

# aqua

Shape Change Inspire Quality Transform Care

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# The Improver

This edition focuses on sharing the latest thinking and developments in Improvement and Transformation.

June 2021

# Welcome to The Improver



Amongst the heartache and intense operational pressure of COVID-19, there have been many positives across health and care. Just a few that spring to mind include our focus on people, being kind and compassionate and caring for one another's health and wellbeing, embracing change, flexing our workforce capacity and skills, and providing support for the BAME workforce; and rapidly innovating. In this edition of The Improver, we'll explore the work on system transformation, including the next steps for integrated care following the publication of the White Paper in February 2021, the opportunity for the NHS as an Anchor Institution and our learning in North West systems from COVID-19.

Over the years, the Aqua team have worked with a range of organisations and places to support system transformation, and I'm tremendously proud of all the work the team has done. Notable support includes our Integrated Care Discovery Community, established in 2012, with help from the King's Fund, to support our members to integrate health and care systems. Many of those participating teams went on to establish the locality or ICP structures we see today. After a brief foray into supporting accountable care organisations and a sharp U-turn in response to changing national strategy, we incorporated and have sustained a focus on system leadership development at three levels: system, service/pathway and team.

This has included work with multiple partnership boards across the North West and NHS Scotland. Here are a few examples: Healthier Flyde Coast 100 Leader Programme, the Cheshire and Mersey ICS Doing Things Differently programme, delivering the system leadership component of the NHS Leadership Academy Nye Bevan programme, and system leadership fellowships. We've led overseas study tours to learn from others about integrated care and forged many collaborations to enrich our work, including with the International Foundation for Integrated Care and international expert in complexity science, Paul Plsek.



Simultaneously we've worked with locality/place leadership teams to design and implement new models of care for whole populations and for sub-populations, for example our work in Bury on end of life care and to improve whole system flow through complex pathways, such as our work with the Cheshire and Mersey Cancer Alliance to design a new care model for cancers of unknown origin/primary.

We're really thrilled that Aqua's Lived Experience Panel has played an important role in co-designing place based care models and providing constructive challenge. They have helped our member organisations to form their own lived experience panels, coached the experts by experience and trained them in quality improvement and it's wonderful to see them playing a vital role in shaping local care.



In the last 2-3 years we've also seen the concept of social value becoming more widely discussed within the NHS and were delighted when the Northern Care Alliance agreed to let us shadow evolution of their NHS Anchor Institution development across the four places in the NCA Care Group. We're codifying the process in this 'living lab', providing system leadership support and connecting other NHS Anchor Institutions and Anchor Communities in the North West through peer learning networks.

I'm struck by the breadth and scope of our work on system transformation over nearly a decade, it's required us to be agile and to flex to the volatile and rapidly changing environment, and it's been hugely rewarding for all of us to see integrated care deliver benefits for patients, relationships and collaborations flourish in locality and place, and to see system leaders grow.

As we move in 2021-22 we'll be supporting these three inter-related aspects of system. We will continue to adapt to your needs, with opportunities in the future to support provider collaboratives with their remits for quality and duty to collaborate. We are passionate about this revived opportunity for ICS' to truly tackle health inequalities, unequal access and outcomes. We look forward to working with you!

*Elizabeth Bradbury*

Elizabeth Bradbury  
Director

## What's inside?

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# Integrated Care: What's next?



## The case for effective place based integrated health and care functioning across England could not be stronger.

The recent publication 'Integrating Care: Next steps to building strong and effective integrated care systems across England' describes 'place' as an important building block for health and care integration, and the need for collaboration between partners provides a clear national mandate for leaders.

We know that COVID-19 has disproportionately affected some of the most disadvantaged communities; people who have higher levels of long term health conditions and may be in environments which expose them to the virus. In doing so it has underlined the imperative for health and care in England to maintain its momentum in the move to becoming more integrated and place-based; fundamentally shifting from a model focused on treating illness, to one built around proactively enabling people and communities to maximise health and wellbeing.

## So what's next? As we move forward into recovery, how do we continue to evolve and develop place based integration?

The pandemic has highlighted the importance of these communities in the effectiveness of the COVID-19 response. Local leaders and organisations now need to engage at neighbourhood and ward level, understanding important nuances which may be missed by 'one size fits all' centrally driven initiatives.

There is also a need for those across the system to adopt a different mind-set and embrace culture change. By recognising the shift from organisational leadership, and learning from people and the reality of their lives, we can ensure that services truly work for those we are serving.

“ We need a completely different kind of mindset amongst everyone and especially leaders ”

On Wednesday 21 April, our roundtable discussion brought together leaders who have been involved in developing place based care to explore what is needed to deliver their ambition of truly integrated care that creates and delivers the collaborative working outlined in the white paper. The full white paper will be available later this month.

## How can the place based model develop further?

### Collaboration

Engage in purposeful collaboration with all groups represented; VCSE, Faith Sector, Housing, Health and Care. This is the only way to really address the route causes of health inequalities.

### Conversation

Have an equal conversation with communities about what they need, how to achieve it and how success will be measured. Listen to understand, be curious and suspend assumptions.

### Compassion

Invest time in developing your relationships as leaders and connections between individuals and teams. Be compassionate with each other, this is a new way of working.

### Change

Place based working is the starting point not the end. How can we embrace the opportunities of provider collaboratives and place based models for maximum impact on the communities we serve.

Watch the full episode...





# COVID-19: A perfect storm in the North West

The COVID-19 pandemic has been unlike anything the NHS has experienced since its inception. The first wave created the conditions for 'the perfect storm' for our health services - with rising rates and numbers of critically ill patients in hospital, acute workforce pressures and impact on elective care. In the North West, this storm included the disproportionate burden of illness and death in socioeconomically deprived communities.

Last year, Aqua's 'COVID-19: Joining the Dots in the North West' workshop brought together collective insights from across the region, to inform how we can best work with and support our members and the wider NHS.

The scale and pace of challenges faced by NHS staff in the North West during the first wave of COVID-19 is very clear in the hospital activity and workforce data as numbers initially peaked in April 2020. The nature of the hospital population in the North West at this time changed dramatically; by April 2020 elective activity in hospitals had dropped off by two thirds to be replaced by a large of volume of critically ill, COVID-19 patients with complex care needs and high mortality rates, culminating in 126 in-hospital deaths per day. Rising demands were combined with significant reductions in the NHS workforce, with the North West reporting the highest rate of staff absence (6.9%) in the country, with almost a quarter of these absences recorded as Covid-related at that time.



This challenge has persisted in the North West. After falling over summer, COVID-19 admissions began to rise steeply in September 2020, hitting a second wave peak on 31st October. Cases subsided somewhat during the second lockdown but began to rise again in December. The third wave peaked on 19th January 2021, when the rolling 7-day average was 462 per day, surpassing the first wave peak.

The lull between the second and third waves was relative, with admissions never falling below a 7-day average of 200. It may be more accurate to describe the North West as experiencing a second wave that lasted 5 months. This was again reflected in increased staff absence. Between May 2020 and January 2021 (the latest data available) the North West had the highest regional absence rate every month.

Aqua has a unique North West perspective; an opportunity to 'join the dots' between first-hand experience and data across a region hard hit by COVID-19 - connecting members and patient and staff stories. This provides a solid foundation upon which to build our support for members.

**30%** of people from the most deprived communities made up 52% of COVID cases in the North West in 2020.

Aqua drew on insights from 11 senior leaders across eight parts of the North West representing Acute, Community, Voluntary and Integrated Care Partnership roles. We mobilised expertise across our organisation to understand the challenges and support needs of clinical leaders.

North West leaders talked of collective 'rising to the occasion' and their shared sense of purpose to 'fight the same battle' in this rapidly changing crisis are brought into sharp focus when considered alongside the stark figures across the region. Their stories highlight the monumental, collective effort of individuals, teams and the wider NHS. The personal and cumulative toll taken is clearly articulated alongside predicted risks to future resilience.

*"I think there's a real danger that if we don't understand that learning ...we're in danger of just resetting everything back up again."*

NW Leader Interview, June 2020

## Rising to the occasion

North West leaders' stories talk of collective 'rising to the occasion'. Staff were felt to have gone above and beyond in order to overcome exceptional circumstances, bringing out the best in people who were trying to do the right thing:

*"It was like an impending disaster, really, and I think people responded to it, so you were drawing on people's desire to do the right thing and to make a difference."*

NW Leader Interview, June 2020

## Shared Purpose

Responding to COVID-19 was felt to create a sense of urgency, with the need to respond together at pace.

**As COVID-19's impact has unfolded, different challenges have presented themselves, but it is important to recognise we are not starting on a blank page. The need to use these collective experiences and insights to respond to ongoing challenges and capitalise on opportunities is more than pressing as we face new waves of COVID-19, as its legacy is felt for many years to come.**

If you would like to discuss this or get involved in our work please contact our Head of System Transformation, Cath Sloan.

*"The hospital had experienced a much higher number of deaths than was usual... Sometimes clinicians barely had time to deal with one death, before being faced with another. This left some staff on the front line feeling emotionally exhausted and wondering how they would keep going."*

NW Leader Interview, June 2020



North West leaders talked of a clear, unifying purpose which facilitated collaboration – 'all fighting the same battle'.

*"We're all trying to fight the same battle and get the best response. So, that is a real motivator for joining up and agreeing things."*

NW Leader Interview, June 2020

Teams were perceived to be more open to work in different ways, with no time to think about the finer details – just needing to get on and do it. There were many examples of reported acceleration of plans that were felt to be slow to progress before COVID-19, with integration higher up agenda.

## Finding the Balance

Effective leaders were felt to have carefully balanced staff empowerment with retaining accountability. The response to COVID-19 was perceived to highlight the importance of compassionate, distributed leadership.

*"I think it was more about making sure everybody else is okay – is everyone alright and can we do anything to help? And I think that's an important part of leadership: is everybody alright?"*

NW Leader Interview, June 2020

# Anchor Institutions: where are we now & where do we want to be?



## The NHS as an Anchor

The NHS Long Term Plan (2019) recognises the greater potential of NHS organisations to improve population health and wellbeing, by thinking beyond the provision of care services. NHS organisations can purposely use their social and economic power, in the way they recruit and employ local people, purchase goods and services, and partner to sustainably develop the local environment and economy. These mechanisms are best illustrated in five key areas of work; employment, procurement, sustainability, use of estates and as a partner in a place. By working on all five areas, NHS Anchor Institutions aim to bring about better health and wellbeing for people in the UK.

Anchor Institutions were first developed in the US, and are typically large public sector and non-profit organisations whose long-term sustainability is tied to the wellbeing of the populations they serve (The Health Foundation, 2019).

By 'Anchoring' in a locality/place, connecting with other public, private and Voluntary, Community and Social Enterprise (VCSE) sector organisations and harnessing the energy and passion of local communities, systems can shift to a community paradigm rather than organisational paradigm; doing with and not to people.

However, we recognise there is much work to be done and the journey of an Anchor Institution is one of commitment. NHS leaders need to respectfully engage with and learn from place based partners, to effectively build a guiding coalition, ambition and narrative with local communities. The NHS joins this journey later than Local Authority and academic colleagues which provides opportunity for learning and sharing.

## Anchored in Place

Based upon international literature and through our integrated care work Aqua have worked to develop a framework to support organisations who want to make social value part of the way they operate. The framework outlines 5 key areas and 6 enablers for anchor development, encouraging collaboration and co-production.

Aqua's new 2021 Anchored in Place offer utilises a range of methods to build relationships, inspire place-based change, and enhance the NHS commitment to social value.

If you want to find out more about how Aqua can support your organisation to play a bigger role in improving the health and wellbeing of your population, visit our [website](#), or contact [Rachel Volland, Programme Lead](#).



## In Focus

# Supporting the development of Integrated Care Partnerships in Healthier Lancashire and South Cumbria Integrated Care System



Lancashire and South Cumbria ICS has a shared vision for improving services and helping the 1.8 million people in Lancashire and South Cumbria live longer, healthier lives through a partnership which joins up health and care services, listens to the priorities of their communities, local people and patients and tackles some of the biggest challenges we are all facing.

In September 2020, the ICS Board agreed for the ICPs to create a common ICP strategic narrative to describe what working in partnership means, what place-based partners want to do together and how they will enable that change.

In order to prioritise and scope work programmes to deliver the strategic narrative, the five ICPs developed a Maturity Matrix tool. This tool enables ICPs to self-assess and peer-to-peer review strengths, areas of development and prioritisation needs.



## Supporting the ICP

Utilising our knowledge and experience of working with systems across the UK, we undertook an independent review of the matrix and the self-assessment and peer-to-peer review processes. Based on our experience, we endorsed both the matrix and the processes for its use.

ICP leaders involved undertook self-assessments, and once complete, Aqua facilitated all 5 feedback sessions, as an independent presence to enable focused and honest conversations, with equity of input across all partners.

Our team also acted as an external contributor to the Peer-to-Peer Reviews, providing insight from the ICP feedback sessions and reflections on significant conversations.



“ I am sure that the review team found it just as useful as well – I know that I did. It is a two-way process and the learning gained from your side was as equally reciprocated to us ”

## The Impact

### Narrative

Agreeing a common ICP strategic narrative for place based partnerships has provided a clear purpose, with areas to work on, and a blueprint for how the ICS and ICPs will work together as a system.

### Understanding

The ICP Maturity Matrix enabled individual ICPs to develop a common understanding of their bespoke and common strengths and opportunities for development against the content of the narrative.

### Focus

The outputs of the ICP Maturity Matrix provided the ICPs and ICS with clarity about where to focus collective development efforts and has directly influenced an ICP development programme, to be delivered in all ICPs, in the year ahead.

### Best Practice

Creating a narrative and developing the matrix has enabled sharing of best practice, and facilitated good working relationships. It has also provided a support network for ICP development within the ICS, by agreeing a clear purpose and vision for the future.

# Here's what's coming up...



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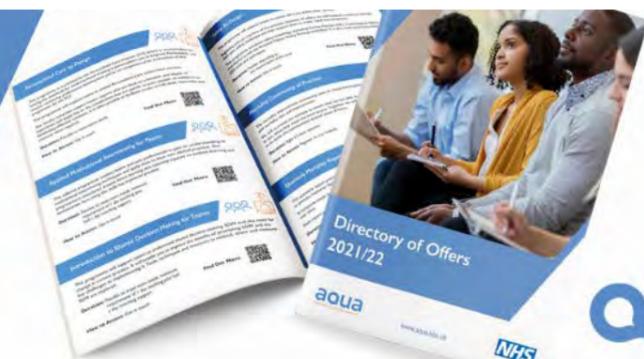
## Executive Leadership Coaching

Coaching is one of the most effective development interventions which can help personal development, improve decision making, increase self-awareness and enhance overall performance.

Our experienced Executive Coaches are well placed to support you as a place based leader, to lead your locality/place through complex change and build collaborative relationships and effective teams.

Find out more on our website, or get in touch to enquire about how we can support you.

## Our Directory of Offers for all of our 2021-22 programmes is now available!



## Anchored in Place: Join our introductory session

The North West (NW) of England has some of the highest health inequalities and has seen some of the biggest COVID-19 impacts and restrictions in the UK. If you're looking to develop and accelerate as an Anchor organisation, place or system with social value ambitions and impact, then join us to hear more about our upcoming 'Anchored in Place' programme.

Join us on **Thursday, 1 July, 9.30-11.30am** to find out more about how it could help your organisation, place or system. **Register here.**



We recognise that each place is different and may require different support. We are ready to listen, and are here to support you and your organisation. Please get in touch for a further conversation via telephone or our inbox.



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We hope that you have enjoyed reading this edition of The Improver. If you have any feedback or would like to contribute an article to the next edition, please contact [Aqua@srft.nhs.uk](mailto:Aqua@srft.nhs.uk)

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