

## Royal College of Nursing response to the Hewitt Review Call for Evidence on the Oversight and Governance of Integrated Care Systems (ICSs)

### 1. Introduction

- 1.1. With a membership of close to 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 body and trade union of nursing staff in the world. RCN members work in a variety of hospital and community settings across health and social care. 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.
- 1.2. This response sets out the RCN's reflections on the terms of reference for the Hewitt Review and the RCN's expectations for the oversight and governance of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs).

### 2. The role of nursing in the oversight and governance of ICSs

- 2.1. As set out in the RCN's Nursing Workforce Standards,<sup>i</sup> the nursing workforce is crucial to the provision of safe, effective, high quality compassionate care in a timely, cost-effective, and sustainable manner. Nursing has a fundamental role to play in the design, commissioning and delivery of health and care. Nursing leaders drive health policy development and implementation, and lead transformation in both models of care and services. Registered nurse expertise is critical to ensuring decisions are made in the best interests of patients, and robust nursing leadership at board level is vital for ensuring effective and appropriate oversight of quality and safety.
- 2.2. Throughout the parliamentary scrutiny stages of the Health and Care Bill,<sup>ii</sup> the RCN called for nursing to be included in the minimum requirements for the core membership of ICBs. This would have maintained the previous statutory requirement for Clinical Commissioning Groups to have a registered nurse at board level.<sup>iii</sup> UK Government Ministers, however, did not support this call. The RCN is concerned that the absence of this requirement in the Health and Care Act 2022<sup>iv</sup> could result in a lack of registered nurse representation at board level and in senior commissioning roles, and that the overall uneven representation and lack of access to nursing expertise across senior levels of the ICSs would undermine the safety and quality of care.
- 2.3. While we recognise that although ICBs do currently have nursing in their membership in line with NHS England guidance,<sup>v</sup> without this mandated in legislation we are concerned about the vulnerability of these posts.

- 2.4. Given the unique role, expertise, and insight of nursing across the holistic needs of patients' populations and other key services, mandated ICB membership for nursing would support strong leadership and management of services. This will ensure that the needs of patients and communities are better met and will highlight the unique expertise nursing brings to patient care in all settings.
- 2.5. The evidence and experience of registered nurses shows that having the right numbers of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered and patient safety.<sup>vi</sup> Nursing is a safety critical profession, yet there are long-standing high nursing vacancies across the health and care system in England. Nursing shortages compromise the delivery of safe and effective care and hinders nursing staff from driving forward service improvement, addressing health inequalities, and tackling other pressing challenges. Ensuring a strong and consistent nursing perspective on quality and safety of care at ICB level requires that services are equipped with the right numbers of nursing staff, with the right skills, to deliver safe and effective care that meets population need.

### **3. Local accountability and improving outcomes**

- 3.1. Local systems are best placed to plan, deliver and commission care on behalf of local populations, and local leaders have a good understanding of what target areas are a priority. When an integrated system works well, there is effective collaboration between the public health team and healthcare to develop a needs assessment for the local population, with a national accountability framework in place.
- 3.2. The core aims of ICSs include improving outcomes in population health and health care; and tackling inequalities in outcomes, experience and access.<sup>vii</sup> A focus on addressing the key risk factors for ill health will be critical for achieving these aims.
- 3.3. In the context of the significant financial pressure on local authorities, the RCN is concerned about the risk of public health funding being diverted to cover gaps in other areas of local authorities' budgets. The RCN believes that public health funding for local authorities must continue to be ring-fenced for use solely on public health and that this needs to be publicly reported for full transparency .
- 3.4. There are significant funding variations across England and cuts to public health funding have been disproportionately higher in the most deprived areas, where health needs are greatest. Ensuring that local authorities have sufficient and sustainable public health funding will be critical for ICSs to maintain a strong focus on improving population health and reducing inequalities. The RCN has continued to call for the UK Government to invest in strengthening public health and prevention services in England - this is fundamental to improving population health and reducing inequalities. This must include a long-term sustainable

funding settlement for public health services commissioned and delivered by local authorities to enable them to plan and deliver safe and effective services that improve and protect the health of their population and reduce inequalities.

- 3.5. ICSs, with support and investment at a national level, must be responsible for digital transformation needed to secure improved local outcomes, with ongoing issues with the sharing of patient data resulting in data not being visible across all areas of the local system. Use of digital technology needs to be increased and developed to enhance patient care and data driven improvements to the wider system. However, equality impact assessments must be in place to ensure that increased use of digital technology does not contribute to the widening of health inequalities, with digital poverty a fundamental issue for people living on low incomes and benefits, and variations in health literacy across the general population.
- 3.6. Improved ways of working are required to ensure that the voluntary and community sector can work in partnership with local health services. Better engagement with the independent sector providers will assist in developing workforce standards and care delivery central to transformation across systems. Improved ways of working between the sectors will be facilitated by creating more simplified pathways for voluntary and community sectors to engage with the ICS, as external partners can struggle to navigate opportunities to engage with the ICSs.
- 3.7. Peer support, peer review and shared learning across all sectors at a local level is vital to improving local accountability and outcomes. In order to drive local improvements ICBs must foster a “just and learning culture”<sup>viii</sup> learning from incidents while retaining responsibility and accountability, in order to understand system wide failures and to create an environment for staff to feel able to innovate.
- 3.8. The RCN recommends that each ICB has clear explicit accountability for ensuring that services which they are responsible for overseeing, are providing safe and effective care, which meets the needs of the local population, while protecting the wellbeing of the workforce. Ensuring that registered nurse staffing levels are sustainable must be a priority for all ICBs, as inadequate nurse staffing levels compromise the safety and quality of care that patients receive. Executive nurse leaders must be present across every ICB and be able to use their influence to guide and inform nursing priorities for the ICB, including staffing for safe and effective care. The RCN calls for ICBs to adopt the RCN Nursing Workforce Standards<sup>ix</sup> as a tool to set expectations and provide guidance during the commissioning process to ensure that all contracted organisations meet the required standards.

#### **4. Reducing national targets and scope for ICS accountability**

- 4.1. The RCN is supportive of the move towards greater accountability at the local level supporting professionals to make decisions for improving performance

locally, where there is local variation an impact assessment and equity audit should be used to justify the rationale for this. Accountability around delivery and outcomes can also be supported through promoting clarity, and shared understanding of the critical success factors.

4.2. In terms of ensuring accountability for workforce the RCN has long called for a long-term workforce plan, which includes government accountability for assessment of workforce need, and government legal accountability for workforce planning, specifically for the SoS to be legally accountable for an independently verified assessment of workforce needs, to inform a fully funded Government-led workforce plan which the SoS is also legally accountable for. This would ensure that the nursing workforce has the right numbers of staff, with the right skills – including across all pay bands and levels – in the right places, to ensure staffing for safe and effective care.

4.3. There must be consistency of the level of care received across England, regardless of region, and some targets will need to remain a national standard, for example referral to treatment times, to avoid people increasingly shopping around to get their treatment faster in a different area.

4.4. Where ICBs are struggling to achieve targets there should be an opportunity for them to negotiate locally with intervention led at regional level. A struggling ICB should be supported by an improvement team from across the system, support should focus on checking/auditing performance and highlighting areas for growth and improvement or identifying where there are genuine areas of resource pressure and a need to renegotiate.

## **5. Role of the CQC**

5.1. With a move towards increased local accountability the CQC would need to change the framework under which they conduct inspections taking into account what the local areas of focus are and targeting inspections accordingly, while retaining a set of basic core standards that are a prerequisite nationally.

5.2. The Care Quality Commission (CQC) could then include assessments of each ICS's progress against locally driven KPIs in its regulation.

5.3. The CQC should adopt the RCN Nursing Workforce Standards to support its assessment of nursing workforce provision. These standards should be used to underpin any and all assessments of workforce, along with patient safety, quality, and outcomes.

## **6. Strengthening the workforce**

6.1. It is crucial that nurse leadership doesn't get diluted, it currently is in place but each ICB must have executive nurse leadership. Investment in nurse leadership across the system is vital if we are to sustain a healthy pipeline of nurses equipped to be effective leaders.

- 6.2. With greater integration supervisory arrangements must be properly planned, with a system in place to link nurses who might be professionally isolated to link with other nurses, enabling revalidation and learning across the system.
- 6.3. Given more closely linked working, particularly between health and social care there needs to be a greater focus on pay parity between the sectors, and parity in developmental opportunities across the system, this is essential for workforce planning.
- 6.4. Future workforce planning and ability to provide a good structured learning environment is vital, in working with Higher Education establishments there should be a focus on retaining newly qualified nurses in the area with development opportunities and incentives. Sufficient investment must be set aside for CPD and development opportunities to strengthen the workforce with many nurses currently having to self-fund their own development opportunities in their own time.
- 6.5. With many areas of workforce planning, recruitment and retention falling outside the control and scope of local systems it is all the more vital that Government commits to a fully funded, substantial and restorative pay rise for NHS Agenda for Change staff, to address the nursing workforce crisis and the historic long-term reduction in the value of nursing pay. Regardless of where they work, registered nurses and nursing support workers in all health and care organisations must have at least parity of pay, terms and conditions with NHS Agenda for Change.

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<sup>i</sup> RCN Workforce Standards 2021 [RCN Workforce Standards | Publications | Royal College of Nursing](#)  
<sup>ii</sup> [Health and Care Bill granted Royal Assent in milestone for healthcare recovery and reform - GOV.UK \(www.gov.uk\)](#)

<sup>iii</sup> NHS Commissioning Board (2012) 'Clinical commissioning group governing body members: Role outlines, attributes and skills' October 2012 [Clinical member \(GP or other healthcare professional from a constituent practice\) \(england.nhs.uk\)](#)

<sup>iv</sup> [Health and Care Act 2022 \(legislation.gov.uk\)](#)

<sup>v</sup> NHS England (2021) Integrated Care Systems: design framework Version 1, June 2021. Available at: [Report template - NHSI website \(england.nhs.uk\)](#)

<sup>vi</sup> McHugh M D, Aiken L H, Sloane D M, Windsor C, Douglas C and Yates P (2021) Effects of nurse-to patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals, *The Lancet*, 397(10288), pp. 1905–1913

<sup>vii</sup> NHS England (2022) [NHS England » What are integrated care systems?](#)

<sup>viii</sup> Wilkinson-Brice (2022) NHS England Blog: Creating and Maintaining and Restorative Just and Learning Culture available at: <https://www.england.nhs.uk/blog/creating-and-maintaining-a-restorative-just-and-learning-culture/>

<sup>ix</sup> RCN Workforce Standards 2021 [RCN Workforce Standards | Publications | Royal College of Nursing](#)