

## East Of England Cancer Alliance

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

**Monday 20<sup>th</sup> March 2017 – Holiday Inn Express, Stansted**

### MINUTES

#### Attendees

Rory	Harvey	Chair, East of England Cancer Alliance
Donna	Derby	Bedford, Luton & MK STP
Rob	Murphy	Cambridgeshire & Peterborough STP
Hugo	Ford	Cambridge University Hospital NHS Trust
Louise	Browning	Cancer Research UK
Boyd	Mullins	Health Education England
Kate	Lancaster	Hertfordshire and West Essex STP
Chloe	Atkinson	Hertfordshire and West Essex STP
Emma	Sweeney	MacMillan
Rukshana	Kapasi	MacMillan
Carol	Anderson	Mid and South Essex STP
Ayse	Casey	National Institute for Health Research
Alastair	Lipp	NHS England (Midlands and East (East))
Aniko	Szucs	NHS England (Midlands and East (East))
Finola	Devaney	NHS Improvement
Dean	Westcott	NHS West Essex CCG
Erica	Denton	Norfolk & Waveney STP
John	Reeve	Patient representative
Chrissy	Marshall	Patient representative
Lindsey	Cook	Patient representative
Dr Abdul	Razaq	Public Health (Local Authorities)
Jennifer	Yip	Public Health England
Christopher	Scrase	Suffolk and North East Essex STP
Nick	Hulme	Suffolk and North East Essex STP
Susannah	Howard	Suffolk and North East Essex STP
Mary	Emurla	East of England Strategic Clinical Network
Srilatha	Vijay	East of England Strategic Clinical Network
Justine	Thompson	East of England Strategic Clinical Network
Sarah	Steele	East of England Strategic Clinical Network
Victoria	Doyle	East of England Strategic Clinical Network

#### Apologies

Peter	Holloway	Primary Care Cancer Forum
Susan	Watkinson	Cambridgeshire & Peterborough STP
Mark	Davies	Norfolk & Waveney STP

	<p>Leonie Prasad Public Health England  Richard McDonald East of England Specialised Commissioning  Dr Pippa Corrie CRN Eastern  Rob Bowman Health Education England  Lucy McLaughlin Cambridgeshire &amp; Peterborough STP  Kath Jones National Institute for Health Research  Tonia Dawson East of England Strategic Clinical Network  Kevin Roos East of England Strategic Clinical Network</p>																						
<b>1. Welcome</b>	<p>RH welcomed everyone to the meeting. A quick round of introductions was carried out. It was noted that there was representation from all 6 STPs and the majority of other key organisation including NHSI.</p>																						
<b>2. Minutes of last Meeting</b>	<p>Were approved and action log updated</p> <p>Matters Arising</p> <p>Action Log Item 5: Lead organisations were agreed for each STP as per the table below:</p> <table border="1"> <thead> <tr> <th>STP</th> <th>Lead Organisation</th> <th>Host Organisation for Posts and Funds</th> </tr> </thead> <tbody> <tr> <td>Cambridgeshire &amp; Peterborough</td> <td>Cambridgeshire &amp; Peterborough CCG</td> <td>Cambridgeshire &amp; Peterborough Foundation Trust (SDU)</td> </tr> <tr> <td>Norfolk &amp; Waveney</td> <td>Norfolk &amp; Norwich University Hospitals FT</td> <td>Norfolk &amp; Norwich University Hospitals FT</td> </tr> <tr> <td>Suffolk &amp; NE Essex</td> <td>NE Essex CCG</td> <td>NE Essex CCG</td> </tr> <tr> <td>Mid and South Essex</td> <td>Mid Essex CCG</td> <td>Mid Essex CCG</td> </tr> <tr> <td>Hertfordshire &amp; West Essex</td> <td>East &amp; North Herts Trust</td> <td>East &amp; North Herts Trust</td> </tr> <tr> <td>Bedfordshire, Luton &amp; Milton Keynes</td> <td>Bedfordshire CCG</td> <td>Bedfordshire Hospital NHS Trust</td> </tr> </tbody> </table> <p>STP Cancer Alliance Board members have also been nominated for all 6 STPs, although a couple of the STPs still have some internal communication to engage in to ensure that the whole STP is in agreement.</p> <p>Action Log Item 7: In order to ensure the in-year funding of £480K is properly committed to, some changes have been made to the plan of how this is spent. The majority of the spend will now be on ensuring that each STP has ring-fenced funds to employ the Band 8a Programme Manager proposed for their local cancer alliance funded STP Programme Management Office. A Band 8b Senior Programme Manager for the central PMO will also be recruited to. Funding has also been ring-fenced for the Clinical Lead sessions for each STP. Allocations of funding for recruitment to additional proposed posts will take place once the national team have confirmed the next 2 years of funding for support of the cancer alliances.</p> <p>Actions arising:</p> <ol style="list-style-type: none"> <li>Each STP Lead organisation (except for C&amp;P) to write to Mike Outen at Bedford Hospital to confirm their commitment to invoice for their share of the Band 8a Programme Manager funds in early April 2017.</li> <li>Sarah Steele to provide Mike Outen with the schedule of expected invoicing by close of play 21<sup>st</sup> March 2017.</li> <li>Clinical Network to circulate the draft Band 8a Job Description (in the Bedford format, which each organisation can turn into their own)</li> </ol>	STP	Lead Organisation	Host Organisation for Posts and Funds	Cambridgeshire & Peterborough	Cambridgeshire & Peterborough CCG	Cambridgeshire & Peterborough Foundation Trust (SDU)	Norfolk & Waveney	Norfolk & Norwich University Hospitals FT	Norfolk & Norwich University Hospitals FT	Suffolk & NE Essex	NE Essex CCG	NE Essex CCG	Mid and South Essex	Mid Essex CCG	Mid Essex CCG	Hertfordshire & West Essex	East & North Herts Trust	East & North Herts Trust	Bedfordshire, Luton & Milton Keynes	Bedfordshire CCG	Bedfordshire Hospital NHS Trust	<p>STP Reps SS SV STP Reps</p>
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	<p>4. STPs to consider how they would use the Clinical Lead sessions to best support their work programme</p>	
<p><b>3.</b></p>	<p><b>Terms of Reference</b></p> <p>The Cancer Alliance Board Terms of Reference (ToR) had been revised since the last meeting but group members still had some areas of concern.</p> <p>The organogram of the Cancer Alliance structure was felt to be too simplistic as most STPs have at least one level of governance that the STP Locality Group would have to report into regarding decisions. This needs to be reflected in the ToR section on Governance.</p> <p>It was felt by several STPs that the STP Rep on the Cancer Alliance Board could only be a conduit for decision-making back into the STP's own governance structure, rather than have delegated authority for decision-making. This also needs to be reflected in the ToR. It was also suggested that, to aid the process, the Cancer Alliance Board papers should be sent out at least 2 weeks before the meeting, to allow the STP Reps time to consult widely within their STPs prior to attending the Board meeting.</p> <p>There was some concern that the ToR were becoming too prescriptive about what the STP Locality Groups should do and look like. RH emphasised that the STPs did not have unfettered authority to deliver what they wished for cancer services – their work programme must align with that of the Cancer Alliance Board but would be tailored to their local priorities based on local data.</p> <p>There were comments around whether or not there was enough emphasis within the ToR on one of the prime objectives of the alliance – to reduce inequalities and variation.</p> <p>It was noted that the number of patient reps on the Board had increased within the membership section – RH stated that he was happy with this as it would ensure that at least two if not more patient reps would be present at every meeting. 3 patient reps have been formally appointed to those positions, plus JT will be in attendance as Macmillan PPI Lead.</p> <p>AS noted that the branding on the documents needed to be changed to just the NHS Logo.</p> <p><b>Actions arising:</b></p> <ol style="list-style-type: none"> <li>1. Sarah Steele to update TOR in respect of the above concerns</li> <li>2. STP Reps to communicate amongst themselves and produce an agreed form of words to cover the concerns about delegated authority – SS will add to TOR</li> <li>3. Final version of TOR then to be circulated for sign off within one week.</li> </ol>	<p>SS STP Reps ALL</p>
<p><b>4.</b></p>	<p><b>Progress on development of STP Locality Sub-Groups</b></p> <p>RH emphasised that STP Locality Groups should comprise of at least commissioners, providers, hospices, Public Health, patients and primary care.</p> <p>RH also emphasised that there is an open offer from the Clinical Network to support Locality Groups to set themselves up.</p> <p><u>Essex</u>: There has been one meeting so far of the STP Cancer Strategic meeting. However the Trusts and CCGs have been accustomed to meeting together for some time as part of the Essex Success Regime so this way of working is not entirely new. They are having an Essex Visioning Day on 3<sup>rd</sup> May, and then will set up working groups to deliver the vision. They are drafting a terms of reference which they would be willing to share.</p> <p><u>Suffolk &amp; NE Essex</u>: Their STP Locality Group have met 3 times since November. There will be a focus on cancer at the next STP Programme Board meeting, which</p>	

	<p>RH has been invited to attend. They have requested a draft terms of reference from Sam Brown in the Clinical Network. They are developing a work programme.</p> <p><u>Hertfordshire and West Essex</u>: There are 3 strong governance groups in existence at the moment around each of the constituent CCGs, but a single Locality Group has not yet been pulled together. Price Waterhouse Coopers are currently advising the STP on governance structures and are due to report soon. Forming the Locality Group is dependent on the outcome of this work.</p> <p><u>Norfolk &amp; Waveney</u>: There have been discussions between lead clinicians and cancer managers in the Trusts and the lead commissioners – but a group has not yet been formed. They expressed concern about their management capacity to recruit to the Programme Manager post – there are currently only 4 managers with an STP badge. RH offered central support if that would help.</p> <p><u>Bedfordshire, Luton and Milton Keynes</u>: There is as yet no integrated system within the STP. There has been a meeting of Trust cancer managers and CCG commissioners, although one Trust did not attend. A ToR is being drafted and there is a willingness to make this work.</p> <p><u>Cambridgeshire &amp; Peterborough</u>: Their CCG cancer group has become the STP Locality Group. They have draft ToR which they are happy to share and would appreciate seeing those of other STPs. Currently focussing on a delivery plan aligned to the cancer alliance delivery plan.</p> <p>STP Reps would like to know who they should be talking to in Public Health in each of the localities. AR offered to provide contacts at locality levels.</p> <p>NHSI do not plan to be part of the locality groups but will participate at the alliance level.</p> <p>Macmillan and CRUK are involved in some locality groups but not all and would like to be part of each group.</p> <p>There will be patient reps in each of the locality groups. Some concern was expressed about how much they will be allowed to feed into plans and programmes of work. It was reiterated that locality groups are expected to develop their plans with direct involvement from patients.</p> <p>There was a query as to where cancer services user groups fit into this new structure. RH stated that it would be a key role of patient reps on the Alliance Board, Patient Advisory Board, and particularly on the Locality Groups to disseminate information down to the user groups and pass up queries from the user groups, to ensure there is full communication between all patient groups.</p> <p><u>Actions arising:</u></p> <ol style="list-style-type: none"> <li>1. Abdul Razaq to provide a list of Public Health local directors</li> <li>2. STPs to circulate any draft terms of reference they may have</li> </ol>	<p>AR STP Reps</p>
<p><b>5.</b></p>	<p><b>Cancer Transformation Bid Update</b></p> <p>The Cancer Alliance Transformation Funding Bid was submitted on time on the 18<sup>th</sup> January, along with an early draft of the Delivery Plan. The Bid covered 3 areas – Early Diagnosis, Recovery Package and Risk-Stratified Pathways.</p> <p>The national team reviewed the bid, badging the Early Diagnosis section as Orange and the other two as Green. Orange meant a deferral to Phase 2 of funding agreements; Green meant they would work with us to achieve submission into the March Investment Committee.</p> <p>There was significant questioning around the Risk-Stratified Pathways bid, but ultimately the two elements of the bid were submitted to the March Investment Committee who met on 15<sup>th</sup> March 2017.</p> <p>It has subsequently been announced that the Bid was approved with conditions. The extent of the financial award, and the conditions, has yet to be revealed.</p>	

	<p>Alongside the bid, our proposal for PMO resources was submitted. This was also approved and news on the financial award is due towards the end of this week.</p> <p>There is a call with the national team regarding feedback on the Early Diagnosis bid taking place on March 31<sup>st</sup>, which represents the start of the Phase 2 mentioned above. The expectation at this point is that the Early Diagnosis bid – which includes the capital request – will be aimed at the June or July Investment Committee.</p> <p>Concern was expressed from the Board about how we evidence the success of the work funded by the bid award – SV responded that scoping of evidence/data collection will form part of the early stages of every project. In the case of the Recovery Package and Risk-Stratified Pathways in particular, Macmillan UK have encouraged an application for a Macmillan Senior Programme Manager for Quality Improvement post to be funded for 4 years.</p> <p><b>Post meeting note: we are pleased to say that Macmillan have agreed the application for this post and are funding that post for 4 years.</b></p> <p>Concern was also raised that STPs had had very little time to consider their bids for the capital fund. RH stated that, once the capital allocation has been announced, it would be appropriate for the Board to consider it as a pot of money to be allocated across the STPs, and therefore there was time for STPs to reconsider their most urgent needs that would support Early Diagnosis.</p>	
<p><b>6.</b></p>	<p><b>Cancer Alliance Delivery Plan</b></p> <p>The delivery plan has to be submitted to the national team on the 31<sup>st</sup> March. However, the Midlands &amp; East Regional Team have since announced that they need to approve it first, and it must be submitted to them tomorrow (21<sup>st</sup> March).</p> <p>The meeting walked through the overview slidepack presentation and were shown the existence of a detailed milestone plan that underpins the overview.</p> <p>LC raised concerns that the 1 year survival data presented was very old – RH responded that this is the latest validated data publicly available but the team are talking to other parties about accessing more recent data which would need to be presented with appropriate caveats.</p> <p>The Board asked for a risk log regarding the delivery plan to be produced.</p> <p>STPs need to develop a work programme that reflects their local priorities (eg. as per slides 7 &amp; 8 of the overview) but which also aligns with the overall objectives and ambitions of the Cancer Alliance work programme/delivery plan.</p> <p>Actions arising:</p> <ol style="list-style-type: none"> <li>1. Delivery and milestone plan to be circulated to the Board when submitted to the Region</li> <li>2. Risk log to be produced</li> <li>3. STP work programmes to be drafted by June 2017</li> </ol>	<p>KR SV/SS STP Reps</p>
<p><b>7.</b></p>	<p><b>Criteria for funding and work programme prioritisation</b></p> <p>This item was not covered in this meeting as not currently relevant</p>	
<p><b>8.</b></p>	<p><b>Terms of reference for Advisory Boards</b></p> <p>The draft terms of reference for the Clinical Advisory Board and Patient Advisory Board were circulated with the meeting papers. There was not time to discuss in any detail at this meeting and board members are encouraged to feed back any comments they may have.</p> <p>Actions arising:</p> <ol style="list-style-type: none"> <li>1. Board members to feedback comments on the Clinical Advisory Board and Patient Advisory Board terms of reference</li> </ol>	<p>ALL</p>
<p><b>9.</b></p>	<p><b>AOB</b></p>	

	<p>A message from Pete Holloway, Chair of the EoE Primary Care Forum, to indicate that there has been significant primary care engagement from throughout the East of England in the Primary Care Cancer Forum and the Board can rely upon their support as one of the Alliance working groups.</p>	
<p><b>10</b></p>	<p><b>Date of Next Meeting</b>          Agreed as Wednesday 10<sup>th</sup> May 2017 from 2pm – venue tbc in the Cambridge area          Actions arising:</p> <ol style="list-style-type: none"> <li>1. Calendar invitation to be sent to secure the 10<sup>th</sup> May in diaries</li> <li>2. Dates for the next 4 Cancer Alliance Board meetings to be sent out as well</li> </ol>	<p>KR KR</p>