

10 Year Health Plan for England – UA submission

About University Alliance

University Alliance (UA) represents the UK's leading professional and technical universities. Our members specialise in working with industry and employers. Their teaching is hands-on and designed to prepare students for careers. Their knowledge and research drive industry to innovate, thrive and meet challenges.

Our members are leading the way in innovation and business support in the green, tech, creative and healthcare industries. They are leading providers of teaching in healthcare, the creative arts, degree apprenticeships and more. We collaborate as UA to benefit our members and their communities, and to provide expertise to policy makers.

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

Alliance universities educate a third of all nursing students in England and a considerable proportion of allied health students and healthcare degree apprentices. They have been strong supporters of the [NHS Long Term Workforce Plan \(LTWP\)](#) and its objective to achieve the biggest workforce expansion in NHS history.

The NHS has been facing severe workforce shortages for many years, with [107,865](#) vacancies in England at last count. The social care workforce has even more vacant posts ([131,000](#)). All over the world, demand for healthcare professionals is increasing more quickly than supply, intensifying the challenge of training and upskilling more people without compromising on quality or standards.

We are calling on the government to work in partnership with universities and the rest of the education sector in order to secure a sustainable health and social care workforce and reform and improve the NHS. Implementing the three shifts will all require significant contributions from the higher education sector, notably through cutting edge research and innovation and the development of a range new healthcare and non-healthcare roles.

The government is committed to ending the workforce crisis across both health and social care. To achieve this, the 10-Year Health Plan must include a long-term workforce strategy that actively involves universities and the rest of the education sector at the national, regional, and local levels. To date, there has been little effort on the part of government to engage universities on workforce planning, and a notable lack of cohesion between government departments, for example between the Department for Health and Social Care (DHSC) and the Department for Education (DfE). As a result, despite having a world-leading higher education sector, the UK has tended to rely on immigration to fill workforce gaps in our health services. With the government also committed to reducing net migration and boosting the homegrown workforce, a radical change in approach to the healthcare workforce is needed.

Universities were only nominally involved in the development of the LTWP, and although they were enthusiastic supporters of the ambitions and principles underpinning it, the lack of multiyear funding and an implementation plan seriously hampered its progress. The development of an updated or new long-term workplace plan offers the opportunity to fully

involve schools, universities and colleges and ensure more joined-up policymaking across health and social care, education and skills. The workforce strategy must be accompanied by guaranteed long-term funding and a credible implementation plan.

[Health Foundation analysis](#) has revealed that one in six first-year higher education students in England will need to be training to be a clinical professional for the NHS workforce to grow in line with the country's needs by 2031-32. This represents a 50 per cent increase in healthcare students, with substantial implications for schools, colleges and universities. In short, significantly increasing the number of healthcare professionals trained in the UK will require a unified effort from the whole education sector and the NHS.

As it stands, the key barriers from universities' perspective to expanding the homegrown healthcare workforce include declining numbers of both [applicants](#) and [educators](#); [poor retention rates](#); and limited numbers of clinical placements. Universities will need to work in partnership with government and the health and social care sectors to increase the availability, quality and distribution of clinical placements, shore up the academic workforce and make nursing in particular a more attractive profession. In order to increase the supply of healthcare degree apprenticeships, the low funding and high regulatory burden attached to these must be urgently addressed. Level 7 apprenticeships provide a valuable route to upskilling and reskilling existing healthcare staff and should be retained.

Increasing capacity on healthcare courses will require years of preparation and long-term investment in new buildings, facilities and staff. In addition to training significant numbers of new professionals, universities and colleges will need to be utilised to reskill and upskill existing staff to ensure they keep pace with and understand the transformation that the 10-year plan aims to enact.

To ensure we have a health and social care workforce that is fit for the future, universities need a clear commitment to and a sustained investment in the workforce in the 10 Year Health Plan, alongside significantly closer governmental join-up on issues such as higher education policy and funding, regulation and skills. Given the centrality of healthcare to growth and productivity, the government should also embed the NHS within the Industrial Strategy.

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

One of the biggest challenges in moving care from hospitals to communities is the lack of social care infrastructure and significant shortages in the community nurse and social care workforces. District nurse, health visitor and school nurse numbers in England have all plummeted since 2009. By 2036/37 the [RCN](#) estimates that the shortfall in community nurses could reach 37,000.

Funding and incentives will therefore be urgently needed to grow the community health workforce. Health and social care employers, universities and colleges will need to work together to identify opportunities for joint promotion of local career opportunities and the training pathways to enable local people to pursue these. Barriers to be tackled include the complex nature of NHS structures and funding flows. (i.e. GPs holding funding), and the lack of equity between Primary and Social Care pay structures. Universities and colleges will need to change the focus of education and training from acute to community.

A key enabler is better use of Integrated Care Systems (ICSs), the statutory bodies responsible for planning health and social care services, tackling health inequalities and enhancing productivity in 42 local areas in England. Whilst all ICSs have developed workforce plans, there is a large variation in the extent to which they have been engaging

with education providers to do this. With no requirement for ICSs to include or consult universities or other education providers, many universities are unsure of their place in the ICS structure. ICSs need clear guidance about how they should work with education providers. NHS England should encourage tri-partite partnerships between ICSs, NHS providers (hospital trusts) and universities. Joint working is crucial to ensure local workforce capabilities can be grown and/or adapted to meet changing demands. Improved strategic alignment will allow the priorities of all three partners to be fulfilled.

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

University R&D is at the heart of technological advances in health and care. However, capital funding is needed to improve the underlying infrastructure for data and technology to provide high-quality, timely data for service improvement, research and innovation, including the use of AI diagnostics, and to develop the analytical workforce and better harness their skills. Existing staff will need to be continually trained in the latest technology available. The NHS should work closely with Skills England to ensure that its needs for digital upskilling are reflected in national skills priorities.

Alliance universities are uniquely well placed to advise on how to roll out high-quality education and training at scale efficiently and effectively through the use of the latest technology, for example [simulation units and virtual and augmented reality training suites](#). These exciting innovations enable students to practice rare or risky procedures, as well as everyday skills, in safe but highly realistic environments, before using them on real patients. Recent reforms by the Nursing and Midwifery Council (NMC), which permit up to 600 hours of clinical placement to take place in a simulated setting have taken pressure off clinical placement providers. Universities need to see more of this type of regulatory innovation, alongside access to additional capital funding to further invest in and scale up their simulated education and training provision.

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

University research and innovation is also at the heart of advances in preventative medicine and tackling the causes of ill health. The education and training delivered by universities is continually improved by their world-leading research, which directly informs lifesaving discoveries, treatments and services – most spectacularly illustrated by the rapid development and rollout of the Covid vaccines.

The NHS has a symbiotic relationship with the research and innovation produced by the country's universities which should be further built upon. The government should implement sustained, real-terms growth in the R&D budget, accompanied by an increase in domestic public investment outside the Greater Southeast and a focus on how R&D can support inclusive economic growth within every region. The UK should be a leading country in the G7 on R&D investment, but we are currently [lagging behind](#) commercially successful research-intensive nations.

The NHS should also work hand in glove with universities to enhance public awareness and understanding of preventative health and to build trust with marginalised and hard-to-reach communities.

Please share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

Quick to do (in the next year or so)

- **Convene a cross-government health education task force to ensure education and skills policy is fully aligned with the NHS 10 Year Plan.** Membership should include representatives from local and central government (including the Department for Education and the Department for Health and Social Care), NHS England, Skills England, health regulators, professional bodies, and higher and further education. The health education taskforce should be urgently convened ahead of the 2025 Spending Review in pursuit of a consensus on the priority interventions and investments needed to achieve workforce targets, including options for student recruitment and early career retention incentives to grow the pipeline of talent into the healthcare workforce.
- **Issue guidance to ensure universities and colleges play a key role in Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs).** We are calling for more strategic involvement of educators, especially in relation to the development of new roles, including non-healthcare roles, to deliver the healthcare workforce for the future and transform the NHS and social care.
- **Protect the level 3 health and social care pipeline.** Retain funding for 21 level 3 AGQs in key subjects such as Applied Science and Health and Social Care; confirm that students can enrol on these AGQs up to and including the 2026/27 academic year; and do not introduce constraints on combining different types and sizes of qualification.
- **Retain Level 7 apprenticeships for skills and roles in demand in health and social care.** These are helping to provide the skills needed for leaders and specific occupations within the NHS. The recent [independent investigation of the NHS in England](#) found that the NHS needs more leaders with the right skills and capabilities. A majority (60%) of the Senior Leader Apprenticeships are being utilised by public sector employers such as the NHS. Nursing (pre-registration) postgraduate apprenticeships and Advanced Clinical Practitioner apprenticeships are increasingly popular and valuable routes to upskill and reskill the existing workforce. We are concerned that a funding shortfall for level 7 apprenticeships will create another barrier for employers that are still seeking ways alleviate some of the backfill costs of apprenticeships within very tight budgets.
- **Address financial shortfalls for higher education students and providers.** Maintenance entitlements and parental income thresholds should be further uprated and means-tested maintenance grants reinstated to ensure students can continue to afford to access higher education. The [NHS Learning Support Fund \(LSF\)](#) should also be increased to reflect the actual cost of living. To put universities on a financially secure footing, the government must take the tough but necessary decision to increase domestic tuition fees; public investment in universities; or contributions from employers – or a combination of these.

In the middle (in the next 2 to 5 years)

- **Provide access to additional capital funding for universities and colleges to invest in scaling up their simulated education and training provision.** Reforms by the Nursing and Midwifery Council (NMC), which permit up to 600 hours of clinical placement to take place in a simulated setting, have enabled students to practice rare or risky procedures, as well as everyday skills, in safe but highly realistic environments, before using them on real patients. Continued regulatory flexibility and access to capital is needed to grow simulated provision – taking further pressure off clinical placement providers.
- **Progress reforms to nursing and midwifery education.** Alliance universities could educate significantly more healthcare professionals if our regulatory framework was based on outcomes and competency rather than time served. Reducing overly prescriptive practice hour requirements will free up much-needed placement capacity. We look forward to working with health regulators and the NHS to ensure that education and training requirements are fit for the future.

Long term change (more than 5 years)

- **Create a sustainable pipeline of health and social care professionals.**
- **Properly integrate health and social care services.**