33. Declaration of Members' Interests

There were no declarations of interest.

34. Minutes - To confirm as correct the minutes of the meeting held on 11 January 2017

The minutes of the meeting held on 11 January 2017 were confirmed as correct.

Members asked for information that the Select Committee had requested at the meeting on 11 January 2017 regarding the CCG’s review of continuing healthcare packages. It was confirmed that this would be sent out to them shortly.

35. Draft Report resulting from the Committee’s Scrutiny Review on Cancer Prevention, Awareness and Early Detection

For 2016/17, the Select Committee had agreed that cancer would be the topic on which to undertake a scrutiny review due to the scale of the issue locally, and the serious implications on public health. It was felt that an in-depth review into this topic added value. The Select Committee had undertaken an in-depth scrutiny review of awareness and early diagnosis. The findings of the review, in line with the terms of reference and work plan, were contained in the report.

Recommendations of the Select Committee as an outcome of the scrutiny review were key to changes leading to improved cancer outcomes in Barking and Dagenham. The report focussed on recommendations that the Select Committee may wish to consider before the final report was submitted to them at the meeting on 3 May 2017.

The Director of Public Health (DPH) presented the report and added that there were lessons to be learnt from the earlier failings of Mid-Staffordshire Health Trust. He stated that HAASC held the Cabinet Member for Social Care and Health Integration to account for the services provided, and the Select Committee needed to think about what they want to see changed or recommended in respect of the Scrutiny review. The Portfolio Holder for Social Care & Health Integration would attend the next meeting of the Select Committee on 3 May 2017 and Members would be able to present these recommendations to her in the final report. It was noted that far too many borough residents went straight to A&E and had not been diagnosed with cancer via the GP. It was also noted that there were high obesity rates for children up to year six and the risk factors determining
The Strategic Director, Service Delivery and Service Integration (SDSDI) suggested that the Select Committee consider three specific scenarios in terms of drafting their recommendations for the final report:

1. People who are unwell and don’t seek help
2. People who have seen a health professional but signs and symptoms have been missed
3. Doctor sends resident into a pathway

Members noted that there were a high number of incidents of lung cancer and asbestosis caused by smoking. They asked what kind of literature was available in increasing awareness and they felt that screening tests needed to be promoted. There was often no publicity in GP’s surgeries to remind patients in particular e.g. breast screening. DPH stated that asbestosis and Myeloma were not classified as lung cancer. There had been campaigning work around awareness of lung cancer and an example was the “Barking Cough Campaign” and initiatives such as these should be encouraged. He considered that the Select Committee may wish to ask what was being done to promoting awareness by GPs in relation to these cancers which could include inviting patients for a health check.

Members noted that as the borough had a very diverse community, there were some residents who could not speak English. It was important to reach out into these communities with awareness publicity. They felt that the Health and Wellbeing Board could investigate this matter and think about how to get the messages out to residents in a user-friendly way.

Members considered that visiting the borough’s places of worship for different faiths may be helpful in increasing awareness of cancers, which could include roadshows. DPH stated that the Cabinet Member for Social Care and Health Integration had challenged officers to become more involved with faiths and faith venues. It was noted that some of those attending these faith venues may not be Barking and Dagenham residents but officers can and do work collectively with neighbouring boroughs to increase awareness.

Members felt that utilising social media would be beneficial in promoting greater awareness of cancers. Younger residents could then tell others which created more awareness particularly amongst older groups in the community. DPH stated that the Council had worked with NHS campaigns, which had included posting information on Refuse Vehicles and an event had been held in Vicarage Field which publicised about awareness of bowel cancer. The Council were not at present using social media as a campaigning tool as this was the responsibility of NHS England on a one-size fits all basis. He considered that there was a need to think about targeting in promoting awareness.

Members were concerned that residents may not always recognise the symptoms of cancer. The reasons for non-awareness of signs of cancer and symptoms may include low confidence in seeking help and people may often be fatalistic and have
a low level of knowledge about cancers. In addition, public facing staff and health and social care staff need to be more professionally aware. DPH referred to familial cancer and that people can be called in for a health check and monitored. There was a ‘one size fits all’ in such matters and all boroughs had high cancer rates in North East London with Barking and Dagenham as the worst for certain cancers.

Members noted the current access arrangements for cervical smear tests, bowel and breast screening. In terms of cervical smear tests, these were usually conducted at the GP’s surgery and access was in line with national targets. In terms of bowel and breast cancer screening, these was conducted at Queens Hospital and not at the GP’s surgery. It was noted that GP’s were not paid to undertake bowel cancer screening and Members were concerned about the low take up, particularly as the test was very unpleasant and potentially off-putting. They felt that the bowel screening could be made more ‘user-friendly’ and health providers considered providing a toolkit (including gloves) to those who need it. Members asked that the CCG put pressure GP’s to promote screenings in all areas.

It was noted that performance management of GP’s had been delegated from NHS England to the CCG and GP’s needed to be more accountable at local level. The SDSDI asked the Select Committee whether it wanted to raise this concern with the CCG as to how they performance manage GP’s and in this regard a robust approach on GP services was recommended. It was felt that money could be saved if cancers were detected at an earlier stage. In particular, it was considered important that all GP’s track those patients who have had screening appointments and for those who did not attend them, although DPH stated there was information as to which GP’s kept a track and those that did not. It was felt that NHS England could be asked why they could undertake targeted campaigns to reach out to local residents.

DPH advised that in terms of borough GP’s performance, there were some very high-performing GP’s but there were approximately fifteen Practices out of forty in the borough that were under-performing and they needed to improve their performance. He gave an example of a Practice that had been in ‘special measures’ but had now improved its performance significantly. DH suggested that the Select Committee may wish to consider asking the CCG what steps they were taking to turn around failing GP practices and in general terms, to ensure that residents did not end up being diagnosed with cancer at A &E without a consultation with their own GP first. It was also noted that there were a number of women residents in the borough who did not wish to visit a male GP. He added that it was important to avoid a postcode lottery of GP practices.

Members requested that in terms of the incidence of cancers in the borough, what were actual numbers rather than percentages. DPH would send to him a breakdown of how many affected in the borough.

Members were interested to learn if there was a specific website identifying GP performance levels. DPH stated that there was a CQC website which compared GP practices although it was not very well promoted. He would share the link to the website with the Select Committee.
Members were concerned that there may be patients who do not visit their GP often and therefore may be taken off the GP’s patient list as a result. Subsequently, when they want to go and see their GP, the GP may refuse to see them.

Members wished to see how to get the message across to residents without a one-size fits all approach. They also wanted to hold NHS England and CCG to account in this matter. It was noted that black and ethnic minority women should be specifically targeted as they had a very low rate of take up for breast screening. In addition, members of Bengali community had a high rate of cancer of the mouth and could be targeted for cancer awareness promotion. Members also asked whether the East European community may need to be targeted for awareness of lung cancer owing to the high levels of smoking.

Members were concerned about the times taken to refer patients and this matter was being discussed at a future meeting of the Select Committee when Matthew Hopkins would be attending on behalf of the Trust. Members considered that early detection of cancer was very important and were concerned about those who did not attend their referral appointments. They enquired what was being done to address this rate and whether this was followed up with patients and the reasons for non-attendance. Prevention was better than cure and it may be an option to suggest increasing the referral clinics to weekends.

Recommendations

1. **Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?**

   1. One in five adult residents in the borough are likely to be smokers; more than one in two are overweight or obese. The Committee needs to know what will the Health and Wellbeing Board take to reduce the numbers of smokers, and overweight and obese individuals in the borough, to levels comparable with England.

   2. Not all residents are registered with a GP practice. The committee needs to know what actions will BHR CCG will take to ensure all residents, and particularly vulnerable residents, have a named GP within the next two years.

   3. There is significant variation between GP practices in the proportion of eligible patients that are offered and take up the Health Check. The committee need to know what actions the B&D Health and Wellbeing Board and BHR CCG will take to raise awareness of the importance of Health Check and reduce the variation in Health Check uptake between GP practices.

   4. There is significant variation between GP practices in the numbers of residents that are diagnosed at early stage and late stage in the development of their cancer. The committee needs to understand what actions are being taken by BHR CCG to ensure that GPs are auditing and acting on audit information, to ensure that patients enter
2. **What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?**

   a. A much lower proportion of residents, than is usual for England or London, respond to requests to act on and return bowel cancer screening kits. The committee need to understand what action the Health and Wellbeing Board, including the CCG, in partnership with MacMillan and Cancer Research UK, will take to increase the proportion of residents returning bowel cancer screening kits within the next year.

   b. There is significant variation between GP practices in the proportion of registered patients that take up the cervical cancer screening. The committee need to know what actions BHR CCG, along with MacMillan and Cancer Research UK, will take to raise awareness of the importance of screening and reduce the variation in cervical screening uptake between GP practices within the next year.

   c. There is significant variation across the borough in the numbers of residents that access breast and bowel screening. The Select Committee need to know what action the Health and Wellbeing Board, including BHRUT CCG, along with MacMillan and Cancer Research UK, will take to raise awareness of the importance of screening and to increase uptake of breast and bowel screening in the borough and to a level comparable with England within the next year.

   d. The breast screening unit has not been easily accessible to borough residents, recently a unit has been placed in the borough temporarily. The Committee need to be assured by NHS England that residents will continue to have in-borough access to breast screening.

   e. The Cancer Strategy for England recommends that NHS England work with arm's length bodies to develop a cancer dashboard of metrics at the CCG and provider level. It is proposed that this dashboard includes information on screening uptake across GP practices. The Committee need to be assured that this action is being taken by NHS England, and that the dashboard will be available within one year.

3. **What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?**

   a. Awareness of signs and symptoms of cancer by residents is low. The committee needs to know what action will be taken by the Health and Wellbeing Board to increase awareness of signs and symptoms of cancer in residents.

   b. Awareness of signs and symptoms of cancer by residents is low. The
committee needs to know what action will be taken by the North-East London Cancer Commissioning Board and the BHR Cancer Collaborative to increase awareness of signs and symptoms.

c. Awareness of signs and symptoms, and risk of developing breast or prostate cancer is high in our Black African population. The Committee need to know how the National Awareness and Early Detection Initiative (NAEDI) will target specific ‘at risk’ groups.

36. Update on the matters covered at the last Joint Health Overview & Scrutiny Committee

The report was noted.

37. Work Programme

The Work Programme was noted.

There was concern that representatives from BHRUT and CCG had not attended tonight’s meeting as the item was deferred. It was suggested by SDSDI that their attendance was required.

The Chair referred to a meeting that he had with senior officers of the Clinical Commissioning Group (CCG) on 20 February 2017, when the CCG advised him that they were having to make substantial savings across the CCG’s in 2017/18. The CCGs and Barking, Havering and Redbridge University Hospital’s NHS Trust (BHRUT) were putting together an overall savings plan for £35m (which related to activity at the Trust) and this was being discussed and agreed at the wider BHRUT partnership meeting. The CCG’s then needed to find £20m of savings from other sources. The shortfall was due to a number of factors including increasing demand and demographic pressures.

The initial savings proposals would be subject to a public engagement exercise for a number of months beginning in March 2017. Given that this affected all three boroughs in the Trust (Barking and Dagenham, Havering and Redbridge), it seemed appropriate for CCG to discuss these from a scrutiny perspective at the Joint Overview and Health Scrutiny Committee (JOSH), once the consultation was launched. There was a meeting of JOSH in April 2017 which should fall within the consultation timetable.

The SDSDI advised that Scrutiny had the right to scrutinise these proposals in detail particularly if substantial change was to occur in budgets and services and added that Cabinet members across the three boroughs were working closely together in this matter. It was noted that a list of potential savings was being drawn up by the CCG and the SDSI agreed to share this with the Select Committee.

In discussion, Members asked for the following areas to be considered as agenda items by the Select Committee in 2017/18:

- Local vanguard
- STP/ACP
- BHRUT update

- Scrutinsing the savings programme

- Scrutiny topic for review - potentially Oral hygiene/visits to the dentist/tooth decay for children: this would be a very wide area and HAASC not considered this before. It was suggested this could be in two parts and the second one considered after the May 2018 elections. For 3 May meeting an idea of choices and vulnerable groups would be available.

- Medicines management via pharmacies

The Chair would meet with officers to discuss the work programme in detail for 2017/18 although it was noted that the municipal year would be shorter than normal owing to the forthcoming 2018 local elections.