Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Tuesday 19 March 2024 at 10.00am

COUNCILLORS

Jonathan Wheeler (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr - apologies
David Martin
John 'Maggie' McGrath
Nigel Turner
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None

OTHER COUNCILLORS IN ATTENDANCE

None

OFFICERS

Martin Elliott – Senior Scrutiny Officer
Noel McMenamin – Democratic Services Officer
Katherine Harclerode – Democratic Services Officer
Vivienne Robbins – Interim Director of Public Health
Jane Roberts – NCC Public Health and Commissioning Consultant

ALSO IN ATTENDANCE

Simon Castle – NHS Nottingham and Nottinghamshire ICB
Katie Lee – NHS Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 20 February 2024

The minutes of the last meeting held on 20 February 2024, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Apologies for absence for medical reasons were received from Cllr Carr.

3 DECLARATIONS OF INTEREST

In the interests of transparency, Councillor McGrath asked it to be recorded in relation to agenda item 4 (Lung Health in Nottinghamshire) that his daughter was studying nursing.

In the interests of transparency, Councillor Eddy declared a personal interest relating to agenda item 4 (Lung Health in Nottinghamshire) that her husband was previously a Community Staff Nurse in Nottinghamshire.

In the interests of transparency, Councillor Welsh asked it to be recorded in relation to agenda item 4 (Lung Health in Nottinghamshire) that a close personal relative was currently undergoing treatment for a serious lung health condition.

4 LUNG HEALTH IN NOTTINGHAMSHIRE

Consideration was given to a presentation by Simon Castle and Katie Lee on behalf of NHS Nottingham and Nottinghamshire ICB. They were joined by Jane Roberts, Public Health Consultant, NCC. The presentation outlined the current context regarding population lung health in Nottinghamshire and the impact of the mobile delivery model for targeted lung health checks. Following on from discussions at the December 2023 meeting, Members requested this item to be presented for scrutiny with a view to discussing the approach of the ICB to improving lung health within Nottinghamshire.

The presentation elaborated on the following points:

- An epidemiology of lung cancer in Nottinghamshire showed lung cancer presentations were correlated with deprivation.
- The importance of diagnosing lung cancers early motivated the efforts of the ICB to shift diagnosis earlier, within Stages 1 or 2.
- To illustrate improvements in detection and treatment of lung cancers, survival rates were described.
- Most cancers in Nottinghamshire CC were identified at Stages 3 and 4.
- Targeted lung health checks had been shown to be an effective intervention.
- A phased rollout of the programme began with Phase 1 in April 2021, and Phase 2 in December 2022 with further phases planned in Nottinghamshire.
- The pathway model and associated timescales were provided, from proactive communications about appointment invitations, to conclusion with either a local smoking cessation service or an outcome letter to the patient within four weeks of a scan.
- This service was self-contained and was delivered from community locations via two designated lorries. This improved uptake by adding convenience and removing the need to go to hospital for the scans.
- The smoking cessation service was offered to all current smokers.

- The approach to communications and engagement involved links with community and voluntary care sector and GPs/pharmacies. The website was also a source of information for residents.
- The service delivery was partnership-based, with site owners enabling the service to be delivered from locations that were convenient for people to access. Visibility at community events was also maintained.
- Social media campaigns were targeted and had been shown to be wide reaching within the populations targeted.
- Impacts of COVID-19 pandemic on early diagnosis rates were also shown, with emphasis on the shift in early diagnosis rates.
- Incidental findings of the scans process had been significant. This was believed to have a positive effect on health inequalities.
- Next steps for local expansion were informed by the national screening programme, with the aim of access for the whole population by April 2027. Geographical prioritisation was based on lung cancer mortality rates and smoking rates.

The Chairman thanked the presenters for the information that had been provided and highlighted the importance of early detection.

In the discussion that followed, Members raised the following points and questions:

- Details were sought regarding how well Nottinghamshire's uptake of the programme compared to similar screening programmes elsewhere in the country.

- Clarification was requested regarding the offer for the community given the history of mining industry and associated lung health conditions, even among those who were not smokers.

- More details around phase 3 were requested.

- The emphasis on prioritising future phases based on levels of deprivation was welcomed in line with the commitment to address health inequalities.

- More specifics were requested around waiting times for further assessment following a targeted lung health check.

- Given the support needs of people with other lung conditions, additional assurances were requested that age and smoking were the most appropriate criteria.

- Specific details were requested around timescales for the inclusion of Hucknall in the programme.

- In view of the importance of early detection for lung cancers, further explanation was requested around how come targeted lung health checks were not rolled out many years ago.

- More details were requested around the provision of a lung cancer screening programme for Bassetlaw residents.

- The Chairman noted that liaison would be undertaken with NHS South Yorkshire colleagues to identify available lung health resources within Bassetlaw, with the acknowledgement that the South Yorkshire service was currently evaluating its findings. Data would be requested in respect of Bassetlaw's lung health programming with a view to ensuring equity of access for Bassetlaw residents.

- Members noted that Nottinghamshire had run this programme ahead of the National programme, and that posters and signage had been seen in locations associated with Phase 1.

- Members sought further assurances that messaging was also being delivered to the public in formats that would reach young people.

- Interest was expressed in knowing more about the anticipated timescales for rollout of the programme to West Nottingham areas.

- Information was requested regarding how the programme linked with large employers to promote engagement and uptake.

- Further details regarding the boundaries of localities covered within the phased rollout were requested, and more information was offered following the meeting.

- More information was sought regarding how the Programme communicated the positive economic impacts of smoking cessation on individual as well as local and national finances.

- Noting that smoking restricts social mobility by limiting the economic potential of individuals, Members felt there was potential for mentoring to provide compelling positive case studies of personal success as a result of smoking cessation.

In the response to the points raised, Simon Castle, Katie Lee, Jane Roberts, and Vivienne Robbins advised:

- Relative to the rest of the country, uptake rates for Nottinghamshire's programme were the highest in the country. The service had received acknowledgement for the effectiveness of the targeted engagement and the community engagement approach. An alternative delivery model which is run through a hospital was in used in some places with far less uptake. It had been shown that people in Nottinghamshire can access the service

easily at their supermarket. This learning had been implemented in other services such as breast screening.

- The service had achieved 75 percent uptake among the targeted population, which was based on risk factors around age and smoking history. It was noted that work history could change a person's risk score, and the risk factors had been identified through significant trials in Europe and America. Additional engagement work was undertaken with GP practices that were located where targets were low. The service also considered age, sex and ethnicity demographics to ensure effective and equitable reach of the programme.

- The Interim Director of Public Health noted that E-cigarettes/vaping had been shown to be an excellent quit aid for smoking. Evidence was clear to support people to move from tobacco and cigarettes. It was acknowledged that long-term impacts of E-cigarettes were not yet known, and non-smokers were not being encouraged to start vaping. The position statements of the Health and Wellbeing Board had included reference to e-cigarettes as a route out of smoking, rather than a route into smoking.

- Clarification was provided regarding the phasing nationally versus locally. Populations were invited by GP practice, with patient records consulted.

- Specific risk factors for lung cancer were prioritised; however, other individuals were being fast tracked through to spirology or echo tests for heart based on their individual risk factors. It was considered important not to flood the programme with low-risk patients to ensure those with high risk for cancer received the screenings. These criteria were chosen based on the evidence of higher risk for lung cancer.

- The Interim Director of Public Health noted the programme was a positive example of work that was tackling health inequalities. Strict criteria were in place around screening programmes, which help reduce instances of false positives and false negatives. This is done through working on the evidence base. Ensuring the people being seen first are those who are more likely to have lung cancer, rather than putting people through a process that the evidence base shows may not be needed.

- It was acknowledged that the needs among communities can be different, and the work of the ICB was responsive to this. Public Health was supportive of continued learning and growth from what was felt to be a strong start.

- In respect of waiting times, the aim was 31 days from diagnosis to treatment. Some targets had been challenging due to backlogs from the COVID-19 pandemic and industrial action. The latest numbers were 81 percent on track. The trust worked diligently with the knowledge that any additional month delay could have a real impact, especially for patients who were close to stage shift. Therefore, additional treatment capacity had been added, which included theatre capacity for surgery. The Service worked to match capacity with demand, and this was being achieved.

- The Chairman noted that a further briefing would be requested regarding the work that is being done around other lung conditions, especially those which can present within the former mining community. Consideration would be given to the best way to move forward.

- A programme like the targeted lung health checks could not be rolled out in previous years, because evidence to show the impact was not available and formerly it was not possible to deliver a low-dose CT scan. The technology was now available and accessible. The evidence was also available now to show the impact, so prioritisation has been given to expand the service.

- The preventative approach for tobacco sought to prevent two-thirds of smokers from dying from smoking. The best way to prevent these deaths was to prevent people from starting. The next best way was to help them quit as early as possible.

- For most people who have the risk factors, it was important to keep them from reaching stages 3 and 4. The aim was for people not to reach these stages at all due to early detection and treatment. This programme sought to change the mindset of individuals who have seen their friends at stage 4 and decide they do not want to know. Actually, if it is known about early, individuals can avoid stage 4 altogether.

- The importance of accessibility was emphasised, because treatment was not the key to mortality; rather, it was the late presentation. It was because of late diagnosis of lung cancer that the outcomes were poor. The diagnostics existed, and the outcomes were good.

- The differences in survival rates had shown that key risk factors were due to deprivation.

- A lung cancer screening programme for Bassetlaw was part of the South Yorkshire mobile screening programme offer. The Nottinghamshire service maintained close contact with colleagues who coordinated the South Yorkshire programme.

- It was noted that NHS posters had a place within the broad spectrum of communications and engagement media which included videos, website, WhatsApp and Facebook groups. These employed a storytelling approach and the Programme worked with specific people to include their case studies. A dedicated communications and engagement professional worked full time on this. QR codes on posters led to an animation which was felt to be more engaging.

- Linking with large employers was something the Service could do to spread the message to encourage people to accept their invitation.

- It was confirmed that Hucknall would be included in the coverage of the programme next year within the roll out of Phase 4.

- The timescales for rollout in West Nottinghamshire were not known definitively yet but would likely be part of the work for 2025/26 which would invite the whole population, especially anyone who has ever smoked. The whole population is invited in case the GP data does not include all current and former smokers.

- The Director of Public Health noted there was an addiction element which made it very difficult for some people to stop smoking. There were therefore discussions around the motivation to stop smoking which was unique to each individual. This allowed support to be tailored to them when they accessed the service. This was also informed by emerging data.

- It was acknowledged that the costs of tobacco contributed to the negative impacts of the cost-of-living crisis and deprivation. The total cost of smoking was much greater than the cost to individuals, as further costs in terms of environmental health, health and social care, were significant. Work with trading standards was currently ongoing to crack down on illegal tobacco sales and illegal vapes and those who sell to young people.

RESOLVED 2024/04

1) That the presentation be noted.

2) That information regarding the uptake of targeted lung health checks in Bassetlaw be requested from NHS South Yorkshire and cascaded to Members.

5 WORK PROGRAMME

Consideration was given to a report and outline programme of scrutiny work, and developments in respect of scheduling of items for the work programme were noted.

- The Chairman thanked those who participated in the ICB briefing regarding the work that had been done thus far regarding provision of community healthcare services in Newark.
- Consideration of an agenda item at the April meeting would allow further public scrutiny of the progress of the implementation and the rationale for this decision.
- A briefing would be requested regarding wait times for elective surgery.
- As part of the plans for the June meeting, the Chairman noted the work that had been done at NUH as part of the commitment to keep working on performance, which was felt to be a positive step.

- In respect of promotion of health and wellbeing at the Hucknall Centre, this item continued to be on hold until the revised parameters were received from the NHS. If an update was available, this would be shared.

RESOLVED 2024/05

1) That the Work Programme be noted.

2) That consideration be given to how best to receive additional information regarding the issues raised by members.

The Chair thanked Members for attending and closed the meeting at 12.18 pm.

CHAIRMAN