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NHS Wessex Cancer Alliance

Report to the Wessex Cancer Alliance Board				
Title:	**Communities Against Cancer Funding 2023-25**			
Sponsor	Sally Rickard			
Author	Nicola Duffield			
Date:	14th March 2023			
Purpose	Assurance or reassurance	Approval (circled)	Ratification	Information
Summary of paper:	This business case sets out the case for need of Communities Against Cancer intervention, the impact to date and the case for investment in a more focused model going forward in order to meet the national planning priorities and Core 20 + 5. Evidence collated demonstrates public engagement with and information seeking action as a consequence of awareness raising communications. Through Radio, Television, Community meetings, online social media and leaflets, thousands of local people were given information and support to better understand cancer risk, earlier detection and support to access NHS services in the right way. The report draws on some specific narrative from ethnic minority, learning disability and isolated older adult communities describing the impact and benefit of the intervention. It is proposed to continue the work, building on the existing network of nearly 100 community organisations, but at a lower cost, benefiting from the "train the trainer" development of champions for the services already active. WCA now can focus on areas of greatest deprivation and inequality working in partnership with community representatives to close the gaps we know exist in stage of diagnosis, risk and experience and outcome of care.			
Implications: **(Clinical, Organisational, Governance, Legal?)**	If the board does not support the continuation of Communities Against Cancer there will need to be alternative models identified and funded to work towards closing the gap of access, experience and outcome of cancer care for some of our local community.			
Key risks and mitigations:	At present there is a known 10% gap in experience of people in Wessex from ethnic minorities as compared to white counterparts. Significantly higher risk of developing certain cancers in some groups, including ethnic minorities and more deprived populations and later stage diagnosis evidenced in harder to hear communities such as people with learning difficulties. WCA are responsible, in partnership with our ICBs, for addressing the gaps we now know to exist. This paper presents clear evidence of impact of the Communities Against Cancer approach addressing and reducing the gaps in support for people from different communities.			
Summary: Conclusion and/or recommendation	**Recommending that the Board support the new model of Communities Against Cancer over the next 2 years (2023/25) and agree the funding of £130,194 per annum**			

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Project Brief (inc. Outline Business Case)

Project name:	Communities Against Cancer
Date:	06/05/2023
Author:	Nicola Duffield
Programme:	Prevention and Earlier Diagnosis

Project Definition

What is the background and evidence?

In the last four decades, cancer survival rates in the United Kingdom have increased substantially. However, survival rates still lag behind those of comparable countries. One method of improving cancer outcomes is through earlier diagnosis. For the most part, patients with early-stage cancers fare much better than those diagnosed at a later stage. Improving the knowledge of early warning signs could encourage earlier presentation and thus promote earlier diagnosis.

Evidence suggests that people of a non-White minority ethnicity have a lower cancer risk than White people, however there are exceptions (Delon, Brown, Payne et al, 2022):

- prostate cancer (2.1 times higher in males of Black ethnicity)
- myeloma (2.7–3.0 times higher in people of Black ethnicity)
- several gastrointestinal cancers (1.1–1.9 times higher in people of Black ethnicity, 1.4–2.2 times higher in people of Asian ethnicity)
- Hodgkin lymphoma (1.1 times higher in males of Asian ethnicity, 1.3 times higher in males of Black ethnicity)
- thyroid cancers (1.4 times higher in people of Asian ethnicity, 1.2 times higher in people of Black ethnicity).

Populations with lower socioeconomic status and some ethnic minority groups are known to have particularly low awareness of signs and symptoms of cancer and risk factors. They are also less likely to take part in cancer screening programmes. These groups tend to have poorer access to appropriately written health information which exacerbates inequalities in awareness and health outcomes. These groups, particularly those who experience language barriers, are more likely to rely on interpersonal sources of health information, relying on their peers (friends and family).

Furthermore, a study by Cancer Research UK and NHS Digital has highlighted that ethnicity is a significant factor in late-stage diagnosis for women with breast, ovarian, uterine, non-small cell lung cancer and colon cancer, and for men with prostate cancer. This could be due to more prevalent stigma in ethnic minority groups, limits cancer screening uptake (Vrinten et al, 2019).

Tumours are more often diagnosed at a later stage for people with learning disabilities and recent analysis suggests that people with learning disabilities are more likely to die from testicular cancer than the general population (Public Health England, n.d.). Moreover, in the UK people with learning

disabilities are significantly less likely to receive NHS screening tests for cervical, bowel and breast cancer than those without learning disabilities (Public Health England, n.d.).

Cancer Research UK data shows that those from deprived areas as less likely to be aware of particular cancer symptoms, indicating the need for raising awareness. Improving public awareness of different cancer symptoms and encouraging people to seek care improves early cancer diagnosis, which increases the likelihood of survival and less intense treatment, resulting savings to the NHS money. Studies have shown that treatment for cancer patients who have been diagnosed early are 2- 4 times less expensive compared to those diagnosed with cancer at more advanced stages (WHO).

There is therefore a need to increase access of these communities to services that lead to earlier diagnosis. Communities against Cancer has built relationships with 92 organisations through grants and with over 200 people in receipt of awareness training. There is a need to build on this community capacity building to targeted work that supports equality of opportunity for underserved groups, helping them overcome barriers and access services and behaviours, and ultimately lead to earlier diagnosis.

Peer education is a well-regarded health promotion approach to help increase health literacy in any societal group, because peers are a trusted source and can express things in a more understandable way that take into account that person's circumstances.

The current Communities Against Cancer model commissions Action Hampshire to work across Wessex engaging with voluntary groups in priority neighbourhoods or seldom heard groups, offering training and helping the groups to apply for grants to spread the word within their communities. This helps us to address the Core 20 plus 5 agenda and develop communications to our harder to reach communities.

We are sharing learning with two other cancer alliances running similar models (Cheshire and Merseyside and Greater Manchester) to ensure our model is fit for purpose and most effective.

Over 2021/22, the Centre for Psychosocial Research in Cancer has independently evaluated CAC2, the key evidence for which is presented in this business case.

What is the need?

This project has been developed locally, but will address the following NHS initiatives that WCA will be measured against:

- NHS Core 20+5 initiative
- Timely Presentation work stream with a focus on the most deprived 20% of the population
- NCPES results that show people from the most deprived neighbourhoods are 4.1% more likely to wait more than 6 months before contacting their GP with symptoms of cancer.

Without the Communities Against Cancer team, we cannot address these elements of the Cancer Alliances work programme.

1. Need for early diagnosis, especially amongst underserved communities
    a. need for increased access of underserved communities to cancer screening
    b. need for increased self-examination by underserved communities and seeking diagnosis

2. Need for increased awareness about cancer preventions, especially amongst underserved communities
    a. awareness of cancer risks and mitigation
    b. behaviour change

These needs are commonly recognised, nationally and locally. It has been recognised by Wessex Cancer Alliance, by Action Hampshire through their work on Communities against Cancer.

Project summary

Communities against Cancer has demonstrated that working with third sector organisations and community leaders from underserved communities and supporting them to design and deliver awareness raising with their communities has extended the reach of cancer awareness and in some cases made people more likely to access screening and seek diagnosis for their symptoms.

Option 1 (recommended)
A more focused approach.
The Communities Against Cancer team now propose to build on this, enabling more targeted interventions specifically designed to increase early diagnosis in underserved communities by supporting those communities to

- undertake regular self examination, know what to look out for, and seek health professional help at an early stage
- take up opportunities to access cancer screening
- using evidence from the 92 groups in Phases 1&2 to provide focused activities within communities that increase individual's understanding of signs and symptoms and when to visit the GP

Below is how we will achieve this:

1. Continue to reach into communities, where the data suggests there are gaps, through community organisations and community leaders from underserved communities and offer the general awareness raising training.
2. Building on the network of 93 community organisations who work with communities who are currently at greater risk of cancer and a later diagnosis and those who are less likely to access health checks and screening currently.
3. Supporting and mobilising communities to increase the uptake of screening and health checks. The project can be responsive to the focused needs highlighted by WCA and support the uptake of screening or health checks in certain areas e.g. increasing numbers of men accessing the targeted lung health checks.
4. Supporting communities to understand the increased survivability of cancer, cancer risk factors and signs and symptoms and co-produce appropriate messaging for communities.
5. Adding to the networking tools by adding an online platform (Basecamp) to share current cancer screening opportunities, campaigns and information. This is something that has been requested by current programme participants. The network will be mobilised around local and national campaigns.

6. Let community organisations know about cancer screening opportunities available to their communities and enable them to promote these. Community members can share information with their community about what screening or health check is available, to whom, how to access it, what to expect, and why it's important and relevant for them.
7. Gather information from their communities about the barriers to them accessing those health checks (e.g not understanding the letter/text, no transport, fear and lack of understanding, misconceptions etc..) through community-based/ peer research. This would provide valuable targeted findings for WCA about the reasons behind lower take up rates locally of certain communities.
8. Use funding to codesign solutions / adaptions to those barriers. (e.g. sharing the importance and relevance of health screening, translating the letter or text and going through it with their community, promoting it through their community networks, providing community transport, and arranging a group trip followed by a cup of tea, offering the screening to happen at the community building, having someone visit the group to explain what happens at the health check, providing myth busting information)

This will be achieved differently with each community as the groups themselves engage in how best to communicate messages and overcome barriers specific to their community.

- Grants of up to £500-£3,000 for between 18 and 112 community groups to engage their underserved communities with early cancer diagnosis; raising awareness of signs and symptoms, enabling self-examination and seeking help early, increasing likelihood of attendance at routine health checks and cancer screening, and addressing the barriers to early diagnosis that have been identified in previous CAC and other projects.

For other options see section below.

Aims and objectives

The aims of the project are to:

- Increase understanding in the community of cancer survivability
- Give appropriate prevention messaging for different populations
- Increase understanding of signs and symptoms and when it is appropriate to visit the GP
- Increase uptake of cancer screening/health checks opportunities in particular populations
- Increase the use of other diagnostic tests and programmes

Interfaces

This project will interface with many elements of the Prevention and Earlier Diagnosis work programme:

- Targeted Lung Health Checks
- Bowel screening
- Breast screening
- Cervical screening
- FIT completion

- Pancreatic cancer campaign
- Implementation of GRAIL
- Community pharmacy messaging and direct referral projects

Evaluation Evidence

Summary of community grant activity funded

Over the two iterations of CAC (CAC1, 2019-2020; CAC2, 2021-2022), 93 grants have been awarded totalling £307,331. 82 separate organisations have received grants. The second iteration of CAC (2021-22) was evaluated by the Centre for Psychosocial Research in cancer, key evidence from which will be presented here. During CAC2, 53 grants were awarded, totalling £206,383.

An estimate of the total reach of from the completed grants is over 7.2 million contacts in the Wessex Region. For one project (Awaaz FM), the reach extended beyond Wessex as it involved a suite of cancer-focused radio programmes broadcast to Birmingham.

Examples of reach through the grant activity include:

Community group	Grant awarded	Reach
Age UK Portsmouth	£2451	Leaflets distributed to 5000 13 events attended by 130 visitors 5 healthy walks
Black History Month South	£4200	The prostate cancer awareness campaign was picked up by Meridian TV and broadcast as part of the 6pm news – audience 1 million The Digital Billboard was located on the Millbrook by-pass from April to July 2022, around 17,000 cars drive past per day.
Mission Remission	£4965	Online campaign reached 145,000 people The Dorset Echo wrote about the campaign, and it was picked up by BBC Breakfast – audience 6 million 1237 people used the resources
Awaaz FM	£5282	Ran a series of 15 radio shows raising awareness of cancer. The radio station has a core of 15-20,000 listeners mainly from Asian communities
Bournemouth Fitness Group	£4000	Ran monthly Prostate Cancer Knowledge Awareness sessions over six months, attended by 80 people. Gave a talk about the project on Hope FM and Afrodisiac Radio. Took part in the Black Cherry Event
Afrodisiac Radio	£3500	Broadcast interviews with prostate cancer patients, recorded a series of videos targeting key people in the community, raised awareness of prostate cancer (especially in the black community) at the Bournemouth Reggae Weekended festival, created a wristband to promote black men getting a PSA test.

		Over 5000 people attended the festival and saw a video raising awareness of prostate cancer playing on a loop. 500 wristbands were distributed.
Axminster and Lyme Cancer Support	£5000	Run regular men only events – Blokes' Brunches and Pie and Pint evenings, where male cancers are discussed and there are opportunities for men to ask questions. 127 men have benefited directly from these activities, with more planned. Two skin cancer awareness days were organised where information leaflets, suncream and boxed water were made available to the public. Engagement with the public at each event was excellent. Workshops are planned in the future.
Chat Café Local CIC	£4700	Cancer discussions and Q&A sessions are included in the regular Chat Cafes held in the Bournemouth and Poole area (aimed at isolated and lonely people). 106 attendees were included in these sessions of which 57 completed a feedback form and 52 said they would make a change to their lifestyle as a result of the session and 54 said they felt more informed and confident about early testing
Cross-Culture Hub	£3340	Ran monthly cancer awareness sessions, for men, women and for everyone. Presentations from experts given. 110 people participated, mainly from the South Asian community but also including Black and White British participants. NG (grant recipient) spoke about the project and her experiences to the BBC, the Daily Echo, Rotary Magna and Rotary Global Hub – her message was heard and read locally, nationally and internationally
Home-Start South East Dorset	£4851	Trained a group of volunteers on the CAC cancer awareness raising information. The volunteers then raise awareness in the families that they are supporting. 130 people have benefitted from this work
Silk Route	£2000	Held an awareness raising event for BME communities in the Southampton/Romsey/Eastleigh area. Attended by over 400 people

Evidence of impact from outcome evaluation

Of the 53 CAC grant recipients who received funding in the period 2021 / 2022, 52 have completed or are on track to complete their activities successfully within their local communities. Most have delivered projects in line with the objectives as stated in their application. Several projects had to change or tailor their activities due to local circumstances, (e.g. volunteer / attendee availability). However, all of these were able to report successful outcomes. Only one grant recipient was unable to deliver the grant activity due to a change of staff. In this instance, the grant money was returned. A total of 177 people attended two "Train the Trainer" workshops including people from community groups and NHS organisations.

The outcome evaluation assessed qualitatively whether the desired outcomes from CAC, as set by at the start of the initiative, had been achieved. Three tiers of evidence were assessed: monitoring reports from applicants, qualitative interviews with grant recipients, selective qualitative case-studies. The outcome evaluation demonstrates that the desired CAC objectives are being met across the projects. To date, while only one project has failed to meet intended outcomes, it is

evident that certain projects have secured greater impact than others. There is an opportunity to learn from the design and delivery of these 'flagship' projects to maximise impact for all grant recipients.

The following table provides evidence of impact for the outcomes specified at the start of CAC. The examples are a subset of the data gathered: the final report due later this year will provide data from all projects involved in the evaluation.

Outcome	Example project / activity	Size of Grant	Nature of activity	Qualitative evidence
Increase healthy behaviours / decrease in risky behaviours	Safe and Sound Dorset	£4,816	Working with women who are isolated or at risk, Safe and Sound ran a series of events which involved teaching healthy behaviours, such as healthy cooking, yoga and mindfulness, providing cancer awareness information, and inviting guest speakers to talk about their experiences of cancer	*'Someone might have an addictive personality, especially in a lower income area…. but [if they] find something enjoyable, we do exercises, we do mindfulness, when they find they can get, not the same high… but a relief in a healthier coping mechanism'* CAC 18 [grant recipient]
Increase screening uptake and related health checks	Winchester GoLD	£4,245	Winchester GoLD undertook a number of activities to raise cancer awareness and encourage healthy behaviours among their members who were adults with learning disabilities. Part of their CAC grant enabled staff to raise awareness of the annual health checks, available to anyone over 14 on their GP's learning disability register.	*'One of the things… we have achieved is to include an 'annual health' tick box onto our database… all new members are asked when their last annual health check was. We find that really useful because if they don't know, it makes them think they ought to know' CAC 15* [grant recipient] *'And from that we did have a few people pluck up the courage to book their annual health check and from that point onwards, we've continued to regularly check-in about that with the group'* CAC 25 [member of staff]
Increase help seeking behaviour	Axminster and Lyme Cancer Support	£5,000	Part of their CAC grant enabled ALCS to run a series of 'Blokes' Brunches', aimed at men in this rural community. These focussed on male cancers: signs and symptoms and what to expect when attending primary care with signs and symptoms of cancer	*'[an attendee] had some changes in his bowels but was a bit wary about going to his GP and he came to the Blokes' Brunch, had a cup of coffee with a local GP [who runs the groups], and was reassured about what was going to happen if he came through the door, he has since gone through the door and he doesn't have cancer'* CAC 10 [grant recipient]
Embedding / spreading knowledge	Awaaz FM Community radio	£4,882	Awaaz FM broadcast a suite of radio programmes targeting the South Asian communities in Southampton and Birmingham. The topics ranged from genetic	• The programmes on cancer were the most downloaded on their website • There was a high volume of calls from women regarding

			testing to early signs and symptoms of cancer.	early signs of prostate cancer immediately after broadcast *'We really wanted to reach out to the ladies group. A lot of ladies don't come out because of cultural reasons or perceived religious reasons, so they are hard to get in touch with them… We wouldn't be able to do that without the grant… One of our listeners runs a fitness group, which has been invited by [one of the organisations involved in the programme] to bring her group to that organisation. While they are doing the fitness group, they can teach them about cancer.'*

Recommendations and Business Case

Business Case informed by process evaluation

The process evaluation has indicated the following changes should be considered for CAC3:

1. Targeted applications in high priority areas for the WCA. *Rationale*: The two iterations of CAC has supported a wide range of projects (93 in total). While all have met stated objectives in the 2021/22 round, it is evident that certain projects have secured greater impact than others. Targeted applications will enable greater strategic direction for the communities supported, closer monitoring and more consistent impact.
2. Ensure greater consistency and quality of project reporting. Consider milestone funding for larger grants (retaining some funds to be released with successful delivery against milestones). *Rationale*: a review of the monitoring reports reveals varied levels of completeness and quality of reporting. Were it not for the evaluation, some of the impact examples would be lost.
3. Active engagement of advocates, who have the trust of local communities and can extend reach to diverse communities. *Rationale:* with CAC running for four years, it is evident there are highly active and respected community advocates across Wessex. These will be important sources of support for WCA in the future.
4. Develop a Community of Practice among grant recipients. *Rationale:* grant recipients can feel isolated and it was noted that the most effective projects were the most reflective and were keen to capture and share experience to drive up quality.
5. Investment of additional project officer(s) to ensure the entire Wessex region is covered. *Rationale:* The process evaluation revealed that the success of CAC was significantly influenced by the effectiveness of the project officers, who enabled community outreach and provided training and support. However, Wessex is a large region for two officers and additional officer(s) should be considered.
6. Revising the Grant Making panel, ensuring all communities are reflected. *Rationale:* Feedback on from the CAC team was a concern that not all communities are well represented by the current panel.

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Other options

Option 2
Continue as the project is currently.
Continue to engage in the community, offering training and support to apply for grants funding.

0.8 WTE coordinator
Grants administration
Senior manager advisor linking to other projects and groups run by Action Hampshire.

This is a higher cost model and does not make best use of the investment made to date and build on the "train the trainer" returns.

Option 3
Do nothing.

If Communities Against Cancer finishes, the links with those communities that have been built up are lost. Community groups are not funded to deliver further work so engagement with those communities and targeted cancer prevention ceases, meaning health inequalities remain/worsen, ultimately people from those communities may receive a later diagnosis and worse outcomes.

Criteria for reaching the most deprived 20% will not be met through this project so WCA would have find alternative ways to fulfil those obligations, which would mean building those relationships in another way.

Benefits and disbenefits

The benefits of this being lead by the third sector are immediate. This work is not possible to do within the NHS.:

- This staff team has specialist knowledge and experience of supporting the voluntary sector, community engagement and delivering training.
- We know many of the communities that Communities against Cancer has engaged with have not been engaging with the NHS. This staff team will be the bridge between the voluntary sector/communities and the NHS. This allows for messaging and listening/consultation to go both ways.
- Some communities may find it hard to engage purely with NHS.
- Community leaders and groups can be our 'translators'; to facilitate our messages in the appropriate way.
- The connections, relationships and trust that Communities Against Cancer already have can be built upon and taken further. People from the community want to work with the team to help their communities.

Timescale

Project Start – April 2023
Identifying focused work – May 2023
Additional coordinator employment – May 2023
Reaching into communities – June 2023 – March 2024

Finance and resource

Staff time	60,438	Staff team as detailed below
Overheads	18,131	
Grants	50,000	To fund community groups to undertake specific activities aimed at increasing early diagnosis.
Travel and subsistence	400	Community events, staff and volunteers, annual event
Equipment, stationary, publicity	200	Project banner and materials to take to community events.
Training	250	Induction/training for staff/volunteers
Event/ workshop	775	Annual event(s) to bring together CAC network, to raise the profile and increase awareness
Total	£130,194	

Measurement / evaluation

- Train 150 VCSE staff, volunteers and community leaders across Hampshire in how to raise awareness of cancer/the Communities Against Cancer model per year
- Set up one Basecamp, share 12 awareness campaigns per year across our networks and through our Communities Against Cancer network
- Fund between 18-112 organisations to undertake activities to increase early diagnosis
- 300+ people report increased likelihood to attend health checks, access cancer screening, undertake self-examination, seek diagnosis. E.g the Targeted Health Lung checks
- Increase the number of people from participating communities willing to attend health checks and to self-examine by 70% (based on pre and post project surveys)

Known risks and dependencies, constraints and assumptions
• Without the Communities Against Cancer team we cannot address the Timely Presentation elements of the Cancer Alliances work programme. • Failure to engage with some groups or communities. • Loss of coordinator and other team members at Action Hampshire because of instability of funding.

Roles and Responsibilities

Organisational stakeholders
WCA Action Hampshire Centre for Psychosocial Research in Cancer Panel members from various CVS organisations and grant recipients.
Project governance
The project already has monthly review meetings in which monitoring information and problem solving occur. This will continue into Phase 3 with a review of membership to make the grants panel more representative of the population and new terms of reference.