

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 27 September 2016.

PRESENT: Councillors S Biswas, J G Cole, E Dryden and C Hobson

OFFICERS: Elise Pout

APOLOGIES FOR ABSENCE Councillor A Hellaoui, Councillor B A Hubbard, Councillor J McGee, Councillor M Walters.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point in the meeting.

16/7 MINUTES - HEALTH SCRUTINY PANEL - 25 JULY 2016

The minutes of the meeting of the Health Scrutiny Panel held on 25 July 2016 were submitted and approved as a correct record.

16/8 APPOINTMENT OF VICE CHAIR

Nominations were sought for the appointment of Vice Chair of the Health Scrutiny Panel. Councillor Biswas was nominated and seconded and, therefore, appointed as Vice Chair of the Panel until amended by the Panel.

ORDERED that Councillor Biswas be appointed Vice Chair of the Children and Learning Scrutiny Panel until amended by the Panel.

16/9 FINAL REPORT - CANCER SCREENING AND REDUCING CANCER RELATED DEATHS

The Chair thanked Elise Pout, Democratic Services Officer, for the support she had provided to the panel over the last three years and wished her well in her new role. The Democratic Services Officer then took the panel through the draft final report to enable Members to formulate and agree their conclusions and recommendations.

Members were told that improvements had been made to the number of people in Middlesbrough dying from heart disease and stroke, however, the gap between the rate in Middlesbrough and the national average had started to narrow, the same could not be seen in the number of people dying early from cancer. That rate was still running parallel and the gap wasn't getting any narrower. As a result of that information the panel took a closer look at what was being done to reduce that gap.

During the course of the discussion the Chair asked the Democratic Services Officer to find out further information for inclusion in the final report about what the Council's obligations were with regards to the Health Checks for people with Learning Disabilities. This also included ascertaining how many people were having the checks and whether or not they were getting access to the appropriate screening.

AGREED as follows:

1. The following conclusions would be included in the Final Report:

a) That Members welcomed all of the initiatives that are being put in place by NHS England, the CCG and the Council's Public Health team in order to improve screening rates in Middlesbrough. Whilst excellent work is taking place the panel acknowledged that although the rates of cancer deaths are reducing that Members would like to see every effort being made to reduce the gap between the least deprived and the most deprived wards. Members commended the work taking place in the Council's Public Health team and would like to

suggest a number of recommendations which would strengthen this work.

b) GPs play a vital role in both the provision of screening and the early diagnosis of cancer. The panel agreed that there were some instances where the opportunity to remind patients about screening, especially when their appointments were overdue, would be prudent.

c) It was clear that purposeful intervention matters and employers can take part in that. For example the South Tees Hospitals NHS Foundation Trust has worked with their own workforce to promote and facilitate cervical screening amongst their staff. This can lead to a marked impact on people's chances of an early diagnosis and again the access to treatment at the earliest opportunity.

d) The Council is in an ideal position to promote screening within its own workforce and using its links with external partners both private and public use those links to promote access to screening wider

e) Members were impressed with the innovative work of the Macmillan Integration of Cancer Care Programme especially how, in the review of current cancer pathways, it has reduced the amount of bureaucracy, facilitated the patients' way through the pathway and expedited the process from diagnosis to treatment. Members were interested in the evaluation of the programme and agreed that if it was successful that funding should be sought for it to continue.

f) The panel were interested in the model of care introduced in Denmark. Findings from the lessons learnt there show that innovative approaches to early intervention lead to people receiving treatment quicker and the experiences contradict what we heard that promoting screening can overwhelm the system.

2. The following recommendations would be included in the Final Report:

a) That the Council's Public Health Team

i. Establishes a regular public health presence located in Community Hubs in order to promote prevention initiatives and instigate screening services.

ii. Work with young people in colleges to bring awareness about screening programmes and in particular cervical screening amongst young women.

iii. Ensure that resources be sourced to assist in undertaking further work to target GP practices with low screening uptake.

b) That NHS England ensure that

i. A system should be established in GP practices for all three screening programmes to remind people whenever they visit for other types of appointments that their screening may be due or overdue. Or where they exist ensure that the process for doing so is shared amongst GP practices in Middlesbrough.

ii. That people should be given information about screening and screening drop-in sessions when they attend their NHS Health Check.

iii. GP practices should be further supported and assisted to develop initiatives around early diagnosis

c) The Council should

i. Ensure that screening programmes are publicised to our own workforce and staff should be encouraged to take the time to attend.

ii. Utilise its links with private sector to ensure that they adopt a similar approach.

- iii. Ensure that Love Middlesbrough Magazine features regular articles that will include information on screening programmes and initiatives such as 'Be Clear on Cancer'.
- d) That the South Tees Health Scrutiny Joint Committee include a recommendation, as part of their response to the Urgent Care Review, to ask that screening services are included in the South Tees CCG's proposals for the new extended hours at GP Hubs. Special attention should be given to contracted GP services to improve screening take up at their practice.
- e) That the issue of improving breast screening rates across the Tees Valley be submitted to as a potential work topic for the Tees Valley Health Scrutiny Joint Committee