

FOREWORD

Over the last year the Royal College of Nursing (RCN) in Scotland has been building its understanding of what will help make Scottish plans to integrate health and social care a success. We have reviewed the international literature, interviewed frontline nurses in collaborative teams¹ and discussed ideas with our members and partners. Using this initial work we have evolved a set of principles intended to support the planning and implementation of integrated service delivery.

Our work has shown that better integrated working is driven by a shared motivation for improving the wellbeing of service users, by trusting local relationships and by strong, transparent leadership. It is people and their relationships, not organisational structures, which are at the heart of successful integration.

As the professional organisation and trade union for nursing the RCN is, of course, specifically engaged in the experiences of nurses and health care support workers. Nursing teams hold a privileged frontline and service user focused position. As such, they will play a key role in delivering more collaborative care across Scotland and our principles draw on their knowledge and practice. Given the RCN's particular perspective, we do not pretend to speak for all professions, for all patients or for all carers. However, whilst some principles do focus explicitly on the needs of our members, we have consulted widely in developing this document in the hope it can provide an informed, inclusive and considered contribution to developments in Scotland.

It is important that anyone who cares about the delivery of health and care in Scotland has the opportunity to influence proposals. The implications of the Scottish Government's drive to integrate health and social care are wide-ranging and complex. Evolutionary changes to much-loved public services will be felt right across the country over the coming years: by the general public, by care providers and staff, and by politicians. If we are successful in offering more, including far more complex, care close to home through increased integration it is not only community

OUR VISION FOR THE INTEGRATION OF CARE

People in Scotland using health and care services should expect to experience seamless and timely access to the dignified and compassionate care they need to improve their quality of life. This care should be delivered by appropriately trained staff in the home or the local community wherever possible. Staff working in health and care services should be able to do the best job possible for

THE RCN IN SCOTLAND: PRINCIPLES FOR THE INTEGRATION OF CARE A SUMMARY

Theme	Principles	Actions to deliver include:
1. Commit to processes that sustain respectful relationships	<ul style="list-style-type: none">• Organisational processes should support collaboration that is built on respectful relationships between service users, carers and staff	Sharing care planning Designing flexible services to promote equity of outcome Promoting service user independence and participation in shared decision-making

- Robust professional leadership and support is needed for staff to provide safe, and ever more complex, care in communities

Respecting professional leadership and judgement

Guaranteeing appropriate professional supervision and clear lines of professional accountability

Ensuring the workforce is equipped with the right skills to deliver the health and care services needed

1. COMMIT TO PROCESSES THAT SUSTAIN RESPECTFUL RELATIONSHIPS

Delivering good care needs everyone involved to

2. ENSURE LOCAL INTEGRATION PLANS ARE DESIGNED, IN PARTNERSHIP, TO IMPROVE OUTCOMES

Much of the activity and responsibility for integrating services will be seen at a local level. The RCN is not advocating a single model of integrated delivery: clearly a large city and an island community may require quite different solutions. However, we do think there are some core national principles that should inform the process of developing all plans for the future within the context of building and sustaining

The RCN expects local plans for integration to include evidence of a clearly articulated purpose, rooted in an understanding of what really matters locally, and which has been developed through engagement with staff across services and with local people. This shared vision must become the key measure against which the success of integrated care is assessed.

All decisions to redesign services to improve outcomes should be made inclusively and transparently

As the options for change begin to take shape, and choices are made and delivered, it is important that decisions are made in the spirit of respect expected of the services being planned. This could be underlined by:

Assessing the options openly with all partners

failing to achieve the planned outcomes in implementing a new model of provision. This activity should be focused on promoting a realistic risk-aware, not risk-

3. SECURE THE QUALITY AND SAFETY OF INTEGRATED CARE

It is imperative that the public, service users, care staff, organisations and accountable politicians can have confidence in integrated care services. Such assurance will require advance planning and ongoing investment in, and review of, activities to support good care. It will also require both the experience of service users and carers and the expertise of professional groups to be positioned at the centre of developments to improve the seamless route through different care services which share an ethos of respectful relationship.

The public should be confident they can access the right professional care when they need it.

When they need to access any sort of formal care, service users and their families should be assured that the right staff will be on hand to work with them when they most need it. Better continuity of care should be the result of improved collaborative working, but this will require some different ways of thinking about journeys through the care system. The following actions will help to deliver on this principle:

Ensuring

Everyone should know that they can draw easily on the expertise of appropriate, professionally-qualified staff when they need them. As a professional nursing body, for example, we would expect this to include the public having access to the full range of physical and mental health nursing staff within teams delivering integrated care. As such, local partners must demonstrate that their plans will offer seamless access to a full range of health and care supports. In collaborative teams, one care professional should be identified to lead ongoing care co-ordination, providing continuity and a clear point of contact for both the service user and colleagues.

Where specialised services are shared across neighbouring areas, or at a national level, it must be clear in local plans that provision has been made to ensure that all service users, however limited their mobility or wealth, can access these facilities equitably.

Making it easy for people to move between services

Partners will need to ensure people can access services through clear referral processes that provide them with timely and relevant interaction with the right staff. If service users are to experience smooth and appropriate transition between staff groups and different services in this new landscape, traditional assumptions about professional control of access

Ensuring the workforce is equipped

them take advantage of the long term benefits it can

4. SET THE NATIONAL FOUNDATIONS FOR INTEGRATED CARE

Although the integration of care will be delivered locally, it cannot work without decisive and transparent national leadership. Achieving seamless care delivery, built on respectful relationships at the frontline, requires those in leadership roles to set out the right conditions for such a culture to flourish.

processes, or one which also includes a shared ethos of procurement, drawing in the full spectrum of possible providers. To make matters more complex, the NHS and social care often work with quite different assumptions about universal and criteria-based entitlement to services.

The RCN is concerned that in the drive to integrate care services, and given discussions to date, competitive social care procurement approaches may be expected to translate into the Scottish NHS through joint commissioning, without open consideration of the potential consequences to the future of healthcare delivery. For this reason, we believe the Scottish Government should lead an open civic debate on the parameters of competition and individual choice within an integrated health and social care service, and then set out clearly its policy position. This will ensure local partners and the public are fully aware of the significance of the choices being made, and are clear on the limits and possibilities of future commissioning approaches.

Ensuring clear and transparent lines of political accountability

Where accountability rests for the delivery of public services is a wholly political decision which requires the support and understanding of the electorate. However, we expect to see national plans for integration to clarify who holds ultimate responsibility for the oversight, scrutiny and strategic direction of publicly funded and delivered services in Scotland. Whatever accountability model is chosen, it should apply to all parts of Scotland to avoid public confusion and retain national coherence.

Preserving the founding principles of the NHS

The RCN has been clear across the UK that whatever reforms are implemented in the NHS, healthcare must remain free at the point of need. The Scottish Government should make its position on this clear in the detail of its integration proposals. We will carefully examine all proposals for integration to ensure this basic principle is not undermined.

Clear and coherent national expectations of local partners are essential for successful delivery of collaborative care

Assessing how local integration plans will affect regional or national services

We anticipate that more integrated community-based health and social care provision will reduce emergency hospital admissions and delayed discharges over time, even given the increased demand expected from an ageing population. As such, the pattern of hospital use should gradually change every bit as much as that of community service use. To ensure the quality, sustainability and efficiency of specialist clinical inpatient care, the Scottish Government should plan to model and report on whether changes in integrated services could, and should, impact on the provision of local, regional or national acute-based services. This should be made public to support debate on change.

Holding strategic oversight of workforce planning across the health and care workforce

It is essential that the Scottish Government take an ongoing strategic and future-proofed national view of workforce need and changes to ensure sustainability of all health and care services within Scotland. This may well require a review of current national workforce groups to ensure they are fit for purpose. More work is required to ensure that the interface between different professional groups within an integrated system is reflected in decisions made for individual professions. For example, a decision to reduce the number of trained doctors could not be made in isolation if it required planning for an increase in the number of advanced nurse practitioners.

review¹⁰. This will ensure that both quality assurance and development support are well co-ordinated on behalf of service users and staff in the context of collaborative care.

Improving central finance and data support to help collaboration

The RCN believes the Scottish Government should provide clear financial guidance and support throughout this process and ensure that its own expectations, such as those regarding the delivery of public sector efficiencies, are framed in such a way to support collaboration between public sector organisations. All local partners will want to be clear, before the start of each financial year, of the total annual budgets allocated to them by the Scottish Government and the expectations on when, how and to whom they should report on financial activity. More work is required to address ongoing concerns raised by Audit Scotland and others about the quality of data available to measure success.

Gathering and sharing learning about what is already working on the ground

There are many examples of mature and successful collaborative working in Scotland and there is much to be learnt from approaches developed elsewhere. There are also significant lessons to be learnt from those integration projects that have not worked well in the past. Not all successful innovations are necessarily scale-able or transferable, but understanding the experience of practitioners and service users elsewhere will be invaluable to those implementing local change. The Scottish Government should play a key role in gathering and disseminating

APPENDIX 1

Managed Clinical Networks: Groups of health professionals from across different parts of the NHS coming together around a particular issue or clinical condition to ensure high quality care is delivered in a co-ordinated way.

NES (NHS Education for Scotland): The health board responsible for NHS workforce education

SSSC (Scottish Social Services Council): The Scottish body responsible for registering people working in social services and regulating their education and training.

SVQ (Scottish Vocational Qualification): A vocational qualification based on a set of national standards.

Telecare: Uses a combination of alarms, sensors and other equipment, usually in the home environment, to help people live more independently by monitoring for changes and warning the people themselves or raising an alert at a control centre.

Telehealth: The use of 24-hour digital and remote patient monitoring (RPM) (such as blood pressure) that can be used to diagnose or help manage a condition.