

Nursing Leadership in Integration: a narrative report of a discussion on Joint Strategic Commissioning

Introduction

On the 1st July 2014, the RCN hosted the first of four Scottish Government funded integration seminars with 22 Directors and Associate Directors of Nursing. This event focused on integrated strategic commissioning and we were joined by the Joint Improvement Team and the RCN's Director of Nursing and Service Delivery from London, who shared the learnings for nursing leaders from commissioning in England.

There was a clear message which the RCN took away from the day: Nurse leaders want to bring their expertise to the table and to fully engage in the commissioning process, but variable levels of immersion in these radical new reforms are limiting their influence nationally and in many emerging partnerships. Their potential to provide robust professional leadership to support these reforms is being under-utilised in many areas. The engagement of the large community of nursing staff needed to make integration a success requires a clear message that their contribution and their voice is valued at the heart of decisions on commissioning and delivering services.

Comments on the day and evaluations completed show a clear intent for these nurses to go back and help drive the development of their partnerships with vigour and increased understanding. As the day was held under the Chatham House rule, no comments are attributed to any participant in this short narrative overview of key themes.

Summary of key issues

Early in the day, one participant pointed out that a "commissioning" approach has been seen as an irrelevance in NHS Scotland for some time and is a term often misunderstood by health staff. That, combined with a message heard in some parts of the health system that integration won't bring significant change to current ways of working, meant that the radical potential of integrated commissioning plans hadn't always been clearly appreciated by participants before this day seminar

As discussions about the implications of commissioning to drive radical reform built over the day it was clear that many of the nurse leaders valued the chance to take the time and space to consider the complexity of process and scope of changes with colleagues.

Many questions were raised that remain unanswered and most of these related to concerns about quality of future service commissioning and delivery.

Here is a summary of the main points raised through the detail of discussion:

- Publications and guidance need to be clearer about definitions of, and interdependencies between, planning, commissioning and procurement. This

is currently not clear enough. Indeed, overall, it was felt that commissioning language is not shared easily across sectors and more work is needed to find a common understanding between professional groups.

- The process for establishing the scope of the strategic plan, drafting, consulting, directing, scrutinising and reviewing it was thought to be very complicated. The RCN showed a work-in-progress mapping of the process, which we promised to share once completed.
- Nurses want to see clear quality measures written in to contracts / agreements for services. Particular issues were raised about the emerging use of arms-length bodies to deliver services on behalf of public sector organisations and concerns were raised that this was an additional step removed from oversight of quality of service. There was not clarity on the role of the integration board in oversight of delivery from an arms-length body if these were “sub-commissioned” from a council or NHS board.
- Participants were adamant about the importance of nursing advice and accountability with regard to both the commissioning and the delivery of services. Comments were made that Executive Nurse Directors on NHS boards could not be expected to discharge their accountability for quality and nursing services in delivery meaningfully if they had no say in, and no accountability for, design and investment decisions made.
- In the definitions of members on the strategic planning groups, participants were unhappy that a single “health professional” representative is expected as the minimum requirement to represent all professions in health. Questions were also raised about how staff will be properly engaged, with further questions about the single seat for trade union representatives and practical issues aired, such as the affordability of releasing staff to engage fully.
- The recent letter from the Cabinet Secretary and CoSLA, intended to clarify the intent in the regulations around the unscheduled care pathway had not been seen by participants and many were surprised by the scope.
- Some participants, particularly those from NHS boards with multiple partnerships, were deeply concerned how, in reality, partnerships would manage to accommodate the need to share planning for shared services, particularly in light of the scope of acute services to be included within the strategic plan.
- Some participants shared how discussions underway locally indicated the possibility that they might be dealing with two different integration models within their one board area. These nurses were concerned about the practicalities of effective governance and safe, efficient and sustainable planning with different models at play.
- There was a long discussion about the importance of sound disinvestment decisions. The clause in the Act allowing for major decisions to be made outwith the strategic planning cycle was a surprise and caused some consternation in terms of robust consultation and process. There were questions raised about where major disinvestment decisions would sit within the commissioning process, particularly in relation to NHS buildings, given the

current CEL on major service change in operation in the NHS. This needs to be clarified.

- The involvement of service users and carers in decisions on services was underlined as central to the process if it is to be done well. However, a comment was made that if the public were listening to the detailed debates about a confusing commissioning landscape they would simply not understand. The question was asked: will the public buy into this and what will they see and understand about the significant reforms in hand?
- There were also comments that not enough had been done among these nurse leaders at this stage to engage with the third sector, particularly given future opportunities for nurse employment / entrepreneurship to work in this sector if commissioning of healthcare extends beyond simple direction to the NHS by IJBs.
- The accountability of the Chief Executive of the NHS was not clear to many and was clearly causing anxiety in some boards. This may need to be better articulated in outputs from the Scottish Government.
- Some participants raised the need to ensure there are robust contingency plans in place for when commissioning plans do not work as intended or services do not perform as expected.
- The nurses involved wanted to ensure absolute clarity around performance management for different parts of the system and where responsibility for this will sit. Similarly they raised questions about how the process will fit with existing Community Planning approaches.
- At a national level, participants were concerned that there were insufficient nursing representatives on key national groups. For example, on the Joint Strategic Commissioning Steering Group, there is no representative from the Scottish Executive Nurse Directors' Group, despite the importance of nursing to this agenda. The RCN has committed to providing a map of current engagement in key groups so that the nurse leads can discuss further ways to influence effectively.
- The nurses involved felt that the Change Fund process, the decommissioning of mental health and learning disability institutions, and the work of ADATs in developing integrated services could all provide practical learning for practitioners in what might and might not work in taking forward a radical approach to joint commissioning. This learning could be usefully gathered and disseminated by Scottish Government.
- Some concerns were raised about the links between the current social care provisions around SDS and the development of integrated commissioning – both in terms of the impact of personal commissioning on wider sustainable planning and in the impact on health services which are currently out of scope of SDS legislation.
- There was a recognition in discussions that there could be more done by nursing leaders to direct the work of the special health boards to support the transition to integrated care.

- Participants were supportive of the development of a wiki as a platform to share, on an invitation only basis, documents and thinking between senior nursing colleagues during the transition period. The RCN will have this up and running by the end of July 2014.

We hope that the questions and issues raised by these Directors and Associate Directors of Nursing will support future policy and communication work from the Scottish Government, as well shape the support offered to our nursing leaders by the RCN in Scotland.

Thanks

We'd like to thank the Joint Improvement Team for participating in part of the day with us. And our thanks go also to the Scottish Government for funding this event.

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