In partnership

The Health Foundation

NHS Confederation

Summary

Improving health and care at scale

Learning from the experience of systems

November 2023

NHS England has outlined plans to develop an improvement approach known as NHS IMPACT to support continuous improvement. There are also ambitions for integrated care systems (ICSs) to become 'self-improving systems'.

This report, written and researched by Sir Chris Ham and jointly commissioned by the NHS Confederation, the Health Foundation and the Q community, describes the early work of a number of systems identified as being at the forefront of work on improvement at scale.

Around 40 leaders across eight systems were interviewed and data from interviews was supplemented by a review of plans and reports shared by these systems. The resulting case studies illustrate the range of work underway and the results being achieved in North East and North Cumbria; West Yorkshire; Lancashire and South Cumbria; Gloucestershire, Cambridgeshire and Peterborough; Surrey Heartlands; Dorset and the Thames Valley and Surrey Shared Care Records.

Contact was also made with people working on quality and service improvement in adult care, local government, the NHS in Scotland and quality improvement experts familiar with experience in England and other countries. The report summarises lessons from this work for the NHS in England.

Emerging themes

- Work to improve health and care is underway in neighbourhoods, places and systems with provider collaboratives and health innovation networks also involved.

- System leaders describe themselves as convenors and enablers of improvement in the system, by the system and of the system. They have been resourceful in 'going with the grain' of existing improvement methods, creating improvement and learning communities of experienced staff, and sharing expertise with organisations and services that may lack capabilities.

- This requires different leadership skills and practices than those found in the NHS in the past, with a focus on distributed leadership. System leaders are 'learning by doing' as they seek to bring about improvement through influence and persuasion and build shared commitment to change.

- ICSs emphasised that their work is at an early stage but each gave examples of how they are beginning to make a difference for the populations they serve. These examples encompass improvements in population health and the delivery of care They include work on national priorities like elective care, as well as local priorities identified by NHS organisations, local authorities and other partners.

- Data has been used to understand need and demand for care and to develop actionable insights for improvement. Some of this data relates to population health and some to how care is delivered, as in the GIRFT programme. One of the case studies in the report focuses on the work of three systems in developing a shared care record.

- There have been challenges in releasing staff to work on improvement because of operational pressures, industrial action and staff shortages. There are also tensions about the respective roles of NHS trusts, provider collaboratives and integrated care boards in leading improvement.

- System leaders expressed concerns that the legacy of top-down performance management in the NHS might create barriers to realising the ambitions behind NHS IMPACT. They also argued that the work of NHS IMPACT should focus on a small number of national programmes and leave scope for systems to work on local priorities

- Leaders should recognise that spreading innovations requires adaptation and skills in taking something that works in one context and making it work in another.

- The National Improvement Board should use the findings of this report in shaping its strategy and should ensure that expertise in ICSs and other partners is used.

- No country in the world has put in place a learning and continuously improving system on the scale of England. There needs to be realism about the time it will take to do so and constancy of purpose on the part of national leaders.

What next?

What should happen now, with the needs of ICSs particularly in mind, and what resources are available to support progress? This report concludes by highlighting five actions of particular importance.

These actions take on even greater urgency at a time when ICSs face growing operational and financial pressures and the limits on performance management as the principal means of bringing about change in the NHS become ever clearer.

- **Build improvement capability and understanding of what works**

The case studies show that ICSs have added value by identifying the improvement expertise that exists in their areas and helping organisations and services with limited resources and capabilities to access this expertise. Improvement communities and networks are playing a role alongside external experts in making this happen. All systems can learn from the examples in this report as they develop their own improvement programmes.

- **Enable peer-to-peer learning**

  ICSs are using peer-to-peer learning both in their own systems and through collaborating with other ICSs. In the next phase of development, priority should be given to extending this work by adapting sector-led improvement in local government and building on the LIPS programme run by the NHS Confederation, NHS Providers and the Local Government Association.

- **Nurture learning systems**

  Facilitating the sharing of learning between systems in real time and identifying worthwhile innovations in improvement practice is key.

Research into the spread of innovations points to the limits of passive diffusion and 'central broadcasts'; the need to 'unleash the passion and creativity of local managers and clinicians'; the importance of removing barriers to progress; and of celebrating breakthrough ideas and practices.

- **Create a context for improvement based on high trust and low bureaucracy**

  The NHS should adopt a 'high trust, low bureaucracy' philosophy in leading transformational changes and value agile leadership and effective partnership with local authorities, voluntary and community sector organisations and others. Leaders should recognise that spreading innovations requires adaptation and skills in taking something that works in one context and making it work in another.

- **Support system leadership for improvement**

  System leadership and the leadership styles and behaviours needed to deliver improvement at scale should be supported. This includes a commitment to collaboration through leaders in systems, places and neighbourhoods finding common cause with peers in partner organisations around shared aims and ambitions and having difficult conversations to resolve differences. Integrated care boards and partnerships have a pivotal role in modelling these and other system behaviours.

In taking forward these five actions, we must learn from evidence and experience, but cannot 'copy and paste' solutions. Leaders need creative spaces and support in adapting learning from elsewhere, recognising the different contexts in which systems are working and varying levels of maturity in partnership working. NHS IMPACT must value the role of local authorities, voluntary and community sector organisations and others if the potential of wider partnerships is to be realised.

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