GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Greater Manchester Cancer Board

Minutes of the meeting held on

Friday 21st October 2016 at Salford Royal

In attendance

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
Provider trusts	Central Manchester	Caroline Davidson (for Darren Banks)	CD	Associate Director of Strategic Development
	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
GM Director of Population Health Transformation		Jane Pilkington (for Wendy Meredith)	JP	Head of Public Health Commissioning
Chair of Trust Directors of Operations Group		Andy Ennis (for Fiona Noden)	AE	Chief Operating Officer, Bolton NHS FT
Chair of Cancer Education Manchester		Cathy Heaven (for Richard Cowan)	RC	Vice-Chair, Cancer Education Manchester; Associate 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, SCN
Macmillan User Involvement Team		Tanya Humphreys	TH	Macmillan User Involvement Programme Manager

Members sending apologies and no deputy

NHS England specialised commissioning	Andrew Bibby	ABi	Assistant Regional Director of Specialised Commissioning (North), NHS England
MAHSC Cancer Domain Academic Lead	Salvador Moncada	SM	MAHSC Cancer Domain Academic Lead
Transformation Unit representative	Leila Williams	LW	Chief Executive, NHS Transformation Unit

1. Welcome and apologies

RPre welcomed members. The board acknowledged that the Stand Up to Cancer event was being held that day.

Apologies were noted. RPre noted that the board had not discussed ways of working at its first meeting. He emphasised that sending a deputy from the constituency was very desirable when a member was unavailable. He also asked members not to conduct board business by email.

2. Minutes of the last meeting

The board approved the minutes of the meeting on 23rd September.

3. Action log and matters arising

The board noted the action log. TP stated that the items on the action log were either completed, on the agenda for the meeting or scheduled for the November meeting.

4. Third sector advisory group proposal

JH introduced a paper outlining the further development of the proposal for a voluntary, community and social enterprise advisory group.

The board discussed the proposal and agreed that the group should play an active role in its work. The challenge of one individual representing the group on the Greater Manchester Cancer Board was raised. It was noted that other board members were representing large constituencies and that third sector colleagues were involved at other levels of the system, such as in the work of Cancer Education Manchester.

SP noted that the group needed to be linked to the voluntary organisations within the different localities of GM and include campaigning organisations, like Action on Smoking and Health (ASH), and social enterprises, like Tobacco Free Futures.

Action: JH to make reference to bodies and groups like ASH and Tobacco Free Futures in the developing third sector group proposal

Action: JH to make explicit the link between locality organisations and the developing Greater Manchester third sector group

The board approved the proposal to hold a workshop as outlined in the paper. It asked that the outcome of that workshop be brought back for consideration.

Action: JH to arrange workshop and present its outcomes to a future meeting of the board

5. Greater Manchester Cancer: communications plan

TP introduced a short paper outlining the proposed public launch of the Greater Manchester Cancer Board and the creation of a single identity, *Greater Manchester Cancer*, to refer collectively

to the board, its delivery arms and its work programme. He informed the board that the proposal had been developed together with the communications team of the Greater Manchester Health and Social Care Partnership.

PE noted the need to be clear that East Cheshire was included under the umbrella of Greater Manchester Cancer and this was agreed. DS noted the potential to develop the Greater Manchester Cancer website to include a patient and public-facing element. ABa noted that a third sector element of the website could also be developed by the advisory group.

The board approved the creation of Greater Manchester Cancer on 1st November and the plan for the communication of this.

Action: TP to implement the Greater Manchester Cancer communications plan

6. Feedback on draft Greater Manchester cancer plan

RPre noted that the board had seen the early draft of the plan at the last meeting and asked TP whether feedback had been received. TP informed the board that feedback had been received from members of the Primary Care Advisory Group, through its representative TV, and from Mike Burrows. RPre encouraged board members to continue to send their feedback on the draft plan to TP.

The board heard that lead authors were developing each section of the plan, engaging with colleagues across the system. It heard that a further draft would be circulated to board members in advance of the November meeting of the board.

7. Vanguard programme update

JSc presented a programme update. The board heard that the quarter two review had taken place with NHS England and had focused on an assessment of the impact that the programme is having. The board heard that the process was underway to develop a proposal for year two funding from NHS England and that a draft would be discussed with the board in November. It heard that the national cancer vanguard would receive no more than the £7m it received in year one.

JSc noted that a scoping meeting into the proposed development of an accountable cancer network model had been held with KPMG and that a full schedule of engagement across the system was being developed. The board also heard that the first of a series of open-invitation showcase events had taken place on 18th October.

RPre asked that a headline level forward plan was presented to the board at the next meeting and this was agreed.

Action: JSc to present headline level vanguard projects forward plan to the next meeting

JSc informed the board that a review of the membership of the vanguard oversight group had been conducted. ABa offered to take the proposal to the Provider Federation Board for the nomination of a community provider representative. RB noted that LW was not the right representative of the Greater Manchester Health and Social Care Partnership and it was noted that RPre and JSc had already discussed this. RPre noted the crucial role played by Clinical Nurse Specialists in cancer pathways and suggested the inclusion of a nurse on the oversight group. DM strongly supported this point on behalf of people affected by cancer.

CD stated that the oversight group still did not reflect the membership of the board itself. She suggested that the representation of providers should be increased, particularly given the proposal to develop the accountable cancer network model.

JSc noted that the majority of the vanguard programme was looking at issues not related to acute providers. RPre noted that the vanguard work was a set of projects within a broader programme and that oversight from every provider was therefore not necessary.

RS stated that the specific project looking at the development of an accountable cancer network would involve colleagues from across the whole system. It was noted that engagement events would be set up through the work with KPMG and that a steering group would be formed. AH informed the board that he would be contacting people in the next two weeks regarding the membership of the steering group.

It was agreed that the proposed membership of the vanguard oversight group should not be changed but that those with an interest in the development of the accountable cancer network should be involved in developing the steering group for that work.

Action: AH to present proposed accountable cancer network steering group membership to next meeting

JSh noted that the vanguard programme was being treated as a discrete entity when it should be being considered as a core part of the work of the board. RPre agreed that the work taking place under the national cancer vanguard was one piece of work in a broader cancer programme in Greater Manchester.

DS noted that the term vanguard was increasingly being used nationally to describe the geographic area that had achieved the status. RS noted that some of the circumstances surrounding the vanguard programme had contributed to the current position. He reiterated his view that the vanguard was the whole of Greater Manchester.

JSh suggested that the use of a separate logo and website for the vanguard work added to the sense of division. It was agreed in light of the previous agenda item on the creation of Greater Manchester Cancer that the identities should be rationalised to reflect the agreement reached.

Action: JSc and TP to rationalise Greater Manchester Cancer and cancer vanguard identities prior to communication plan implementation

8. Preventing avoidable cancer deaths

DS gave a short presentation on one of his suggested key objectives of the Greater Manchester Cancer Board – preventing avoidable deaths. He set out that, compared to England as a whole, a higher proportion of Greater Manchester's cancer deaths were in people under 75 (deaths that Public Health England define as 'premature').

He informed the board that the deaths in just eight overarching pathway groups were responsible for 85% of this total and that typically these were the pathways where late diagnosis was a problem. He concluded that to meet the aim in *Taking Charge* to achieve 1,300 fewer premature cancer deaths by 2021 it will be necessary to focus on key pathways and on radically improving prevention and earlier diagnosis. He then introduced further speakers who would outline some of Greater Manchester's flagship work on earlier diagnosis.

9. Focus session: earlier diagnosis

Cancer screening programmes, Jane Pilkington

JP noted that Greater Manchester carries out 340,000 screens a year between the four existing screening programmes. She stated that this was with uptake rates in Greater Manchester were well short of both the national average and national targets. She outlined the work that she is leading within the vanguard programme that will have an impact on screening and early diagnosis:

- Project 1 – Social marketing and behaviour change, focusing in year one on bowel cancer screening
- Project 2 – A citizen-led social movement, including the development of a network of 20,000 cancer champions and expert patients with a focus on prevention
- Project 3 – An enhanced screening offer, using behavioural insights and other tools and freedoms to enhance participation in screening

Rapid cancer investigation units, Hazel Warburton

HW introduced the vanguard project developing the principle of *Query Cancer* multidisciplinary diagnostic centres. She noted that the patients who present to GPs do not always fit neatly into set pathways and the rigid structure of secondary care. She outlined the proposal to set up a new multidisciplinary diagnostic centres designed to establish whether patients have cancer within seven days, referring them to specialists if necessary and reassuring them before discharging them with lifestyle and prevention advice in the majority of cases. The board heard that the project was building on the existing work funded by the NHS England ACE programme and that the pilot sites for vague symptoms would be operational in January and March 2017.

Reducing Deaths from Lung Cancer, Neil Bayman

NB noted that a large proportion of Greater Manchester's cancer deaths in the under 75s were in lung cancer. He stated that reducing deaths from lung cancer was dependent on early diagnosis but that when diagnosis is triggered by symptoms most patients present with advanced disease. He concluded that a shift in emphasis was needed from diagnosis based on symptoms to diagnosis based on risk. He informed the board that international evidence showed that targeted lung cancer screening reduces deaths and that through the Macmillan Cancer Improvement Partnership within the three Manchester CCGs a local model had already been develop in the form of the Lung Health Check. He informed the board that the results of this pilot were expected early in 2017.

The board discussed the presentations. PE noted the importance of prevention and in particular the role of smoking. He noted the need for a clear strategy and noted that in some areas stop smoking services had been decommissioned. SP noted the need for public health teams across Greater Manchester to determine what should be commissioned once rather than variably across the region and a need to frame the GM-wide work in terms of what should be expected in locality plans. JP informed the board that the developing cancer plan would set clear ambitions for tackling tobacco.

AE noted the impact that efforts to diagnose cancer earlier will have on capacity in diagnostics when many services are already struggling with current demand.

RPre thanked the speakers and noted that the reaction of board members illustrated the interest that there was in this important work. He suggested that smoking and diagnostics should form the basis of the focus session in the next board meeting.

10. Any other business

None was raised.