HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(b)
18 JUNE 2015		PUBLIC REPORT
Contact Officer(s):	Dr Anne McConville	Tel.

REPORT ON THE FINDINGS OF THE TASK AND FINISH GROUPS ON BOWEL AND CERVICAL CANCER SCREENING AND IMMUNISATION UPTAKE IN PETERBOROUGH

RECOMMENDATIONS	
FROM : Dr Liz Robin	**Deadline date : N/A**

The Health and Wellbeing Board is invited to consider the implications of the findings of the Task and Finish groups and support the recommendations:

1. Develop and deliver targeted community engagement, health education and information programmes to raise awareness, promote uptake and to better understand health beliefs and barriers to uptake of cancer screening and immunisations, based on the findings in the reports and the best evidence of effectiveness. Consider use of community leaders, social media and 'community connectors' to achieve greater reach with the target populations.

2. Explore undertaking a Did Not Attend Analysis (DNA) pilot of those who have not taken up cancer screening to
   - Validate data quality and continuing residence
   - Explore reasons for DNA
   - And scope resource implications to inform the development of an action plan.

3. Develop a targeted and more responsive immunisation offer through better explanation of immunisation schedules; targeted reminders to parents; regularly updating contact details and capturing documented immunisations in the home country at new patient registration.

4. Review progress and uptakes in a year.

1. ORIGIN OF REPORT

1.1 The Health and Wellbeing Board, in July 2014, received a report which identified poor uptake of bowel and cancer screening programmes and of childhood immunisations.

1.2 To investigate the local factors underlying these uptake rates, Public Health England, NHS England and the Peterborough Public Health Directorate established a steering group and 'task and finish' groups, drawing on expertise and input from analysts, local GPs, nurses, the CCG and other providers (Peterborough and Stamford Hospital Foundation Trust and Cambridge and Peterborough Foundation Trust).

2. PURPOSE AND REASON FOR REPORT

2.1 This report is submitted to Board to present the findings of the task and finish groups established to investigate the poor uptake rates for the bowel and cervical cancer screening programmes; and of childhood immunisations and prenatal pertussis in Peterborough.

The Health and Wellbeing Board is invited to consider the implications of the findings of the Task and Finish groups and support the recommendations.

2.2 This report is for Board to consider under its Terms of Reference No. 3.3:

'To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.'

2.3 This report supports the Health and Wellbeing Board strategic priority of 'Preventing and treating avoidable illness' and particularly the linked outcomes of addressing disease and poor health indicators; and the HWB aims 1 and 2:

- *To actively promote partnership working across health and social care in order to further improved health and well being of residents.*

- *To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community.*

2.4 The discharge of the Health Protection responsibilities of the PCC links with the following priorities of the Health & Wellbeing Strategy 2012-15:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.

3. SUMMARY OF THE KEY FINDINGS OF THE TASK AND FINISH GROUPS

3.1 Bowel and cervical cancer screening programmes.

Bowel cancer screening uptake:

- Uptake varies by practice and is lower in Peterborough than neighbouring areas, with more deprived populations having lower uptake rates.

Cervical cancer screening uptake:

- There has been a steady decrease in uptake across the area, CCG and Peterborough, with Peterborough statistically significantly lower than the England average, similar local authorities and the national 80% target;
- There is considerable variation between practices and age groups in Peterborough, with lower uptake in the younger (25-49) population and in the more deprived practice.

A survey of the 25 Peterborough practices was undertaken to understand the factors they considered influenced the variation in screening uptake rates for these cancers. This showed that

- ethnicity and cultural factors (low awareness of the screening programmes; health beliefs; language; and cultural acceptability of the screening process) together with the mobility of migrant populations may be key factors locally.

A national review of evidence supports these local findings; in addition, male gender and fear of confirmed cancer diagnosis were identified as barriers to uptake.

The task and finish group reviewed national evidence on effective interventions to reduce inequalities in screening uptake rates. The evidence, whilst limited, suggests that:

- direct engagement of the target group (1:1 or by telephone), practical help with making appointments; audit and user feedback could improve uptake;
- a combination of interventions was usually more successful.

3.2 Childhood primary immunisations and pre-natal pertussis

- Generally the uptake of childhood immunisations in Peterborough is lower than that in the East of England as a whole, and lower than the national target of 95% required for 'herd immunity' i.e. to prevent disease transmission and provide protection for those who can't or won't be immunised;
- Childhood immunisation uptake varies by practice and shows a weak correlation with deprivation i.e. lower in practices in more deprived areas, but this is not a sufficient explanation;
- A survey of practice nurses (who give the immunisations) raised a number of issues- forgotten or inconvenient appointments; an ill child; lack of understanding of the immunisation schedule and the need for multiple immunisations to complete the primary course; lack of documentation of immunisation in the home country; language and literacy; mobility of traveller and migrant families; and, in a small number, lack of confidence in the effectiveness of the vaccine or fear of side effects;
- Issues with the invitation and scheduling system were identified (suspensions and waiting lists).These have been addressed by the Cambridge and Peterborough Vaccination and Immunisation committee with the commissioners;
- Pertussis (whooping cough) vaccine is offered to all pregnant women after 28 weeks, but many are not aware of this despite midwives saying that they discuss it with women. Immunisation is via the GP; midwives in PSHFT are not commissioned to give the vaccine;
- Data quality e.g. the mobility of some migrant populations can mean that children or pregnant women are registered on the GP system and contribute to the denominator when they have returned home. Frequent local changes of address can mean that contact details are out of date.

4. CONSULTATION

4.1 Whilst there has been no formal consultation, the partnership approach and survey work of the Task and Finish groups and the steering group have ensured professional engagement and awareness together with joint ownership of the findings and recommendations.

4.2 The Health and Wellbeing Programme Board received a summary of findings and recommendations from the Task and Finish groups for comment electronically as the scheduled meeting was cancelled. One response was received and informs this summary report.

5. ANTICIPATED OUTCOMES

- Better engagement with, and understanding of, the knowledge, health beliefs and barriers to access to services for targeted communities;
- Improved knowledge and self-efficacy in the targeted populations; better uptake of screening and immunisation –improving outcome measures *and* better health and wellbeing, so reducing health inequalities;
- More responsive services.

6. REASONS FOR RECOMMENDATIONS

6.1 The local findings and national evidence make the case for targeted community engagement to both raise awareness and to better understand the health beliefs and barriers to uptake; and to promote the salience of the screening and immunisations programmes.

6.2 The audit of those who don't attend for bowel and cervical cancer screening will inform the development of appropriate interventions and information, targeted to need and help scope the impact on practices in terms additional workload.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Alternative options include:

- Doing nothing;
- Hoping that national awareness campaigns 'trickle down' to the local target population.

8. IMPLICATIONS

8.1 The Task and Finish groups on screening and immunisation uptake identified variation in uptake rates across practices in Peterborough that showed some correlation with deprivation. The survey work with health professionals delivering these services in practices in Peterborough and the national evidence supports barriers to uptake in migrant, BME and traveller populations. Poor uptake rates for these evidence-based public health prevention programmes are likely to be associated with poorer outcomes through late diagnosis of cancer and exposure to preventable infectious diseases. Poorer health can limit educational, employment and economic opportunities for individuals and populations.

Legal duties to reduce inequalities

8.2 NHS bodies –the CCG, NHS England, Monitor-have a legal duty under the Health and Social Care Act, 2012, to give due regard in the exercise of their functions to reducing inequalities between patients in access to and outcomes from health services.

8.3 Whilst no specific legal duty to reduce health inequalities applies to local authorities, a local authority must, in using the grant, have regard to the need to reduce inequalities between people in an area with respect to the benefits that they can obtain from that part of the health service provided by the local authority.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Task and Finish Group reports, PHE & NHS England area team, May 2015

- Immunisation Uptake in Peterborough
- Cervical and Bowel Cancer uptake in Peterborough.

Dr Anne McConville
Interim Consultant in Public Health
07/06/15