
Leicester City Mouth Cancer Action Plan

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16th April 2024

Lead director: Rob Howard

Useful information

- Ward(s) affected: All.
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- Report version number: 1

1. Summary

This paper summarises an action plan to address the high incidence and mortality associated with mouth cancer in Leicester.

2. Recommended actions/decision

Public Health and Health Integration Scrutiny Commission are invited to note the action plan and support where appropriate.

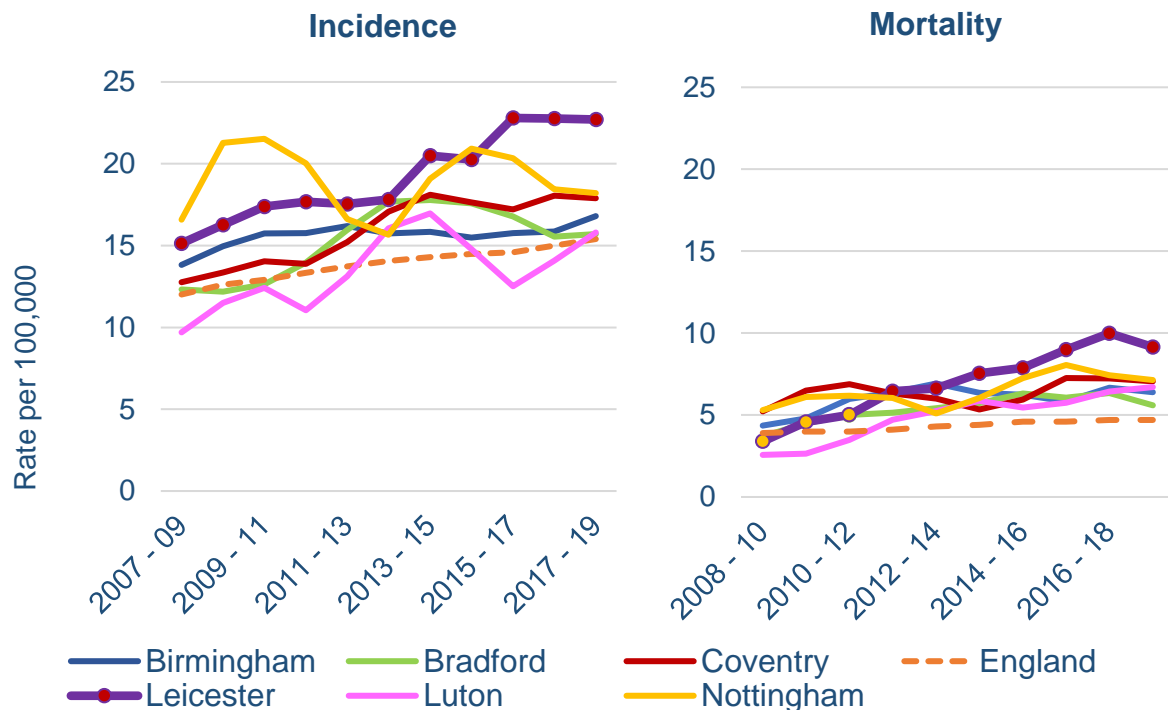
3. Scrutiny / stakeholder engagement

- 3.1. The action plan was initially developed following a SPARKS meeting at Leicester City Council during which colleagues in breakout groups addressed the following questions: "What opportunities are there for preventing people from getting oral cancer?"; "What opportunities are there to help people get diagnosed early?"; "What do we need to learn?"; "Who else should we involve?"; "We plan to develop an action plan. What should our priorities be?". The answers to these questions were used to create the initial draft of the action plan.
- 3.2. This work has involved liaising with the East Midlands Cancer Alliance Cancer Research UK Primary Care Lead and LLR Integrated Care Board Cancer Lead to promote training of multiple health practitioner groups to aid early detection.
- 3.3. This report has been presented to colleagues at the LLR Oral Health Promotional Board who emphasised the awareness raising actions, including those relating to smokeless tobacco, as being particularly important.
- 3.4. Internal and external colleagues have agreed to contribute to the implementation of the action plan. This includes public health division colleagues (analysts; colleagues from tobacco control, LiveWell, alcohol harm reduction, screening and immunisation); and external colleagues from the LLR Integrated Care Board and LLR Oral Health Promotion Partnership Board.
- 3.5. This was presented to our Lead Member on 18th Dec 2023 and again on 17th January following comments and amendments.

4. Background with supporting evidence

Leicester City has the highest rate of oral cancer and the highest level of oral cancer mortality among Local Authority Areas in England. The mortality rate from oral cancer in

Leicester has been rising between 2008 and 2019 and has been increasing more rapidly than other similar parts of the country¹.



The mortality risk, and other health risks, associated with mouth cancer tend to be much lower when it is detected early². There may be many, however, who are unaware of the symptoms to look out for that could indicate mouth cancer³. Helping to increase awareness of signs and symptoms, especially to those who are at greatest risk, may help to increase chances of cancers being detected early, and therefore increase chances of survival and successful treatment outcomes^{2,3}.

Smoking, using smokeless tobacco, or drinking alcohol to excess all significantly increase the risk of developing oral cancer³. There are multiple health benefits associated with reducing alcohol and tobacco intake. Therefore, promoting these changes in behaviour may not only reduce the risk of developing mouth cancer, but also improve other health outcomes linked to these behaviours such as blood pressure, heart health, and risks from other cancers.

There is a higher risk of mouth cancer among those who have human papilloma virus (HPV)⁴, and we may be able to reduce risk from future cases of oral cancer by enhancing the reach and uptake of the HPV vaccination programme in Leicester City. This, like any interventions that reduce alcohol or tobacco use, would also have wider health benefits by reducing the risk of cervical cancer.

Dentists are trained to recognize the early signs of cancers in the mouth. Leicester, however, has low levels of population oral health access compared to England, and few NHS dentists in Leicester were accepting new adult patients at the time of writing¹. It will therefore be important to communicate recommendations for ways that Leicester residents can investigate opportunities for accessing an NHS dentist in their area, and that doctors can also diagnose and investigate cancer symptom.

The Strategic Priorities described in the following Detailed Report section outline how we propose to address the situation concerning mouth cancer in Leicester City.

References

1. **Leicester City Council.** Oral Health Needs Assessment 2022 [Online] [Cited: 01 September 2023.] <https://www.leicester.gov.uk/media/1ucbbapq/oral-health-needs-assessment-2022.pdf>
2. **Brocklehurst PR, Speight PM.** Screening for mouth cancer: the pros and cons of a national programme. *British dental journal.* 2018 Nov 9;225(9):815-9.
3. **West R, Alkhatib MN, McNeill A, Bedi R.** Awareness of mouth cancer in Great Britain. *British dental journal.* 2006 Feb;200(3):167-9.
4. **Parkin DM, Bray F.** The burden of HPV-related cancers. *Vaccine.* 2006 Aug 21;24:S11-25.

5. Detailed report

Targeting actions to areas of highest health need

To have the greatest impact, the action plan will use a targeted approach. The actions of Strategic Priority 1 will aim to raise awareness of mouth cancer signs and symptoms. These will therefore be targeted to the areas for which evidence suggests mouth cancer rates to be high: Beaumont Park, Rushey Mead South, Belgrave, Abbey Park and Spinney Hill Road.

Strategic priority 2 actions will aim to prevent future mouth cancer in those at greater risk due to alcohol, tobacco or HPV. They will therefore focus on areas with the highest level of need for the relevant behaviour. Actions 2.1, 2.2 and 2.3 which address smoking and alcohol consumption will be targeted to the West and South of the city where smoking prevalence and alcohol admissions are highest. Action 2.4, 2.5, and 2.6. focus on smokeless tobacco use and will be delivered in Belgrave where high rates use of smokeless tobacco products has been reported. Actions 2.7 and 2.8. which aim to improve HPV vaccination uptake will be targeted to areas of lower uptake which provisional data suggest to primarily be in locations to the east such as Spinney Hills, and at areas in New Parks (Western) and Beaumont Leys.

Strategic Priority 3 actions will aim to improve access to medical and dental advice and the areas of highest priority will be where dental access is low: The city centre, Newfoundland, West End, Rowley Fields, Clarendon Park and Abbey Park.

Stakeholders and partners

A range of stakeholders will be involved in delivering these actions, including:

- The following Leicester City Council Public Health Division teams and specialists

- Public Health Analysts, who have assessed incidence and prevalence of mouth cancer and its risk factors and can help us continue to monitor this.
- The communications team, who will assist in delivering our key messages.
- The Oral Health Promotion Service Team, who promote Mouth Cancer Action Month.
- Screening and immunisation specialists, who are working with Leicester schools to improve engagement and knowledge on the HPV vaccination.
- Colleagues implementing the Leicester Alcohol Harm Reduction Strategy and Leicester Tobacco Strategy.
- The Leicester Livewell team provide support with cutting down tobacco and alcohol use.
- Community partners including Turning Point and the Community Wellbeing Champions will help us to improve the reach of our communications.
- The Leicester, Leicestershire and Rutland (LLR) Oral Health Promotion Partnership Board members, to whom we are accountable, will provide technical and system expertise and guidance.
- NHS England Midlands Oral Public Health Consultants and University Hospitals Leicester Maxillofacial Surgeons, from whom we will seek clinical expertise.
- The LLR Integrated Care Board, to whom we will escalate the significant issue of low levels of access to dentists.

Proposed actions are below.

Strategic Priority 1: Improve awareness of signs and symptoms of mouth cancer

Raise awareness of signs and symptoms

- 1.1 Implement a communication campaign to raise awareness of mouth cancer symptoms, targeted to communities with high mouth cancer rates and support related Mouth Cancer Action Month messaging.
- 1.2 Use community assets for delivery of campaign messages (e.g., religious buildings, community centres, warm hubs, commercial outlets, food shops, gyms, pubs, public toilets, pubs and bars).
- 1.3 Explore how we can raise awareness of signs and symptoms and how to access appropriate support amongst refugees and asylum seekers.

Promote self-checks

- 1.4 Disseminate information about how to do self-checks to the public via a communications campaign.
- 1.5 Develop information on how to conduct self-checks in more representative and inclusive formats (e.g., different languages).

Support health professionals to make mouth cancer diagnoses

- 1.6 Collaborate with Integrated Care Board colleagues to promote training for pharmacists, GPs, and physician associates and nurse practitioners working in primary care to identify signs of potential mouth cancer.
- 1.7 Explore creating a system for GPs that causes an alert to pop up for patients who are at higher risk of mouth cancer, based on information on their record (e.g., demographic information, smoking or alcohol history).

- 1.8 Include training on mouth cancer risks, self-checks, and signposting to further clinical advice at Multi Agency Training and Oral Health Champions training sessions.
- 1.9 Work with the Local Medical Committee (LMC) to create resources to help practitioners to recognise mouth cancers with ethnicities other than White.

Strategic Priority 2: Reduce prevalence of risk factors for mouth cancer

Reduce prevalence of smoking and communicate mouth cancer risks to people who smoke and ex-smokers

- 2.1 Work with Livewell tobacco control services to raise awareness amongst smokers and people who used to smoke of mouth cancer symptoms and the increased risk of mouth cancer associated with smoking.
- 2.2 With smoking cessation services, raise mouth cancer risk awareness during campaigns such as Stoptober.

Reduce prevalence of harmful levels of alcohol consumption

- 2.3 Support the Leicester Alcohol Harm Reduction Strategy to communicate symptoms of mouth cancer to those who drink alcohol to excess or have done in the past.

Raise awareness of the link between smokeless tobacco and mouth cancer

- 2.4 Conduct an information gathering exercise with those who use smokeless tobacco to learn how best to raise awareness of associated mouth cancer risks.
- 2.5 Work with the tobacco control services to improve the capability, confidence and knowledge of our frontline workforce (e.g., Housing Services, Nurses for Children in Care, School Nurses and Corporate Parenting), and dental practice staff, to promote reduction and cessation of smoking and smokeless tobacco use.
- 2.6 Work with city wardens to discourage spitting of smokeless tobacco products whilst also communicating the health risks associated with use of these products.

Improve uptake of human papilloma virus (HPV) vaccination

- 2.7 Work with Leicestershire Partnership NHS Trust school vaccination teams to implement a communication campaign to improve uptake of the HPV vaccination.
- 2.8 Explore opportunities for collaborative HPV vaccination promotion with cervical screening teams.

Strategic Priority 3: Improve access to medical and dental advice for those with mouth cancer symptoms

Encourage attendance of regular dental check-ups

- 3.1 Implement a communications campaign that encourages those who are registered with a dentist to ensure that they attend regular check-up appointments.
- 3.2 Communicate the steps required to register with a dentist.
- 3.3 Communicate recommendations for steps to take to access an NHS dentist, as part of a communications campaign raising awareness of mouth cancer symptoms. This will also promote the low-income scheme, which enables free dental care.

Increase awareness that doctors, as well as dentists, can diagnose mouth cancer

- 3.4 Ensure that communications disseminated to raise awareness of mouth cancer signs and symptoms clearly state that doctors, as well as dentists, can assess

patients who are affected by these. This may be particularly helpful for people who are unable to access a dentist.

Create options for dental access for those who are unable to register with a dentist

- 3.5 Explore with NHS England whether pop-up dental clinics could be funded for those who have been unable to access a dentist. These could be implemented in areas with highest level of health need e.g., food banks, hotels where asylum seekers are being housed temporarily.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

Funding of £10,000 for social marketing campaign for prevention and early diagnosis of oral cancer from the NHS England S256 fund has been allocated for this work.

Rohit Rughani, Principal Accountant, Ext. 37 4003

6.2 Legal implications

Any joint working arrangements between the Council, Leicestershire Partnership NHS Trust and any other third parties will require an overarching joint working agreements which facilitate the parties working together. Such arrangements should also contain the necessary data sharing agreements to ensure compliance with Data Protection Legislation. If such agreements are not already in place, then advice should be sought from Legal Services.

The report does not specify whether the Council will be receiving or awarding any grant funding under the project. If this is the case, then it will be necessary to consult Legal Services to ensure that the necessary subsidy control assessment has been carried out and that the Council can comply with any terms and conditions that are attached to the funding and that it puts into place appropriate funding terms and conditions if it is awarding funding to a third party.

If any contracts are being entered into under the project, then advice should be sought from Procurement and Legal Services to ensure compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 and so that appropriate terms and conditions can be drafted.

Tracey Wakelam
Principal Lawyer
Commercial, Property and Planning

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their activities, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report provides a summary on the proposed action plan to address the high incidence and mortality associated with mouth cancer in Leicester. There are no direct equalities implications arising from the report as it is for information. The high oral cancer mortality rate may indicate that patients could be presenting and/or being diagnosed late, as earlier diagnosis with cancer reduces the risk of mortality. Continued efforts in raising awareness of risk factors along with the actions under the strategic objectives should lead to positive impacts for people from across all protected characteristics. Understanding the structure of the local population will assist in planning as health needs differ between age, cultural and socio-economic groups. Inequalities reflect broader health differences across the population, both in terms of pattern and cause.

Equalities Officer, Surinder Singh, Ext 37 4148

6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Not applicable.

7. Background information and other papers:

Nil

8. Summary of appendices:

The following have been added as attachments:

- Full mouth cancer action plan document
- Powerpoint presentation summarising key points of this report

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

10. Is this a “key decision”? If so, why?

No