

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 11 January 2010.

PRESENT: Representing Darlington Borough Council:
Councillor Newall

Representing Hartlepool Borough Council:
Councillors Brash and G Lilley

Representing Middlesbrough Council:
Councillors Carter and Cole

Representing Redcar & Cleveland Council:
Councillor Carling

Representing Stockton-on-Tees Borough Council:
Councillor Mrs Cains (Chair).

OFFICERS: A Metcalfe (Darlington Borough Council), J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), S Zahur (Redcar & Cleveland Council) and P Mennear (Stockton-on-Tees Borough Council).

**** PRESENT BY INVITATION:** Councillor Mrs Skilbeck (Hambleton District Council).

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Mrs Scott and Mrs Swift (Darlington Borough Council), Councillor Plant (Hartlepool Borough Council), Councillors Higgins and Mrs Wall (Redcar and Cleveland Council) and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 17 December 2009 were submitted and approved as a correct record subject to the insertion of '(women and men)' after the words 'bowel cancer' in the second last sentence on page two of the minutes.

It was noted that endeavours were being made to obtain the DVD referred to in respect of the Race for Life to be shown at a future meeting of the Joint Committee.

The Joint Committee was also advised of the availability of a booklet in relation to Personal Health Budgets.

NOTED AND APPROVED

CANCER SCREENING SERVICES ACROSS THE TEES VALLEY - DRAFT FINAL REPORT

The Joint Committee considered a draft final report based on the information and evidence received in relation to cancer screening services across the Tees Valley.

Members focussed on the following conclusions and recommendations in the report which had been formulated based on discussions and in consultation with the Chair of the Joint Committee.

Conclusions

- a) The Joint Scrutiny Committee is of the view that the evidence it has gathered, supports the anecdotal evidence it also heard that there are no major differences for Cancer Screening

take up in the Tees Valley, when compared to the national average. There are, however, a small number of areas with noticeably lower take-up.

- b) The Cancer Screening services across the Tees Valley have made considerable recent progress in making cancer screening services more accessible and more responsive. The Joint Scrutiny Committee feels that the longer opening hours for screening services and Saturday morning openings (in Hartlepool initially) demonstrates this. The Joint Scrutiny Committee is also aware of a significant reduction in the average 'turnaround time' for cervical test results, which is commendable progress.
- c) The Joint Committee is pleased to see the Public Health Directorates across the Tees Valley continuing to make efforts to understand people's feelings towards Cancer Screening, specifically considering the topic of what exactly would motivate people to attend or what makes people not attend. The Joint Committee would point to the recent work with local radio stations as an example of that.
- d) The Joint Committees notes that areas of Middlesbrough and Hartlepool have consistently low cancer screening take up, when compared with the Tees Valley and national average. This applies across Breast, Bowel and Cervical Screening. This could mean even more cases of cancer in these areas are not identified until the disease is further advanced.
- e) Whilst late diagnosis may be a particular problem in Middlesbrough and Hartlepool, given the lower screening take up rates, the issue of delayed diagnosis is an area of concern for the Tees Valley that the Joint Scrutiny Committee had heard a great deal about. The Joint Scrutiny Committee notes that Professor Mike Richards in his 2nd Annual Report on the Cancer Reform Strategy has highlighted this as an area of national concern for urgent attention. The Joint Scrutiny Committee heard that hospital based cancer services in the Tees Valley are of a very high standard although there is concern over the stage that the cancer has often reached at time of diagnosis.
- f) In order to improve Cancer Screening take up rates, the Joint Scrutiny Committee feels that the local NHS could develop its operations in community development work and targeting particular communities where felt appropriate. The Joint Scrutiny Committee would like to see the local NHS approaching relevant local authorities for assistance in this regard.
- g) The stage of diagnosis of cancer had a material impact upon a patient's chances of successful treatment. Tackling the late diagnosis of cancer is two fold. Firstly, more people need to be encouraged to attend cancer screening opportunities when invited to do so. Secondly more people need to become more 'body aware' when noticing possible symptoms and be more empowered to seek advice at the earliest possible opportunity.

Recommendations

- i) That the local NHS develops and publishes a clear and coherent strategy for identifying and assertively targeting communities, which are consistently under-represented in the cohorts of people who attend screening programmes. The local NHS should engage with local authorities and particularly Elected Members, to access their expertise and assistance about local areas. The Joint Scrutiny Committee would expect local authorities to provide all reasonable assistance in what is very much a shared agenda.
- ii) That the local NHS expedites the rollout of digital mammography services and provides an update for the Joint Scrutiny Committee on the progress in summer 2010.
- iii) That the local NHS give detailed thought to highly localised awareness campaigns of cancer symptoms aimed at giving people the knowledge to notice changes in their bodies and the confidence or encouragement to approach General Practice with any concerns. It is suggested that such endeavours be focussed on geographical areas or specific communities, underrepresented in Cancer Screening services.
- iv) The Joint Scrutiny Committee would like to see discussions on strategy for better screening take up and symptom awareness, take place at Board level. This would ensure that Non

Executive Directors have the opportunity to contribute to strategy and provide challenge to Executive Directors, in what is a crucial area of health improvement for the Tees Valley.

- v) The Joint Scrutiny Committee would welcome the opportunity to contribute to the debate about future strategy relating to improving Cancer outcomes for the Tees Valley and would like the opportunity to engage with NHS colleagues at a point where strategy is still being formulated.

Members referred to the statistical information provided at paragraph 7.8 as shown on page 3 of the draft final report in relation to the percentage of eligible women screened for breast cancer in respect of Darlington, North East and England. It was agreed that endeavours be made to obtain similar data in respect of the other Tees Valley areas. Although not essential it was also suggested that it might be useful to obtain information, if available, regarding cancer mortality rates across the Tees Valley.

With specific regard to the recommendations relating to localised awareness campaigns the Joint Committee was advised that given the significant problems in Hartlepool as identified it was intended to submit the Final Report to Hartlepool Council's Health Scrutiny Forum with a view to carrying out further detailed work. It was suggested that it might be useful if the Final Report was submitted to the respective health scrutiny committees of the other Tees Valley authorities.

Reference was made to one of the main areas of work as identified by the Executive Director of Public Health relating to aspects of community development and seeking assistance from local authorities and other organisations by using their expertise with particular regard to hard to reach groups. The Executive Director of Public Health had also stated at the previous meeting of the Joint Committee that the Final Report was considered useful in terms of supporting the work currently being developed with regard to all screening programmes.

AGREED as follows: -

1. That the draft Final Report on Cancer Screening Services across the Tees Valley together with the conclusions and recommendations as outlined be approved.
2. That endeavours be made to include additional statistical information, if available, as outlined.
3. That the formal response from the local NHS be reported back to the Joint Committee.
4. That the Final Report be submitted to the respective health scrutiny committees of the constituent local authorities.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE – SCRUTINY WORK PROGRAMME

The Scrutiny Support Officer submitted a report which gave an indication of the some of the likely areas of future work for the Joint Committee.

Reference was made to current work in relation to the capacity of North East Ambulance Trust across Tees and the intention for representatives to attend and host a half day seminar in late January or early February depending on availability.

In terms of future work reference was made to monitoring the outcome of the work in respect of Cancer Screening services across the Tees Valley as indicated in the Joint Committee's Final Report.

It was noted that NHS Tees had been invited to attend the meeting of the Joint Committee in February with a view to seeking the Committee's input into a recently prepared Oral Health Strategy. The Joint Committee had also agreed to keep developing projects relating to Sexual Health Services and Personal Health Budget Pilots under a watching brief.

The Joint Committee had previously identified an interest in considering how vulnerable children were protected across local authority and hospital trust boundaries.

An interest had also been expressed in receiving a briefing on the new NHS management structures across Tees once they had an opportunity to be established.

The Joint Committee considered the possibility of engaging further with Primary Care Trust Chief Executives or Board representatives as part of ongoing discussions on a more programmed basis to assist in identifying items for the Joint Committee's work programme and influence the debate on a series of important health issues. Given the current strategic direction of health and commissioning agenda Members agreed that it would be beneficial for such discussions to be held on a more regular basis.

In considering possible future topics reference was made to mental health issues with particular regard to the high suicide rates in the North East/Tees Valley in comparison with national rates. Reference was made to the possibility of receiving a progress report on the implementation of the Advance Project by the then Tees and North East Yorkshire NHS Trust in 2005.

AGREED that the areas of current and future work as outlined be included in the work programme of the Joint Committee for the remainder of the 2009/2010 Municipal Year.

DATE OF NEXT MEETING

It was confirmed that the next scheduled meeting of the Tees Valley Health Scrutiny Joint Committee would be held on Tuesday 9 February 2010 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

NOTED AND APPROVED

ANY OTHER BUSINESS – REGIONAL HEALTH SCRUTINY

Reference was made to discussions held at regional level with specific regard to the possibility of the Centre for Public Scrutiny supporting the setting up of a regional overview and scrutiny committee further details of which would be reported to a future meeting of the Joint Committee.

NOTED