

West Yorkshire & Harrogate Cancer Alliance

Board Meeting

Wednesday 19th July 2017, 14:00 – 16:00pm

The Conference Room, Field House, Bradford Royal Infirmary

Attended:	Clive Kay (Chair)	CK
	David Burridge (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
	Amanda Procter	AP
	Lyn Sowray	LS
	Kath Nuttall	KN
	Amanda Bloor	AB
	Andrew Furber	AF

In Attendance:	Fiona Stephenson	FS
	Tracy Holmes	TH

Apologies:	Yasmin Khan (on behalf of D Black)
	Jo Dent
	Suzanne Hinchliffe
	Matthew Groom
	Jason Broch
	Matt Walsh
	Matt Day
	Visseh Pejhan-Sykes
	Steve Edwards

Secretariat: Angela Millett (Minutes) on behalf of Tracy Short

1.0 Welcome, Introductions & Apologies

1.1 CK introduced and welcomed all to the meeting.

2.0 There were no declarations of interest identified.

3.0 Minutes of the Last Meeting:

There was a minor amendment to the date of the next meeting; otherwise the minutes of the meeting were accepted as a true record.

4.0 Matters Arising

4.1 MK to identify gaps in data in primary care: MK has contacted the practice manager (who is also a member of the Greater Huddersfield CCG) in assisting to identify data gaps in primary care. MK has also taken this work back to the analytical team to explore.

4.2 Public Health England Cancer Group: CF will represent the Cancer Alliance/Commissioning on the group. MD will liaise with Andrew Furber regarding analytics. MK wonders if PHE could join in some cluster work around learning disability. SH to pick this initial scoping exercise up with Verity Bellamy (VB). Also MK to link with Matt Day on this. SH to organise a call with MK, SH, MB and MD.

4.3 SH to update at the next Board meeting.

4.4 Programme Documentation: CF mentioned the programme documentation which has been developed. AB raised an issue over performance and how the Cancer Alliance Board is appraised on performance. CF to consider this in the context of developing the analytic capability of the Alliance.

4.5 LW&BC Submission: CF stated that the first submission was not successful but CF will re-submit by the end of August 2017. CF is currently working on the re-submission and will circulate to the Alliance Board members for comment, prior to re-submission.

The two areas for consideration are:

- a) The requirement of funding to spread the interventions (recovery package) and how will this work.
- b) How will the Alliance develop more personalised care and support in the community and how will this align with other people with long term conditions. The work will need to build and integrate on what is already established.

5.0 Alliance Role in the National 62 CWT Recovery Plan Update:

5.1 CF advised that initially the national cancer team had taken a hard line about the relationship between 62 day recovery targets and availability of Cancer Transformation Funding. However, this has been relaxed somewhat but the National Cancer team are still going to look at Phase 2 and 3 bids with alignment to the 62 day Recovery process.

5.2 WYAAT has endorsed the 62 Day Recovery activity and the plan is set out what Cancer Alliance can do and where there is the scope for collective actions.

5.3 Regular weekly teleconferences between the Alliance and Trust

Actions

AM to amend the minutes

SH to organise a call with MK, SH, VB and MD. SH to update at the next CAB meeting.

CF to consider how the CAB is appraised on performance.

CF to circulate the LW&BC re-submission to the CAB for comments

Cancer Managers to understand where local systems sit with the national actions have been established.

- 5.4** In summary it is a really complex picture. Quick wins have mostly been done regarding straight to test pathways. However, only some providers have established MRI prior to prostate biopsy in the prostate cancer pathway. A discussion then followed about the pathway.
- 5.5** The pathways that have been flagged as problematic and not always achieving the 62 day target are lung, prostate, Upper GI and haematology.
- 5.6** CF proposed that the Cancer Alliance leads and co-ordinates a number of pieces of work through task and finish groups. In order to enable this CF requested support for clinical colleagues to be allowed to be released in order to work with the Alliance.
- 5.7** PK queried the issue of data sharing and CF advised that NHS England are trying to get special permission to access data.
- 5.8** MK suggested that all CCGs should review their CWT breaches in great detail in order to gain greater understanding of the reasons for breach.
- 5.9** A group discussion followed and JH queried the structure beneath the Cancer Alliance Board. The group agree that it would be useful to have a strategic overview.
- 5.10** The Board were very supportive and requested that the paper which is to be presented to the WYAAT committee in common in August should be strengthened. In order to reflect that the statutory organisations which comprise the Alliance will hold each other to account for Alliance-wide implementation of agreed good practice pathways and will work towards agreeing a collective assessment of performance by which we will apply to our system regulators to assess us.

SD/CF to produce a strategic overview

CF to strengthen the CWT paper

6.0 Early Diagnosis of Cancer:

Early Diagnosis Project Overview:

- 6.1 Early Diagnosis Project Overview:** FS delivered an overview presentation on the Early Diagnosis (ED) work stream on behalf of Bridget Fletcher and the ED project group. This included the background and areas of work, the risks and challenges, plus the support requested from the Cancer Alliance Board.
- 6.2** FS advised that there are four areas of 'enabling activity'
- a) Primary Care
 - b) Networking
 - c) Pathways
 - d) Multi-disciplinary diagnostics

Local ACE pilots were also mentioned, as initiatives that could

potentially be spread across the Alliance.

The 2nd part of the Early Diagnosis work is the 'Creating Capacity for Systems change Fund' which was discussed as a separate paper.

- 6.3** A discussion about the ED project followed and CK queried whether the ED group has the right members with the right skills to progress the project. SD advised that further colleagues will be required to support the ED group as the project progresses. MK advised that 'Cancer' is one of the five areas that nearly all CCGs are working on in their plans. MK queried the oncology resource involved, as he suggested that 90% of diagnosis is from history taking and symptoms need to be considered, as well as having a focus on diagnostics. AB informed members that additional capacity drives demand and suggested that existing capacity should be utilised fully, as well as creating further capacity.
- 6.4** DB mentioned the Yorkshire Cancer Research Funded early detection lung cancer study in south east lead Leeds and suggested that the Alliance be aware of early finding and implications for early diagnosis. FS advised that the Early Diagnosis Group is aware of the project and will liaise with Matt Callister who is leading the project.-AF stated that the public need to be aware of the 'Be Clear on Cancer Campaigns' in order to encourage early presentation of symptoms to primary care.
- 6.5** CK informed that the Alliance Board supports the ED project and will closely monitor plans, actions and progress.
- 6.6** **Process for Creating Capacity for Change Fund:**
FS led a discussion on the Creating Capacity for Change Fund paper, which had been circulated prior to the meeting. FS discussed the following:
- What the fund is to be used for
 - Suggested criteria
 - Suggested process and timescale
 - That the proposals should go to the application Panel , which would then go back to the Alliance Board for approval

FS advised that this work ties to Year 2 funding and recommends that the whole of 3.9 million for use in this year and to make plans to deploy this money to organisations.

- 6.7** A discussion followed regarding the application Panel. SH asked if it would be useful to have an independent evaluator involved. SD advised that the Cancer Alliance has had to document at great length how the money will be spent and NHS England has governance in place for this work. Visseh Pejhan-Sykes will have the financial overview of the funds and it is expected that organisations that are bidding for money would be expected to have due diligence on how that money is spent. AB wondered if the Alliance Board could submit a proposal for some STP wide pieces of work. SD stated that this would be welcome. PK queried whether this would cause pockets of variation in excellence across the Alliance. Group members then agreed that if an organisation pilots some good practice, the initiative could then possibly be rolled out.

CK suggested that organisations should explain in their bids how they would spread their 'change in service' across the Alliance. AB suggested that it would be useful to have a 'heat map' of where the current diagnostic problems are. CK stated that any other comments on this work should be sent to FS.

Any further comments on the Creating Capacity Fund to FS

6.8 The Board supported the proposals and requested that applications should be able to demonstrate scalability and the scheme promote bids that encourage collaboration (weighting criteria amended to 20%).

6.9 Nominations to sit on the Creating Capacity Fund application Panel was sought from the Alliance Board members. Nominations to be forwarded to FS

Nominations for the Application Panel to FS

6.10 It was agreed that the Board would delegate authority to the application Panel. The application Panel to then forward recommendations to the Board for agreement.

Application Panel to forward recommendations to the CAB for approval

7.0 Tobacco Control

7.1 AF led a discussion on Scott Crosby's paper regarding cancer prevention and tobacco control. AF advised the importance of smoking cessation, as smoking is the greatest preventable cause of cancer and accounts for more than one in four cancer deaths in the UK. Plus 2.6 billion is the estimated total cost each year to the NHS in England, as a result of smoking related diseases. AF stated that the WY&H ambitions (**listed below**) match the national strategy '*Towards a Smokefree Generation – A Tobacco Control Plan for England*' which has recently been published.

- Greater engagement with the NHS
- Training of all Health Professionals
- Reduce smoking in pregnancy
- Harm reduction
- Work towards a smoke free NHS by 2020

A group discussion followed on tobacco control. AF suggested that there could be a single portal across the STP for advice, training, stop smoking services etc. Also that the Alliance would have a mandate for the overarching plans across the 6 place based plans regarding smoking cessation. AB advised that a pathway is being piloted in Harrogate Hospital in which all smokers booked in for routine surgery are referred to smoking cessation services as a matter of course. This has increased the footfall into the local smoking cessation services. CF stated that lay navigators in Glasgow have also had success in helping people to stop smoking.

7.2 CK asked the group whether the Alliance Board should take on the lead for tobacco control. The group agreed to formally adopt cancer prevention – tobacco control as an integrated programme of work and that a comprehensive tobacco control strategy would form a key element of the cancer policy. AF confirmed that the local authority would still hold the primary responsibility for cancer prevention.

CAB to formally adopt the Tobacco Control work

8.0 Any Other Business

8.1 JH raised a query about the capital bid, specifically regarding:

- Collaborative imaging
- Radiology and pathology equipment

JH asked whether the Alliance Board should have an overview of these bids and how they align with ED project plan. SD stated that he sits on the group overseeing these bids. FS agreed to check the details of the above bids and would feedback at the next Alliance Board meeting.

FS to check the capital bid details and feedback at the next Board Meeting

9.0 Date & Time of Next Meeting:

Wednesday 13th September 2017, 2:30 – 4:30pm, the Conference Room, Field House, Bradford Royal Infirmary