

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 6 November 2014

Subject: **INFORMATION REPORT –
Update on screening assurance
in Harrow**

Responsible Officer: Dr Jeff Lake, Consultant in Public
Health

Exempt: No

Wards affected: All

Enclosures: NHS England report on Cancer
screenings for London.

Section 1 – Summary

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 performance reporting suggests that screening uptake in Harrow is either stable or improving but is still below national targets in cervical, breast and bowel screening. Harrow performed better in breast screening coverage and bowel screening uptake compared to London performance however cervical screening coverage was slightly under the London average. 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.

FOR INFORMATION

Section 2 – Report

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.
2. Under regulation 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, Harrow Council has 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.
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 key performance indicators (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.
4. In advance of these arrangements, this report provides a summary of information that is available regarding cancer screening performance taken from an NHS England report on coverage and uptake shared with the London Screening Board in July, the 2013/14 London Cancer Screening Commissioning Update – Annual Review and the London Cancer Screening Performance Exception Report for Quarter 4 2013/14.
5. There are three cancer screening programmes; Breast, Cervical and Bowel. All three programmes are commissioned by the NHS England.
6. The local authority in Harrow, through its Director of Public Health, has responsibility for assurance of above mentioned screening programmes.
7. The NHS England report states that:
 - 7.1. Cervical screening coverage in Harrow was at an average of 63.6% between December 2012 and November 2013. Within the same time frame, the average cervical screening coverage across London was 68.7%. However both figures remain below the national target of 80% coverage for cervical screening.

- 7.2. Breast screening coverage in Harrow showed a slight increase from 71.6% in December 2012 to 72% in November 2013. During the same timeframe, coverage across London showed a drop from 64.3% to 63.4%. Whilst performance across London remained below the national target of 70.0% for breast screening coverage, Harrow consistently exceeded this target month by month – the only NW London borough to do so.
- 7.3. Bowel screening uptake in Harrow was at an average of 50.0% between March 2013 and February 2014 and the uptake was relatively stable through the period. During the same timeframe, the average uptake figures across London were 44.4%. Harrow therefore showed better bowel screening uptake than London and was best performing among the NW London patch. However, in spite of this, all of the aforementioned figures remain below the national target of 80.0% uptake for bowel screening.
- 7.4. 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.
8. It is currently not possible to offer robust assurance of Cancer Screening Programmes in Harrow. It is anticipated that the Health and Wellbeing Board will set expectations for resolution of the problems and support partners to deliver against this expectation.
9. 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.

Section 3 – Further Information

The public Health team will continue to monitor screening uptake in Harrow and work with NHSE London to bring about improvements in screening coverage, establish a system of good governance and robust reporting for LA assurance. The Health and Wellbeing Board will be informed if there are any areas for concern in the future.

Section 4 – Financial Implications

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.
2. The funding for these screening programmes does not sit within the ring fenced public health grant allocation but 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.

3. Primary Care Trusts (PCTs) originally funded mobile breast cancer units and rental for static units charged by Propco. NHS England has indicated that it has not received funding for these units and this is being monitored as a financial risk.

Section 5 - Equalities implications

Screening uptake is lower amongst socially deprived and ethnic minorities. Performance in relation to these groups is not presently available.

Section 6 – Council Priorities

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.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards

on behalf of the
Chief Financial Officer

Date: 22.10.14

Ward Councillors notified:

NO

Section 7 - Contact Details and Background Papers

Contact: Dr Jeff Lake, Consultant in Public Health, 020 8359 3974.

Background Papers: None