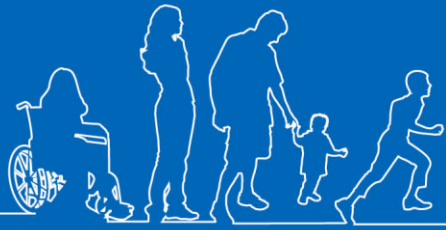


From Design to Delivery: Cheshire and Merseyside Perspectives

Joe McArdle

Assistant Director of Education
and Commissioning

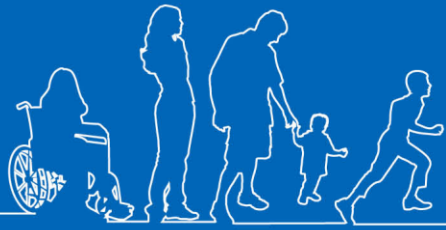


Government response to the NHS Future Forum report (20 June 2011)

“To reinforce its importance, **we will introduce an explicit duty for the Secretary of State to maintain a system for professional education and training as part of the comprehensive health service.**

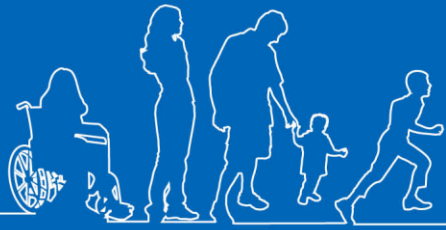
To ensure consistently high quality around the country, we will **develop a national education and training outcomes framework**, setting out the outcomes that HEE would expect providers to meet.”





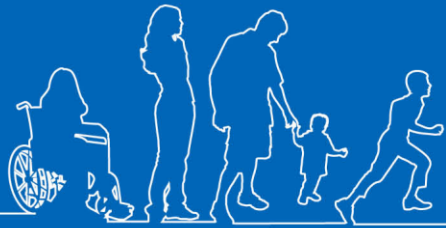
Health Education England

- Health Education England (HEE) will, from October 2012, operate as a Special Health Authority (SpHA), accountable to the SofS.
- Chair Sir Keith Pearson
- Chief Executive : Sir Ian Cummings
- First meeting 28th June
- Other directors appointed July onwards

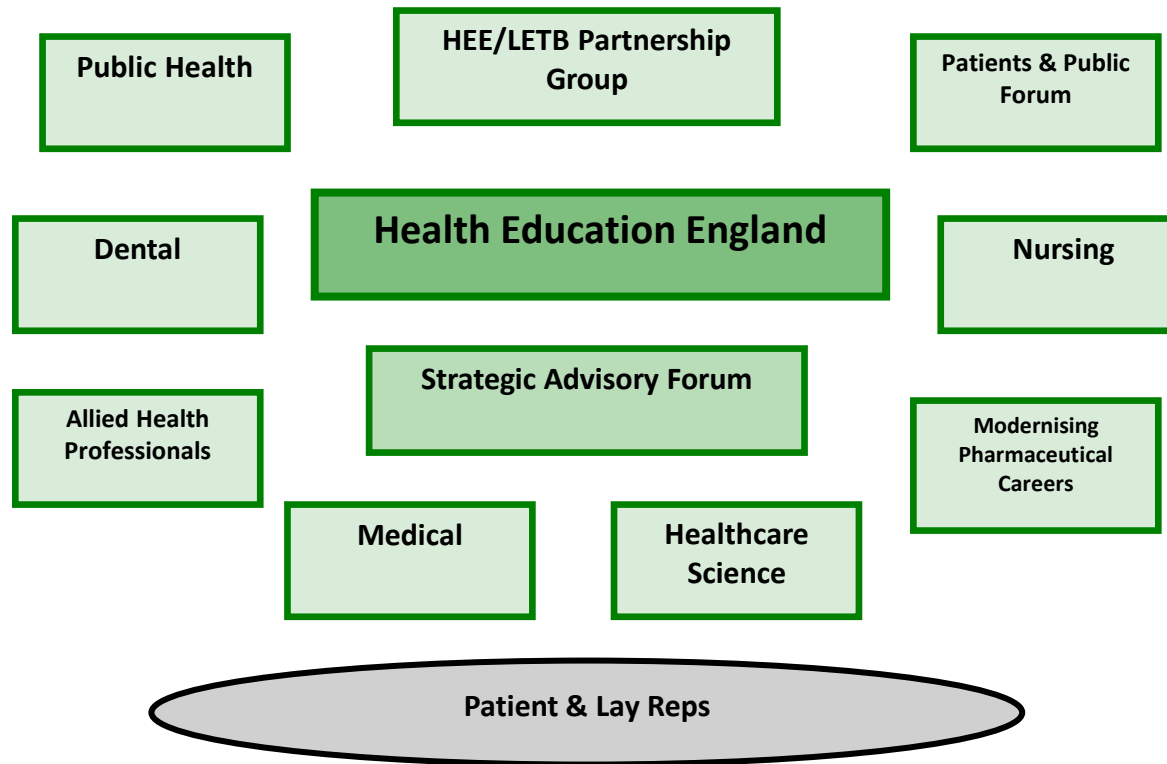


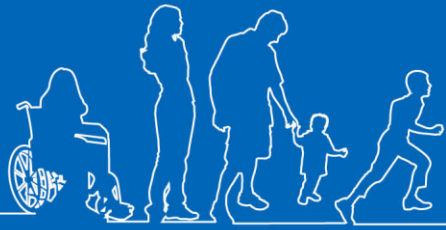
HEE core functions and responsibilities

- Providing national leadership
- Supporting development of Local Education and Training Boards (LETBs) – *vital to the delivery of the new system*
- Promoting high quality education and training
- Allocating and accounting for NHS education and training resources
- Ensuring security of supply of



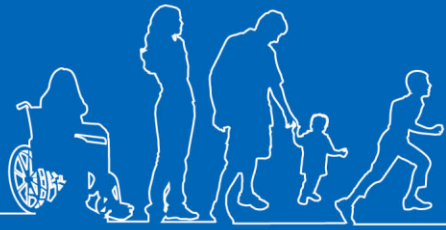
Proposed advisory structure





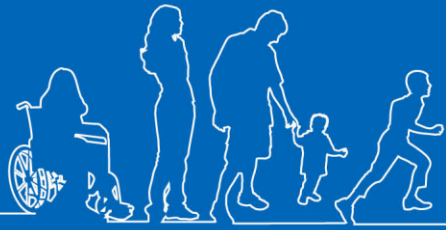
Key timescales...

- **April 2012:** SHA LETB sub-committees established
- **April 2012:** HEE/LETB People Transition Policy published
- **June 2012:** HEE established as a Special Health Authority
- **April – September 2012:** HEE Board recruitment
- **October – December 2012:** LETB authorisation
- **October 2012-March 2013:** HEE recruitment
- **October 2012:** HEE commences in shadow form
- **April 2013:** HEE and LETBs operational



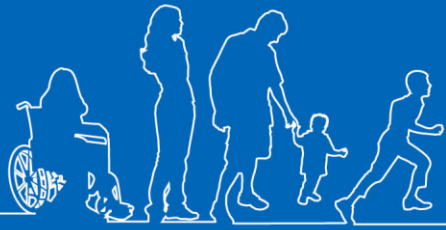
Proposed LETB Arrangements in the NW

- Preference locally for three separate LETBs, one in each sub-region
- North of England SHA agreed with DH the need to appraise both options (either 1 or 3) which informed final decision at the end of May
- Timescale to formalise LETB(s) as sub-committees of SHA Boards has been extended until 31st July 2012



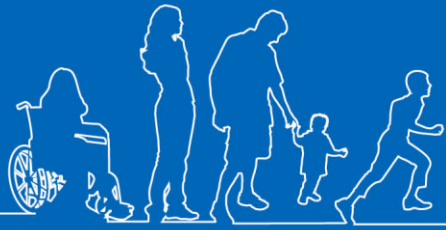
Local LETB arrangements

- Meet monthly
- Interim chair – Kathy Thompson (LWH)
- Elected representatives
- Supported by SHA
- To be authorised



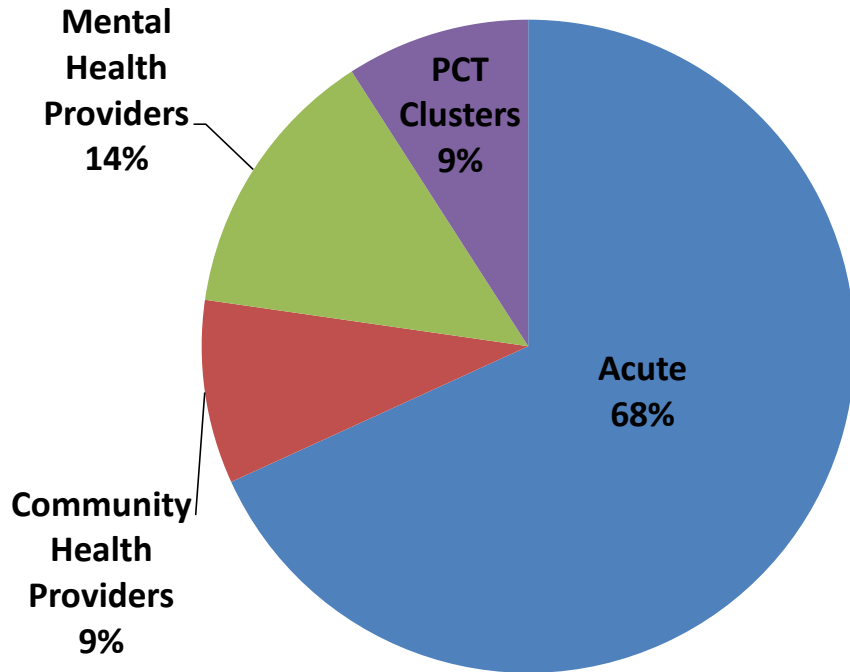
Members

- Kathy Thompson – Sheila Cummisky
- Amanda Oates – Anne Marie Stretch
- Diane Wake – Tina Long
- Jonathon Stephens – John Graham
- Gary Francis – Ian Lewis
- Steve Cox – John Hussey
- Paula Grey – Rita Robertson
- Ian Greer – Lynne Lobleby

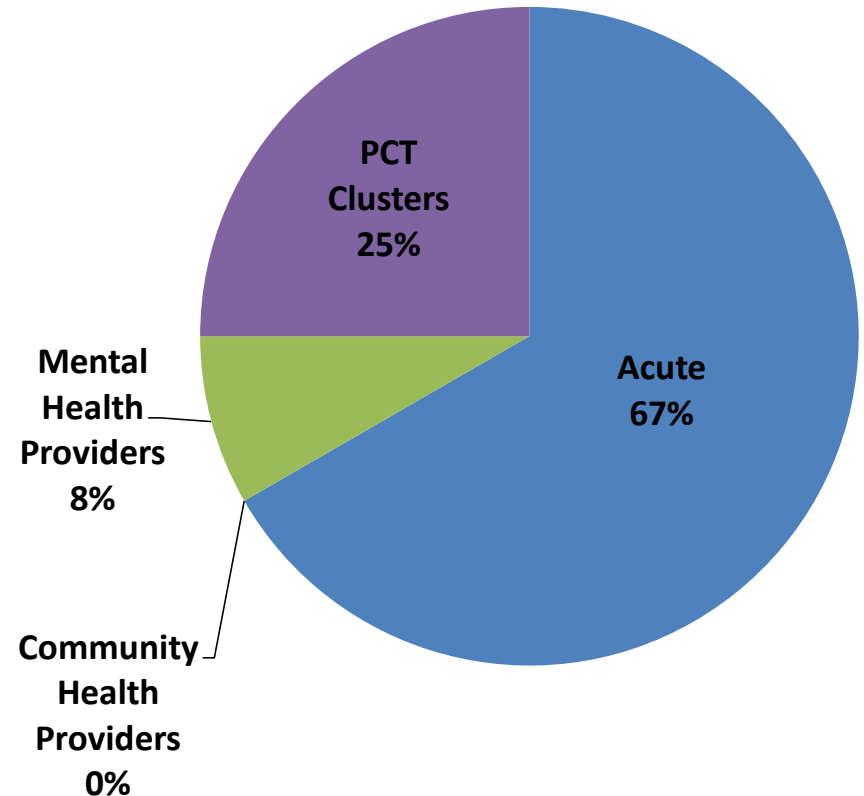


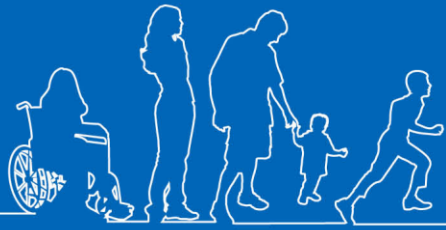
NHS Service Provider Analysis: Cheshire & Merseyside

C&M NHS Service Provision



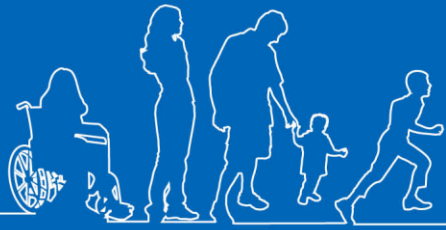
NLG Service Provision Representation





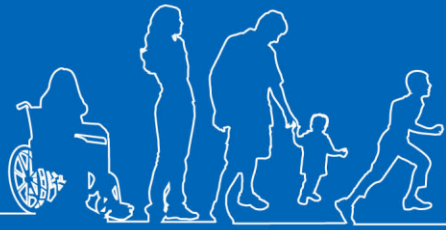
LETB core functions and responsibilities

- **Producing annual education and training plans** to ensure supply of the local healthcare workforce is in line with national priorities
- **Holding and allocating** funding for education and training
- **Commissioning high quality, good value education and training** in line with professional needs and the Education Outcomes Framework
- **Securing partnerships** with clinicians, local authorities, health and well-being boards, universities etc.



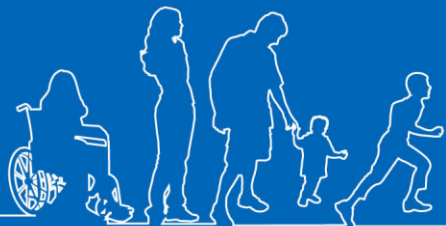
LETB Operating Principles

- Local Decision Making
- Inclusive Approach of Providers
- Good Governance
- Sound Financial Management
- Stakeholder Engagement
- Transparency
- Partnership Working
- Quality and Value – Year on Year Improvement
- Security of Supply
- Accountability



Governance Structure

- Authorisation Process
- NHS CB Mandate reviewed by HEE
- Educational Outcomes Framework
 - DH to HEE
 - HEE to LETB
- Learning Development Agreement
- National Standard Contract
- MPET Tariff – MPET Levy (Health Select Committee)



Domains	Description
Vision & Leadership	<ul style="list-style-type: none"> • Provide clear vision and ambition that links strategy to service delivery. • Has the capability to collaboratively develop and implement a comprehensive strategy that focuses on long and short term priorities. • Has the skills and experience to lead transformational change in the public healthcare training and education community. • Can manage the LETB in a clear and transparent way delivering a safe, secure, high quality and value for money service.
Meaningful engagement with key partners	<ul style="list-style-type: none"> • Meaningful partnership and engagement with key partners and effective communication throughout all relevant groups . • A Multi-professional approach to workforce planning . • Mechanisms for working with clinical networks, clinical senates and AHSNs and Health and Wellbeing Boards and involve patients and local communities.
Governance	<ul style="list-style-type: none"> • Proper constitutional and governance arrangements to manage competing interests and allow secure exchange of commercially sensitive workforce information. • Appropriate representation of local healthcare and public health employers, across sectors (inc. primary, community) and private and voluntary sector.
Effective Financial Control	<ul style="list-style-type: none"> • Effective financial control, capacity and capability . • LETBs have Controls in place to keep within running cost . • Ensures LETBs can deliver value for money.
Organisational Capability	<ul style="list-style-type: none"> • LETBs must have the capacity and capability built into their organisation to deliver the activities set down for them in Design to Delivery to commission services, bring together multiple professions, and undertake workforce planning . • They must be able to account for education and training funding allocated by HEE to ensure that local workforce training meet the requirements of the health workforce.
Outcome Led Improvement	<ul style="list-style-type: none"> • LETBs identifying local priorities for improvement of service and capable of delivering those priorities. • LETBs ensuring that improvements in the quality of education and training are at the heart of any changes developed, including quality of process and monitoring of outcomes.



Excellent Education

Organisations delivering NHS services plan and implement the education, training and development that all their staff need to deliver excellent safe services now and in the future

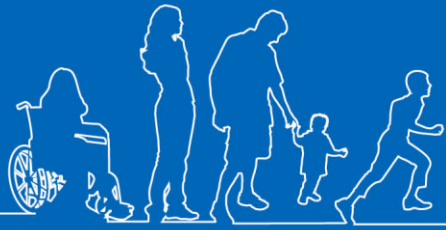
The education delivered to the future and current health and social care workforce enables them to deliver consistently excellent care



Competent and capable staff

Organisations anticipate the numbers and capabilities of the workforce they will need for the future and demonstrate how they work singly and collectively to meet these needs

High quality care is not compromised by lack of availability of staff with the necessary competence and performance



NHS Values and Behaviours

Patients and carers report a positive experience of services consistent with the values and behaviours identified in the NHS Constitution

Staff, including students and those in training, report that their capacity to deliver care consistent with the values and behaviours identified in the NHS Constitution is not compromised, and that their education, training and development positively helps them to do so.

Staff report that they are treated in a way consonant with the appropriate values and behaviours by colleagues and their organisation.



Innovative and flexible staff

Organisations improve services and modify their delivery to meet new demands. Staff respond to opportunities to develop their skills and their contribution

Organisations display a culture which values research and innovation and provide the practical support and the leadership to sustain this

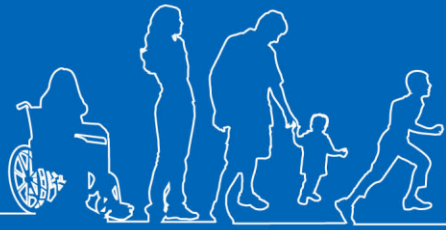
NLQF



Widening Participation

Organisations delivering NHS care help all staff to meet their potential and meet or exceed their obligations to equality and diversity

Those commissioned to deliver education and training for the health and social care workforce meet or exceed their equality and diversity obligations



Thanks and any questions

