



10 Year Health Plan for England submission

Please confirm the name of your organisation

The Council of Deans of Health

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

- Clear recognition of the importance of education and research in recruiting, empowering and retaining the health workforce required to deliver the ambitions of the 10 Year Health Plan, particularly in respect of nursing, midwifery and the allied health professions, building on the commitments and aspirations of NHS England's Long Term Workforce Plan (LTWP). General uncertainty as to the LTWP's status has inhibited expansion and investment in healthcare courses.
- Acknowledgement of the centrality of universities and colleges to the delivery of a sustainable healthcare workforce and the importance of graduate-level education as the basis for careers in nursing, midwifery and allied health professional.
- An explicit recognition of universities and colleges as partners of the NHS at local and national levels to recruit and retain the modern healthcare workforce and research capacity needed to deliver the aspirations of the government and Darzi Review. A national baseline of university and college engagement with ICBs, while recognising regional variation, would be a good first step. Too often, disconnect on this means aspirations and plans are made without consulting, and working with, universities that provide the workforce, as well as continued professional development, needed for the NHS to be sustainable and innovative.
- Cross-government join-up between DHSC, NHS-England and DfE to align incentives, overcome obstacles and work together to ensure the universities and colleges depended on for the future healthcare workforce remain viable as they face huge challenges. DHSC could do all the right things but if the FE and HE sector retract the domestic workforce is dealt a hammer blow.
- A cross-department plan to address the stalling, and in some cases, retraction of student take-up in nursing, midwifery and allied health professional courses is needed including addressing student cost of living pressures as well as aligning recruitment planning cycles between NHS timelines and academic years.

- Developing a strategy to deal with the reduced take-up in small and vulnerable courses such as prosthetics & orthotics, podiatry and learning disability nursing, that the NHS relies upon.
- A cross-departmental plan to address the cliff-edge of healthcare educators with 40-50% over the age of 50 potentially leading to a hard limit on the number of healthcare students the UK can educate by the end of this parliament.
- A holistic review of healthcare higher education regulation factoring in the overlap of healthcare regulators such as the NMC and HCPC and education regulators such as OfS and Ofsted, that make this one of the most heavily regulated sectors in the country that stifles innovation, obstructs expansion of courses and creates a bottleneck on the placements needed for many healthcare courses.
- An ongoing commitment to healthcare research funding and career routes, particularly for professions that have been underserved in this respect, such as nurses, midwives and some allied health professions. Support for the recommendations of the ongoing work of the Task and Finish Group on clinical academics in Nursing, Midwifery and Allied Health commissioned by the Office for Strategic Coordination of Health Research (OSCHR), and continued progress to a more inclusive research funding landscape for those undertaking research in these disciplines is needed.
- Securing the UK's clinical research base in order to ensure improvements in the health and wealth of the nation. Clinical academic careers across nursing, midwifery and the allied health professions must be proactively supported through investment at all career stages, from undergraduate through to leadership roles at professorial level. To enable this, research needs to be valued as a key driver for innovation and service improvement within the NHS.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Challenges:

- A key challenge can be seen in regional differences that favour some parts of the country compared to others due to the number of the NHS workforce available, differences between urban and rural provision and the overall understanding and readiness of new technologies to facilitate preventative community care.
- Universities can struggle to access placements for students in community settings. Many small placement providers in the private, voluntary and independent (PVI) sector have withdrawn from offering placements due to concerns about meeting the NHSE Funding Agreement's indemnity requirements, resulting in a loss of valuable placement

opportunities. This issue poses a clear risk to the expansion and diversification of placement opportunities.

- We affirm the importance of integrating the PVI sector in placement planning to offer students a broad range of experiences and skills across healthcare settings including primary and community care, social care and other settings such as prisons. Inequities in the funding (tariff) for placements, where this is a considerable disparity between the tariff provided to support student nurses, midwives and AHPs on practice placements as opposed to medical students, make it less likely that primary care settings will offer nursing placements than better funded medical placements.

Enablers:

- Recognising regional variation and challenges by joining up with local government to support recruitment and retention of healthcare students and future staff, especially in in left-behind and remote, rural and coastal areas, such as by supporting housing and transport subsidy to keep professionals in parts of the country that need them most and address health inequalities.
- Universities have a key role to play as regional hubs, often providing community healthcare in the form of surgeries and clinics, as well as educating upcoming and existing NHS staff in the new technologies needed for future healthcare.
- Many universities in more remote areas recruit locally to deliver and retain a local healthcare workforce, supporting these is important to delivering for communities across England. Universities and Colleges working together locally are key to addressing many of the challenges of delivering professional education programmes in underserved areas.
- Increased regulatory flexibility and equity in placement tariff funding would allow more education placements outside hospitals - for example in community settings, research environments and in the Private, Voluntary and Independent sector. This would not just enable students to have familiarity with those settings and needs but also promote them as careers beyond the usual image of, e.g. nursing, as something always focused in secondary care.
- Much stronger articulation with the social care sector is needed, including recognition that many of those trained for careers in nursing and the allied health professions will be employed in social care settings during their career. Facilitating access to placements in these settings and ensuring education programmes are informed by those with experience of working in social care settings (in line with the recommendations of the [Social Care Workforce Strategy](#)) is critical to encouraging more staff into these underserved areas.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

- The fast pace of technological change and opportunity requires ongoing education. Universities must be supported to continue to equip the next generation of healthcare professionals to work with the latest innovations while working with bodies such as Skills England to utilise lifelong learning by providing continued professional development to existing NHS staff. Where technology renders some roles redundant, universities can be at hand to upskill their existing experience to retain them in the NHS.
- Regulators across health and education must be able to work with more agility so they can keep up with these rapid changes, otherwise we risk always being several steps behind in adopting the latest developments.
- Simulation-based education and practice-learning offers transformative opportunities for healthcare education, diversifying and strengthening learning experiences, expanding placement opportunities beyond the traditional clinical setting and fostering a new generation of skills. However, this approach demands significant financial and regulatory support to scale up effectively. Sustaining funding streams and adapting regulatory frameworks would help to promote simulated learning and the integration of cutting-edge technology in healthcare education.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges:

- An ongoing challenge is having a workforce adequately equipped to deal with a complex society, reflective of the communities they serve, and able to utilise the latest technology and treatments to intervene earlier.
- A limitation in the number and variety of placements can reduce student exposure to a range of conditions, as well as how they present in different settings and patients (such as how some symptoms present between sexes, ages, or in different skin tones).
- Local NHS partners limiting the number of placements available due to an understandable focus on the immediate job at hand but doing so risks curtailing the next generation of staff it needs in the near future.
- Funding for students, provision of placement tariff and insufficient resource for apprenticeship training being insufficient for universities, colleges and placement providers to cover their core costs on key courses.

Enablers:

- Education remains a crucial part of this via placements in settings to develop hands-on experience of patient care and the use of simulation-based learning placements to replicate conditions and situations that may not arise in ordinary placements (as well as the ability to stop, pause and reflect without risk).
- Regulatory reform and funding that facilitates diversification in placements, including embracing the latest technology for simulation, and supporting universities to recruit students from diverse backgrounds to better understand how ill health presents itself in different cultural and class settings.
- Working with universities to develop curricula that focus future healthcare professionals on prevention, effecting the necessary culture shift in the future generation of NHS staff as well as providing continued professional development for retraining and retaining existing staff.
- Aligning regulatory and financial incentives across sectors and government departments for a fully joined up mission-led approach to fixing the NHS by the end of this parliament.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in?

All of the above submissions form the basis for a plan for this parliament that could be utilised across government and the NHS to deliver for our health service, patients and staff across the country. Below, is a suggested timeline to how some of this could realistically be achieved:

- **Quick to do, that is in the next year or so:**

- Give clarity on the Long-Term Workforce Plan and its aspirations and commitments. While we would support its retention, uncertainty is currently the bigger issue in working with universities to support the NHS.

- Do more to embed engaging universities and colleges at national and local levels. The aims of the 10-year plan will rest upon the ability of universities and colleges to deliver a workforce to staff the NHS. University and College involvement in ambitions should be built in from the beginning of the Plan so we can work together to align incentives and overcome shared obstacles.

- With this in mind, do much more to join-up DHSC and DfE as outlined in the submission above. There is a real risk that universities and colleges are simply unable to provide the education and research needed for the NHS.

- Develop and implement an NHS career recruitment campaign that highlights the breadth and depth of roles – from community to education and research, widening the pool of interest in NHS careers is essential to a sustainable future. Many simply do not know about the various AHPs, or the different routes a nursing degree and career can take them in, let's learn from successful army and teacher recruitment campaigns and other adverts for our most vital of public services.
 - Recognising that much of the future professionally regulated health workforce will be drawn from local communities, embed an approach to local working which connects universities, colleges, and health employers at the geographical scale of an ICS region to identify employment opportunities and the education pathways towards these roles, which can be collectively marketed to prospective students locally.
 - Implement changes to apprenticeship funding model in the NHS to provide funding to backfill posts, thus increasing the attractiveness of apprenticeships to NHS Trusts and making cohort sizes sustainable for apprenticeship providers.
 - Follow the recommendation of the NAO report into the Long-Term Workforce Plan to involve education stakeholders in the modelling underpinning the projections for the future workforce, so that the impact on the education sector can be properly understood.
- **In the middle, that is in the next 2 to 5 years:**
 - A process of regulatory review and reform that looks at streamlining the existing regulations and regulators which too often overlap and even contradict, liberalising approaches to placements that allow more work in the community and private sector, as well as re-looking at the ambitions of the Long Term Workforce Plan to more boldly move beyond the EU Nursing Directive and embrace the opportunities of regulatory freedom that is tailored to the UK and our specific needs. This could be achieved by using the newly established Office of Regulatory Innovation to work with health and education sectors and regulators.
 - Address the long-term critical challenges of student retention through:
 - o Reforming the Learning Support Fund and other student support to maximise the opportunities for students to have adequate maintenance support during their programme of study.
 - o Rationalising placement provision so that it works in the interests of students in terms of flexibility and logistics, so that students do not have travel further than necessary to undertake their placements and can access them in a way which accommodates their caring and other responsibilities.

- Improve data sharing across the health education system so there is transparency and clarity about numbers applying, commencing, completing and succeeding throughout the education to employment experience. This requires join-up across UCAS, HESA and NHS data, and a commitment to sharing data openly across the system such that opportunities and risks can be identified and addressed.
- Holistic reform of placement provision, optimised for the student/learner, coordinated across the different education routes which require placements (from UTCs, T-levels through to pre-registration education and apprenticeships). Recognise that the future health workforce will need different training experiences in order to be ready for the shifts in service expected in the 10 Year Plan – with better access to primary and community placements and placements in social care settings.
- **Long term change, that will take more than 5 years:**
 - Make the NHS a career destination of choice through promotion of courses at school, supporting universities to recruit and retain students and showing the variety and high status of healthcare roles which are too often seen through outdated and incorrect frames as subservient to medics, with no leadership roles, and therefore less desirable to prospective applicants.
 - Working with universities and cross-department to deliver the big expansion of healthcare degrees needed to meet the aims of the Long-Term Workforce Plan. With Health Foundation projections that this would mean 1 in 6 degrees are for healthcare courses, this would be a big shift in higher education but one that can be achieved if worked on together from the start of this parliament.
 - Government should aim for a steady reduction in internationally recruited healthcare professionals in favour of domestically educated ones by this point, achieving a more sustainable system, addressing government aims on reducing immigration and a more ethical approach to supporting developing countries' own healthcare system needs.