

# Annual Report of the Director of Public Health 2015-16

## Tipping the Balance Against Cancer





Cllr. Denise Scott-  
McDonald

Cabinet Member for  
Public Health and  
Community Wellbeing

As Cabinet Member for Public Health and Community Wellbeing, I am delighted to be able to present this Annual Public Health report with its important focus on the challenges to the health of our residents posed by cancer.

The move of Public Health into the local authority has provided an excellent opportunity to build on the existing partnerships between public health and other council departments. As can be seen throughout this document, departments across the council are all contributing to *tipping the balance* against cancer.

This report presents the range of issues the people of Royal Greenwich face related to cancer. Importantly, it also shows that there are many actions people can take to stack the odds in their favour to reduce their risk of developing cancer. It also outlines the range of support available in the borough to enable them to address these risks. The dramatic decrease in rates of smoking in Royal Greenwich shows that by working across organisations and in partnership with our population big changes can be made, resulting in a healthier community.

Cllr. Denise Scott-McDonald  
Cabinet Member for Community Wellbeing and Public Health



Steve Whiteman,  
Director of Public Health &  
Wellbeing

For this year's Annual Public Health Report I have decided on cancer as a theme, with a focus on prevention, risk awareness and early detection.

Cancer is one of the main causes of people dying prematurely and living with ill health in Greenwich. Recent research says that 1 in 2 people will develop cancer at some point in their lives.

We know that 1 in 3 cancers are linked to smoking, diet and being overweight – all things people can change. In making such changes, people will be able to stack the odds of developing cancer in their favour. These same changes can also reduce their risk of developing other serious diseases, in particular cardiovascular disease which leads to heart attacks and strokes.

In common with London and the rest of England, more cancer patients in Greenwich are diagnosed when their cancer is at a later stage than in other parts of Europe. This can reduce the effectiveness of treatment for people whose cancer is diagnosed late.

This is the main reason why people in the UK have poorer short-term survival rates after receiving their diagnosis than people who live elsewhere in Europe. Therefore, another priority is to ensure that people are diagnosed early, through increasing awareness of symptoms in the population and ensuring they are recognised by healthcare professionals and that timely referrals are made.

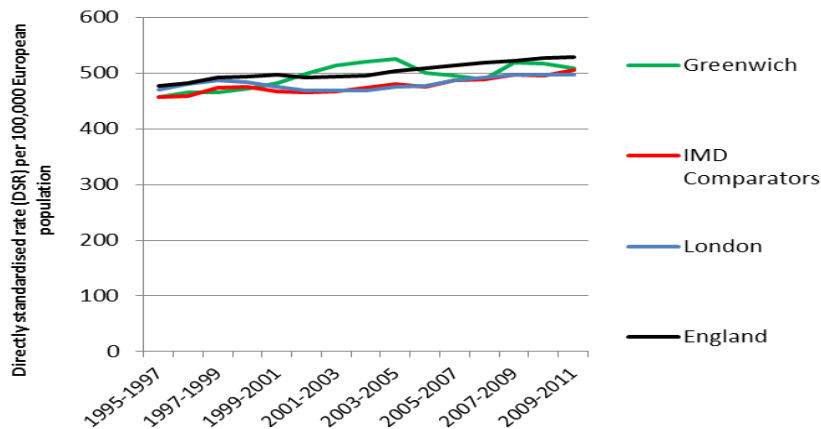
In Royal Greenwich we have worked hard to understand the main causes of cancer and the patterns of disease affecting local people. I am pleased to report that the overall trend is showing improvement, but there is still more to be done.

In this report I will tell you how we have worked to improve detection and cancer outcomes, and what more can be done.

Steve Whiteman  
Director of Public Health & Wellbeing  
The Royal Borough of Greenwich

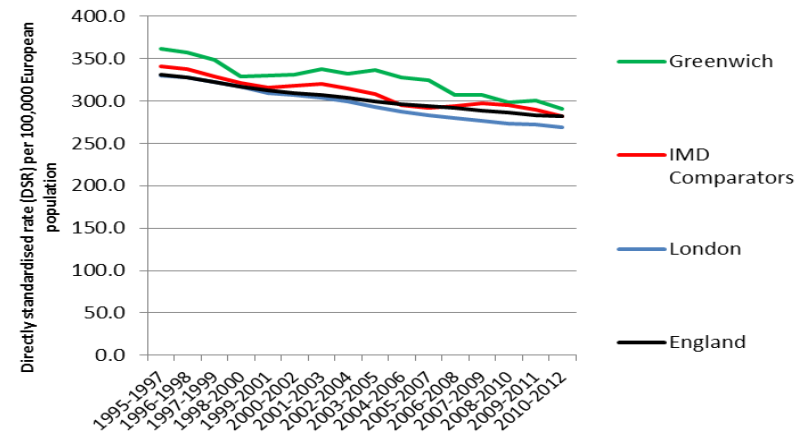
# Cancer Incidence and Mortality

Figure 1. Incidence all Cancers - Directly standardised rate 1995-1997 – 2009-2011



In Royal Greenwich the number of people being diagnosed with cancer has increased (figure 1). The reasons for this increase are complex, but it is mostly because cancer is more common in older people and our population is ageing. Additionally, changes in lifestyle, such as increased consumption of red meat and processed food or exposure to UV rays have increased particular cancers, in these cases colorectal and skin cancers. Better detection of certain cancers, in particular breast cancer through the screening programme, have also contributed to a rise in numbers.

Figure 2. Mortality all Cancers - Directly standardised rate 1995-1997 – 2009-2012



Despite the increase in the number of new cases of cancer, the mortality rate for cancer has consistently fallen over the last 20 years (figure 2).

However, we know that people in the UK are less likely to survive cancer than people in other high income countries. It is thought that this could be because people in the UK receive their diagnosis when their cancer is more advanced and more difficult to treat than in some other countries. Differences in treatments are also thought to have an impact.

# What causes cancer?

Cancer is when abnormal cells divide in an uncontrolled way. Some cancers may eventually spread to other parts of the body (“metastasise”), and this is the most advanced form of the disease.

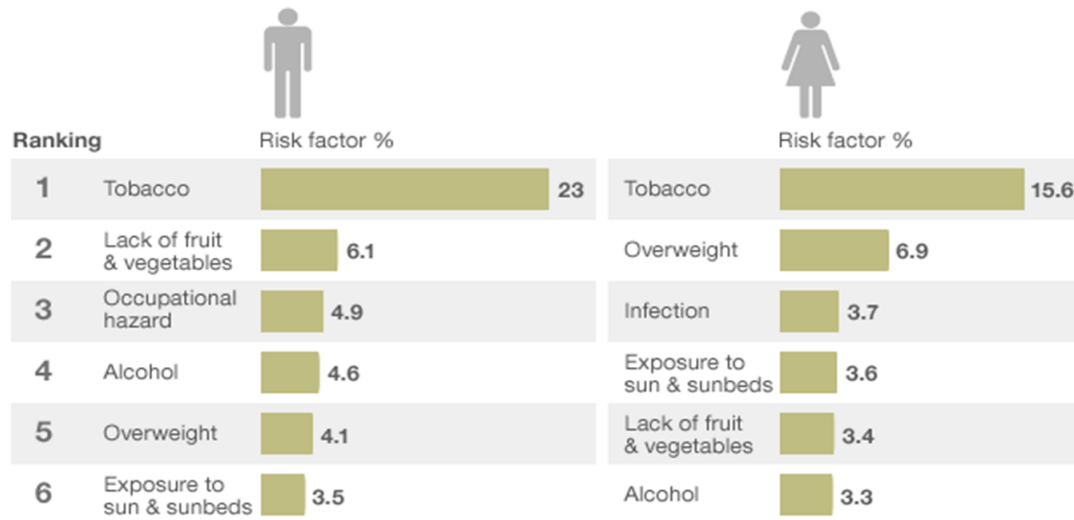
Cancer can be caused by a number of different factors. These include risk factors that you can’t do anything about such as age and genetics. The latest evidence from Cancer Research UK shows that 40% of cancers are avoidable as they develop as a result of lifestyle factors that can be modified. Tobacco use is the most important factor, estimated to be responsible for 19% of cancers.

A number of the risk factors for cancer - smoking, consumption of alcohol, being overweight and poor diet - are also risk factors for other chronic diseases, for example cardiovascular disease and diabetes.

Generally there is a time delay between exposure to a risk factor and the increased risk of the cancer, and for most exposures this is about 10 years. By reducing your risks, although you can’t guarantee you won’t get cancer, you can stack the odds more in your favour.

## Top six causes of all cancers in men and women

Risk factors of the 158,700 cancers diagnosed in men and 155,600 cancers diagnosed in women each year



# Some facts and figures about the picture in Greenwich

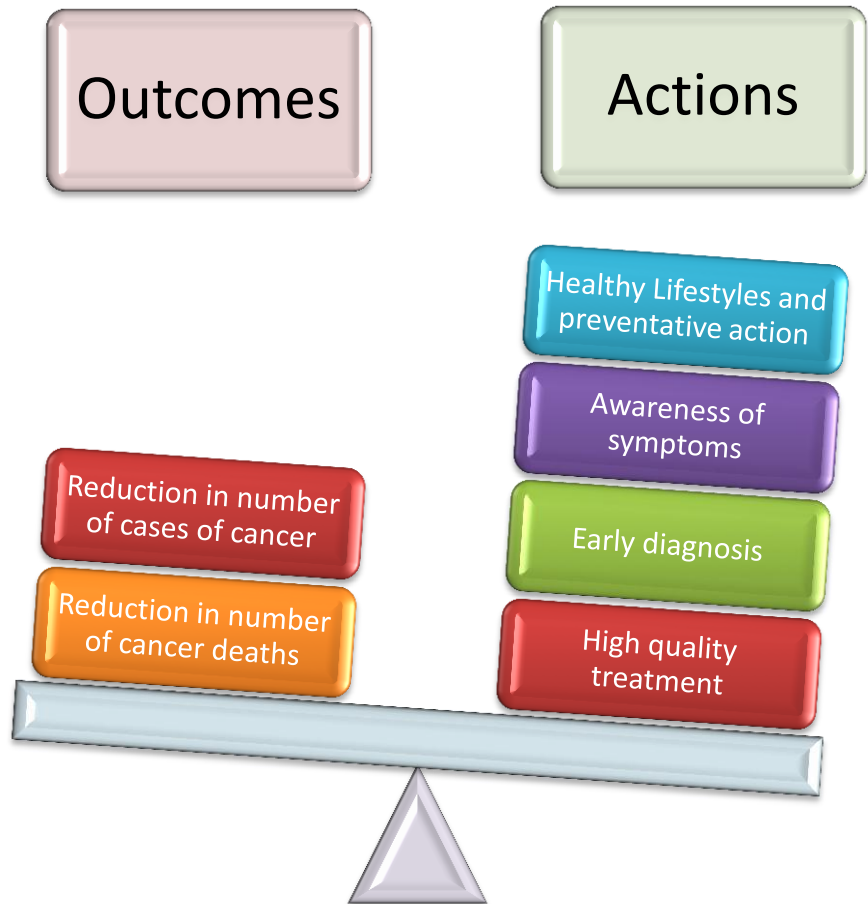
- Every year about 900 people will be newly diagnosed with cancer in Greenwich. We know that our borough has higher cancer rates than London and boroughs with similar levels of deprivation. We have the 6<sup>th</sup> highest rates out of the 32 London NHS Clinical Commissioning Group (CCG) areas.
- During 2010-2012 prostate cancer was the most common newly diagnosed cancer in all age groups in Royal Greenwich. This was followed by breast, lung and colorectal cancers.
- There are clear inequalities for cancer, with those people living in the most deprived 20% of areas in the borough being significantly more likely to die from cancer than those people living in the least deprived 40% of areas.
- There are around 440 deaths from cancer each year in Greenwich, with a slightly higher number of males than females.
- Cancer accounts for about a third of all deaths of people in Greenwich in all age groups, with an annual death rate that is higher than both London and England. Greenwich has the 9<sup>th</sup> highest mortality rate out of the 32 London CCG areas.
- Cancer currently accounts for over a third of deaths amongst the under 75 year age group in Greenwich – a higher premature death rate than both London and England.
- For people diagnosed in 2011, 66% survived for one year. This is poorer than the England (68%) and London (69%) figures. Greenwich has the 9<sup>th</sup> lowest one year survival figures of the 32 London CCG areas.
- About 49% of Royal Greenwich residents who took part in a cancer awareness survey were unaware that cancer is related to age.
- Most of our residents named smoking (72%), diet (41%) and alcohol consumption (38%) as the top causes of cancer. Whilst this is correct for men, the top lifestyle causes of cancer in women are smoking, diet and being overweight.

# Tipping the balance in Royal Greenwich: Improving Outcomes

In Royal Greenwich, we've been working to *tip the balance* against cancer by reducing the number of cases and deaths.

This involves a partnership of organisations and people, including the Local Authority, NHS Greenwich Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, Oxleas NHS Foundation Trust, NHS England, the Voluntary and Community Sector and local residents.

To *tip the balance* we need to take action across the whole cancer pathway, from preventing cancer developing in the first place, to supporting earlier diagnosis to increase the chance of successful treatment and ensuring that people have access to the highest quality treatment possible.





# Smoking

## What we know

There is a clear association between smoking and many diseases, in particular cancers, cardiovascular and respiratory diseases. It is the biggest cause of preventable death nationally and in Royal Greenwich.

Tobacco use has been estimated to cause 19% of all cancers and 86% of lung cancer cases. Lung cancer is one of the most common cancers in Royal Greenwich. On average, 125 people a year are diagnosed with lung cancer.

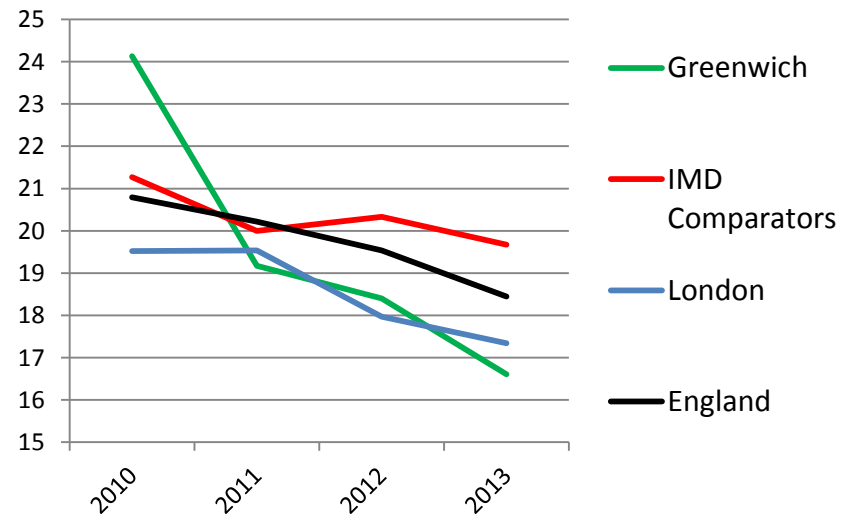
Smoking also contributes to health inequalities, as people who smoke are more likely to live in more deprived areas and consequently develop smoking-related disease.

Smoking is an addiction and is difficult to give up. However, quitting smoking is one of the most important things we can do in order to *tip the balance* against cancer. The risk of death from lung cancer reduces by half within ten years of stopping smoking, and after fifteen years of quitting is close to the norm for non-smokers.

Tobacco smoke has over 70 different carcinogens (cancer causing substances). Cigarettes are filled with poisons and chemicals that damage health.

Over the last few years Greenwich has seen a steep decline in the proportion of people in the borough who smoke. The prevalence of smoking has fallen from 24.1% in 2010 to 16.6% in 2013. In 2000-2002 the figure was as high as 31%. The extent of the decline has been much greater than boroughs with a similar demographic profile to Greenwich, London and England as a whole.

Figure 3. Smoking Prevalence 2010-2013







“Quitting was hard at first but now I’ve quit for two years I feel brilliant - it’s the best thing I’ve ever done”

- Mick, Royal Greenwich resident

The reduction in the number of people smoking is excellent news for Royal Greenwich. The impacts of this are already starting to be seen on the rates of new cases of lung cancer and consequently the mortality rate as well. However, our rates of new cases of lung cancer and lung cancer mortality are still higher than similar boroughs, London and England as a whole. The continued impact of the reduction of smokers on our rates of smoking-related disease will continued to be assessed over time.

This reduction in smoking in Greenwich has been achieved by the actions of a wide coalition of partners in the borough. There is also some evidence that the 2007 ban on smoking in public places has helped support the overall downward trend.

### What have we done?

A key reason for the reduction in the number of smokers has been the strong performance of the Royal Greenwich Stop Smoking Service. The service has been helping local residents to stop smoking for over ten years and currently helps over 1,800 smokers quit every year. There are over 300 trained advisors in pharmacies, GP practices and Charlton Athletic Community Trust’s ‘Kick the Habit’ street teams across the Royal Borough. The service has a Customer Relation Management system which simplifies collecting service user information and provides support to people via texts, phone or emails according to their preference.



There is a dedicated outreach team working in partnership with Charlton Athletic Community Trust (CACT), which raises awareness, gives advice and signposts people to the Stop Smoking Service. This has increased footfall to the service and has helped to increase the number of people quitting. The number of people quitting from the most deprived areas in the borough has also increased. The trained team of stop smoking advisors is called “Kick the Habit”. More smokers are accessing a pharmacy setting rather than their GP Practice and 60% of those accessing pharmacy services are men.

### What next?

We are stepping up our work to reduce the amount of cheap tobacco available locally; illegally sold products that have been smuggled into the country with no tax paid or counterfeited. Trading standards colleagues have made a number of seizures and taken out prosecutions.

A number of workplace initiatives have also been established, especially within the Woolwich Centre where RBG staff can gain free advice, support and pharmacotherapy. Work continues in schools and youth settings to prevent young people starting using tobacco in the first place.



## Diet, physical activity, and healthy weight - what is the cancer connection?

### What we know

Poor diet, lack of physical activity and excess body weight are all associated with an increased cancer risk. These factors independently impact on an individual's risk of developing cancer, but they also work in combination. This is particularly the case as a poor diet and lack of physical activity can mean that an individual will be overweight.

Therefore although interventions may be focused on improving diet, increasing physical activity or losing weight the Royal Borough makes sure that the links are made between the issues and that attempts are made to tackle them together.



## Excess Weight in females is the second main avoidable cancer risk factor



In 2008 Ogze saw a nutrition course advertised in Greenwich Time; five years on and she is still working as a cookery club tutor. She says *"I have seen people make changes to their diet and lifestyle as a result of attending a cookery club. People have approached me with real success stories after changing their eating habits - important things, like reducing their high blood pressure and managing their diabetes better. I also have seen people become more active as part of changing their lifestyle. Some people have set up walking groups to keep active and stay in touch with the new people they have met at the club. When I see this I feel very proud to have been part of it. Since being a tutor I've also been able to set up my own healthy catering business aiming to provide healthier dishes for special events."*



# Healthy Eating



## What we know

The evidence shows us that there are a number of factors related to diet which increases the risk of developing cancer:

Having a diet low in:

- fruit and vegetables
- fibre

Having a diet high in:

- red and processed meats
- salt
- alcohol

Unhealthy diets are particularly associated with bowel, stomach, mouth, oesophagus (food pipe) and breast cancers.

From the evidence available we know that people in Greenwich do not have the healthiest diets. In the UK, it's recommended that people eat at least 5 portions of fruit and vegetables a day.

- In 2011, only about 30% of adults in London were eating 5 a day
- In Greenwich in 2014, only 24% of primary school children and 14% of secondary school children reported eating 5 a day or more.

## What have we done?

The Public Health and Wellbeing team in the Royal Borough of Greenwich have a number of well established community based services to support residents to eat healthily.

These include 'A Taste of Health' 5 week cookery clubs, which provide a friendly, practical environment where people can learn about healthy eating, how to balance their diet and read food labels. In 2013-14, 61 cookery clubs were delivered in community venues across the borough. After attending a cookery club, 59% of participants reported an increase in their fruit and vegetable intake and 42% reported a reduction in foods high in fat, sugar and salt.

The Healthier Catering Commitment (HCC) supports fast food takeaway businesses to make healthy changes. To date, HCC has been piloted in a small area of the borough (Charlton and Woolwich). Eight fast food outlets in the pilot area have made the changes necessary to receive the nationally recognised Healthy Catering award. These venues now offer reduced salt and fat content in their food, healthy options, smaller portion sizes and low sugar drinks. HCC will be rolled out across the borough in 2016.

## Nearly 1 in 10 cancers in the UK are caused by unhealthy diets

Another current programme is Greenwich Healthy Families (GHF). This is an obesity prevention pilot which focuses on a whole system of influences in Charlton and Woolwich. The theory behind the pilot is that to impact on a whole system, it is important to understand and strengthen the links between the different parts and co-ordinate consistent messages and practice throughout the system. Improving the food environment, eating habits and food choices are integral components of this pilot. Ground level work is focussed on schools, children's centres and local food outlets.

Other local projects include the on-going collaboration with the Greenwich Community Development Agency and fruit and vegetable box schemes.

### What next?

As well as being important for health, it is recognised that food plays an important role economically, environmentally, culturally and socially. By taking a co-ordinated whole systems approach, there is more chance of improving diet for everyone in Greenwich.

Good Food in Greenwich (Good FiG) is a partnership of individuals, organisations and businesses coordinated by the Royal Borough Greenwich and Greenwich Community Development Agency.



## David and Sheila

David and his wife Sheila from Eltham came along to take part in the Taste of Health Cookery Club at Coldharbour Leisure Centre, after he discovered he had high cholesterol and wanted to learn about how to lead a healthier lifestyle.

He said: *"I've always enjoyed cooking but I didn't look at foods for the amount of sugar, salt and fat content. You learn to balance the healthy, like fruit and veg, and the less healthy alternatives. I'm eating more healthily now, have lost weight and reduced my cholesterol to a healthy level."*

Good FiG is working towards a 10 year vision where Greenwich grows, produces, prepares and shares good food that is healthy, sustainable, affordable and accessible to all. Action Points to achieve the Good FiG vision are:

- Promoting healthy and sustainable food to the public
- Tackling food poverty and increasing access to affordable food
- Building community food knowledge, skills and resources
- Promoting a vibrant and diverse sustainable food economy
- Transforming catering and food procurement
- Reducing food waste and the ecological footprint of the food system.

In addition, a food charter has been written for individuals, businesses and organisations to sign and make a pledge to support Good FiG. Examples of a pledge include cooking more meals from scratch and growing your own food.





## Physical Activity

### What we know

Becoming and staying active regularly isn't just good for your heart, being active can have a strong protective effect against cancer and improve function, wellbeing & survival after a cancer diagnosis.

While Royal Greenwich is committed to supporting local people to be more active, currently the borough has higher levels of inactivity and lower rates of adults meeting the national recommendations than London and England:

- Only 53% of adults in Greenwich are doing the recommended level of physical activity to gain health benefits
- 31% of the local adult population are inactive – doing less than 30 minutes of moderate intensity physical activity per week)
- People living in the most deprived areas of the borough have the lowest levels of physical activity. These include parts of the following wards: Hornfair and Middle Park, Thamesmead Moorings, Abbey Wood, Woolwich Riverside, Woolwich Common.
- Activity declines with age with 47% of those over 65 doing less than 30 minutes per week
- Higher levels of inactivity are seen in people with a disability with 49% doing less than 30 minutes per week

To gain a health benefit from physical activity adults should be doing or working towards at least 150 minutes of moderate intensity activity per week. Weekly activity can be accumulated in short bursts of just 10 minutes and could include brisk walking, cycling, swimming, gardening, dancing, or housework. Even if you can't manage the 150 minutes, any increase in activity levels has a health benefit.

Evidence shows that people who do manage to become and stay active at the recommended levels can help to protect themselves from several types of cancer.

| Physical activity – reducing the risk |             |                      |
|---------------------------------------|-------------|----------------------|
| Cancer Type                           | % Reduction | Strength of evidence |
| Breast                                | 20-50       | Strong               |
| Colon                                 | 30-50       | Strong               |
| Endometrial                           | 20-30       | Strong               |
| Prostate                              | 20-40       | Moderate             |
| Ovarian                               | 20          | Moderate             |

Physical activity does not only protect against cancer. All the evidence now suggests that being active can help people better cope with and recover from cancer and sometimes help with the physical changes related to cancer treatments. Patients are no longer routinely advised to rest as much as possible but instead recommended to be as active as possible within safe and reasonable boundaries.

After treatment there is a growing body of evidence, although not yet conclusive, that being active and maintaining a healthy bodyweight can stop cancer progressing or recurring. Some studies featuring walking are showing such protective effects in terms of breast, bowel and prostate cancer.

## What have we done?

Royal Greenwich actively commissions physical activity services targeting those with the highest level of health needs and those most likely to face barriers of cost, accessibility and motivation.

- **Greenwich Get Active (GGA)** – a population based approach to encouraging and supporting residents to become more active. GGA uses sophisticated marketing approaches to engage specific segments of local residents. It has an interactive public facing signposting website and also delivers a personal behaviour change intervention and follow-up tracking.
- **Health Walks** – Greenwich Get Walking is an activity programme open to all and offers weekly and monthly led walks. This is delivered by Charlton Athletic Community Trust as part of the Greenwich Get Active Programme
- **Healthwise (PARS)** – the physical activity referral scheme (PARS) accepts referrals directly from health professionals and takes clients through a structured activity programme and is based across the borough leisure facilities. As part of the PARS referral criteria the service is open to people referred from GPs or acute sector who are undergoing treatment for cancer or who have received such treatment within the last year.
- **Active for Health (AFH)** – a specialist programme of free community based physical activity sessions delivered by highly qualified staff team and targeted at sub-populations who have the highest health need.

Although these services do not have specific dimensions addressing cancer, it is explicit that where there is no medical reason to the contrary, that people living with or beyond cancer are actively encouraged to participate in these programmes.

The Royal Borough of Greenwich is also committed to building expertise across the Borough to support people living and beyond cancer to be physically active. Eleven local exercise professionals now hold the Level 4 Cancer Rehabilitation qualification with more waiting to commence training. This qualification will ensure that people living with and beyond cancer receive a guided and appropriately adapted activity programme.



Bernice, 79, lives with her husband who is 90, and has always been physically active. She has been attending two Active for Health classes a week for the past 8 years - exercise to music and circuits, and also looks after an allotment with her husband.

In January 2015 Bernice was diagnosed with breast cancer and had surgery to remove a tumour a month later. Within 12 days of surgery Bernice was back attending her exercise to music class. She was determined pick-up the normal things in her life, *“often at the hospital you are told about the negative things but they don’t tell you about getting back to things as soon as you can”*.

In due course following surgery, Bernice began an intensive three week course of radiotherapy slowing down a full return to her classes, which has now been achieved. Bernice believes that becoming or keeping fit and active is really important. The reserve you build up helps your body cope when things start to go wrong, such as a cancer diagnosis.

After diagnosis, activity can be similarly important with a multitude of benefits, *“focusing on exercise can be a useful distraction - you’re not worrying or thinking about possibilities and it’s an incentive to get out, do other things and mix with people”*.

## What next?

Although there are no plans in place to develop any cancer specific physical activity programmes, currently commissioned services will continue to develop the range of their offer for the local population and also seek to work with health professionals to serve those with high health needs.

In particular public health will be working:

- to maximise leverage across council departments including transport, planning, sustainable environments, Children's services, parks & open spaces and sport & leisure to guarantee that the potential of physical activity for health is recognised, prioritised and integrated within all policy and planning
- to ensure that disabled people and those with long-term health need can access a range of inclusive and disability specific opportunities
- to support health practitioners who see people with cancer have the skills and knowledge to raise the issue with patients and support opportunities to be more physically active
- to actively explore partnership or commissioning opportunities that would benefit those living with or beyond cancer.

Jim Draper, 76, an ex BT engineer and manager, had suffered no health problems at all until ten or so years ago but since then he has heart surgery twice and in 2014 a prostate biopsy showed the presence of cancer. Jim is still in the very early stages of treatment with his condition being regularly and closely monitored.

Throughout this period Jim has maintained an interest in keeping flexible and fit and has used a variety of local rehabilitation and exercise classes. He currently attends the 'Active for Health' programme on a regular basis and would very much recommend the service to others.

Jim's view is that *"the class is managed in such a way as to cater for a wide range of abilities and helps in boosting people's confidence as much as increasing their fitness"*. Active for Health classes have a strong social aspect and Jim has witnessed the collective support and understanding for other members of the class who have been through treatment for cancer. Jim feels that just being part of it, and what it gives, might be *"something to get you out of bed on a bad day"*.



## Preventing Alcohol Related Harm in Greenwich

An estimated 37,000 people are drinking at a hazardous level in Greenwich and a further 5,000 drinking are drinking at a dangerous level

### What we know

Alcohol causes about 12,800 cancers every year in the UK. Drinking alcohol increases the risk for: mouth cancer, throat cancer, oesophageal cancer, laryngeal cancer, breast cancer, bowel cancer and liver cancer.

The cancer risk isn't only greater for heavy drinkers; regularly drinking a couple of pint of lager or glasses of wine every day can still increase the risks of certain cancers. Staying within the government guidelines of 3-4 units a day for men, and 2-3 units for women, helps to keep the risk of cancer lower.

It has been estimated that 25% of adults in Greenwich drink above the "safer" level.

Excess alcohol consumption is an issue across all socio-economic groups, although people in more deprived areas such as Woolwich Common, Woolwich Riverside and Glyndon, are more likely to suffer alcohol-related ill health than others.

### What have we done?

Some of the most effective interventions available are screening and offering brief interventions to people drinking at harmful levels. There has been a lot of work undertaken to spread this model. In May 2014, a 12 month alcohol screening pilot in three general practices went live. The pilot adopted a universal screening model within each practice, with alcohol-related health advice given to all those who screen positive for harmful alcohol use.

Alcohol screening is also routinely undertaken as part of the NHS Health Checks programme. This has found that 24% of people could be drinking at a harmful level.





During 2013, the Greenwich Drug, Alcohol and Mental Health Integrated Commissioning Team (DAMIC) widened preventative activity so that more people can now receive an intervention related to their drinking at multiple access points across the borough.

DAMIC also supported a number of alcohol awareness events in partnership with others to deliver the sensible drinking message;

- Men's Health Week (with Public Health)
- RBG Staff Health and Well Being Event (with the Health, Safety and Well-Being Team)
- Mental Health Awareness Day (with Oxleas NHS Foundation Trust)
- Alcohol Awareness Week (with Queen Elizabeth Hospital)
- Christmas Drink Driving Campaign (with the Road Safety Team)
- Reducing the Strength (with Licensing)

Our partners in the licensing team have developed a scheme which asks off licenses to sign up to a voluntary amendment to their licensing agreement that prevents them from selling beer, lager and cider above 6.5%. Twenty-four out of thirty off licences in Woolwich signed up. As well as preventing antisocial behaviour in the area it is hoped that it will have an associated health impact.

Our local hospital, the Queen Elizabeth, also carries out brief interventions. Screening is undertaken by all staff in A&E which, if positive, is followed up by a brief intervention from a member of the specialist alcohol team.

### **What next?**

To build on the work around screening, an investigation into how people are supported once they have been found to be potentially drinking at harmful levels will be undertaken. An evaluation will be undertaken of the screening and brief intervention pilot in practices to assess whether this model should be expanded to other GP practices. The licensing team are investigating expanding the high strength alcohol licensing amendment to other areas.

We are developing a new alcohol strategy for the borough, under the auspices of the Safer Greenwich Partnership.





## The sun and sunbeds

### What we know

Exposure to ultraviolet rays from either the sun or sunbeds is the main cause of skin cancer.

There are two types of skin cancer: non-melanoma, which is very common, and melanoma which is less common but more serious.

During 2010-2012 there were 65 cases of malignant melanoma in Royal Greenwich, 52 of these cases would have been as a result of over exposure to the sun or use of sunbeds.

Certain groups of people are at a greater risk of developing skin cancer. They include people with fair skin that burns easily, red or fair hair, light-coloured eyes and a history of sun burn.

Around 40% of Greenwich's population are from non-white ethnic groups which means they have a lower risk of skin cancer. However, there is still a risk - particularly for those areas that aren't often exposed to sunlight - such as the soles of the feet.

### Vitamin D

Although exposure to sunlight can increase our risk of skin cancer, it is also our main source of vitamin D. A lack of vitamin D can cause a softening of the bones, which in serious cases can result in a condition called Osteomalacia. People who are most at risk of vitamin D deficiency are those with naturally brown or black skin, older women who don't often go outside, people who avoid the sun and people who wear clothing that fully conceals them.

We therefore need a healthy balance; everyone has different needs for their exposure to sunlight to get enough vitamin D, but most people should get enough through daily casual exposure and by following the safe sun messages.

### What have we done?

As part of the *Tip the Balance* campaign we have been spreading the key messages about how to be safe in the sun by using a combination of shade, clothing and sunscreen.

### What next?

Further work will be undertaken to identify areas in the borough where the population is at the biggest risk and investigate whether a local prevention campaign would be of benefit.

There will be an assessment to understand the impact of sunbeds in Greenwich on skin cancer risk.



## Awareness of symptoms

### What we know

Early diagnosis of cancer means people have a better chance of their treatment working and consequently recovering from cancer. People need to be aware of the key symptoms of cancer so they know when to seek help.

The symptoms to be aware of differ for the different cancers. The national “Be Clear on Cancer” campaign has been promoting awareness of symptoms for a number of cancers to encourage people to visit their GPs if they are concerned.



### What have we done?

We have a Cancer Outreach Worker who works closely with the community. She delivers a cancer awareness training programme with the voluntary sector. She has trained Home Start and their volunteers, and community leaders.



In 2014 we began working with Care Homes in the Borough. We are targeting older people, as older people are most likely to get cancer so raising awareness will support identifying any cancer earlier.

In partnership with the NHS Greenwich Clinical Commissioning Group and local GPs we have been promoting the Be Clear on Cancer campaign. Initial evaluations of the programme suggest that there is increased awareness in the population and greater numbers of people accessing their GP about potential cancer symptoms.



The cancer community outreach service helps to save lives by getting people to recognise signs and symptoms, take up screening and see their GP. Myths and misconceptions of cancer are still common and people believe there is nothing they can do – what will be will be. However, if cancer is spotted early and treated, then outcomes can be dramatically improved.

We have worked closely with our local pharmacists, and there are now twenty-three cancer awareness pharmacies in Greenwich. They have recently received training to talk to their customers about the signs and symptoms of cancer and will refer them to their GP for further care if needed. They all display posters in their windows inviting people to talk to them if they are worried about cancer or particular symptoms.



In addition, our Community Outreach Teams have been working hard to increase peoples knowledge of the signs & symptoms of the most common cancers so they see their GP early if they spot symptoms.

We have also been continuing the work of our *Tip the Balance* campaign. A review of the campaign road show is presented later in this document.

### What next?

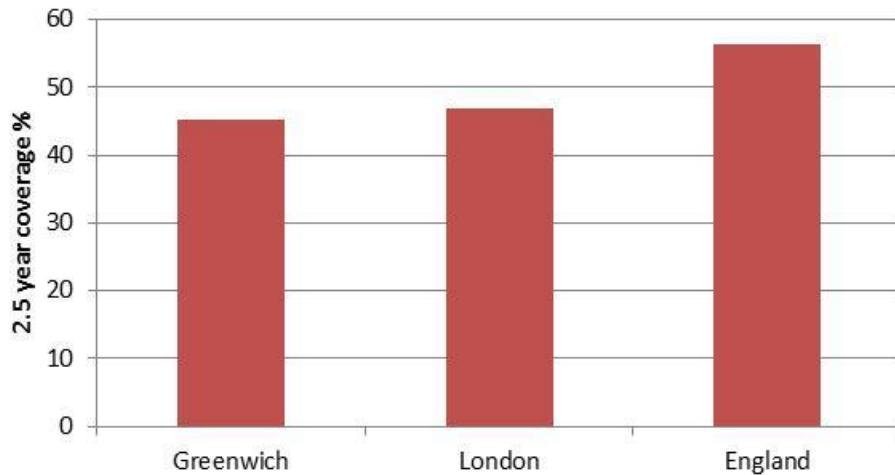
We are working with our CCG colleagues to help people who have been tested for cancer but are found not to have it. By becoming more aware of cancer symptoms in the future and encouraging them to make lifestyle changes they can reduce their risk from cancer and other diseases.

We are continuing spread the *tip the balance* message through the website, GPs and our community outreach workers.





Figure 6. Bowel Screening Coverage 2014



The newest programme, bowel cancer screening, has the lowest coverage figures. In Greenwich the proportion of eligible people having screening is lower than London and England as a whole.

There are differences in the coverage of screening by populations. Women from deprived areas are less likely to attend screening. Age can also impact on screening uptake, for example older women are less likely to attend breast screening. Women from BME groups are also less likely to attend screening.

#### What have we done?

We have incorporated a cancer screening element in the NHS Health Check, a national programme for 40-74 year olds to

identify people at risk of developing a number of different chronic diseases. It provides awareness raising & early detection of cancer by asking patients who attend their Health Check appointment to confirm their cancer screening status. Feedback from our practice teams has indicated that by raising the awareness of the importance of screening, people are engaging with the screening programmes

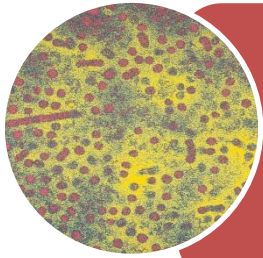
We have recently presented to practice teams current screening performance and top tips to engage their registered population in the screening programmes.

#### What next?

We will continue to work with NHS Greenwich CCG and NHS England/Public Health England to promote cancer screening.

Cancer screening will continue to be promoted as part of awareness raising and is a key plank of the *Tip the Balance* campaign.

A lady from the Colon-rectal support group had bowel cancer picked up due to the Bowel Screening Programme – luckily at an early stage. Had she not done it she would not have known. She now encourages others to use their Bowel Screening Kit and talks to people about Bowel Cancer.



## Infections

### What we know

There are a number of viruses that can cause cancer. For example the human papilloma virus (HPV) and cervical cancer and liver cancer and Hepatitis B and C. An association has also been identified between the Helicobacter pylori bacteria and stomach cancer.

### What have we done?

Vaccination against hepatitis B is given to all babies who are at risk from their infected mothers. In 2013/14, all babies at risk in Royal Greenwich were vaccinated. This protects the baby against all the potential impacts of infection with hepatitis B.

Vaccination against the two types of HPV, which between them cause 70% of cervical cancers in the UK, is offered to all 12-13 year old girls as part of the NHS childhood vaccination programme. In Royal Greenwich in 2013/14 77.6% of eligible girls were vaccinated. There has been a slight decrease in coverage of the vaccine over the last two years.



Testing for HPV is now part of the national cervical screening programme called HPV triage test and cure. Testing for the virus in cervical smear samples means that women will need fewer follow up smears after treatment for an abnormal result.

### What next?

We will investigate the dip in coverage of the HPV vaccine in Greenwich to assess whether there is any underlying reasons for the change in performance.

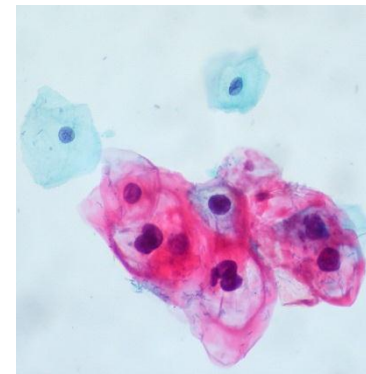


Image: HPV



## Tip the balance

Various methods were used to target the public. These included Life Channel adverts in waiting rooms in GP surgeries, posters in prominent areas e.g. bus stops and billboards, as well as local press adverts.

The Greenwich *Tip the Balance* campaign included a borough-wide road-show which was first run in September 2012. The aim was to increase cancer awareness and promote cancer prevention in Greenwich - highlighting to the community that having a healthier lifestyle can help reduce the risk of getting cancer. It was delivered by Greenwich Healthy Living and Charlton Athletic Community Trust (CACT). Cancer Research UK and Macmillan supported the campaign development, some delivery elements of the road-show and the broader aspects with training, staff and information resources. The campaign is on-going as it has the broad aim to promote a risk reduction approach for cancer prevention, whilst reiterating the benefits of early diagnosis and improving understanding and recognition of the common signs and symptoms of cancer.

This campaign focused on:

- The over 50's
- Addressing the issues of fear and fatalism
- Increasing knowledge of cancer signs & symptoms

Cancer can be a difficult subject with which to engage people – the tone and positioning of '*Tip the Balance*' was carefully developed and tested in consultation with stakeholders (including cancer Research UK) and the local public.

8,637 people attended the road-show. They were given a wide range of information from health specialists who could help them how to protect themselves against cancer. Each intervention was tailored to the individual. For instance, smokers were shown their lung age by taking a lung test. In total, over the 6 weeks, 535 people had the full prevention intervention.





## Cancer screening: Breast, Bowel and Cervical

### What we know

Screening is looking for early signs of a disease in healthy people who do not have symptoms. There is a national cancer screening programme in the UK, which covers breast, bowel and cervical cancers, with targeted surveillance programmes for those who are at special risk (e.g. have a strong family history). It is estimated that the breast and cervical screening programmes save 1,300 and 5,000 lives a year respectively.

Figure 4. Breast Cancer Screening Coverage 2010-2014

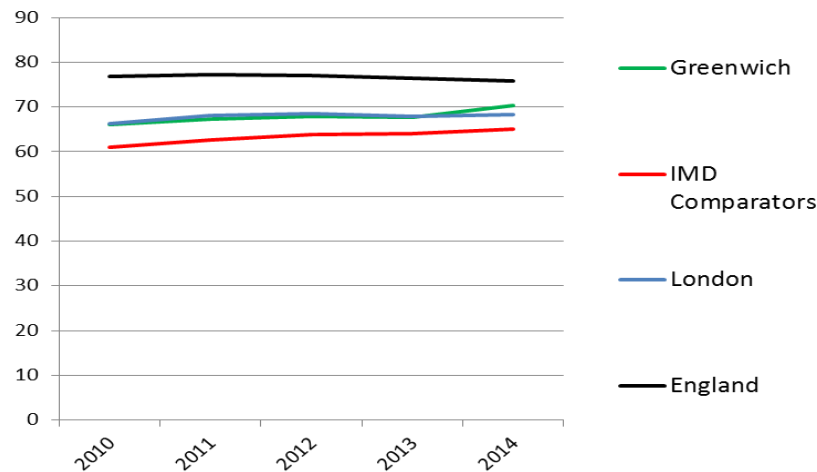
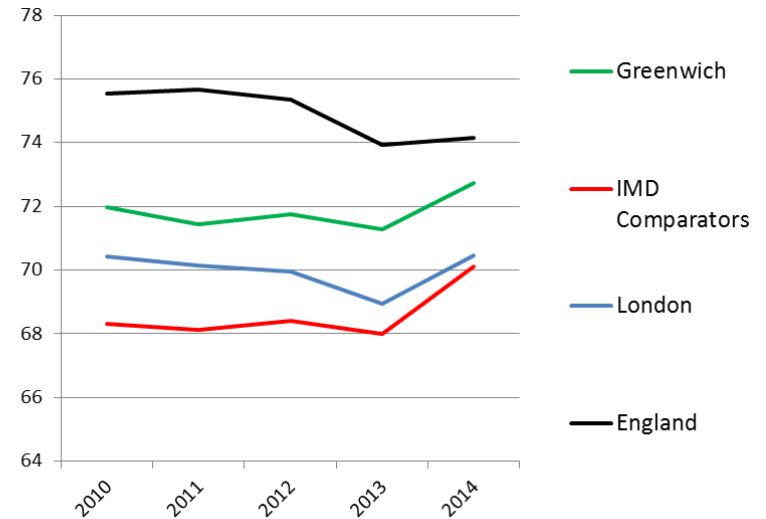


Figure 5. Cervical Screening Coverage 2010-2014



Bowel screening is the newest programme, by 2025 it is estimated that it will save 5,000 lives a year.

The breast and bowel screening programmes are organised nationally. The cervical programme is run through GP practices.

The proportion of eligible women who are receiving screening for breast cancer has shown a slight increase over time, it is lower than the coverage for England as a whole, similar to London and higher than borough's with a similar population (IMD comparators). Similarly, the coverage for cervical screening is lower than figure for England, it is slightly higher than that for London and areas with a similar population.





## Early Diagnosis

### What we know

Once someone has recognised they have symptoms and have accessed the GP, the next link to *tip the balance* against cancer is for them to be referred to secondary care services to receive diagnostic testing.

GPs can refer anyone with worrying symptoms for a specialist opinion within two weeks. In Royal Greenwich around 8,000 people a year are referred through this route. About 8% of the people referred in Greenwich are found to have cancer, this figure is nearer 11% in England as a whole.

NHS Greenwich CCG have been working closely with the GPs in the borough to ensure that people are referred when they need to be through the two week route. We are working in partnership with the CCG to support this work.

### What have we done?

GPs were supported by the GP cancer lead to carry out an audit of their most recent cancer diagnosis. As a practice they reviewed the journey of each patient to see what went well or could have been improved regarding their route to diagnosis.



The GPs then repeated this process after an interval to assess whether learning had been implemented and patient care improved.

The CCG have appointed a Macmillan cancer GP to help improve care for people with cancer in primary care.







### What's next

The CCG are developing a new GP incentive scheme. As part of this GPs will be asked about their cancer related training needs to inform a new programme of support.

The CCG and the local authority will continue to work together to explore further opportunities to assist with supporting earlier diagnosis.

The CCG and the neighbouring CCGs are working together to provide a holistic approach to patient pathways. Working together with the local hospital provider will produce a reduction in the variations around quality and increase the provision of effective interventions.

We provide a wide range of local assets actively engaged in promoting healthy lifestyles to help reduce your risk of cancer

| <u>Service</u>   | <u>Description</u>   | <u>Contact Info</u>   |
|--|--|---|
| <p><b>Greenwich Stop Smoking Service</b></p>  | <p>Here to help you quit smoking</p>   | <p>Call a 0800 587 5833<br/>           Text 'QUIT' to 60060<br/>           Email at: <a href="mailto:support@greenwichstopsmoking.org.uk">support@greenwichstopsmoking.org.uk</a><br/>           Online at: <a href="http://www.greenwichstopsmoking.org.uk">http://www.greenwichstopsmoking.org.uk</a></p> |
| <p><b>Greenwich Sexual Health</b></p>         | <p>The information you need to protect your sexual health</p>                                | <p>Call at: 0208 305 5005<br/>           Online at: <a href="https://www.greenwichsexualhealth.org">https://www.greenwichsexualhealth.org</a></p>   |
| <p><b>Tip The Balance</b></p>                 | <p>Find out what you can do to tip the balance against cancer and what we can do to help</p> | <p>Online at: <a href="http://www.tipthebalance.org.uk">http://www.tipthebalance.org.uk</a></p>   |
| <p><b>Give Us A Buzz</b></p>                  | <p>Free and confidential drug and alcohol advice</p>   | <p>Call at: 0800 9555013<br/>           Online at: <a href="http://www.giveusabuzz.com">http://www.giveusabuzz.com</a></p>  |
| <p><b>Greenwich Get Active</b></p>          | <p>Get active in Greenwich with our help</p>   | <p>Call at: 0800 096 5436<br/>           Text ACTIVE to 60066<br/>           Online at: <a href="http://www.greenwichgetactive.com">http://www.greenwichgetactive.com</a></p>   |
| <p><b>Greenwich Healthy Living</b></p>      | <p>A one-stop shop offering information and guidance on healthy living</p>                   | <p>Call at: 0800 587 5833<br/>           Online at: <a href="http://greenwichhealthyliving.nhs.uk/contact-us">http://greenwichhealthyliving.nhs.uk/contact-us</a></p>   |

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Cancer Research UK



Greenwich Get Active



Greenwich Stop Smoking



Tip The Balance



Greenwich Give Us A Buzz



Greenwich Healthy Living

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