West Yorkshire & Harrogate Cancer Alliance

Board Meeting

Thursday 3rd November 2016, 10:30am – 12:30pm

The Conference Room, Field House, Bradford Royal infirmary

In Attendance:	Clive Kay (Chair)	CK
	Jason Broch	JB
	Matthew Day	MD
	Jo Dent	JD
	Sean Duffy	SD
	Vicky Dutchburn	VD
	Steve Edwards	SE
	Carol Ferguson	CF
	Suzanne Hinchliffe	SHi
	Sharon Hodgson (on behalf of Matt Groom)	SH
	Matt Kay	MK
	Visseh Pejhan-Sykes	VPS
	Amanda Procter	AP
Apologies:	David Black	
	Jane Hazlegrave	
	Amanda Bloor	
	Matt Walsh	
Secretariat:	Tracy Short (Minutes)	

1. Declarations of Interest

CK advised that as the Board became established, there may be instances when members would need to declare an interest.

Actions

2. Vision for the Programme – the case for change

SD talked through the paper that was initially written for the Healthy Futures (HF) Collaborative forum and WYAAT. This paper sought and gained approval of the proposals offered for the development of a West Yorkshire Alliance Board and delivery plan. It sets out the need to work differently, not focusing on the constraints but new ways of working, capitated budgets, incentives required and how we move from activity based commissioning to

outcome based. The STPs currently have 6 place - based plans and Cancer now has an overarching plan for the WY&H STP (1 + 6) with a single set of ambitions and metrics. The Cancer Alliance to act as a pathfinder for other STP programmes.	
Further comments and discussion took place: • SH advised that for governance purposes, Spec. Comm. would also be required to approve and sign off any decisions. • JB advised that since NHSE are representing all STPs and the same messages need to be received from the organisation, although acknowledging a challenge due to the size and number of individuals involved in different aspects. • SD stressed the avoidance of revisiting decisions once made collaboratively.	**All to note**
3. Terms of Reference (CK) CK advised that following discussions at the HF Collaborative Day, it had been suggested that wording in relation to Membership be revised to remove references to members representing particular organisations or localities. Membership has been designed to provide a cross section of disciplines and system-thinkers required to deliver the Board's objectives and that as details of the organisations served little value, that these should also be removed. CF had made the amendments and tabled the revised terms of reference to the group. CF also advised that there are still some gaps within the membership including representation from Social Care and patient representation.	
Discussion regarding patient engagement followed and the key points noted: • JB advised that there is a lay member group in existence within WY&H • SD sought views on the added value of appointing a Non-Executive Director and whether they would bring the necessary challenge. • It was agreed that getting the right person, with the right skills and background as well as considering diversity issues is key when appointing to the role.	
CK questioned whether the Board would benefit from having an expert in governance as a member at the meeting or whether it was sufficient to invite a representative as and when required. CF advised that the STP programmes has dedicated governance support from Kathryn Bryant.	
MD asked that it be noted that although PHE welcome consistency, they are unable to support the 3 Alliances in the region and suggested the addition of a LA public health member.	**MD to consider future support**
The Board Members formally agreed the revised Terms of Reference as being fit for purpose.	**All to note**
4. Shape of Supporting Programme and Progress in Mobilisation (CF) CF presented the paper which sets out the programme structure and	

mobilisation, following visits to each of the local place based planning team. It sets out the structure of the Board with the four project groups (and operational delivery group) below. The cancer healthcare community will undertake the strategic work within the project groups and once what needs to be done has been established, the operational delivery group will work out how to make this happen. CF advised that there had been a good response from those approached to lead the groups. Questions and discussion followed and the main points noted:

All to note

- SH asked who would be involved in the groups and highlighted the need for Spec. Comm. to be involved in the High Quality Services project group.
- SHi asked what help was needed to support the groups to which SD advised that the following was required:
    - Intelligence regarding who should be involved
    - Governance and air cover to facilitate involvement
    - Participation and engagement from those involved.
- MD asked if the key tasks of the groups are realistic and deliverable or should they be more focussed and streamlined.
    - CF advised that we are awaiting further guidance from NHSE regarding the Cancer Alliances; however the work programmes for the groups are based on the 96 recommendations. Project Initiation Documents for each of the groups are currently under development and group members will be required to populate this with a realistic project plan. CF also advised that energy and priority will be required in the diagnostic work stream.
- AP reinforced that lots of work has already been undertaken and though the Cancer Alliance will formalise this, people would not be starting from scratch.She suggested that a baseline be undertaken.
- JD raised concerns that although clinicians are very supportive of the work, they are very time limited and if more than a couple of hours a week commitment is required, that something will have to give.
    - CK advised that the support of networks from clinicians has been stripped back and that it is likely that medics will want remuneration. SD stated that we must be clear about what the requirements are and be as specific as possible and CK stated that we must look at all the options available. CF advised that there may be similar issues in primary care and that although the Cancer Programme does have monies available to remunerate, they are reluctant to set a precedent as none of the other STP programmes have funding available.
- CK asked members about payments to clinicians and VD advised that Governing Body members were paid for their time and that others were paid a small amount outside this arrangement. MK reinforced the message about primary care JB asked if we are looking at diagnostics, how we use the capability already in the system and advised that this needs to be a coordinated approach.
- SH asked about deliverables and timescales and who is required to undertake the work, advising that any work should be aligned to works already being undertaken
- SE advised that Macmillan Cancer Support often contribute to

supporting various work streams both individually and collectively, however if it is whole system change that is required, then they should perhaps change the way they invest and invest into the system. He advised that this is currently being considered by Macmillan Cancer Support.

- A short discussion regarding governance arrangements of the project groups followed and it was acknowledged that accountability and governance is stillcomplex. CF advised that the Healthy Futures Collaborative Forum will make the commissioning decisions and deal with resource issues and that there is a dotted line to WYAAT too. CF explained that having a Provider and Commissioner forum with delegated powers making decisions isn't currently legal. However SD advised that this forum has the statutory duty to look at change and is able to influence the necessary changes to behaviour to enable the changes required. He also added that this Board could be an exemplar by sharing the learning across the wider healthcare system. JB said this would be an opportunity to state exactly what commissioners and providers need to do to enable the whole system change.

5. Baselining Strategy Implementation (SD)

A paper was provided to the members of the group and SD summarised the main points. He advised that only approximately 20 of the 96 recommendations are for local delivery as the remaining are directed at national bodies to deliver. He also advised that a self-assessment had been undertaken on work required, identifying pieces of work that is either currently ongoing or previously being done. The paper included key themes of which areas the local place based planners considered the WY&H STP may bring the greatest value. VD asked if the local place based planners had received formal feedback on the self-assessment, as conversations as to why things aren't being undertaken need to take place and could better inform local development.

For information

SD advised that pending further guidance from NHS England the Board may be required to submit an Alliance Delivery Plan by mid-December and if this is required that this be circulated to members for approval prior to the next meeting. This proposed course of action was agreed.

For agreement

6. Alliance Resourcing – Establishing Principles and Plans (CF)

CF advised that this paper sets out what funding is available to support the Cancer programme and what is expected. She advised that £250k has been received from Macmillan for initial set up and management support costs.

Constructive discussions have taken place with regards to how the Strategic Clinical Networks (SCN) can support the 3 Cancer Alliances and it has been agreed that two dedicated members of the team will join the PMO to support the WY&H Cancer Alliance.

CF also advised that the Alliance has been notified that they will receive an additional sum of circa £200k, non-recurrent funding to be spent in year and that a delivery plan is required by NHS England by the end of next week. There are some very clear recommendations set out in the

For agreement

paper but CF asked the members for suggestions as to how best the funding could be put to use. CF sought agreement from the members that she develop a delivery plan for the spending based on the discussion that followed in this meeting.

The following suggestions for spend were suggested as part of the paper: admin, business support, analytical support, comms. and engagement, however it is estimates that this would only take approximately one third of the allocated funding. Conversation followed about what flexibility there may be in using the money in year and CF/SD agreed to speak to finance.

CF/SD agreed to speak to finance at Wakefield CCG

Other suggestions for spend included: MD suggested - strategic analytical resource to support the 3 Alliances, or support the Alliance as well as WYAAT etc. although VSP advised that data sharing agreements may need to be developed or at least check that the existing arrangements were adequate and covered Cancer. MK asked whether the resource could be used to fund educational capacity regionally e.g. to raise awareness of certain cancers or promote post diagnostic care etc. SH suggested that funding could be provided to secondary care to update guidelines and JD suggested it be used for web development.

CK summarised the discussion and the members agreed to the proposed spend as set out at paragraph 13 of the paper. They also agreed to support the development of the delivery plan virtually.

For agreement

7. Development of Diagnostic Capacity Trajectory (SD)

SD introduced this paper to the Board members and advised that the work needs to be embedded into the system rather than cancer diagnostics specifically. He advised that it is the responsibility of the healthcare community to determine the workforce requirement and mix and likewise where the diagnostic equipment should be based informed by our Early Diagnosis Project. The paper recommends a diagnostic growth of 7% per annum as recommended by the Cancer Taskforce and included in the planning assumptions of the FYFV.

SD sought endorsement from the Board to formally recommend this figure to the Healthy Futures Collaborative forum in December and this was fully supported.

For approval

8. Any Other Business

No AOB was raised.

9. Date & Time of Next Meeting:

Wednesday 11th January 2017, 11am – 1pm, Bradford Royal Infirmary