Screen, Detect, Protect
Community Solutions Programme 2024

Health Equity Board Presentation
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Screen, Detect, Protect (SDP): Overview

The Vibrant and Healthy Communities (VHC) programme fosters collaboration among the Voluntary and Community Sector (VCS), NHS, Local Authorities, Public Health, and other stakeholders to address health inequalities in the London Boroughs of Kensington & Chelsea and Westminster (the "bi-boroughs").

Community Solutions is an approach that funds and supports VCS organisations to design and delivery initiatives to address health inequalities, focusing on early intervention and prevention.

'Screen, Detect, Protect' (SDP) aimed to improve early cancer detection in marginalised communities through VCS-led projects. Between January and June 2024, 16 VCS organisations were funded, ranging in grants from £19k to £40k (Total £229k), to implement community-specific interventions which were designed in collaboration with NHS professionals.

The SDP also served as a pilot to evaluate the effectiveness of this collaborative approach in addressing health inequalities.

Screen, Detect, Protect (SDP): Context

National landscape

Early detection and diagnosis of cancer are essential for expanding treatment options, improving long-term survival, enhancing patients' quality of life, and reducing treatment costs for the NHS. However, only 54% of cancers in the UK are currently identified at early stages (stages one and two).

In line with the NHS's goal to increase this figure to 75% by 2028, extensive campaigns and early diagnosis initiatives have been rolled out in recent years to promote earlier cancer detection.

Local Landscape

In Kensington & Chelsea and Westminster, cancer screening rates are historically lower than both the national and London averages, particularly for cervical cancer. This low uptake reflects deeply entrenched health inequalities within these communities.

The Community Solutions Fund's *Screen, Detect, Protect* (SDP) programme was specifically designed to address these disparities by targeting populations with the greatest need and lowest uptake of cancer screening, such as Global Majorities, people with learning disabilities, and those experiencing homelessness.

Health Education England. (n.d.). *Improving cancer diagnosis and earlier detection*. Retrieved August 19, 2024, from https://www.hee.nhs.uk/our-work/primary-care/improving-cancer-diagnosis-earlier-detection

SDP; Our Community Solutions Approach

Identify a need

Understand the prevalence

Define clear outcomes

Build the local picture

Design community solutions

Deliver activity with support

Embed learning in BAU

Strengths of Programme Approach for Addressing Health Inequalities

Community-led

Clinical Collaborations

Flexible Programme Approach

Robust Evaluation

SDP: Theory of Change

Inputs

Community Solutions Funding

Staff/Volunteer time

Co-ordination & Admin

Health Professionals

Staff

Training & Learning Session

Community Outcomes

Clinical/System Outcomes

Outputs

Community-led workshops

Development of cancer screening information & resources

Dissemination of cancer screening information & resources

Outcomes

Increased knowledge of cancer symptoms

Greater understand of importance of cancer screening

Improved self-confidence to attend cancer screenings

Increased awareness of available support and resources for cancer screening

Normalised and increased community conversations about cancer

Decrease social/cultural stigma and myths around cancer

Increased uptake of cancer screening

Early detection, treatment of cancer

Short – Medium Term

Long Term

SDP; Activity

Overall, the SDP project formed partnerships with 16 VCS organisations to directly engage a total 5,219 individuals across 709 events, plus a wider indirect reach of *421,000 residents.

Activities included

- Health workshops in community settings
- Promotional videos with people with learning disabilities
- Promotional resources (translated in different languages)
- Local radio campaign
- Outreach at community events
- Digital comms promotion

*A substantial share of this figure is from FAWA, which estimates that their digital campaign indirectly engaged a total of 396,880 residents

SDP: 5 primary barriers

Our evaluation led to the identification of five primary barriers to cancer screening: **Knowledge and Awareness, Cultural and Social Factors, Accessibility of Screening Appointments, Healthcare System Distrust, and Fear and Anxiety**. These barriers are not only widespread but also deeply interconnected.

Qualitative and quantitative feedback from service users demonstrated that SDP projects played a crucial role in breaking down these barriers by:

Enhancing the understanding of target communities regarding cancers, their symptoms, risk factors, and the critical importance and process of cancer screenings.	Fostering open discussions in safe and informal environments, thereby encouraging greater knowledge sharing and peer reinforcement within these communities.
Empowering participants with self-advocacy skills and facilitating personalised support from trusted health professionals, which helped to build confidence and encourage participation in screening programs.	Providing clear, accessible information in a positive tone to demystify the screening process and alleviate concerns of pain and anxiety.

SDP; Impact (Community Outcomes)

Quantitative and qualitative feedback indicates that the SDP projects significantly improved cancer awareness/knowledge, importance of screening, and likelihood to attend screening.

Greater understand of importance of cancer screening

90% reported a greater awareness of the importance of early detection (BME Health Forum)
76% strongly agreed that they now have a better understand the national screening programme (CWT)

Increased knowledge of cancer symptoms

90% reported increased awareness of cancer symptoms (BME Health Forum)
78% indicated they are now more knowledgeable about cancer signs and symptoms (Mosaic)

Decrease social/cultural stigma and myths around cancer

89% strongly agreed that their event would help promote a positive understanding of cancer and reduce stigma (CWT)

Improved self-confidence to attend cancer screenings

95% of participants indicated they would attend cancer screening when invited (BME Health Forum)
82% of service users stated they would seek cancer screening in the future (Advocacy Project)
90% were more likely to undergo cervical cancer screening (Mosaic)
75% strongly agreed that they were more likely to accept screening (CWT)
100% stated they were more likely to seek screening if they experienced symptoms (FAWA)
65% said they were likely to book a screening based on the information in the leaflet (Age UK)

SDP: Impact (WSIC) Cervical Screening 25-49

VCS Organisation	WSIC Proxy Population	Total Residents reached by SDP Project	Dec 2023		July 2024		% Change
			Eligible Bi-borough Population	Uptake (%)	Eligible Bi-borough Population	Uptake (%)	
Advocacy Project	People with learning disabilities	60	195	30.8%	257	35.6%	**15.77%**
Age UK	Over 50 population	2,570	N/A	N/A	N/A	N/A	**N/A**
Al Manaar	Indian, Pakistani, Bangladeshi population	95	6,710	48.9%	6,661	49.6%	**1.54%**
BME HF	BME population	1,011	53,675	48.1%	53,437	49.0%	**1.98%**
Chinese Welfare Trust	Chinese population	181	6,273	41.1%	6,261	41.8%	**1.58%**
FAWA	Black (African) population	140	3,990	57.1%	4,024	57.7%	**0.96%**
Groundswell Health	Dr Hickey / Great Chapel GP Practices	137	300	39.7%	321	42.1%	**6.05%**
Mosaic Community Trust	BME & Church Street Ward	125	1,576	54.8%	1,548	55.6%	**1.55%**
VCKC	Notting Dale Ward	900	1,712	59.0%	1,675	65.0%	**10.26%**

SDP: Programme Improvements

Through our process evaluation, we identified areas of improvement for future programmes

- The project length was too short (6 months)
- Scope and objective should be clearer from the beginning
- There is a need to factor in a mobilisation stage
- Reporting & evaluation expectations should defined earlier
- VHC Team responsibilities need to be clearer
- Improve communication with delivery partners, using digital platforms,
- Provide training earlier and offer support with evaluation/report writing
- Work to increase the availability of health professionals

SDP: Recommendations

1 **Enhance Accessibility**: Ensure that cancer screening invitations and healthcare interactions include materials that are easy to read and available in multiple languages. Improving digital translation tools on the NHS website will also support patient engagement.

2 **Improve Cultural Sensitivity**: Provide comprehensive training for NHS staff to better address the diverse cultural and physical needs of patients, including those with learning disabilities. Clear information about screening options should be provided to enhance patient comfort and decision-making.

3 **Expand Service Accessibility**: Consider investing in mobile screening units to reach underserved areas and employ data-driven methods to identify and address service provision gaps. This approach will make screening services more accessible to those who need them most.

4 **Targeted Engagement:** Utilise community feedback and population data to identify key groups, such as men, who are currently underrepresented in screening programmes. Developing tailored strategies to address the specific barriers faced by these groups will improve their participation.

5 **Prioritise Early Prevention**: Focus on preventative measures by creating initiatives that educate about lifestyle factors and promote early intervention. Addressing misconceptions and encouraging preventative practices from a young age can significantly improve cancer outcomes.