

## **Nursing Leadership in Integration: a narrative report of a discussion on workforce**

### **Introduction**

On the 12<sup>th</sup> February 2015, the RCN hosted the final of four Scottish Government funded integration seminars with 13 Directors and Associate Directors of Nursing. The event was held under the Chatham House Rule.

This event focused on the implications and changes to the workforce and workforce planning under integration. We were joined by John Connaghan, Chief Operating Officer of NHS Scotland, and Prof. Brendan McCormack, Head of Division of Nursing at Queen Margaret University. The day also included a session on the collection, analysis and potential uses for nursing workforce and activity data sets.

John Connaghan outlined where he thought there would be future challenges in workforce planning in an integrated workforce. Prof. Brendan McCormack then followed by highlighting the challenges in educating the future workforce to prepare them for a career in an integrated health and social care service. These presentations shaped the day and provided a focus for debating the issues for and from nursing. It also supported discussions on how nurse leaders could influence integrated workforce planning.

There were three clear themes from the day: Firstly, that for integrated workforce planning to be a success then there must be a whole system planning approach, with no one profession planning in a silo. Secondly, that nursing and social work need to embrace and learn from each other's cultures and experiences, nurture relationships and share learning to make integration a success. Finally, that integration is a massive opportunity to change perceptions and understanding of nursing and its role in care coordination.

### **Summary of key issues**

- Concerns were raised amongst participants that there is the potential for people working together in similar roles to be employed by different employers on different salaries and with different terms and conditions. There were related concerns about how wide the variation might be in how staff will be governed and how this could affect integrated teams and accountability structures.
- There was agreement that the current mandatory tools for determining nurse numbers would need to be reviewed, or new tools created, to meet the planning needs of integration joint boards as there is a potential disconnect between strategic commissioning decisions made in partnerships and workforce projections made by boards

- the diversity and disparity of nursing teams would make it difficult to use these tools effectively.
- A significant proportion of the current community workforce is nearing retirement and there are major concerns among Nurse Directors that there is not sufficient planning in place with regard to training students to fill these future gaps. There is normally a five year lag for students to come into the health system and this means that planning needs to start now to avoid a future crisis in community care, especially as integration is moving care out of acute settings and demand for community services increases.
- Participants raised concerns about staff projections being driven by finance not need and that the projections being made by Nurse Directors were being reduced by Finance Directors as there is not enough money available. There was agreement that in workforce plans there should be transparency between the projections made on the basis of need and those projections signed off on the basis of affordability. There should also be clear explanations of what activity can or can't be delivered against both.
- Participants raised concerns about accountability for health budgets transferred to integration joint boards and how the money will actually be spent. This issue was of particular concerns in areas where local authorities were coming to integration joint boards with large deficits in the funding of social care.
- Local authorities buy in the services that they are not able – or choose not - to provide through their own staff, which is different to how the NHS operates. Concerns were raised about how Nurse Directors, responsible for the quality of nursing services, would assure this quality if the integration joint boards operate a similar system to bringing in external providers of nursing services.
- There has been limited academic research completed on the outcomes of integrated health and social care systems. There is an urgent need for this to be carried out in Scotland, in light of these changes, to assess how outcomes can be set and measured to ensure improvements.
- There was agreement that for integration to work there must be a proactive approach to risk which allows for service providers to learn to be creative and think outside the box in the delivery of health and social care. This also extends to education establishments which need to embrace this change, step back from the status quo and be innovative in developing new nursing programmes which address the realities of working in integrated teams.
- Participants agreed that because education focuses on the competence in a task this can sometimes be to the detriment of their confidence in doing a task. For the nurses of the future to be ready to work in integrated community teams as their first substantive post, students must be educated in learning about their own self awareness, confidence, communication, interpersonal and emotional intelligence skills.
- There needs to be a joined up national approach among nursing leaders across Scotland with how they are developing workforce plans and, through SEND, they need to ensure that they are representing nursing nationally on all appropriate groups and locally on operational groups. Those representing nursing also need to also share the learning

amongst their peers to ensure that all Boards are supported throughout the transition to integration.

- There were strong feelings that nursing and social care leaders need to work together to fully understand each other's roles and to work together to fully support the people they represent in their integrated teams.
- Participants were aware that the data set projects are being carried out but, to date, have not seen the information that has been collected. There are significant concerns that the way in which this information could be used may mean that nursing is reduced to the lowest common denominator e.g. one district nursing visit where 7 interventions are carried out may only be recorded as one visit which may skew data. There is also a danger of the initial set of data being used as a benchmark too soon when making decisions in planning the workforce.

### **Thanks**

We'd like to thank the Scottish Government and Queen Margaret University for their input to the day. There was very positive feedback from participants on how useful they found their presentations and discussion. Our thanks also go to the Scottish Government for funding this event.

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