Institute for Healthcare Improvement

NHS

Babies, Children and Young People (BCYP) Improvement Collaborative

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Annual Progress Report
ihi.org

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Acknowledgments

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About the Institute for Healthcare Improvement

For more than 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

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Partnership Aims

The Institute for Healthcare Improvement (IHI) has been working in partnership with NHS England – London since January 2022. This partnership has been established to support the aims of the Improvement Collaborative for Integrated Care. This collaborative was formed by partners of the Babies, Children and Young People's (BCYP) London Strategic Forum in June 2021 and reached across 5 Integrated Care Systems in London. The funding came from the national CYP Transformation programme to establish 11 integration pilots across the country. The London BCYP Collaborative is the largest pilot.

The aims of the partnership are to identify, learn and scale models of care which integrate public health, primary and secondary care, health and social care, and physical and mental health for the benefit of babies, children, young people and their families. The focus is to drive implementation of change and leave a long-term legacy of quality improvement and communities of practice.

This paper summarises the progress made at this year 1 milestone; identifies and explores challenges that have impacted on progress; highlights opportunities for year 2 and concludes with an outline of recommendations to help accelerate progress within the collaborative, build on the current momentum, energy and network learning.

Approach

The IHI team is made up of IHI staff who provide project management support and expertise and experience in improvement and BCYP subject matter, as well as expert faculty from 2 partner organisations in London; East London Foundation Trust and Imperial College Hospitals. This combined faculty offers experience in leadership for improvement, CYP specific integration work, and quality improvement expertise. We are also supported by the NHS England – London-led Advisory Group and Leadership Group, which regularly meet to share updates, ideas, and progress, and act as sponsors to the improvement work. These two groups are comprised of Regional leads, Clinical leads, ICS leads, project sponsors, and other local partnership organisation leaders.

The BCYP Improvement Collaborative is focused on building the relationships, collaboration, and shared learning across the 5 ICSs. Each ICS has identified individuals and teams to lead improvement initiatives, supported by sponsors and faculty. IHI is supporting ICS teams at the local level to explore how to bring together the people who do the work every day, to explore new ways of working and to build much stronger collaborative shared learning that can be adapted and adopted across the system.

Building relations and collaboration has been key. We do this in a range of ways:

- Convening a series of 6 learning events (Learning Sessions) throughout the collaborative, where people from across the ICSs with shared areas of BCYP integration related work can come together in a shared learning environment.
- Teaching and coaching the application of a range of improvement tools and method that supports teams to be clear about what they're trying to achieve; adopt measurement to understand if the changes they're making result in improvements; and develop the theory with change ideas which are predicted to help deliver on that aim.
- Providing one to one coaching by IHI faculty with ICS team members and teams to support the ongoing progress of their local work.
- Offering half-day sessions to each ICS individually, focusing on a topic of choice for each. 2 out of 5 ICSs have hosted these to date, focusing on applying improvement tools, the model for improvement, and driver diagrams. Agenda's are designed to support local ideas and identified needs.
- Facilitating webinars for all interested groups in between learning events on specific themes of interest; which ranges from subject matter to improvement methodology in practice. Some ICS teams have also taken advantage of this format to present on their ongoing improvement projects and share their learnings with other ICS teams.

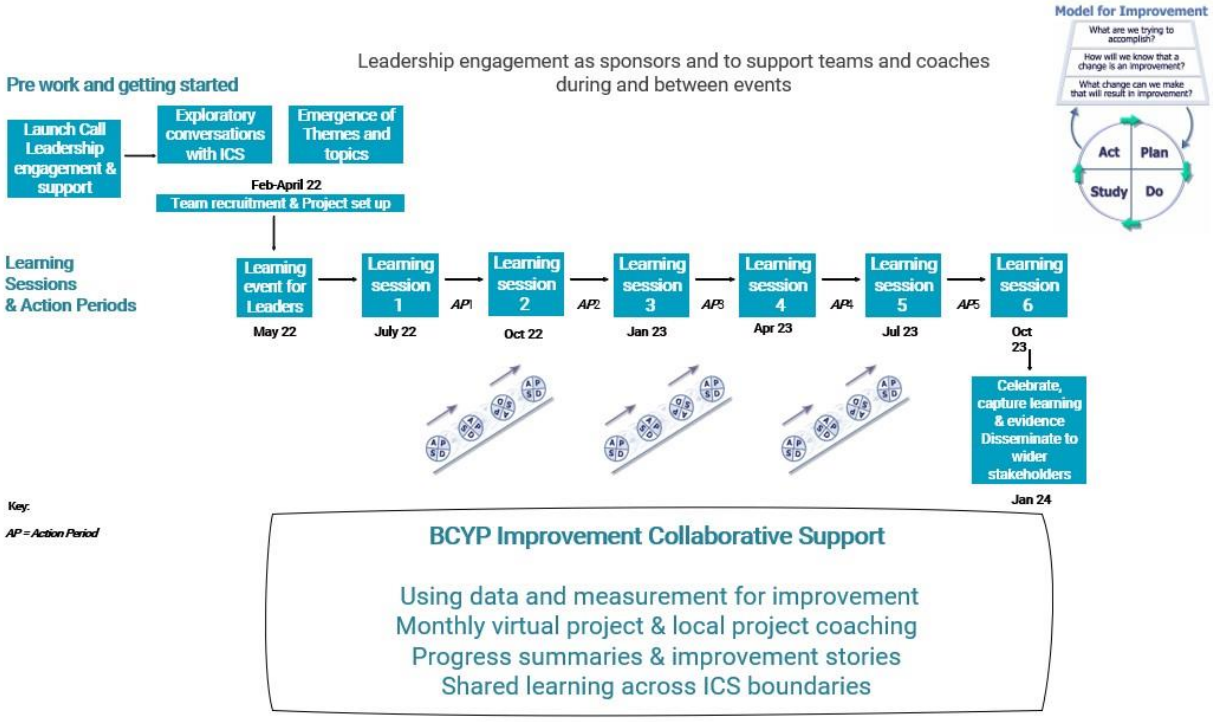

Figure 1: The Breakthrough Series Collaborative Journey (IHI)

Progress

Involvement of Children and Young People

Whole engagement and involvement of children, young people and their families to help design integration approaches is what we all want to see. The ICSs are clear on this and describe the importance of having the voice of the young person or patient or carer in the work, however, in practical terms, how teams are going about this and sharing how they are progressing this is variable. NHS England – London has previously carried out London-wide engagement with children and young people that has been shared widely and are encouraging the ICS teams to engage and support that in their local work.

Additional emphasis on this aspect of the learning collaborative is an area for further development in the coming year.

Application of the Model for Improvement

The faculty team has been working in a variety of ways to engage ICS teams in the application of tools to support improvement work. By creating opportunities to engage people in a range of ways the faculty team has coached improvement teams to adopt tools that will help them organise their change theory and identify data that will guide their work. This has included:

- Learning about and practicing with tools in learning session events.
- One on one coaching with teams and individuals to support their local application of tools – all ICSs have direct access to an improvement faculty team member and can arrange time for coaching to suit their local team.
- Offering webinars on the basics of quality improvement methods.
- Making Collaborative materials available to community members on the FutureNHS web page for the collaborative members so that teams can download tools, slides and webinar recordings that have been delivered to help continue work outside of IHI engagements.
- Hosting half day sessions at a time and venue of their choice for all ICSs, to bring onboard more local teams, to introduce the use of improvement tools and help them explore how this can help their work.
- Developing a reporting template for ICS teams to include improvement language and highlights from progressing work (see example in Appendix).

Continuing to build on the progress made so far is important for the work in the coming months and will help to embed the use of improvement methods and build momentum among teams as they become more familiar with the tools.

IHI Resource | Science of Improvement: How to Improve

Figure 2: Working on a Driver Diagram at Learning Session 2 (Oct 2023)

Staff Experience

The team has been gathering feedback from attendees at each of the learning sessions to build a body of knowledge about how the teams are engaging and experiencing the events. This feedback offers ideas to continuously improve on delivery and the IHI team has been adapting in real time, in response to the evaluation suggestions.

This real time feedback has transformed the way we deliver the learning session events. We have moved from running a full day of teaching to teaching in the morning, with time in the afternoon devoted to one-on-one coaching with IHI faculty for which teams can sign up. This has been welcomed by ICS attendees and the IHI faculty noticed a strong uptake in the coaching offer with all available slots being taken up by teams.

We believe that providing space for teams to share their successes with each other, along with structured planning time, creates the conditions for a truly collaborative and integrated care system across ICSs.

We will continue to work with national evaluators and look at qualitative and quantitative data to understand what stage staff and colleagues are at on their improvement journey. Teams are asked to evaluate their progress using the improvement method and this has been implemented as part of the routine reporting process to the regional team. This includes the introduction of the IHI Assessment Scale for Collaboratives which has been shown to support teams to reflect on learning and identify actions that will support their progress. (see Appendix).

There has been a positive response to the offers of virtual learning webinars which have taken a variety of forms and have been developed on the basis of what our stakeholders have requested:

- Fireside Chat webinars with Bob Klaber, leadership faculty of IHI
- Subject matter webinars hosted by IHI and led by ICS teams i.e. Child Health Hubs, Data for improvement session
- Introduction to the BCYP Collaborative and quality improvement methods

Attendance and engagement has been positive in all of these webinar offerings (for attendance numbers see Figure 6, below) and the continuation of bespoke webinars will be a key engagement opportunity for teams leading the work going forward.

Figure 3: Visualising Your Portfolio at Learning Session 3 (January 2023)

Collaborative Engagement

Despite the current pressures on NHS and local authority services in recent months, there has been a steady growth of engagement at in-person events and virtual webinars over the year. Where teams have been able to come together, there has been good progress in the development of ideas to support the spread of work that is progressing and bringing new ideas into the work.

The IHI and faculty team has worked to support ICS teams to adopt tools to support implementation and spread and to build a common language for improvement, forming a dialogue that supports multi-agency and multi-profession participation and teamwork across children's services. By developing and understanding clear shared aims and measures, teams can collectively identify solutions and actions that will shape and support delivery of their

integration plan. We have been eager to engage people to commit to this new way of working, however it has been difficult to secure the engagement from those who work in practice who will make the changes and measure progress. This is not due to lack of will or desire of colleagues to be involved; it appears to be a consequence of the system level changes at ICS level and the competing priorities across children's services.

At the time of the learning session event in January 2023 there was a suggestion that it would be helpful to consider how to provide direct support to leaders who strategically oversee the work and are not directly working in the teams. There has also been a growing interest in exploring how the collaborative can support family health in communities and early years. The IHI faculty team has been working with the NHS London team to engage interested leaders and individuals to explore the potential for workstream activity as part of the collaborative.

We continue to work on improving our communication with stakeholders across ICSs and to offer flexibility that ensures that what is offered, adds value to the ICS teams.

It will be important to continue to adapt the approach throughout this second year, so that as many people as possible can engage and learn as part of the collaborative.

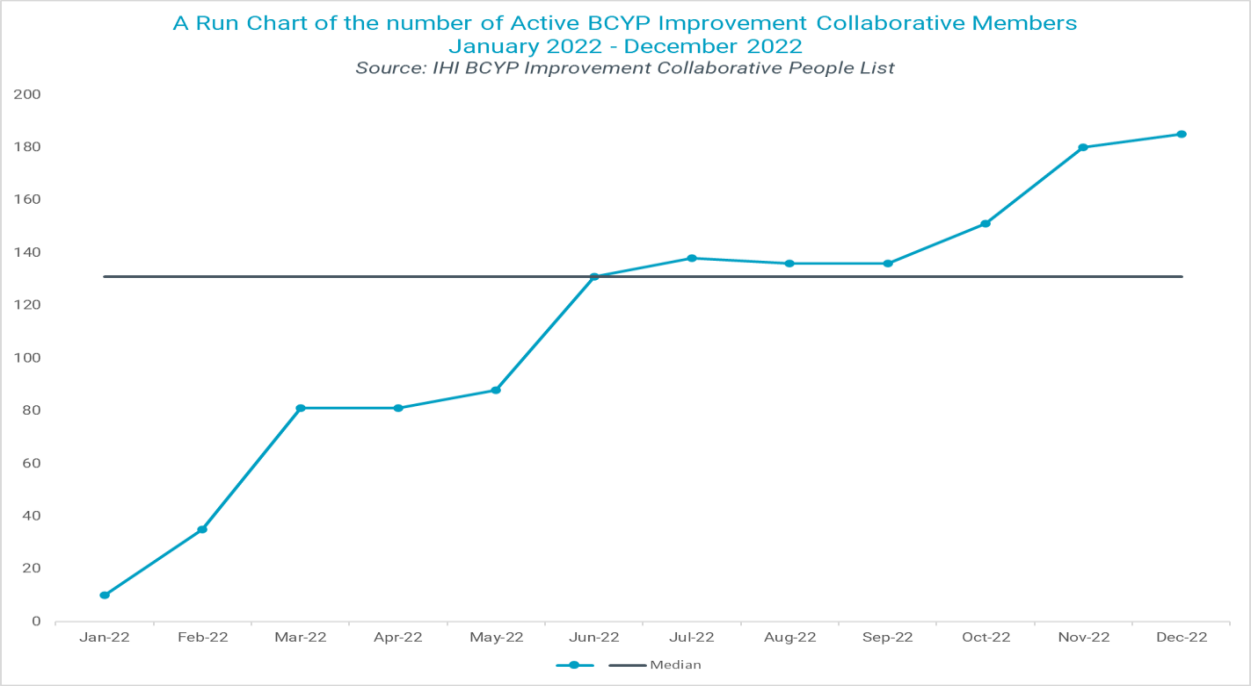

Figure 4: Active members of the collaborative over time (Jan-Dec 22)

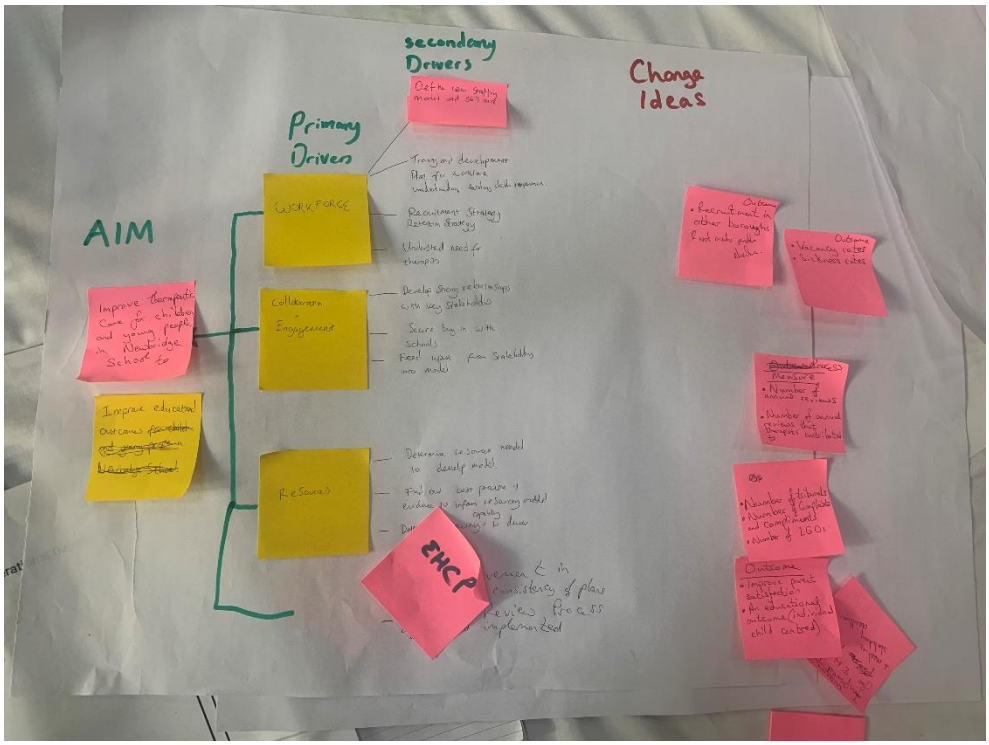

Figure 5: Example Driver Diagram in development from Learning Session 2 (October 2022)

Growth

We have developed, employed and adapted the strategy for growing the number of teams and people involved in the Collaborative. Invited attendees at Collaborative events have been encouraged to reach out to others working in their network who may be interested in testing models of integration. We have encouraged team leaders to involve more practice level staff in the teams, and provide the opportunity to get into action, based on the theories and ideas being generated by leaders and senior staff.

The offer of a half-day session to each ICS was first delivered to colleagues from across North-East London, which led to the development of new teams who will now engage with the Collaborative going forward.

The introductory webinars, which covered the history of the Collaborative to date as well as an interactive overview of the Model for Improvement has also increased interest as we approach learning session 4 in April 2023. Attendance at Collaborative events, particularly those with a collaborative-wide scope, has been steadily increasing over the year.

In order to continue to support the work that is currently progressing, and which involves integration between primary and secondary care, child health hubs and specific child health topics; the Collaborative has also been developing workstreams which will be supported during the next 3 learning sessions and action periods. The three workstreams that have been identified are: integration for child health care; early years and family hubs in the community; and leadership.

This creates an opportunity to strengthen the current progressing work and build an improvement network for collaborative learning for early years and place based community work in family hubs. Providing leaders of the ICS BCYP with coaching around supporting improvement work is an additional enabler that will provide more focus on subject matter improvement and growth within workstream topics. We predict that by building the growth of teams using this approach, we can accelerate the ability of teams to deliver local improvement work that can be shared across the system.

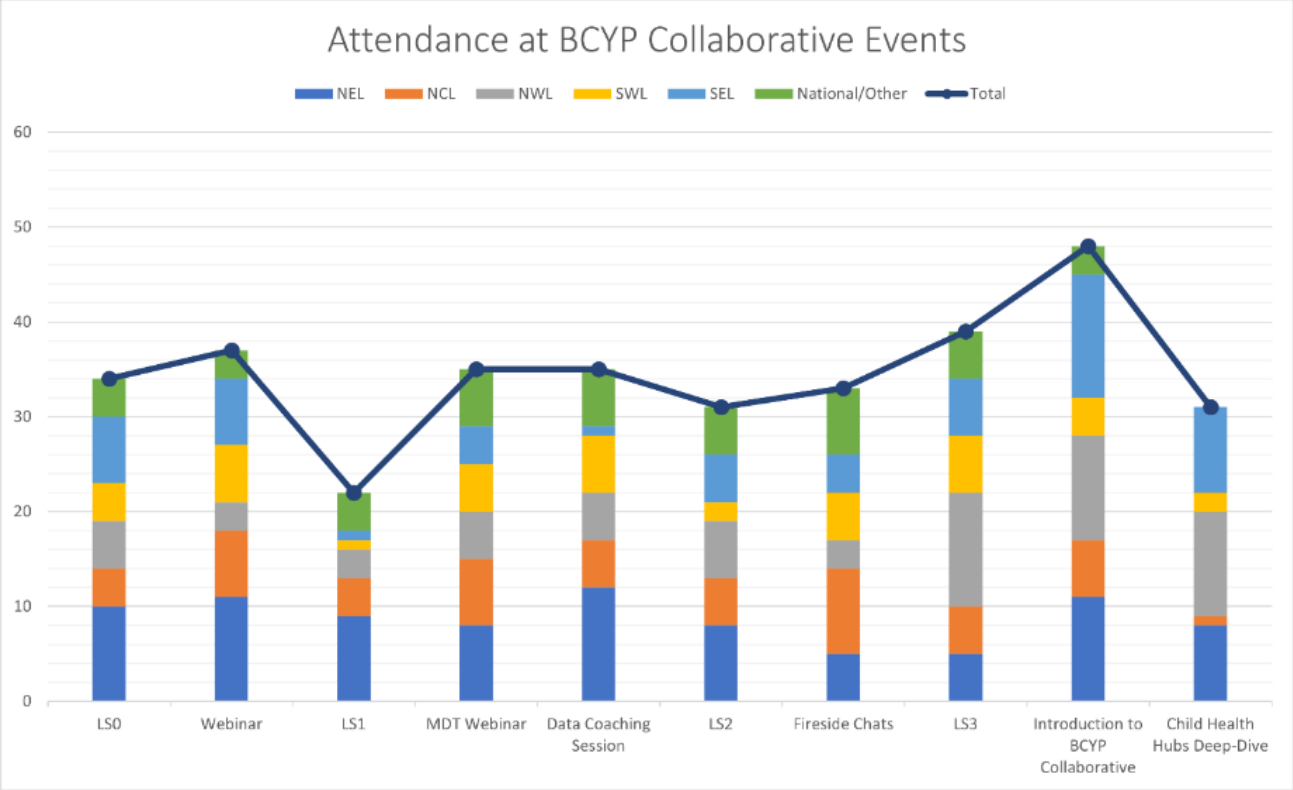

Figure 6: Attendance at BCYP Collaborative events, by ICS

The chart presents a steady growth in attendance at learning session events (LS) and topic specific webinars. Interest in the collaborative has grown considerably in March 2023 with good attendance at the 3 Introduction to BCYP Collaborative webinars, where attendees were encouraged to contact their ICS lead to get more involved.

Challenges

Formation of ICBs

The commencement of this partnership has coincided with the forming and development of Integrated Care Boards, which in turn influences the leadership and decision making across the ICS. It has been challenging in some areas to reach the senior leaders who can create the conditions for engagement and participation and perform a sponsor role in support of teams involved. Where this senior sponsor engagement has been more prominent in North East London and North West London we have observed an increased level of activity and decision making on priority work to be pursued through the collaborative.

Workforce and Service Pressures

It is important to note the current workforce pressures and demand on services that are experienced widely and acknowledge the impact this has had on the ability to reach the ambitious engagement that was planned at the start of the partnership. This challenge has continued throughout the first year and although attendance and participation is not at the level initially aimed for, there are early signs of increasing interest and potential engagement in the months ahead.

Alterations of Strategic Leadership

Staffing changes within ICSs have occurred throughout this past year, which has presented an ongoing risk of reducing engagement or drifting of the time and opportunity to grow and nurture the work. The IHI team has been working closely with the NHS London team to ensure that methods of engaging collaborative participants are kept updated and refreshed regularly and contact is made with leaders as they come onboard.

Achieving Results

The initial intention of the collaborative was to create opportunity for ICS leadership teams across London to agree on two or three topics that they could work on. Taking this approach is known to accelerate the pace of improvement and progress towards improved outcomes. Upon visiting the ICSs early in the process, this was found to be much more challenging. It was agreed that the Collaborative work would be shaped to meet the ICS teams where they are, and to focus on work that they are currently progressing or prioritising. Our best knowledge, based on information shared by ICS leads, is that there are around 15 teams, each with their own unique topic, aims and theories of change currently active in the Collaborative. This tailored approach can still yield results for each of the local teams, however the opportunity to achieve results at scale is reduced. Given the challenges presented by starting this Collaborative without having identified the workstreams, we are eager for work with the three newly identified workstreams to begin and see the accelerated progress that comes of it.

Opportunities and Recommendations

There is an opportunity to strengthen the engagement and participation of children, young people and families in the collaborative. It is anticipated that the development of the early years/family hub work may offer a helpful way of building this into the work form the start.

Continuing to build capacity and capability for improvement across the ICSs will support further engagement and spread the approach to learning and implementation across multi-professional and multi-agency teams. This is an important output for the collaborative; building on the progress made so far and spreading the adoption of improvement methods and tools to help more teams so that the language of improvement becomes part of the process followed to make changes in ICS work.

It will be important to continue to respond to what we observe and learn from ICS teams and adapt the approaches taken to support throughout this second year. Through an adaptive approach to delivery, we can ensure that more people can engage and learn as part of the Collaborative and continued progress within projects can be achieved.

There is an opportunity to strengthen engagement with senior leaders and gain their support for the work. By seeking opportunities to connect with individuals and facilitate their involvement with local work, we may achieve an increased focus on BCYP integration work and support for the growing early years agenda.

Workstreams for specific groups of ICS staff and teams provides the opportunity to strengthen and grow the work within teams and across networks of learning on specific topics. The development of the early years work this year presents opportunity to develop a focus on a specific areas of common interest across local authority and health care teams, with the intention of achieving improved practice across the participating ICS areas.

Recommendations

1. Continue the relentless focus on communication with stakeholders across the ICSs and provide offers of support that are flexible to meet the needs of local teams, ensures that what is offered adds value to the ICS teams and supports the continued growth and participation in the collaborative.
2. Increase shared knowledge between IHI and NHS England – London teams with regard to the highlights from monthly reporting. This will enhance our knowledge of where teams self assess their progress, allowing us to proactively engage further.
3. Continue to develop and adapt the approach towards delivering improvement methodology and support for teams and ICS leads, to meet the needs of the evolving work being. This means continuing to be responsive to need and proactively seeking opportunity to positively influence progress.
4. Encourage and support development of a focussed topic within the early years/family hub workstream, providing opportunity for an impact on an area of interest for all participants.

5. Proactively engage with senior leaders from across the ICBs and ICSs to ensure that there is awareness and knowledge about the work of the collaborative at board level and promoting enhanced engagement. This should be taken forward jointly between IHI and NHS England – London team leaders working with respective communications teams.
6. Explore the potential for continuation of partnership work into year 3, tailored to learning from the current work and co-designing a learning and action network that can continue to support improvement and build the networks of learning across London's children's services.

Summary

As we progress into the second phase of the Collaborative partnership, we recognise the complexity of the environment we are working in. Each ICS is at a different stage of their integration journey with varying levels of engagement across boroughs and multi-agency staff. By focusing on building relationships with leaders and teams in each ICS; creating the conditions for improvement through the offer of support and learning events, and building improvement capability, we will continue to develop the engagement, participation and energy around the collaborative. We look forward to continuing this work in partnership with the NHS England – London region team.

Appendices

IHI Assessment Scale for Collaboratives

Assessment/Description	Definition
1.0 Forming team	Team has been formed; target population identified; aim determined and baseline measurement begun.
1.5 Planning for the project has begun	Team is meeting, discussion is occurring. Plans for the project have been made.
2.0 Activity, but no changes	Team actively engaged in development, research, discussion but no changes have been tested.
2.5 Changes tested, but no improvement	Components of the model being tested but no improvement in measures. Data on key measures are reported.
3.0 Modest improvement	Initial test cycles have been completed and implementation begun for several components. Evidence of moderate improvement in process measures.
3.5 Improvement	Some improvement in outcome measures, process measures continuing to improve, PDSA test cycles on all components of the Change Package, changes implemented for many components of the Change Package.
4.0 Significant improvement	Most components of the Change Package are implemented for the population of focus. Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals. Plans for spread the improvement are in place.
4.5 Sustainable improvement	Sustained improvement in most outcomes measures, 75% of goals achieved, spread to a larger population has begun.
5.0 Outstanding sustainable results	All components of the Change Package implemented, all goals of the aim have been accomplished, outcome measures at national benchmark levels, and spread to another facility is underway.

Sample Highlight Report

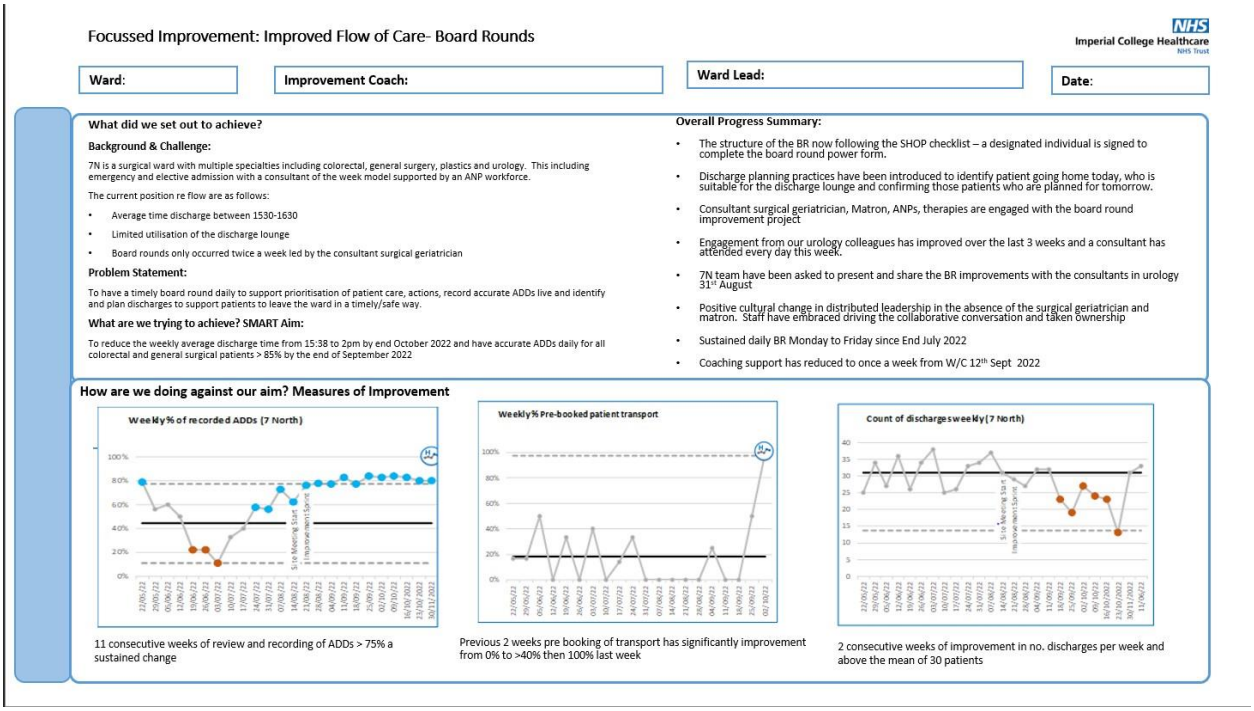

Figure 7: "Highlight report" used by ICSs to report to NHS England

Model for Improvement

1. IHI's guidance on improvement methodology.
    a. The Model for Improvement Part I and Part II