

## **RCN Member Briefing: UK Government white paper on forthcoming health legislation**

The Secretary of State for Health and Social Care has published a white paper – a document used by government to indicate their policy intentions for new laws – proposing legal changes to the health and care system in England. These laws, when passed by Parliament in the Autumn, will impact our members work and the delivery of health and care in the NHS.

This is the most recent step in the development of an update to legislation which NHS leaders have been engaging on since 2019. The UK Government is now presenting formal intentions for the legislation. The stated aim of this work is to enable greater integration, reduce bureaucracy and put population health at the core of all decision making. The government has made clear that the response to COVID-19 has accelerated the pace of collaboration making these changes more, not less, urgent.

At Congress in 2016, members mandated RCN Council to campaign for staffing for safe and effective care legislation in every country of the UK. While Wales and Scotland have made significant progress, and with legislation due in Northern Ireland, England has not followed. RCN members have been campaigning in England for the UK Government to commit to safe staffing legislation and this forthcoming legislation will be the focus of our lobbying efforts.

### ***Background***

In January 2019, NHS England published the [NHS Long-Term Plan \(LTP\)](#), which set out the ambitions of the health service in meeting the changing needs of the population for the next 10 years. The plan was focussed on moving provision out of hospitals and into the community, strengthening digital capabilities and prevention.

NHS England & Improvement (NHSE/I) proposed that updated legislation would be needed to meet the goals of the LTP – such as to give Integrated Care Systems legal standing– and there was public engagement on proposals for legislation in 2019. At the time, we briefed members on these proposals and worked closely with elected committee members to shape our responses to them.

More than [10,000 RCN members responded](#) to the NHSE/I engagement specifically calling for duties on workforce accountability to be included. During this period, we hosted three roundtables; two with other trade unions and royal colleges, and the third with Parliamentarians. We used these opportunities to discuss areas of consensus on the proposals, and to identify risks and further development needed.

NHSE/I held a secondary engagement in late 2020/early 2021, specifically on Integrated Care Systems, to which the RCN also submitted evidence, making use of our existing content from 2019, on which we had engaged members. We set out our broad support for the proposals but highlighted the need to embed the voice of nursing in designing local systems, and ensuring pay, terms and conditions are not compromised by any service changes.

### ***What proposals for change are included in the white paper?***

While we were consulted on the aspects of the white paper, as detailed above, we were not made aware of the totality of the white paper proposals ahead of its publication on 11 February 2021.

The white paper sets out five major areas that it says will “help the NHS deliver the outcomes set out in the 2019 NHS LTP”. The government stated they have considered NHSE/I’s recommendations and the feedback it received during a stakeholder engagement phase, including from our members.

Some of the proposals link in some cases to other existing UK government initiatives such as the public health initiatives, reciprocal healthcare arrangements with other countries, and announcements on public health reform. Our positions on these elements have been developed alongside our members and we will be continuing to engage with the expert forums on these matters.

### **The white paper sets out proposals on the following:**

#### *Working together and supporting integration proposals*

This section aims to strengthen and facilitate integrated care by removing barriers to working together to solve population health problems and facilitating collaboration by giving ICSs a statutory footing (i.e. making them legal entities). The proposals include new data sharing mandates as well as moves to merge clinical commissioning groups with ICSs.

These changes could offer opportunities for the nursing profession particularly around embedding clinical leadership at all levels in an ICS and shifting away from a narrow NHS focus. However, there is too little detail in the proposals. Therefore, work is underway to understand the impact these changes will have on members, and as well as ongoing work to influence government to promote nursing’s role in system design and commissioning.

#### *Reduce bureaucracy*

Government aims to reduce bureaucracy must benefit our members work while ensuring that patient safety remains the priority. The proposals include a number of measures to give NHS organisations flexibility to join up care and deliver more efficient outcomes.

Given the impact that these changes could have on nursing staff, assurance is being sought from government to make sure that nursing staff are involved in any changes.

#### *Accountability*

The white paper states it will increase accountability by increasing the power of the Secretary of State for Health and Social Care over the NHS. It does this by introducing the ability to transfer functions between arm’s length bodies and direct service reconfiguration.

The principle of increased accountability to the public is aligned with our position that government must be accountable for meeting the workforce demands of the health and care systems to meet the needs of the population. It is important, however, that safeguards are in place to ensure health and care should not be politicised through increased powers for government.

#### *Professional regulation*

The white paper proposes powers for the Secretary of State to abolish a regulator through secondary legislation, remove a profession from regulation, the ability to

regulate senior managers and introduces powers for regulators to delegate functions to other bodies.

Government has outlined that these changes are with the aim of ensuring that professional regulation can deliver public protection in a modern and effective way. They have stated an expectation that the vast majority of professionals such as doctors, nurses, dentists and paramedics will always be subject to statutory regulation.

Our vision and positioning around professional regulation will be further developed through engagement with members and stakeholders, maintaining a clear position that nursing must remain a regulated profession.

### **What happens next?**

The government has confirmed that there will not be a formal consultation on this white paper, however opportunities are being identified for members to engage directly on this white paper. We will ensure members' voices are heard all the way through this process.

Engagement with expert members and elected member committees will be instrumental in influencing all aspects of the legislation which present opportunities for the nursing profession.

The legislative process is likely to take from now until 2022. Though winter and spring, government will be engaging on the white paper. The first official event in May or June, the Queen's Speech, will set out government's agenda for the next parliamentary session and will detail this Bill, setting out its purpose. Following this, the parliamentary process will begin.

The draft Bill – once published – will present clear opportunities for consistent member engagement and campaigning as it completes the stages of scrutiny through the House of Commons and House of Lords. A lobbying and campaigns plan for the legislation is in development so that at each parliamentary stage – usually each debate and stage occurs once every two weeks from the moment the Bill has its first debate – MPs or Peers hear directly from our members about what we expect from this legislation and how they can help us achieve it.