learning Event in

February 2015 for GPs. This is expected to focus on lung and breast cancer. The CCG has successfully bid for funds from the Jayne Sargent cancer foundation to provide much needed local psychological support for cancer sufferers and their carers. A cancer survival plan is being developed with GPs, public health and secondary care colleagues, Macmillian and patient representatives. Key work streams in the cancer survival plan will include:

- **Patient experience focus:** using patient stories, Macmillan patients and SaTH cancer patient experience insight to improve services
- **Symptom awareness and recognition training:** supported by the Macmillian GP with Practice Nurse/HCA training in Primary care, diagnostic support tool and Boots Macmillan pharmacists
- **Cancer treatment pathways:** specifically for gynaecology, skin, head and neck, urology and colorectal tumour treatment pathways
- **Cancer Screening Programmes:** age expansion for bowel cancer screening as part of the Bowel Scope programme and inequalities work to improve screening uptake in hard to reach groups
- **Prevention Programmes:** developments in public health programmes such as smoking cessation, weight management and alcohol awareness
- **Communication and awareness raising:** Co-ordinated campaigns to raise public awareness of cancer risk factors and symptoms

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

3. PREVIOUS MINUTES

- Health & Wellbeing Priority Update: Life expectancy – Focus on Cancer, 12th March 2014
- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

4. BACKGROUND PAPERS

Report prepared by:

Helen Onions, Consultant in Public Health
Helen.Onions@telford.gov.uk

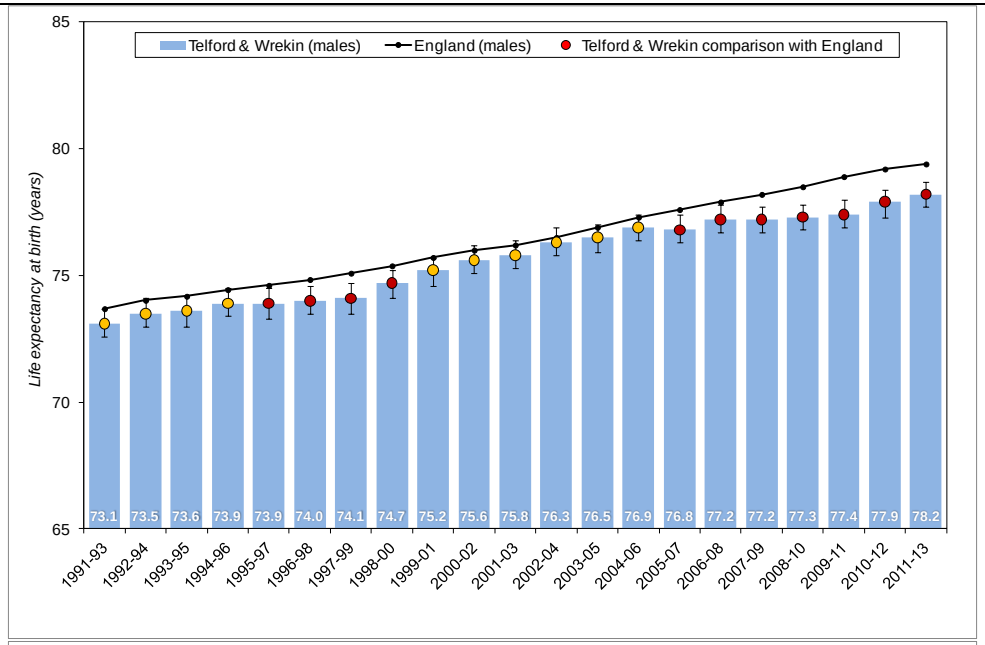
Ann-Marie McShane, Public Health Nurse
Ann-Marie.McShane@telford.gov.uk

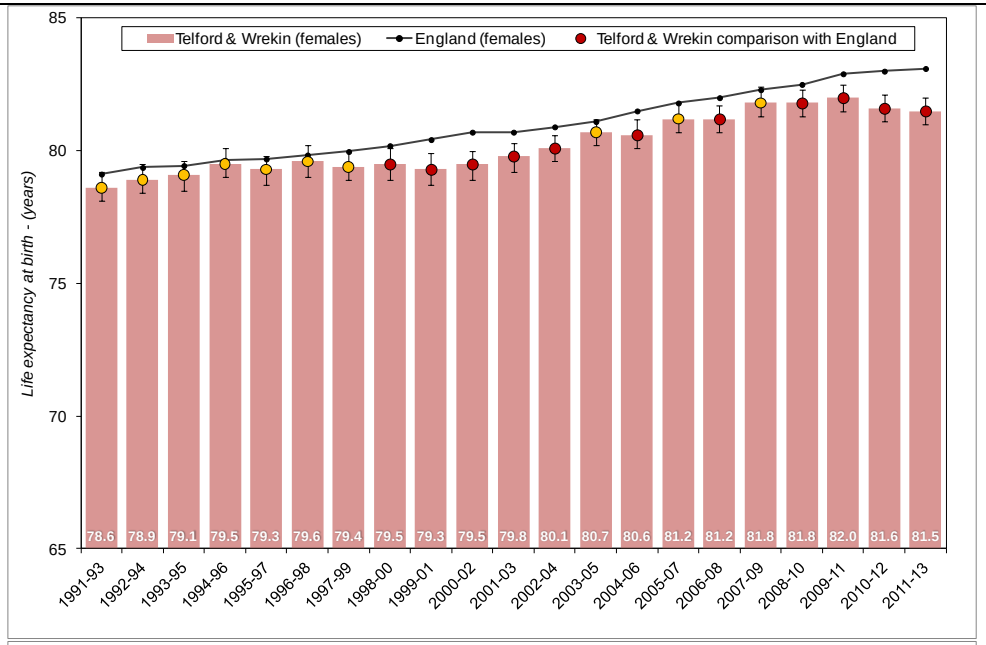
Julia Meakin, Interim Head of Commissioning Planned Care/Long Term Conditions,
Julia.meakin@telfordccg.nhs.uk

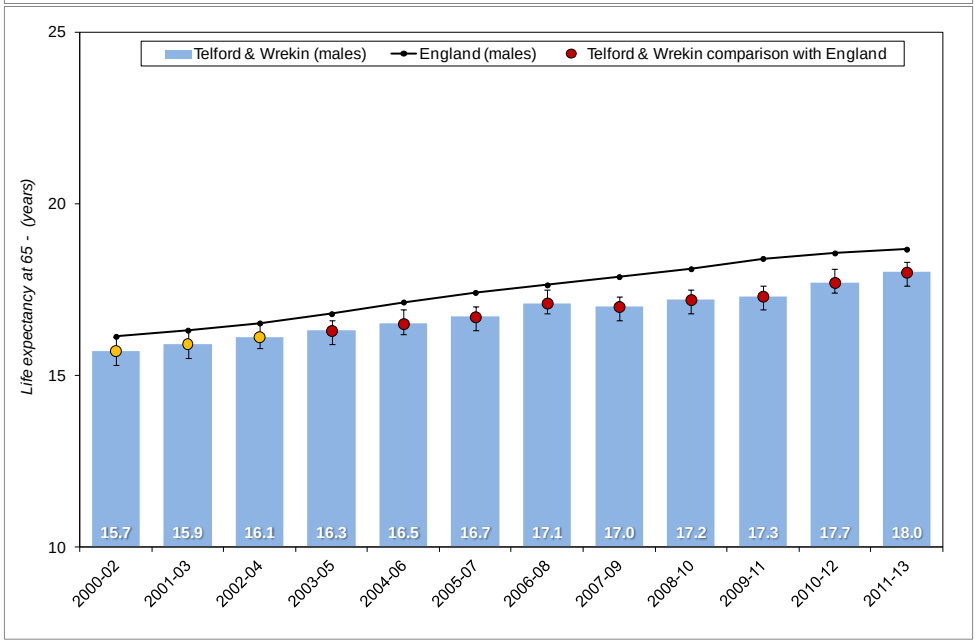
Liz Cartwright, Interim Head of Commissioning Planned Care/Long Term Conditions,
liz.cartwright@telfordccg.nhs.uk

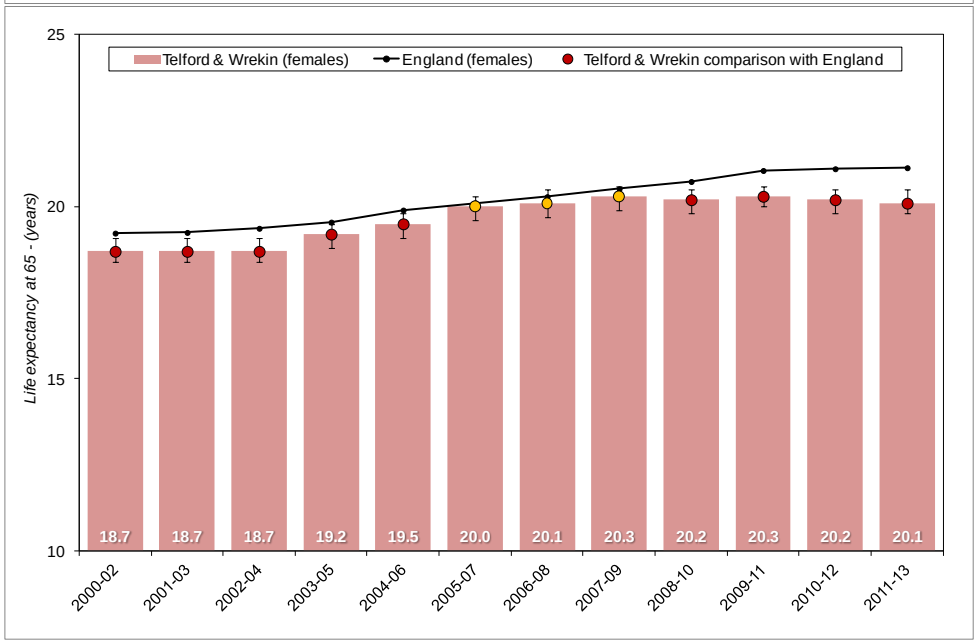
APPENDIX I

Trends in Life Expectancy by gender – at birth and 65 years









APPENDIX II

Summary of Cancer Target Performance: NHS Telford & Wrekin CCG 2014/15

Target				NHS Telford & Wrekin CCG						
Ref	Description	%		Month1	Month2	Month3	Month4	Month5	Month6	YTD
PHQ24	Cancer urgent referral to first outpatient appointment (14 day referral)	93%	% Achieved	93.4%	92.8%	94.4%	93.8%	94.3%	93.1%	93.6%
			Total Referrals	467	444	486	518	400	490	2805
			Breaches	31	32	27	32	23	34	179
PHQ25	Proportion of patients with breast symptoms referred to a specialist who are seen (14 day referral)	93%	% Achieved	89.5%	93.5%	95.8%	100.0%	100.0%	98.8%	95.5%
			Total Referrals	105	62	71	61	40	82	421
			Breaches	11	4	3	0	0	1	19
PHQ06	Cancer diagnosis to treatment waiting times (31 day first treatment)	96%	% Achieved	98.4%	96.8%	98.2%	97.5%	98.3%	97.3%	97.7%
			Total Referrals	64	62	57	81	58	74	396
			Breaches	1	2	1	2	1	2	9
PHQ07	31 days for subsequent cancer treatment (surgery)	94%	% Achieved	94.4%	100.0%	88.2%	83.3%	81.25%	84.62%	88.1%
			Total Referrals	18	8	17	12	16	13	84
			Breaches	1	0	2	2	3	2	10
PHQ08	31 days for subsequent cancer treatment (drugs)	98%	% Achieved	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			Total Referrals	20	14	33	24	18	21	130
			Breaches	0	0	0	0	0	0	0
PHQ09	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	94%	% Achieved	100.0%	100.0%	96.2%	96.3%	95.7%	95.8%	97.2%
			Total Referrals	18	23	26	27	23	24	141
			Breaches	0	0	1	1	1	1	4
PHQ03	Urgent referral to treatment waiting times (62 day referral to treatment)	85%	% Achieved	88.2%	64.0%	86.7%	88.2%	82.1%	85.7%	83.2%
			Total Referrals	34	25	30	34	28	28	179
			Breaches	4	9	4	4	5	4	30
PHQ04	Extended 62-Day Cancer Treatment - Screening (part a)	90%	% Achieved	75.0%	90.9%	100.0%	84.6%	100.0%	95.0%	92.5%
			Total Referrals	4	11	9	13	10	20	67
			Breaches	1	1	0	2	0	1	5
PHQ05	Extended 62-Day Cancer Treatment - Consultant upgrade (part b)	(tbc)	% Achieved	85.7%	84.2%	100.0%	100.0%	100.0%	100.0%	94.6%
			Total Referrals	14	19	13	15	14	18	93
			Breaches	2	3	0	0	0	0	5