



Health Overview and Scrutiny Committee

08 December 2014

Title	Screening Coverage and uptake in Barnet
Report of	Dr Andrew Howe, Director of Public Health
Wards	All
Status	Public
Enclosures	Appendix 1 Barnet Screening Report - NHS England
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Summary

Robust reporting of screening performance for local authority assurance has not yet been established by NHS England which now has the lead responsibility. Urgent resolution of this has been requested at the London Screening Board and progress is reported to Local Authority Directors of Public Health through the London Association of Directors of Public Health.

Available data suggests that screening performance in Barnet is being maintained but remains below national targets. In response to relatively low screening uptake in London as whole, NHS England has established a London Coverage Technical Group which will oversee and ensure robust commissioning and the implementation of best practice.

Recommendations

1. That the Committee notes that Local Authority Public Health assurance reporting is not yet in place, that the London Screening board has requested urgent resolution and the need to improve communication with London Directors of Public Health and to agree reporting arrangements with London HWBBs.

2. That the Committee notes the August 2014 NHS England screening coverage and uptake report to the Health Overview and Scrutiny Committee, showing that in Barnet, Cancer screening programme coverage remains short of national targets.

3. That the Committee request further updates on this agenda to ensure that the issues raised in this report are adequately addressed.

1. WHY THIS REPORT IS NEEDED

- 1.1 Cancer screening aims to identify early signs of a disease in otherwise healthy people before symptoms become apparent. Screening helps to detect physiological changes that may lead to cancer if not treated and to identify existing cancer as early as possible when the options for effective treatment are greatest. Cancer screening both prevents cancer and extends survival.
- 1.2 There are three cancer screening programmes; Breast, Cervical and Bowel. All three programmes are commissioned by the NHS England.
- 1.3 The local authority, through its Director of Public Health, has responsibility for assurance of these programmes.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Reporting of screening performance for local authority assurance is not yet in place. Urgent resolution of this has been requested at the London Screening Board and progress is reported to Local Authority Directors of Public Health through the London Association of Directors of Public Health.
- 2.2 Cervical Screening coverage in women aged 25 – 64 in Q1 2014/15, was 72.66%, slightly lower than the London average of 73.8% and lower than the national target (80%).
- 2.3 Cervical Screening coverage in women age 25 – 49 (invited every three years) in Q1 (2014/15) was 61.04%, while in women aged 50 – 64 coverage was 74.24%
- 2.4 In order to improve cervical screening coverage a Cancer Research UK (CRUK) facilitator is supporting practices to improve GP systems, ensuring accuracy of practice lists and call/recall databases, there are also plans of commissioning of telephone contact service.
- 2.5 Breast screening coverage (Q3 2013/14) has remained constant at 69%; this is slightly higher than the London average of 68.37% but less than the national target (70%).
- 2.6 There is significant variation in breast screening coverage by practice, ranging from 48.31% to 88.73%; Forty one of the Barnet practices are achieving over the national target while 27 do not achieve the target.
- 2.7 To improve breast screening coverage a number of steps are being taken such as Cancer Research UK facilitator is supporting practices to boost

screening coverage, by maintaining accurate information about breast screening databases.

2.8 For bowel screening uptake in Q1 2014/15, Barnet achieved uptake of 49.48% in 60 – 69 year olds. This is higher than the London average of 48.1% but lower than the national target of 60%. Uptake in 70 – 74 year olds was 49.5%; this is higher than the NCL average of 46.82% (No London data for age extended populations).

2.8 In response to the failure to achieve national targets for cancer screening coverage/uptake, a longstanding issue for London, a London Coverage Technical Group has been established by NHS England which aims to ensure commissioning and implementation of best practice services across London.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None. The public health team will continue to monitor screening uptake in Barnet and work with NHSE London to bring about improvements in screening coverage, establish a system of good governance and robust reporting for LA assurance.

4. POST DECISION IMPLEMENTATION

4.1 It is currently not possible to offer robust assurance of Cancer Screening Programmes in Barnet. The Health and Well-Being Board will need to be satisfied that the issues are being addressed by the representative of the Association of Directors of Public Health at the London Screening Board.

4.2 The establishment of appropriate reporting mechanisms is currently being pursued through the Association of Directors of Public Health and its representation on the London Screening Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 This work supports the Barnet Health and Wellbeing Strategy which identifies the need to improve cancer screening uptake and survival rates.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Screening for cancer is conducted for prevention and earlier diagnosis of cancers. Where more advanced disease is present, effective treatment options tend to be more limited and more invasive.

5.2.2 Funding for cancer screening programmes has transferred to NHS England although some elements continue to sit with CCGs. This presents some particular challenges for cervical screening where pathology and gynaecology services that support the service are included in block contracts. A NHSEL/CCG/Provider Task Finish Group has been formed to develop a model of co-commissioning cervical screening that supports performance and quality improvement across the entire pathway and also facilitates implementation of service developments.

5.3 Legal and Constitutional References

- 5.3.1 Under regulation 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.
- 5.3.2 It is NHS England's responsibility to commission screening programmes as specified in the Section 7A agreement: public health functions to be exercised by NHS England¹. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- 5.3.3 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:
- 5.3.4 "To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.4 Risk Management

- 5.4.1 London Screening Board chaired by Head of Public Health at NHS England (London Region) which includes membership from Local Authorities in place and looks into service developments, programmes assurance and programme governance.

5.5 Equalities and Diversity

- 5.5.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.
- 5.5.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

- 5.5.3 Screening uptake is lower amongst socially deprived and ethnic minorities. Performance in relation to these groups is not presently available, but the public health team will look for assurance that the programme is reaching diverse communities.

5.6 Consultation and Engagement

- 5.6.1 None.

6 BACKGROUND PAPERS

- 6.1 None