Wrapping The System
Around The Patient to Improve
Outcomes and Experience:

Where ICS meets Alliance

Prof Sean Duffy
Overview

• Where we have come from
• The local geography and context
• Independent insights
• The new nature of the conversation for cancer in an ICS
• Discussion
How did it come to pass?

• Luck!
  – Preparation meets opportunity

• Preparation:
  – AWCCO, philosophy, knowledge of the real world

• Opportunity:
  – Nascent collaboration, relationships & new dawn STP
  – ICS appetite to allow system leadership
How did it come to pass?

• Clear narrative based on the data
  – Poor cancer outcomes
• More of the same does not work
• Transformed front and back end of pathway essential
• Fixed resources
  – Innovation central
Focus of the Alliance

- Cancer specific leadership for the partnership
- Vehicle for accessing national funding
- Transformation and delivery at scale and pace
- Whole pathway focus
- Using information and evidence to transform patient journeys, changing the behaviours of clinicians and those who determine which services will be commissioned
- Sharing best practice
Independent review - enablers

• History and personal relationships, which provided confidence and trust and brought forward learning
• Clear national direction
• Strong local vision
• The centrality of funding to create an infrastructure, provide capacity and offer a ‘programme approach’
• The importance of teams in the cancer systems as well as in the Trusts to coordinate and implement the vision
• Leadership continuity
• Strategic integration of the cancer systems with the Health and Care Partnership
Independent review - barriers

• Tensions between a national focus on targets and local developmental priorities
• The time needed to build an effective ‘whole system’ and the demand to show early gains
• The need to engage front line clinicians given the loss of relationships and involvement in the past three years due to moving away from a cancer-specific focus to a broader strategic clinical network
A “programme” approach

- Integrating into the Health and Care Partnership as the delivery partner for cancer
- Identifying and pulling together a picture of the prevalence and cancer related needs of six local populations
- Adopting a single cancer strategy (linked to local place-based plans) that straddled all six areas
- Working with commissioners and providers across all six areas, to commit to working as a single (inter-dependent) system
- Assessing delivery and improvement through an agreed common set of measures
- Supporting improvement through facilitating, enabling and coordinating information, data analytics, protocol development, and learning and development opportunities
WY&H Cancer Alliance Board

Key Functions
- Lead local delivery of cancer strategy
- Develop mutual accountability framework for cancer
- Joint decision making for cancer issues at scale
- Dual function as cancer alliance

Places
BDC, Calderdale, HaRD, Kirklees, Leeds, Wakefield

Communications and Engagement, inc. Patient Panel
We are one of the biggest health and care partnerships
ICS Partnership governance

6 Places

Collaborative Forums
WYAAT CIC
JC CCG
WY&H LA

System Leadership Executive
Clinical Forum
System Assurance and Oversight Group
Directors of Finance

Programmes
National priority programmes
WY&H priority programmes
Enabling workstreams

NHS England
NHS Improvement
Other national partners
What is the conversation now for cancer in an ICS?

• Being part of a whole system population health environment
  – It is everybody's business

• Trusting in a system that is also moving and changing but with everyone in the same direction

• Whole pathway focus from prevention to end of life care
We are working together on nine priority programmes and six enabling workstreams:

National priorities:
- Cancer services
- Urgent and emergency care
- Mental health
- Maternity
- Primary and community care

West Yorkshire and Harrogate priorities:
- Stroke care
- Preventing ill health
- Improving planned care and reducing variation
- Hospitals working together

Enablers:
- Best practice and innovation
- Workforce
- Digital ways of working
- Harnessing the power of communities
- Capital and estates
- Business intelligence

We will be reviewing and refreshing our priority programmes in light of the long term plan and what we have heard from staff and public in the region.
Cancer alliance brings.....

- Funding
- Relentless focus on outcomes
  - Tension with operational target
- Cancer Outcome's Assessment Framework
- Quality Improvement methods for assurance versus performance management
  - Mutual accountability
ICS brings.....

• Positive encouragement to system lead
• Host of enabling help
  – Workforce
  – Digital
  – Primary and community services
• Overarching facilitatory leadership
  – “always on mode”
• The big spiders web
Case studies – whole system collaboration

• What it means is distributed support and work
• The alliance cannot do everything alone
• Examples:
  – Tackling Lung Cancer
  – Rapid Diagnostic Concept
  – Cancer operational standard (62 days)
  – Workforce
Workforce

- Baseline training and employment capacity assessment carried out for 6 staff groups with HEE, finding presented to LWAB
- Non-cancer specific workforce to be reviewed and managed through ICS workforce programme
- Two areas where alliance can directly help and influence
  - Non-surgical oncology training and workforce (new training programme)
  - Endoscopy skill mix (already funded one pilot)
The ICS is about what? – sage thoughts from an AO

• How do you encourage more people to get ”it”?
• The solution is for us all to cast aside vested interests and work collectively to deliver joined-up services that wrap round communities. ‘It’ is a common purpose, a will to work differently, to do what’s right and best for local people. ‘
• Its all about culture – behaviour and style
The ICS is about what? – sage thoughts from an AO

• ‘Culture eats strategy for breakfast’ and ‘structure is for lunch’
• This phrase doesn’t suggest that strategy isn’t important - it is. However what we need is for culture to overcome any structural chart or any reorganisation
And so.....

• This has been a journey
• It is immensely helpful to be part of a changing system
• It keeps the cancer agenda live and not isolated
• The cancer programme is seen as helpful and leading within the system change but not separate
• It has a way to go ......