



NURSING AND THE ENGINE ROOM OF INTEGRATION:

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; 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



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

than one locality were also asked to state how many of the localities they are involved



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

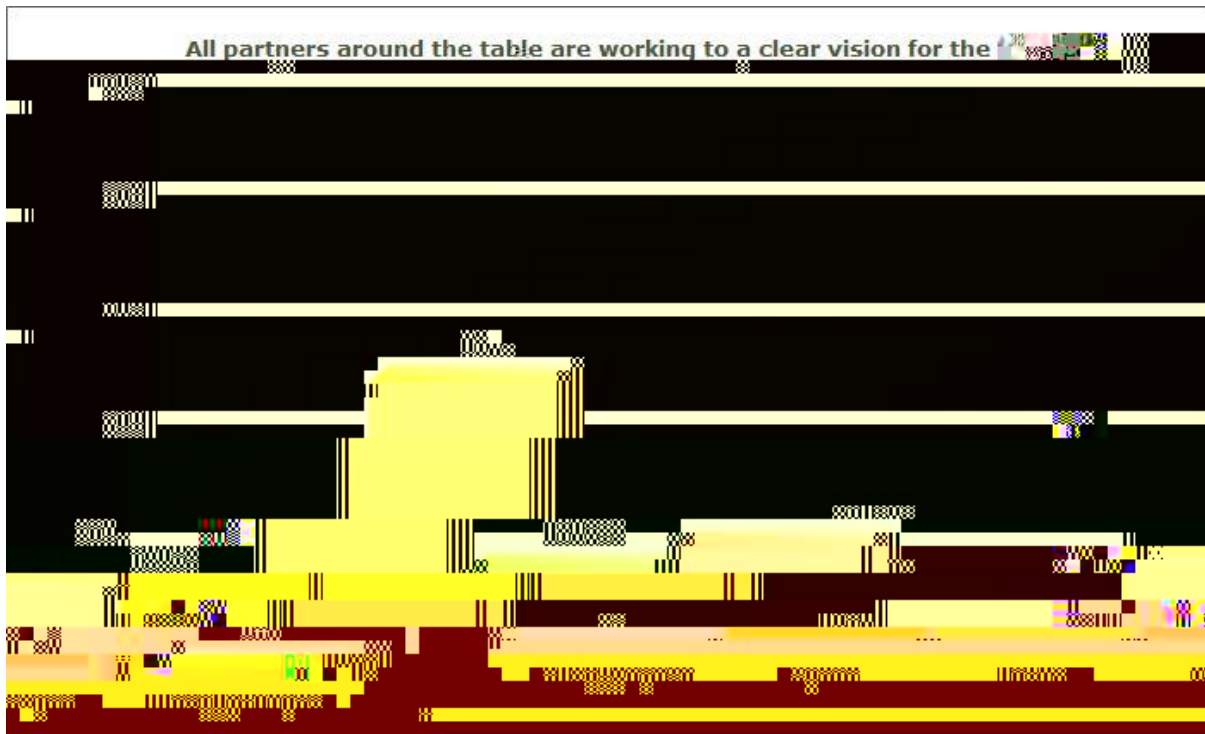
PLANNING AND VISION

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 clear vision for the

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

Understanding the role of localities within integration

Figure 3

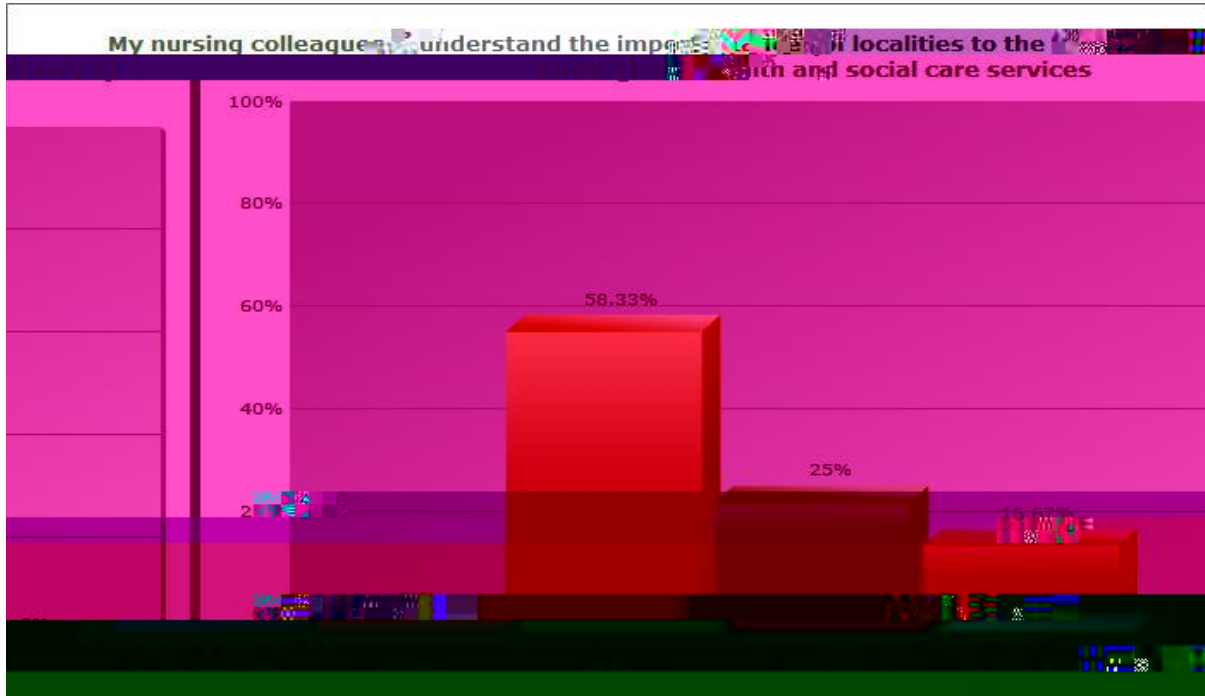


Among those who responded, a large share understand how localities will link with wider work to integrate health and social care (Figure 3). Over 66% of respondents

locali

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 that their colleagues understand the importance of localities to the local delivery of integrated health and social care services. 25% disagree with the statement. 16.7% strongly 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 ward need to be more aware of the process. 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)



Information to make decisions



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 support those of us working in localities to collaborate

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

ROLES AND RESPONSIBILITIES

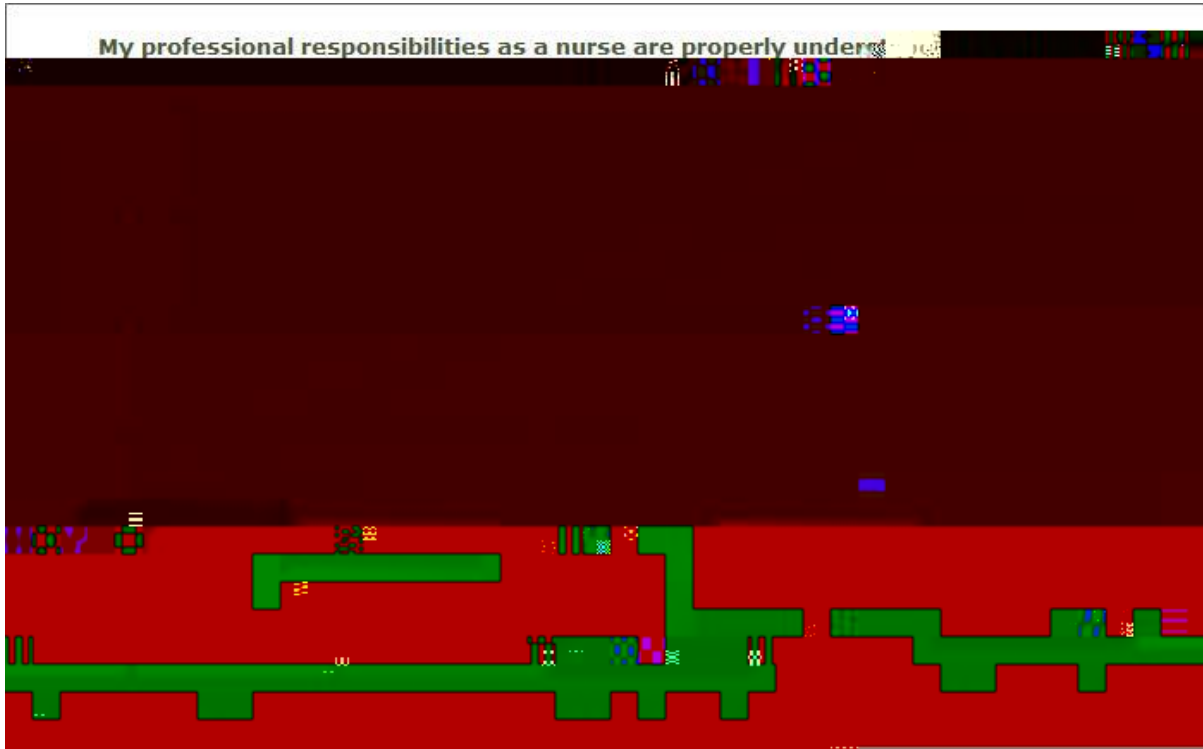
Understanding of professional responsibilities

Figure 9



Most of the nurses surveyed understand their professional responsibilities regarding

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. 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

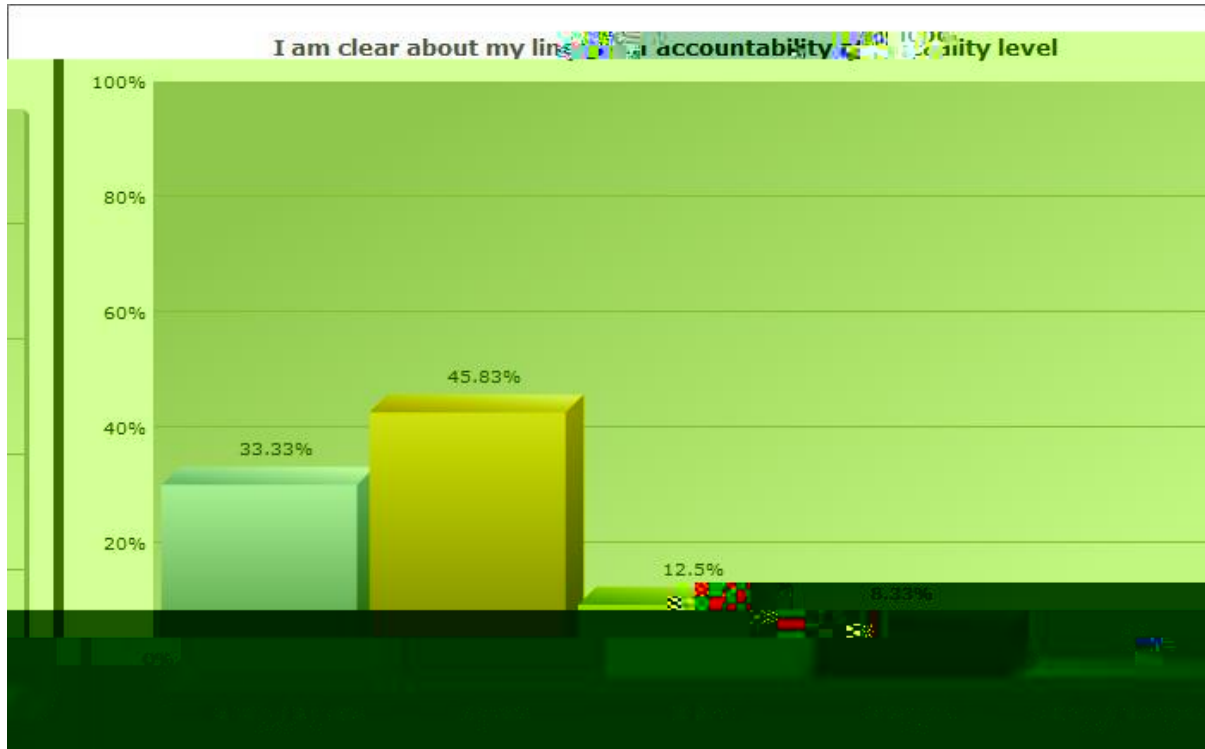


Figure 12 shows that the majority of respondents believe that there are clear lines of accountability in their localities. 79% of nurses taking part in the survey strongly agree or agree with the statement.

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.”*

Figure 15



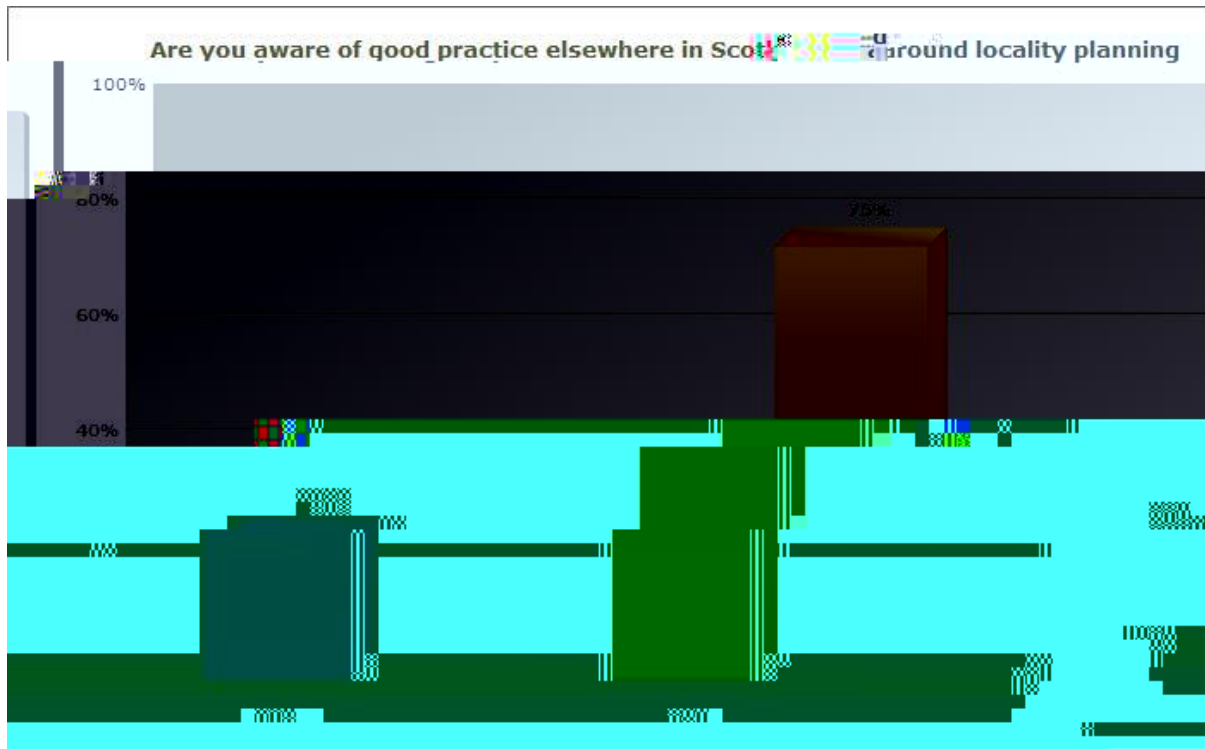
When the nurses who took the survey were asked specifically about the time available to them (Figure 15) they suggest that there may not be enough time to allow them to get involved. A minority of nurses responded positively to the statement that time is made available to me to get involved. 8.7% strongly 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 their work with their family. 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

