

Whittington Health
Trust Board
2nd July 2014

Title:	Whittington Health Integrated Care Education Strategy					
Agenda item:	14/116		Paper		5	
Action requested:	To approve					
Executive Summary:	<p>Education is a key part of the Trust's reputation, business and income. In 2013, the Education Strategy Group (ESG) was set up to design and agree on a strategy for this area. This strategy focuses on delivering truly inter-professional education encompassing the full extent of integrated care. For this reason, care has been taken to avoid using language, which is overly focussed on medical education or acute care. The group have sought to consider education and training needs from across a large range of specialties, professions and geographical locations.</p> <p>The fundamental aim of the strategy is to place the Trust in the position of preferred provider for education, certainly for Islington and Haringey, and beyond where possible, including expanding educational income and business wherever this is sustainably possible and developing the Trust's already excellent reputation as an education provider. This would also help to mitigate potential risks to funding by increasing our income from a wider range of sources.</p> <p>In order to provide a full understanding of the income associated with education, an appendix summarising this funding has also been provided (Integrated Care Education Strategy, Appendix 1).</p> <p>Next steps The Education Strategy Group (to be renamed the Education Steering Group and be chaired by medical director Dr Richard Jennings) will review the cost base of the Trust's educational activity as well as the income associated with education in order to identify any particular risks to the business or opportunities for growth. The business case for a Band 8c manager, previously approved by the group formally known as the executive committee, will be revisited in the light of this analysis and the new financial year.</p> <p>This strategy will be subject to regular review in light of ongoing developments and future iterations will align with the developing Trust vision and strategy more generally.</p>					
Summary of recommendations:	For Board approval.					
Fit with WH strategy:	The Integrated Care Education Strategy seeks to embed the wider Trust strategy of focus on integrated care and inter-professional working.					
Date paper completed:	18 th June 2014					
Author name and title:	Graeme Muir, PGME Manager		Director name and title:		Greg Battle, Medical Director for Integrated Care	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?

Integrated Care and Inter-professional Education Strategy

Executive summary

Whittington Health is well known for the quality of educational experience delivered to all who train and practice in the Trust. There is a strong national and local agenda prioritising integrated care and inter-professional education. As an integrated care organisation (ICO) and pioneer network champion, Whittington Health can develop further as a centre of excellence by supporting this agenda and using the opportunities attached to this work.

This strategy has five overarching strands:

- an education programme on what integrated care means
- further exploration of the educational opportunities offered by integrated care
- an exploration of the workforce requirements to deliver integrated care and integrated and inter-professional education
- creating an education 'brand' for Whittington Health to the extent that we become synonymous with integrated care and inter-professional education
- developing an integrated matrix to govern how education is led, developed, run and evaluated across the Trust. If this matrix style of working does not maximise our work it may be necessary to explore initiating a more formal structure such as a unified faculty of education.

To achieve this the Education Strategy Group should be reconstituted and its work prioritised. It will be supported by a series of small working parties whose task it will be to develop local integrated care education plans.

1. Introduction

- 1.1 This document sets out a proposed strategy developing educational opportunities around integrated care and inter-professional education within Whittington Health.
- 1.2 Whittington Health has a longstanding history of providing high quality education across a range of professions, for which it has achieved a significant reputation. Alongside this as an integrated care organisation, we are excellently placed to deliver innovative solutions to the healthcare needs of our service users in the coming years. An ageing population and increasing prevalence of chronic physical and long-term mental health conditions calls into question the model of service delivery located around hospital-based acute care settings. An increasingly patient-centred delivery model, championing health promotion, ill health prevention, and self-management dictates that our interaction with patients should increasingly take place in the community, blurring the distinction between primary and secondary care and the hierarchy of clinical roles that exists.
- 1.3 In light of the reputational and financial opportunities attached to expanding integrated care, the Trust aims to become the preferred provider for education in Islington and Haringey and to be recognised as a hub of innovation capable of providing its educational expertise and know how to other interested parties. In order to develop excellence in the delivery of integrated care, it is important to investigate, review and plan for developing excellence in integrated and inter-professional education.
- 1.4 Our strategic intention to develop integrated and inter-professional education is supportive of national and Local Education and Training Board (LETB) drivers in this area. This strategy is entirely aligned with the national mandate and priorities of Health Education England and Health Education North Central and East London's Quality Strategy as well as our own Trust strategy, Transforming Healthcare for Tomorrow.

2. Strategic principles

2.1 The strategy to deliver integrated care inter-professional education has five overarching strands to.

- Strand One – An education programme on what integrated care means
- Strand Two – Further exploration of the educational opportunities offered by integrated care
- Strand Three – An exploration of the workforce requirements to deliver integrated care and integrated and inter-professional education
- Strand Four – Creating an education ‘brand’ for the Whittington to the extent that we become synonymous with integrated care and inter-professional education
- Strand Five – Developing an integrated matrix to govern how education is led, developed, run and evaluated across the Trust. If this matrix style of working does not maximise our work, it may be necessary to explore initiating a more formal structure such as a unified faculty of education.

2.2 Strand One – Education around integrated care

3.2.1 An education programme around what integrated care means for Whittington Health not only raises awareness of its central importance to our future, but will encourage ownership of, and involvement in, the development of integrated care and allow for the development of quality improvements and changes to practice to deliver integrated care.

3.2.2 Systematic quality improvement is at the heart of Berwick Report. In order to continue to develop the reputation of Whittington Health as a provider of patient safety par excellence, the development and expansion of integrated care through our lead role in the Community Education Provider Network is essential. Our work as one of the fourteen integrated care pioneers specifically attempting to promote close cooperation across Islington and applying the lessons learnt for implementation into Haringey affords us the opportunity to continue a programme of ‘education around the education.’

3.2.3 At the moment, it is not often easy to establish the point where service delivery ends within integrated care and widespread educational opportunities takes over. What is taking place is limited in scope so the widespread benefits are difficult to envisage e.g. the practice of having paediatric registrars working alongside GP trainees in GP clinics is showing good results for the treatment of patients in reducing the rate of potentially unnecessary referrals but the wider educational impact does not travel much beyond the individual clinicians themselves. With limited resources, we may need to do further work to develop more impactful solutions. The gathering of such evidence is also vital to help develop metrics, quantitative and qualitative, in order to judge the success of any strategy. The appointment of a new clinical leadership role such as a Professor of Integrated Care would also provide extra capacity to review and research integrated care.

3.2.4 **Strand one – outcomes**

- **Host quarterly sessions on “what integrated care means for you” sessions for clinical / non-clinical staff. 75 per cent of clinical/non-clinical senior and managerial staff to attend at least one session within 12 months.**
- **Continue to host an integrated care training day for senior postgraduate trainees**
- **Explore the format for developing above along MDT lines (across CEPN catchment and Haringey) within six months of commencement, with the aim of the first session being held within 12 months**
- **Work with the Communications Department to deliver an integrated care awareness strategy, this could be a regular presentations through WHITCAT and a regular slot in the Trust magazine Catchup.**

3.3 Strand Two – Detailed exploration of integrated care education opportunities

- 3.3.1 Areas of existing work to build upon include:
- 3.3.2 Undergraduate medical education - Whittington Health provides high-quality training to medical students. The ICO presents opportunities for training across boundaries. Already developed in paediatrics is a multidisciplinary training programme with undergraduate doctors and pharmacists learning and working together.
- 3.3.3 Postgraduate medical education - The vision is to increase inter-professional integration of education particularly in simulation. Both foundation year 1 (FY1) and foundation year 2 (FY2) will have their simulation training delivered here (see 3.3.9). Already in place is integrated training in respiratory medicine. Many of our trainees work in ambulatory care medicine clinics and this will be expanding in January 2014. It is anticipated the new community geriatric sessions will build on these training opportunities with colleagues across the organisation and primary care. The plans for the future also include surgical training in ambulatory care.
- 3.3.4 Nursing education - Within nursing, there is commitment to develop education and development in innovative ways to deliver the integrated care agenda. We have commissioned and developed the first Post Graduate Certificate in Integrated Care at Middlesex University. This incorporates taught modules, and individual training needs analysis, as well as rotations across boundaries to give staff the knowledge and skills to be able to operate in both the acute and community setting. There are ten places on this course and it is thought that this will be an enabler for our hospital-at-home project. A rotation across boundaries has been successfully implemented in dietetics, again being an enabler for multi-skilling staff to work in the acute and community settings. For undergraduate nurses, there is agreement to introduce a new placement system across pathways and this will be trialled initially in dementia care. In this way, a student will be allocated to a person who has dementia and they will be able to travel with them through the health and social care system providing them with continuity of one healthcare professional. For the student, this will give them the breadth of understanding of the patient journey and better prepare them for work in an integrated care organisation.
- 3.3.5 Pharmacy education - Over the last three years, the pharmacy has developed a training programme working with UCL for undergraduate pharmacists in the Trust. The foundation year postgraduate training programme has also been developed. Both these programmes have developed to take advantage of the opportunities in the Trust. These include prison health, community clinics, telephone multi disciplinary team (MDT) working, in care homes, and mental health for adults and adolescents.
- 3.3.6 Recent statistics show the importance of exploring how services can be developed and delivered in and around pharmacy settings. The annual number of contacts of healthcare service users in England with pharmacists alone is 428 million, the total for all other contacts combined is 398 million.
- 3.3.7 The burden of musculoskeletal (MSK) disorders needs to be managed as we move forward as a health care provider. Musculoskeletal disorders have a major impact on healthcare resources, being one of the commonest reasons for primary care consultation, and a longstanding musculoskeletal problem is the reason for one in four adults being on long-term treatment in Europe. Health in the European Union (see *European Commission; 2007 & Arthritis Care UK for recent updates*). In the UK in 2003, the estimated cost of GP consultations for diseases of the musculoskeletal system was £1340 million; costs of diseases of the respiratory system (£1790 million) and diseases of the circulatory system (£1350 million) were higher. In the UK in 2009, one third of all sick-leave days were attributed to musculoskeletal disorders, with 9.3 million work days lost (*The Health and Safety Executive Statistics 2009/10. National Statistics. HSE; 2010*). The linking of allied health professions (AHPs) to nursing and medical training will be essential to share the expertise within all groups to manage this increasing burden on services and inter-professional learning opportunities will be essential to support earlier primary care management and prevention of this wide group of condition

3.3.8 Allied Health Professions (AHP) education – AHP (the larger professional groups being physiotherapy, occupational therapy, dietetics, podiatry, radiography, psychology, speech and language therapy, paramedics, orthotists, orthoptists) form a large part of the workforce across the whole of the organisation, delivering key services across multiple pathways and complex long term conditions (LTC). Mapping current inter-professional working partnerships and education/learning will offer insight into the development of communities of practice that can be spread across the Trust since AHP roles and reach is wide and varied. Current examples of inter-professional working to be built upon:

- IAPT (Increasing Access to Psychological Therapies services) Pathfinder status seeing psychological support in-reaching to LTC community services building new innovative communities of practice.
- Pharmacy and IAPT/health psychology partnerships with MSK community chronic pain services working to an interdisciplinary model of care delivery facilitating new inter-professional learning opportunities between physiotherapists, pharmacists and psychological therapies.
- Speech and language services working in partnership with schools and teachers in the delivery of care
- Podiatry and diabetic services bringing nurses and AHP together across a wider pathway.

The AHP Executive Committee is mapping specific service details to include the training and learning opportunities for undergraduates, post-graduates and Trust staff, and service development opportunities around cross-professional working. An AHP training day around some core skill sets is being planned.

3.3.9 Inter-professional simulator education - Over the past five years, the Whittington Health simulation faculty has developed innovative programmes of simulation and education that are not dependent on the education always being delivered in the simulation centre. Each simulation programme is multi-disciplinary and multi-professional with nurses, health care assistants, doctors and allied health staff. By taking the simulation to the clinical area, we are able to train more staff in their working environment. This project would support the development of the programme and increase the frequency of sessions and the extension of the training to other areas within the organisation.

3.3.10 Primary care education – We aim to work closely with our clinical commissioning groups (CCGs) to build on our long history of GP education to develop a more systematic way of addressing GP educational needs maximising the use of technology and that we have access to 35 sites across Islington and Haringey.

3.3.11 Currently, medical and nursing students have primary care attachments that are well established. We aim to offer the opportunity for students to follow patients along both elective and emergency pathways, from home to community services and primary care and on into the acute setting and back. We are uniquely placed to offer this to UCL and other educational establishments underpinned by our integrated approach.

3.3.12 We will also be able to develop for offer community based training for health care assistants, allied health professionals and non-clinical workforce e.g. reception staff. AHP professions offer a mixture of community-based training at undergraduate level, with some key AHP groups having robust and comprehensive training, supervision and continuous professional development models that could be shared across the organisation for all Whittington Health staff (physiotherapy, occupational therapy, psychology, speech and language therapy and dietetics in particular).

3.3.13 We want to break down the silos and offer multi-professional multidisciplinary education. This includes reaching people who are traditionally less able to access education and those on lower bands particularly healthcare assistants, working in partnership with the CCGs and councils in relation to social care provision. Health Education North Central and East London (HE NCEL) have prioritised funding towards the training of staff in bands one to four, we should be positioning ourselves to ensure that this money is channelled towards Whittington Health.

3.3.14 Patient education – In order to sustain and grow our position as a centre of excellence for self-management, we must continue to develop this work strand alongside the work associated with the pioneer programme.

3.3.15 Whittington Health Library - The library provides study space, a training room and books for staff and students from four partner organisations. It administers Athens accounts for three NHS Trusts, providing on-line access to educational and clinical resources, offering computer/wireless access to most of its users. Library staff are experienced in providing training in health information resources and critical appraisal skills to staff both on and off-site. Library staff can also provide literature searches to support the development and delivery of education.

3.3.16 Strand two outcomes

- **Proposals for an integrated care education strategy to be accepted within one year of commencement. Potential focus to include:**
 - **A review of what is happening within nursing and how it can be further enhanced to promote integrated care education especially with regards to GP practice nursing**
 - **A review of the results of our work on hospital-at-home and how it can be enhanced to promote integrated care education**
 - **A review of the results of our work on Co-creating Health and the Expert Patient Programme and how it can be enhanced to promote integrated care education**
 - **A review of our integrated respiratory care network to enable a similar programme to be extended through a community care of older people network**
 - **A review of how integrated care might be structured around practice pharmacists**
- **All trainees (medical and others) be made to complete a multi-disciplinary team quarter one project during their time at Whittington Health in order to reinforce the importance of integrated care and our position as an innovator in integrated care.**
- **Year-upon-year growth in educational activity related to integrated care across Whittington Health and its catchment area for the following three years.**
- **Explore with UCL Medical School the opportunities to develop special study components in integrated settings for year four medical students**
- **Have the planned community simulation hub **running x sessions** per year once established**
- **Introduce an integrated care education short-training programme for senior postgraduate trainees within 12 months of the deployment of the strategy**

3.4 Strand Three - The workforce required to appropriately deliver integrated care

3.4.1 Delivering actual integrated care is more than simply getting hospital-based staff out into the community, which could be argued to be replacing the inconvenience of the patient with the inconvenience of staff. Also the more senior the staff, the more expensive the exercise becomes.

3.4.2 We need to establish a mechanism for working out the shape of the workforce that we need to deliver integrated care in order for integrated and inter-professional education to take place. This should then lead us to develop a recruitment and workforce development plan that will deliver a more integrated care service whilst ensuring educational opportunities for all. Obviously, such change will take time to implement and must dovetail with the work already undertaken internally through Passionate about People. This work is important as it fits well with that of the Clinical Education Practice Networks programme proposed by HE NCEL for which funding will be available.

3.4.3 **Strand three outcomes (detail included in “An Integrated Health Workforce – Fit to Deliver” framework, funded by HE NCEL)**

- **Complete public health data mapping to assess alignment of workforce match within two months of commencement**
- **facilitate strategic workforce planning workshops with the local community stakeholders and our teams to scope workforce needs/ideas/new roles - inc patient/user groups within three months of commencement**
- **Complete workforce assessment modelling and deliver recommendations within 12 months of commencement**

3.5 Strand Four – Whittington Health as an integrated care education brand leader

3.5.1 It will mainly be by establishing Whittington Health as the leading name in the provision of innovative integrated care and education that reputational benefit and funding will come our way. We can position ourselves to foster a market share switch with regards to patterns of referrals and future interaction between ourselves, general practices and other healthcare agencies on the fringes of our catchment area. We could look to extend that catchment area in order to grow the organisation.

3.5.2 By establishing a brand around something like ‘Whittington Health University’ then we will be able to market ourselves as a centre of excellence willing and able to sell our expertise to other providers. Such expertise may be able to be promoted internationally as well as nationally.

3.5.3 **Strand four outcomes**

- **Within 12 months have a strategy in place for expansion of Community Education Provider Networks (CEPN) into Haringey using lessons learned from experience in Islington**
- **Have 10 abstracts accepted for specialist society conference presentations on integrated care education within four years**
- **Host/sponsor an national conference on integrated care education within three years**

3.6 Strand Five – a structure to maximise integrated education opportunities.

3.6.1 Currently, responsibility for the delivery of education and training is dispersed across the Trust and operates in a silo-like fashion. It should be possible to develop matrix style working to ensure that integrated care educational opportunities are embedded into the delivery of the training curriculum for student nurses, medical students, doctors in training, nurse and AHP professional development, and clinician continuing professional development (CPD). However, over time we may find that in order to maximise the benefit of this strategy then a combined formally structured faculty of education is necessary in order to deliver the full reputational and financial benefits of being an education provider.

3.6.2 **Strand five outcomes**

- **Within 12 months agree an operational strategy to ensure that suitable and sufficient premises are available to deliver all education and training requirements, and that there is capacity to accommodate opportunities for expansion of education. This will enable that the right, appropriately equipped space for education and training sits in the right geographical location across the integrated care organisation.**
- **Between month 12 to 24 review the structure for delivery of education and training in order to assess for maximisation of efficiency and effectiveness**

4. **STRATEGIC GOVERNANCE AND ACTIONS**

4.1 The immediate priorities are strands one, two and three.

4.2 The Education Strategy Group should be geared towards strategic educational decision-making and should provide leadership around strands one, two, four and five. In order to achieve the agenda set, it is important that its meetings are prioritised.

4.3 Membership should include -

Executive Medical Director (as chair) Head of Learning and Development representation from UCL Medical School New clinical academic leadership role, such as a Professor for Integrated Care Education	Medical Director (integrated Care) Director of Medical Education Deputy Director of Clinical Education Assistant Director for Integrated Care Education patient representation
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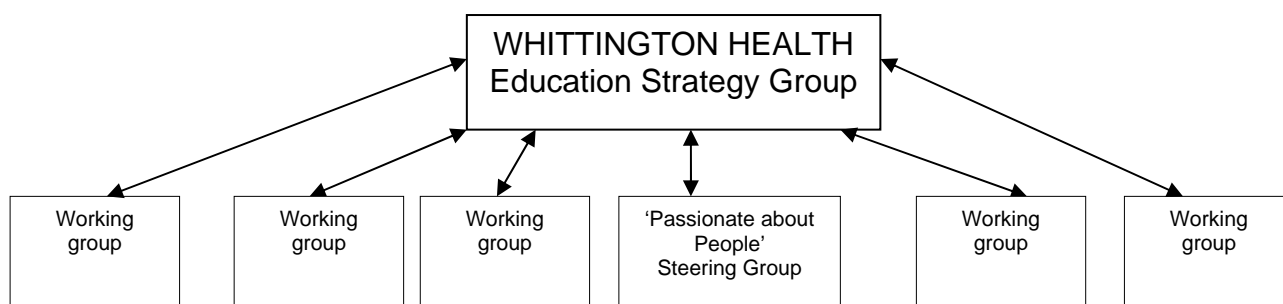
4.3.1 This executive group will be responsible for the strategic delivery of education within and around integrated care. Those within our current workforce already experienced within integrated care should be invited to contribute and attend as appropriate.

4.4 When necessary the chief librarian should be invited to help with evidence gathering, the director of communication should be invited to help with the technical aspects of spreading our message about integrated care and with developing the Whittington Health integrated care brand, and the director of facilities should be invited when consideration of the structural requirements of educational delivery are discussed under strand five.

4.5 The membership of the Educational Strategy Group is still not close enough to the detail of the work required to develop integrated care and inter-professional opportunities. It is proposed to set up a small number of working parties below the Education Strategy Group in order to review and develop the detail required to maximise delivery. Those involved have to have the insight into what is required and will either be, or be very close to, those who will drive the solutions forward. Dependent on the nature of the area or pathway being looked at these groups may be as little as two or three people per topic but where appropriate representation needs to include clinicians including GPs, nursing side, pharmacy, physiotherapy, hospital at home side.

- 4.6 The working plan for these working parties should always be built around the principles espoused by the Centre for Advancement of Inter-professional Education. These are -
- Improve the quality of care through delivering better education
 - Involve service users and carers
 - Encourage professions to learn with, from and about each other
 - Respect the integrity and contribution of each profession
 - Enhance practice within professions through delivering better education
 - Increase professional satisfaction

4.7 In recognition that the work of strand three is being led under a different but closely linked work stream, the probable governance



4.7 This is obviously a large and ambitious agenda, which is at the moment un-costed and with unknown and un-resourced funding required. It would be prudent to start with a limited number of projects. Using project management principles lessons will be learned as they move from development to implementation and delivery. These lessons can help influence the planning for future roll out of next tranche of integrated education plans.

- 4.8 In order to prioritise the initial round of projects a larger workshop should be held involving all interested stakeholders who will oversee and be involved in the delivery of this work. Presentations around existing work and putative ideas for new work could be held and then decisions made as to which to prioritise for the future.
- 4.9 The Assistant Director of Integrated Care Education should become the Project Manager of this Project, with the Medical Director (integrated care) and Executive Medical Director as Project Sponsors.
- 4.10 The Assistant Director is tasked with preparing a more detailed project brief to include a work schedule, full costing and cost benefit analysis, the project metrics & success criteria and communication strategy for the project and for delivery.
- 4.11 As a matter of priority meetings should be held with HEE NCEL to discuss funding and to reach agreement around their support and for us to play the leading role in the development of their school of primary and community care and the Clinical Education Practice Networks.

Education income budgets 2014/15

HENCEL LDA Funding	Annual Value
Non Medical Salary Support	1,159,943
Workforce Development	310,327
National Activity - Pre Reg Care Pilot	21,450
Non Medical Undergraduate Tariff Funding	408,112
Postgraduate funding	5,802,120
Undergraduate funding	6,754,520
Sub-Total	14,456,472

HENCEL LETB Project Funding	Annual Value
2013/14 income deferred into 2014/15	420,955
Second payment April 2014	352,420
Sub-Total	773,375

Other Devolved training & Education	Annual Value
Research & Development Infrastructure	151,816.00
Research & Development Grant Funded Project	583,851.00
Flexible Training Funding	263,442.00
Academic Trainee Funding	63,525.26
Library Funding	107,000.00
Resus & Life Support Training	128,400.00
Contraceptive Services	68,611.06
Health Foundation	35,340.00
Michael Palin Centre - SLT Courses	35,000.00
Other miscellaneous training	19,818.98
Sub-Total	1,456,804.30

Total	16,686,651.39
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