

Leeds Cancer Strategy Group

Terms of Reference

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1. NAME OF GROUP

This is the Leeds Cancer Strategy Group

2. INTRODUCTION

The commissioning responsibility for cancer services for Leeds patients lies with a number of different agencies, working closely in conjunction with a range of providers and referrers. The purpose of this Strategy Group is to maintain a coordinated overview which includes:

- Shared understanding of the demand for cancer services in the short and medium term and jointly commissioned needs assessment data
- Shared understanding of the planning needed to meet demand
- Designing and implementing improved models of care
- Reviewing the impact of commissioned services on early identification, mortality, morbidity, equality of access and outcomes and survivorship
- Liaison with other West Yorkshire commissioners and providers
- Drawing on the intelligence from performance data which is monitored by the Elective Care working group

Members of the group are responsible for sharing the approaches of their own organisations within this group and feeding back to them to improve coordination and understanding.

3. RESPONSIBILITIES

- Ensure that there is a coordinated plan to deliver the National Cancer Strategy for the Leeds population and within the LTHT Cancer Centre
- Define the Leeds contribution towards National cancer policies through the development of the Leeds Cancer Strategy and plan.
- Ensure the vision and strategy for cancer services across Leeds remains current and in line with the national strategy and drivers for change including NICE guidance
- Oversee the implementation of the plan for cancer services across Leeds ensuring the maintenance of excellence where it exists and the identification of opportunities to improve outcomes further
- The set-up of ad-hoc task and finish groups, comprising of senior representatives from across the city, to focus on innovation and development of radical solutions or models of care as required with option to refer lead responsibilities to LICS group
- Ensure there is a coordinated response and clarity about responsibilities for delivery of actions agreed by the Strategy Group including identification of lead organisations/ accountable individuals, funding streams etc.
- Ensure a focus on cancer inequality reduction and improved outcomes, by shared oversight of the work delivered by the prevention and Early Diagnosis Steering Group and the national Outcomes datasets to monitor progress
- Ensure the identification of a portfolio of service re-design projects and maintain an overview in terms of progress and results



- Identify areas of commonality and avoid duplication of work between NHS England Specialist Commissioning, Leeds City Council - Public Health, NHS England Area Team cancer screening commissioning and 10CC Regional West Yorkshire work and the work of Leeds CCG Commissioners across Cancer services.
- Oversee the development and implementation of a monitoring strategy using a core set of success indicators to ensure progress can be measured on a yearly basis to the Health and Wellbeing strategic ambitions for the city.
- Ensure effective treatment of strategic risks deemed to need escalation to this group for resolution.

4. ACCOUNTABILITY, LINKAGES AND COMMUNICATIONS

This group is primarily a co-ordinating group and its outputs will feed into a number of other settings:

These include:

- LTHT Cancer Board
- LTHT Contract Management Board for issues related to activity, finance or performance
- CCG Governing Bodies for a variety of issues
- West Yorkshire Cancer Working Group
- Transformation Board/Elective Care Transformation group for models of care work

The group will also provide updates to the National Cancer Taskforce Group and NHS England colleagues as relevant.

5. MEMBERSHIP

Core members of this group are detailed below:

The Chair of this group is Peter Selby, Professor of Oncology and Clinical Research. University of Leeds

LTHT - to include:

Assistant Director of Operations – Clare Smith

Chair of LTHT Cancer Board – Dave Berridge

Clinical Director Radiology – Phil Robinson

Clinical Director Oncology – David Jackson

Clinical Director Pathology – Phil Wood

Appropriate representation from Leeds Cancer Centre – Julie Owens/ Karen Henry

Medical Director – Stuart Murdoch

Associate Medical Director - Geoff Hall

Director of Informatics

Communications – Jane Westmoreland



CCGs

Director of Commissioning, Leeds West CCG – Sue Robins
Director of Commissioning, Leeds South and East CCG – Sarah Lovell
Director of Commissioning, Leeds North CCG - TBC
Head of City Wide Acute Commissioning, Leeds West CCG – Helen Lewis
Head of City Wide Cancer Commissioning, Leeds West CCG- Catherine Foster
GP Cancer Lead, Leeds North CCG – Sarah Forbes
GP Cancer Lead, Leeds South and East CCG, Andy Robinson
GP Cancer Lead, Leeds West CCG – Sarah Follon
GP Cancer Lead, Macmillan – Elaine James?
Communications – Carolyn Walker

Leeds City Council Public Health

Programme Lead – Joanna Bayton-Smith

Consultant in Public Health Medicine - Fiona Day

Leeds City Council Social Care

Head of Service, Adult Social Care, Leeds City Council - Julie Bootle Service Delivery Manager, Adult Social Care, Leeds City Council - Phil Schofield

NHSE Specialist Commissioning

Local Services Specialist, Programme of Care, Cancer & Blood – Sharon Hodgson

Other representation

10CC/ SCN representation Matt Walsh or Andy Harris
Macmillan, Steven Edwards – Regional Advisor for System Re-design

6. FREQUENCY, FORMAT OF MEETINGS and REPORTING ARRANGEMENTS

It is proposed that this group will meet every 4 months

The group receives 3 x highlight reports a year from the following groups:

- LICS Steering Group
- Prevention and Early Diagnosis of Cancer Group (including CCG delivered activities)

In addition the group will receive exception reports from the LTHT Cancer Board and will receive additional reports on any other significant activities/ issues within the City or West Yorkshire.

The format of the meetings will be driven by a forward plan incorporating focused workshop sessions on the following areas:

- Outcomes data on mortality/morbidity/diagnosis stage
- Current Demand data on referrals including national benchmarks and referral variation.



• Predictions of demand for following year and horizon scan using national evidence base and strategy information

In addition one of the meetings, on a yearly basis, will focus on the review of the strategy and vision for the model of delivery for cancer services ensuring alignment with any national policies and direction as set out by the National Cancer Taskforce and NHS England.

