

HEE and LWABs: an update following consultation on proposals for securing the long-term future of HEE

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Health Education England



**Developing people
for health and
healthcare**

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1. Introduction and purpose of this document

- 1.1 HEE is the people organisation for the NHS, with statutory duties to ensure the sufficient supply of skilled clinical staff and improve the quality of education and training so that when a patient needs NHS care, there is a trained person – with the right values, skills and behaviours – ready to meet their needs. *How* we do this going forward is changing.
- 1.2 Within these changes, it is important to re-emphasise that significant areas of our responsibilities remain the same. We have retained our statutory responsibility for continuing to improve the quality of education and training of health care staff, and to ensure the sufficient supply of the future workforce. In tandem with this, our focus on the future, alongside our need to ensure that excellent education and training is being delivered today, remains as important as ever. However, our operating model is being revised as a result of this, with more focus on the NHS workforce of today, with our regional and national teams taking forward aspects of our core portfolio.
- 1.3 In 2016, we reduced the number of our local education and training boards (LETBs) from 13 to 4, and at the same time we renewed our focus on the 4 regions as a result of this. We have also supported the introduction of Sustainability and Transformation Plan areas (STPs), bringing health and care providers (and appropriate ALB leads) closer together at local level.
- 1.4 We have seen a consequent change in role for HEE's 13 local offices and the staff that lead local services. There is now a new focus on HEE as the centre of expertise on workforce intelligence and data and the potential to act as a catalyst for, and a co-ordinator of, the cross-system changes required insofar as they relate to the NHS workforce.
- 1.5 In the light of changes to our commissioning role, the reductions in our running cost budgets and the place-based planning emerging from the NHS Five Year Forward View¹, we have worked with staff and stakeholders to develop five revised over-arching corporate objectives for HEE:
 - **Thinking and leading** - we will lead thinking on new workforce policy solutions in partnership with the Department of Health and others as appropriate to support high quality and sustainable services;

¹ NHS Arm's Length Bodies – NHS Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

- **Analyzing and influencing** - we will use high quality data, evidence, advice and workforce expertise to influence the delivery of NHS priorities;
- **Changing and improving** - we will design and respond positively to innovative recruitment, retention, development and transformation initiatives locally, regionally and nationally which change and improve NHS services and quality of care;
- **Delivering and implementing** - we will deliver high quality education and training, implement our Mandate and support partner-led programmes to improve the quality of care and services;
- **Focusing on tomorrow** - we will strategically focus on the future including new roles and pathways to the professions and helping the NHS workforce embrace new technology.

1.6 From the end of March until the end of June this year, we undertook formal consultation with our staff and trade union partners on how we proposed to make further changes to the organisational structure of HEE in order to:

- enhance and improve our delivery in the changing HEE context set out above
- further improve our performance as a national and local system leader within the NHS
- make the cost reductions required of HEE as an arm's length body (ALB) of the Department of Health (DH).

1.7 HEE's Board has now agreed a range of new structures for HEE's national and regional functions, and these are now in the process of being populated. The effective implementation date of the new structures is 1 October 2017, although it may not be until the end of December that all new appointees have taken up post, and some staff leaving HEE as a result of these changes have departed.

2. Developing HEE's Operating Model for working with STPs and LWABs

- 2.1 The structures and operating models now being implemented are all predicated on the following;
- That we have taken a fresh look at how our functions and services might be delivered, and how they can be improved as part of this process.
 - That we are responding to system changes, such as the requirement to better support STPs and the impact of HEE's reduced role in non-medical education commissioning.
 - That we will continue to work on the basis of doing what can best be done once (nationwide) or four times (regionally) or more (at local or STP level).
 - That we continue to learn from changes elsewhere within HEE or the wider NHS, or beyond.
 - That we continue to maintain quality while we look to develop capacity and capability, albeit in a different way.
 - That we must deliver our Mandate.
 - That we ensure that the changes we make are safe for our staff, for our trainees and learners, and for patients of the NHS.
- 2.2 During consultation, we set out how we have been working with NHS England (NHSE) and fellow ALBs based on the four regional footprints since late 2014, with an increased focus on joint working since the development of STPs began. We emphasised how HEE's key areas of responsibility have changed as a result of the 2015 Comprehensive Spending Review (CSR) and government policy around education, but that we have retained our core business around the delivery of postgraduate medical and dental education, from recruitment, education provision and assessment including the Annual Review of Competence Progression (ARCP) process through to learner support, including focused performance support and faculty support and development.
- 2.3 There was support for our notion that our transformation offer in STPs (now referred to as Sustainability and Transformation Partnerships) through the Local Workforce Action Boards (LWABs) must be a priority. We have developed LWABs to support local communities (through their STPs) to help to bridge the quality, finance and safety gap across the NHS. There are 44 STPs and 38 LWABs chaired by senior executives on behalf of the STP and co-chaired with members of HEE's Senior Management Team.

2.4 Our role in supporting workforce transformation is key to ensuring that local action is being taken to ensure:

- The availability of workforce intelligence
- A supply pipeline for the identified future workforce
- That workforce development and transformation enablers are in place
- That quality is built into every aspect of education and training
- That a focus on leadership and organisational development is embedded across the STP.

2.5 There was support for the need to recast and clarify our vision for HEE, as seen by the wider NHS and care system, to be the ‘workforce ALB’. The transformational role that we are leading on through the LWABs is new business for us, critical to both the success of HEE and the 5-Year Forward View. The principles for our redesign are:

- The creation of regional services providing dedicated knowledge and skills hubs
- Consistent quality in the provision of services to trainees, Trusts and other key stakeholders
- Alignment of resources and expertise to support STPs
- Future proofing of services post CSR
- Commonality and consistency in approach to ways of working
- Driving efficiency through doing things once nationally, once regionally or locally where service delivery requires.

2.6 These are all needed in order to ensure:

- A greater connection between national policy and regional delivery
- Strengthening Mandate delivery through national and regional transparency
- Maintaining and developing local responsiveness
- Supporting the delivery of 5YFV and thematic sub groups
- Supporting the STPs through the LWAB infrastructure
- Better affordability and reduced duplication across the regions
- Improved collaboration with NHSE and NHS Improvement (NHSI).

2.7 In order to achieve better alignment with our key partners in NHSE and NHSI, our model for this part of the business needs to operate on the same footprint as the other ALBs, as far as is practicable. HEE’s Local Directors are the key account managers for the STP footprint and the consequent transformation agenda. They must be supported through locally focused and regionally co-

ordinated functions for information, commissioning, planning and quality as well as the national teams delivering finance, IT, HR & OD, Corporate and Communications support. In particular:

- HEE's Local Directors will support the delivery of Workforce Transformation through the LWABs
- We will focus and shape the resource requirements for Workforce Transformation through an internal consultancy approach
- We will set out the regional delivery of workforce planning
- We will set out the regional delivery of non-medical commissioning and arrangements for medical commissioning
- We will set out the relationships and communications with other customer facing regional services
- We will agree the service and account management arrangements.

2.8 As ever, we are happy to expand upon the content of this brief paper, and discuss this further with colleagues and stakeholders at local, regional and national level as appropriate.

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