

Royal College of Nursing response to Department of Health and Social Care consultation on proposed Directions 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.

With plans for Integrated Care Providers (ICPs) progressing, we are pleased to see the draft version of the directions which will support the integration of primary medical services into the ICP contract. We do not have feedback on the technical aspects of the directions, but we would like to take this opportunity to reiterate our need for assurance on a number of issues which could impact upon the nursing workforce.

The need for assurances in relation to the introduction of Integrated Care Providers

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. 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 workforce¹.
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 the ICP 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.** The ICP 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

¹ For more information, please see: <https://www.rcn.org.uk/about-us/policy-briefings/contr-0617>

robust understanding of population need, it is challenging to make an assessment of what would constitute 'quality' at provider level.

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.

When disparities exist in terms of pay, terms and conditions, social care settings are particularly at risk as positions will be less desirable for recruiting new staff. This could make vacant posts harder to fill, which is especially concerning due to there being higher numbers of nursing vacancies within social care, and turnover rates being much higher than the NHS. 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.

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