
Appendix 1: Key project partners

| Name | Organisation | Role/Project Role |
|--|--|--|
| SRO/Chair and Project Lead/Deputy Chair | | |
| James Ramsay BLMK Cancer SRO | Bedfordshire Hospitals Trust (Luton site) | Senior Responsible Officer/Clinical Lead (Chair) |
| Kathy Nelson Head of Cancer Network | BLMK ICS | Project Lead (Deputy Chair) |
| Neli Garbuzanova Head of Transformation | NHS England – East of England | NHS England - Project Collaborator |
| Workstream 1 (W1): Health inequalities along the cancer pathway | | |
| Workstream Co-ordinator: Chimeme Egburah | | |
| Chimeme Egburah | Luton Borough Council | Public Health Service Manager (Healthcare) |
| Jan Chalkley | Bedfordshire Hospitals Trust (Luton site)/Macmillan | Deputy Head of Nursing Cancer & Palliative Care/Lead Nurse |
| Elizabeth Bailey | Luton Borough Council | Public Health Expert |
| Christina Gleeson | Luton Borough Council | Public Health Officer |
| Anitha Bolanthur | GP | Luton Cancer Lead |
| Lauren Sibbons | NHS England | Primary Care |

| Name | Organisation | Role/Project Role |
|--|---|---|
| Kamini Patel | BLMK ICS | Commissioner |
| Jai Jayaraman | Cancer Alliance – East of England | Programme Manager |
| Peter Hoskin (W2) | Cancer Alliance – East of England | Medical Lead |
| Sarah Miller (W2, W3) | Cancer Alliance – East of England | Head of Informatics for Cancer |
| Nina Hannagan | NHSE/I | Contracting Support Manager – GP (BLMK) |
| Workstream 2 (W2): Health outcomes inequalities | | |
| Workstream Co-ordinator: Edmund Tiddeman | | |
| Edmund Tiddeman | Public Health | Interim Public Health Officer/Data expert |
| Anthony Scanlon | Public Health | Data Analyst |
| John Ford | PHE East of England Healthcare Public Health | Public Health Expert |
| Peter Hoskin (W1) | Cancer Alliance – East of England | Medical Lead |
| Sarah Miller (W1, W3) | Cancer Alliance – East of England | Head of Informatics for Cancer |
| Nicholas Blackwell | NHS England – East of England | Data support |
| Workstream 3 (W3): Patient engagement, experience and surveys | | |
| Interim Workstream Co-ordinator: Jessamy Kinghorn | | |
| Jessamy Kinghorn | NHS England- East of England | NHS England - Communication and Engagement Lead |
| Rowena Howell | Macmillan Cancer Support | Patient/hospitals Engagement |

| Name | Organisation | Role/Project Role |
|---------------------------------|---|---|
| Jane Meggitt/Sarah Frisby [tbc] | BLMK ICS | Engagement/Communication |
| Ray Anderson | EoE Cancer Alliance Patient Advisory Board | Patient Representative |
| Shae Ecclestone | EoE Patient Group/National Rep for cancer | Patient Engagement |
| Lucy Nicholson | Healthwatch Luton | Communication and Engagement |
| Dave Simpson | Healthwatch Central Beds | Communication and Engagement |
| Helen Watt | Luton and Dunstable FT | GM for Cancer and Palliative Care |
| Gillian Turrell | Bedfordshire Clinical Commissioning Group | Senior Quality Manager – Acute and Ambulance Services |
| Rachel Wheelhouse | NHS England and NHS Improvement – East of England | Commissioning Business Support Assistant |
| Sarah Miller (W1, W2) | Cancer Alliance – East of England | Head of Informatics for Cancer |
| Henna Iftikhar | BLMK ICS | Screening Project Manager, BLMK ICS |
| Kevin Ross | NHS England- East of England | Partnerships & Public Engagement Team/NHS England |
| Collaborators | | |

| Name | Organisation | Role/Project Role |
|-------------------|--|---|
| Ruth Derrett | NHS England – East of England | NHS England Collaborator (MVCR) |
| Dr Daksha Trivedi | Senior Research Fellow Centre for Research in Public Health and Community Care | Academic and patient representative expert |
| Jules Howard | NHS England – East of England | NHS England - Project Manager |
| Carly Alwin | NHS England – East of England | NHS England - Project Coordinator |

Appendix 2: Cancer outcomes summary within EoE - South

Mount Vernon Cancer Centre Service CCG Stage, EPs and Survival Outcomes

East of England South Cancer Alliance Analysis

September 2020

Compared to England: Better Similar Worse

| Cancer Alliance | CCG | Early Stage | Emergency Presentations | Survival Outcomes | |
|-----------------------|--------------------------------------|-------------------------|-------------------------|-------------------------|---|
| | | Early stage | Emergency presentations | One-year survival | Five-year survival, Cancer Alliance-level only |
| | | Period covered: | Calendar Year 2018 | Financial Year 2019-Q1 | Adults diagnosed 2001 to 2016 and followed up to 2017 |
| Source: | | CADEAS on CancerStats 2 | CADEAS on CancerStats 2 | CADEAS on CancerStats 2 | CADEAS on CancerStats 2 |
| East of England South | NHS Bedfordshire CCG | 58.4% | 17.7% | 72.7% | 72.9% |
| | NHS East and North Hertfordshire CCG | 60.5% | 16.9% | 74.2% | |
| | NHS Herts Valleys CCG | 57.0% | 19.1% | 73.1% | |
| | NHS Luton CCG | 55.2% | 21.2% | 69.3% | |
| North Central | NHS Barnet CCG | 57.9% | 23.4% | 78.3% | 73.7% |
| | NHS Camden CCG | 54.9% | 16.7% | 75.3% | |
| | NHS Enfield CCG | 57.3% | 20.4% | 75.2% | |
| | NHS Haringey CCG | 58.3% | 20.2% | 73.2% | |
| | NHS Islington CCG | 53.3% | 17.9% | 73.8% | |
| Surrey and Sussex | NHS Surrey Heath CCG | 54.2% | 21.7% | 77.1% | 75.6% |
| Thames Valley | NHS Buckinghamshire CCG | 55.7% | 18.7% | 74.8% | 74.6% |
| | NHS East Berkshire CCG | 56.7% | 15.0% | 73.8% | |
| West London | NHS Brent CCG | 51.7% | 19.0% | 73.8% | 74.1% |
| | NHS Hillingdon CCG | 55.7% | 22.1% | 72.8% | |

Data Sources and Notes

1: CCG Stage at Diagnosis: Public Health England CancerStats 2 Tool>CADEAS>Early diagnosis>Early stage
Selection criteria: All stageable cancers excluding 'Unknown'. All persons, calendar year 2018. Based on residence at diagnosis. Includes early stages 1 and 2.

1: CCG Emergency Presentations: Public Health England CancerStats 2 Tool>CADEAS>Early diagnosis>Emergency Presentations
Selection criteria: All cancers combined excluding 'Unknown'. All persons, Q1 2019/20. Based on residence at diagnosis.

3: CCG One- and Five-Year Survival Index: Public Health England CancerStats 2 Tool>CADEAS>Outcomes>Survival Index
As per Office for National Statistics methodology.

Source

[PHE CancerStats 2](#)

[PHE CancerStats 2](#)

[PHE CancerStats 2](#)

Appendix 3: BLMK cancer summary

1. Across Bedford Borough, central Bedfordshire, Luton and Milton Keynes approximately 4,500 people are diagnosed with cancer each year and 40% of these diagnoses will lead to death. The most commonly diagnosed cancers, accounting for 43.5% of all cancers, are breast cancer (16%), prostate cancer (16%) and colorectal cancer (11.5%).
2. The context for improvement on cancer outcomes is:
 - The incidence of cancer for all cancers combined in the UK is expected to increase¹
 - There is significant variation in cancer outcomes across BLMK, with - one-year survival rates for some cancers (breast cancer, lung cancer and colorectal cancer, for example) are lower than the national average in some areas. Therefore, early diagnosis and personalised care have been identified as key priorities
 - Cancer services should be localised where possible and centralised where necessary
 - Reducing health inequalities over the next ten years is a key aim. In some parts of the BLMK population there is an 11-year difference in life expectancy for men and a ten-year difference for women, between the least and most deprived areas. Over a third of all deaths under the age of 75 are attributable to cancer, only one in five are due to cardiovascular diseases.²
 - BLMK works in partnership with three different cancer networks (with tertiary centres in Cambridge, Oxford and London), which makes for a complex system of delivery
 - The BLMK cancer landscape is complex. While the hospitals within BLMK ICS all provide a level of cancer care, there are no tertiary centres within the BLMK borders, which means that patients are travelling to other hospitals for their specialist care
 - Existing NHS England reviews of radiotherapy provision, which support the development of satellite services
 - The BLMK cancer strategy requires further review in response to the LTP cancer objectives but also the system challenges around access, inequalities and workforce.

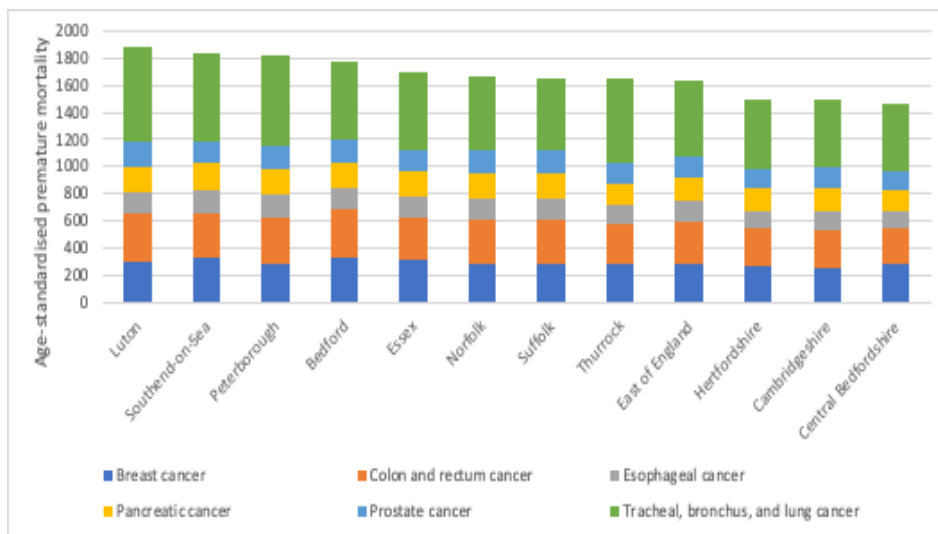
¹ Cancer Research UK. Cancer Incidence Statistics. [Online]; Available here: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero>;

²https://fingertips.phe.org.uk/profile/health-profiles/data#page/7/gid/1938132696/pat/6/ati/202/are/E06000055/iid/90366/age/1/sex/1/cid/4/tbm/1/page-options/ine-ao-0_ine-yo-3:2017:-1:-1_ine-ct-71_ine-pt-0

Cancer in Luton

- Figure 1 illustrates that Luton has high premature mortality for the six cancers across EoE. Lung cancer is the biggest contributor to premature mortality, followed by colorectal cancer and breast cancer. Luton has 29% more years of life lost due to these six cancers compared with central Bedfordshire, the best performing area in the EoE.

Figure 1: Number of Year of Life Lost for each cancer across the East of England in 2019, both sexes³



Summary of the six chosen cancers

Data given here are standardised rates per 100,000 population.

Lung Cancer in Luton

- Lung cancer is the third most common form of cancer in the UK, accounting for 13% of all cancer cases. Over the last ten years, the incidence in males has fallen by 10%, while in females it has increased by 18% due to changes in smoking habits⁴.
- The mortality rate for lung cancer (all persons) in Luton is 59.7 per 100,000. This is similar to the England rate (57.3 per 100,000). However, when compared to boroughs in the EoE

³ <http://www.healthdata.org/gbd/2019>;

⁴ Hoskin PJ, Clinical Oncology, Basic Principles and Practice. Fifth Edition. Taylor and Francis, London. 2020

region, Luton has the second highest death rate for lung cancer, superseded only by Thurrock, which has a death rate of 69.3 per 100,000⁵. The mortality rate for the EoE between the period 2017-2019 was 47.3 per 100,000, which was better than England and Luton mortality rates.

6. As with the national picture, there is a difference in death rates between men and women. Men from Luton have higher death rates, 72.4 per 100,000, when compared to women 46.9 per 100,000. This is similar to England's mortality rates: men were 67.7 and 44.9 per 100,000 respectively.
7. The incidence rate of new cases of lung cancer, during 2014-2018 in Luton was 79.7 per 100,000. This is similar to the England benchmark of 78.3 per 100,000. When Luton is compared to ten similar boroughs, the rates of new cases for Luton can be described as being in the lower-middle of the cohort for incident rate, ranking third lowest out of the ten.
8. The CCGs with the highest incidence of lung cancers during the same period were Bradford City (117.2) Oldham (107.5), and Bradford Districts (89.8). All of which are worse than the England benchmark. Lifestyle factors, such as smoking, which increase lung cancer rates, have a higher prevalence in routine and manual occupations⁶ and in population groups from countries with high smoking rates, such as Eastern Europeans, Irish and South Asian countries⁷.

Breast Cancer in Luton

9. Breast cancer is the most common malignancy in females⁸. On average, approximately one in seven middle-aged women have a risk of developing the disease at some point during their lifetime. The age of incidence increases throughout life and the risk continues into the 80s⁹. In addition to this, there is an increased rate of incidence in higher socioeconomic groups.
10. The rate of death for breast cancer in Luton women was 32.1 per 100,000 during 2014-2018. This is slightly lower (but not significantly) than the England mortality rate, which was 33.9 per 100,000. When compared to ten similar local authorities, Luton's mortality rate is in the

⁵ Potential future enquiry about this number would be to understand the average in EoE.

⁶ ONS Adult smoking habits in the UK: 2019. Available here <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019> Accessed 09/05/2021.

⁷ ASH. Tobacco and Ethnic Minorities. August 2019. Available here: <https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet-Ethnic-Minorities-Final-Final.pdf> Accessed 09/05/2021

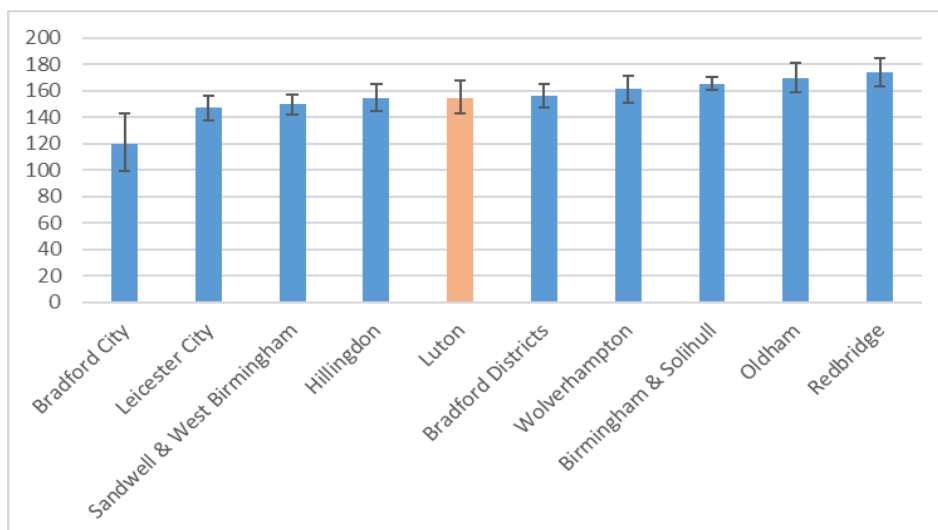
⁸ It also affects a very small number of men;

⁹ Hoskin PJ, Clinical Oncology, Basic Principles and Practice. Fifth Edition. Taylor and Francis, London. 2020

lower third. Redbridge had the highest age-standardised death rate of the ten authorities, with death rates of 40.5 per 100,000 during this period.

11. Another way of looking at the rate of cancer is the Standardized Mortality Ratio (SMR). This is the ratio between the observed number of deaths in a population (e.g. Luton) and the number of deaths that would be expected, based on the age- and sex-specific rates in a standard population (e.g. England) and the population size of the study population by the same age/sex groups. The SMR of new cases of breast cancer in Luton was 96.5 during 2012 to 2016. This is lower in England, which by definition has an SMR of 100.
12. This contrasts to the EoE, which, during the same period had an SMR ratio of 101.4, which was higher than the England benchmark and higher than Luton. Calculation of SMR takes into account the age profiles of the different populations, so the difference is not due to the fact that breast cancer rates increase with age and the age profile for women living in EoE is older than Luton's. The lower rate in Luton may be due to the fact that pregnancy and breast feeding is somewhat protective against breast cancer.
13. Luton had the fifth lowest number of new breast cancer cases (154.8) during 2014-2018, when compared to comparator boroughs. The number of new cases were highest in Redbridge (173.6) followed by Oldham (169.4). The comparator areas authorities with the lowest incidence were Bradford City (120.0) and Leicester City (146.9).

Figure 2: Incidence rate (age standardised, per 100,000 women, all ages) for breast cancer during 2014-2018



Oesophageal Cancer in Luton

14. There were 7,600 cases of oesophageal cancer each year in England between 2014-2018, about 31% in women and 69% in men. In females in the UK, oesophageal cancer is the 15th most common cancer (2% of all new female cancers). In males in the UK it is the ninth most common cancer (3% of all new cancer cases). However, tumours of the upper third of the oesophagus are more common in females. Oesophageal cancer caused 6,468 deaths each year between 2014 and 2018. Oesophageal cancer rates go up in every increasing age band from 40 years old. 60% of cases of oesophageal cancers are due to preventable causes; risk factors include being overweight or obese (27%), smoking (34%) drinking alcohol (13%) and gastro-oesophageal reflux disease^{10,11}.
15. During 2016-2018, the EoE had lower numbers of new cases of oesophageal cancer registrations (14.7 per 100,000) compared with England, (15.4 per 100,000). Similarly, Luton's incidence rate during the same period was slightly higher than England at 15.8 per 100,000. None of these differences were statistically significant.

Prostate Cancer in Luton

16. Prostate cancer is the most common cancer in men, with around 48,600 new cases in the UK in 2017, it accounted for 26% of all new male cancer cases in 2017. Incidence rates for prostate cancer in the UK are highest in males aged 75-to-79. Over the last decade, incidence rates have increased by around a twentieth (4%) in males and are projected to rise by 12%, in the UK between 2014 and 2035, to 233 cases per 100,000 males by 2035. The incident rates in males in England are 17% lower in the most deprived areas compared to the least deprived. Prostate cancer is most common in black males (one in four black males compared to one in eight for other males¹²), then white males and least common in south Asian males¹³.

Bowel/Colorectal Cancer

¹⁰ Cancer Research UK. Oesophageal cancer. Available here: <https://www.cancerresearchuk.org/about-cancer/oesophageal-cancer> Accessed 09/05/2021 and here: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oesophageal-cancer/risk-factors#heading-Ten> . Accessed 23/06/2021

¹¹ Hoskin PJ, Clinical Oncology, Basic Principles and Practice. Fifth Edition. Taylor and Francis, London. 2020

¹² <https://prostatecanceruk.org/prostate-information/are-you-at-risk/black-men-and-prostate-cancer/>

¹³ Cancer Research UK. Prostate cancer. Available here: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer#heading-Zero> Accessed 10/05/2021

17. Bowel cancer is the fourth most common cancer in the UK, accounting for 11% of all new cancer cases in 2017. One in 15 UK males and one in 18 UK females will be diagnosed with bowel cancer in their lifetime.
18. There are around 42,300 new bowel cancer cases in the UK every year with more cases presenting in males in comparison to females, 18,600 and 23,500 respectively. The incidence of bowel cancer is higher amongst populations with greater social deprivation, with males in the most deprived quintile more adversely affected contributing to rates 9% greater than the least deprived.
19. A person's risk of developing bowel cancer depends on many factors, including age, genetics, and exposure to risk factors (including some potentially avoidable lifestyle factors).
20. Of note, for colon cancer¹⁴:
 - 66% of patients diagnosed with colon cancer and 63% of patients diagnosed with rectal cancer have surgery to remove the tumour as part of their primary cancer treatment
 - 3% of patients diagnosed with colon cancer and 41% of patients diagnosed with rectal cancer have radiotherapy as part of their primary cancer treatment
 - 31% of patients diagnosed with colon cancer and 42% of patients diagnosed with rectal cancer have chemotherapy as part of their primary cancer treatment
 - 85.1% of patients in Luton receive their first definitive cancer treatment within 62 days of an urgent GP referral. This is only just above the national target (85%).

Appendix 4: Deprivation in Luton

Figure 1.

¹⁴ Source: based on Luton specific data, provided by BLMK ICS;

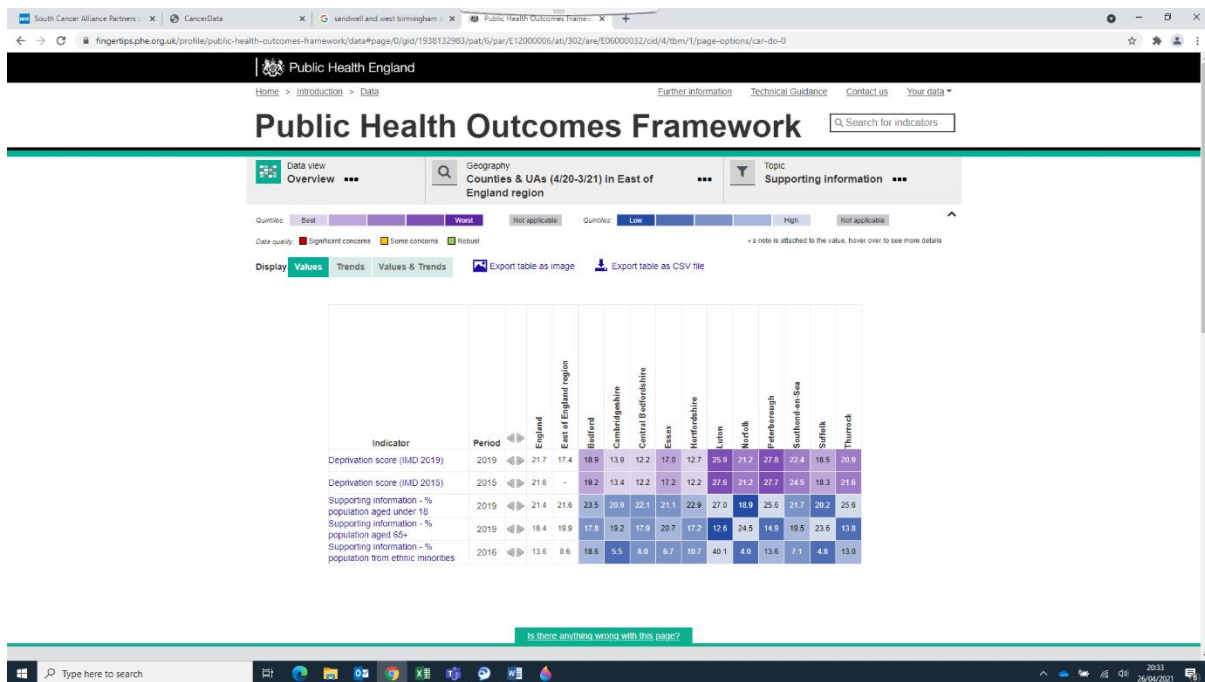


Figure 2.

| Upper Tier Local Authority District name (2019) | IDAOPi - Average rank | IDAOPi - Rank of average rank | IDAOPi - Average score | IDAOPi - Rank of average score | IDAOPi - Proportion of LSOAs in most deprived 10% nationally | IDAOPi - Rank of proportion of LSOAs in most deprived 10% nationally |
|---|-----------------------|-------------------------------|------------------------|--------------------------------|--|--|
| Bedford | 12038 | 116 | 0.115 | 106 | 0.0680 | 73 |
| Cambridgeshire Central | 10757 | 128 | 0.096 | 131 | 0.0000 | 139 |
| Bedfordshire | 9542 | 137 | 0.087 | 138 | 0.0000 | 139 |
| Essex | 12716 | 107 | 0.113 | 111 | 0.0092 | 128 |
| Hertfordshire | 10885 | 127 | 0.099 | 128 | 0.0058 | 130 |
| Luton | 18906 | 45 | 0.198 | 41 | 0.2231 | 27 |
| Norfolk | 13714 | 96 | 0.121 | 100 | 0.0242 | 104 |
| Peterborough | 17175 | 64 | 0.169 | 61 | 0.0982 | 63 |
| Southend-on-Sea | 16225 | 77 | 0.153 | 79 | 0.0561 | 83 |
| Suffolk | 11636 | 121 | 0.104 | 123 | 0.0159 | 117 |
| Thurrock | 15821 | 81 | 0.148 | 83 | 0.0510 | 84 |

Compared to its 'nearest neighbours' Luton is slightly better than the average, it is ranked about 7th out of 11 areas on IDAOPi (the exact ranking varies slightly with the measure), as shown in the following table.

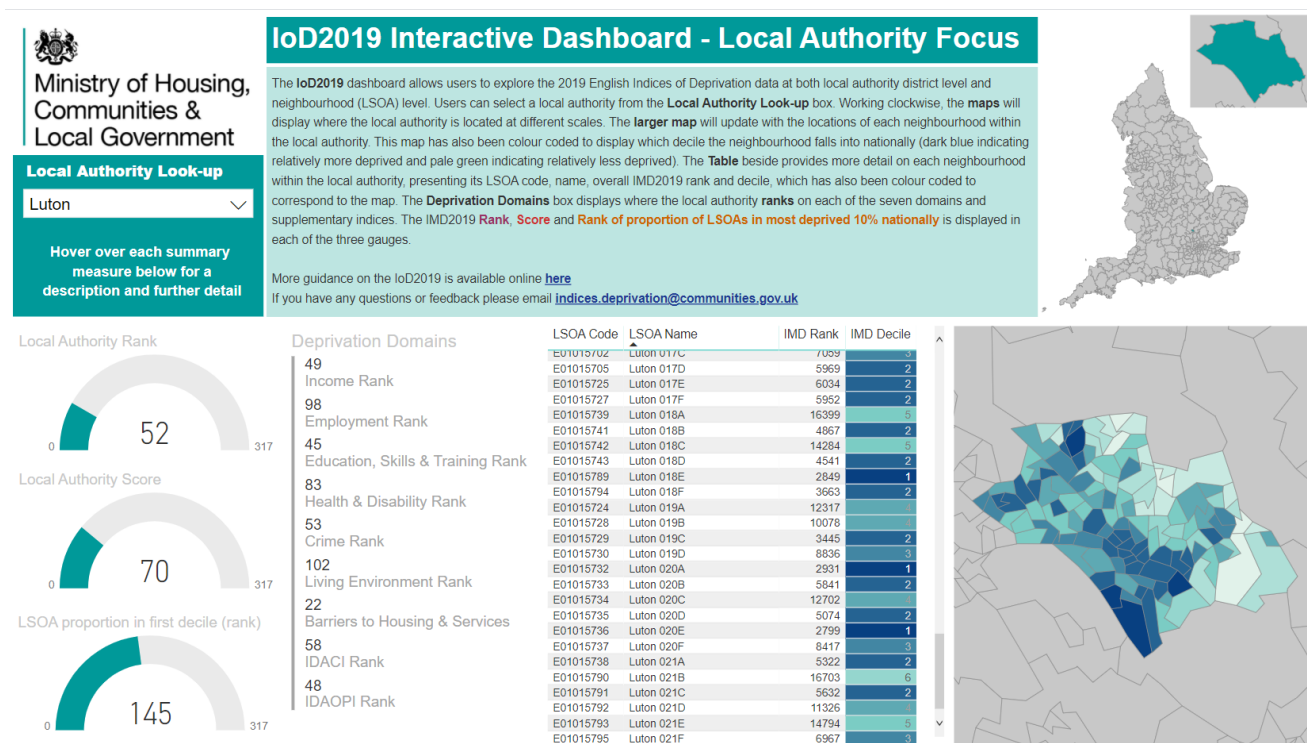
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|--------------------------------------|-----------------------|-------------------------------|------------------------|--------------------------------|--|--|
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| Cambridgeshire Central | 10757 | 128 | 0.096 | 131 | 0.0000 | 139 |
| Bedfordshire | 9542 | 137 | 0.087 | 138 | 0.0000 | 139 |
| Essex | 12716 | 107 | 0.113 | 111 | 0.0092 | 128 |
| Hertfordshire | 10885 | 127 | 0.099 | 128 | 0.0058 | 130 |
| Luton | 18906 | 45 | 0.198 | 41 | 0.2231 | 27 |
| Norfolk | 13714 | 96 | 0.121 | 100 | 0.0242 | 104 |
| Peterborough | 17175 | 64 | 0.169 | 61 | 0.0982 | 63 |
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| Thurrock | 15821 | 81 | 0.148 | 83 | 0.0510 | 84 |

| | | | | | | |
|----------------|--------------|-----------|--------------|-----------|---------------|-----------|
| Birmingham | 22418 | 21 | 0.258 | 14 | 0.3599 | 13 |
| Bradford | 18217 | 60 | 0.208 | 38 | 0.2903 | 16 |
| Hillingdon | 16100 | 104 | 0.145 | 108 | 0.0373 | 117 |
| Leicester | 24932 | 13 | 0.298 | 10 | 0.375 | 12 |
| Luton | 18906 | 48 | 0.198 | 43 | 0.2231 | 28 |
| Oldham | 17505 | 71 | 0.187 | 52 | 0.2199 | 29 |
| Redbridge | 20557 | 35 | 0.195 | 46 | 0.0497 | 105 |
| Sandwell | 24501 | 14 | 0.26 | 13 | 0.2312 | 27 |
| Slough | 22079 | 24 | 0.214 | 34 | 0.15 | 51 |
| Waltham Forest | 22656 | 19 | 0.228 | 25 | 0.1736 | 42 |
| Wolverhampton | 21906 | 25 | 0.225 | 28 | 0.2595 | 22 |

Figure 4.

An interactive Dashboard has been created which allows details about the deprivation of a particular area to be viewed. The outputs of this dashboard for Luton are shown below.



(From: <https://app.powerbi.com/view?r=eyJrIjoiaOTdjYzlyNTMtMTcxNi00YmQ2LW11YzgtMTUyYzIxMmZmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJiM5OTVhOCJ9>)

Figure 5-6.

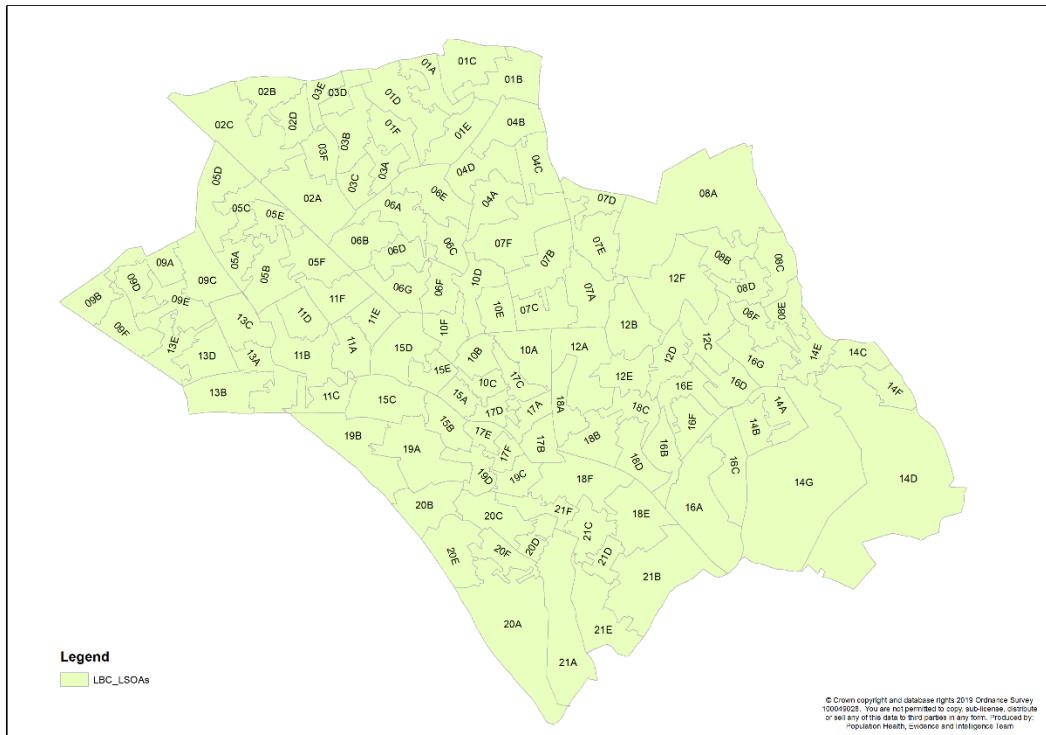
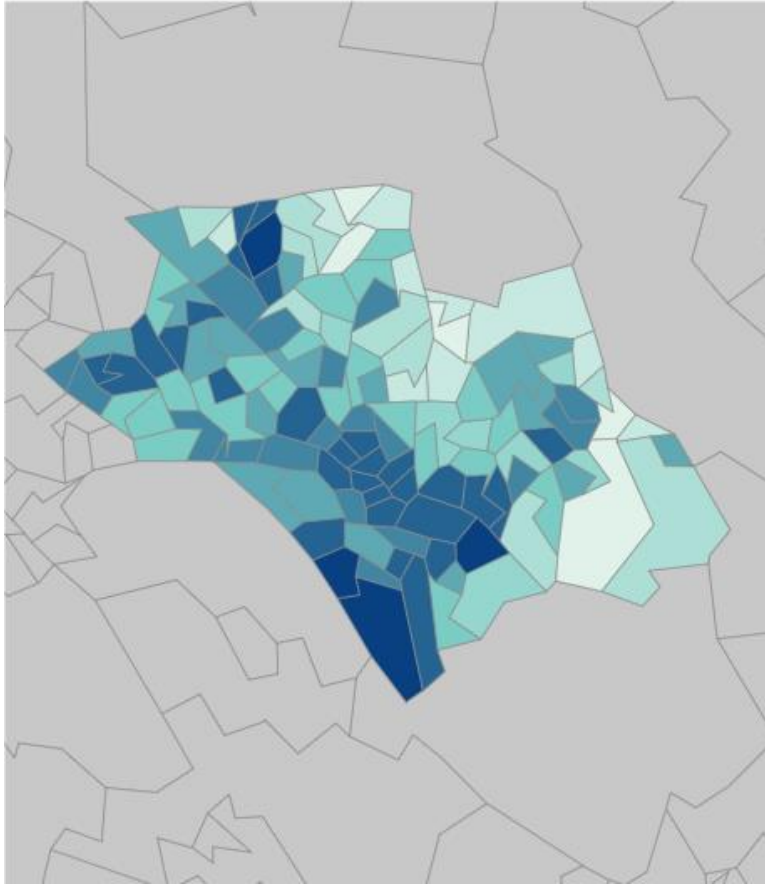
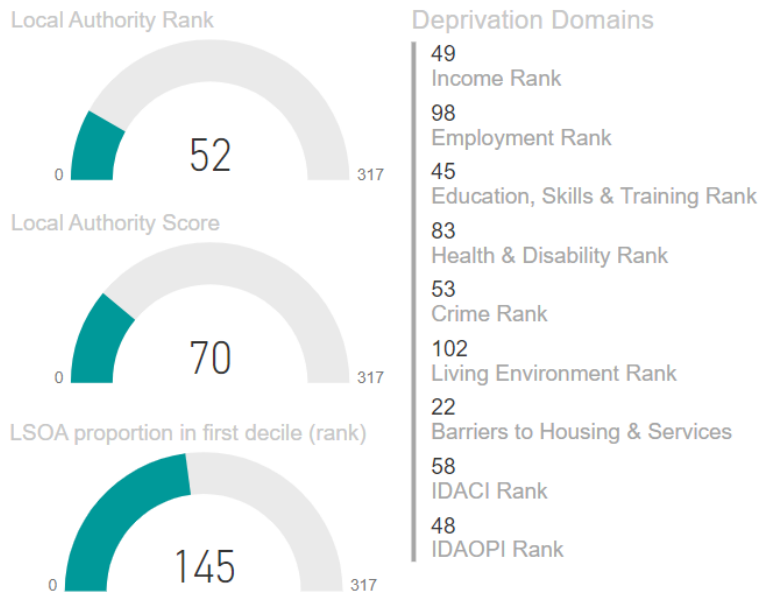


Figure 7-8 Luton – Index of Multiple Deprivation at LSOA level

Luton with LSOAs labelled with last 3 characters of LSOA Name (add ‘Luton 0’ to give full LSOA name as in the table below)



| LSOA Code | LSOA Name | IMD Rank | IMD Decile |
|-----------|------------|----------|------------|
| E01015706 | Luton 001A | 25975 | 8 |
| E01015707 | Luton 001B | 25426 | 8 |
| E01015708 | Luton 001C | 27722 | 9 |
| E01015709 | Luton 001D | 22076 | 7 |
| E01015710 | Luton 001E | 26387 | 9 |
| E01015770 | Luton 001F | 21572 | 7 |
| E01015801 | Luton 002A | 8404 | 3 |
| E01015803 | Luton 002B | 22043 | 7 |
| E01015804 | Luton 002C | 12043 | 4 |
| E01015805 | Luton 002D | 23304 | 8 |
| E01015769 | Luton 003A | 10647 | 4 |
| E01015771 | Luton 003B | 1349 | 1 |
| E01015772 | Luton 003C | 3873 | 2 |
| E01015773 | Luton 003D | 4087 | 2 |
| E01015774 | Luton 003E | 5456 | 2 |
| E01015802 | Luton 003F | 4546 | 2 |
| E01015744 | Luton 004A | 7410 | 3 |
| E01015746 | Luton 004B | 14605 | 5 |
| E01015747 | Luton 004C | 24775 | 8 |
| E01015748 | Luton 004D | 14338 | 5 |
| E01015749 | Luton 005A | 3830 | 2 |
| E01015751 | Luton 005B | 10766 | 4 |
| E01015752 | Luton 005C | 12063 | 4 |
| E01015753 | Luton 005D | 15133 | 5 |
| E01015754 | Luton 005E | 4484 | 2 |

| LSOA Code | LSOA Name | IMD Rank | IMD Decile |
|-----------|------------|----------|------------|
| E01015755 | Luton 005F | 12606 | 4 |
| E01015764 | Luton 006A | 20074 | 7 |
| E01015765 | Luton 006B | 8308 | 3 |
| E01015766 | Luton 006C | 18952 | 6 |
| E01015767 | Luton 006D | 15327 | 5 |
| E01015768 | Luton 006E | 16415 | 5 |
| E01015783 | Luton 006F | 8055 | 3 |
| E01015785 | Luton 006G | 10798 | 4 |
| E01015693 | Luton 007A | 24148 | 8 |
| E01015694 | Luton 007B | 21408 | 7 |
| E01015695 | Luton 007C | 23109 | 8 |
| E01015696 | Luton 007D | 24791 | 8 |
| E01015697 | Luton 007E | 29531 | 9 |
| E01015745 | Luton 007F | 22408 | 7 |
| E01015797 | Luton 008A | 25431 | 8 |
| E01015798 | Luton 008B | 11309 | 4 |
| E01015799 | Luton 008C | 23727 | 8 |
| E01015800 | Luton 008D | 19393 | 6 |
| E01015812 | Luton 008E | 22906 | 7 |
| E01015813 | Luton 008F | 7209 | 3 |
| E01015756 | Luton 009A | 12778 | 4 |
| E01015757 | Luton 009B | 6651 | 3 |
| E01015758 | Luton 009C | 6376 | 2 |
| E01015759 | Luton 009D | 4921 | 2 |
| E01015760 | Luton 009E | 4364 | 2 |

| LSOA Code | LSOA Name | IMD Rank | IMD Decile |
|-----------|------------|----------|------------|
| E01015761 | Luton 009F | 9191 | 3 |
| E01015700 | Luton 010A | 14025 | 5 |
| E01015701 | Luton 010B | 8677 | 3 |
| E01015704 | Luton 010C | 5921 | 2 |
| E01015782 | Luton 010D | 13868 | 5 |
| E01015784 | Luton 010E | 11186 | 4 |
| E01015786 | Luton 010F | 13239 | 5 |
| E01015711 | Luton 011A | 11723 | 4 |
| E01015712 | Luton 011B | 13519 | 5 |
| E01015715 | Luton 011C | 7842 | 3 |
| E01015716 | Luton 011D | 5375 | 2 |
| E01015717 | Luton 011E | 14701 | 5 |
| E01015750 | Luton 011F | 14290 | 5 |
| E01015740 | Luton 012A | 16886 | 6 |
| E01015775 | Luton 012B | 16314 | 5 |
| E01015776 | Luton 012C | 10646 | 4 |
| E01015777 | Luton 012D | 16041 | 5 |
| E01015778 | Luton 012E | 19000 | 6 |
| E01015796 | Luton 012F | 10088 | 4 |
| E01015713 | Luton 013A | 8849 | 3 |
| E01015714 | Luton 013B | 16101 | 5 |
| E01015718 | Luton 013C | 15880 | 5 |
| E01015762 | Luton 013D | 15585 | 5 |
| E01015763 | Luton 013E | 14371 | 5 |
| E01015721 | Luton 014A | 16995 | 6 |

| LSOA Code | LSOA Name | IMD Rank | IMD Decile |
|-----------|------------|----------|------------|
| E01015722 | Luton 014B | 12528 | 4 |
| E01015806 | Luton 014C | 26244 | 8 |
| E01015808 | Luton 014D | 22166 | 7 |
| E01015809 | Luton 014E | 27083 | 9 |
| E01015810 | Luton 014F | 12972 | 4 |
| E01015811 | Luton 014G | 28509 | 9 |
| E01015703 | Luton 015A | 5367 | 2 |
| E01015726 | Luton 015B | 3746 | 2 |
| E01015731 | Luton 015C | 9701 | 3 |
| E01015787 | Luton 015D | 6131 | 2 |
| E01015788 | Luton 015E | 6913 | 3 |
| E01015719 | Luton 016A | 19786 | 7 |
| E01015720 | Luton 016B | 4270 | 2 |
| E01015723 | Luton 016C | 14498 | 5 |
| E01015779 | Luton 016D | 4842 | 2 |
| E01015780 | Luton 016E | 18123 | 6 |
| E01015781 | Luton 016F | 9604 | 3 |
| E01015807 | Luton 016G | 7442 | 3 |
| E01015698 | Luton 017A | 4875 | 2 |
| E01015699 | Luton 017B | 3948 | 2 |
| E01015702 | Luton 017C | 7059 | 3 |
| E01015705 | Luton 017D | 5969 | 2 |
| E01015725 | Luton 017E | 6034 | 2 |
| E01015727 | Luton 017F | 5952 | 2 |
| E01015739 | Luton 018A | 16399 | 5 |

| LSOA Code | LSOA Name | IMD Rank | IMD Decile |
|-----------|------------|----------|------------|
| E01015702 | Luton 017C | 7059 | 3 |
| E01015705 | Luton 017D | 5969 | 2 |
| E01015725 | Luton 017E | 6034 | 2 |
| E01015727 | Luton 017F | 5952 | 2 |
| E01015739 | Luton 018A | 16399 | 5 |
| E01015741 | Luton 018B | 4867 | 2 |
| E01015742 | Luton 018C | 14284 | 5 |
| E01015743 | Luton 018D | 4541 | 2 |
| E01015789 | Luton 018E | 2849 | 1 |
| E01015794 | Luton 018F | 3663 | 2 |
| E01015724 | Luton 019A | 12317 | 4 |
| E01015728 | Luton 019B | 10078 | 4 |
| E01015729 | Luton 019C | 3445 | 2 |
| E01015730 | Luton 019D | 8836 | 3 |
| E01015732 | Luton 020A | 2931 | 1 |
| E01015733 | Luton 020B | 5841 | 2 |
| E01015734 | Luton 020C | 12702 | 4 |
| E01015735 | Luton 020D | 5074 | 2 |
| E01015736 | Luton 020E | 2799 | 1 |
| E01015737 | Luton 020F | 8417 | 3 |
| E01015738 | Luton 021A | 5322 | 2 |
| E01015790 | Luton 021B | 16703 | 6 |
| E01015791 | Luton 021C | 5632 | 2 |
| E01015792 | Luton 021D | 11326 | 4 |
| E01015793 | Luton 021E | 14794 | 5 |
| E01015795 | Luton 021F | 6967 | 3 |



LSOAs in Luton (https://shapeatlas.net/place/E54000024#13/51.8943/-0.4267/l-lsoa/b-06P/v-1,E81011,E81037006,E81017,E81037/o-n/a/it-all,is-estimated_population_density,is-journey_time_hospital,is-dementia_diagnosis,is-hes_activity,if-table_name:dbo.APC_STEP2_1718,if-spell_column:SPELLHRG/f-E81037,f-E81037006/m-CCG,ml-CCG/rh-0,rdr-t/u-)

Charts showing data and related information from Fingertips

The data for these charts were downloaded from <https://fingertips.phe.org.uk/profile/cancerservices/data#page/0/gid/1938133365/ati/166/iid/336/age/27/sex/4/cid/4/tbm/1> on 30th April 2021.

The data is the most recent available, the date for each chart's data is given under the chart.

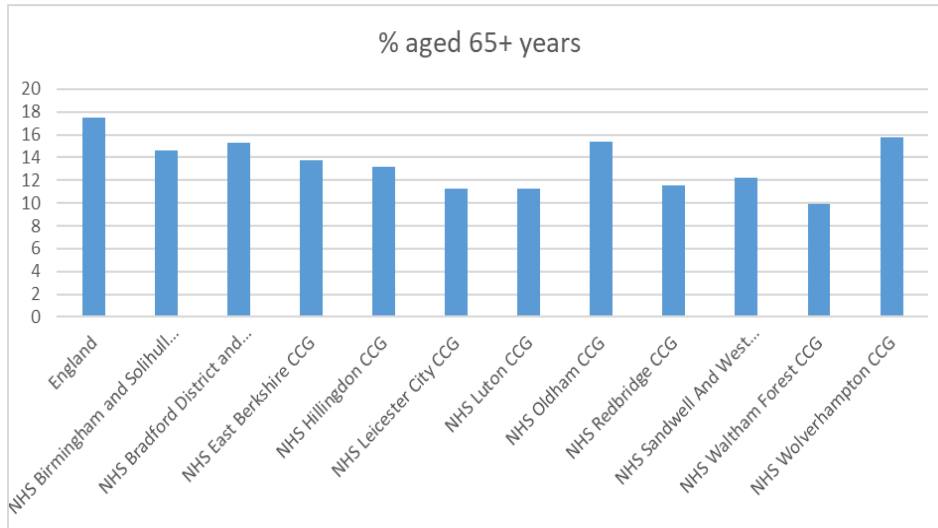
Most of the cancer charts have 95% confidence intervals shown (like 'aerials' at the top of the data column). These indicate the possible error in the measure and that it is 95% certain that the true value lies between the two lines.

The CCGs shown are the most recent configuration but based on the 'ten comparator CCGs'. These are:

- NHS Birmingham and Solihull CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS East Berkshire CCG
- NHS Hillingdon CCG
- NHS Leicester City CCG
- NHS Luton CCG

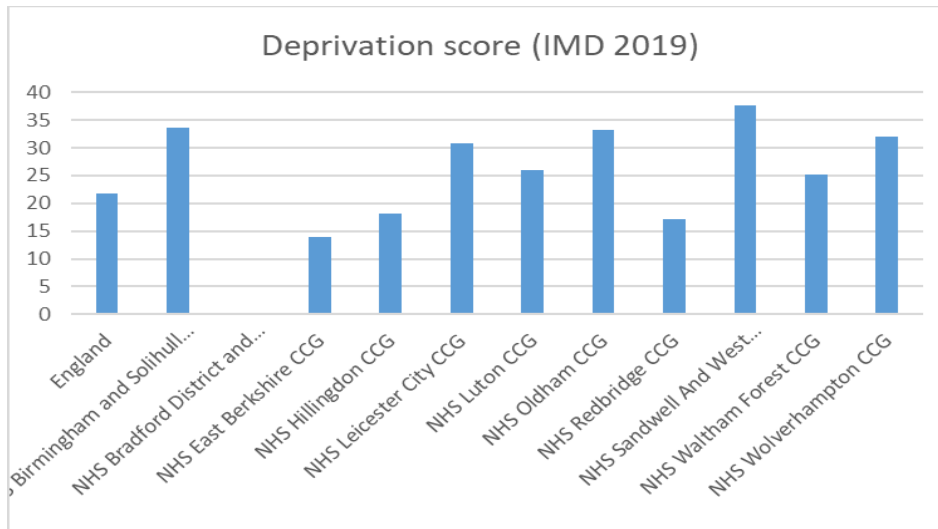
- NHS Oldham CCG
- NHS Redbridge CCG
- NHS Sandwell and West Birmingham CCG
- NHS Wolverhampton CCG

Chart 1



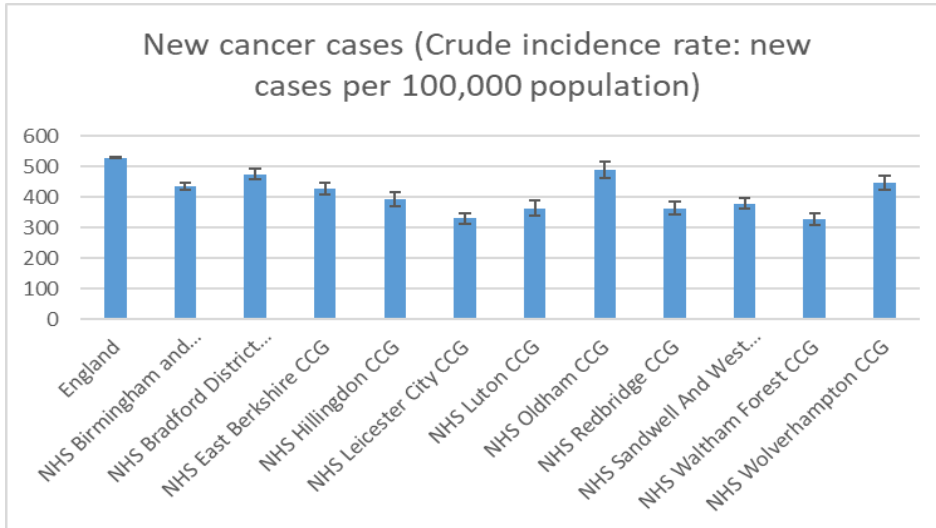
Date: 2020

Chart 2



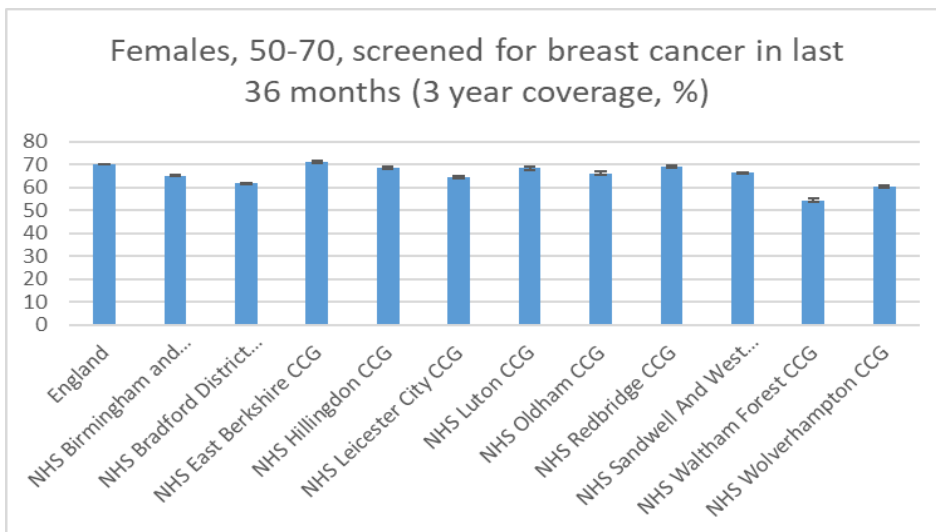
Date: 2019

Chart 3



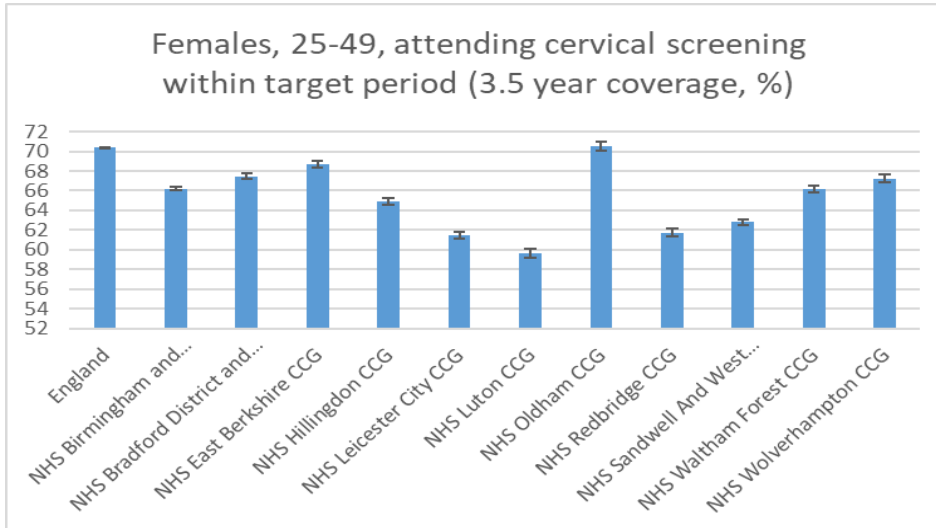
Date: 2018/19

Chart 4



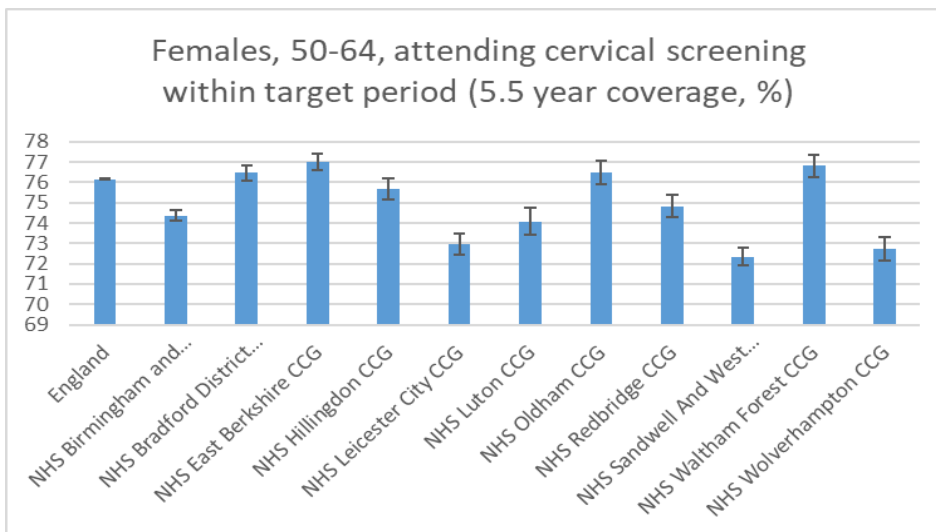
Date: 2019/20

Chart 5



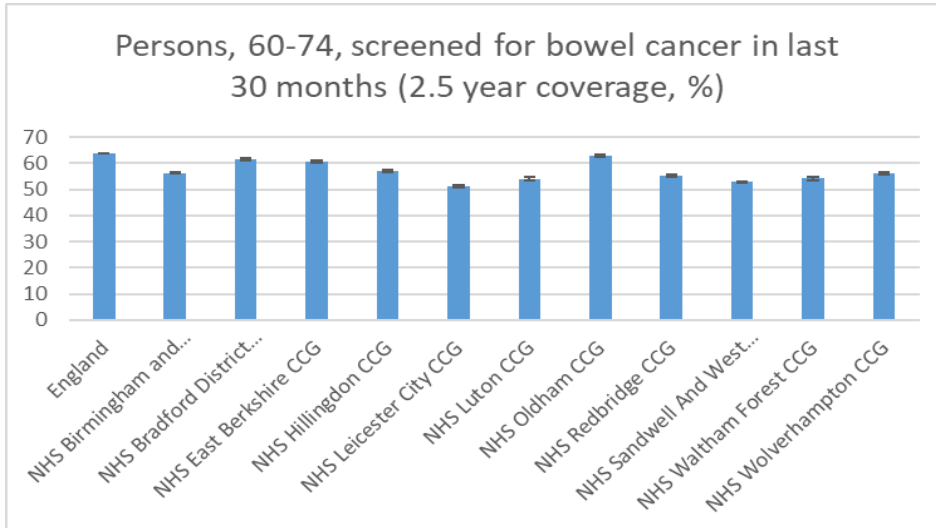
Date: 2019/20

Chart 6



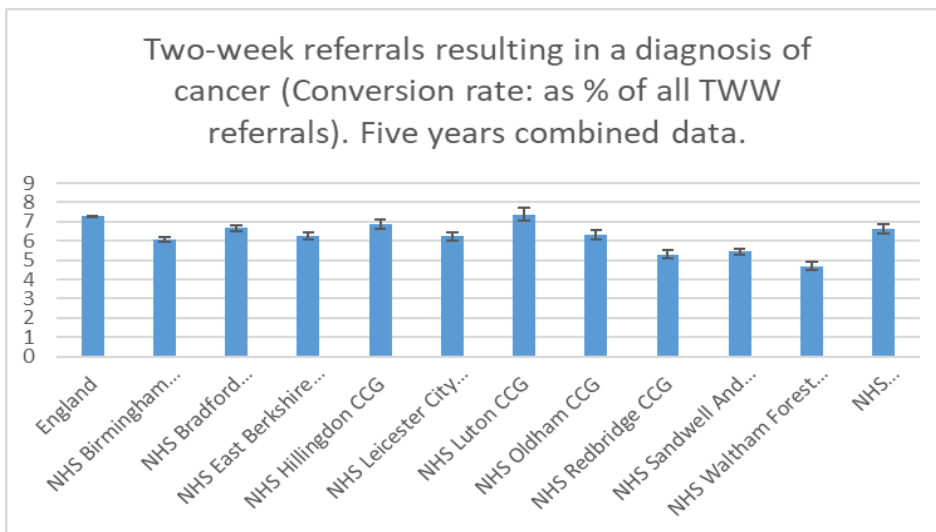
Date: 2019/20

Chart 7



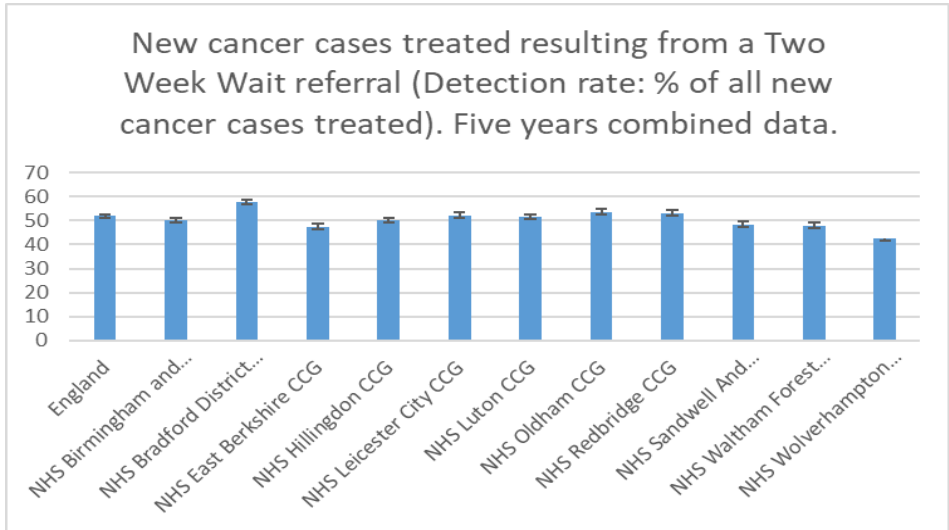
Date: 2019/20

Chart 8



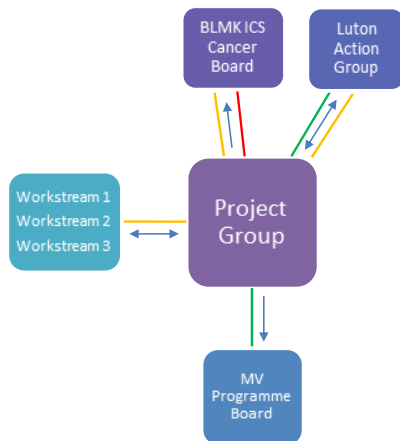
2015/16 - 2019/20

Chart 9



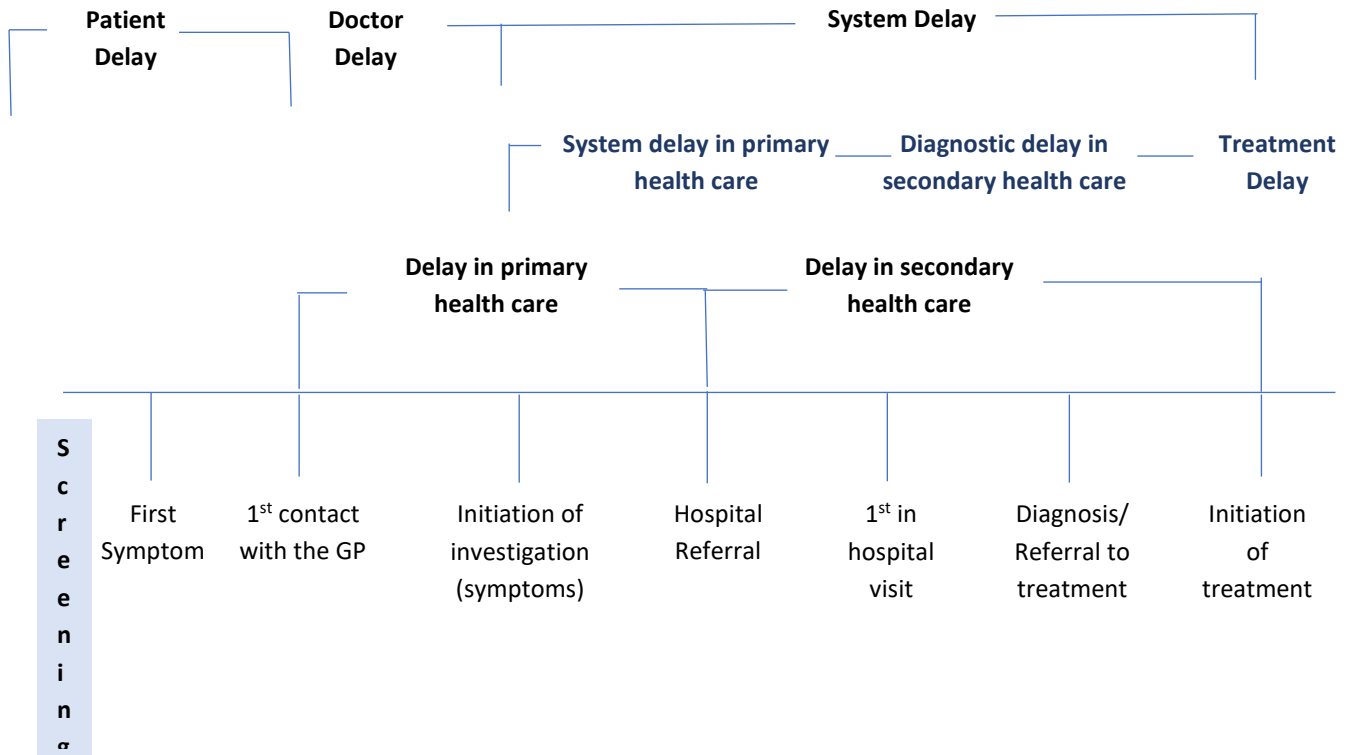
2015/16 - 2019/20

Appendix 5: Governance structure



| | |
|---|--|
| Sign off required | |
| Reporting and updates | |
| Inform strategy, actions and decision-making | |
| Action flow/direction | |
| The Project Group is cross-functional and cross-organisational, consisting of members reporting to their respective organisations | |

Appendix 6: Generic Cancer Pathway¹⁵



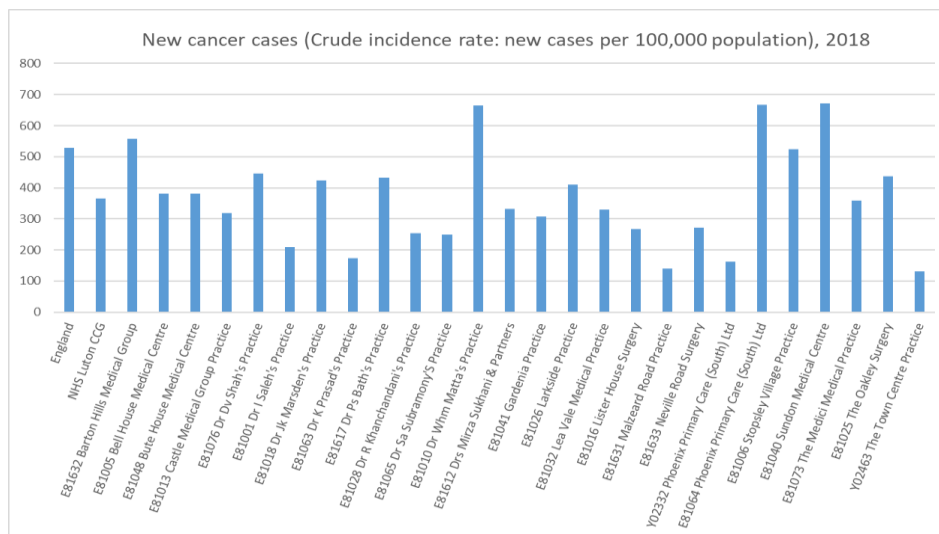
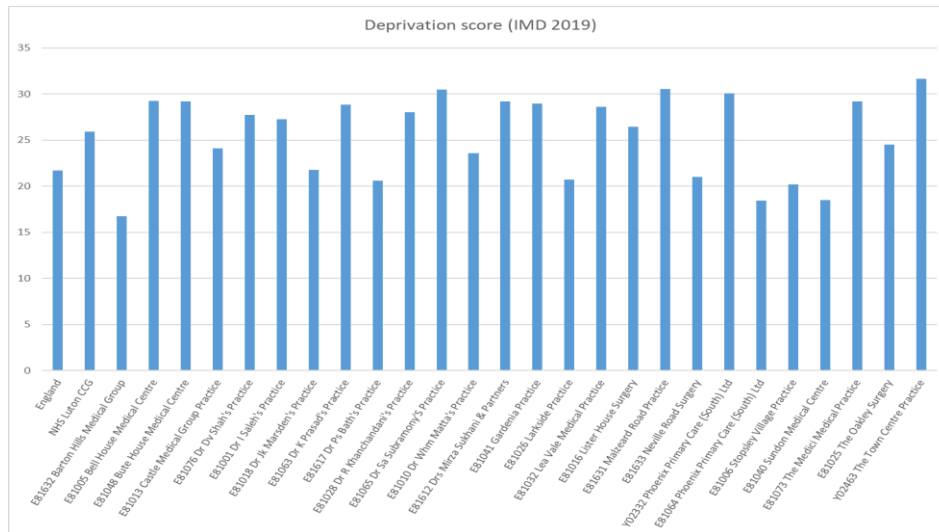
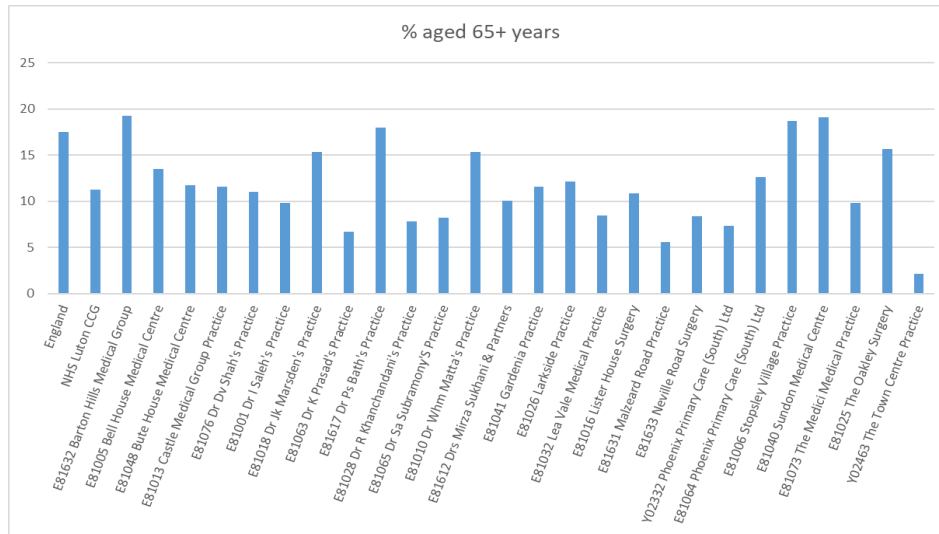
Example of an optimal lung pathway¹⁶

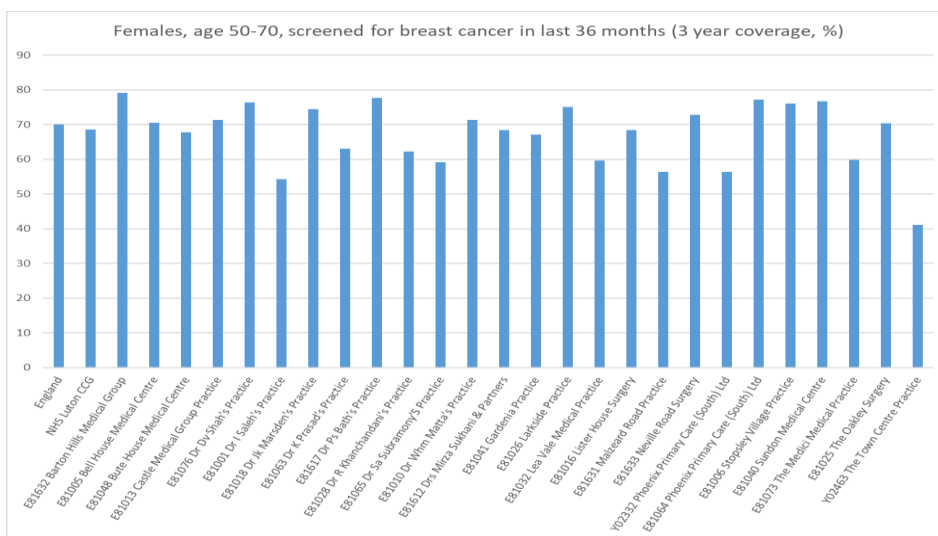
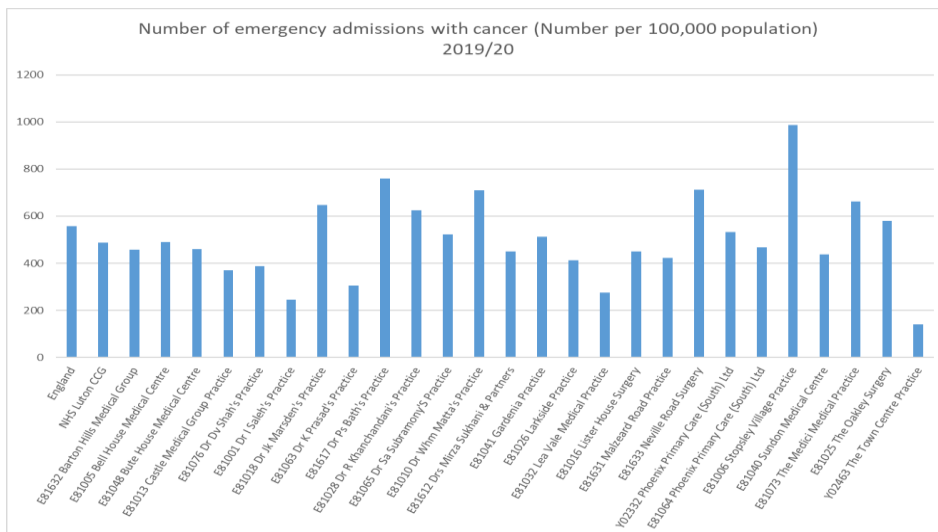
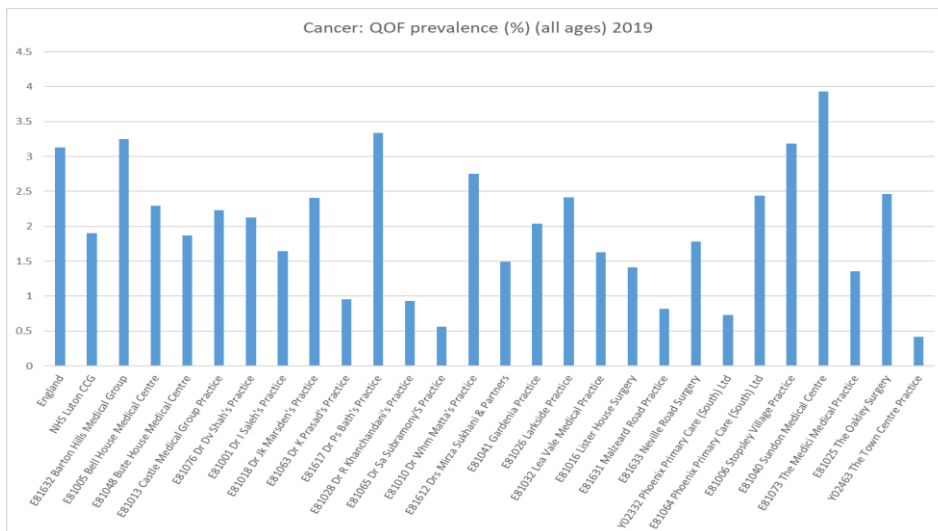
| Day -3 to 0 | | Day 0 to 3 | Day 1 to 6 | Day 14 | Day 21 | Day 28 |
|--|---|---|---|---|--|--|
| Direct access CXR (urgent or routine) | Direct access or escalation to CT (same day/ within 72 hours) | Clinical triage Led by radiology or respiratory based on local protocol | Fast track lung cancer clinic (consultant-led) Meet CNS, diagnostic process plan, treatment of co-morbidity and palliation, treatment of symptoms | PET CT, spirometry (at least) Detailed lung function and cardiac assessment/ ECHO (as req'd) Further investigations | MDT ² | Communication to patient on outcome (cancer confirmed or all-clear provided) |
| Patient information Provided in primary care | | Direct biopsy (option) | | | Further investigations (if required after MDT) | |

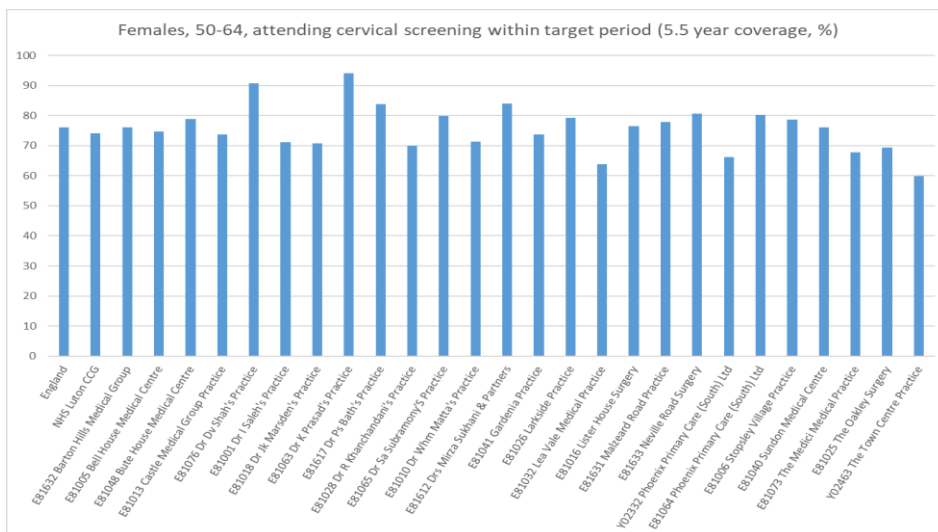
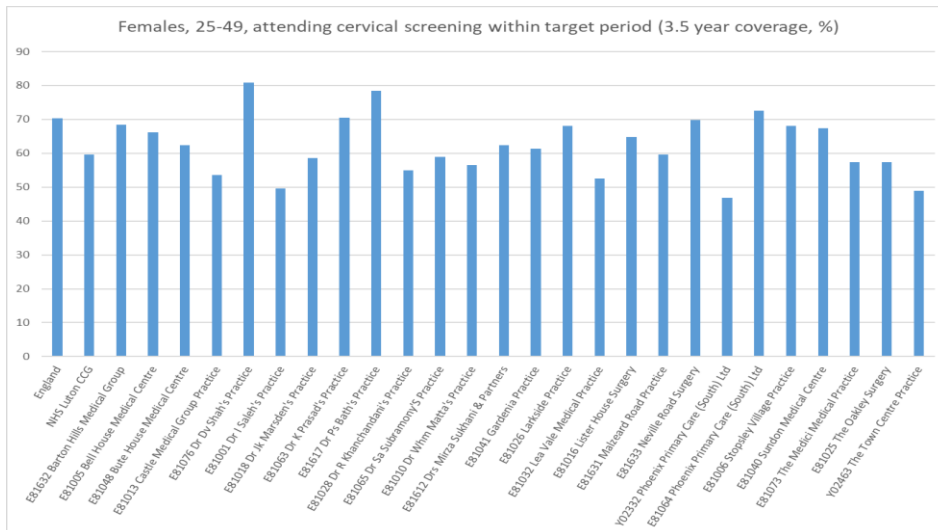
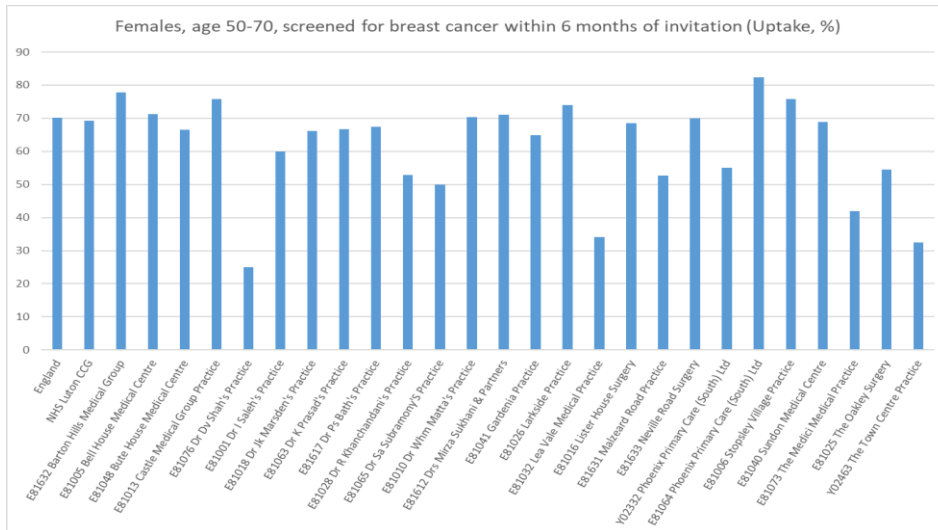
¹⁵ L. Forest et al Socio-economic inequalities in patient, primary care, referral, diagnostic, and treatment intervals on the lung cancer care pathway: Protocol for a systematic review and meta-analysis. Article in Systematic Reviews. March 2014 DOI: 10.1186/2046-4053-3-30.

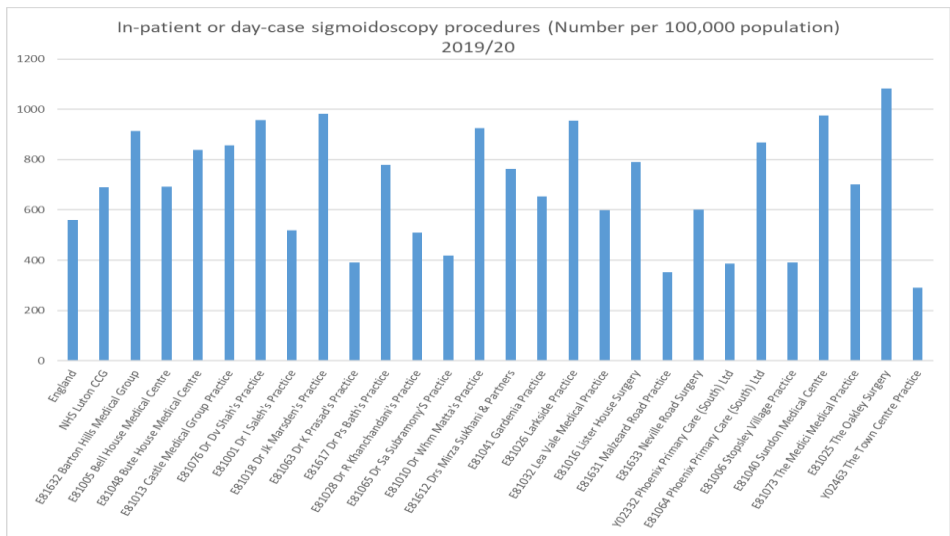
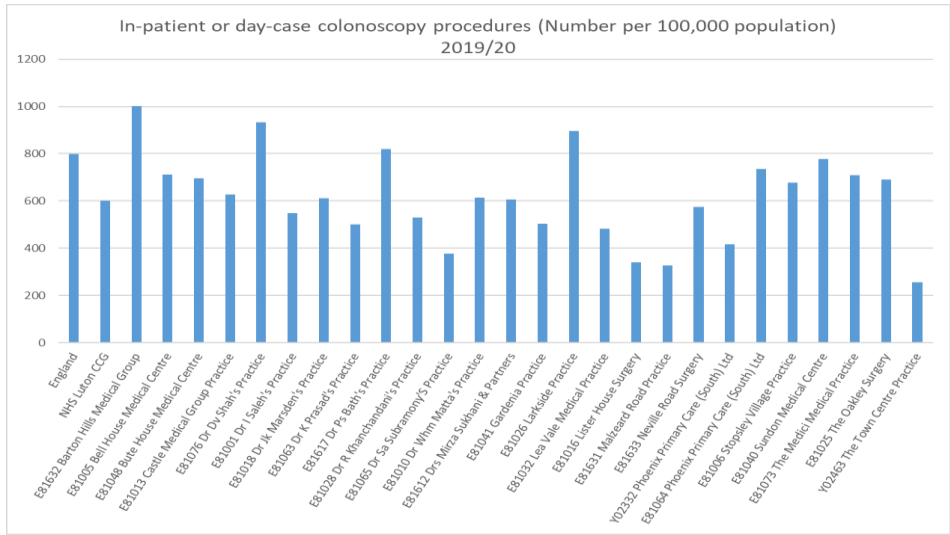
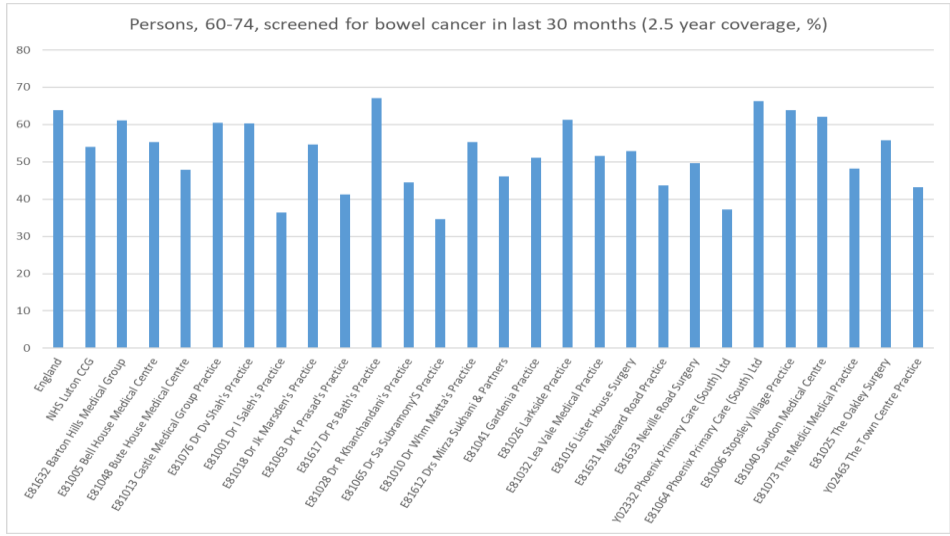
¹⁶ Dr James Ramsay, Presentation 'Lung Cancer and the Cancer Alliance'; slide 21);

Charts showing Luton and Luton's GP practices











Appendix 7: Screening in Luton

Figure 1: Bowel cancer screening coverage for Luton compared to ten similar CCG's

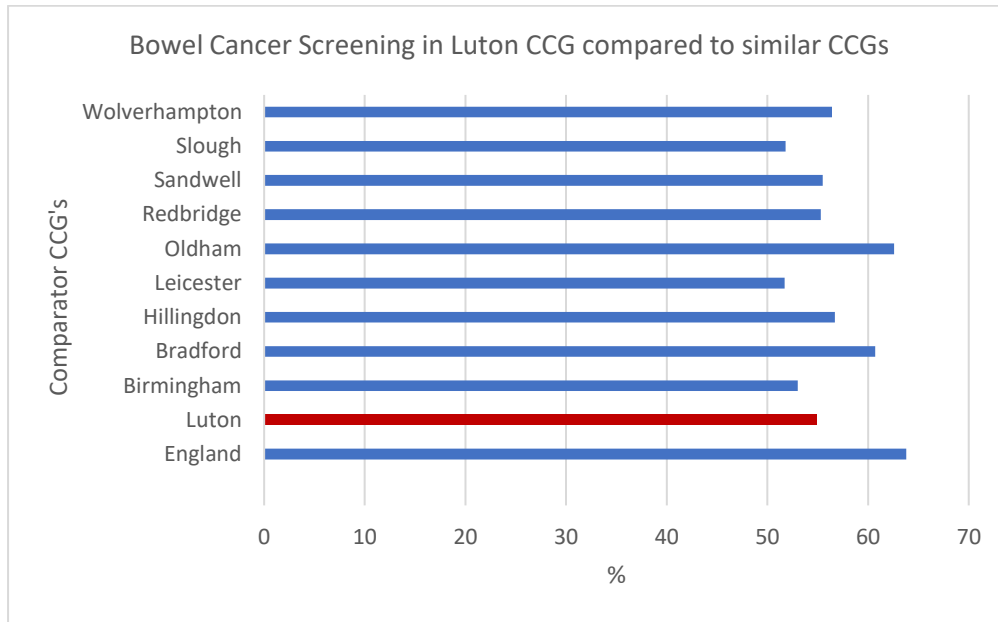


Figure 2: Cervical cancer screening coverage

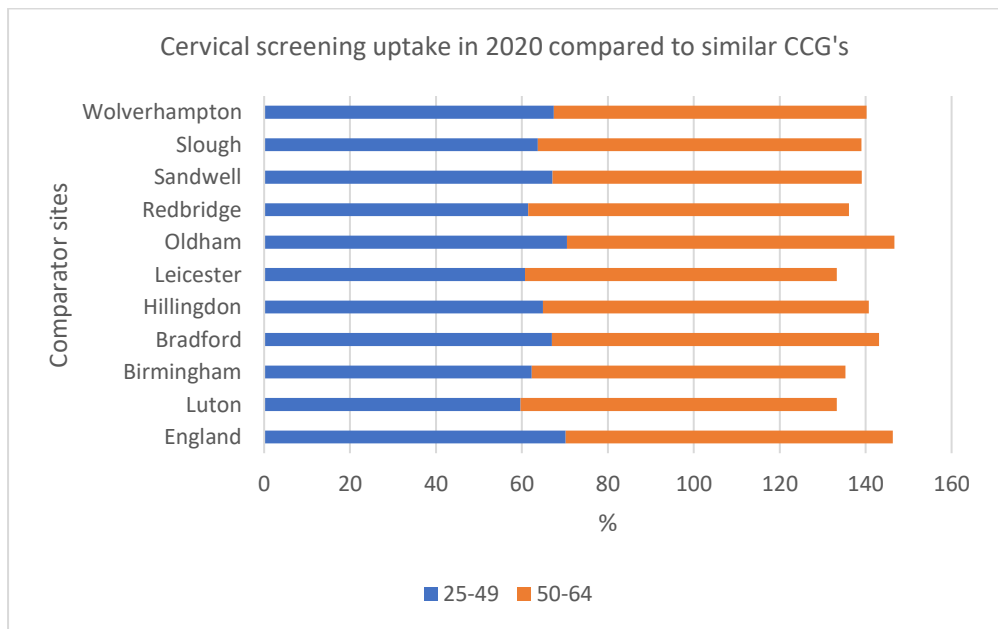
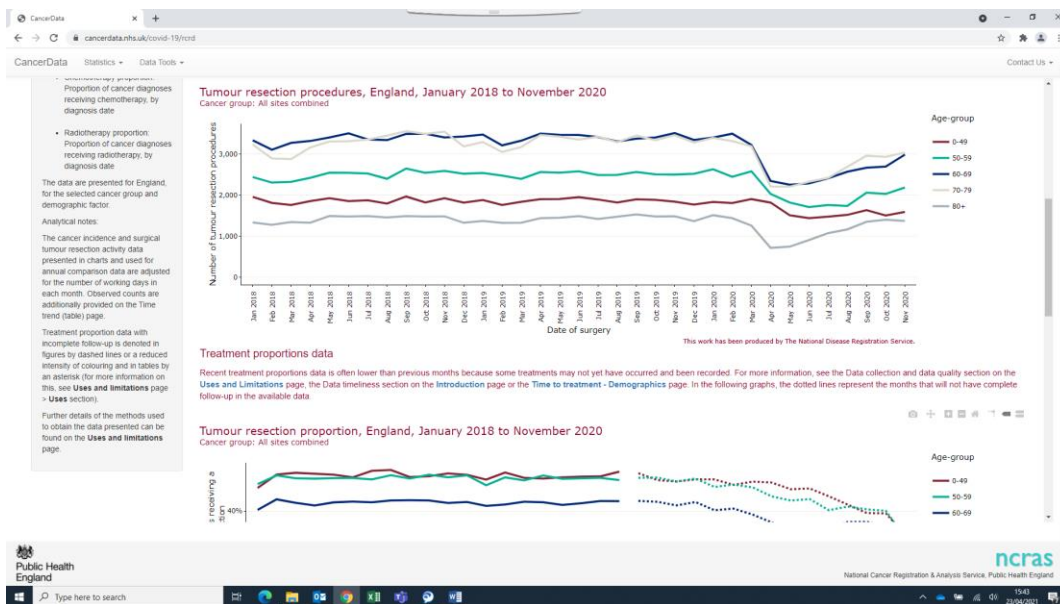
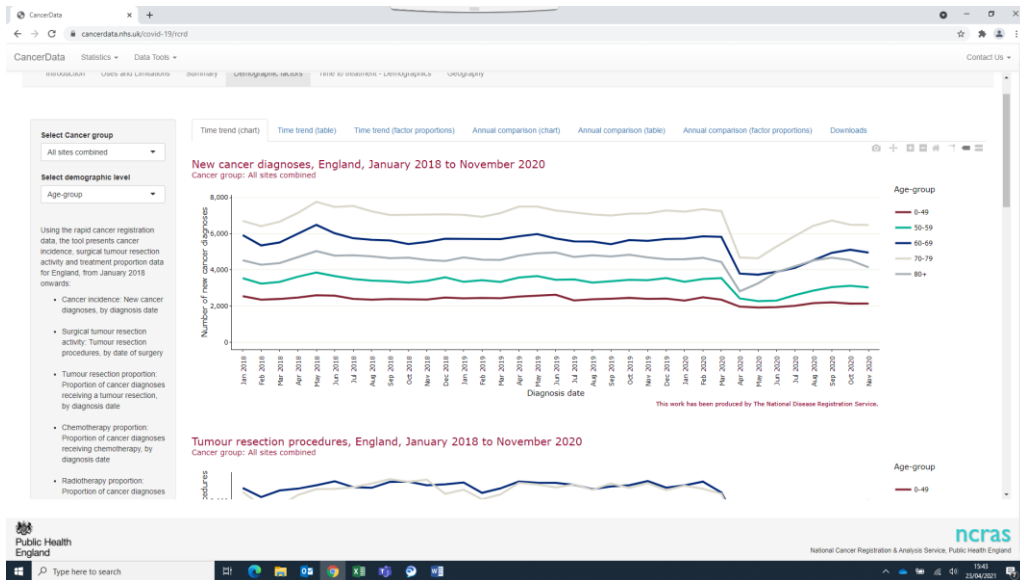


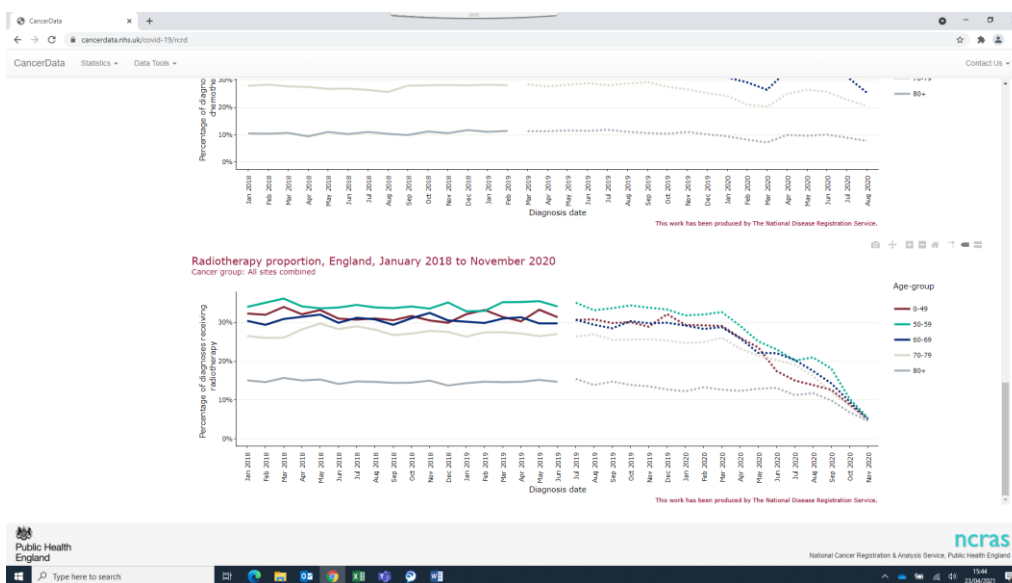
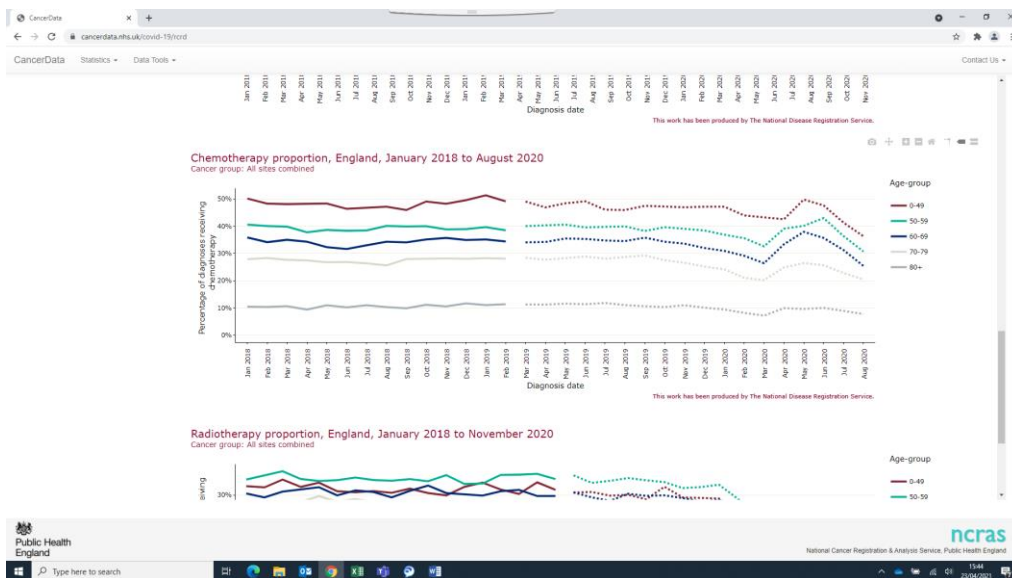
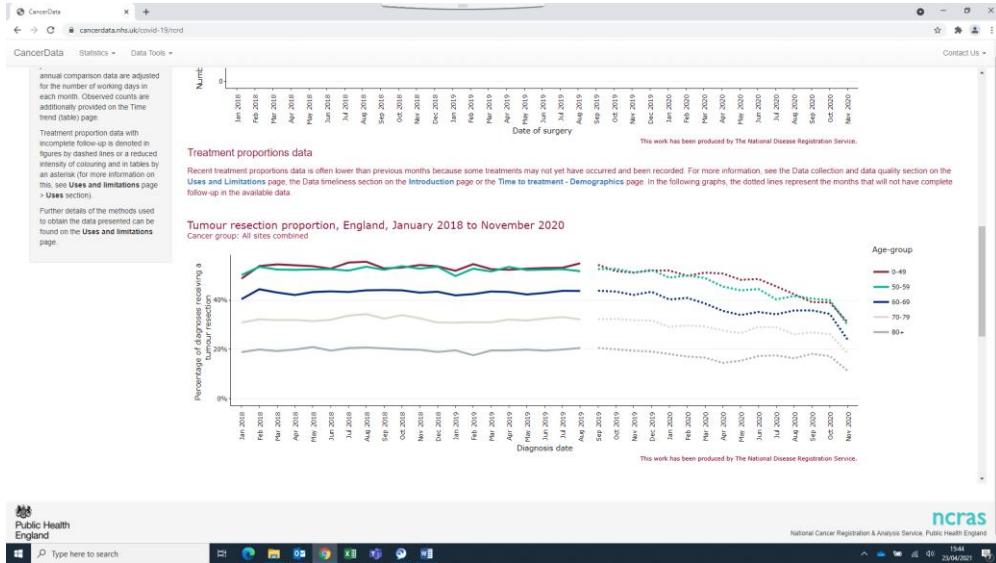
Figure 3: Screening indicators baseline figures for Luton CCG and its five Primary Care Networks (PCN)

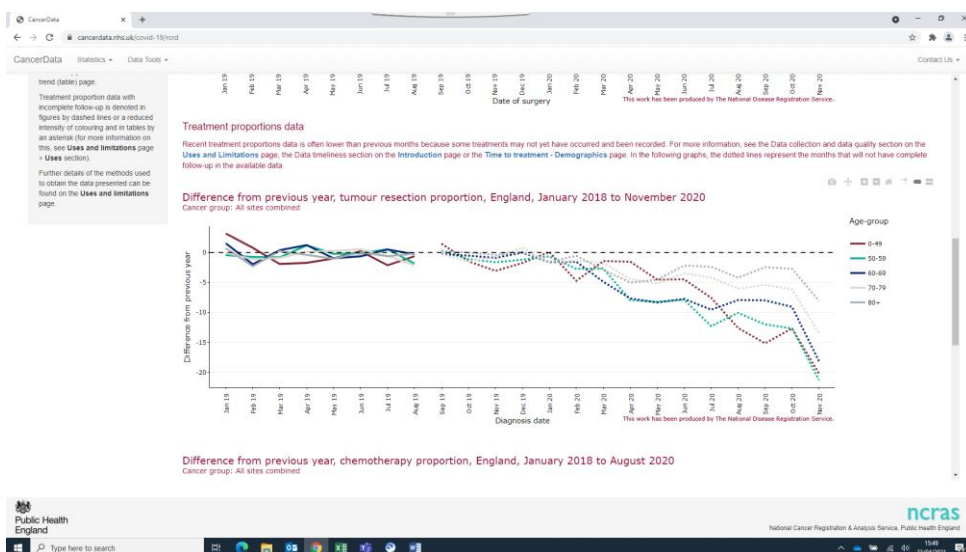
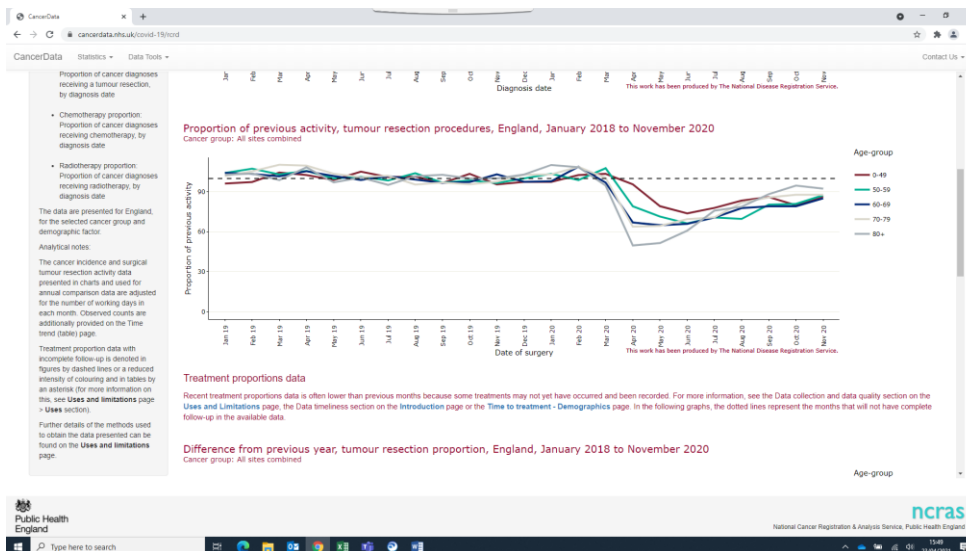
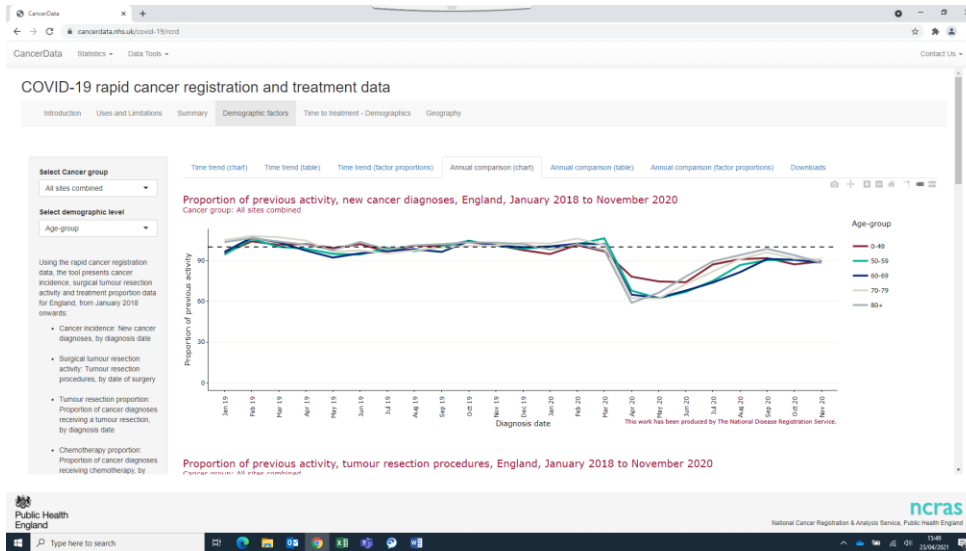
| Screening Indicator | Baseline 2018/19* (from 'Fingertips' https://fingertips.phe.org.uk/) | | | | | | | | |
|---|--|---------|------|-------|-------|----------------|------|--------|---------|
| | Target | England | EOE | Luton | Oasis | Hatters Health | Eden | Medics | Phoenix |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) | *70 | 71.6 | 73.2 | 68.8 | 69.4 | 69.1 | 68.7 | 68.3 | 67.8 |
| Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) | 80 | 72.6 | 74.0 | 64.4 | 60.7 | 65.7 | 63.2 | 65.9 | 65.0 |
| Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) | 60 | 60.4 | 61.3 | 50.7 | 54.4 | 51.3 | 53.4 | 49.6 | 43.5 |

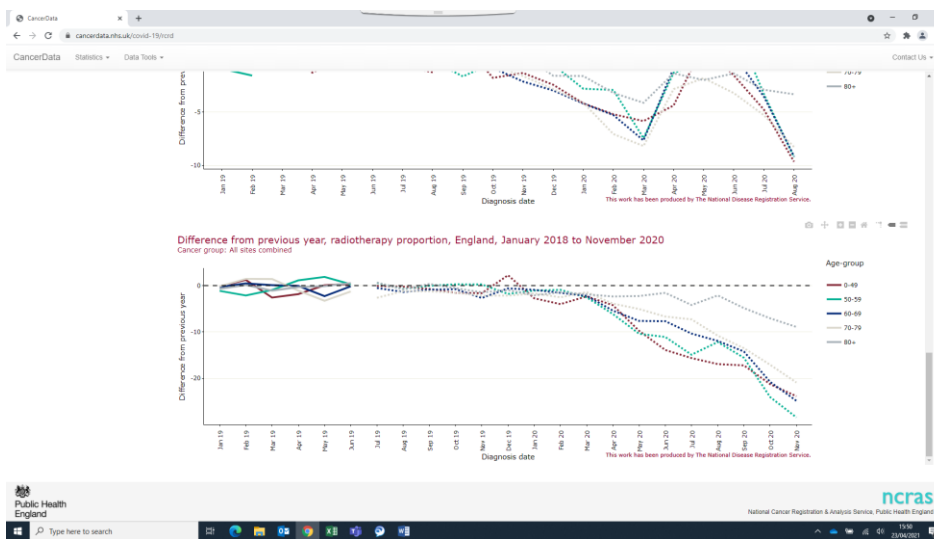
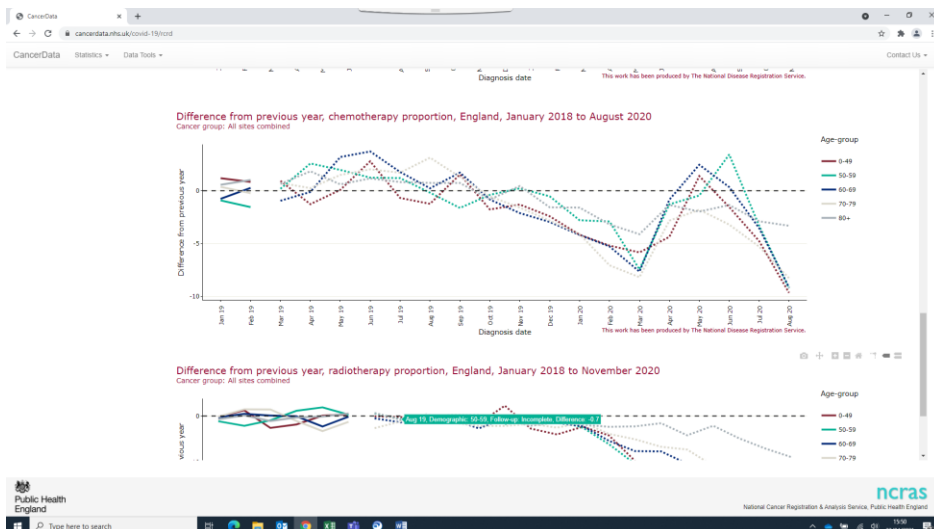
Appendix 8: COVID-19 impact on cancer diagnosis and treatment

From: CancerData.nhs.uk/covid-19



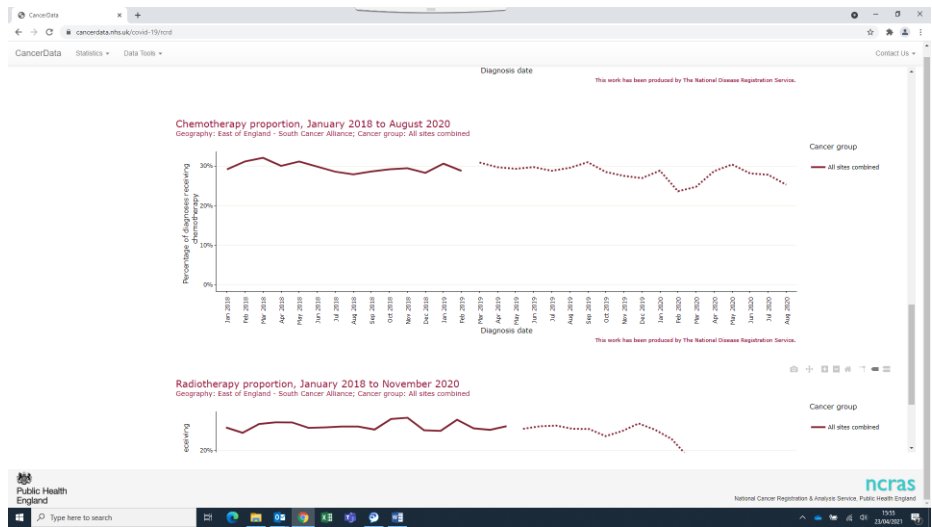
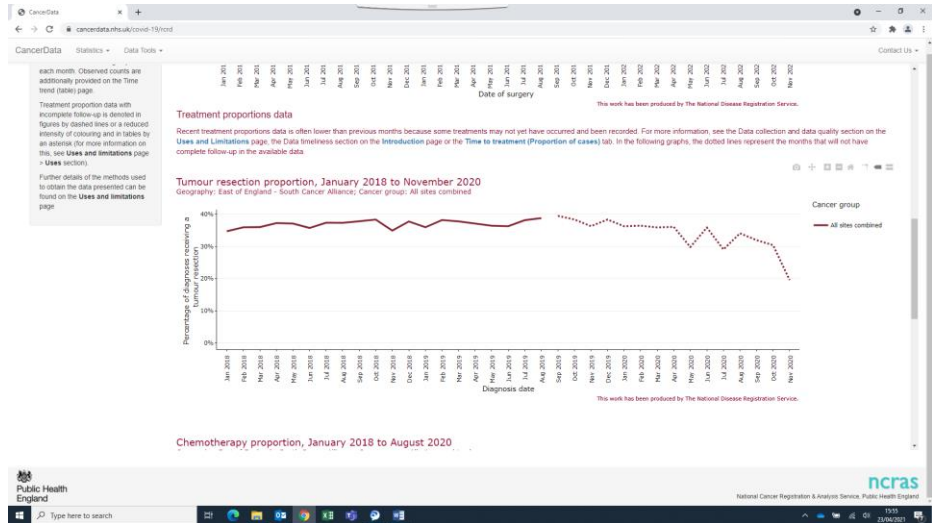
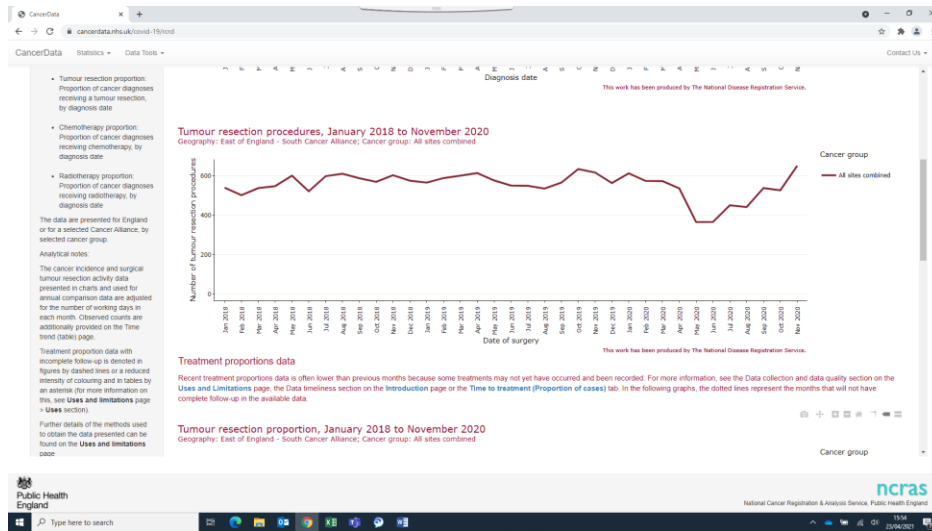






Below, where it says 'Geography: East of England – South Cancer Alliance' this includes: BLMK ICS, Hertfordshire and West Essex ICS and Mid and South Essex Health and Care Partnership.







Appendix 9: Potential factors contributing to cancer

East of England proportion of adult population meeting the recommended 5-a-day:

Better 95% Similar Worse 95% Not compared

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|---------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) | 2018/19 | 54.6 | 55.1 | 55.1 | 56.5 | 55.6 | 54.3 | 55.0 | 42.5 | 59.0 | 51.4 | 50.2 | 58.0 | 44.8 |

Physical activity / inactivity East of England areas.

Better 95% Similar Worse 95% Not compared

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|---------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| Percentage of physically active children and young people | 2019/20 | 44.9 | 45.5 | * | * | * | * | * | * | * | * | * | * | * |
| Percentage of physically active adults | 2018/19 | 67.2 | 66.9 | 67.7 | 68.0 | 65.3 | 67.1 | 69.1 | 56.6 | 67.9 | 66.0 | 65.1 | 67.0 | 58.6 |
| Percentage of physically inactive adults | 2018/19 | 21.4 | 21.0 | 25.1 | 20.2 | 21.5 | 20.4 | 18.2 | 32.6 | 21.2 | 23.4 | 23.4 | 20.4 | 25.4 |
| Percentage physically active for at least one hour per day seven days a week at age 15 | 2014/15 | 13.9 | 13.3 | 12.3 | 11.9 | 14.1 | 14.5 | 11.7 | 10.2 | 14.3 | 12.7 | 18.1 | 13.0 | 13.7 |

Tobacco Smoking indicators in areas in the East of England

| Indicator | Period | England | Quintiles: Best Worst | | | | | | | | | | | |
|--|---------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| | | | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
| Smokers that have successfully quit at 4 weeks | 2018/19 | 1894 | 2304 | 2492 | 2032 | 2565 | 2270 | 2269 | 1977 | 2622 | 2373 | 3401 | 1919 | 2223 |
| Smokers that have successfully quit at 4 weeks (CO validated) | 2018/19 | 1326 | 1540 | 1149 | 944 | 1244 | 1467 | 1793 | 1383 | 1776 | 2054 | 2012 | 1471 | 1713 |
| Smoking prevalence at age 15 - current smokers (WAY survey) | 2014/15 | 8.2 | 8.9 | 9.3 | 8.2 | 7.1 | 10.5 | 7.2 | 5.3 | 11.4 | 9.1 | 9.9 | 8.6 | 4.7 |
| Smokers setting a quit date | 2018/19 | 3614 | 4394 | 4313 | 3514 | 4350 | 3650 | 5506 | 4067 | 4908 | 4287 | 7610 | 3849 | 4294 |
| Percentage with 3 or more risky behaviours at age 15 | 2014/15 | 15.9 | 17.0 | 14.7 | 17.5 | 19.3 | 18.4 | 15.8 | 9.0 | 18.5 | 15.1 | 19.9 | 16.8 | 13.2 |
| Smoking Prevalence in adults (18+) - current smokers (APS) | 2019 | 13.9 | 13.7 | 10.8 | 13.2 | 13.7 | 13.2 | 11.0 | 16.8 | 14.5 | 18.8 | 13.2 | 16.1 | 17.5 |
| Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) | 2019 | 23.2 | 25.1 | 19.5 | 27.8 | 20.6 | 26.0 | 21.8 | 24.1 | 22.7 | 32.5 | 21.5 | 29.1 | 27.0 |
| Smoking prevalence in adults (18+) with serious mental illness (SMI) | 2014/15 | 40.5 | 39.0 | 40.0 | 38.7* | 40.0 | 39.4* | 35.7* | 38.6 | 40.7* | 38.7* | 45.2* | 38.6* | 45.5* |
| Smoking status at time of delivery | 2019/20 | 10.4 | 9.5* | 8.2 | 11.2 | 8.2 | 9.6 | 6.8 | 6.2 | 13.6 | 11.2 | 9.5 | 9.7 | 9.4 |
| Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) | 2018/19 | 26.8 | 26.4 | 25.6 | 21.6 | 29.9 | 27.3 | 23.0 | 31.4 | 28.3 | 39.4 | 31.3 | 25.5 | 24.1 |
| Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS) | 2016/17 | 25.8 | 23.9 | 25.5 | 19.9 | 22.2 | 22.3 | 24.5 | 24.6 | 23.4 | 30.6 | 30.3 | 25.6 | 26.0 |
| Smoking prevalence at age 15 - regular smokers (modelled estimates) | 2014 | 5.4* | 5.7* | 5.7* | 5.2* | 5.1* | 6.1* | 4.5* | 3.7* | 7.9* | 6.6* | 6.4* | 5.9* | 2.8* |
| Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates) | 2014 | 8.2* | 8.9* | 9.3* | 8.2* | 7.1* | 10.5* | 7.2* | 5.3* | 11.4* | 9.1* | 9.9* | 8.6* | 4.7* |
| Smoking in early pregnancy | 2018/19 | 12.8 | 11.9 | 12.9 | 12.6 | 9.0 | 11.9 | 7.7 | 10.2 | 15.3 | 17.3 | 15.2 | 14.0 | 13.3 |

Diseases and treatment measures due to alcohol, Eastern Region areas.

Better 95% Similar Worse 95% Not compared Quintiles: Best Worst

Not applicable

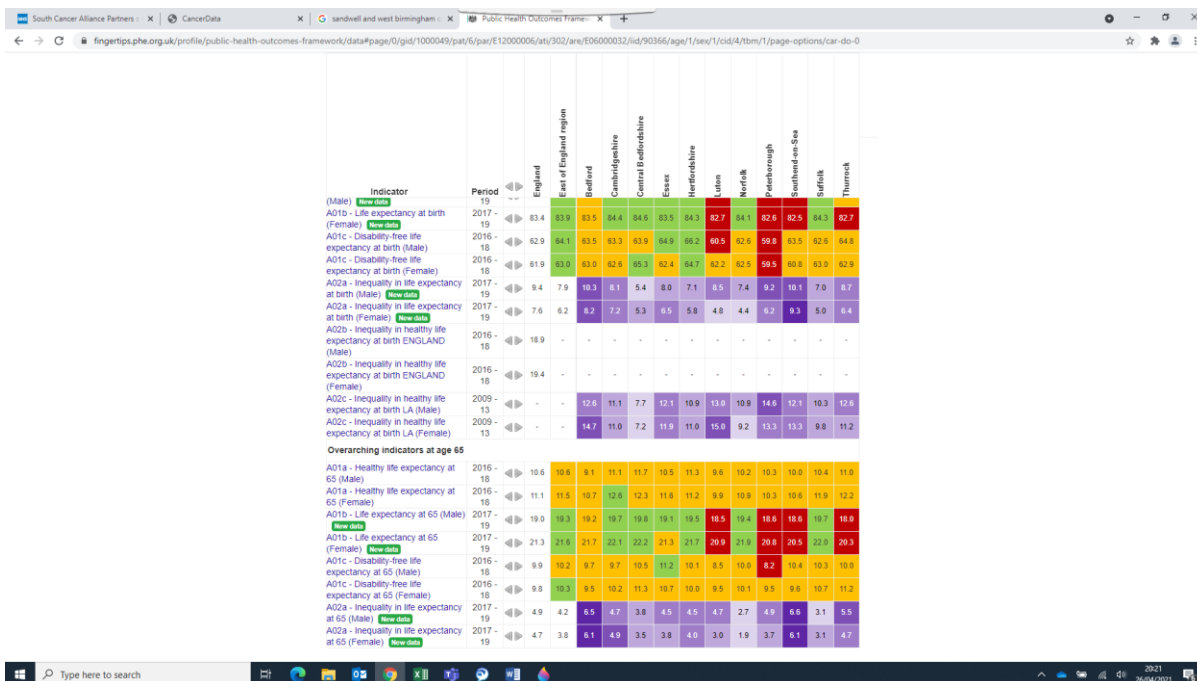
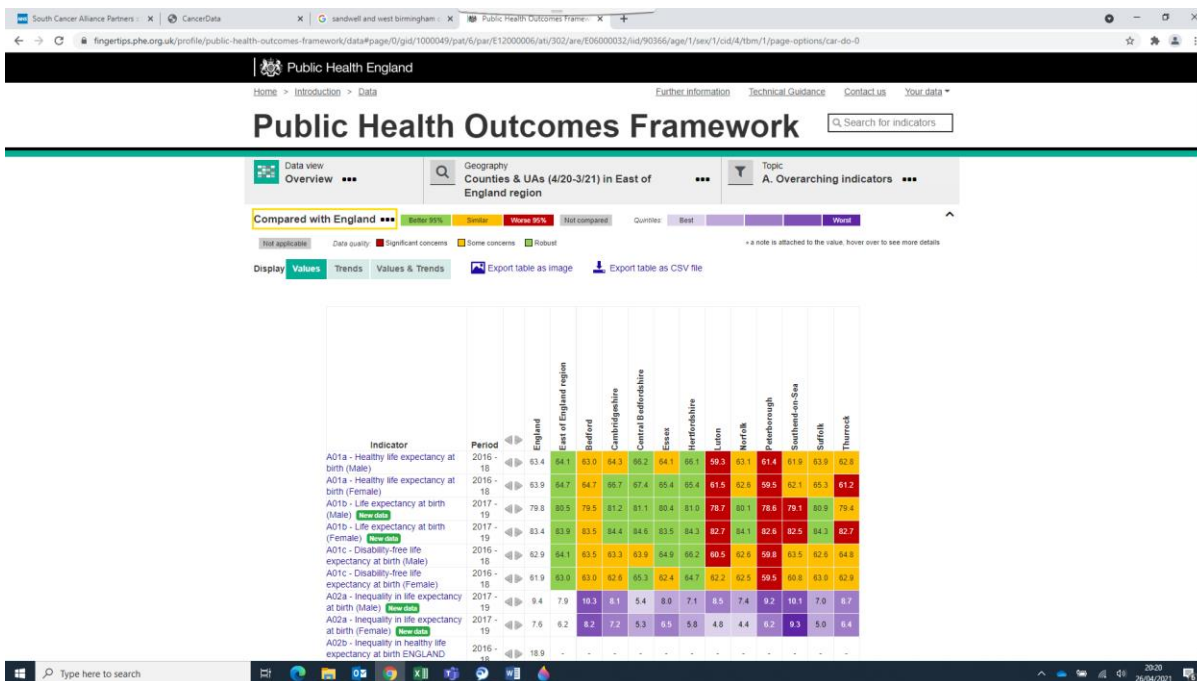
| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|---|-----------------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| Successful completion of alcohol treatment | 2019 | 37.8 | 34.2 | 48.0 | 23.5 | 49.4 | 27.5 | 40.9 | 44.7 | 28.4 | 40.2 | 45.8 | 37.5 | 44.1 |
| Admission episodes for alcohol-related conditions (Narrow) | 2018/19 | 664 | 634 | 593 | 690 | 587 | 618 | 628 | 772 | 677 | 591 | 636 | 585 | 658 |
| Admission episodes for alcohol-specific conditions - Under 18s | 2017/18 - 19/20 | 30.7 | 23.7 | 25.0 | 32.0 | 37.3 | 19.8 | 21.5 | 11.6 | 28.3 | 16.3 | 12.7 | 30.5 | 11.4 |
| Hospital admission rate for alcoholic liver disease (Male) | 2019/20 | 59.5 | 43.8 | 27.6 | 54.2 | 46.1 | 21.9 | 44.4 | 54.6 | 64.0 | 16.6 | 49.3 | 61.9 | 33.0 |
| Hospital admission rate for alcoholic liver disease (Female) | 2019/20 | 28.1 | 22.5 | * | 15.0 | 23.6 | 21.4 | 23.1 | 22.9 | 31.9 | 19.9 | 21.0 | 24.0 | 16.2 |
| Hospital admission rate for alcoholic liver disease (Persons) | 2019/20 | 43.4 | 32.9 | 18.7 | 34.4 | 34.4 | 21.6 | 33.4 | 38.6 | 47.9 | 18.2 | 34.8 | 42.5 | 24.6 |
| Admission episodes for alcohol-specific conditions (Male) | 2019/20 | 894 | 618 | 752 | 792 | 549 | 484 | 659 | 967 | 652 | 656 | 620 | 575 | 468 |
| Admission episodes for alcohol-specific conditions (Female) | 2019/20 | 409 | 312 | 242 | 347 | 318 | 279 | 300 | 433 | 348 | 324 | 375 | 324 | 224 |
| Admission episodes for alcohol-specific conditions (Persons) | 2019/20 | 644 | 460 | 491 | 564 | 430 | 377 | 472 | 698 | 494 | 486 | 493 | 446 | 345 |
| Under 75 mortality rate from alcoholic liver disease (Male) | 2017 - 19 | 11.9 | 8.8 | 10.8 | 6.3 | 6.6 | 8.9 | 8.6 | 8.9 | 10.3 | 12.5 | 16.9 | 7.4 | 9.3 |
| Under 75 mortality rate from alcoholic liver disease (Female) | 2017 - 19 | 6.2 | 4.1 | 6.0 | 2.9 | 3.5 | 4.9 | 3.8 | 4.6 | 3.9 | 7.5 | 4.4 | 3.3 | - |
| Under 75 mortality rate from alcoholic liver disease (Persons) | 2017 - 19 | 9.0 | 6.4 | 8.4 | 4.6 | 5.0 | 6.8 | 6.1 | 6.7 | 7.0 | 10.0 | 10.6 | 5.3 | 5.6 |
| Hospital admission rate for non-alcoholic fatty liver disease (NAFLD) | 2017/18 - 19/20 | 4.6 | 4.9 | 7.8 | 6.9 | 2.9 | 4.4 | 3.5 | 7.0 | 6.6 | 2.5 | 3.7 | 4.4 | 5.8 |
| Under 75 mortality rate from non-alcoholic fatty liver disease (NAFLD) | 2017 - 19 | 0.47 | 0.44 | 1.69 | 0.17 | - | 0.80 | 0.15 | 0.66 | 0.37 | - | - | 0.39 | - |
| Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs (Persons) | 2018/19 | 929 | 869 | 771 | 948 | 771 | 823 | 849 | 1149 | 983 | 834 | 889 | 792 | 914 |
| Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs (Male) | 2018/19 | 1149 | 1027 | 1130 | 1149 | 911 | 945 | 978 | 1447 | 1165 | 1027 | 1028 | 921 | 1126 |
| Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs (Female) | 2018/19 | 714 | 715 | 419 | 749 | 632 | 707 | 723 | 854 | 810 | 650 | 748 | 669 | 695 |
| Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates | 2019/20 | 64.6 | 75.8 | 81.3 | 86.8 | 59.6 | 51.1 | 68.5 | 87.7 | 85.5 | 85.1 | 79.6 | 70.7 | 47.2 |
| Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol | 2019/20 | 43.9 | 55.1 | 49.0 | 58.3 | 41.5 | 41.3 | 41.9 | 62.3 | 58.5 | * | 63.6 | 52.2 | 25.5 |
| Percentage who have ever had an alcoholic drink at age 15 | 2014/15 | 62.4 | 68.4 | 60.8 | 72.4 | 73.8 | 73.1 | 66.8 | 36.2 | 73.4 | 54.3 | 68.5 | 69.2 | 63.6 |
| Percentage who have been drunk in the last 4 weeks at age 15 | 2014/15 | 14.6 | 15.5 | 15.7 | 16.4 | 16.9 | 16.6 | 17.8 | 6.2 | 14.9 | 9.0 | 17.8 | 14.7 | 10.5 |
| Admission episodes for alcohol-related conditions (Narrow) - Over 65s (Persons) | 2018/19 | 1049 | 1054 | 861 | 1098 | 1054 | 1042 | 1150 | 1198 | 1099 | 899 | 1006 | 926 | 1040 |
| Admission episodes for alcohol-related conditions (Narrow) - Over 65s (Male) | 2018/19 | 1501 | 1471 | 1249 | 1494 | 1519 | 1465 | 1583 | 1599 | 1509 | 1254 | 1485 | 1322 | 1517 |
| Admission episodes for alcohol-related conditions (Narrow) - Over 65s (Female) | 2018/19 | 679 | 711 | 548 | 760 | 652 | 702 | 808 | 868 | 755 | 612 | 640 | 590 | 654 |

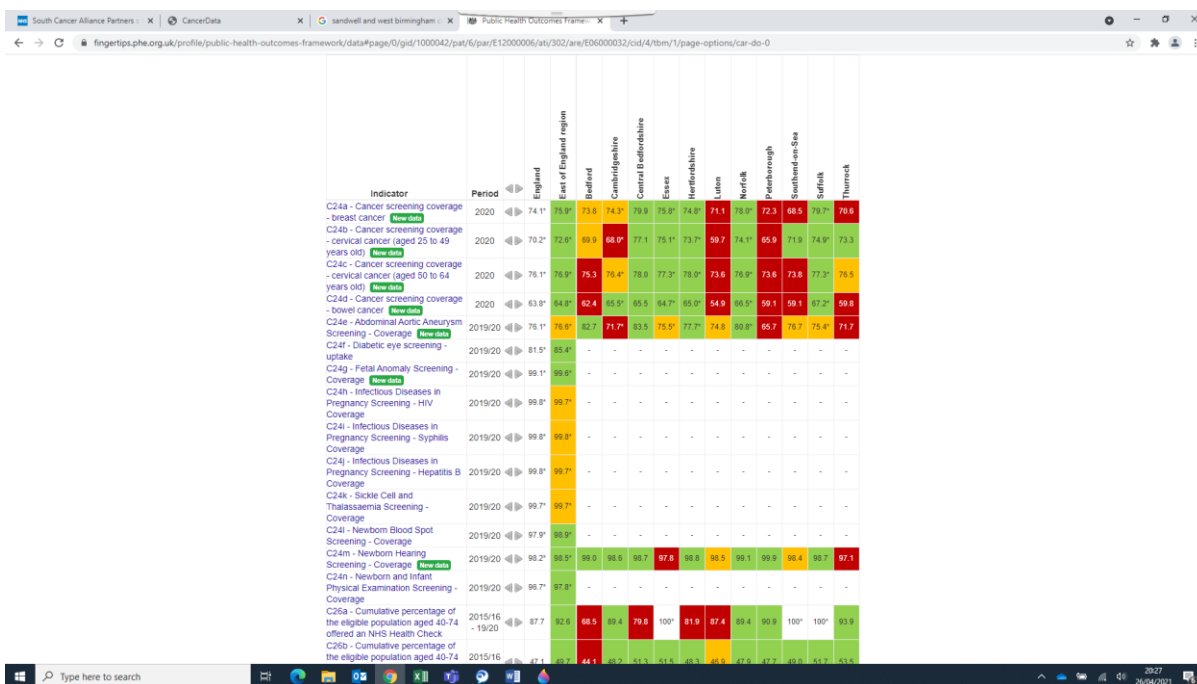
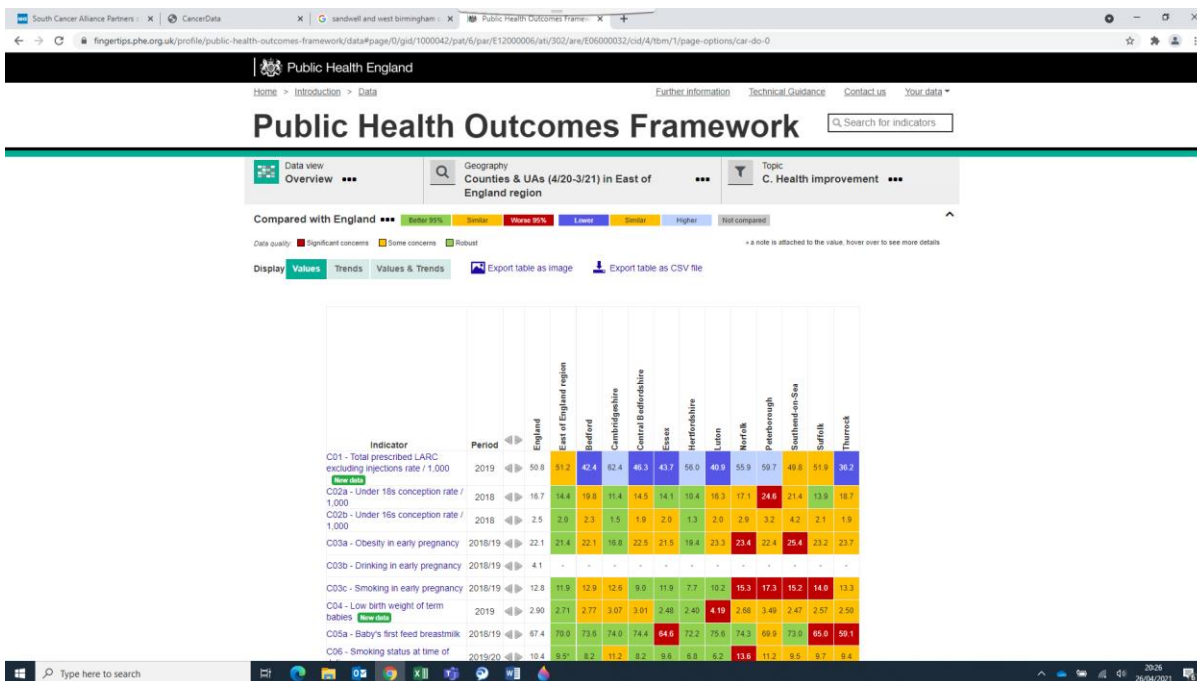
Tobacco Smoking measures in the 4th more deprived decile of areas.

Better 95% Similar Worse 95% Lower Similar Higher Not compared Quintiles: Best Worst

Not applicable

| Indicator | Period | England | Fourth more deprived decile (IMD2010) | Brent | Bristol | Calderdale | County Durham | Coventry | Darlington | Derby | Enfield | Lewisham | Luton | Plymouth | Southampton | Southwark | Stockton-on-Tees | Wigan |
|--|---------|---------|---------------------------------------|-------|---------|------------|---------------|----------|------------|-------|---------|----------|-------|----------|-------------|-----------|------------------|-------|
| Smokers that have successfully quit at 4 weeks | 2019/20 | 1808 | - | 19 | * | 2661 | 2945 | 2224 | 926 | 2180 | * | 2797 | 2996 | 1592 | 388 | 932 | 3099 | 1333 |
| Smokers that have successfully quit at 4 weeks (CO validated) | 2019/20 | 1113 | - | 11 | * | 1623 | 2062 | 1490 | 867 | 1466 | * | 1579 | 1848 | 1244 | 295 | 739 | 1595 | 817 |
| Estimated smoking prevalence (QOF) | 2019/20 | 16.5 | 18.1* | 16.3 | 19.7 | 18.6 | 16.4 | 17.5 | 18.1 | 18.9 | 22.0 | 18.2 | 18.2 | 18.9 | 19.9 | 17.0 | 16.0 | 17.0 |
| Smoking prevalence in adults (15+) - current smokers (QOF) | 2019/20 | 16.5 | 18.1 | 16.3 | 19.7 | 18.6 | 16.4 | 17.5 | 18.1 | 18.9 | 22.0 | 18.2 | 18.2 | 18.9 | 19.9 | 17.0 | 16.0 | 17.0 |
| Smoking prevalence at age 15 - current smokers (WAY survey) | 2014/15 | 8.2 | - | 4.2 | 11.3 | 9.9 | 11.2 | 8.1 | 9.0 | 7.7 | 3.5 | 6.7 | 5.3 | 9.2 | 11.7 | 4.5 | 6.8 | 7.1 |
| Smoking prevalence at age 15 - regular smokers (WAY survey) | 2014/15 | 5.5 | - | 2.4 | 7.8 | 7.4 | 8.6 | 5.8 | 6.8 | 5.1 | 2.0 | 3.9 | 3.7 | 6.0 | 8.3 | 2.9 | 4.6 | 4.9 |
| Smoking prevalence at age 15 - occasional smokers (WAY survey) | 2014/15 | 2.7 | - | 1.8 | 3.5 | 2.5 | 2.6 | 2.3 | 2.2 | 2.6 | 1.5 | 2.8 | 1.6 | 3.2 | 3.4 | 1.6 | 2.2 | 2.1 |
| Smokers setting a quit date | 2019/20 | 3512 | - | 48 | * | 4500 | 6487 | 4084 | 1533 | 3728 | * | 5064 | 6379 | 3715 | 1357 | 1872 | 7832 | 3146 |
| Percentage with 3 or more risky behaviours at age 15 | 2014/15 | 15.9 | - | 7.0 | 20.4 | 20.9 | 23.0 | 12.6 | 20.4 | 13.6 | 6.6 | 12.0 | 9.0 | 19.0 | 17.9 | 8.6 | 18.0 | 19.5 |
| Smoking prevalence in adults (18+) - current smokers (GPPS) | 2019/20 | 14.3 | - | 14.8 | 16.7 | 14.9 | 14.4 | 15.6 | 15.1 | 14.7 | 18.1 | 17.6 | 17.0 | 16.0 | 15.5 | 16.0 | 14.7 | 15.2 |
| Smoking prevalence in adults (18+) - ex smoker (GPPS) | 2019/20 | 26.9 | - | 16.0 | 26.3 | 29.0 | 27.7 | 21.3 | 30.1 | 26.9 | 19.7 | 22.5 | 22.6 | 28.5 | 28.5 | 19.8 | 27.8 | 29.6 |
| Smoking prevalence in adults (18+) - never smoked (GPPS) | 2019/20 | 58.8 | - | 69.2 | 57.0 | 56.1 | 57.9 | 63.1 | 54.8 | 58.4 | 62.2 | 59.9 | 60.4 | 55.4 | 55.9 | 64.1 | 57.5 | 55.2 |
| Smoking Prevalence in adults (18+) - current smokers (APS) | 2019 | 13.9 | 15.9 | 10.3 | 18.0 | 16.1 | 17.0 | 15.1 | 13.7 | 16.7 | 15.8 | 14.5 | 16.8 | 18.5 | 16.8 | 15.6 | 13.2 | 17.0 |
| Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) | 2019 | 23.2 | - | 15.7 | 28.9 | 28.7 | 27.3 | 23.9 | 27.1 | 35.4 | 26.7 | 14.3 | 24.1 | 28.1 | 24.8 | 25.9 | 19.1 | 20.3 |
| Smoking Prevalence in adults (18+) - ex smokers (APS) | 2019 | 25.7 | 23.7 | 14.5 | 24.9 | 23.5 | 28.6 | 19.4 | 30.4 | 27.4 | 18.0 | 23.3 | 19.2 | 31.0 | 26.1 | 18.8 | 27.2 | 25.7 |
| Smoking prevalence in adults (18+) with serious mental illness (SMI) | 2014/15 | 40.5 | 41.9* | 34.5 | 47.3* | * | 40.9 | 40.2 | 44.3 | 39.8* | 40.7 | 41.5* | 38.6 | 42.0 | 51.3 | 40.2 | 40.0* | 48.2 |
| Smoking Prevalence in adults (18+) - never smoked (APS) | 2019 | 60.4 | 60.4 | 75.2 | 57.1 | 60.4 | 54.4 | 65.6 | 55.9 | 55.8 | 66.2 | 62.2 | 64.0 | 50.5 | 57.1 | 65.6 | 59.6 | 57.3 |
| Smoking status at time of delivery | 2019/20 | 10.4 | 10.0* | 3.4 | 9.6 | * | 16.8 | 10.7 | 16.4 | 13.5 | 7.6 | 4.9* | 6.2 | 11.6 | 12.7 | 3.7 | 16.5 | 15.1 |
| Smoking prevalence in adults (18-64) socio-economic gap in current smokers (APS) | 2019 | 2.46 | 2.19 | 1.75 | 2.09 | 2.65 | 2.51 | 2.01 | 3.71 | 4.71 | 2.64 | 0.95 | 1.34 | 2.62 | 1.74 | 2.63 | 2.45 | 1.66 |
| Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) | 2019/20 | 25.8 | - | 22.1 | 30.1 | 22.1 | 31.0 | 26.7 | 25.8 | 25.6 | 27.3 | 29.7 | 34.8 | 28.6 | 21.0 | 28.4 | 24.0 | 26.0 |
| Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS) | 2016/17 | 25.8 | - | 22.2 | 31.3 | 33.5 | 23.9 | 24.9 | 26.0 | 29.2 | 27.6 | 31.6 | 24.6 | 29.6 | 28.5 | 29.6 | 26.8 | 24.1 |
| Rate of prescriptions for nicotine replacement products per 100,000 smokers | 2018 | 11781 | 11222* | 5900 | 11556 | 2533 | 14755 | 8576 | 17431 | 3761 | 9658 | 11818 | 14676 | 24828 | 10373 | 9761 | 2071 | 18925 |
| Smoking in early pregnancy | 2018/19 | 12.8 | - | 5.0 | 11.5 | 19.6 | 21.4 | 14.0 | 19.8 | 19.5 | 8.4 | 7.4 | 10.2 | 17.7 | 13.8 | 4.9 | 16.1 | 15.8 |





Public Health Outcomes Framework

Search for indicators

Data view: Overview | Geography: Counties & UAs (4/20-3/21) in East of England region | Topic: E. Healthcare and premature mortality

Compared with England: Better 95% | Similar | Worse 95% | Not compared | Date quality: Significant concerns | Some concerns | Robust

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|-----------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| E05a - Under 75 mortality rate from cancer | 2017 - 19 | 129.2 | 122.6 | 119.5 | 114.1 | 123.5 | 126.1 | 117.8 | 144.0 | 121.5 | 139.4 | 141.6 | 117.9 | 137.0 |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) | 2017 - 19 | 54.1 | 48.8 | 43.8 | 42.5 | 49.9 | 50.8 | 48.1 | 62.5 | 48.0 | 58.5 | 57.9 | 45.1 | 60.0 |
| E06a - Under 75 mortality rate from liver disease | 2017 - 19 | 18.5 | 15.2 | 18.9 | 12.4 | 13.9 | 15.9 | 14.9 | 18.5 | 15.8 | 18.7 | 21.7 | 13.7 | 13.8 |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) | 2017 - 19 | 16.4 | 13.3 | 14.0 | 11.0 | 11.5 | 13.8 | 13.3 | 15.4 | 13.9 | 17.1 | 20.1 | 11.9 | 11.3 |
| E07a - Under 75 mortality rate from respiratory disease | 2017 - 19 | 34.2 | 29.1 | 35.1 | 27.0 | 26.8 | 29.6 | 27.5 | 40.8 | 29.5 | 36.6 | 42.9 | 23.9 | 34.3 |

Public Health England

Public Health Outcomes Framework

Geography: Counties & UAs (4/20-3/21) in East of England region | Topic: E. Healthcare and premature mortality

Compared with England: Better 95% | Similar | Worse 95% | Not compared | Date quality: Significant concerns | Some concerns | Robust

Display: Values | Trends | Values & Trends | Export table as image | Export table as CSV file

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|-----------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| E01 - Infant mortality rate | 2017 - 19 | 3.9 | 3.5 | 4.8 | 3.2 | 3.4 | 3.0 | 3.4 | 5.3 | 3.1 | 4.9 | 3.0 | 3.2 | 4.8 |
| E02 - Percentage of 5 year olds with experience of visually obvious dental decay | 2018/19 | 23.4 | 19.0 | 24.7 | 18.7 | 14.5 | 20.4 | - | 36.8 | 17.3 | 37.7 | 20.3 | 15.7 | 23.6 |
| E03 - Mortality rate from causes considered preventable (2019 definition) | 2017 - 19 | 142.2 | 134.3 | 128.8 | 115.0 | 116.8 | 124.8 | 115.9 | 153.2 | 131.7 | 164.6 | 146.6 | 117.0 | 138.8 |
| E03 - Mortality rate from causes considered preventable (2016 definition) | 2016 - 18 | 180.8 | 160.4 | 178.3 | 147.5 | 156.3 | 161.2 | 148.2 | 192.1 | 166.5 | 204.3 | 181.3 | 155.3 | 191.5 |
| E04a - Under 75 mortality rate from all cardiovascular diseases | 2017 - 19 | 70.4 | 62.9 | 70.2 | 57.6 | 55.7 | 60.7 | 58.5 | 84.5 | 64.7 | 83.1 | 75.5 | 60.3 | 74.5 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) | 2017 - 19 | 28.2 | 24.6 | 28.1 | 22.8 | 22.2 | 23.5 | 23.2 | 34.6 | 25.7 | 37.9 | 27.5 | 23.2 | 30.3 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2016 definition) | 2016 - 18 | 45.3 | 38.8 | 45.4 | 34.2 | 37.0 | 38.3 | 35.4 | 52.1 | 40.3 | 56.0 | 41.5 | 36.8 | 53.0 |

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Northamptonshire | South East | South West | Yorkshire and the Humber |
|--|-----------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|------------------|------------|------------|--------------------------|
| E05a - Under 75 mortality rate from cancer | 2017 - 19 | 129.2 | 132.8 | 119.5 | 114.1 | 123.5 | 128.1 | 117.8 | 144.0 | 121.5 | 139.4 | 141.6 | 117.9 | 137.9 |
| E06 - Under 75 mortality rate from cancer considered preventable (2019 definition) | 2017 - 19 | 54.1 | 48.8 | 43.8 | 42.5 | 49.9 | 50.8 | 48.1 | 62.5 | 48.0 | 58.5 | 57.9 | 45.1 | 60.8 |
| E05b - Under 75 mortality rate from cancer considered preventable (2016 definition) | 2016 - 18 | 78.3 | 79.7 | 70.7 | 63.4 | 70.7 | 73.1 | 68.2 | 86.7 | 70.6 | 77.3 | 80.9 | 66.9 | 84.9 |
| E06a - Under 75 mortality rate from liver disease | 2017 - 19 | 18.5 | 15.2 | 15.9 | 12.4 | 13.9 | 15.9 | 14.9 | 18.5 | 15.8 | 18.7 | 21.7 | 13.7 | 13.8 |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) | 2017 - 19 | 16.4 | 13.3 | 14.0 | 11.0 | 11.5 | 13.8 | 13.3 | 15.4 | 13.9 | 17.1 | 20.1 | 11.9 | 11.3 |
| E06c - Under 75 mortality rate from liver disease considered preventable (2016 definition) | 2016 - 18 | 16.3 | 13.0 | 14.2 | 10.6 | 11.5 | 13.6 | 12.9 | 14.4 | 13.1 | 18.2 | 19.6 | 12.1 | 11.6 |
| E07a - Under 75 mortality rate from respiratory disease | 2017 - 19 | 34.2 | 39.1 | 36.1 | 27.0 | 29.8 | 29.6 | 27.5 | 40.8 | 29.5 | 38.6 | 42.9 | 23.9 | 34.3 |
| E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition) | 2017 - 19 | 20.0 | 18.1 | 19.8 | 15.2 | 15.0 | 16.6 | 13.5 | 19.8 | 16.6 | 22.6 | 24.8 | 13.8 | 22.7 |
| E07c - Under 75 mortality rate from respiratory disease considered preventable (2016 definition) | 2016 - 18 | 19.2 | 15.9 | 17.0 | 15.0 | 13.0 | 16.4 | 13.9 | 18.4 | 16.2 | 22.7 | 22.9 | 13.8 | 22.6 |
| E08 - Mortality rate from a range of specified communicable diseases, including influenza | 2017 - 19 | 11.2 | 9.5 | 13.3 | 12.4 | 9.7 | 8.6 | 7.6 | 9.3 | 10.7 | 16.8 | 11.4 | 7.5 | 8.7 |
| E09a - Premature mortality in adults with severe mental illness (SMI) | 2015 - 17 | 90.5 | - | 81.5 | 84.4 | 57.6 | 61.9 | 68.2 | 97.9 | 73.3 | 106.8 | 113.3 | 65.1 | 159.6 |
| E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI) | 2015 - 17 | 355.1 | - | 417.8 | 385.9 | 416.2 | 345.0 | 437.2 | 296.3 | 381.9 | 227.8 | 413.1 | 420.8 | 220.8 |
| E10 - Suicide rate | 2017 - 19 | 10.1 | 10.5 | 10.9 | 10.4 | 7.9 | 13.0 | 8.2 | 6.6 | 11.1 | 12.4 | 13.2 | 9.5 | 5.5 |
| E11 - Emergency readmissions within 30 days of discharge from hospital | 2018/19 | 14.3 | 14.2 | 12.7 | - | 14.5 | - | - | 16.5 | - | 14.8 | 17.6 | - | 14.3 |
| E12a - Preventable sight loss - age related macular degeneration | 2018/19 | 112.3 | 93.9 | 89.5 | 83.0 | 83.0 | 140.1 | 12.6 | 100.8 | 74.8 | 108.3 | 97.1 | 113.3 | |

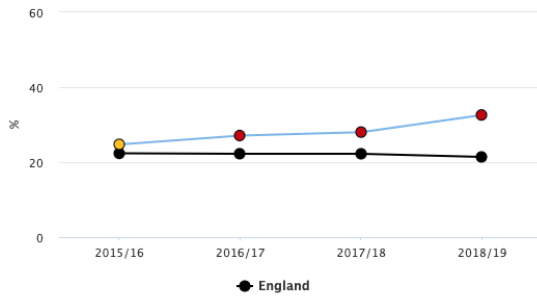
Below are charts that show the changes over time of some Luton measures that have been shown above as single periods. For example, the first chart shows that the value for Luton was not significantly different from England in 2015/16 but then became significantly different and has become worse over the time period shown.

Percentage of physically inactive adults

Proportion - %

Export chart as image Show confidence intervals Show 99.8% CI values

Export table as CSV file



Recent trend: Could not be calculated

| Period | Count | Value | Luton | | East of England | England |
|---------|-------|-------|--------------|--------------|-----------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | - | 24.7% | 22.1% | 27.6% | 21.6% | 22.3% |
| 2016/17 | - | 27.1% | 24.3% | 30.1% | 21.7% | 22.2% |
| 2017/18 | - | 28.0% | 24.1% | 32.3% | 22.2% | 22.2% |
| 2018/19 | - | 32.6% | 28.6% | 36.9% | 21.0% | 21.4% |

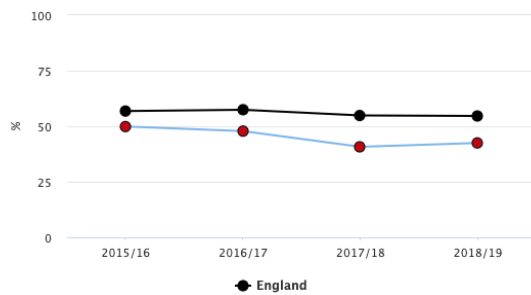
Source: Public Health England (based on the Active Lives Adult Survey, Sport England)

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Proportion - %

Export chart as image Show confidence intervals Show 99.8% CI values

Export table as CSV file



Recent trend: Could not be calculated

| Period | Count | Value | Luton | | East of England | England |
|---------|-------|-------|--------------|--------------|-----------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | - | 49.8% | 46.6% | 53.0% | 57.7% | 56.8% |
| 2016/17 | - | 47.8% | 44.6% | 51.0% | 58.2% | 57.4% |
| 2017/18 | - | 40.7% | 36.2% | 45.3% | 55.7% | 54.8% |
| 2018/19 | - | 42.5% | 38.0% | 47.1% | 55.1% | 54.6% |

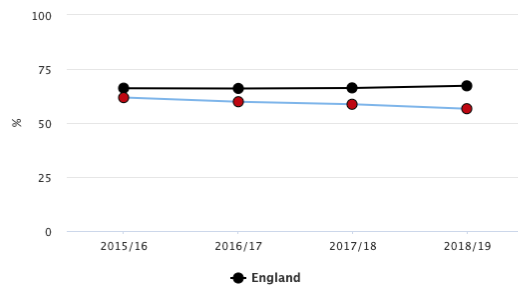
Source: Public Health England (based on Active Lives, Sport England)

Percentage of physically active adults

Proportion - %

Export chart as image Show confidence intervals Show 99.8% CI values

Export table as CSV file



Recent trend: Could not be calculated

| Period | Count | Value | Luton | | East of England | England |
|---------|-------|-------|--------------|--------------|-----------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | - | 61.8% | 58.6% | 64.8% | 65.8% | 66.1% |
| 2016/17 | - | 59.9% | 56.6% | 63.0% | 66.8% | 66.0% |
| 2017/18 | - | 58.7% | 54.1% | 63.1% | 65.4% | 66.3% |
| 2018/19 | - | 66.6% | 62.1% | 71.1% | 66.9% | 67.2% |

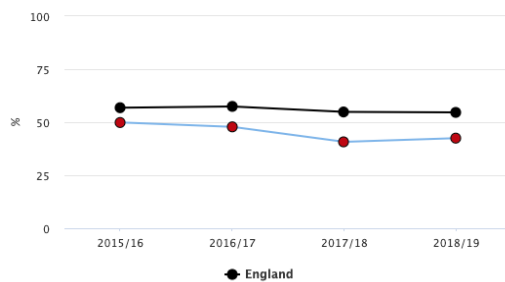
Source: Public Health England (based on the Active Lives Adult Survey, Sport England)

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Proportion - %

Export chart as image Show confidence intervals Show 99.8% CI values

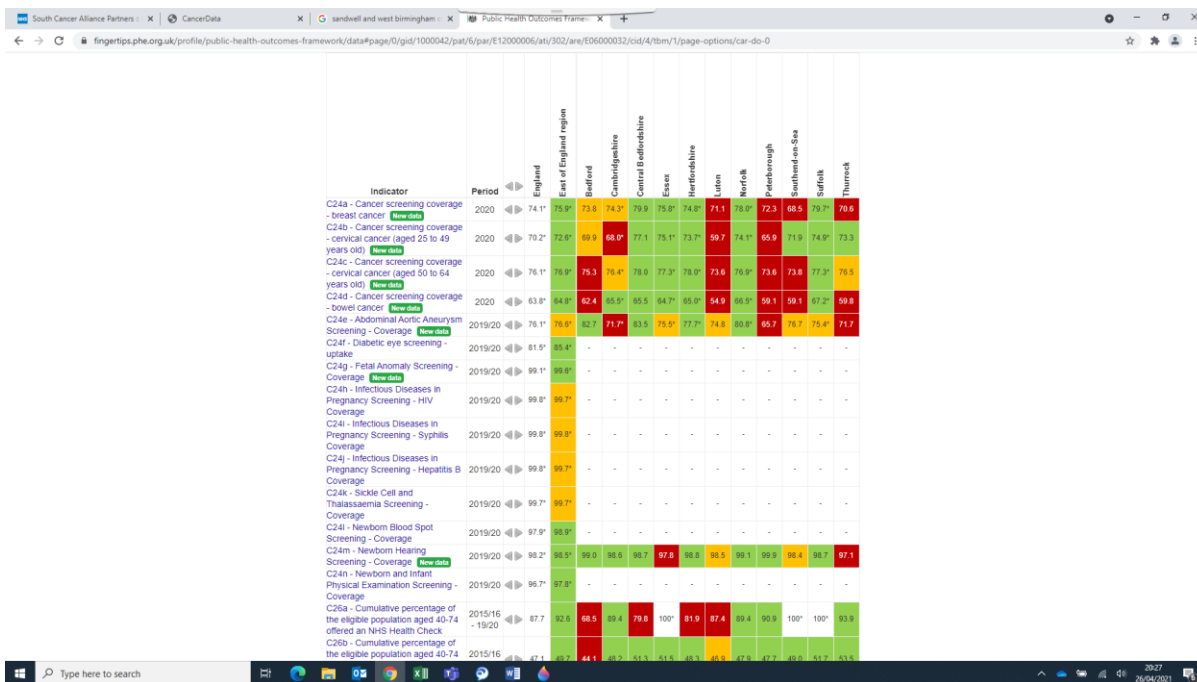
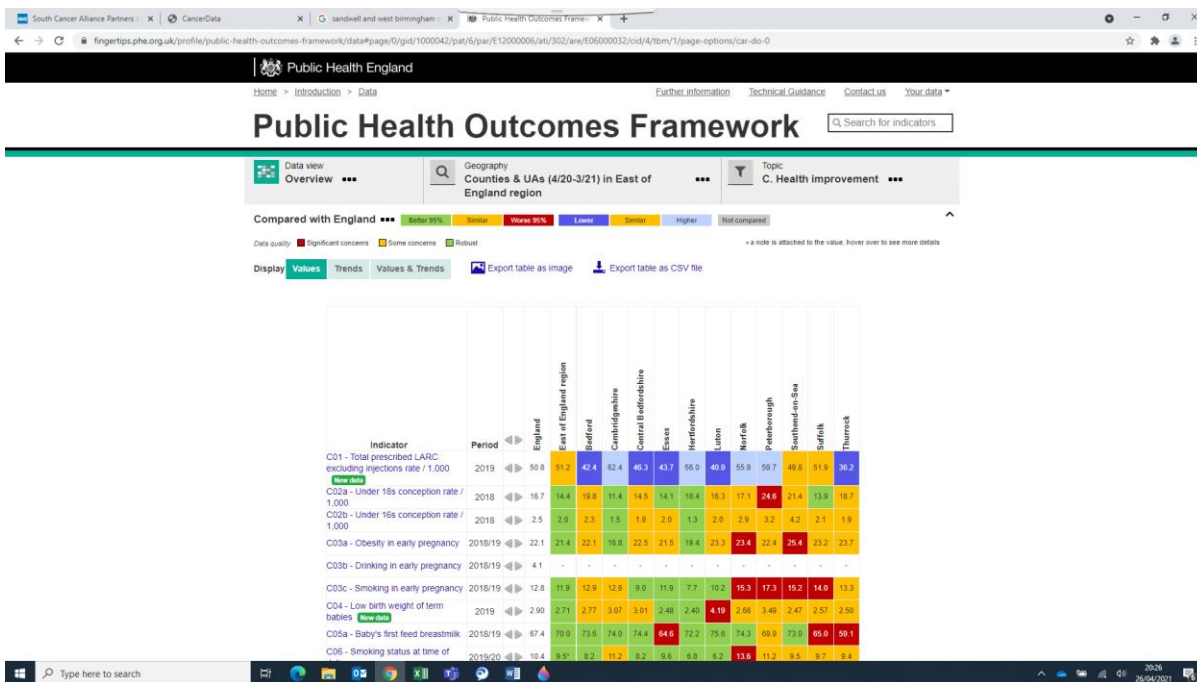
Export table as CSV file



Recent trend: Could not be calculated

| Period | Count | Value | Luton | | East of England | England |
|---------|-------|-------|--------------|--------------|-----------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | - | 49.8% | 46.6% | 53.0% | 57.7% | 56.8% |
| 2016/17 | - | 47.8% | 44.6% | 51.0% | 58.2% | 57.4% |
| 2017/18 | - | 40.7% | 36.2% | 45.3% | 55.7% | 54.8% |
| 2018/19 | - | 42.5% | 38.0% | 47.1% | 55.1% | 54.6% |

Source: Public Health England (based on Active Lives, Sport England)



Public Health Outcomes Framework

Search for indicators

Data view Overview **Geography** Counties & UAs (4/20-3/21) in East of England region **Topic** E. Healthcare and premature mortality

Compared with England **Better 95%** Similar Worse 95% Not compared Date quality Significant concerns Some concerns Robust

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|-----------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| E05a - Under 75 mortality rate from cancer | 2017 - 19 | 129.2 | 122.6 | 119.5 | 114.1 | 123.5 | 126.1 | 117.8 | 144.0 | 121.5 | 139.4 | 141.6 | 117.9 | 137.0 |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) | 2017 - 19 | 54.1 | 48.8 | 43.8 | 42.5 | 49.9 | 50.8 | 48.1 | 62.5 | 48.0 | 58.5 | 57.9 | 45.1 | 60.0 |
| E06a - Under 75 mortality rate from liver disease | 2017 - 19 | 18.5 | 15.2 | 16.9 | 12.4 | 13.9 | 15.9 | 14.9 | 18.5 | 15.8 | 18.7 | 21.7 | 13.7 | 13.8 |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) | 2017 - 19 | 16.4 | 13.3 | 14.0 | 11.0 | 11.5 | 13.8 | 13.3 | 15.4 | 13.9 | 17.1 | 20.1 | 11.9 | 11.3 |
| E07a - Under 75 mortality rate from respiratory disease | 2017 - 19 | 34.2 | 29.1 | 35.1 | 27.0 | 28.8 | 29.8 | 27.5 | 40.8 | 29.5 | 36.6 | 42.9 | 23.9 | 34.3 |

Public Health England

Public Health Outcomes Framework

Search for indicators

Data view Overview **Geography** Counties & UAs (4/20-3/21) in East of England region **Topic** E. Healthcare and premature mortality

Compared with England **Better 95%** Similar Worse 95% Not compared Date quality Significant concerns Some concerns Robust

Display Values Trends Values & Trends Export table as image Export table as CSV file

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | Norfolk | Peterborough | Southend-on-Sea | Suffolk | Thurrock |
|--|-----------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|---------|--------------|-----------------|---------|----------|
| E01 - Infant mortality rate | 2017 - 19 | 3.9 | 3.5 | 4.8 | 3.2 | 3.4 | 3.0 | 3.4 | 5.3 | 3.1 | 4.9 | 3.0 | 3.2 | 4.8 |
| E02 - Percentage of 5 year olds with experience of visually obvious dental decay | 2018/19 | 23.4 | 19.0 | 24.7 | 16.7 | 14.5 | 20.4 | - | 36.8 | 17.3 | 37.7 | 26.3 | 15.7 | 23.9 |
| E03 - Mortality rate from causes considered preventable (2019 definition) | 2017 - 19 | 142.2 | 134.3 | 129.8 | 115.0 | 116.8 | 124.8 | 115.9 | 153.2 | 131.7 | 164.6 | 149.6 | 117.0 | 138.6 |
| E03 - Mortality rate from causes considered preventable (2016 definition) | 2016 - 18 | 180.8 | 180.4 | 178.3 | 147.5 | 156.3 | 161.2 | 148.2 | 192.1 | 186.1 | 204.3 | 181.3 | 155.3 | 191.5 |
| E04a - Under 75 mortality rate from all cardiovascular diseases | 2017 - 19 | 70.4 | 82.9 | 75.2 | 57.6 | 55.7 | 60.7 | 58.5 | 84.5 | 64.7 | 83.1 | 75.6 | 60.3 | 74.5 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) | 2017 - 19 | 28.2 | 24.6 | 26.1 | 22.8 | 22.2 | 23.5 | 23.2 | 34.6 | 25.7 | 37.9 | 27.9 | 23.2 | 30.3 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2016 definition) | 2016 - 18 | 45.3 | 38.8 | 45.4 | 34.2 | 37.0 | 38.3 | 35.4 | 52.1 | 40.3 | 56.0 | 41.6 | 36.8 | 53.8 |

Public Health Outcomes Framework

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | North | Northamptonshire | South East | South West | Yorkshire and the Humber |
|--|---------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|-------|------------------|------------|------------|--------------------------|
| E05a - Under 75 mortality rate from cancer | 2017-19 | 129.2 | 122.6 | 119.5 | 114.1 | 123.5 | 128.1 | 117.8 | 144.0 | 121.5 | 138.4 | 141.6 | 117.9 | 137.9 |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) | 2017-19 | 54.1 | 48.9 | 43.8 | 42.5 | 49.9 | 50.8 | 48.1 | 62.5 | 48.0 | 58.5 | 57.9 | 45.1 | 60.9 |
| E06a - Under 75 mortality rate from cancer considered preventable (2016 definition) | 2016-18 | 76.3 | 70.7 | 70.7 | 63.4 | 70.7 | 73.1 | 68.2 | 85.7 | 70.6 | 77.3 | 80.8 | 66.9 | 84.4 |
| E06b - Under 75 mortality rate from liver disease | 2017-19 | 18.5 | 15.2 | 16.9 | 12.4 | 13.9 | 15.9 | 14.9 | 16.5 | 15.8 | 18.7 | 21.7 | 13.7 | 13.8 |
| E06c - Under 75 mortality rate from liver disease considered preventable (2019 definition) | 2017-19 | 18.4 | 13.3 | 14.0 | 11.0 | 11.6 | 13.8 | 13.3 | 15.4 | 13.9 | 17.1 | 20.1 | 11.9 | 11.3 |
| E06d - Under 75 mortality rate from liver disease considered preventable (2016 definition) | 2016-18 | 16.3 | 13.0 | 14.2 | 10.6 | 11.5 | 13.6 | 12.9 | 14.4 | 13.1 | 18.2 | 19.8 | 12.1 | 11.8 |
| E07a - Under 75 mortality rate from respiratory disease | 2017-19 | 34.2 | 28.1 | 35.1 | 27.0 | 28.8 | 29.6 | 27.5 | 40.8 | 29.5 | 36.6 | 42.9 | 23.9 | 34.3 |
| E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition) | 2017-19 | 20.0 | 16.1 | 16.8 | 15.2 | 15.0 | 16.6 | 13.5 | 19.8 | 16.6 | 22.5 | 24.0 | 13.8 | 22.7 |
| E07c - Under 75 mortality rate from respiratory disease considered preventable (2016 definition) | 2016-18 | 19.2 | 15.8 | 17.0 | 15.0 | 13.0 | 16.4 | 13.9 | 18.4 | 16.2 | 22.7 | 22.9 | 13.8 | 22.6 |
| E08 - Mortality rate from a range of specified communicable diseases, including influenza | 2017-19 | 11.2 | 8.5 | 13.3 | 12.4 | 8.7 | 8.6 | 7.6 | 9.3 | 10.7 | 16.8 | 11.4 | 7.5 | 8.7 |
| E09a - Premature mortality in adults with severe mental illness (SMI) | 2015-17 | 90.5 | - | 91.9 | 84.4 | 57.6 | 81.9 | 68.2 | 87.9 | 73.3 | 106.8 | 113.3 | 65.1 | 158.6 |
| E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI) | 2015-17 | 355.1 | - | 417.8 | 385.9 | 416.2 | 345.1 | 437.2 | 396.3 | 381.9 | 227.6 | 413.1 | 420.8 | 220.6 |
| E10 - Suicide rate | 2017-19 | 10.1 | 10.5 | 10.9 | 10.4 | 7.9 | 13.9 | 9.2 | 11.1 | 12.4 | 13.2 | 9.5 | 5.5 | - |
| E11 - Emergency readmissions within 30 days of discharge from hospital | 2018/19 | 14.3 | 14.2 | 12.7 | - | 14.5 | - | - | 16.5 | - | 14.6 | 17.6 | - | 14.3 |
| E12a - Preventable sight loss - age related macular degeneration | 2018/19 | 112.3 | 83.0 | 89.3 | 85.5 | 83.0 | 83.0 | 140.1 | 52.5 | 100.6 | 74.6 | 108.3 | 87.1 | 113.5 |

Public Health England

Public Health Outcomes Framework

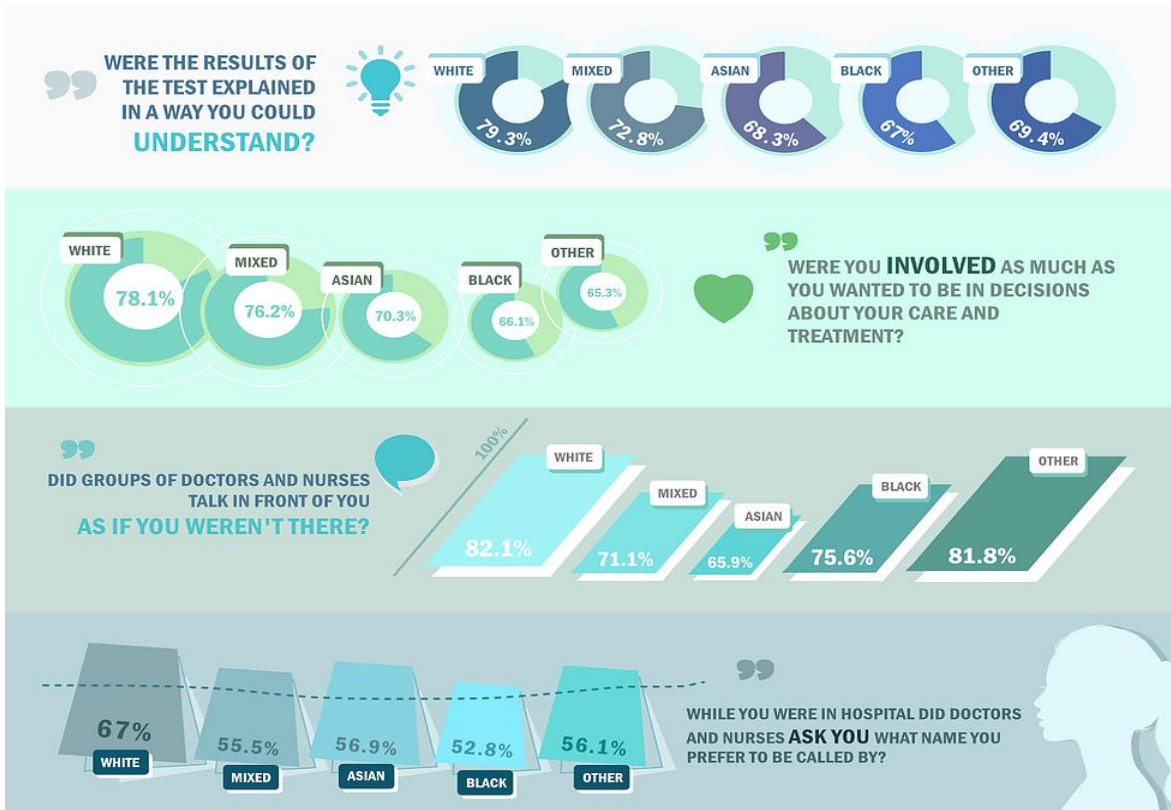
Geography: Counties & UAs (4/20-3/21) in East of England region

Display: Values

| Indicator | Period | England | East of England region | Bedford | Cambridgeshire | Central Bedfordshire | Essex | Hertfordshire | Luton | North | Northamptonshire | South East | South West | Yorkshire and the Humber |
|--|--------|---------|------------------------|---------|----------------|----------------------|-------|---------------|-------|-------|------------------|------------|------------|--------------------------|
| Deprivation score (IMD 2019) | 2019 | 21.7 | 17.4 | 18.9 | 13.9 | 12.2 | 17.8 | 12.7 | 25.9 | 21.2 | 27.8 | 22.4 | 18.5 | 20.9 |
| Deprivation score (IMD 2015) | 2015 | 21.8 | - | 19.2 | 13.4 | 12.2 | 17.2 | 12.2 | 27.6 | 21.2 | 27.1 | 24.5 | 18.3 | 21.6 |
| Supporting information - % population aged under 16 | 2019 | 21.4 | 21.6 | 23.5 | 20.9 | 22.1 | 21.1 | 22.9 | 27.0 | 18.9 | 25.6 | 21.7 | 20.2 | 25.6 |
| Supporting information - % population aged 65+ | 2019 | 18.4 | 19.9 | 17.8 | 19.2 | 17.9 | 20.7 | 17.2 | 12.6 | 24.5 | 14.9 | 19.5 | 23.6 | 13.8 |
| Supporting information - % population from ethnic minorities | 2016 | 13.6 | 8.6 | 18.6 | 5.5 | 8.6 | 6.7 | 10.7 | 40.1 | 4.0 | 13.6 | 7.1 | 4.8 | 13.9 |



Appendix 10 Workstream 3



brap 2018 graphic

62 This additional context should be kept in mind when looking at CPES scores for Luton for the 2019 CPES.

| From brap report 2018 | Luton CCG CPES score 2019 |
|--|--|
| <p>Were the results of the test explained in a way you could understand:</p> <p>White: 79.3% Mixed: 72.8% Asian: 68.3% Black: 67% Other: 69.4%</p> | <p>76% (lower end of average range)</p> |
| <p>Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>White: 78% Mixed: 76.2% Asian: 70.3% Black: 66.1%</p> | <p>79%</p> |

| | |
|---|------------------------|
| Other: 63.3% | |
| Hospital staff didn't talk in front of the patient if they weren't there White: 82.1% Mixed:71.1% Asian: 65.9% Black: 75.6% Other: 81.8% | 78% |
| Patient asked what name they preferred to be called White: 67% Mixed: 55.5% Asian: 56.9% Black:52.8% Other: 56.1% | 69% |
| Patient found hospital staff to discuss worries or fears during their outpatient visit | 68% (average range) |
| Beforehand patient completely had all information needed about radiotherapy treatment | 82% |
| Patient completely had all information needed about whether radiotherapy treatment was working | 62% |
| Someone discussed with patient whether they would like to take part in cancer research | [add] |
| Patient completely understood the explanation of what was wrong | 71% |
| Hospital staff gave information on getting financial help or possible benefits | 74% |

63 In 2014 Macmillan produced a collation of the key available evidence at that time about the experience of people affected by cancer, including *The Rich Picture: People with Cancer from BME Groups*. Headline insight from this includes.

Screening and Prevention:

- Cancer awareness and help seeking behaviours among people from black and minority ethnic groups are low across all ethnic groups
- Uptake of cancer screening invitations is generally lower in people from BME groups than people from the white population
- The lack of conversations about cancers in certain BME communities has had an adverse effect on their likelihood of engaging in cancer screening practices.

At Diagnosis:

- Because of higher levels of poverty amongst BME groups financial effects of cancer diagnosis can be starker
- British South Asian patients report significantly higher rates of depressive symptoms following a cancer diagnosis compared with White British patients

Treatment:

- People from black and minority ethnic groups are less likely to participate in clinical trials. Barriers to participation include:

- Cultural factors (e.g. cancer stigma, fear)
- Lack of knowledge regarding clinical trials
- Mistrust of the medical system

End of Treatment:

- Cancer survivors from white communities are more likely to receive follow-up screening than cancer survivors from BME communities.

Appendix 11 Specific recommendations

Recommendations significance

- Cross-sector: strategic importance nationally for sectors such as health, social care, housing, education sector; requires cross-sectoral (and in some instances international) collaborations; nation-wide impact; delivers on long-term national policies and vision
- National: strategic importance for the entire NHS (links to LTP, national and regional objectives); nation-wide impact; delivers on long-term vision
- Regional: importance for the entire East of England; significant regional impact; delivers on medium to long-term vision;
- Local: importance for BLMK ICS locally (Luton at place); strong local impact on operational delivery; delivers on operational to medium-term vision.

Recommendations term

- Short-term (S): development and implementation within 6 to 12 months;
- Medium-term (M): development and implementation within 5 years;
- Long-term (L): development and implementation beyond 5 years

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------|--|-----------------------|-------------------------------|-----------------------|--|---|---------------------|
| Lung | Develop targeted community awareness initiatives and engagement for cancer screening programmes for females and males/females from certain country of origin and certain occupations | Local - S | Screening and early diagnosis | Mortality | <ul style="list-style-type: none"> • Lung cancer biggest contributor to pre-mature mortality • Increased in females¹⁷ • High smoking rates in countries of origin¹⁸ • Smoking habits in routine and manual occupations | <ul style="list-style-type: none"> • BLMK ICS • IG Workstream – Screening and early diagnosis | 22/23 [tbc] |

¹⁷ However, gender does not appear to be one of the named factors that drive inequalities for lung cancer: British Lung Foundation - Lung disease and health inequalities briefing.pdf (blf.org.uk)

¹⁸ Anecdotally, people with severe mental illnesses have much higher rates of smoking;

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------|---|-----------------------|-------------------------------|-----------------------|---|--|---------------------|
| Lung | In collaboration with employers and local authorities develop targeted awareness initiatives for cancer screening programmes ¹⁹ for certain occupations and for healthy workplaces ²⁰ | Cross-sector - M | Screening and early diagnosis | Mortality | <ul style="list-style-type: none"> Smoking habits in routine and manual occupations | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council IG Workstream – Screening and early diagnosis | 22/23 [tbc] |
| Lung | Identify available public health campaigns for lung cancer awareness and collaborate with organisers to include greater awareness for lung cancer symptoms | Cross-sector - M | Screening and early diagnosis | Mortality | <ul style="list-style-type: none"> Greater public awareness of symptoms of lung cancer is likely to have a significant impact on the outcomes for patients | <ul style="list-style-type: none"> BLMK ICS, Public Health IG Workstream – Screening and early diagnosis | 22/23 [tbc] |
| | Identify academic institutions and other organisations working on improving early cancer diagnosis (for example, via imaging or accessible technology) and discuss potential collaborations | | | | | | |

¹⁹ Including through research and potential adoption of new imaging techniques using Artificial Intelligence/Machine Learning;

²⁰ <https://www.who.int/news/item/22-06-2012-the-asturias-pledge-a-new-call-to-action-on-environmental-and-occupational-cancer-prevention>; <https://www.who.int/news/item/27-04-2007-who-calls-for-prevention-of-cancer-through-healthy-workplaces>;

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------|--|-----------------------|-------------------------------|-----------------------|--|---|---------------------|
| | In collaboration with local and national systems, proactively campaign and promote symptom awareness and screening programmes for lung cancer | | | | <ul style="list-style-type: none"> Only 5% of the UK public recall persistent cough as a lung cancer symptom²¹ The use of a public health campaign in Doncaster resulted in a 20% increase in referrals and 27% increase in lung cancer diagnosis (Athey et al 2011) Check options for screening for lung cancer [mobile facilities below] | | |
| Lung | Develop collaboration with local, national and international organisations ²² systems design programmes for smoking reduction, elimination and prevention ²³ | Cross-sector - M | Screening and early diagnosis | Mortality | <ul style="list-style-type: none"> Smoking habits | <ul style="list-style-type: none"> BLMK ICS, Department of Health, Public Health IG Workstream – Wider determinants of health | 22/23 [tbc] |
| Lung | For population groups at risk, investigate the link between air pollution; household pollution; radon exposure; | Cross-sector - L | Entire pathway | Mortality | <ul style="list-style-type: none"> Air pollution; household pollution; radon exposure; | <ul style="list-style-type: none"> BLMK ICS, Department of Health, Public Health | 22/23 [tbc] |

²¹ Dr James Ramsay, Presentation 'Lung Cancer and the Cancer Alliance';

²² Such as the Alliance for Global Cancer Control;

²³ <https://www.who.int/news/item/29-05-2019-who-highlights-huge-scale-of-tobacco-related-lung-disease-deaths><https://www.who.int/news/item/04-08-2003-global-cancer-alliance-calls-on-cancer-control-community-to-put-words-into-action-and-save-millions-of-lives>

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------------|--|-----------------------|-------------------------|-----------------------|--|--|---------------------|
| | tobacco; environmental causes; workspace ²⁴ | | | | tobacco; environmental causes; workspace | <ul style="list-style-type: none"> IG Workstream – Wider determinants of health | |
| Lung | Improve access to radiotherapy treatment/palliative care in order to address high number of patients requiring radical radiotherapy or palliative care | Regional - M | Diagnosis and treatment | Access to healthcare | <ul style="list-style-type: none"> For lung cancer in 2019-2020, for example, almost half of patients presented via the emergency route and the majority of patients required radical radiotherapy or palliative care | <ul style="list-style-type: none"> BLMK ICS, NHS England, Department of Health and social care IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |
| Colorectal | Develop targeted community awareness initiatives and engagement for colorectal cancer screening programmes and more routine tests for population in socially deprived areas; of certain age ²⁵ and other risk factors ²⁶ | Local - S | Diagnosis and screening | Mortality | <ul style="list-style-type: none"> Second biggest contributor to pre-mature mortality (with breast) Higher amongst populations with greater social deprivation | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |

²⁴ <https://www.who.int/news/item/25-03-2014-7-million-premature-deaths-annually-linked-to-air-pollution>

²⁵ This will address the Incidence of colorectal cancer in young females which has provoked media interest regionally;

²⁶ Recent report 'Trends, characteristics and outcomes for patients diagnosed under 50 years old with metastatic colon cancer in England, June 21' (https://www.nboca.org.uk/content/uploads/2021/06/Under-50s_FinalPDF.pdf) recommends promotion of bowel cancer risks and indications for early screening might be considered for inclusion in the personal health curriculum for secondary schools (Rec 1); the increasing incidence of EOCRC should be disseminated among medical professionals, including those in primary care, who will also require support with adequate risk stratification tools like faecal immunochemical testing (FIT) and urgent referral pathways in place to facilitate prompt diagnosis (Rec 2); early onset metastatic colon cancer patients appear to be particularly at risk of left-sided disease, which may be an important consideration if screening initiatives are considered in this age group (Rec 3); adequate risk-adjustment for survival outcomes and further exploration of differences in how aggressive the treatments are (Rec 3).

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------------|---|-----------------------|-------------------------|-----------------------|--|--|---------------------|
| | | | | | <ul style="list-style-type: none"> Factors, including age, genetics, and exposure to risk factors (including some potentially avoidable lifestyle factors) | | |
| Colorectal | Improve access to timely treatment such as surgery and radiotherapy improving the percentage of patients who receive treatment earlier than 62 days | Regional - M | Diagnosis and treatment | Access to healthcare | <ul style="list-style-type: none"> 66% of patients diagnosed with colon cancer and 63% of patients diagnosed with rectal cancer have surgery to remove the tumour as part of their primary cancer treatment. 3% of patients diagnosed with colon cancer and 41% of patients diagnosed with rectal cancer have radiotherapy as part of their primary cancer treatment. 31% of patients diagnosed with colon cancer and 42% of patients diagnosed with rectal cancer have chemotherapy as | <ul style="list-style-type: none"> BLMK ICS, NHS England IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------------|---|-----------------------|-------------------------------|-----------------------------|---|---|---------------------|
| | | | | | <p>part of their primary cancer treatment.</p> <ul style="list-style-type: none"> 85.1% of patients in Luton receive their first definitive cancer treatment within 62 days of an urgent GP referral. This is only just above the national target (85%). | | |
| Colorectal | Establish collaborations with public health to research the link between diet and disease and map against lifestyle, diet, deprivation at local level | Cross-sector - M | Prevention | Deprivation as factor | <ul style="list-style-type: none"> Consumption of processed meat and link to lifestyle and deprivation²⁷ | <ul style="list-style-type: none"> BLMK ICS, Academia, Public health IG Workstream – Wider determinants of health | 22/23 [tbc] |
| Breast | Develop targeted community awareness initiatives and engagement for breast cancer screening programmes | Local - S | Screening and early diagnosis | Identification of new cases | <ul style="list-style-type: none"> Second biggest contributor to pre-mature mortality (with colorectal) Most common in females Increased rate in higher socioeconomic groups | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |

²⁷ <https://www.who.int/news/item/29-10-2015-links-between-processed-meat-and-colorectal-cancer>

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------------------------|---|--------------------------------------|-------------------------------|-------------------------------|--|--|---------------------|
| Breast/ All cancers | Develop training programmes and participate in initiatives for data collection ²⁸ and training staff to identify symptoms for recurring cancers/new cancer after treatment, including full understanding of NICE referral guideline and using the expertise of metastatic breast nurse/s | National - M Cross-sector - M | Entire pathway | Primary and secondary cancers | <ul style="list-style-type: none"> Late stage diagnosis and secondary symptoms | <ul style="list-style-type: none"> BLMK ICS, NHS England; professional bodies IG Workstream Diagnosis, treatment and access to healthcare Workstream – Workforce, resources and training | 22/23 [tbc] |
| Oesophageal | Develop targeted community awareness initiatives and services for oesophageal cancer symptoms recognition/screening programmes for male population of certain age | Local - M | Screening and early diagnosis | Mortality/Prevention | <ul style="list-style-type: none"> More common over the age of 85 years and in males | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |
| Oesophageal | In collaboration with local and national systems develop awareness campaign for risk factors in targeted population and age | Cross-sector - S | Screening and early diagnosis | Prevention | <ul style="list-style-type: none"> Risk factors include being older, overweight, smoking and drinking alcohol and gastro-oesophageal reflux disease | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council, Public health IG Workstream – Wider determinants of health | 22/23 [tbc] |

²⁸ Such as NHS secondary breast cancer audit in England <https://breastcancer.org/about-us/news-personal-stories/secondary-counts—our-secondary-breast-cancer-campaign-win>;

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------------|--|-----------------------|-------------------------------|--|---|---|---------------------|
| Prostate | Develop targeted community awareness initiatives and engagement, more routine tests for males of certain age and more intense programmes for black males in higher risk (age + ethnicity) | Regional - M | Screening and early diagnosis | Prevention | <ul style="list-style-type: none"> Males aged 75 to 79 More common in black males, then white males and least common in south Asian males | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |
| Pancreatic | Co-design plans and programmes with local authorities, other local and national systems to improve access to diabetes programmes; sports facilities; reduce income inequalities linking to diet and quality food consumption; including increased physical activity, better fruit and vegetable intake and reduction of smoking and alcohol. | Cross-sector - L | Prevention | Lifestyle and other factors/ deprivation | <ul style="list-style-type: none"> For premature mortality for pancreatic cancer in men in Luton, GBD suggests that an increase in high fasting glucose (e.g. diabetes, diet, exercise/low level of activity) has contributed to the increase in premature mortality. In 2010 the contribution of high fasting glucose to premature mortality due to pancreatic cancer was 11% and this increased to 14% in 2019. | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council, Education, sports and housing institutions; Public health, NHS England IG Workstream – Wider determinants of health | 22/23 [tbc] |
| All six | Commission research to understand the number of cancer deaths that could be avoided and years of life saved, if Luton was levelled up to the same socio-economic position as the rest of the EoE. | Local - M | Prevention | Mortality and deprivation | <ul style="list-style-type: none"> Socio-economic deprivation | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council, NHS England IG Workstream – Wider determinants of health | 22/23 [tbc] |

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|---------|--|-----------------------|---------------|--|--|---|---------------------|
| All six | Co-design plans and programmes with local authorities, other local and national systems to improve access to prevention programmes; sports facilities; reduce income inequalities linking to diet and quality food consumption | | Prevention | Lifestyle and other factors/ deprivation | <ul style="list-style-type: none"> • Diet is lacking in the recommended 5-a-day; only 42.5% of the population achieve this, the lowest in the EoE. • Only 56.6 % are physically active (the lowest in the EoE) and 32.6% are physically inactive (the highest in the EoE). [At age 15 only 10.2% (the lowest in the EoE) are physically active for at least one hour each day of the week.] • Smoking is interesting because it is one of the lowest at 5.3% in the EoE at age 15 and is Red-Amber-Green (RAG) rated green, but is one of the highest, at 16.8% in adults, RAG rated red. | <ul style="list-style-type: none"> • BLMK ICS, Luton Borough Council, Education, sports and housing institutions; Public health, NHS England • IG Workstream – Wider determinants of health | 22/23 [tbc] |

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|---------|---|-----------------------|-------------------------------|-----------------------|--|---|---------------------|
| | | | | | <ul style="list-style-type: none"> For adults the rate of hospital admissions for alcohol-related conditions (narrow definition) is the highest in the EoE and is RAG rated red. Luton has higher under 75 mortality rates for cancer and for ‘cancer considered preventable’, both RAG rated red. | | |
| All six | Undertake research to identify avenues for expediting screening such as: <ul style="list-style-type: none"> remote screening facilities²⁹ such as cancer screening vans/trucks in sites such as supermarket car parks mobile fibro scan and tb scanning; | Regional - M | Screening and early diagnosis | Prevention | Finding: <ul style="list-style-type: none"> Need to increase the uptake of cancer screening update for all cancers Luton has lower than average cancer screening rates – RAG rated red for breast, cervical (both age groups) and bowel cancer. | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |

²⁹ <https://www.gov.uk/government/publications/breast-screening-remote-radiographic-supervision/breast-screening-implementing-the-practice-of-assistant-practitioners>; [working-on-mobile-facilities-with-remote-radiographic-supervision](https://www.nhs.uk/news/2019/02/remote-radiographic-supervision); <https://www.nhshealthcall.co.uk/product/respiratory-remote-screening-application/>; <https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.33274>; <https://www.theguardian.com/society/2019/feb/08/nhs-to-screen-for-lung-cancer-in-trucks-in-supermarket-car-parks>.

| Area | Recommendation | Significance and term | Pathway stage | Objective/s addressed | Likely risk factors; effect; finding | Lead system | Financial Year (FY) |
|------|--|-----------------------|---------------|-----------------------|--|-------------|---------------------|
| | <ul style="list-style-type: none"> - home testing i.e. for elderly or disabled patients unable to leave their homes easily, or any other remote solutions. - Sharing screening data with general practices to help them understand how their uptake compares to other practices. - Provide support with facilitators or local health champions to help practices think through how to improve screening rates; - Develop practice resources and supports, such as posters, texts, messages and audit tools, to help practices increase uptake. | | | | <ul style="list-style-type: none"> • Luton GP practices with lower proportions of non-white British registered patients have higher screening coverage of bowel cancer. • Furthermore, practices with high proportions of non-white British patients with low screening uptake are also likely to be in GP practices with lower IMD scores, for example practices 15, 16, 17 and 24. The corresponding IMD scores are 4, 3, 3 and 3 respectively; <p><i>Effect</i></p> <ul style="list-style-type: none"> • Population may feel more comfortable attending a screening session more locally; • Addresses anxiety around Covid-19, as well as other factors such as lack of | | |

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| | | | | | <p>confidence, lack of trust, fear of results, fear of judgement</p> <ul style="list-style-type: none"> High level of deprivation – more affordable or accessible in terms of travel for Luton patients. | | |
| All six | <p>In collaboration with public health and local councils identify and target population with highest income deprivation and/or genetic disposition for specific cancers (colorectal³⁰, prostate, breast) and prioritise interventions for quicker screening and/or genetic testing disposition also late stages diagnosis</p> | Cross-sector - M | Early diagnosis and treatment | Deprivation/ Genetic disposition as factors | <ul style="list-style-type: none"> Deprivation, disease prevalence, quality of care are all contributing factors Highest income deprivation in older people (age 60 and above) having effects on cancer health outcomes Genetic disposition - NICE guidance: all diagnosed with colorectal cancer should be tested for Lynch syndrome (common genetic underlying cause); BRCA will be tested in | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council, Public health IG Workstream - Screening and early diagnosis IG Workstream – Wider determinants of health | 22/23 [tbc] |

³⁰ Recent report 'Trends, characteristics and outcomes for patients diagnosed under 50 years old with metastatic colon cancer in England, June 21' (https://www.nboca.org.uk/content/uploads/2021/06/Under-50s_FinalPDF.pdf) refers to available guidance and recommends; *Lynch status and an adequate family history should be obtained for anyone diagnosed with CRC. Information should then be provided about the need for appropriate screening of first-degree relatives according to British Society of Gastroenterology guidelines, and counselling regarding bowel cancer symptoms.*

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| | | | | | <p>prostate cancers occurring in younger men and increasingly in those who progress as this will direct options for further drug treatment; guidelines for breast cancer.</p> | | |
| All six | <p>Work in collaboration with regional and national systems and leaders develop strategic plans and programmes to improve wider determinants of health (housing, education, work conditions, sports, green spaces)</p> | Cross-sector - L | Late diagnosis and emergency presentations | Deprivation as factor | <ul style="list-style-type: none"> Luton is eight most deprived compared to 10 similar LA in England Highest rate of income deprivation affecting older people in the East of England Most deprived wards in Luton are, Farley, South and Northwell The majority of Luton's residents live in the top 20-50% deprived areas nationally | <ul style="list-style-type: none"> BLMK ICS, Luton Borough Council, Education, sports and housing institutions; Public health, NHS England IG Workstream – Wider determinants of health | 22/23 [tbc] |
| All six | <p>Collaborate with Prevention Regional Delivery Group/Prevention Board to explore areas for collaboration and</p> | Regional - S | Screening and early diagnosis | Mortality | <ul style="list-style-type: none"> Engagement and screening uptake in Luton. | <ul style="list-style-type: none"> BLMK ICS | 22/23 [tbc] |

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| | potential grants community-engagement to increase cancer screening in Luton | | | | | | |
| All six | Identify similar socioeconomic regions ³¹ and initiate discussions and join initiatives to understand and jointly develop different approaches for improving cancer outcomes | Regional - M | Late diagnosis and emergency presentations | Deprivation | <ul style="list-style-type: none"> • Areas with similar socioeconomic profiles have been identified • Least deprived areas in Luton and East of England have been identified | <ul style="list-style-type: none"> • BLMK ICS • IG Workstream – Wider determinants of health | 22/23 [tbc] |
| All six | Review referral practices in Luton and improve referral processes by providing training and other support tools (e.g. introduction and expansion of decision support tools) to aid referral and diagnosis in primary care and improve consistency of referral practices ³² | Local - S | Referrals and early diagnosis | Training/ deprivation | <ul style="list-style-type: none"> • 19 practices are within the most deprived IMD deciles of 1-5 • 10 out of 26 practices have over half of their patients who are from a black, south Asian or an ethnic minority background • Number of new cases of cancer diagnosed in Luton (364 per | <ul style="list-style-type: none"> • BLMK ICS • IG Workstream – Workforce and training • IG Workstream – Wider determinants of health | 22/23 [tbc] |

³¹ Such as Manchester;

³² Such reviews are required under the PCN Cancer DES for the current year;

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| | | | | | 100,000) is lower than the England rate, 529 per 100,000 | | |
| All six | In collaboration with GP practices in region and outside region, identify referral gaps and options for improvement and streamlining the referral processes (keep and duplicate one stop clinical if considered effective) | Local - M | Referrals | Referral gaps | <ul style="list-style-type: none"> The proportion of Luton patients who are in total for all referrals is 48% which is less than half of total number of patients Referrals have increased during the 5-year period, more patients are being diagnosed through a two-week wait referral, demonstrating no delay or late stage cancer in the initial presentation to GP's (data for L&D hospital only) The majority of referrals are two-week waits (data for L&D hospital only). 65 day wait – affects men however the introduction of the one stop clinic led to a | <ul style="list-style-type: none"> BLMK ICS IG Workstream – Workforce, resources and training IG Workstream – Wider determinants of health | 22/23 [tbc] |

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| | | | | | reduction of 62 day and 104 breaches | | |
| All six | Develop and implement initiatives (such as meet your GP/doctor sessions; online and other local events with cancer specialist in hospitals to discuss cancer) to increase the reputation of medical profession and build trust with local communities | Regional - M | Entire pathway | Build trust | <ul style="list-style-type: none"> Feedback from medical practitioners about mistrust in the wider system and medical profession due to cultural, family or other reasons | <ul style="list-style-type: none"> BLMK ICS | 22/23 [tbc] |
| All six | Ensure availability of necessary tools and equipment (such as blood tests on site) for relevant cancers [tbc] | Regional - S | Entire pathway | Resources and equipment | <ul style="list-style-type: none"> Ordering of tests and tests availability (for lung, for example, sequential ordering of tests) | <ul style="list-style-type: none"> BLMK ICS IG Workstream – Workforce, resources and training | 22/23 [tbc] |
| All six | Develop targeted community awareness initiatives and engagement for cancer screening programmes and more routine tests for deprived areas including local publicity campaigns to promote the uptake of cancer screening and early signs of cancer. This should be | Local - M | Late stage diagnosis Screening and early diagnosis | Stage 3 & 4 diagnosis/ deprivation | <ul style="list-style-type: none"> Initial diagnosis and upgraded diagnosis? Proportion of late diagnosis (stage 4) in IMD 2 is greater than other areas in Luton which are less deprived. (majority of Luton residents live in IMD levels between 2- 5). | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |

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| | developed with a diverse group of patients and the members of the public; | | | | <ul style="list-style-type: none"> For all late diagnosis, stage 3 cancers are more common than stage 4. By ethnicity, lung and breast cancer in white British patients are most common in stage 4. Upper and lower GI have high cases of late stage diagnosis, stage 3 in the same ethnic group (white British) compared with other ethnicities. Late diagnosis (stage 4) include people who are from 'any other white backgrounds' and people of Indian ethnicity. For stage 3 diagnosis except for white British, ethnicities that had higher numbers were white Irish (44), Pakistani (42) and white other (41) (important | <ul style="list-style-type: none"> IG Workstream – Wider determinants of health | |

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| | | | | | given the under representation of other ethnicities in Luton). | | |
| All six | Undertake a detailed analysis to explore the length of time between first presentation and referral in primary care for cancer to understand if delayed diagnosis and emergency presentation is caused by delayed presentation to primary care or multiple primary care interactions | Local - M | Screening and early diagnosis; emergency diagnosis | Presentations and referrals | <ul style="list-style-type: none"> Delayed diagnosis and emergency presentation | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |
| PROMS | Explore potential collaborations and benefits of using Patient Reported Outcome Measures (PROMs) and self-reported measures (e.g physical symptoms, treatment effects, psychosocial problems, health related quality of life (HRQoL). | Regional -M | Entire pathway | Patient involvement in treatment | <ul style="list-style-type: none"> A recent systematic review assessed the evidence of the effectiveness of the routine use of PROMs in daily cancer care in terms of patient outcomes, patient experiences and process indicators | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |
| All six | Redesign services to improve access to treatments (such as radiotherapy, enhanced chemotherapy, acute | Local - L | Treatment | Access to healthcare | <ul style="list-style-type: none"> More than 85% of the time within 62 days. Not all | <ul style="list-style-type: none"> BLMK ICS and NHS England | 22/23 [tbc] |

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| | <p>oncology; interoperative radiotherapy for some cancers) closer to home without the need to travel longer distances.</p> <p>This can be done either through existing regional programmes (such as MVCC and MK RT) or through other future initiatives;</p> | | | | <p>treatment for Luton patients is at the hospital within Luton</p> <ul style="list-style-type: none"> Some patients may have to travel to other parts of the East of England. For some cancers three different locations for CT, RT, surgery Diagnosis in one place and treatment in another place | <ul style="list-style-type: none"> IG Workstream – Diagnosis, treatment and access to healthcare | |
| COVID-19 & CANCER | Develop a comprehensive and evidence-based recovery plan for medium and long term | Local - S | Entire pathway | Recovery and restoration | <ul style="list-style-type: none"> Significant reduction in 2ww referrals as a result of reduced primary care access and public fear of accessing healthcare for non-COVID-19 related illnesses. Reduction in some diagnostic services and surgical capacity | | 22/23 [tbc] |
| COVID-19 & CANCER | Reduce service backlog by adopting ongoing data collection and monitoring | Local - S | Entire pathway | Recovery and restoration | <ul style="list-style-type: none"> Huge negative impact that the cancer backlog is expecting to have on diagnosis and treatments | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis | 22/23 [tbc] |

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| | | | | | | <ul style="list-style-type: none"> IG Workstream – Diagnosis, treatment and access to healthcare | |
| COVID-19 & CANCER | Adapt pathways to ensure that exposure to Covid-19 is minimised | Local - S | Entire pathway | Recovery and restoration | <ul style="list-style-type: none"> An element of patient confidence issues around accessing healthcare and/or possibly a number of people have died as their symptoms of cancer may have been thought to be covid. Biggest shift in treatments was in radiotherapy with a drop that has not recovered | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |
| COVID-19 & CANCER | Link with mental health service and adopt adequate mental health support for patients and staff and plan long term | Local - S | Entire pathway | Recovery and restoration | <ul style="list-style-type: none"> An element of patient confidence issues around accessing healthcare Huge negative impact that the cancer backlog is expecting to have on diagnosis and treatments | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment | 22/23 [tbc] |

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| | | | | | | and access to healthcare | |
| All six | <p>Organise engagement initiatives and events with communities and patients to understand hidden factors (such as cultural) and potential inequalities³³ such as:</p> <ul style="list-style-type: none"> - Barriers for participating in screening programmes; in seeking advice on symptoms from primary care; in submitting to diagnostic tests and/or treatments in secondary care; - need to travel and travel costs <p>Transport to Mount Vernon for treatment, patient or patient carer's ability to drive to other treatment sites, affordability for parking; choosing one</p> | Local - S | Entire pathway | Deprivation/inequalities | | <ul style="list-style-type: none"> • BLMK ICS | 22/23 [tbc] |

³³ Transforming Cancer Services Team's Cancer Inequalities Toolkit (work from 2019) with data/patient engagement/and proposed solutions: - <https://www.healthy london.org/resource/cancer-inequalities-toolkit/>; <https://www.macmillan.org.uk/about-us/what-we-do/evidence/research-publications/rich-pictures.html> ;

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| | <p>treatment option over the other due to need to travel;</p> <ul style="list-style-type: none"> - Cultural perspectives and knowledge of cancer within key ethnic groups in Luton (South Asian communities, black African and Caribbean and other white British groups) to enable a richer understanding screening/treatment perception - How to improve patient experience in order to improve patient outcomes | | | | | | |
| All Six | Form collaborations with innovators; better links with other teams/initiatives either within the NHS or external, i.e. academic research networks and other bodies, in order to develop and explore ideas for new technology or methods which could be implemented | Regional - M | Entire pathway | Mortality | <ul style="list-style-type: none"> • High number of patients presenting late and needing radiotherapy/palliative care | <ul style="list-style-type: none"> • BLMK ICS and NHS England • IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |

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| All Six | Work with charity sector such as Macmillan Cancer Support to implement cancer champions locally (in Luton) and establish links between deprivation and engagement; to address myth busting in order to make patients feel empowered with a better knowledge around all six cancers and less fear and uncertainty of screenings/symptoms etc. | Local - M | Entire pathway | Deprivation as a factor | <ul style="list-style-type: none"> High level of deprivation; lower screening uptake and high number of patients presenting late and needing radiotherapy/palliative care | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare IG Workstream – Wider determinants of health | 22/23 [tbc] |
| All Six | To do further research in to the effects of cancer on mental health; the costs of this to patients and identify resources to combat this and improve outcomes. | Cross Sector – M/L | Entire Pathway | Recovery and restoration | <ul style="list-style-type: none"> One of the top five most common long-term conditions for people with cancer is Mental health problems – 21% 4. Difficult emotions to deal with for cancer patients and loved ones The stress of cancer can affect patients physically even further | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |

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| All Six | Develop a link or relationship with Macmillan Cancer Support, to help offer confidential support to people living with cancer and their loved ones and combat the emotional effects of coping with cancer. | Cross Sector – M/L | Entire Pathway | Recovery and restoration | <ul style="list-style-type: none"> One of the top five most common long-term conditions for people with cancer is Mental health problems – 21% 4. Difficult emotions to deal with for cancer patients and loved ones The stress of cancer can affect patients physically even further | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare | 22/23 [tbc] |
| All six | <p>Adopt a population health management approach enabling systematic and intentional data capture of ethnicity and other protected characteristics across Luton PCN's in order to monitor potential health inequalities in general practice.</p> <ul style="list-style-type: none"> For example, further investigating the 1-year survival rates in late stage diagnosis | Local - M | Entire Pathway | | <ul style="list-style-type: none"> Recognition of how parts of the clinical pathway may be impacted should be explored to enable better access to screening and better response to targets such as the 2 week wait and 62 day wait. Understanding where patients live and reasons why patients may have not attended appointments outside of the | <ul style="list-style-type: none"> BLMK ICS IG Workstream - Screening and early diagnosis IG Workstream – Diagnosis, treatment and access to healthcare IG Workstream – Wider determinants of health | 22/23 [tbc] |

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| | amongst Luton's population and potential links to ethnicity to understand any past or existing under/overrepresentation in cancer treatments and why | | | | L&D Hospital may offer insights into where health inequalities may exist in regard to access to 'optimal' treatment for conditions. | | |