Royal College of Nursing

Royal College of Nursing representation to HM Treasury Spending Review and Budget 2021

With a membership of around 465,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes priorities for nursing and patient safety, works closely with wider professional bodies and trade unions, and lobbies governments and other bodies across the UK to develop, influence and implement policy that improves the quality of patient care.

1. Introduction

1.1. The 2021 Spending Review comes at a pivotal moment in the trajectory of the COVID-19 pandemic. The UK Government must use the learning from this crisis about the preparedness of the system to protect the population's health and rectify the absence of funded health and care workforce strategies in every country of the UK.

1.2. The Prime Minister's 'Levelling Up' speech in July 2021 acknowledged that, "COVID has entrenched problems and deepened inequalities – we need now work double hard to overturn those inequalities".[i] However, detail about the specific policies to achieve this agenda are still to be defined in the forthcoming White Paper and thus far, investment has largely focused on infrastructure.[ii]

1.3. The pandemic continues to underline the importance of good health and wellbeing for enabling people and communities to prosper. A healthy population translates to a healthy, productive workforce and is vital for a strong economy. The pandemic has shown all too clearly how inequalities, poor health and fragmented, under-resourced health and care services have reduced our resilience and capability to deal with shocks.

1.4. Improving and protecting the health of our population must be a central priority for government and a core objective of the UK Government's 'levelling up' agenda. The commitment to level-up must be supported with the necessary resourcing and action to prevent ill health, improve population health and tackle health inequalities. The primacy of the nursing workforce in addressing wider socio-economic determinants of health necessitates significant and concerted action to strengthen and support our nursing workforce and to address numerous priority issues for our population's health and wellbeing.

1.5. The UK Government has committed to achieving the UN Sustainable Development Goals (SDGs) by 2030 which include specific goals to "ensure healthy lives and promote wellbeing for all at all ages" (SDG3) and reduce inequalities.[iii] The UK Government has also made commitments to increase the number of registered nurses in England,[iv] and to level up the UK and address inequalities. In England, the Government has a stated aim to promote collaboration, integration and focus on prevention, population health and reducing disparities through the Health and Care Bill.[v]

1.6. But there has been a continued lack of action to credibly and sustainably address the critical issues which are acting as barriers to achieving these ambitions. This includes registered nurse vacancies across health and care, the unknown scale of the nursing workforce gap; the lack of demand-led workforce strategy and planning; the underfunding of the health and care system across the UK; stalling life expectancy; worrying trends in population health; and widening health inequalities.

1.7. The pandemic has highlighted the critical role that nursing plays in protecting, improving, and sustaining our health. Working in hospitals, schools, care homes, GPs, prisons, homes and throughout communities with people of all ages; nursing plays a vital role in the provision of safe and effective health and care services as well as addressing the wider socio-economic determinants of health. The pandemic also exposed the extent to which successive governments across the UK have underfunded the nursing profession, and wider health and care system. Despite soaring demand for health and care services, worrying trends in overall population health and growing health inequalities - too few nurses are being trained and supported to join the profession and too many have left or are intending to leave their nursing careers. For our colleagues that remain, too many feel overstretched and undervalued.

1.8. The Chancellor has stated that in order to 'Build Back Better' this Spending Review would ensure strong and innovative public services.[vi] In order for our health and care services to flourish, ensuring there are the right staff in the right place at the right time must be a key priority. The RCN calls on the UK Government to address the overdue requirements for funding ever-more urgent interventions to enable UK nursing workforce supply, recruitment and retention – which are outlined in this submission.

2. Nursing workforce recruitment and retention

2.1. Latest data from the UK's Nursing and Midwifery Council (NMC) register shows that fewer registered nurses left the register during the first year

of the pandemic (from April 2020 to March 2021) than in previous years. This would suggest that many who may otherwise have left the workforce stayed to support the pandemic response. In response to the NMC's leavers' survey, when discounting those who retired, one in four respondents stated too much pressure (stress and poor mental health) as a reason for leaving the register.[vii] These factors, in addition to those who returned to the register during the pandemic, mean there could be a significant increase in the number of leavers in the coming years. This is already becoming evident in the recent increase in NHS registered nurse vacancies in England, to pre-pandemic levels.[viii] The pandemic has further highlighted the fragility of our health and care systems, including the lack of strategy and preparedness, especially around the workforce where a resourcing crisis was already well understood.

2.2. The failure to properly plan and resource the UK's health and care systems to meet demand has led to a pattern whereby the system's finances are left to reach a critical stage before action is taken. In England, emergency funding packages for the NHS and social care have now become commonplace. This has too often forced health and care providers to focus on the immediate financial and safety concerns with limited opportunities for innovation and to address neglected areas such as prevention. Patient care and health and care outcomes are compromised and inhibited when the system is frequently in crisis mode and is unable to develop, improve and innovate sufficiently, or to cope with demand.

2.3. As the RCN has continually highlighted, there has historically been insufficient accountability at all levels of decision making across the health and care systems in the UK for the strategies to secure retention, recruitment, and supply and provision of health care staff, and registered nursing staff specifically. This has contributed to a growing workforce crisis that is undermining the quality of patient care. There is now variation across the UK in terms of accountability being secured, and the RCN remains focused on securing what is required to resolve this in legislation in every country in the UK.

2.4. In Wales, the Government has set out legislation on how decisions about staffing should be made and scrutinised. In Scotland, legislation has been passed but its implementation has been delayed due to COVID-19. The RCN expects the Scottish Government to focus resources on implementing this important legislation, including, but not limited to, any Barnett consequentials, as a result of the Spending Review.

2.5. In 2019, RCN members in Northern Ireland took industrial action, including strike action, over safe staffing and pay parity. While there has been progress on pay, there has been no meaningful progress in relation to safe nurse staffing legislation. In England, new health and care legislation is making its way through Parliament but in its current form, does not include sufficient accountability for the demand-led assessment, planning and supply of nursing and wider workforce to meet the needs of the population. [ix]

2.6. It is vital that the UK Government and governments across the UK identify all policy levers within funded workforce strategies to prioritise attracting sufficient registered nurses to close the workforce gap and developing an oversupply of domestically educated nurses to sustain the workforce thereafter. This will enable a fairer, stronger recovery from this crisis while building greater resilience to future shocks and levelling up health.

2.7. The RCN sets out in this submission our priorities for the 2021 Spending Review. They are all critical factors in mitigating entirely foreseeable risks around workforce retention and supply, and crucial for securing sustainable health and care services across the UK.

3. 4-Nation Funding

3.1. Countries across the UK have benefitted greatly from the European Union (EU) Structural Funds which funded allocations designed to support economic development and reduce disadvantage between regions and countries in Europe. Following the UK's departure from the EU, the UK Government proposed a UK Shared Prosperity Fund (SPF) which they pledged would 'at a minimum match to the size of the structural funds in each nation'.[x] The SPF has since been rebranded as the Community Renewal Fund (CRF) for a 2021-2022 pilot which will make £220m available UK-wide to pilot approaches to the longer-term SPF.[xi] The Fund will run on a competitive basis between local authorities across the UK.

3.2. In the 2020 Spending Review, the UK Government announced details of its UK-wide Levelling-up Fund and Community Ownership Fund, which will also use the financial assistance powers of the UK Internal Market Act. The Levelling-up Fund will also be based on competition between local authorities across the UK.

3.3. Finance Ministers from the devolved governments in Scotland, Wales and Northern Ireland have issued a joint statement to register shared concerns about the UK Government's decision to bypass democratically

agreed devolution settlements to deliver the Levelling Up and Community Renewal Funds through direct communication with local authorities.

3.4. The UK Government must respect the democratically agreed devolved settlements and ensure the devolved governments are respected and included in the development and distribution of the SPF, Levelling Up Fund and Community Ownership Fund.

4. Barnett Formula

4.1. Nations across the UK have different populations, rurality and affluence and therefore have different health and care needs. As UK funding is distributed via the Barnett Formula, all new public spending should necessitate a transfer of consequential funding in devolved areas.

4.2. The current cycle of one-year budgets hinders long term planning. Moving to multi-year budgeting would enable devolved governments to make progress on issues such as workforce planning and transformation. For example, this was set out in the New Decade, New Approach Agreement in Northern Ireland but this has not yet been implemented.

4.3. The RCN welcomes greater transparency from the Exchequer on consequential funding as a result of spending announcements. This applies in particular to ring-fenced funding intended for workforce, including for pay rises, in any NHS-funded services, including GP-provided primary care and other independent providers.

4.4. The RCN calls for greater transparency from the UK Government over methods for establishing funding for devolved administrations, and for allocations to accurately reflect and speak to the level of investment required to deliver quality implementation of effective policy and funding in each country. There must be greater transparency from the UK Government on the impact of funding announcements for the devolved nations.

5. Fair pay for nursing staff

5.1. Nursing is a safety-critical, highly skilled profession that is vital to our country's wellbeing and to our health and care system. Nursing deserves fair pay that reflects the complexity and impact of our contribution. Yet pay for health and care professionals, particularly nursing staff, has not kept pace with increasing living costs over many years.

5.2. Average earnings for registered nurses in England dropped by 12.6% in real terms (against the Retail Price Index (RPI)) between 2010 and 2020 and average earnings for nursing support workers fell by 11.6% over the same period.[xii] NHS nursing staff have been hit hard by public sector pay restraint combined with rising living costs since 2010.

5.3. Our survey of around 42,000 members conducted in summer 2020 showed an alarming rise in those reporting that they are considering leaving the profession.[xiii] . When looking back to 2019, 27% reported they were considering leaving, compared to 35% in 2020, and of these, 61% cited pay, and almost half cited low staffing levels as a key factor. Just 18% stated they felt more valued by the government than before the COVID-19 pandemic, and nearly three quarters (73%) said higher pay would make them feel more valued. There has also been a significant decline in the number of nurses on the permanent NMC register who trained in the European Economic Area (EEA) (3.1% decline in the last year alone) with those leaving the UK citing poor pay and benefits as some of the main reasons.[xiv] Those who had trained outside the EEA who left the register were three times more likely to cite poor pay and benefits as a reason for leaving than leavers trained in the UK.[xv]

5.4. The public also supports an increase in pay. In a poll conducted by YouGov in July of this year, 86% of respondents said they would support a pay rise for nursing staff.[xvi] Pay is the only immediate policy lever available to mitigate risks to nursing workforce retention.

5.5. Morale and productivity are known to be correlated with job satisfaction and feeling valued. Increasing nurse pay can bring increases in both short and long-term supply. In the short-term, by attracting nurses to re-join the workforce or those currently employed to move from bank/agency to substantive roles and improved retention. In the long-term, a pay increase will attract those who may already have been considering a career in nursing, therefore increasing the number of students enrolled on nursing courses. Evidence shows that a poorly managed remuneration system and poor pay contribute to a shortage of nurses due to high turnover rates,[xvii] and job dissatisfaction with intent to leave.[xviii]

5.6. The Government has the opportunity through this Spending Review to make the political decision to introduce a fully funded fair and meaningful pay increase for all nursing staff covered by Agenda for Change terms. This must not come from existing budgets. The RCN called for a pay rise of 12.5% for NHS nursing staff for the 2021-22 pay round. The 3% which was awarded clearly does not reflect this requirement and does not even reach levels of predicted inflation.

5.7. Research by London Economics found that the costs of a pay rise are largely offset by the economic benefits, with 81% being returned to the Treasury through income tax, National Insurance, and increased consumer consumption. It is imperative that the Treasury does not measure the true cost of a pay award as the gross outlay, but the net cost taking these economic benefits into account.[xix] Based on analysis of NHS workforce numbers and earnings data undertaken by London Economics, a 12.5% pay rise for all Agenda for Change staff working in NHS trusts and support organisations in England shows that the cost to the Exchequer would be approximately £4.25 billion extra per year – demonstrating that the investment is significantly more affordable that it initially appears. [xx]

5.8. Investment in the NHS workforce is necessary to support local economies and populations and must be 'levelling up' agenda and the UK Government's aim to 'build back better'. The pandemic has exposed and reinforced deep-seated inequalities in the UK. The people who have been worst impacted by the virus have been those living with poorer health before the pandemic, people working in lower-paid professions, people from some ethnic minority backgrounds and people living in deprived areas. In economic terms, the most deprived areas of the UK have suffered the most and will take longer to recover.

5.9. In a recent report, the Health Foundation concluded that, "Measures of health are not yet influencing the initial allocation criteria for levelling up funds, and initiatives are firmly tilted towards boosting financial and physical infrastructure capital. The role of local government and the NHS in helping to level up is also underplayed."[xxi]

5.10. The RCN is clear that fair pay for nursing staff is the only policy immediately available to Government which has an instant effect on how valued staff feel and on retention. A fair and meaningful pay rise for nursing staff will demonstrate appropriate recognition of the complexity of skill, responsibility and experience nursing staff demonstrate every day. It will also attract new recruits to nursing and retain experienced nursing staff delivering patient care, which has a monetary value that needs to be accounted for.

5.11. An insufficient pay award will also slow the wider economic recovery from the pandemic, especially in areas of the country where a stimulus is most needed. Further, insufficient pay awards hit a predominantly female workforce the hardest. This is even more stark for the nursing workforce, where a decade of pay freezes on top of historical undervaluation of the nursing role have resulted in a graduate profession which has limited

access to career progression opportunities, is underpaid and undervalued.[xxii]

5.12. As part of the forthcoming reforms to health and social care in England specifically, the government must also ensure that nursing staff working within health and social care settings outside of the NHS have competitive pay, terms and conditions commensurate with their colleagues with the same level of knowledge, skills and responsibility within the Agenda for Change (NHS Pay) structure, to be achieved via commissioning policies.

6. International workforce

6.1. Internationally educated nursing staff have always played a vital role in sustaining the UK's health and care services, and in improving the health and wellbeing of the population. The RCN very much values exchange of expertise, as a global profession. As of March 2021, internationally educated nurses make up 18% (121,122) of the registered nursing workforce in the UK, which the RCN considers too significant a proportion to be sustainable in the long term.[xxiii]

6.2. Appropriate and ethical international recruitment must always complement the growth and development of the domestic workforce, and not take place at the expense of appropriate education, training and investment in the domestic workforce. Where international recruitment is part of a transparent government strategy to grow and develop a sustainable healthcare workforce, it is vital that the Government does not create additional barriers and un-just burdens for the international workforce. In order for the UK to remain an attractive option for international nursing professionals, it is imperative the below issues are addressed:

Immigration Skills Charge

6.3. Due to ongoing financial pressures on both the NHS and social care there is a genuine risk that the Immigration Skills Charge will deter organisations from recruiting internationally. This could impact safe staffing levels and patient safety. The UK Government has recognised the critical shortage of nurses and health care assistants in the UK by including both roles on the Shortage Occupation List.[xxiv] However, neither role is included in the current list of exemptions for sponsors paying the Immigration Skills Charge.[xxv] Applying the charge to roles the UK Government has identified as having a critical shortage is counterproductive. It presents an arbitrary barrier for internationally educated nurses seeking to work in the UK, and employers in the health

and care system striving to provide patient care and safe levels of staffing.

6.4. Currently, health and care employers are required to pay a fee of up to £5,000 when hiring an internationally educated individual, in line with the Immigration Health Charge. Medium or large sponsors are required to pay a fee of £1,000 for hiring an international health care worker for the first 12 months of their visa. This fee reduces to £500 every six months after that for the duration of their visa. For some organisations this can amount to millions of pounds over a few years as employers continue to rely on international staff to fill domestic gaps.

6.5. Such high fees are untenable for a system already facing significant financial pressure and are at odds with the UK Government's current drive to recruit internationally educated nurses. The health and care system must not be faced with these unjust fees for safely staffing their services. It is therefore vital that the Occupation Codes 2231 (Nurses – all jobs) and 6141 (Nursing auxiliaries and assistants – all jobs) are added to the list of exemptions from the Immigration Skills Charge.

6.6. NHS Trusts in England spend at least £90 million per year on an international workforce to fill Registered Nurse vacancies. The National Audit Office's Nursing Workforce report in 2020 estimated that international recruitment costs NHS trusts around £12,000 per new nurse. Given that they estimate that up to 25% of nurses joining the NHS each year will be internationally trained, this roughly equates to around 7,500 of the 30,000 new nurses joining the NHS annually.[xxvi]

No recourse to public funds

6.7. Staff retention is essential for patient care and the sharing of knowledge and skills – retaining internationally educated nurses working in the UK is therefore a priority. The RCN is concerned that unaccommodating migratory policies and policy development by the Home Office run the risk of forcing international staff to choose to leave the UK prematurely. The RCN is particularly concerned that the 'no recourse to public funds' condition applied to migrant workers is a key disincentive to retention and another example of failing to recognise the value and contribution of internationally educated nursing staff.

6.8. Preventing individuals from accessing public funds is unnecessary and can bring financial hardships, as well as significant risks to that person and their families' wellbeing. The COVID-19 pandemic has also brought about financial challenges for many and has brought into starker focus the necessity of access to public funds to support basic standards of

living when hardship occurs. There is a further risk that staff may feel that they have no choice but to stay in employment or domestic situations which might cause them physical or psychological harm.

6.9. Nursing staff already pay taxes and contribute to the welfare system through national insurance and therefore must be granted equal and fair access to public funds. Accessing public funds is essential to alleviate financial hardship and is a human right that all should be able to access. The UK Government must end this policy and allow individuals without Indefinite Leave to Remain to access public funds where necessary.

6.10. As an immediate resolve to this issue, the Government should consider implementing automatic Indefinite Leave to Remain for all international health and care staff. Granting Indefinite Leave to Remain would be a public, positive step to show our internationally educated colleagues that the Government recognises their commitment and value to the NHS and social care. It would also ensure that overseas staff who already pay their taxes and national insurance contributions are able to access public funds in time of hardship.

The Immigration Health Surcharge (IHS)

6.11. The RCN recognised the importance of the Government's announcement in May 2020 to automatically exempt health and care workers and their dependants from the Immigration Health Surcharge (IHS) as a positive recognition of their contribution and value to the UK. This was an unfair fee - as health and care staff were already contributing to our health care services by virtue of their work and through national insurance and taxes. While this announcement wasright, the RCN remains concerned that it is not automatically applied for all staff, and that there are issues with the reimbursement scheme, which could in effect present a deterrent to working in the UK.

6.12. Our members have reported that in some cases they are not receiving the automatic reimbursements they are entitled to. Health Care Assistants are not listed on the eligible professions entitled to an automatic exemption, and nurses working outside of sponsored visa routes (for example through a Family visa or in the UK on human rights grounds) are still required to apply for a reimbursement.

6.13. Health Care Assistants should be included on the automatic exemptions, and all registered nurses – whether they are in the UK on a sponsored-visa or alternative route – should be treated in the same way and be automatically exempt from having to pay and then apply for reimbursement of the IHS.

Overseas development assistance (ODA)

6.14. The UK has cut Overseas Development Assistance (ODA) spending at a time when investment in strengthening and building the resilience of health systems across the world is needed more than ever. The UK should be playing a leading role in addressing the global health workforce crisis,[xxvii] and using its ODA to strengthen nursing and midwifery in line with the WHO Global Strategic Directions on Nursing and Midwifery,[xxviii] instead of reneging on its existing commitments.

6.15. In 2020, the UK's total ODA was US$18.6 bn (0.7% of Gross National Income). However, in 2021, the UK Government announced a cut to the ODA budget to 0.5%, as such, ODA is predicted to fall by 27%. In June, the RCN alongside other trade unions and leading health organisations, wrote to the Prime Minister to urge him to reverse the decision to reduce ODA spending. It is vital that the UK demonstrates its commitment and leadership in global health by re-instating the commitment to spend 0.7% of GNI on ODA.

7. Nursing workforce retention and supply in England

7.1. Prior to the COVID-19 pandemic, nursing staff shortages were already sustained and unresolved across England. This was clearly reported by the Interim People Plan in June 2019, but has not resulted in a transparent, funded health and care workforce strategy from government.

7.2. The government's commitment to securing 50,000 more nurses in the NHS is not based on any transparent forecasting or modelling, and there is no published plan for achieving this target. There is, therefore, no assurance that this target reflects actual requirements, now or in the longer term. Furthermore, this target is for the NHS alone, which does not take into account the needs of the social care and public health systems and incorrectly assumes that all entrants into the nursing profession will be claimed by the NHS. In reality, there are several sectors that registered nurses may enter into – and indeed, they may choose to work overseas.

7.3. The Health Foundation has reported that the 50,000 target will be insufficient to meet increased demand on the nursing workforce. They argue that robust, independent projections of the future demand for and potential supply of nurses must be part of a shift to a sustainable, long-term approach to nursing workforce planning.[xxix]

7.4. In recognition of the unprecedented pressures COVID-19 has added to the NHS, the government recently announced additional funding for the

NHS.[xxx] However, without a specific commitment to funding and action to address staffing shortages in the health and care workforce, recovery from COVID-19 will be impossible and the social care crisis will remain. It is critical that the Spending Review dedicates funding to workforce supply, recruitment and retention through a fully funded workforce strategy.

7.5. There is a plethora of evidence that demonstrate how registered nurse staffing levels directly impact the safety and quality of patient care. For example, research conducted on medical-surgical wards in a Queensland hospital showed that decreasing a nurses' workload by one patient per nurse resulted in 30-day mortality rates decreased by 7%, 7% fewer patients returned to hospital within a week and patients left hospital 3% faster. Financially, the research estimated that the effect of reducing the workload by one patient per nurse would pay for itself twice over due to the reduced admissions and shorter hospital stays.[xxxi]

7.6. Analysis of data from around 3,000 Registered Nurses working in hospitals in England showed that for every additional patient per nurse (e.g. increased nurse workload) there was a 9% reduction of time to discussing patient care and a 3% increase in reported loss of care information during shift changes.[xxxii] A retrospective study on staffing levels connected to mortality rates also concluded that lower registered nurse staffing levels and higher numbers of patients per registered nurse were associated with increased risk of death during admission to hospital. For every day that a patient was on a ward with fewer than the average number of nurses, their chance of dying increased by 3% and on days where admissions for each registered nurse were 25% more than the average, patients were more 5% more likely to die.[xxxiii] A study on sepsis care revealed that for each additional patient per nurse was associated with the patient being 12% more likely to die in hospital.[xxxiv] These studies demonstrate the vital link between nurse staffing levels and safe and effective patient care.

7.7. Yet currently, in the context of widely reported and understood vacancies, there is no shared credible understanding of the workforce shortages and of the increasing demand in population and service and there is no overarching health and care workforce plan or strategy in England. This limits the ability of the system to supply the necessary registered nurses and to plan for staff numbers in the future.

7.8. Developing a credible workforce strategy for the longer term is challenging due to a lack of comprehensive data on current nursing staff working in all settings and the numbers of nursing students graduating,

both within the NHS and the wider health and care system. It is only with a full and complete picture of our health and care workforce that the Government can be sure that we are equipped with the fully trained workforce required to meet current and future patient need.

7.9. The Government must publish a fully government funded workforce strategy – including a fair pay rise for nursing staff, as part of an integrated approach alongside service and finance planning, to ensure that the health and care workforce skills and numbers are sufficient for safe and effective staffing levels in health and care. The strategy must:

- ensure appropriate Government workforce planning, including equality impact assessments, and application of lessons learned from formal reviews and commissions into incidents, to ensure that the workforce is properly protected in the workplace;
- identify measures to promote retention, recruitment, remuneration and supply of the workforce;
- take into account the wider health and care labour market; include regard for, and the promotion of workforce health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns without fear of retribution.

7.10. This strategy must also consider the health and safety aspects of workforce planning and the prevention of inequalities within the workforce. The approach to producing a strategy nationally and locally should build on social dialogue models already in place, to both understand and address workforce requirements. The RCN expects workforce strategy and planning to adhere to the RCN Nursing Workforce Standards.[xxxv]

8. Routes into nursing: higher education

8.1. Every country across the UK will need to substantially increase their registered nurse workforce supply to put our health and care system and the nursing profession on a sustainable footing.

8.2. Current risks to retention of current nursing workforce, and a persistent over-reliance on international recruitment, are reinforcing the requirement for prioritisation and investment in increasing the numbers of people entering nursing higher education, for a sustainable domestic nursing workforce. In the 2015 Spending Review, the Government reformed the way that nursing higher education was funded and planned.[xxxvi] Formerly, the Government paid the fees directly to universities and gave modest bursaries to students to support their study. The 2015 reforms moved from a centrally commissioned model to a

‘market led’ model where students pay their own fees, primarily through student loans, and, until recently, received no living grant support from the Government.

8.3. The stated aim of these reforms was to increase the number of people studying nursing by 25% during 2018-19 and 2019-20.[xxxvii] However, there have been three years of lost growth given that we are only now seeing a rise on the number of acceptances to the levels of 2016, the final year of the directly commissioned model.

8.4. Our analysis of data from the Universities and Colleges Admissions Service (UCAS) specifically looking at nursing courses leading to registration (and not wider professional nursing courses) shows that the number of applicants to pre-registration nursing courses in England is 18% lower than it was in 2016 (8,295 fewer applicants). [xxxviii] While the number of accepted applicants rose in 2020, this equates to only 4,460 new students which falls far short of how many nurses the Government needs to close the vacancy gap.

8.5. Furthermore, our analysis of UCAS data reveals that in England there were 24,755 nurses accepted to pre-registration nursing courses in 2020, whereas published UCAS data reports 29,740 applicants accepted to B7 nursing courses. Therefore, there are 4,985 fewer acceptances onto pre-registration nursing courses in 2020 than the publicly available data suggests. There have been 21,335 fewer acceptances on to pre-registration nursing courses over the past five years in England than suggested by publicly available data. The RCN therefore does not have assurance that Government is using correct figures to understand domestically educated nursing supply in England.

8.6. Since the withdrawal of previous funding for nursing students in 2016 there has been a decline in the number of people applying to study nursing in England. We are only now seeing numbers of acceptances to nursing courses exceeding 2016 figures: in September 2020, an additional 4,460 nursing students were accepted onto pre-registration nursing courses at university compared to 2016.[xxxix] However, the introduction of the maintenance grant in January 2020 coincides with an increase in the number of applicants and acceptances between 2019 and 2020 of 18% (5,800 more applicants) and 27% (5,215 more accepted applicants) respectively.[xl] This suggests that the reintroduction of the £5,000 maintenance grant (up to £8,000 in limited circumstances) may be a necessary and effective way to increase new recruits. This is a positive first step, but only the start of addressing the ongoing nursing workforce crisis.

8.7. The RCN has been clear that many more people need to be recruited into nursing higher education in England, as the primary supply route into the nursing profession. There must be no financial barriers – such a graduate debt.[xli] Financial challenges experienced by those on nursing courses with potential impact on the number of those who can complete their courses must also be mitigated.

8.8. A recent survey of RCN student members revealed that over 90% of respondents said their finances cause them some level of concern, and more than a quarter have considered dropping out of their course due to these concerns.[xlii] Of those who expressed a level of financial concern, 90% said it impacts their mental health, and nearly four in ten said this impact is significant which can interfere with their educational achievements and personal and professional relationships. Due to the experiences and hardships felt across the profession during the pandemic, this leaves even more student nurses at risk of leaving their courses and could deter potential nurses from joining.[xliii]

8.9. The annual living grant introduced in September 2020 has demonstrated a clear link between financial support and retention. In response to our recent survey of RCN student members, 81% of respondents who received the living costs grant for all their course were less likely to have considered dropping out compared to 62% amongst those who only received the grant for some of their course, and 67% who were not eligible for the grant at all.[xliv]

8.10. The RCN therefore continues to call for the Government to:

- Fund tuition fees for all nursing, midwifery, and allied health care students
- introduce universal, living maintenance grants that reflect actual student need
- reimburse tuition fees or forgive current debt for all nursing, midwifery and allied health care students impacted by the removal of the bursary

8.11 The RCN commissioned London Economics to model the illustrative costs of the first two of the above policy changes with two different costed models to demonstrate that there are a number of options for delivery, including those which promote retention, and to demonstrate the affordability of government funding of nursing tuition fees. These models are outlined in our 2020 policy report: Beyond the Bursary. [xlv]

8.12 Risks to capacity and quality in clinical placements for nursing students, which serve all nursing higher education and apprenticeship routes, must also be captured from health and care systems (including community and

social care) and mitigated. This must include investment to boost capacity, on an ongoing basis.

9. Higher nursing education

9.1. Formal and ongoing higher education during a nursing career enables registered nurses to develop their careers, become specialists in both acute and long-term conditions such as cancer, respiratory, cardiac, and a variety of others, as well as design, lead and deliver innovative care models to meet changing population needs. Career development is critical to keeping professionals supported within the workforce, essential for ongoing safe and effective practice, and for career progression; all of which contribute to retention.

9.2. However, investment in higher nursing education has never been sufficient or aligned with the ambitions of the health and care service in England and is yet to recover from the 2015 Spending Review which cut 60% of the Health Education England (HEE) budget for Continuing Professional Development for nurses (from £205 million in 2015/16 to £83.49 million in 2017/18). In contrast, the 'future workforce' postgraduate medical and dental budget was increased by 2.7% in 2017/18.[xlvi] This is a significant and unfair disparity between the nursing and medical professions, which must be reconciled.

9.3. The Government announced an increase of £150 million in the CPD budget for NHS-employed nursing, midwifery and allied health staff in the 2019 spending round.[xlvii] This represents only a £30million funding increase over the 2015/16 levels, despite years of staff growth, under-investment in professional development and inflation. This funding was not provided to all NHS-funded nursing staff, nor did it include staff in publicly funded social care and public health services. Furthermore, RCN intelligence indicates that this money has not consistently been invested in meaningful professional education opportunities. The Government must go further and develop a strategic approach to the levels of CPD required and fully fund it accordingly.

9.4. The RCN calls for ring-fenced funding for CPD for all nursing staff, in all health and care settings and sectors, alongside pay progression and career development opportunities. Funding must be based on modelling of future service and population-based need, as well as the correctly identified skill mix and establishment required.

10. Prevention and public health funding in England

10.1. Even before the unprecedented public health crisis of COVID-19, England was facing significant public health challenges. Improvements in life expectancy have stalled,[xlviii] and people are spending more of their lives in poor health.[xlix]

10.2. There are significant and growing inequalities in health: for people in the most deprived areas of England, life expectancy has actually declined and people in are living shorter lives with more time spent in poor health.[l] Those living in the most deprived areas in England are expected to live almost a decade less than those in the least deprived areas.'[li]

10.3. Public health services are vital for preventing ill health, improving people's health, reducing health inequalities and protecting people from health threats.[lii] Investing in prevention is cost-effective, can reduce pressure on the wider health and care system, and contribute to wider sustainability, with economic, social and environmental benefits.[liii][liv]

10.4. There has been increasing government rhetoric in support of prevention, public health and reducing health inequalities in England.[lv] This includes government ambitions to 'level up the UK' and enable people to live an extra five years of healthy life by 2035, while narrowing the gap between the richest and poorest.[lvi] The Government is implementing significant reforms to the public health structure in England with the stated aim of making the public health system "fit for the future", with an increased focus on health security, preventing ill health and improving population health.[lvii] These reforms are happening in the context of substantial changes to the wider health and care system in England, a core aspect of which is the formalisation of statutory Integrated Care Systems (ICS) which will bring the NHS and local authorities together with the stated aim of strengthening the prevention agenda at a local level.

10.5. As stated above, the UK is also committed to achieving the Sustainable Development Goals (SDGs) by 2030. The SDGs include a range of public health targets including reducing mortality from Non-Communicable Diseases through prevention and treatment, ensuring universal access to sexual health services and strengthening prevention and treatment for alcohol and substance abuse.[lviii]

10.6. However, the RCN is concerned that rhetoric has not been supported by action or investment. Funding for Public Health England was cut by 16% since 2015[lix] while public health funding to local authorities was cut by 24% (equivalent to £1bn) on a real term per capita basis compared with

2015/16.[lx] The effectiveness and sustainability of this vital system has been undermined by chronic underfunding and diminishing resources.

10.7. While each local authority has the same requirement to commission and deliver public health services for its population, the formula for public health funding allocations does not take sufficient account of hidden areas of poverty and health inequalities and the costs of delivering services in, for example, rural areas.[lxi] There are significant funding variations across England, and cuts to public health funding have been disproportionately higher in the most deprived areas, where health needs are greatest.[lxii] This contradicts the stated aims of the "levelling up" agenda and exacerbates health inequalities further.

10.8. Financial pressures and short-term (one year) funding settlements announced at a very late stage in the cycle have hindered local authorities' capacity to plan, commission and deliver public health services.[lxiii] The cuts have limited local authorities' capacity to focus on anything beyond the mandated services and to reduce spending on vital services including health protection, smoking cessation, sexual health, children's public health, obesity and drug and alcohol services. Some areas of spending have been cut by more than 20% compared with 2016/17.[lxiv] Recently the RCN has been concerned to hear of more local authorities proposing to make substantial reductions to their public health provision, including significant cuts to specialist public health nursing services.[lxv]

10.9. This historic underfunding of public health undermined the capacity of local public health teams to effectively improve health and reduce inequalities and respond to the COVID-19 pandemic.[lxvi]

10.10. Nursing has a critical role in protecting and improving the population's health and preventing avoidable disease. Across all settings, nursing staff play a vital role in health improvement, promotion and protection, including in primary care and community teams. Many nurses work in specialist public health roles across a range of services including school nursing, health visiting, occupational health, sexual and reproductive health, weight management, smoking cessation and health protection. Most of these services are commissioned by local authorities, funded via the public health grant, and have been severely impacted by the cuts. Trends in the public health nursing workforce since 2015 give serious cause for concern – there has been a 26% reduction in NHS school nurses,[lxvii] and a 37% reduction in the number of health visitors in England.[lxviii]

10.11. Staff vacancies coupled with financial pressure and uncertainty, has contributed to unacceptable variation in the quality and quantity of services. Examples include significant regional variation in health visiting service,[lxix] and sexual health service provision across England.[lxx] Continued under-resourcing of public health will undermine service quality and outcomes; increase pressure on the wider health and care system; and is a significant risk to the levelling up agenda, COVID-19 recovery and the health and care reforms.

10.12. Improving population health and reducing health inequalities must be cross cutting government priorities and central to its levelling up agenda; reflected in the 2021 Spending Review. The Government must commit to deliver a fully funded cross governmental health inequalities strategy to address the social determinants of health, led by the Prime Minister, and increased spending on prevention and the social determinants across government. This would support the reforms underway to the public health and wider health and care system in England.

10.13. The Spending Review must deliver a long term, increased, sustainable funding settlement for public health services commissioned and delivered by local authorities. This will enable local authorities to plan and deliver safe and effective services that improve and protect the health of their population and reduce inequalities.

10.14. The mechanism for allocating funding for local public health should be transparent, fair and equitable. It should be:

- based on a robust assessment of population health needs (current and future), health inequalities and the resources (including workforce) required to effectively improve population health, reduce health inequalities, and respond to COVID-19 and future threats; and
- assessed for its impact on health inequalities.

10.15 At minimum, the public health grant should be immediately restored to its 2015 level. The most deprived areas of England where health needs are greatest, which have been disproportionately affected by the pandemic, should receive additional public health investment to level up health across the country and support an equitable recovery from the pandemic. In 2020, the Health Foundation estimated that restoring the grant to 2015 levels would require £1.2bn and that a further £2.5bn will be needed to level up public health across the country.[lxxi]

10.16 Increased investment in public health nursing is needed to:

- ensure that prescribed local public health functions are carried out by sufficient numbers of appropriately qualified nursing staff with the appropriate skills, knowledge and competence
- ensure that the public health system is funded sufficiently to provide pay, terms and conditions of employment which are attractive to retain staff and enable public health nurses to access training, professional development and support
- grow the public health nursing workforce by supporting and enabling more nurses to undertake specialist public health training.

11. Social care funding and workforce planning in England

11.1. In England, social care services have experienced years of underfunding, despite needs increasing within the population. This has led to widespread unmet needs, and a high level of complexity of care being delivered by services.

11.2. Demand for social care services is increasing and will continue to do so in the coming years. The population aged over 65 in England is projected to increase by 49 per cent (to 14.9 million) by 2040[lxxii] and the fastest increase will be seen in the 85 years and over age group. In mid-2016, there were 1.6 million people aged 85 years and over (2% of the total population); by mid-2041 this is projected to double to 3.2 million (4% of the population).[lxxiii]

11.3. The ageing population will have a profound impact on social care with the numbers of older people projected to need care and support services – whether publicly or privately funded – growing from 657,000 in 2015 to nearly 1.2 million by 2040.[lxxiv]

11.4. Data shows that almost 885,000 older people had dementia in the UK in 2019, of whom 84.7% (748,000 people) lived in England yet estimates suggest that there will be an 80% increase of older people with dementia in the UK over the next 20 years to around 1.6 million in 2040.[lxxv] This is driven by continued population ageing and a rising proportion of people in advanced old age. According to population projections, the number of older people aged 85 and over will increase by 114%.[lxxvi]

11.5. As funding pressures have increased, in the context of rising demand, many local authorities have had to raise the threshold for people accessing care. This means that only those with the most severe and enduring care needs are able to receive support. For many people this leaves families and carers filling the gaps of care services. People may also be likely to turn to other frontline services such as general practice

or A&E when they need support; placing additional pressure on already stretched health services. Some councils have reported that they are failing to meet their statutory adult social care duties while staff within the sector are underpaid and under-resourced, leading to high vacancy rates and staff turnover.

11.6. It is widely acknowledged that the COVID-19 pandemic has exacerbated the problems within social care, highlighting the gaps within the care system but also the interdependencies between health and social care and the importance of coherence and collaboration across the system.

11.7. Nursing staff bring considerable insight and expertise to the social care sector, including knowledge of infection prevention and control procedures. Supporting people to manage their health and social care needs is key to a good quality of life and nursing staff help service users and their families to achieve the outcomes that matter to them.

11.8. The nursing workforce in social care has significantly declined in the last decade. In a recent report by the organisation *Skills for Care* showed around 34,000 registered nurse jobs in social care settings in England.[lxxvii] The number of nurses who are working in social care has declined by 6% between 2019/20 and 2020/21, and 33% since 2012/13. The workforce challenges faced by nursing in social care create challenges for service provision and means that individuals are more likely not to have their needs met.

11.9. The estimated vacancy rate for registered nurses (13.4%) suggests that the supply of available workers is still substantially lower than the demand.[lxxviii] Significant future challenges continue to exist in this area too, with a projected increase in demand as the population ages and a potential reduction in workforce supply as a result of the new immigration rules due to come into effect on 1 January 2021. A fully costed and funded workforce strategy is needed to identify these types of issues and implement interventions to overcome them.

11.10. District nurses also play an essential role in not only acute, complex and end-of-life care, but also in preventative care that supports older people to maintain independence and manage long-term conditions. If there are insufficient numbers of district and community nurses, then hospitals may not only need to delay discharging patients but will also see increases in admissions and readmissions. Understaffing increases the pressure on the district nursing workforce, which in turn causes more nurses to leave and thus increases the demand-capacity gap.[lxxix]

11.11. The Government's recently announced plan for health and social care, 'Build Back Better', set out the Government's intentions for several new interventions and policies, the most significant of which is the 'health and care levy' national insurance tax and dividends tax increase.[lxxx]

11.12. The RCN is concerned that the plan lacks sufficient detail about how the social care system will be reformed to address the underlying issues affecting the quality, access to and availability of social care. This includes how the Government will ensure that a sufficient workforce is in place to deliver safe and effective services that meet demand. The nursing shortage in social care is even greater than the NHS and this long-term funding change will take too long to address that. Urgent action is needed now to ensure that social care is a more attractive place to work, with salaries for care and nursing staff that at least match the NHS. The RCN is concerned that if the Government pushes ahead with the increase in National Insurance as part of plans for the health and care levy, social care staff on low wages will be amongst the hardest hit. In the context of rising inflation and costs of living, this will further exacerbate the workforce issues.

11.13. The RCN is clear that addressing these workforce challenges will require a fully costed and fully funded workforce strategy covering all parts of the health and care workforce. Workforce strategies must include overall supply, as well as staffing levels, skill mix and professional education.

11.14. The announcement of new and additional funding for social care is welcome. However, it is vital that funding and provision is based on a robust and transparent assessment of population needs. Furthermore, it must be sufficient to provide fair pay, terms and conditions for all nursing staff. Investment levels must also fund staffing for safe and effective care in all social care settings. Funding should consider wider health promotion and prevention, which nursing staff are key to, and which can allow earlier identification and intervention for individuals.

11.15. There is a need for additional, sustainable and long-term investment in the social care sector, a recognition within service planning for people of all ages, and an opportunity to keep couples and families together. Specific attention should be given to learning disability services, mental health services and the needs of both older people, and children and young people within social care. The RCN is calling for a long-term funding settlement for social care in England, based on a robust assessment of population needs.

Royal College of Nursing

RCN Priorities for the 2021 Spending Review

UK Government must:

Shared prosperity: Respect the democratically agreed devolved settlements and ensure the devolved governments are respected and included in the development and distribution of the SPF, Levelling Up Fund and Community Ownership Fund.

Barnett Formula: Provide greater transparency on how consequential funding is calculated, and transparency is also required for spending. This applies, in particular, to ring-fenced funding intended for workforce, including for pay rises, in any NHS funded services, including GP provided primary care and other independent providers.

Fair pay for nursing in the UK: Introduce a fully funded fair and meaningful pay increase for all nursing staff covered by Agenda for Change terms. This must not come from existing budgets.

International workforce: Remove arbitrary financial barriers to international recruitment throughout the UK by ensuring that health and care employers are exempt from the Immigration Skills Charge and the exemption for staff from the Immigration Health Surcharge is automatic for all nursing staff – regardless of their visa category.

Government in England must:

Fully funded workforce strategy: Publish a fully government funded workforce strategy – including a fair pay rise for nursing staff, as part of an integrated approach alongside service and finance planning, to ensure that the health and care workforce skills and numbers are sufficient for safe and effective staffing levels in health and care. The strategy must:

- ensure appropriate Government workforce planning, including equality impact assessments, and application of lessons learned from formal reviews and commissions into incidents, to ensure that the workforce is properly protected in the workplace;
- identify measures to promote retention, recruitment, remuneration and supply of the workforce;
- take into account the wider health and care labour market; include regard for, and the promotion of workforce health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns without fear of retribution.

Nursing education supply: Increase the supply of registered nurses through nursing higher education by increasing financial support and abolishing student-funded tuition fees, for all nursing students in England.

Higher nursing education: Commit sufficient and dedicated funding for CPD for all nursing staff, in all health and care settings, alongside pay progression and

career development opportunities. Funding must be based on modelling of future service and population-based need, as well as the skills mix required.

Health inequalities: Improving population health and reducing health inequalities must be cross cutting government priorities and central to the levelling up agenda. Government must commit to a fully funded cross governmental health inequalities strategy to address the social determinants of health, led by the Prime Minister.

Public health to meet the needs of the population: Deliver a long term, increased, sustainable funding settlement for public health services commissioned and delivered by local authorities in England, to enable local authorities to plan and deliver safe and effective services that improve and protect the health of their population and reduce inequalities.

Sustainable social care: Deliver a long-term funding settlement for social care in England based on a robust assessment of population needs.

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