

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

Report to: Director of Public Health

Date: 22nd January 2020

Subject: Request to gain authority to enter in to a grant agreement with the Leeds General Practice Confederation Limited in order to spend grant money received from Yorkshire Cancer Research to establish a Locality Screening and Awareness Programme in Leeds.

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

Summary of main issues

1. Public Health, Leeds City Council, working together with a wide number of partners was successful in securing 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.
2. In June 2019, authority was granted for Public Health, Leeds City Council to receive the funding from Yorkshire Cancer Research (Delegated Decision Notification ref. D48757, published 12/06/2019).
3. It is proposed that a significant proportion (£1,211,500) of the funding is transferred to the Leeds General Practice Confederation Limited under a grant agreement, detailing that the Leeds General Practice Confederation Limited will be accountable for the activities of the Screening awareness co-ordinators (including their recruitment and management and the administration of direct payments to General Practice surgeries) (see appendix 1).

4. 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

The Director of Public Health is recommended to:-

- Approve the allocation £1,211,500 as a grant with the Leeds General Practice Confederation Limited in order to deliver the outcomes of the Cancer Wise Leeds programme for a period of 3 years.
- That the Director of Public Health notes the high level project delivery plan (appendix 3). The programme is a three year project April 2019-March 2022.
- The Chief Officer /Consultant in Public Health remain 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 enter into a grant agreement with the Leeds General Practice Confederation Limited. Under this agreement, the Leeds General Practice Confederation Limited shall be responsible for the activities of the Screening and Awareness co-ordinators (including their employment and management responsibility) contributing to the effective delivery of the Locality Screening and Awareness Programme in Leeds. Additionally, the Leeds General Practice Confederation Limited shall administer direct payments to General Practice surgeries for backfill and communication costs (see appendix 1).

2. Background information.

2.1 Public Health, Leeds City Council, working together with a wide number of partners was 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 In June 2019, authority was granted for Public Health, Leeds City Council to receive the funding from Yorkshire Cancer Research (Delegated Decision Notification ref. D48757, published 12/06/2019).

2.3 Following a consultation with a patient engagement group, the name for the project was agreed upon as 'Cancer Wise Leeds'. The project was formerly known as the Yorkshire Cancer Research Leeds Locality Screening and Awareness Programme

2.4 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 Coordinators will work closely with local practices and the developing primary care networks. 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.

2.5 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, Bramley, Wortley & Middleton Park, Middleton & Beeston, Hunslet and York Road. These areas all have low uptake to the screening programme. A further 14 areas will be targeted throughout the project, encompassing the entire city.

2.6 The key goals of the programme are as follows;

- Narrow the gap for all three screening programme between most and least deprived Primary Care Networks.
- Across the city, Increase the uptake rate for all three national screening programmes in line with the targets set by the Leeds Cancer Programme, with particular focus on hard to reach groups.
- Increase awareness of the signs and symptoms of cancer and how to react in response to these signs

2.7 Leeds City Council will continue to have overall responsibility for the programme. The programme will increase employment opportunities in Leeds by employing a Senior Project Officer, Senior Communications Officer and up to 10 Screening and Awareness Coordinators. The Senior Project Officer will be employed by Leeds City Council and will oversee the programme, the Senior Communications Officer will also be employed by Leeds City Council. Working with partners in health utilising the grant funding up to 10 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.

2.8 The Leeds General Practice Confederation Limited is a not for profit social enterprise established in March 2018 as an organisation to represent all General Practice surgeries across Leeds. It is comprised predominately of members of staff employed by the Leeds Clinical Commissioning Group (CCG). The Leeds General Practice Confederation Limited were a key partner in securing the grant funding from Yorkshire Cancer Research.

2.9 Due to their governance structure, the Leeds General Practice Confederation Limited are unable to employ members of staff directly. Therefore the Screening and Awareness Coordinators shall be employed by the South East Leeds GP group on behalf of the Leeds General Practice Confederation Limited through sub-contracting arrangements. The Leeds General Practice Confederation Limited shall remain responsible for all performance and line management of the Coordinators. The Leeds General Practice Confederation Limited and the South East Leeds GP group shall enter in to a separate memorandum of understanding to govern their relationship. Line management of the Screening and Awareness Coordinators will

be provided by one of three Primary Care Development Managers within the Leeds General Practice Confederation Limited.

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

1. Cancer Wise Leeds Strategy and Governance group. This group is chaired by Chief Officer /Consultant in Public Health.
2. Cancer Wise Leeds 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 a grant agreement to be established with the Leeds General Practice Confederation Limited that will allow for the transfer of £1,211,500. This will be to cover the cost of appointing up to 10 Screening and Awareness Coordinators and other associated project costs (see appendix 1). The funds for this will come entirely from the grant received from Yorkshire Cancer Research. Leeds City Council will manage the project as set out in the High Level project plan (appendix 3) and will utilise the grant agreement to hold the Leeds General Practice Confederation Limited to account for its responsibilities under the agreement.

3.2 This report directly follows a previous agreement to receive funds for the purpose of establishing a locality based screening and awareness programme (Delegated Decision Notification ref. D48757, published 12/06/2019). Article 13.4.2 (c) of the Constitution states that any decision which is a direct consequence of implementing a previous Key Decision and was in the contemplation of the decision maker at the time the decision was taken, is exempt from being a Key Decision. Therefore, this shall be considered to be a Significant Operational Decision (and is therefore exempt from call-in).

3.3 Consequence if the proposed action is not approved

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

3.3.2 If the main action is not approved, this will adversely affect Public Health's ability to deliver on its contractual obligations with Yorkshire Cancer Research to deliver the project.

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, Bramley, Wortley & Middleton Park, Middleton & Beeston and York Road, 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)
- 4.1.5 Consultation on the aims and objective of the programme (as set out in the initial proposal to Yorkshire Cancer Research) was undertaken utilising the Leeds Cancer Programme's Prevention Group. This group includes both professionals and members of the public.

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 (appendix 4). 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.

4.3.2 Climate emergency

In line with the Leeds City Council's commitment to reducing carbon emissions all staff employed will be encouraged to use public transport and active travel. All Screening Coordinators will be locally based, therefore there will be minimal car travel within the working day.

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 and subsequent grant agreement. The funding can only be used to establish and evaluate the Cancer Wise Leeds (formerly Yorkshire Cancer Research Leeds Locality Screening and Awareness) programme. The funds exchanged through the grant agreement will come entirely from the grant received from Yorkshire Cancer Research.

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

- 4.5.1 This report directly follows a previous agreement to receive funds for the purpose of establishing a locality based screening and awareness programme (Delegated Decision Notification ref. D48757, published 12/06/2019). Article 13.4.2 (c) of the Constitution states that any decision which is a direct consequence of implementing a previous Key Decision and was in the contemplation of the decision maker at the time the decision was taken, is exempt from being a Key Decision. Therefore, this shall be considered to be a Significant Operational Decision (and is therefore exempt from 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 As the Council would be entering into a grant arrangement with Leeds General Practice Confederation Limited who wish to provide the "Cancer Wise Leeds programme" the Council will have no contractual control over enforcement of the terms. The only sanction available with grant payments is for the Council to claw-back grant monies unspent.
- 4.5.4 There is a risk of challenge that a grant payment is not a grant. Legally there is some confusion about when a grant can and cannot be used as there is a fine line between a grant (which is not caught by the procurement rules) and a contract for services (which is caught by the procurement rules). The preamble to EU Procurement Directive 2014/24/EU makes it clear at paragraph (4) that "the mere financing, in particular through grants, of an activity, which is frequently linked to the obligation to reimburse the amounts received where they are not used for the purposes intended, does not usually fall within the scope of the public procurement rules".
- 4.5.5 As such, unconditional grants are unlikely to meet the definition of a contract set out in the Public Contracts Regulations 2015 (PCR 2015). However, where grants are used with strict qualification criteria and an obligation to pay back money if certain targets are not reached, the position is less straightforward and it is possible that an arrangement referred to as a grant could actually meet the definition of a contract set out in the PCR 2015 and, if it does, the PCR 2015 may apply. It is therefore extremely important to ensure that, if providing grants, the process followed does not fall within the definition of a "public contract" as set out in PCR 2015 which states –"contracts for pecuniary interest concluded in writing between one or more economic operators and one or more contracting authorities and having as their object the execution of works, the supply of products or the provision of services"

- 4.5.6 Grants may be in breach of state aid but it is unlikely that the grant payments proposed will fall foul of the state aid rules.
- 4.5.7 Funding from which any grant payment is made must be designated as “grant” money. If the Council wish to make a grant, the money must be in the Public Health “grant” block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block
- 4.5.8 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.
- 4.5.9 Senior Project Officer and Senior Communications Officer posts that will be employed by Leeds City Council are available as a 3 year secondment (if current employers agree to this) or as a fixed term 3 year contract. If taken as a fixed contract, we are confident that as a result of turn over, Public Health are able to go at risk as the person would be able to be employed in a suitable vacancy within Public Health or Service Transformation dependent upon skills and appropriate vacancies that arise

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 Cancer Wise Leeds Strategy and Governance group is responsible for managing any risks to the delivery of the Cancer Wise Leeds programme. Mitigating actions to counter risks have been put in place. The Governance group reports to the Leeds Integrated Cancer Strategy
- 4.6.3 A risk register detailing possible risks for the duration of the project has been developed (appendix 2).

5 Conclusions

- 5.1 It is proposed to enter into a grant agreement with the Leeds General Practice Confederation Limited transferring responsible to them for the activities of the Screening and Awareness co-ordinators (including their employment and management responsibility) contributing to the effective delivery of the Locality Screening and Awareness Programme in Leeds
- 5.2 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.
- 5.3 The Cancer Wise Leeds programme will contribute to meeting national screening targets.

- 5.4 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.
- 5.5 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.
- 5.6 Authorisation has already been granted to receive and spend the grant in accordance with the high level budget plan (appendix 3) (DDN ref. D48757, 12/06/2019). Further authority is requested to enter into a specific agreement with the Leeds General Practice Confederation Limited detailing how the grant will be spent.

6 Recommendations

- 6.1 The Director of Public Health is recommended to:-
Approve the allocation of (£1,211,500) as a grant Approval be given to establish a grant agreement with the Leeds General Practice Confederation Limited in order to deliver the outcomes of the Cancer Wise Leeds programme for a period of 3 years.
- 6.2 That the Director of Public Health notes the high level project delivery plan (appendix 3). The programme is a three year project April 2019-March 2022.
- 6.3 The Chief Officer /Consultant in Public Health remain responsible for the delivery of the project.

7 Background documents¹

1. Estimated costs to be paid to the Leeds General Practice Confederation Limited
2. Risk register
3. High level project plan
4. Equality and diversity plan

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.