

**House of Commons Public Accounts Committee Inquiry**  
***Health & Social Care Integration***

**Background**

- 1.1 The RCN has consistently supported the development of integrated approaches to the delivery of health and care. We believe it to be an important step in the development of more individualised ‘holistic’ services, which themselves are then part of a health and care system that is designed to address the needs of a population living with increasingly complex needs.
- 1.2 We therefore welcome the National Audit Office’s report on health and social care integration<sup>1</sup>, as a timely and much needed review of progress to date, and agree with its recommendations for further action.
- 1.3 It is our view that the Government’s 2020 target<sup>2</sup> for full integration is unrealistic because of the lack of: a clear definition on what is being sought after; a coherent plan for delivering it; and insufficient funds to support the current health and care system, leaving no additional monies for any meaningful systemic transformation.
- 1.4 We recommend that the target be reviewed by Government, on the basis that either funding to the whole health and care system needs to be increased, or that the deadline for achieving it be altered, and a clear plan for what can realistically be achieved be created by NHS England, co-produced with all system partners, including organisations representing the workforce
- 1.5 We agree on the need to develop and use robust and universally agreed metrics to evaluate the impact and benefits of integration, however it is practised across the health and care system. These metrics must include patient experience and outcomes as a matter of course. We also believe it vital that their development involves representation from staff groups expected to provide care through these models and initiatives.
- 1.6 In addition to addressing these contemporaneous issues, the Government, NHS England and Health Education England need to consider how recent decisions about the nursing workforce, such as changes to the funding of nursing education and the creation of new roles, will impact on the ability of the health and care system to make the changes needed to deliver integrated care. As currently seen we are concerned that they will reduce the total numbers of people in the workforce, and potentially lead to a generation of health and care workers under-equipped to work in integrated services.

***Finances***

- 2.1 The NHS is currently facing a funding crisis, exemplified by nearly two-thirds of all trusts finishing 2015/16 year in deficit<sup>3</sup>. Local government is equally challenged, with a projected fall in funding of 20% in cash terms and 37% per cent in real terms by 2019<sup>4</sup>.

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<sup>1</sup> National Audit Office, ‘Health and social care integration’ (2017) available at <https://www.nao.org.uk/report/health-and-social-care-integration/>

<sup>2</sup> As given in the 2015 Spending Review and Autumn Statement

<sup>3</sup> King’s Fund, ‘Deficits in the NHS 2016’ (2017) available at <https://www.kingsfund.org.uk/publications/deficits-nhs-2016>

<sup>4</sup> Local Government Association ‘Future funding outlook for councils 2019/20: Interim 2015’ (2015) Available at <http://www.local.gov.uk/documents/10180/11531/Future+Funding+Outlook+interim/39ad19fb-e5d8-4a2b-81a8-bf139497782d>

- 2.2 Without sufficient funding to provide social and community care services, the people for whom integrated care is designed to work, i.e. the frail elderly and those with long-term conditions, find themselves pushed back to NHS services, especially Urgent and Emergency Care (UEC). Figures for 2016, and more recent reports on the numbers of people accessing UEC, including the numbers of missed targets, are clear evidence of this growing trend<sup>5</sup>.
- 2.3 There is clear evidence, some of it cited in the NAO report, of a growing gap between provision and demand, both for the NHS, and for local authorities in their role as commissioners and funders of social care.
- 2.4 Added to this existing challenge is the fact of integration at scale, as envisaged in the devolution plans and the STPs, has a cost and nothing is being removed from the system to cover these costs. A recent BMA report estimated these costs at £9bn<sup>6</sup>, and to our knowledge they are not currently configured in any NHS England spending plans.

#### *Workforce*

- 2.5 There are specific parts of the workforce where there are marked decreases in the numbers of community, district and primary care nurses<sup>7,8</sup>, which presents challenges to the further roll-out of integration involving the transference of services from hospital settings into primary and community care .
- 2.6 The change to the commissioning of health visitors<sup>9</sup> and school nurses, vital to delivering some of the population health aspects of the STPs, risk the aim of improving public health and reducing ill-health, another means to reduce the demand for acute services in the medium and long term.
- 2.7 We are also concerned about the overall growth of the future nursing workforce. Along with recent decisions made by Government to replace the bursary for allied health professions students with the standard student loan support, the Government promised 10,000 more training places in pre-registration healthcare in this Parliament.<sup>10</sup> Work placements make up 50% of the nurse education and the availability and funding of these restricts the total number of training places available. Given that the Government has yet to provide details of how new funding arrangements for work placements would enable student number expansion, it is as yet unclear how the overall target of 10,000 more places will be reached.
- 2.8 The impact of the UK's impending departure from the European Union must also be taken into consideration. The health and social care sector has, for a long time, been heavily reliant on overseas nationals (both EEA and non-EEA). Between 2001 and 2012, the percentage share of overseas persons within the practising nursing workforce grew from

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<sup>5</sup> House of Commons Briefing Paper, 'NHS Indicators: England' (2017) available at <http://researchbriefings.files.parliament.uk/documents/CBP-7281/CBP-7281.pdf>

<sup>6</sup> BMA press release '£9.5bn capital funding needed to deliver STPs' (13/02/2016) available at <https://www.bma.org.uk/news/media-centre/press-releases/2017/february/capital-funding-needed-to-deliver-stps>

<sup>7</sup> RCN report 'District Nursing – 'Harnessing the Potential' (2013) available at [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0008/521198/004366\\_District\\_nursing\\_harnessing\\_the\\_potential.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0008/521198/004366_District_nursing_harnessing_the_potential.pdf)

<sup>8</sup> RCN Submission to Primary Care Workforce Commission (2016) available at [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0006/620754/20.15-Primary-Care-Workforce-Commission\\_-Call-for-Evidence.docx.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0006/620754/20.15-Primary-Care-Workforce-Commission_-Call-for-Evidence.docx.pdf)

<sup>9</sup> RCN Press Statement 'Protect invaluable health visiting services' (16/08/2016) available at <https://www.rcn.org.uk/news-and-events/news/protect-health-visiting-services>

<sup>10</sup> Department of Health, *Healthcare student funding consultation* <https://www.gov.uk/government/news/healthcare-student-funding-consultation-launched>

15% to 22%.<sup>11</sup> At the same time a significant change in the origin of overseas nurses took place. Prior to 2006/07 the vast majority of international nurses coming to the UK originated from outside the European Economic Area (EEA). However since 2007/08 this trend has reversed with EEA nationals now constituting the vast majority of new entrants onto the nursing register.<sup>12</sup> Since the Brexit vote last year, there has been a recorded drop of 90% in the number of EEA nurses joining the register.<sup>13</sup>

### *Staff Engagement*

2.9 Nursing staff are not fully engaged with or included in the planning and development of much of NHS England's work on integration. Evidence we gathered from the 'Integration Pioneers'<sup>14</sup> was that many nursing staff were unaware that they were working in them. We found similar experiences from internal research undertaken with members during the first wave of 'Vanguards', where a number of members reported that this was because they had been agreed by senior members of their employing organisations, without any wider staff consultation or involvement.

2.10 Our engagement with RCN members also found that few senior nurses, with their vital planning skills and experience of the complexity of the health and care system, were able to engage in the Vanguard programme, as they were unable to step outside their daytime roles because of work pressures.

2.11 We have found similarly low levels of engagement with the STPs, which we support in principle, but have been critical of their development processes. At the outset they involved very little staff involvement, although more recently we have been able to secure staff-side representation locally and nationally through Social Partnership Forums. Our aim in both fora has been to ensure staff views and experiences are fully reflected in the plans developments, and we would welcome Department of Health England's support for continuing and where possible furthering this approach.

### *Number of integration approaches*

2.12 We agree with the NAO report finding that there are too many overlapping approaches to delivering integration, supported by different funding and reporting arrangements. The 'Integration Pioneers' and the 'Five Year Forward View's 'New Models of Care' programme appear have been overshadowed by the development of devolution areas and now STPs; each with their own 'integration aims. We would like to see NHS England create a clear vision for how these separate but nonetheless related initiatives should connect to deliver integrated health and care provision across the country.

2.13 Through our regional officers we are aware of the discord, reported in the NAO report, that that exists between NHS organisations and Local Government about the delivery of health and care services, and their associated finances. This has been demonstrated most recently in the development of the STPs, which as the NAO report observes, are perceived by many local authority leaders to be NHS led and so to be handled with caution. Resolving this issue is a clear requirement for delivering integrated care, and we

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<sup>11</sup> Organisation for Economic Co-Operation & Development, 'Policy Briefing for the High Level Commission on Health Employment and Economic Growth', (2016) available at: [http://www.who.int/hrh/com-heeg/International\\_migration\\_online.pdf?ua=1](http://www.who.int/hrh/com-heeg/International_migration_online.pdf?ua=1)

<sup>12</sup> Royal College of Nursing / Nursing & Midwifery Council 'International Recruitment', available at: [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0007/629530/International-Recruitment-2015.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0007/629530/International-Recruitment-2015.pdf) (2015)

<sup>13</sup> <http://www.telegraph.co.uk/science/2017/01/25/number-eu-nurses-coming-uk-falls-90-per-cent-since-brexit-vote/>

<sup>14</sup> RCN report 'Update on England's 14 Integrated Health & Social Care Pioneers' (12/2014) available at [https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0009/603891/24.14\\_Update\\_on\\_Englands\\_14\\_integrated\\_health\\_and\\_social\\_care\\_pioneer\\_programmes\\_viewpoints\\_of\\_RCN\\_members.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0009/603891/24.14_Update_on_Englands_14_integrated_health_and_social_care_pioneer_programmes_viewpoints_of_RCN_members.pdf)

call on Government to work with NHS England and the Local Government Association to devise arrangements that are able to bring both parties 'to the table' in a way that respects their areas of expertise and facilitates effective co-governance.

#### *Metrics*

- 2.14 We agree with the NAO's finding, that the lack of universally accepted and independently verified metrics to assess how well a service or system is achieving integration is a further impediment to progressing integration, since it makes analysis of any impacts beyond simple ones hard to track.
- 2.15 Our work looking at the early days of the Integration Pioneers identified that they were very dependent on self-reporting, which made robust analysis and evaluation of their outcomes difficult. The continuing lack of any metrics will also be undermining the effectiveness of the proposed 'integration standard' or 'integration scorecard'.
- 2.16 It is therefore imperative that work is undertaken to properly and universally address this issue, and that it involves staff involved in delivering care, as well as those people receiving it. Any metric must be able to reconcile the key elements of integration, bringing together in a coherent manner: patient experience; patient outcomes; service outcomes, which must include use of resources and financial reporting. It might be helpful to look at the use of 'Outcome Measures', such as PROMs and CROMs in this work.

#### **February 2017**

##### **About the Royal College of Nursing**

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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