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Policy paper

The Department of Health and Social Care mandate to Health Education England: April 2021 to March 2022

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Ministerial foreword

As for last year's mandate, I am setting Health Education England (HEE) a relatively brief mandate for 2021 to 2022, in order to reflect the exceptional circumstances of the COVID-19 pandemic.

The NHS People Plan 2020 to 2021, published last summer, is focused on supporting our NHS staff to manage the COVID-19 response and winter pressures, with a strong emphasis on looking after the health and well-being of staff. This remains our top priority. Staff across the NHS have done a fantastic job but remain under severe pressure as a result of the pandemic. The Department of Health and Social Care (DHSC), NHS England and Improvement (NHSEI) and HEE are working together, alongside local systems and employers, to determine workforce and people priorities beyond April 2021 to support the recovery of NHS staff and services. This will include building on many of the positive ways of working that have emerged through the pandemic.

Alongside the immediate fight against the pandemic, we need to focus on the medium and long term. This includes ensuring that there are enough staff to meet future health challenges. To this end, the government remains committed to delivering 50,000 more nurses in our NHS by 2025, and has made strong progress. For example, the number of applications to nursing courses in England this year increased by 34% compared with the same point last year.

We also need to ensure that our staff have the skills and values to deliver the quality of service that patients and the public require. This includes enhancing generalist and digital skills, alongside teamwork, management and leadership capabilities. As part of this work, I am proud to be responsible for delivering The Oliver McGowan Mandatory Training in Learning Disabilities and Autism, which HEE have co-produced with Skills for Care. This will ensure that all health and social care staff will receive training in learning disabilities and autism, to provide them with the confidence and skills to understand the needs of those in their care.

Also looking to the future, we will be taking forward in the forthcoming Health and Social Care Bill the removal of the local education and training boards (LETBs) from statute. This is not because we think that LETBs have done a bad job or that regional planning is unimportant. Quite the reverse. It is because regional planning is so important that we want HEE to be able to design its own operating model in order to work effectively (and without duplication) with the regional people and workforce boards, to encourage a holistic approach to workforce at regional levels.

Finally, I would also like to take this opportunity to thank HEE for their tremendous efforts, and the continuing quality of their work, in supporting the education and training of healthcare workers during the country's ongoing response to the COVID-19 pandemic.

Helen Whately MP

Minister of State for Care

Introduction

This is an initial mandate for 2021 to 2022, which may be updated later in the year as the UK emerges from the COVID-19 pandemic.

Health Education England's role

Health Education England (HEE) works with partners to plan, recruit, educate and train the health workforce – so that the NHS has the right number of staff, with the right skills and values, equipped to work differently and in a compassionate and inclusive culture. This requires HEE to ensure the future supply into the workforce, to transform and upskill the current workforce to use new science and technology, and continually to seek improvements in quality of training in the interests of patients and learners alike. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system for education and training for the NHS and public health. The Care Act also places a duty on HEE to have regard to the NHS Constitution.

Accountability

The framework agreement (<https://www.gov.uk/government/publications/dhsc-and-hee-framework-agreement-2018-to-2021>) between DHSC and HEE for 2018 to 2021 defines how:

- the department and HEE work in partnership to serve patients, the public and the taxpayer
- both HEE and the department discharge their accountability responsibilities effectively

HEE will also work collaboratively with NHSEI and other partners, playing its part in building effective relationships to achieve shared goals, for example to support delivery of the NHS Long Term Plan. The Framework Agreement will be updated during 2021.

DHSC, HEE and NHSEI will work together to review progress against the themes and deliverables in the mandate and, where necessary, agree additional action to mitigate any risks.

The mandate objectives

There are 14 objectives for HEE in 2021 to 2022, grouped under 6 key themes:

1. COVID-19 response and recovery

In support of the NHS Operational Planning Guidance for 2021 to 2022, HEE should give priority to working collaboratively with its arm's length body partners and, with adaptability, to ensure a robust and agile response to the impact of COVID-19 on the NHS, its staff and its patients. Through the recovery phase, HEE and NHSEI should work in partnership to align service redesign and workforce planning, embedding beneficial learning from the pandemic.

In parallel, HEE should ensure that, as far as possible, future student graduation and trainee progression is restored to the expected academic schedule. Where this is not possible, all mitigations for which resources are available should be put in place. HEE should continue to support students and trainees in ways which minimise attrition from courses.

2. Government healthcare workforce priorities

HEE should progress its contribution to the 50,000 nurse programme, as agreed with the DHSC-led programme board. It should work together with programme leads in DHSC and NHSEI, and deliver in line with agreed project plans and trajectories, ensuring that milestones are met, and risks managed and escalated as necessary. Project senior responsible owners (SROs) will be supported within the organisation to discharge their roles appropriately.

HEE should progress its contribution towards the government's commitments on primary care, as agreed with the ministerial delivery board. This should include increasing the number of GP training places to 4,000 a year by 2021 to 2022, a phased move towards all GP trainees spending 2 years rather than 18 months in general practice, and the full roll-out of primary care training hubs.

3. NHS Long Term Plan delivery

In line with the resources made available, HEE should take forward actions to increase the supply of people trained to fill the roles needed to enable delivery of the service objectives for mental health and cancer and diagnostics set in the NHS Long Term Plan.

HEE should continue to lead work jointly with DHSC and NHSEI on implementing the NHS People Plan 2020 to 2021: action for us all (<https://www.england.nhs.uk/our-nhs-people/>), and on developing future People Plan proposals. This will include further progress on:

- addressing equality, diversity and inclusion in all aspects of HEE's work
- recognising the importance of continuous professional development, supporting NHS staff as they act flexibly in response to the pandemic, continue their development of new competences and take on new roles

HEE should work with NHSEI on shaping the operating model for people and workforce issues in the NHS, with a particular focus on the developing roles of integrated care systems and the impacts of the proposed statutory changes.

4. Long-term workforce planning and reform to transform services

Drawing on lessons from the pandemic, HEE should lead a workforce planning process in partnership with NHSEI which can inform the development of a future health workforce strategy.

HEE should continue to develop its proposals for reform of professional education, in partnership with DHSC and NHSEI, in anticipation of any necessary legislative changes being made and funding becoming available.

HEE should continue to work with NHSEI on wider system transformation, leading support for workforce redesign, and building capacity and capability to better define innovative workforce solutions which optimise the use of resource.

HEE should continue to lead in building a digitally literate and adaptable workforce through the delivery of sustainable offerings for our leaders, digital experts and the wider workforce (current and future), including through the NHS Digital Academy.

HEE should continue to work with NHSEI and DHSC on the development of a workforce data strategy.

5. Collaboration with social care

The pandemic has shown more than ever the interdependence between health and social care and the need for close collaboration, mutual support and common understanding. HEE's legal remit includes healthcare workers in social care, and HEE should continue to develop its work with the social care system at all levels. In particular, HEE should promote an integrated approach to the health and social care workforce and support integrated care systems to join up their local workforce planning and development for health and social care.

6. Supply of information

HEE should provide finance, activity and outcomes information to:

- support in-year financial discussions with DHSC – acknowledging that the HEE programme Budget for 2021 to 2022 has been set at £4.738 billion
- inform the next Spending Review, working in full partnership with DHSC and NHSEI

Conclusion

During the first part of the year, HEE should focus on supporting the government to manage COVID-19 and to maximise student and trainee progression. Expectations for the amount of progress to be made in delivering the other objectives during the current year will be adjusted if necessary, to take account of this.

EU exit and trade

There will be continued monitoring of the clinical workforce from the European Economic Area (EEA). There will also be assessment of the EU-UK Trade Cooperation Agreement and other new trade agreements to help ensure a suitably skilled workforce. This includes working to ensure the continued flow of trained health and care professionals into the UK, and capitalising on opportunities to increase the number of health and care staff, in the context of COVID-19.

Education outcomes framework

The educational outcomes below underpin this mandate and have been developed with partners across the health and education landscape. The educational outcomes support improvements in education and training that have a real impact on the quality of care delivered to patients and service users. HEE has developed its own indicators to track and report on progress through the publication of its annual report.

Excellent education

Education and training are commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

Competent and capable staff

There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who:

- are reflective of the changing demography of the population they serve
- are properly inducted, trained and qualified
- have the required knowledge and skills to do the jobs to meet service needs, while working effectively in a team

Flexible workforce, receptive to research and innovation

The workforce is educated to be responsive to changing service models and to innovation and new technologies, with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better-quality service delivery to reduce variability and poor practice.

Widening participation

Sourcing talent and providing leadership that flourishes, free from discrimination and with fair opportunities to access careers, progress and fulfil potential, recognising individual as well as group differences, treating people as individuals, placing positive value on diversity in the workforce and with role models are promoted and encouraged. This will include opportunities to progress across the 5 leadership framework domains.

Volunteering

Following the production of the [HEE Volunteering Strategy](#), deliver proposed products to support the recruitment and enhanced experience of volunteers across the NHS. Additionally, encourage and support NHS staff themselves to take advantage of volunteering opportunities within health and social care, and ensure senior clinical and managerial leadership value the vital contribution volunteers make to the service.

NHS values and behaviours

Healthcare staff have the necessary compassion, values and behaviours (including supporting colleagues) to provide person-centred care and enhance the quality of the patient experience through education, training and regular continuing personal and professional development, that instils respect for patients.

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