Health Education North Central and East London (HE NCEL)

Workforce Skills and Development Strategy, 2013-2018

April 2013
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Annex 1 – Medical and Dental Training posts across 82 specialties
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Chapter 1: Welcome from the Chair and the Managing Director

We are pleased that you are taking the time to read the Health Education North Central and East London (HE NCEL) Workforce Skills and Development strategy. We have set out on a highly worthwhile but challenging journey. This document describes not only our five year strategy but also how we will do business.

We want to create a culture that celebrates partnership; one in which the people who live in our geography, and those who provide health and social care for them, have a say in how the workforce is planned and developed. At some time in our lives we’re all patients and carers, so we all have a stake in this. The more we involve people in decisions about the training and development of our workforce, the more legitimacy HE NCEL will have.

We know that we can’t talk to every person in a population of three million, so we need to organise ourselves in a way that effectively reaches as many of those people as possible.

The HE NCEL team will be responsible for managing the budget, but we believe that the HE NCEL membership and community must shape every decision made on their behalf.

Everyone who chooses to work in the NHS is motivated by the opportunity to deliver the best care they can with compassion. We want to retain and nurture that ambition using the concept of a partnership for excellence.

Dame Chris Beasley

Professor Chris Fowler
Chapter 2: Executive Summary

Health Education, North Central and East London (HE NCEL) is London’s largest Local Education and Training Board, and will, from April 2013, have responsibility for training, developing and refreshing the next generation of doctors, dentists, nurses and all health professionals who work in the 13 boroughs that it covers. HE NCEL is a part of a national organisation – Health Education England (HEE) which has the oversight of the training and educating of the healthcare workforce to ensure the highest quality public health and patient outcomes.

HE NCEL is a partnership organization of health and social care employers, universities, medical schools and an Academic Health Sciences Centre. It is uniquely equipped to develop a comprehensive understanding of local health and education needs, priorities and challenges and with the use of this collective knowledge HE NCEL has worked with its partners and stakeholders to create this Five Year Skills and Development Strategy.

This document has been endorsed by local employers, educators, providers and patients who are represented on the HE NCEL Board. The Skills and Development Strategy will govern HE NCEL’s investment priorities for the period 2013-18.

Stakeholders have been engaged in:

- the development of the LETB’s business themes, objectives and priorities
- identifying solutions that will improve patient outcomes and experiences
- pooling expertise to promote excellence in training and education

Stakeholder engagement is fully integrated into the HE NCEL organisational structure and governance through the employer-led board, the Members and Stakeholders Council and through joint-working with UCLPartners as the emerging Academic Health Science Network.

The Skills and Development Strategy is divided into eight further chapters.

Chapter 3 and 4 will introduce the reader to the diversity of the environment that is HE NCEL. North Central and East London’s population is growing and aging. People are living longer with more long-term conditions like diabetes and obesity. Services and facilities are changing to adapt to this trend and this will need to be supported by the education and training of a sustainable workforce. HE NCEL’s geography is marked by pockets of deprivation, life expectancy at birth, can vary from 75 up to 89 years of age. Access to first class healthcare and healthcare staff must not be determined by postcode and HE NCEL will be focused on reducing health inequalities and addressing the different needs of our diverse communities.

Commissioning and service strategies are responding to these challenges by ensuring that care is focussed on patient needs and delivered increasingly within primary care settings and
the community. HE NCEL will work proactively with service providers and HEIs to train and equip the existing and future workforce to meet these challenges and work within this new landscape.

Through early work with our stakeholders and our understanding of the local healthcare landscape, HE NCEL has identified a single mission for the organisation.

“To deliver excellence in multi-disciplinary education, training and workforce development, in response to current and future needs of the local population, in order to provide the best possible outcomes and experiences for patients and people.”

In order to achieve our mission, we know that we need to: work in partnership with the local health community; ensure the supply of compassionate, knowledgeable and highly skilled people; plan and commission excellence in education and training and be a forum for developing excellence across the whole health and public health workforce.

In many ways, this Skills and Development Strategy forms the basis of this four-step vision for our work.

Chapter 5 takes the reader through our priorities which HE NCEL have been developed with our partners and stakeholders. The priorities of:

- Patient-centred service change
- Patient-led pathway redesign
- Integrated workforce development
- Aspiring to excellence
- A local education training board fit to deliver

These priorities are developed in the remaining body of the strategy, chapters 6-10. Within these chapters we have described the current position of HE NCEL and defined our strategic objectives going forward. We have aligned the local priorities with the national Education Outcomes Framework, which is seeking to create a body of evidence to support on-going investment into the development of our staff. We have committed to defining key programmes of work which will be delivered over a one-five year timeframe. These programmes, particularly in years 1-2 will drive the HE NCEL investment plan and our focus for development.

We recognise that significant changes will occur in the next five years and as such, we see this document as a dynamic programme of work that will be developed, enhanced, reviewed and evaluated in order to make this a ‘living strategy’. We commend it to the reader.
Chapter 3: Introduction

Health Education North Central and East London (HE NCEL) is London’s largest local education and training board and will, from April 2013, have responsibility for training the next generation of doctors, dentists, nurses and all health professionals who work in the 13 boroughs that it covers.

Figure 1 – North Central and East London

HE NCEL is part of a national organisation, Health Education England (HEE), which has oversight of the training and education of the healthcare workforce, to ensure the highest quality public health and patient outcomes. As a committee of HEE, HE NCEL holds the education and training budget for this part of London and is responsible for making local decisions that will help achieve HEE’s aim to:

- Place providers of NHS services in the driving seat to plan and develop the workforce, within a coherent national framework and to consistent standards
• Ensure that staff are available with the right skills and knowledge, at the right time, and that the shape and structure of the workforce evolves to meet changing needs
• Provide a clear focus on the entire healthcare education and training system, and ensure greater accountability against service improvements
• Ensure that investments made in education and training are transparent, fair and efficient, and achieve good value for money.

HE NCEL will operate within a complicated environment and during a time of significant financial constraint, with a great deal of change occurring as a result of the Health and Social Care Act 2012.

There are also a myriad of opportunities and challenges facing the NHS that are driven by: the changing needs of a growing and ageing population, advances in medical science and understanding; and an urgent need for a proactive approach to preventing illness and promoting healthy living.

HE NCEL also has specific local issues to confront. Its geography includes some of the most deprived wards in the country, as well as some of the wealthiest; there are significant health inequalities linked to this variation. It has a diverse population; each community has its own unique health needs.

These factors, along with many others, affect the education and training requirements of NHS staff, and HE NCEL must be adaptable to meet continually changing needs.

HE NCEL will need to do this within budget, using public money as efficiently as possible; to create a workforce that helps to keep people well, and gets the best results for patients when they are ill.

**The Workforce Skills and Development Strategy**

As a partnership of health and social care employers, universities, medical schools and an Academic Health Sciences Network (AHSN), HE NCEL is uniquely equipped to develop a comprehensive understanding of local health and education needs, priorities and challenges.

Using this knowledge, HE NCEL can work with its partners and stakeholders to exploit all opportunities for improvement and mitigate any challenges that may arise. This Workforce Skills and Development Strategy covers the first five years of HE NCEL’s operation and is the product of such joint-working. This strategy, once endorsed by local employers, educators, providers and patients, will govern HE NCEL’s investment priorities for the period 2013-18 and will be refreshed on an annual basis.

The objectives of this strategy are to:

• Harness the existing skills of our workforce to deliver high quality care to patients and communities;
• Consider new ways of working and innovations to address issues and improve education and services;
• Ensure all activities lead to improved outcomes for patients and improved public health;

• Incorporate the five domains of the Education Outcomes Framework, the values of the NHS Constitution and the strategic objectives of the UCLP AHSN, into the work of HE NCEL;

• Design approaches to workforce planning and education programmes that support patient focused service delivery.

**Collaborative working**

HE NCEL believes in ‘real’ stakeholder engagement, where stakeholder views are not only heard but acted upon, and close, collaborative relationships are formed. This is central to the success of HE NCEL’s work. Engagement will ensure that the genuine needs and experiences of patients and staff are driving the commissioning and delivery of training and education at all times.

This collaborative working will underpin the development and delivery of the Strategy and ensure that HE NCEL has a valuable means of evaluating its own success. The Board is fully accountable to its constituencies.

Stakeholder engagement is fully integrated into HE NCEL’s organisational structure and governance through the employer-led board, the Members and Stakeholders Council and through joint-working with UCLPartners, as the emerging AHSN.

Stakeholders have been engaged in:

• The development of HE NCEL’s business themes, objectives and priorities

• Early identification of solutions that will improve patient outcomes and experiences

• Pooling expertise to promote excellence in training and education.

**Strategic beginnings**

We see this five year strategy as the start of the change process. It sets out a direction of travel, but is one that must be dynamic and open to critique, adaptation and change, to reflect the constant dynamic within the local community. Programmes of work arising from the strategy will be evaluated using critical methodology. We will work with our academic partners to use change techniques and tested review methods. Modifications to the strategy emerging from these processes will be agreed by the Board in line with our governance arrangements.
Chapter 4: Understanding North Central East London

The first step towards a locally-led approach to improving healthcare through education and training is to develop a comprehensive understanding of NCEL’s communities, and their particular challenges and opportunities.

North Central and East London is a diverse and constantly changing community. Understanding our community will provide us with a continuous impetus for HE NCEL’s work, allowing its vision and priorities to respond to the most pressing local needs.

Population

Figures 2 and 3 illustrate:

- NCEL’s population is growing and ageing. For example, the population aged over 65 is projected to increase by 17% by 2021 while the number of under 15s will increase by 21%.

- By 2021 there will be a decrease in the number of 15 – 24 year olds, the age we would expect to recruit into our undergraduate professional programmes. There will be a 17.5% increase in the number of people aged between 25 and 44, the age at which many would expect to be starting or raising families.

Health inequalities and Disease Prevalence

NCEL’s geography is marked by pockets of deprivation in and around Hackney, Tower Hamlets and Newham, sandwiched by relatively wealthy communities, (Figure 4). Life expectancy at birth varies from 75-89; this variation illustrates major health inequalities. HE NCEL will focus on developing partnerships with service and education providers, to develop skilled staff that recognise health inequalities and seek to eliminate these.

Figure 4 – Index of multiple deprivation scores North Central East London, 2010

Source: Office of National Statistics, 2010

Figure 5 – Disease prevalence (adults) within North Central and East London

Source: NHS Information Centre, Quality and Outcomes Framework (QOF) for April 2010 – March 2011, England
The prevalence of lifestyle-related diseases and long-term conditions in NCEL (Figure 5) requires focused management. The Academic Health Science Network (AHSN) is driving five integrated care programmes to reduce: cancer, cardiovascular disease, mental health, co-morbidities and poor health in women, children and adolescents. Education of the workforce, patients and the public, will become an important force for disease prevention, management and public health.

**Workforce composition**

NCEL health service commissioners are seeking to change service delivery models to meet demographic and morbidity patterns. The provision of care will shift from hospital to primary care settings.

Figure 6 illustrates that over 60% of our current workforce work in acute settings. HE NCEL recognises that its education commissioning strategies will need to reflect and respond to service commissioning patterns to ensure that the workforce has the skills to adapt to these changes. Figure 7 illustrates the workforce composition.
Creation of Clinical Commissioning Groups, Health and Well Being Boards and Health Watch

The creation of these new organisations within NCEL gives HE NCEL the opportunity to work with a wider range of community based partners, who seek to understand how best to serve the local population. This will enable HE NCEL to be responsive and accountable.

As part of the Members and Stakeholders Council, the Primary Care Forum and the workforce strategy advisory group, local clinicians and CCGs, will be fully integrated into HE NCEL’s business, helping us to continually respond to changing needs.

Academic Health Science Network (AHSN)

HE NCEL is also working particularly closely with UCLPartners (AHSN).

UCLPartners strategic goal is to 'support and facilitate measurable improvements, at scale and pace, in the healthcare and wellbeing of our population, while significantly reducing health inequalities.' (AHSN Prospectus, November 2012) It is clear that the success of this goal will depend on a flexible, responsive approach to training and education.
HE NCEL and the AHSN will share a Members and Stakeholders Council in order to pool local expertise and advice, and the executive teams from the two organisations will work closely together to ensure that their work is complementary at all times.

Higher education providers

HE NCEL has seven higher education partners:

- Queen Mary, University of London
- City University, London
- London Metropolitan University
- London South Bank University
- University of East London
- University College London
- Middlesex University

With these partners we manage over 3,900 medical and dental training posts (Annex 1) and over 2,200 non-medical trainees (Annex 2).

We will work closely with our partners to ensure that HE NCEL’s strategic themes are supported by high quality teaching, and the right curriculum for the existing and future workforce. Given this period of unprecedented change within the NHS, combined with research indicating that 65% of the existing workforce will still be employed within healthcare in 2030, (Centre of Workforce Intelligence ‘Looking ahead to 2030’ www.cfwi.org.uk,) the focus of our attention will be to retain talented staff and equip the workforce for tomorrow’s challenges, whilst ensuring a supply of new graduates is maintained.

Challenges and Opportunities:

The NHS is facing significant challenges in delivering services that are high quality, caring and cost effective. These challenges are compounded by the demographic pressures of a growing population that has multiple and co-morbid health challenges, including obesity, diabetes, dementia, hypertension and depression. Commissioners and service providers have a responsibility to promote healthy lifestyles, improve clinical outcomes for all patients (reducing variations and errors), and support those with long term conditions living in their own homes.

Commissioning and service strategies are responding to these challenges by ensuring that care is focused on patient needs and delivered increasingly within primary care settings and the community. All parts of the health and social care systems will need to work more closely to deliver integrated care. A relentless focus on clinical standards, quality, and safety will be paramount following the recommendations of the Francis report.
HE NCEL will work proactively with service providers and higher education institutions, to train and equip the existing and future workforce to meet these challenges, and work within this new landscape. The workforce of the future will need to learn new technical and clinical skills, to ensure that new procedures and technologies (developed in conjunction with the AHSN) can be effectively deployed. They will increasingly need to work within primary care settings or patients’ homes, and will need good diagnostic and risk assessment skills as well as the ability to work autonomously. They will need to learn to coach and equip patients, and carers, to manage their own conditions and become their own specialist carer. Above all they will need to be caring and put the patient first.

Opportunities will arise from HE NCEL’s unique organisational structure and membership as it allows us to collaborate with:

- Our commissioning partners, the NHS Commissioning Board and Clinical Commissioning Groups (CCG) in North Central and East London – to shape future service strategy and the workforce to deliver against the NHS Education Outcomes Framework
- Service providers, including all sectors of care and multi-professional representation – to ensure that the future capacity and capability of the NCEL workforce is safeguarded
- Higher education institutions and lead providers – to ensure that the quality of educational curriculum and placement experience is second to none. As well as to ensure that the education inputs cover the fundamental principles of care, through to cutting-edge technologies and clinical skills
- Regulatory bodies including the GMC and NMC – to assure the quality of education and training within NCEL
- Social care partners – to develop joined up health and social care systems that protect the vulnerable and support those living with long term conditions within the community

**Policy Direction**

HE NCEL will be working closely with other members of the healthcare community to respond swiftly to the recently published Francis Report, the public inquiry into the care provided by the Mid-Staffordshire NHS Foundation Trust. Policy change in response to the Inquiry will impact on the training and development of health care professionals.

This strategy will also respond to wider policy recommendations, for example, the Temple Report, on the training of junior doctors.
Chapter 5: Our mission and vision

Through early work with our stakeholders and our understanding of the local healthcare landscape, HE NCEL has identified a single mission for the organisation.

“To deliver excellence in multi-disciplinary education, training and workforce development, in response to current and future needs of the local population, in order to provide the best possible outcomes and experiences for patients and people.”

In order to achieve our mission, we know that we need to:

1. Work in partnership with the local health community to identify and agree local priorities for education and training
2. Ensure the supply of compassionate, knowledgeable and highly skilled people to provide health and public health services, which connect to social care provision
3. Plan and commission excellence in education and training on behalf of the local health community, to ensure sustainable, high quality service provision and health improvement
4. Be a forum for developing excellence across the whole health and public health workforce.

In many ways, this Workforce Skills and Development Strategy forms the basis of this four-step vision for our work.

Identifying our priorities

With the specific opportunities and challenges facing NCEL in mind, HE NCEL has worked with its partners and stakeholders to identify the five themes that will define its work, and that it will need to respond to from the first day of its operation in April 2013.

Theme 1: Patient-centred service change

As a priority, HE NCEL will support the NHS workforce, with the training and education they need to:

- Educate and empower patients and carers
- Promote healthy lifestyles and reduce health inequalities
- Support changing care settings
- Develop and implement primary care strategies
- Deliver organisational change
• Maximise productivity.

Theme 2: Patient-led pathway redesign

HE NCEL will develop a commissioning plan for workforce and professional development, which will ensure safe transition, while promoting change and fostering excellence. Figure 5 describes the disease prevalence within North Central East London, which has informed the priorities of the AHSN. HE NCEL will support the NHS workforce with the training and education they need to deliver an integrated:

• Cancer programme
• Cardiovascular programme
• Mental health programme
• Co-morbidities programme
• Life course for women and children.

NB. These priorities are fully integrated with the emerging AHSN’s priorities on this theme

Theme 3: Integrated workforce development

As a priority, HE NCEL will work with employers to support the NHS workforce with the training and education they need to:

• Work across organisational and professional boundaries
• Retain an appropriately skilled and flexible workforce
• Have long and fulfilling careers within the NHS across health, social care and public health
• Respond to national workforce initiatives like the Francis Report
• Invest in local people and talent.

Theme 4: Aspiring to excellence

As a priority, HE NCEL will support the NHS workforce with the training and education they need to:

• Deliver excellence in line with the Education Outcomes Framework and quality strategy
• Improve clinical outcomes
• Deliver better training and better care, driven by the needs of the local population
• Identify and develop future leaders
• Ensure that the workforce is good value for money.
• Translating the NCEL Development Curve into a meaningful workforce and education commissioning process.

Theme 5: A local education training board fit to deliver

As a priority, HE NCEL will support this practice by:

• Encouraging innovation and new ways of working
• Integrating the workforce planning and education commissioning system
• Building a stakeholder-led partnership for excellence
• Reducing bureaucracy, while driving operational efficiency and stability
• Ensuring good governance and a safe transition.

Education Outcomes Framework

An Education Outcomes Framework is being designed by HEE, to demonstrate the impact investment in education has on clinical outcomes, patient satisfaction and staff performance. Using a range of indices it will seek to draw connections to demonstrate the value a high quality and developed workforce brings.

The education outcomes framework will become the accountability mechanism between the Department of Health and HEE, and it will form the basis of contracts between HEE and the local education and training boards, and local education and training boards and Education and Service Providers. It provides an opportunity for driving quality improvement in education and training, by encouraging a change in culture and behavior, with a clear focus on addressing variation in standards and ensuring excellence and innovation in education provision.

Subsequent sections of the Strategy consider each of these five themes, and in particular how each theme will address key areas of the education outcomes framework, the strategic goals for these themes, and how these will be achieved.
Chapter 6: Supporting patient-centred service change based on the needs of the local population

Education Outcome Framework domain addressed

“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”.

Current status and example of local action

At the moment, education is focused around single professions, with a particular emphasis on the acute sector. Our resources are based on historical allocations. There is a primary focus on specialist professionals, while development of the non-registered workforce is carried out locally. We need to focus our work on the needs of the local population, with development of the whole workforce in locations relevant across all health services.

Haringey Clinical Commissioning Group (CCG) is developing its commissioning plan, which outlines the broad strategic direction for the CCG, based on the health needs of the Haringey population, including urgent care/unscheduled care. The plan states that:

“Our vision is that urgent care centres, out of hours services and the new 111 service will be commissioned together. This will ensure that people receive the right care in the right place and are seen by the most appropriate professional to meet their needs.”

http://www.haringeyccg.nhs.uk/

Health visitors

The start of life is especially important in laying the foundations of good health and wellbeing in later years.

Under the DH ‘A Call to Action’ published in February 2011, London is targeted to employ 1,842 health visitors by March 2015, based upon deprivation indices.

The NCEL element of the target is 802 fte health visitors which represents an increase of 437 over the current workforce.
Attainment of the NCEL health visitor target is reliant on:

- Improving net turnover and retirement rates in the short term
- Delivering an increase in placement capacity, to support additional education commissions for 2013, which will increase the numbers of newly qualified health visitors after March 2014.

Our strategic goals

Educate and empower patients and carers

The NHS mandate sets out a clear objective for the Commissioning Board to ensure the NHS workforce becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one.

Promote healthy lifestyles

Aligning with the Public Health Outcomes framework 2013-16, this goal focuses on promoting healthy lifestyles. Thereby, increasing healthy life expectancy, reducing differences in life expectancy between communities, and decreasing the burden on the NHS of lifestyle-related diseases.

As well as educating the wider population, part of this goal will be training the NHS workforce to be agents for change, who communicate clearly and compassionately the benefits of healthy living.
Support changing care settings

The Education Outcomes Framework (domains 2 and 3) sets out priorities for education to refocus on reducing the time spent in hospital by people with long term conditions, and helping older people recover their independence (thereby reducing re-admission) after illness. For example Haringey CCG Commissioning Strategic Plan states that:

“We want to commission more primary and community services to support people with long term conditions to stay well and avoid unnecessary admission to hospital.”

As more care moves out to local and community settings as well as patients’ homes, the NHS workforce will need to be equipped to adapt to this.

Develop and implement primary care education strategies

Historically, we have trained health care professionals within their professional silos and in hospitals. However, as service settings change and care becomes more integrated, education and CPPD needs to be multi-professional and delivered in the primary care setting within which the service will be delivered in the future.

Plan for the non-registered workforce

The Francis Report on the Mid-Staffordshire Trust makes a number of recommendations in respect of the non-registered workforce, which have been considered by the Government. Their recent response will influence the work of HE NCEL.

Deliver organisational change

The NHS is facing a period of intense change, with the aim of concentrating specialist care across fewer sites, and providing better access to primary and general care closer to patients’ homes.

HE NCEL will work with lead providers, higher education institutions and service providers to develop the education and training interventions that will support this organisational change.

Maximise productivity

The population of NCEL is growing, ageing and is increasingly obese. These factors bring a prevalence of co-morbid health conditions, and increasing demand on the NHS. In the current period of financial crisis the NHS will need to maximise the productivity of every service and every member of staff in order to deliver more with less. HE NCEL will work with service providers and commissioners to deliver a workforce with the right skills and behaviours to do this.
## Objectives:

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<td>Create a Patient Education Network for a specific patient group</td>
<td>DEVELOP A PLAN FOR DEVELOPMENT OF THE PRIMARY CARE WORKFORCE</td>
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<td>Develop a plan for development of the primary care workforce</td>
<td>DEVELOP LEARNING EXPERIENCES IN NON-ACUTE SETTINGS DESIGNED BY DARZI FELLOWS</td>
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<td>Develop learning experiences in non-acute settings designed by Darzi fellows</td>
<td>DEVELOP A STRATEGY TO RESPOND TO THE RECOMMENDATIONS OF THE FRANCIS REPORT FOR THE NON-REGISTERED WORKFORCE</td>
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<td>Develop a strategy to respond to the recommendations of the Francis Report for the non-registered workforce</td>
<td>DELIVER THE HEALTH VISITOR TARGET BY 2015</td>
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Chapter 7: Supporting patient-led pathway redesign

**Education Outcomes Framework domain addressed**

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

**Current status and example of local action**

Currently in NCEL there are over 3,900 medical and dental training posts, and more than 2,200 non-medical places – planning of these will be coordinated along patient pathways which consider skill-mix, changing service needs and settings, and the need to transform the workforce through investment in CPPD.

In terms of the number of trainees, HE NCEL is the largest of the local education and training boards and has seven universities and two medical schools with 6,900 medical trainees and 3,600 non-medical trainees. A wide range of data is available, which shows the performance of HE NCEL’s Education Providers, placement quality and student employment rates.

An innovative coaching programme has been undertaken with patients in NCEL, which enables patients to better manage their conditions within their communities. The development of innovative patient led service re-design will have a significant impact not only on the configuration of health services but also the knowledge and skills required.

**Our strategic goals**

- Develop a commissioning plan for Workforce and Professional Development for the whole workforce, which supports the AHSN priorities and incentivises, develops and retains high quality staff;

- Investment in CPPD will be needs-led across all grades of the workforce, and informed by integrated planning and stakeholder consultation and collaboration;

- It will be fully transparent with audit trails for each decision, and informed by robust data and analysis.

The investment strategy will be evidence based, using a range of data to identify areas of innovation and excellence, as well as under performance and risk. This will be regularly refreshed and reviewed to reflect changing needs. It will reflect the principle of the Education Outcomes Framework, and will enable HE NCEL to invest in clinical education based on
quality and workforce need, as well as education planning processes that are clinically-led, rather than simply a continuation of historic patterns.

Investment in education technology will be considered centrally, to ensure the right provision within NCEL, economies of scale and value for money. Access to funded faculties will be shared across member organisations.

The AHSN in conjunction with NCEL has identified key areas for investment:

- Cancer programme
- Cardiovascular
- Mental health
- Co-morbidities
- Life course for women and children

These are areas where data shows there will be increased activity, and planning for non-medical and medical education and training will need to reflect these priorities. Staff and organisations will be rewarded for displaying and promoting a culture which values research and innovation.

HE NCEL will seek to innovate and challenge existing arrangements to drive up quality and achieve efficiencies and value for money. Measures identified in conjunction with the AHSN, such as the Research Assessment Exercise / Research Excellence Framework and the Business and Community Interaction Survey, will be considered alongside staff satisfaction and patient feedback, to reflect a focus on research and innovation.

**Objectives:**

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<td>Establish with the AHSN an approach to workforce and education planning that puts pathway re-design at the heart of workforce planning</td>
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<td>Create a Workforce Development Strategy driven</td>
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by patient needs

Create a learning environment which exposes learners to all aspects of health and social care within the undergraduate curriculum

Commission programmes where the patient is at the heart of the curriculum
Chapter 8: Supporting integrated workforce development

Strategic theme: Support integrated workforce development

Education Outcome Framework domain addressed

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

Current status and example of local action

Redbridge CCG have developed their Commissioning Strategy Plan which includes a commitment to:

“Working together to integrate care – Improvements in joining up health care services across general practice, community services and hospitals; results in a better experience, improved results and better value for money for our residents.”

The development of integrated services will have a profound impact on the configuration of health services – for the workforce there will be concomitant changes in the roles that they will be expected to play, and the skills and qualities that they will be expected to display. Above all, they will be expected to empower patients and enable them to live independently for longer in their own homes.

Our strategic goals

Work across organisational and professional boundaries

Clinical commissioners and provider organisations are designing services and pathways that put the patient at the centre of service planning and delivery. This will require GPs, community and hospital services to closely align services, pathways and access points to ensure that patients are able to navigate seamlessly through the system and get timely and appropriate support.

This approach will require a departure from historical education and training models, where students train in professional silos and the majority of training is delivered in hospitals. The workforce increasingly needs to be trained in the GP and community settings, where health services will be delivered. Health professionals also need to train with the other professionals, with whom they will have to work in the patient centred service. HE NCEL will work with Lead Providers and Higher Education Institutions (HEIs) to develop new education and development models, that will support students and a workforce working in this new landscape.
Retain an appropriately skilled and flexible workforce

There are a number of factors that will influence the skills that the future workforce will require. New clinical, genomic and digital procedures and technologies will revolutionise healthcare, and require existing staff to be constantly updating their technical skills to ensure they stay in the vanguard of good practice.

Respond to national workforce initiatives like the Francis Report

The Francis report is a timely reminder of the skills and caring attitudes that all health professionals need to demonstrate. Students and employees must be recruited for these skills, and must constantly develop their practice to ensure that the best possible care is delivered. This is also the case for unregistered healthcare support staff.

Have long and fulfilling careers within the NHS, across health, social care and public health

The existing NHS workforce represents a huge wealth of skills and knowledge and it is just as important to develop this workforce, as it is to train new healthcare professionals for the future. Arguably, to invest in the development of existing staff is more cost effective, and can deliver more timely results. This should extend the value and contribution that employees make and thereby their job satisfaction.

HE NCEL will work with Lead Providers, HEIs and provider organisations to design continuing personal and professional development (CPPD) interventions that are focused on the future health care skills required, enabling employees to adapt to their changing health landscape.

Invest in local people and talent.

HE NCEL has a responsibility to widen participation in the health care workforce (Education Outcomes Framework). The local population is a pool of talent on our doorstep who represent our patients, their families and carers and could be instrumental in developing a diverse and representative workforce.

HE NCEL will work closely with schools and academies to promote the value and benefits of a healthcare career and develop a constant supply of caring and able students for healthcare courses and careers in north central and east London.

Translating the NCEL Development Curve into a meaningful workforce and education commissioning process.

The NCEL development curve (Figure 9) illustrates how patient needs and outcomes drive the development of service priorities and the transformation of services by commissioners.
and service providers. HE NCEL will work closely with commissioners and providers to translate these service priorities into workforce design at a macro- and micro-level. This workforce design will crystallise the demand for certain skills and types of roles, which will then inform our commissioning plans for new graduates and existing staff. HE NCEL will work closely with educators (Lead Providers and Higher Education Institutions) to ensure excellent education and training programmes, that will deliver the competent and capable workforce of the future.
## Objectives:

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<th>Year 1</th>
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<tr>
<td><strong>Develop a recruitment methodology (to education programmes)</strong> which uses an evidence based matrix to assess values</td>
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<td><strong>Identify, evaluate and invest in education for Bands 1-4 staff</strong></td>
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<td><strong>Develop and implement a coordinated response to the recommendations of the Francis Report</strong></td>
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<td><strong>Develop a career strategy to widen participation in healthcare careers that targets the wider population (e.g. in view of the changing age profile) including through improved use of NHS Careers</strong></td>
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Chapter 9: Aspiring to excellence

Education Outcomes Framework domain addressed

“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”.

Deliver excellence in line with the Education Outcomes Framework (EOF) and quality strategy

Whilst HE NCEL will need to ensure that there are ‘sufficient health staff educated and trained’, the focus of the EOF is on the quality of the education and training delivered, and the outcomes in terms of skills, knowledge, values and adaptability of the future workforce.

During 2013/14 HE NCEL will develop its Quality Improvement Framework – the key principles include:

- A focus on delivery and impact: reduce paperwork
  - Review quality assessment – are we measuring the right things in the most effective way?
  - Creation of metrics to measure delivery of our strategy.
- Supporting and spreading excellent practice
- Challenging and managing poor outcomes
- Investing in modern and cost effective approaches to education and training – innovating when appropriate
- Allowing talent and leadership to flourish free from discrimination

HE NCEL has established a Quality Sub-Committee to provide assurance to the HE NCEL Board that appropriate quality of education commissioning and education outcomes are being monitored, maintained and improved by HE NCEL, and that findings are fed into future strategy and planning as appropriate.

Improve clinical outcomes

The success of our education and training interventions will be measured by the patient experience. HE NCEL is committed to working with educators and service providers to raise the bar on all education and training, ensuring a clear line of sight to patient outcomes, and reducing variations in standards of care. HE NCEL will have an active membership of the
local quality surveillance group.

**Deliver better training and better care, driven by the needs of the local population**

HE NCEL will support the HEE programme, Better Training Better Care, building upon the Lead Provider model as a means to encourage innovation, engender programme transformation and to promote significant improvements in education and training programmes.

**Identify and develop future leaders**

HE NCEL will help to develop leadership skills and behaviours in clinical and managerial staff within heath care services. HE NCEL will promote proven leadership programmes such as Talent Management, Paired learning and Darzi Fellows, to develop the next generation of leaders.

**Ensure that the workforce is good value for money**

The NHS faces increasing demand on services; as the population grows older and develops more multiple, long-term conditions, the NHS has to deliver these services within a tightening financial budget. New clinical, genomic and digital technologies may present opportunities to deliver health care in a more proactive and cost effective way. HE NCEL can support service providers by ensuring that their health care workforce have the right skills and behaviours to deliver excellent care. Additionally the workforce needs to be adaptable and flexible to learn the new skills that will support new treatments and interventions, even if they have been qualified for many years.

**Objectives:**

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<tr>
<td>Complete development of the Lead Provider model ensuring high quality medical training</td>
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<td>Create an integrated multi professional lead provider model to share examples of</td>
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<td>Quality Education across Networks of Care</td>
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<tr>
<td>Develop and implement an NCEL Quality Framework that will deliver excellence against the HEE Education Outcomes Framework</td>
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<td>Agree with Service Providers a Transition Plan for implementation of Better Training, Better Care and support delivery</td>
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<td>Assume the lead role for London in the development of leadership skills and behaviours through hosting the LDP of the NHS Leadership Academy</td>
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Chapter 10: A local education and training board fit to deliver

Education Outcomes Framework domain addressed

Domain 5: 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. There are opportunities to progress across the five leadership framework domains.

This strategic theme is also a response to HEE’s mission statement:

“HEE will provide leadership for the new education and training system. It will ensure that the shape and skills of the future health and public health workforce evolves to sustain high quality outcomes for patients in the face of demographic and technological change...”

Liberating the NHS – Developing the Healthcare Workforce: From Design to Delivery, Jan 2012.

Our Strategic Goals

NHS Constitution

The NHS Constitution makes clear that...

“the NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”

HE NECL is fully committed to both promoting and upholding the values of the NHS constitution which underpin both our mission and vision. HE NECL will seek to promote and support the NHS constitution through the five themes that will define our work.

Encouraging Innovation and New ways of Working

HE NCEL is determined that commissioning decisions and priorities will reflect the needs of patients, students and trainees, and the health system as whole. In practice, this means that HE NCEL will work with the Members and Stakeholders Council to facilitate setting up a number of Advisory Groups, to lead decision-making and strategic direction in key areas. HE
NCEL and the AHSN will work together to manage stakeholder engagement, to ensure a co-ordinated process for our members.

**Integrating Workforce Planning and Education Commissioning**

Planning and investment decisions will be informed by evidence and engagement. Using a local vision of the workforce HE NCEL will:

- Determine the balance between planning the future workforce and developing the existing workforce;
- Develop a gap analysis between current and future workforce, to inform learning content and to develop knowledge, skills, behaviours and values;
- Support the AHSN priorities through innovation in programme content, working with HEIs to develop curricula;
- Give value to the learning environment through the delivery of a transparent funding regime;
- Invest and disinvest in order to maintain a dynamic and relevant education portfolio.

**Building a Stakeholder led Partnership for Excellence**

Clear communication and real stakeholder engagement, where stakeholder views are not only heard but acted upon, and close, collaborative relationships are formed, is absolutely central to the success of HE NCEL’s work in delivering its mission and vision. The approach that HE NCEL has taken, and will continue to take towards stakeholder engagement, is to ensure that it is at the very heart of its business. This integrated approach will ensure that genuine stakeholder needs and experiences are driving the commissioning and delivery of training and education at all times. By creating a fully integrated approach to stakeholder engagement, HE NCEL will also have a valuable means of evaluating its own success as an organisation fully accountable to the stakeholders, who will be both driving its work, and experiencing the results first-hand.

**Reducing Bureaucracy Whilst Driving Operational Efficiency and Stability**

Development of investment priorities will be based on need and will use an outcome based approach guided through the HE NCEL Development Curve (Figure 9, page 26). This concept puts learning outcomes at the centre of workforce and learning development programmes, which are driven by clinical results and patient needs.

Where new models of service are being considered, workforce redesign will occur in partnership, driving education commissioning and learning forward.

At present it is assumed that HE NCEL will receive sufficient funds to cover current commissions. All financial plans will be reviewed and developed in light of any requirements.
of the NHS Operating Plan guidance, and HEE priority investment requirements e.g. Health Visitor initiative.

It is expected that Educational Support costs will remain constant in 2013/14. However these will be reviewed in year to ensure further funds can be released for direct training and education in future years. Further detail is provided with the 2013/14 Investment Plan.

**Annual Accountability Agreement**

The Annual Accountability Agreement is a key part of setting out delivery expectations in relation to collective priorities between HEE and the HE NCEL.

The agreement sets out the functions that HEE has set up to achieve its aim of improving health services for patients and associated indicators which are reflected in the five themes that the HE NCEL has worked with partners and stakeholders to identify and will respond to from its first day of operation.

**Ensuring Good Governance and Safe Transition**

Good corporate governance is essential to supporting effective decision making and thereby delivering both high quality services and continual improvement. This principle has underpinned the design of HE NCEL’s robust accountability framework. This framework is briefly described below.

The Board is constituted to give employers a strong voice in the development of excellent education and training, tuned to the needs of the workforce. It is small and skills-based and represents the different constituencies that make up NCEL. It includes a patient representative in a stakeholder seat, as well as student/trainee non-voting attendees, to ensure that these voices are strongly represented. Our board membership will be endorsed by our Members and Stakeholders Council and reflects HEE guiding principles. Figure 10 illustrates the relationship of the Board, the Council, standing sub-committees and advisory groups.

A Members and Stakeholders Council has been set up which will act as a joint operational and expert leadership forum for HE NCEL and AHSN. It will ensure a transparent process to engagement and representation, and will scrutinise the performance of HE NCEL. The Council will have 60 seats, with membership evolving in response to the needs of HE NCEL and AHSN and its members.

The Assurance Sub-Committee will provide external scrutiny of the investment and management of funds. It will be chaired by a Director of Finance from a local service provider and will report directly to the HE NCEL Board. Its broader role is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation’s activities.
The role of the Quality Sub-Committee is to provide assurance to the HE NCEL Board that appropriate education commissioning and education outcomes are being monitored, maintained and improved against national standards, and that findings are fed into future strategy and planning as appropriate. The Sub-Committee will be directly accountable to the Board and will be chaired by a non-executive director of the Board.

HE NCEL is committed to using the NHS Equality Delivery System (EDS) to improve equality performance, and embed equality into its business. To this end HE NCEL will assess its business objectives against the four EDS goals and develop actions plan to ensure they are met where relevant. Any Equality Impact Assessments undertaken as outputs of these actions plan would also double as actions to meet the goals. HE NCEL would take a consultative approach to the creation of the action plan, including engagement with staff, members, service providers, educational suppliers, patients, students and trainees.

Figure 10 – HE NCEL Governance

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HEE
Non-Executive Group
Managing Director
Director of Education and Quality
Director of Financial and Deputy MD
Independent Chair

Executive Group

HEE Board

Members
Comissioning Board
Pan-London fora

Members and Stakeholders Council
Pan-London fora

Pan London LETB governance

Professional and expert advisory groups

Professional focus
System wide focus

Standing committees
Assurance sub-committee
Quality sub-committee

Business advisory groups
Operational efficiency
Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence

Shared Services

Operational efficiency

Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence

Consulted on annual plan

Pan London activities

Pan London LETB governance

Professional and expert advisory groups

Professional focus
System wide focus

Standing committees
Assurance sub-committee
Quality sub-committee

Business advisory groups
Operational efficiency
Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence

Shared Services

Operational efficiency

Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence

Consulted on annual plan

Pan London activities

Pan London LETB governance

Professional and expert advisory groups

Professional focus
System wide focus

Standing committees
Assurance sub-committee
Quality sub-committee

Business advisory groups
Operational efficiency
Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence

Shared Services

Operational efficiency

Integrated workforce planning and commissioning
Quality improvement
Financial sustainability
Partnership for excellence
## Objectives:

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<tr>
<td>Design an NCEL integrated workforce and education planning process</td>
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<td>based on the NCEL Development Curve</td>
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<td>Support providers in the implementation of national tariffs for</td>
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<td>education and training</td>
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<td>Fully deliver the HE NCEL operating model and establish robust</td>
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<td>governance arrangements that transparently handle conflicts of interest</td>
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<td>Develop a financial model for HE NCEL aligned to the 5-Year</td>
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<td>Workforce Skills and Development Strategy</td>
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<td>Deliver our Communications and Stakeholder Management Approach</td>
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<td>Complete a review of the London shared services model (along with other local education and training boards in London)</td>
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<td>Work with Lead Providers and the shared service to support safe transition of the Deanery</td>
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Annex 1 – HE NCEL manages 3,946 Medical and Dental Training posts across 82 specialties

1. The number of trainees will exceed the total number of posts due to trainees’ circumstances – Quality and commissioning Team – November 2012.
Annex 2 – HE NCEL manages 2,249 non-medical education places

1 Number of individual people in training (i.e. not WTEs)