Committee	Date	Classification	Report No.	Agenda Item No.
Overview and Scrutiny	**5th April 2011**	**Unrestricted**		**9.2**

Report of:	Title:
Acting Joint Head of Scrutiny and Equalities **Originating Officer(s):** **Jebin Syeda** Scrutiny Policy Officer	Scrutiny challenge session: Cancer – Development of early diagnosis and preventative service **Ward(s) affected: All**

1. Summary

1.1 This report updates the Overview and Scrutiny Committee on the outcome of the scrutiny challenge session on the development of early diagnosis and preventative services for cancer.

2. Recommendation

2.1 The Overview and Scrutiny Committee is asked to consider the outcomes of the scrutiny challenge session and agree the recommendations proposed in this report.

2.2 The Committee is asked to agree that, in addition to the Executive, the recommendations be given to: The Barts and London NHS Trust; and NHS Tower Hamlets, and that a response should be requested in writing from each NHS body.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)
LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background papers	Name and telephone number of and address where open to inspection
None	**N/A**

3. Introduction

3.1 This report provides a summary of the scrutiny challenge session on the development of early diagnosis and preventative services for cancer in Tower Hamlets, held on 18th January 2011 at Mile End Hospital. The session provided councillors and local health professionals the opportunity to listen to the experiences of local residents using cancer related services, in the context of local service provision, to develop key recommendations to contribute to improving early diagnosis and preventive services for cancer.

3.2 The session was attended by 23 people and was chaired by Councillor Tim Archer and fellow councillors facilitated the smaller workshops. These Councillors were Cllr Anna Lynch, Cllr Gloria Thienel, Cllr Lesley Pavitt and Cllr Rachael Saunders. The session was also attended by health professionals, members of Tower Hamlets Involvement Network (THINk) and local residents who are cancer patients or are/have been involved in the care of someone with cancer.

3.3 The challenge session took place at Mile End Hospital to enable local residents and patients to come along. The session was structured to enable exchange of information about the local approach to addressing cancer issues and an opportunity to hear stories from residents and patients about their experience of using local health services. These were then further explored in group settings involving residents, health professionals and councillors to identify ways of improving services.

4. Purpose

4.1 Health scrutiny challenge sessions are designed as a quick way for Councillors to look at a key policy area in one meeting to ensure a robust check on NHS and Council policies in relation to health. They are also usually held outside of the town hall to encourage openness and enable community involvement. Local scrutiny will increasingly have a stronger role to play as the Public Health White Paper, 'Healthy Lives, Healthy People' [1] recognises that local government is best placed to influence many of the wider factors affecting peoples health and wellbeing, thereby promoting a central role for local authority in public health. More importantly, because decision making and commissioning will be managed at sector level, it will be important to strengthen local accountability to ensure local needs and local solutions are identified and implemented.

4.2 **The purpose of this scrutiny challenge session was to:**

Develop Members and residents understanding of cancer issues in Tower Hamlets and the development of early diagnosis and preventative services.

4.3 The key objectives of the challenge session were to:

- Support the improvement of life expectancy in the borough by contributing towards increasing cancer survival through improving early detection of cancer and addressing the low uptake of screening services;

- Improve resident awareness of cancer and the important role that councillors and residents have to play in their communities to encourage prompt diagnosis and treatment;

[1] http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm

- Assist in tackling a challenging priority for the health and wellbeing of residents through the involvement of members of the community.

5 Cancer Strategy

5.1 Both the national and local cancer strategies have in place objectives for reducing the incidence of cancer by focusing on prevention in addition to managing cancer treatment and care.

5.2 Improving Outcomes: A Strategy for Cancer

5.3 The national strategy for tackling cancer sets out the need to achieve earlier diagnosis of cancer, it states that cancer diagnosis at a later stage is generally agreed to be the single most important reason for lower survival rates in England. Treatment is most effective and survival is better when cancer is detected and treated earlier. The national strategy Improving Outcomes: A strategy for Cancer[2], sets out the following aims in relation to cancer:

- Reduce the incidence of cancers which are preventable, through changes to behaviour and the environment such as stopping smoking, being more physically active, eating a healthier diet, moderate consumption of alcohol and reducing exposure to carcinogens;

- Improve access to screening for all groups and introduce new screening programmes where there is evidence they will save lives and are recommended by the UK National Screening Committee;

- Achieve earlier diagnosis of cancer, to increase the scope for successful treatment;

- Make sure that all patients have access to the best possible treatment;

- Address the challenge that inequalities in cancer mean that some groups in society have disproportionately poor outcomes.

5.4 Reducing cancer mortality in Tower Hamlets – the local cancer strategy

The local cancer strategy is currently in draft form, however in line with the national strategy 'Improving Outcomes: Improving Cancer', the key objectives the local strategy sets out are to:

- Reduce the number of people who develop cancer through prevention programmes that address both health related behaviours and the environment in which people live and work;

- Improve cancer survival by promoting early diagnosis and access to the highest quality treatment and care;

[2]http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf

- Increase the uptake of screening;

- Increase early presentation by raising public awareness of cancer symptoms and the importance of seeking medical advice early;

- Identify and remove delays in referral for specialist diagnosis and treatment;

- Ensure that cancer patients in Tower Hamlets have access to the highest quality treatment and care, including support for cancer survivors to both improve their wellbeing and quality of life and to reduce the risk of recurrence of cancer;

- Ensure that cancer patients whose condition is no longer amendable to treatment receive the best possible end of life care when it is needed.

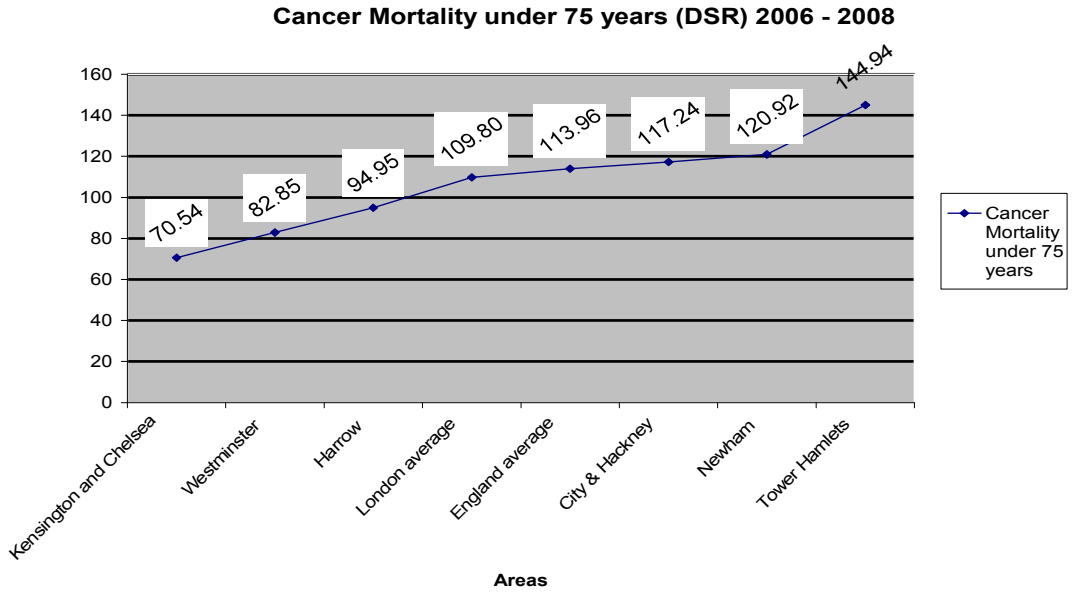
6 Background

6.1 Cancer is a frightening term for people, even more so for people living in multiple deprivation in a borough like Tower Hamlets as it is the largest cause of premature death[3]. The individual loss of life impacts on a wide range of aspects in this borough which has a young population. Cancer not only has a high financial cost to society in terms of treatment but also to families where the loss of an adult often increases the need for support services, particularly in cases where young families are involved. In addition to the devastating human impact, cancer also has a significant financial impact on the NHS and the wider economy. The cost of cancer was 18.33billion in the UK in 2008 and it is estimated that these costs will increase to 24.72 billion by 2020[4].

6.2 Despite the medical advances and the improvements in survival and mortality in recent times, cancer outcomes in England are poor compared with the best outcomes in Europe[5]. A significant gap remains in survival and mortality. Health inequalities continue to persist in Tower Hamlets. The gap in life expectancy between the richest and poorest neighbourhoods in England is 7 years[6]. The North East London sector, and Tower Hamlets in particular has amongst the lowest cancer survival rates in the country[7]. A local comparison (see Table 1) indicates that someone living in Tower Hamlets is twice as likely to die prematurely from cancer than someone living in Kensington and Chelsea. The need for improving prevention and diagnosis is vital because of this pressing health inequality.

[3] Reducing Cancer Mortality in Tower Hamlets: a strategy for improvement 2011 - 2015
[4] Reducing Cancer Mortality in Tower Hamlets: a strategy for improvement 2011 - 2015
[5] Department of Health - Improving Outcomes: A Strategy for Cancer, January 2011
[6] Public Health White Paper, Healthy Lives, Healthy People
[7] Reducing Cancer Mortality in Tower Hamlets: a strategy for improvement 2011 - 2015

Table 1 Cancer mortality - PCTs and London and England average



6.3 The focus on cancer is important because this borough has the highest mortality rate from cancer in London for people of all ages and for people aged under 75[8] and is ranked at 322 of 326 Local Authorities. Accounting for more than 54% of all new cases and 35% of cancer death in England and Wales, the four most common cancers in Tower Hamlets are breast, lung, colorectal (bowel) and prostate cancer. These cancers accounted for more than 47% of cancer deaths in Tower Hamlets in 2006 to 2008. A significantly large proportion of these were deaths from lung cancer (28.5% of all cancer deaths). Because lung cancer has amongst the lowest survival and highest mortality rates of all cancers, a high incidence of lung cancer makes cancer outcomes in Tower Hamlets worse than those for both London and England.[9] The table below (Table 2) further illustrates cancer survival rates for the four most common cancers. Poor survival is likely to be closely linked to late diagnosis of cancer. To improve survival rates, there is therefore a need to focus on earlier diagnosis. Early diagnosis is affected by peoples' understanding of cancer and recognition of its symptoms, late presentation to the GP/primary care and/or access issues to health care services. Whilst all these issues need to be addressed, the national and local cancer strategies have focused not only on early diagnosis but also preventative measures.

Table 2 1 Year and 5 year survival from the commonest cancers in Tower Hamlets*

Lung Cancer	Breast Cancer	Colorectal Cancer	Prostrate Cancer
29% survive 1 year	89% survive 1 year	70% survive 1 year	90% survive 1 year
9% survive 5 years	74% survive 5 years	48% survive 5 years	65% survive 5 years

*This includes data for patients diagnosed between 2005-2007 for 1 year survival and data for patients diagnosed between 2001-2003 for 5 year survival

[8] Deaths before the age of 75 years are defined as premature.
[9] Reducing Cancer Mortality in Tower Hamlets: a strategy for improvement 2011 - 2015

7 Awareness of cancer

7.1 Increasing age and certain genetic factors increase the risk of developing cancer. The main lifestyle risk factors for cancer are smoking and tobacco use, poor diet, lack of physical activity, obesity and alcohol consumption, all of which can be reduced by changes in the wider environment and in people's behaviour. Whilst there has been some good work to address these issues such as targeted smoking cessation and initiatives to increase healthy eating and physical activity and reduce obesity within the Healthy Borough Programme, it is clear that more work needs to be done to create awareness of behavioural risk factors and to support people to make healthy changes

7.2 Findings from a recent survey in North East London using the Cancer Awareness Measure (CAM), a study of 3,500 interviews with people in 7 north east London PCTs about their understanding on cancer, showed low public awareness of cancer symptoms and lifestyle risk factors, and identified barriers to seeking advice. Lack of awareness and/or understanding impacts on early diagnosis and is therefore likely to result in poorer survival. Only 42% of 420 Tower Hamlets residents recalled that a lump or swelling might be cancer compared to 68% nationally, and less than 30% recalled any other signs. People from Black and Ethnic Minority (BME) groups, older people and those in the most deprived areas, had very low recognition of symptoms and those relating to the most common cancers (lung, breast, bowel and bowel) were mentioned by less than 10% of people. When people were asked if they could recognise symptoms from a list, results were better, but Bangladeshi people had amongst the lowest awareness; they recognised only 56% of warning signs compared with 74% recognised by people of white ethnicity.

7.3 Most people said they would seek a GP appointment within 2 weeks of a potentially serious symptom, but there were some delays in older people and in women seeking help. Perceived barriers were being too busy, difficulty making an appointment and for those in more deprived areas, worry about what the doctor might find. Women were more likely to be embarrassed or scared. Although a high proportion of people recognised smoking as a risk factor for cancer, there was less certainty, particularly amongst BME groups about whether behaviour (diet, exercise, obesity and alcohol consumption) were risk factors. Overall, there was sizable underestimation of cancer incidence - 40% of respondents perceived lifetime cancer risk as less than 1 in 20 (it is 1 in 3).

7.4 Whilst Members acknowledge the need to balance universal provision and targeted provision, they felt that given this background, there is a strong business case for undertaking targeted awareness around cancer symptoms and lifestyle risk factors. The discussion on this is further explored under 8.4 – Raising awareness.

8 Summary of key discussion points

The working group were presented with information on cancer issues particular to Tower Hamlets and this was followed up with group discussions. The recommendations put forward are from discussions which took place during the presentations and in the groups and issues raised with the Chair by individuals unable to attend. The Scrutiny Policy Officer also attended the Social Action for Health event exploring cancer and access to health care. The recommendations which emerged from the debate and discussions focused on early diagnosis and

intervention, appointments, GP-patient relationship and communication, raising awareness and information and support for families and the patient.

8.1 Early diagnosis and intervention

In order to improve cancer survival by increasing awareness and early diagnosis, it is important to know the stage at which cancer is detected. Earlier detection allows for earlier assessment and treatment. Tower Hamlets is participating in the National Awareness and Early Diagnosis Initiative. Public Health provided funding and support for Barts and the London NHS Trust to report the stage of cancer at diagnosis, and the characteristics of people diagnosed, to enable analysis of the journey to being diagnosed and where intervention could have taken place. Working group Members welcomed this piece of work and stressed the importance of mapping out the primary care stage of a journey. The local GP is usually the first point of contact for patients and there needs to be robust adherence to the appropriate guidelines for referring patients so that cancer can be diagnosed and treated early. It would be interesting and helpful to identify possible delays in primary care, to see how many times some patients presented before their referral and diagnosis and this may confirm some users' views that their GP does not listen to them. The working group would welcome a report detailing the findings of this piece of work, in particular an audit of the primary care stage looking at what lessons can be learnt from cases of late diagnosis or where diagnosis opportunities at primary care stage were missed. It would also inform discussions on local access issues. This is further explored under 8.3 – GP-Patient relationship and communication.

Recommendation 1: That Barts and the London NHS Trust present to Health Scrutiny Panel a report on the findings of the staging data study, in particular the lessons learnt from late diagnosis at the primary care stage.

8.2 Appointments

Missed appointments, particularly in cancer patients often result in less effective timing of diagnosis and treatment which has its own human and financial costs associated with it. The working group identified 2 areas for improvement.

Users felt that the hospital appointment booking system was difficult to use and that the bookings can be out of synch with actual appointments patients were aware of. They spoke of problems around the availability and the ease of access to the appointment booking system. The main concern being that they were unable to cancel appointments or that the appointment was not cancelled despite having telephoned to cancel it. DID NOT ATTEND letters were sent out to patients who hadn't received letters for their appointments or had already called to cancel it. They are a cost for the NHS and also for the patient in terms of later diagnosis. Some work could be done to make patients aware of the consequences and costs to the NHS of missed appointments. Given the problems identified with the appointments booking system, Members felt that a challenge session looking at the appointments booking system should be undertaken with the aim of ensuring an efficient system is set in place.

Given the low cancer survival rates in Tower Hamlets, the Working Group felt that missed appointments should not be a reason why people are diagnosed late. Earlier diagnosis is beneficial for both patients and the NHS. There was general agreement in the groups that in cases where the appointment is for checks on potential cancer patients, GPs should chase up patient attendance to ensure that they are checked

and a diagnosis is reached. This should be built into a robust set of guidelines for GPs when making referrals.

Recommendation 2: That the Health Scrutiny Panel undertakes a scrutiny challenge session looking at the Barts and the London NHS Trust's appointment booking system and how best it can be managed to ensure it is accessible and efficient.

Recommendation 3: That GPs take responsibility to ensure patients referred for checks where cancer might be a possibility chase up patient attendance and that this is agreed and built into guidelines for GPs.

8.3 **The GP – patient relationship and communication**

A large part of the discussion was centred on GP- patient relationship and communication. Whilst the working group agreed that GPs have a central role to play and are influential in terms of people's health decisions, GP appointments were timed and users often felt that there wasn't enough time to discuss all their symptoms and to receive good treatment. Some users raised the issue of family members feeling or even being asked not to come to the GP unnecessarily and often successively given paracetamol to treat their symptoms. The group however agreed that residents should be persistent with getting a diagnosis if they are worried about their health. This was particularly important if they felt they were not being listened to. Two issues were raised from these experiences. Firstly to acknowledge the difficulty on the GPs side of managing the necessary number of patients on the day that have agreed appointments - on time.

Secondly that there are some issues around terminology which can frustrate the lines of communication in the relationship between GP and patient. This is not necessarily about translation issues. It is further complicated in cases where the patient has existing health complications which is more likely to be the case for someone living in Tower Hamlets compared to someone living in Notting Hill. A patient who is able to clearly articulate the problem and state clearly what they would like is more likely to come out feeling like they have been taken care of. In cases where there are health complications and communication issues, the patient is more likely to be frustrated with the outcome. Given this, working group members felt that the consultation process can be better structured. There was some discussion that work could be done with patients, advocates, translators and GPs to look at the GP-Patient consultation process to consider how it can be structured to be clearer and more effective. It was felt that this would reduce repeat presentation and patient feelings of not being listened to.

In one particular case a cancer patient had repeatedly presented to the GP but had been told her health complaints were because she had many children and that this was damaging her back. She had very late stage pancreatic cancer which had spread to her liver by the time a private doctor had diagnosed it. The family members felt that had the GP taken the time to listen and investigate the patients' symptoms rather than dismiss them with pain killers, the patient would have had a longer survival rate. In discussing these cases, the working group felt that there is no check and balance in place for the decisions made. There was some general discussion that because people in Tower Hamlets are less likely to be articulate and persistent and more likely to have a complicated health history, there is a greater risk of them not being diagnosed appropriately or misdiagnosed. This makes the need to improve the consultation process stronger. The GP Consortia need to ensure that GPs pay closer attention to concerns raised by patients and have a greater awareness of cancer symptoms when patients present themselves. The Staging Data study may

be able to inform this issue if it could also look at late stage cases where there had been repeat presentation to identify were it could have been detected earlier and the lessons learnt from this.

Recommendation 4: That the GP Consortia look at the consultation process involving patients, advocates and translators to seek to better structure and strengthen the consultation process to ensure patients concerns are addressed and that there is improved awareness of cancer symptoms.

8.4 Raising awareness

The working group welcomed the work being done around cancer screening but felt that more could be done to target those likely to be at risk and use innovative approach to targeting. Awareness of cancer symptoms alongside the offer of screening tests are the issues to focus on. Suggestions for targeted awareness raising are set out below:

1. Use influence as the driver for change, influential change drivers is likely to be doctors, children, and partners to target men. The working group agreed that these influencers could easily be included in the prevention initiatives. Doctors could write directly to patients to encourage screening take-up for example. There was some discussion about a study which showed partners – wives and girlfriends influencing the men to attend screening tests etc does increase take-up by men. There was also discussion of a motion sensitive poster which made a coughing sound and encouraged a visit to the doctor if someone has a persistent cough. Members felt there needs to be an emphasis on raising awareness and screening take-up being every ones responsibility – residents, GPs and all community leaders.

2. Use key meeting places such as places of worship, social venues, pharmacies, service provider centres. The idea behind this was to create discourse amongst the community about cancer symptoms and lifestyle risk factors and use this as a tool to raise awareness. The venues would also be idea places to provide information on screening tests and services available.

3. Target groups that are more likely to be at risk, using '1:3 risk factor' and 'you can survive longer if caught early' messages. The Cancer Awareness Measure gave Members some interesting insights into awareness and understanding of cancer symptoms and lifestyle risk factors. In light of this study illustrating very low awareness amongst the general population and in particular the BME and Bangladeshi community, there should be some targeted work to address this issue. The working group made a suggestion that local ethnic media should be used. The Bengali channels for example could reach out to a targeted audience and would be effective in raising awareness of cancer symptoms and lifestyle risk factors. It could also be effective for encouraging patients to be more active in seeking health care.

4. There was also some concern that there is focus on four key cancers – Lung, Colorectal, Breast and Prostrate cancer but very little about other cancers which affect local residents – 53% of deaths between 2006 and 2008 were from other cancers[10]. Given the diverse nature of the borough, the Working Group felt that other cancers which affect local residents should be analysed to identify any local trends allowing for a more comprehensive approach to targeted awareness raising and prevention. Further analysis and better understanding of the mortality and survival rates of 'other' cancers (which together accounted for nearly half of cancer deaths in

[10] Reducing Cancer Mortality in Tower Hamlets: a strategy for improvement 2011 - 2015

Tower Hamlets) may help to identify where to target interventions which will help to improve survival and to reduce the overall cancer mortality rate.

Recommendation 5: That NHS Tower Hamlets undertake analysis of other types of cancers that affect local residents to identify trends and to inform the development of preventative services.

Recommendation 6: That NHS Tower Hamlets undertake targeted work to raise awareness of cancer symptoms and lifestyle risk factors amongst the general population.

Recommendation 7: That NHS Tower Hamlets undertake work to raise awareness of cancer symptoms and lifestyle risk factors amongst groups who find it harder to access services and experience greater inequality, including the Bangladeshi community and through ethnic media.

8.5 **Information and support**

Younger people whose parents are affected by cancer spoke about the lack of information and support that was available for the cancer patient and their family as a whole. The lack of information and support was felt more amongst people who did not read and write English. Tower Hamlets is a young borough which is characterised by young family units therefore this is more likely to be an issue here. Users felt there was a lack of support available for the family to put practical measures in place were the parent was affected by cancer (all 3 cases involving parents were late stage). In their experience social workers did get involved but it often meant waiting for many weeks before connections were made and anything can be done, by which stage the patient was too unwell to make decisions or comment on changes. Those most likely to be affected by this delay are disabled dependents or children for whom the patient would have been the main carer. The areas of support needed would be financial management including benefits entitlement, housing issues and care arrangements for those left behind. The Tower Hamlets Palliative Care Centre has been set up at Mile End Hospital to provide support for all patients and their families during the end of life period, including bereavement care, care at home and general information for patients and their families. There was a discussion about the need for a whole family assessment to identify support needs and to facilitate contact with the relevant support services. It was felt that the Tower Hamlets Palliative Care Centre might be best placed to undertake whole family needs assessment and to facilitate contact with relevant support services. The working group would welcome the opportunity to visit this service so that councillors as community leaders can promote it further.

Recommendation 8: That NHS Tower Hamlets considers developing and offering whole family needs assessment to identify the needs of vulnerable patients and/or their family members and facilitate contact with relevant support services as part of services offered by the Palliative Care Centre.

Recommendation 9: That the Health Scrutiny Panel organise an all Member visit to the Tower Hamlets Palliative Care Centre to raise awareness amongst community leaders of this service.

9. Conclusion

9.1 Cancer affects local residents and disproportionate numbers die sooner compared to other parts of the country and this inequality needs to be addressed because it has such deep human costs in addition to the social cost. The aim of the session was to

consider how this inequality can be addressed through local level intervention and the working group welcomed the opportunity to address this issue.

9.2 Cancer is complex, and its journey to diagnosis through the NHS can be complex. The working group welcomed the focus on prevention and the current efforts to address the four most common cancers in Tower Hamlets. There was a gap however in identifying trends or otherwise with cancers other than the four most common ones and exploring this may further inform the local approach to prevention. Other areas the working group found to be of particular importance to residents and local service provision is the relationship between GP and patient. Other recommendations which focused on improving cancer survival included looking at the stage of diagnosis for cancer cases and identifying lessons for learning from late diagnosis; improving the hospital appointments system and undertaking targeted prevention work with the general population and groups who find it harder to access services and experience greater inequalities including the Bangladeshi community, which appears to have the least awareness of cancer symptoms and lifestyle risk factors. The working group were pleased to hear that the Tower Hamlets Palliative Care Centre has been set up to provide information and request that consideration be given to the idea of a whole family needs assessment to ensure that difficulties, particularly for vulnerable families are not further prolonged in cancer cases.

9.3 The working group is grateful for the patients, friends and families that contributed openly to the discussions and for sharing an important element of their life experiences. This has greatly contributed to the discussion and debate and has informed the recommendations put forward in this report.

10 Concurrent Report of the Assistant Chief Executive (Legal)

10.1 The report sets out 9 recommendations, some of which relate to the future business of the Panel and some of which are directed to NHS bodies.

10.2 The recommendations relate to the development of early diagnosis and preventative services for cancer in Tower Hamlets. The Council's Constitution makes provision for the Health Scrutiny Panel to have responsibility for scrutiny of the health service in Tower Hamlets, consistent with the requirements of section 21 of the Local Government Act 2000.

10.3 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provide that an overview and scrutiny committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority. The committee may make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised in this way. A local NHS body is a Strategic Health Authority, Primary Care Trust, NHS Trust or NHS foundation trust which provides or arranges the provision of services in Tower Hamlets. The committee may, if it chooses, give its recommendations to a local NHS body and request a response from that body. It will be a matter for the NHS body whether it accepts the recommendations or not.

10.2 As regards the recommendations made in relation to the future business of the Panel, it will be for the members of the Panel to decide whether they take the recommended course or not.

11. Comments of the Directorate Financial Officer

11.1 This report updates the Overview and Scrutiny Committee on the outcome of the scrutiny challenge session on the development of early diagnosis and preventative cancer services in Tower Hamlets.

11.2 Recent government announcements about funding reductions to the Council in 2010-11 and for the next four years will affect any recommendations agreed and any additional costs that arise from the recommendations must be contained within directorate revenue budgets. Also, officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

12. One Tower Hamlets Considerations

12. 1 Members were pleased to have had a chance to consider this issue which is important in Tower Hamlets because cancer is the largest cause of premature death in comparison to other London boroughs. Through their role as community leaders they were able to bring together partners and local residents to form a number of recommendations to address this pressing health inequality.

12.2 A number of recommendations in this report have One Tower Hamlets implications as the intended outcome is to focus on reducing health inequalities that exist within the borough and narrowing the gap between Tower Hamlets and the healthiest parts of the country by supporting people to improve access to primary and secondary care. Recommendation 7 in particular suggests targeted work amongst groups who find it harder to access services and experience greater inequality, in particular the Bangladeshi community as a study shows they have the lowest awareness of cancer symptoms and risk factors.

13. Risk Management

13.1 There are no direct risk management actions arising from this report.