

## East Of England Cancer Alliance Board Meeting

Chaired by - Dr Rory Harvey and Mark Davies SRO of Norfolk and Waveney STP

Wednesday 12<sup>th</sup> September 2018 – Dunston Hall, Norwich

### MEETING OUTCOMES

<b>Attendees</b>		
Rory	Harvey	Cancer Alliance - Chair
Mark	Davies	Norfolk and Waveney Co-Chair
Mary	Emurla	Cancer Alliance - Director
Neeta	Masih	Cancer Alliance – Business Coordinator
Richard	McDonald	NHS England Specialised Commissioning
Paul	Titley	Cancer Research UK
Simon	Evans-Evans	NHS England Midlands and East (East)
Jane	Payling	Cancer Alliance Finance Director
Hugo	Ford	Cancer Alliance – Co-Chair Clinical Advisory Board
Carol	Anderson	Mid and South Essex STP
Sam	Hepplewhite	Suffolk and North East Essex STP
Susan	Watkinson	Cambridgeshire & Peterborough STP
Victoria	Corbishley	Eastern Academic Health Science Network
Abdul	Razaq	Public Health Suffolk County Council
Christopher	Scrase	Cancer Alliance – Co-Chair Clinical Advisory Board
Maggie	Tween	Norfolk & Waveney STP
Isabelle	Davidson	Norfolk & Waveney STP
Richard	Goodwin	Imaging Alliance
Tonia	Dawson	Cancer Alliance- Macmillan Nurse Lead
John	Reeve	Patient Leader Mid and & South Essex
Lindsey	Cook	Patient Advisory Board Co-Chair
Steve	Feast	Cancer Alliance – Innovation and Research Lead
Saffron	Rolph-Wills	PHE Healthcare
Piers	Ricketts	Eastern AHSN
Victoria	Corbishley	Eastern AHSN
<b>Apologies</b>		
Jo	Broadbent	Public Health England
Erika	Denton	Norfolk & Waveney STP
Nick	Carver	Hertfordshire and West Essex STP
Dave	Briggs	NHS England Central Midlands DCO
Phil	Carver	Health Education England
Leonie	Prasad	NHS England Midlands and East (East)
Alistair	Lipp	NHS England Midlands and East (East)
Ruth	Ashmore	NHS England Specialised Commissioning

1	<p><b>Opening Items</b></p> <p>Minutes of the last meeting 04.06.18 were agreed and approved.</p> <p>Action Log -updated.</p>	
2.	<p><b>Norfolk and Waveney STP Patient Story</b></p> <p><b><u>2a Prostate cancer patient story from Norfolk and Waveney</u></b></p> <p>The board were shown a video of a local patient describing his journey from symptoms to diagnosis and treatment of prostate cancer. This demonstrated the importance and value of support groups and a need for better signposting from pharmacies.</p> <p>The story further highlighted the need for services to raise awareness and positivity within men, as it was generally felt men are late at being diagnosed which leads to higher costs.</p> <p>The story was well received by the Board members and RH thanked Norfolk &amp; Waveney for arranging for the patient story to be shared.</p> <p><b><u>2b Patient Advisory Board update</u></b></p> <p>LC gave an update from the PAB held on 29<sup>th</sup> August 2018 and highlighted their 3 priorities:</p> <ol style="list-style-type: none"> <li>i) Boards response to the ‘Long term Cancer Plan” consultation which closes on 17th Sept but the board will be preparing a response and will submit it around mid-October which is the actual date for closing? Lindsey to share the PAB consultation response with the board.</li> <li>ii) The PAB raised concerns about the possible reduction in transformation funding due to 62 day target not being achieved, and as a result have drafted a letter to raise their concerns to the National Cancer Team.</li> <li>iii) The delay in publishing of the 2017 CPES results. They are now expected towards the end of the month and STPs and Trusts should be looking out for them and ready to make time to analyse and understand the key messages.</li> </ol> <p>RH paid tribute to the work of Justine Thompson and acknowledged her contribution to the Board’s work.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>LC to share the PAB’s long term cancer plan consultation response</b></li> <li>• <b>RH to write formally to JT on behalf of the Board</b></li> <li>• <b>PAB to share their draft letter regarding transformation funding with the board.</b></li> <li>• <b>STPs to capture CPES results and include into the plans on the basis of them, and to be shared at the next board.</b></li> </ul>	
3.	<p><b>Strategy and Transformation</b></p> <p><b><u>3a) Directors Report</u></b></p> <p><b>Transformation Programme update</b></p> <p>Plans have been signed off for all six STP. Q1/2 revenue funding has been allocated and, pending receipt of MOUs, can be transferred to lead CCGs by the end of this week. Capital allocations have been determined on impact, and focused mainly on early diagnosis aspects of the programme.</p> <p>Work is needed to develop programme metrics and the mechanisms for capturing these, in order to measure the impact of the programme; this is the next key challenge for the Alliance.</p> <p>Decisions on how Q3/4 monies will be allocated are imminent. It is likely to be based on a</p>	

sliding scale, linked to performance (as previously). The indication was that regional performance had slipped beneath 80% against the 85% target which would trigger a reduction in the transformation funding to 50% (A reduction against the planned award from £9 to 6 million approximately). The board discussed how the plan should change in response to this reduction.

**The Board agreed that capital funding would be protected as per the allocations in Q1/Q2, and that the Alliance would work with each STP to consider the impact of a reduction in funding once the funding decision has been communicated to us.**

**ACTIONS:**

- **Outstanding MOUS to be returned by STPs so that funding can be transferred at the end of the week.**
- **Alliance to confirm funding award to teams when confirmed and agree revised work plans**

**Alliance development**

In July the Board participated in a national Cancer Alliance self-assessment survey. The assessment included five domains recognised as key factors in supporting Alliances to deliver meaningful transformation at scale and pace. The outcome demonstrated the progress that had been made by the Alliance, and identified areas for further improvement in the domains of systems leadership, governance and evidence base.

A board development day is to be scheduled for late November and will focus on the themes identified as requiring further work.

**Workforce development**

Workforce – Advisory Group has been set up and all STPs represented; need to further clarify scope of group. Board members all agreed to ensure that appropriate representation was forthcoming from each STP. Consideration to be given to how to include training providers (eg universities). The Board also asked that discussions are progressed further with individual STPs before commencing the procurement process.

**Recommendation agreed by the Board:**

- The Board approves the procurement of this work using monies received from HEE and not the transformation programme.
- SROs ensure appropriate representation from their STP at the Workforce Advisory Group going forwards.

**Breach re-allocation and inter-provider transfer guidance policy**

The policy needs updating in accordance with new national guidance. TD confirmed that clinicians were involved in the development of the guidance, and that the latest draft would be circulated for comment soon. The Board acknowledged the need for this policy and supported the work that was being done.

**ACTIONS:**

- **TD to share the draft inter-provider transfer policy with medical directors for their review.**
- **The phase 1 report presentation by HEE from the last meeting will be recirculated with the minutes**

### **3b) Clinical Board Chairs report presented by Dr Hugo Ford**

HF gave a summary update from the clinical chairs board report which was circulated ahead of the meeting. 8 applications were received for capital monies for Endo-bronchial Ultrasound (EBUS), and HF described the process that was followed to reach a clinical decision on which Trusts received funding. It was also emphasised that there is a need to focus on the pathway not just the equipment.

It was felt that for all NCG chairs it would be helpful to have an event in the near future to explain and discuss future plans for NCG support and to stimulate engagement with the Alliance.

A discussion on access to FIT testing in primary care will take place with the CAB and this will be brought back to the Board in December.

#### **ACTION:**

- **FIT test to be discussed at the clinical advisory board and a report brought to the December Board meeting.**

### **3c) Norfolk & Waveney STP Cancer Strategy and Transformation Programme**

MD gave the board an overview of the STP programme infrastructure and the Norfolk and Waveney landscape. Cancer incidence continues to increase with the increasing age profile of the population in Norfolk. As part of Norfolk and Waveney's cancer transformation strategy they will focus on promoting prevention and early detection of cancer; supporting GPs and influencing public health messages, equitable access to primary, secondary and tertiary health care to all communities, improving patient experience and raising the quality of education and training across the health and social care system. This will be underpinned by focussed and ongoing engagement with all stakeholders and by new models of care.

#### **Imaging Alliance presented by Dr Richard Goodwin**

There are 3 centres, James Paget, NNUH and QEH that are piloting this together which is now coming to an end. RG confirmed there are 4 workstreams and patient engagement will be included within these:

- STP Bid
- Workforce
- PACS/IT interoperability
- 7 Day and operational working.

Data is aggregated across the 3 hospitals and is live for transformation purposes.

The Slide presentation is included within the Norfolk and Waveney STP powerpoint slide and will be circulated with the minutes.

### **3d) Variation in the East of England presented by Abdul Razaq**

The board were presented with an interpretation of the East of England cancer alliance 'tartan rug', this was produced by the national CADEAS team and was a visual display of regional performance against a range of cancer metrics. As a region the East of England is an outlier against cancer performance for the two waiting times metrics; two week waits and 62 day performance. In addition there is a regional decline in uptake for cervical screening, the potential impact on this for outcomes in cervical cancer was discussed.

The report also identified significant negative variation across multiple metrics including one survival in a number of CCG's. It was agreed that this must be feature in work programmes of STP cancer teams.

#### **ACTION:**

**The board agreed to the following considerations:**

	<ul style="list-style-type: none"> <li>• The main findings from both the Cancer Alliance grid and Cancer Alliance data pack are considered by each STP/ICS footprint and Clinical Commissioning Groups within East of England.</li> <li>• Clinical variation on indicators and outcomes is considered by each STP/ICS and CCG cancer clinical lead as a key part of their cancer strategies and service improvement plans.</li> <li>• Focused priority is given to improving performance in areas of identified improvement at Alliance, STP/ICS and CCG level.</li> </ul> <p>-Primary Care Group to discuss variation in uptake of cervical screening and report back to the next board</p>	
4.	<p><b>62 Cancer Waiting Times</b></p> <p>Latest East DCO figures show 1289 people treated and a lower performance of 72%. No provider in July in the East of England met the performance target. 104 day waits have doubled recently. Referrals have increased by 10%. It was further reported that there are variations in implementation plans and visibility in leadership. NHSE see the Cancer Alliance role as twofold:</p> <ol style="list-style-type: none"> <li>1. Transformation of cancer services and improvement</li> <li>2. What is happening here and now</li> </ol> <p>The National team are focussing on what the Alliances are doing to support performance improvement through regional meetings, and STPs need to take responsibility.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• NHSE/I to produce a detailed performance report for the next Board meeting</li> <li>• Alliance team to meet with NHSE and NHSI to agree how they will effectively work together to support delivery of the cancer waiting time targets</li> </ul>	
5.	<p><b>Research and Innovation</b></p> <p><b><u>5a. Developing the Alliance research, innovation and transformation strategy</u></b></p> <p>The board acknowledge the importance of this aspect of the Alliance programme and agreed it should be the focus of a broader discussion at the next board away day. SF will circulate his contact details and a few headlines ahead of the day and also suggested running a roadshow for STPs.</p> <p><b><u>5b. The Innovation Exchange</u></b></p> <p>Since the last board meeting VC ran roadshows with 5 of 6 STPs to look at the issues and where innovation could be of benefit. Lung cancer was identified as a priority for STPs. The board acknowledged the progress that had been made and the value of this work to the Alliance. The board discussed a number of options for prioritisation. It was agreed that these would be agreed with medical directors and patient leads.</p> <p><b>ACTION:</b></p> <p><b>VC from EAHSN to meet with medical directors in the next 4-6 weeks to discuss the options.</b></p>	
6.	<p><b>Governance</b></p> <p>6a) Finance report. The next finance advisory group meeting will be held on 28<sup>th</sup> September. The advisory board will be contacting SROs to confirm finance representation.</p> <p><b>ACTION:</b> <b>SROs to send details to Jayne Payling.</b></p> <p>6b) STP highlight report by exception.</p>	

7.	<p><b>Specialised Services</b></p> <p>RM briefly discussed the report prepared for the board. The board acknowledged the potential negative impact of pathway changes and agreed that any and all pathway changes, affecting NHE England Specialised Commissioning, must be agreed by NHS England Specialised Commissioning before they are enacted, as this could have a detrimental effect on specialised centre minimum activity numbers and may also affect finances of trusts and commissioners.</p> <p><b>ACTION:</b>  <b>RM to invite Richard Berman to the next meeting.</b></p>	
8.	<p><b>AOB</b> – the board discussed the format of the meeting and agreed that the meeting should be hosted by one of the STP members who will co-chair the meeting and this STP will give a presentation to the board outlining their progress against cancer Alliance ambitions. In recognition of this it was agreed the meeting be extended for by half an hour.</p>	
9.	<p><b>RH closed the meeting thanking our host and co-chair</b></p> <p><b>Next Board meeting from 2pm:</b></p> <p>Monday 3 December 2018, Bedford Lodge, Bury Rd, Newmarket CB8 7BX – SNEE STP to host and co-chair.</p> <p>Wednesday 13 March, venue and Host STP to be confirmed</p>	