

Strategy to address health inequalities in cancer care and outcomes in NCL

2021 – 22

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About the strategy

Our aim is to ensure cancer services are designed and delivered in ways that meet the needs of different populations across north central London, maximise the impact of our programmes and reduce health inequalities.

This strategy has been developed to provide a high level steer of the priorities that will be focused on in the short-term, whilst the Cancer Alliance and its partners continue to work to identify and address health inequalities across the full cancer pathway. Working to deliver against the four priorities set out, will provide a foundation to build on for future work and enable a longer term strategy to be developed. Against each priority, activities have been identified that also align with that of the Alliance Delivery Groups, where support and oversight will be given to help deliver them.



Health inequalities – definition

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Examples of the characteristics of people/communities in each group include:

- **Socio-economic status and deprivation** – e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- **Protected characteristics** – e.g. age, sex, race, sexual orientation, disability
- **Vulnerable groups of society, or ‘inclusion health’ groups** – e.g. vulnerable migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers
- **Geography** – e.g. urban, rural

Health inequalities in cancer – a complex picture

There are a number of characteristics to consider which influence cancer outcomes and experiences including:

Deprivation

- Rates of smoking related cancers are 3 times higher for the most deprived populations compared to the least deprived
- With so many differences in prevention, diagnosis, care and treatment, people in more deprived areas have worse cancer survival

Socio-economic status

- Compared to highest income groups, people in the most income deprived areas in England are 20% more likely to have their cancer diagnosed at a late stage
- Socio-economic status can impact on an individual's access to information, social care, and practical or emotional support

Ethnicity

- Some cancers are more prevalent in certain ethnicities for example, Black men are twice as likely to have prostate cancer than White men

Co-morbidities and learning disability

- An estimated 70% of individuals with cancer are also living with one or more other potentially serious long-term health condition
- People with a learning disability and serious mental illness have lower health outcomes and earlier mortality

Alliance's role in reducing health inequalities

A key focus of the Long Term Plan and 2021/22 Planning guidance is to strengthen the NHS' contribution to reducing health inequalities particularly those surfaced or exacerbated by the COVID-19 pandemic. Cancer Alliances have been encouraged to consider activities that will reduce inequalities for their local population in line with two objectives:

1. To identify and address any health inequalities that have worsened as a result of the pandemic.
2. To contribute to delivery of the LTP ambitions for cancer through delivering actions to tackle inequalities for specific patient groups that are identified as having (or at risk of having) poor outcomes.

NHS England suggest that these objectives could be delivered through:

- Using monthly analysis on referral and first treatment levels to help inform any approaches taken.
- Enhanced, targeted local public awareness campaigns to address any local inequalities in presentation.
- Building into plans actions to support delivery of the five health inequalities priority areas in the Planning Guidance.

Health inequalities priority areas

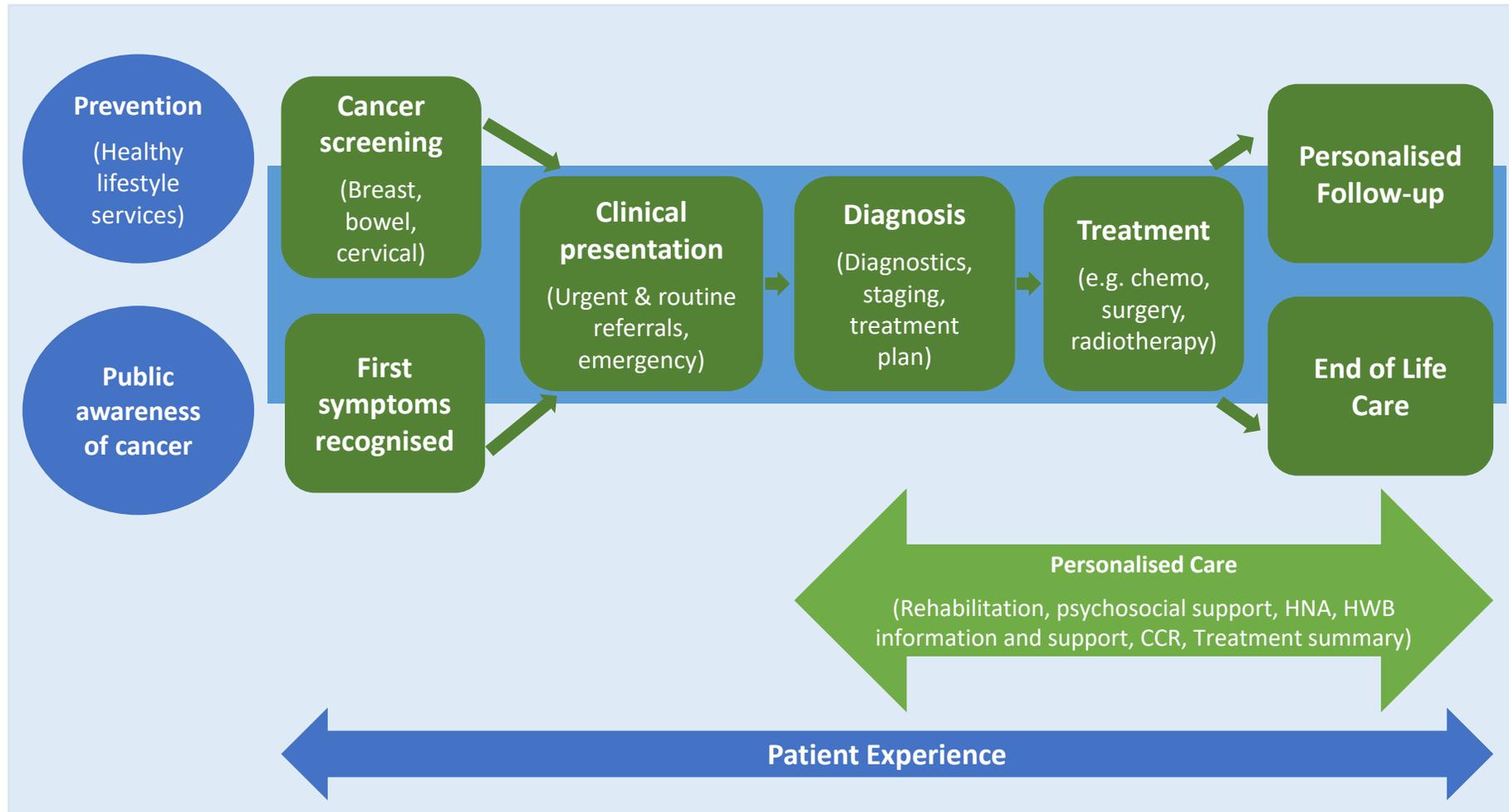
1. Restore NHS services inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are complete and timely
4. Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcome
5. Strengthen leadership and accountability

Overview of NCL population and cancer profile

The population across NCL is diverse and cancer outcomes differ between and within the five boroughs.

- **Ethnic diversity** – this varies across NCL, ranging from 32% of people in Islington from a BME group to 42% in Enfield. The largest BME communities in NCL are Turkish, Irish, Polish and Asian (Indian and Bangladeshi) people
- **Languages spoken** – about 25% of people in NCL do not have English as their main language
- **Deprivation** – there is widespread deprivation across NCL, but people tend to be younger and more deprived in the east and south. Islington, Haringey and Enfield rank amongst the 20% most deprived local authority areas in the country
- **Life expectancy** – women have a higher average life expectancy than men e.g. 85 years compared to 81.9 years in Barnet
- **Cancer diagnosis** – breast, prostate and lung cancers were most commonly diagnosed in 2017. Less common and rare cancers contribute to 47% of diagnosis. 17% of cases diagnosed were in people under 50 yrs and 25% in people 70-79 yrs
- **Cancer mortality** – decreasing overall since 2002. There is a similar picture for men and women separately
- **Cancer survival** – Breast cancer survival in Camden worsening; other 4 areas aligned to England's trend with Barnet above England average (97%). Colorectal cancer survival was most improved in Barnet; all except Haringey are above England average (80.7%).

Overview of the cancer pathway



The cancer pathway is complex. Patients present for investigation, receive treatment and support through different routes and settings which in NCL involves 200 GP practices, 4 hospitals, a range of social care organisations and community settings/organisations.

Reducing inequalities along different parts of the pathway can therefore be equally complex requiring close partnership working.

Alliance long term aims and approach to tackling inequalities

The Alliance's long term aims are to:

- Encourage presentation for early diagnosis
- Optimise and reduce variation in diagnosis and treatment
- Provide high quality personalised support and care for all patients diagnosed with cancer

The following principles are proposed as our main approach in addressing health inequalities:

- Proportionally target resources to match the needs of communities to improve cancer outcomes and increase quality of life.
- Ensure there are robust mechanisms to engage, hear from and better understand communities experiences.
- Work with sector partners to ensure services are informed by both peoples' and communities' needs and assets.
- Reach out to partners that have also established programmes to address inequalities, to learn from and identify opportunities for joint working.
- Connect our knowledge of local health inequalities in cancer with front line service delivery.
- Recognise that working to address health inequalities takes time and requires strong partnership working as most often inequalities are influenced by many factors, not just health related ones.

NCL Cancer Alliance proposed priorities

In 2021/22 the Alliance will focus on **four priorities** to help address known inequalities in cancer access and provision, as well as continue identifying other inequalities that exist along the pathway. Whilst these priorities will receive specific attention from the Alliance, addressing inequalities will be embedded in our work through e.g. strategies that are in development, due to be refreshed or yet to be developed.

The four priorities identified will help lay a foundation for future work and shape the Alliance's approach to continuously identify and address inequalities. It also builds on existing work that partner organisations are piloting, where learning can be taken and extended to other parts of the sector.

Priorities



1. Work with patients, voluntary sector organisations, academia, local authorities and NHS partners to understand the needs of diverse or marginalised groups.



2. Reduce barriers in service provision and access that exacerbate inequalities.



3. Ensure monitoring inequalities is embedded in data reporting and analysis.



4. Use information from Equality Impact Assessments on our programme as a guide to embed further activities in the Alliance's way of working

1. Work with patients, voluntary sector organisations, academia, local authorities and NHS partners to understand the needs of diverse or marginalised groups

Context

There are numerous opportunities within the Alliance's programme of work to gather information on the needs of different communities. However, there are still communities that are seldom heard from. This workstream will enable us to tap into various community networks to better understand needs and work with them to inform changes to service provision and access, across the whole cancer pathway.

Potential actions

- Identify specific topics to focus on e.g. screening participation, access to GP appointments and groups that we have not engaged.
- Expand our cancer patient and public engagement network to have representation from different sections of the community.
- Use engagement strategies to gather insight from key groups e.g. people with LD.
- Explore community engagement and collaboration processes through our current work.
- Use a data led approach to help identify where gaps in knowledge continue to exist.
- Use local assets to support community led actions.

Examples of existing Alliance work

- NCL cancer communications campaign delivered with VCS organisations, pharmacies.
- Cancer patient and public engagement network that is drawn from multiple networks including NHS and VCS organisations.

Proposed 2021/22 activities

1. Recruit Community Development worker to continue engagement developed through comms campaign and extend work to other parts of the cancer pathway.
2. Engage with at least one community group considered high priority and share insights gathered with relevant Alliance groups and sector partners.
3. Expand the diversity of the patient and public engagement network.

2. Reduce barriers in service provision and access that exacerbate inequalities.

Context

There may be multiple opportunities along the cancer pathway, where inequalities could be reduced to improve access and outcomes for patients. Opportunities are likely to be a combination of short-term, long-term and high impact interventions. It is noted however, that service provision across the footprint is uneven and the distance that people have to travel to access care can also have implications on their experiences. These will impact on the activities that are delivered.

Potential actions

- Engage other groups established within the sector, that also focus on working to reduce inequalities e.g. CCG inequalities group, to identify opportunities for joint working or intelligence that can be used in cancer programmes.
- Look at current projects that have the potential to be extended to address known inequalities e.g. adjust cancer screening pathways to improve access for homeless people.
- Draw on learning from what has worked in our sector that can be disseminated and replicated in other organisations or services.
- Use data from multiple sources (e.g. services, programmes, surveys) to identify improvement opportunities.
- Explore successes and learning from other parts of the country that can be piloted in NCL.
- One NCL Trust takes part in the cancer improvement collaborative programme.

Examples of existing Alliance work

- Screening improvement – YouScreen study; improving access for people with a disability.
- Promotion of Quality of Life survey across different communities to get broad representation.

Proposed 2021/22 activities

1. Cancer pathway access – define ideal diagnostic pathway for patients and primary care interface to enable it.
2. Hospital access – ensure pathway navigation and MDT coordinator development programme includes attention to inequalities
3. Personalised Cancer Care strategy – consider how inequalities can be addressed as part of the strategy.

3. Ensure monitoring inequalities is embedded in data reporting and analysis

Context

To enable a collaborative approach to monitoring health inequalities meaningfully, we need to understand our populations and key inequalities indicators that will provide the insight needed. There are multiple ways in which this could be embedded.

Potential actions



Dashboards – the Centre for Cancer Outcomes produce data dashboards to inform service delivery. Data on inequalities could be incorporated to highlight key messages and report on impact of actions taken to reduce inequalities.



Progress reports – Alliance Delivery group reports where possible could also include data on inequalities that the group is working to address, to go beyond an activity focus.



Specific data projects – ongoing projects such as the needs assessments for prevention, awareness and screening gives an opportunity for in-depth inclusion of health inequalities data.



Data collection – Collect data that is not currently captured linked to inequalities.

Examples of existing Alliance work

- Provision of dashboards to Trusts and Alliance groups, to support recovery of cancer services.
- Needs assessment to examine screening data at a granular level e.g. language spoken, ward level.

Proposed 2021/22 activities

1. Agree indicators to monitor inequalities e.g. life expectancy; emergency admissions; Access to GP services; Under 75 cancer mortality; Cancer Quality of Life.
2. Inclusion of health inequalities data in reports where feasible.
3. Annual report on progress made in addressing health inequalities through the Alliance's programme.

4. Use information from Equality Impact Assessments on our programme as a guide to embed further activities in the Alliance's way of working

Context

Completing Equality Impact Assessments will allow us to improve the quality of programmes we deliver, help influence the services delivered by our partners and adjust the way we work to embed reducing inequalities across the board.

Potential actions

- Consider carefully the likely impact of our programmes on different communities and ensure any negative impacts are mitigated or decreased and any positive impact is highlighted and shared as good practice.
- Involve more stakeholders where feasible, in the development of our programmes particularly getting the views of people who share protected characteristics.
- Adjust the way we work within our team and with partners to embed and adopt a culture of addressing inequalities.
- All staff receive the required training and induction (new staff) on completing EIAs and addressing inequalities in the work they do.

Examples of existing Alliance work

- Personalised Cancer Care strategy development – involvement from broad stakeholders.
- Joint working to optimise lynch syndrome pathway for women at risk of endometrial cancer

Proposed 2021/22 activities

1. Completion of EIA on the Alliance's programme of work (where feasible) and make suggested changes to strengthen work.
2. Run training sessions for staff on completion of EIAs and how to address inequalities through the Alliance's work.
3. Adjustment of governance, planning and decision-making to ensure addressing inequalities aligns with the Alliance programme.

Delivering the activities

The proposed activities will be delivered through nominating an Alliance lead and recruiting a Health Inequalities Improvement Manager to further support the Inequalities Working Group and lead some key pieces of work. Some of the suggested activities are also priorities for the Alliance Delivery Groups, where support and oversight will be given to help deliver them. Further support will also be provided by other Alliance team members. Funding has been made available in the Alliance’s budget to resource relevant activities outlined in the strategy.

| Priority | Nominated Alliance Lead(s) | Alliance Delivery Group |
|--|--|--|
| 1. Work with patients, voluntary sector organisations, academia, local authorities and NHS partners to understand the needs of diverse or marginalised groups. | Fanta Bojang Sharon Cavanagh | Prevention, Awareness and Screening Group Personalised Cancer Care Group |
| 2. Identify opportunities to reduce inequalities in service provision and access. | Sharon Cavanagh Afsana Bhuiya Marc Delon | Personalised Cancer Care Group Primary Care Cancer Group Diagnosis & Treatment Group |
| 3. Ensure monitoring inequalities is embedded in data reporting and analysis. | Donna Chung | All Delivery Groups |
| 4. Use information from Equality Impact Assessments on our programme as a guide to embed further activities in the Alliance’s way of working | Holly Norman | All Delivery Groups |

Health Inequalities Improvement Manager role

The post will be part-time and provide support to the Inequalities Working Group as well as work alongside the nominated leads to deliver the activities. Proposed responsibilities for the post are outlined below:

Proposed responsibilities of the Health Inequalities Improvement Manager

- Act as an ambassador for our work on health inequalities and develop relationships with key stakeholders and partners across the sector.
- Support the development of data sets, dashboards and performance monitoring of key programme outcomes.
- Engage and collaborate with colleagues across the system, including clinicians and managers.
- Support work with leaders across the system to ensure that the health inequalities agenda is embedded in strategies, service developments and programmes.
- Support the Alliance team and partners to address inequalities through our work programmes.

Appendix

APPENDIX 1 – NCL Cancer Inequalities Working Group

Terms of Reference

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|---|---|
| <p>Frequency & Duration</p> <p>The working group will meet quarterly and additional ad-hoc meetings may be held with some members as required to progress key pieces of work.</p> | <p>Chair</p> <p>NCL Cancer Alliance Managing Director</p> |
| <p>Purpose</p> <p>The Cancer Inequalities Working Group will provide leadership and support to the Alliance and its partners, to coordinate planning to address health inequalities across the full cancer pathway and improve patient outcomes.</p> | |
| <p>Duties and Responsibilities</p> <ol style="list-style-type: none"> Using data, evidence base and soft intelligence, guide and provide strategic input to addressing health inequalities across the Alliance's work programme and the broader cancer agenda in NCL. Support ongoing work to identify key communities experiencing poorer outcomes, where particular focus needs to be paid. Identify gaps in service planning and provision that impact on health inequalities and provide advice and support to address them. Share resources for use during planning and implementation of services and programmes, that ensure reducing inequalities is embedded across. Contribute to generating the evidence base and sharing learning from services and programmes that have developed examples of good practice, for wider adoption. Provide leadership to promote effective partnership working to reduce health inequalities. | <p>Governance</p> <p>Accountable to: The NCL Cancer Inequalities Working Group will report to the NCL Cancer Programme Board (CPB).</p> <p>Reporting: Decisions and recommendations will be fed into relevant NCL forums, Delivery Groups and commissioning meetings as appropriate. Due to changes to NCL meeting structures, this will be reviewed by March 2021.</p> <p>Method: High level summary overview to be presented to CPB every 2 months. Recommendations requiring approval from alternative NCL forums, will require development of a briefing paper.</p> |
| <p>Information required for this group</p> <p>For Action: Summary of planned and current work programme requiring input from the group.</p> <p>For Information: Updates from NCL cancer forums (for example, the Prevention Awareness and Screening and Personalised Cancer Care Delivery Groups) and T&F groups.</p> | <p>Membership</p> <ul style="list-style-type: none"> Cancer Alliance – Managing Director; co-Clinical Directors; Programme Manager for PAS and Inequalities; Programme team as required NCL CCG – 1 representative – with remit on inequalities NHS Acute Trusts – 2 representatives, 1 operational, 1 clinical Council – 2 x Public Health representatives as nominated by CPAS Academia – 2 x representatives nominated by Alliance leadership with relevant expertise – others invited as required Voluntary sector representatives x 3 drawn from Healthwatch; Voluntary Action orgs Patient representatives – x 2 drawn from NCLCA patient network Quorum shall be the chair (or deputy) and 7 other members of the group |