The Health and Wellbeing Board has previously expressed concerns about inconsistent reporting of screening performance data and low uptake, particularly for cancer screening programmes. Performance remains below national targets for cervical, breast and bowel screening.

An annual reporting cycle has been proposed and the Health and Wellbeing Board last reviewed performance in March 2017. An NCL screening assurance group has met to support NHSE in developing a reporting format but this has not yet been finalised.

**Recommendations**

1. That the Health and Wellbeing Board notes the NHSE Report on screening programmes
2. That the Health and Wellbeing Board seeks assurance that a clear reporting cycle is established.
3. That the Health and Wellbeing Board seeks assurance that a recovery plan is in place setting out clear actions and schedule to improve performance against screening uptake targets.
1. WHY THIS REPORT IS NEEDED
1.1 Whilst the Abdominal Aortic Aneurysm and Diabetic Retinopathy Screening programmes have performed well and met performance targets, cancer screening performance remains a significant concern with approximately one third of eligible patients for breast and cervical screening and over a half of patients eligible for bowel screening not being screened.

1.2 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. 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.

1.4 The Health and Wellbeing Board last reviewed performance of adult screening programmes in March 2017 and noted the need to escalate its concern over the lack of clear reporting arrangements and continuing low cancer screening uptake to NHSE following attention to these issues at NCL Joint Health and Overview Scrutiny Committee.

1.5 The Board also requested that the Communities Together Network give attention to how it might support screening uptake and that attention be direct to local campaigning opportunities. As a result the support of Jo’s Trust, a charity that promotes cervical screening, was secured and events were held in the Borough during June 2017. Plans are underway for a breast cancer focused campaign this summer. Health Watch and Mind are currently undertaking work for the Communities Together Network to consider screening uptake amongst residents with learning disabilities and separately attention is also being given to how uptake might best be encouraged amongst those with sight loss as many promotional efforts are dependent on printed materials.

2. REASONS FOR RECOMMENDATIONS
2.1 Robust reporting of screening performance for local authority assurance has not yet been established and concerns over cancer screening coverage and uptake are persistent.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED
3.1 None.

4. POST DECISION IMPLEMENTATION
4.1 The North Central London Adult Screening Assurance group continues to work with partners to help support NHS England in developing a format for annual reporting.
5. **IMPLICATIONS OF DECISION**

5.1 **Corporate Priorities and Performance**

5.1.1 The Joint Health and Wellbeing Strategy (2015-2020) includes a commitment to reducing premature mortality due to cardiovascular disease and cancers.

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

5.2.1 Funding for cancer screening programmes sits with NHS England although some elements are commissioned by CCGs.

5.3 **Social Value**

5.3.1 Not applicable, as this is not a procurement activity.

5.4 **Legal and Constitutional References**

5.4.1 The Terms of Reference of the Health and Wellbeing Board are contained within the Council’s Constitution (Article 7, Committees, Forums, Working Groups and Partnerships). Specific Responsibilities include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- Specific responsibilities to oversee public health and develop further health and social care integration.

5.4.2 Under paragraph 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.

5.4.3 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 England. 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.

5.5 **Risk Management**
5.5.1 At the population level, we would expect a higher rate of delayed diagnoses amongst those who have not accessed screening.

5.6 Equalities and Diversity
5.6.1 Very limited data is available on access to screening amongst protected groups. The North Central London Joint Health Overview and Scrutiny Committee noted its concern over this in discussion of the annual report in 2017 and asked that it be given closer attention.

5.7 Consultation and Engagement
5.7.1 We are not aware of any consultation or engagement work has taken place in relation to screening beyond work undertaken with practices to examine variation in screening uptake and promotional activities and that undertaken with Health Watch and Mind with residents with learning disabilities.

5.8 Insight
5.8.1 Data provided by NHS England.

6. BACKGROUND PAPERS
6.1 Health and Wellbeing Board, 9th March 2017. [Link](http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8717&Ver=4)