

Report of: Lucy Jackson, Chief Officer/Consultant in Public Health, Adults and Health

Report to: Director of Public Health

Date: 12th June 2019

Subject: Request to Gain authority to receive and spend a grant from Yorkshire Cancer Research to establish a Locality Screening and Awareness Programme in Leeds.

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| Are specific electoral wards affected? If yes, name(s) of ward(s): | Yes | <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the decision eligible for call-in? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

- Public Health, Leeds City Council, working together with a wide number of partners has been successful in securing (subject to conditions set out in the award letter) a £2,064,500 funding grant from Yorkshire Cancer Research to establish a three year Locality Screening & Awareness Programme in Leeds. Leeds City Council have overall responsibility for the programme. The Chief Officer /Consultant in Public Health is responsible for the delivery of the project.
- The high rates of premature deaths from cancer in areas of high deprivation and the current screening uptake in Leeds, specifically in deprived areas has highlighted the need for a co-ordinated programme to increase uptake of screening and awareness of signs and symptoms. Cancer screening uptake performance data demonstrates that Leeds is not currently achieving national targets for bowel, breast or cervical screening, and there is wide variation between 'deprived and non-deprived Leeds.

Recommendations

- 3 Approval be given to receive the £2,064,500 grant and set up the Yorkshire Cancer Research Locality Screening and Awareness Programme. The grant should be spent in accordance with the budget plan (Appendix 2).
- 3.1 That the Director of Public Health notes the high level project delivery plan (Appendix 1). The programme is a three year project April 2019-March 2022.
- 3.2 The Chief Officer /Consultant in Public Health is responsible for the delivery of the project.

1. Purpose of this report

- 1.1 This report seeks approval from the Director of Public Health to gain authority to receive and spend the grant from Yorkshire Cancer Research to establish a Leeds Locality Screening and Awareness Programme in Leeds.

2. Background information.

- 2.1 Public Health, Leeds City Council, working together with a wide number of partners has been successful in securing (subject to conditions set out in the award letter) a £2,064,500 funding grant from Yorkshire Cancer Research to establish a 3 year Locality Screening and Awareness Programme in Leeds. Leeds City Council have overall responsibility for the programme. The Chief Officer /Consultant in Public Health is responsible for the delivery of the project.

- 2.2 The aim of this project is to establish a Leeds network of Locality Based Screening and Awareness Co-ordinators with shared ambitions around achieving accelerated screening uptake, across all 3 national screening programmes and increasing awareness of cancer signs, symptoms and risk factors. The co-ordinators will work closely with local practices and the developing primary care networks, as well as the broader Local Care Partnerships. The programme will complement and add value to existing screening and awareness based interventions, focused on increasing screening uptake, raising awareness, and reducing health inequalities by having a focus on improving the health of the poorest fastest.

- 2.3 The current screening uptake in Leeds, specifically in deprived areas, has highlighted the need for the project. Cancer screening uptake performance for NHS Leeds CCG as at June 2018 (latest data available) demonstrates that Leeds is not currently achieving national targets for bowel, breast or cervical screening:

- Bowel Screening Uptake: 58.1% (National Target by 2020: 60%)
- Breast Screening Uptake: 71.3% (National Target by 2020: 80%)
- Cervical Screening Uptake: 73.2 % (National Target by 2020: 80%)

The overall figures mask the variation in uptake across the city. Analysis of practice data demonstrates variation in uptake across Leeds and demonstrates a clear link between deprivation, screening uptake and subsequently cancer outcomes. The lowest uptake is in the most deprived areas of Leeds:

- Bowel screening uptake – lowest uptake 21.1%
- Breast screening uptake – lowest uptake of 43.5%
- Cervical Screening uptake – lowest uptake of 24.3%

The programme will be a citywide service. The first phase of the project will focus on Armley, Middleton and Beeston, and Seacroft. These areas all have low uptake to the screening programme. Garforth will also be included in the first phase. A further 12-18 areas will be targeted throughout the project.

- 2.4 Leeds City Council will have overall responsibility for the programme. The programme will increase employment opportunities in Leeds by employing a

project manager, communications support and up to 18 screening coordinators. The project manager will be employed by Leeds City Council and will oversee the programme, the communication support will also be employed by Leeds City Council. Working with partners in health utilising the grant funding up to 18 screening coordinators will be employed by health. Each coordinator will be assigned to work within a specific area identified as needing support. Together with their localities they will explore and implement suitable mechanisms to increase awareness and screening uptake for cancer prevention.

2.5 Two groups have been established to oversee the governance and operational management of the programme:

1. The Yorkshire Cancer Research Leeds Screening and Awareness Strategy and Governance group. This group is chaired by Chief Officer /Consultant in Public Health.
2. The Yorkshire Cancer Research Leeds Screening and Awareness Operational group. This group is chaired by Advanced Health Improvement Specialist (Cancer), Public Health

3. Main issues

3.1 The implementation of the programme requires the transfer of £2,064,500 from Yorkshire Cancer Research (subject to the conditions outlined in the award letter) to Leeds City Council. Leeds City Council will manage the project as set out in the High Level project plan (Appendix 1) and spend the funds to establish the Locality Screening and Awareness Programme in Leeds.

3.1.1 As this exceeds the £250,000 threshold this is a Key Decision.

3.2 Consequence if the proposed action is not approved

3.2.1 If the main action is not approved then the project will not be implemented. This impacting the cancer outcomes of the city, and our Health and Well Being Strategy ambition to improve the health of the poorest fastest.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 To deliver a successful city-wide project of this scope and profile, a comprehensive Communications and Engagement Plan is key to developing relevant and tailored communication methods across a range of diverse communities.

4.1.2 To deliver this, we will draw on the specialist skills of Leeds Cancer Programme Engagement Lead to develop a plan. This plan will identify our agreed approach to delivering engagement with a range of partners across the city.

4.1.3 Tailored locality engagement plans will be developed. Using local research/knowledge to target activity to the differing needs of each locality. Starting with the four proposed 'Early Adopter' localities of Armley, Middleton and Beeston, Seacroft

and Garforth, we will conduct a thorough audit of the area, review its demographics, its unique factors, key stakeholders and community activity. We will then develop a communications and engagement approach highly relevant to the people within those communities, drawing on the wealth of knowledge from embedded third sector organisations in each locality area. We will also explore previously tried and tested methods in relation to cancer screening, awareness raising and listen to the people on the ground who can inform us what does and doesn't work for them. At each step of this approach, we would use consultation and engagement to test our plans and continually review and develop them accordingly.

- 4.1.4 Consultation will take place through the Public/Patient Cancer Engagement Hub for the Leeds Cancer Programme. Consultation with partners has taken place with wider partners through: Leeds Integrated Cancer Service Group, Leeds Cancer Prevention, Awareness and Increasing Screening Uptake steering group (sub-group of LICS)

4.2 Equality and diversity / cohesion and integration

- 4.2.1 An Equality, Diversity, Cohesion and Integration Impact Assessment has been completed for this project. This tool indicates that a full assessment is not required as the recommendations of the report will not impact negatively on service users, staff or stakeholders. The assessment will be submitted alongside the report for Delegated Decision Panel. Council policies and best council plan.

4.3 Council policies and best council plan

- 4.3.1 This programme will feed into the delivery of The Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan.

Climate Emergency

- 4.3.2 At Full Council on 27 March 2019, Leeds City Council passed a motion declaring a Climate Emergency. In addition, the Leeds Climate Commission have proposed a series of science based carbon reduction targets for the city so that Leeds can play its part in keeping global average surface temperatures to no more than 1.5°C. A 'City Conversation' is planned for the summer of 2019, to raise awareness, review and refine the options and to start to build public, business and political support for transformative action. This Locality Screening and Awareness programme can support the Climate Emergency. We know that health and care is a significant contributor to the Leeds public sector carbon footprint and Leeds Teaching Hospitals NHS Trust is one of the top ten carbon emitters in the city as well as being a major employer so able to promote the city conversation through its workforce. All staff employed in this programme will be encouraged to use public transport and active travel. Initially delivering the programme in the four proposed 'Early Adopter' localities of Armley, Middleton and Beeston, Seacroft and Garforth will reduce the need for patients to travel across the city to centralised services, reducing wasted resources and, by maximising of the impact of staff who work in the programme, there will be a reduction in carbon emissions and environmental pollution. The neighbourhood audits outlined in 4.1.3. will be used to gather data on

current travel arrangements for existing cancer screening services and how this affected by the introduction of local services.

4.4 Resources and value for money

4.4.1 The Yorkshire Cancer Research grant is an additional 3 year grant with set criteria for use as set out in the award letter. The funding can only be used to establish and evaluate the Yorkshire Cancer Research Leeds Locality Screening and Awareness Programme in Leeds.

4.5 Legal implications, access to information, and call-in

4.5.1 As the overall value of this decision exceeds £250,000 this decision is a key decision and is subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

4.5.2 The decision highlighted in this report will be taken by the Director of Public Health in line with the officer delegation scheme as detailed in Part 3 of the Council's Constitution.

4.5.3 In making the final decision, the Director of Public Health should be satisfied that the course of action chosen is the best course of action for the Council and should be satisfied that doing so it represents best value for the Council.

4.6 Risk management

4.6.1 If the recommendations in this report are not approved the project cannot go ahead. This will have a detrimental effect impacting the cancer outcomes of the city, and our Health and Well Being Strategy ambition to improve the health of the poorest fastest.

4.6.2 The Yorkshire Cancer Research Leeds Screening and awareness programme Strategy & Governance group is responsible for managing any risks to the delivery of the Yorkshire Cancer Research Leeds Screening and awareness programme Screening and Awareness Programme. Mitigating actions to counter risks have been put in place.

4.6.3 A risk register detailing possible risks for the duration of the project has been developed (Appendix 3).

5 Conclusions

5.4 Low uptake to cancer screening services is a major health issue impacting on the people of Leeds, leading to premature mortality especially in deprived communities.

5.5 The Yorkshire Cancer Research Leeds Locality Screening and Awareness Programme will contribute to meeting national screening targets.

- 5.6 Increased cancer screening uptake will help to improve the health outcomes of the Leeds population, and support the Health and Wellbeing Strategy ambition of improving the health of the poorest fastest.
- 5.7 This programme will support Primary Care Networks, and the wider Local care Partnerships in Leeds to increase cancer screening uptake in deprived communities by providing a specific resource.

6 Recommendations

- 6.4 Approval be given to receive the £2,064,500 grant and set up the Yorkshire Cancer Research Locality Screening and Awareness Programme. The grant should be spent in accordance with the budget plan (Appendix 2).
- 6.5 That the Director of Public Health notes the high level project delivery plan (Appendix 1). The programme is a three year project April 2019-March 2022.
- 6.6 The Chief Officer /Consultant in Public Health is responsible for the delivery of the project.

7 Background documents¹

1. High level project delivery plan
2. Budget plan
3. Risk register

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.