

MIDDLESBROUGH COUNCIL

AGENDA ITEM 4

HEALTH SCRUTINY PANEL

24 NOVEMBER 2015

HEALTH INEQUALITIES

- **Cancer Screening and Reducing Cancer Related Deaths**

PURPOSE OF THE REPORT

1. To present the committee with an outline of the meeting and introduce a number of professionals who are in attendance to provide evidence.

BACKGROUND

2. Members will recall that the panel are focusing their attention on 2 areas:
 - a. Improving Levels of Breastfeeding; and
 - b. Cancer Screening and Reducing Cancer Related Deaths
3. As agreed at the last meeting, key decision makers have been invited to the panel to discuss improving levels of breastfeeding in further detail. This will take place at the panel's meeting on 15 December.
4. At this meeting, Members will receive an overview of the key issues related to the topic of cancer screening and reducing cancer related deaths, which will cover the following areas
 - a. An overview of the current picture in Middlesbrough, causes, trends and patterns.
 - b. Why does early death from cancer in Middlesbrough remain higher than the England average?
 - c. What are the lifestyle factors that contribute to excess mortality from cancer?
 - d. How can levels of screening be improved?
 - e. How can awareness of cancer signs and symptoms be improved?

Additional Information

5. More than one in three people in England will develop cancer at some stage in their lives and one in four will die from it. Prevention, detection and treatment of cancer are key priorities for Middlesbrough. The earlier a cancer can be diagnosed the greater the prospect of survival. Evidence suggests that later

diagnosis of cancer has been a major factor in the poorer survival rates in the UK. Cancer is the leading cause of premature death (people under 75) nationally. Locally, incidence of cancer is higher than national levels and survival from some cancers is among the worst in the country.

Screening

6. Screening involves testing individuals to identify those who have, or are at risk from, disease but do not yet have symptoms. There are three national cancer screening programmes for breast, cervical and bowel cancer. There are significant variations in coverage of programmes across practices and the various health agencies are working with the local public health team and voluntary organisation to address this.
7. Evidence from local bowel screening pilot studies has shown that uptake of the screening test varies significantly between groups. Typically, areas with high deprivation and high proportions of minority ethnic groups have the lowest uptake rates. Uptake is also lower among men than among women.
8. Further background reading, which will be covered in more detail at the meeting and will include up to date information, is attached at Appendix 1. Or it can be found at the following link <http://www.teesjsna.org.uk/middlesbrough-cancer/>

IN ATTENDANCE

9. The following people will be in attendance
 - a. Mark Reilly, Assistant Director, Public Health Intelligence
 - b. Dr Victoria Ononeze, Public Health Specialist, Tees Valley Public Health Shared Service
 - c. Leon Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service

Next Meeting

10. Members of the panel may wish to receive further information on this topic, particularly from the following people/organisations
 - Richard Wight, Medical Director, South Tees Hospitals NHS Foundation Trust
 - Amanda Hume, South Tees Clinical Commissioning Group (CCG)
 - Janet Evans, South Tees CCG
 - Vaishali Nanda – South Tees CCG
 - Becky James – Chair for tackling cancer together Middlesbrough
 - Regional Cancer network
 - Cancer research UK
 - Macmillan

RECOMMENDATIONS

11. That the panel notes the information submitted at the meeting today, discusses any further information required and agrees who they would like to invite to subsequent meetings on this topic.

BACKGROUND PAPERS

- a) Middlesbrough's Joint Strategic Needs Assessment

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