2016

Derbyshire Joint Strategic Needs Assessment: The State of Cancer in Derbyshire

A summary of performance against Outcomes Frameworks.

DERBYSHIRE County Council
Improving life for local people

Public Health Intelligence & Knowledge Services

Derbyshire Joint Strategic Needs Assessment:
The State of Cancer in Derbyshire
2016

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1 INTRODUCTION

This report is based on the overarching *'Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire 2015'[1]*, which compares the position of Derbyshire County against readily available national Public Health and CCG Outcome Framework measures. In order to support the wider cancer strategy Derby City has also been included.

The indicators relating to cancer have been extracted, and using the same methodology, highlights where performance against England for *either* Derbyshire County or Derby City is 'In the Red' (significantly poorer) or 'In the Green' (significantly better). In addition, cancer related indicators that are 'Amber' (similar) to England overall, but where there is district level variation, are included.

'Quilt Profiles' of all the measures can be found in Appendix 1, and data from all the Outcomes Frameworks indicators are available on the Derbyshire Observatory website (http://observatory.derbyshire.gov.uk/IAS/).

2 BACKGROUND

An ageing population and a rise in lifestyle related risk factors such as obesity mean that cancer incidence is increasing, with an additional 20-30,000 new cases expected each year by 2020. The number of people living with cancer is expected to increase to 3.4 million by 2030. Breast, lung, prostate and colorectal cancers account for half of all diagnoses, and 40% of all cancers can be attributed to lifestyle factors. Although mortality rates have been decreasing and survival outcomes have been improving, variations in access to services, workforce deficits and outcome measures mean England does not compare well with countries of similar wealth across many areas:

* Cancers are diagnosed at a more advanced stage overall and emergency presentations account for a fifth of diagnoses;
* Curative treatment rates are lower and there is variation in access to radical treatment;
* Survival for colon and lung cancers, and advanced breast and ovarian cancers is comparatively poor;
* Inequalities persist with higher incidence in socio-economically deprived groups and poorer survival and access to effective treatments in older age groups.

The Independent Cancer Taskforce was established in January 2015 by NHS England to develop a five-year strategy for cancer services with the aim of improving survival rates and saving thousands of lives. "Achieving world-class cancer outcomes: a strategy for England 2015-2020[2]" was published in July 2015 (See Appendix 1 for a Page Summary).

Table 1 outlines the strategic priorities, key outcomes and proposed monitoring metrics identified in the strategy.

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[1] http://observatory.derbyshire.gov.uk/IAS/Custom/Resources/HealthandWellbeing/SoD_2015.pdf
[2] http://www.cancerresearchuk.org/about-us/cancer-strategy-in-england

Table 1 – Priorities, Outcomes and Metrics in 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'

Strategic Priorities	
1. Prevention 2. Earlier Diagnosis 3. Recovery Package and Quality of Life 4. Patient Experience 5. Investment (Workforce, Equipment, Treatments and Research) 6. Redesign of Cancer Commissioning	
Key Outcomes	
• A reduction in age standardised incidence and in deprived groups by 2020 • A reduction in adult smoking rates to 13% overall and 21% in routine and manual groups by 2020 • Increases in 5 and 10 year survival, with 57% surviving at least 10 years by 2020, increasing to 75% by 2034 • Increases in 1 year survival, to 75% for all cancers combined by 2020, with a reduction in variation between CCGs • A reduction in the survival deficit for older people • Continuous improvement in patient experience with a reduction in variation between CCGs and cancer types • Continuous improvement in long term quality of life • A majority of patients having been assessed as having a 'good' death	
Proposed Monitoring Metrics	
Overarching Indicators	• Under-75 and Over-75 mortality rates • One year survival rates
Early Diagnosis	• 50% of patients referred for diagnostic testing by a GP receiving a definitive result within 2 weeks and 95% within 4 weeks (to replace the Two Week Wait target) • Proportion of cancers diagnosed through emergency presentation • 62% of cancers diagnosed at Stage 1 or 2 by 2020, with an overall increase in the total % staged • Improve cancer screening uptake e.g. inequality groups, with 75% uptake for FIT test in the bowel screening programme by 2020
Cancer Services	• 96% of patients meeting the 31 day and 85% the 62 day referral to treatment target • 95% of patients to have a patient-agreed written after-treatment plan by 2020
Quality of Life	• Positive ratings across all Cancer Patient Experience Survey measures • Quality of Life (to be developed e.g. PROMs) • Proportion of people who die who had a personalised end of life care plan

3   PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework 'Healthy lives, Healthy people: Improving outcomes and supporting transparency' sets out a vision for public health, the desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health: Wider

Determinants, Health Improvement, Health Protection and Healthcare & Mortality. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

3.1 Overarching Indicators – Life Expectancy at Birth (2012-14)

Life expectancy (LE) is the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life.

3.1.1 Male LE at Birth

- Derbyshire Male LE was 79.5 years, an increase from 79.4 years for 2011-13, but not a statistically significant one.
- This was slightly lower than England (79.5 years), though not significantly different.
- Derby City Male LE was 78.3 years, significantly below the average, a small fall from 78.6 in 2011-13.
- Male LE for Upper Tier Local Authorities ranged from 74.7 to 83.3 years. Derbyshire was ranked 70th and Derby City 108th out of the 150 UTLAs.

3.1.2 Female LE at Birth

- Derbyshire Female LE was 83.1 years, a slight drop from 83.2 years for 2011-13, but not a statistically significant one. Female life expectancy was significantly higher than that of males.
- This was similar to England (83.2 years).
- Derby City Female LE was 82.7 years, significantly below the average.
- Female LE for UTLAs ranged from 79.8 to 86.7 years. Derbyshire was ranked 78th and Derby City 90th out of 150

3.1.3 Variation within the county

- Male life expectancy in Bolsover at 77.6 years (previously 78.1) was significantly lower than in all of the other districts except Chesterfield.
- In Derbyshire Dales it was almost 4 years longer at 81.4 years (previously 81.0), and was also significantly higher than most districts (except North East Derbyshire)
- North East Derbyshire had a significantly higher life expectancy than Bolsover and Chesterfield, but there were no other significant differences between districts.

- For females, Bolsover had a significantly lower life expectancy at 81.7 years (previously 82.2) than all districts except Chesterfield.
- Female LE in Derbyshire Dales was 3 years longer than in Bolsover at 84.7 years (previously 84.2), and significantly higher than in any of the other districts.

3.2 Overarching Indicators - Healthy Life Expectancy (2012-14)

Healthy Life Expectancy (HLE) adds a quality of life dimension to estimates of life expectancy (LE), by estimating years spent in 'Very good' or 'Good' health based on how individuals perceive their health.

3.2.1 Male HLE

- In Derbyshire, Male HLE was 63.4 years, the same as the England average.
- Derby City had fallen from the previous period (61.3) to 61.1 years, significantly lower than England.
- Derbyshire ranked 67th and Derby City 99th out of the 150 UTLAs, which ranged from 55.0 to 70.5 years.

3.2.2 Female HLE

- In Derbyshire, Female HLE at 63.5 years was lower than England (64.0), though not significantly so.
- Derby City was significantly lower than England at 59.1.
- Derbyshire was ranked 71st and Derby City 126th out of 150 UTLAs, which ranged from 54.4 to 72.2 years.

For both men and women, health life expectancy is significantly lower than retirement age (65 years by 2018).

3.3 In the Red

3.3.1 Smoking Status at Time of Delivery (2014/15)

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to secondhand smoke by the infant.

2.03 - % of women who smoke at time of delivery
- Derbyshire (15.1%) and Derby City (14.4%) were significantly higher than England (11.4%), but both showed a decrease from previous periods.

3.3.2 HPV Vaccination Coverage (2013/14)

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. The Human Papillomavirus vaccine (HPV) protects against the two high-risk HPV types that cause over 70% of cervical cancers. The HPV is offered to all girls aged 12-13 years.

3.03xii - % of girls aged 12-13 who have received all 3 doses of the HPV vaccine
- At 83.9% Derbyshire was significantly lower than East Midlands (90.9%) and England (92.3%).
- Coverage has remained significantly lower than England over the past three years.
- Conversely, Derby City was significantly better at 92.3%.

3.3.3 Obesity (2012-14)

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.

2.12 – Excess weight in adults
- The proportion of adults in Derbyshire who are overweight or obese is, at 68.8%, significantly higher than East Midlands (66.7%) and England (64.6%).
- There is significant variation between districts – High Peak 62.2% to Chesterfield 73.4%. Dales and High Peak are the only areas not significantly higher than England.
- Derby City is similar to the average at 64.8%.

3.3.4 Smoking (Routine and Manual) (2014)

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

2.14 - Smoking prevalence - routine & manual
- Derby City is significantly higher than England at 33.1%, ranking 19th out of 150 UTLAs
- At 31.5% Derbyshire is higher, though not significantly, than East Midlands (29.2%) and England (28.0%), and ranks 32nd out of the 150 UTLAs
- Chesterfield has the highest rate (43.0%), an increase and significantly higher than England. Amber Valley has the lowest rate (24.2%), similar to England.

3.3.5 Alcohol Related Hospital Admissions (2014/15)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm. Reducing alcohol-related harm is one of Public Health England's seven priorities.

2.18 - Hospital admissions for alcohol-related conditions (narrow definition) – Persons
- Both Derbyshire and Derby City are significantly worse than England (641) and the East Midlands (670), at 705 and 774 per 100,000 population respectively.
- Amber Valley, Chesterfield, Erewash and North East Derbyshire are all significantly worse, highest in Chesterfield at 964 per 100,000 population, and an increase on the previous period, though not significant. Lowest in South Derbyshire (584), significantly better than England.

2.18 - <u>Hospital admissions for alcohol-related conditions (narrow definition) – Male</u>
- Both Derbyshire and Derby City are significantly worse than England (827) and the East Midlands (852), at 890 and 983 per 100,000 population respectively and no significant change from previous year.
- Highest in Chesterfield at 1224 per 100,000 population, an increase and significantly worse than England. Bolsover significantly worse after increasing to 965. Lowest in South Derbyshire and Derbyshire Dales (both at 760), but similar to England.

2.18 - <u>Hospital admissions for alcohol-related conditions (narrow definition) – Female</u>
- Both Derbyshire and Derby City are significantly worse than England (474) and the East Midlands (506) at 542 and 590 per 100,000 population respectively. Derbyshire decreased but not significantly whilst Derby City increased, though again not significantly.
- Highest in Chesterfield at 726 per 100,000 population, significantly worse than England. Lowest in South Derbyshire (432), similar to England and significantly lower than Chesterfield.

3.3.6   *Cancer Diagnosed at an Early Stage (Experimental - 2014)*
Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is therefore a useful proxy for assessing improvements in cancer survival rates.

2.19 - <u>The proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2</u>
- In Derbyshire, the percentage of people recorded as having cancer diagnosed at an early stage is, at 48.7%, lower than England (50.7%), but had increased from the previous period.
- Derby City is also significantly lower at 43.0%.
- However it is not known the extent to which data quality on recording cancer stage affects this indicator.
- Lowest in South Derbyshire at 44.3%, significantly lower than England. Highest in North East Derbyshire (54.4%).

3.4   In the Green

3.4.1   *Cancer screening (2015)*
Screening supports early detection of cancer. Breast screening is estimated to save 1,400 lives and cervical screening 4,500 lives in England each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.

2.20i - <u>Cancer screening coverage - breast cancer</u>
- At 79.7%, Derbyshire coverage rate is similar to the East Midlands (79.6%), and significantly higher than England, at 75.4%. The rate has fallen significantly from the previous year.
- Derby City is similar to England, at 75.8%, but significantly worse than East Midlands, and fell significantly from the previous period.
- Bolsover has the lowest rate (77.3%), still significantly better than England, but falling. Amber Valley had the highest rate (81.7%), significantly higher than England and Bolsover, but a significant decrease from previous year.

2.20ii - <u>Cancer screening coverage - cervical cancer</u>
- At 79.3%, Derbyshire coverage rate is higher than East Midlands, at 76.3%, and England, at 73.5%. The rate has fallen, though not significantly, from the previous year.
- Derby City is higher than England, at 74.6%, but significantly worse than East Midlands.
- High Peak has the lowest rate (78.0%), still significantly better than England, but falling. North East Derbyshire had the highest rate (80.4%), significantly higher than England and High Peak, but also falling.

2.20iii - <u>Cancer screening coverage - bowel cancer</u>
- At 62.3%, Derbyshire coverage rate is higher than England, at 57.1% and East Midlands, at 57.8%.

- At 57.7%, Derby City is higher than England, but similar to East Midlands.
- Chesterfield has the lowest rate (59.8%), but significantly better than England. Dales at 65.5% was highest, significantly higher than England and all other districts except North East Derbyshire.

3.4.2   Vegetable Intake (2015)

Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.

2.11iii - Average number of portions of vegetables consumed daily
- At 2.36 Derbyshire was significantly higher than England (2.27). Derby City was slightly above average at 2.28 but not significantly different.
- Worst in Bolsover at 2.16, though not significantly lower than England. Significantly higher in Chesterfield (2.54) and High Peak (2.52).

3.5   Similar to England

3.5.1   Smoking (2014)

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

2.14 - Smoking Prevalence – All Adults
- At 19.9%, Derbyshire is higher, though not significantly, than East Midlands (18.8%) and England (18.0%)
- Derby City is higher than England, though not significantly, at 18.7%
- Chesterfield has the highest rate (26.4%), significantly higher than England. Dales had the lowest rate (12.9%), similar to England.

3.5.2   Fruit and Vegetable Intake (2015)

Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.

2.11i - Proportion of the population meeting the recommended '5-a-day'
- Both Derbyshire and Derby City are similar to the England average (52.3%) at 53.3% and 52.4% respectively.
- Worst in Bolsover at 44.5%, and significantly lower than England. Best in High Peak (58.4%), significantly higher than England and Bolsover.

2.11ii - Average number of portions of fruits consumed daily
- Both Derbyshire and Derby City are lower, though not significantly, than England (2.51) at 2.46 and 2.47 respectively.
- Worst in Bolsover at 2.19 and significantly lower than England. Best in High Peak (2.61).

3.5.3   Physical Activity (2014)

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.   Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

2.13i - Percentage of physically active and inactive adults - active adults
- At 56.1% and 58.9% respectively, Derbyshire and Derby City are similar to the average of 57.0% in England.

- Worst in Chesterfield (51.6%) and falling, significantly higher than England. Best in High Peak (61.5%) and rising; significantly higher than Chesterfield and England.

2.13ii - <u>Percentage of physically active and inactive adults - inactive adults</u>
- At 28.4% and 29.2% respectively, Derbyshire and Derby City are similar to the average of 27.7% in England.
- Worst in Bolsover (39.4%) and rising, significantly higher than England. Best in South Derbyshire (24.1%) and falling; significantly lower than Bolsover and similar to England.

3.5.4   Under 75 Mortality Rate per 100,000 population (2012-14)

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.

4.05i – <u>Under 75 mortality rate from cancer</u>
- Derbyshire is lower (though not significantly different) than England for <75 mortality from cancer for persons (137.6, England 141.5), males (153.8, England 157.7), and females (122.3, England 126.6).
- Derby City is higher (though not significantly different) than England for <75 mortality from cancer for persons (148.1), males (161.9), and females (136.8).
- Rates have been steadily decreasing since 2001-03, though less consistently in Derby City.

4.05ii - <u>Under 75 mortality rate from cancer considered preventable</u>
- Derbyshire is lower (though not significantly different) than England for <75 mortality from cancer considered preventable for persons (81.1, England 83.0), males (88.3, England 90.5), and females (74.2, England 76.1).
- Derby City is higher (though not significantly different) than England for <75 mortality from cancer considered preventable for persons (81.1), males (88.3), and females (74.2).
- In Derbyshire, although rates have fallen significantly since 2001-03, they have levelled off for females over the last four time periods. In Derby City, there was a small but not significant increase.

3.5.4.1   Variation within the County

4.05i - <u>Under 75 mortality rate from cancer (persons)</u>
  Bolsover has the highest rate (164.9 per 100,000), significantly higher than England and rising.
  North East Derbyshire has the lowest rate (119.3) and Dales also has a significantly lower rate (121.6) than England, falling and rising respectively.

4.05i - <u>Under 75 mortality rate from cancer (males)</u>
  No district has a rate which is significantly different from England.

4.05i - <u>Under 75 mortality rate from cancer (females)</u>
  Bolsover has the highest rate (157.1 per 100,000), significantly higher than England and rising.
  North East Derbyshire has the lowest rate (99.2), significantly lower than England and falling.

4.05ii - <u>Under 75 mortality rate from cancer considered preventable (persons)</u>
  Bolsover has the highest rate (96.2 per 100,000), significantly higher than England and rising. Dales and North East Derbyshire both have significantly lower rates than England, both 69.1 and both falling.

4.05ii - <u>Under 75 mortality rate from cancer considered preventable (males)</u>
  No district has a rate which is significantly different from England.

4.05ii - <u>Under 75 mortality rate from cancer considered preventable (females)</u>
  Bolsover has the highest rate (94.4 per 100,000), significantly higher than England and rising. North East Derbyshire has the lowest rate (57.7), significantly lower than England, but rising.

4 NHS CLINICAL COMMISSIONING GROUP OUTCOME FRAMEWORK

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at CCG level together with additional indicators developed by NICE and the Health and Social Care Information Centre.

Indicators are grouped around five domains: Preventing people from dying prematurely, Enhancing quality of life for people with long-term conditions, Recovery from episodes of ill health or injury, Ensuring a positive experience of care and Treating and caring for people in a safe environment. For each domain, there are a small number of overarching indicators followed by a number of improvement areas.

There are 3 CCGs with geographical areas of responsibility lying wholly within Derbyshire County. These are NHS North Derbsyhire CCG, NHS Hardwick CCG and NHS Erewash CCG. A fourth, NHS Southern Derbyshire CCG, covers the whole of Derby City as well as part of the county. A fifth, NHS Tameside & Glossop CCG, covers an area in the northwest of the county, commonly referred to as Glossopdale, as well as a large area outside the East Midlands region.

4.1 In the Red

4.1.1 Premature Mortality (2014)

This indicator measures premature mortality from cancer, and seeks to encourage measures such as early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist cancer care, structured hospital admission and appropriate provision of home oxygen.

1.9 Under 75 Mortality Rate from Cancer - Persons
- **Tameside & Glossop CCG -** Mortality is significantly higher than the national average, 147.2 deaths per 100,000 population compared to 121.4, and is rising.

1.9 Under 75 Mortality Rate from Cancer - Males
- **Tameside & Glossop CCG -** Mortality is significantly higher than the national average, 160.2 deaths per 100,000 population compared to 129.6 in England.

1.9 Under 75 Mortality Rate from Cancer - Females
- **Hardwick CCG –** Premature mortality for females is significantly higher than the national average, 145.8 deaths per 100,000 population compared to 113.1.

4.1.2 Cancer Stage (2014)

1.17 Record of stage of cancer at diagnosis
A major determinant of cancer outcomes is the tumour stage at diagnosis. Improving the recording of cancer stage at diagnosis will allow more detailed and actionable analyses of outcomes by treatment type, patient pathway, and case mix.
- **Erewash CCG -** The percentage of cases where cancer stage was recorded was significantly lower, at 69.8%, than England, at 75.9%, but significantly increased from the previous year 60.8%).
- **Southern Derbyshire CCG -** The percentage of cases where cancer stage was recorded was significantly lower than England at 70.7%, but this was a significant increase from the previous year (49.5%).

1.18 Percentage of cancers detected at stage 1 and 2
Diagnosing cancer at an early stage improves the chance of survival. Specific public health interventions, such as screening programmes and information and education campaigns, aim to improve rates of early diagnosis. This indicator is therefore a useful proxy for assessing likely improvements in cancer survival rates.
- **Southern Derbyshire CCG -** The percentage of cancer detected early was significantly lower, at 45.1%, than England, at 50.7%, but rose from 31.2% the previous year.

- ***Tameside & Glossop CCG -*** The percentage of cancer detected early was significantly lower than England at 44.2%

1.19 Record of lung cancer stage at decision to treat
Lung cancer has one of the lowest survival outcomes of any cancer because more than two-thirds of people are diagnosed at a late stage when curative treatment is not possible. Earlier diagnosis and referral to specialist teams should improve survival rates.
- ***Tameside & Glossop CCG -*** The percentage of cases where cancer stage was recorded was significantly lower, at 80.8%, than England, at 92.7%, a decrease from the previous year.

All CCGs within Derbyshire were similar to England for the remaining cancer related indictors in the CCG Outcomes Framework (See appendix 1).

APPENDIX 1 – QUILT PROFILES OF OUTCOME FRAMEWORK CANCER INDICATORS

Key:

- ⬛ Significantly Worse than the England Average
- ⬛ Not Significantly Different to the England Average
- ⬛ Significantly Better than the England Average
- ☐ Significance not assessed
- − Data not available

Public Health Outcomes Framework Updated June 2016	Period	England	East Midlands	City	County	Amber Valley	Bolsover	Chesterfield	Derbyshire Dale	Erewash	High Peak	North East Derbyshire	South Derbyshire
Overarching													
Life Expectancy at birth-Female	2012-14	83.2	83.0	82.7	83.1	83.2	81.7	82.2	84.7	83.2	83.3	83.3	83.0
Life Expectancy at birth-Male	2012-14	79.5	79.4	78.3	79.5	79.6	77.6	78.5	81.4	79.7	79.3	80.4	79.4
Starting well													
Smoking status at time of delivery-Female	2014/15	11.4	13.7	14.4	15.1	-	-	-	-	-	-	-	-
Developing well													
Population vaccination coverage - HPV-Female	2013/14	86.7	90.9	92.3	83.9	-	-	-	-	-	-	-	-
Living Well													
Proportion of the population meeting the recommended '5-a-day' -Persons	2015	52.3	52.7	52.4	53.3	58.2	44.5	57.2	57.0	48.6	58.4	50.6	50.3
Average number of portions of fruit consumed daily-Persons	2015	2.51	2.48	2.47	2.46	2.55	2.19	2.56	2.56	2.39	2.61	2.37	2.46
Average number of portions of vegetables consumed daily-Persons	2015	2.27	2.29	2.28	2.36	2.39	2.16	2.54	2.47	2.21	2.52	2.31	2.32
Excess Weight in Adults-Persons	2012 - 14	64.6	66.7	64.8	68.8	70.3	73.1	73.4	63.3	69.3	62.2	68.7	68.6
Percentage of physically active and inactive adults - active adults-Persons	2014	57.0	57.6	58.9	56.1	58.2	44.9	51.6	60.4	56.7	61.5	55.0	59.7
Percentage of physically active and inactive adults - inactive adults-Persons	2014	27.7	27.5	29.2	28.4	24.3	39.4	34.3	25.3	27.3	27.1	27.6	24.1
Smoking prevalence - Persons	2014	18.0	18.8	18.7	19.9	18.8	23.4	26.4	12.9	21.9	15.3	16.3	23.5
Smoking prevalence - routine & manual-Persons	2014	28.0	29.2	33.1	31.5	24.2	36.1	43.0	25.2	29.4	29.2	27.4	33.3
Admission episodes for alcohol-related conditions - narrow definition-Persons	2014/15	641	670	774	705	687	683	964	646	717	641	705	584
Admission episodes for alcohol-related conditions - narrow definition-Male	2014/15	827	852	983	890	875	965	1224	760	848	854	827	760
Admission episodes for alcohol-related conditions - narrow definition-Female	2014/15	474	506	590	542	520	433	726	549	607	452	598	432
Cancer diagnosed at early stage (Experimental Statistics)-Persons	2014	50.7	46.7	43.0	48.7	46.0	47.1	48.2	54.3	46.6	48.7	54.4	44.3
Cancer screening coverage - breast cancer-Female	2015	75.4	79.6	75.8	79.7	81.7	77.3	78.3	81.1	80.1	77.4	79.9	80.5
Cancer screening coverage - cervical cancer-Female	2015	73.5	76.3	74.6	79.3	80.0	78.5	78.5	80.1	79.4	78.0	80.4	79.1
Cancer screening coverage - bowel cancer-Persons	2015	57.1	57.8	57.7	62.3	63.5	59.8	59.8	65.5	62.4	60.2	64.3	61.9
Ageing Well													
Under 75 mortality rate from cancer-Persons	2012 - 14	142	141	148	138	135	165	150	122	143	130	119	142
Under 75 mortality rate from cancer-Male	2012 - 14	158	154	162	154	156	173	166	137	155	148	141	158
Under 75 mortality rate from cancer-Female	2012 - 14	127	128	137	122	115	157	135	107	131	115	99	126
Under 75 mortality rate from cancer considered preventable-Persons	2012 - 14	83.0	81.5	88.8	81.1	84.6	96.2	86.6	69.1	84.1	79.7	69.1	79.4
Under 75 mortality rate from cancer considered preventable-Male	2012 - 14	90.5	87.0	95.7	88.3	96.2	98.1	91.9	73.4	85.2	88.2	81.1	91.7
Under 75 mortality rate from cancer considered preventable-Female	2012 - 14	76.1	76.4	83.1	74.2	73.2	94.4	81.5	65.1	83.2	72.5	57.7	67.1

CCG Outcomes Framework
Updated June 2016

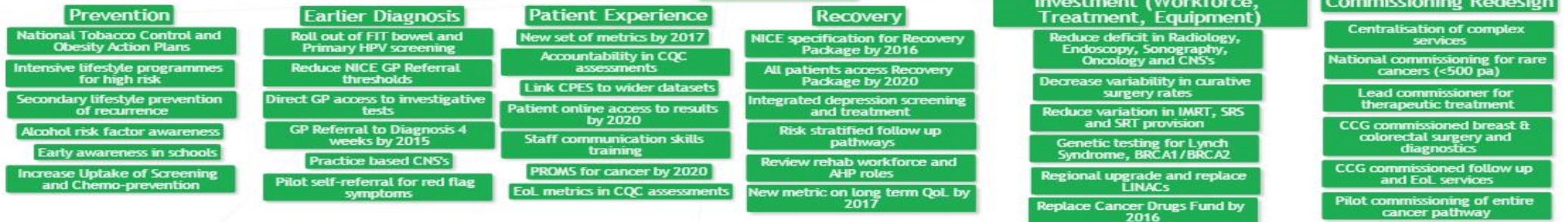| Preventing people dying prematurely	Period	England	Erewash CCG	Hardwich CCG	North Derbyshire CCG	Southern Derbyshire CCG	Tameside and Glossop CCG
1.9 Under 75 mortality rates from cancer - persons	2014	121.4	127.9	131.9	114.4	119.8	147.2
1.9 Under 75 mortality rates from cancer - females	2014	113.1	123.5	145.8	106.1	110.3	134.3
1.9 Under 75 mortality rates from cancer - males	2014	129.6	132.3	117.9	122.8	129.3	160.2
1.10 One-year survival from all cancers	2013	69.6	68.0	68.6	70.1	70.5	67.6
1.11 One-year survival from breast, lung and colorectal cancers	2011	69.3	70.0	68.2	69.9	72.4	68.3
1.17 Record of stage of cancer at diagnosis	2014	75.9	69.8	74.4	76.3	70.7	73.9
1.18 Percentage of cancers detected at stage 1 and 2	2014	50.7	45.9	48.5	51.3	45.1	44.2
1.19 Record of lung cancer stage at decision to treat	2014	90.1	89.0	90.1	92.9	90.0	80.8
1.20 Mortality from breast cancer in females	2012-2014	34.6	39.3	33.8	35.1	33.6	38.4

APPENDIX 2 – ACHIEVING WORLD-CLASS CANCER OUTCOMES: A STRATEGY FOR ENGLAND 2015-2020 SUMMARY
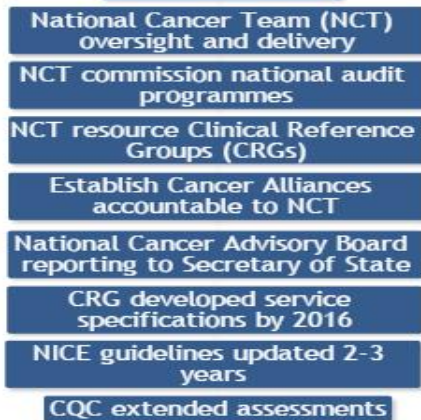
National Cancer Strategy 2015-2020

Headlines

Higher Diagnosed Advanced Stage	Lower Curative Treatment Rates	Patient Dissatisfaction (Fragmentation of Care, Lack of Advice, Poor Long Term Support)	Workforce Deficits (Current & Future)
Emergency Presentations 1/5th All Diagnoses	Worse Outcomes in Older Groups (emergency presentations, access, survival)	Older people, BME, LGBT, rarer cancers and emergencies less satisfied	Cancer Pathways Uncoordinated
Lower Survival to Similar Countries (esp. lung and colon)	Quarter 65+ years at least 3 additional LTC	Only one third end of life in preferred place of death	Commissioning Disjointed
Poorer Survival by Stage (esp. breast and ovarian)			

Six Priorities

Prevention	Earlier Diagnosis	Patient Experience	Recovery	Investment (Workforce, Treatment, Equipment)	Commissioning Redesign
National Tobacco Control and Obesity Action Plans	Roll out of FIT bowel and Primary HPV screening	New set of metrics by 2017	NICE specification for Recovery Package by 2016	Reduce deficit in Radiology, Endoscopy, Sonography, Oncology and CNS's	Centralisation of complex services
Intensive lifestyle programmes for high risk	Reduce NICE GP Referral thresholds	Accountability in CQC assessments	All patients access Recovery Package by 2020	Decrease variability in curative surgery rates	National commissioning for rare cancers (<500 pa)
Secondary lifestyle prevention of recurrence	Direct GP access to investigative tests	Link CPES to wider datasets	Integrated depression screening and treatment	Reduce variation in IMRT, SRS and SRT provision	Lead commissioner for therapeutic treatment
Alcohol risk factor awareness	GP Referral to Diagnosis 4 weeks by 2015	Patient online access to results by 2020	Risk stratified follow up pathways	Genetic testing for Lynch Syndrome, BRCA1 / BRCA2	CCG commissioned breast & colorectal surgery and diagnostics
Early awareness in schools	Practice based CNS's	Staff communication skills training	Review rehab workforce and AHP roles	Regional upgrade and replace LINACs	CCG commissioned follow up and EoL services
Increase Uptake of Screening and Chemo-prevention	Pilot self-referral for red flag symptoms	PROMS for cancer by 2020	New metric on long term QoL by 2017	Replace Cancer Drugs Fund by 2016	Pilot commissioning of entire cancer pathway
		EoL metrics in CQC assessments			

Accountability

- National Cancer Team (NCT) oversight and delivery
- NCT commission national audit programmes
- NCT resource Clinical Reference Groups (CRGs)
- Establish Cancer Alliances accountable to NCT
- National Cancer Advisory Board reporting to Secretary of State
- CRG developed service specifications by 2016
- NICE guidelines updated 2-3 years
- CQC extended assessments

Key Outcomes

Incidence
- Overall reduction and in deprived groups by 2020
- Reduce adult smoking to 13% (21% in R&M) by 2020

Survival
- 75% surviving 1 year for all cancers combined by 2020
- 57% surviving at least 10 years by 2020
- Reduction in survival deficit for older people

Patient Experience
- Reduction in variation by CCG and Cancer Type
- Long Term Quality of Life Measure
- Assessed as having a 'good death'

National Dashboard Metrics

Vital Statistics
- Under 75 Mortality
- Over 75 Mortality
- 1 year Survival

Early Diagnosis
- 50% GP referred receive result within 2 weeks
- 95% GP referred receive result within 4 weeks
- Percentage diagnosed emergency presentation
- 62% diagnosed at Stage 1 and 2 by 2020
- 75% uptake for FIT bowel screening by 2020

Cancer Services
- 96% meeting 31 day DTT Waiting Time by 2020
- 85% meeting 62 day RTT Waiting Time by 2020
- 95% patient-agreed written after-treatment plan by 2020

Patient Experience
- Overall experience rating (CPES)
- Quality of Life measure (PROMS)
- Percentage with personalised EoL plan