

Health Education England and the new NHS Education & Training system

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Purpose and Objectives



The provision of a world class healthcare education and training system, essential for world class healthcare

A healthcare education and training system that:

- Greater scope for providers to plan and develop their workforce
- Professionally informed and underpinned by strong academic links
- Ensure security of supply of the healthcare workforce
- Excellence in education and training leading to better experience for patients, students and trainees and world class health outcomes
- Supports NHS values and behaviours to provide person-centred care
- Supports the development of the whole workforce, within a multi-professional and UK-wide context
- Supports innovation, research and quality improvement
- Provides greater transparency, fairness and efficiency of investment
- Reflects the explicit duty of the Secretary of State to secure an effective system for education and training

Education and Training System



Secretary of State

 Duty to maintain an effective system of education and training as part of comprehensive health service

Department of Health

- Set Education Outcomes Framework
- Sponsor for HEE
- · Hold system to account, via HEE

Health Education England

- · Accountable to SofS, via DH
- Compliant with DH Education Outcomes and Performance Assurance Frameworks
- Accountable to DH for allocation of education and training funding
- Set strategic Education Operating Framework (responding to input from PHE and NHSCB)

NHS Commissioning Board

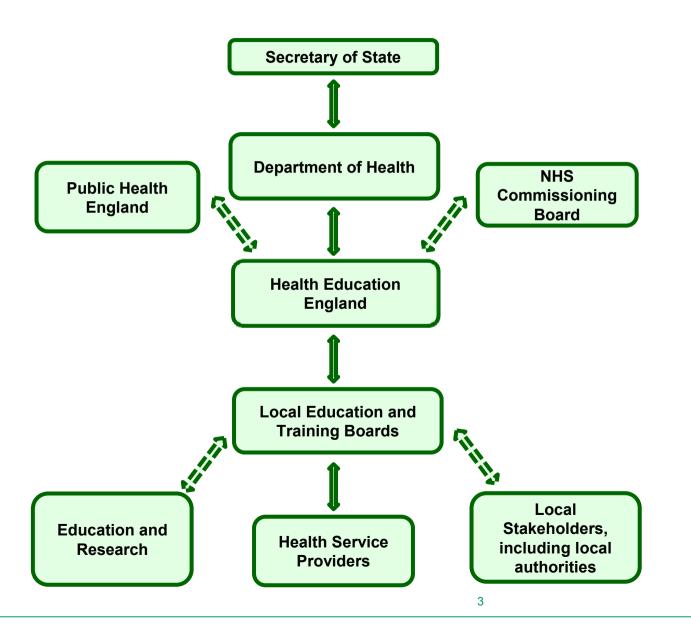
 Input service commissioning priorities to HEE strategic Education Operating Framework

Public Health England

• Input public health priorities to HEE strategic Education Operating Framework

Local Education and Training Boards

- Bring together Health, Education and Research sectors
- Accountable to HEE for delivery against Education Operating Framework
- Assessed against Education Outcomes Framework and Professional Regulators



System Scope



A system for the planning and delivery of education and training to the existing and future workforce of NHS service providers in England

The primary organisations within the system are:

- Department of Health (DH)
- Health Education England (HEE)
- Public Health England (PHE)
- Healthcare Employers

Other key partners:

- Monitor
- Skills for Health
- Local Authorities
- Department for Business, Innovation and Skills (BIS)
- Healthcare Professional Regulators
- Clinical Commissioning Groups (CCG)

- NHS Commissioning Board (NHSCB)
- Public Health England (PHE)
- Local Education & Training Boards (LETBs)
- Education and Training Providers
- Care Quality Commission (CQC)
- Centre for Workforce Intelligence (CfWI)
- Higher Education Funding Council for England (HEFCE)
- Health Innovation and Education Clusters (HIECs)
- Academic Health Science Centres (AHSC)
- NHS Employers

Health Education England



Health Education England (HEE) will, from October 2012, operate as a Special Health Authority (SpHA), accountable to the SofS. Longer term there is an intention that HEE will become an Executive NDPB.

The purpose of HEE is:

"to ensure that the health workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and health improvement."

HEE has five key functions:

- 1. Providing national leadership on planning and developing the healthcare and public health workforce
- 2. Authorising and supporting the development of LETBs
- 3. Promoting high quality education and training, responsive to the changing needs of patients and local communities. This includes responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment
- 4. Allocate and account for NHS education and training resources and the outcomes achieved
- 5. Ensuring the security of supply of the professionally qualified clinical workforce



Local Education& Training Boards (LETBs)

Local Education & Training Boards are the vehicle for leading on planning and commissioning of education locally.

The purpose of the Local Education & Training Boards is:

To lead workforce planning and education commissioning, on behalf of all providers of NHS funded care, within a local geographically defined area; ensuring security of supply of the local health and care workforce and supporting national workforce priorities set by HEE.

Local Education & Training Boards have five core functions:

- Ensuring security of supply of the local health and care workforce providing NHS funded services and supporting national workforce priorities
- Workforce planning and identifying local priorities for education and training
- Holding and allocating funding for the provision of education and training
- Commissioning education and training on behalf of member organisations, securing quality and value from education and training providers in accordance with the requirements of professional regulators and the Education Outcomes Framework
- Securing effective partnerships with clinicians, local authorities, health and well-being boards, universities and other providers of education and research and providing a forum for developing the whole health and care workforce

LETB Authorisation and Accountability Framework



In order to be fully established, LETBs must provide evidence to demonstrate:

Collaborative leadership for education and training

Financial control, capacity and capability

Multi professional approach

Meaningful partnerships and engagement

Proper constitutional and governance arrangements

Effective Education and training commissioning

Working with clinical networks and senates and patients

Fair representation of local employers

Workforce strategy and planning

Controls within running costs to ensure VFM

Clinical focus on safety and quality

Effective communication throughout local workforce

Aspirations, Values and Behaviours



- ➤ Close and collaborative relationships to enable integrated approaches to meet service needs.
- ➤A transparent, evidence-based and rules-based approach to the accountability system for LETBs
- Local autonomy and freedom to innovate whilst enabling national intervention where required.
- ➤ System underpinned by a Strategic Operating Framework, developed and maintained by HEE in consultation with DH, NHSCB and PHE, defining measurable outcomes in terms of workforce development as well as quality outcomes for education and training.
- ➤ Partnership working with the academic health sector to strengthen the educational foundation for development of health professionals & harness the synergies with research and innovation.

Department of Health **Education Outcomes Framework** 1. Excellent education **Excellent experience for** staff (inc. students / trainees) and patients 2. Competent and capable staff Ensure the health workforce has the right skills, behaviours and training, **Effectiveness** available in the right numbers, 3. Adaptable and flexible workforce to support the delivery of excellent healthcare and health improvement 4. NHS values and behaviours

5. Widening participation

Safety

Aim Domains Quality

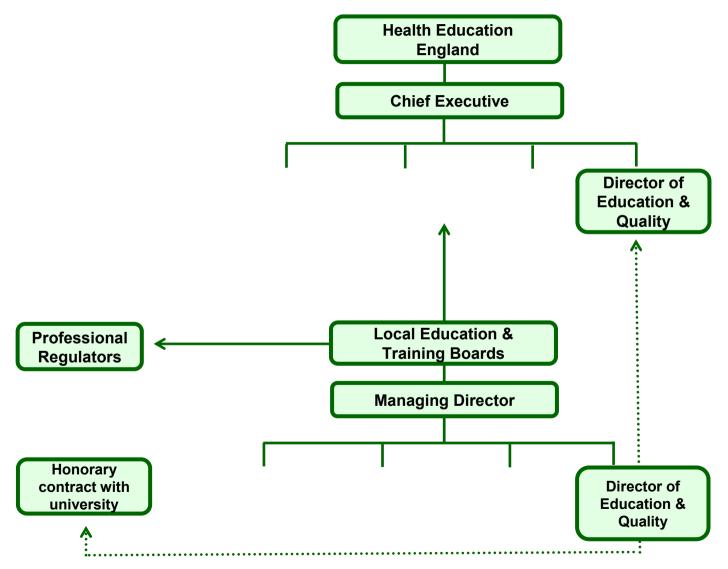


Education Outcomes Framework - Domains

- 1. **Excellent education** Education and training is 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.
- 2. **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 properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.
- 3. **Adaptable and flexible workforce** The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduces variability and poor practice.
- 4. **NHS values and behaviours** Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.
- 5. **Widening participation** Talent and leadership flourishes free from discrimination with fair opportunities to progress & everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

LETB – Accountability for Quality





Local E&T Board accountabilities:

- Executive accountability to HEE for outcomes achieved for money allocated, financial control etc.
- Accountable with HEIs to the professional regulators for ensuring education & training provision meets professional standards.
- Professional accountability of Local E&T Board Director of Education and Quality to HEE Director of Education and Quality
- Local E&T Board Director of Education may have honorary contract with University to strengthen educational input

Funding



Existing MPET funding is based on a mixture of:

- > Cost based tariff (benchmark price for payments to Higher Education)
- ➤ Historic funding not related to current activity or costs funding.
- > Each SHA locally has its own contracts and funding arrangements

Overall this is neither transparent nor equitable and has significant transaction costs

New system will have:

- ➤ Cost based tariffs where funding will follow the student for clinical placements and postgraduate medical training
- System will have fixed prices (benchmark prices & clinical placement tariffs) competition will be on quality
- > Infrastructure of tariffs and contracts will be national reducing transaction costs
- > Incentives for quality outcomes
- > Flexibility at the margins for investment in innovation etc
- > Provider ownership will ensure relevance and rapid take-up of new approaches. New more efficient or better quality models of service delivery will be the incentive for providers to invest in innovation

Timeline for Transition



