



Royal College of Nursing's response to the Department of Health's public consultation on NHS Bodies and Local Authorities Partnership Arrangements (Amendment) Regulations 2015

With a membership of around 420,000 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.

This statement responds to the Department of Health's (DH) consultation seeking views on the Government's proposal to amend the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, to bring NHS England's primary medical care functions within the permitted scope of partnership arrangements between local authorities and health bodies.

The RCN would like to make the following statement relating to this consultation:

The DH state that the proposed change will widen the potential scope of pooled budgets by making it possible for them to include funding for primary medical care, paving the way for greater integration across community health, social care and primary care.

So many aspects of health are linked to social care issues, such as housing and education, and a smooth transition between health and social care services is better for patients. While the RCN is in principle supportive of integrated care and support becoming the norm, it is mindful of the impact its implementation may have on nursing; in particular on roles and workload. Nursing staff regularly work at the boundary between health and social care, and know there are challenges when providing free health care and means-tested social care, which particularly affect vulnerable and older patients.

Getting the funding right, as well as the resources needed to support integrated health and social care in place, is not only crucial for the future sustainability of both social care and the NHS but also to ensure, high quality care is available to all.

While we recognise that there is no 'one size fits all' and that localised services best serve local needs, and as such require the flexibility to ensure services match requirements, any new integrated services need to be measured against a country-wide set of standards, to ensure people have equitable access to equitable standards of care. As well as being a point of principle, this will also help those in receipt of care to be able to move from one location to another, confident that doing so will not compromise, reduce or remove their care.

We therefore support in principle the Government's proposal to bring NHS England's primary medical care functions within the permitted scope of partnership arrangements between local authorities and health bodies but feel it necessary to raise the following issues/concerns:

- The safeguards for preventing conflicts of interest need to be strengthened
- Safeguards are also needed to ensure that shared budgets do not exacerbate the existing postcode lottery effect resulting in inequalities in access to services and health outcomes
- There is a need for clarity around which organisation is accountable for and manages the pooled budget and who has the power to commit expenditure
- There is a requirement to ensure that multiple payments are prevented for the same activity from different budgetary sources
- Need regular and transparent financial reporting of performance information including planned outcome measures
- There is also a danger of any pooling of budgets leading to health budgets being spent on council services which do not improve public health; ring fencing is therefore required
- Systems need to be in place to provide assurance that those elements of the pooled budget that are ring fenced for a particular purpose have been used appropriately
- Senior nurses need to sit on the joint management groups to ensure clinical oversight of decisions around joint commissioning; the nursing perspective complements the skills of others and adds value to the commissioning process.

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