Delivering World-Class Cancer Outcomes:

Guidance for Cancer Alliances and the National Cancer Vanguard

6th December 2016

Five Year Forward View

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The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:

- NHS England*
- NHS Improvement*
- Health Education England (HEE)
- The National Institute for Health and Care Excellence (NICE)
- Public Health England (PHE)
- Care Quality Commission (CQC)

*The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

*NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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Introduction

1. The independent Cancer Taskforce set out an ambitious vision for improving services, care and outcomes for everyone with cancer: fewer people getting cancer, more people surviving cancer, more people having a good experience of their treatment and care, whoever they are and wherever they live, and more people being supported to live as well as possible after treatment has finished.

2. The baseline CCG Improvement and Assessment Framework (CCG IAF) ratings for cancer services, published in October, showed how far we need to go to meet the ambitions of the Taskforce and deliver world-class outcomes for cancer patients.

3. Cancer Alliances, which are being set up across England are key to driving the change needed across the country to achieve the Taskforce's vision. Bringing together local clinical and managerial leaders from providers and commissioners who represent the whole cancer pathway, Cancer Alliances provide the opportunity for a different way of working to improve and transform cancer services (see Annex i for geographies and named leads, and Annex ii for a reiteration of the principles that should guide the establishment of Cancer Alliances).

4. Alliance partners will take a whole population, whole pathway approach to improving outcomes across their geographical 'footprints', building on their relevant Sustainability and Transformation Plans (STPs). They will bring together influential local decision-makers and be responsible for directing funding to transform services and care across whole pathways, reducing variation in the availability of good care and treatment for all people with cancer, and delivering continuous improvement and reduction in inequality of experience. They will particularly focus on leading transformations at scale to improve survival, early diagnosis, patient experience and long-term quality of life. Successful delivery will be shown in improvements in ratings in the CCG IAF, including, importantly, in the 62 day wait from referral to first treatment standard.

5. The three partnerships that are working together as the National Cancer Vanguard have already established collaborations of clinicians and other senior decision-makers in their geographies to test innovative new models of whole-system working to support the delivery of improvements in cancer outcomes. The three Vanguard 'footprints' will provide the local leadership for delivering the Taskforce strategy in their areas.

6. This document sets out guidance for Cancer Alliances and the National Cancer Vanguard on developing their plans for delivering the Cancer Taskforce strategy.

Developing cancer delivery plans

7. Cancer Alliances and the Vanguard partners should develop plans that describe how they will lead the delivery of the Taskforce's ambitions locally. The aim is for these to be agreed by early April 2017 (see more detailed timelines below).

8. Cancer Alliances/the Vanguard will deliver the Taskforce ambitions through:
    a. Coordinating a new way of **collaborative working** across their locality. This will be aligned with STPs (see below) and focused on whole population and place-based approaches to maximise the benefits from CCGs' and providers' baseline investments in improving cancer outcomes.
    b. Managing and directing a proportion of additional funding in a small number of priority areas (this funding is referred to in this guidance as 'Cancer Transformation Funding'). These are the areas where the Taskforce identified that funding would be required over and above baselines, specifically: **earlier diagnosis, the Recovery Package and stratified follow up pathways.** Cancer Alliances/the Vanguard will need to bid for this funding, with funding decisions made using the Best Possible Value framework. Documentation on how to apply for this funding is being published alongside this guidance.
    c. Aligning with new **service models for cancer,** for example radiotherapy provider networks as they are developed.
    d. Working with the National Cancer Programme team on particular **national initiatives**, such as development of a national framework on roll out of the 28 day faster diagnosis standard; helping to coordinate targeted support to CCGs, in particular on improving performance against the 62 day standard (more information on this initiative will follow soon); and engaging with the 100,000 Genomes Project.

9. To support the development of plans, we have summarised the Taskforce's ambitions and the relevant recommendations which have a local delivery focus at Annex A. We expect that in delivering the Taskforce's ambitions, a strong focus on **workforce development** will be required, in particular on the efficiencies and improved effectiveness that can be gained from working in a collaborative way.

10. The collaborative working that Alliances/the Vanguard enable should promote best practice and seek to reduce variation in outcomes and experience across the cancer pathway. This includes not only geographic variation, but also variation between different groups of cancer patients, such as older people, children and young people, people with rarer cancers, people with cancer and learning disabilities, people with cancer and a mental health condition, and people with cancer from a BME community or a hard to reach group.

11. Each delivery plan should include:

    - **Vision:** the overall vision for each plan will be the delivery of the ambitions identified by the Cancer Taskforce (see Annex A). Cancer

Alliances/the Vanguard may want to build on this vision to apply it to their local situation.

- **Membership and governance:** the plan should set out who is involved in the Alliance/Vanguard and the local governance structures, as well as the approach being taken to engaging with wider stakeholders, including patient organisations and patients. On patient engagement, plans should set out how/whether engagement: i) is meaningful; ii) is representative; iii) will contribute to tackling inequalities.
- **Deliverables and activities:** high-level sequencing of deliverables and associated activities across the areas and recommendations highlighted at Annex A for the years 2017/18 – 2020/21.
- **Resourcing plan and funding request for 2017/18 and 2018/19.** We will be able to confirm funding for 2017/18 and an indicative budget for 2018/19. It should be noted that we are planning to provide national and sub-regional support on analytics and patient engagement to complement existing capacity and expertise in these areas locally. We will provide further information on this support offer shortly.
- **Bid for additional Cancer Transformation Funding** on earlier diagnosis, the Recovery Package and stratified follow up pathways (see further information on funding below).

12. Before they are submitted the plans produced by Cancer Alliances must be agreed by:
    - all constituent CCGs and providers or by the Cancer Alliance Board (if it has the authority to do so); and
    - the relevant STP leads (if they do not sit on the Cancer Alliance Board).

13. The plan produced by the National Cancer Vanguard must be agreed by the National Cancer Vanguard Programme Board and the relevant STP leads before it is submitted.

14. Over time, the plans will be reviewed as part of an iterative process which will be necessary as work is progressed nationally and the implications for local delivery are further understood, for example as new pilot programmes report on their findings.

15. Information will be distributed soon on how progress against plans and spend will be tracked and reported. As part of this, we will work with Cancer Alliances/the Vanguard to understand what the national Taskforce ambitions could mean for individual Alliances/the Vanguard.

Ensuring alignment locally

16. Cancer Alliances – and the three Vanguard footprints – will provide a focus for improvement and leadership on cancer locally, but they will not exist in isolation.

17. Their plans will be set in the context of the STPs for their areas. Earlier this year, we published an 'aide-memoire' to support the development of STPs which translated the recommendations of the Cancer Taskforce into actions that needed to be taken locally.

18. The constituent CCGs and providers in an Alliance/Vanguard area will be developing their operational plans for sign off at the end of December, as required by the NHS Shared Planning Guidance. The Shared Planning Guidance includes 'must do' actions on cancer that again reflect the Cancer Taskforce's priorities. Cancer Alliances/the Vanguard will also want to ensure that these individual operational plans reflect their own emerging plans for the whole Alliance/Vanguard population.

19. Cancer Alliances/the Vanguard will want to use the following to agree local priorities and sequencing within their plans:
    - their relevant STPs
    - their relevant operational plans
    - data from the CCG Improvement and Assessment Framework, the Cancer Dashboard and local data sources.

Funding

20. *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020. One Year on 2015-16*, published on 25th October 2016, sets out the funding for the National Cancer Programme over and above CCG baselines for the next four years:

2017/18	2018/19	2019/20	2020/21
£123m	£140m	£154m	£190m

21. The large proportion of that budget will be for a small number of priority areas that the Cancer Taskforce identified as requiring funding above current CCG baselines: earlier diagnosis, the Recovery Package and stratified follow up pathways (this is the funding referred to in this document as 'Cancer Transformation Funding').

22. Alongside the publication of this guidance, a process to access this funding is being initiated, in line with similar processes for accessing other streams of transformation funding, such as for mental health and diabetes. The Best Possible Value (BPV) framework will be used to assess the funding bids in order to target the funding on initiatives that will deliver the most value.

23. As set out above, we are also expecting Cancer Alliances/the Vanguard to set out their wider resource needs for 2017/18 and 2018/19 in their delivery plans. This funding will be to support Alliances to coordinate the use of transformation funding, and to work to maximise benefits from CCG and provider baseline investment in cancer services for their local populations.

24. Cancer Alliances/the Vanguard will be expected to demonstrate improved productivity and quality as a result of accessing transformation funding.

National support

25. The table at Annex A identifies a number of ways in which the national team is supporting the local delivery of the Cancer Taskforce report.

26. In addition, we are focusing on work in the following areas:

- **Data and analytics:** we have developed the Cancer Dashboard as a tool for use by Cancer Alliances, the National Cancer Vanguard and individual organisations to access the latest local data on key cancer outcomes. We also commission a number of important data collections, such as the Cancer Patient Experience Survey, and are looking at the development of new metrics, such as a metric on long-term quality of life.

- **Research and evidence (including pilots):** we have commissioned research in a number of areas, focusing on the issues identified by the Cancer Taskforce, and are looking at evidence on new practice, e.g. on new approaches to screening.

- **National team:** we now have a cross arm's-length body National Cancer Programme team in place working to support the implementation of the Taskforce recommendations. Our work includes scoping further support that Cancer Alliances may require, e.g. a specific support offer on analytics, meaningful patient engagement, improving patient experience, and sharing learning and best practice. Further information on this support offer will be available soon.

Timescales

Item	Date
NHS Planning Guidance and Technical Guidance published	22nd Sep 2016
Submission of STPs	21st October 2016
Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020. One Year on 2015-16 published	25th October 2016
Submission of full draft 2017/18 - 2018/19 CCG and provider operational plans	24th November 2016
***Delivering World-Class Cancer Outcomes: Guidance for Cancer Alliances and the National Cancer Vanguard* published**	**6th December 2016**
Publication of bid documentation for Cancer Transformation Funding on earlier diagnosis, the Recovery Package and stratified follow up pathways	**6th December 2016**
Submission of final 2017/18 – 2018/19 CCG and provider operational plans, aligned with contracts	23rd December 2016
Cancer delivery plans and bids for Cancer Transformation Funding submitted to england.cancerpolicy@nhs.net for review	**18th January 2017**
NHS England Investment Committee sign off Cancer Transformation Funding through Best Possible Value Framework assessment	**February 2017**
Cancer delivery plans and funding allocations for wider resource needs ratified by the Commissioning, Provision and Accountability Oversight Group	**Early April 2017**

Annex A – Taskforce ambitions and relevant recommendations to guide development of cancer delivery plans

AREA	Taskforce ambitions (metric included in Cancer Dashboard except where indicated)	What needs to be achieved locally? (with relevant Taskforce recommendation in brackets)	Relevant national work (where this is an interdependency for local activity)
Prevention	*Outcomes* • Discernible fall in age-standardised incidence • Fall in adult smoking rates (13% by 2020 and 21% in routine and manual workers) *Outcomes – reduction in variation* • Reduction in the number of cases linked to deprivation (metric: age-standardised incidence) [not in Dashboard]	Optimal uptake of cervical screening programme, including roll out of primary HPV when introduced (12, 11)	Public Health England is developing the specification for the new service and NHS England screening teams are developing plans to implement the specification
		Chemo-prevention drugs prescribed as recommended by NICE (6)	
		Reduction in variation in service provision to address cancer risk factors (smoking, alcohol, excess weight and lack of physical activity), delivered through working with local authority partners (2-4)	
Early diagnosis	*Outcomes* • Increase in 5 and 10-year survival (57% surviving ten years or more by 2020) • Increase in one-year survival (75% by 2020) • Continuous improvement in patient experience	Optimal uptake of bowel and breast screening programmes, including roll out of FIT into bowel cancer screening programme when introduced (12, 10)	Public Health England is developing the specification for the new service and NHS England screening teams are developing plans to implement the specification
		Implementation of NICE referral guidelines which reduce the threshold of risk which should trigger an urgent cancer referral, including increased provision of GP direct access to key investigative	

		tests for suspected cancer (16, 17)	
	Outcomes – reduction in variation • Reduction in survival deficit for older people (metric: one year survival) [not in Dashboard] • Reduction in CCG variation in one year survival • Reduction in CCG variation in patient experience (metric: overall rating of care from CPES) *Processes* • 62% of staged cancers diagnosed at stage 1 and 2 and an increase in the proportions of cancers staged • Patients[1] should be informed of definitive diagnosis of cancer or otherwise within 28 days of GP referral by 2020 • 85% meeting 62 day target and 96% meeting 31 day target • 75% uptake for FIT in the bowel	Adequate diagnostic capacity and systems in place to meet waiting times standards and to ensure the 28 Day Faster Diagnosis Standard can be met from 2020/21 (24)	National framework for rollout of 28 Day Faster Diagnosis Standard to be developed in 2017/18 together with Cancer Alliances based on evaluation of five regional sites testing and developing approach to the new standard
		All GPs undertaking a Significant Event Analysis for any patient diagnosed with cancer as a result of an emergency admission (25)	
		GP practices have 'safety-netting' processes in place for patients sent for an investigative test (18)	

[1] We are currently working with five pilot sites in part to help to understand what would be a clinically appropriate ambition for the proportion of patients that should be meeting the new standard.

	screening programme		
Treatment and care	*Outcomes* • Increase in 5 and 10-year survival (57% surviving ten years or more by 2020) • Increase in one-year survival (75% by 2020) • Continuous improvement in patient experience *Outcomes – reduction in variation* • Reduction in survival deficit for older people (metric: one year survival) [not in Dashboard] • Reduction in CCG variation in one year survival • Reduction in CCG variation in patient experience (metric: overall rating of care from CPES) *Processes* • 85% meeting 62 day target and 96% meeting 31 day target	Alignment with radiotherapy provider networks as they are established to modernise equitable radiotherapy provision and support the roll out of new and updated radiotherapy equipment (29)	Radiotherapy service review ongoing – proposing a new clinical and service model; developing new service specification in the new year National co-ordination of investment in new and upgraded equipment
		Chemotherapy available in community settings (roll out from 2018/19) (33)	Chemotherapy CRG producing a list of drugs which are safe to give in community settings
		All providers providing a directory of local services and facilitating local cancer support groups (62)	
		Appropriate high quality molecular testing is available to all relevant cancer patients. The routine use of up to date relevant genetic tests is embedded within treatment pathways in order to determine tumour response to therapies and to better personalise and target treatments (37)	
		• All patients under the age of 50 receiving a bowel cancer diagnosis are offered a genetic test for Lynch Syndrome • All women with non-mucinous epithelial ovarian cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis	

		• All women under the age of 50 diagnosed with breast cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis (36)	
		Improved access to clinical trials (particularly for teenagers and young adults) (45)	
		MDTs review a monthly audit report of patients who have died within 30 days of active treatment (39)	
		MDTs consider appropriate pathways of care for metastatic cancer patients (46)	
		Effective MDT working is in place (38)	Producing recommendations on effective MDT working
Living with and beyond cancer	*Outcomes* • Continuous improvement in long-term quality of life *Processes* • All patients able to access the Recovery Package interventions [not in Dashboard] • All patients who complete treatment for breast cancer to be put on a stratified follow up pathway [not in Dashboard]	All elements of the Recovery Package are available to all patients, including: • all patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment • a treatment summary is sent to the patient's GP at the end of treatment • a cancer care review is completed by the GP within six months of a cancer diagnosis • patients have access to information and support that helps them to self-manage and seek help, this is often through a health and wellbeing event (65)	Review of data collection on Recovery Package and stratified pathways and development of metrics

		Lifestyle advice is part of the Recovery Package (8) and return to work support is included in assessment and care planning (74)	
		Services are in place to respond to needs identified through assessment and care planning, including rehabilitation services to support return to work and the reduction and management of consequences of treatment (63, 70, 74)	
		All breast cancer patients have access to stratified follow up pathways of care, and, dependent on evidence from pilots, from 2018/19 all prostate and colorectal cancer patients have access to stratified follow up pathways of care (67)	Review of data collection on Recovery Package and stratified pathways and development of metrics Evaluation of existing pilots to determine rate of roll out
		Appropriate integrated services for palliative and end of life care are in place (75)	
Enablers	*Processes* All patients able to access a CNS or other key worker	Recruitment and retention of staff is maximised through working with relevant Local Workforce Action Boards Staff have access to development opportunities, including communications training, quality placements and educational/regulatory standards are met (60)	Testing new approaches for commissioning and providing CNS care

		All patients have access to a CNS or other key worker (61)	
	Processes • All patients able to access test results and other communications online [not in Dashboard]	Enabling IT for a digitised cancer pathway is in place, in particular information sharing with all those involved along the care pathway and in delivering online access to test results and other communications for all cancer patients (roll out from 2018/19) (57)	Supporting the implementation of enabling IT for a digitised cancer pathway, in particular information sharing with all those involved along the care pathway and in delivering online access to test results and other communications for all cancer patients
		Models of whole system and whole pathway working being tested by the National Cancer Vanguard and elsewhere are implemented (e.g. embedding best practice pathways, sharing workforce across providers, new financial/contracting models) (77 and 88)	Supporting National Cancer Vanguard and mechanisms for sharing learning

Annex i – Cancer Alliance geographies and named leads

Region	Cancer Alliance footprint	STP coverage	Population	Number of CCGs	CCGs	Cancer Alliance named lead
North	North East and Cumbria	Spans 3 STPs: - Northumberland, Tyne and Wear - West, North and East Cumbria - Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby	3 million	12	NHS Northumberland NHS North Tyneside NHS South Tyneside NHS Sunderland NHS Newcastle Gateshead NHS Cumbria NHS North Durham NHS Durham Dales, Easington and Sedgefield NHS Darlington NHS Hambleton, Richmondshire and Whitby NHS South Tees NHS Hartlepool and Stockton and Tees	Andrew Welch, Medical Director, Newcastle upon Tyne Hospitals NHS Trust
	Lancashire and South Cumbria	Spans 1 STP: - Lancashire and South Cumbria	1.6 million	9	NHS East Lancashire NHS Blackburn with Darwen NHS Blackpool NHS Chorley and South Ribble NHS Fylde and Wyre NHS Greater Preston NHS Lancashire North NHS West Lancashire NHS Cumbria	Damian Riley, Medical Director, East Lancashire NHS Hospital Trust
	Cheshire and Merseyside	Spans 1 STP: - Cheshire and Merseyside	2.4 million	12	NHS Liverpool NHS Halton NHS Knowsley NHS South Sefton NHS Southport and Formby	Andrew Cannell, Chief Executive, Clatterbridge Cancer Centre NHS Foundation

					NHS St Helens NHS Wirral NHS Eastern Cheshire NHS South Cheshire NHS Vale Royal HS West Cheshire NHS Warrington	Trust & Senior Responsible Owner for Cancer in C&M
	West Yorkshire	Spans 1 STP: - West Yorkshire	2.5 million	11	NHS Leeds North NHS Leeds South and East NHS Leeds West NHS Wakefield NHS Greater Huddersfield NHS North Kirklees NHS Calderdale NHS Bradford Districts NHS Airedale, Wharfedale and Craven NHS Bradford City NHS Harrogate and Rural	Professor Sean Duffy, Clinical Director for the West Yorkshire STP Cancer Programme and Clinical Lead for Leeds Cancer Centre
	Humber, Coast and Vale	Spans 1 STP: - Humber Coast and Vale	1.4 million	6	NHS East Riding of Yorkshire NHS Hull NHS North East Lincolnshire NHS North Lincolnshire NHS Vale of York NHS Scarborough and Ryedale	Jane Hawkard, Chief Officer, East Riding CCG
	South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	Spans 2 STPs***:* - South Yorkshire and Bassetlaw - Derbyshire *(only North Derbyshire and Hardwick CCGs)*	1.8 million	7	NHS Sheffield NHS Doncaster NHS Rotherham NHS Barnsley NHS Bassetlaw NHS North Derbyshire NHS Hardwick	Lesley Smith, Chief Officer, Barnsley Clinical Commissioning Group
	National Cancer Vanguard: Greater	Spans 1 STP: - Greater Manchester	2.8 million	12	NHS Wigan Borough NHS Bury NHS Bolton	

	Manchester				NHS Central Manchester NHS Heywood, Middleton and Rochdale NHS North Manchester NHS Oldham NHS Salford NHS South Manchester NHS Stockport NHS Tameside and Glossop NHS Trafford	
Midlands and East	West Midlands	Spans 6 STPs: - Shropshire - Staffordshire - West Birmingham & Black Country - Birmingham and Solihull - Coventry & Warwickshire - Herefordshire & Worcestershire	5.7 million	22	NHS Shropshire NHS Telford and Wrekin NHS North Staffordshire NHS Cannock Chase NHS East Staffordshire NHS Stafford and Surrounds NHS Stoke-on-Trent NHS South East Staffordshire and Selsdon Peninsular NHS Sandwell & West Birmingham NHS Walsall NHS Wolverhampton NHS Dudley NHS Birmingham CrossCity NHS Birmingham South and Central NHS Solihull NHS Coventry and Rugby NHS South Warwickshire NHS Warwickshire North NHS Herefordshire NHS South Worcestershire NHS Redditch and Bromsgrove NHS Wyre Forest	Dame Julie Moore, CEO University Hospitals Birmingham, Heart of England Foundation Trust
	East Midlands	Spans 5 STPs**: - Lincolnshire	4.1 million	17	NHS Lincolnshire East NHS Lincolnshire West	Sonia Swart, CEO, Northampton

		- Derbyshire *(only Erewash and Southern Derbyshire CCGs)* - Leicestershire - Northamptonshire - Nottinghamshire			NHS South Lincolnshire NHS South West Lincolnshire NHS Erewash NHS Southern Derbyshire NHS Leicester City NHS East Leicestershire and Rutland NHS West Leicestershire NHS Nene NHS Corby NHS Rushcliffe NHS Mansfield and Ashfield NHS Newark and Sherwood NHS Nottingham City NHS Nottingham North and East NHS Nottingham West	General Hospital NHS Trust
	East of England	Spans 6 STPs*:* - Mid & South Essex - N E Essex & Suffolk - Norfolk - Cambridgeshire & Peterborough - Milton Keynes, Bedfordshire & Luton - Hertfordshire & West Essex	6.3 million	20	NHS Castle Point and Rochford NHS Basildon and Brentwood NHS Southend NHS Thurrock NHS Mid Essex NHS North East Essex NHS Ipswich and East Suffolk NHS West Suffolk NHS Norwich NHS Great Yarmouth and Waveney NHS North Norfolk NHS South Norfolk NHS West Norfolk NHS Cambridgeshire and Peterborough NHS Milton Keynes NHS Bedfordshire NHS Luton NHS East And North Herefordshire NHS West Essex	Rory Harvey, Clinical lead, East of England Clinical Network

					NHS Herts Valleys	
London	South East London	Spans 1 STP: - South East London	1.7 million	6	NHS Southwark NHS Lambeth NHS Bromley NHS Lewisham NHS Bexley NHS Greenwich	Andrew Eyres, Chief Officer, NHS Lambeth CCG
	National Cancer Vanguard: North West and South West London	Spans 2 STPs: - North West London - South West London	3.5 million	14	NHS Brent NHS Central London NHS Ealing NHS Hammersmith and Fulham NHS Harrow NHS Hillingdon NHS Hounslow NHS West London NHS Merton NHS Croydon NHS Kingston NHS Richmond NHS Sutton NHS Wandsworth	
	National Cancer Vanguard: North Central and North East London	Spans 2 STPs: - North Central London - North East London	3.3 million	12	NHS Camden NHS Barnet NHS Enfield NHS Haringey NHS Islington NHS Redbridge NHS Barking and Dagenham NHS Havering NHS Waltham Forest NHS Newham NHS Tower Hamlets NHS City and Hackney	
South	Thames Valley	Spans 3 STPs***	2.3 million	11	NHS Oxfordshire	Dr Bruno Holthof,

		- Buckinghamshire, Oxfordshire and Berkshire West - Bath, Swindon and Wiltshire *(Swindon CCG only)* - Frimley Health *(Slough CCG, Windsor, Ascot and Maidenhead CCG and Bracknell and Ascot CCG only)*			NHS Aylesbury Vale NHS Chiltern NHS Wokingham NHS Newbury and District NHS North and West Reading NHS South Reading NHS Swindon NHS Slough NHS Windsor, Ascot and Maidenhead NHS Bracknell and Ascot	CEO, Oxford University Hospitals NHS Foundation Trust
	Kent & Medway	Spans 1 STP: - Kent and Medway	1.8 million	8	NHS Canterbury and Coastal NHS Ashford NHS South Kent Coast NHS Thanet NHS Medway NHS Swale NHS Dartford, Gravesham and Swanley NHS West Kent	Matthew Kershaw, CEO, East Kent Hospitals University Foundation Trust
	Surrey & Sussex	Spans 3 STPs***:* - Frimley Health *(Surrey Heath CCG, North East Hampshire and Farnham CCG only)* - Sussex and East Surrey - Surrey Heartlands	3.0 million	13	NHS Surrey Heath NHS North East Hampshire and Farnham NHS Coastal West Sussex NHS Brighton and Hove NHS Crawley NHS East Surrey NHS Horsham and Mid Sussex NHS Hastings and Rother NHS Eastbourne, Hailsham and Seaford NHS High Weald Lewes Havens	Paula Head, CEO, Royal Surrey County Hospital NHS Foundation Trust

					NHS North West Surrey NHS Surrey Downs NHS Guildford and Waverley	
	Somerset, Wiltshire, Avon & Gloucestershire (SWAG)	Spans 4 STPs***:* - Gloucestershire - Somerset - Bath, Swindon and Wiltshire *(minus Swindon CCG)* - Bristol, North Somerset and South Gloucestershire	2.7 million	7	NHS Gloucestershire NHS Somerset NHS Bath and North East Somerset NHS Wiltshire NHS Bristol NHS North Somerset NHS South Gloucestershire	Deborah Lee, CEO, Gloucestershire Hospitals NHS Foundation Trust
	Peninsula	Spans 2 STPs: - Devon - Cornwall and the Isles of Scilly	1.7 million	3	NHS Northern, Eastern and Western Devon NHS South Devon and Torbay NHS Kernow	Alison Diamond, CEO, Northern Devon Healthcare NHS Trust
	Wessex	Spans 2 STPs: - Dorset - Hampshire and Isle of Wight	2.5 million	8	NHS Dorset NHS Fareham and Gosport NHS Isle of Wight NHS North Hampshire NHS Portsmouth NHS South Eastern Hampshire NHS Southampton City NHS West Hampshire	Matt Hayes, Clinical Director for Cancer, Wessex Clinical Network

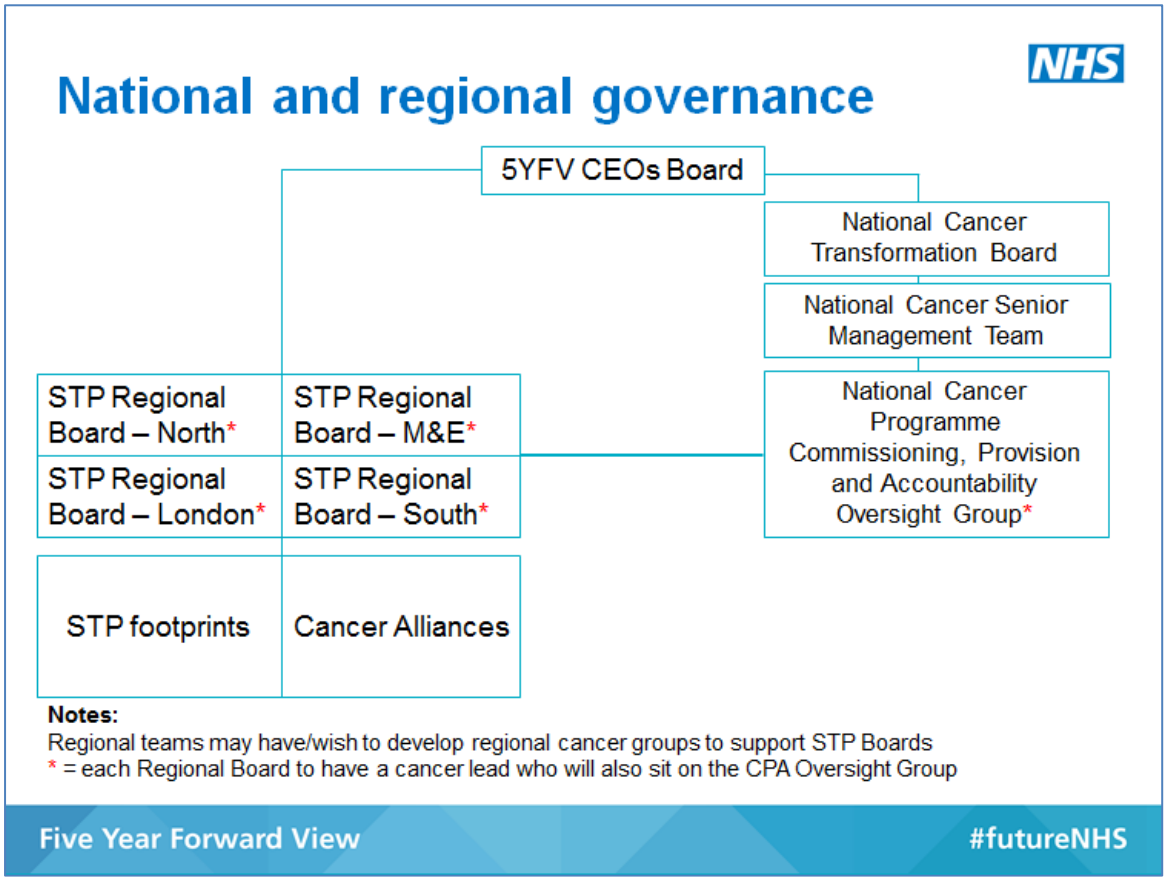
***Not fully co-terminous with all STP footprints, as indicated.*

Annex ii – Structure and governance of Cancer Alliances – key principles

The following principles must guide the establishment of every Cancer Alliance:

- A Cancer Alliance board will be established for each Cancer Alliance.
- The Cancer Alliance board will bring together senior clinical leaders from across the whole pathway, along with appropriate senior commissioning and management representation.
- Members of the Cancer Alliance board will be senior local leaders who are able to make decisions on behalf of their organisation and are able to lead the transformation required locally to improve cancer outcomes.
- It is expected that members of the Cancer Alliance board will represent partner organisations in addition to their own, for example an individual from a CCG would represent a number of CCGs on a Cancer Alliance board.
- Alongside the Cancer Alliance board, a robust mechanism for engaging systematically with wider stakeholders, such as patients, the public and patient organisations should be established. Other groups, such as task and finish groups on specific issues, may also be established.

It is vital that there is alignment between the governance structures for STP footprints and for Cancer Alliances. At a local level, Cancer Alliances will sit within the local governance structures of their relevant STP footprints, with the relevant STP leads agreeing their plans. Ultimately this means, therefore, that Cancer Alliances will also be accountable to the same regional structures as STPs:



As Cancer Alliances evolve over time, their governance arrangements may change.

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