Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
31st March 2011

TITLE	***Liberating the NHS:*** **Developing the Healthcare Workforce: A Consultation**
EXECUTIVE SUMMARY	The DH have issued a consultation document which sets out proposals to establish a new framework for developing the healthcare workforce and seeks views on the systems and processes that will be needed to support it. ▪ The consultation was published by DH on 20th December 2010 ▪ SECSHA Consultation meetings took place 17th January and 25th February 2011 ▪ The consultation was reviewed internally within ASPH at Workforce Strategy Steering Group on 19th January 2011, Employee Partnership Forum on 9th February 2011, and Trust Executive Committee on 25th February 2011 ▪ A WSSG Extraordinary Meeting 2.30pm was held on 16th March 2011 ▪ Approval of response to consultation at Trust Board on 31st March 2011 The final date for responses to DH is 31st March 2011.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	A high quality workforce is fundamental to the Trust achieving its vision of being one of the best healthcare trusts in the country. Strategic Objective 2 is to recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust, and the BAF identifies high level risks to this objective.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Briefings and discussion at WSSG and EPF have taken place including the views of a wide range of staff groups, managers and staff representatives.
EQUALITY AND DIVERSITY ISSUES	An equality impact assessment has been published with the consultation paper. The consultation invited comment on the aim of developing a more diverse workforce, and whether any particular groups are advantaged or disadvantaged by the proposals.
LEGAL ISSUES	This consultation reflects the policy direction set out in *Liberating the NHS: Legislative Framework and next steps,* recognising that many of the proposed changes are subject to Parliamentary approval.

The Trust Board is asked to:	Recommend the paper to be submitted to the DH as the Trust's response to the consultation.
Submitted by:	Raj Bhamber Director of workforce & Organisational Development
Date:	23rd March 2011
Decision:	For Approving

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Liberating the NHS: Developing the Healthcare Workforce – A Consultation on Proposals

1. Introduction

1.1 This Paper summarises the background and context to the proposals, principles, a proposed new framework, funding proposals, transitional arrangements/ timeline, stakeholder engagement during the consultation period and a proposed response to the consultation.

1.2 *Liberating the NHS: Developing the Healthcare Workforce* was published on 20 December 2010 inviting responses by 31 March 2011.

1.3. The Foundation Trust Network have co-ordinated a response to both the design principles (1-12) and the possible functions of Local Health Professional Skills Network functions (a – l) which forms attachment 1.

2. Background and Context

2.1. Following the reforms published in the White Paper *Equity and Excellence; Liberating the NHS,* the top down infrastructure for workforce planning, education and training commissioning within many health authorities will cease to exist on 31 March 2012.

2.2 The proposal is therefore to create local health (professional) skills networks to take on many of the functions currently discharged by health authorities.

2.3. The Government intention is to create Health Education England (HEE) an autonomous statutory board to support healthcare providers in their workforce planning, education and training.

3. Principles

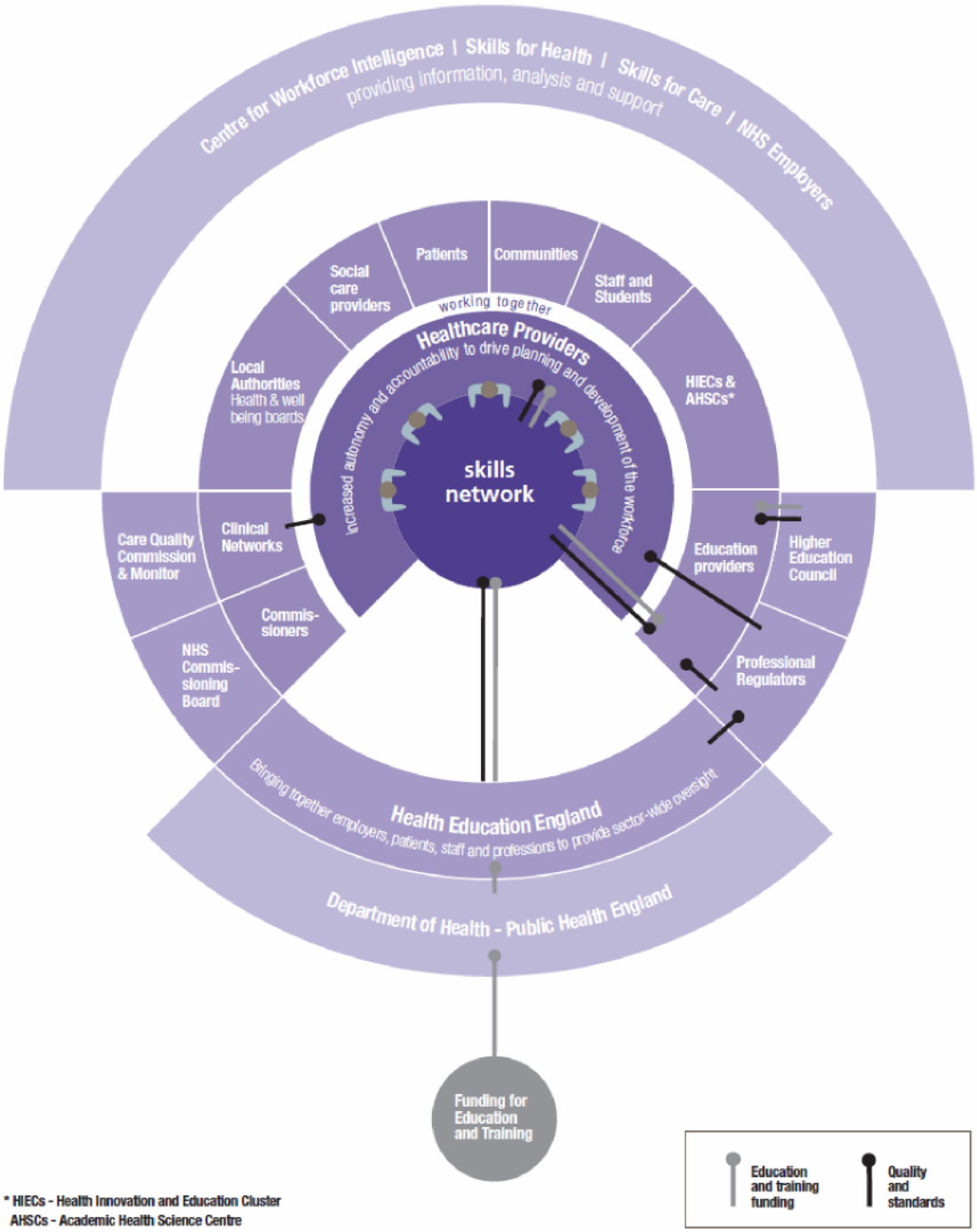
3.1. The following principles have been set out:

- Healthcare employers and their staff will agree plans and funding for workforce development, training, education and commissioning plans
- Education Commissioning will be led locally and nationally by healthcare professions who will work with employers to ensure a multidisciplinary approach that meets their local needs
- The professions will have a role in deciding the structure and content fro training and quality standards
- All healthcare providers will pay to meet the costs of education and training. Transparent funding flows for education and training will support a level playing field between providers
- The NHS Commissioning Board will provide national oversight of healthcare providers funding plans for training and education, checking that they reflect strategic intentions. GP consortia will provide this at a local level.

- The Centre for Workforce Intelligence will act as a consistent source of information and analysis, informing and informed by all levels of the system.

4. The proposed new framework

4.1 The proposed new framework is illustrated within the consultation paper as follows:



5. Funding

5.1 The consultation acknowledges the complex funding arrangements and levies (NMET, MPET, SIFT and MADEL).

5.2 It is proposed that tariffs are introduced on a transitional basis from 2012/3 for both Higher Education and providers. The proposals are that HEE negotiate tariffs with Higher Education for the most NHS funded pre-registration education programmes. Similarly, a national approach is proposed for the funding of all undergraduate clinical placements (both medical and non medical) to support a level playing field between providers.

5.3 Longer term, the Department proposes to set the education and training tariffs on the basis of the cost of education and training, net any service contribution – ie no cross subsidisation of student placements.

6. Transitional Arrangements/Timeline

6.1 SHA's lead on workforce planning, education and training commissioning with providers and HEIs throughout 2011/2

6.2 HEE will be established in shadow form in 2011 and as a Special Health Authority form 1 April 2012

6.3 Local Health Skills Networks scheduled to be set up for transition from January 2012 and operational from April 2012

7. Stakeholder Engagement during the consultation period

7.1 Ashford and St Peter's NHS Foundation Trust has both participated in and led an extensive programme of staff engagement during the consultation period.

7.2. In terms of external attended events, the Trust has contributed to the FTN consultation (through the HRD network), the SECHA consultation (through CEO, HRD, Deanery and specifically organised forums) and with NHS Surrey (through the WEAG).

7.3 Within the Trust, the proposals have been distributed, reviewed and considered respectively by the Trust Executive Committee, Employee Partnership Forum, WSSG and an extraordinary meeting workshop designed to formulate the response below.

8. Recommendations and proposed response to the consultation

The Board are asked to:

8.1 Support the proposed FTN view (attached)

8.2 Support the establishment of one Local Skills Network within the region, coterminous with the Deanery which is hosted by BSUH.

8.3 Propose that the Chief Executive of Ashford and St Peter's NHS Foundation Trust (also Chairman of the CLRN) is a member of the Local Skills Health Network to ensure alignment of the research, education and training functions in Surrey.

8.3 It is also proposed that the Trust work closely with the FTN, Department of Health and MEE (when established) to ensure that there is future flexibility to belong to more than one skills network and to influence the future shape and methodology for education and training tariffs.

Raj Bhamber
Director of Workforce & Organisational Development

Design Principle	Proposed FTN view
1. Alignment with the wider system design for the commissioning and provision of services	Alignment with the provider flexibility to reconfigure services will be crucial; further, the process must secure a workforce that employers wish to buy.
2. Ensuring that fairness and transparency is at the heart of the new framework and in decision-making	A tariff based system will be of key importance in the medium to long term; fairness will need to inform transition to avoid unnecessary system instability.
3. Ensuring the capability to plan effectively for both current and future workforce requirements	The reporting of information, and to whom, will be important here, though the principle is sound.
4. Take an integrated and multi-professional approach to workforce planning and to education and training where possible, with stronger whole workforce approaches	This offers the best opportunity to design and deliver a flexible and fit for purpose workforce; however any redistribution of historic funding should support stable transition.
5. Doing at a national level only what is best done at a national level – leaving maximum opportunities for flexible, local implementation and innovation	We strongly support this approach and consider that the needs of the system are best determined through allocating these responsibilities in a process of upward delegation.
6. Ensuring effective professional engagement at local and national levels with the professions having a leading role on safety and quality issues	It is crucial that there is full professional engagement in these processes, providing the advice and expertise that is necessary to realise employers' specifications
7. Ensuring that arrangements for planning and developing the healthcare workforce have appropriate integration with the approaches to planning and developing the public and social care workforce	This is an important part of realising the vision in the wider proposals for effective patient-centred care delivered across a range of settings.
8. Ensuring strong partnerships with universities and education providers to make the most effective use of the skills of educators	Agree.
9. Making sure there is sustainable and transparent investment in education, training and development to provide the skills needed so that funding allocated for the purposes of education and training is spent only on those activities	There should also be *sufficient* investment in education and training as part of commissioners' and providers' plans.
10. Streamlining processes and structures to ensure they are simple, cost-effective and efficient	Agree. It is vital that the new system is fit for purpose.
11. Providing clarity of roles, responsibilities and accountabilities	In the new health industry it will be important that employers have the tools and means they need in balance to meet these roles, responsibilities and accountabilities.
12. Reinforcing values and behaviours which	All employers have a direct interest in

Design Principle	Proposed FTN view
recognise the wider benefit to society of developing the health workforce and skills and the need for cooperation and collaboration in doing so	securing an appropriately trained workforce. As noted above, we should welcome comments from members on the balance of standardisation verses innovative variation they feel is necessary.

Possible LHPSN functions	Proposed FTN view
a. Managing and coordinating workforce data and workforce plans for the local health economy that respond to GP consortia strategic commissioning plans	This is appropriate.
b. Developing on behalf of healthcare providers a local skills and development strategy	This is appropriate, but its format should be agreed locally.
c. Consultation with patients, local communities, staff and service commissioners to ensure that their views are reflected in the local skills and development strategy	Suitable consultation methods can be developed at organisation level, and FTs will undoubtedly want to involve their members and governors in this process. Consultation should inform and support innovation and recognise provider freedoms.
d. Improving the quality of local workforce data, and providing the Centre for Workforce Intelligence with that data	In the context of an upwardly delegated approach this is appropriate, to identify, for example, nationally commissioned specialties and the numbers needed.
e. Holding and allocating funding for the provision of education and training and accountability for education and training funding from the national education and training levy	Assuming an employer majority on the LHPSN this is acceptable. There is likely to be a need for a local and national levy to support subsidiarity.
f. Contracting for the provision of education and training with education providers and healthcare providers	This is appropriate.
g. Responsibility for ensuring value for money throughout the commissioning of education and training	The members of the LHPSNs will of course want to see value for money in terms of product and process.
h. A multi-professional approach to managing the provision of clinical placements and post-registration and postgraduate education and training programmes and CPD, including the current deanery functions against quality and cost metrics	Making the most of multi-professional approaches will be important in securing a fit for purpose, flexible, innovative and dynamic workforce.
i. Partnership working with Universities and other education providers	It will be important to maintain and develop the extremely valuable symbiotic relationships with education sector partners, capitalising on HIEC and AHSC input, to ensure a vibrant

	and leading edge teaching and research function supporting improved service delivery for patients.
j. Working with local authorities and health and well-being boards in taking a joined-up approach across the health, public health and social care workforce	These are appropriate. For both these functions it will be important for providers to work effectively at a strategic level with local authorities and the Colleges to identify clarity of purpose, respective responsibilities and contributions.
k. Ensuring continuous quality improvement and assurance of educator standards (in particular postgraduate education)	
l. Contributing, as appropriate, to the development of national policies and issues	This will be necessary and is strongly supported.