

The QNI's Annual Conference
Healthcare in the Community 2023



In the Spotlight

Nurses Leading Care in People's
Homes and Communities

DAY 3 SUMMARY

4 October 2023



Day 3:

Population Health and Sustainability

Welcome from
Professor John Unsworth OBE,
Chair of Council, The QNI



1. The Work of the QNI in Improving Nursing Care in our Communities

Dr Crystal Oldman CBE, ON, RN, RHV, Chief Executive, The QNI

- **Influence:** I always say never try to influence policy without the evidence.
- I'm going to tell you a little bit about how we try to influence policy at the QNI, firstly I'd like to talk about the Inaugural William Rathbone X Annual Lecture and Award Presentation which took place in June this year, Professor Alison Leary gave an amazing presentation on 'Thinking differently about nursing workforce challenges'. You can watch the recording here: <https://vimeo.com/841257913>.
- One of things we do with sharing our intelligence is sharing what nurses do – work as done rather than work as imagined so we were delighted to be commissioned to put together an infographic about what nurses do from pre-conception to end of life, see it here: <https://tinyurl.com/4e8stwb8>
- We are committed to carry out a District Nurse Education audit every year, and found that there has been a recent decline of 6% then another of 9%, we are anticipating there will be an increase in the commissions going forward.
- **Innovation:** We currently have two innovation programmes looking for applicants: the first, the NGS Elsie Wagg Innovation Scholarship in partnership with the National Garden Scheme is looking for nurses keen to promote the health benefits of gardening. Find out more here: <https://tinyurl.com/58dus45w>



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- We are also seeking applications from community nurses who have innovative ideas to improve Diabetes care. We're able to fund 7 projects in 2024 thanks to a major grant from The Burdett Trust. Find out more here: <https://tinyurl.com/2ha33tc5>. Both have a deadline of 31 October 2023.
- **Standards:** We've created Field Specific Standards for Advanced Practice in Community Nursing, the following have already been published: Adult Social Care Nursing, District Nursing, Community Children's Nursing, Community Mental Health Nursing, General Practice Nursing, Inclusion Health Nursing. The next 3 will be published shortly: Community Learning Disability, Community Palliative and End of Life Nursing and Health and Justice Nursing. Universities are now contacting us and we are sharing the standards with them so we can have an endorsement process with them. Please contact agnes.fanning@qni.org.uk with any questions.
- **Voice:** we have 10 networks, something for everyone! Find one that's for you here: <https://tinyurl.com/53cz4u24>
- Big shout out to our amazing Queen's Nurses or #ExtraordinaryQNs - we influence policy by calling on policy makers - sometimes senior civil servants and MPS - to shadow a Queen's Nurse for a day for clinic or home visits and this really makes a difference: work as done rather than as imagined, it's really important.
- **Support for Nurses:** a reminder of our TalkToUs listening service, a confidential, free emotional support phone line, find out more here: <https://qni.org.uk/support-for-nurses/talktous/>
- And of course our financial help and educational grants open to community nurses, find out more here: <https://qni.org.uk/support-for-nurses/financial-help/apply-for-financial-help/>

2. Managing Health Inequalities

Fatima Khan Shah, Associate Director, Long Term Conditions and Personalisation, NHS West Yorkshire Integrated Care Board; Rob Webster CBE, FONI, Chief Executive of South West Yorkshire Partnership NHS FT and Chief Executive designate of the West Yorkshire and Harrogate Integrated Care System

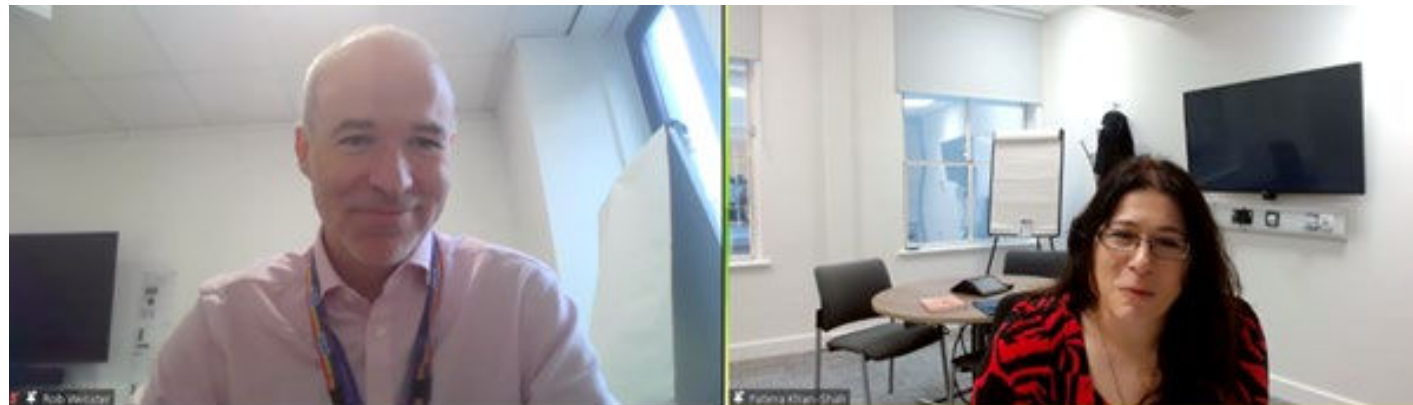
Rob: Fatima is the first ever inclusivity champion, the first in our region which is very exciting.

Fatima: It's quite a topical issue at the moment health and equity. I think West Yorkshire partnership have really shown the art of the possible about health equity.

Rob: It's a hot topic and rightly so. Each month I have a conversation with all new starters about what the partnership is for. I believe how we work is as important as what we do. They all came from a place of how we believe in improving outcomes, social justice in the NHS and how we want to make a difference. West Yorkshire is a partnership of 10 trusts, 100 GP practices and voluntary organisations and the things that bind us are very important.

Fatima: I'm the first person to say that it's one of the best ICS places to work for. Because I feel like every time I come to work I make a difference.

Rob: Integrated systems have to tackle inequalities. In terms of how we do that, two ways : 1 have to right culture 2. We have to have right structure.



2. Managing Health Inequalities

Rob: We've really set out a culture where we embrace this, we know these things persist. People with a learning disability die earlier, this is not a health condition! If you come from a Black African community you're more likely to have experiences of poor care, if you're a man from that background, you're more likely to be sectioned. This is shocking and if we're going to do something about it, we need insight and capability and skill.

Fatima: In particular I've found that nursing is the compassionate side of the healthcare system. They go in and out of our homes and they're the first people you come into contact with, certainly as a carer. We couldn't be anywhere without our nurses, so big shout out to them.

To address health inequality we have to focus on those areas we don't normally focus on, type of housing people live in, the schools people go to, all these areas are crucial to our success. Having an inclusivity champion, it's a lens and we wanted West Yorkshire to be a region where people feel as if they belong. Inclusion is where you take everything: housing, transport etc because that will support better outcomes.

Rob: Having somewhere to live, having someone to love and having something to do: these are the main drivers for health. So providing simple things like having housing advice in mental health wards of a hospital is a good thing. What's the solution to the ambulance crisis? It's not more ambulances, it's getting rid of cold damp housing.

We've created a project called Project Hope (find out more here: <https://tinyurl.com/3dmed37k>) which aims to provide sustained support for young people leaving care, with the hope of helping them to find employment and develop the key skills and experience they need for their chosen careers.

Fatima: We've also created inclusive recruitment, we've got race equality fellowships which have been award-winning (find out more here: <https://tinyurl.com/4uwzhhs>).

2. Managing Health Inequalities

Fatima: Personalisation is also something that every nurse does naturally: empowering people with skills and knowledge to look after themselves, harness innovation, culturally competent services. You personalise the care: you mitigate the inequality.

Rob: We know that's a real strength with community nurses. We're playing to what people want. As a lady once said to me following a stroke: 'I want to go up the stairs, as that's where the toilet is. I want to go to bed with my husband, we've been together 60 years so I want to continue doing that.' That kind of personalisation is what it's about.

Fatima: It's about transcending boundaries to find out what matters to people. Who matters to people. I have enormous admiration for you Rob. I was angry and shouty when I met you for the first time. Rob has always been a charismatic speaker, but I thought during his speech: 'He's not mentioned carers!' so I did a Fatima trick move: I cornered him before he left, kept him there for 25 minutes and you did that Jedi mind trick on me which I wish more leaders would do, you said, 'I hear what you're saying and I would love to have you come and help us with that.' It gives the power and the resource to the carer, to the individual to make that change happen.

Rob: I'm always blown away by the people we meet on a community visit, some live unimaginable lives and I'm humbled by them. You understand the value of those carers and their family. We have a programme of carers support. Without them we couldn't deliver anything.

What's critical for all of us is a sense of leadership in the system: nationally and locally. It's got to start with people, we're here to help.

2. Managing Health Inequalities

Fatima: We've just been through a very challenging period in recent memory, how do we inspire people to support and lead in a way we've spoken about?

Rob: Prove it works. There are brilliant things going on, that people are very proud of. Everyone on this call will be thinking about something they're doing that they're proud of, Queen's Nurses for example, some of the best nurses around, we've got to keep talking about the brilliant work, we need to show it works.

Fatima: You can address inequalities without making it worse for everyone else. Access to personalised care is so important.

Rob: My job is easy compared to yours on this call, all the community nurses. You don't get the plaudits for it, but I want to take a moment say thank you.

Fatima: It's about diverse leadership, by lived experience as well. I was a patient advocate and a carer, it's really important to visit our services and talk to patients about what it feels like. Have our staff come and talk to us, it needs to be a two way conversation. It's a combination of things, and part of that, our leadership, needs to be diverse in a range of ways.

To everyone on the call, aim high, there is no glass ceiling as far as I'm concerned!

3. Round table sessions

Table 1	Jodie Ley	<i>Developing Advanced practice in Mental Health in Cornwall</i>
Table 2	Diana Buck	<i>Offender Health Nursing</i>
Table 3	Christina Fairhead	<i>The Challenges of Safeguarding in Community Nursing</i>
Table 4	Sue Hill	<i>An introduction to Resilience Based Clinical Supervision</i>
Table 5	Fiona Green	<i>Using QNI influence to ensure that Hospital@Home care delivery becomes a choice for everyone</i>
Table 6	Sarah Hall	<i>Legacy Nurse mentorship in Primary Care</i>
Table 7	Helen Marshall	<i>What is the student nurse experience caring for an adult patient with a learning disability in clinical practice</i>
Table 8	Kirsty Balfour	<i>Homeless Health</i>
Table 9	Bethany Carter	<i>It's good to talk: implementing safe-tea boards / chats to improve working lives and patient outcomes</i>
Table 10	Victoria Sharman	<i>Gambling related harm ; recognition and support</i>
Table 11	Emma Lea	<i>Role of the PNA</i>
Table 12	Jeanette McGuire	<i>Hartlepool Dementia Liasion Service</i>
Table 13	Anne Taylor	<i>Population and Inclusion Health in Parish Nursing Practice</i>
Table 15	Nicola Payne	<i>Increasing participation in research from underserved communities</i>
Table 16	Lynn Salmon	<i>Digital "inclusion" or "exclusion" the role of digital monitoring in frailty</i>
Table 17	Jacqueline Simmons	<i>Children in the care of the local authority - the impact in the child and young person</i>
Table 18	Dr Cate Wood	<i>Leadership Programmes</i>
Table 19	Dr Agnes Fanning	<i>Field Specific Standards for Specialist Practitioner Qualifications</i>
Table 20	Dr Amanda Young	<i>Community Nursing Innovation Programme</i>

3. Sustainability and Healthcare

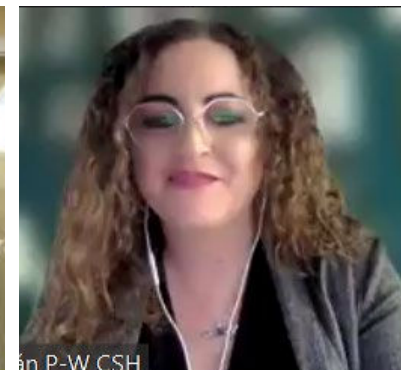
Sir Muir Gray CBE, FRCPSGlas FCLIP; Rachel Stancliffe, Chief Executive, Centre for Sustainable Healthcare (CSH); Siobhan Parslow-Williams, QI Education Lead, Centre for Sustainable Healthcare (CSH)

Muir: District Nurses don't waste their time, they're doing high value work, whenever I see waste in the health service, I think this could be invested in district nursing.

Why is the environment important?

Rachel: The Centre for Sustainable Healthcare (<https://sustainablehealthcare.org.uk/>) is a registered charity supporting the healthcare sector to lead and model climate action. We have over 15 years experience, an experimental evidence-based approach to change and we collaborate with individuals and organisations to reshape and create a more sustainable healthcare system.

We are all people and part of the eco-system. There are several layers of impact and influence on what we do in our work and in our every day life. Not just physical things, water we drink, air we breathe, but also social capital and communities we're part of. We need to understand that health is part of the natural environment. If that environment is being degraded or is at risk, then our health is also at risk.



3. Sustainability and Healthcare

Rachel: the climate emergency we're in, it's the biggest risk to our health now. Planetary boundaries are being crossed all the time. Extreme weather, rising temperatures, extreme heat, all of these have a huge effect on our human health, physical and mental.

Carbon footprint of global healthcare sector is 2Gt CO₂e; outdoor air pollution kills 4.2 million people worldwide, 2% global plastic production is medical plastic, increases by 6.3% per year; antibiotics found at 65% of 711 river sites worldwide.

Muir: Can all these changes be put down to climate change?

Rachel: There's a lot of information on this, so we have very good records showing how human behaviour has affected the climate. Lots of variation over the centuries, from the industrial revolution there's been an exponential effect on the environment. The seas are full of plastic, the rivers too. But we also have scientific IPCC report (read here: <https://tinyurl.com/ype5ke47>) by hundreds of scientists worldwide clearly documenting what we need to do. Which is, we need to reduce carbon dioxide emissions and other environmental impacts in the next 15 years or so. Eco anxiety - we see a lot of this in our youth and in the rest of the population. We need to be aware as healthcare professionals to validate and treat it with respect. Some of our children aren't having children because of fears of the future! Climate migration is already starting. There is a need for climate justice, climate injustice is huge. The countries that have caused the biggest problems, are those who are suffering the least. UK and America for example, at the expense of a lot of the rest of the world.

3. Sustainability and Healthcare

Muir: Where do you see us in terms of optimism or pessimism, is it still possible to do something?

Rachel: It's not too late. We have 10 to 15 years in which to make big big changes. Model change: show it's possible to reduce our carbon. People need to be supported to support changes.

Use influence in wider society: advocate, raise awareness, change culture. Educate ourselves and others. Use purchasing power to improve supply chain. Include sustainability in policy. It requires a change of culture.

Net zero is in your hands: "As the largest profession delivering, influencing and leading health and care globally, nursing is uniquely placed to advocate, educate and lead action." It's absolutely vital that we get nurses and doctors on board in terms of making those changes.

You can see the health co-benefits (the things that will improve health at the same time as the environment) in the slide below.

Muir: When we look forward we need to understand about stewardship of the NHS: don't waste NHS resources. I met a guy who'd had his cataracts done, but didn't notice a difference in his quality of life. The use of MRIs has increased 5 times over the year, these are huge issues to do with the changing nature of clinical practice.

Let's hear from Siobhan now, particularly thinking about the NHS itself now and how we can change and reduce waste.



Health co-benefits of action on climate change

- ↑ Energy Efficiency of Homes**
Reduces fuel poverty
Homes cheaper to heat
Improves physical and mental health
- ↑ Locally Sourced Plant Based Diets**
Improves food security and nutritional status
Improves physical and mental health
- ↑ Access to Green and Blue Spaces**
Trees cool cities and reduce air pollution
Time in natural spaces reduces stress and health inequalities
Improves physical and mental health
- ↑ Walking and Cycling**
Reduce air pollution, increases population fitness, reduces obesity
Improves physical and mental health
- Community Action**
Helps build social connections
Increases community resilience
Alleviates eco-distress
Improves Mental Health

CENTRE for SUSTAINABLE HEALTHCARE

3. Sustainability and Healthcare

Siobhan: I'm a nurse by background, what I want to talk about is what you can do in your every day practice, using case studies and a framework of sustainability.

Nurses are ranked as the most trusted professionals for the 20th year in a row. We can really use our voice in this area and make big changes. We're the biggest workforce, we work in all the sectors, always patient facing. There are 27.9 million nurses worldwide according to the World Health Organisation. If we're all doing small steps we can make a big difference.

What if sustainability became part of quality improvement?

A lot of carbon footprint comes from gases, anaesthetic gases and pharmaceutical equipment.

The Royal College of Physicians recognised sustainability as a domain of quality. We really need to make sure not only is healthcare sustainable addressing the needs of today, but that it is sustainable for future generations.

We want to increase environmental impact, good ecology is good for the economy. We want to add social value to every opportunity. This is the equation:

$$\begin{array}{l} \uparrow \text{ Sustainable} \\ \text{value} \end{array} = \frac{\begin{array}{l} \uparrow \text{ health outcomes for patients and populations} \end{array}}{\text{environmental + social + financial impacts} \downarrow}$$

3. Sustainability and Healthcare

The SUSQI Framework is broken down into 4 simple steps: 1. prevention, 2. patient self care, 3. lean service delivery and 4. low carbon alternatives.

Empowering patients to take a greater role in their health and to reduce unplanned admissions and exacerbation of disease is important.

Here's an example of one of the case studies to highlight the benefits (to see more, go to <https://sustainablehealthcare.org.uk/resources>)

Our courses at CSH offer a mix of core concepts and case studies, followed by live workshops with expert advice on applying theory to practice in your setting.

Find out more here:

<https://sustainablehealthcare.org.uk/courses>

There is a lot going on, join our networks they're a great place to share questions and ask for help.

Muir: We'd like to meet with the QNI to discuss this. I'm going to call it 'The QNI Sustainability Initiative', let's call it that!



Reducing continence products waste, Neuro-rehab Team

GREEN TEAM COMPETITION
CENTRE FOR SUSTAINABLE HEALTHCARE

Aim: To reduce waste from Vernicare continence products that were being thrown away unused, through an educational awareness campaign.
Outcome: 80% reduction in wasted products, saving 20.5 items per day.

Clinical

- No negative impacts on patient dignity and outcomes
- Patients still received the continence products they require

Environmental

588 kgCO₂e per year from reduced procurement and waste disposal of items. Saving equivalent to driving **1,725 miles** (average car)

Financial

£2,222 per year (98% from reduced procurement, 2% from reduced waste disposal)

Social

- Increased staff awareness of environmental impacts in care
- Wider neuro rehab team engaged in sustainability and thinking about other areas to improve

COMMENTS

A selection from today's 443 delegates:

Many thanks excellent day with a lot to consider.

Many thanks very thought provoking!

Wonderful session - great team effort.

Thank you both, very inspiring, we need to strive for better!

Another fantastic and informative day

Really good initiatives that I had never considered although I was aware of wastage. Like the idea of 'just starting' something. A really thought provoking meeting. Thank-you

That was really interesting and has given me a great idea for my leading service improvement project

Smashing day thanks

Thank you ever so much Fatima and Rob. Beautiful conversation - thought provoking/food for thought.

Passionate and poignant thank you.

Thank you ever so much. Another beautiful day with awesome speakers.

Thank you for attending Day 3 of our #QNI2023 conference!

We look forward to seeing you tomorrow for Day 4, where the theme will be Integration.



Please consider donating to the QNI so that we can continue to deliver free conferences like this one.

Scan the QR code to find out more. Thank you!

