The role of Local Government in improving cancer outcomes and reducing cancer inequalities

Review of current work and future opportunities in Yorkshire and the Humber
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Contents

Contents 4

1 Roles and Responsibilities of Yorkshire and Humber Strategic Clinical Network Cancer 5

2 Programmes of work 5

3 Aims of the Review 5

4 Background to the Public Health move to Local Authorities 5

4.1 Tackling Health Inequalities – Marmot Review 6

5 Role and Responsibilities of Local Authorities in Public Health 6

5.1 The Director of Public Health 6

5.2 Commissioning role of Local Authorities – less direct service provision 6

5.3 Health Protection Role 6

6 Roles and Responsibilities of Public Health England 6

6.1 Role of Public Health England and Cancer 7

6.1.1 Changing lifestyles to reduce the risk of cancer 7

6.1.2 Making sure people know the signs of cancer 7

6.1.3 Getting an earlier diagnosis through screening 7

6.1.4 Improving treatment 7

6.1.5 Improving access to cancer services 7

6.1.6 Helping survivors to live more comfortably 7

7 Meetings with Public Health Leads 7

7.1 Focus questions 8

7.2 Rapid review – The main issues across Yorkshire and Humber 8

8 Summary 9

9 Future opportunities to enhance relationships and roles 10

10 Appendix One – Yorkshire and Humber Local Authorities and Public Health Contacts List 12
1 Roles and Responsibilities of Yorkshire and Humber Strategic Clinical Network Cancer

The aim of the Strategic Clinical Network for Cancer is to work with the organisations that commission and provide cancer services to ensure that there is effective, coordinated work to improve patient experience and outcome; focused on the patient’s journey (from awareness and early diagnosis, to active treatment, and follow up through to “living with and beyond cancer).

2 Programmes of work

The SCN Cancer Team’s approach is to support the wider “network” to deliver improvements through programmes of work focused on

- Awareness and early diagnosis (the pathway up to diagnosis)
- Acute cancer care” (from diagnosis through to active treatment/follow up)
- Living with and beyond cancer (the onward pathway from active treatment)

In addition, the SCN Team supports programmes of work that are led or identified by;

- NHS England (e.g. specialised commissioning, screening)
- At a Clinical Commissioning Group (CCG) collaborative level

To do this effectively the SCN Cancer Team has strategies for

- Patient Engagement
- Information and intelligence
- Clinical Engagement
- Communication (wider engagement and communication with NHS organisations and others)

3 Aims of the Review

As part of the development and implementation of the SCNs work programme, it was agreed to undertake a more detailed mapping exercise and review to:

1. Further understand the roles and responsibilities of public health in improving cancer outcomes, improving health and well-being and reducing inequalities

2. Understand how public health commissioning and provider responsibilities are provided and organised within Local Authorities

3. Strengthen relationships with public health within Local Authorities and identify how the SCN can enhance and add value to their role and responsibilities

4. Develop a comprehensive list of Directors of Public Health (DPH) and public health cancer leads within Local Authorities

5. To identify areas of good practice

4 Background to the Public Health move to Local Authorities

In the Health and Social Care Act 2012 the Government returned responsibility for improving public health to local government for several reasons, namely:

- to provide a population focus
- the ability to shape services to meet local needs
- the ability to influence wider social determinants of health
- the ability to tackle health inequalities.
4.1 Tackling Health Inequalities – Marmot Review

Many of the social determinants fall within the scope of Local Authorities, so they can take strategic action to prevent inequalities across a number of functions. These include housing, economic and environmental regeneration, strategic planning, and education.

The social determinants of health are the conditions, in which people are born, grow, live work and age. This includes the health system. The strength of the evidence linking social determinants to good and poor health has been clearly demonstrated in the Marmot Review, 2010 (Fair Society, Healthy Lives). Social determinants are one of the main mechanisms in driving health inequalities.

Local Authorities are accountable to and come into contact with their populations on a daily basis through the numerous services that they provide; as well as via locally-elected councillors.

It was envisaged that there would be major gains from the close integration of public health with clinical services including Clinical Commissioning Groups; not least a greater focus on prevention in pathways, on prioritisation and reaching the whole population. It is clear from the Rapid Review that partnership working between local authorities’ public health teams and CCGs is varied across the patch.

5 Role and Responsibilities of Local Authorities in Public Health

The mandatory services and steps that were identified in Healthy Lives, Healthy People: update and way forward include:

- appropriate access to sexual health services
- steps to be taken to protect the health of the population -- in particular, giving the local authority a duty to ensure there are plans in place to do this
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check assessment.

5.1 The Director of Public Health

The Director of Public Health (DPH) as a public health specialist is responsible for all the new public health functions of Local Authorities. The DPH produces an Annual Report on the health of the local population, which the Local Authority publishes. The DPH is a statutory member of Health and Wellbeing Boards, and they use the Boards as the key formal mechanism for promoting integrated, effective delivery of services. The formal accountability of the ring-fenced grant rests with the Chief Executive of the Local Authority, but the day-to-day responsibility for the grant is delegated to the DPH.

5.2 Commissioning role of Local Authorities – less direct service provision

According to guidance produced by the Department of Health, Local Authorities may wish to work with Clinical Commissioning Groups to provide as much integration across clinical pathways as possible, maximising the scope for upstream interventions..

Local Authorities may wish to commission, rather than directly provide the majority of services. This will bring opportunities to engage local communities and the third sector more widely in the provision of public health, delivering the best value and best outcomes.

Local authorities have a role in commissioning smoking cessation services, although it is not one of the statutory responsibilities, it is most likely to be a significant contributor to cancer prevention.

5.3 Health Protection Role

The DPH ensures plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full-scale emergencies (also, preventing possible threats arising in the first place). The scope of this duty includes local plans for immunisation and screening; as well as plans acute providers and others have in place for the prevention and control of infection (including those which are healthcare-associated).

6 Roles and Responsibilities of Public Health England

Public Health England is responsible for:
- making the public healthier by encouraging discussions; advising government and supporting action by local government, the NHS and other people/organizations
- supporting the public so they can protect and improve their own health
- protecting the nation’s health through the national health protection service, and preparing for public health emergencies
- sharing our information and expertise with local authorities, industry and the NHS, to help them make improvements in the public’s health
- researching, collecting and analyzing data to improve our understanding of health and come up with answers to public health problems
- reporting on improvements in the public’s health so everyone can understand the challenge and the next steps
- helping local authorities and the NHS to develop the public health system and its specialist workforce

6.1 Role of Public Health England and Cancer

The role of Public Health England within cancer is outlined below:

6.1.1 Changing lifestyles to reduce the risk of cancer

About a third of cancers are caused by smoking, diet, alcohol and obesity. To help people reduce people’s risk of getting cancer, Public Health England have national plans on:
- reducing smoking
- reducing obesity and improving diet
- reducing harmful drinking

6.1.2 Making sure people know the signs of cancer

Public Health England help people get an early diagnosis by making sure they know the signs of cancer and when to speak to their GP. They are involved with key stakeholders to organise the Be Clear on Cancer campaign, raising awareness of early signs of cancer.

6.1.3 Getting an earlier diagnosis through screening

Public Health England is responsible for a number of screening programmes, including cervical and bowel screening, which increase early access to services. [This is information taken from the Public Health England Website]

6.1.4 Improving treatment

Public Health England work with stakeholders to make sure all patients get the best possible treatment. Currently, work is being undertaken to improve the use of radiotherapy.

6.1.5 Improving access to cancer services

Public Health England are looking for new ways to give people equal access to cancer services and to improve treatment for those parts of the population that have unusually high cancer rates. Working on issues of older people and cancer is an example of this.

6.1.6 Helping survivors to live more comfortably

Public Health England are looking at how cancer survivors can have a good quality life, as well as reviewing how they can provide better more personal and affordable support.

7 Meetings with Public Health Leads

There are a total of 15 Local Authorities in the Yorkshire and Humber area, the SCN Quality Improvement Lead met with 13 Local Authority representatives. A list of Public Health leads across the Yorkshire and Humber area is included (see Appendix one). The following areas/questions were discussed in these meetings.
7.1 Focus questions

A) Health priorities and cancer plans
- How is public health organised in your City Council?
- Do you focus specifically on cancer? Or is it covered more generally in long term conditions?
- What projects/activities do you have early diagnosis/health promotion/prevention of cancer?
- Do you have examples of good practice focusing on awareness of cancer?
- Do you have a cancer action plan?

B) Organisation of public health in Local Authorities
- What are the challenges that you face being in a Local Authority vs a NHS trust?
- Do you have a team of staff working on public health?
- What are your links to the Health and Well Being Board – do you report to the Board? Are the elected members supportive?

C) Making links with other organisations e.g. Clinical Commissioning Groups, Public Health England, other organisations
- How do you link/network with the National team at Public Health England?
- Are you linked into your local CCG?
- How effectively do you work with your CCGs?
- Do you make links to the wider region – i.e. other West Yorkshire/South Yorkshire/Humber and North Yorkshire Local Authorities?
- Do you meet with them?

D) Making links with the SCN, how can we work together better
- How could the SCN support your Local Authority?
- Do you get information about the national Be Clear on Cancer Campaigns? Where does that information come from and where does it go?
- Would you be interested in attending an event/conference which brings CCGs, Local Authorities, Public Health England and the SCN across the Yorkshire and Humber footprint?

7.2 Rapid review – The main issues across Yorkshire and Humber

A) Health priorities and cancer plans
- Most public health teams in Local Authorities recognise they now have a broader approach to public health as opposed to previous ‘disease-based’ approaches. The focus of departments is on key risk factors within local plans e.g. physical activity, obesity, alcohol and smoking.
- Some public health teams commission voluntary sector organisations to deliver healthy lifestyle programmes, whereas others use internal services to deliver healthy lifestyle programmes.
- Most public health teams are part of regional public health screening and immunisation groups.
- Two Local Authorities have specific cancer action plans; Leeds and Doncaster. The plans cover cancer awareness campaigns, prevention and survivorship. However, some Public Health teams input into cross agency cancer plans with CCGs as part of the core offer.
- Some Local Authorities feel that if they had more resources than they would be able to do more on prevention and early diagnosis of cancer.
- One of the potential functions of Local Authorities was to commission rather than directly provide services; very few Local Authorities are doing this.
- Two Local Authorities were commissioned by their CCGs to deliver public health cancer campaigns which have been successfully evaluated.
• Local Authorities in the outskirts of the Yorkshire and Humber area felt events are likely to be held in bigger conurbations like Leeds or Sheffield rather than in smaller Local Authorities

• Some smaller geographical size Local Authorities felt they had smaller public health teams and resources and therefore were able to do less compared to larger Authorities

**B) Organisation of public health in Local Authorities**

• All Directors of Public Health are effectively linked into Health and Wellbeing Boards

• Cultural and organisational change within Public Health is still ongoing in Local Authorities

• Most public health teams are engaged in raising awareness of public health with local councillors

• All Local Authorities have reduced public health teams and are having to do more with less resources

**C) Making links with other organisations e.g. CCGs, Public Health England and other organisations**

• Some Local Authorities are not coterminous with one CCG and those that have more than one CCG find it difficult to network with all the CCGs in their area

• Some public health teams reported that since moving out of former Primary Care Trusts, relationships with CCGs have been harder to maintain

• There was a mixed response from Local Authorities in how supported they feel by Public Health England in their public health function

• There is a view in some public health teams that there is little or no flexibility given to deliver the nationally set priorities for public health campaigns and that there is little support given to support their local implementation.

**D) Making links with the SCN, how can we work together better**

• All Local Authorities were supportive of having a Yorkshire and Humber Cancer Symposium Event – which would bring together those responsible for commissioning cancer services and improving outcomes. To encourage participation, they would need to be clear about what they would gain from the Symposium, as well as sharing good practice/networking

• Most public health teams did not know about the purpose and role of the SCN.

• Some teams felt that communication on good practice could be more effective.

8 **Summary**

**Roles and responsibilities**

There are clear links in the roles and responsibilities of public health teams, Public Health England and the SCN in improving cancer outcomes, improving health and well-being and reducing inequalities. This includes opportunities to work in partnership on prevention, early diagnosis, improving services and living with and beyond cancer.

There is a varied approach across Yorkshire and Humber – some focusing on cancer; others on Long Term Conditions; and others on wider health and lifestyle issues, including physical activity, obesity, smoking, alcohol, which can impact on cancer and quality of life.
All Local Authorities felt Public Health England played a vital role in cascading national campaigns and tools; however some felt that no additional resources were available to deliver the campaigns. In addition, some Authorities had identified local cancer awareness campaigns designed to meet the needs of the local population and balancing national and local priorities was felt to be an added pressure.

**Public Health within Local Authorities**

All public health teams had established formal working arrangements with their CCG or CCGs, although there was a view from some that the reorganisation and move to Local Authorities had impacted on the quality of these relationships and arrangements in some way. In some areas across Yorkshire and Humber cancer locality groups are in place and have developed plans with CCGs and LAs focusing on health inequalities, prevention, survivorship and pathway improvements.

**Relationships and added value**

Most public health leads were unaware of the role of the SCN, the Quality Improvement Lead explained the role and work programmes of the SCN and all Local Authorities were keen to engage with the SCN. They expressed interest and support in continuing to build relationships between the public health teams, Health and Well Being Boards, CCGs and the SCN, to share information and good practice and to support more partnership working. Most Local Authorities were supportive of using the Cancer Symposium Event as a vehicle to begin to deliver this.

It is clear from the review that public health teams are still settling within Local Authorities with restructuring and changes in leadership still underway.

**Areas of good practice**

The review highlighted several examples of good practice, some of which have already been recognised nationally. These included examples of effective collaboration between CCGs and public health to identify cancer priorities (Wakefield, Doncaster and Leeds), targeted cancer campaigns aimed at raising awareness of cancer with local population groups [North East Lincolnshire, Doncaster, Leeds] and focused health inequalities [Barnsley, Leeds, Wakefield].

**9 Future opportunities to enhance relationships and roles**

A number of opportunities exist to enhance relationships and roles of organisations that are responsible for improving cancer outcomes. The following list identifies potential areas where this can be taken forward:

The SCN and Public Health England to work collaboratively to support public health using cancer data and intelligence in their commissioning role to improve outcomes and sharing information about sources of data and intelligence.

Across Yorkshire and Humber a number of CCG collaborative commissioning arrangements exist. This includes the 10CC (focusing on West Yorkshire), South Yorkshire Working Together Programme and Humber and North Yorkshire collaborative commissioning group. There are opportunities to ensure effective Local Authority support and engagement within collaborative commissioning arrangements.

Ensure Local Authority Cancer Leads are effectively engaged in locality cancer commissioning and provider groups, including GP Cancer Leads.

To explore potential to link the living with and beyond cancer to healthy lifestyles and physical activity programmes organised or commissioned by public health in Local Authorities. Further scoping activity is currently being undertaken in the Living With and Beyond Cancer work programme which will identify CCGs and LA role in survivorship.

Invite Local Authorities to present good practice examples at the cancer symposium event.

The SCN to disseminate national examples of local good practice focused on health inequalities which can illustrate the benefits of working on a Yorkshire and Humber wide basis.
Explore the use of existing forums to promote joint working e.g. Health promotion groups organised by Public Health England Screening and Immunisation Managers could be a useful arena to promote/raise awareness of awareness and early diagnosis and cancer campaigns work?

Maintain an up to date list of cancer public health contacts to aid effective communications and to enable a comprehensive understanding of prevention initiatives in Local Authorities
# Appendix One Yorkshire and Humber Local Authority and Public Health Contact List

## North Yorkshire and Humber Local Authority/Public Health Cancer contacts

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