



The Royal College of Midwives
15 Mansfield Street, London, W1G 9NH

Michael Wood
NHS Confederation
Floor 15, Portland House
Bressenden Place
London SW1E 5BH

30th April 2019

Dear Michael,

Re: Defining the role of integrated care systems in workforce development

I am writing on behalf of the Royal College of Midwives (RCM) regarding the NHS Confederation's consultation on the role of integrated care systems in workforce development.

The RCM is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. We are the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives.

The RCM welcomes the opportunity to respond to this consultation, particularly as issues relating to workforce strategy, planning and development are of such importance to the provision of safe and high quality maternity services in England. We recognise that integrated care systems (ICSs) will play an increasingly important role in the planning and provision of healthcare services and, as such, they should have increased accountability for workforce planning and development at a local level.

We are also in general agreement with the roles and responsibilities for ICSs that are outlined in the consultation paper. Furthermore, we welcome the recognition in the consultation that ICSs should be continually engaging with and seeking the support of trade unions and professional bodies as they develop their role in respect of workforce issues.

However we have a number of concerns and questions about how the development of responsibilities and accountabilities at ICS level will be achieved in practice. In particular, we would want clarity about how the devolution of workforce-related powers and funding will impact on the ability of HEE to undertake workforce strategy and planning at a national level. As the consultation paper rightly points out, the ability of HEE to plan and deliver change has been weakened by reductions to its funding. Whilst the RCM accepts the rationale for giving ICSs further powers and funding, we would caution against achieving this simply by further cutting HEE's budget and thereby diluting national systems for workforce planning. We remain of the view that assessing the demand

for services and determining the supply of NHS staff to meet that demand should continue to be subject to national oversight.

The need for a strong national overview is all the more important because maternity services in England are required to meet a set of nationally determined deliverables, all of which are based on the recommendations arising from a national review of maternity services in England.

The RCM's assessment of the number of midwives needed in England to deliver the current maternity transformation programme in England, indicates that the service is short of some 3,500 wte midwives. We therefore welcomed the announcement by the Government, in March 2018, that an additional 3,000 training places will be commissioned over the next four years. Whilst this in itself will not eliminate the shortage altogether (action is also needed to improve retention rates for the existing midwifery and maternity support worker (MSW) workforce), it does indicate that there should continue to be a role for determining and setting workforce targets at a national level. Accordingly, while the RCM agrees that, as the consultation suggests, NHS numerical job targets and metrics should be aggregated from the local level, this should not necessarily preclude the national development of workforce targets. In our view the local and national processes should complement and inform each other rather than being mutually exclusive.

In terms of the role that ICSs can play in relation to the supply and retention of staff, we note that consultation refers to the importance of the 'Grow Your Own' vision as a means both of addressing these issues and also of reflecting the values that should be at the heart of health and social care services. While the RCM agrees in principle with this strategy, we do not believe that the adoption of Grow Your Own strategies will preclude the continuing need for overseas recruitment in the short to medium term. We agree with the analysis from the King's Fund, Nuffield Trust and Health Foundation in their recent *Closing the gap* report turning around the NHS's staffing problems will not be a quick process and for the next few years, at least, the NHS can only maintain services by recruiting and retaining enough staff internationally¹.

The final issue we wish to comment on relates to the role that ICSs could play in better utilising the existing health and care workforce, the consultation identifies the need to develop new roles and to build in expectations about working flexibly across traditional clinical boundaries. The RCM agrees with these proposed roles for ICSs and recognises that the provision of safe, effective and high quality care requires a reasonable degree of flexibility on the part of staff groups and careful consideration of an appropriate skill mix for different settings. We welcome the fact that midwives and MSWs are developing areas of interest and specialist skills and recognise that this is an important part of providing a service response to the increasingly diverse needs of all communities. However, while NHS organisations may wish to maximise the flexibility of their workforce, it should not be acceptable to permanently alter roles to compensate for staffing shortages or changes in the roles of other staff groups. Service needs will vary in different localities and with different populations, which is why it is reasonable to expect ICSs to have a role to play in developing new roles or particular skill mixes. Our expectation would be that ICSs adopt a rationale for role development that is about demonstrable improvements to service delivery and outcomes rather than plugging gaps or other short-term fixes.

I hope that you find our comments to be helpful and I would of course be happy to provide further information or clarification.

¹ The Health Foundation, The Kings Fund, Nuffield Trust (2019) *Closing the gap: key areas for action on the health and care workforce* <https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-full-report.pdf>

Yours sincerely,

A handwritten signature in black ink that reads "Sean O'Sullivan". The signature is written in a cursive style with a large 'S' and 'O'.

Sean O'Sullivan
Head of Health and Social Policy