

Nursing and Midwifery Council response to the [Health and social care integration: Joining up care for people, places and populations](#) white paper

We welcome the opportunity to respond to this white paper. This submission is informed by our core role as a regulator and also our understanding and experience of strategic workforce issues, through the regulation and support we give to our professions.

Mindful of the scope of this consultation, we are better placed to comment on some issues than others. We have therefore set out overarching responses to the broad themes in the consultation under the subsection headings of your questionnaire.

We are keen to continue our collaboration with the Department of Health and Social Care (DHSC) and other key stakeholders on the integration of health and social care.

Outcomes

1. We welcome the ambition of this white paper to join up care for people, systems and populations. Health and social care are inherently interdependent, and there should be parity of esteem across integrated services including for social care settings. Integrating local health and care services should improve outcomes and allow the public to take greater ownership of their health and wellbeing.
2. The professionals on our register will make a central contribution to delivering these proposals through planning, commissioning and delivering integrated services in their communities. They are key to achieving high quality and sustainable integrated care that benefits all people.
3. We value social care and health settings equally, and our regulation supports the delivery of positive outcomes for integrated services in the following key ways:
 - a. Our new [education standards](#) ensure that our professionals have the necessary skills, knowledge and behaviours to deliver safe, kind and effective care. This includes a focus on empowering people receiving care, interdisciplinary working within and beyond health and social care, health promotion and preventing ill health, and understanding and tackling health inequalities.
 - b. We encourage person-centred care. This is central to our [Code](#), which sets out the standards that all our professionals must uphold in order to practise.
 - c. Our [revalidation](#) requirements enable lifelong learning so that our professionals maintain competence, and they are the same for registrants working across health and social care.

- d. We are nearing the conclusion of a [review of our post-registration standards](#) and anticipate setting ambitious new standards for community and public health nursing. We welcome the government's commitment to reforming professional regulation, alongside the health and care bill. Reform will enable us, among other things, to regulate post-registration standards more effectively in the future.

Accountability

4. We note that the Care Quality Commission (CQC) will review local outcomes as part of its monitoring of Integrated Care Systems (ICSs). We already work closely with the CQC and will continue to do so as its remit develops. We have a [memorandum of understanding](#) to work together to safeguard the wellbeing of the public receiving care and a [joint working protocol](#) to share information effectively such as emerging concerns.
5. Alongside plans for a national leadership programme, we would expect integrated services to provide further opportunities for leadership development for nursing and midwifery professionals. Growing leadership roles across health and social care will support better integration. Positive nursing and midwifery leadership is linked to improving quality of care, staff wellbeing and retention. There should be parity of access to leadership opportunities for professionals from both health and social care backgrounds.
6. It is important for the chief nurse to be a member of the integrated care board and for them to be properly supported by nursing and midwifery leaders across the breadth of integrated services.

Workforce

7. We welcome proposals to develop integrated workforce planning at place level. Currently, there is an insufficiently joined-up approach to workforce planning across health and social care. In order to achieve long term sustainability in staffing, health and social care workforces should be considered together in terms of recruitment and retention, pay and reward, education and training and the overall shape and size of the workforce.
8. We look forward to engaging with the review of regulatory barriers to the flexible movement and deployment of health and social care staff at place level.
9. Given the essential role NMC registrants will play in integrated care, a key priority for integrated workforce plans must be the recruitment and retention of nurses, midwives and nursing associates in England.
10. Our updated education standards provide students with a greater breadth of knowledge to enable them to meet the different care needs of individuals and to work across different settings. We work with education providers, employers and others to approve programmes with placements in a wide range of settings. This includes programmes with social care placements and nursing associate programmes, which have broken down barriers for people wanting to progress into nursing careers.

11. Integrated systems should invest in training and development for existing staff to advance their skills and knowledge in line with our professional standards and revalidation requirements and to improve workforce retention. Increased opportunities for continuing professional development (CPD) will support professionals to deliver high quality, compassionate care, but this requires real and sustained funding for formal education, as well as practice placements and student supervision and assessment.

Digital and Data

12. Digital and technological development are key to the success of health and social care integration. We support data-driven innovation to improve health outcomes with an emphasis on person-centred care and the effective use of data to improve population health and tackle health inequalities.

13. Opportunities in digital and technological innovation for our professionals will add to the workforce skills mix and boost retention as integration gathers pace. This includes new roles in data science and informatics. Our new standards of proficiency for registered nurses, midwives and nursing associates in England require professionals to be able to demonstrate digital and technological skills to meet people's care needs. Developing digital skills can also be used as part of our revalidation processes.

14. We hold substantial information and intelligence on the nursing and midwifery professions, including from our registration, revalidation, education quality assurance and fitness to practise processes. We are committed to working collaboratively with our partners to share information to help improve the health and social care system so people receive safer, better care.

About us

We are the UK's independent regulator of nursing and midwifery professions. We regulate around 745,000 nursing and midwifery professionals. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions. Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing.

Our core role is to **regulate**. To regulate well, we **support** our professionals and the public. Regulating and supporting our professionals allows us to **influence** health and social care.