

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 7

Subject: Cancer Diagnosis and Treatment July 2026 Update

Date of meeting: 08 July 2026

Report of: Chair of the Health Overview & Scrutiny Committee

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Ward(s) affected: (All Wards);

Key Decision: No

For general release

Glossary	
28 day NHS Faster Diagnosis Standard	Target for patients urgently referred with suspected cancer by GP or screening to be diagnosed or definitively cleared within 28 days
31 day cancer standard	Target: patients should wait a maximum 31 days following diagnosis and patient agreeing a treatment plan for treatment to commence
62 day cancer standard	Target: patients should wait a maximum of 62 days between initial referral and treatment commencing

1. Purpose of the report and policy context

1.1 In November 2025, University Hospitals Sussex NHS Foundation Trust (UHSx) and NHS Sussex Integrated Care Board (ICB) presented to the HOSC on local performance and planning with regard to cancer diagnosis and treatment. Members requested an update report be brought to committee at a future meeting. This report provides the requested update.

1.2 Information provided by UHSx is included as Appendix 1 to this report.

2. Recommendations

- 2.1 Health Overview & Scrutiny Committee notes the report.

3. Context and background information

- 3.1 Improving the detection and treatment of cancer is both a national and a local priority. Lord Darzi's 2024 Independent Investigation of the National Health Service notes that the UK continues to have appreciably higher cancer mortality rates than other countries. The Darzi report identifies an urgent need to improve national cancer diagnosis and to reduce waiting times for treatment. There are national cancer targets, including the 62-day referral to treatment standard, the 28-day faster diagnosis standard and the 31-day treatment standard.
- 3.2 Locally The Sussex Integrated Care Strategy, Improving Lives Together, lists improving cancer services as one of the five strategic priorities for Brighton & Hove: "we will complete the recovery of cancer services affected by the pandemic, improve performance against cancer waiting times standards and deliver the ambitions of the Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas and underserved communities where rates of early diagnosis and screening uptake are lower" (p37).
- 3.3 Appendix 1 to this report contains information provided by University Hospitals Sussex NHS Foundation Trust (UHSx). This paper includes data on Sussex and Brighton & Hove performance against the national cancer targets as well as details of local plans to improve performance in some areas.
- 3.4 Members should refer to the appendix for more detailed performance information. In brief, local performance shows continuing, consistent improvement against the 28 day and 62-day targets. There are challenges in terms of the 31-day target. Local performance is currently around 80%, which is some way short of the 96% national standard. The Cancer Patient Tracking List (PTL) shows the number of patients who are over 62 days into their cancer pathway, broken down by specialty. This shows general improvements, but with skin cancers as a significant local (and national) outlier. Appendix 1 outlines a number of initiatives to further improve performance.
- 3.5 The HOSC previously considered a report on cancer diagnosis and treatment in November 2025. The minutes of this meeting can be viewed here: [For enquiries on this agenda please contact](#) Members should note that screening is also an important element of improving cancer performance. The HOSC has previously received reports on local cancer screening performance and improvement planning, for example a paper on cervical cancer and Human Papillomavirus (HPV) immunisation in November 2024.

4. Analysis and consideration of alternative options

4.1 Not relevant for this information report.

5. Community engagement and consultation

5.1 None for this information report.

6. Financial implications

6.1 No direct financial implication arising from this information only report.

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted: 29/06/2026

7. Legal implications

7.1 There are no direct legal implications arising from this report which is to note.

Name of lawyer consulted: Elizabeth Culbert Date consulted 29/06/2026

8. Risk implications

8.1 None for this information report.

9. Equalities implications

9.1 None directly for this information report. Members may wish to note that the most deprived communities typically experience greater prevalence of some cancers and tend to have lower rates of screening and of early diagnosis than wealthier communities. These differences may contribute significantly to health inequalities, including life expectancy and healthy life expectancy.

10. Sustainability implications

10.1 None identified.

10. Health and Wellbeing Implications:

10.1 None directly for this information report.

Other Implications

11. Procurement implications

11.1 None identified.

12. Crime & disorder implications:

12.1 None identified.

13. Conclusion

- 13.1 Members are asked to note the update on cancer diagnosis and treatment performance.

Supporting Documentation

1. Appendices

1. Information provided by UHSx.