

## Driving forward the vision for integrated care

Daniel Allen explores nurse involvement in new models of care designed to streamline services and improve patient experience

Here's the problem: health care in this country is hospital-centric, we're all living longer, public health challenges are multiplying and capacity can't match demand. Major NHS funding issues are exacerbated by global financial conditions, services don't join up and "prevention" sits way down the health agenda. Result? Inefficiency and, often, a poor experience for patients.

"I think everybody recognises that we need new models of care for the future," says Howard Catton, RCN Head of Policy and International.

Across the UK, governments and services are grappling with these issues and although different solutions are emerging, a locally devised, integrated approach to meeting health and social care needs is common.

In Scotland, for example, nursing staff are working hard to understand and influence the transformation to an integrated care service, says RCN Scotland Policy Adviser Rachel Cackett.

### Nurses have a central role

"We're going to need to move quickly to work out how quality integrated care is going to be delivered in this new world. Our members have a central role to play here, whether on the board or the frontline – but the proof of their voice being heard will only be clear over the coming months."

In England, new models of care are being spearheaded by 50 vanguards. These grew out of NHS England's Five Year Forward View, published in 2014, which set out a vision for the future of the NHS.

Drawing on a £200 million transformation fund, the vanguards are intended to be blueprints to help the NHS move forward and inspire other health and care services to work in partnership to better meet patients' needs.

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But what's nursing's role in these new models? Are nurses helping to lead the change or is change being "done" to them as others seize the chance to shape the future?

"There's a very strong argument to say nursing is a key and leading profession in terms of the relationship between different organisations," Howard says.

"If you look at what nurses do and what their roles involve, they are frequently working at the interface between organisations – hospital and community services, care homes and hospitals, primary care and social care. That's a reality for many nurses. They, like the vanguard

programme, are focused on how we can better deliver seamless, integrated care." He adds: "For those reasons I believe nursing is the most important profession in terms of the vanguards and has a huge amount to offer."

### Patchy progress

An RCN event held late last year showcased ways in which nurses are driving forward the vision for integrated care. But results of a survey of members involved in vanguards suggested that bringing health and social care closer together and making care more patient focused was, in some areas, an aspiration yet to be met.

"What we found," says RCN Policy Adviser Mark Platt, "was what you find at the beginning of many pilot arrangements and new ways of working – in some places take up is better than in others."

Too early, then, to say whether the vanguard programme is proving a success and whether nurses are shaping and influencing it. More work is required.

To that end, the RCN is planning a project to explore how the eight urgent and emergency care (UEC) vanguards are helping support the provision of seven-day care.

"The reason for choosing the UEC vanguards is that people using urgent and emergency care



There is still work to do to ensure nursing leaders have a stronger influence

📧 Email mark.platt@rcn.org.uk if you would like to contribute to the RCN project on urgent and emergency care vanguards.

normally need follow-on services,” says Mark. “So this is a good way of seeing how the system is trying to deliver in terms of integration.”

In the meantime, Janine Dyson, RCN England Lead for Devolution and Integration, has begun mapping the vanguards and making contact with the nurses involved.

It’s still early days, she says, and the picture so far is unclear. “Some vanguards are really innovative and you can see where they’re coming from. But some are worrying in terms of their nursing input.”

Is that because nurses are being pushed aside or are they not grabbing the opportunity to be involved?

“A bit of both,” Janine says. “In some areas nurses don’t even hit the radar and it’s GP communities that are going after the vanguards. In other areas I think nurses are used to having things done to them.

### Embracing change

“From my perspective, senior nurses need to be taking the bull by the horns and saying, ‘This is what we think the vanguard needs to look like and we need to shape it’.”

Nursing is certainly a dominant feature of the Airedale & Partners vanguard, a collaboration of 15 organisations in Yorkshire and Lancashire. Nurses are heavily involved in leading and shaping this “enhanced health in care homes” vanguard, whose approach has been praised by senior NHS leaders.

Howard says there are other examples of vanguards where frontline nurses feature prominently.

“It’s a mixed bag. I think we’re seeing signs that nursing is starting to be more engaged. But equally there is still work to do to ensure nursing leaders have a stronger presence and influence within the vanguards.”



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## Airedale & Partners

The aim of the Airedale & Partners vanguard is to enhance the quality of life and end of life care of people living in nursing and care homes. More than 15 organisations are involved, including hospitals, GPs, local councils, IT companies and care homes.

The vanguard builds on the partners’ experience of using telemedicine to assess and, where appropriate, treat patients remotely. Staff in care homes will now be able to use a secure video link to nurses based in a clinical “hub”.

Rachel Binks, a nurse consultant for digital and acute care at Airedale Foundation Trust, says: “All the homes that have the equipment can access our clinical hub 24 hours a day, and because we are based in a hospital, if we need to escalate to medical staff, specialist nurses or the palliative care team we can do so.” For residents, the service means fewer trips to hospital and a single point of access to specialist advice, including social care.

There are no care pathways, says Rachel, a former chair of the RCN’s Critical Care and In-flight Nursing Forum. “We base the service on nurses’ clinical skills and experience. We use high-definition cameras so we’re able to do a full assessment as if we were sitting by the bedside.”