

Greater Manchester Cancer Board

Terms of Reference

Version 1 – September 2016

The Greater Manchester Cancer Board brings together cancer providers, commissioners, clinicians, people affected by cancer and other colleagues to reflect the entire cancer system. It is the latest step in the close working relationships that have been developed in recent years between the partners that make up the cancer system in Greater Manchester.*

1. Aim of the board

The Greater Manchester Cancer Board aims to achieve world-class cancer outcomes and experience for the people of Greater Manchester.

The Greater Manchester Cancer Board will develop objectives (and associated metrics) that span the complete cancer pathway:

- Improving prevention, screening and early detection
- Delivering faster and better diagnosis and meeting the cancer waiting time targets set out in NHS planning guidance
- Improving outcomes with a focus on survival
- Improving patient experience
- Delivering high quality, compliant, coordinated and equitable services
- Improving services for people living with and beyond cancer and at the end of life
- Increasing research and innovative practice

2. Roles of the board

The Greater Manchester Cancer Board represents all partners in the Greater Manchester cancer system and provides integrated whole-system leadership. The board is founded on the core Greater Manchester Health and Social Care Partnership principle of co-design between providers, commissioners, clinicians and service users, as set out in *Commissioning for reform: The Greater Manchester Commissioning Strategy*. In all of the work of the *Greater Manchester Cancer Board* the important integrity of providers and commissioners will be preserved.

The board has a number of roles:

1. It is responsible for the implementation of a cancer plan for Greater Manchester, based on the national cancer strategy but reflective of the local circumstances and recognising the

* Greater Manchester's cancer system is defined as the cancer services that serve the people of Greater Manchester and Eastern Cheshire but Greater Manchester also diagnoses and treats people from further afield.

ambition within Greater Manchester to exceed national minimum standards. The board will ensure that the cancer plan for Greater Manchester takes into account the cancer-specific elements of the plans in place in each locality.

2. It will co-produce recommendations on the priorities for cancer commissioning for the Joint Commissioning Board.
3. It will ensure that there is integration of cancer services across the whole system and hold the system to account for its performance across the whole cancer pathway, from prevention to end of life care. It will provide a mechanism for scrutiny and collective accountability across partner organisations.
4. It will actively manage and hold to account Greater Manchester's cancer clinical network (currently 'Manchester Cancer').
5. It will hold to account the Greater Manchester part of the National Cancer Vanguard, including approving how the GM Vanguard funding is allocated and overseeing proposals for the development of an accountable clinical network for cancer. The Vanguard SRO will formally account to the Greater Manchester Cancer Board.[†]
6. It will agree a work plan and the funding and infrastructure required to support its delivery. It will report regularly to all relevant parts of the Greater Manchester Health and Social Care Partnership and produce a public report annually on progress against its plan.

3. Greater Manchester Cancer

The board will fulfil its roles through its regular meetings and through its delivery arms. Collectively the board and its delivery arms will be known as Greater Manchester Cancer.

The Greater Manchester Cancer Board's delivery arms are:

1. The **Greater Manchester Cancer Clinical Network** will be a continuation of the work of 'Manchester Cancer' and its pathway boards. The existing pathways boards will be strengthened and, where appropriate, reconstituted to reflect the entire cancer pathway. The primary function of pathway boards will be to support the delivery of the objectives of the board, as articulated in its work plan, and they will be held to account for doing so. This will be a significant change to how pathway boards have previously operated.

Manchester Cancer has been led by a Medical Director and support team. Arrangements will be made for the cancer system as a whole to consider the ongoing funding of the clinical network when provider-only funding agreement expires in March 2017.

2. The **Greater Manchester Cancer User Involvement Programme** of user involvement with the support of Macmillan Cancer Support
3. The existing **Greater Manchester Directors of Operations Group** will be the delivery arm responsible for system performance in an extension of its current role. It may need to broaden its membership to fulfil this role.
4. **Cancer Education Manchester**, a partnership of cancer education bodies and stakeholders across Greater Manchester.

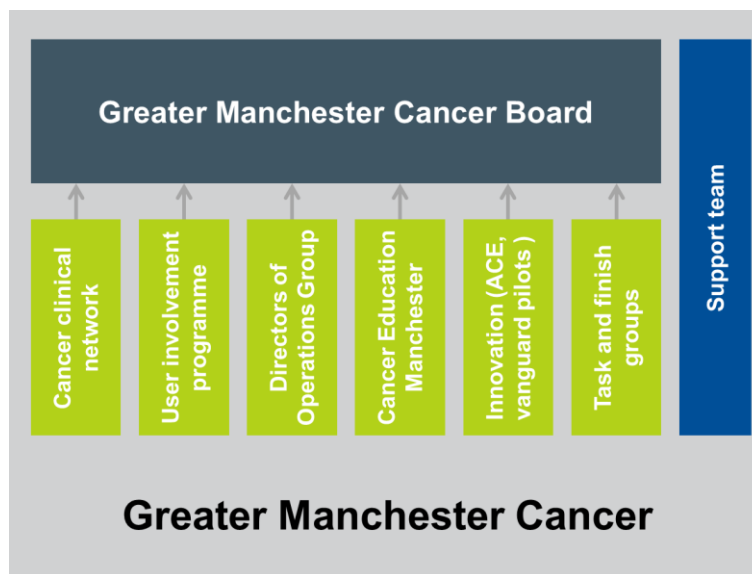
[†] As designated lead organisation, The Christie has in addition to account to NHS England (New Care Models Team) for the use of the national transformation funding.

5. Ongoing and future **innovation programmes**, such as the ACE wave two multidisciplinary diagnostic clinic project and the innovations being tested as part of the national cancer vanguard.

The Christie is the designated lead organisation of the vanguard. The board will oversee all of the vanguard programme in Greater Manchester, including the work to test the further development of the cancer system into an accountable clinical network for cancer, which is being led by The Christie and NHS Trafford CCG (on behalf of all GM CCGs).

The Greater Manchester Cancer Board's delivery arms are set out in figure 1, below. The board will also configure specific task and finish groups as required.

Figure 1: Greater Manchester Cancer



4. Accountability and decision-making

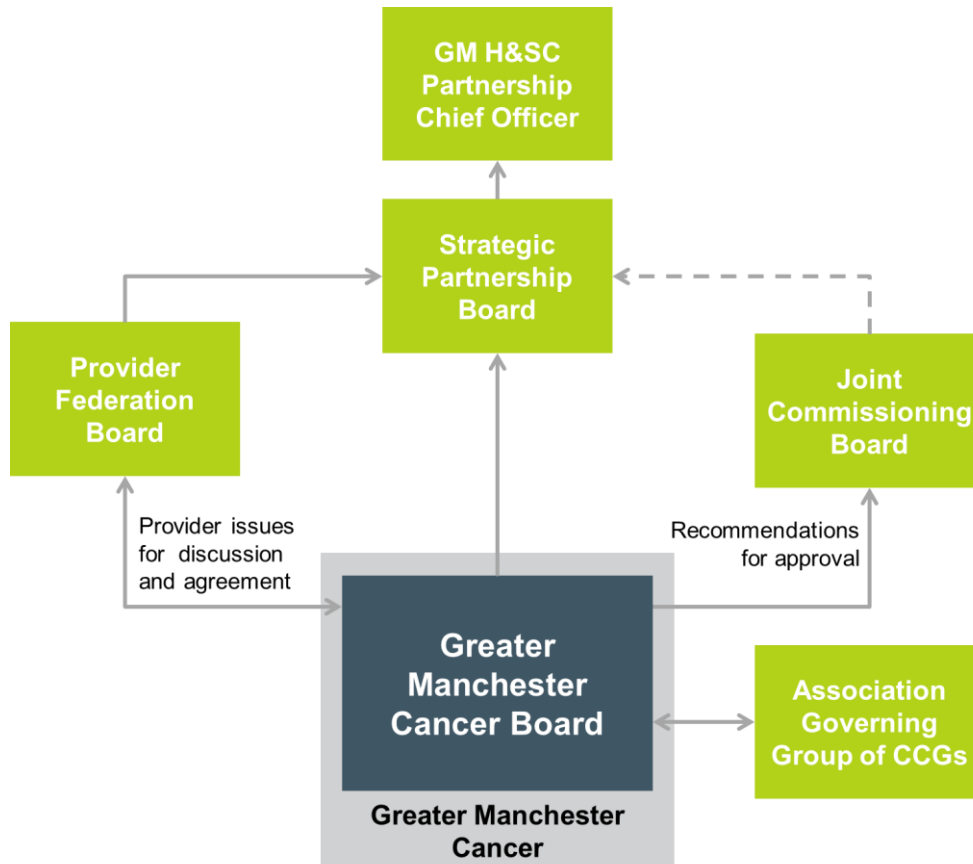
The Greater Manchester Cancer Board sits within the governance and accountability structures of Greater Manchester Health and Social Care Partnership. It therefore has relationships with the Joint Commissioning Board, the Association Governing Group of Greater Manchester CCGs, and the Provider Federation Board. Ultimate accountability is to the Chief Officer of the Greater Manchester Health and Social Care Partnership through the Strategic Partnership Board.

The Greater Manchester Cancer Board will make commissioning recommendations to the Joint Commissioning Board. Appropriate governance arrangements to support this will be developed, consistent with those surrounding the establishment and operation of the Joint Commissioning Board. Issues that require more dedicated provider-only discussion prior to a decision being taken or a recommendation being made to the Joint Commissioning Board will be referred through the Provider Federation Board. The Greater Manchester Cancer Board will work with Greater Manchester's CCGs on matters relating to local cancer services through their Association Governing Group. Figure 2 below outlines these arrangements.

The decision-making processes within the Greater Manchester Cancer Board will be the subject of a specific piece of detailed work. The aim of the decision-making process will be consensus but where necessary a voting process will be used. This voting process will be in line with those used

in other parts of the governance structure of the Greater Manchester Health and Social Care Partnership.

Figure 2: Cancer governance in Greater Manchester



5. Membership

The Greater Manchester cancer system is made up of a large number of organisations and bodies. The membership of the Greater Manchester Cancer Board reflects the full breadth of this system.

The membership of the board is set out in the table below. The membership has been formed from the need to balance inclusiveness of all relevant groups with the need to keep the board relatively small and a functioning decision-making unit.

Each group or organisation will be represented by a senior named individual who is committed to consistent attendance at board meetings. Members may nominate deputies but these should be of sufficient seniority to have delegated authority to act on the named member’s behalf. Members and their deputies are representatives of both their own organisations and of colleagues elsewhere in the cancer system. They are responsible for engaging and consulting with wider colleagues on the work of the board.

The board will focus on a particular theme for part of each of its meetings. The board will therefore invite expert representatives of other bodies or organisations as its agenda requires. Similarly organisations or bodies may make a request to the chair that they are directly represented at a particular meeting or agenda item.

Greater Manchester Cancer Board	Numbers
VOTING MEMBERS	
Lead CCG	1
Chair of the AGG of CCGs	1
GM Health & Social Care Partnership team	1
NHS England specialised commissioning	1
Provider trusts	5
Primary care providers	1
Local authorities	1
IN ATTENDANCE (STAKEHOLDERS)	
People affected by cancer	2
Third sector advisory group representative	1
IN ATTENDANCE (DELIVERY)	
Programme Director	1
Medical Director	1
Director of Commissioning – GM Cancer Services	1
Vanguard programme senior responsible officer	1
Chair of Trust Directors of Operations Group	1
Transformation Unit representative	1
Chair of Cancer Education Manchester	1
MAHSC Cancer Domain Academic Lead	1
GM Director of Population Health Transformation	1
AHSN representative	1

* One of the voting members of the board will be agreed as the chair

Members of the Greater Manchester Cancer Board's support team will also be in attendance.

6. Support team

The Greater Manchester Cancer Board will be supported by a dedicated Programme Director for Greater Manchester Cancer. The Greater Manchester Cancer Board's support team will be made up of the Programme Director and representatives from the wider cancer system:

- The lead cancer CCG
- NHS England
- The Greater Manchester Directors of Operations Group
- The Greater Manchester Cancer clinical network
- The Greater Manchester part of the national cancer vanguard

The team will be responsible for:

- Setting the agenda for meetings of the board
- Ensuring the smooth running of meetings
- Following up the actions that are agreed, as appropriate
- Capturing the board's work plan and monitoring progress against it
- Preparing the board's annual report.

7. Frequency of meetings

The Greater Manchester Cancer Board will meet for 1.5 hours every month in the first instance. Papers will be circulated 10 days prior to each meeting to allow members to consult with partners across the system on their contents.

8. Term and review

The Greater Manchester Cancer Board will have an indefinite term. It will agree and fund a base level of permanent infrastructure to support its work. It will review its terms of reference, membership, work plan and infrastructure requirements in April 2017 and then annually thereafter.