NHS
East of England
Clinical Networks

# East Of England Cancer Alliance

Chaired by
Dr Rory Harvey, Clinical Lead, Cancer Clinical Network

**Wednesday 25 January 2017 – Holiday Inn, Cambridge**

## MINUTES

### Attendees

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| Rory | Harvey | Cancer Alliance Board Chair | RH |
| Hugo | Ford | Lead Clinician | |
| Donna | Derby | Bedford, Luton & MK STP | DD |
| Christopher | Scrase | Suffolk & N E Essex STP | |
| Lucy | McLaughlin | Cambridgeshire & Peterborough STP & CCG | |
| Chloe | Atkinson | Hertfordshire and West Essex STP | |
| Louis | Hall | Hertfordshire and West Essex STP | |
| Catherine | O'Doherty | Mid & South Essex STP | |
| Mark | Davies | Norfolk & Waveney STP | |
| Louise | Browning | Cancer Research UK | |
| Rukshana | Kapasi | Macmillan | |
| Ayse | Casey | National Institute for health research | |
| Leonie | Prasad | Public Health England | |
| Peter | Holloway | Chair of Primary Care Cancer Forum | |
| John | Reeve | Patient Representative | |
| Chrissy | Marshall | Patient Representative | |
| Justine | Thompson | East of England Strategic Clinical Network | |
| Sarah | Steele | East of England Strategic Clinical Network | |
| Tonia | Dawson | East of England Strategic Clinical Network | |

### Apologies

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| Dean | Westcott | Cancer Alliance Finance Director |
| Steve | Peacock | Herts & West Essex STP |
| Susan | Watkinson | Cambridgeshire & Peterborough STP |
| Carol | Anderson | Mid and South Essex STP |
| Emma | Sweeney | Lead Nurse, Colchester Hospital |
| Mary | Emurla | East of England Strategic Clinical Network |
| Aniko | Szucs | National Cancer Programme Team |
| Dr Abdul | Razaq | Public Health, Suffolk |
| Victoria | Doyle | East of England Strategic Clinical Network |

**1. Welcome**

RH welcomed delegates and laid out the priorities for the meeting, stating that the

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| | funding available for the next 2 - 4 years is a unique opportunity to change the face of cancer care in the East of England | |
| **2.** | **Minutes of last Meeting**<br>Were approved | |
| **3.** | **Matters Arising**<br>None recorded | |
| **4.** | **Terms of Reference**<br>The Cancer Alliance (CA) needs to bridge the many boundaries that exist in cancer services across the region, driving improvements across those boundaries and assessing and advising on strategic changes including specialised commissioning reviews, implementation of national directives and any updates to the 5 year forward view.<br>Open discussion yielded the following decisions –<br>- During transition, services must not be compromised and need to continue to improve and resolve local issues<br>- The Clinical Advisory Board will consist of the clinical lead from each STP and the Chair (or deputy) from each specialised commissioning advisory group (Chemotherapy, Diagnostics etc), along with primary care and commissioning<br>- The Board will appoint a clinical lead for the Cancer Alliance<br>- A financial oversight group will need to be established in response to concerns of STP/CCG financial officers about the long term consequences of the two/four year CA mandate, and more needs to be in the terms of reference on the subject of financial governance<br>- A finance report should be presented at each CA Board meeting, which should include a dialogue commentary as well as accounts<br>- The protocols, assurance and governance of the organisations hosting the funding can be used, just as current Cancer Alliance funds are hosted and governed by Bedford Hospital.<br>- The activities of the Cancer Alliance should be distinct from those of a Health Authority in style and governance<br>Actions Agreed –<br>1. The Terms of reference to be re-drafted to encompass the role of host organisations, detail financial governance criteria and clarification of membership and voting rights<br>2. Cancer Alliance Board members to review the Terms of Reference in detail, returning comments to the Clinical Network<br>3. Revised Terms of reference to be distributed to STP Leads and the Cancer Alliance Board members for ratification | CN<br><br>CA Board<br><br>CN |
| **5.** | **Plan for STPs & Bid Funds**<br>A Lead Organisation within an STP needs to be identified who will be the Host organisation for the operational aspects of the Transformation Bid projects, including finance and staff employed to manage the projects. The project funds and timescale dictate that existing structures must be used to implement them and that can be both commissioners and providers. Oversight from the Cancer Alliance Board and central resource team is needed to ensure staff do not become too integrated into their host's operations ("going native"). Appointments will be joint, with accountability to central and local teams thereby avoiding either over-centralisation or over-devolution of the structure. An SLA will be agreed between the Cancer Alliance Board and each Lead Organisation.<br>The STP reps were asked to comment on this approach: | |

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| | • Cambridgeshire & Peterborough agreed, stating it would be easy for them as they are also a single CCG<br>• Herts & West Essex STP - that the hosting role would sit with a specific organisation within it, such as a hospital or a CCG. Communications support from the central resource team would be appreciated.<br>• Norfolk & Waveney felt this was an appropriate approach<br>• Beds, Luton & MK STP – would fit into their emerging STP structure, but as the CA is advisory rather than mandatory and the STP covers 3 commissioning organisations, there would need to be consideration over whether the rep could have delegated authority – currently the STP does not have a structure in place to permit that. The Chair stated that the funding and potential improvement to outcomes will overcome reluctance to participate, and the CA must carry stakeholder opinion and empower STP's.<br>• Mid and South Essex suggested that the lead organisation would likely be either their lead CCG (mid Essex) or lead provider (Southend)<br>• There was no disagreement to the principles from Suffolk and NE Essex but the matter would require follow up discussion<br><br>At the next meeting, decisions will be made about the process and criteria to be used for allocating the capital funds awarded by the bid process. This same process would be expected to be used later for prioritising the work programme and allocating implementation funds.<br><br>STP based project managers and a clinical lead to be funded by the CA to assist the STP with progressing the cancer work programme. STP based project managers would also have responsibility for some East of England wide projects. These would be best as fixed term appointments but that will be up to negotiation with individual lead organisations.<br><br>The Clinical Network will continue to provide informatics such as the cancer intelligence reports and STP guides.<br><br>A CA website needs to be developed, probably operating independently of NHS England and the Cancer Alliance.<br><br>Action agreed –<br>1. STPs must ensure delegates at the next meeting on 20 March 2017 are empowered with the appropriate authority to allocate funding, agree the work programme for, and take decisions on behalf of all constituent organisations within their STP<br>2. STP decisions on their Lead Organisation and Cancer Alliance Board member with delegated authority to be received by the Clinical Network<br>3. Draft SLA between Cancer Alliance Board and Lead Organisations to be produced | STP's<br><br>STP's<br><br>CN |
| **6.** | **Transformation Bid Document (see attached presentation)**<br>The emphasis of the revenue bids is broken down into Early Diagnosis, Recovery Package and Stratified Follow Up.<br><br>STPs to review full bid document with a view to identifying which projects best fit their strategic plans and which they would like to own in terms of piloting on behalf of the rest of the Alliance.<br><br>The considerable effort to producing the bid document in such a tight timescale was noted. Assurance was sought (and confirmed) that funding distributions would be reviewed in light of clinical need and any revisions to STPs plans given the tight turn around and abilities for STPs to respond to requests in the original bid. 'It was noted that the term 'cancer unit' and 'centres' was used within the bid and whilst of historical value had become a rather redundant term especially when considering non-surgical cancer and as such it was suggested that this terminology would be | STP's |

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| | best avoided.<br>Action Agreed - STPs to review the Transformation Bid to identify areas of work that best fit their strategic plan and which they would like to lead on for the rest of the Alliance | |
| **7.** | **Draft Delivery Plan**<br>This will be circulated to board members. RH and SS will clarify the feedback needed from STPs to complete the plan<br>Action agreed – A revised Delivery Plan will be circulated with specific guidelines for STP's about what feedback is expected and by when | CN |
| **8.** | **Draft Resource Plan**<br>The organisational structure within and beyond STPs was shown in a presentation and will be circulated with these minutes.<br>The Cancer Alliance Board agreed that this year's funding of £480K be spent on<br>• Backfill for Lead Clinicians for each STP<br>• Recruitment of 2 or 3 Senior Programme Managers within the central resource team<br>• Information analyst for the central resource team<br>• Cancer Alliance website production<br>• Other members of the central resource team as funds allow<br>Actions agreed –<br>1. 2 or 3 Senior Programme Managers are to be recruited immediately to start scoping the Cancer Alliance work programme in more detail. Their job descriptions to describe some of their responsibilities as East of England-wide<br>2. Clinical Lead for the STPs to be recruited<br>3. Job descriptions for all positions to be distributed to Cancer Alliance Board members for approval<br>4. Production of a Cancer Alliance website to be progressed | CN/ Beds Hosp.<br>CN/STP<br>CN<br>CN |
| **9.** | **AOB**<br>PH – as primary care involvement in the projects is critical, thought should be given to structuring GP input into them | |
| **10** | **Date of Next Meeting**<br>Monday 20 March, 14:00 – 16:30, venue in the Stansted area. | |