

# **NHS Pay Review Body**

**Health Education England's written  
evidence for the 2019/20 pay round**

## 1 Introduction

- 1.1 Health Education England (HEE) welcomes the opportunity to once again submit evidence to the NHS Pay Review Body (NHSPRB) as part of its national process of gathering evidence from interested parties for 2019. Given the nature of the multi-year agreement reached on pay in 2018, HEE's evidence this year focuses on the work that has taken place on the national Workforce Strategy, and the workforce element of the recent NHS Long Term Plan.

## 2 Health Education England

- 2.1 HEE was created by the NHS reforms of 2012 which abolished Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). The functions of these organisations were given to new bodies including the NHS Commissioning Board, Clinical Commissioning Groups, The Trust Development Authority, and to HEE. HEE was originally created as a Special Health Authority in 2013 and was formalised by the Care Act 2014 as a statutory Arm's Length Body of the Department of Health and Social Care.
- 2.2 The Care Act 2014 set out the following key roles for HEE:
- *...the duty to plan and deliver education and training for health care workers. Section 97(1)*
  - *...the ability to carry out activities relating to [the] education and training for health care workers; [and] provide information and advice on careers in health. Section 97(6)*
  - *...exercise its functions with a view to ensuring that a sufficient number of persons with the skills and training to work as health care workers for the purposes of the health service is available to do so throughout England. Section 98*
  - *...exercise its functions with a view to securing continuous improvement in the quality of education and training provided for health care workers; [and] in the quality of health services. Section 99(1)*
  - *...promote research into matters relating to such of the activities listed in...the Health Services and Public Health Act 1968 (social care services, primary care services and other health services) as are relevant to HEE's functions, and the use in those activities of evidence obtained from the research. Section 99(2)*
  - *...have regard to and exercise its functions with a view to securing that education and training for health care workers is provided in a way which promotes the NHS Constitution. Section 99(3) (4)*
- 2.3 As a result of these responsibilities outlined in the Care Act 2014, HEE has identified its purpose as:

*'HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.'*

- 2.4 HEE has identified its core roles and deliverables in its 2018/19 Business Plan as:
- **Medical and Dental Education:** HEE will ensure the planning, management, delivery and quality assurance of education and training to the highest standards.
  - **Education of Clinical Professions:** HEE will act to enable a sufficient, high quality and well-functioning market for these education programmes.
  - **Quality and Patient Safety:** With partners, HEE will improve the overall quality of the learning environment for all learners and will improve education and training for patient safety.
  - **Workforce Planning and Intelligence:** With partners, HEE will secure the right supply of skilled staff across priority areas to meet patterns of demand.
  - **Workforce Transformation:** With partners, HEE will build and develop a workforce that drives innovation and improvement.
  - **Leadership Services:** HEE, through the NHS Leadership Academy and partners, will develop the leaders required to deal effectively with the healthcare challenges of today and tomorrow.
- 2.5 We are also responsible for supporting the NHS Constitution and helping to embed the NHS Values into everyday activity in the NHS. We are now in our sixth year as HEE, providing the NHS with a single national body with a ring-fenced budget for commissioning education and training places to secure the future workforce.
- 2.6 We operate a single system of dispersed leadership, working together to deliver both local and nationwide success. To achieve this we are proud to also work with:
- The providers of NHS services who are ultimately responsible for employing, maintaining and developing their staff and the quality of care they provide; and
  - Sustainable Transformation partnerships (STPs) and Local workforce Advisory Boards (LWABs); and
  - Other organisations such as commissioners, local authorities and higher education providers.
- 2.7 We also have a wider role working nationally with the Department of Health & Social Care (DHSC) and other health Arms' Length Bodies (ALBs) and Non-Departmental Public Bodies, including NHS England, NHS Improvement, the Care Quality Commission and Public Health England. Together, HEE and these organisations developed the [NHS Five Year Forward View](#) which was published in October 2014. The Five Year Forward View was refreshed in March 2017 with the publication of the [Next Steps On The Five Year Forward View](#) which acknowledged the progress that had been made but highlighted the emerging pressures within the service and refocused the Five Year Forward View priorities in the light of this.

- 2.8 In October 2017, HEE led the development of the first NHS Workforce Strategy for over 25 years, [Facing the Facts, Shaping the Future](#) in recognition of the need for further co-ordination at national level to ensure that the issues facing the NHS with regard to the supply and development of staff were discussed, and actions agreed, with a broad range of national, regional and local stakeholders. The strategy said that the Department of Health and Social Care (DHSC), working with HEE and other partners, would review national organisational roles and responsibilities to ensure that the national workforce system is well aligned.
- 2.9 The announcement of a long-term funding settlement in 2018 alongside the work to develop the NHS Long Term Plan has further reinforced the importance of ensuring that national, regional and local organisations are working effectively together to address workforce priorities. In light of this, and building on recent constructive joint work to develop the workforce priorities for the Long Term Plan, HEE, NHS Improvement, NHS England and DHSC agreed the following measures in October 2018 to improve how we work together:
- HEE will work jointly with NHS Improvement to develop its mandate for 2019/20 onwards. HEE’s Board will continue to sign-off the draft mandate, but, as a new step, the mandate will then be approved by the NHS Improvement Board to ensure it meets service requirements, before approval by the Secretary of State. This will ensure that workforce plans are more closely aligned with NHS service plans.
  - The NHS Leadership Academy will transfer from HEE to the new NHS Improvement and NHS England People function from 1 April 2019, maximising the natural fit between the work of the NHS Leadership Academy and the People function’s responsibility for executive and non-executive leadership and talent across the NHS.
  - HEE will identify opportunities for its regional teams to align with NHS Improvement/ NHS England’s integrated regional teams to continue to build on the strong collaborative working that already exists across the country in support of local health systems.
- 2.10 These changes will help ensure that our organisations work much more closely together to support local health systems to recruit, train, develop and retain the staff the NHS depends upon, and in enhancing leadership across the service.

### **3 Facing the Facts, Shaping the Future**

- 3.1 The NHS needs radical action to improve working conditions, boost training and retention and become a ‘model employer’ for staff. [Facing the Facts, Shaping the Future](#) was a whole national system consultation document, produced by HEE with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Clinical Excellence and the Department of Health. The document was published in December 2017.

- 3.2 The draft strategy looked at the challenges faced by the health and care system, charting the growth in the NHS workforce over the previous five years while also setting out the critical workforce challenges that will be faced over the next decade.
- 3.3 While the NHS is employing more staff now than at any time in its history, with significant growth in newly-qualified staff from 2012 across the majority of professional groups, the report concluded that more must be done to keep up with increased demand as the population expands and grows older. It responded by setting out a range of measures to improve productivity, boost training and retention, open up new routes into nursing and prepare the future workforce for technological advances such as genomics, artificial intelligence and digital robotics, which are poised to transform modern medicine.
- 3.4 Among the specific measures were:
- targeted retention schemes to encourage staff to continue working in healthcare, including support for local NHS organisations on how to improve retention rates, an expansion of the nursing Return to Practice scheme and efforts to encourage European nationals to stay by ensuring a streamlined, user-friendly service for obtaining settled status
  - improvements to medical training and how junior doctors are supported in their careers, with a greater emphasis on producing more doctors in areas where there are the biggest shortfalls, including general practice and psychiatry, and on-going efforts to improve the working practices of doctors in training, such as improving access to training opportunities and better communication around rotations and shift patterns
  - a far-reaching technology review across England, led by Professor Eric Topol to look at how advances in genomics, pharmaceuticals, artificial intelligence and robotics will change the roles and functions of clinical staff over the next two decades and what this will mean for future skills and training needs
  - making the NHS a more inclusive, 'family-friendly' employer – the strategy also acknowledged the changing shape and expectations of the NHS workforce, with more people wanting flexible working practices to enable them to balance work and family life. It concluded that NHS organisations will need to develop an employment offer that remains attractive for all staff.
  - the draft strategy looked at the major workforce plans for the Five Year Forward View priorities: cancer; mental health; maternity; primary and community care; and urgent and emergency care.
- 3.5 National workforce planning is challenging for a system as large and complex as the NHS. It needs to take account of future finances and service redesign, while medical advances and changing patient needs and expectations add to the uncertainty of projections. To support this, HEE proposed a set of six principles for future NHS workforce decisions, which aim to mitigate the risks associated with workforce planning.

- i. Securing the supply of staff that the health and care system needs to deliver high quality care in the future.
- ii. Enabling a flexible and adaptable workforce through our investment in educating and training new and current staff.
- iii. Providing broad pathways for careers in the NHS, and the opportunity for staff to contribute more, and earn more, by developing their skills and experience.
- iv. Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in our healthcare.
- v. Ensuring the NHS and other employers in the system are inclusive modern model employers with flexible working patterns, career structures and rewards.
- vi. Ensuring that service, financial and workforce planning are intertwined, so that every significant policy change has workforce implications thought through and tested.

### 3.6 Consultation outcomes

Formal consultation on the draft strategy began in December 2017 and ran until the end of March 2018. 101 people completed the on-line survey, and 1,185 participated in the online workshop that ran throughout the consultation period, including 143 organisations. Feedback was captured from 32 events held across the country and from the 195 organisations that also submitted direct responses as part of the consultation process. The consultation feedback demonstrated that there was good support for the six principles set out above. In addition, there were five key priority areas that emerged:

### 3.7 Attracting People – which highlighted the need to;

- Address public perceptions of careers in health and care
- Introduce new qualifications and routes to employment
- Ensure roles allow for future development
- Protect funding for health services
- Promote careers through school outreach

### 3.8 Modern, model employers – where the feedback was to;

- Protect time and funding for CPD and other development activities
- Enable health and care organisations to support flexible working
- Ensure staff are paid fairly
- Create opportunities through apprenticeships

### 3.9 Fitness for the Future – where there is a need to;

- Ensure health and care systems work together effectively
- Enable health and care staff to embrace the potential of technology
- Develop new roles and specialities
- Value carers and volunteers
- Empower staff to improve outcomes

### 3.10 Social Care – where the feedback highlighted;

- The need for financial investment into the social care workforce to reflect the growing demand
- The need to recognise that the profile, pay and reputation of the social care workforce all impact on recruitment and retention
- That there is support for national standards for registration of social care workers.

### 3.11 Technology

The [Topol Review](#) has been exploring how to prepare the healthcare workforce, through education and training, to deliver the digital future, to enable us to make the most of technologies such as genomics, digital medicine, artificial intelligence and robotics to improve services and help ensure a sustainable NHS. The [Interim Report](#) was published in June 2018 and the final report is due to be published later this month.

## 4 The NHS Long Term Plan

### 4.1 The [NHS Long Term Plan](#) was published on 7 January 2019.

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan sets out the challenges that the NHS currently faces can be overcome, such as staff shortages and growing demand for services, by:

- ***Doing things differently:*** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities.
- ***Preventing illness and tackling health inequalities:*** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- ***Backing our workforce:*** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- ***Making better use of data and digital technology:*** we will provide more convenient access to services and health information for patients, with the

*new NHS App as a digital ‘front door’, better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.*

- **Getting the most out of taxpayers’ investment in the NHS:** *we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS’ combined buying power to get commonly used products for cheaper, and reduce spend on administration*

4.2 The NHS Workforce is a key component of the plan, and eight areas are discussed:

1. A comprehensive new workforce implementation plan
2. Expanding the number of nurses, midwives, AHPs and other staff
3. Growing the medical workforce
4. International Recruitment
5. Supporting our current NHS staff
6. Enabling productive working
7. Leadership and talent management
8. Volunteers

4.3 The Long Term Plan recognises that:

- The performance of any healthcare system ultimately depends on its people – and the NHS is no exception
- NHS staff are feeling the strain due, in part, to the number of vacancies across many roles and in many parts of England
- To make the Long Term Plan a reality, the NHS will need more staff, working in rewarding jobs and a more supportive culture
- New NHS roles and careers will be shaped to reflect the future needs and priorities set out in the rest of the Plan
- More people want to train to join the NHS than are currently in education or training. Many of those leaving the NHS would remain if they were offered improved development opportunities and more control over their working lives
- The plan sets out specific workforce actions that can have a positive impact now. It also sets out wider reforms for the NHS workforce which will be finalised when the education and training budget for HEE is set later on in 2019.

A summary of the Workforce Section of the Plan is attached as Appendix A.

4.4 Building on [Facing the Facts, Shaping the Future](#) and the responses received during the consultation (see section 2 above) workforce plans need to work locally and add up nationally – they need to be adaptive and attentive to detail and wider context. The overall aim is to ensure a sustainable overall balance between supply and demand across all staff groups. For doctors, there will be a focus on reducing geographical and specialty imbalances. For the wider workforce, the aim is to ensure sufficient supply of nurses and to address specific shortages for AHPs and other key groups.



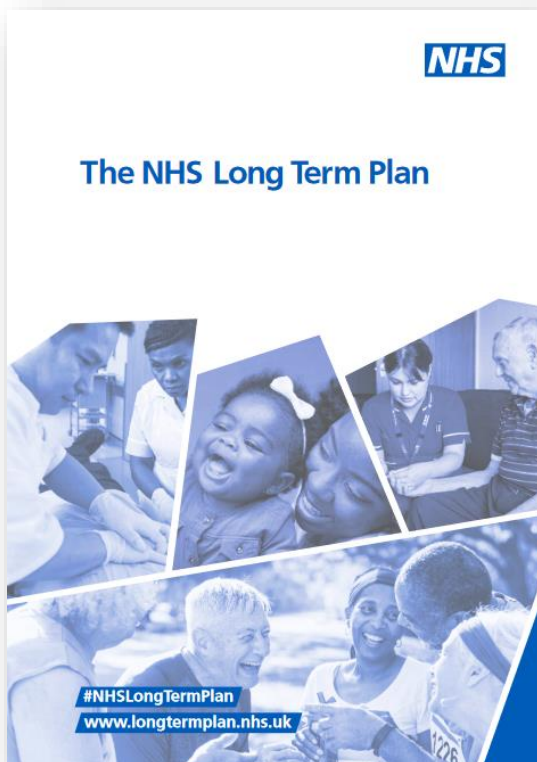
- 4.5 A final workforce implementation plan will be published later in 2019. NHS Improvement, HEE and NHS England will establish a national workforce group to ensure workforce actions agreed are delivered quickly. This will include the new NHS Chief People Officer, the NHS National Medical Director and the Chief Nursing Officers, and other Chief Professions Officers.

## 5 Attrition and Retention

- 5.1 One of the key issues that the Review Body has previously highlighted with HEE in previous evidence rounds has been the attrition of students from training and the retention. HEE has been leading a key piece of work to gain a detailed understanding of the factors impacting on healthcare student attrition and to understand retention of the newly qualified workforce in the early stages of their careers.
- 5.2 This extensive national study was based on detailed insight from numerous stakeholders including nearly 3,500 pre-registration students, service and university representatives, regulators, and policy makers. The [RePAIR](#) (Reducing Attrition and Improving Retention) project covered the four fields in nursing (adult, child, learning disabilities and mental health) along with midwifery and therapeutic radiography and aimed to gain a better understanding of the student journey from pre-enrolment, up to two years post registration.
- 5.3 The overriding message from the [RePAIR Report](#) is a positive one, in that a 96% of students agreed that they had made the right decision in enrolling on their course. However, the study has identified a range of factors, which if unaddressed, could affect the supply of newly qualified practitioners – these include financial pressures, student confidence levels and the importance of the clinical component of a course to students which is heavily influenced by the clinical supervisor (or mentor) and the culture in that clinical setting.
- 5.4 Using a unique dataset, HEE has gained an understanding that 33.4% of students do not complete their studies on time. Although, further analysis suggests that most students who experience an interruption to their studies, go on to complete within a further 24 months of the standard pathway for that programme. Whilst accepting some variation across programmes and years of study, the report also includes evidence of percentage change improvements in the observed expected attrition metric, including those broadly in the region of 50 per cent for the period of 2009/10 and 2016/17 - a target set by the government in its 2014/15 mandate to HEE.
- 5.5 The RePAIR recommendations set out what should be done system wide to improve retention. These include ensuring that prospective students really do understand the career they have chosen and the requirements of the course, encouraging the creation of buddy schemes to provide support to students during their studies, standardisation of practice assessment documentation and the importance of preceptorship schemes.

- 5.6 The [RePAIR toolkit](#), is aimed at all those involved in the education, training and supervision of pre-registration healthcare students and those who are newly qualified. It showcases excellent examples of best practice and effective interventions from across the country designed to improve retention and a bespoke cost calculator developed to encourage organisations to investigate the costs and benefits of local retention initiatives.

# The NHS Long Term Plan: Summary of Chapter 4



**Date of publication:  
January 2019**

[Download the full report here](#)

“Chapter Four sets out how current workforce pressures will be tackled, and staff supported. The NHS is the biggest employer in Europe, and the world’s largest employer of highly skilled professionals. But our staff are feeling the strain [...] This Long Term Plan therefore sets out a number of specific workforce actions which will be overseen by NHS Improvement that can have a positive impact now. It also sets out wider reforms which will be finalised in 2019 when the workforce education and training budget for HEE is set by government. These will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group, and underpinned by a new compact between frontline NHS leaders and the national NHS leadership bodies.” (p.8)

*This summary was produced by the HEE Knowledge Management (KM) team. It is for information purposes only; it does not include validation or critical appraisal of any content.*

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# Chapter 4: NHS staff will get the backing they need<sup>1</sup>

This short brief summarises the key points from the workforce specific section of the NHS Long Term plan.

The plan discusses 8 areas:

1. A comprehensive new workforce implementation plan
2. Expanding the number of nurses, midwives, AHPs and other staff
3. Growing the medical workforce
4. International Recruitment
5. Supporting our current NHS staff
6. Enabling productive working
7. Leadership and talent management
8. Volunteers

The report recognises that:

- The performance of any healthcare system ultimately depends on its people – the NHS is no exception
- Our staff are feeling the strain due, in part, to the number of vacancies across many roles and in many parts of England
- To make the Long Term Plan a reality, the NHS will need more staff, working in rewarding jobs and a more supportive culture
- New NHS roles and careers will be shaped to reflect the future needs and priorities set out in the rest of the Plan
- More people want to train to join the NHS than are currently in education or training. Many of those leaving the NHS would remain if they were offered improved development opportunities and more control over their working lives

The plan sets out specific workforce actions developed by NHS Improvement and others that can have a positive impact now. It also sets out wider reforms for the NHS workforce which will

be finalised by NHS Improvement and the Department of Health and Social Care when the education and training budget for HEE is set in 2019.

### 1. A comprehensive new workforce implementation plan

Workforce plans need to work locally and add up nationally – they need to be adaptive and attentive to detail and wider context.

“Our aim is to ensure a sustainable overall balance between supply and demand across all staff groups. For doctors, we will focus on reducing geographical and specialty imbalances. For the wider workforce, we aim to ensure sufficient supply of nurses and to address specific shortages for AHPs and other key groups”

**A workforce implementation plan will be published later in 2019.** NHS Improvement, HEE and NHS England will establish a **national workforce group** to ensure workforce actions agreed are delivered quickly. This will include the new Chief People Officer, the NHS National Medical Director and the Chief Nursing Officers, and other Chief Professions Officers. This group will also include the **first ever Chief Midwifery Officer**.

### 2. Expanding the number of nurses, midwives, AHPs and other staff

Nurses play a key role in delivering person-centred care in all parts of the NHS but we are not yet training sufficient nurses to meet demand. The NHS Improvement-led workforce group will agree action to improve supply over the course of the Long Term Plan with the aim of **improving nursing vacancy rate to 5% by 2028**.

22,200 applicants were accepted onto English nursing courses in 2018, a higher number than in seven of the last ten years, however, 14,000 applicants to nursing were not accepted. To facilitate the Department of Health and Social Care’s intended 25% increase in nurse undergraduate places, clinical placements for an

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<sup>1</sup> Pages 78-90

**extra 5,000 places will be funded from 2019/20, a 25% increase.** From 2020/21 funding will be provided for clinical placements for as many places as universities fill, **up to a 50% increase.** Every nurse or midwife graduating will be offered a **five-year NHS job guarantee within the region where they qualify.**

Training needs to be more accessible. **We will establish a new online nursing degree for the NHS, linked to guaranteed placements at NHS trusts and primary care, with the aim of widening participation.**

Investment in the growth of nursing apprenticeships will continue and we will seek to grow wider apprenticeships in clinical and non-clinical jobs in the NHS.

The national workforce group will build on the support AHPs already offer for patient flow. The funding for new Primary Care Networks will be used to substantially expand the number of clinical placements. More national campaigns will be developed in conjunction with Royal Colleges and trade unions for those roles the NHS most urgently needs.

### 3. Growing the medical workforce

Medical school places are growing from 6,000 to 7,500 per year and the way doctors are trained and they way they work will be a key component of the workforce implementation plan. The shift from a dominance of highly specialised roles to a better balance with more generalist roles will be accelerated. The workforce implementation plan will build on the *General Practice Forward View* to increase the number of doctors working in general practice.

Newly qualified doctors and nurses will be offered a two-year fellowship offering a secure contract alongside a portfolio role. The government has also committed to a new state-backed GP Indemnity scheme from April 2019. Working with the BMA, medical Royal Colleges and the General Medical Councils and providers **switching specialties, credentialing, generalist skills and matching speciality and geographical needs** will also be addressed.

### 4. International recruitment

We want staff from the EEA that are currently working across the NHS to stay after the UK exits the European Union and many trusts are now meeting the cost of applying for settled status for their staff from the EEA. NHSE and NHSI will directly monitor NHS staffing flows post-Brexit to advise the government. In the long-term, we need to ensure we are training more of the people we need domestically and in the short-term we must continue to ensure that high-skilled people from other countries from whom it is ethical to recruit are able to join the NHS. The workforce implementation plan will set **new national arrangements to support NHS organisations in recruiting overseas.**

It is critical that individuals looking to register to work in the UK can move through regulatory processes quickly, while upholding the high standards the public expects.

### 5. Supporting our current NHS staff

Growing the NHS workforce will partly depend on retaining the staff we have as training lead-times mean new investment in staff will not deliver additional supply for at least three years. NHS Improvement's Retention Collaborative has already delivered measurable improvements (this will be extended to support all NHS employers). **NHSI is committed to improving staff retention by at least 2% by 2025, the equivalent of 12,400 additional nurses.**

One of the top reasons for people leaving is that they do not receive the development and career progression that they need (i.e. CPD and workforce development).

**"HEE has committed to increase the proportion of its total budget spent on workforce development in the short-term, with a focus on primary care and community settings. Support from employers is also key – in particular ensuring that staff are given the time out to develop their skills."**

Multi-professional credentialing will be expanded to enable clinicians to develop new capabilities formally recognised in specific areas of competence. A **modern employment culture** will be shaped for the NHS promoting flexibility, wellbeing and career development and

redoubling efforts to address discrimination, violence, bullying and harassment. Respect, equality and diversity will be central to changing the culture and will be at the heart of the workforce implementation plan.

An expanded Practitioner Health Programme will help all NHS doctors access specialist mental health support meaning the **NHS will have the most comprehensive national mental health support offer to doctors of any health system in the world.**

### 6. Enabling productive working

Ensuring staff are making the most of their skills and expertise will form a critical component of the NHS workforce implementation plan. The rapid development of technology is a key opportunity to free up staff time – Professor Eric Topol is currently leading work to consider what education and training changes may be needed to maximise opportunities of technology, artificial intelligence and genomics in the NHS. His conclusions will inform the workforce implementation plan. By 2021, NHSI will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans. A review of NHS workforce data will also be commissioned to inform the work of the national workforce group.

### 7. Leadership and talent management

Great quality care needs great leadership at all levels – leadership cultures are not yet commonplace and there is not the sufficient pipeline of highly skilled and readily deployable senior leaders. There will be a **new compact with our most senior leaders** and more work to nurture the next generation of leaders by more systematically identifying, developing and supporting those with the capability and ambition to reach the most senior levels of the service. The national workforce group will look at options for improving the NHS leadership pipeline. More will also be done to **develop and embed cultures of compassion, inclusion and collaboration** e.g. programmes and interventions to ensure a more diverse leadership cadre; leadership development offers for staff at all levels and development the knowledge of improvement skills and their application to leadership.

### 8. Volunteers

Staff, patients and volunteers benefit from well-designed volunteering initiatives. NHS organisations will be encouraged to give greater access for younger volunteers through programmes such as #iWill and programmes in deprived areas. The Helpforce programme will be backed with at least £2.3million of NHS England funding to scale successful volunteering programmes across the country, part of our work to double the number of NHS volunteers over the next three years.

#### Useful Links

[Download the full Long Term Plan](#)

[Download the Long Term Plan Summary](#)

[Visit the Long Term Plan website](#)

[View the Long Term Plan Case Studies](#)

**Produced by the HEE Knowledge Management (KM) team.**

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