

# What implications will Brexit have for integrated care provision?

Teresa Burdett, Lee-Ann Fenge

A move towards integrated health and social care provision has been a key policy driver in the UK since 2010, underpinned by a belief that this is essential to provide holistic, person-centred care while transforming service provision. Progress towards achieving integrated care has been slow, and now Brexit poses a further challenge, as attention is focused on preparations for a 'no-deal' scenario. Ensuring that the NHS and social care systems are able to continue to function after March 2019 is now a key concern for those leading and managing frontline services, and measures are being put in place to deal with potential disruptions caused by a no-deal Brexit. This includes dealing with issues related to the recruitment and retention of European economic area (EEA) staff into the NHS, disruptions in the supply of medicines across European Union (EU) borders, challenges to the recognition of professional qualifications and patient safety, and health protection and health security within the UK post-Brexit. The imperative to prepare for a worse-case scenario diverts attention away from other key policy drivers, such as integrated care provision. It may also serve to reinforce a view of integration as a cost-cutting exercise, rather than as an approach to promote better care for patients. A move towards the transformation of care through integrated provision offers real potential for improved patient outcomes in the future, and a revitalised health service. However, Brexit has the potential to disrupt the integration agenda as financial resources and staff time become focused on dealing with the fall-out from Brexit, rather than on frontline patient care. Community and practice-based nurses and staff are in the frontline of integrated service provision, and in the next few months may be some of the first staff to witness the negative impact of Brexit preparations on the provision of integrated care.

## KEYWORDS:

- Brexit
- Integrated care
- Workforce development
- Implications for practice

policy of delivering integrated health and social care provision.

On 14 November 2018, the proposed withdrawal agreement for the UK to leave the EU was published, and alongside Cabinet resignations resulting from its overall focus, it has been criticised for its lack of detail on the future of health care across the EU. The European Federation of Pharmaceutical Industries and Associations has expressed concerns about its lack of specific details addressing 'health issues important to patients and the wider public health' (Andalo, 2018).

At the time of writing, the Prime Minister, Teresa May, is facing opposition from both within and outside her party as she attempts to gain approval for the draft withdrawal agreement. With possible challenges to her leadership, the potential of a no-deal Brexit is growing. The government is already making contingency plans for the event of a no-deal Brexit, and, in August 2018, the Secretary of State for Health and Social Care wrote to all health and social care organisations to inform them about the government's preparations for this eventuality. These considerations include measures to ensure the ongoing supply of medicines, the regulation of medicines and clinical supplies, the quality and safety of blood supplies, and employment protection for members of the workforce from the EU (NHS European Office, 2018).

This paper explores the impact of Brexit on the integration agenda for health and social care, and considers what the implications

Since the publication of the authors' paper on the potential impact of Brexit on community health services (Burdett and Fenge, 2018), little has changed regarding firm information on the terms of Brexit for the UK. With less than five months to go until the UK leaves the EU, there is still uncertainty around the implications of Brexit for health and social care provision, and its impact on the

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of this might be for community healthcare provision in the UK.

The integration of health and social care has been a policy initiative since 2010 (Department of Health [DH], 2012; NHS England, 2014). In the past decade, funding has been applied to the integration agenda in the form of Better Care funding to support a move towards improved integrated practice and working together.

There are a number of definitions of integrated care, but the definition by the National Collaboration for Integrated Care and Support (2013) resonates with nurses and care staff:

*Integrated care... is the means to achieving high-quality, compassionate care resulting in better health and wellbeing, and a better experience for patients, service users, their carers and families.*

However, Valentijn et al (2015) defined integrated care in the community arena as:

*A network of multiple professionals across the health*

## Practice point

The integration agenda has the potential to positively impact upon the health and social care arena in a variety of ways, including the evolution of new care models (King's Fund, 2018) and integrated care systems (Charles et al, 2018), which result in improved patient outcomes.

The community nurse and care worker are at the heart of this process, often witnessing first-hand the beneficial impact that integration has on the lived experience of those they care for. More than ever before, it is important for those on the front line of integrated service provision to be vigilant about the impact of Brexit on health and social care provision, and to advocate for their patients during this time of significant change.

*and social care system provide accessible, comprehensive and co-ordinated services to a population in the community.*

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This definition incorporating a comprehensive service clearly resonates with community practitioners' desires for the individuals they provide care for.

The move towards integration has been ongoing, and in 2017, NHS England published its aim to 'use the next several years to make the biggest national move to integrated care of any major western country' (NHS England, 2017: 31). This has resulted in new models of care emerging, including the integrated care systems, which signify a significant and deep-seated change to the way the NHS currently and historically works, including a move away from competition to co-operation and collaboration (NHS England, 2014).

It is believed that integrated care can bring many benefits to the UK health and social care landscape (Ham and Curry, 2011; National Collaboration for Integrated Care and Support, 2013; Burdett, 2018). These include enhanced person-centred care where the uniqueness of the individual is valued and they are situated at the centre of their own care (Manley et al, 2011; Parish, 2012). These features are particularly important for vulnerable patient groups who are increasingly being cared for in community settings.

Integrated working also enables better use of existing resources, including nursing and care staff, finances, and equipment, which can help to reduce duplication.

However, there are also challenges to integrated care (Goodwin et al, 2013; Liberati et al, 2016; Burdett, 2018), including tensions around new ways of working, resource implications and partnership changes. Brexit has now thrown a curveball into this maelstrom of change, posing immediate challenges to those who lead and develop health and social care provision within the UK.

Concerns about the implications of Brexit are being voiced by a variety of different sectors in society. In September 2018, the British Medical Association (BMA) issued a stark warning about the potential challenges posed by a no-deal Brexit and the uncertainty it creates regarding the migration and qualification status of future EU nationals wanting to come and work in the NHS or social care sector. In 2017, a survey found that 61% of doctors from the EEA were contemplating leaving the UK, and a staggering 91% declared that Brexit had played a part in their decision (General Medical Council, 2017).

The uncertainties surrounding rights to work and live in the UK have resulted in the UK appearing a less attractive option to health workers from the EU (Fahy et al, 2017). If, following Brexit, medical qualifications gained in the EEA are not automatically recognised in the UK, and vice-versa, this would further disrupt the UK's health workforce. In turn, such disruption to the current and potential workforce may undermine integrated working. This may be exacerbated if social care employment is perceived as less attractive than similar employment in the healthcare sector due to different pay and conditions.

A recent study by Read and Fenge (2018) found that the private nursing/residential care sector, which requires qualified nurses in its workforce, is particularly concerned that it will be unable to compete for migrant workers if the pay and conditions offered by the NHS are more attractive.

Ultimately, challenges in recruiting staff into the social care sector will undermine 'integrated care', and Brexit has increased existing workforce challenges (Marangozov et al, 2016), particularly for employers who have become increasingly reliant on EU staff to fill workforce vacancies (Bungeroth and Fennell, 2018).

Staffing issues cross all borders. In April 2018, the DH revealed that it could be hit by a severe shortage if immigration laws are altered (Harrold, 2017). The Royal College of Nursing (RCN) has also warned that Brexit poses an immediate risk to the provision of safe and effective care for patients in the UK and requests a second referendum on the final Brexit deal (RCN, 2018).

In the community, there has been a reduction in nurses who have qualified to become district nurses, with numbers decreasing by more than 10% in 2017 (Queen's Nursing Institute [QNI], 2018). This negatively impacts on frontline staff and the vulnerable patients that they care for.

Brexit has resulted in staff from the EU/EEA feeling unsettled at a time when global demand for nurses is increasing. Other countries may now offer more attractive employment opportunities to migrant staff, and the UK may lose out as other

countries capitalise on this and recruit UK-based nursing staff.

While reading around this subject, the authors have seen a number of adverts encouraging nursing and social care workers to move abroad, including to countries not previously viewed as the obvious choice, such as Norway and Sweden. Other groups may well be affected, including physiotherapists — 9.7% of which currently come from EEA countries (Dolton et al, 2018) — who may well choose to seek their opportunities elsewhere.

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Even in a scenario where the UK's Brexit deal results in minimal risks to the future recruitment of EEA staff, the NHS already faces massive workforce challenges as a result of ongoing staff shortages. In the authors' opinion, these may undermine person-centred service delivery and moves towards joined-up integrated service provision across health and social care.

A recent report by the Health Foundation et al (2018) suggests that staff shortages in the NHS now present a greater threat than funding challenges. Integrated provision is reliant on partnerships across health and social care agencies, and staff shortages in both these sectors can undermine innovative ways of working that promote seamless person-centred provision. Indeed, the Health Foundation report stresses that, 'the NHS workforce cannot be viewed in isolation from the challenges facing the social care workforce' (Health Foundation et al, 2018: 12). A recent report in the *Independent* (Matthews-King, 2018)

also suggests that the government plans to introduce caps for low-skilled workers from the EU post-Brexit, which could result in devastating consequences for the social care sector.

There is also governmental discussion about limiting residency to two years. This will further heighten recruitment issues and increase challenges for the social care sector, which already faces severe workforce shortages resulting from long-term issues around low pay and low status, which can act as disincentives for care-sector employment (Skills for Care, 2011).

A projected shortfall of 250,000 healthcare staff by 2030 (Health Foundation et al, 2018) cannot be ignored, and the indecision around Brexit only serves to exacerbate the potential staff loss that will continue to undermine the drive for integration.

Staffing challenges across the health and social care sectors require a holistic response that addresses the long-term lack of parity in pay and working conditions across the two sectors. Developing integrated care requires vision to deal with the staffing challenges and an ability to engage a wide range of provider organisations in the development of innovative joined-up provision. Failure to do this will undermine the potential of truly integrated service provision, resulting in 'ring-fenced monopolies' where NHS providers attempt to do everything themselves (Hare, 2018).

Another challenge to the successful implementation of integrated care is the potential funding deficit in NHS budgets resulting from extra costs associated with a no-deal Brexit. This may well lead to less spending in the NHS (Portes, 2018) at a time when there is increasing demand for health and social care provision (Dolton, 2017). The Nuffield Trust has recently suggested that the NHS is facing up to £2.3bn in extra annual costs by the end of 2019/20

## Staffing challenges

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owing to a sharp rise in red tape and trade barriers if the UK has a no-deal Brexit (Dayan, 2018). Funding deficits have the potential to derail progress towards improved integrated provision and ultimately undermine person-centred provision.

## IMPLICATIONS OF BREXIT ON INTEGRATED CARE

As we move towards the integration of health and social care provision, recruitment issues within the social care workforce may prove particularly challenging for community and practice-based staff whose patients rely on packages of care. Current debate around Brexit continues to polarise society and exacerbate the differences at a time when individuals, professional bodies and organisations need to integrate and work together further.

The current disarray surrounding Brexit and the UK's withdrawal from the EU is resulting in a paralysis of action, which is impinging on the development, formation and improvement of integrated care in the UK in a number of ways. These include the legislative challenges facing the new integrated care organisations, which are not currently being addressed due to Brexit (Ham, 2018). Brexit further compounds existing issues, including nursing and care staffing shortages and resource limitations.

The drivers for integrated care remain, including an ageing population, increasingly complex long-term conditions compounded by multiple comorbidities (Department of Health and Social Care, 2015; Government Office for Science, 2016; Care Quality Commission, 2017). However, Brexit may divert attention away from this important policy imperative and undermine the finances available to support the transformation of services.

## CONCLUSION

The move towards integrated

care has massive implications for community healthcare provision, but the current uncertainty about the implications of Brexit may undermine integrated policy aimed at improving seamless integrated provision for patients.

Community and practice-based nurses are placed centre stage in the move towards integrated provision and may witness first-hand the consequences of Brexit on the integration agenda. Community nurses are important advocates for frail and vulnerable patients and need to remain vigilant to the ways in which Brexit might undermine both integrated provision and person-centred practice. As we continue in a period of uncertainty and confusion, it is vital that community practitioners uphold their professional values, which have the patient at the centre of practice. **JCN**

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## KEY POINTS

- Integrated care can bring many benefits to the UK health and social care landscape.
- Preparation for worse-case scenarios surrounding Brexit diverts attention away from key policy drivers, including integrated care provision.
- Uncertainties surrounding rights to live and work in the UK have resulted in the UK appearing a less attractive option to EU workers.
- The NHS could experience a severe staff shortage if immigration laws are altered.
- Staff shortages may result in inadequate social care packages being provided in the community.
- As we continue in a period of uncertainty and confusion, it is vital that community practitioners uphold their professional values, which have the patient at the centre of practice.

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