What leadership skills will community nurses need to improve outcomes in the new NHS?

As healthcare shifts to the community, nurses, midwives and health visitors at all levels will need leadership skills if the planned reorganisation is to succeed.

We appear to be on the brink of the greatest structural change the NHS has ever experienced, and the way forward for community nursing is not yet clear.

However, what is apparent is that nurse leadership in the community will be more important than ever if the government is to produce the improved outcomes for the health and wellbeing of the population that it has promised.

More than ever nurses, midwives and health visitors must act as advocates for their patients, clients and services. To do this, they must:

● Have an influential role in the new commissioning consortia to ensure commissioners understand the value and the shape and resources their services require to deliver the intended outcomes;

● Embrace complexity and work across organisational boundaries with local authority staff, general practitioners and others to agree on the right packages of care and public health interventions;

● Ensure they have the training, professional support and right team structure to make the most of the resources available to them.

All this will require enhanced leadership capacity – but not leadership as it has too often been interpreted, which is hierarchical rather than facilitative.

The coalition government was elected on a mandate to free healthcare professionals from what was considered to be unnecessary management bureaucracy, to give them the authority and autonomy to act effectively to meet the health needs of the population.

It believes that these professionals are best placed to determine, in partnership with their patients or clients, the right care or public health interventions to promote their wellbeing.

This will be music to the ears of many community-based healthcare professionals. However, for the policy to be effective, it will be necessary to first release and stimulate the leadership potential of community professionals at all levels.

Many of these professionals have lost confidence in their leadership abilities. This is because their working day has become increasingly task orientated and concerned with risk management and operating within severe financial restraints, rather than being based on needs assessment and holistic approaches.

Furthermore, community healthcare professionals often work with an inappropriately planned and implemented skill mix, rather than harnessing innovative and high-quality approaches to ensure their patients or clients receive the best possible services.

The NHS budget will remain tight, but the door is now open to look at new and innovative ways of working, led by clinicians hoping to squeeze the best outcomes out of their services. Indeed, ministers have promised that savings from cutting back current management structures will be redistributed to the front line, and nurses given new freedoms, with some establishing nurse-led provider units.

LEADERSHIP VERSUS MANAGEMENT

In looking at nurse leadership in the community, it is useful to distinguish between leadership and management.

Leadership is about providing direction to others in relation to a vision of where the organisation or team needs to go, while management is the organisation of the processes or tasks required to deliver that vision.

SKILLS REQUIRED

Obviously, there is some variation in the skills required for successful leadership, depending on the level and responsibilities of the individual leader.

Much has been written about board level leadership skills, so this discussion focuses instead on the needs of the clinical and public health workforce who have direct contact with patients and the public.

Perhaps the most important (and closely related) skills any leader should have are the ability to build relationships, and to...
communicate and negotiate effectively. The development of effective communication skills is having the responsibility and autonomy to act, the opportunity to practise, and through support and mentoring.

It will be essential that a hierarchy of support is in place within new community provider organisations through mentoring and clinical supervision. This will help to develop the next generation of community nurse or health visitor leaders. It will also help these leaders to gain confidence in obtaining, valuing and acting on feedback, and understanding their limitations – other essential leadership skills.

To be effective, clinical leaders need to be credible – this comes with success within their role. If they are to work autonomously and effectively, the senior community nurse, the health visitor workforce and those leading teams or leading and delivering programmes such as the Healthy child Programme, must be supported. This is to ensure they have skills in:

- Health or care needs assessment;
- Planning;
- Business case development;
- Systems management;
- Resource management;
- Prioritising, time keeping;
- Data analysis;
- Audit and evaluation.

These professionals will also need skills in risk management, clinical supervision and mentoring. There will be real benefit for the organisation that provides support through master’s level education to help them to develop these skills. Leaders at a very senior level would benefit from undertaking a professional doctorate programme in their specific area of expertise.

Other important skills for community nurse or health visitor leaders are the ability to be authoritative, to make unpopular decisions and to be able to delegate. These skills come with practice and support; local learning sets would help to enhance them.

Some essential leadership skills should already be in place from professional training, such as effective listening, understanding accountability, empowerment, observation, networking and relationship building. All are part of good clinical or public health practice, and are equally important for successful leadership.

E-learning for Healthcare, the Department of Health’s online learning project (www.e-lfh.org.uk) is developing comprehensive leadership modules for doctors that will also be available to support the leadership development of other NHS staff. There is also an e-learning leadership module being developed to support health visitors with their new role of leading the Healthy Child Programme. Other help for leadership development can come from coaching (Williamson, 2009).

While the NHS community organisations of the future will provide tailored professional development opportunities for their staff to help them embrace their new leadership roles, there are already national and local opportunities available (Box 1).

THE POLICY POSITION

Following the publication of Equity and Excellence: Liberating the NHS (DH, 2010) it is clear this government, like the last, intends that more care will be provided closer to home in the community.

With the development of commissioning led by GP consortia we can also expect a shift in the scale of complexity of care provided in the community, and for nurses and health visitors to have to embrace a range of new leadership roles including leading the delivery of new services.

It seems likely, for example, that health visitors will have more responsibility for delivering services for young children in partnership with the local authority through children’s centres. There will also be a scaling up in services being delivered in partnership with patients and the public as well as across statutory boundaries.

Frontline Care, the report of the recent Prime Minister’s Commission on the Future of Nursing and Midwifery (DH, 2010), had already recognised the need for fast track nurse leadership development to support the delivery of high quality care.

This has been reinforced in relation to the community workforce through a recent position statement Pillars of the Community (Royal College of Nursing, 2010). The statement highlights the need for “strong, visible and influential community nursing leadership”.

The government is also increasing investment in support for the NHS, delivered through the publication of guidance by the National Institute for Health and Clinical Excellence. NICE has already published a huge evidence base for securing high quality community health services, but it will take leadership by the professions to ensure that all this guidance is successfully implemented.

THE FUTURE SHAPE OF LEADERSHIP IN THE COMMUNITY

What will the shape of leadership for nurses and health visitors need to be to support the NHS reforms? I believe they will require leadership at different levels, according to the responsibilities of the individual professional (Fig 1).

Patient or client facing clinicians

These practitioners must have the authority and autonomy to lead and deliver services on behalf of their patients or clients in line with these individual’s wishes.

This will include working with clinical specialists to establish new innovative services where they might bring benefit, collecting data and demonstrating outcomes from their activities. If clinical team leaders, they must also lead their skill mix team, ensure their effectiveness and deliver outcomes in line with local organisational requirements.

![FIG. 1. Tiers for professional leadership in the community](image)

**Legend**

Commonwealth nurses and health visitors need to be to support the NHS reforms. These practitioners must have the authority and autonomy to lead and deliver services on behalf of their patients or clients in line with these individual’s wishes.

This will include working with clinical specialists to establish new innovative services where they might bring benefit, collecting data and demonstrating outcomes from their activities. If clinical team leaders, they must also lead their skill mix team, ensure their effectiveness and deliver outcomes in line with local organisational requirements.

**Box 1. Opportunities to gain leadership confidence and skills**

- Leadership programmes led by professional associations.
- Health Foundation leadership programmes for senior nurses and other health professionals (www.health.org.uk).
- Modules in leadership delivered by higher education institutions in part-time degree programmes.
- Master’s level and professional doctorate programmes.
- E-learning for health leadership modules in development (tinyurl.com/projectsled).
- E-learning module for leadership of the Healthy Child Programme (available late 2010/early 2011).
- Leadership and coaching programmes from independent providers.
Clinical specialists
Specialists must have the authority and autonomy to provide professional support, clinical supervision and mentoring to their colleagues at the front line. This should include organising education and training, supporting development and evaluation of their services, and ensuring best evidence becomes part of practice.

If we are to continue to strive for the best health service in the world, clinical specialists must develop mechanisms for disseminating success, whether via publication, professional conferences or other structures yet to be determined, but almost certainly underpinned by the use of IT.

They may also need to be able to embrace the leadership of teams, in the NHS or across organisational boundaries, for example in the case of health visitors working with children’s centre staff.

Nurse or health visiting directors
As the most senior leaders of nursing and health visiting services, directors must be on the boards of the new GP commissioning consortia, with real influence over the commissioning process. This is vital to ensure that services are commissioned to reflect holistic needs, rather than focusing on conditions and their medical treatment.

Directors also need to be inspirational leaders, supporting the development of leadership skills in colleagues at the first two levels. At the same time, they must act as board level advocates for the professionals and their patients or clients and work closely with commissioners of services and clinical leads.

Nurse or health visiting directors must ensure that risk is managed, services quality assured and outcomes delivered. Initially, a key part of this role must be to build the leadership capacity and capability of their workforce.

Such is the level of cultural change now necessary that incentives must be considered, support and encouragement ensured and the nurse directors helped to fulfil their role in what is potentially going to be a very different way.

Success may come first to those who have a clear vision, the ability to manage complexity, to take a bottom up approach and to communicate with and listen to those at the front line of service delivery.

Having secured respect and understanding for their contribution to service development, directors must ensure communication mechanisms are implemented for regular dialogue with those delivering services, and to facilitate and motivate the clinical leadership to embrace their own leadership responsibilities. These leaders must particularly be able to work with ambiguity, unpredictability and uncertainty (Masterson and Gough, 2010).

In recent years, many frontline clinicians working in the community have reported that they see the leadership roles of those in more senior positions as being largely about risk management and financial propriety. While important, these priorities must now change. Nurses at whatever level in the community must start to use their professional capacity and capability to deliver cost effective outcomes by acting early in the patient journey and without authoritarian structures to determine their activities. This will take trust, capability, time and authoritative leadership at all levels.

If we get it right, it will lead to better outcomes for our clients, improved professional confidence and morale, and greater public confidence in our services.

NATIONAL INFRASTRUCTURE TO


REFERENCES


Masterson A, Gough P (2010) Adaptable leaders are crucial to the new NHS. Nursing Times; 106: 34, 23.


SUPPORT LEADERSHIP DEVELOPMENT

If this vision for leadership in community services is to become a reality, we will require improved national support for health visiting and nursing.

For example, the Nursing and Midwifery Council could take on an enhanced role in acknowledging clinical leadership and specialist practice in its quality assurance of education programmes, and in its regulation of the professions. More than ever, it will be essential that professional regulation is fit for purpose in protecting the public, with a well trained and appropriately regulated workforce in the community.

Professional associations, as leaders of the nursing professions, will need to offer high quality support to the community workforce. They can do this by providing guidance and training in essential areas such as delegation and accountability, working across organisational boundaries, clinical supervision and practice development.

National evidence based standards to support local practice will become even more important as the move to local decision making moves up a gear. These should provide national frameworks for local practice, and reduce the potential for an increase in duplication and in the postcode lottery of service availability already in existence.

Finally, there is an important role for the Care Quality Commission in ensuring that learning from its reviews reaches all community health leaders.

CONCLUSION

Many nurses and health visitors working in the community will embrace leadership opportunities enthusiastically, but only if they are appropriately resourced, encouraged and supported to do so.

With such help, their confidence will quickly grow and they will develop the skills to lead in promoting public health, reducing health inequalities and providing care closer to home (see Box 2 for success factors).

High quality, nurturing and supportive nurse leadership at board level will be essential for this to happen and must be a feature of GP commissioning consortia and provider organisations.

MAKE YOUR VOICE HEARD ON THE SHAPE OF THE NEW NHS

Ensure nurse involvement in GP commissioning - sign our petition at www.nursingtimes.net/seatontheboard

A SEAT ON THE BOARD

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