SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

CANCER WAITING TIMES IN LEEDS

ADVICE FROM THE DIRECTOR OF PUBLIC HEALTH ON THE DRAFT RECEOMMENDATIONS

Thank you for your request for advice on the recommendations and I offer the following:

Recommendation 1:

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That all local NHS organisations involved in the commissioning and delivery of services for the diagnosis and treatment of cancer continue to work collaboratively for the benefit of patients and that organisational impacts are secondary considerations.

The Scrutiny Board may wish to consider whether to broaden this recommendation beyond local NHS organisations as there is a West Yorkshire dimension plus the Council's own public health department contribution.

Recommendation 2:

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That commencing in the new municipal year (2016/17), the Scrutiny Board (Adult Social Services, Public Health, NHS) routinely and regularly considers the key performance indicators associated with the early diagnosis and treatment of cancer.

Recommendation 7

That by July 2016, the Chair of the Leeds Cancer Strategy Group reports back to the Scrutiny Board regarding the timescales associated with developing and agreeing an overall Leeds Cancer Strategy and improvement plan, including details of where these will be presented and agreed.

This reads as though the Scrutiny Board is taking on routine performance monitoring function for a few indicators on one single subject. Would the Board prefer to have assurance on progress as part of Recommendation 7?

Recommendation 3 and 4:

No specific advice or comments.

Recommendation 5:

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That by September 2016, the Director of Public Health engages with HealthWatch Leeds to assess the current availability of patient experience data (as it relates to the prevention, early diagnosis and treatment of cancer) and/or the potential future role of HealthWatch Leeds in collating such data.

The Scrutiny Board could ask Healthwatch directly rather than via the Director of Public Health.

Recommendation 6, 7, and 8:

No specific advice or comments.

Recommendation 9:

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That by September 2016, Leeds Clinical Commissioning Groups provide a joint report on the commissioning priorities and intentions for 2016/17, specifically identifying any preventative services and the associated budget allocations, identified within the overall priorities.

I understand the wider concerns expressed about the Public Health grant reduction in para 31 onwards. The recommendation as written reflects those wider concerns about future prevention activity per se. If though this recommendation is to be set in the context of cancer being the subject of the Inquiry report, I would suggest replacing "preventative services" with "cancer prevention and early intervention initiatives" which both gives a greater focus and a stronger alignment with the work of the Leeds Strategy Group. I would suggest that this would be more helpful for the Scrutiny Board in September 2016.

I hope these comments are helpful.

Dr Ian Cameron Director of Public Health