

The Sunderland Healthy Communities Collaborative (HCC)





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1 Executive Summary

This report intends to highlight HCC community activity over the last twelve months; however it must also be acknowledged that the HCC project manager was on long term sick for three of these months following an accident.

The Sunderland HCC is targeting three wards across the City (St. Chads ward, St. Peters ward & the Hetton ward) encouraging earlier recognition and presentation of breast, bowel & lung cancer in the identified local communities. These sites were chosen due to the combined high prevalence and mortality rates of bowel, breast & lung cancer in the areas. Three HCC teams of volunteers and health professionals are working at grassroots level in order to encourage local people to access their GP sooner with potential signs and symptoms of the three cancers in addition to advocating the importance of breast and bowel screening.

The Sunderland HCC intends to increase and sustain positive multi-agency working, raise awareness about earlier recognition and presentation of cancer symptoms, work with cancer networks and screening programmes, support primary care in the implementation of best practice, learn and test ideas and share such learning within the immediate areas to other agencies/other areas outside the sites geography to encourage spread.

During the first year the HCC teams have targeted a vast number of community, voluntary & statutory organisations and staff within the targeted areas in order to ensure positive enhancement of social systems and spread of the work.

There has been a high level of mapping in the identified areas to segment and target the populations to gain insight to local information. Secondary care and GP surgery data is being recorded to monitor progress and direct the work further. The second year of the HCC early presentation and detection of cancer work will be to build on existing structures and relationships whilst generating innovation.



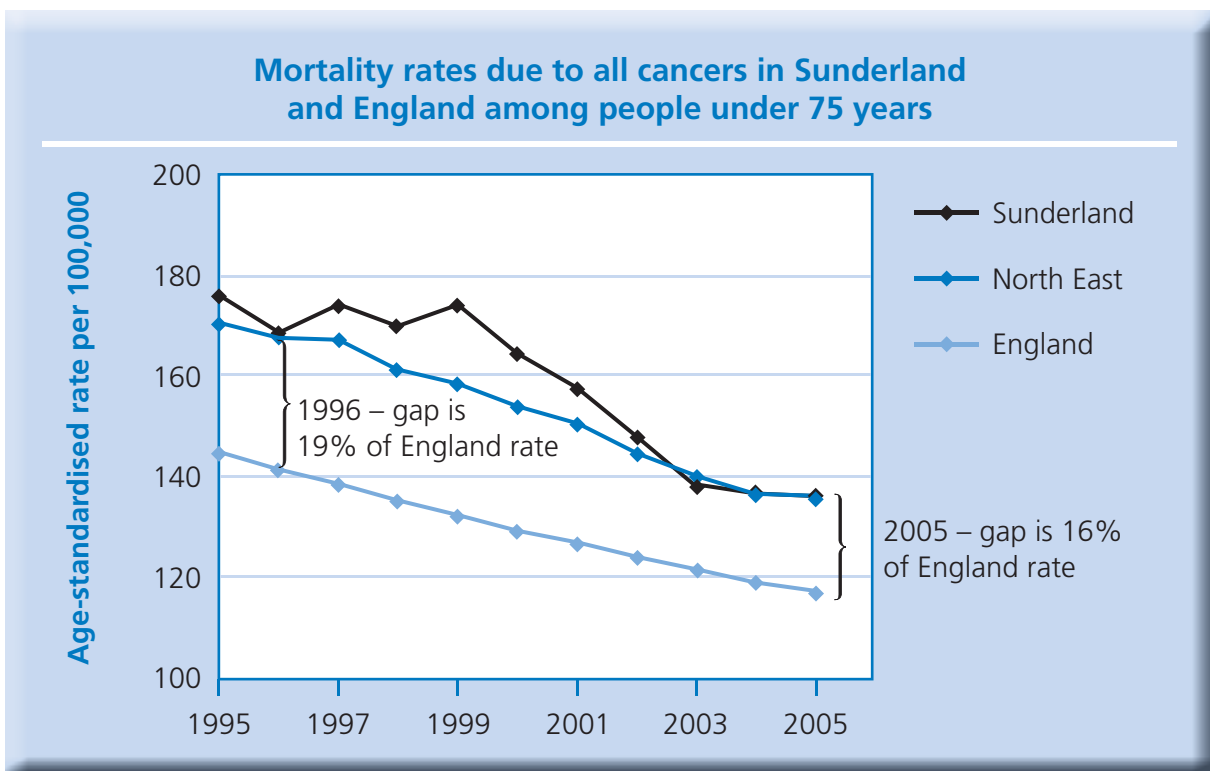
2 Introduction

The NHS Cancer Plan (2000) has achieved impressive results since its implementation, in improved coordination, streamlined pathways and faster access to specialist services. Much of this has followed the formation of Cancer Networks and led to improved diagnosis and treatment.

Whilst survival rates are increasing in the UK as a whole, the rate of improvement is slower in more disadvantaged areas such as Sunderland. This has been attributed to a number of factors including:

- Patient delay in recognising the signs & symptoms of cancers
- Poor levels of knowledge about the disease and its outcomes
- Practitioner delay in referral and subsequent diagnosis
- People in the areas of highest deprivation having low expectations of their health in older age and of their longevity

2.1 The local picture – Sunderland



Source: Clinical and Health Outcomes Knowledge Base

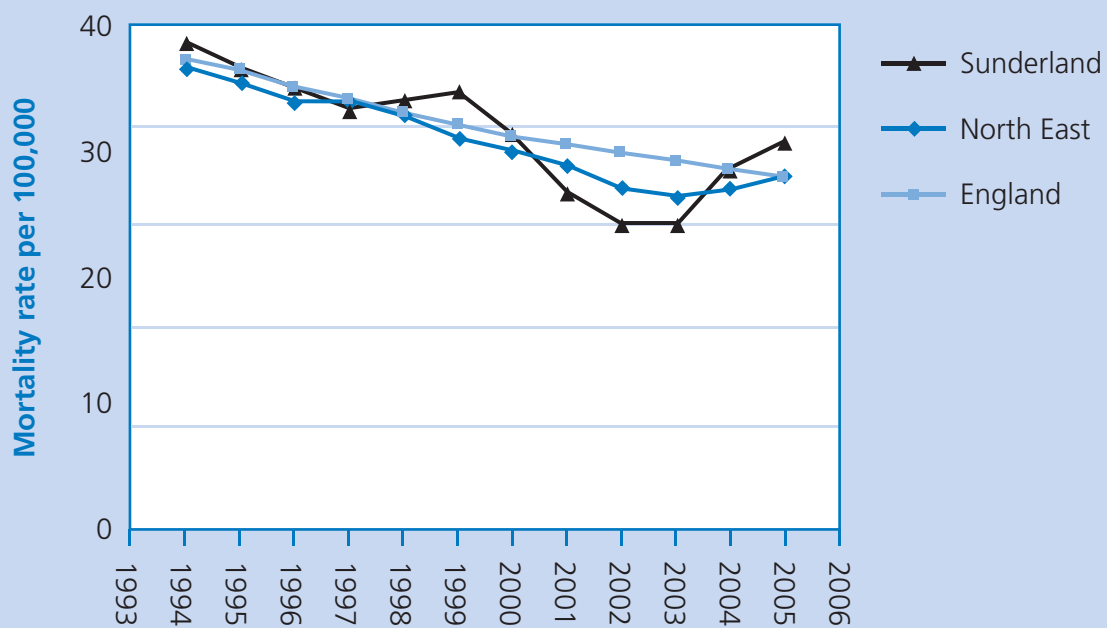


3 The facts

3.1 Breast cancer

- Breast cancer is the most common form of cancer in women in the UK
- Breast cancer in men is rare, but around 300 cases are diagnosed each year
- 1 in 9 women are at risk from breast cancer during their lifetime
- More than 80% of cases occur in women over 50 years old
- Breast cancer in women younger than 30 years is rare, but can occur
- Breast cancer accounts for 1 in 3 of all female cancers
- All women between the ages of 50 to 70 are invited into routine breast screening (available to over 70s on request referral from GP)

3.1.1 Directly age-standardised mortality rate in Sunderland due to breast cancer, females all ages (three year pooled)



Data is plotted in the middle year of a three year period.

Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

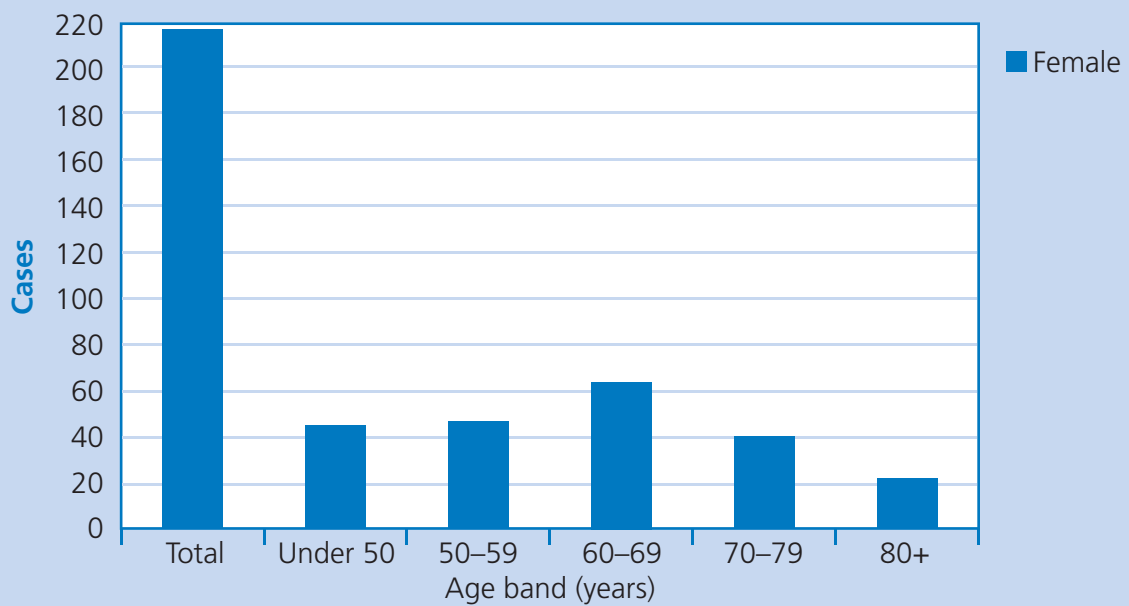


3.1.2 Breast Cancer (ICD10 C50) Annual Registrations in Sunderland by Year of Registration



Source: Northern & Yorkshire Cancer Registry & Information Service at www.nycris.org.uk

3.1.3 Breast Cancer (ICD10 C50) Average Annual Registrations in Sunderland by Age Band, 2003–2005



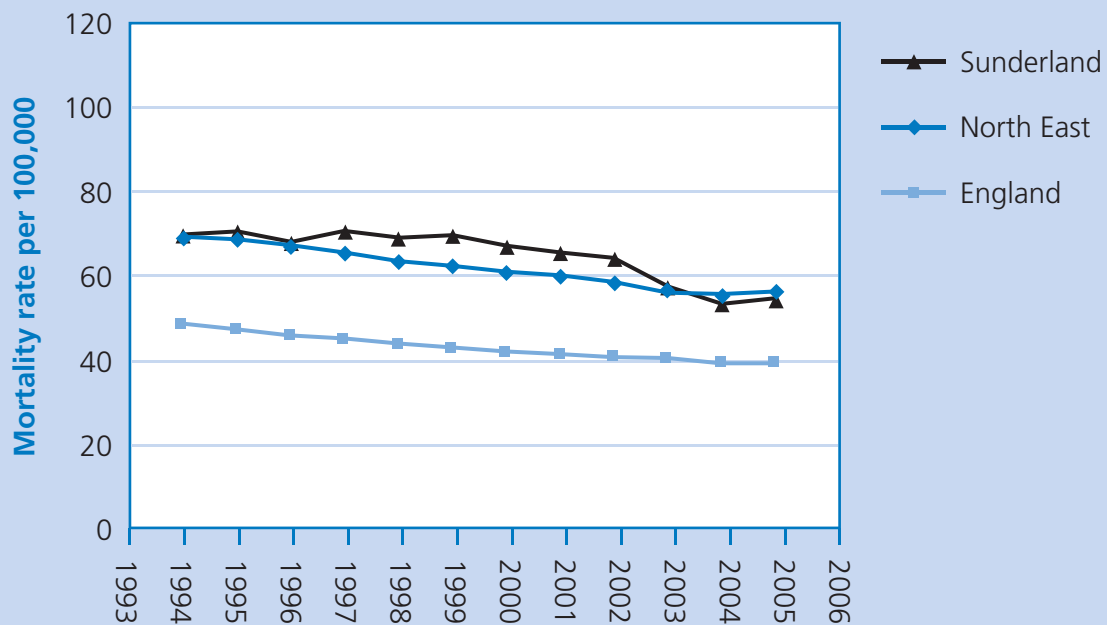
Source: Northern & Yorkshire Cancer Registry & Information Service at www.nycris.org.uk



3.2 Lung cancer

- Lung cancer is the UK's biggest cancer killer
- For 80% of people with lung cancer, their disease is inoperable because it has been diagnosed so late
- Lung cancer is almost always caused by exposure to cigarette smoke, either by passive or direct inhalation. Only 1 in 10 cases of lung cancer is not linked with smoking
- It's more common in people over 60 years of age
- Exposure to asbestos dust can cause a form of lung cancer

3.2.1 Directly age-standardised mortality rate in Sunderland due to lung cancer, people all ages (three year pooled)

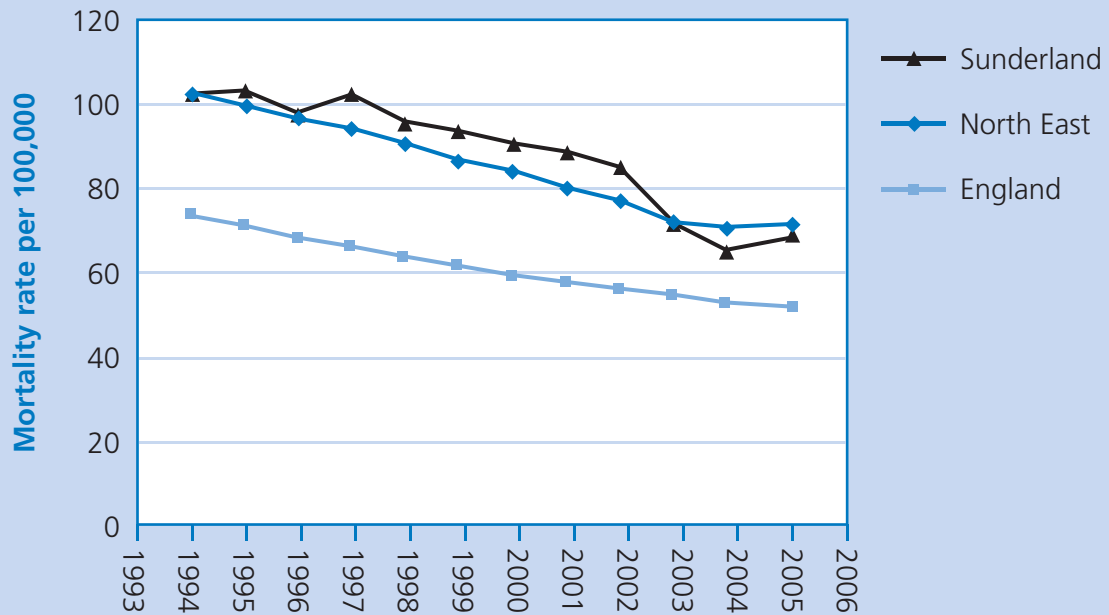


Data is plotted in the middle year of a three year period.

Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

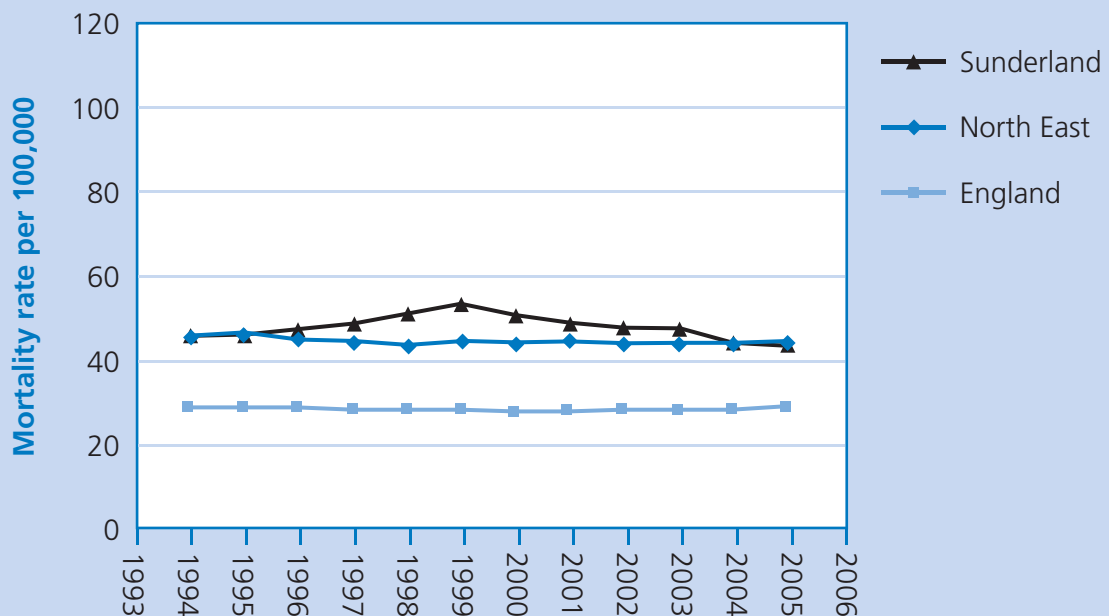


3.2.2 Directly age-standardised mortality rate in Sunderland due to lung cancer, males all ages (three year pooled)



Data is plotted in the middle year of a three year period.
 Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

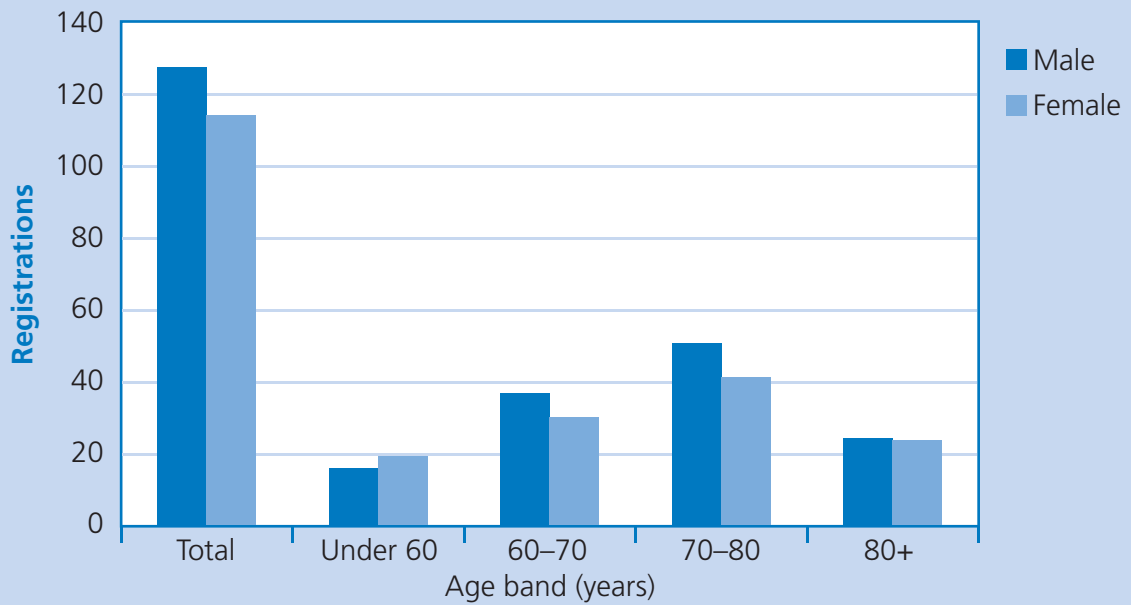
3.2.3 Directly age-standardised mortality rate in Sunderland due to lung cancer, females all ages (three year pooled)



Data is plotted in the middle year of a three year period.
 Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk



3.2.4 Lung Cancer (ICD10 C33 & C34) Average Annual Registrations in Sunderland by Age Band, 2003–2005



Source: Northern & Yorkshire Cancer Registry & Information Service at www.nycris.org.uk



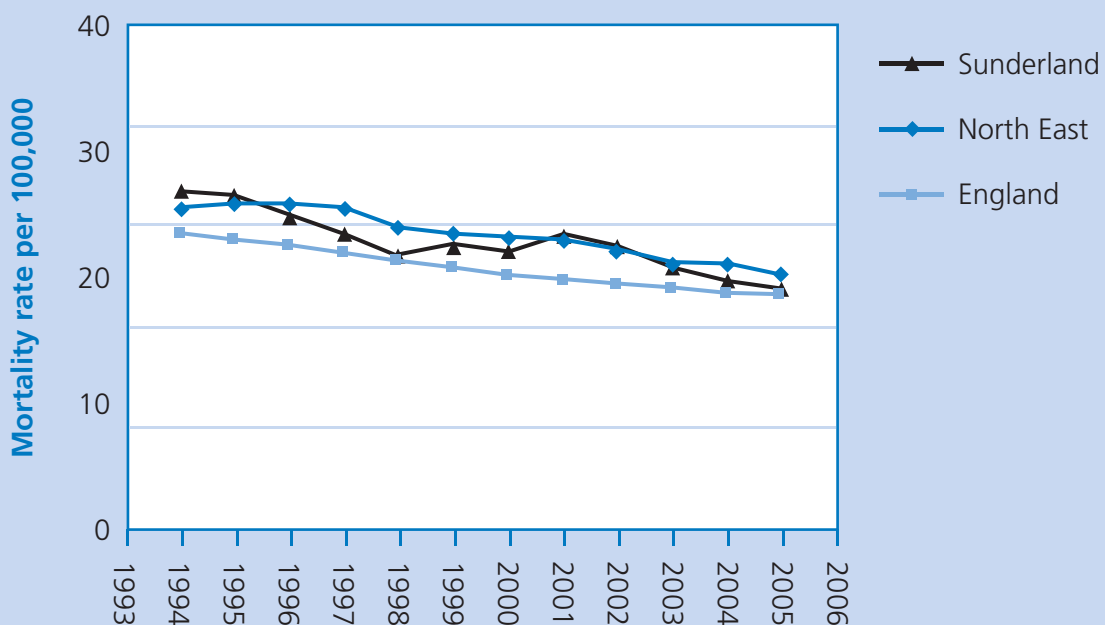
3.3 Bowel cancer

- Bowel cancer is the second largest cause of cancer deaths in the UK
- 90% of people who get bowel cancer survive if it is caught early
- Bowel cancer effects one person in 20 in the UK
- It effects men and women equally
- A major feature of failing to treat bowel cancer successfully is late presentation, often caused by embarrassment

3.3.1 Mortality due to colorectal (bowel) cancer (ICD10 C18 to C20) in Sunderland

There are currently around 75 deaths each year due to bowel cancer in Sunderland compared to 90 deaths per year in 1996. The age-standardised mortality rate due to bowel cancer among persons of all ages has fallen by 24% between 1996 and 2005. The gap between the Sunderland and England rates has narrowed over the same period. In 2005 the Sunderland rate is only 3% higher than the England rate compared to a gap of 11% in 1996. In 2005, the mortality rate among males is over twice the rate among females, but the rate among males has fallen at a faster rate between 1996 and 2005.

3.3.2 Directly age-standardised mortality rate in Sunderland due to colorectal cancer, people all ages (three year pooled)

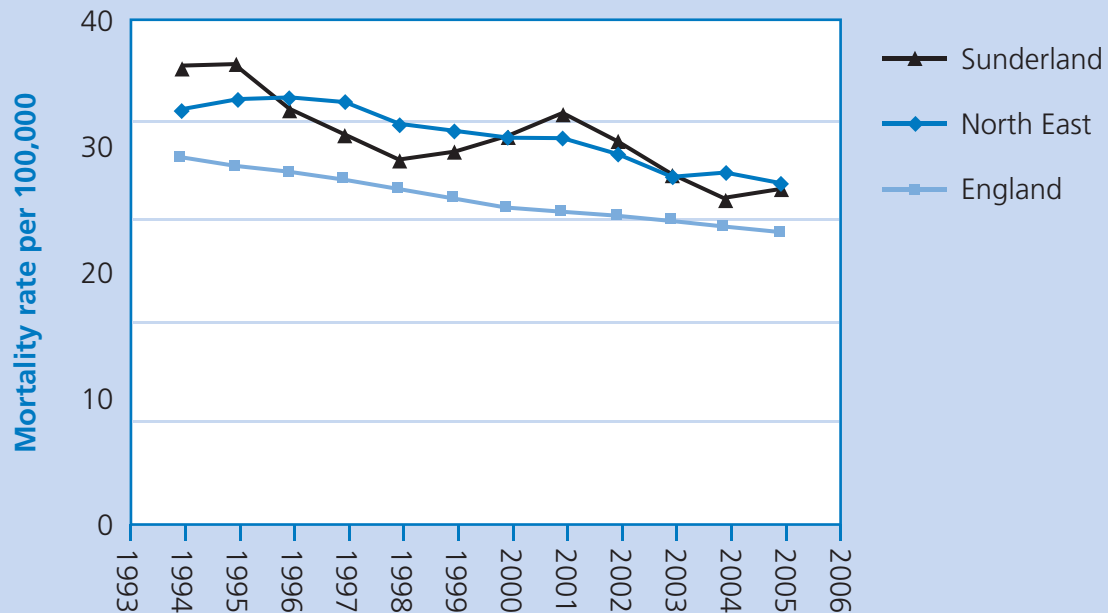


Data is plotted in the middle year of a three year period.

Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

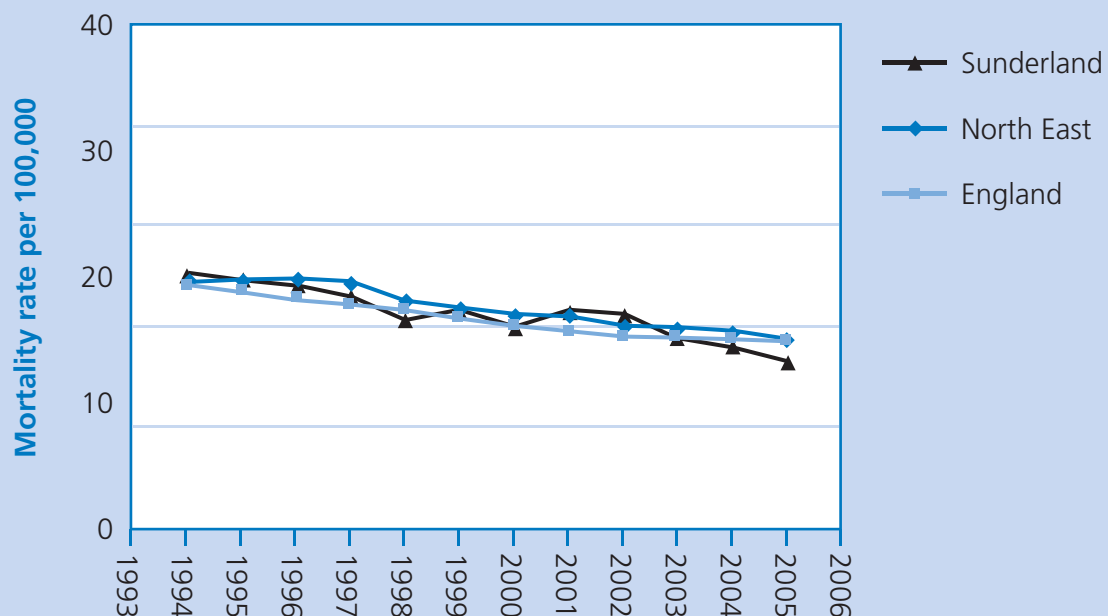


3.3.3 Directly age-standardised mortality rate in Sunderland due to colorectal cancer, males all ages (three year pooled)



Data is plotted in the middle year of a three year period.
Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

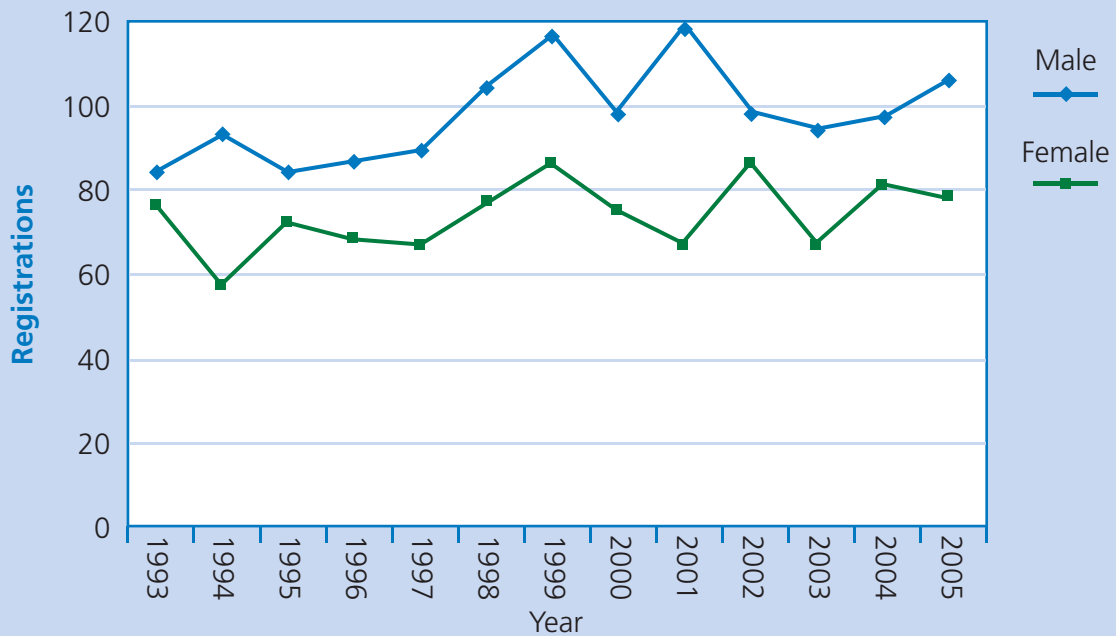
3.3.4 Directly age-standardised mortality rate in Sunderland due to colorectal cancer, females all ages (three year pooled)



Data is plotted in the middle year of a three year period.
Source: Clinical and Health Outcomes Knowledge Base at www.nchod.nhs.uk

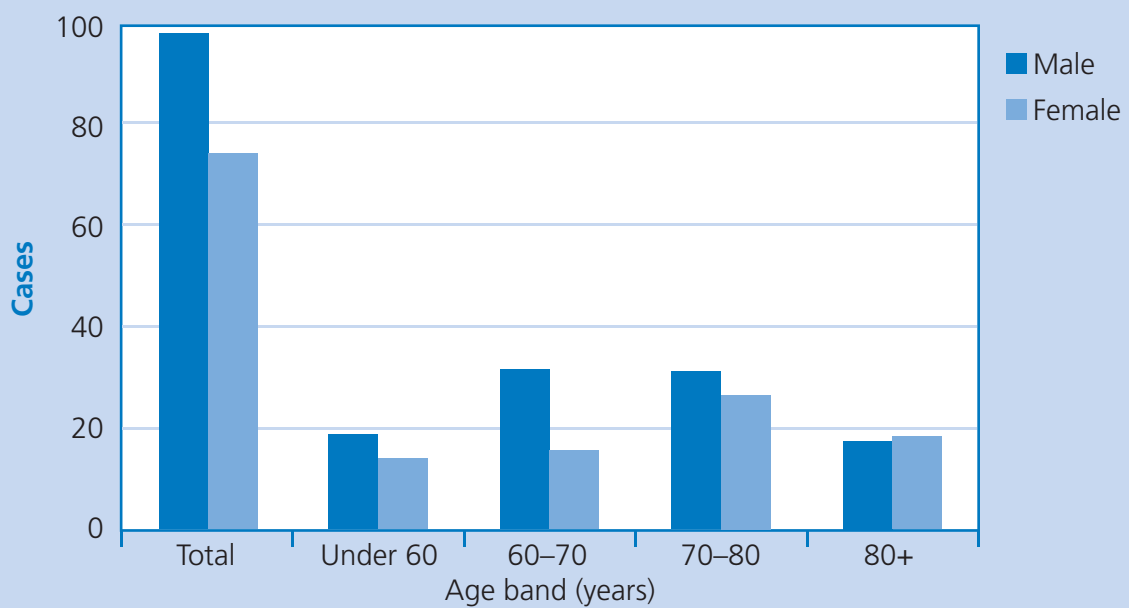


3.3.5 Colorectal (Bowel) Cancer (ICD10 C18 to C20) Annual Registrations in Sunderland by Year of Registration



Source: Northern & Yorkshire Cancer Registry & Information Service at www.nycris.org.uk

3.3.6 Colorectal (Bowel) Cancer (ICD10 C18 to C20) Average Annual Registrations in Sunderland by Age Band, 2003–2005



Source: Northern & Yorkshire Cancer Registry & Information Service at www.nycris.org.uk



4 The Sunderland Healthy Communities Collaborative (SHCC)

The Sunderland Healthy Communities Collaborative (SHCC) was inaugurated in April 2005. The SHCC focussed primarily on the reduction of falls in people age 65 and over and was initially funded for 12 months by the Improvement Foundation (IF) (previously known as the National Primary Care Development Team).

Due to the success of the Healthy Communities Collaborative (HCC) in Sunderland the Sunderland's project manager's post was mainstreamed and firmly embedded into the structure of South of Tyne & Wear Primary Care Trust in 2007. This was an excellent way of sustaining and reinforcing the work of the HCC at community level.

The HCC work on the earlier detection and presentation of bowel, breast & lung cancer commenced in June 2007. The SHCC cancer work is a pilot project and is funded by the IF for 2 years, with Sunderland being 1 of 10 sites participating nationally in wave 1. Wave 2 is due to commence in September 08 with a further 10 sites nationally.

3 sites defined by ward areas in Sunderland were chosen for the project as the demographics prior to commencement indicated that there was a high combined prevalence/mortality rate of bowel, breast & lung cancer in the areas highlighted:

- St. Peters Ward
- St. Chads Ward
- Hetton Ward





Healthy Communities Collaborative targeted areas (by ward)

4.1 St. Peters Ward

Population:	
Total count:	10,264
Males:	5,110
Females:	5,154
ONS (2001 census)	
Community Associations:	1
GPs in ward/on periphery:	4
Places of Worship:	11
Pharmacies:	3



4.2 St. Chad's Ward

Population:	
Total count:	10,006
Males:	4,750
Females:	5,256
ONS (2001 census)	
Community Associations:	1
GPs on ward periphery:	5
Places of Worship:	6
Pharmacies:	2



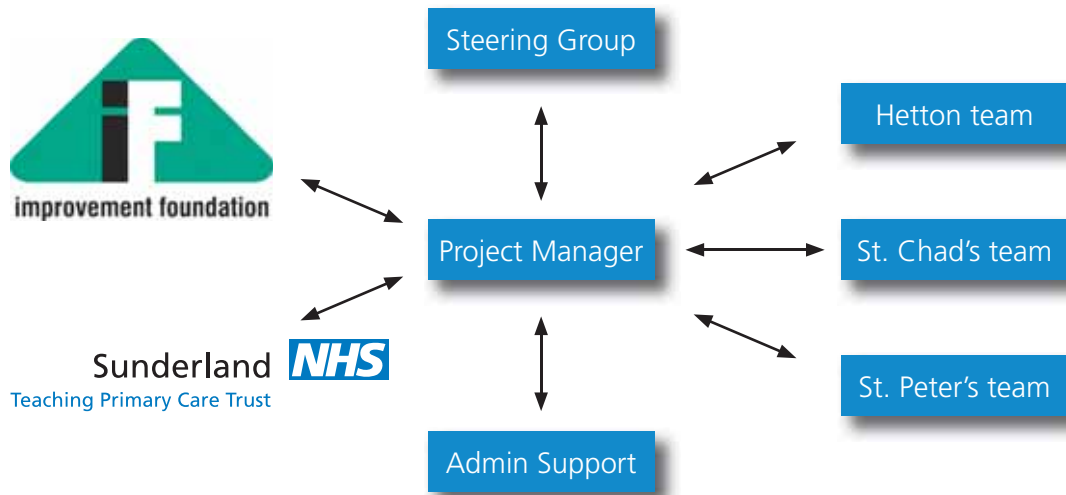


4.3 The Hetton Ward

Population:	
Total count:	11,222
Males:	5,437
Females:	5,785
ONS (2001 census)	
Community Associations:	2
GPs in ward/on periphery:	3
Places of Worship:	11
Pharmacies:	2



4.4 Structure of the SHCC





4.5 The Sunderland HCC teams

The Sunderland HCC has three teams:

- The St. Chads team (9 team members)
- The St. Peters team (11 team members)
- The Hetton team (8 team members)

The HCC teams are a combination of local community members and professionals who either live or work in the wards identified. There is much diversity in the teams and each team has a combination of skill mix which enhances the work of the HCC in that a multi-agency input is achieved.

This is what's special about the work of the HCC in Sunderland as it's about local people using local knowledge to provide local solutions and membership differs in each team to reflect local priorities. This ensures a high level of consumer insight.

The HCC teams also consist of Sunderland Teaching Primary Care Trust (STPCT) health trainers, there are two identified health trainers in each team and a resource of additional health trainers are available for large events and conferences.

GPs, practice managers, pharmacists, specialist breast, bowel & lung cancer nurses, bowel screening nurses, colleagues from STPCT nutrition team and smoking cessation team also link into the work of the HCC teams on a regular basis.

The HCC also calls on the expertise of our voluntary, statutory & private sector colleagues for continuous collaborative working in the form of events and community activity.



*Some members of the St. Peter's team,
left to right Margaret, Anne, Vera, Norma & Dorothy*



4.6 Sunderland HCC volunteer policies

The Sunderland HCC has devised draft HCC volunteer policies that have been shared with colleagues in STPCT. These draft policies have also been shared with other new HCC project managers/PCTs nationally in order to provide a draft generic format. All Sunderland HCC volunteers undergo criminal records bureau (CRB) clearance prior to their volunteering work via STPCT.

4.7 The Sunderland HCC steering group

Sunderland has a large steering group. All relevant stakeholders were invited to be part of the group from a wide range of disciplines and organisations. There is representation from City Hospitals consultants, specialist breast, bowel and lung cancer nurses, public health staff, local councillors, social services, community pharmacy, cancer services, senior lecturers, community health outreach workers (STPCT), the Improvement Foundation (IF) and the bowel screening service.

4.8 Improvement Foundation (IF)

The IF provided funding (please see budget section) for the length of the project (two years). They have also organised three learning workshops for the HCC teams in Blackpool.

Monthly project manager training has been provided for the cancer projects nationally. Due to the Sunderland project manager's extensive experience with the HCC the IF have asked the project manager to provide presentations and training sessions regularly to the other project managers who are all new in post.

5 Making it happen . . .

5.1 The principles underpinning the Healthy Communities Collaborative

- Empowering the community to impact on an issue of importance to their health and well being
- Delivering measurable improvements in that issue
- Ensuring that the approach is community led and multi- agency
- Making changes in systems to ensure best use of all resources

5.2 The goals of the HCC

- Address health inequalities
- Gain measurable improvements in the earlier recognition and treatment of breast, bowel and lung cancers
- Collate and disseminate the learning from the programme

5.3 The aims of the HCC

- To identify people at risk of breast, bowel and lung cancer and put them in contact with primary care services
- To ensure presenting patients are referred according to best practice guidelines



5.4 The HCC Change Principles

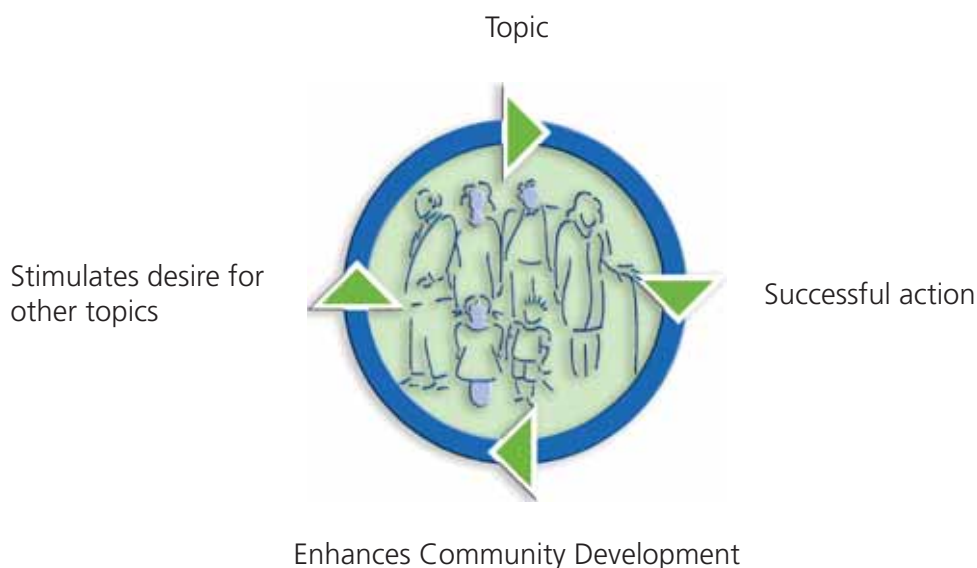
The HCC uses a combination of change principles when implementing the work in the local communities:

- **Change principle 1:** Segment & target the population
- **Change principle 2:** Use & develop local networks. Both formal & informal
- **Change principle 3:** Keep the message “clean” and do not confuse it with preventative behaviour change
- **Change principle 4:** Ensure that the means of delivery is appropriate to the audience and the tumour

5.5 The Community Action Model

The HCC uses the community action model to achieve its objectives. The community action model combines community development and the collaborative process:

The Community Action Model



5.6 The HCC Community Action Principles

- Raising awareness of the need for change in a topic
- Enable communities to lead the process supported by “insulated” professionals
- Focus energy on common goals
- Enhancing social systems
- Raise expectations



5.7 PDSAs (Plan, Do, Study, Act)

The HCC uses PDSAs to plan and measure the work. PDSAs are mini evaluations that mould and direct the work, generating new ideas in progression.

The PDSA Cycle for Improvement





6 Data Measurement

In order to measure the community activity of the HCC a data set was required to effectively mark progress. The collection of data proved to be challenging, however an agreement was achieved across South of Tyne & Wear (SOTW) to extract data from secondary care together with data from the GP practices engaged in the work of the HCC in Sunderland.

Secondary care data

- Number of two week referrals for bowel, breast & lung cancer
- Number of new cancer cases of bowel, breast & lung cancer
- Number of new cancer cases detected via the two week referral route

GP practice data

- Number of cancer cases for bowel, breast & lung cancer with no spread at diagnosis

A baseline from secondary care has been submitted to the IF for 1st April 2006 – 31st March 2007. Then from each month commencing October 2007 to date. GP data will be submitted in the near future.

Additional data

- Social Capital data
- Human capital data
- PDSA cycles





7 Key relationships and partnerships

GP practices – All twelve GP practices across the three identified areas are engaged and have agreed to submit data (baseline & monthly data) to identify no spread at diagnosis in breast, bowel and lung cancer patients. The practice managers in the practices have been very proactive and HCC GP events have taken place/scheduled in 5 of the practices this is an excellent way of **raising awareness of the need to change in a topic**. The GP events last for a total of six weeks focussing on all three cancers (two weeks spent on each cancer). For the events the HCC teams consist of:

- HCC volunteers
- Health trainers
- STPCT nutrition team
- Specialist breast, bowel & lung cancer nurses
- Specialist Screening Practitioner

Tools available at events

- Breast examination models
- Bowel screening kits (samples)
- Literature from Beating Bowel Cancer, Breast Cancer Care & The Roy Castle Lung Foundation
- Fruit used as a hook
- Smoothies used as a hook



Team members, specialist breast nurse Michelle Derbyshire (left) with HCC volunteer Lita Bacon (St. Chad's team) & health trainer Donna Green at a GP event in Ald Jack Cohen Health Centre

Due to the grassroots focus in that the HCC volunteers are instrumental in the events; the project **enables communities to lead the process supported by insulated professionals**.

The events have had a very positive response from the local communities, one lady commented:

"I think it is excellent that you can come along and get advice from a specialist nurse without an appointment".

This is an excellent way of **raising expectations** in health care delivery in a manageable format.

The GP events generated much media interest from the Sunderland Echo who advertise the events. Another lady at one of the events commented:

"I have come along to tell you that because of the write up in the Echo about your project I went to see my GP about a lump I have in my breast and I am now getting referred to see a specialist".



Another young woman commented:

"I could not feel the lumps in the prosthesis breast at first I had no idea that you had to press that firmly, I am really pleased I felt the model as I know now to be more firm when I examine my own breasts".

To date the HCC teams have completed 18 GP events and another 54 events are planned over the next twelve months together with further HCC community events. Due to the multi agency nature of the events everyone involved is able to **focus energy on common goals**. Thus **enhancing social systems**.

STPCT health trainers – Provider Development

Excellent joint working has been achieved with the HCC and provider development (STPCT). The STPCT health trainers have been firmly embedded into the HCC teams and have proved to be an excellent resource to the work of the HCC. The health trainers are also able to provide guidance and support around lifestyle choices to improve health if required although the message is focussed around early detection and presentation not behavioural change in order to **keep the message "clean"**.

The health trainers are also able to offer a "buddying" service to people in the local communities who may be displaying the early signs and symptoms of breast, bowel & lung cancer who may be nervous of accessing their GP. Health trainers are able to attend GP appointments with local people if required.

Specialist Breast, bowel and lung cancer nurses/bowel screening nurses

The specialist nurses have been very supportive of the work of the HCC in Sunderland. Nurses from each specialism have attended GP/community events in order to be more accessible to the local communities. This has had a very positive response. By working collaboratively we can continue to **focus energy on commons goals**.



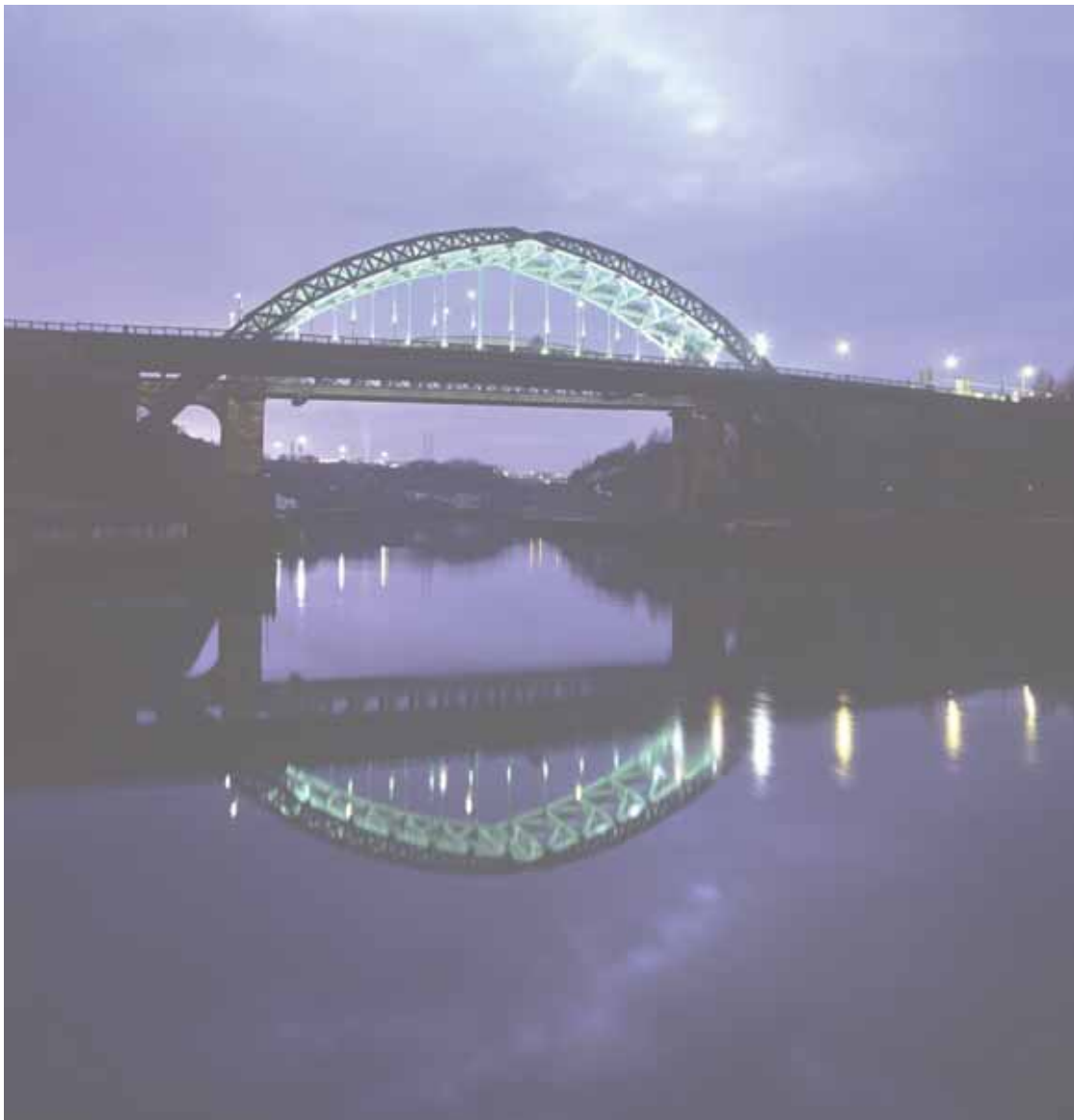
Bowel Screening

Bowel Screening Practitioner Mary Ritchie at a HCC event advocating the importance of bowel screening



Other key relationships/partnerships have been formed with:

- Sit N B Fit Ltd (Community Interest Company)
- Age Concern Sunderland
- Sunderland City Council
- Mental Health North East
- Working Men's Clubs
- Church/Faith groups
- Slimming Groups
- Community Groups
- Stop Smoking Team
- The Sunderland Health & Racquet Club
- Jobcentre Plus
- Workplaces (Sunderland Echo, Barclays Call Centre)
- Community Pharmacy
- The Carers Centre Sunderland



8 Progress on Change Principles

8.1 Change Principle 1: Segment & target the population

Different groups respond to different approaches to delivering the cancer messages. Some groups will not/may not be able to ask openly for advice and information or may need materials tailored to suit their needs. Here are some examples of how we have tried to overcome this

8.1.1 Engaging the Black Minority Ethnic (BME) Community

The HCC in Sunderland held a successful BME event in order to target the Chinese Community at the True Jesus Church, Sunderland. The group was targeted as evidence suggests that people from BME communities are believed to have less knowledge about cancer symptoms and may present later with symptoms. By targeting this group the HCC was **raising awareness of the need to change in a topic** and encourage earlier presentation.

An interpreter was used at the event and the message was given to a large audience. The event proved to be very successful and received media attention from the Sunderland Echo.



St. Peter's team engaging the Chinese community at the True Jesus Church



8.1.2 Engaging men

The HCC in Sunderland held successful events to target men in working men's clubs, and also for Men's Health Week 2008 together with partners in the workplace & Sunderland City Centre.

These have proved to be very successful ways of targeting men who would not normally access health services as men are notoriously difficult to engage/access health services and consequently may go on to present later with health problems including cancers.

At the events during Men's Health Week 2008 over 200 men were targeted with cancer advice around the early signs & symptoms of breast, bowel & lung cancer and out of those targeted 99% reported that they would be more likely to visit their GP if they were displaying the signs & symptoms of the three cancers now that they had received the information (information extracted using a PDSA). Further PDSA cycles were also carried out on:

- The men's frequency of visiting their GP
- If they knew the name of their GP
- If they were aware they could get breast cancer
- If they would feel comfortable about going to see their GP with a health problem

The HCC commissioned the production of promotional materials that were more "male friendly" in order to get the messages across effectively.

The men also received mini MOTs from STPCT health trainers at the events and were signposted to services accordingly if necessary.



Men receiving cancer advice at a workplace event



8.2 Change Principle 2: Use and Develop Local Networks

In order to reach all segments of the local population, it is important to link to existing services and initiatives and to draw on local knowledge. An example of this can be seen in the Sunderland HCC pharmacy campaigns.

8.2.1 Community Pharmacy

The HCC in Sunderland ran three successful community pharmacy campaigns for bowel, breast & lung cancer awareness months this year (07/08).

HCC volunteers put together packs for community pharmacy with posters, balloons, leaflets from:

- Beating Bowel Cancer UK
- Breast Cancer care
- Roy Castle Lung Foundation

These packs were posted to every pharmacy in Sunderland for shop displays throughout the cancer awareness months. The Sunderland HCC also sourced a NHS Bowel Screening Programme/Information for Primary Care pack for every pharmacist across the city to ensure that the packs and the bowel screening test are available for demonstration in all pharmacies across Sunderland. By the provision of the primary care packs the HCC **raised awareness of the need to change in a topic** in that community pharmacy can now play an instrumental role in advocating/explaining the process of the bowel screening programme in Sunderland.

The Sunderland HCC has also used many other organisations to promote the work and target the local populations. Cancer awareness month community events were carried out for all three cancers an example of this can be seen below when the Hetton team did a very successful event at Sunderland City Council's Hetton Centre for Bowel Cancer Awareness month in April 2008.



HCC volunteers Barry Kaye & Tom Brunton (Hetton team) together with community health outreach worker (STPCT) Julie Huges & health trainer Christine O'Conner at the Hetton Centre



8.2.2 Other local networks engaged:

- Barclays Call Centre
- The Sunderland Echo Office
- St. Chads Church
- St. David's Church
- Middle Herrington Methodist Church
- Roker Methodist Church
- Salvation Army
- Fulwell Methodist Church
- Houghton Methodist Church
- Easington Lane Access Point
- Age Concern Clubs
- Gentoo Sunderland
- U3A
- Hetton Methodist Church
- City Hospitals Sunderland
- Carers Centre
- Sunderland Glass Centre
- Farrington Jubilee centre
- Patient Forums
- Slimming World Club

8.3 Change Principle 3: Keep the message “clean” and do not confuse it with preventative behaviour change

The HCC in Sunderland is dedicated to ensuring that the primary focus of the project is to encourage people to present sooner if they are displaying the signs and symptoms of breast, bowel & lung cancer. Although we acknowledge that preventative intervention does play a key role, we leave such messages to other colleagues whose focus in on behavioural change.

We find that the local communities are more receptive to the early detection and presentation messages if a “victim blaming approach” is avoided (“you have cancer because of lifestyle behaviours”), however if individuals in the local communities are contemplating positive behavioural change HCC team members are able to refer accordingly.

8.3.1 Promotional materials

In order to get the “clean” cancer messages across the Sunderland HCC commissioned the production of promotional materials that local people can use in their everyday lives (mugs etc). Sport focussed messages have been used when targeting men. These materials clearly state the signs & symptoms of the three cancers and the clear message that if anyone is worried to contact their GP.



8.3.2 Slimming world classes

The St. Chads team held a successful event at the Slimming World Class at the Holy Rosary Church. The team gave a comprehensive awareness raising session solely on the signs & symptoms of the three cancers and advocating GP referral if individuals have worries.

This format is carried out in all community events.

8.3.3 HCC training

In order to ensure that a generic approach was reached for the Sunderland HCC teams the HCC project manager organised a training package for all HCC volunteers. **This was a way of enabling communities to lead the process supported by insulated professionals** and was also an effective way of empowering the HCC volunteers to feel more confident when delivering the messages in their local communities. The training consisted of:

- Introduction to cancer (bowel, breast & lung)
- Listening skill training
- Communication skills training
- The prevalence of cancer (bowel, breast & lung)
- Bowel screening kit training
- The clinical aspects of cancer (bowel, breast & lung)
- Breast cancer training





8.4 Change Principle 4: Ensure the means of delivery is appropriate to the audience and the tumour

In promoting early presentation of cancer symptoms, appropriate media must be used, both for the different segments of the population and for different types of cancers (breast, bowel & lung).

8.4.1 Communication and spread of the messages via the Sunderland Echo

The Sunderland Echo has been very supportive and an excellent advocate of the HCC. It has been very proactive in ensuring that the life saving messages around early identification and presentation of bowel, breast and lung cancer are spread to a large audience across Sunderland.

To date the Sunderland Echo has printed a total of ten large articles covering the work of the HCC in Sunderland with titles:

- Ethnic groups get cancer advice
- Taking a cheeky look at men's health
- Volunteers in bid to cut bowel cancer deaths
- Campaign to cut cancer toll launched
- Cheeky chappies health message
- Bowel cancer campaign is a life saver
- Early diagnosis is the key to beating lung cancer
- Beating bowel cancer
- Beating the big C
- Spotlight on men's health

The Sunderland Echo has been an excellent medium to get the very direct messages across to the local communities of Sunderland on the signs & symptoms of the three cancers highlighting the importance of GP referral.

8.4.2 BME work

The Sunderland HCC ensures that appropriate translator/literature is present at events targeting the BME communities in Sunderland.

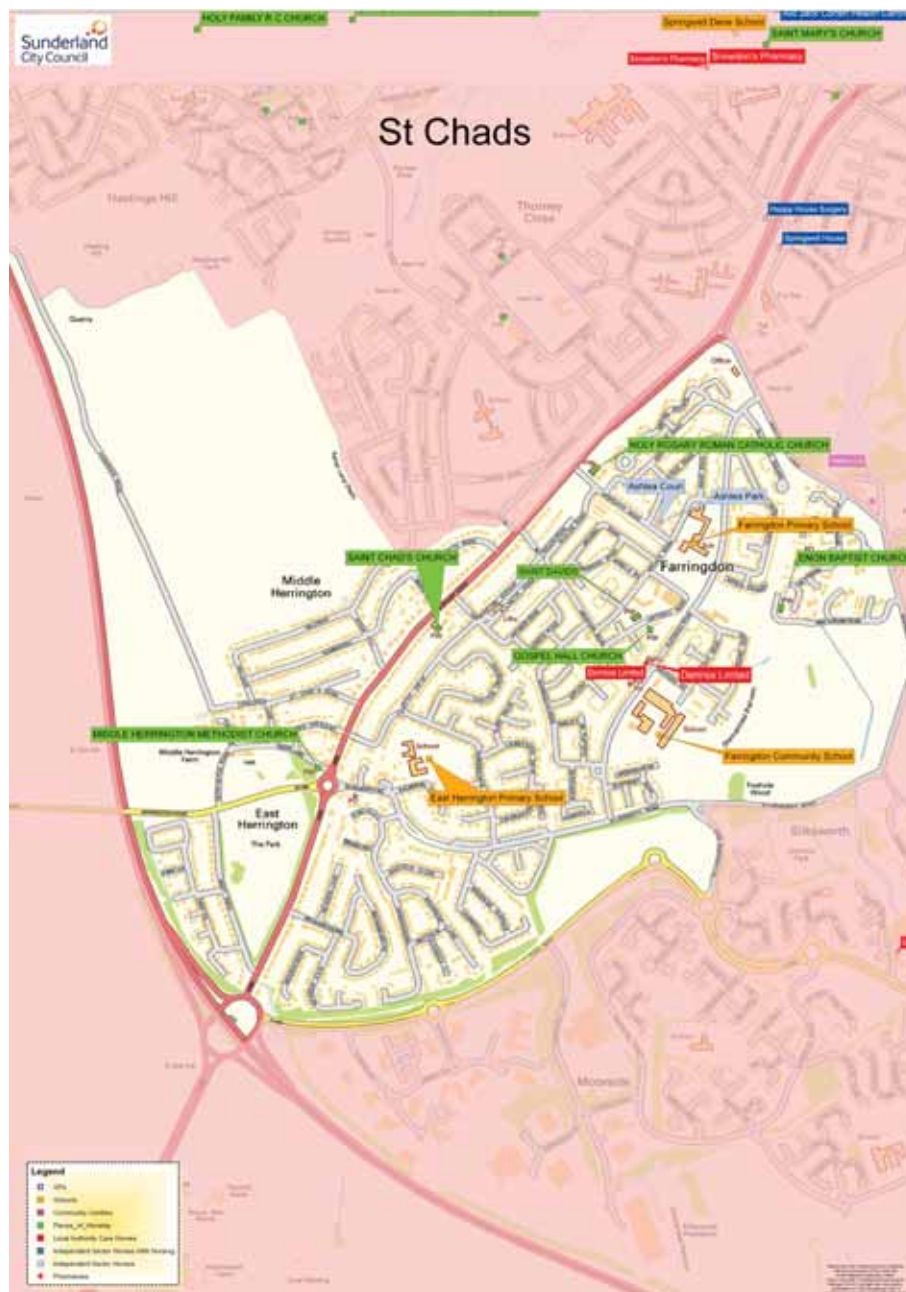


8.4.3 Community mapping/ Sunderland City Council

Due to excellent partnership working with Sunderland City Council the HCC accessed full colour A0 maps of the 3 ward areas to plan and target the work. The maps were a great visual tool for HCC volunteers to plan where they would deliver the message to.

The maps listed:

- GP practices
- Schools
- Community centres
- Places of Worship
- Pharmacies





8.4.4 The involvement of community staff

The Sunderland HCC continues to target non-specialist professionals via voluntary and private sector organisations. This provides the HCC with a rich intelligence of community activity in order to spread the messages further. Using this method also enables a combination of approaches and ideas to be used in order for the HCC to reach its highest potential.

8.4.5 Response rates to bowel screening programme

Whilst delivering the early detection and presentation messages in the local communities the HCC teams are able to extract information from the groups targeted around the bowel screening programme.

The HCC teams have conducted brief questionnaires using PDSA cycles on the predicted uptake of the bowel screening programme before and after the HCC session. In the questionnaires carried out prior to the HCC talk on the bowel screening programme predicted uptake was low as one gentleman commented:

"I don't want to "mess about" with myself in that way"

One lady commented:

"I don't understand the leaflet it does not seem very clear, does the six samples come from one poo?"

However after the HCC talk which is a very informal approach using humour to get the message across of the importance of uptake an overwhelming majority said they would do the test. A lady commented after the event:

"Now that it has been explained what it's all about and how important it is it seems silly to leave something in my kitchen draw what could save my life"

The Bowel Screening Practitioners are also invited to the community events to give a more detailed talk, which is viewed positively by the local communities.

The HCC is exploring the possibility of a comparative analysis of the HCC and non HCC areas in the uptake rates of the bowel screening programme at the end of the 2 year pilot.

8.4.6 The beating bowel cancer "bum shorts"



The shorts that the Sunderland HCC teams purchased from The Beating Bowel Cancer website have proved to be a very effective visual tool in that they generate humour thus generating interest in what they stand for.



9 The recruitment of Socially Excluded Groups in the Hetton team

The Sunderland HCC has been proactive in the recruitment of what may be termed as “socially excluded groups” (i.e. long term unemployed older men) in the Hetton/Houghton area. Since the deindustrialisation of the north east of England there is a high number of this group in the area. This has proved most beneficial to the team dynamics and also to the men involved as a colleague who engages the men through a mental well being group commented:

“I have seen a big change in the men since joining the HCC team, they seem much more positive about life in general”.

This is encouraging as the engagement of older unemployed men challenges popular perceptions that this social group is least likely to undertake activities that are perceived as unpaid, low-value and lacking any masculine status.

9.1 Case study: The Healthy Communities Collaborative and placement work



Tom Brunton is one of the men who were recruited into the Hetton team. Tom has been a very active member of the HCC. The HCC worked collaboratively with ETEC and Jobcentre Plus and an opportunity was established for Tom to undergo two thirteen week placements as a full time member of the HCC. This has also opened up opportunities for others like Tom to become involved in the work as the HCC is now a recognised placement for Job Centre Plus.

Tom together with all other Sunderland HCC volunteers has undergone a great deal of in house training provided by STPCT and partners in order to enhance his knowledge and understanding around health. Tom flourished whilst on placement his skill level and confidence grew, using the HCC as a placement in such a way **enables communities to lead the process supported by insulated professionals.**

Tom commented:

“After 35 years in the motor trade prior to my unemployment I feel that my involvement with the HCC has broadened my knowledge of health and social care as I feel I have a greater ability to understand health problems within communities more clearly”.



10 HCC volunteer “hot desks”

STPCT acknowledged the importance of the removal of barriers to participation regarding the work of the HCC, and subsequently provided two volunteer hot desks at STPCT in order to ensure that HCC volunteers are fully included. The volunteers have the same access to IT and email as STPCT staff.

11 The Sunderland HCC and the commissioning of voluntary sector organisation Bridge

The Sunderland HCC has worked collaboratively with STPCT Public Health Specialist Gillian Gibson on a pilot project in response to the fall in uptake of cervical screening amongst younger women both locally and nationally.

The HCC has funded the voluntary sector organisation Bridge to replicate the HCC model in the Pennywell and Thorney Close areas of Sunderland to identify reasons why women may not uptake the cervical screening service and to awareness raise around the importance of such uptake.

The HCC project manager has also delivered training to the Bridge volunteers around the PDSA methodology.

12 Resources for the Sunderland HCC

The Sunderland HCC has acquired a variety of promotional materials/resources in order to compliment the work of the project. The following materials/resources have been sourced:

- Training package for HCC teams
- Room hire for meetings/events
- A variety of leaflets
- Fruit used at a hook at events
- Training materials for teams & the public (DVDs, Bum shorts, breast education kits, display boards, banners)
- Mapping materials
- A wide selection of PR materials when segmenting & targeting the populations
- Volunteer expenses
- Voluntary sector commissioning (Bridge project)

12.1 Budget summary

Approximately £13, 500 has been spent on the HCC project to date on resources and activities for the project. The IF has provided this funding, together with additional funding for events, travel and PR materials.



13 Challenges

It would appear that there are challenges within the local communities in relation to ensuring the correct signs and symptoms are identified for the three cancers to ensure earlier presentation, many myths/negative health behaviours still prevail:

- Many people in the local communities still chose to self medicate due to embarrassment around the signs and symptoms of bowel cancer.
- There is confusion with the signs & symptoms of bowel cancer and other bowel issues (i.e. irritable bowel syndrome).
- The local communities need further encouragement around bowel screening as the HCC teams have seen a greater positive response when the kit is explained in more detail at HCC community events.
- It is imperative that GPs take prompt action via the two week referral route as the promotion of early presentation at community level will be in vain if there is a slow response to referral.
- In many of the community settings targeted across Sunderland there appears to be fatalistic views in some older people when it comes to health/access to health and cancers.
- Many women are still unclear on the correct way to self examine their breasts.
- The lung cancer messages to early detection prove challenging to articulate effectively at community level as there is no practical demonstration equipment/screening advice to compliment the messages.
- Changing the health behaviours of the local populations proves challenging in relation to earlier presentation due to the high level of anxiety that cancer causes, some people may chose to stay in a form of denial about their symptoms as they are afraid to deal with the consequences of detection.



14 Conclusion/recommendations

To conclude there is indication that the Sunderland HCC has been a successful vehicle to target the identified populations around early detection of bowel, breast & lung cancer. Using a grassroots approach has been helpful in dispelling many myths around the three identified cancers and has proved an effective tool to the removal of barriers and the open discussion of cancer in the local communities.

It is imperative that the local communities continue to sustain such open discussion in order to encourage individuals to present earlier to help ensure a better prognosis.

The involvement of clinical specialist professionals such as the specialist nurses and consultants in the work of the HCC has proved very popular in the local communities, and is an excellent way of breaking down the barriers to access to services due to such specialist advice being more accessible at community level.

The multi-agency involvement of the work of the HCC in Sunderland has given the project a diverse blend of perspective around the health issues identified and has enriched the work greatly as such collaborative/partnership working is a positive way of attaining shared goals.

In order to progress the work further the HCC teams need to continue to empower the local communities to accessing services to help aid the removal of fatalistic attitudes to health in the local communities of Sunderland.

The HCC teams need to continue to sustain innovating/unorthodox ways of targeting the local communities around early detection of bowel, breast & lung cancer. The Sunderland HCC has been very successful in using humour to get the life saving messages across and this method has proved to be very receptive in the local communities. By making individuals feel at ease they are more likely to positively engage in the work of the HCC teams.

“Communities are vital to improving health, and can play a significant role in promoting an individuals self-esteem and mental well being by reducing exclusion”
(Choosing Health: Making Healthier Choices Easier, DH, 2004)

By segmenting and targeting the population the HCC has been successful in accessing and tailoring the delivery of the early detection and presentation messages to hard to reach groups such as the BME community and men. This has been a very rewarding experience for the Sunderland HCC teams

Using the PDSA methodology has been an effective way of constantly evaluating and shaping the work of the Sunderland HCC.

The Sunderland HCC intends to spread the learning of the first year of the project to a variety of settings within the three geographical areas to ensure consistency.



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June 2008



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