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**Report of Amanda Healy, Director of Public Health, Adults and Health Services, Durham County Council**

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**Purpose of the Report**

- 1 The purpose of this report is to present the Health and Wellbeing Board the Cancer Health Equity Audit 2017 (attached as appendix 2).

**Background**

- 2 Nationally, around 1 in 2 people born after 1960 will be diagnosed with some form of cancer during their lifetime. Cancer is responsible for around one in four of all deaths in adults aged 35 and over
- 3 Cancer is the greatest cause of premature death in England. It contributes significantly to the gap in life expectancy between County Durham and England. Higher rates of cancer mortality account for around one-third of this gap. Within County Durham, life expectancy is lower in the most deprived communities and cancer is the biggest contributor to this gap. Improvements in diagnosis and treatment mean that more people are likely to survive cancer than die from it. More than half of people diagnosed with cancer today are living more than 10 years. For many types of cancer, it can be seen as a more of a long term condition than a death sentence.
- 4 Locally, the burden of cancer is high. Cancer prevalence, or the number of people living with cancer, in County Durham is statistically significantly higher than England, and has been rising over time. In 2015/16 there were almost 15,000 across both Durham Clinical Commissioning Groups (CCGs) living with cancer; around double the number in 2009/10. Estimates suggest that cancer prevalence will continue to rise. If the general population continues to grow and age, and people continue to get and survive cancer in line with recent trends, there will be over 28,000 people living with cancer by 2030 in County Durham, almost doubling the prevalence estimated in 2010.
- 5 Cancer incidence, or the number of new cases of cancer per year, in County Durham is statistically significantly higher than England. Between 2012 and 2014, around 3,000 new cases of cancer were diagnosed in County Durham per year.
- 6 Cancer mortality in County Durham is higher than England for men and women but has been falling over time. Between 2013 and 2015, 4,772 County Durham residents died from cancer. Of these almost 50% died prematurely (under 75 years). During this period cancer accounted for almost 65% of deaths in County Durham for those aged less than 75 years of age.

- 7 There are significant inequalities in cancer which contribute to the gap in life expectancy between the most deprived and least deprived areas. Generally the national experience is that cancer incidence and mortality are higher among:
- Men compared to women.
  - More deprived groups compared to more affluent groups.
  - Older compared to younger.
- 8 Health inequalities are disparities between population groups that are systematically associated with socio-economic and environmental factors. Often these inequalities are geographical with health status or outcomes worse in more deprived areas (the social gradient), they can also be experienced by different groups of people, for example the young, the elderly, or BME groups. Such variations in health are avoidable and unjust. Health equity refers to “fair” distribution of health or health care resources or opportunities according to population need; an equal share of resource for equal need.

## Purpose

- 9 Health equity audit (HEA) is an important tool when considering how to reduce health inequalities and inequities in the provision of appropriate services. It identifies how fairly services or other resources are distributed relative to the health needs of different groups and areas. The ultimate aim of HEA is to distribute resources relative to need. It is a cyclical process; the first Cancer HEA (audit) was done in 2014.

The health equity audit cycle.



- 10 The purpose of the Health Equity Audit was to assess the distribution of cancer incidence and mortality relative to deprivation within County Durham and the two Clinical Commissioning Groups (CCGs) within its borders; North Durham (ND) CCG and Durham Dales, Easington and Sedgefield (DDES). Coverage included; incidence and mortality for all cancers, breast, bowel and lung, survival and CCG and GP practice profiles (PHE).

## **Key findings**

11 Key findings from the HEA include:

- The distribution of cancer incidence and mortality is not equal in County Durham. It is higher in the more deprived areas.
- The gap between the least and most deprived areas is larger for mortality than incidence in all areas (for all cancers).
- Female lung cancer incidence and mortality has been rising over time in both CCGs. The increase in incidence in DDES is around twice that of North Durham.
- Inequality for males in DDES CCG is widening; the gap in incidence between the most and least deprived areas has more than doubled.
- Inequality has risen sharply for males in North Durham CCG and has widened for females in both CCGs.

## **Recommendations**

12 The Health and Wellbeing Board is recommended to:

- (a) consider the findings in the context of planning for cancer services provided for people living in County Durham by partners agencies of the Health and Wellbeing Board.
- (b) agree for all partners to sign up to the development of a strategic Action Plan to address the identified inequalities in cancer incidence and mortality outlined in the HEA.

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## **Appendix 1: Implications**

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### **Finance**

No impact

### **Staffing**

No impact

### **Risk**

No impact

### **Equality and Diversity / Public Sector Equality Duty**

No impact

### **Accommodation**

No impact

### **Crime and Disorder**

No impact

### **Human Rights**

No impact

### **Consultation**

No impact

### **Procurement**

No impact but should inform council commissioning plans in relation to services that impact on the health of the population

### **Disability Issues**

No impact

### **Legal Implications**

No impact