

Scrutiny Board (Adult Social Services, Public Health, NHS)
Scrutiny Board Recommendations: Cancer Waiting Times in Leeds
Formal Response

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 1: That all organisations involved in the commissioning and delivery of services for the diagnosis and treatment of cancer, from across West Yorkshire, continue to work collaboratively for the benefit of patients and that organisational impacts are secondary considerations.</p>	Yes	<p>The planning and implementation of the National Cancer Strategy (Achieving World Class Cancer Outcomes - a Strategy for England 2015-2020 (published June 2015)) will be undertaken by the West Yorkshire Integrated Cancer Services team as part of the West Yorkshire Healthy Futures Collaborative (the Sustainability and Transformational Plan (STP) arrangement for West Yorkshire). This involves all agencies including local authorities, Public Health England, NHS England, all commissioners and all providers.</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
Recommendation 2: That commencing in the new municipal year (2016/17), the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the format of future assurance on the progress associated with the early diagnosis and treatment of cancer, alongside the frequency it wishes to seek such assurance.	Yes	To be determined by the Scrutiny Board and incorporated into the work schedule, as appropriate.	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 3: That by December 2016, the Chair of the West Yorkshire Association of Acute Trusts provides a further report on the achievements to date and future plans of the association.</p>	Yes	<p>WYAAT has actively engaged in the development of the West Yorkshire Sustainability Transformation Plan (STP) which has identified Cancer Services as a system wide priority. Through WYAAT all acute Trusts will contribute to the development of future service models and implementing service changes which will be designed to deliver the National Cancer Strategy.</p> <p>In addition to the development of the Cancer workstream in the STP the WYAAT Trusts are collaborating to develop and strengthen clinical networks and improve patient flow. At this stage this includes information sharing and escalation of pathway issues through the WYAAT operational and clinical groups.</p> <p>The future development of WYAAT and it's workplan will be shaped by the West Yorkshire STP as well as the provider led priorities for improving sustainable services. The association therefore is focusing on developing a clear assessment of variation and developing the framework for working together to reduce this including clinical engagement in design, governance requirements, capacity and skills to deliver change at a local and system level.</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
Recommendation 4: That in developing the Leeds Cancer Strategy, due consideration is given to ensuring there is a balance between providing a 'core offer' for all patients from across the City, while recognising and addressing the identified and known aspects of health inequalities across different parts of Leeds and its communities.	Yes	The implementation of the Leeds City Cancer Strategy will prioritise identifying and reducing the health inequalities across different parts of Leeds and its communities.	
Recommendation 5: That by September 2016, HealthWatch Leeds, in consultation with the Director of Public Health, assesses the current level of patient experience data it holds specifically in relation to the prevention, early diagnosis and treatment of cancer, and considers its potential future role in collating such data on behalf of partners across the Leeds' health and social care economy landscape.			

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 6: That by December 2016, the Chair of the Leeds Cancer Strategy Group reviews its currently proposed membership to ensure this includes:</p> <ul style="list-style-type: none"> (a) Appropriate patient and public representation; and, (b) Appropriate representation to reflect the diverse communities within Leeds, particularly in those areas where specific health inequalities are known to exist. 	Yes	<p>The Leeds City Cancer Strategy Group will have appropriate patient and public representation and undertake to engage with the broader and diverse communities in the planning and delivery of the strategy. Representation includes third sector and Healthwatch Leeds.</p> <p>Patients have tested being members of strategy groups previously. They advised us that their preference is to be a partner member of specific service groups where their expertise is of greatest value by ensuring patient involvement directly influences and shapes services.</p>	
<p>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, improvement plan and associated key performance indicators, including details of where the strategy and improvement plan will be presented and agreed.</p>	Yes	<p>The planning and delivery of the implementation of the National Cancer Strategy in Leeds will require stakeholder engagement which is planned for the Autumn. This will include the Scrutiny Board and the Health and Wellbeing Board.</p> <p>This allows the Leeds City Cancer team to align the planning of cancer services to deliver best outcomes with the Sustainability and Transformational Plans for Leeds. The Strategic Clinical Lead for Cancer will be happy to commence early discussions to inform the Scrutiny Board during the summer.</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 8: That by July 2016, and as part of the process for developing and agreeing an overall Leeds Cancer Strategy and improvement plan, the Chair of the Leeds Cancer Strategy Group:</p> <p>(a) Recognises the duty on NHS commissioners and providers to effectively involve and engage patients and the public, setting out plans for public and patient engagement and involvement.</p> <p>(b) Sets out proposals and timescales for engaging with the appropriate Overview and Scrutiny bodies.</p>	Yes	<p>Nationally the Cancer Strategy undertook wide and detailed public and patient engagement in its production (Annex1).</p> <p>At local Leeds level, we have developed the Leeds Integrated Cancer Services Steering Group (LICS) to work across partner organisations to deliver the Cancer Strategy 2015-2020. Patients are involved in our work streams and will continue to be so. We also commissioned research programmes to gather insight from patients and the public which have been used to change local pathways. The Leeds Cancer Strategy will reflect our ongoing commitment to involving and engaging patients and the public.</p> <p>We will engage with the Health and Wellbeing Board through the Leeds STP process and can provide regular updates to the Scrutiny Board annually.</p>	

Scrutiny Board Recommendation	Agreed (Yes/No)	Initial Response	Recommendation Tracking
<p>Recommendation 9: That by September 2016, Leeds Clinical Commissioning Groups provide a joint report on the commissioning priorities and intentions for 2016/17, specifically identifying any proposed cancer prevention and early intervention initiatives, including associated timescales and budget allocations.</p>	Yes	<p>The implementation of the Leeds City Cancer Strategy will require whole system approaches where the Local Authority, all commissioners, and providers work in an integrated fashion. The concept is best described as an Accountable Care approach.</p> <p>To achieve the outcomes set out in the National Strategy three ambitions have to be realised: reducing cancer incidence, increasing cancer survival and ensuring patient experience has equal weight as the other clinical outcomes. To achieve this requires the whole of the system to engage and participate and make collective decisions on resources.</p>	