GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester **Cancer**

# Greater Manchester Cancer Board

Minutes of the meeting held on

Friday 23rd September 2016 at Salford Royal

## In attendance

| | | | | |
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| **Voting members** | | | | |
| Lead CCG | | Nigel Guest | NG | Chief Clinical Officer, NHS Trafford CCG |
| GM Health & Social Care Partnership team | | Richard Preece | RPre | Executive Lead for Quality, GMHSC Partnership |
| | | Rob Bellingham | RB | Director of Commissioning |
| NHS England specialised commissioning | | Andrew Bibby | ABi | Assistant Regional Director of Specialised Commissioning (North), NHS England |
| Provider trusts | Central Manchester | Darren Banks (for Mike Deegan) | DB | Director of Strategy |
| | Pennine Acute | Roger Prudham (for David Dalton) | RPru | Deputy Medical Director |
| | Salford | Jack Sharp (for David Dalton) | JSh | Director of Strategy |
| | Stockport | Ann Barnes | ABa | Chief Executive |
| | The Christie | Roger Spencer | RS | Chief Executive |
| Primary care providers | | Tracey Vell | TV | GP, Chief Executive of Manchester LMC |
| Local authorities | | Steven Pleasant | SP | Chief Executive, Tameside Metropolitan Borough; Interim Accountable Officer, NHS Tameside and Glossop CCG |
| **Stakeholders** | | | | |
| People affected by cancer | | Nabila Farooq | NF | |
| | | David Makin | DM | |
| **Delivery** | | | | |
| Medical Director | | David Shackley | DS | Medical Director, Manchester Cancer Provider Board |
| Director of Commissioning – GM Cancer Services | | Adrian Hackney | AH | Director of Commissioning – GM Cancer Services, NHS Trafford CCG |
| Vanguard programme senior responsible officer | | Jenny Scott (for Chris Harrison) | JSc | Programme Director, GM cancer vanguard |
| Chair of Trust Directors of Operations Group | | Andy Ennis (for Fiona Noden) | AE | Chief Operating Officer, Bolton |
| Transformation Unit representative | | Leila Williams | LW | Chief Executive, NHS Transformation Unit |
| Chair of Cancer Education Manchester | | Richard Cowan | RC | Chair, Cancer Education Manchester; Director, Christie School of Oncology |
| AHSN representative | | Peter Elton (for Mike Burrows) | PE | Managing Director, GM AHSN |
| Programme Director (interim) | | Thomas Pharaoh | TP | Associate Director, Manchester Cancer Provider Board |
| **Other members of cancer support team** | | | | |
| Strategic Clinical Network | | John Herring | JH | Senior Network Manager |
| Macmillan User Involvement Team | | Tanya Humphreys | TH | Macmillan User Involvement Programme Manager |

## Members sending apologies and no deputy

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| MAHSC Cancer Domain Academic Lead | Salvador Moncada | SM | MAHSC Cancer Domain Academic Lead |
| GM Director of Population Health Transformation | Wendy Meredith | WM | Director of Population Health Transformation, GMHSC Partnership |

**1. Welcome, introductions and apologies**
ABa welcomed members to the first meeting and introductions were made.

**2. Chair of the board**
ABa introduced RPre as the nomination of Jon Rouse, the Chief Officer of the Greater Manchester Health and Social Care Partnership, to chair the board. ABa handed over to RPre.

**3. Terms of reference**
*3.1 Draft terms of reference*
DS introduced the draft terms of reference. He informed the board that they had been developed by a task and finish group of the Manchester Cancer Provider Board and GM Cancer Commissioning Board over the summer.

DB noted the reference to pathway boards in the terms of reference. He noted the ongoing need to review the structure and function of the existing boards. SP noted the need for the terms of reference to outline the relationship between the board and locality plans.

**Action: TP to add a statement to the terms of reference to acknowledge the relationship between the work of the board and locality plans**

NF informed the board that the Greater Manchester User Involvement Steering Group had reviewed the terms of reference and asked that the board consider granting its representatives a vote between them. It was noted that voting was unlikely to be a regular occurrence. RPre stated that the board needed to be taking a good account of the voice of people affected by cancer at all times. He asked that DM and NF speak to him directly if they felt that this was not happening. It was agreed that no changes would be made to the voting membership at this stage. The board approved the terms of reference contingent on the change discussed.

*3.2 Membership list*
The board noted the list of its full membership.

*3.3 Third sector advisory group proposal*
TP outlined the proposal that an ser group should be formed to engage with the cancer third sector and that a representative of that group should join the board. He noted that the proposal was continuing to develop as discussions took place with colleagues in the cancer system.

It was agreed that the development of the cancer advisory group should continue and that the group should dovetail with the voluntary and third sector group within the GMHSC Partnership.

**Action: TP to co-ordinate the development of a full third sector proposal for approval at the next meeting**

**4. Background to cancer in Greater Manchester**
DS gave a short presentation on the background to cancer in Greater Manchester. He set out some of the successes and achievements in recent years and some of the challenges that remain.

RPre noted that while overall patient experience figures were good there were elements of patient experience that were less positive. He also noted the high rates of premature mortality from cancer in Greater Manchester, which the GM Health and Social Care strategy – *Taking charge* – made a commitment to address. RPre noted that, while there were some national targets that needed to be acknowledged, the future standards for cancer in Greater Manchester would be set by this board.

**5. Greater Manchester cancer infrastructure**

AH introduced a paper setting out the resources that currently fund the Greater Manchester-wide cancer infrastructure. The board was asked commit to fund the non-recurrent annual infrastructure funding of £629,401 in 2017/18 and beyond. The board heard that this figure covered the work of the pathway boards (currently within Manchester Cancer) and the cancer commissioning support of NHS Trafford CCG. AH noted that the work to review the role and make up of pathway boards was ongoing.

RPre set out the two choices before the board: to sustain funding at the current level or to disinvest. He noted the important principle that members needed to come to the board's meetings with the ability to make decisions on behalf of their constituencies.

DB noted that there had been no agreement at Provider Federation Board to continue to support into 2017/18 of a number of provider-funded networks. He stated that the funding arrangements of Pathway Clinical Directors and their pathway boards needed to be part of the ongoing review.

ABa noted that she was expecting increased resources to be required and that this would be achieved by commissioners supplementing the provider contributions that currently fund Manchester Cancer. It was noted that the cancer plan currently in development may have a level of ambition that requires additional resource.

The board agreed the Greater Manchester cancer infrastructure funding of £629,401 in 2017/18. It asked that a more detailed picture of the infrastructure that this will fund be presented to a future meeting, along with options for how contributions might be agreed.

ABa noted that the support of the GMHSC Partnership might be required to ensure that all partners contributed in future and that there were no free riders. RPre noted that this was a core principle of the GMHSC Partnership.

**Action: AH to present a breakdown of the GM cancer infrastructure to a future meeting, along with options for how contributions might be agreed**

**6. Introduction to GM cancer vanguard programme**

JSc introduced an update paper on the Greater Manchester cancer vanguard programme. She summarised the projects that made up the programme and informed the board that further open engagement events would be taking place in October.

LW asked whether events were planned for the development of the accountable cancer network model, which NHS England has asked Greater Manchester to test. AH informed the board that Greater Manchester and the Royal Marsden had engaged KPMG to support with this work. He stated that one to ones would be arranged with commissioner and provider organisations before a series of workshops.

DB thanked JSc for the update on progress but noted that it is important for the board to be involved in future decisions about the vanguard programme. He asked whether the membership of the local vanguard oversight group was being reviewed to increase the sense of system ownership. JSc informed the board that the review was underway. It was noted that the vanguard oversight group should be reflective of the Greater Manchester Cancer Board. RPre asked that the board gets the earliest possible sight of any points that require decisions to be made to allow members to consult their constituencies.

There was a discussion about the need for the appropriate links to be made between the different elements of the cancer system pursuing related areas of work. It was suggested that future meetings should include a thematic element that allowed the related work within the vanguard programme and other parts of the system to be presented together. RPre endorsed this idea but stated that it was important that the board was presented with high level summaries.

**7. Greater Manchester cancer plan**

*7.1 Early draft*

TP introduced a very early draft of a cancer plan for Greater Manchester. The board heard that it had been developed over the summer in anticipation of the Greater Manchester Cancer Board meeting for the first time in September. RPre encouraged members to share the draft with colleagues and constituencies for comment on the detail. He asked board members for their more general reflections on the direction that the plan was taking.

PE noted the need for cross-disciplinary areas, such as parity of esteem for mental health patients, to be acknowledged. DB noted the need for strong links to the work taking place in the GMHSC Partnership themes and the vanguard programme. DM noted the importance of access to clinical nurse specialists and RPre noted the need to analyse the full detail of patient experience data. RS noted the strong evidence base of the national cancer strategy and that the focus in GM should be on implementation. RPre stated that, while Greater Manchester needed to take due account of the national strategy, it was in a position to do things differently to the rest of England.

SP stated that the data in the plan showed variation across Greater Manchester. He noted that there were therefore things that we should do once and others that should happen in each locality. He encouraged a strong relationship with Health and Wellbeing Boards. NF noted that the User Involvement Steering Group had suggested the development of an easy-read version of the plan.

*7.2 Developing the plan*

TP introduced a proposal for the further development of the Greater Manchester cancer plan. This was noted by the board. TV noted that the Primary Care Advisory Group (PCAG) should be added to the list of GMHSC Partnership groups to consult during the development of the plan.

**Action: TP to update GM cancer plan development proposal**

**8. Dates of future meetings**

The board noted the proposed future dates of 21st October, 18th November, 16th December, 20th January, 17th February, 24th March (all 8.00-9.30am at SRFT).

**9. Any other business**

RC informed the board that a prevention and earlier detection research showcase event was being held on 28th September. RS noted that prevention and earlier detection was one of the three cancer themes in the recent Greater Manchester BRC award. RPre noted that it would be important to retain a focus on these areas in order to deliver reduced premature mortality from cancer.