Background

RCN lobbied during the course of the Public Bodies (Joint Working) (Scotland) Act 2014 for a seat on each integration authority (IA) to be for a nurse board member. RCN was pleased that this position was accepted.

RCN Scotland continues its work with nurse board members of integration authorities to ensure that they feel confident in their new role and have a forum to discuss and share experience. This work is continuing at a national level through a programme of events, and at a local level with support within IAs. RCN has, for example, developed an integration toolkit for nursing leaders which is designed to help them to make complex decisions around service resign of integrated community health and social care services.

At the start of February 2017, RCN Scotland undertook a rapid review of discussions and decisions around community nursing in IA board papers, that review identified some key concerns.

It showed, for example, that many areas are struggling to recruit community nursing staff and/or are holding nursing vacancies open, often using this salary saving to fund other overspends such as equipment costs. In some areas there are proposals to cut registered nursing posts. The review also highlighted the high levels of vacancies in district nursing, health visiting and school nursing.

There are numerous instances of services being planned within IAs which require a healthy community nursing workforce team. The direction set by the Scottish Government’s 2020 vision and clinical strategy equally require well-resourced community nursing teams. It is then a great cause for concern that vacancy rates are high, and that Scotland is not training enough nurses to meet future demand.

Do you know how and when you can get involved with the Integration Authorities to influence decision making?

RCN Scotland continues its work to understand the evolving integration landscape. As a trade union and professional body the RCN is experienced at influencing decision makers. The RCN continues to work to build new relationships with social care colleagues, independent, and third sector organisations and Councillors.

RCN Scotland is, however, aware of the challenges which exist in ensuring that the expertise of nurse board members are recognised and valued within IAs. RCN is, for example, aware of savings plans for nursing being written without any involvement from the nurse board member. This does not fit with the spirit of the decision to include professional members, nor does it make best use of the knowledge and experience which professionals bring to IAs. It is crucial that professional board members are fully involved with the decision making process if the original intent of the legislation, to improve quality and outcomes, is to be realised.

The Royal College of Nursing (RCN) is the world’s largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 40,000 members in Scotland, the RCN is the voice of nursing.
Were you consulted in the preparation of the strategic plans or involved with the work of the Strategic Planning Group?

As the voice of nursing the RCN is always willing to share its knowledge and expertise with others. At present, RCN Scotland is concerned that the professional knowledge and expertise is not being used to full effect by all IAs.

In the preparation of any strategic plans, the RCN would, expect that, at a local level, nursing representatives are directly engaged as one of the “health professional” members of the strategic planning group as set out in both regulation and guidance. The active and ongoing involvement of the professional nurse board member in the governance arrangements for the IA is key to ensuring that the direction of the IA is influenced by nursing expertise at all stages. RCN Scotland would also want to see opportunities for the wider nursing workforce to be consulted on plans and to have the opportunity to share ideas from the frontline.

The professional members of IAs, along with nurses involved at other levels throughout the process of designing, implementing and evaluating strategic plans, bring professional experience and knowledge to inform decision making around planning, operational delivery and the effectiveness of major reforms. This advice is central to ensuring that IAs can take full account of safety and quality of care matters.

RCN Scotland would expect to be consulted directly in the preparation of strategic plans where the RCN holds the partnership seat. Likewise where RCN does not hold the staff-side seat, it would expect that the staff-side stakeholder is fully involved within strategic planning. Given the need for the health and social care workforce to be fully engaged with change, and with the vision for integrated care, the involvement of staff representatives is key to successful transformation.

Have you been involved with the work of the Integration Authority following the publication of the strategic plan?

RCN Scotland continues to support nurse board members in their professional role within IAs.

RCN Scotland has also worked to highlight areas of concern as they arise within individual IAs. For example, the RCN has recently raised its unease around the stripping out of senior clinical decision makers in community nursing teams in Glasgow. In this instance, RCN Scotland did not feel that the IA had engaged fully with staff side on the impact of the proposal.

It is imperative that all members of IAs fully consider how the decisions they take impact on other health service areas and how they affect the quality of care that people in their communities receive. It is also crucial that both nurse board members and staff-side representatives are engaged from the beginning of any service redesign proposal.

Have you been involved with the work of the localities/ what involvement would you like to have?

The legislative guidance states that localities they must include health care professionals and that primary care clinicians should have the opportunities to participate. RCN Scotland would expect nurses, with their health expertise and knowledge of local populations, to be engaged with the work of localities.
Nevertheless, the RCN is aware that locality activity has often been slow to develop in comparison to partnership governance arrangements. RCN Scotland is yet to assess how far nursing staff have been effectively engaged in this new process. It is to be hoped that as localities develop, and as IAs move forward with strategic planning, that the experience and knowledge of health care professionals will be utilised to maximum effect.

NHS staff governance arrangements are a positive way to engage staff in transformation and should be used as a means to enable positive change. RCN Scotland believes that the Health and Sport Committee’s inquiry into NHS Governance will be of value when considering how health staff working in community settings feel about change, service redesign and delivering quality care for people.

**Do you think that your involvement with the IAs has had an impact on decision making?**

The new landscape appears to be challenging for all stakeholders, including the RCN. At present, the RCN has found that nurse board members, nurses and the RCN as an organisation have not always been fully engaged or listened to by all IAs.

The RCN has made clear its concerns, for example, that in some areas IAs are prioritising the need to make short-term cost efficiencies over the need for a long-term, sustainable plan to deliver high quality, clinical care to people in the community. It is as yet unclear whether this message is being heard by decision makers in IAs.

RCN is, however, hopeful that over the next few years genuine engagement and consultation will improve as IAs become increasingly clear in their vision to improve health and social care outcomes, and confident in their responsibilities around the planning and delivery of quality health and care services.

**What could be done to improve the communication from the IAs?**

More work could be done to engage all staff involved in IAs in service redesign and delivery. Frontline staff have a wealth of experience and knowledge which is invaluable to IAs in planning services which will deliver for the communities they serve.

RCN Scotland would also question whether those using services, as well as third and independent sector organisations, are sufficiently involved in decisions taken by IAs. Given that integration was a means to deliver health and social care services which are more aligned to local needs and priorities, fully engaging with communities is vital.

IAs also need to ensure that any nurse members have the time, resource and support to fulfil their responsibilities to the IA for the full term of their appointment (currently a maximum of six years). Fully involving nurse board members in decisions which have an impact in community nursing teams is central to ensuring quality, effective care for people in communities.

**What could be done to ensure greater collaboration and engagement in the decision making process of Integration Authorities?**

It is imperative that Councillors elected in May are clear on their responsibilities towards delivering community health and social care through integration joint boards.
Decision makers must be in a position to make informed decisions which look beyond the immediate challenges around budgets and demand.

It is key that nurse board members and staff representatives are consulted fully in decisions and that members of the public and third/independent sector organisations are also engaged.