Living with and beyond cancer:

Key learning to date in South Yorkshire, Bassetlaw & North Derbyshire

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NHS

Commissioners Working Together

DRIVING CHANGE TOGETHER

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Programme aim

"to enable every adult living with breast, colorectal or prostate cancer in the programme area to have access to the LWABC model of care by 2020/21"

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The LWABC Model - 3 interdependent elements

Risk stratification

- Care pathway based on individual needs
- Identification of options for complex, shared and self-care pathways

Recovery Package

- Holistic Needs Assessment & care planning
- Treatment summary
- Cancer Care review
- Education and support

Supported Self-management

- Enable understanding and management of the consequences of treatment
- Promoting healthy lifestyles and well-being
- Sign-posting to other services/support

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Barnsley

Bassetlaw

Doncaster

Hardwick

North Derbyshire

Rotherham

Sheffield

Wakefield

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Local context

- Collaborative working ‘by default’
- North Trent Cancer Network
- Historical collaborative commissioning arrangements
- Living with and beyond phase 2 ‘projects’
- ‘Working Together’ commissioners & provider programmes
- Phase 3 agreed in November 2015 and launched in April 2016
- STP introduced ‘organisation at the door’
- ACS/ICS: integrating commissioning and provision

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Six key learning points

1. **It starts with a conversation** - The power of local multi-disciplinary/agency steering group, ‘place based’ conversations, people been prepared to leave their organisation at the door, engagement, design & implementation, with the right people around the table. Robust local involvement of people affected by cancer at place. Moves the conversation from why? to how? It’s not all about the money: these conversation start change without investment.
2. **Change the narrative** – from “Recovery Package”, “HNA, TS, CCR” to

   “a person centred conversation with a meaningful shared care plan”

   Informed by Theory of change – ‘unpacking’ the Recovery Package and Risk Stratification. Supported by high quality comms, working with patient engagement to develop case studies which help to tell the story.

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Six key learning points

3. **Shared realistic Outcomes –** by working through **theory of change**, understanding **attribution**, we have refreshed the programme outcomes. Localities are then in turn reviewing their own outcomes to align to the programme outcomes, be **more realistic**, **achievable and linked to the specific changes they are making.**

4. **Common model in 'place based' solutions**

   … it starts with a conversation (HNA), early in the pathway, but when, with whom, where….?

   Localities are implementing with new roles in both hospital and community.

   All 'place based' solutions are based on a common model.

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Common model in ‘place based’ solutions

Person centred conversations, with a meaningful shared care plan

linking people to the support they need in their community

- eHNA/***HNA*** around the time of diagnosis and/or time of treatment
- based on the Macmillan concerns checklist
- CNS and/or CSW play a key role in starting, completing or working with a ‘Hub’ to complete the care plan.
- Appropriate ***Risk stratification*** agreed

- HNA and/or care plan is shared along with a ***Treatment summary***
- Shared with Primary care to inform the ***Cancer Care Review***

Community ‘Hub’ Information and support services

- Some play a role in eHNA/HNA and care planning
- Signposting/onwards referral
- Direct service provision
- MISS in some localities

Community support services

- Care plan results in signposting/onwards referral straight to a community service

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Six key learning points

5. **Timing** - ‘The stars align’ – all organisations prioritised over the last 12 months, with all localities now implementing their local ‘place based’ plans.

6. **Supporting more people affected by cancer** - Involving CNS/clinical teams in the design of the solution leads to increased referral for support. Where CNS part of the conversation we are seeing significant increases in referrals rates for support.

   The important role of community assets/resources, linking people to the support they need, balance with community and acute interventions

   An additional 670 people affected by Breast Colorectal & Prostate Cancer accessing support in 3 localities over the past 12 months.

Key enablers

- **Theory of change development**, ‘unpacking’ the Recovery Package & Risk Stratification
- **Project Definition Document** (PDD): process, challenge eg: Locality groups and engagement, resulted in collaborative ‘place based’ conversations rather than ‘them and us’
- **Programme Advisory board** – investment decision making role
- **Clinical Delivery groups** for Risk Stratification
- **Capacity** - project management (Lead Cancer Nurses biggest learn)
- **Learning & development offer** – consistent training
- **Shared competencies** – Cancer support worker - consistency

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