

E3: Developing a whole systems
approach to integrated care



International Forum on
QUALITY & SAFETY
in **HEALTHCARE**
COPENHAGEN



Adapting to a changing world: equity, sustainability
and wellbeing for all



 @QualityForum #Quality2023

 Institute for
Healthcare
Improvement

BMJ



Developing a learning and improvement community for the North East and North Cumbria

#BestAtGettingBetter

Our region...

NHS North East and North Cumbria Integrated Care Board (ICB) - our area



North Cumbria

Population: 324,000

Primary care networks: 8

1 NHS foundation trust:

North Cumbria Integrated Care (NCIC)

1 ambulance NHS trust:

North West Ambulance Service

2 local authority areas: Cumberland and Westmorland and Furness (also cover part of NHS Lancashire and South Cumbria ICB*)

North

Population: 1,079,000

Primary care networks: 22

3 NHS foundation trusts: Northumbria, Newcastle, Gateshead

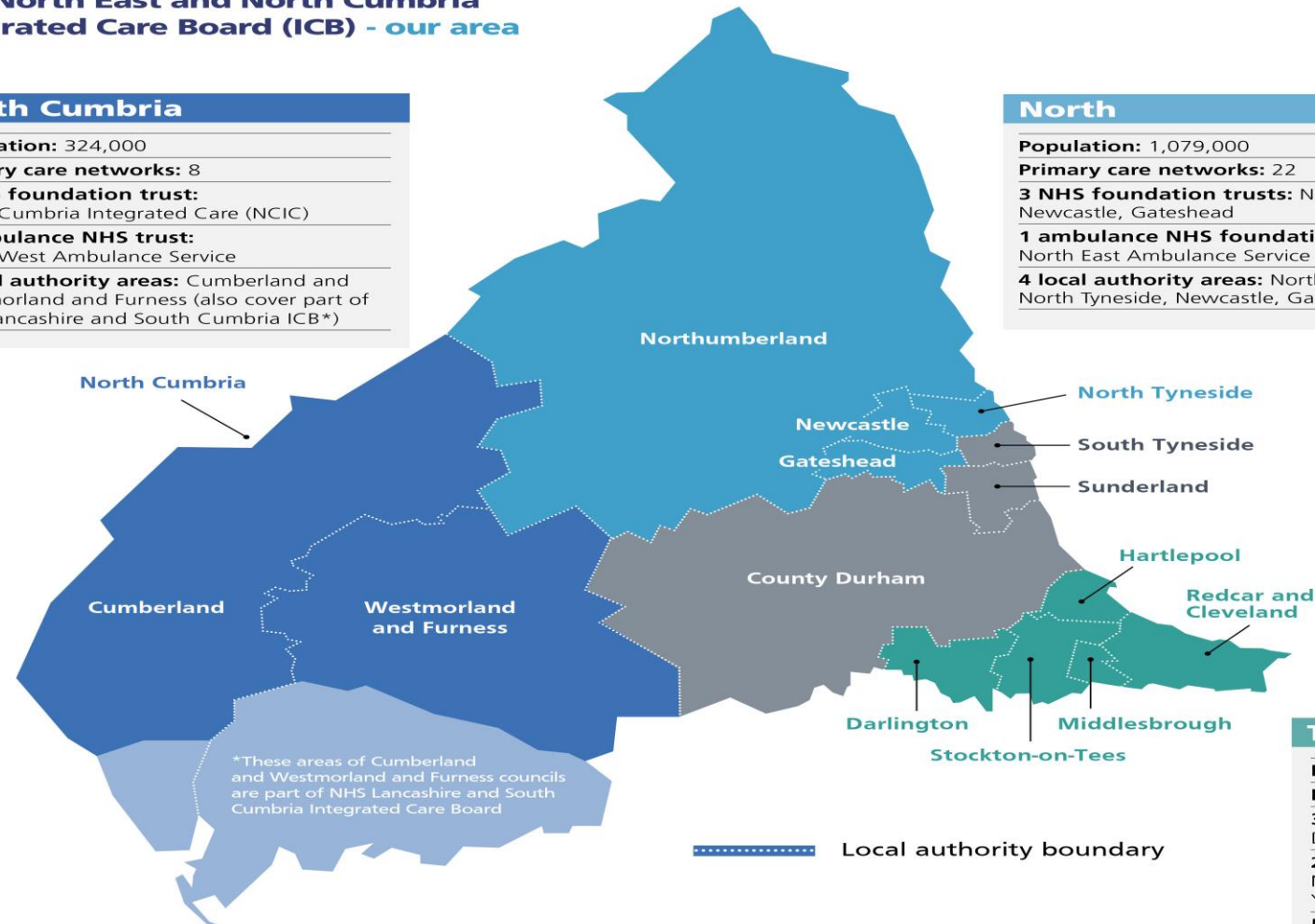
1 ambulance NHS foundation trust: North East Ambulance Service

4 local authority areas: Northumberland, North Tyneside, Newcastle, Gateshead

North East and North Cumbria

2 mental health NHS foundation trusts:

Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys



*These areas of Cumberland and Westmorland and Furness councils are part of NHS Lancashire and South Cumbria Integrated Care Board

Central

Population: 997,000

Primary care networks: 22

2 NHS foundation trusts: South Tyneside and Sunderland, County Durham and Darlington

1 ambulance NHS foundation trust: North East Ambulance Service

3 local authority areas: South Tyneside, Sunderland, County Durham

Tees Valley

Population: 701,000

Primary care networks: 14

3 NHS foundation trusts: County Durham and Darlington, North Tees and Hartlepool, South Tees

2 ambulance NHS trusts: North East Ambulance Service (FT) Yorkshire Ambulance Service

5 local authority areas: Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar and Cleveland

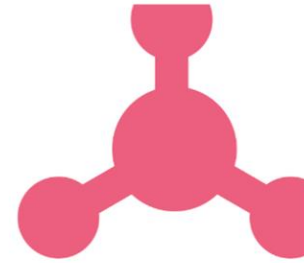
Our partners and communities...



**North East
North Cumbria
Health & Care
Partnership**



**North East and
North Cumbria**



Better health & wellbeing for all...

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 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



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



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



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



Reduce alcohol related admissions to hospital by 20%



Reduce drug related deaths by at least 15% by 2030



Reduce social isolation, especially for older and vulnerable people



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 is this important?



**Highest rate
of drug related
deaths in England
(North East)**



**Men spend
almost a quarter
of their lives in
ill-health**



**2nd highest
rates of heart
disease in the
country**



**Some of the
highest rates
of suicide in
the country**



**Respiratory
disease rates
are much
higher than
the national
average**



**28% of children
live in low-
income families
– England
average 19%**



**Rates of child
poverty are
double the
England average
In some areas**



**2nd highest
rate of
liver disease
in the
country**

Opportunities...

- To be the 'best at getting better'
- Build a movement – harnessing our region's renowned drive and passion
- Create a vibrant and forward-thinking network that everyone can benefit from
- Using our collective knowledge to tackle the challenges we face
- Scale up learning and improvement – at pace – and innovate

A long history of commitment to learning & improvement...

Creating a Healthy North

Northern Regional Health Authority
1994

The North East Transformation System: A Scoping Study of the Background and Initial Steps

A Report by a Joint Research Team from the School of Health and Medicine, Durham University and Newcastle University Business School

October 2008



North East Strategic Health Authority 2008



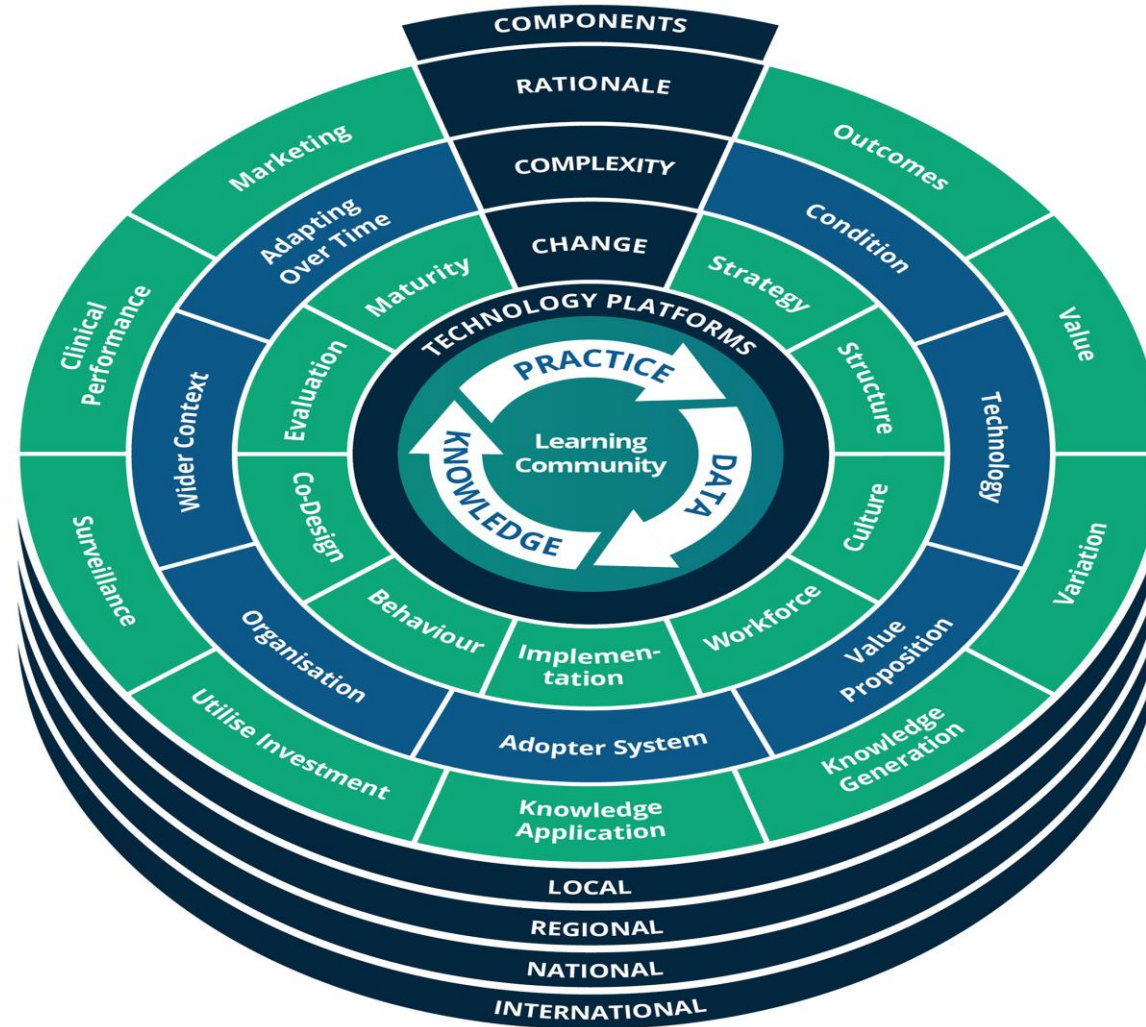
nets
north east
transformation
system

Local academic expertise...



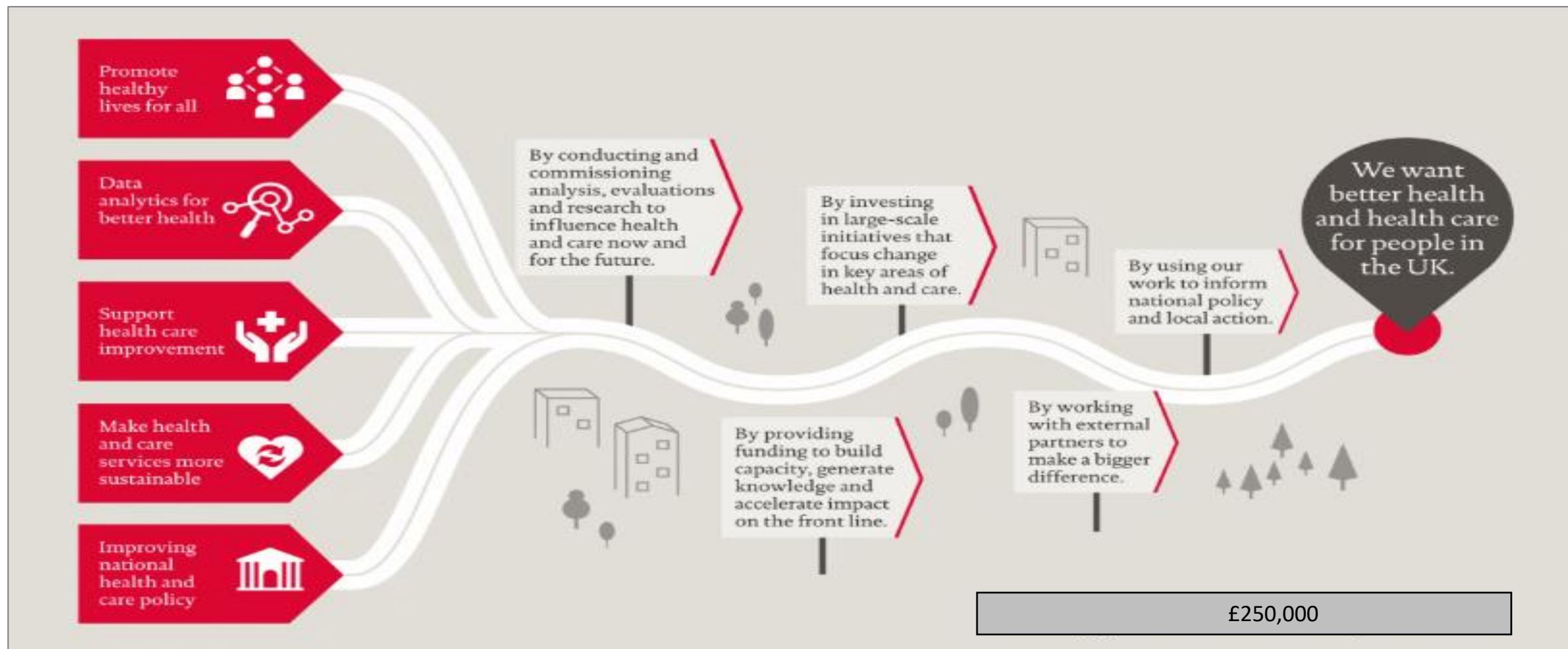
Dr Tom Foley: Consultant Child and Adolescent Psychiatrist

Local academic expertise...



Source: Foley T, Vale L, A framework for understanding, designing, developing and evaluating learning health systems (2022)
<https://onlinelibrary.wiley.com/doi/10.1002/lrh2.10315>

Health Foundation funding to support our approach





A way of making public service more responsive to the bespoke needs of each person that it serves

They create environments in which performance improvement is driven by continuous learning and adaptation.

They foster in leaders a sense of responsibility for looking after the health of the systems.

Source: Human Learning Systems <https://www.humanlearning.systems/overview/>

21st September 2022 - a special day!



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

#BestAtGettingBetter

Learning from lived experiences in the North East and North Cumbria

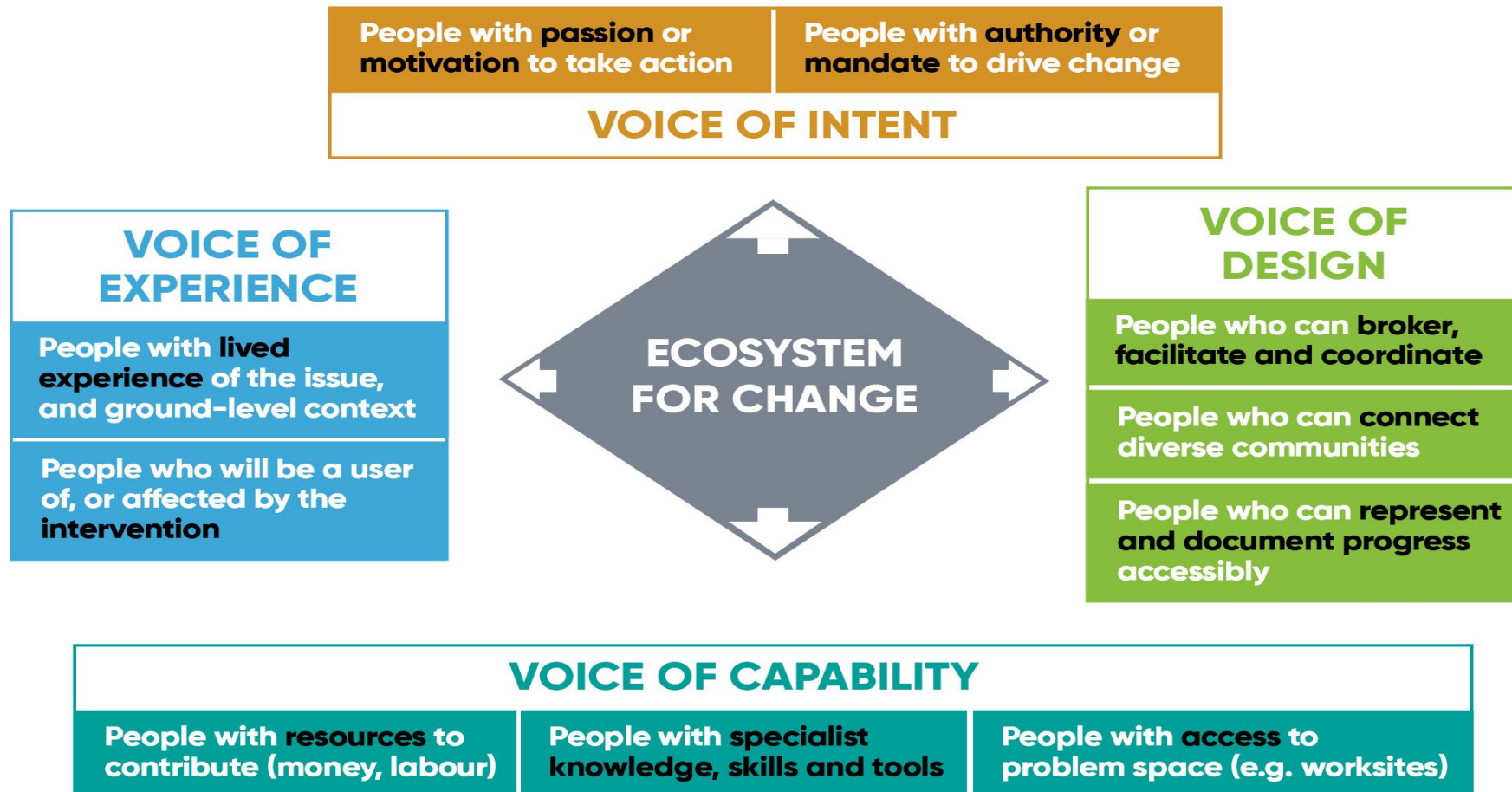
Suzanne's story



North East Ambulance Service



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



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

An intensive day's work by staff, stakeholders and patients: seven key priorities for improvement

Waiting times and crisis support for children and adolescent mental health services

Collaborative leadership across the system

Shifting from treatment to prevention

Sharing learning and joining up as a system

Social care workforce – influence the market and impact on patient flow

Workforce retention and well being

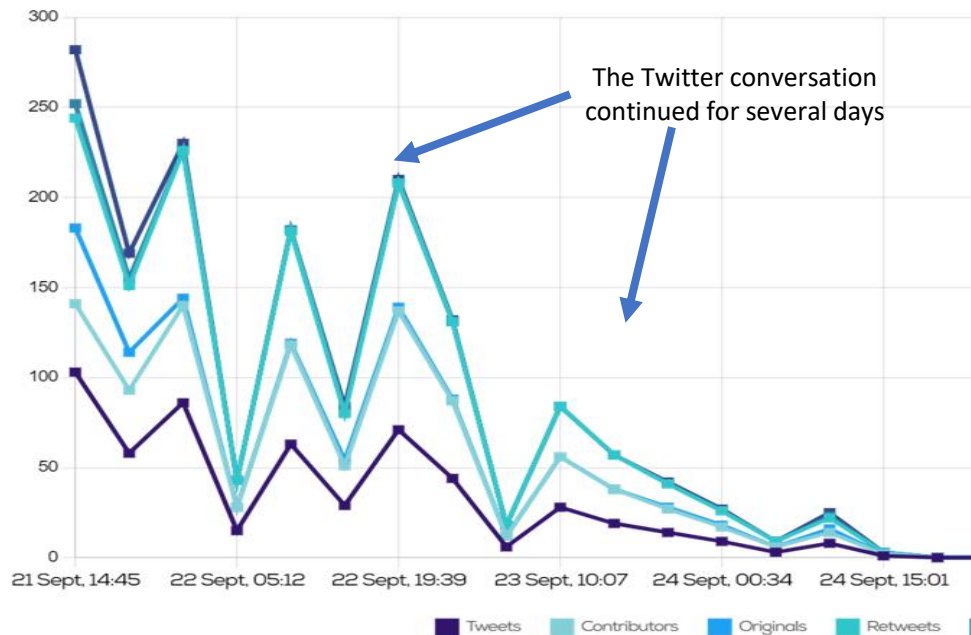
Safe transfer / discharge out of hospital



↑
**Dotmocracy
exercise**

The energy and commitment from the first one-day event **#ICSsystemlearning**

- **560** tweets from **342** contributors
- **1.54** million impressions (people that the tweets could hypothetically reach)
- **724,552** reach (people that the tweets could actually reach)
- **91.38** sentiment score (people were very positive in their tweets about the event)



MOST ACTIVE ?		Tweets
	@thefourrileys Claire Riley ❤️	37
	@NENC_NHS North East and N...	21
	@sheinazs sheinaz stansfield	12
	@ways2wellnessUK Ways to Wellness	8
	@Gillelzdavi Gill Davidson	8
	@AnnWorkm05 Ann Workman	8
	@annielaverty Annie Laverty ❤️	7
	@CoulthardAdele adele coulthard	7
	@EileenKaner Eileen Kaner GBIE...	6
	@MQuinn2020 Dr Maria Avantag...	6

MOST RETWEETED ?		Retweets
	@HelenBevan Helen Bevan	315
	@NENC_NHS North East and N...	55
	@abiconwaycab Abi Conway	20
	@thefourrileys Claire Riley ❤️	18
	@StephEdusei Steph Edusei (she...	12
	@sheinazs sheinaz stansfield	10
	@pvandergraaf75 Peter van der Gra...	9
	@YvonneOrmston Yvonne Ormston ...	8
	@WilsoRob Rob Wilson	7
	@avril_lowery Avril Lowery 🌈 ❤️	6

Source of data: TweetBinder analysis

To develop our thinking, we are drawing on international experience...



Dr Christine White
Cincinnati Children's Hospital

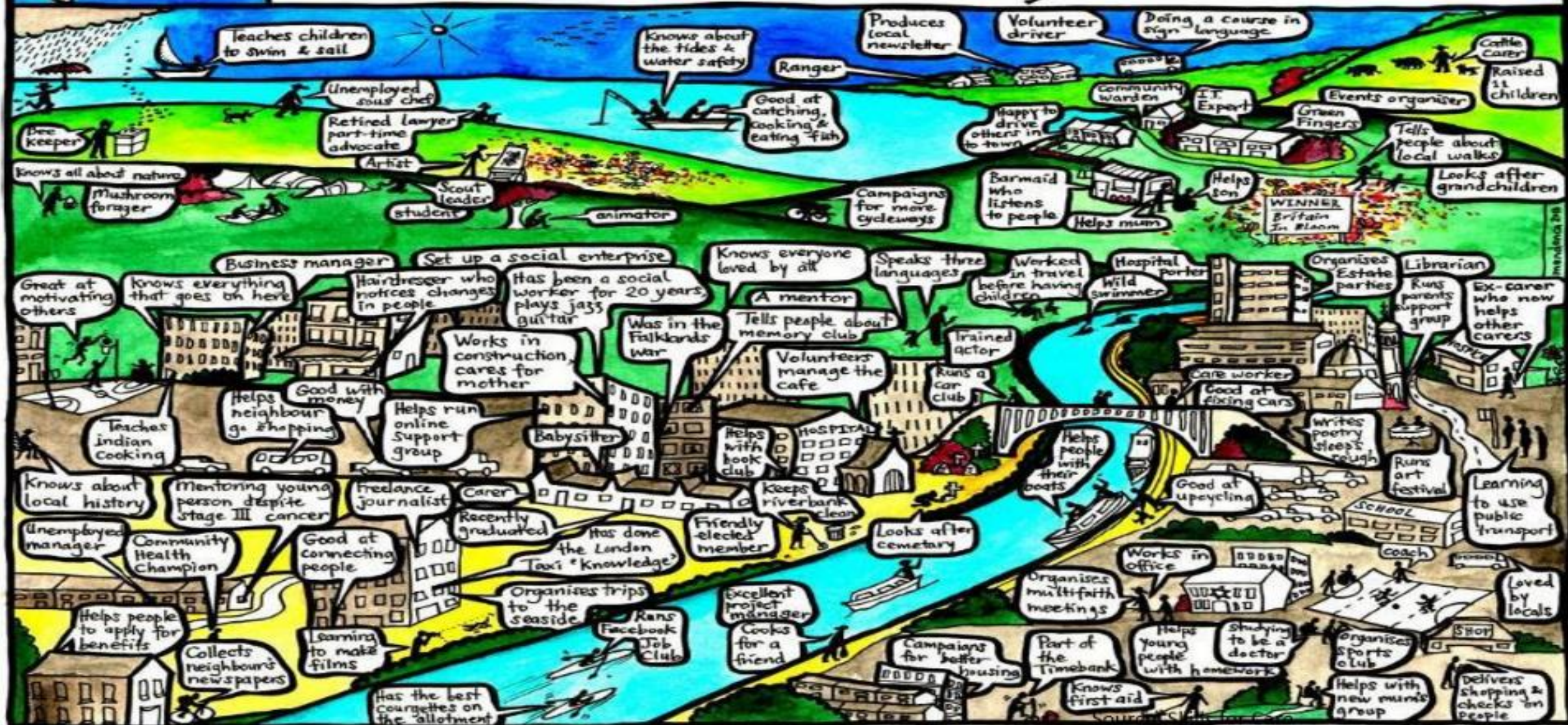


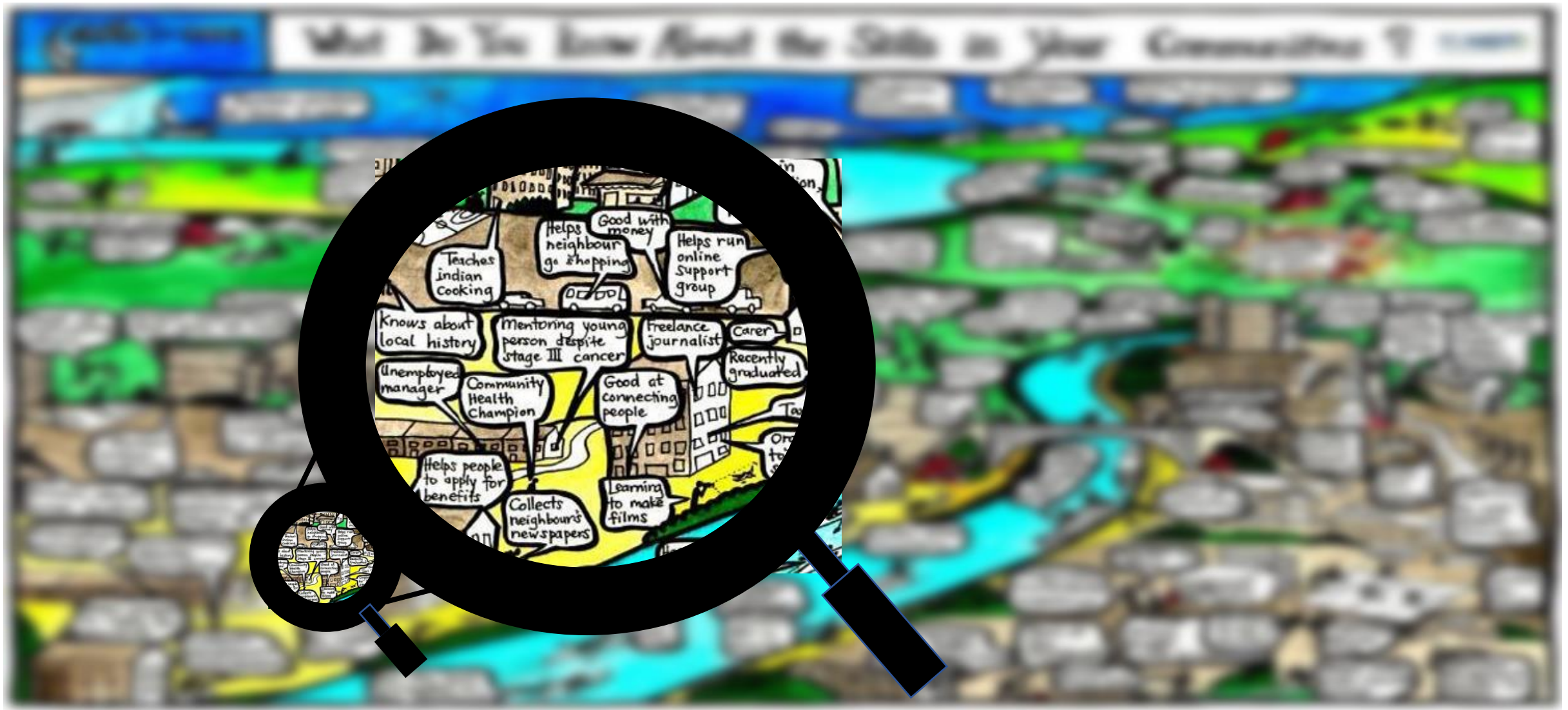
Göran Henriks
Chief Executive of Learning and
Innovation at Qulturum Jönköping,
Sweden



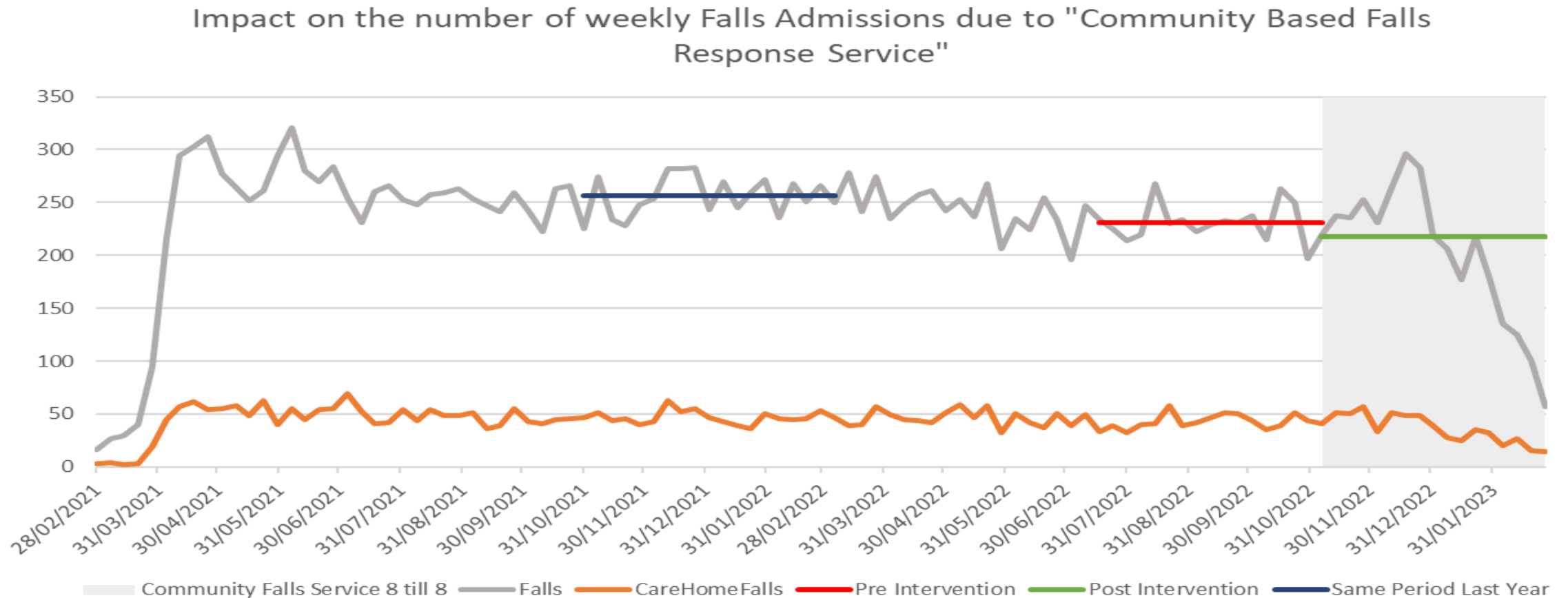
Helen Bevan
Strategic Advisor and Professor
of Practice in Health and Care
Improvement

What Do You Know About the Skills in Your Communities ?





System improvement for winter resilience

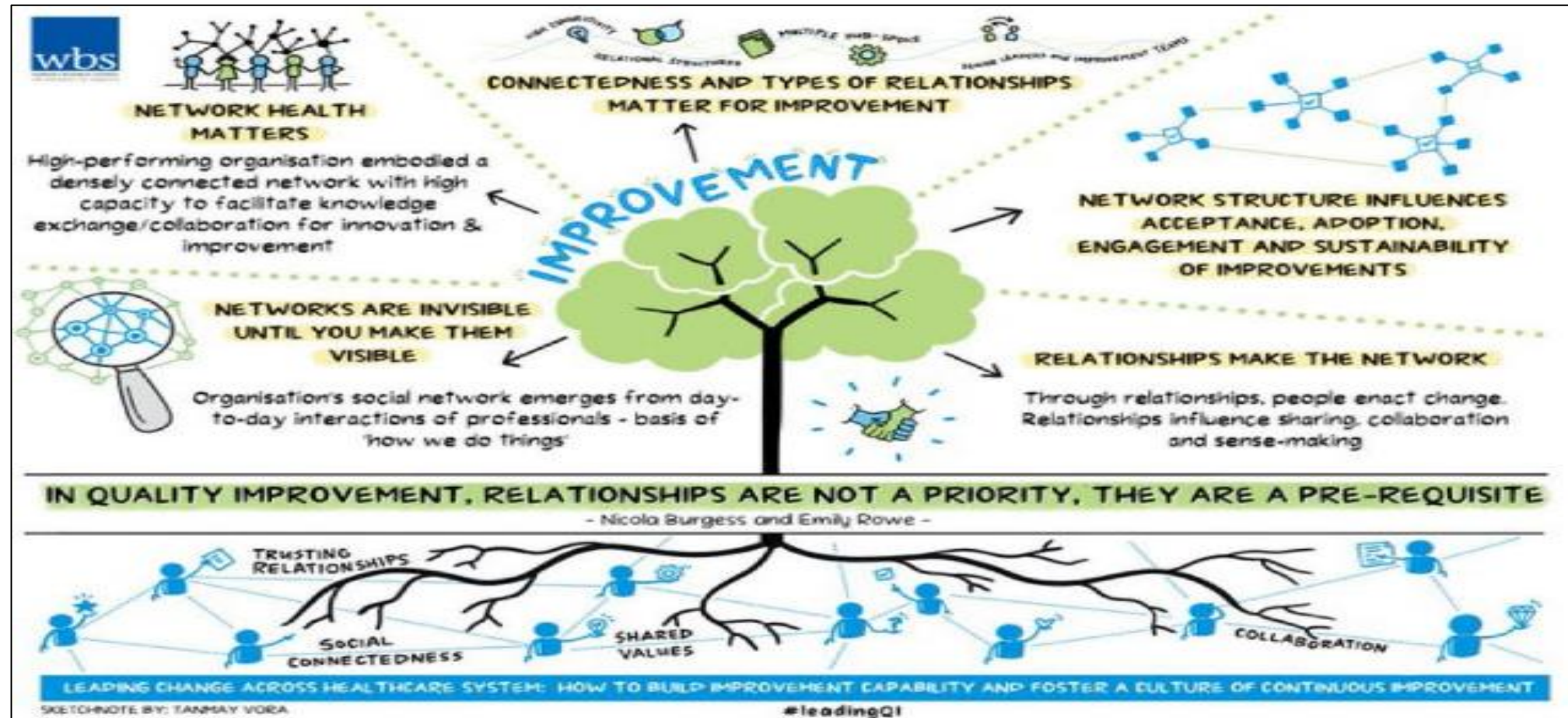


3 agreed system priorities : enhanced clinical triage, use of urgent primary care and flow

Early impact of 5 key interventions

Intervention	Impact
111 Online and Call Answering Capacity	44% reduction in call answering time
Emergency Department Streaming	2% reduction in ED attends (about 400 people per week) – further work required across the system to see in all locations but a promising start
59 Minute Ambulance Handover Delay Backstop	Substantial 64% reduction in minutes lost to handover delays over 59 minutes since the intervention was implemented at an aggregate system level.
Bed Number increases with demand and capacity funding	Weekly available bed numbers increased by 4% from 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

Relationships as a pre-requisite for change



Relationships as an outcome...

- We need to stop trying to design the solution, and instead design for the conditions that enable the emergence of many solutions
- Fostering more, quality and trusted relationships is a critical enabler of emergence
- For the catalysers of complex change that means starting to value relationships as a key outcome

- *Bill Bannear*

Get in touch!

Email: annie.laverty1@nhs.net

Read our latest blog bit.ly/3McweFg

#BestAtGettingBetter

