Case studies

A summary of case studies illustrating the early work of eight systems that are at the forefront of work on improvement at scale.

Read the case studies in full in the report:
Improving Health and Care at Scale: Learning from the Experience of Systems.

	North East and North Cumbria	West Yorkshire	Lancashire and South Cumbria	Gloucestershire
Legacy	Receptive context based on the North East Transformation System, Cumbria Learning and Improvement Community, and improvement expertise in several NHS trusts.	Foundations for improvement at scale laid from 2016 as STP, with improvement expertise in several NHS trusts and through collaboration in the West Yorkshire Association of Acute Trusts (WYAAT) and mental health collaborative.	Improvement expertise already established in some NHS trusts and a provider collaboration board worked as a joint committee of the five NHS trusts in the system.	Improvement expertise already established in NHS organisations using various methods, including QSIR (quality, service improvement and redesign), which created a receptive context for the Gloucestershire improvement community.
System leadership	Strong commitment to partnership with local authorities, VCS (voluntary and community sector) and others in developing a learning and improvement community of staff involved in improvement drawing on an explicit theory of change.	Strong commitment to partnership with local authorities, VCS and others underpinned by distributed leadership involving leaders from across the system taking responsibility on shared priorities.	Strong focus on recovery and transformation to tackle financial deficits and achieve a sustainable model of care.	Strong focus on improving population health and tackling health inequalities working with local authorities, VCS organisations and other partners.

	North East and North Cumbria	West Yorkshire	Lancashire and South Cumbria	Gloucestershire
Provider collaboratives	Established in 2019 by the 11 NHS foundation trusts in the system working as a provider leadership board and in the process of establishing its role.	Three collaboratives work closely with the integrated care board; WYAAT and the mental health collaborative operate through a committee in common across their respective NHS trusts and play a major part in improving clinical care aligned with the ICS plans.	The provider collaboration board leads improvement work in NHS trusts using common principles of improvement, making use of the Engineering Better Care approach.	The functions of a provider collaborative are integrated into the system's structures, alongside collaborations with other systems, eg. on mental health.
Place partnerships	Fourteen place partnerships based on local authority boundaries lead improvements in their areas.	Five place partnerships lead improvements in their areas, with the ICS delegating responsibilities for local improvement to these partnerships comprising staff from the ICB, local authorities, NHS providers and the voluntary and community sector.	Four place partnerships lead improvements in their areas, with the ICS delegating responsibilities for local improvement to these partnerships.	Integrated locality partnerships each aligned with one of six district councils are where place-based improvement is undertaken.
Neighbourhoods	Primary care networks lead work on improving health and care in neighbourhoods.	Integrated neighbourhood teams are being developed in each of the 52 neighbourhoods under the leadership of place partnerships.	Primary care networks lead work on tackling health inequalities in neighbourhoods using data and improvement methods.	15 primary care networks lead work on improving health and care in neighbourhoods with an explicit commitment to improvement projects being led by PCNs.

	North East and North Cumbria	West Yorkshire	Lancashire and South Cumbria	Gloucestershire
Other features	The involvement of people with lived experience is valued highly and staff experience and engagement also figure prominently. The local health innovation network has been a partner on some issues. Local universities have supported work on human learning systems and evaluation of the improvement strategy.	The local health innovation network has a prominent role in supporting innovation across West Yorkshire and there is an explicit commitment to tackling inequalities under the West Yorkshire Health Inequalities Academy.	The Population Health and Health Equity Leadership Academy is developing leaders to take forward work on health inequalities.	The improvement community seeks to be open and inclusive, using simple shared language, with the aim of developing a thriving improvement culture based on a playbook that draws on expertise in the system. The local health innovation network has a good relationship with the system.
Examples of improvement work	Peer-to-peer learning has been used to reduce ambulance handover delays. A discharge summit was held with aim of reducing lengths of stay in hospitals. Community of practice has been used to improve urgent and emergency care performance based on 'all teach and all learn'. The provider collaborative has led on elective recovery and GIRFT and on clinical services In all cases, data analysis has supported improvement.	Wakefield's work on managing/reducing demand for hospital care though integration with local authority and use of data to identify high intensity users. WYAAT's work on elective recovery including use of GIRFT, review of fragile specialties, and work with Cancer Alliance on waiting times.	The Engineering Better Care approach is being applied to frailty. The provider collaboration board is leading work on elective recovery and cancer. Primary care networks are leading work on health inequalities with a focus on listening to what matters to people in different communities.	Cancer care has been a priority since 2016 and improvement has focused on diagnosis, referrals and streamlining pathways. The Warm Home prescription project offers financial support with energy costs for patients with chronic medical conditions and has helped people remain independent and relieved pressure on services. Community-based clinics for COVID-19 patients who required ITU and HDU care won the patient-centred care award of the Intensive Care Society.

	North East and North Cumbria	West Yorkshire	Lancashire and South Cumbria	Gloucestershire
External help	NENC has involved leaders from international exemplars such as Cincinnati Children's Hospital and Jonkoping County Council. The advice and input of improvement experts Helen Bevan and Sue Holden has been sought. The Health Foundation is supporting the system in developing and evaluating its work.	West Yorkshire has drawn on learning from the Canterbury District Health Board in New Zealand and one of the board's former leaders now works in Wakefield. Leeds place partnership is partnering with the Staten Island health system in New York.	David Fillingham (formerly of the NHS Modernisation Agency and AQUA) and John Clarkson, University of Cambridge have provided support. NHSE and the IHI are working with LSC in tackling inequalities in cancer care and outcomes. The system is one of seven accelerator sites participating in the IHI/NHSE Core20PLUS5 Breakthrough Series Collaborative Programme.	Improvement leaders are part of the Q community convened by the Health Foundation. The Delivering Improvement Network established by improvement leads in Gloucestershire Hospitals is a forum for provider-based colleagues from across the country to share ideas and experience. Newton Europe is working with the system in the transformation of urgent and emergency care. The work of the Canterbury Health Board in New Zealand informed the early stages of the system's work.

	Cambridgeshire and Peterborough	Thames Valley and Surrey	Surrey Heartlands	Dorset
Legacy	Improvement expertise already established in NHS trusts but operating in silos and with some parts of the system better served than others.	Work started in 2018 as part of a national initiative on local health and care records exemplars and involves collaboration between three systems.	An established relationship between the NHS and the county council. NHS trusts with varying degrees of improvement expertise including one involved in the VMI partnership with the NHS that was rated outstanding by CQC.	Improvement expertise already established in NHS trusts using various methods.
System leadership	Focus on improving population health, tackling health inequalities and being environmentally and financially sustainable.	Focus on ensuring that health and care professionals have safe and secure access in near real-time to a comprehensive care record. Citizens are empowered to manage their own health and care, and patient data is used to improve population health.	Focus on improving population health through collaboration with local authorities and voluntary and community sector organisations with a particular interest in developing clinical and other leaders.	Focus on improving population health and tackling health inequalities working with local authorities, voluntary and community sector organisations and other partners.
Provider collaboratives	Alongside two place partnerships, the system has two accountable business units for mental health, learning disability and autism; and maternity and child health services. There is no provider collaborative but there is a strategic commissioning unit.	The programme covers 12 NHS trusts, 335 general practices, three county councils, six unitary authorities and 14 district and borough councils.	Three acute trusts and the mental health trust have recently formed a provider collaborative.	The provider collaborative brings together the three NHS trusts in Dorset to work on shared corporate services and clinical services including elective recovery.

	Cambridgeshire and Peterborough	Thames Valley and Surrey	Surrey Heartlands	Dorset
Place partnerships	Two place partnerships centred on Cambridge and Peterborough are where local improvement is led and supported by health and care teams.	Place partnerships reflect arrangements in each of the systems involved.	Four place partnerships lead work on improvement at a local level with local authorities and VCS organisations closely involved.	Two place partnerships led by local authorities lead improvements in their areas with the ICS delegating responsibilities for local improvement to these partnerships.
Neighbourhoods	22 primary care networks are establishing integrated neighbourhood teams to better understand and respond to local needs.	Primary care networks in each system lead improvement work in neighbourhoods.	Primary care networks lead improvement work in neighbourhoods with other partners.	

	Cambridgeshire and Peterborough	Thames Valley and Surrey	Surrey Heartlands	Dorset
Other features	A chief clinical improvement officer from a general practice background leads work to expand improvement beyond individual organisations, with the aim of moving towards a more consistent and joined-up approach across the system, including general practices and other primary care providers. The system has received support from the Health Foundation to establish an adopting innovation hub.	A small team has dedicated responsibility for the programme and most of the work is done locally by staff with relevant expertise using various improvement methods underpinned by common principles. The role of the dedicated team includes providing data and evidence of what works and recognising that improvement is most effective when it is led by staff 'doing the work'.	A quality improvement collaborative brings together staff with improvement expertise from across Surrey and has developed a quality management system based on common principles. Leadership development currently focuses on the Growing System Leaders programme, which builds on the Surrey 500 programme run by the Surrey Heartlands Health and Social Care Academy. The local health innovation network was a partner in the development of the academy. Surrey Heartlands is one of the systems involved in the Thames Valley and Surrey Shared Care Record work.	Data drawn from the Dorset intelligence and insight service, covering health and care, informs improvement work down to the small area level.

	Cambridgeshire and Peterborough	Thames Valley and Surrey	Surrey Heartlands	Dorset
Examples of improvement work	'Call before you convey' provides ambulance crews with a single point of access to advice and support to enable people to be cared for at home and reduce pressure on emergency care services, supported by extended urgent community response services.	Data from the shared care record has been used to understand variations in health outcomes and how they change as a result of interventions General practices have been engaged in work on the management of high blood pressure to reduce variations between affluent and deprived areas and identify more people with undiagnosed hypertension Remote monitoring technology has been rolled out to care home residents and high-risk patients with chronic conditions, supported by two monitoring hubs, building on work during the response to COVID-19.	East Surrey place is working to make a step change to discharge planning in partnership with the VMI by mapping existing processes and involving patients and carers. The primary care network serving Merstham is using a health creation approach – described as 'start small and build big' – to understand what matters to local people on a housing estate and working with them to find solutions.	The development of outpatient assessment centres known as Dorset health villages in high street locations. The Ageing Well programme supports people to live independently and has reduced hospital use among older people, who comprise a significant part of the Dorset population.

	Cambridgeshire and Peterborough	Thames Valley and Surrey	Surrey Heartlands	Dorset
External help	System leaders have focused on making better use of improvement expertise in the system rather than bringing in external help, although the 'Call before you convey' initiative drew on learning from Oxford.	With its origins in a national initiative, work on the shared care record benefited from being part of Combined Intelligence for Population Health Action, which enabled testing different approaches in different areas and sharing worthwhile interventions and innovations.	The head of research and engagement for Surrey County Council and Surrey Heartlands brought expertise from work with Ipsos Mori to lead a unique citizens' panel, representative of the local population across the ICS. He is now leading a social research project into creating and embedding a connected culture across the workforce to enable effective system integration.	The system's chief strategy and transformation officer comes from a clinical and private sector background and is working at pace with colleagues on improvement and cultural transformation. The system is working with a local university on a framework to support cultural change through the lens of improvement.