



City of Westminster

Follow On Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 27th May, 2021**

Time: **4.00 pm**

Venue: **This will be a 'virtual meeting' live streamed to YouTube:**
<https://youtu.be/m2KhFVOrtlo>

Councillor Tim Mitchell (Chair)	WCC – Cabinet Member for Adult Social Care and Public Health
Cllr Cem Kemahli (Chair)	RBKC - Lead Member for Adult Social Care and Public Health
Councillor Timothy Barnes	WCC – Cabinet Member for Children's Services
Councillor Josh Rendall	RBKC – Lead Member for Family and Children's Services
Cllr Nafsika Butler-Thalassis	WCC - Minority Group
Sarah Newman	Bi-Borough, Children's Services
Olivia Clymer	Healthwatch Westminster
Tania Kerno	Healthwatch RBKC
Jo Ohlson	NHS England North West London
Bernie Flaherty	Bi-Borough, Adult Social Care
Toby Hyde	Imperial College NHS Trust
Philippa Johnson	Central London Community Healthcare NHS Trust
Dr Andrew Steeden	Chair of West London CCG
Detective Inspector Nicki Beecher	Metropolitan Police
Dr Neville Purssell	Central London CCG
Lena Choudary-Salter	Westminster Community Network
Darren Tully	London Fire Brigade
Heather Clarke	Housing and Regeneration
Angela Spence	Kensington & Chelsea Social Council Representative
Iain Cassidy	Open Age Representative

This meeting will be live streamed and recorded. To access the recording after the meeting please revisit the link.

PLEASE NOTE that any member of the press and public may listen-in to proceedings at this 'virtual' meeting via a weblink which will be publicised on the Council website at least 24hrs before the meeting. Members of the press and public may tweet,

blog etc. during the live broadcast as they would be able to during a regular Committee meeting at the Town Hall.

**If you require any further information, please contact Yasmin Jama, Governance Administrator Tel: 07790824426;
Email: yasmin.jama@rbkc.gov.uk Corporate Website:
www.rbkc.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

9. CANCER SCREENINGS AND RECOVERY UPDATE

(Pages 5 - 18)

To receive an update from Anna Cox – Public Health and Kathie Binysh, NHSE.

Stuart Love
Chief Executive
20 May 2021

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Westminster Health
& Wellbeing Board



RBKC Health
& Wellbeing Board

Date: 12/05/21

Classification: **General Release**

Title: *Cancer Screening – Recovery plans*

Report of: Public Health – Cover Paper
NHS England – Cancer Screening Paper

Wards Involved: All Wards in WCC and RBKC

Financial Summary: *There are no financial implications currently*

Report Author and Contact Details: *Anna Cox – Public Health Senior Strategist*
acox1@westminster.gov.uk

1. Executive Summary

- 1.1 This cover paper from Bi-Borough Public Health accompanies a report from NHS England giving an overview of the impact of the COVID-19 pandemic on cancer screening services and outlining recovery plans. The cover paper provides further background and local context to the issues discussed in the NHS England paper.
- 1.2 The NHS Cancer Screening programmes to be discussed in this report include the NHS breast screening programme, the NHS cervical cancer screening programme and the NHS bowel screening programme
- 1.3 Uptake of all three screening programmes in the City of Westminster (WCC) and the Royal Borough of Kensington and Chelsea (RBKC) has historically been lower than the national and London average, with uptake of cervical cancer declining over the last decade. On average, cancer outcomes in both Boroughs have been similar or better than national and London comparators, although there is some indication that colorectal cancer survival rates are declining and are below the national and London average in the Central London CCG area.

- 1.4 The COVID-19 pandemic has had a significant impact on the delivery of all NHS services during the last 15 months and cancer services are no exception. The cancer charity Macmillan have reported that the impact upon cancer patients has been significant, with substantial drops in people being offered and taking up screening, referrals for investigation, and treatment. Fewer people have attended their GP with suspected symptoms and therefore fewer referrals have been made onto the treatment pathway.
- 1.5 NHS England have therefore been invited to present a paper to the Board to discuss the impact of the COVID-19 pandemic on cancer screening in WCC and RBKC and to discuss plans for recovery going forward.
- 1.6 There is a significant time-lag in the availability of published data on cancer screening uptake and even longer on published cancer outcomes. The reports are therefore unable to present data on the impact of the COVID-19 pandemic on screening uptake at this time.
- 1.7 The Health and Wellbeing Board are invited to consider the reports submitted, provide comment and to review future progress as part of the local assurance process.

2. Key Matters for the Board

2.1 The WCC/RBKC Health & Wellbeing Board are requested to note and provide comment on:

- The paper provided by NHS England giving an overview of cancer screening recovery plans for WCC/RBKC.
- The Local Authority Public Health recommendations for next steps.

And to:

- Consider and agree to proposals to return to the Health and Wellbeing Board when the Cancer Screening data is publicly available, to review local action plans and progress.

3. Background

3.1 Responsibilities

- The Secretary of State delegates responsibility to NHS England for certain public health functions including cancer screening, under section 7a of the 2006 National Health Service Act. NHS England's objective under this agreement is to commission high quality services, achieve positive outcomes, promote equality and reduce health inequalities.
" NHS England are accountable for ensuring that local providers of services will deliver against national service specifications and meet agreed population uptake and coverage levels. NHS England are responsible for monitoring providers performance and supporting providers in delivering improvements in quality." (1.2.1 National Delivery Framework)
- Local Authorities have a responsibility to provide information and advice to local bodies to protect population health. They will provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers. This function may be carried out through agreed local mechanisms such as the Health and Wellbeing Board.

3.2 NHS cancer screening programmes

- Under section 7a, the cancer screening services to be provided are:

- **NHS Breast Screening Programme**

Eligibility: Women aged 50-70yrs **Frequency:** Every 3 yrs

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Breast	26,178	8,726	19,074	6,358

Performance Standard – Coverage - the proportion of women in a population eligible for breast screening who were screened adequately within the previous 3 yrs on 31st March (Efficiency standard 2019/20 – 70% Optimal standard – 80%)

- **NHS Cervical Screening Programme**

Eligibility: Women aged 25- 64yrs **Frequency:** Every 3 yrs (25-49yrs) or every 5 yrs (50-64yrs)

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Cervical 25-49	51,512	17,171	29,150	9,717
Cervical 50-64	20,959	4,192	29,150	5,830

Performance Standard – Coverage – the proportion of women eligible who were screened adequately within the previous 3,5yrs (aged 25-49yrs) or 5.5yrs (aged 50-64yrs) on 31st March. (Efficiency standard 2019/20- 75%, Optimal standard – 80%)

- **NHS Bowel Cancer Screening Programme** (including the Bowel Scope Screening Programme).

Eligibility: Residents aged 55, 60-74yrs **Frequency:** One off test at 55, every 2 yrs from 60yrs.

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Bowel	29,281	14,641	21,871	10,936

Performance standard – Coverage – the proportion of eligible residents screened adequately within the last 2.5yrs on 31st March (Efficiency standard 2019/20 – 55%, Optimal standard 60%)

- Note that for 2020/21, due to the COVID-19 pandemic, deliverables were not set in advance but expectations to be agreed as part of recovery programme and for 2021/22 agreement.

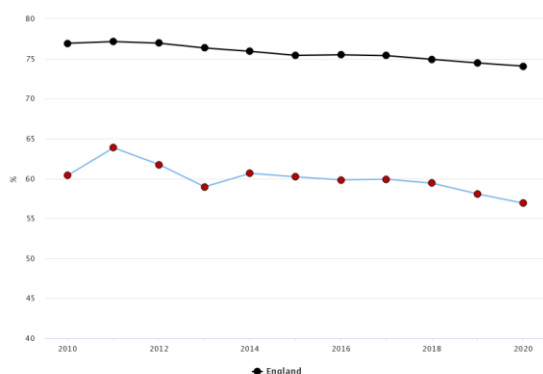
3.3 Uptake of cancer screening in WCC and RBKC (up to March 31st 2020)

Uptake of cancer screening in the boroughs of Westminster and Royal Borough of Kensington and Chelsea (RBKC) has consistently been lower than the London average for many years. Some concerns have been raised about the representativeness of the data and potential impact of private practice screening appointments but this is unlikely to account for the low rates of uptake or explain declining rates over time.

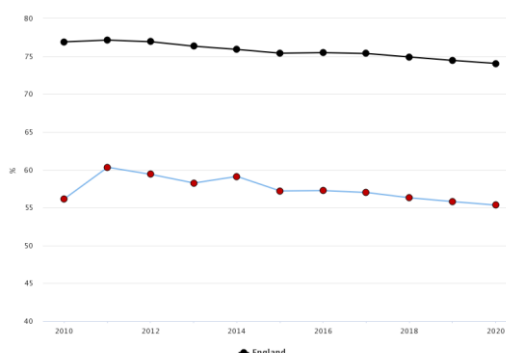
3.3.1 Breast Cancer

Uptake of breast cancer screening 2019/20 in WCC ranked 4th lowest in London and in RBKC ranked 2nd lowest. In both boroughs, uptake has remained well under the London average for the last 10 years and has declined slowly.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Breast cancer screening coverage 2019/20	56.9%	55.3%	67.2%	74.1%	70.0%	80.0%



Trend in WCC

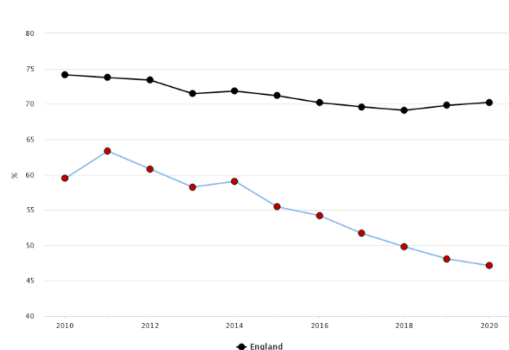


Trend in RBKC

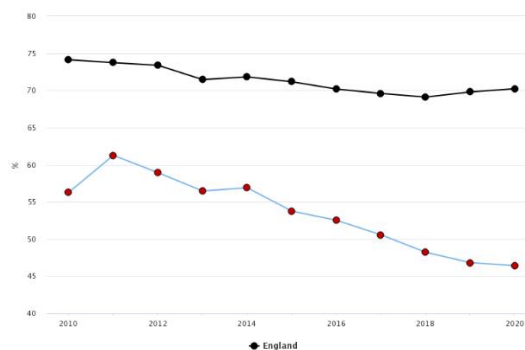
3.3.2 Cervical Cancer 25-49yrs

Uptake of cervical screening 2019/20 in WCC ranked 2nd lowest in London and RBKC ranked lowest. In both boroughs uptake has remained well under the London average for the last 10 years and has declined steeply.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Cervical cancer screening coverage age 25-49yrs 2019/20	47.1%	46.4%	61.8%	70.2%	75.0%	80.0%



Trend in WCC

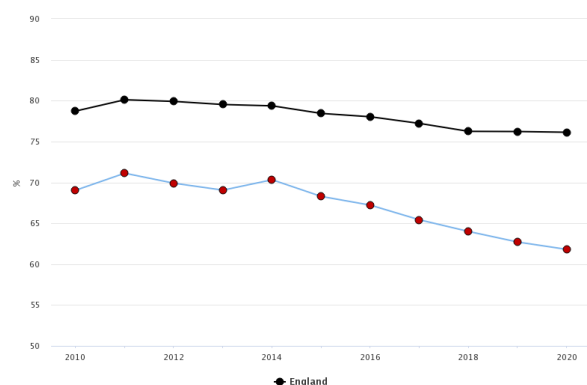


Trend in RBKC

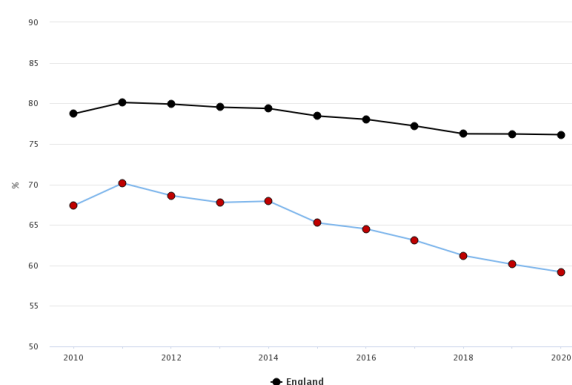
3.3.3 Cervical Cancer 50-64yrs

Uptake of cervical screening 2019/20 in WCC ranked 2nd lowest in London and RBKC ranked lowest. In both boroughs uptake has remained well under the London average for the last 10 years and has declined steeply.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Cervical cancer screening coverage Age 50-64yrs 2019/20	61.8%	59.2%	73.2%	76.1%	75.0%	80.0%



Trend in WCC

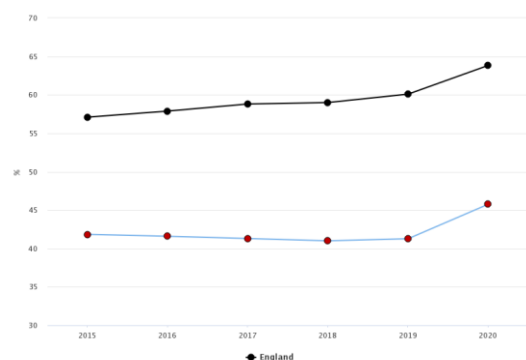


Trend in RBKC

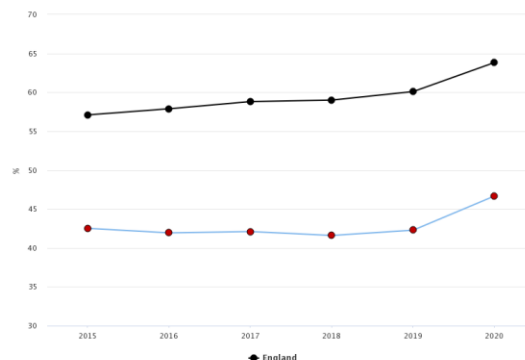
3.3.4 Bowel Cancer

Uptake of bowel cancer screening 2019/20 in WCC ranked lowest in London and RBKC ranked 2nd lowest. In both boroughs uptake has remained well under the London average for the last 10 years but has increased since 2018/19.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Bowel cancer screening coverage 2019/20	45.8%	46.7%	56.2%	63.8%	55.0%	60.0%



Trend in WCC

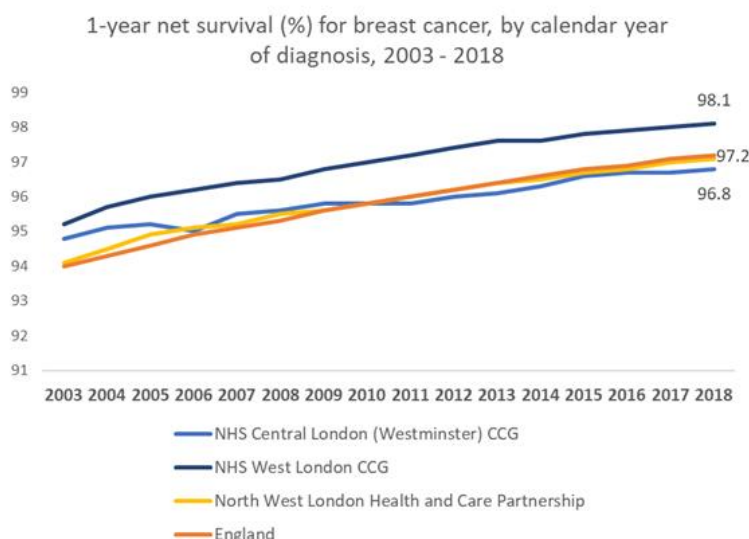


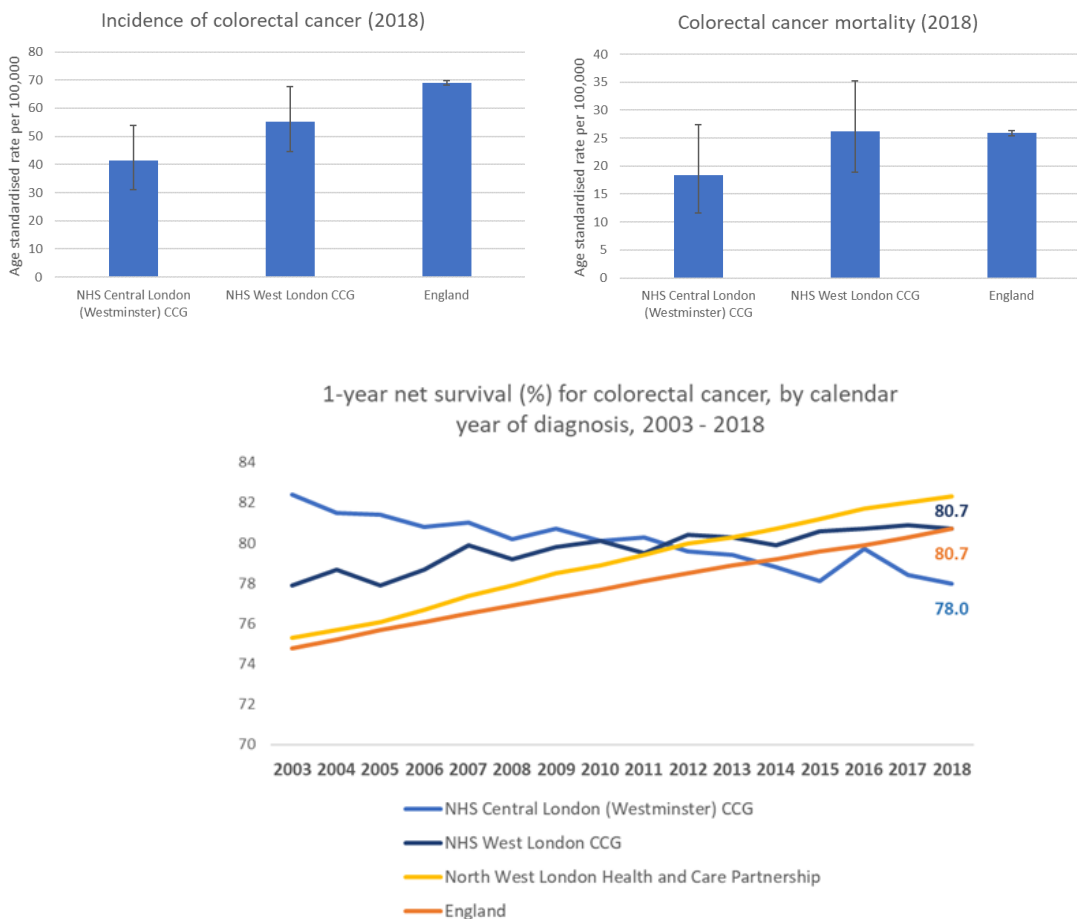
Trend in RBKC

3.4 Cancer Outcomes:

Despite screening uptake being low, overall cancer outcomes in both Central (CL) and West London (WL) CCGs before the COVID-19 pandemic are similar or better than the London and England average:

- New diagnoses – indicator is better than the England average in both CCG areas.
- Patients on the GP cancer register – prevalence is lower (CL CCG) or similar (WL CCG) to the London average.
- Early diagnosis – indicator is similar (WL CCG) or better (CL CCG) than the London average.
- Cancer mortality – similar or better than the England average.
- Cancer survival – overall similar or better than other CCGs in North West London. One-year survival rates for colorectal cancer in CL are lower and are declining.





Source: Public Health Outcomes Framework [*Public Health England Cancer services profile*](#)

3.5 Variation in cancer screening uptake and outcomes

Participation in cancer screening programmes is associated with a number of factors:

- **Deprivation:** Nationally, higher participation in all cancer screening programmes is observed in areas of lower deprivation.
- **Ethnicity:** Ethnicity is the most important predictor of participation in cervical cancer screening with South Asian (Indian and Bangladeshi) women less likely to participate compared to White British women. Offering and delivering cervical screening in culturally important manner is likely to be important.
- **Gender:** Men are less likely to participate in the bowel screening programme despite having increased risk.
- Uptake is also lower in smokers, homeless and other transient populations, people with learning difficulties, and people with existing health conditions including mental health.
- The Local Authority Public Health Intelligence team plan to analyse local GP data to further understand variation in cancer screening uptake in WCC and RBKC.

3.6 Impact of the COVID-19 Pandemic on cancer screening and plans for recovery:

NHS England, as lead commissioners, have been asked to present a paper to the WCC/RBKC Health and Wellbeing Board on the impact of the COVID-19 pandemic on cancer screening and recovery in both boroughs.

4 Options / Considerations

In accordance with the Local Authority role in protecting the health of the population, assurance is sought that:

- Robust plans are in place to assess the impact of the COVID-19 pandemic on cancer screening uptake and cancer outcomes in the City of Westminster and the Royal Borough of Kensington & Chelsea and that recovery planning builds in sufficient capacity accordingly.
- Local variations in uptake and outcome are understood, enabling the tailoring of recovery plans and interventions to address barriers, ensure an equitable offer and support all residents to take up cancer screening and services.
- Recovery planning aims beyond restoring pre-pandemic uptake levels and addresses the historically low uptake of cancer screening in WCC and RBKC.

5 Next steps/ Recommendations

- Develop local action plans for each cancer screening programme, including local targets and deliverable timescales. Local plans to build upon existing work by RM Partners at NWL level and Pan-London initiatives that focus on increasing screening uptake and reducing variation.
- Implement local leadership and communication pathways to deliver and oversee plans in partnership with the ICS.
- Investigate issues in data quality based on COVID lessons learned to identify residents who are at risk of not receiving screening and understand the extent to which residents may use private medicine or health care abroad for screening.
- Investigate whether other localities have successfully increased cancer screening uptake and develop local innovations based on case studies.
- Consider the response to the COVID-19 pandemic and lessons that can be applied to improve cancer screening uptake in our communities.
- Develop localised communications and engagement plan to understand the views of the local communities, deliver tailored messages to targeted audiences, and to amplify NWL and national campaigns in order to support an increase in screening rates and equity in uptake.

6 Legal Implications

None relevant

7 Financial Implications

There are no direct financial implications at present connected to these broad policy recommendations. The Public Health grant (and any reserve carried over) is ring-fenced and must only be used for eligible expenditure to be incurred by local authorities for the purposes of their public health functions or that will have a significant effect on public health.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

**Anna Cox, Public Health Senior Strategist,
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Cancer Screening: during Covid 19 and programme recovery

Breast

Background

The breast screening programme in London detects around 2,000 breast cancers per year:

- It accounts for around 40% of the breast cancers diagnosed in the capital each year.
- Cancers detected through the programme are on average at an earlier stage at the time of detection than those that present at symptomatic services and have a better outcomes.
- The programme was paused between the end of March and June 2020. Since it was able to restart in June 2020 there has been a reduction in capacity due to infection control requirements.

Aims of the recovery programme:

- The NHS Planning Guidance expects that all backlogs of delayed invitations will be cleared by March 2022; all the 'missing' treatments for breast cancer will be recovered and that the round length (time between repeat screens) to 36 months will be restored. There is also an ambition to restore screening uptake to pre Covid levels of 65%
- An additional £50m has been made available nationally to support the recovery of the breast screening programme

Progress to date

- Recovery of the programme has been carried out in line with national guidance. This has meant that priority groups for screening were identified and that these groups were invited according to their levels of risk. Women with a higher risk of breast cancer continue to be invited by the programme.
- The backlog of women who had an appointment booked when we went in to the first lockdown was cleared by November 2020. We are now making progress on inviting women whose invitations have been delayed which will meet the intention of the backlog being cleared by March 2022.
- Additional resources were made available by NHS England and NHS Improvement (London) ahead of the national funding being available, which has enabled us to make faster progress.

Key interventions to recovery

Make the most effective use of available capacity

- Because of the reduced capacity for screening, there was a national decision to change the method of invitation from a timed appointment to an open invitation. This means that women are asked to telephone the service to book an appointment. This method of invitation aimed to make the best use of limited screening capacity while social distancing is in place.
- Changing the method of selecting women to be invited to ensure that women are not invited too early.

Increase screening Capacity

- Reduced the number of Radiography vacancies by 54% through a number of workforce initiatives – including national recruitment drive and supporting apprentices but more to do.
- Ensure adequate equipment and estate is available
- Work with services to reduce their appointment times whilst maintaining national infection control processes and standards.

Governance

- The recovery of the programme is being steered by an oversight group that includes representation from patients and from Integrated Care Systems.

Bowel Cancer Screening

Bowel Cancer Screening invitations paused between March 2020 and July 2020 due to COVID-19, across the whole of London.

Westminster and RBK&C is covered by the West London (WL) Bowel Cancer Screening Programme (BCSP) delivered by Imperial College Healthcare NHS Trust.

WL BCSP has fully recovered the backlog that built up during the COVID-19 pause.

It will begin the age extension down to people aged 50 years, starting with the 56 year olds, from 24 May 2021. This will make this programme the second in London and the UK to start age extension.

In terms of performance, WL BCSP is meeting its standards on:

- Referrals for a Specialist Screening Practitioner (SSP) Appointments within 2 weeks of positive test
- Referrals for a Diagnostic Appointments within 2 weeks of SSP assessment
- Pathology turnaround times

Cervical Screening

Between 10th April 2020 and 6th June 2020, invitations for cervical screening were paused across England. Sample takers were asked to prioritise screening for women at higher risk i.e., those with a previous abnormal result and those on early recall. Colposcopy services prioritised their high grade and 2 week wait referrals at this time and deferred those referred with low grade cytology or non-urgent clinical reasons

All women who were due for routine screening received an invitation or a reminder letter by mid-October 2020

Primary Care sample taking venues, including those in Westminster and RBK&C, have prioritised cervical screening alongside the Covid-19 vaccination programme and have now cleared the deficit of samples taken between March 2020 and February 2021 when compared to the previous year.

Colposcopy services including those at Chelsea and Westminster and West Middlesex hospitals have worked to clear the backlogs of low grade and follow-up cases built up through the first lockdown and to ensure that all women requiring treatment for cervical abnormalities are seen.

Chelsea and Westminster and West Middlesex Hospitals have an action in place to clear their backlog of routine cases and have been running additional clinics to help reduce the numbers of women awaiting assessment

Dr Kathie Binysh

NHS England and NHS Improvement

May 2021

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