

## West Yorkshire & Harrogate Cancer Alliance

### Board Meeting

Tuesday 14<sup>th</sup> March 2017, 15:00 – 17:00pm

The Conference Room, Field House, Bradford Royal Infirmary

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|           |                                            |     |
|-----------|--------------------------------------------|-----|
| Attended: | Clive Kay (Chair)                          | CK  |
|           | David Berridge (on behalf of S Hinchliffe) | DB  |
|           | Sean Duffy                                 | SD  |
|           | Carol Ferguson                             | CF  |
|           | Jane Hazelgrave                            | JH  |
|           | Sharon Hodgson (on behalf of Matt Groom)   | SH  |
|           | Matt Kaye                                  | MK  |
|           | Phil Kelly                                 | PK  |
|           | Visseh Pejhan-Sykes                        | VPS |
|           | Amanda Procter                             | AP  |
|           | Lyn Sowray                                 | LS  |
|           | Steve Edwards                              | SE  |
|           | Kath Nuttall                               | KN  |

In Attendance: Kiti Aishwarya (Medical Student)

Apologies: Yasmin Khan (on behalf of D Black)  
Jo Dent  
Suzanne Hinchliffe  
Matthew Groom  
Jason Broch  
Matt Walsh  
Amanda Bloor  
Matt Day

Secretariat: Tracy Short (Minutes)

#### 1.0 Welcome, Introductions & Apologies

1.1 CK introduced and welcomed a new member, Kath Nuttall to the meeting.

2.0 There were no declarations of interest identified.

#### 3.0 Minutes of the Last Meeting/Matters Arising:

The minutes of the meeting were accepted as a true record; however the following discussion and updates took place.

3.1 **L/PH Board Membership:** As Matt Day has advised that it is felt

#### Actions

inappropriate for Public Health England to provide public health advice on Alliance Boards, it was been suggested that Dr Andrew Furber, Director of Public Health, Wakefield Council be invited to take up a membership role on the Alliance Board.

- 3.2 **Tobacco Control programme:** SD advised that he had recently met with Andrew Furber, Jez Mitchell and Scott Crosby and Carol Ferguson to discuss the outstanding issues regarding accountability for the Tobacco Control work stream. It was agreed that Andrew Furber is willing to take on an accountability link for the Tobacco Control work stream on behalf of the Directors of Public Health and the Local Authorities. Scott Crosby will be the operational lead for the work stream.

SD agreed to redraft a further paper for ratification and submit to the next Cancer Alliance Board meeting in May

SD

- 3.3 The point raised at 2.4 on the minutes of the last meeting regarding the need for joined up discussions between commissioner and provider leaders in respect of the increase in diagnostic growth carried an action for CK to raise the issue at the STP Leadership Day, due to take place following the Board. CK advised that he did raise this issue at the STP Leadership Day and the issues are being discussed, however Rob Webster advised that he has no solution. It was suggested that the subject be given consideration at the time out session.

TS to capture as discussion point for time out session

#### 4.0 **Cancer Programme Updates:**

- 4.1 **Transformation Fund Proposal:** CF advised that a proposal was submitted to NHS England on the 18<sup>th</sup> January which comprised of two parts and totalled approximately £14m over two years. The first element in respect of Early Diagnosis transformation would attract approx. £12m over two years if successful and the second element in respect of Living With and Beyond Cancer and specifically the recovery package and risk stratified pathways, approx. £2m.

- 4.2 **Living With and Beyond Cancer:** CF advised that the LWBC proposals were rejected at this stage but that funds remain unallocated and NHSE are keen to deploy the resources. Early feedback from the national and regional teams indicated that based on their assessment of the strength and capability of the Alliance, they are willing to accept a further bid which they expect to be more transformational in content, perhaps a more holistic health and social care/ACO type model, possibly within the next three months

- 4.3 Discussion followed about the holistic needs assessment and treatment summaries and the need to put these in place as a priority. LS questioned what these really mean to patients and their families and acknowledged the difficulties in accessing the hard to reach population.

- 4.4 PK stated that much of what was written in the bid should be part of routinely provided care and should be being delivered already.

- 4.5 SD concluded from the discussions that followed that WY&H have the time and good will to deliver the bid. However it was also agreed that time should be taken to submit a further bid and that we should possibly try to flex the deadline. He also stated that any bid submitted should be based on evidence of need.
- 4.6 It was agreed that a draft bid should be provided at the next Board meeting in May.
- 4.7 **ED:** CF advised that the proposals (one of the biggest bids supported) on early diagnosis have been recommended for Phase 1 funding and the success of this was partly due to the discussions having taken place prior to the bid submission with system leaders to bolster the confidence assessment. This work stream also some enabling elements included such as HR and primary care with £3.9m per year to facilitate the redesign and improvement work required to generate growth in diagnostics. NHSE have raised concerns about how the Alliance intends to spend the money and a 'Creating Capacity for Change', (Appendix 2) or local transformation fund has been developed. CF advised that local place based bids for the money will be invited as well as cross system collaborations/multi-organisation bids. She advised that a set of criteria needs to be developed. Discussion followed about the opportunities available to explore different ways of contracting, e.g. outcomes based rather than activity based.
- 4.8 Concerns were voiced about pressure on Providers to find efficiencies, however SD assured the members that everyone is in this together and that hopefully if commissioners come together as an entity, then so will providers and form an Accountable Care Organisation type model. Some of the advantages of an ACO were discussed such as the capability to maintain diagnostic capacity that belongs to the whole of WY&H. VPS advised that this is a way of moving monies from the commissioners to the providers.
- 4.9 Members were invited to provide comments on the criteria and paper to CF.
- 4.10 Members were asked to support this.
- 4.11 A final decision will be made by the NHSE Investment Committee on 15<sup>th</sup> March 2017.
- 4.12 **Delivery Plan:** CF advised the members that a first draft delivery plan was submitted on the 18<sup>th</sup> January along with the bids. She advised that no further amendments have been made to the plan since they saw it last. Positive feedback has been received and our submission has been forwarded to other Alliances as an exemplar.
- 4.13 NHS England has advised that further submissions should show how patient experience has been considered within all project areas. The plan should also seek to address variation and how it tackles inequalities.
- 4.14 CF advised that the regional team expect to receive a further draft

SD/CF

Comments to CF

CF to share final draft prior to submission

by the 22<sup>nd</sup> March in advance of the final submission to the National team on 31<sup>st</sup> March 2017.

- 4.15 PK asked if it was ready to share with patients and was advised that it will be published on the website once personal, identifiable information has been removed.
- 4.16 It is envisaged that the 6 individual place based plans will be captured within the document within the first quarter of 2017/18.
- 4.17 **2016/17 NHSE Programme Funding Finance:** members received a copy of the update paper that was sent to Mike Prentice at the regional office which sets out how the funds have been deployed/allocated.
- 4.18 **PHE Proposal Paper:** unfortunately due to the problems experienced with the technology Matt Day was unable to present this paper and it was deferred until the next meeting.

## 5.0 Strategic Approach to Cancer Alliance Development:

- 5.1 **Development Event – Summit:** SD provided a verbal update and advised that a symposium is to be held on 7<sup>th</sup> June 2017 at the Thorpe Park Hotel in Leeds. This event aims to bring together Board and Project Group members as well as STP planners and ensure everyone has the same understanding of what lies ahead.
- 5.2 The event will be facilitated by an external facilitator Elizabeth Lank.
- 5.3 A planning group will work with Elizabeth to ensure the event is designed to best meet stakeholder needs. This is likely to meet twice with the possibility of additional teleconferencing. Any Board member who would like to be involved in the planning group should contact TS. The first meeting of the group will be in Leeds on the afternoon of 5<sup>th</sup> April. A further planning date in May is yet to be identified.
- 5.4 **Shaping Clinical Involvement in an Outcomes Based System:** SD had presented a paper to the Board and advised that there is a clear message of need for an engagement process for the clinical community. Page 3 of the document included a table of potential functions and outputs, which were originally derived from the Healthy Futures review.
- 5.5 PK asked if patients should be included in the clinical engagement as it is often the patients and their stories that motivate the clinicians, rather than the outcomes.
- 5.6 Following questions some time was spent by the Board members working through the table at page 3 and placing them in some sort of priority order. The bullet points were ranked in the following order of priority:

For information

Interested members to contact TS

|   |                                                                                                                                                         |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Lead on cancer services transformation and integration across both health and social care including a focus on developing new models of care.           |
| 2 | Provide credibility and assurance of the high quality, consistent and patient centred services                                                          |
| 3 | Drive continual improvements in performance through the sharing and learning outside of organisational boundaries, identifying and addressing variation |
| 4 | Monitor performance including a focus on inter-provider transfers and supporting providers with performance issues                                      |
| 5 | Contextualize national clinical guidance, ratifying and recommending local guidelines                                                                   |

**5.7** SD advised that he would proceed with the proposed stakeholder engagement within the following 8 – 12 weeks taking into account the comments and priorities and bring back firmed up proposals to the Board.

**SD to undertake stakeholder engagement and firm up offer to Board**

## **6.0 Any Other Business**

No AOB was raised.

## **7.0 Date & Time of Next Meeting:**

Thursday 18<sup>th</sup> May 2017, 2:00 – 4:00pm, The Conference Room, Field House, Bradford Royal Infirmary