

## Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 5th September 2018

Wards: ALL

### Subject: Cancer screening and Flu vaccinations - Commissioning arrangements and setting the scene

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#### Recommendations:

1. Overview and Scrutiny (O&S) panel to note the commissioning arrangements for Cancer screening and Flu vaccinations across partner organisations
  2. O&S panel to note the oversight role of the Director of Public Health within the Local Authority (LA) and actions taking place to support this
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#### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to provide a background and overview of commissioning arrangements nationally for Cancer Screening and Flu vaccination. It is also intended to brief Members on the role the Director of Public Health has within the local authority (LA) in relation to these programmes. The report will also note some actions taking place through the LA on Cancer screening and Flu to provide a context to the more detailed report to be provided by NHS England Commissioners.
- 1.2. Partnership working within this complex system is required between a number of organisations to ensure screening and immunisations programmes are provided to meet the needs of our population. The Department of Health and Social Care (DHSC), Public Health England (PHE), NHS England, Directors of Public Health within the local authority and providers of services have key roles to play to ensure a coordinated system as follows;
- 1.3. - *The Department of Health and Social Care (DHSC)* are responsible for overall strategic oversight and direction of the national screening and immunisation programmes
- 1.4. - *Public Health England* are responsible for providing expert analysis and advice, buying, storing and distributing vaccines, holding coverage and

surveillance data, communication, supporting the area teams of NHS England and Directors of Public Health (DsPH) within the LA

- 1.5. - *NHS England* is responsible for commissioning all national screening and immunisation programmes from local providers in line with agreed service specifications.
- 1.6. *Directors of Public Health (DsPH)* - Local Government (through Director of Public Health) have an oversight duty to ensure plans are in place to protect their population by providing independent scrutiny of the plans of NHS England and other organisations.
- 1.7. - *Providers of screening and immunisation services*, such as GPs, Acute trusts, community service NHS providers, 'Vanguard Site'<sup>1</sup> providers etc are responsible for delivering screening and immunisation programmes following national guidance and service specifications as set out by NHS England.
- 1.8. The Director of Public Health's oversight role within the LA on Cancer Screening and Flu Vaccinations is exercised through a number of actions as detailed in this report. There are also additional actions, lead by Public Health which support increased awareness of and promoting the take up of Cancer screening and Flu vaccinations to residents in Merton. These are over and above those undertaken at national level by PHE and regional and local level by NHS England and providers of services.

## 2 DETAILS

### 2.1. Commissioning arrangements (Background)

- 2.1.1 Changes in commissioning arrangements for screening programmes and immunisation programmes came into effect in April 2013 as a result of the Health and Social Care Act 2012. The overall roles and responsibilities for different organisations within the health and local government system are outlined below to provide the background to the complex system surrounding these programmes.

(i) **The Department of Health and Social Care (DHSC)** is the overall steward of the system. They have overall strategic oversight and direction of the national screening and immunisation programmes. Their role includes:

- Setting screening and immunisation policy based on expert advice from the National Screening Committee (NSC) and the Joint Committee on Vaccination and Immunisation (JCVI) respectively

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<sup>1</sup> Vanguard Site providers are organisations commissioned by NHS England under their New Care Model where organisations take the lead on providing screening services but also developing innovative approaches to service delivery (related to Cancer Screening). Royal Marsden (RM) Partners is the Vanguard Site provider for cancer covering north west and south west London.

- Securing the necessary funding, delegating further responsibilities to its agency PHE, and
- Holding PHE and NHS England to account for their roles in ensuring delivery of the programmes through their respective framework agreements, the NHS England mandate and the section 7A agreement with NHS England.

(ii) **Public Health England (PHE)** plays a key role as the national expert voice and centre for advice on public health. This includes the following function:

- Advising DHSC on the development of national service specifications
- Setting quality assurance (QA) standards and providing independent QA of the provision of screening and immunisation programmes
- Funding and managing the piloting and rolling out of new screening programmes and extending current ones
- Procuring, storing and distributing vaccines and immunoglobulins
- Gathering and analysing coverage and surveillance data
- Developing and providing national communication strategies for screening and immunisation
- Providing expert public health analysis and advice to NHS England, Department of Health and Social Care (DHSC), and Director of Public Health
- Supporting the independent expert advisory committees UK National Screening Committee Cancer Screening Advisory Committees and Joint Committee on Vaccinations and Immunisations (JCVI)

(iii) **NHS England** has a specific role to commission public health services for screening and immunisations. NHS England are responsible for holding providers to account to ensure that they deliver the contracts that have been agreed. Direct commissioning of public health services by NHS England is based on national service specifications that have been produced by Public Health England (PHE) and agreed with NHS England, drawing on the best evidence in order to provide the public with evidence-based, safe and effective services. NHS England is supported by information and expert advice, capacity and support from PHE.

(iv) **Directors of Public Health (DsPH)** have an 'oversight' duty to ensure plans are in place to protect their population including through screening and immunisations. DsPH should provide independent scrutiny and challenge of the plans of NHS England, PHE and providers. PHE will support DsPH to hold NHS England to account through the provision of data and information on performance against standards. DsPH need to assure themselves that the combined plans of all these organisations within the

system will deliver effective screening and immunisation programmes to their local populations.

(v) **Providers of screening and immunisations services** are responsible for delivering screening and immunisation programmes following national schedules and based on agreed service specifications. These include for example GPs, Acute trusts, community service NHS providers, 'Vanguard Site'<sup>1</sup> providers etc.

### **3 DPH OVERSIGHT ROLE AND ACTIONS**

- 3.1. DsPH have a duty to ensure plans are in place to protect their population including through screening and immunisations programmes including Cancer Screening and Flu vaccinations. The systems in place to exercise these duties are provided below for Cancer Screening and Flu vaccinations including additional actions being taken through the LA.
- 3.2. A Merton Health Protection Protocol has been developed in March 2018 which sets out health protection roles and responsibilities of the Merton Public Health team. It also provides a resource for members of the team and others, setting out an overview of systems, roles and processes, governance and working arrangements and links to relevant guidance and data. It highlights the partnership approach across LA and with NHS England, Public Health England, Clinical Commissioning Group and community services. The protocol relates specifically to various areas of health protection, for example immunisations, antenatal and newborn screening, cancer screening, healthcare associated infections, infectious disease outbreak management and emergency planning and resilience (document available on request from Merton Public Health team). Health protection incidents and outbreaks are discussed as appropriate through an internal Health Protection Oversight Group with appropriate escalation procedures in place.

#### **Cancer Screening**

- 3.3. Cancer screening involves testing apparently healthy people for signs that could show a cancer is developing (early stages of disease) and before symptoms appear. Early detection of cancer greatly increases the chances for successful treatment.
  - 3.3.1 Cancer screening can save thousands of lives each year. It also has financial benefits to the NHS as people are treated early, treatment is more successful with early diagnosis therefore longer and more expensive periods of treatment are reduced.
  - 3.3.2 Local Authority Public Health maintains an oversight role in order to ensure adequate delivery of screening services to the local population. Local oversight includes reviewing bowel, breast and cervical cancer screening uptake. Data is received on a quarterly basis via Section 7a Screening Immunisation Programmes from NHS England. Local data can also be found on the Public Health Outcome Framework (PHOF) website.

- 3.3.3 For bowel and breast cancer Public Health staff link into the local CCG Cancer Task Group, where issues can be raised. Oversight for cervical cancer screening will sit under the Sexual Health Framework (currently being developed) which will be overseen by the Sexual Health steering group.

#### **What does the data show?**

- 3.3.4 For 2017 Merton PHOF indicators are ranked 'green' (better than average) for bowel, cervical and breast cancer screening rates compared to the London average. However Merton is ranked 'red' (worse than average) when compared to the England average. It should be noted that the vast majority of Local Authorities in Greater London are also ranked 'red' compared to England.
- 3.3.5 National research to understand cancer screening inequalities (and which helps explain why London may have lower rates) highlights deprivation and population factors, such as ethnicity, are associated with poorer screening coverage for both cervical and breast cancer<sup>1</sup>.
- 3.3.6 Other demographic factors such as population turnover may also negatively influence screening rates and explain differentials with England averages.

#### **Local oversight and actions**

- 3.3.7 Recent work by the Public Health Team on cancer includes promoting Public Health England's campaign (summer 2018) on kidney and bladder cancer, with the 'blood in pee' awareness raising initiative. This promotes awareness in the washrooms of Council offices, libraries and local housing association offices and community centres.
- 3.3.8 Public Health are also currently exploring with the London Fire Brigade and partners the potential for bowel cancer screening 'awareness raising' as an element to the Fire, Safe and Well home visits that are currently being piloted in Merton (visits to resident's homes around fire safety where health interventions are also provided).

#### **Flu vaccination**

- 3.3.9 Flu is a serious disease caused by the influenza virus. Common symptoms of flu include coughing, shaking, chills, body aches, and extreme weakness and can also cause death. Flu can cause severe illness in vulnerable groups such as those who have underlying health conditions such as heart and lung disease, the very young and very old, and pregnant women. Free flu vaccinations are offered to these 'at risk' groups including children from 2-9 years old (year 5 in primary school). Free flu vaccinations also extend to those living in long-stay residential care homes/long-stay care facilities, receivers of carers allowance and those who are carers, front-line health and social care workers. This is to reduce the impact on themselves as well as the clients/patients they may come into contact with. Flu vaccination

reduces the risk of catching flu, severity of symptoms as well as spreading it to others.

### **What does the data show?**

- 3.3.10 For 2017/18, the Public Health Outcomes Framework (PHOF) shows Merton is below target for vaccinations to 'at risk' individuals (excludes pregnant women) (45.5%), over 65 year olds (65%) and 2-3 year old children (35.7%) with respective targets of  $\geq 55\%$ ,  $\geq 75\%$  and  $\geq 65\%$ . All London boroughs are below the targets set for these 3 indicators. Please refer to NHSE report for further details on uptake of the flu vaccine.
- 3.3.11 There are a number of myths around the flu vaccine that contribute to people's reluctance to be vaccinated. For example, some people believe the flu vaccine will give someone flu, however the vaccine given to adults is inactivated flu virus and therefore cannot give someone flu. The children's nasal spray flu vaccine does contain the live virus but a much weakened flu virus that will not give a child flu. Dispelling these myths is part of national publicity to the public and service providers to increase uptake.
- 3.3.12 Vaccines are produced well in advance depending on what the research indicating are the most likely strains to spread and cause illness among people during the upcoming flu season. Sometimes the flu vaccine may not exactly match and therefore not protect against all the circulating strains, but it is better to be protected against some of the circulating strains than none at all. This occurred in the 2017/18 flu season where the vaccine that was recommended for adults was the trivalent vaccine, which protected against some of the strains, however did not protect from the dominant Influence B strain. Therefore some people who did get the flu vaccination still got flu.
- 3.3.13 National analysis of data in 2016/17 for the school aged programme (those in year 1-3) showed a decrease in uptake with increase in age and increase in deprivation. The lowest uptake was reported in the most deprived deciles of deprivation or areas with the largest proportion of black or minority ethnic (BME) groups.<sup>ii</sup>

### **Local oversight and actions**

- 3.3.14 The DPH oversight role in Merton around flu is exercised through the following mechanisms;
- (i) Childhood Immunisations is one of the 5 key outcomes under the Best Start in Life theme for the Health and Well-being Strategy (2015 – 2018). This keeps a focus on improving immunisations including flu
  - (ii) Local Merton Immunisations Steering group chaired by Merton CCG and made up of commissioners (NHSE) and providers (Maternity Units, GP representation, School Immunisations Team etc) meets quarterly develop and monitors local action plan.

(iii) A South West London Immunisations and Quality Board meets quarterly chaired by NHS England and Public Health team attend this. Performance of providers delivering the flu vaccinations are reviewed, discussed and actions for improved performance agreed.

(iv) Health protection incidents and outbreaks are discussed as appropriate through an internal Health Protection Oversight Group with appropriate escalation procedures in place.

(v) Public Health promotion of flu vaccinations across the borough e.g. articles in My Merton, Young Merton Together, Staff bulletin etc

(vi) HR within the LA coordinate workplace flu vaccinations for frontline staff in the council each year

(vii) Public Health presentation to primary headteachers on importance of flu and the programme being delivered in schools and highlighting at risk groups

(viii) Public Health presentation to GP Practice Nurses on importance of improving flu uptake, targeting at risk groups, sharing good practice as well as giving them their performance by GP Practice to encourage improvement in uptake

(ix) Meeting being planned to coordinate preparation for 2018/19 vaccination programme with MCCG, Comms, HR, social care, PH to align plans across partners.

#### **4 ALTERNATIVE OPTIONS**

4.1. N/A

#### **5 CONSULTATION UNDERTAKEN OR PROPOSED**

5.1. N/A

#### **6 TIMETABLE**

6.1. N/A

#### **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

7.1. N/A

#### **8 LEGAL AND STATUTORY IMPLICATIONS**

8.1. N/A

#### **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

9.1. Women with disabilities particularly disabilities related to sight loss, self care and learning disabilities are less likely to take part in breast cancer screening<sup>iii</sup>. Women with learning disabilities are less likely to take part in cervical cancer screening programmes compared to the general population<sup>iv</sup>.

9.2. Some ethnic minority groups may be less likely to access screening for cervical and breast cancer although the picture varies. Residents with an 'other' ethnic background are associated with poorer coverage. The researchers highlight that Arab communities form a large subset of the

‘Other’ Census category population and may require targeted intervention to increase coverage<sup>v</sup>

- 9.3. Lesbian and bisexual women are less likely to attend routine screening for cervical cancer<sup>vi</sup>. A study of 6000 lesbian and bisexual women in the UK in 2007 found that 15% of women over 25 had not had cervical cancer screening compared to 7% of the general population<sup>vii</sup>.

## **10 CRIME AND DISORDER IMPLICATIONS**

- 10.1. N/A

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 11.1. N/A

## **12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

None

## **13 BACKGROUND PAPERS**

- 13.1. None

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<sup>i</sup> Variation in cervical and breast cancer screening coverage in England: a cross-sectional analysis to characterise districts with atypical behaviour, Massat, N et al, BMJ at <https://bmjopen.bmj.com/content/5/7/e007735>

<sup>ii</sup> Seasonal influenza vaccine uptake in children of primary school age: winter season 2016 to 2017 End of season report. Public Health England (PHE), 2018  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655692/Childhood\\_Flu\\_Vaccination\\_Pogramme\\_England\\_201617\\_End\\_of\\_Season\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655692/Childhood_Flu_Vaccination_Pogramme_England_201617_End_of_Season_Report.pdf)

<sup>iii</sup> Floud, S et al, Disability and participation in breast and bowel cancer screening in England: a large prospective study. British Journal of Cancer, 117(11), 2017.

<sup>iv</sup> Osborn, D, Access to cancer screening in people with learning disabilities in the UK: cohort study in the health improvement network, a primary care research database. PLoS One, 7(8), 2012.

<sup>v</sup> Variation in cervical and breast cancer screening coverage in England: a cross-sectional analysis to characterise districts with atypical behaviour, Massat, N et al, BMJ at <https://bmjopen.bmj.com/content/5/7/e007735>

<sup>vi</sup> Health Care Access and Utilization among Women Who Have Sex with Women: Sexual Behavior and Identity, Kerker, B et al, (2006), Journal of Urban Health.

<sup>vii</sup> Prescription for Change, lesbian and bisexual women’s health check 2008, Stonewall available at [https://www.stonewall.org.uk/sites/default/files/Prescription\\_for\\_Change\\_\\_2008\\_.pdf](https://www.stonewall.org.uk/sites/default/files/Prescription_for_Change__2008_.pdf)