HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 12 January 2016.

PRESENT: Councillors S Biswas (Chair), A Hellaoui and B A Hubbard and T Lawton

ALSO IN ATTENDANCE: J Bailey, Partnership and Innovations Manager, South Tees Clinical Commissioning Group
L Green, Public Health Intelligence Specialist, Tees Valley Public Health Shared Service
B James, Health Improvement Specialist, Early Intervention and Prevention Improving Public Health, Middlesbrough Council
V Ononeze, Public Health Specialist, Tees Valley Public Health Shared Service
M Reilly, Assistant Director, Public Health Intelligence, Tees Valley Public Health Shared Service
A Sinclair, Chair, South Tees Clinical Commissioning Group
Dr J Walker, Chair, South Tees Clinical Commissioning Group

OFFICERS: E Pout and C Lunn.

APOLOGIES FOR ABSENCE Councillors: S Dean, E Dryden, C Hobson, J McGee, J G Cole.

15/33 **MINUTES - HEALTH SCRUTINY PANEL - 15 DECEMBER 2015.**

The Minutes of the Health Scrutiny Panel held on 15 December 2015 were submitted and approved as a correct record.

AGREED

15/34 **HEALTH INEQUALITIES - CANCER SCREENING AND REDUCING CANCER RELATED DEATHS.**

The Scrutiny Support Officer presented a report, the purpose of which was to present the Panel with an outline of the meeting and introduce a number of professionals who were in attendance to provide evidence.

Members recalled that at the meeting held on 24 November 2015, the Panel received an overview on the topic of cancer screening and reducing cancer related deaths. The Panel had learnt that the number of deaths from cancer in Middlesbrough was above the national average. As a result of that meeting, Members had requested further information regarding the work of the multi-agency partnership Middlesbrough Tackling Cancer Together, and also the work currently being undertaken by the CCG in terms of trying to reduce the gap in the number of cancer related deaths in the more deprived Wards, and other information as per the presentation.

The Health Improvement Specialist from the Public Health Team at Middlesbrough Council introduced herself to the Panel, and informed the Panel that her role also incorporated the chairing of the Tackling Cancer Together Steering Group.

It was explained that the Steering Group was established approximately one year ago, with the aim of linking up the various work activities that were taking place locally. It was recognised that there was a lot of work going on in Middlesbrough across the whole cancer pathway, from the prevention and diagnosis stages right through to treatment. However, what lacked was a coordinating body, and it was felt that the Steering Group could bridge this gap.

The group met on a monthly basis and involved many different agencies, which were detailed in the submitted report. It was highlighted that representation was made from a wide range of partners, and membership continued to grow.

The role and responsibilities of the Steering Group was to have an overview of all

Council-related work issues and the work that was going on across Middlesbrough, and to determine how organisations could link up and work better together. It also had oversight of local cancer trends and data in order to identify potential ways of making improvements.

The Group had established a work plan to include key work stream areas for the next 12-18 months; the three main work streams of the Group were as follows:

- Geographical Targeting

The issue of cancer and particularly around prevention was a significant area, particularly in terms of the challenges being faced in Middlesbrough. It was about focusing upon a small area to begin with and determining what action could be undertaken as a group to try and improve it. On the basis of statistics, the prevalence of cancer and associated mortality rates, and the mix of residential and commercial areas within it, Central Ward had been chosen as the preliminary Ward. In terms of businesses, it was felt that links could potentially be established in order to promote cancer prevention messages amongst both employers and employees.

An asset map of Central Ward had been completed to determine what was already available in the area - e.g. community facilities, GP surgeries, Pharmacies, schools, etc., which had been mapped out to determine what could be utilised in order to improve the health and wellbeing of people living in the Ward.

A cancer awareness survey had been completed at the end of December 2015 and the results were currently being analysed. The purpose of the survey, which had been undertaken over a three-month period, was to establish a baseline of local people's perceptions, knowledge and general cancer awareness - e.g. signs and symptoms of cancer, associated risks and lifestyle and potential changes, etc. Over 500 people had completed the survey. It was felt that the outcome of the survey would facilitate the development of promotional campaigns.

- A 'Changing Perceptions Campaign' and a Targeted Lung Cancer Awareness Raising Campaign

The overall idea and long term vision of the Group's campaign activity was to create a 'Change in Perceptions'. Rather than focus upon specific types of cancer, it was intended that a general campaign that looked to tackle the barriers that people had - e.g. not wanting to visit their GP, viewing cancer as a death sentence, and also tapping into age-related matters and trying to promote positive lifestyles - e.g. making people aware of risks, etc., would be undertaken.

Within this risk awareness strategy, the Group had recently commenced development work on a targeted lung cancer awareness raising campaign. Reference was made to the high numbers of prevalence and mortality of lung cancer within Middlesbrough, particularly in relation to smoking as a main risk factor. The campaign would be based on targeted insight from local people in order to determine how people's behaviour could be changed and long term success achieved.

In response to a Member enquiry, it was explained that a number of focus groups would be held with local people to have more detailed conversations about what would influence them around behaviour change, and how they would respond to promotional messages. It had been recognised that one size would not fit all. For example: regarding a recent national campaign pertaining to lung cancer and persistent coughing, although this had been successful nationally, it had had very little impact locally. It was acknowledged that people responded differently to different methods; reference was made to a recent cervical cancer campaign and the various approaches undertaken to reach people - e.g. posters, leaflets, social media, etc.

A Member commented that the information contained in the submitted report was very interesting and informative; however, it was acknowledged that to the layperson, who may not necessarily have general awareness, it was important to ascertain how best to convey the information in terms of campaign methods. In response, reference was made to the cervical cancer screening and community development work that was undertaken in order to relay key information and messages. It was explained that the creation of the asset map within respective Wards would help to facilitate this.

The Panel was provided with information regarding cancer screening and the work that the Tackling Cancer Together group was currently undertaking.

In terms of a cervical cancer screening campaign, the posters that had been produced were shown to Members. It was explained that the materials had been circulated to such venues as GP Surgeries. The campaign was launched in June 2015 and was very much based on targeted insight to find out the reasons why women were not attending; rates for screening were low in Middlesbrough and varied across GP practices across the town. The campaign was two-fold: it was about developing an awareness raising campaign via community development work, but was also about engaging GP practices to find ways of making the screening process less daunting.

Seven GP practices from across the town were engaged as part of a pilot programme. A 'No Fear' brand concept had been developed for the programme, with promotional materials being produced that the practices could use to promote the 'No Fear' message. This consisted of a range of initiatives, some of which were already being offered and it was therefore a case of increasing promotion of these. These included: taking a friend for support, offering back-to-back appointments for friends to facilitate transport costs, text message reminders, and requesting screening by female practitioners.

Reference was made to the various different strands of the awareness raising element, which included a radio campaign, social media features, community development work, and advertisements in the town centre and on public transport.

It was highlighted that the campaign had been successful, with an increase in the uptake in screening across 17 of the 26 practices across Middlesbrough. All seven of the GP practices actively engaged in the campaign had seen an increase in their rates.

In response to the barriers that were being identified as to why people could not attend for screening, e.g. not being able to get time off work, it was explained that James Cook University Hospital had established a dedicated staff cervical screening clinic in November 2015, with 28 women being screened to date.

Cancer Research UK sat on the Tackling Cancer Together Group and was currently delivering a bowel screening promotional programme. Due to the low uptake figures within Middlesbrough, it was explained that the area had received particular focus.

Information pertaining to opportunities where the Tackling Cancer Together Group could assist with increasing the uptake of cancer screening was provided to the Panel. It was explained that the coordinator for learning and disabilities for the Council sat on the Group. A significant amount of development work with women with learning difficulties had been carried out on the back of the cervical screening campaign, and also around breast screening and looking at what some of the key issues and specific needs around that were.

In terms of community training, this concerned providing key people within communities the knowledge to promote key messages. Regarding cervical screening awareness, 14 community groups had been provided with access to low level training around signs and symptoms, and provided with a small grant from the Middlesbrough Voluntary and Development Agency in order to facilitate promotional activities. As a result of that, over 800 people had been spoken to about cancer. It was felt that this demonstrated the potential of training just a small number of people and the impact that this had across communities.

Health Watch had recently carried out community consultation around people's views on cancer screening. The outcome of that had offered some insight around bowel and breast screening activities.

Regarding the general cancer awareness survey that had recently been completed and was currently being analysed, it was indicated that there had been a specific question around screening that had asked respondents what age people were invited to attend for cervical, breast and bowel screening. The results showed a great variance in the responses, which

demonstrated the awareness levels that individuals had had.

In response to an enquiry regarding the potential disinterest of people to respond to cancer related messages and the information learnt during the survey exercise, it was explained that although no formal feedback had been received, the general view was that the work undertaken had been positive, particularly around working with women from BME communities. Word of mouth communication was felt to have been more effective than written forms of communication.

A short discussion ensued with regards to promotional strategies and the positive impact that social media had had on campaign initiatives. Reference was made to the 'Screening Saves Lives' website. Although the website had initially been created for the cervical screening campaign programme, it was explained that the generic domain name had been purchased so that it could be utilised for equivalent campaigns. It was acknowledged that campaign work was on-going, and that work would be undertaken on a long term basis.

In response to an enquiry regarding the raising of cancer awareness within schools, it was explained that this had been worked on via class awareness surveys. With regards to the development of a throat cancer campaign, Members were advised that focus groups with young people would be undertaken through existing links at schools and colleges; reference was made to the 0-19 agenda. It was felt that the views of younger people would be different from the general adult population; work to date had indicated that younger people did not associate the risks of cancer with them.

Reference was made to psychological and emotional support currently being offered to young people. It was indicated that facilities such as the Trinity Holistic Centre based at South Tees Hospital did offer a support service to children and young people affected by cancer. It was felt that schools did have knowledge of the facilities available, and where children and young people could be sign posted to. Reference was made to talking therapies and the presence of cancer specialists at healthcare facilities who would also be able to provide support.

Reference was made to the membership of the Tackling Cancer Together Group and a query was raised regarding the Health and Wellbeing Board. In response, it was explained that the Group was accountable to the Public Health Delivery Partnership, which in-turn was accountable to the Health and Wellbeing Board.

J Bailey, Partnership and Innovations Manager for the South Tees Clinical Commissioning Group, provided the Panel with information pertaining to the CCG's work programme, and the activities being carried out in order to improve cancer outcomes and reduce health inequalities.

As a preliminary, reference was made to the CCG'S Clear and Credible Plan, which was a five year (2015-2020) strategic commissioning plan that informed all work that the CCG carried out. Within the plan, it had been recognised that cancer was one of the biggest health challenges that the CCG faced as a commissioning group. Other associated strategies and documents included the 'Achieving world-class cancer outcomes' document, and the 'Tees Cancer Strategy'. In response to an enquiry, it was explained that links to the documents would be forwarded to Members of the Panel.

In terms of the CCG addressing the cancer challenge, reference was made to reducing health inequalities, reducing variable access to healthcare, continuously improving wellbeing, and driving up the quality of services being commissioned.

With regards to reducing health inequalities, it was explained that the CCG had established a Health Inequalities Steering Group in order to provide strategic direction to CCG clinical workstreams. The group had been in operation for a couple of months, with representation/membership including two Executive GPs, Directors of Public Health, and non-clinical support. Very positive work had been undertaken thus far, with reference being made to a Lung Cancer Task and Finish Group that had been established as a direct result.

Reference was made to the incidence of lung cancer within South Tees and consideration

given as to how early detection rates could be increased. Regarding the latter, the Panel was advised that a partnership project with Local Authority personnel was currently being undertaken in respect of 'Open Access Chest X-Ray'. This would be a targeted campaign to encourage residents from deprived communities in the TS1 and TS3 postcodes to present earlier if they showed lung cancer symptoms. The CCG had agreed in principle to contribute £97,687 of the total £126,000 sum required to complete the project. It was felt that the cost of the project would be far outweighed by the benefits associated with it. There was also potential that, depending upon the findings of the pilot, the costs of treatment may be reduced longer term if people presented themselves earlier.

Reference was made to cancer incidence by Ward in relation to the recent Ward boundary changes, and how the determination of the success of the project would be made. It was explained to Members that although some of the boundaries had changed, the areas considered to be deprived would still continue to be so. Once the pilot had been concluded, it was felt that a number of lessons would be learnt. Reference was made to deprivation targets and the impact of boundary changes on some Wards. Consideration was given to environmental changes and the impact that these had had on Ward make-up and deprivation levels.

Regarding the reduction of variable access to healthcare, reference was made to cervical screening activities that had been carried out. It was explained that seven GP practices had been involved in the 'No Fear' campaign that had been led by the Middlesbrough Public Health Team. This had focussed on addressing the reasons why some women had avoided attending. It was highlighted that a Fulcrum Specialist GP practice, based in Acklam but open to patients from all areas, had used incentives with great success for hard to reach client group, of which there had been an 80% uptake, with toiletries being the most favoured.

With regards to GP education, this was felt to be of particular importance, as GPs were presented with between three and ten new cases of cancer per year. Half day education sessions had been held on cancer, which had focused on the early diagnosis of lung cancer. In addition to this, a good relationship had been formed between the CCG and Macmillan, and five Macmillan supported education sessions had been scheduled on topics such as advanced care planning and end of life care, and early referral for Lung, Gastrointestinal, Gynaecology and Urology cancers. It was acknowledged that the next challenged revolved around how the number of GPs undertaking training could be increased to spread the knowledge as widely as possible.

Reference was made to clinical leadership. It was explained that the CCG had a GP clinical lead for cancer; the CCG and Macmillan were funding two further Macmillan GPs, and clinical leads for cancer and quality in primary care would work together to review and reduce variation between practices.

In terms of learning disabilities and cancer, it was highlighted that work had been on-going in order to encourage screening for individuals with a learning disability. It was indicated that each GP practice had a lead contact for learning disabilities in post. The CCG clinical lead for learning disabilities had discussed breast screening at an event organised by Middlesbrough Public Health, which had been held for ladies with a learning disability.

Reference was made to staffing levels. It was felt that in terms of cancer, local levels were reflective of needs and, in comparison to some other CCGs, was well resourced.

With regards to continuously improving wellbeing, the CCG Health Inequalities Steering Group had identified a commissioning gap in respect of inpatient smoking cessation. At present, patients in hospital who wished to stop smoking did not fall under the responsibility of a particular group or organisation. In order to overcome this, the CCG planned to work with the Local Authority to commission an inpatient smoking cessation service.

Investment in welfare advice was also currently being made with Public Health personnel at James Cook University Hospital and GP surgeries. Anyone with a cancer diagnosis could seek advice on matters such as finance in order to alleviate potential worry in other areas of patients' lives.

In terms of raising awareness of local and national campaign messages, reference was made to the coordination of this and how information was conveyed. It was explained that Dr Walker had a regular column in the Evening Gazette, and reference was also made to social media and the utilisation of various platforms to help facilitate the transmission of promotional messages.

Regarding living with cancer and survivorship, the CCG had supported Trinity Holistic Centre through the Community Innovation Fund, with £40,000 for a range of projects to improve the wellbeing of people who had had a cancer diagnosis, or long term condition and their families. This included self-esteem, healthy eating, mindfulness and outdoor activities. A carer's strategy had also been developed to support all carers, which included carers of people with cancer.

In response to an enquiry regarding the Trinity Holistic Centre, it was explained that this was a fairly recent investment, though it was hoped that statistics pertaining to its performance would be available in the near future.

With regards to support for carers, in response to an enquiry it was explained that every carer would be entitled to their own personal assessment to determine financial resources available to them. Facilities operated by Macmillan Cancer Support and in GP surgeries were accessible. As part of the wider care strategy within Middlesbrough, as financial hardship had been acknowledged as being the top priority for carers, work with voluntary sector and Local Authority personnel had been carried out in order to assist with this.

Concerning the driving up of the quality of the services being commissioned, the CCG had established a Cancer Performance Task and Finish Group to examine how to improve the 62 day referral to treatment performance, as set by Government, at South Tees Hospitals NHS Foundation Trust. The current performance level sat at 79.5% against a national target of 85%, and a national average of 82%. It was felt that this target was fair and made sense in terms of improving patient outcome. Reference was made to a joint project that was currently taking place between South Tees and Hambleton District Foundation Trusts in respect of improving patient outcomes with cancer, and ensuring that an early diagnosis could be made.

It was highlighted that the CCG had approved a high level commissioning plan for 2016/2017 to implement 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'. In response to an enquiry, it was explained that cancer survival rates in England were lower than in other countries, possibly because of feelings of embarrassment and people not wishing to present themselves to their GP.

The CCG was currently conducting a review of specialist palliative care services, which would help to inform future commissioning decisions. It was indicated that good end of life care should have incorporated 24/7 access to services. The vision was face-to-face contact 08:00-18:00, seven days per week alongside a telephone advice line 24 hours per day, seven days per week within the community.

Members were provided with information pertaining to tackling inequalities at 'The Deep End'. It was explained that this was based on a Glaswegian model, where it had been recognised that needs and consultations in deprived areas were multifaceted and complex. Nine GP practices from Middlesbrough's most deprived areas were working together in striving to achieve better services for patients and better support for GPs. This approach, having been adopted by South Tees, had identified a number of themes for exploration, which included: Troubled families; Screening and how to improve rates; Welfare and associated financial issues, Social prescribing, and Language barriers. The next steps were to consolidate their learning and report back to the CCG with a number of business cases or proposals around how communities could be better supported.

With regards to supporting those diagnosed with cancer and the resources available, it was indicated that a Macmillan Community Nurse would be appointed in Spring 2016 to provide additional assistance.

The Panel discussed poor lifestyle choices and the potential reasoning behind the commencement of habits such as smoking and consuming alcohol.

A short discussion ensued regarding the promotional campaigns being completed and the work that could be undertaken to support the initiatives. It was highlighted that the linking up of various activities being undertaken would help to strengthen campaign efforts. It was acknowledged that timing was also a particularly important issue in terms of spreading messages.

Representatives highlighted that despite the huge financial challenges facing NHS England and Local Authorities, South Tees CCG continued to be at the top of the early detection rate for cancer in the North East. It was felt that if this could be accomplished with limited resources and pressures, the attempts being made to continuously improve health could potentially result in the release of additional resources. It was felt that communication with national politicians could help to extend the remit of the northern powerhouse into health and social care. Consideration was given to resource allocation and investment and the wider roles of the voluntary and Local Authority sectors in improving peoples' health.

In response to an enquiry regarding the success of projects being undertaken, reference was made to the Holistic Therapy Centre and the Macmillan Integrated Cancer Care Project. It was explained that statistics for the Therapy Centre would hopefully be released in the near future. The Project Manager for the Macmillan project would be approached for information pertaining to the pathway work. Members felt that this information would be useful for the Panel. With regards to re-visiting this topic in the future, it was felt that a twelve month timeframe would be particularly beneficial to allow sufficient time for activities to be completed and feedback obtained.

The Panel thanked the representatives for their contributions to the meeting.

AGREED that:

1. **Electronic links to the CCG's strategies and policies would be forwarded to Members.**
2. **The Project Manager for the Macmillan project would be approached for information pertaining to the pathway work being undertaken.**
3. **That the information, as presented, be noted.**

15/35 **FINAL REPORT - TACKLING CANCER TOGETHER.**

The report in respect of 'Tackling Cancer Together' was considered in conjunction with the above item.

NOTED

15/36 **ANY OTHER BUSINESS.**

Cancer Incidence and Mortality Data - Update

Updated information showing the incidence and mortality rates of all cancers in Middlesbrough, as discussed at the 24 November 2015 meeting of the Panel, was circulated for Members' information.

NOTED

Final Report - Improving Levels of Breastfeeding

It was agreed that Members would review the contents of the report independently and provide the Scrutiny Support Officer with any feedback / suggestions for amendments by Friday, 15 January 2016, in order to allow sufficient time for the report to be forwarded to the

Overview and Scrutiny Board.

AGREED that any feedback / suggestions for improvements to the report would be forwarded to the Scrutiny Support Officer by Friday, 15 January 2016.