

The North East and North Cumbria's learning and improvement community

North East North Cumbria Health & Care Partnership





# Why it matters?

- Evidence tells us connectedness, and strong and trusting relationships matter for improvement.
- Analysis of high performing systems show how strongly connected networks create a capacity to facilitate knowledge exchange for innovation and improvement.
- Integrated Care Boards (ICBs) have a role as system convenors - helping to connect people and build relationships across the system, with people united by shared goals for improvement.





# How it all began...

- Early on we started discussions about bringing together people and organisations with a passion for improvement, innovation and change in health and care – even before the Integrated Care Board was established.
- We built on previous successes such as the North East Transformation System and the Cumbria Learning and Improvement Community (CLIC).
- With listening and learning from lived experiences at the heart of our community
  - whether that's our patients, communities or our workforce.



## Our first event

- There was an enthusiastic response to the idea of building a learning and improvement community in our region at our inaugural event in September 2022.
- A vision of becoming the best at getting better... (inspired by Cincinnati Children's).
- Strongly linked to our better health and wellbeing for all strategy; four key goals longer and healthier lives, fairer outcomes for all, better health and care services and giving our children and young people the best start in life.

# 21st September 2022 - a special day!

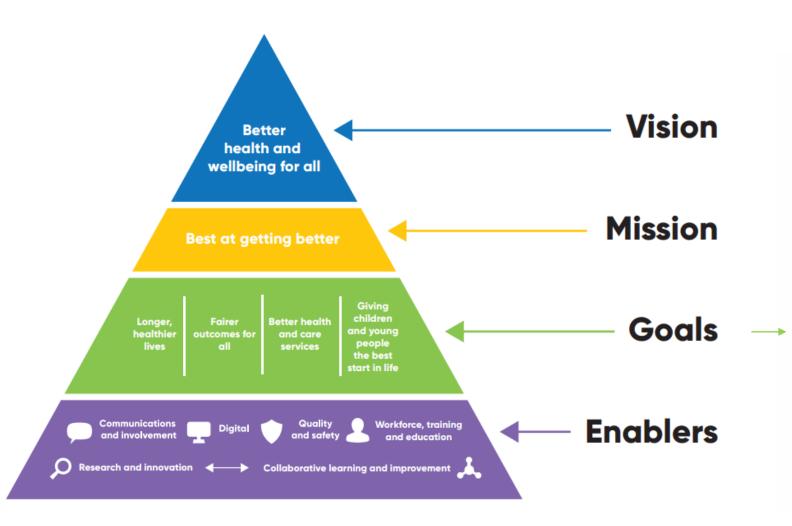




The North East and North Cumbria Learning and Improvement Community is convened...

#BestAtGettingBetter





#### Our integrated care strategy for the North East and North Cumbria

## Our four key goals...



## Longer & healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England



## Fairer outcomes for all

As not everyone has the e same opportunities to be healthy because of where they live, their income, education and employment



#### Better health & care services

Not just high-quality services but the same quality no matter where you live and who you are



#### Giving children and young people the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come

## Our supporting goals...



Reduce the gap in life expectancy for people in the most excluded groups



Reduce alcohol related admissions to hospital by 20%



Halve the difference in the suicide rate in our region compared to England



Reduce drug related deaths by at least 15% by 2030



Reduce smoking rates from 13% of adults in 2020 to 5% or belowby 2030



Reduce social isolation, especially for older and vulnerable people



Increase the number of children, young people and adults with a healthy weight



Increase the percentage of cancers diagnosed at the early stages

### We will do this by...



Supporting and growing our workforce



Harnessing new technology and making best use of data



Making the best use of our resources



Being England's greenest region by 2030



Listening to and involving our communities



### Why...

What is this learning system's purpose?

Do we have a shared understanding of the problem we're trying to solve?

#### Who...

Co-production - who needs to be involved?

The decisions about action are taken in the work itself - by the people being served and the individuals who are serving them.

#### What...

How will this work contribute to Better Health and Wellbeing for all?

What actions will be taken to enable longer and healthier lives, fairer outcomes, better health and care services and/or giving our children the best start in life?

Part of

North East North Cumbria Health & Care Partnership

L+U#

### North East and North Cumbria Learning and Improvement Community

To be the best at getting better

Learning - our engine for quality improvement...



We are continuously learning - there is no standard for 'best practice' at all times and in all places. What works

in every environment is the **continuous** 

process of learning and adaptation.



# Healthy systems produce good outcomes...



The outcomes we seek are created by whole systems. Achieving better outcomes requires

effective co-ordination and collaboration.

In short, we believe healthy systems produce good outcomes - it is the role of leaders to nurture these.





# Our priorities

### Collectively we agreed seven priorities:

- Children and young people's mental health
- Discharge and safe transfers of care
- Working with communities to shift the balance from treatment to prevention.
- Building a learning and improvement infrastructure
- Strengthening the social care workforce
- Workforce retention and wellbeing
- Collaborative leadership





# Supported by The Health Foundation

We secured national funding of £250k from leading charitable organisation **The Health Foundation** to learn about how to approach system level improvement.

This includes an evaluation by the University of Newcastle to define and test measures of strategic impact for our learning and improvement community.





# Who do we need to bring together to create viable initiatives?

People with passion or motivation to take action

People with authority or mandate to drive change

**VOICE OF INTENT** 

## VOICE OF EXPERIENCE

People with lived experience of the issue, and ground-level context

People who will be a user of, or affected by the intervention



## VOICE OF DESIGN

People who can broker, facilitate and coordinate

People who can connect diverse communities

People who can represent and document progress accessibly

#### **VOICE OF CAPABILITY**

People with resources to contribute (money, labour)

People with specialist knowledge, skills and tools

People with access to problem space (e.g. worksites)

Source: https://medium.com/@bill.bannear/the-new-zeitgeist-relationships-and-emergence-e8359b934e



# Co-producing a theory of change for our learning and improvement community

#### If we have

A shared understanding of the problem and the context we are working in

The North East and North Cumbria has strong partnerships, some outstanding improvement capability and health and care services that are highly rated YET we have entrenched health inequalities and some of the poorest heath outcomes in the country

#### and

If we adopt a learning approach as to how we go about tackling our biggest challenges as an ICS

#### and

We build a thriving learning and improvement community, bringing people together from across the system to identify issues, share learning and collaborate on these challenges

#### Then

We will be better able to:

- Recognise complexity and start from a place of inquiry and learn together
- Mobilise all the assets of our system, from places, communities and organisations, to tackle big challenges
- Build the social capital of our system (the relationships within and between groups that form trust, relatedness and collective capacity)
- Give a voice to all who have a significant contribution to make, particularly those in marginalised groups and/or who are seldom heard.
- Make decisions together as close as possible to those who use our services
- Build on the existing strengths, capabilities and methods for improvement across the system
- Capture and share data, learn and adapt so we collectively improve in a dynamic system

#### This means

Our approach to improvement is driven by learning and experimentation, carried out by many people in our system with improvement skills.

It is part of our everyday process: people across our system are supported and have a greater sense of agency to contribute, to innovate, adapt their practice and make improvements towards collective goals

#### and

Improvement is driven by lived experience.
We are responsive to the health needs and care needs of people who use our services, people in our communities and our whole population.

#### As a result

Our people have longer and healthier lives and access to better health and care services.

Children and young people have the best start in life and there will be fairer outcomes for all

The North East and North Cumbria is the "best at getting better"



# Early work in the first 12 months



## **Engagement**

# Building the infrastructure

# **Convening improvements**

Building a learning & improvement system event Building a learning & improvement system event Building a learning & improvement system event

Theory of change & action plan

Discharge summit

Boost website design & development

Igniting power of communities conference

Redesign working with communities training

NHS Impact

Discharge and transfer of care collaborative

Sept 22

**Nov 22** 

**Dec 22** 

Feb 23

March 23

March 23

May 23

June 23

July 23

Aug 23



# Our key areas of focus

- 1. Building an effective and mature learning and improvement community.
- 2. Growing leaders everywhere who have the skills and agency to lead improvement across our system.
- 3. Grounding innovation and improvement in real work that matters to people.
- 4. Sharing our story and seek to involve all our people in improvement work.
- 5. Developing skills, capability and capacity for learning, change and improvement for all.
- 6. Connecting parts of our system to each other and to other systems.
- 7. Using data and evidence to drive our learning approach.
- 8. Promoting innovation and spread good ideas, experimenting, sharing and learning from what does and doesn't work



### **Transfers of care**

In March 2023, we held a summit on hospital discharge - highlighting the need for safe and timely transfers of care and emphasising the collective responsibility to improve patient experiences.

Establishment of a discharge and safe transfer of care collaborative - with an initial focus on sharing good practice, coproduction, and standardisation.





## Children and young people

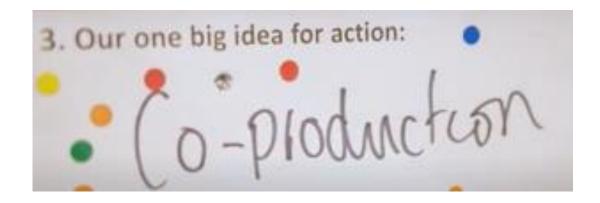
- We held our first children and young people's mental health summit in October.
- Lived experiences of young people, parents and carers were a focus of the day.
- There was a world café showcasing services from across the region, as well as some problem-solving activities and a vote on our top five 'big ideas' to take forward.





### The top five ideas

- More integrated teams and posts across sectors to include the voice of children and young people, families and carers.
- Young people to lead and design services, be involved in commissioning process and deciding how best money should be spent.
- Commitment to understanding the individual in their context, instead of focusing on diagnosis.
- While you are waiting 'family hubs'.
- Co-production including children, young people and families in the redesign of the system based on need.









## **Urgent and emergency care**

Created a community of practice and held events to look at ways we can work together to improve emergency care and winter planning.

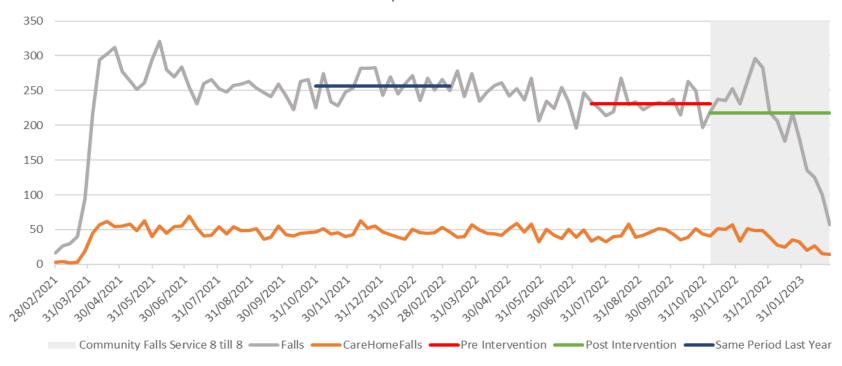
Focusing on key issues such as hand-over delays, reducing falls, 111 call answering, emergency department streaming - where we saw direct improvements from working collaboratively.





## System improvement for winter resilience

Impact on the number of weekly Falls Admissions due to "Community Based Falls Response Service"



Three agreed system priorities: enhanced clinical triage, use of urgent primary care and system flow.



# Early impact of 5 key interventions

Intervention	Impact
111 online and call answering	44% reduction in call answering time
capacity	
Emergency department	2% reduction in ED attends (about 400 people per
streaming	week) – further work required across the system to see
	in all locations but a promising start
59 minute ambulance	Substantial 64% reduction in minutes lost to handover
handover delay backstop	delays over 59 minutes since the intervention was
	implemented at an aggregate system level.
Bed number increases with	Weekly available bed numbers increased by 4% from
demand and capacity funding	an average of 40,988 to 42,756 - an extra available
	1,768 beds weekly.
Community falls service	6% decrease in falls-related admissions to hospital
	due to the community based response services. From a
	care home perspective 12% decrease in admissions



# Boosting women's health

In October, we held our first every women's health conference in partnership with the Office for Health Improvement and Disparities (OHID) with keynote speaker Dame Lesley Regan, Women's Health Ambassador for England.

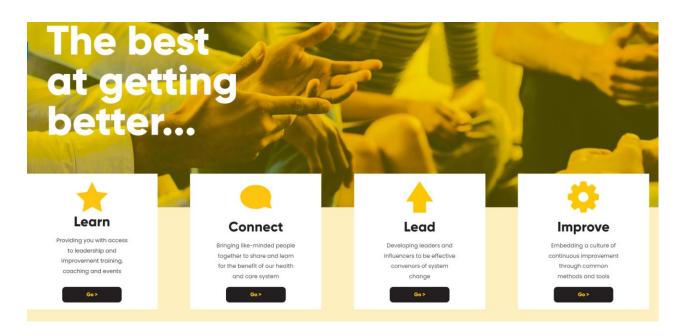
- Launched a health profile provides an overview of inequalities in health outcomes and risk factors for women.
- Creating a women's health plan for the region in line with the national strategy for England.
- Forming a women's health collaborative for our region to enhance women's voices in the health and care system, as part of our learning and improvement community.
- We were the first region to sign-up to the national sexual safety charter.





# Our community

- So ... Boost is our hub that brings people together to promote innovation, idea-sharing, networking, learning and improvement efforts.
- Our community is growing with more than 6,000 members to date.
- Hosted by the ICB but very much open to all.
- Members include people with lived experiences, local authorities, the NHS, public health, the voluntary, community and social enterprise sector (VCSE), academia, private sector providers and many more.



www.boost.org.uk



# Recognition of our approaches

North East and North Cumbria highlighted as of one of eight areas where 'innovation and improvement are alive and well' in report written by Sir Chris Ham and commissioned by the NHS Confederation and The Health Foundation.

### Key features include:

- collaborative and innovative approaches have supported improvements in ambulance handover delays and safe transfers of care.
- the involvement of people with lived experiences are valued highly, and staff experience and engagement also feature prominently.
- an inclusive approach and a community which is open to diverse stakeholders.
- involvement of experts and leaders such as Cincinnati Children's Hospital and Jonkoping County Council, as well as Helen Bevan and Sue Holden and The Health Foundation.





## More that unites us

We have learnt there is far more that unites us across our large health and care system than divides us, and people are highly motivated to make a difference for the communities they serve.





## Join our movement!

Become a Boost member by visiting www.boost.org.uk and signing up!

You can also follow us on Twitter @NENC\_BOOST and we are also on <u>Facebook</u> and <u>LinkedIn</u>