

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 24 November 2015.

**PRESENT:** Councillors E Dryden (Chair), S Biswas, J G Cole, S Dean and A Hellaoui and C Hobson.

**ALSO IN ATTENDANCE:** L Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service;  
V Ononeze, Public Health Specialist, Tees Valley Public Health Shared Service;  
and  
M Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service.

**OFFICERS:** E Kunonga, C Lunn and E Pout.

**APOLOGIES FOR ABSENCE** Councillors B A Hubbard, T Lawton and J McGee..

1 **MINUTES - HEALTH SCRUTINY PANEL - 3 NOVEMBER 2015.**

The Minutes of the Health Scrutiny Panel held on 3 November 2015 were submitted and approved as a correct record.

2 **HEALTH INEQUALITIES - CANCER SCREENING AND REDUCING CANCER RELATED DEATHS.**

The Panel considered a report by the Scrutiny Support Officer, the purpose of which was to present them with an outline of the meeting and to introduce a number of professionals who were in attendance to provide evidence.  
Information pertaining to Middlesbrough JSNA and cancer were appended to the report.

Members recalled that the panel would be focusing their attention on two areas:

- Improving Levels of Breastfeeding, and Cancer Screening; and
- Reducing Cancer Related Deaths.

It was noted that, as agreed at the previous meeting of the panel, key decision makers had been invited to discuss improving levels of breastfeeding in further detail. This would take place at the panel's meeting on 15 December 2015.

By way of introduction, it was explained that Members would receive an overview of the key issues related to the topic of cancer screening and reducing cancer related deaths, which would cover the following areas:

- An overview of the current picture in Middlesbrough - including causes, trends and patterns;
- Why did early death from cancer in Middlesbrough remain higher than the England average?
- What were the lifestyle factors that contributed to excess mortality from cancer?
- How could levels of screening be improved? and
- How could awareness of cancer signs and symptoms be improved?

It was intended that the information presented today would offer scope and direction as to how the panel could proceed with their investigation.

Representatives from the Tees Valley Public Health Shared Service delivered a presentation entitled 'Cancer in Middlesbrough' to the panel, which covered the following topics:

- Background;
- Cancer incidence (new cases of cancer);

- Cancer mortality (deaths);
- Cancer survival;
- Cancer prevention;
- Cancer screening; and
- Conclusions.

In response to an enquiry, representatives explained that breastfeeding could assist in the prevention of breast and other cancers, as well as supporting infantile development.

Members were provided with local and comparable national data which demonstrated incidence of early deaths from cancer, and incidence of all cancers, for all ages, which showed the directly standardised rate and number of cases between 1995 and 2012. It was explained that the 2012 data was the most latest available, however, the figures had generally remained stable over time. Members were advised that the panel would receive updated information when available.

The information showed that the number of early deaths from cancer in Middlesbrough was above the national average, and that the number of new cases was increasing year upon year. It was explained that one reason for this could be longer life expectancy, but there were a number of other factors involved, e.g. lifestyle and affluence levels.

Information detailing cancer incidence by Ward was provided to Members. It was explained that the data covered the period 2007-2011, which although prior to the boundary changes, was the most recent.

It was highlighted that there were ten wards with significantly more cancer cases than England, which were located in east and central Middlesbrough. There were no wards with fewer than expected cases. With regards to deprived wards, all cancer, lung cancer and bowel cancer tended to be most common in these areas, whereas prostate cancer and breast cancer tended to be most common in less deprived areas of Middlesbrough.

Members were informed that lung cancer accounted for approximately 30% of all cancer related deaths in Middlesbrough. A short discussion ensued with regards to the potential contributing factors for this - smoking and other lifestyle choices for example.

In response to a query regarding screening, it was explained that this was not currently undertaken for prostate cancer, as an effective test was not available. However, scientists were currently researching this.

Figures showing mortality from all cancers, for all ages, which showed the directly standardised rate and number of deaths in Middlesbrough between 1993 and 2012, were presented to the panel. It was explained that during that time, the mortality rate had remained around the 400 mark for each year. This was higher than the national average, but the figures demonstrated that the gap had remained constant over the time period, and was not widening further.

Data showing cancer mortality rates for all cancers and selected major cancers within Middlesbrough, for the years 1993-1995 to 2010-2012 was provided. It was highlighted that there were decreasing trends in respect of male lung cancer, colorectal, breast and cervical cancers. Conversely, however, increasing trends in female lung cancer and prostate cancer were shown. It was suggested that changes in gender smoking rates could be responsible for the lung cancer statistics.

With regards to cancer survival, it was explained that around 2/3 of patients within Middlesbrough had a one year relative survival rate. Overall, this was slightly lower than the national average. Reference was made to prostate cancer rates and additional contributory health factors that could impact upon this.

The panel was presented with breast cancer one and five year relative survival estimates, for all ages, the percentage of cases in Middlesbrough, the wider North East and nationally between 1990-1992 and 2008-2010. It was felt that factors such as early diagnosis and

effective treatment could have impacted upon these results. Regarding the five year relative survival estimates, it was highlighted that a gap was starting to appear between the Middlesbrough rate and the wider North East rate.

A number of key messages were outlined to the panel. These included:

- One in two would develop cancer in their lifetime;
- There were about 200 different types of cancers;
- There was an increasing prevalence associated with an ageing population;
- Cancer incidence was falling in cancers associated with high mortality such as lung cancer in males; and
- About 50% of patients now survived for more than ten years.

With regards to cancer prevention, a Cancer Research UK handout entitled 'How many cancers can be prevented?' was tabled for Members. An illustration showed the total number of cancers of each type from the latest UK incidence figures, and the proportion of those cases that could have been prevented in men and women. The varying lifestyle and environmental factors linked to each cancer type were shown, together with the contribution of each lifestyle factor to cancer overall.

In terms of addressing the key factors, it was explained to the panel that a multi-agency partnership entitled 'Middlesbrough Tackling Cancer Together Group' had been created for the Teesside locality. An ambitious vision and strategic plan had been developed, which focused upon several priorities:

- Preventing cancer;
- Detecting cancer quickly;
- Delivering fast and effective treatment;
- Meeting people's needs; and
- Caring better at the end of life.

Key drivers, including increasing prevalence and improving survival, together with measures of success, including screening coverage, waiting time targets and percentage of patients who died in their preferred place, were outlined to the panel.

A discussion ensued with regards to cancer screening and accessing services. Information pertaining to the detection of cancer at stages one and two by North East of England CCGs, together with statistics on referral-to-treatment performance was tabled for Members' information. Clarification was sought regarding waiting times, in particular the 62 day period that some patients may have had to wait. It was explained that the 62 day period was the maximum amount of time that a patient would wait before receiving treatment. The waiting time measurement took into account the full process from referral through to diagnosis and treatment.

It was felt that the key to survival was identification of cancer at stage one. Reference was made to possible inhibitors to patients accessing services, locality of screening units for example, together with the ways in which a diagnosis could be made - e.g. screening following a GP referral, or as a result of investigation in to an alternative medical complaint.

The representative advised Members that a number of initiatives had been implemented as part of the Tees Cancer Prevention Plan. These included:

- Tees Cancer Strategy;
- South Tees GP Cancer Clinical Lead - required in order to engage with people at the hospital;
- Macmillan GP lead for Middlesbrough - who would take baseline information to various practices and share ideas;
- Middlesbrough Tackling Cancer Together Group;
- Tees Macmillan Awareness and Early Diagnosis Facilitator;
- Generic and targeted cancer awareness activities - in schools, social clubs, etc.;
- Initiatives to improve screening coverage;

- Cancer staging work - CCG responsibility for improving survival;
- GP Cancer Profiles used to support improvements in primary care;
- Exploring the feasibility of an Open Access Chest X-ray service in Middlesbrough;
- Support to acute trusts to improve cancer waiting times;
- Macmillan Integrated Cancer Care Project in South Tees Hospitals - lung cancer, CNS and Lymphoma were currently being looked at in terms of diagnosis, treatment progress, etc., and a new Community Macmillan Nurse to support staff and patients would be commencing employment within the next few months; and
- Macmillan cancer information service.

In response to an enquiry, it was explained that at present, the One Life Centre offered the only facility in Middlesbrough for breast screening. GPs had fully supported the implementation of additional screening sites; however, for reasons of confidentiality and assurance of a secure and stable connection to the system, mobile screening units were required to be sited on NHS property or land.

It was suggested that establishment of a screening unit within East Middlesbrough would provide an ideal base for those patients residing a substantial distance from the town centre.

The Chair outlined the work currently being undertaken by the South Tees Health Scrutiny Joint Committee for the panel's information. Reference was made to James Cook University Hospital and the issues facing radiology services. The Joint Committee would be meeting on 11 December 2015 to discuss this in further detail.

The representative highlighted a number of key challenges to the panel, which were as follows:

- Creating the environment and opportunities for people to live healthier lives by health protection and disease prevention;
- Improving awareness of risky behaviours for cancer - this would be achieved through community work, attending roadshows, etc.;
- Promoting awareness of cancer screening and making it easier to be screened, such as more opportunities that were convenient to people in full-time work;
- Improving access for the early detection of cancer in GP practices;
- Supporting people living with cancer to improve quality of life; and
- Developing specific measures to halt the increase in cancer in women.

Reference was made to previous screening initiatives undertaken by the local authority in order to raise staff awareness of cancer related issues.

A discussion ensued with regards to wellbeing hubs. Reference was made to the Life Store in the town centre and the possibility that this may move in the future. The panel was advised that funding had been acquired for the establishment of a wellbeing hub in Dundas House. Following a Member's suggestion for a supplementary hub in East Middlesbrough to be set-up in order to support residents living further away from the town centre, the Assistant Director for Public Health advised that this would be looked into.

The representative indicated that raising awareness amongst professionals was as important as raising awareness amongst the public. It was felt that the number of new cancer cases being identified each year meant that each GP would potentially only see a small number of cancer types in a single year, and would therefore benefit from increased activity.

A comment was made regarding potential diagnosis by community pharmacists and other healthcare workers who may recognise some symptoms, and that it may not always be GPs.

The Chair sought suggestions as to how the Scrutiny investigation could be progressed, and what action the Council could take to assist in the prevention of cancer. A number of suggestions were put forward by the panel, which included:

- Potential review of access to services for patients within Middlesbrough;
- Appropriate representatives for cancer screening initiatives, e.g. NHS England, should

- be invited to a future panel meeting to discuss the topic;
- Breast cancer survival rates - an appropriate organisation should be contacted to attain this information, with any received details being provided to the panel in the future;
- Lung cancer in women - reasons why this was increasing in Middlesbrough could be considered;
- Regarding the five year relative survival estimates, the panel could look at the reasons why a gap was starting to appear between the Middlesbrough rate and the wider North East rate. Work could be undertaken in collaboration with the Clinical Commissioning Group;
- The Chair for the 'Tackling Cancer Together Group' be invited to a future panel meeting;
- Following the publication of the Government's cancer strategy in October 2015, a review into local delivery of this could be undertaken;
- Offering stop smoking clinics;
- Undertaking walk to school initiatives;
- Organising cycling activities; and
- Providing further staff screening events.

It was felt that education in schools, particularly in respect of healthy eating and an active lifestyle was especially important and could be encouraged more. Reference was made to the number of schools becoming academies and it was considered that, in some cases, the influence of the local authority may be limited.

The Chair thanked the representatives for their attendance and helpful contributions.

#### **RECOMMENDED:**

1. **That various representatives be invited to the next meeting to provide evidence on the suggestions detailed in the preamble; and**
2. **That the information be noted.**

#### **3 OVERVIEW AND SCRUTINY BOARD UPDATE.**

The panel noted the update.

#### **4 ANY OTHER BUSINESS.**

The Chair informed the panel that a Members' briefing on the topic of dementia awareness had been scheduled to take place on Wednesday, 25 November 2015 at 18:00 in the Mandela Room, Town Hall, Middlesbrough.