Integrated Care Webinar series 2022 / 2023

Webinar: Clinical and care leadership. Exploring professional identity and the possible challenges and opportunities for multi-disciplinary leadership

Wednesday 29 March 2023

NHS England in partnership with the Social Care Institute for Excellence (SCIE)

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Your panel today

- Chair: Professor Claire Fuller, CEO Surrey Heartlands
- Aseem Mishra, Academic Clinical Fellow & Clinical Lead CVD Prevention, NHS Greater Manchester Integrated Care
- Professor Sir Chris Ham - co-chair of the NHS Assembly, Emeritus Prof University of Birmingham
- Dr Fiona Chatten, Primary Care Development Lead, North East and North Cumbria Integrated Care Board
- Kerryjit Kaur, Head of Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board.

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12:30 – 12:40pm (10 mins)	**Welcomer and opening remarks**	**Professor Claire Fuller, CEO Surrey Heartlands**
12:40 – 12:45pm (5 minutes)	POEM	Aseem Mishra, Academic Clinical Fellow & Clinical Lead CVD Prevention, NHS Greater Manchester Integrated Care
12:45 pm – 1pm (15 mins)	What is system thinking?	Professor Sir Chris Ham - co-chair of the NHS Assembly, Emeritus Professor University of Birmingham
1pm – 1:15pm (15 mins)	What is professional identity - and how can it help to progress rather than hinder integrated care?	Dr Fiona Chatten, Primary Care Development Lead, North East and North Cumbria ICB.
1:15pm – 1:30pm (15 mins)	Examples of system thinking and distributed leadership in LLR ICB	Kerryjit Kaur, Head of Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board
1:30pm – 1:50pm (20 minutes)	Q & A	• All
1:50pm – 2.00pm (10 minutes)	Reflections and close	• Claire.

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NHS Greater Manchester Integrated Care

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Professional Identity: A Key Enabler to Systems Thinking?

Dr Fiona Chatten

What is Professional Identity?

- How we define and categorise ourselves in our work role
  - ‘Who am i?’ in a professional context
- Developed through skills, knowledge and values integral to a profession and undertaking of the professional role
  - Begins in student training
- Highly social
  - Needs to be maintained through socialisation with peers
- Supports psychological safety and self-esteem
  - Creates a *Sense of Belonging*
  - Familiarity and security

Risks of Integration for Professional Identity

- Impacts social connection and maintenance of identity

- Threats, Reactions and Tactics
  - People can feel like their professional identity is threatened by a multi-professional team
    - Too much change
    - Creeping genericism
  - Can result in defensiveness and insecurity
    - Don't feel their role is properly understood
    - Fear their profession will change or be lost
  - Team members might use tactics to preserve their professional identity
    - Protect their role
    - Show their unique contribution
    - Show why they are needed

Positive Professional Identity

Professional Identity in Integration

- Professionals will identify with their own professional group first and foremost
- If they feel secure, they can also identify with a multi-professional group - their integrated team
  - THIS IS WHEN TRUE INTEGRATION OCCURS!
  - But….it will only occur if:
    - They feel secure
    - Their own professional identity is recognised and nurtured

Leadership Challenge

- **Acknowledge Difference**
  - Recognise, acknowledge and celebrate the individual professional identities and ensure there is a space for these identities to be nurtured
- **Facilitate Understanding**
  - Facilitate improved understanding of each professional role, ensuring that each profession feels understood
- **Enable Support**
  - Encourage and facilitate opportunities for professional groups to support each other within their own profession
  - Promote team activities to nurture a new multi-professional identity

Supporting Professional Identity in North East and North Cumbria

- Early days…more work is needed
- Sharing learning
  - Cumbria Learning and Improvement Collaborative (CLIC)
  - North East Leadership Academy
- Supporting joint employment
  - Additional Roles Reimbursement Scheme (ARRS) in primary care
- Strengthening clinical leadership
- Developing networks and communities of practice within professions
  - Supported by HEE Training Hub

More Information….

Fiona.chatten1@nhs.net

Chatten, F., 2022. *Professional Identity in Integrated Care: A Qualitative Case Study* (Doctoral dissertation, Anglia Ruskin University).

NHS
Leicester, Leicestershire and Rutland

Unscheduled Care Coordination Hub (UCCH)
Winter Plan Oct 22 – March 23

Kerryjit Kaur, Head of Integration and Transformation, Leicester, Leicestershire and Rutland Integrated Care Board.

Principles for the Unscheduled Care Coordination Hub Model

- Transfer unscheduled care in to a scheduled care environment.
- Local health and social care services working in the UCCH to take responsibility for managing the needs of sub-acute patients who present to the UCCH. Who are not seriously ill but are at immediate risk of attending hospital or having an EMAS response.
- Patients with no clinical red flags, who are well enough to be left in their own for 2 hours or more, should, by default, be treated in their normal place of residence.
- The UCCH to provide real time access to a senior clinician who can take clinical responsibility for a patient from EMAS or other Health Care Provider.
- Advanced unscheduled care practitioners (including therapists & local authority) to be available to respond in the community to same day needs. Including non-medical & medical prescribers with autonomous access to LLR services.
- The UCCH to be a One Stop Shop and liaise with Urgent Care Response and Planned Care services to coordinate care for the patient. To develop and standardised approaches to system wide improvements that positively impact on patient flow.
- No wrong door approach

Objectives:

UCCH will:

- Improve patient outcomes by supporting patients into the most appropriate care pathway for their needs (Right Care, Right Time, Right Place) regardless of which health and care provider they initially interact with.
- Improve interoperability between services to ensure patients safely become visible to the UCCH
- Reduce or avoid EMAS response and on scene times, improving overall performance and hospital handover delay risks/impacts
- Utilise the Urgent Care Response (UCR) service to deploy urgent (2hr/same day) interventions to support patients to remain safely at home
- Support UCR teams to evade unnecessary calls to 999 and facilitate clinical case discussion to reduce avoidable admissions.
- Provide real time triage of multiple service case loads across the LLR system to improve appropriate service response to patients and provide proactive care
- Provide on scene clinicians with advice/access to alternative care pathways to avoid unnecessary hospital attendance

Aims

- A genuine single point of access, catch all service. Infrastructure includes S1, and links to ambulance control with visibility of 999 demand.
- Referring clinicians have trusted assessor status with no secondary triage or referral process. Transfer of care takes 15 minutes. #Handover@Home
- The multidisciplinary unscheduled care team decide how best to respond in order to meet the patients the needs. Based on the clinical requirement and urgency agreed with the referring clinician.
- Real time visibility of emergency ambulance demand. And the ability to interact with crews on scene to provide viable alternatives to attending hospital.
- Pathways should include access to same day community unscheduled care, including advanced practitioners and 2 hour urgent response, Virtual Wards- community step up beds, UTCs, hot clinics, SDEC, frailty services, community mental health, local authority.

Metrics for UCCH Winter

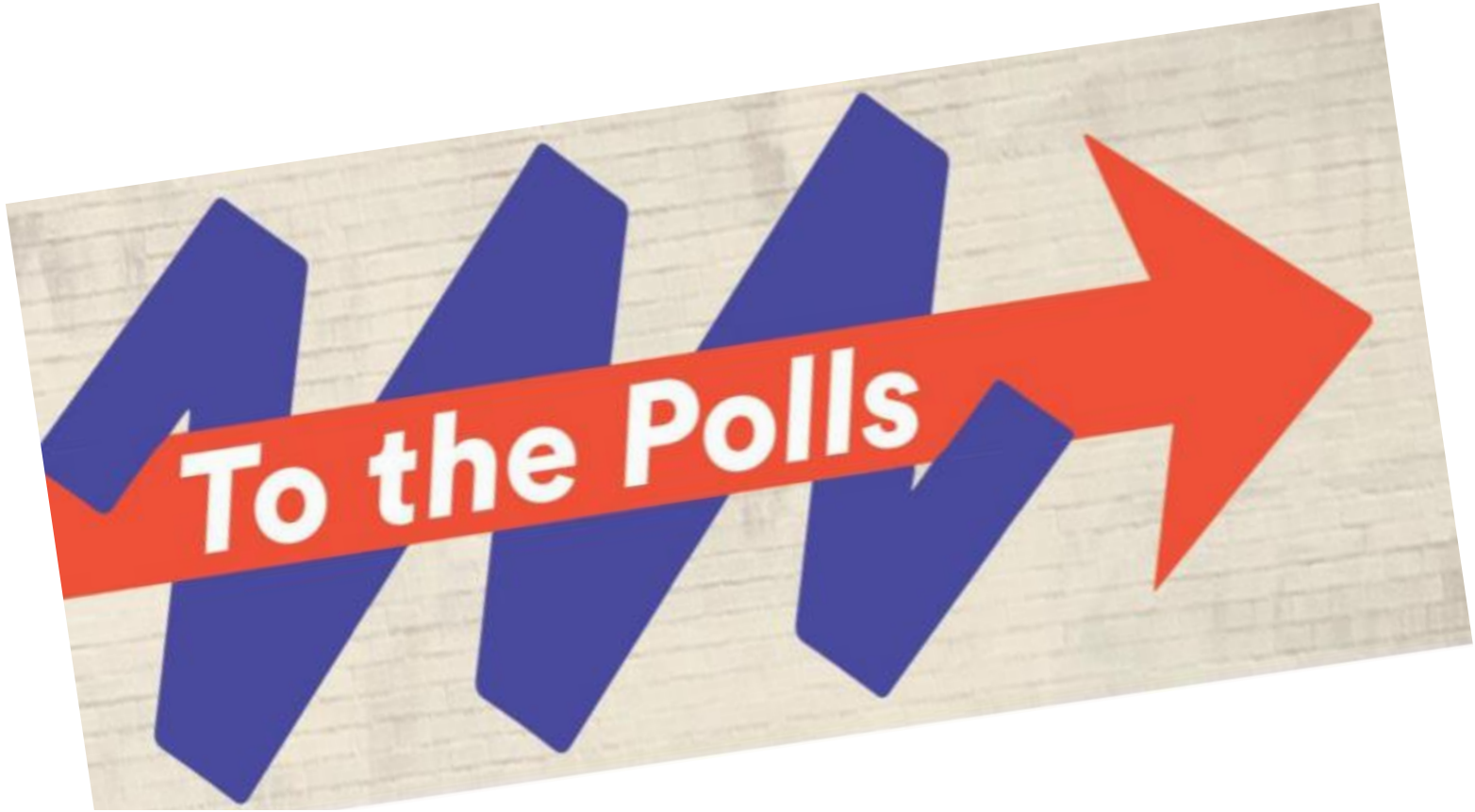
- UCCH activity- referral source type & outcome (agree baseline from current UCCH average) – quality impact – where would they have been referred to vs outcome.
- Ambulance dispatches avoided (agree baseline of previous H&T? or Current UCCH average?)
- Ambulance response times
- Hear & Treat patient end outcome Vs UCCH patient end outcome (baseline from pre UCCH H&T Amb/ED outcome?)
- ED attendance avoided Quality/impact (based on average of H&T referrals to ED average and EMAS/HVS Crew referrals to ED average)
- Activity into community services (unplanned/planned) (agree baseline from pre UCCH average or UCCH average?) Nursing therapy & ICRS, CRS referrals in, outcomes, response time, rejected referrals. Overall quality impact? Proactive reduction in complex care?
- UCCH response/decision time (15mins)
- Reduced time on scene for EMAS, HVS and LPT clinicians (target time? or track and monitor general deduction?)
- Mental Health impact (Ambulance dispatches avoided/outcomes) impact by clinical presentation? Category. Patient journey pre 999/ucch, known to services? Clinical presentation, MH conveyance perspective, outcome (ED/AMB avoidance) time of response for MH. 2 hrs, 24hr.
- Virtual Ward Impact TBC
- UHL Bed Bureau Impact TBC

Benefits realisation

Deliverable	Benefit	Outcome Metric
• Right Care, Right Time, Right Place	• Improve patient outcomes • Improve interoperability between services • Reduce ED walk in/conveyed attendance • Reduce hospital handover delay risk impact • Reduce 999 call demand and response (CAT/DCA/FRV) • Reduce inappropriate use of ambulance response	• UCCH activity & referral source type *(e.g. EMAS Stack/EMAS clinician,111, ASC, UCR - Community DNs/Therapist, DHULLR/PTCDA)* • UCCH outcome *(e.g EMAS/ASC/UCR/ED/UCC/GP/MH/SDEC/PTCDA)* • H&T/UCCH end Outcome comparison • 111 UCCH/EMAS referral comparison
• Reduce ambulance response times	• Improve EMAS performance (Ambulance Service Indicators) • Reduce hospital handover delay risk impact • Reduce unnecessary ambulance response	• Ambulance dispatches avoided • Ambulance response times
• Reduce ED attendance • Provide on scene clinicians with easy advice/access to alternative care pathways • Review multiple access points to LLR alternative care pathways/gaps	• Improve ED performance • Reduce hospital handover delays • Ensure patients are placed into most appropriate services to meet their needs/free resource for UEC needs. • Reduce complex referral process/time • Reduce EMAS/HVS on scene times	• ED attendance avoided • EMAS/HVS on scene time • Increase referrals into UCR services & other ED alternative care pathways • Nursing and Therapy on scene time (impact of caseload/cancelled visits)

Benefits realisation

Deliverable	Benefit	Outcome Metric
• Utilise the Urgent Care Response (UCR) service to deploy urgent (2hr/same day) interventions	• Support patients to remain safely at home • Reduce Hospital admissions • Implementing contingency planning and care plans as part of patients “crisis” episode to avoid future crisis from occurring or reoccurring	• Activity into community services
• Provide real time triage of multiple service case loads/clinicians	• Ensure patients are placed into most appropriate services to meet their needs/free resource for UEC needs. • Reduce complex referral process/time	• UCCH response/decision time
• Provide real time triage of multiple service case loads/clinicians • Provide on scene clinicians with easy advice/access to alternative care pathways	• Ensure patients are placed into most appropriate services to meet their needs/free resource for UEC needs. • Reduce complex referral process/time	• Mental Health utilisation • UCR utilisation • PC/UEC pathways utilisation
• Right Care, Right Time, Right Place	• Ensure patients are placed into most appropriate services to meet their needs/free resource for UEC needs. • Reduce complex referral process/time	• Virtual Ward Impact TBC • UHL Bed Bureau Impact TBC
• Patient/staff experience survey/complaints	• Improve patient experience	• Create survey • Monitor complaints/incidents across services • Recontact initial service rates



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Poll 1

How much would you say this webinar has increased your understanding of clinical and care leadership in ICS's

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Poll 2

Has much would you say this ICS webinar met your expectations?

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A recording of the webinar, slides and resources will be shared on the Integrated Care Learning Network.

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