

ROYAL COLLEGE OF NURSING SCOTLAND

**Emerging Directions: An analysis of Scottish
integration authority strategic plans with a focus on
nursing and health care issues**

PREFACE

In the summer of 2016, RCN

prioritisation, and sound clinical and care governance processes are to be embedded in the structure and processes. Importantly, stakeholders are to be fully engaged in the production and review of the plans⁶.

All IAs published their strategic plans by the first half of 2016 (the list of IAs can be found in Appendix 2).

RCN Scotland wanted to understand what these plans said about the future shape of health and care services. Crucially, they wanted to explore the implications for the nursing profession: the challenges and the opportunities.

1.2 Method

The RCN sourced the plans from those publicly available on websites and selected which papers and appendices were shared with the author on the basis of the thematic criteria set for the review, which were:

- 1) What the plans tell us about the shape of services
- 2) What the plans tell us about nursing

An Excel spreadsheet was used for the initial data collection which was subjected to thematic analysis. The main body

East Renfrewshire are building on their pilot of workers who support vulnerable families to thrive independently of services. They are also developing models of

Glasgow have been testing an integrated care project with four GP

more to support people at home e.g. telecare, tele-health and are working collaboratively with the third sector to provide services which help people to access services/support in the community.

Western Isles have community unscheduled care nurses working with GPs to reduce overnight admission to hospital'.

2.3.4 Hospital at Home

Some of the IAs made specific reference to hospital at home services. Fife IA defined Hospital at Home as an alternative to hospital admission and provides the same level of care expected had the person been admitted to Others referred

Perth and Kinross are developing

Dundee are investing in community nurses to address early intervention and prevention and the 'locality cluster nurse' role is to be developed to prevent unplanned admission and extended to under 65s.

Glasgow City are investing in (p) over 65s community nursing, but not under 65s. **Glasgow City** are developing and improving access to family provision. Similarly, **City of Derby** (p)

also highlight the risk relating to the length of time it can take to train ANPs and emphasise the need to work collaboratively with higher education.

Midlothian see scope for strengthening health centres and specialist teams such as MERRIT by recruiting ANPs in supporting a reduction in GP workload . Whilst the direction, implementation and management of this approach needs to be undertaken at a local

Technology-enabled home health monitoring will increasingly be the norm and will form the cornerstone of anticipatory care and prevention. More assessments,

5. IMPLICATIONS FOR NURSING

5.1 The opportunities

While the integration of health and social care is likely to be unsettling as the transition progresses, the author reflects on the opportunities for nursing. For example:

New models in primary care will be developed enabling practice/community nurses to work at the top of their scope of professional practice in urban and remote and rural contexts e.g. advanced practice roles in the community where more intense emergency care will be provided

There will be greater opportunities for health and care support workers in community settings as part of multi-disciplinary and multi-agency teams supporting improved outcomes for people.

There is the potential for closer working relationships between different professions and disciplines through joint management arrangements,

Supporting people at home will require a continued expansion of 24/7 staffing. Upskilling staff quickly enough to embrace new roles and ways of working and releasing them for training will pose particular challenges. The demand for advanced level nurses is likely to outstrip supply at least in the short term. The availability of suitably qualified staff in care homes due to low wages may also prove problematic in enabling them to step up to intermediate care.

In addition the author identified a number of other risks that were implicit rather than explicit in the narratives.

Increasing use of volunteers may pose initial

facilitation plan

- 8) What support might nurses need to work differently with other professionals, volunteers and carers to deliver some services? Similarly what might need to change within the wider system e.g. governance and assurance frameworks?
- 9) How might nurse leaders develop local plans for nursing development / recruitment / deployment that demonstrate how the profession can support the wider partnership to deliver on priorities and outcomes?
- 10) How can nurses at all levels ensure their ex 2445261.a(sur(en)3(sure))TJETBT1 0 0 1 281.9 TJETB

POLICY CONTEXT

The **Public Bodies (Joint Working) (Scotland) Act 2014** provides the legislative framework for the integration of health and social care services in Scotland.

It requires the local integration of adult health and social care services, wi

**HEALTH AND WELLBEING OUTCOMES IN ORDER OF PROMINANCE IN THE IA
STRATEGIC PRIORITIES**

Outcome