

Royal College of Nursing response to APPG for Social Work call for evidence on integration of adult social care with the NHS.

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.

1. Overview

- 1.1. The RCN is supportive of the broad aims of the white paper to enable greater integration, reduce bureaucracy and put population health at the core of all decision making. There are further areas which need to be addressed through secondary legislation and guidance. In particular, the role of nursing leadership in new ICS structures and the importance of the nursing voice at all levels of planning and delivery.
- 1.2. Is it important to note that for public health and social care, it has been challenging to fully assess the proposals in this white paper without an understanding of the broader changes and reforms expected later this year.
- 1.3. There are other areas of reform which are needed to compliment the upcoming Health and Care Bill. We are particularly concerned about the disparity in pay, terms and conditions for nursing staff working in social care, compared to their counterparts on the NHS Agenda for Change framework. As integration continues, we think that these disparities will become starker, leading to staff moving from social care into the NHS within their ICS. This would be very challenging to the delivery of safe and effective care within social care.

2. Integration of adult social care with the NHS.

- 2.1. *Further detail is needed on related areas of reform*
- 2.2. The scope of the proposals set out in the white paper is predominantly focussed on the NHS. Without further detail on the reforms for social care, public health and professional regulation it is not possible to make a full assessment.
- 2.3. Effective integration is reliant upon sufficient funding for all parts of the health and care system, including that required to enable staffing for safe and effective care. The National Audit Office identified that “*Many authorities are setting budgets for 2021-22 in which they have limited confidence, and which are*

balanced through cuts to service budgets and the use of reserves".¹ The NHS Long Term Plan was based on a commitment that social care funding would not impose additional pressures on the NHS². At this point in time we know that this is not the case in many parts of the health and care system, and we do not have assurance that either funding or workforce has been secured for public health or social care. We provide more detail on these issues in section 3.

2.4. Nursing voice and leadership must be embedded in new structures

2.5. Nursing leadership is vital to delivering many of the ambitions of integrated care, and the Long Term Plan for the NHS. Nurse leaders are well placed to understand both the health and care needs of their populations and identify opportunities for joining up relevant parts of the patient pathway. We also know that nurse leaders can transform systems away from a focus on acute services and treatment to one which prioritises prevention, health promotion and public health. This has great benefit to local health economies, in terms of preventing avoidable ill-health and reducing the burden on expensive secondary services.

2.6. We know that there is variation in how nursing leadership is embedded in the existing ICSs, and this will lead to variation in quality and safety of care and in health outcomes. Although we recognise the need to allow flexibility at local level to determine approach, it is critical to have a consistent approach and role for nursing leaders. Current CCG structures have a statutory requirement for registered nurse representation on the board; a similar approach should be in place at ICS level.

2.7. Nursing leadership should be embedded throughout ICS structures, alongside a designated safeguarding lead.

2.8. Opportunity to update local authority roles

2.9. The approach taken in the white paper focuses almost entirely on the future roles and structures of NHS bodies, and does not include equivalent legal changes for local authorities. Our members have described variation in the level of engagement and collaboration between NHS bodies and local authorities.

2.10. We know that partners within the developing ICS are constrained by meeting their financial targets and obligations. This often comes at the cost of closer integration and budget sharing. This can hinder their ability to truly collaborate. While the white paper does resolve some of these issues within the

¹ National Audit Office (March 2021) Local Government finance in the pandemic. Available at: <https://www.nao.org.uk/report/local-government-finance-in-the-pandemic/>

² NHS Long Term Plan (2019) "*When agreeing the NHS' funding settlement the government therefore committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years. That is basis on which the demand, activity and funding in this Long Term Plan have been assessed.*" Available at <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

NHS partners, there is a risk that the same pattern will continue on the local authority side.

2.11. We challenge the decision not to make the reciprocal changes to local authority commissioning and accountability, as we have seen proposed for NHS bodies. Changes to the roles, responsibilities and structures of local authority commissioning would better allow them to integrate into ICS. Without this, there will be different requirements of each body, limiting opportunities for effective integration. We are concerned that failure to align the commissioning functions of local authorities with NHS structures will lead to a two-tier system where the main focus of activity is on the provision of health services. This will risk siloed working and a limit for ICS structures to completely integrate services in their locality.

2.12. Workforce demand and supply planning

2.13. While it is positive that measures on workforce accountability were included in the white paper (proposal for the Secretary of State for Health and Social Care (SoS) be required to publish a document every 5 years setting out the roles and responsibilities for workforce planning and supply for publicly funded services across England), this does not go far enough to address the government accountability for workforce that we require.

2.14. We therefore expect to see a new duty added into draft Bill for:

2.14.1. the Secretary of State for Health and Social Care (SoS) to have explicit responsibility and accountability for overall workforce planning and supply, as part of service and finance planning.

2.15. To discharge this successfully, transparency and scrutiny around the extent of workforce that is needed both now and in future, in order to meet health and care needs of the population safely and effectively, and provide for this within service, is essential. Therefore, we require a duty to be included for:

- a. the Secretary of State for Health and Social Care (SoS) to be required to ensure the completion and publication of a robust, timely, population needs based assessment of upcoming health and care workforce demand for both health and social care. This assessment must also:
 - i. Be based on the projected health and care needs of the population across England for the following 1-5 years, 5-10 years and 10-20 years;
 - ii. Undertaken at least every 2 years in response to changing population needs;
 - iii. Be developed in collaboration with key stakeholders across the sector, including employers, providers, trade unions and royal colleges;
 - iv. Take full account of workforce intelligence, evidence and plans from providers and partners within integrated care systems;
 - v. Be independently assessed and verified prior to publication; and

- vi. Be fully available in the public domain in an open and transparent manner.

3. Conclusions

- 3.1. Whilst many of the proposals in the white paper will help facilitate closer integration between health and care services, there are outstanding systemic issues, both overall and in the equity for social care which need to be addressed. If unaddressed, this will lead to a continuation of patient needs being left unmet, with poorer outcomes and bigger societal impacts. Government should take this legislative opportunity to resolve all these issues, rather than further delay.

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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