Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

AGENDA ITEM
5.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE
Cwm Taf Morgannwg Response to the Cross Party Group – Inquiry on Cancer and Inequalities

Date of meeting	01/02/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rutuja Kulkarni-Johnston Consultant in Public Health
Presented by	Rutuja Kulkarni-Johnston Consultant in Public Health
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Cancer Steering Group	(11/01/2023)	ENDORSED FOR APPROVAL
Dr Sallie Davies	Deputy Medical Director (Chair CTM Cancer Board)	SUPPORTED

ACRONYMS	
CPG	Cross Party (Inquiry) Group,
CTMUHB/LHB	Cwm Taf Morgannwg University Health Board/ Local Health Board
RCI	Reducing Cancer Inequalities

RCT	Rhondda Cynon Taf
MT	Merthyr Tydfil
PHW	Public Health Wales

1. SITUATION/BACKGROUND

1.1 The Cross Party Group (CPG) on Cancer - Inquiry into inequalities and cancer in Wales was launched in December 2022 in order to:
- Understand the impact that inequalities, and particularly deprivation, have on patient experience, access to cancer services, cancer incidence and cancer outcomes in Wales.
- Provide recommendations to the Welsh Government, NHS Wales, and other public bodies to tackle inequalities across the cancer pathway, and in particular the impact of poverty and deprivation on patient access and experience.

1.2 The Cross Party Group will be taking evidence from a range of stakeholders throughout late 2022, and will publish a report with recommendations based on evidence to be received in Spring 2023.

1.3 CTM UHB was invited to respond and a submission was made on 12th January 2023 with approval from the Deputy Medical Director (Chair of the Cancer Board), Health Board Cancer Lead, Macmillan Lead Nurse and Interim Deputy Director of Public Health.

1.4 CTM experiences some of the highest incidence of cancers and poorest survival rates, with high levels of deprivation and lifestyle behaviours associated with cancer.

1.5 In response to these population health challenges, CTM has an established multiagency CTM Reducing Cancer Inequalities (RCI) Group that reports into the Cancer Board. The group is chaired by Consultant in Public Health; membership includes partners from Public Health Wales Screening Division, Academia, local and national Cancer Charities, Local Education Authority, Primary and Secondary Health Care the Council for Voluntary Communities and CTM Cancer Business Unit.

1.6 Members of the CTM RCI Group and the Cancer Steering Group were invited to contribute to the CTM submission to the Cross Party Group Cancer Inquiry.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The CPG posed seven questions in their inquiry. The full CTM response is included as Annex A. The main headlines are:

Q1. What are the challenges facing specific groups or communities in Wales with regards to risk factors for cancers such as smoking, alcohol and obesity?

The key challenges faced by CTM with regard to risk factors are:
- Prevalence of risk factors is closely linked to deprivation and CTM has high levels of deprivation
- CTM experiences some of the highest levels of unhealthy behaviours associated with cancer. For example, smoking, obesity and alcohol e.g. Merthyr Tydfil (MT) has highest percentage of smokers at 16.3%, compared to 13.8% Wales. 66.9% of adults overweight or obese (BMI 25+) in CTM compared to 62.1% in Wales and, 16.2% of adults in MT self-reported drinking above the weekly guideline amount of 14 units of alcohol compared to 15.8% in Wales.

Q2. What barriers do communities in deprived areas and/or people in low income households in Wales face in accessing:

a. Screening

b. GP/Primary care practice

c. Diagnostic services (e.g. endoscopy, imaging)

d. Cancer treatments, including innovative treatments and clinical trials

Barriers faced by communities in deprived areas and/or people in low income households include:

a. logistical/physical challenges, not receiving information in appropriate formats or languages, not a social/cultural norm
b. low symptom awareness, negative beliefs, concern over wasting GP time, fear of diagnosis/treatment, cancer association with death, lack of confidence, taking time off work
c. combination of deprivation, smoking prevalence, lung cancer incidence, screening inequalities and lung cancer mortality (North Rhondda). Late presentation of gynaecological cancer in areas of deprivation and with ethnic minority communities, are typically

associated with emotional, practical reasons, symptoms not recognized/confused or service barriers

d. CTM uptake of the offer of research trials is low, and as with other aspects of care, the levels of deprivation are closely linked to willingness or ability to participate.

Q3. How can deprivation affect the way patients experience cancer services in Wales?

Deprivation can result in:

- low perceived candidacy, competing life priorities may mean health is not a long-term priority, fatalistic belief due to exposure to poor cancer outcomes, symptom misattribution, low symptom awareness and co-morbidity may deter help-seeking

Q4. What are the barriers to tackling cancer inequalities in Wales?

Cancer awareness initiatives being fragmented, no or limited short-term evaluation. Lack of downstream behavioural interventions at multiple levels, of consideration of inequalities at all stages of intervention and support from cancer charities, large-scale data analysis, understanding of lived experience and, pathway design and delivery based on need.

Q5. What impact has the following had on access to cancer services for different groups:

a. COVID-19 pandemic

b. Cost of living crisis

Impact of COVID-19 and cost of living crisis has meant:

a. a shift in the focus of health services to prevention and treatment of COVID-19 cases, hospitalisation and deaths. Curtailed or temporarily stopped normal services made it more difficult to be seen face to face by a GP, shielding meant not presenting with symptoms, delayed diagnosis, reduced capacity in diagnostic and treatment services, less likely to engage with cancer screening and delays in seeking a doctor/specialist's opinion
b. not being able to afford healthier diets with potential long term consequences, cost and availability of transport to access services, social isolation and missing medical appointments.

Q6. What work do you know is happening across Wales to tackle inequalities in cancer care?

Work in CTM includes:

- the Reducing Cancer Inequalities Group which aims to oversee and co-ordinate activity to improve population health outcomes from cancer and reduce inequalities. For example, A bowel cancer awareness pilot in schools (funded by the Moondance Foundation), Coalfields Regeneration proposal to build capacity to impact inequalities, Bowel Cancer UK presentations to people in CTM/Wales, Community Pharmacy toolkits for public awareness raising, GP endorsement letters for Bowel Screening with national partners, Targeted Intensive Community-based campaign To Optimise Cancer awareness (TIC TOC) to raise awareness of lesser known cancer symptoms and, PHW Screening and Inequalities Group covering messaging for HBs on GP letters, support for Seldom Heard Groups and Other Population Sectors and an Equity Action Plan.

Q7. What action would you like to see Welsh Government, NHS Wales and other bodies take to tackle the inequalities that exist in cancer in Wales

Actions for Welsh Government, NHS Wales and others:

- upscale successful interventions and promote good practice, use data and equity audits to inform service planning and delivery.
- health and care organisations should ensure financial well-being advice and support services are easily accessible.
- to meet the ambition of 3 in 4 cancers to be diagnosed early by 2028 sustained, multidisciplinary effort will be required.
- new cancer early detection technologies e.g. multi-cancer early diagnostic tests (MCEDs) and Lung Health Checks require careful evaluation to avoid widening cancer inequalities.
- optimal methods of integrating smoking cessation support contributing to Smokefree Wales by 2030.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 CTM experiences some of the highest incidence of cancers and poorest survival rates, with high levels of deprivation and lifestyle behaviours associated with cancer.

3.2 A multiagency RCI Group focuses on reducing cancer inequalities and raising public awareness. It seeks to align efforts to address key points early in the cancer pathway. This includes approaches to encourage recognition of symptoms and earlier presentation as well as promoting uptake of cancer screening programmes.

3.3 Earlier presentation translates to better outcomes from cancer

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Choose an item.
Related Health and Care standard(s)	Staying Healthy
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	As this Inquiry was focused on cancer inequalities and deprivation, the subject has been covered within the report
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE:**

5.1.1 the content of the attached submission to the inquiry.

5.1.2 the efforts to improve cancer survival and reduce inequalities in outcomes for our CTM population.