

East Of England Cancer Alliance Board Meeting

Chaired by - Dr Rory Harvey

Monday 4th June 2018 – Novotel Hotel, Stansted

MEETING OUTCOMES

Attendees		
Rory	Harvey	Cancer Alliance - Chair
Mary	Emurla	Cancer Alliance - Director
Gwyneth	Tyler	Macmillan Cancer Support
Neeta	Masih	Cancer Alliance – Business Coordinator
Ruth	Ashmore	NHS England Specialised Commissioning
Leonie	Prasad	NHS England Midlands and East (East)
Simon	Evans-Evans	NHS England Midlands and East (East)
Jane	Payling	Cancer Alliance Finance Director
Justine	Thompson	Cancer Alliance Quality Improvement Manager (PPI)
John	Reeve	Patient Advisory Board – Patient Leader
Hugo	Ford (HF)	Cambridgeshire & Peterborough STP
Carol	Anderson	Mid and South Essex STP
Kate	Lancaster	Hertfordshire and West Essex STP
Sam	Hepplewhite	Suffolk and North East Essex STP
Paul	Titley	Cancer Research UK
Victoria	Corbishley	Eastern Academic Health Science Network
Abdul	Razaq	Public Health Suffolk County Council
Phil	Carver	Health Education England
Linda	Hunter	Norfolk & Waveney STP
Sophie	Aldridge	Bedford, Luton & Milton Keynes STP
Chrissy	Marshall	Patient Advisory Board Co-chair
Phillip	Wingfield	Patient Advisory Board – guest speaker
Christopher	Scrase	Suffolk and North East Essex STP
Apologies		
Jo	Broadbent	PHE
Stephen	Conroy	Bedford, Luton & Milton Keynes STP
Lindsey	Cook	Patient Advisory Board – Co-chair
Naresh	Chenani	NHSI
Erika	Denton	Norfolk & Waveney STP
Mark	Davies	Norfolk & Waveney STP
Nick	Carver	Hertfordshire and West Essex STP
Sue	Watkinson	Cambridgeshire and Peterborough STP
Tonia	Dawson	Cancer Alliance Macmillan Clinical Lead
Peter	Holloway	Cancer Alliance Primary Care Lead
Dave	Briggs	NHS England Central Midlands DCO

1	<p>Opening Items</p> <p>Minutes of the last meeting 07.03.18 were agreed and approved.</p> <p>Action Log updated.</p>	
2.	<p>Patient Focus</p> <p><u>Prostate cancer patient story presented by a member of the Patient Advisory Board</u></p> <p>This highlighted the need for action on symptom awareness.</p> <p>The need for support that reflected all stages of a cancer diagnosis.</p> <p>The impact on travel for cancer treatments; exhausting daily trips for radiotherapy.</p> <p>Improving patients access to research trials for their condition.</p> <p>A focus on communication reflecting the enormous anxieties produced by delays.</p> <p>A focus on the organisation of clinic appointments, to avoid long waits, unnecessary visits, the availability of results.</p> <p>The Board expressed its gratitude for the sharing, and emphasised how valuable the real patient story is to the work of the Alliance.</p>	
3.	<p>Strategy and Transformation</p> <p><u>3a) Transformation Programme</u></p> <p>It has been confirmed that the Alliance will be in receipt of £9.15M transformation funding in Q1 and Q2. Funding will flow to the Alliance in June on sign-off of a national funding agreement. The decision on funding in the second half of the year will be made in September based on aggregate 62-day performance in the months of May, June and July. At the moment forecasts indicate that we will be in the same funding bracket as Q1 & Q2. The transformation programme is expected to run to 2021.</p> <p>There is a significant amount of funding coming into the Alliance in 2018 that is specifically for delivery of the programme set out in the Board paper. STPs through their cancer SROs will be accountable to the Alliance Board for the programme delivery. A comprehensive MOU will describe expectations on both parts, funding flows and how the programme will be monitored.</p> <p>The Board confirmed sign-up to the national funding agreement and gave its commitment to the transformation programme and all schemes/projects set out in the Board paper.</p> <p>There was a general view from STPs that they wanted to maximise funding to drive delivery of the programme locally and that revenue top slicing should be kept to a minimum and pushed into the second half of the year.</p> <p>The Board agreed that revenue in Q1 and Q2 would be allocated to STPs on a population basis as per the Board paper.</p> <p>With regards to capital funding, SROs specifically requested for capital to be directed to have the greatest impact across the Alliance footprint, in terms of the overarching ambitions of the Alliance, national priorities and the specific components of the transformation programme, as opposed to dividing capital to STPs on a per capita basis. This was agreed by the Board.</p> <p>To access funding STPs must submit full implementations by 13 July. The Alliance will write to SROs by 8 June outlining the process and timeline for implementation plans and for the re-prioritisation of capital as outlined above. Plans will be reviewed within the Alliance by a representative panel that includes patient and clinical leadership. There was a request for the Alliance to provide clear criteria for STPs, and this will be included in the information distributed by the 8 June.</p>	

Actions:

- **RH to sign-off national funding agreement and return to NHSE by 8 June**
- **Cancer Alliance to send out communication to STPs by 8 June regarding the timeline, process and expected content of implementation plans, and the means by which capital will be re-prioritised to ensure maximum impact across the Alliance footprint.**
- **STPs to submit detailed implementation plans by 13 July.**

3b) Cancer intelligence and programme metrics

The Alliance has commissioned SIA (Strategic Intelligence Alliance) to work with it on the development of cancer intelligence dashboards. An introduction to SIA and a detailed discussion of the next CADEAS (Cancer Alliance Data, Evidence and Analysis Service) Alliance data pack will be added to the next Board agenda.

Board members recognised the need for data and analysis to support their work, and some STPs already use a variety of resources to understand current cancer services and needs. The aim of discussion will be to align and share to maximise impact and avoid duplication.

Action:

Alliance to produce a Board paper with PHE, SIA and STP localities outlining data and analysis plans to support the Alliance

3c) Workforce development

A workforce paper was presented to the Board outlining a proposal to commission an Alliance-wide workforce project with funding from HEE. The proposal includes two phases; phase 1 would involve a detailed baseline of the cancer workforce across all STPs, and phase 2 would look at future workforce modelling, the scope of which would be informed by phase 1.

There was some concern about duplicating workforce planning at an STP level, and the Board requested to see the Alliance proposal in more detail so they could make an informed decision.

There was an interest in the Alliance assisting STPs to look at ways in which attrition could be minimised, and networked solutions considered, for example in radiology.

The Board agreed to a workforce group although further information is required on what is on offer. SROs were asked to put forward the most appropriate person for the group, which will have its first meeting in July to bring together workforce planning across the six STPs.

Actions:

- **Alliance to send out further information on the workforce project proposal**
- **Alliance to set up workforce group and SROs to put forward the most appropriate person**

3d) Risk stratified follow-up in practice

Slide presentation by HF on behalf of C&P STP. Cambridge University Hospital working with Macmillan has developed risk stratified follow-up pathways for most tumour sites. The presentation was given to highlight the financial and patient benefits of these pathways and some of the challenges.

Breast stratified follow-up pathways are an element of the current transformation programme.

Actions:

Macmillan and Cambridge CUH, and Cambridgeshire & Peterborough STP locality group, are happy to share models with Alliance partners.

4.	<p>Specialised Services: Specialised Commissioning report</p> <p>RA gave an update on Specialised Commissioning services for the Alliance, particularly focussing on the recent radiotherapy and thoracic surgery reviews. The current challenges outlined in the presentation were:</p> <ul style="list-style-type: none"> • Potential pathway changes through rationalisation or amalgamation of providers; • Managing multiple referrals from a single MDT and thus ensuring patients have access to optimal treatment as close to home as possible; • Radiotherapy performance • Caseload and resection rates at one of the thoracic centres 	
5.	<p>Cancer Waiting Times Improvement</p> <p>No paper was presented to the Board from NHSI</p> <p>Action:</p> <p>Clarify roles and responsibilities to the Board for cancer performance; Alliance, NHSE, NHSI</p>	
6.	<p>Research and Innovation</p> <p>6a) Cambridge Cancer Research Hospital</p> <p>HF presented plans for a specialist cancer hospital on the Cambridge Biomedical Campus. The CCRH will have a specific focus on world-class cancer prevention and treatments. It will support innovation in cancer pathways across the East of England Alliance, as well as providing additional capacity to CUH. The Board was asked to support the development. The Board took keen interest in the project, giving its support to the proposal. It requested updates and input into how the hospital will work with Alliance partners.</p> <p>6b) Cancer Innovation Exchange – June 2018</p> <p>VC talked about the innovation exchange methodology and development of ‘challenge statements’ to focus attention on improvements to cancer services. The Board agreed to support the Innovation Exchange, which will be funded by the EAHSN.</p> <p>Action:</p> <p>VC to inform STPs about the timetable and requirements to join this piece of work.</p>	
7.	<p>Governance</p> <p>a) Finance noted report for information only.</p> <p>b) STP Highlight Report by exception – the Board approved the principles and format of the report as a mechanism to capture issues. It was also agreed that escalations were to be discussed in the Board.</p>	
8.	<p>AOB - None.</p>	
9.	<p>Next Board meeting from 2pm:</p> <p>Wednesday 12 September 2018, The Belfry Cambridge</p> <p>Monday 3 December 2018, Novotel Hotel, Stansted</p> <p>Wednesday 13 March, Arthur Rank Hospice, Cambridge</p>	