

Visible, Accessible and Integrated Care

Report of the Review of Nursing in
the Community in Scotland

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Foreword

by the Minister for Health and Community Care

Foreword

by the Minister for Health and Community Care



Nurses have a proud tradition of providing services to Scotland's communities. No one can doubt the esteem in which they are held by the countless individuals and families they have supported through the generations. In many ways, nurses are seen as being crucial to the delivery of high-quality community-based services.

But the challenges nurses face in community settings today are very different from those of their predecessors. More different still will be the challenges faced by tomorrow's nurses.

Central to the positioning of Scotland as a modern, enterprising, culturally diverse nation is the issue of health. Our health policy statement, *Delivering for Health*, sets in place the infrastructure for an NHS in Scotland that is designed to meet individual and community needs and improve the health of the entire nation.

The policy emphasises that the community is going to be the setting for health care in Scotland in the future. People live, raise families, go to schools and work in their communities. They have a right to expect to receive their health care in their communities as well.

This Review of Nursing in the Community therefore makes a vital contribution to the process of implementing the *Delivering for Health* policy throughout the country. It presents a refreshingly honest analysis of the strengths and weaknesses of current nursing services in the community, identifying the key elements of the nursing role that must be nurtured and developed to enable nurses to play their full part in meeting the nation's health needs. It then sets out a model to underpin community nursing practice that will be launched in Development Sites in NHS Boards in the near future.

The Review leaves me in no doubt about three crucial things. Firstly, that nurses in the community are central to the success of our policy for the NHS. Secondly, that nurses have the integrity, the courage and the determination not only to analyse their practices critically and constructively, but also to make the changes their analysis demands. And thirdly, the new model proposed in this report is the right way ahead for community nursing services in Scotland.

I can state these views with confidence, because when I read the nursing agenda, I see the patient's agenda. This Review has listened very carefully to what patients and carers think and feel about community nursing, and it is now acting to deliver to them the services they want. There can be no greater commendation of a health profession, in my view, than a willingness to put patients' and carers' concerns first every time.

I am very excited about the future of nursing in the community under the new model, and look forward eagerly to seeing progress in the Development Sites. Nurses, not for the first time in their long and illustrious history, have stood up to be counted, and that's something for which we should all be grateful.

Andy Kerr, MSP

Minister for Health and Community Care

Section 1

Introduction by the Chief Nursing Officer

Section 1

Introduction by the Chief Nursing Officer



This Review of Nursing in the Community in Scotland has been taken forward by the Scottish Executive in partnership with a wide range of stakeholders representing the service, individuals, carers, families and communities.

Two project officers have worked alongside a National Steering Group (Appendix 1), a Patient and Carer Group and a Practitioner Group (Appendix 2) to conduct the process of the Review and deliver its report. The Scottish School of Primary Care provided invaluable resources and support to enable the Review to progress. The literature review undertaken by staff from Napier University and Queen Margaret University College, Edinburgh, which can be accessed at: www.scotland.gov.uk/nursing, provided an essential foundational element to the Review.

The Review fulfils a commitment to action from *Delivering for Health* (SEHD, 2005). *Delivering for Health* signals a transformational change in the NHS from a service that is primarily focused on providing care in hospitals to one where care is planned, delivered and evaluated close to people's homes.

Scotland is changing, and the NHS is changing with it. The demographic picture of our country is of an ageing population with reducing numbers of people of working age. Action is needed now to ensure the increased care demands produced by the former are not failed by insufficient numbers of health and social care professionals implied by the latter.

Delivering for Health sets out the policy that prepares the NHS to meet future challenges. It builds on the rich policy and legislative context that has developed in Scotland in recent years in areas such as public health, mental health, children's health, cancer, coronary heart disease, stroke, diabetes, maternity services and in the structure and organisation of the NHS itself to call for:

- a fundamental shift in the way the NHS works from an acute, hospital-driven service to one that is community based
- a focus on meeting the twin challenges of an ageing population and the rising incidence of long-term conditions
- a concentration on preventing ill health by equipping the health service to encourage and secure health improvement and 'wellness', rather than just treating illness
- a drive to treat people faster and closer to home
- a determination to develop services that are proactive, modern, safe and embedded in communities.

This fundamental shift in thinking about where and how health services are delivered means that all professional groups have to look anew at the way they work. They need to determine how they must change to contribute effectively to the new health policy agenda.

That is why we felt it was so important to identify the specific contribution nurses, midwives

and allied health professionals (AHPs) can make to the new NHS by developing *Delivering Care, Enabling Health* (SEHD, 2006a). It sets out the nursing and midwifery response to *Delivering for Health*, looking in detail at the cultural, capability and capacity issues necessary to harness the considerable energy, enterprise and enthusiasm of these vital professions in taking the policy forward and providing the services patients want and need.

Delivering Care, Enabling Health leaves no stone unturned in its quest to create the environment in which nurses, midwives and AHPs - working from a cultural base embedded in caring, enablement, respect for diversity and promotion of a rights-based, values-based approach to care - can deliver for the people of Scotland. It challenges them to think afresh, to look at the way their professions are educated, how they work in teams with fellow professionals, and how well positioned they are to deliver on the priority areas for the people of Scotland and the NHS. It asks difficult questions and proposes challenging solutions.

This Review of Nursing in the Community emerges from and is central to the new environment in which nurses, midwives and AHPs will work and flourish in Scotland. It is crucial that the Review is read and understood in relation to *Delivering Care, Enabling Health*, which sets out a wide range of actions that will affect and be affected by nursing services in the community. The two documents are designed to complement each other, with the Review building on and adding to the national action plan for nursing, midwifery and the allied health professions described in *Delivering Care, Enabling Health*.

Nurses in the community are key players in delivering the new policy agenda. They are at the heart of health services in the community, working in partnership with individuals, carers, families, communities and professional services. The success of the fundamental shift in the way the NHS works will to a large extent depend on how nurses in the community - working as part of multi-disciplinary, multi-agency teams - adapt, adjust and advance in the new NHS milieu.

That is why it is so important to get nursing in the community *right*. The model proposed in this Review points the way ahead for nurses to provide proactive, modern and safe services embedded in communities and delivered close to people's homes.

But like *Delivering Care, Enabling Health*, the Review had to ask difficult questions and the solutions it proposes are undoubtedly challenging. It looked at nursing services in the round as they are delivered in Scotland's increasingly diverse communities in remote, rural and urban areas. It involved not only what some might consider the 'traditional' disciplines of nursing in the community, such as district nursing and health visiting, but also a wide range of community-based nursing services, including those for people with learning disabilities, people with mental health problems and people living with cancer.

Most importantly, it looked at how patients and carers see nursing services and asked them

what they wanted and valued most. They told us they wanted:

- appropriate nursing services when they need them
- a nurse who helps them to co-ordinate care
- consistency in the advice offered to them by individual nurses
- nurses who identify carers early in their caring 'career' and signpost them to appropriate support
- care provided by competent and appropriate practitioners who know about them and the communities in which they live
- nurses who support them by working with them
- nurses with excellent communication and relationship skills.

The result of all this endeavour is a radical, exciting model for nursing in the community that reflects what patients and carers want and is designed to ensure nurses are fit for purpose in contributing to the new health policy.

It is a model that many people - patients, nurses and community-based health and social services professionals - will welcome and adopt with enthusiasm. We know this, because people had been asking for a model along these lines throughout the Review process and, in some cases, for many years before the Review was even launched.

But it is a model that will also raise concerns among some nurses in the community who have become accustomed to delivering particular services in particular ways. These nurses provide valuable services, and I acknowledge both the contribution they make and the anxieties they have about the changes proposed in the model. For some, who have been through a series of professional and policy changes over the last decade or so, the new model may even seem like 'a change too far'.

I want to assure these nurses that the model is not about devaluing the roles they perform or the tradition from which the roles emerge. Rather, it builds from those solid foundations to capture the essence of nursing in the community in 21st century Scotland. It describes a new nursing role that is modern, priority focused and fit for purpose. It defines nursing as a central player in delivering the new health policy agenda, with a strong focus on delivering services closer to home and addressing the twin challenges of an ageing population and a rising incidence of long-term conditions. And most importantly, it describes a role that will play a vital part in developing the community services patients and communities demand within a public health context.

Change is challenging, but change is necessary. The process of introducing the model into practice is bound to raise further questions, concerns and potential obstacles. That is why we have chosen to implement it initially in a small number of NHS Board areas (see Section 3).

Experiences and learning from these Development Sites will not only teach us a great deal

about the efficacy and effectiveness of the model, but also about the whole process of change management. I am confident that it will show us how change, which might appear threatening at the outset, can be transformed into a positive, inspiring experience. I look for, and expect, strong nursing leadership in the Development Sites to drive the process of change and ensure that lessons are learned and acted on.

I invite all nurses, regardless of their current role and place of work, to share in the exciting opportunities the model presents for individuals, carers, families and communities. I encourage them to embrace new ways of working and take full advantage of the future career options they offer. And I urge them to engage with the new agenda of community-based services, to work with their colleagues in all settings to design and deliver visible, accessible and integrated care, and to listen to what patients and carers are telling them. That is the process that underpinned the Review, and it is the process that will now govern the dawning of this new era for nursing in the community in Scotland.

Paul Martin

Chief Nursing Officer

Section 2

What works, what doesn't work, and what we need now

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What works, what doesn't work, and what we need now

The international picture

Nurses in the community across the globe face similar challenges as the focus of care is shifted from hospital to community. The challenges are compounded by nursing personnel shortages and the need to increase the scope of practice by moving beyond 'technical' care to a health-maintenance, health-improvement orientation in partnership with individuals, carers, families and communities.

Models of community nursing delivery vary from country to country, with great variety in role titles, educational preparation and breadth of practice. Models of 'family medicine', however, have been developed and can be broadly described under six categories (Meads, 2006):

- extended general practice
- managed care enterprise
- reformed polyclinic
- district health system
- community development agency
- franchised outreach.

Each of these different categories, or 'types', typically has a distinguishing focus, location and end point. The community matron model in England, for instance, with its focus on at-risk target groups, would fit most comfortably within the 'managed care enterprise' type. The 'community development agency' type is commonly associated with South American countries such as Colombia, Bolivia, Peru and Brazil. It could be argued, however, that its focus on local ownership and management of primary care, with health being seen as an issue for *citizens* and not just for *professionals*, aligns it closely to models of care emerging within Community Health Partnerships (CHPs) in Scotland, typified in the Family Health Nursing role operating in some areas. Initiatives such as these reflect a shifting away from the traditional 'extended general practice' model towards one embedded in a community development approach.

In Slovenia, the Republic of Ireland, Finland, Iceland and Latvia, community nurses work as generalists and provide services across the spectrum of care - from illness prevention to cure, and from the cradle to the grave. Many of the newly independent states of the former Soviet Union are developing generic roles for emerging community nursing services. Health promotion and illness prevention roles in Hungary, Denmark and Norway are undertaken by one nursing discipline, with home care nursing taken on by another. The United States has a variety of different models of community nursing both between and within States, with care being provided by private, state and church providers.

National Chief Nursing Officers agreed at their global meeting in May 2006 to review the European model of the Family Health Nurse (WHO Europe, 2006) and share experiences of other generic community nursing roles through 'a community of practice models approach'.

The picture in Scotland

The Review process of consultation among individuals and carers, nurses, fellow health and social care professionals, managers and educators (see Appendix 3 for a description of the Review processes and methods) revealed clear indications of what people in Scotland look for from nursing services in the community. These elements of service are being provided in some areas of Scotland, but to varying degrees of consistency and effectiveness.

Overall, the consultation presented a strong message that people believe nursing in the community should be all about delivering safe and effective nursing services within a multi-disciplinary, multi-agency¹ context, and:

- delivering what individuals, carers, families and communities have identified as being most important to them
- improving health and well-being
- supporting social and health care services in protecting the public from harm
- maximising individuals' and communities' self-care potential
- reducing inequalities.

What works

The Review found much to celebrate in nursing in the community in Scotland.

Workshop participants described nurses' breadth of knowledge and skills, a rich blend that enables them to undertake holistic assessments and to creatively problem-solve with individuals, carers, families and communities.

Individuals and their families value the relationships formed with nurses in the community, which are based on mutual respect, trust and rapport. It is through these relationships that nurses are able to make accurate holistic assessments and negotiate strategies for promoting health improvement and enabling self care, helping people to achieve maximum health and well-being outcomes.

The fact that nurses are viewed as being accessible and approachable and often work with people over extended periods, taking time to build relationships and address lifestyle changes to enhance health and well-being, was highly valued. The final report of the Family Health Nursing Pilot in Scotland (SEHD, 2006b) confirms how important individuals and families believe building relationships over time with an identified nurse to be.

¹ 'Multi-disciplinary' – all professional groups involved in delivery of health services: 'multi-agency' – professional groups and agencies working with the health sector, such as local authorities, voluntary agencies, independent sector, criminal justice system, emergency services.

It was clear that nurses' approachability and the respect in which they are held was leading some people to view them as an important access point to health services, and their skills in organising and co-ordinating care provided by other professions and organisations were well recognised.

Nurses' strengths as identified by the Review can be summarised as:

- approaching health assessments from a broad knowledge base
- providing a wide range of health-promoting, health-enhancing and direct-care interventions
- problem-solving with people, taking into consideration the choices available to them and their potential impacts
- building relationships with individuals and communities over time
- supporting people to access and co-ordinate health and social care services when necessary.

What doesn't work

The Review was also able to identify areas that must be strengthened if nursing is to play its full part in delivering the services people in Scotland need.

An extensive range of role titles is currently used in nursing to describe the many different functions performed, educational standards attained and qualifications achieved by nurses. Some titles are well established and were founded prior to the birth of the NHS, while others (most) have developed more recently. The development of titles and roles reflects local health services' desire to address gaps in service provision and support individual nurses and teams to practice to optimum effect. Consequently, some roles have been superimposed onto other nursing services rather than being integrated with them. These tend to have been developed within a very particular local context with an apparent lack of awareness of the way services are evolving elsewhere.

The Review presented an opportunity to stand back and look at nursing services in the community as a whole across the entire country. It found that not only are individuals, carers, families and communities unsure of which nursing service to access to meet their particular needs, but also that health and social care professionals are frustrated by the plethora of nursing roles and titles existing in community services, which can lead to unnecessary delays in accessing appropriate nursing support and advice.

Individuals, carers and health and social care professionals want a single point of contact with nursing services. They find having to deal with a number of different nurses who appear not to be part of an integrated team confusing and frustrating. Sometimes they perceive that care is unco-ordinated and receive conflicting advice from nurses; at other times, they can't access any advice at all.

The impact of nursing in the community is often 'hidden' or 'buried' behind the work of other health care professionals, the Review found. There is a need to demonstrate clearly how nurses contribute to community services as members of multi-disciplinary, multi-agency teams. Understanding the added value nurses bring to community services will enable a more appropriate positioning of nursing services to maximise the benefits of their contributions.

This is particularly the case in relation to public health. Promoting health is central to nursing practice, and must be approached from a public health perspective. The Review found, however, that nursing's contribution to public health is often indistinct and insufficient. *Nursing for Health* (SEHD, 2001a) set in place the changes necessary to give nursing a distinct public health focus, but implementation of its recommendations has been sporadic and inconsistent throughout the country.

Nursing needs to reclaim public health as a core function, with public health awareness and approaches being adopted as a kind of 'default position' by each nurse working in the community. Nurses should have the knowledge and skills to practise within a public health framework, drawing on specialist skills within and outwith their discipline as and when required.

Much of what nurses in the community do is already focused on the elements of care that *Delivering for Health* has identified as being vital in meeting the needs of the people of Scotland now and in the future. The Review found, however, that other elements of their role are less effective, can be done equally well by other practitioners, and are not well understood by individuals, carers, colleagues in the multi-disciplinary, multi-agency team and even fellow nurses. The match between nursing activity, knowledge and skills and the defined needs of individuals, carers, families and communities is now far from exact, and the configuration of the nursing workforce is no longer appropriate to meet the demands of community care – indeed, it sometimes imposes barriers and rigidity where flexibility is required.

What we need now

A new service model for nursing in the community is needed to deliver modern, appropriate, safe and effective services for the people of Scotland.

Services must now build on nursing strengths and appropriately address identified weaknesses, using the new model to create nursing services in the community that help to:

- promote individuals', families' and communities' health and self-care abilities
- support people to live healthier lives in their homes for as long as possible
- reduce health inequalities
- develop career options that reflect the importance and value of nursing in the community to the people of Scotland.

The Review identified ***seven core elements of nursing in the community*** that need to be

promoted as the foundations for practice. The model sets in place conditions that will help nurses to deliver consistently on these elements in providing high-quality, safe and effective services.

The shape the model should take and the seven core elements are presented in the next section.

Section 3

The new service model and core elements of practice

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The new service model for nursing in the community

The Review recommends that **the disciplines of District Nursing, Public Health Nursing (Health Visiting and School Nursing) and Family Health Nursing be absorbed into a new, single Community Health Nursing discipline.** The elements common to each of these disciplines will be assumed by the Community Health Nursing discipline.

The new Community Health Nursing discipline will build on the strengths of nursing in the community to:

- adopt a strong partnership approach with individuals, carers, families and communities
- work as part of nursing and multi-disciplinary, multi-agency teams
- practise according to the seven elements of nursing in the community (see below)
- focus on providing services that meet local needs and complement and reflect national priorities as set out in *Delivering for Health* (see Section 4).

It is envisaged that the new nursing team central to the service model will sit within a wider multi-disciplinary, multi-agency context. It will incorporate strong professional leadership provided through the introduction of **Community Nurse Consultant** posts and through enhanced co-ordination of care (particularly for people with complex care needs) by **Clinical Team Leaders/Advanced Practitioners**. The **Community Health Nurse** will be the visible access point for people to the nursing service, providing care through a team of **appropriately trained nurses** backed by **Health Care Support Workers** and **administrative support**. Examples of how the new nursing team might work with existing community-based colleagues are given in Appendix 4.

Practice Nurses have a crucial role in the delivery of care to communities and will be important partners of those working within the new service model. It has not been possible to identify Practice Nurses in the model due to the particular nature of their employment circumstances; it is recommended, however, that local systems embrace their skills and expertise and include them in team approaches to meeting the health needs of local communities.

The team will seek support as required from individuals, teams and communities holding specialist expertise, knowledge and skills, and will have strong interfaces as part of delivering scheduled and unscheduled care with the following key services:

- primary health care teams
- community pharmacy services
- mental health services
- learning disability services
- children's and young people's services
- local authority teams
- community hospitals
- the acute sector
- maternity services
- the independent sector.

The new service model is represented diagrammatically in Figure 3.1.

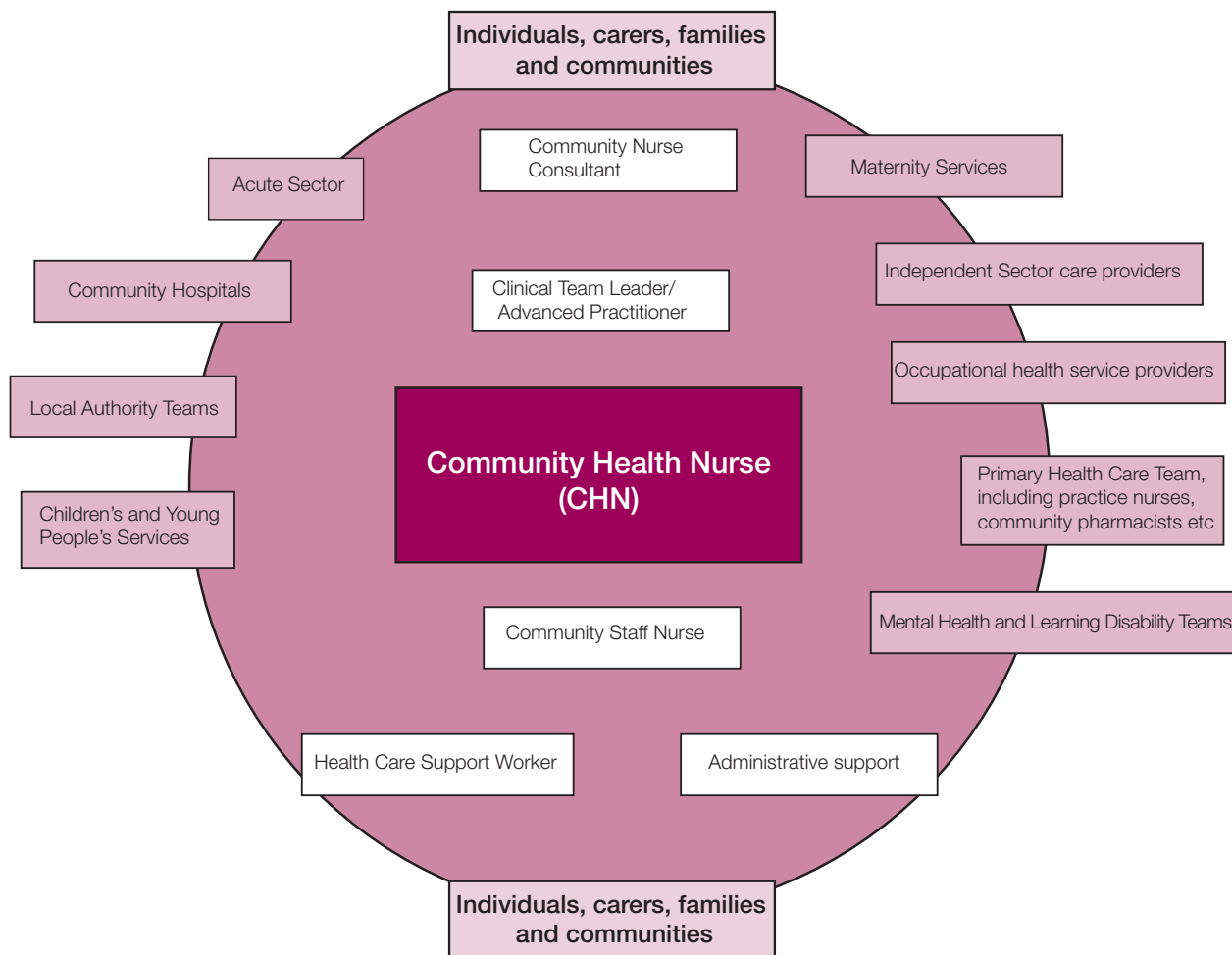


Figure 3.1 New service model for nursing in the community

The overriding aim of the new service model is to ensure that nursing services in the community are fit for purpose to meet the demands of 21st century Scotland. It brings clarity to the nursing role in the community to create greatest benefits for individuals, carers, families and communities. The model builds on the best elements of nursing practice in the community to provide a means to support nurses to deliver a modern, flexible and responsive service within a multi-disciplinary, multi-agency context.

It was hoped that published research would provide ample evidence to support the development of a model for nursing practice in the community. The quantity and quality of the research evidence found in the literature review was insufficient for this task. Information

has been gathered, however, from sources accessed outwith the commissioned literature review, the international Family Health Nursing Pilot in Scotland and from the Review consultation process, and this has been used to influence and shape the design of the model. The conceptual model of Family Health Nursing set out in the final report of the project is similar to, but less-developed than, the new service model.

Seven core elements of nursing in the community

Through its consultations, workshops, consensus conferences and online survey activity, the Review identified seven core elements of practice that need to underpin the activity of nurses in the community to ensure they can contribute maximally to the implementation of *Delivering for Health*. Nurses are already practising many of the elements to varying degrees of consistency. They build on the strengths of District Nursing, Public Health Nursing and Family Health Nursing to provide the central elements of the new Community Health Nursing role.

Working directly with individuals and their carers

Nurses need well-developed assessment, intervention and evaluation skills to identify where their skills and those of others are necessary to provide high-quality support and care to patients, carers, families and communities.

Adopting public health approaches to protecting the public

Protection of children and young people has been identified as a national priority. Embedding issues of public health approaches to protection of children and young people in the practice of all nurses is necessary not only in relation to ensuring their safety, but also because the principles of protection of children and young people can, and should, be applied to the support and protection of all people who may be in vulnerable situations.

Co-ordinating services

Individuals, carers, families and communities look to nurses to take a strong co-ordinating role not only within nursing teams, but also in relation to services delivered by the entire primary health care team, by secondary care services, by local authority services and by services provided by the non-statutory sector.

Supporting self care

Nurses have a key role to play in supporting individuals to develop the knowledge and skills they need to improve their health and manage their health-related conditions. They are also vital in helping carers manage their caring responsibilities and in working with community-based groups and organisations on improving public health. This means they must be prepared to move from a culture focused on 'doing for' patients to one in which they become 'enablers' of individuals' self care, as *Delivering Care, Enabling Health* stresses.

Multi-disciplinary and multi-agency teamworking

It is essential that nurses have the right skills to enable them to work within teams. The integrated care approach that is vital to implementing *Delivering for Health* depends on good multi-disciplinary, multi-agency teamworking. Teams must move forward in common purpose, learning and developing alongside each other, understanding and respecting each others' contributions and co-ordinating their services for the maximum benefit of individuals, carers, families and communities.

Meeting health needs of communities

A key element of *Delivering for Health* is the ability of services to reach out to communities who traditionally find health services inaccessible. Members of these communities are particularly vulnerable to health problems, but may not present to services until their conditions are at an advanced stage. The social inclusion agenda and the prominence of anticipatory care in improving public health demand that services take measures to identify these individuals and communities and work with them towards health improvement. Nurses have a proud record in this area, often using innovative community development approaches to service delivery, and their expertise and drive will be crucial in taking the agenda forward.

Supporting anticipatory care

Nursing needs to develop its health improvement focus, moving away from an illness orientation to one that looks to promote health. To do this, nurses' work needs to have a strong emphasis on assessing risk, promoting health, preventing illness and understanding and addressing health inequalities.

These core elements are represented in Figure 3.2.

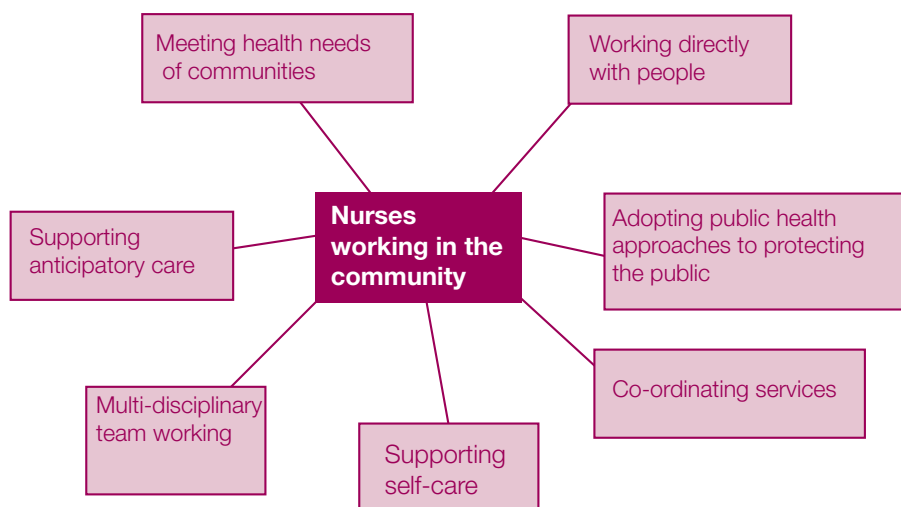


Figure 3.2 Core elements of nursing roles in community settings

The new service model presents the right environment from which nurses can build on their existing expertise to develop new skills and acquire new knowledge within these core elements of practice.

Implementing the model – what happens next

The Scottish Executive will establish and lead a two-year project that aims to ensure the new model:

- is ready to be implemented across Scotland in a safe, efficient and effective manner
- ultimately provides nursing services which meet the needs of individuals, carers, families and communities
- supports the implementation of *Delivering for Health*.

Patients' and carers' representatives, staff organisations, NHS Boards and other service partners will be fully involved in the development and delivery of the project.

Initially, NHS Boards which collectively reflect the diverse nature of Scotland's geography and demography will be invited to become Development Sites. These NHS Boards, working with local communities, councils, educationalists, care homes and other independent providers, will begin to introduce the model in 2008 following the development of detailed local and national plans. Plans will be measured against clinical, staff and financial governance standards.

The model will be tested and refined during the planning process and in the early stages of implementation to ensure it is sufficiently flexible to adapt to the needs of Scotland's diverse communities, taking into consideration differences among urban, rural and remote areas and the wide range of health care needs across Scotland.

The process will identify the appropriate interface between members of the nursing team and other nursing and non-nursing services such as public health, children and young people's services (including child protection services), services for people with mental health problems and those with learning disabilities, and services supporting people who are in vulnerable positions.

The work will interact with many strands of health and social policy and will link with projects focusing on issues such as workload and workforce planning, information and technology, unscheduled care, children and young people and the Joint Future initiative. Work streams developed to support the implementation of the model will include:

- workforce modelling
- revision of education programmes for new practitioners and those designed to support existing practitioners
- an eHealth project to support nursing practice and decision making in the community
- a review of children's nursing.

The impact of the new model will be evaluated. The evaluation will measure not only nurses' contribution to meeting the aims of *Delivering for Health*, but also the experiences of individuals, families, communities, nurses and professional colleagues.

NHS Boards and partner organisations not identified as Development Sites will nevertheless be involved throughout the project, as the learning will inform the shape and nature of services they will be providing in future.

Section 4

Maximising nurses' contributions in community settings

Section 4

Maximising nurses' contributions in community settings

The new service model described in the previous section is designed to deliver what individuals, carers, families and communities are asking for from nurses in the community. It also sets nursing in the community in the right direction to contribute significantly to meeting national health priorities as set out in *Delivering for Health*, including:

- providing safe and effective services closer to people's homes
- addressing the twin challenges of an ageing population and a diminishing potential health and social care workforce for the future
- enabling people with long-term conditions to live positively in the community
- improving people's health, providing anticipatory care and preventing illness
- developing individuals', carers', families' and communities' self-care skills
- supporting carers
- protecting children, young people and adults who are in vulnerable circumstances
- reducing health inequalities and widening access to services
- providing safe and effective unscheduled care services and reducing hospital admissions
- developing integrated services and positive teamworking.

It is essential that the future capability of the nursing workforce in the community be considered in relation to how, working within the new service model and practising the seven core elements of the nursing role in the community, it can deliver on the key policy aims of *Delivering for Health*.

The Review has considered this, and has drawn the following conclusions. Implementation of the model will need to incorporate processes, mechanisms and systems to support nurses to deliver in these areas.

Nurses must be supported to...

... support people as close to their own homes as possible, particularly those with long-term conditions

Many nurses working in the community spend most of their time with people who have, or are at risk of developing, long-term conditions. Nurses need evidence-based knowledge and skills to support these individuals and their carers and appropriate systems to facilitate direct access to specialist services when they feel it is necessary. They also need systems in place to allow them to access equipment required by individuals to support independent living.

Nurses have important roles as co-ordinators of different services involved in people's care.

The Review endorses the need for nurses to use their co-ordination skills and knowledge of health and social care systems to act as care managers² for people with complex health needs and those whose long-term conditions impact on their lives.

... develop health promotion and health improvement strategies with individuals, carers, families and communities

Nurses are in a strong position to support individuals, carers, families and communities to adopt healthy lifestyles. Effective individualised health promotion strategies rely upon nurses adopting a career-long approach to developing and maintaining their knowledge and skills base for promoting individuals', families' and communities' health and safety. They should be supported in developing their knowledge and skills base through pre- and post-registration nursing programmes and in ongoing professional development activities.

... enable and develop individuals', families' and communities' self-care skills

Nurses have strong relationship and communication skills that can support people to self care. Measures to enhance nurses' capabilities in promoting people's self-care abilities in partnership with individuals and carers are being taken forward nationally as part of the *Delivering Care, Enabling Health* action plan.

Individuals who have experience of long-term conditions are an excellent resource from whom all can learn, and unpaid carers also have great experience of the satisfactions and challenges caring brings. Their experiences and knowledge can support people with long-term conditions, fellow carers and professionals to ensure that effective services are in place to facilitate supported self care.

... support unpaid and paid carers

Nurses should ensure they incorporate the health care needs of unpaid carers into care plans, utilise single shared assessment tools effectively and ensure carers have opportunities to access their statutory right to an assessment. A good practice framework should be developed to support service commissioners and providers to train and supervise paid personal care providers.

... identify and protect adults, young people and children from harm

² The Scottish Executive refers to care management as a role or a task for practitioners (social workers, occupational therapists and nurses) involved with 'people with complex or frequently or rapidly changing needs, requiring complex packages of care and active, ongoing support' (Scottish Executive, 2001b).

As front-line clinical workers, nurses are often in a strong position to identify signs of abuse and neglect in patients, carers and families across the age spectrum and to trigger appropriate responses from services. As was identified within the description of the seven core elements of nursing in the community set out in Section 3, protection of children and young people has been identified as a national priority. This is an issue for all nurses, not just those who have specialised in the care of children and young people. Education and practical support is needed to enable nurses to recognise and respond effectively to the needs of people who are vulnerable through a variety of causes.

...contribute to a reduction in inequalities in health care and increase access to services

Nurses' core strengths – developing relationships, building trust, being accessible and approachable, working as equal partners with individuals, carers and communities, knowing about health and social care systems, carrying out holistic assessments, having public health knowledge and adopting culturally competent and flexible approaches – should be put at the disposal of communities who do not find services accessible. Nursing teams need to consider how they address health inequalities in the communities in which they work and develop and deliver appropriate action plans.

... maximise their contribution to managing unscheduled care services

Nurses are playing key roles in unscheduled and emergency care initiatives in a range of settings – community hospitals, health clinics, emergency response teams and NHS 24, to list a few. They are assessing, diagnosing, treating and referring or discharging patients suffering from minor illness and injuries in single care episodes. They are also helping to maintain individuals' and carers' health and supporting them to manage their own conditions to avoid the need for unscheduled care services.

Nurses now need to develop their contribution to unscheduled services further, building on their core strengths, taking opportunities for multi-disciplinary education and complying with relevant competency frameworks being developed by NHS Education for Scotland and Skills for Health.

... contribute to reducing length of patient hospital stays

Nurses working in the community need the knowledge and skills to support people with acute illness at home in partnership with individuals, carers, families and professional colleagues. A national best practice statement on caring for people who are acutely ill in their own homes should be developed to support this work.

Nurses in the community should remain involved in patients' care throughout the planning,

admission and hospital inpatient stages and should support hospital discharge planning and implementation.

... contribute to anticipatory care

The overall aim of anticipatory care is to work with individuals to help them identify early any circumstances which may have a negative impact on their long-term conditions and support them to develop strategies to avoid them or reduce their effects. Nurses need the skills and knowledge to provide these kinds of services.

Nurses have a wealth of information available to them about the communities with whom they work. They should use this vital resource to prioritise their anticipatory care activity, making sure that people who are most at risk of ill health are identified and supported.

... work in effective teams

Nurses must work within multi-disciplinary, multi-agency teams to contribute effectively to meeting people's health and social care needs. NHS nursing teams in the community should be designed around population units, responding appropriately to the health needs of those populations.

It will be a matter for individual NHS Boards to determine whether group attached/aligned or geographically based services are selected for their areas.

Nurses must have knowledge and understanding of the services available to the populations with whom they work, what the services can offer and how they can be accessed by members of local communities. Team structures should support the development of strong professional working relationships among nurses, general practitioners and those working in local authorities and the independent sector and must have the capacity to include unpaid as well as paid carers. Further work will be undertaken to develop guidance on nurses working together across employment boundaries.

... use information technology effectively

Delivering for Health states that a common information and communications technology (ICT) system is essential if NHSScotland is to deliver the integrated care services the Scottish Executive is calling for. Nurses in the community will have a big part to play in ensuring such systems, including the electronic health record (EHR) and electronic joint assessment processes, operate effectively to deliver maximum benefits for individuals, carers, families and communities.

A review of the current nursing position in relation to IT use in community settings is now

necessary. This would increase understanding of nurses' IT access, skills and utilisation of technology to support developments not only in record keeping and sharing, but also in the delivery of care.

Section 5

Conclusion

Section 5

Conclusion

Delivering for Health signals a fundamental shift in the NHS from a service that is focused on providing care in hospitals to one where care is planned, delivered and evaluated close to people's homes. Similarly, this Review of Nursing in the Community outlines a transformational change in the way nursing services in the community will be delivered.

The new service model, within which the seven core elements of practice have been defined, will facilitate nurses to provide proactive, modern and safe services which are rooted in communities and are delivered as close to people's homes as possible.

The model is designed to ensure nurses are fit for purpose and make maximum contributions to meeting the health needs of Scotland's population in the 21st century. Nurses are at the heart of health services in the community, working in partnership with individuals, carers, families, communities and professional services. They are key to the delivery of high-quality, community-based services that meet individual and community needs and improve the health of the nation.

Far-reaching action is needed if Scotland is to meet the health challenges of an ageing population with reducing numbers of people of working age. The new model provides the framework from which action can be progressed. It builds on the caring strengths that individuals, carers, families, communities and nurses have identified and described; it provides the direction nurses have been asking for; and it provides structured and exciting career opportunities that many have felt to be lacking in the past.

The Review's conclusions have implications for, and call for action from, individual nurses, the Scottish Executive, NHS Boards, education providers and a range of community-based partners to provide the infrastructure to support nurses' contributions.

The new service model sets out to deliver visible, accessible, integrated nursing services that meet what people say they want, rather than to comply with traditional professional notions of how a nursing service should operate. It will take courage and strong leadership to take the model forward, but now is the time to begin.

Appendix 1

National Steering Group membership

Appendix 1

National Steering Group membership

Name	Role	Organisation
Dr Jenny Bennison	Deputy Chairman of Policy	Royal College of General Practitioners (RCGP) Scotland
Alison Blakeley (finished 05.06)	Primary Care Advisor	Royal College of Nursing (RCN)
Iain Buchan	Scottish Care Representative	Buchan Associates
Jane Cantrell	Programme Director	NHS Education for Scotland
Colin Cox (resigned April 2006)	Lay Member	RCGP Scotland
Gavin Fergie	Professional Officer	CPHVA/Amicus
Bridget Hunter	Professional Officer Regional Officer	Unison Scotland
Alison Jarvis	Project Officer	The Scottish Executive - Directorate of Primary Care and Community Care
Elaine Logue	Carer Representative	RCGP Scotland
Jacqui Lunday	Allied Health Professions Officer	The Scottish Executive - Directorate of Nursing, Midwifery and Allied Health Professionals
Paul Martin (Chair)	Chief Nursing Officer	The Scottish Executive - Directorate of Nursing, Midwifery and Allied Health Professionals
Joan McDowell	Head of the Division of Nursing and Healthcare	University of Glasgow, representing academic heads
Dr Margaret McGuire	Nursing Officer, Women and Children	The Scottish Executive - Directorate of Nursing, Midwifery and Allied Health Professionals

Dr Sarah Mitchell	Project Manager (Rehabilitation Framework)	The Scottish Executive - Directorate of Nursing, Midwifery and Allied Health Professionals
Helen Morrison	Project Officer	The Scottish Executive - Directorate of Primary Care and Community Care
Gillian Overton	Secretary	The Scottish Executive - Directorate of Primary Care and Community Care
Julia Quickfall	Nursing Director	The Queen's Nursing Institute Scotland
Winona Samet	Nurse Advisor	The Scottish Executive - Directorate of Service Policy and Planning
Robert Samuel	Nursing Officer	The Scottish Executive - Directorate of Nursing, Midwifery and Allied Health Professionals
Jane Walker	Nursing Officer	The Scottish Executive - Directorate of Primary Care and Community Care
Ruth Warner	Interim Nurse Director in Primary Care	NHS Forth Valley
Joan Wilson	RCN Vice-Chair	Perth and Kinross CHP, representing RCN
Paul Wilson	Nurse Director	NHS Lanarkshire

Appendix 2

Patient and Carer Group and Practitioner
Group memberships

Appendix 2

Patient and Carer Group and Practitioner Group memberships

Name	Role	Organisation
Linda Allan	Nurse Consultant Learning Disability	NHS Greater Glasgow and Clyde
Dawn Arundel	Clinical Service Development Manager (District Nursing)	NHS Lothian
Dorethea Brander	Carer/Patient	Lothian
Joyce Brown	Rehabilitation NHS Scotland - Integrated Discharge Manager	NHS Greater Glasgow and Clyde
Lindsay Ferguson	Lead Nurse Consultant for Child Protection	Scottish Executive Health Department
Anne Holmes	Community Midwife Consultant	NHS Greater Glasgow and Clyde
Wendy Laird	Carer/Patient	Voice Of Carers Across Lothian
Fiona Lornie	Practice Development Nurse, Long-term conditions	NHS Tayside
Caroline Mackenzie	Health Visitor	NHS Lothian
Janice Macleod	School Nurse	NHS Lothian
Patrick Mark	Carer/Patient	Edinburgh Branch of Parkinson's Disease Society
Deirdre McCormick	Senior Nurse, Non-Executive Board Member	NHS Lanarkshire
Sandra McFarlane	Family Health Nurse and Midwifery Team Leader	NHS Highland

Name	Role	Organisation
Patricia McIntosh	Clinical Service Development Manager (Practice Nursing)	NHS Lothian
Okain McLennan	Carer/Patient	Health Voice, Highland
Maxine Moy	Nurse Consultant Public Health	NHS Tayside
Sheila Nimmo	Carer/Patient, Lecturer	Perth and Kinross Public Partnership Group, Abertay University
Rashpal Nottay	Carer/Patient	Minority Ethnic Mental Health Project Co-Ordinator, NHS Lothian
Nan O'Hara	Practice Nurse	NHS Forth Valley
Geraldine Queen	Carer/Patient, Service Development Manager	NHS Lanarkshire
Janet Syer	Carer/Patient	Breast Care, Highland
Lesley Tweedie	Lead Nurse Community Psychiatric Nursing Services	NHS Fife
James Walker	Carer/Patient	Midlothian
Lorna Wiggin	Clinical Group Manager/Head of Paediatric Nursing, Women and Child Health	NHS Tayside
Susan Wong	Carer/Patient	Morningside Community Council, Edinburgh

Appendix 3

Review processes and methods

Appendix 3

Review processes and methods

The Review of Nursing in the Community in Scotland was launched to:

'... identify the core components of a modern community nursing service which is flexible and responsive to meet the needs of patients and communities in Scotland within a multi-disciplinary setting and make recommendations for the future delivery of care.'

The Review set out to build on the positive elements of the nursing role by capturing the contributions nursing makes to community services, whether in people's homes, general practices, work places, community hospitals, schools, workplaces or other community settings.

Objectives

The Review objectives were to:

- identify current arrangements/models for the provision of nursing in the community
- determine future nursing service requirements to provide modern nursing in the community and determine the impact this will have on other community disciplines
- identify effective practice
- identify models of best practice.

The Review took its place among a raft of policy, legislative and contractual arrangements governing and influencing health care in Scotland, such as:

- *Delivering for Health* (SEHD, 2005)
- *Delivering Care, Enabling Health* (SEHD, 2006a)
- *Rights, Relationships and Recovery – the Review of Mental Health Nursing in Scotland* (SEHD, 2006c)
- *Changing Lives: The 21st Century Social Work Review* (Scottish Executive, 2006d)
- *Care 21* (Scottish Executive, 2006e) and the Scottish Executive, response to it (Scottish Executive, 2006f)
- *Delivering a Healthy Future* (Scottish Executive, 2006g)
- The Joint Future programme
- Community Care and Health (Scotland) Act 2002
- The Mental Health (Care and Treatment) Scotland Act 2003
- The General Medical Services Contract
- The Community Pharmacy Contract
- The Agenda for Change pay modernisation initiative.

Methods

The methods involved a number of specific mechanisms for engaging with members of the public and people working in health and related services and ensuring their views, experiences and ideas were harnessed. It also set out to ensure that evidence from the literature was incorporated into Review findings.

Two project officers were appointed to lead the Review. The methods they adopted involved:

- convening a steering group and reference groups (Appendices 1 and 2)
- holding workshops with patients, carers and their representatives
- examining the views of the public who had been engaged with other recent policy development projects
- holding workshops with staff and managers in NHS Boards (Box 1)
- consulting with established fora such as CHP general managers and professional organisations' single-discipline groups
- developing an online questionnaire
- holding a national conference and a consensus conference
- commissioning a literature review carried out by staff of Napier University and Queen Margaret University College, Edinburgh (the literature review can be accessed at: www.scotland.gov.uk/nursing)
- evaluating the implications for nursing in the community of previous national and international reviews (Box 2)
- ensuring that as many people as possible were able to comment on the draft report through widespread print and online distribution.

BOX 1 WORKSHOP FORMAT

The workshops focused on five key questions:

- What are the most valuable contributions nurses working in the community make to Scotland's health?
- What models of care have you developed and what are the lessons learnt, both positive and negative?
- What are the least valuable contributions nurses working in the community make to Scotland's health?
- Are there other contributions nurses could be making? If so, what are they?
- What would need to change to allow these to be made?

The online questionnaire also followed this format.

BOX 2 PREVIOUS REVIEWS

The method involved evaluating the implications for nursing in the community of previous national and international reviews, including:

- *Nursing for Health*
- *Promoting Health, Supporting Inclusion*
- *Nursing People with Cancer in Scotland: a Framework*
- *Framework for Nursing in General Practice*
- *A Scottish Framework for Nursing in Schools*
- *Rights, Relationships and Recovery: The Review of Mental Health Nursing in Scotland*
- evidence from the World Health Organisation family health nursing project taken forward in Scotland by the Scottish Executive

A website and newsletter were developed to keep people updated on progress, and articles about the Review were prepared for the professional press. The website can be accessed via the following link: www.scotland.gov.uk/nursing

Appendix 4

The new nursing team: potential links with existing community-based colleagues

Appendix 4

The new nursing team: potential links with existing community-based colleagues

Delivering for Health states:

'The emphasis on integrating care will require multi-disciplinary team working. It will require collaboration and co-ordination between professionals and across organisational boundaries.'

Delivering Care, Enabling Health reflects this idea when it says:

'Good team working is about harnessing what individual professionals do in common purpose. The contributions individual professionals make to the team are therefore central to teams' overall performance.'

All members of the new nursing teams will have a responsibility to work in multi-disciplinary, multi-agency teams. A number of questions and answers are set out below to illustrate how this principle will work in practice.

Working with general practitioners

'I am a general practitioner and it is important for me to have a close and trusting working relationship with the community nurse. Who will I be working with?'

The nursing colleagues you will be working with most commonly will be the Practice Nurse and Community Health Nurse. They will be jointly responsible for assessing nursing needs and planning nursing care for most of the people on your practice list. You will plan with them how you can best support people who are ill, those with long-term conditions and those who have terminal illness, and how public health activities such as immunisation programmes and anticipatory care activity can be taken forward. It will be possible, within local arrangements, for Community Health Nurses to make direct patient referrals to a specialist practitioner or other appropriate service. Further work will be undertaken on guidance for nurses working together across employment boundaries.

Working with community pharmacists

'I am a community pharmacist and am keen to develop my services by maximising the opportunities within the new Community Pharmacy Contract. Who should I contact in the nursing team to ensure our services are complementary?'

You will be in touch with all members of the nursing team, but the key link in relation to supporting patients in medicines management will be Community Health Nurses and Practice Nurses, and in relation to strategic development of services you will work with the Clinical Team Leader/Advanced Practitioner or Community Nurse Consultant. You will also be identified by members of the nursing team as a very helpful resource in augmenting and informing their prescribing practice, and are likely to be in contact with nurses across the team on this issue.

Working with allied health professionals

'I am an AHP in a supported discharge team. How can I ensure that the community nurse will reinforce rehabilitation programmes?'

The Community Health Nurse will be the main person with whom to discuss care planning and the maintenance of a treatment programme. He or she may delegate particular aspects of the care plan to other members of the nursing team.

Working with schools

'I am a head teacher. It is important for my staff and me to work closely with nurses to support children who are on medication and those who have physical and mental health needs, and to support health promotion activity and public health functions. Who will we be working with?'

Your main contact will be a Community Health Nurse from your local nursing team. The Community Health Nurse will work with you to identify how best to ensure that the health needs within your school community are met. You will be able to build an effective working relationship with the Community Health Nurse, who will be able to co-ordinate your access to a wide range of other resources in support of the community schools model.

Working with other nurses

'My daughter is 11 years old and is undergoing treatment for leukaemia. Some of her treatment can be provided at home, but I need the support of a nurse. Who will I get nursing support from?'

You will have contact with the Community Health Nurse who will support you and your daughter. The Community Health Nurse will ask her paediatric nursing colleague to join her when she visits and discuss with you how best to care for your daughter at home. Depending on what you feel is necessary, either the paediatric nurse or the Community Health Nurse will support you to provide her nursing care and co-ordinate any other care you and your family require.

Working with social workers

'I am a social worker. I have a number of older clients who have health needs. Who will I work with in identifying and meeting those needs, and what will he or she do?'

Your social work team will have close working relationships with the local nursing team. Community Health Nurses will be responsible for ensuring that single shared assessments are undertaken by nurses and that indications of social care needs are referred appropriately to you. In turn, single shared assessments carried out by you and your team which identify

health needs will be referred to the Community Health Nurse. If the person has complex health needs, the Community Health Nurse will normally assume the care manager role, although some of the health interventions may be provided by other members of the nursing or health care team. If the Community Health Nurse finds the assessment identifies no indications for nursing interventions, she will organise any health care that is required and ask you to remain as the care manager for the person.

Working with community development workers

'I am a community development worker in a deprived community where there are many people with health problems. How can the nursing team help?'

The Clinical Team Leader/Advanced Practitioner and Community Nurse Consultant will work with you and health and social work colleagues to identify what health approaches the community would find most helpful. They will then work towards the development of accessible and appropriate local services. This may mean that nurses develop some open-access health care facilities to provide, for example, advice on how to improve health, parenting programmes, individual health checks, screening programmes and interventions such as wound care following surgery.

Working with child protection staff

'I am the Team Manager of the Children and Families Social Work Team for the local council. Who will my colleagues and I work with to ensure children at risk are identified and appropriate nursing services are provided?'

Protecting people is a responsibility for all health care workers. All those working in the nursing team will have an appropriate level of training to help identify people at risk and will have a particular responsibility to ensure that child protection plans are implemented. It is envisaged that specialist services will support all practitioners in areas such as child protection.

Working with care homes

'I am the manager of a care home. We employ registered nurses and care workers. What support can I expect from the local community nursing team?'

The local nursing team in the community will work closely with you to identify the type of support you require. It is envisaged that at least one of the registered nurses you employ will have the same level of knowledge and expertise as the Community Health Nurse and that your staff will be able to provide for your residents most of the nursing support that local nursing teams provide to the rest of the population, including screening and monitoring programmes. Your senior nurses will be able to access the expertise of Community Health Nurses and Community Nurse Consultants when necessary.

Working with nurses in the independent sector and occupational health nurses

'I am an occupational health nurse working within a large industry and the community I work with is also the community that nursing teams work with. Who will I be working with to ensure that the workforce benefits from the changes to community nursing teams?'

Nurses working within teams must integrate with other nurses providing important services within the community. The Scottish Executive will commission the development of a national framework to support the integration of nursing services across organisational boundaries within a public health context.

Working with specialist nurses

'I am a Macmillan nurse working with people who have cancer. Who will I contact to discuss the care needed for a particular individual?'

The Scottish Executive Health Department is developing a framework for specialist nurses in Scotland. The interface between new nursing teams and nurses working in specialist areas of practice will be informed by that work. The success of the new model is contingent upon nurses being able to access a network of specialists to support them when a presenting problem is outwith their knowledge and skills. Recognition of limitations and identifying when to refer individuals to a more appropriately qualified person is a key aspect of professional accountability.

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