

Royal College of Nursing response to NHS England consultation on proposed contracting arrangements for Integrated Care Providers

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Key issues

- The context into which this contract will be introduced is a health and social care system in crisis. In order for integration to be meaningful and successful, the Government firstly needs to address the challenges by moving to a system based on population need and funded accordingly.
- It is clear that disparities in conditions lead to staff moving from social care to health services. This contract further embeds disparity on pay, terms and conditions between staff working in primary care, secondary care, public health and social care, and risks increased vacancies in particular settings.
- The introduction of this contract based on the same (or similar) terms to the NHS standard contract demonstrates a missed opportunity to make substantial improvements to the way in which services are paid, monitored, reported on, and scrutinised.

Recommendations

- Prior to introducing this type of contract, the Government should undertake an assessment of population need for health and social care, and use this as the basis for calculating the national service provision and resource needed to meet this need. Local authorities alongside commissioners of health service) have a clear role to play in undertaking these assessments at local level and communicating their requirements to national government. This will provide a better position for starting discussions about how to commission and provide services to meet this need.
- The Government should put structure and funding in place to ensure equity on pay, terms and conditions for registered nurses and nursing support staff working in all health and social care settings, regardless of employer.
- Integration initiatives of all forms, and the impact they bring has not been effectively communicated to staff and members of the public. We urge NHS England to undertake specific, proactive engagement with nursing staff, to

understand their concerns and make appropriate adjustments based on their feedback.

- Robust workforce data covering all types of health and social care setting is not available, and this must be addressed. We recommend that this contract be amended to mandate data collection amongst providers, which includes workforce data, long-term outcomes data, cost of clinical interventions, and quality of life measures, amongst other indicators.

Supporting information

Health and social care system issues

It is an inescapable fact that the health and social care system is in the midst of a crisis. There is not enough funding available to meet the needs of the population, let alone undertake transformation activity. There are high numbers of nursing vacancies, putting the delivery of safe and effective care at risk.

In this context, it is important to consider whether the limited scope for benefits outweighs the potential risks of introducing this type of contracting arrangement. Before this contract becomes operational, we urge system leaders to address the following issues.

Changing population need

Successive Governments in England have not made funding decisions for health and social care based on a robust, transparent assessment of population need. This means that local authorities and clinical commissioning groups are faced with impossible choices, and members of the public do not have their needs met. Overall, this is a poor use of public funds, and value for money would be better achieved if it was calculated to meet population demand, rather than the arbitrary figure currently selected by Government. While we recognise budget limitations exist, we need to establish the baseline of need to ensure we are meeting those needs.

Without comprehensive population-need and workforce data, decisions about provision and resource cannot be made effectively. This, therefore, restricts the scope of the benefits which can be provided by this new contract, and limits the meaningful contribution which ICPs can make towards fully integrated local systems. Going forward, without the establishment of a formal feedback loop mandating every type of provider to communicate changes in demand to commissioning bodies, limited progress will be made with regard to understanding changes in population need.

Workforce challenges

There are not enough registered nurses and healthcare support workers to deliver safe and effective care across health and social care settings. Nurses report working unpaid overtime to fill gaps, additional stress caused by high-pressure

environments, and describe occasions when vital care is left undone. New nursing support roles have been introduced, and we are concerned that inappropriate substitution of skills leads to poorer outcomes for patients.

Any future funding model should be based on an assessment of population need, and an identification of appropriate service provision and required resource. Funding should include ring-fenced provision to address gaps in the workforce, and extend the size of the workforce to be appropriate to meet population need. This will provide a better context to continue progress towards integration.

Lack of accountability

No one individual or organisation is accountable for ensuring an adequate supply of nursing staff to provide safe and effective care in all health and social care settings across the UK. Whilst this remains the situation, it is unlikely that meaningful steps to address the supply gap will be taken. The Royal College of Nursing is calling for legislation to secure accountability and responsibility related to Government departments, commissioners, providers and regulators.

The need for assurances on the draft contract

The RCN has consistently been supportive of the stated aims and underpinning objectives of sustainability and transformation initiatives across the health and social care system in England but we have concerns about how this has been applied in practice.

Closer integration between health and social care could help improve the health of the nation if they prevent ill health, join up services, and deliver care in more appropriate settings. However, we have previously expressed fears that these type of changes may be used as a smokescreen for savings instead, and that services may be cut without good alternative arrangements being made for people needing care.

The introduction of Integrated Care Providers could lead to potential changes for staff who may have to work across sectors or across different settings. These changes could offer opportunities, such as new roles and more autonomous working. But if financial considerations and cost-saving measures come first, the introduction of providers who have a greater remit, without greater transparency and scrutiny, could result in unsafe nurse staffing levels and skill mix. Any reduction in the number of registered nurses; or dilution of the skill mix; or inappropriate substitution of nursing staff will have a detrimental impact on patient care.

Staff working in regional teams and members working in a range of health and social care settings have described a lack of engagement in integration initiatives. We urge NHS England to pursue meaningful, proactive engagement with frontline staff, in order to understand their views, and recognise the impact these changes will have upon their ability to deliver safe and effective care.

Before the contract becomes operational, we expect NHS England to provide assurance on the following;

1. **Evidence.** There must be clear evidence to support the introduction of this new contracting arrangement, including evidence about how this approach will improve patient safety, quality of care, workforce, and finance. We know that this type of approach is currently being trialled in Dudley CCG, but cannot see the evidence that evaluation from Dudley has concluded or has directly informed this contract. The learning from this experience should inform the shape of the ICP contract, rather than improving processes once the first systems are already using this contract. We also need to see more robust plans for the '*ongoing evaluation of any improvement in population health outcomes in performance in areas served by an ICP*' as described in the consultation materials.
2. **Involving nursing staff.** Nursing staff know what works best for the services they deliver and the people they care for. They and the RCN should be involved in plans as they develop, not as an afterthought. Proactive engagement with nursing staff in all integration initiatives has been poor, and NHS England should take steps to design an approach which meaningfully involves the nursing workforce.
3. **Job security.** Any changes to contractual arrangements must give staff security in relation to their employment status, continuity of employment, terms and conditions, pension entitlement and training/development needs. This must be developed in partnership with staff and their representatives.
4. **Scrutiny.** The introduction of this type of contract risks an erosion of the amount of scrutiny over the activities which the contract holder is delivering. A provider who holds multiple contracts is scrutinised on each contract, and there are opportunities to terminate contracts for services which are underperforming. Without appropriate safeguards, it may become harder to scrutinise and take action to the extent that is possible when individual contracts are held.
5. **Data collection and reporting.** This type of contract risks a deficit in terms of mandatory data collection and reporting, in comparison to the collective requirements of each individual service contract. Particularly, due to the lack of evidence base, steps should be taken to hold ICPs to a higher standard in terms of data collection and reporting.
6. **Quality.** Existing payment systems are substantively based on the quantity of activities delivered, rather than the quality and impact which those activities are providing. Further steps towards integration, such as this, have been described as being a mechanism for improving the care that people receive. However, without changes to the way in which services are monitored and paid, it is challenging to understand whether quality is improving. Likewise, without a robust understanding of population need, it is challenging to make an assessment of what would constitute 'quality' at provider level.

Addressing concerns within existing contracts

The draft contract for Integrated Care Providers is substantively based on the existing standard provider contract. We have some concerns with the existing contract and are disappointed that NHS England has not taken this opportunity to address the changes which need to be made.

The payment system within existing contracts is too focussed on delivering activities, without enough emphasis upon the quality of the activity and the outcomes it has led to. As we have described, the health and social care system is currently under-funded, and is not based on a robust assessment of population need. Despite Government rhetoric, there is not adequate support available in the community. This means that activity delivered within acute providers is likely to be higher than it would be, if patients were able to access preventative support in the community.

We are also concerned that the reporting and data collection requirements within the existing standard contracts are not high enough to allow for proper scrutiny and meaningful discussion about the impact of pathways and interventions.

Concerns related to terms and conditions of nursing staff

Differences in pay, terms and conditions

We are concerned that one of the unintended consequences of the introduction of this type of contracting arrangement could be disparities in pay, terms and conditions for nursing staff within the same provider organisation.

Social care settings are particularly at risk when there are disparities in pay, terms and conditions, and it becomes easier for staff to transfer between settings within the same provider. There are high numbers of nursing vacancies within social care, and turnover rates are much higher than the NHS. Easier access to roles within the same provider organisation, with much better pay, terms and conditions may encourage registered nurses working in social care to leave their roles. This would put social care services at risk of not being able to provide safe and effective care for their patients.

We urge NHS England to consider this risk before moving forward with this contract. The Government must put a structure in place to guarantee and fund equitable pay, terms and conditions across all health and social care settings for all registered nurses and nursing support staff.

Our expectation is that existing STP footprints and Integrated Care Systems will continue to look to harmonise sickness absence/disciplinary/flexible working policies as well as notice periods and bank rates to better facilitate integrated working approaches.

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.

For further information, please contact: **Charli Hadden, Policy Adviser**
(charli.hadden@rcn.org.uk, 020 7647 3933)

Policy and Public Affairs (UK and International) - Royal College of Nursing
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