

# Building a Learning & Improvement System for our Integrated Care System



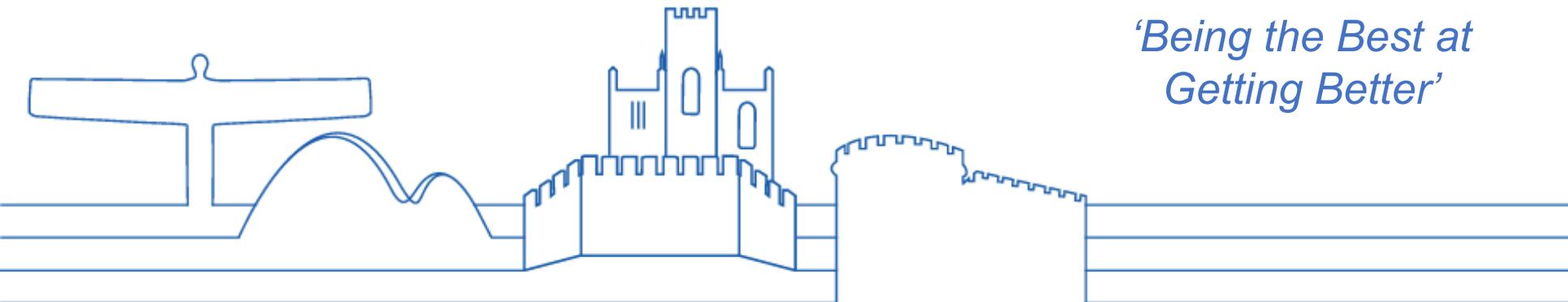
**North East and  
North Cumbria**

A virtual event held as a followup to the first meeting of our learning and improvement community, held on 21<sup>st</sup> September 2022

**2<sup>nd</sup> November 2022**

A report of the inputs and outputs of the event

*'Being the Best at  
Getting Better'*



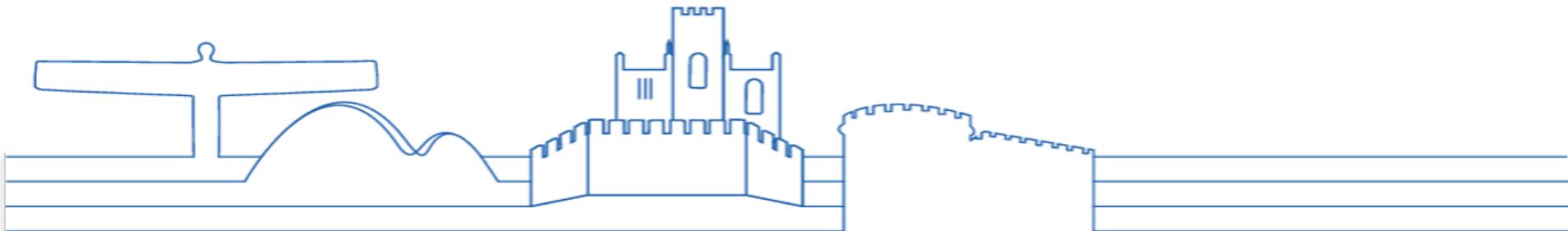
# What this report is about

## This report is:

- A collection of inputs and outputs of the session put together by a volunteer writing group from across the system
- A record of the session
- A collection and documentation of the considered thinking and rich discussion of the attendees
- Relevant and important information
- A starting point in our aim as an integrated care system to “be the best at getting better”

## This report is not:

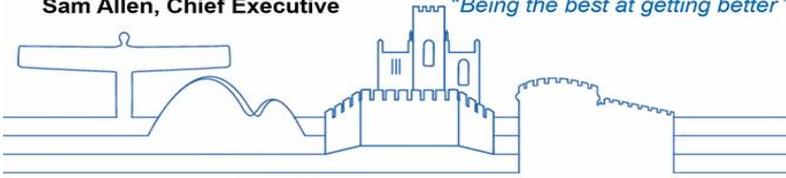
- A running commentary or analysis of the session
- A summary
- A document outlining decisions, priority focus areas or a definitive action plan



## Welcome

Sam Allen, Chief Executive

*"Being the best at getting better"*



How brilliant we can come together virtually on a platform like this and how far we've come in the virtual world!



'Wherever you are, whatever you do, whatever your role is, **we all have a vested interest in the North East and North Cumbria and care deeply about it.**

What unites is wanting the best for the people in our communities that we are in service to, and here to support. **Today is about how we do that together.**

If we create conditions to be able to come together and prioritise that aspiration, and acknowledge that there is always room for improvement, don't re-invent the wheel, **celebrate the good work but share when things haven't gone so well**, facing up to difficulties, then we will see the benefit.

We developed a mission as a learning and improvement community, **we want to be the best for people who use our services and for the whole population.** Our co-created aspiration is to be **the best at getting better.** If you are the best and getting better, there is **always more that we can do for our people**, including our workforce and colleagues, we know the link between feeling valued, feeling a sense of belonging and feeling able to lead change and we know the impact that this has on **better outcomes for the people we support and serve.**

More often than not there is more that unites us than divides. If we can use the power and wisdom in this network, **we will do more, better, faster for the people we serve.** We need to work this out together, it can't be imposed.

# Overview, Purpose, Agenda



## Agenda

- **Welcome** from Sam Allen, Chief Executive, NENC ICB
- **Who is in our virtual community today?** Some polls
- **Making connections:** small groupwork
- **Our opportunity - why we are here?** Sam Allen
- **The journey so far - our learning and improvement community and the seven priorities**

Aejaz Zahid Executive Director of innovation

- **Reflections**  
Professor Sir Liam Donaldson and Shienaz Stansfield
- **Building on our 7 priorities:** choice of small groupwork
- **Closing poll and next steps**

*'Great to see such a mix of people joining us this afternoon'*



*Together...  
building our  
learning and  
improvement  
community*

*'This is not a sit and listen 90 minutes – this is an active session to take things forward, looking at the big ideas from 21<sup>st</sup> September and establishing the opportunities.'*

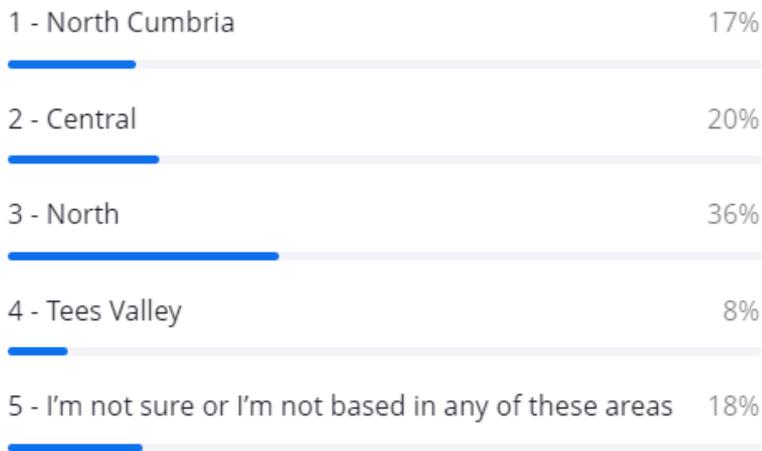
*Session co-chaired between Suzanne Hamilton, Head of Improvement and Development - Cumbria Learning and Improvement Collaborative and Helen Bevan, Strategic Advisor.*

# We asked people: where do you spend most of your time?

## Poll 1a

1. Which integrated care partnership area are you based in (or spend most time in, in a work or carer capacity)? (Single Choice) \*

100% answered



## Working in partnership

### Our region

Click on the map to find out about some of our health and care organisations



- Our ICS covers a very wide geography but every area was represented at the event (poll results)
- There were some comments that Tees Valley has less personnel
- This reflects the attendance at the first event
- The event had a wider representation as it was more accessible online

# We also asked participants how confident they were about the ability to engage people for improvement and build a learning community for improvement in the North East and North Cumbria? (poll results)

100% answered

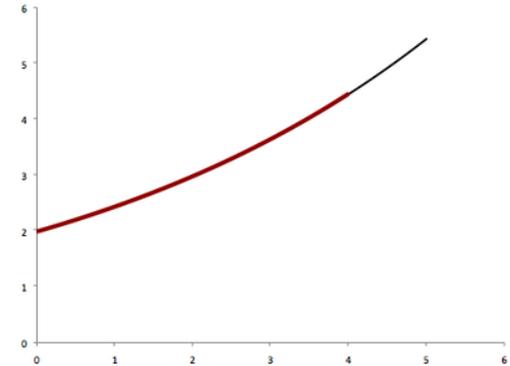
1 - Very Unconfident 0%

2 - Unconfident 7%

3 - Neither 30%

4 - Confident 56%

5 - Very Confident 7%



- *To the right of the curve in comparison to previous event, demonstrating a higher level of confidence*
- *More confident than in the previous September session but still room for improvement*

# We broke into small groups to discuss “what unites us?”

Our shared passion is to improve the health of the North East population and reduce inequalities. Better outcomes for people in our community.

We may speak different languages but as a collective we are here for patients with the core aim of providing the best care for patients

Common sense of purpose - to do the best we can for all the patients we serve

We have a strong regional identity

To grab the opportunity to make things better

The desire to change something and to do better in the North East and North Cumbria.

An opportunity to collaborate for good health in NENC.

"Opportunity to level up across the system for our patients"

Connecting with other people who want real change, not just more post it parties or pointless consultations.

Patients, community, will and determination

REAL systems working.

Better outcomes for the people in our community

Making connections – What can we share, what can we learn...

What unites us?

# We broke into small groups to discuss “what unites us?”

An interest in change for improvement and better outcomes for people via a system wide integration

We all care for, and want to improve, our health and care system for our population

A real passion for making things better across the whole region where everyone benefits

Relationships, passion, beautiful geography

Wanting to do the best for the people we serve

People, including children and young people, passion, geography and making a difference

Multi-professional diversity at every level from executive to frontline. Gathering around quality and safety of care, both improvements and challenges. Working partly at place and partly across the ICS area.

We wanted to keep it simple....to make things better

Commitment to people is in our DNA here in the NENC - learning together - stealing with pride - strong clinical leadership

Drive to meet health needs of local population, wanting to ‘get it right’, move towards equitable services

A passion for the system, health outcomes and the need to support those across our area

Getting good outcomes for patients and working across organisational boundaries to achieve these outcomes

# We broke into small groups to discuss “what unites us?”

Supporting our citizens in their self-care, to avoid becoming patients. For our patients, we aspire to drive efficiencies and delivery of quality services, to achieve excellent population health management.

The desire to combine things to be more effective, streamlining services and being less disjointed, using digital interoperability across different systems.

Improving health inequalities for BAME Communities

We are united by an interest in change for improvement and better outcomes for people via a system wide integration

Willingness and enthusiasm to make a change, despite different backgrounds and roles

Commitment to do things differently

Help people to lead happy and fulfilled lives

What unites us is wanting to do the best for people and that being part of the community that we serve really drives us.

Here to serve and make a difference to the populations we serve.

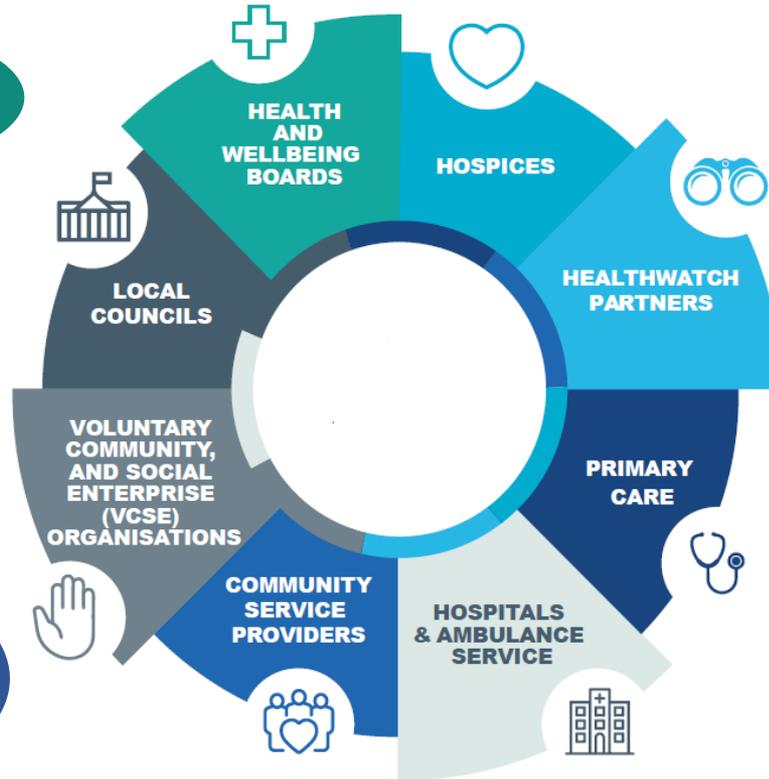
A real buzz, passion to do the right thing for people

# Next, Sam Allen talked passionately about our opportunity in her keynote address

Commitment to the people is in our DNA!

Our core focus is improving lives

We need to use our resources wisely, use every bit of the system efficiently



We can only “be the best at getting better” if we all come together.

Our integrated care partnership is the way we work together as partners across our community using all of our strengths and assets.

We all have a role to play: we need to challenge ourselves to come out of our silos, connect and value each other as equals and support each other.

We have lots to do to make sure that everyone has fair access to services and good outcomes, we need to start putting people at the centre.



# The Integrated Care System as a System Convenor

1. **Convenor:** creating spaces where people can come together to learn and share and influencing people to take part
2. **Choreographer:** bringing diverse people together, building bridges between their different worlds and co-ordinating combined action
3. **Co-producer:** ensuring that people who use services, families and those working at the point of care are true partners in making change
4. **Connector:** helping people make links with each other, within the system and beyond
5. **Capability-builder:** supporting people to use proven methods and data for making and spreading change
6. **Clarifier:** helping people make sense of the changes from their own perspective and reducing ambiguity
7. **Coach:** providing support and mentoring to help guide and steer change
8. **Community-builder:** building a shared purpose and a sense of “us”

Source: adapted by Helen Bevan from the work of John Bessant



# The journey so far: highlights from Aejez Zahid

## 21<sup>st</sup> September

Over 180 people attended from across the system on 21<sup>st</sup> September to contribute to the learning and improvement community membership

Our aims and achievements for the day were:

- ✓ Mobilise people from across North East and North Cumbria who can contribute to achieving our system goals for health improvement;
- ✓ Create the founding membership of our NENC learning and improvement network;
- ✓ Enable “boundaryless” learning across the NENC; making connections and sharing data and learning - across geographical, system, organisational and sector boundaries;
- ✓ Acknowledge and celebrate the existing strengths and assets of our system for learning and improvement;
- ✓ Create energy, build insight and work together as a system;
- ✓ Agree actions to co-create the future.

There were three rounds of world café, each lasting for twelve minutes, with lively conversation and much learning



*"Sharing and connecting the strength and wisdom of our system"*



# What we did on the day: highlights from Aejaz Zahid

1. A table host from the world café session summarized three key points from their discussions, Everyone wrote an idea on a card in response to the question: “What should we discuss this afternoon if we are to be the best at getting better?”
2. We ran five rounds of swapping and scoring to identify the highest scoring ideas
3. We created 19 tables for “open space” discussions  
The topics were determined by the participants in the 25:10 activity earlier and people went to the table of their choice
4. Each table completed a template and identified a “big idea” for action
5. We created a gallery of all the templates from the open space conversations and we carried out a “dotmocracy” exercise to identify the best ideas
6. We identified the highest scoring ideas from ‘dotmocracy’



Topic	Score
CAMHS crisis support / waiting times	73
Collaborative leadership – what does it look like? How do we do it efficiently?	69*
Shifting the balance from treatment to prevention	65
How do we share learning and join up what we are doing as a system?	56*
Social care workforce, how do we influence the care market and impact patient flow	51
Workforce retention and wellbeing	51
Safe transfer / discharge out of hospital	50

# Three colleagues who attended the learning & improvement system event on 21st September shared their reflections...



**Professor Sir Liam Donaldson**, Chair of the North East and North Cumbria Integrated Care Board

'I'm still buzzing...we've captured something really good and we need to hold on to it'.

We need to think about:

- How do we move beyond our aspiration and integrate our proposed improvements into ICB priorities and resource them?
- How do we mainstream quality improvement, expanding our network as 'culture carriers'? And should we be integrating improvement with our approach to patient safety?
- Could we do quality improvement at scale to tackle some of our big strategic issues?
- Should how we operate include phone a friend function to connect those who are struggling to improve with advice and support?

**Dr Alice Wiseman**, Director of Public Health, Gateshead Council

If we have humility we will recognize that we can always get better.

We need to start with what connects us.

**Shienaz Stansfield**, Managing Partner at Oxford Terrace and Rawling Road Medical Group

We sometimes hide our 'light under a bushel', we do amazing work but don't always share the learning and improvement

We need to build relationships across a common purpose with our communities and take mutual accountability

## Priority areas for breakout room discussions – participants were asked to choose a room

1. Waiting times and crisis support for child & adolescent mental health services
2. Collaborative leadership across the system
3. Shifting from treatment to prevention
4. Sharing learning and joining up the system
5. Social care workforce – influencing the market and impacting patient flow
6. Workforce retention and wellbeing
7. Safe transfer and discharge out of hospital

***What are the opportunities?....***



## Room 1: Times and crisis support for child and adolescent mental health waiting services

## Big idea: Organise an urgent MH summit for CA and YA MH needs - beyond the usual suspects



### 1. The themes and issues we discussed were...

- A Summit would be really valuable to get people to come together to discuss issues & seek solutions
- Whole system funding - moving funding to the best places
- Getting the right people in the room including people from local schemes
- It's a systemic issue - all of our business and all of our responsibility
- We need to work collectively to challenge traditional thinking and ways of doing things - being innovative and collaborative
- Silos within children services - inequity accessing the service they need and reaching crisis before support is available.
- Challenges around finding out the right information to support individual need - where are the local resources? How do people find the information no central point to access

### 2. The insights we had were ...

- Schemes are in place but in small pockets - how do we spread and share, scaling up the schemes
- Co-production is essential
- Where there are comorbidities we need to work more collaboratively to ensure safety across all
- Data is essential - what's our current state in terms of need and making sure we measure what we need to change
- Recognition that there are unique needs but a real lack of standardisation about CAMHS especially as this would lead to equity

### One big theme from our discussion in a sentence:

*It's a systemic issue - all of our business and all of our responsibility - make every contact count*

## Room 2: Collaborative leadership across the system

## Big idea: Define a set of behaviours and a system promise , or a leadership charter, to work together in the best way for our service users

### 1.The themes and issues we discussed were ...

- Do things once and together, what do we do at a local level to make us more broader across the system?
- Lots of groups feel hierarchical, how do we encourage people to come together regardless of grade
- Need vision and passion, what connects us collaboratively?
- Leadership development - number of opportunities to get involved, listening a lot more, learning environment makes it much easier, how do we do that?
- A must to include wider primary care
- Lived experience - need to engage more with the community - best use of all the "voices"
- Clear permissions to engage and active to promote this in own organisations across ICS

### 2. The insights we had were ...

- This is core business - not a bolt on - essential part of business not a nice to have
- Leadership at all levels is key - look beyond formal leaders
- Challenge of being managed from beneath and what this means?
- Role as leader - need to empower others and have the conversations across the system - "convener"
- Collaborative leadership across the system is ambitious, ICS is in a unique position to reduce barriers, overlaps and a lot of duplication
- Can we give it a go....

### One big theme from our discussion in a sentence:

*This sounds simple but it won't be easy, really keen to give it a go, will mean some fundamental changes*

### Room 3: Shifting from treatment to prevention

**Big idea: I've the power and resource to communities/citizens to design and implement health improvement solutions (stop stuff happening)**

#### 1. The themes and issues we discussed were ...

- Need to be clear what we mean by prevention. In NHS terms it is services. How do we put solutions back into communities?
- ICOS - Not really asked to deliver something. Shouldn't just depend on how large organisations are/how much money they have. Shift of power and resources needed. Ref Eastern European Women Survey -[https://sure.sunderland.ac.uk/id/eprint/13971/Part 2 \(Qualitative findings: Focus groups and interviews <https://sure.sunderland.ac.uk/id/eprint/14580/>](https://sure.sunderland.ac.uk/id/eprint/13971/Part%20(Qualitative%20findings%3A%20Focus%20groups%20and%20interviews%20https://sure.sunderland.ac.uk/id/eprint/14580/)
- How do we as an ICS change the systems so that preventative measures like screening are more accessible
- Engaging with communities and citizens at strategic level is difficult
- Room for improvement in Integrated Care Strategy
- Talking to patients will give us much more information about prevention
- Physical AND mental health prevention - transforming community services to a model that is community based and lead. What are the resources in the communities?
- Not just about the bad stuff

#### 2. The insights we had were ...

- Some groups are excluded from mainstream provision - how to we get out preventative measures to these groups?
- Culture change is needed - message coming through from colleagues regarding meaningful engagement with local communities is that it could be better - we need to talk to our communities, work with them and co produce
- In planning future events and engagement activities - we should be included communities in the development of this and co producing - clearly accessible
- Not just about stopping the bad stuff - also encouraging the flourishing!
- Inviting people to think about their physical and mental health and the earliest opportunity - investing in this area
- Trauma informed care and decision making important - a trauma informed awareness campaign across the region would be a good starting point - NESS have some great resources which could support us with this.
- Co-production toolkit available at CLIC website

#### One big theme from our discussion in a sentence:

*Putting our communities at the heart of our activities; identifying different partnership working opportunities and to move to a model of co production - walking the walk (and talk)*

### Room 4: Sharing learning and joining up as a system

**Big idea: Develop the ICB as a system convener to facilitate a learning network community and create infrastructure & resources for learning**

#### 1. The themes and issues we discussed were ...

- What are we doing as a system? More connectivity, co produce common solutions
- Share knowledge and skills. Assets mapped by AHSN
- So many assets out there - use NHS Futures to keep things in one place
- Repository of tools and examples of what tools to use in what situation
- How do we give natural communities the ability to spread learning - not just about tools but also the relational elements
- Use the existing evidence base to inform decision making
- Make any system accessible to non NHS partners
- How can we make it more accessible for non NHS people? What language do we use?
- Stories are very impactful - real drivers for change
- Do a few things well and learn from those

#### 2. The insights we had were ...

- There's a lot of resource out there, how do we decide what we use and where can we find it.
- Don't reinvent the wheel
- Always remember the people who are outside the NHS

#### One big theme from our discussion in a sentence:

*There is a huge amount of resource out there that we need to keep in one place and make it accessible to all partners, make our learning enjoyable and engaging*





## Room 5: Social care workforce

**Big idea: The ICB/ICS to be accountable for a joint health & care taskforce that delivers a strategy covering funding, procurement and innovation in workforce**

### 1. The themes and issues we discussed were ...

- Defining the social care workforce - focus on new workforce
- Wider sector to be specialists again
- Social Determinants of Health and Wellbeing
- Support for unpaid carers
- People spending more than 100 days in hospital
- Domiciliary Care challenges
- Community development approach to encourage people into the workforce
- Make the work an attractive career proposition

### 2. The insights we had were ...

- Dwindling workforce
- Create a new workforce to focus on the social determinants
- Not necessarily social work
- Not paid enough - Needs to be a decent funding package to support
- Pay structure that mitigates tax & benefit issues
- No Medicalising some of the interventions
- Biggest ICB needs to influence govt
- Draw from people who have lived experience of needs

### One big theme from our discussion in a sentence:

*Make social care work an attractive career proposition and reduce barriers to entry*

## Room 6: Workforce retention and wellbeing

**Big idea: Develop a framework for making workforce sharing possible – making it easy and making it happen across health and social care**

### 1. The themes and issues we discussed were ...

- Providing apprenticeships for healthcare. Moved up to leadership positions
- Areas over subscribed - move staff across in a quicker way
- Workforce retention is about staff wellbeing
- Skill passports transfer across organisations?
- Recruitment checks
- Mirror across all areas - differences and different frameworks
- Recognising the signs of burnout and acting sooner rather than later
- Large number of providers - workforce sharing can be challenging
- Social care workforce - concerns around wellbeing and retention. Salary sometimes the reason.
- Career structure across healthcare and social care
- Career opportunities
- Feeling of belonging
- Work experience programmes, see career options

### 2. The insights we had were ...

- Project in South of the patch - 3 trusts looking at how to better share (occupational health, health & wellbeing) \*happy to share info\*
- Framework in place. System to provide support to enable existing frameworks to work more effectively. E.g. aspire to working more closely with local authority colleagues. Really good relationships already with health Preceptorship, apprenticeship, overseas recruitment. Challenge - monies

### One big theme from our discussion in a sentence:

*Career opportunities - apprenticeships, work experience programmes, career structure*



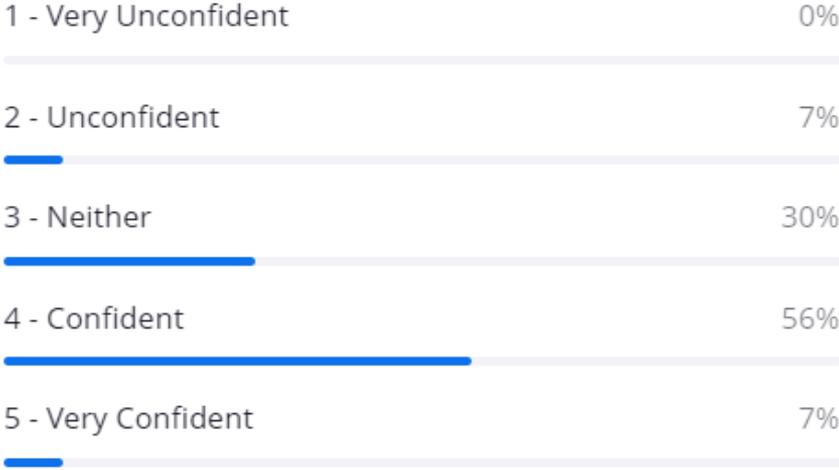
<b>Room 7: Safe transfer/ discharge out of hospital</b>	<b>Big idea: Develop real 7-day multi-agency collaborative working for patient pathways out of hospital</b>	
<b>1. The themes and issues we discussed were ...</b> <ul style="list-style-type: none"><li>• No forum to have conversation with the right people around the table</li><li>• More than just hospitals struggling with discharge</li><li>• Not all patients are being discharged but going hospital to hospital</li><li>• Roles of VCSA</li><li>• Massive workforce challenges - right skills, right people</li><li>• Capacity to do the MDT assessments</li></ul>	<b>2. The insights we had were ...</b> <ul style="list-style-type: none"><li>• Hospital discharges impact other organisations i.e. hospices</li><li>• Repatriation into hospital for specialist units</li><li>• Allied health professional in primary &amp; secondary care and the skills they bring</li><li>• Risk management to facilitate discharge</li><li>• Patient voice</li><li>• Mental &amp; physical health joint agenda</li><li>• How discharges happen during the day - they can all come at once, resources can be a challenge and creates issues</li><li>• VCSA can support people in their transition home</li><li>• Recognition and value of carers in the community</li></ul>	
<b>One big theme from our discussion in a sentence:</b> <i>Involving a multidisciplinary approach to care planning in discharge, with recognition of complementary skills of allied healthcare professionals across the system</i>		

# We re-ran the poll asking how confident participants felt in our ability to build a learning community

## Poll from the start of the day

1. How confident are you in our ability to engage people for improvement and build a learning community for improvement in the North East and East Cumbria? (Single Choice) \*

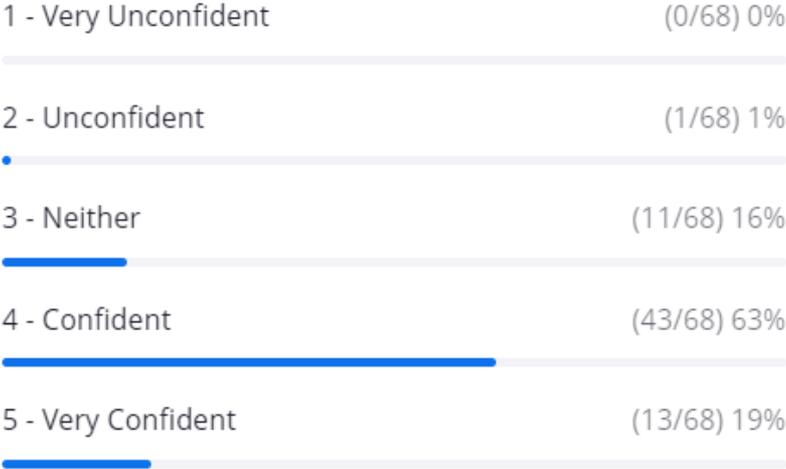
100% answered



## Poll from the end of the day

1. How confident are you in our ability to engage people for improvement and build a learning community for improvement in the North East and East Cumbria? (Single Choice) \*

(68/68) 100% answered



# *We closed our event with inspiring remarks from Sam Allen*

‘Thank you for joining us! I am sensing an appetite to continue to improve and meet our ambition to be the best at getting better. We can only do that if we work together.’

‘You ate joining our Learning and Improvement Network... I ask that you talk to people about it and give us your feedback.’

‘We have done deeper work on our priorities today but what now?’

‘There are things that we are doing already and that we can do tomorrow... we are committed to making practical change that we measure and taking our priority areas forward.’

**Sam Allen**

**Chief Executive of North East and North Cumbria Integrated Care System**



# Closing comments from the chat

I think we would be really missing a trick if we didn't have the 'phone a friend' option to help areas that are struggling

Looking forward to moving forward with everyone

An energising and inspiring session, thank you

Thank you - I am really motivated to be part of the CAMHS Waiting Times priority

Thank you everyone - I am brand new to this area of work and today has been really insightful :)

Lots to reflect on... take this back to our teams and do something different

Lovely afternoon

We all need a problem solving mindset and everyone needs practical day to day skills and toolkit to be able to design and solve these things when we convene

Thanks for the opportunity to contribute and listen. Really helpful and energising.

Thank you for hosting a fantastic session

Thanks everyone, great community spirit

Thanks for a great afternoon - lots of positive energy!

Thanks all, great to hear the good work going on and to start to share :)



# Thank you

This report was produced by your volunteer learning community writing team.