

Royal College of Nursing response to Department of Health and Social Care Review of section 75 arrangements: call for evidence

The Department of Health and Social Care has called for evidence to support the review of legislation which covers pooled budgets and joint working arrangements. This review will identify areas where additional flexibility can be provided to local decision makers to facilitate more joined-up care. The RCN is supportive of efforts to remove barriers which make the system harder for patients and staff to navigate.

We note that there are significant evidence gaps relating to the impact that commissioning and budget pooling has upon staff, patient and population health outcomes. Where evidence does exist, there are limited indicators of value for money, safety, quality and experience. We urge national bodies to take steps to facilitate better independent research into the impact of joint commissioning and pooled budgets prior to adding any additional service types to this approach. This is key to ensuring that patients are getting the best experience from health and care services.

While we do not take specific views on each service type and the merits of the commissioning arrangements, we do urge DHSC to ensure that any changes take into account staffing issues. It is vital that any changes to commissioning arrangements for health and care services do not result in negative implications for pay, terms and conditions for nursing staff, or for the delivery of safe and effective services. There are a number of overarching considerations and principles which should be factored into any review of pooled budgets and commissioning arrangements.

There are significant issues with nursing supply, recruitment and retention. This leads to vacant posts and staffing levels which do not deliver safe and effective care. In services which have historically been commissioned by local authorities, such as social care and public health, the continued decline of registered nurse numbers and turnover of nursing staff is of particular concern. There are also shortages amongst nursing support staff.

In order to begin addressing these workforce challenges, there should be a fully costed and fully funded workforce strategy covering all parts of the health and care workforce. Workforce strategies must include overall supply, as well as staffing levels, skill mix and professional education. The 2023 NHS Long Term Workforce Plan does not contain sufficient funding or detail to provide assurance that the Government can deliver on its level of ambition.

Workforce strategies should take specific steps to ensure that any increases to the overall nursing supply result in an expansion in the numbers of nursing staff working in social care settings. This may include initiatives such as an increase in the availability of higher-level apprenticeships which provide a career development framework culminating in a nursing degree.

Nursing leadership throughout the health and care system is critical to informing workforce strategies and developing clear career pathways for nursing staff. We are concerned that there are currently vacant nursing leadership posts in public health, for example, which

risks the nursing voice being missed from important reviews and service configuration discussions.

We call for additional investment in nursing supply to expand the numbers of staff joining the workforce. Nursing support roles are a valued part of the nursing staff skill mix. However, each role has a distinct scope of practice and care assistants, support workers and nursing associates should not be seen as a substitute for registered nurses. Changes to commissioning arrangements must not lead to an increased risk of inappropriate substitution.

Nursing provision throughout health and care is already delivered by a range of providers, including the independent and private sectors. There is no universal framework for pay, terms and conditions or banding of nursing roles. This leads to variation in nursing pay, terms and conditions between different individuals working in similar roles. Commissioners must take account of sufficient workforce requirements, and fair pay, terms and conditions that reflect the knowledge, skills and responsibilities equivalent to Agenda for Change grades, when planning and funding services.

Nursing staff working in settings outside of the NHS should have competitive pay, terms and conditions comparable with their colleagues with the same level of knowledge, skills and responsibility within the Agenda for Change structure. This should include any pay awards that nurses on Agenda for Change contracts receive.

The Department of Health and Social Care should take steps to collect, monitor and report on workforce data from all publicly funded health and care services, regardless of commissioning arrangements. This level of transparency is essential to being able to assess the areas with the highest risk of care being compromised due to a lack of staff. It will also enable greater scrutiny regarding the impact of national policy decisions.

Health and care settings should be positive learning environments for all staff members. Funding should be allocated to provide a protected learning and development time for nursing staff. There is a need to invest in post registration education, central to growing the nursing and clinical workforce. The system cannot expand learner numbers without access to effective placements across all care settings. There needs to be additional in students to attract expanded numbers and reduce attrition.

RCN principles are that professional education, including continuing professional development (CPD) and lifelong learning (LLL), should:

- be owned by the individual and be supported and facilitated by the employer
- benefit the service user
- improve the quality of service delivery
- be balanced and relevant to the individual's scope of practice
- be recorded and reflect the impact on the individual's practice

National bodies should investigate ways to introduce clearer career pathways to promote all nursing roles in the sector and/or promote movement between the NHS and services which may be commissioned by local authorities (for example, on a secondment/training arrangement).

Service regulation and scrutiny must support the provision of quality care. Regulatory frameworks should be consistently applied to all health and care settings to allow for early identification of poor working conditions, workplace safety and staffing levels. Regulators must also identify care which is not safe or effective, including when staffing levels are inappropriate. The use of effective equality impact assessments and the public sector equality duty should be reinforced to improve practice and outcomes for staff and service users.

The RCN has been clear that the expertise of registered nurses is critical to the development of new models of care and the designing of innovative ways of working. Nursing staff have an important role leading services and co ordinating care at the interface between health and social care, managing the admission, stay and discharge of people accessing health services. They are clearly positioned to inform the much-needed and long-overdue modernisation agenda.

We support integration between health and care services and commissioners in terms of planning, designing pathways and delivering holistic, person-centred services. Nursing staff are key to leading holistic, person-centred care. We note that there are often practical challenges which create barriers between different services, for example challenges relating to incompatible digital, tech or patient record systems. This can add to the administrative burden and risks important information being missed from clinical decision making.

An integrated approach can also be beneficial for joined-up workforce planning and identifying changes in population needs. This can remove siloed working and fragmentation between service types and allow all parts of the system to share data about changing needs and requirements of the service provision.

There is a need for additional, sustainable and long-term investment in the sector, a recognition within service planning for people of all ages, and an opportunity to keep couples and families together. Specific attention should be given to learning disability services, mental health services and the needs of both older people and children, and young people within social care. We are calling for a long-term funding settlement for social care settings based on a robust assessment of population needs.

Addressing inequalities of access to and outcomes of health and care must be addressed. This requires investment in public health promotion and preventive services as we have seen the services stripped back and incapable of delivering the aspirations outlined in the Marmot report. Working age adults are also under served across every health and social care setting.

People are increasingly likely to live with multiple long term health conditions, presenting additional complexity to both health and social care services. Considerations about commissioning and budgets should take into account this changing profile, to ensure that patient experiences are central to new configurations of services and pathways.

We have some concerns that financial instability, particularly amongst local authorities puts the delivery of health and social care services at risk. For example, when budget

constraints lead to the delivery of critical care services only, this would have an impact on other services commissioned by local authorities. This risk is increased as the scope of pooled budget services is expanded. There should be safeguards to protect health services from these risks.

About the Royal College of Nursing

With a membership of over half a million 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.

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**Policy and Public Affairs, UK and International
Royal College of Nursing
October 2023**