

Cabinet

Date: 19 June 2023

Subject: Breast cancer screening, childhood immunisations and reducing self-harm among young people

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care and Councillor Brenda Fraser, Cabinet member for Children and Young People.

Contact officers: Julia Groom, Consultant in Public Health, Dan Butler, Senior Public Health Principal, Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection.

Recommendations:

- A That Cabinet note the performance and progress, identified actions and the governance arrangements for the three programmes covered by the report.
 - B That Cabinet request that NHS England provides a breast cancer screening site in Merton as a matter of urgency. This would improve access to important services and contribute to reducing health inequalities.
 - C That Cabinet agree to continue to use Council channels to increase uptake of immunisations, screening and to promote services that support the mental health of children and young people.
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1. Purpose of report and executive summary

- 1.1. This report provides an update to Cabinet on breast cancer screening, childhood immunisations and reducing self-harm in Merton. This report was requested through a motion approved at the July 2022 full Council meeting, which had a strategic theme of 'Supporting residents who are most in need and promoting the safety and wellbeing of all our communities with an emphasis on Health Inequalities'.
- 1.2. **Partnership working is critical to three programmes covered by this report, with improvements being secured through close working between Public Health, the NHS, service providers, our communities and by working directly with settings e.g. schools.** This report will consider performance and progress, identified actions and timelines and will set out the governance arrangements for the three programmes covered by the report.

2 DETAILS

- 2.1. This paper provides an update to Cabinet on three separate programmes that seek to improve the health of Merton residents: breast cancer screening, childhood immunisations and reducing self-harm among young people in Merton.
- 2.2. It should be noted that the roles and responsibilities are different for each programme:

- **NHS England commission screening and immunisation programmes.** Public Health have an oversight role for health protection, including screening and immunisations, and have strong partnerships in place, working positively and pro-actively with NHS England and providers at London, South West London and Merton level.
 - Reducing self-harm requires a multi-agency response. This is led by the Merton Child and Adolescent Mental Health (CAHMS) Partnership Board.
- 2.3 Each of the programmes – screening, immunisation and reducing self-harm – has its own established governance arrangements. The paper seeks to set out the high-level performance, activity and agreed actions to improve uptake and support for the three programmes. It does not seek to duplicate or create new governance mechanisms or to generate new actions for existing programmes.

3 BREAST CANCER SCREENING

Governance

- 3.1. Screening programmes are led by NHS England who have delegated responsibility from the Department of Health and Social Care to commission, contract, quality-assure and programme manage breast cancer screening. In South-West London, St Georges University Hospital (SGUH) provide breast cancer screening services for women aged 50 to 71, with screening invites being sent out to eligible women every three years.
- 3.2. There are 21 Cancer Alliances covering England with the aim to improve cancer pathways, early diagnosis and outcomes. RM Partners, hosted by the Royal Marsden NHS Foundation Trust, are the cancer alliance partner for South-West London, working in partnership with South-West London ICB. It is one of 21 Cancer Alliances established by NHS England to lead on the delivery of the cancer care recommendations in the NHS Long Term Plan.
- 3.3. Merton Public Health, via the responsibilities of the Director of Public Health, have a Health Protection oversight function to ensure plans are in place to protect their populations locally, including screening programmes and immunisations. An update on breast cancer screening, including detailed performance, was provided by NHS London to the Healthier Communities and Older People Overview and Scrutiny Panel (see 14.2 in background papers) in March 2023.

Performance

- 3.4. Due to the impact of the pandemic (see 3.8), Merton's coverage (women eligible screened in the last 3 years) has decreased significantly from 70.4% in 2020, to 59.9% in 2021 and reduced further in 2022 to 56.8%. This reduction in performance is not specific to Merton and affects all London boroughs.
- 3.5. The performance in Merton is significantly lower than the national target for breast cancer screening (70%), higher than the London average of 55.5% (2022) but lower than the England average (65.2%) in 2022. Merton is now ranked 14th out of 33 London Boroughs in Greater London for breast cancer screening coverage in 2022, with Havering ranked 1 (73.3%) and Hammersmith and Fulham ranked 33 (40.9%). This performance data is taken from the Public Health Outcomes Framework (PHOF) which provides annual data, however for more detailed data on uptake and coverage including monthly statistics please

see NHS London's Paper to the Healthier Communities and Older People Overview and Scrutiny Committee (see 14.2 in background papers).

- 3.6. As part of the Health Protection Oversight function, and to inform this paper, NHS London, RM Partners, SWL ICB and SWLSTG NHS Trust have met with LB Merton Public Health to collate an action plan of existing work that is taking place across the system to increase breast cancer screening uptake in Merton. Actions outlined are at range of levels e.g. regional, south-west London and Merton place level with all actions supporting increased screening in Merton. The Merton Breast Cancer Screening Action Plan 2023-24 is attached to this report as Appendix 1.

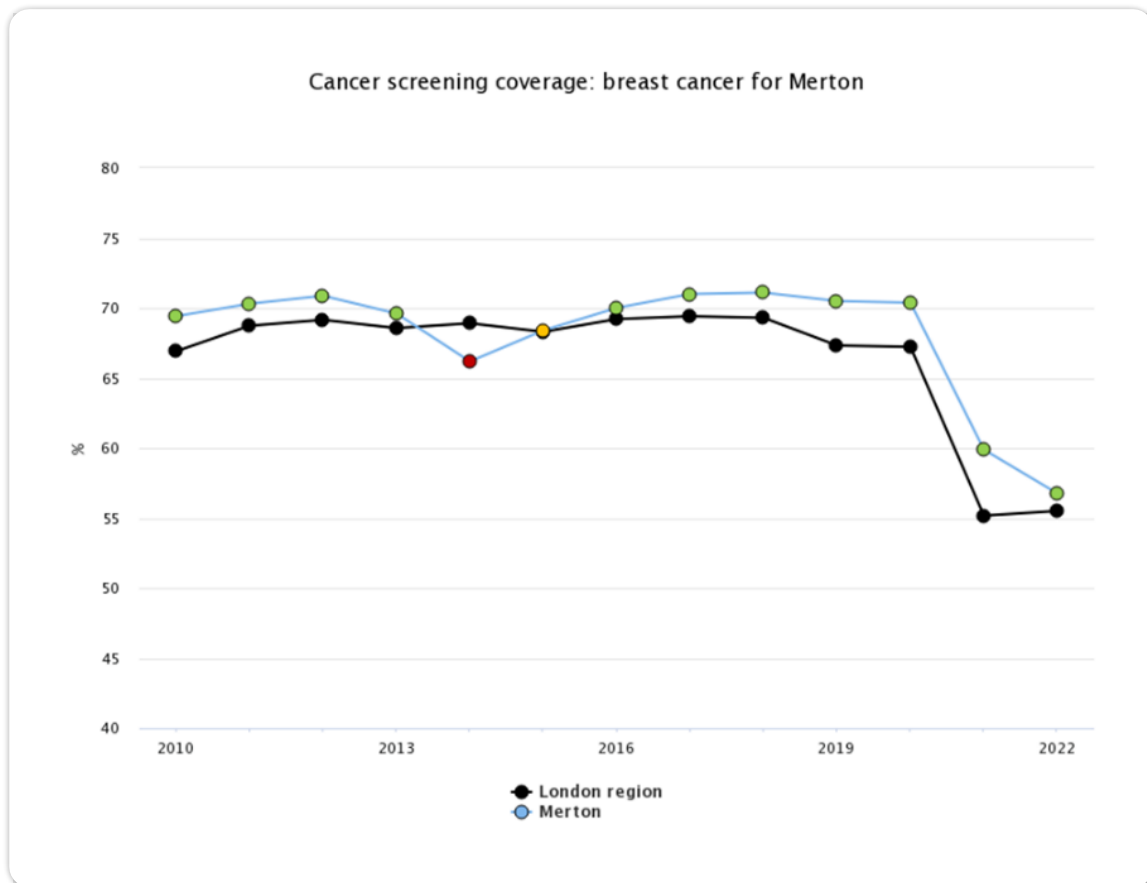


Figure 1 – Breast cancer coverage in Merton and London.

- 3.7. The Action Plan (see Appendix 1) sets out the approach to increasing the uptake of breast cancer screening including the groups with low uptake, which will complement the ask of NHSE to provide a breast cancer screening site in Merton.
- 3.8. The action plan has been grouped into key themes, as follows
- Data Intelligence
 - Service Delivery
 - Addressing barriers and promoting 'facilitators' around attending
 - Addressing health inequalities
 - Communication and Awareness Raising
 - Working across the Merton and wider healthcare system

Understanding the downturn in screening coverage

- 3.9. The COVID-19 pandemic led to all routine screening, including breast cancer screening, being paused in March 2020 with services opening up again for urgent screening cases in April 2020 and screening services back in operation more generally by June 2020ⁱ. COVID-19 restrictions lengthened appointment times, times between appointments and reduced capacity. Patients may have also postponed attending appointments voluntarily if they were shielding or otherwise concerned about COVID-19ⁱⁱ
- 3.10. The pandemic exacerbated existing historical issues leading to severe capacity constraints across services and led to a change in the model of appointments from a timed appointment invitation model to a model where patients had to book appointments themselves, which had a detrimental impact on uptake of screening.
- 3.11. In 2023, the breast cancer screening backlog has been cleared and breast cancer screening services have again adopted the timed appointment model, which is anticipated will increase uptake.

Health Inequalities

- 3.12. A number of groups face health inequalities in screening with lower uptake of breast cancer screening services seen in people with a learning disability, with a physical disability and severe mental illness. Other groups who may have lower uptake of screening include those living in more deprived areas, LGBTQ women and some trans men, ethnic minority groups and women who are homeless.
- 3.13. NHS London have developed a Health Inequalities Advisory Group for breast cancer screening aiming to increase uptake and address health inequalities through a range of activity e.g. running a social marketing campaign in mid-2023 focusing on ethnic minority groups, low uptake boroughs and women who have never attended an appointment. A pan-London Breast Cancer Screening Community of Practice, has also been developed which Merton Public Health participate in.

SWL Breast Screening sites

- 3.14. In March 2023, the Healthier Communities and Older People Overview and Scrutiny Panel, discussed the locations of sites for breast cancer screening in Southwest London (see figure 2). The panel noted that Merton is the only borough in Southwest London without a breast cancer screening site, which hinders uptake of breast cancer screening and increases health inequalities.



Figure 2 –Southwest London breast screening sites.

- 3.15. The placement of static and mobile sites is informed by the national service specification requirements including public transport links, car parking and staffing implications.
- 3.16. Cabinet is recommended to request that NHS England provides a breast cancer screening site in Merton as a matter of urgency. This would improve access to important services and contribute to reducing health inequalities.

4 CHILDHOOD IMMUNISATIONS

Governance

- 4.1. NHS England is responsible for commissioning national immunisation programmes in England. NHS England (NHSE) is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- 4.2. The UK Health Security Agency (UKHSA) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine preventable disease. They provide expert advice to NHSE immunisation teams in cases of immunisation incidents.
- 4.3. Integrated Care Systems (ICSs) have a duty of quality improvement, and this extends to primary medical care services. Integrated Care Boards (ICBs) provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress delegated commissioning for vaccination and screening. It is anticipated that the first wave of delegation of the commissioning of immunisation services will be in spring 2024.
- 4.4. Local authorities are responsible for providing oversight, scrutiny and challenge of the arrangements of NHS England, UKHSA and providers, and

play an important role in promoting immunisation messages through a range of channels including newsletters, social media and community champions.

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. For 0-5 year olds they include:

- Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
- Pneumococcal disease, (PCV)
- Meningococcal group C disease (Men C)
- Meningococcal group B disease
- Measles, Mumps and Rubella (MMR)

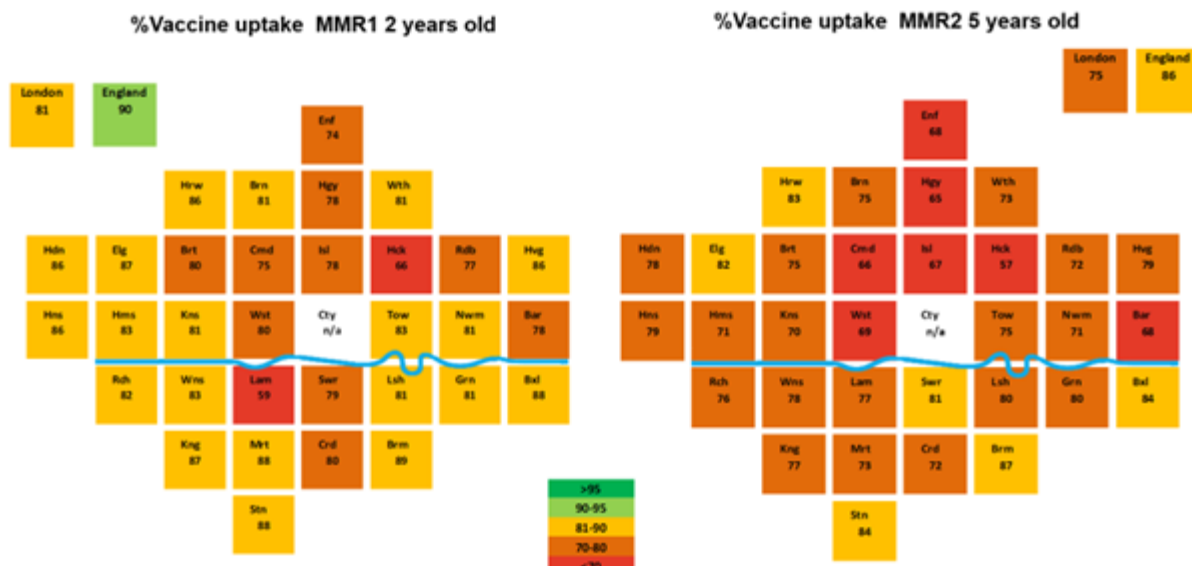
Performance

4.5. Historically and currently, London performs lower than the national (England) average across all the immunisation programmes. Uptake in London has fallen over the past 6 years and has fallen further than elsewhere in the country. Every borough in London is below the 95% WHO (World Health Organization) target. For some vaccines such as MMR, all London boroughs have an uptake below 90%. Two thirds of all measles cases in 2023 in England were in London.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation, across all ethnicities.

4.6. Latest annual data for 2021/22 shows Merton has a higher uptake of the 6 in 1 primary dose at 2 years (93%) than the London average (87%). Uptake for the booster dose of DTaP/IPV is the same in Merton as the London average of 73%. Uptake for MMR1 at 2 years is higher in Merton (87%) than the London average (81%). Uptake of MMR2 at 5 years in Merton (73%) is lower than the London average (75%).

4.7. Following a similar pattern to nationally and London, uptake of the primary 6 in 1 dose and MMR1 in Merton has decreased slightly over the last 3 years. The uptake for the booster dose of DTaP/IPV at 5 years in Merton has increased over the last 3 years to be similar to the London average. The uptake of MMR2 in Merton has increased over the last 5 years but remains below the London average. Further detail is set out in 14.3 in background papers.



Cover of vaccination evaluated rapidly (COVER) Programme 21-22. Date Jan 22- March 22

Key issues

4.8. Key challenges include:

- missed routine vaccinations during the Covid-19 pandemic
- vaccine fatigue following the COVID-19 pandemic
- increasing vaccine hesitancy
- reaching underserved communities
- accessibility to GP appointments
- accurate data recording by GP practices
- a highly mobile population meaning that GP practices need to upload vaccine histories of new arrivals and patients may have left the country but still be registered with the practice.

Actions, including timelines/milestones

4.9. Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, system, and place level to increase uptake in Merton.

4.10. A National Immunisation Strategy is currently being developed to both improve vaccination uptake and reduce inequalities and is expected by end June 2023.

4.11. The London Immunisation Board, the Mayor’s Health Board and SW London Integrated Care Board have all agreed 10 principles for London vaccination: focus on equity at all stages; building strength through diversity; commitment to community driven approaches; people at the centre of delivery; focus on childhood immunisation; immunisation as part of every conversation on health; working with one goal and voice; innovation and creativity; hyper-local approaches; evaluate and develop evidence about what works.

Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on Borough-led health initiatives.

- 4.12. A three-year immunisations strategy for South-West London (SWL) is being developed with partners, which will include six borough-specific immunisation delivery plans. The aim of the strategy will be to support boroughs by providing a framework within which to operate, setting key priorities for SWL as well as at borough level based on local need. The strategy is expected to be published by July 2023.

The focus of the immunisation strategy for Merton will include improving uptake of preschool boosters and MMR and this is an opportunity to collaborate with all partners to increase vaccination coverage.

- 4.13. A recent event as part of World Immunisation Week engaged with partners across South-West London to focus on increasing MMR uptake, including how best to engage with communities and primary care systems. Learning will feed into the development of the forthcoming South-West London strategy.
- 4.14. Actions to improve uptake, as set out in the background paper on childhood immunisations at 15.3, include:
- Work with GP practices to improve data and coding, text messaging and vaccination in school holidays.
 - Insight led behaviour change campaigns using multiple channels to reach Merton residents, including social media, radio advertising, ad-vans, billboards, street ambassadors, community champions and on-street engagement teams.
 - Working with the voluntary sector, including a new small NHS grants programme for community organisations in Merton.
 - Information in a range of languages to support informed decision making in response to misinformation and feedback from residents.

5 REDUCING SELF-HARM

Governance

- 5.1. The Merton Child and Adolescent Mental Health (CAMHS) Partnership Board provides leadership for all mental health issues for young people, including self-harm, which is jointly chaired by the SWL NHS Integrated Care Board and LB Merton. In addition, a 'Thrive' steering group oversees the development of the I-Thrive model, which was adapted in Merton and is set out in the Merton CAMHS and Emotional Health Strategy 2020-23 (see 14.4 in background papers). In addition, addressing the needs of young people are also part of the Merton Suicide Prevention Framework (see 14.5 in background papers).
- 5.2. The I-Thrive Framework provides a mechanism to deliver a whole-system approach to improving outcomes and value for young people's mental health. The framework conceptualises need into five categories:
- Thriving
 - Getting advice
 - Getting help
 - Getting more help
 - Getting risk support

At its core I-Thrive has a shared decision-making ethos which will require considerable multi-agency and disciplinary change. It aims to talk about mental health and mental health support in a common language that everyone understands. The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making.

Performance

Referrals to CAMHS 2019 – 2023 (Getting More Help service)

- 5.3. Referrals to CAMHS decreased during the COVID pandemic lockdowns and whilst there was a very high rate of referrals by the end of 2021/22, these have started to decrease over 2022/23, although there is variation by quarter. The initial hypotheses are that this is likely the result of the improvement and access in the 'Getting Help' domain and the increase in the Mental Health Support Teams in schools, which means that issues are being managed at an earlier stage. However, this will need to be monitored for a longer period before any clear conclusions can be reached.

CAMHS reason for referral

- 5.4. The Single Point of Access (SPA) captures the primary reason for referral as described on the referral. It is important therefore to note that the information presented below is not final diagnosis information.
- 5.5. The latest comparative data (Q1 & Q2 from 2021-22 and 2022-23) shows that in 2021-22 the three main reasons for referral to CAMHS were anxiety (25.2%), neurodevelopmental conditions, excluding autism (21.8%) and self-harm behaviours (11.3%).
- 5.6. However, 2022-23 has seen a change, 39.9 % of all referrals were in relation to neurodevelopmental conditions. The referrals for young people with self-harm behaviours reduced slightly and was fifth in the list of reasons for referrals, compared to third in 2021-22, accounting for 10% of all referrals received in this timeframe. An increase in awareness by professionals following a refreshed self-harm protocol may have contributed to this reduction.

Referrals to Off the Record (Getting Help Service)

- 5.7. The Off the Record service for children and young people provides counselling, a support phone line, on-line services and support for parents and carers with children and young people struggling with self-harm. It also provides Mental Health Support Teams in 17 schools across Merton, which deliver support for mild to moderate mental health issues, support staff in schools and develop a whole school approach to mental health.
- 5.8. In 2022/23 the service also saw a rise in referrals and over the year 38% of referrals were self-referrals, 22% came from CAMHS and 40% came from other professionals including schools. The high level of self-referrals is positive, as this is one of the aims of I-Thrive to improve ease of access to services to young people.
- 5.9. For Off the Record, referrals for anxiety remains the top presenting issue. A fifth of the referrals received are for young people presenting with either self-harm or suicidal ideation.

Key issues and actions

- 5.10. Self-harm has been a priority for the CAMHS Partnership Board and there are a number of key areas that have been identified locally in relation to self-harm among young people and acted upon:
- 5.11 As part of the Merton Working Group for Self-Harm and Suicidal Ideation including CAMHS, SWL ICB and Council staff, a [protocol for supporting young people who self-harm or experience suicidal ideation](#) has been updated and launched throughout the borough in July 2022. The protocol supports those working with children and young people in accessing the right services at the right time and includes practical guidance for professionals, as well as resources for sharing with young people and parents. It seeks to provide clear guidance on where to seek advice and steps to follow should a young person share that they have been self-harming or experiencing suicidal ideation. The protocol includes guidance, expectations and operational principles for partners' effective roles and responsibilities. The protocol has been very well received and may have impacted on a fall in self-referrals to the Single Point of Access (SPA) front door of CAMHS.
- 5.12 The Local Place SWL ICB CAMHS Commissioning team have invested in the Off the Record Service to expand referrals for young people up to 25 years with self-harm issues, and also have a specific focus on support for parents and carers with children struggling with self-harm, including offering groups and workshops.
- 5.13 In addition, there is a focus on training for Mental Health First Aid. Courses have trained up 16 staff as Mental Health First Aiders working with young people. This included a range of agencies working with young people including Spectra, Catch 22 and Tooting and Mitcham Football Club. Staff from schools included Raynes Park High, Wimbledon College, Ursuline Convent and Goringe also became MHFA's. Training has also been rolled out to young people in college and sixth form, with 72 young people trained in youth mental health awareness and a further 50 to be trained by June 2023.
- 5.14 Raising awareness of services to young people and families has also included the development of a mental health and wellbeing map and resources for professionals.
- 5.15 The Local Place I-Thrive steering group has set up a number of sub-groups to bring partners together to work towards seamless and complementary services for children and young people and engage partners, review progress and develop collaborative workplans, building on current progress.

6 ALTERNATIVE OPTIONS

- 6.1. None for the purpose of this report.

7 CONSULTATION UNDERTAKEN OR PROPOSED

- 7.1 Consultation will include work with voluntary sector organisations specialising in breast cancer and mental health for young people.

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATION

- 9.1 As set out in the report, roles and responsibilities, including funding requirements, are different for each programme.

- 9.2 This paper recommends that Cabinet agrees to continue to use Council channels to increase uptake of immunisations, screening and to promote services that support mental health of children and young people.

9 LEGAL AND STATUTORY IMPLICATIONS

- 9.1. There are no legal implications arising out of the report itself. However, if any commissioning by the Council arises out of the action plan, consideration will need be given as to the requirements of the Public Contracts Regulations 2015 and/or the Council's Contract Standing Orders.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 10.1. Activity to raise awareness around breast cancer screening includes specific actions that will have positive impacts in terms of disability (learning disability, mental health, physical disability), ethnicity, LGBTQ+ and those living in areas of higher deprivation.

11 CRIME AND DISORDER IMPLICATIONS

- 11.1. N/A

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 12.1. N/A

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

- 13.1. Appendix One. Breast Cancer Screening Action Plan 2023-2024.

14 BACKGROUND PAPERS

- 14.1. [Strategic Theme Report 6 July.pdf \(merton.gov.uk\)](#)
- 14.2. [NHSL report to Healthier Communities and Older People Overview and Scrutiny Panel – March 2023.](#)
- 14.3. [Childhood Immunisations update, NHS England, May 2023](#)
- 14.4. Merton CAMHS and Emotional Health Strategy 2020-23
- 14.5. [Merton Suicide Prevention Framework](#)
- 14.6. MSCP - [protocol for supporting young people who self-harm or experience suicidal ideation](#)

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ii Performance Measures Across the Cancer Pathway: Key Stats [Internet]. Cancer Research; 2022 [as of 13 January 2022] [cited 28 September 2022]. Available from: https://www.cancerresearchuk.org/sites/default/files/cancerpathwaykeystats_jan22.pdf

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