

NURSING AND THE ENGINE ROOM OF INTEGRATION:

RESULTS FROM RCN SCOTLAND'S LOCALITY PLANNING SURVEY
AND IDEAS FOR IMPROVEMENT

EXECUTIVE SUMMARY

Locality planning has been identified by the Scottish Government as a central part of delivering the integration of health and social care; it is seen as the “engine room” of integration.

Nurses have a key role in making locality planning work. They have the experience and knowledge of different contexts of care, deliver services on the frontline and already engage in joint working.

With funding from the Scottish Government, in April 2015, the RCN in Scotland issued a survey to 62 nurses involved in locality planning in Integration Authorities across Scotland to better understand the nursing experience of the process. A total of 24 responses were received from nurses engaged in locality planning in 13 of the 31 Integration Authorities.

From the survey responses we can say that:

- Localities are developing differently across Scotland. The way their boundaries have been drawn and their contributions to the integration process vary.
- The majority of nurses who responded agree that their locality or localities are working towards a clear vision. However, for some nurses it is too early to tell.
- Most also believe that the right people are around the table to make local decisions.
- The majority also know how localities will link with wider work to integrate health and social care.
- There is less confidence among respondents however that their nursing colleagues understand the role of localities in the integration process. There is a sense that awareness of locality planning among staff needs to improve.
- Most believe that their localities are doing well in getting agreement on the way forward. However, for some it is too early in the process to have a clear picture.
- While more than half of nurses surveyed believe that there is sufficient access to local information for their localities to make decisions on the service needs of the local population, a third of respondents are unsure. Again, this may be because the locality planning process is at an early stage in some areas.
- The culture between partners is generally positive; a majority feel that relationships are respectful, yet they are less convinced that collaboration is being supported effectively.

- A strong majority of respondents have a clear understanding of their professional responsibilities regarding locality planning and feel that they have a strong understanding of the responsibilities of partner professions. However, fewer of them are confident that others involved in locality planning properly understand nursing responsibilities.
- Most nurses responding to the survey believe that there are clear lines of accountability in their localities.
- From the survey responses it is clear that more work is required to secure protected time to support professional involvement in locality planning, particularly with regards to nursing. This relates both to providing backfill and ensuring responsibilities for locality planning are included in job descriptions.
- Most answers revealed that there is a lack of awareness of good practice around locality planning.

Suggested areas for action are:

- Further guidance and improvements to the sharing of good practice to ensure that local variation is justifiable and based on the best information available.
- Further work to understand, in more detail, the progress being made with locality planning across Scotland. Work to map the boundaries of each locality, their individual responsibilities and the range of professionals involved in the process would be worthwhile to have a clear picture of how localities are supporting successful integration across Scotland.
- A clear commitment from the Scottish Government to ensure that nurses, and all relevant professionals, have protected time to participate in the process – which may include those with clear responsibility for participation having this embedded within job descriptions. More time should also be made available to help all nursing staff fully understand the locality planning process as well the responsibilities of those operating within it.
- The establishment of clear plans to evaluate the success of localities. A robust system should be in place to ensure that the effectiveness of localities is evaluated and that all staff and communities can play an active part in contributing to and learning lessons from such evaluation.

THE SURVEY

With the assistance of Directors of Nursing, RCN Scotland issued a survey to 62 nurses involved in locality planning in Integration Authorities across Scotland. No contacts were available for Shetland or the Western Isles.

A total of 24 responses were received from nurses engaged in locality planning in 13 of the 31 Integration Authorities. While the 39% response rate is relatively high for a survey, it does not allow us to make conclusions about locality planning across the whole country. It is also important to note that those who responded may have been a self-selecting group of nurses from partnerships who have advanced sufficiently to make comment. The survey results outlined below, which do not include data for almost two-thirds of partnerships, should be read in this light.

Following the survey a small group of respondents were interviewed to provide further detail on their answers. Their reflections also helped inform the report.

We hope that this work provides a useful contribution to clarifying progress with locality planning and a snapshot of the views of nurses engaged in the process.

THE RESULTS

PROGRESS MAPPING

The first element of the survey attempts to establish any trends in how locality structures are developing and some of the key decisions that will be taken at locality level.

Boundaries

We asked respondents to select one of four choices to best describe what their locality boundaries are based upon:

- GP practice boundaries
- A collection of council wards
- Not yet defined
- Other

Those answering “other” were asked to provide more details. Nurses involved in more than one locality were also asked to state how many of the localities they are involved in matched the boundary descriptions above.

Unfortunately, the responses received do not give us a clear enough picture of progress to make firm conclusions. In some cases, we received multiple replies from within the same Integration Authority; some of the respondents answered beyond the localities they are involved in making it impossible to avoid double counting.

However, it is possible to state that localities are taking shape in different ways across the country. Of the responses received, some localities have been established along GP practice boundaries, a number around council wards and some based upon natural communities. One respondent describes the boundaries as being based on the “natural shires” in their area and one states that their localities are based on the towns within the integration authority. Some boundaries are yet to be defined.

Responsibilities

The activities localities are undertaking vary across the country. We asked respondents to identify the responsibilities of their locality / localities from the following list:

- Allocation of funding
- Deciding types of services on offer in the locality
- Advising on local needs
- Mapping local services available across different sectors
- Public engagement on service change and development
- Workforce engagement
- Evaluation of outcomes

While it is not possible to accurately identify how many localities include the above mentioned responsibilities, it is possible to conclude that localities are approaching their roles differently across the country.

Some localities appear to be responsible for the full range of activities listed, whereas work in some areas is more restricted. A small number of responses also demonstrated that some nurses are unaware of the full range of activities their localities are responsible for.

THE VIEWS OF NURSES ON LOCALITY PLANNING

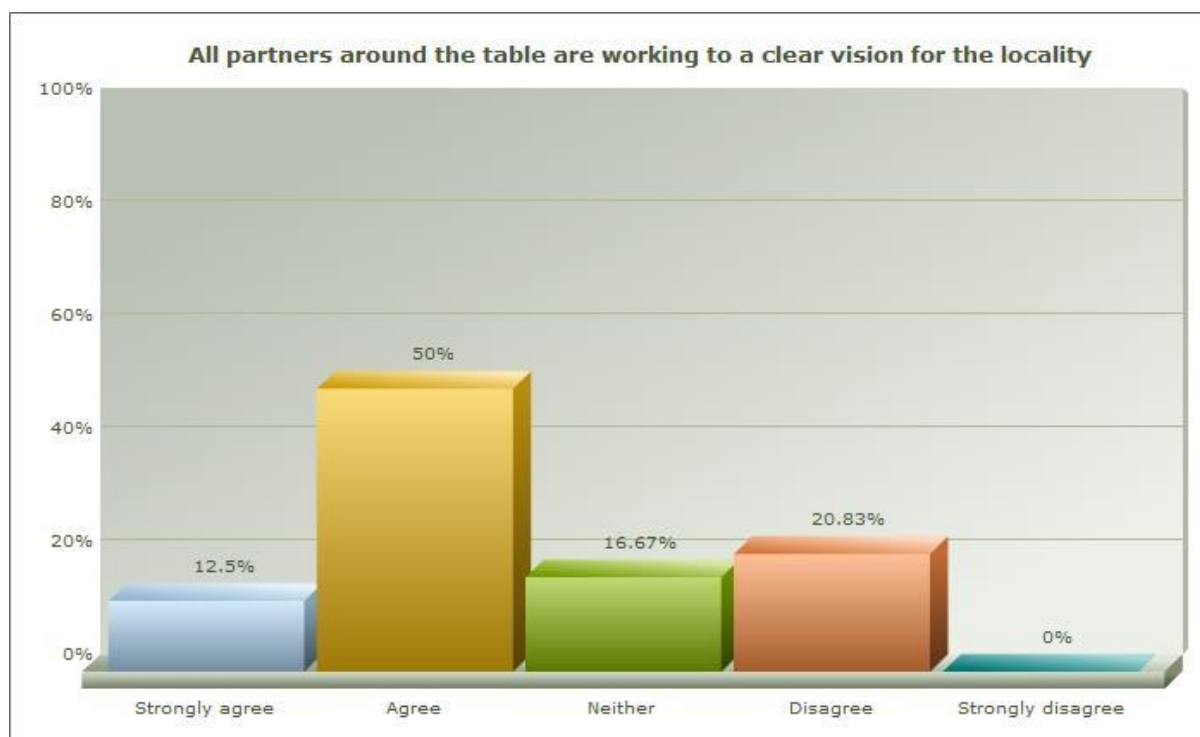
PLANNING AND VISION

Vision

The majority of respondents believe that their locality is working towards a clear vision. As can be seen in Figure 1, 62.5% of respondents either agree or strongly agree with the statement that “All partners around the table are working to a clear vision for the locality”.

One nurse commented that *“Everyone is working extremely hard to try and produce a locality plan, and engage the public”*.

Figure 1

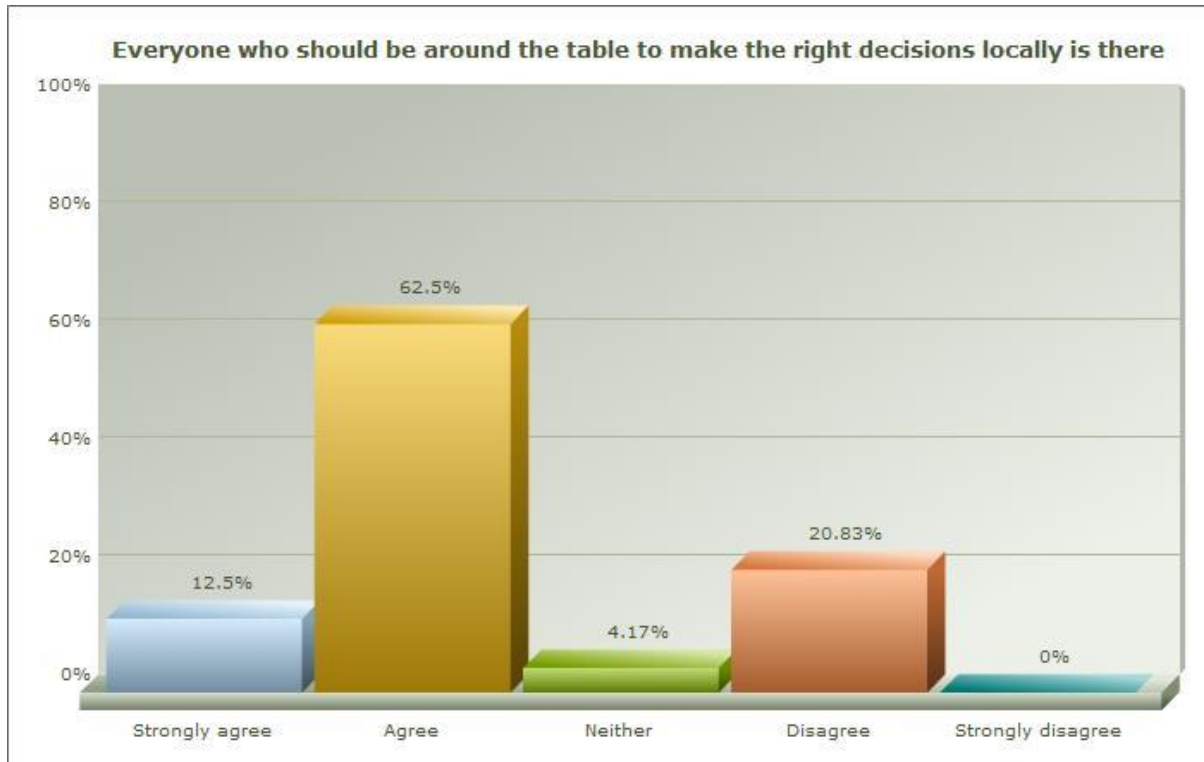


It is important to note however that over 20% of those who responded do not feel that there is a clear vision in their locality and over 16% do not have a strong opinion either way on the matter. This may be due to the locality planning process being in the early stages of development. As one nurse stated:

“I feel everyone is trying to work together but it is very early stages and everyone is getting a feel for things, looking to other areas for ideas etc”.

The right people

Figure 2



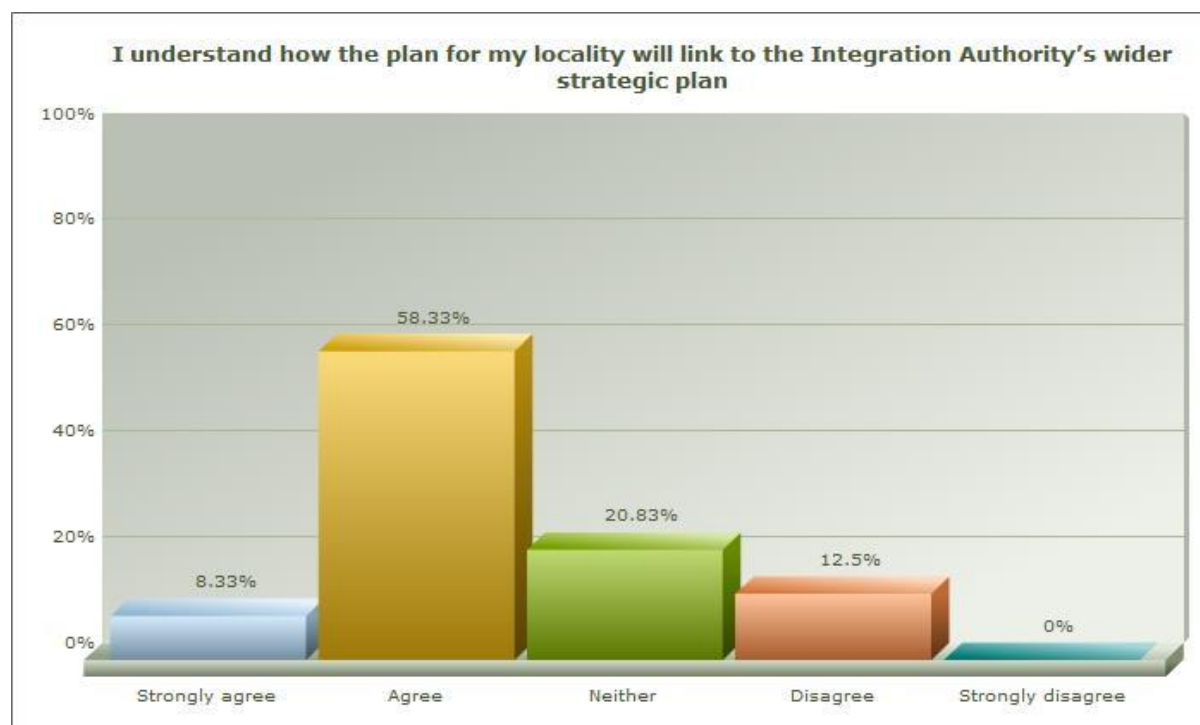
The majority of nurses who took part in the survey (Figure 2) also believe that the right people are around the table to make local decisions. 75% of respondents either strongly agree or agree with the statement that “Everyone who should be around the table to make the right decisions locally is there”.

Over 20% disagree. As we see later in the report, it may be that workload pressures in some areas are preventing full participation from the full range of professionals. One respondent suggested:

“Sometimes pressures of work mean there is someone missing from the table.”

Understanding the role of localities within integration

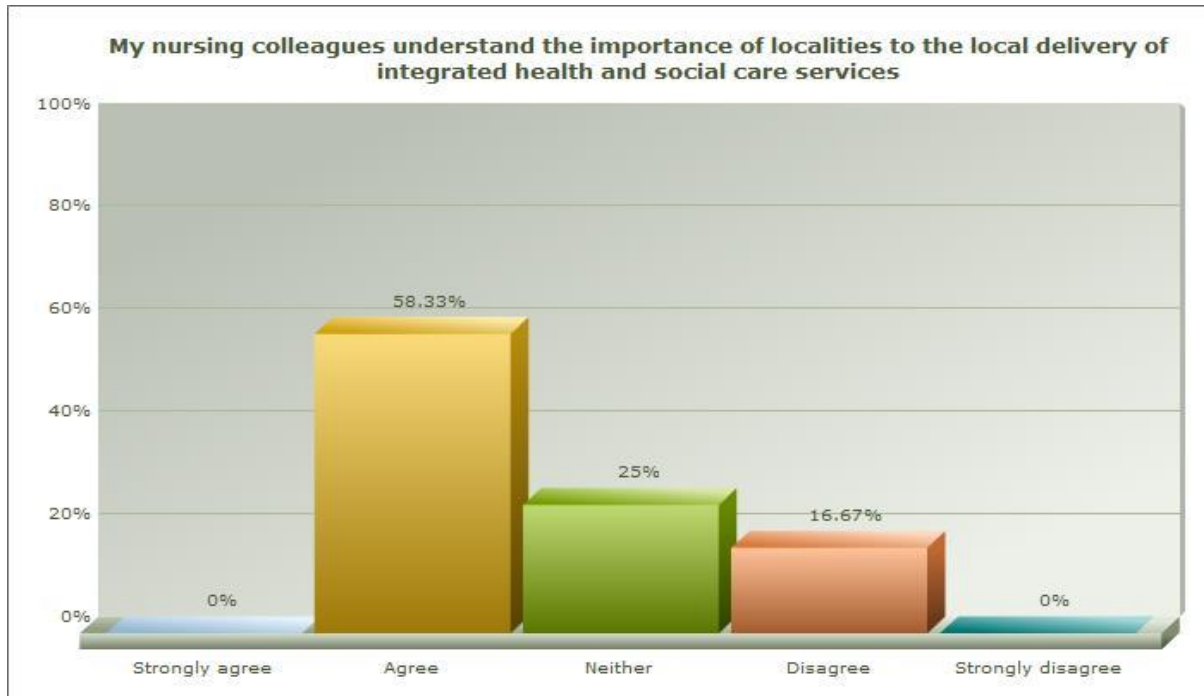
Figure 3



Among those who responded, a large share understand how localities will link with wider work to integrate health and social care (Figure 3). Over 66% of respondents either strongly agree or agree with the statement “I understand how the plan for my locality will link to the Integration Authority’s wider strategic plan.”

However, over 20% of respondents are unsure. Comments suggest that this may be due to it being too early in the process to clearly say one way or the other.

Figure 4

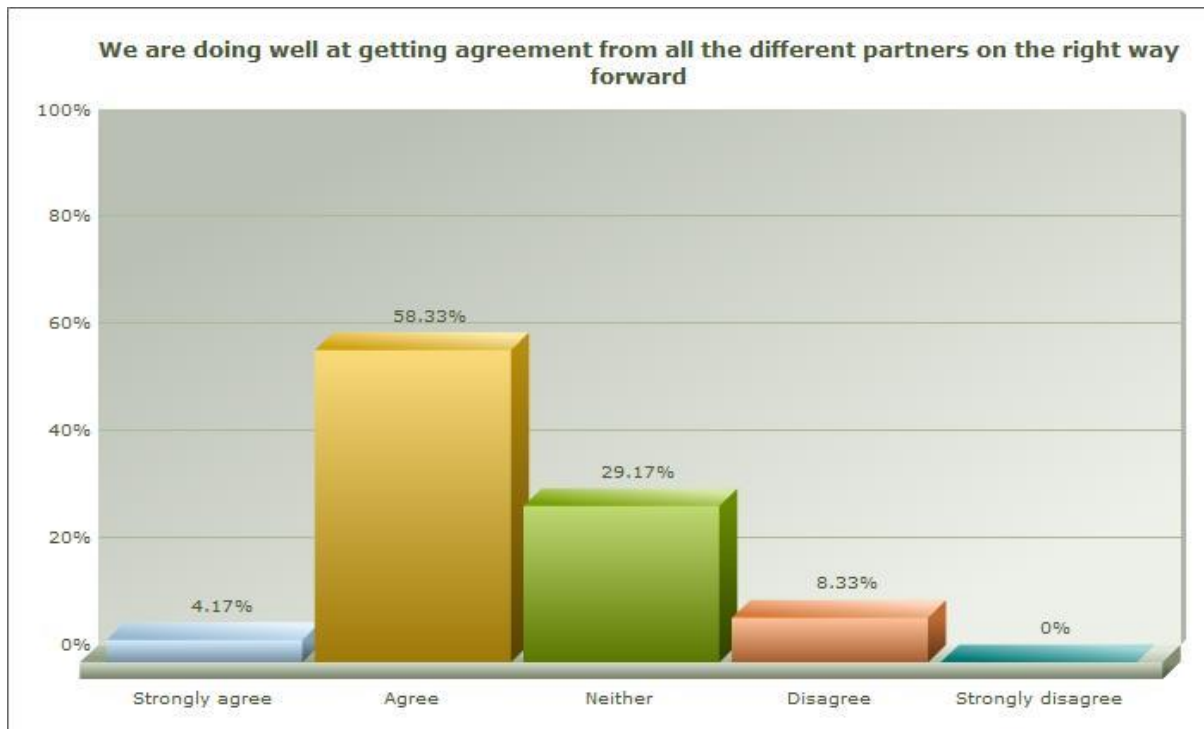


On the other hand, Figure 4 shows that nurses who took the survey appear somewhat less confident that their nursing colleagues understand the role of localities in the integration process. 58.3% of them agree with the statement that “My nursing colleagues understand the importance of localities to the local delivery of integrated health and social care services.” None agree strongly and 16.7% disagree with the statement.

There is a sense that awareness of locality planning among staff needs to improve. One nurse said, “I do feel that as the process progresses then nursing staff on the ground need to be better informed for the transition.” Other comments highlight similar concerns around the awareness of nursing roles and responsibilities as well as the need to free up time to ensure that nurses fully understand the process.

Securing agreement

Figure 5



A majority of respondents believe that their localities are doing well in getting agreement on the way forward. 62.5% (4.2% strongly agree and 58.3% agree) responded positively to the statement “We are doing well at getting agreement from all the different partners on the right way forward compared to 8% who responded negatively (Figure 5).

However there is a relatively significant percentage of respondents who neither agree nor disagree with the statement. From the comments it may be that some nurses feel that it is too early to tell.

Some of the comments provided include:

“I have agreed, but early days - this could change.”

“Too early in the change programme to give comment here.”

Information to make decisions

Figure 6



58.3% of nurses who took the survey strongly agree or agree that their localities have access to all the necessary local information to make decisions about the service needs of the local population (Figure 6). Again, there appears to be a significant share of participants who are unsure. A third (33.3%) said that they neither agree nor disagree with the statement “We have access to all the local information we need for localities to make decisions about the service needs of the local population.”

CULTURE

Respectful relationships

Responses suggest that the culture between partners within the majority of localities surveyed is generally positive (Figure 7).

Figure 7



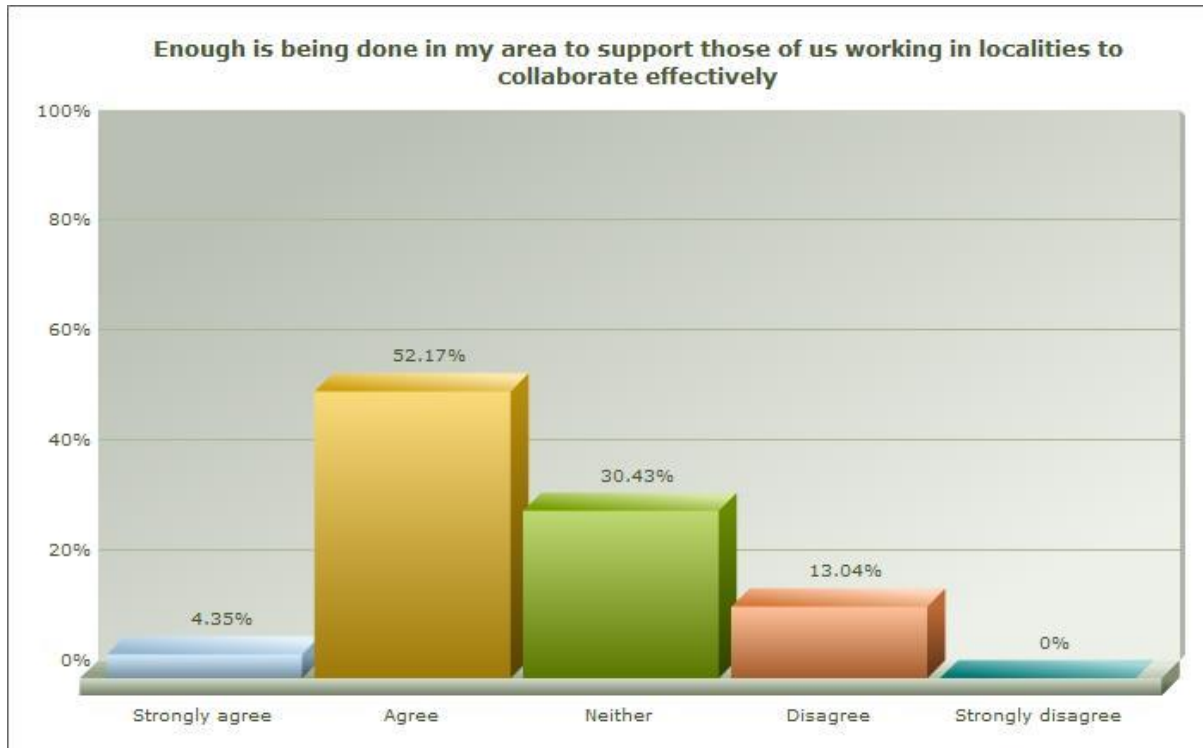
91.3% of respondents strongly agree or agree with the statement that “the relationship between partners involved in locality planning is usually respectful”. One nurse noted:

“All parties have been involved since the consultations started and are very respectful of each other’s input.”

Through the interviews with nurses it is clear that in some areas trusting and respectful relationships between professionals have been built up over a long period of time. Colleagues across agencies and sectors know each other by name and have a relationship based upon respect. This appears to have helped the teams work together to find common solutions to problems and approach challenging issues in a constructive way.

Supporting collaboration

Figure 8



A smaller proportion of respondents however feel that collaboration is being supported effectively (Figure 8). Over 56% of nurses taking part in the survey either agree or strongly agree with the statement that “Enough is being done in my area to support those of us working in localities to collaborate effectively”.

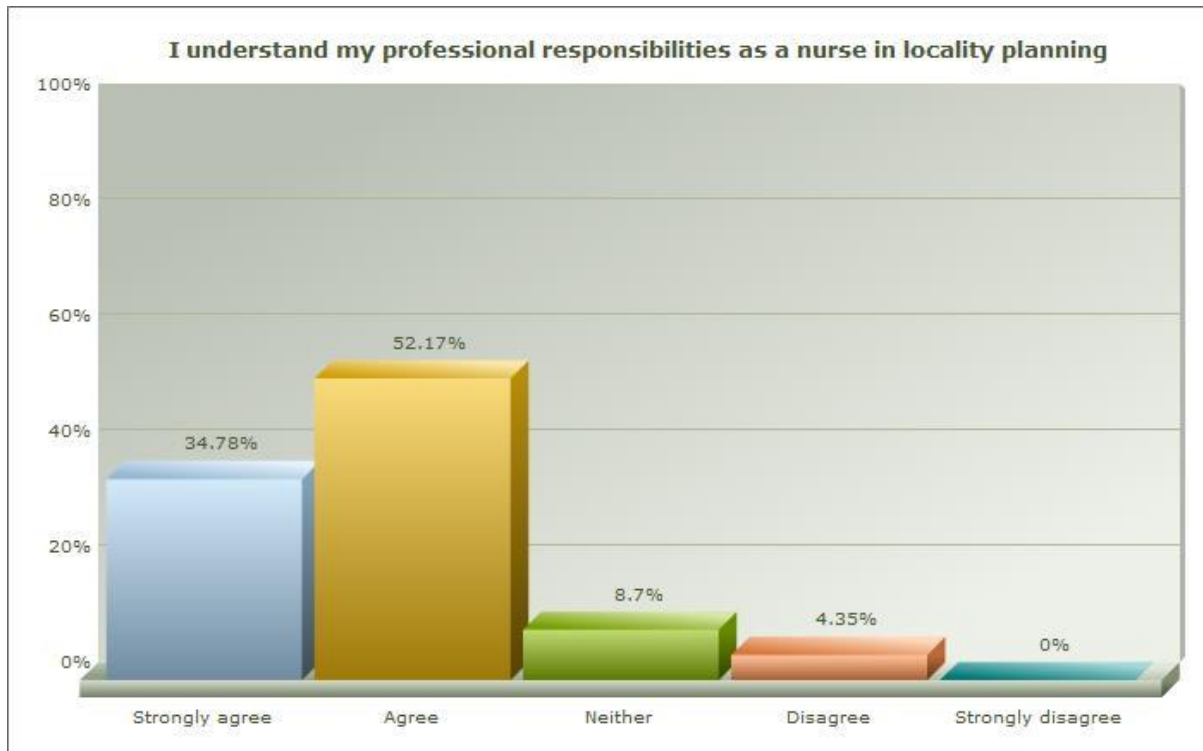
A noticeable proportion of responses (30.4%) neither agree nor disagree with the statement. Again, comments suggest that the process is still at an early stage and therefore it may be difficult to clearly state how effective some localities are at supporting collaboration. One nurse stated that workload may also be having an impact on effective collaboration. They said:

“As a Team Leader I agree, however not all staff included due to work commitments.”

ROLES AND RESPONSIBILITIES

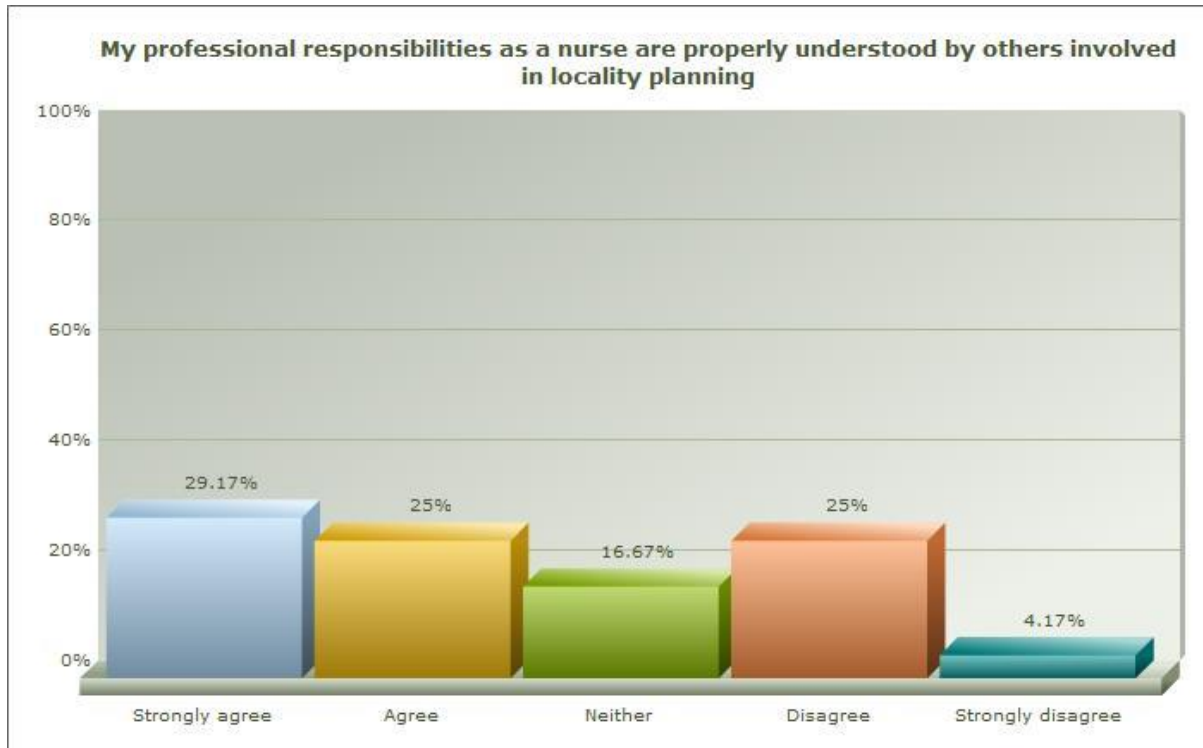
Understanding of professional responsibilities

Figure 9



Most of the nurses surveyed understand their professional responsibilities regarding locality planning (Figure 9). 87% either strongly agree or agree with the statement “I understand my professional responsibilities as a nurse in locality planning”.

Figure 10



However, as can be seen in Figure 10, the survey also suggests that fewer respondents are confident that others involved in locality planning properly understand nursing responsibilities. A slight majority (54%) say they strongly agree or agree with the statement that “My professional responsibilities as a nurse are properly understood by others involved in locality planning”, 29% either disagree or strongly disagree with the statement. 16.7% neither agree nor disagree.

Some comments highlight positive experiences in localities with one nurse stating:

“My views are listened to by my managers and respected by social work colleagues.”

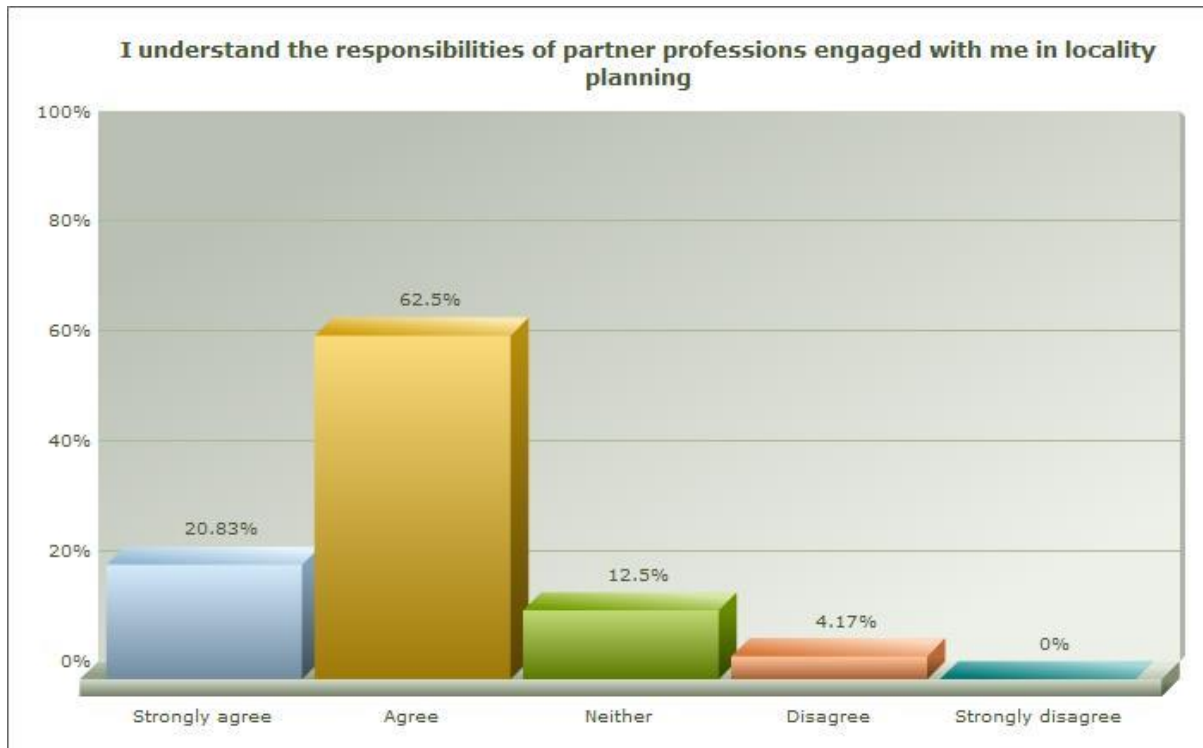
And another writing:

“There is respect for each other and the partners realise that there are specific responsibilities attached to our own specific roles.”

However, this does not appear to be the case everywhere, with one contribution stating:

“Little understanding of the scope & diversity within the nursing field. I get the impression that they recognise the need for nursing input but that they [nurses] may come from any background.”

Figure 11



In contrast, most nurses who answered the survey feel that they have a strong understanding of the responsibilities of their partner professions with regard to locality planning. A substantial share of responses (83.3%) strongly agree or agree with the statement “I understand the responsibilities of partner professions engaged with me in locality planning” (Figure 11).

Accountability

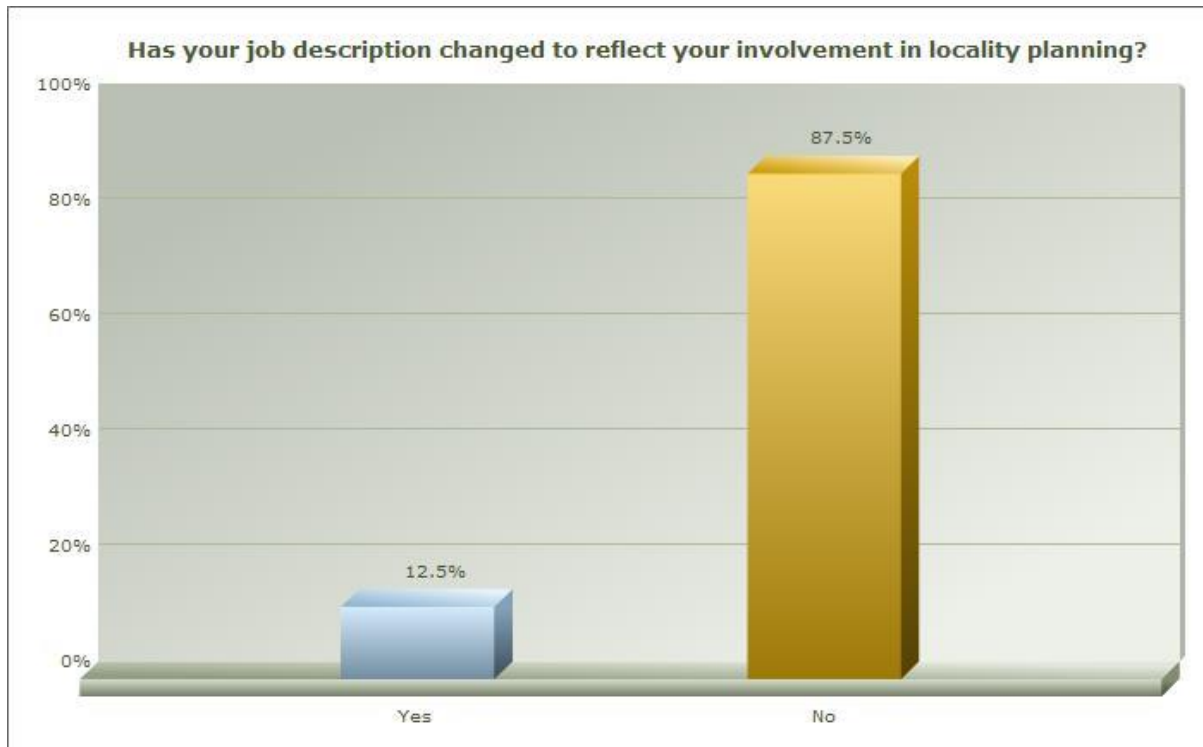
Figure 12



Figure 12 shows that the majority of respondents believe that there are clear lines of accountability in their localities. 79% of nurses taking part in the survey strongly agree or agree with the statement "I am clear about my lines of accountability at locality level".

Job descriptions

Figure 13



It is very clear that despite the additional workload being taken on to play a part in locality planning, the majority of nurses surveyed have not seen their job description change to reflect their involvement in locality planning (Figure 13).

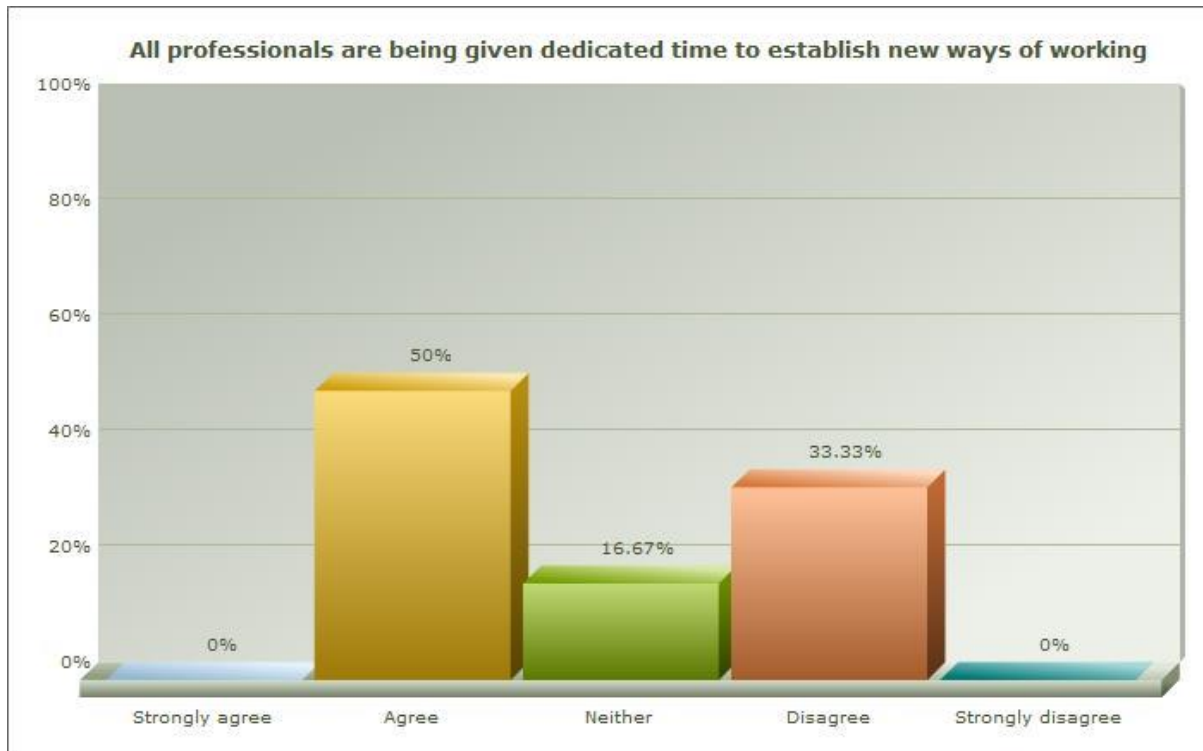
87.5% of nurses who completed the survey say that their job description has not changed. Only 12.5% say it has.

One nurse commented *"the job description rarely reflects all the new aspects of the job."*

SUPPORT FOR NURSING

Dedicated time

Figure 14



It appears that more work is required to secure protected time to support professional involvement in locality planning, particularly when it comes to nursing.

From Figure 14 it can be seen that only 50% of those surveyed agree with the statement that “all professionals are being given dedicated time to establish new ways of working”. None of the respondents strongly agree. Indeed, a third (33.3%) disagree with the statement.

Figure 15



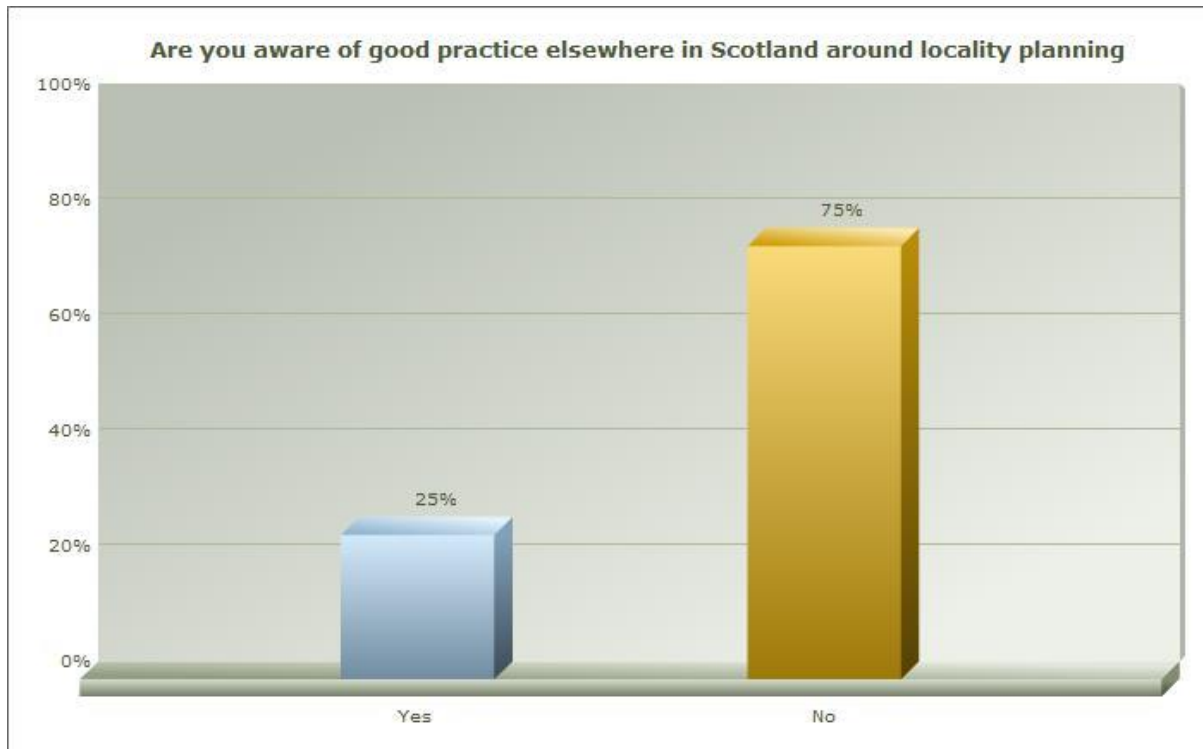
When the nurses who took the survey were asked specifically about the time available to them (Figure 15) they suggest that there may not be enough time to allow them to get involved. A minority of nurses responded positively to the statement that “Enough time is made available to me to get involved in locality planning”– 8.7% strongly agree and 30.4% agree. 26.1% disagree with the statement with 34.8% neither agreeing nor disagreeing.

A number of responses highlight the importance of making sure that more nurses are supported to get involved in locality planning. One nurse states that they are “juggling other responsibilities to accommodate time needed.” Another contribution suggests that capacity issues do not always make it possible for them to get fully involved in the process.

One nurse we interviewed also told us that professionals, including nurses, in her area found it a constant challenge to free up the time needed to take part in joint working initiatives.

AWARENESS OF GOOD PRACTICE

Figure 16



The responses also show that more could be done to share best practice across Scotland. 75% nurses taking part in the survey are unaware of good practice elsewhere in Scotland around locality planning.

IDEAS FOR IMPROVEMENT

Supporting best practice

Integration Authorities are clearly approaching locality planning in different ways. This could be a positive sign that localities are approaching the planning process in the way that best reflects local need. However, such variation could also be due to a lack of guidance or support from the Scottish Government to promote best practice.

75% of nurses responding to the survey are unaware of good practice elsewhere in Scotland around locality planning. The responses therefore suggest that further guidance and sharing of good practice would be beneficial to ensure that local variation is based on the best information available.

Better understanding of “the engine room” of integration

Further work is also required to understand in more detail the progress being made with locality planning across Scotland. The Scottish Government has identified locality planning as “the engine room” of integration. Work therefore needs to be taken forward to fully understand what is going on in each local “engine room” to ensure that integration is a success and that the Scottish Government’s broad policy intentions are being enacted effectively.

Work to map the boundaries of each locality, their individual responsibilities and the range of professionals involved in the process would be worthwhile to deliver a clear picture of how localities will support successful integration across Scotland.

More protected time to get involved

Nurses have the experience and knowledge of different contexts of care. They should therefore play a central role in bringing people together and encouraging joint working.

From the survey it is clear that more can be done to support nurses and other professionals to get involved in the process of locality planning.

A clear commitment needs to be made by the Scottish Government that nurses, and other professionals, must have protected time to:

- Play a full role in locality planning where appropriate.
- Fully understand the locality planning process and the responsibilities of those operating within it.

As part of efforts to secure appropriate time for nurses to play their full part in locality planning, the Scottish Government should also make it clear that employers should be including the additional responsibilities involved in leading locality planning within job descriptions.

Without proper involvement and understanding from all relevant stakeholders, Integration Authorities will not get a full picture of what is possible and integration will suffer as a result.

This of course requires funding. The financial memorandum to the Public Bodies (Joint Working) (Scotland) Bill set aside £3m as a recurring cost to fund clinicians' involvement in locality planning. Whilst we acknowledge that under current contractual arrangements additional funding may be required for GPs to free up time to attend meetings etc, requirements for backfill are common to all professions and come at a cost for NHS, Councils and all independent and third sector professionals expected to be at the heart of integrated locality planning. Support should be made available to all relevant professionals, not just GPs.

New localities must learn from the engagement failures of both LHCCs and CHPs and not simply recreate historic power imbalances. This should be a truly shared and co-produced endeavour within communities.

The guidance on locality planning that the Scottish Government is in the process of developing would be a good opportunity to establish the principle of protected time for all professions to properly get involved in the locality planning process.

Thanks

Our thanks go to all the nurses who participated in this survey and subsequent one-to-one discussions, as well as to the Scottish Government for funding this report as part of the RCN's Nursing Leadership in Integration grant.

To discuss the report further please contact Policy Officer, Lawrence Cowan, on Lawrence.cowan@rcn.org.uk.