



West Yorkshire & Harrogate Cancer Alliance

Board Meeting

Wednesday 11th January 2017, 11:00am – 13:00pm

The Conference Room, Field House, Bradford Royal Infirmary

In Attendance:	Clive Kay (Chair)	CK
	David Berridge (on behalf of S Hinchliffe)	DB
	Amanda Bloor	AB
	Jason Broch	JB
	Jo Dent	JD
	Sean Duffy	SD
	Carol Ferguson	CF
	Jane Hazelgrave	JH
	Sharon Hodgson (on behalf of Matt Groom)	SH
	Matt Kaye	MK
	Phil Kelly	PK
	Yasmin Khan (on behalf of D Black)	YK
	Visseh Pejhan-Sykes	VPS
	Amanda Procter	AP
	Lyn Sowray	LS
Matt Walsh	MW	

In Attendance:	Fiona Stephenson	FS
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Apologies:	David Black
	Steve Edwards
	Matthew Day
	Vicky Dutchburn
	Suzanne Hinchliffe

Secretariat:	Tracy Short (Minutes)
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1.0 Welcome, Introductions & Apologies

1.1 CK introduced and welcomed Lyn Sowray and Phil Kelly to the meeting. There were no declarations of interest identified.

2. Notes of last meeting and matters arising:

2.1 **Pg 2 – Terms of Reference** - at the last meeting MD took away the task of considering appropriate public health support for the Alliance Board. Although not present at this meeting CF advised that MD had made a proposal/offer of analytical support to alliances from PHE which will be the

Actions

MD to provide update at the next meeting.

subject of a meeting with the three Y&H Cancer Alliances on 2 February, but no LA Public Health member has so far been identified. It was agreed to bring back to the next Board meeting.

2.2 **Pg 5 – Spending Plan** – CF had previously agreed to speak to Wakefield CCG finance team regarding the possibility of carrying over the NHS England programme funding that was only received in November. VPS has offered to hold the money at Leeds West CCG subject to a clear spending plan. Secondments and agency staff will be used as a means of securing a resource quickly.

2.3 **Programme Mobilisation:** CF advised that the leadership arrangements had now been agreed for each of the project groups, as were group membership and the inaugural meetings of all the project groups will have taken place by the end of January. It is expected that the group members will consider project documentation, agree objectives, milestones and membership etc. CF also advised the Board members of the leaders of each project group and it was agreed that this information be sent out.

TS to send out details of Project Group leaders.

2.4 **Update on Diagnostic Growth:** SD advised that the ambition for a 7% diagnostic growth was supported by the members at the December Healthy Futures Collaborative Forum. The ambition is to have a single plan across West Yorkshire and Harrogate footprint and to have a single contract and network of Providers. A conversation followed regarding infrastructure, capacity and whether conversations have taken place with both Commissioners and Providers present. SD advised that he would be attending the WYAAT meeting the following day. CK agreed to raise the issues of joining up discussions across commissioning and provider leaders with Rob Webster, West Yorkshire & Harrogate STP Lead.

CK to discuss issues raised with Rob Webster

3. **Programme Changes – Tobacco Control:** SD advised that tobacco control is currently within the remit of the Prevention at Scale programme work stream, however over time the agenda for the programme has broadened and as a consequence the focus on tobacco control has become diluted. It has therefore been requested that tobacco control comes under the remit of the Cancer Programme. Public health and the smoking cessation leads both support this direction of travel. SD also advised that the people, management and admin support for the work stream are in situ and that no additional capacity would be required.

3.1 A lengthy conversation followed regarding where the accountability will lie and the risk involved and concerns over the lack of funding and budget cuts within the Local Authority. MW expressed a concern of the lack of levers and incentives which then becomes a risk. SD assured the members that accountability for delivery would remain with the Local Authority and emphasized that the Board would be signing up to 1) producing a plan for the WY&H footprint based on Return on Investment and evidence and 2) providing a forum for bridging the potential disconnection between health services and the positioning of public health within local authorities.

3.2 The importance and inclusion of training and prevention within the programme and whether this would be captured was also raised by members.

3.3 It was agreed that although it appeared to be the right approach, the governance and accountability of the tobacco control work stream would require more consideration. CF, SD & CK agreed that they would consider to the points raised at the meeting and would agree an

CF, SD & CK to consider issues raised and agree approach

approach. This could then be discussed at the next meeting and a decision sought.

4. Cancer Alliance Delivery Plan

4.1 CF advised the members of the commitment to produce a single delivery plan by the end of March 2017 which encompasses the work that is already being undertaken in the six place based plans. However last month NHS England made a requirement of Alliances to draw up a 2 year delivery plan, with a deadline date of 18th January which specified resource requirements. CF also explained there was some double counting as resources had also been requested via the Cancer Transformation Fund bid that carried the same deadline in a parallel process. We are informed that timescales for notification of the outcome of the Cancer Transformation Fund bid will allow for some adjustment of Delivery Plans prior to them being finalised.

4.2 Some discussion followed regarding the measures and metric requirements for the project groups.

4.3 CF advised that she had requested NHSE funding to cover Cancer Alliance PMO staffing currently supported by Macmillan, rather than asking the local 'system' for it and drawing down the funding provided by Macmillan.

4.4 She also advised that there would be an opportunity for project groups etc. to feed into the next iteration of the plan prior to the final submission in March.

5. Cancer Transformation Fund Proposal

5.1 In the earlier discussion regarding the delivery plan PK asked how the bids had been arrived at and in particular why Airedale and not Calderdale etc.? CF advised the Board members that the approach for the bids was dictated nationally e.g. whole system Early Diagnosis proposals, but more local flexibility over Recovery Package and Risk Stratified Follow Up. The whole of the WY&H footprint had been invited to bid against the Recovery Package and Risk Stratified Follow up criteria, however only bids for the 3 areas were received. However FS did assure the group that she had liaised with those who hadn't submitted a bid.

5.2 CF advised that there was a total of £200m non recurrent funding available over 2017/18 and 2018/19 and £50m capital, (for which there was an expectation that this element would be oversubscribed).

5.3 It was pointed out by JH that the capital element in the ED looked low considering the constraints that everyone is experiencing. Some debate followed with regards to whether more capital request should be submitted e.g. based on fair share. CF warned that there has to be a contingency plan forbidding against the capital allocation. VPS advised that the finances had been developed with a tight deadline over the Christmas period and that they didn't really focus on the capital element. SD advised of the need for a strong argument and logic model for bidding against the £20m capital and that they had therefore gone for something that would make a difference e.g. scanning equipment to support spread of networked digital pathology services etc. There was some discussion about adding in a request for additional mobile imaging capacity. CF advised that we would require

FS to undertake further editing of the Bid following suggestions by members.

support with the costings for these and it was suggested that Catherine Bange would be able to assist.

- 5.4 CK warned of the damage to reputational risk that could occur if we do not commit to creating a bid with a strong strategic narrative.
- 5.5 Some of the suggestions for inclusion in the bid included:
- LS requested that the bid be strengthened (and offered to assist) with regards to connecting people to assets in the community.
 - Opportunistic screening strengthened e.g. to take advantage of every patient contact
- 5.6 With regards to the Recovery Package element of the bid, CK advised that he didn't like the disparity of figures between the Trusts and that this felt high. FS agreed and advised that the biggest cost was around the IT development, but wondered whether this could be shared across the patch.
- 5.7 FS & CF advised that figures from Harrogate had now been received. AB advised that the outcomes for Harrogate were missing and volunteered to sort this.
- 5.8 It was agreed by the members of the Board to provide CF & SD with the endorsement to submit the bid once the above had been given consideration and further editing had taken place.

AB to provide outcomes for Harrogate.

CF & SD to submit bid on behalf of the Board

6. Any Other Business

No AOB was raised.

7. Date & Time of Next Meeting:

Tuesday 14th March 2017, 3pm – 5pm, Bradford Royal Infirmary