NHS
Health Education England

Response to:	**Health Devolution Commission** **AN INQUIRY INTO THE VALUE AND ACCOUNTABILITY OF DEVOLVED HEALTH SYSTEMS**
From:	NHS Health Education England
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HEALTH DEVOLUTION COMMISSION
AN INQUIRY INTO THE VALUE AND ACCOUNTABILITY OF DEVOLVED HEALTH SYSTEMS

1. Submission on behalf of Health Education England

1.1 This evidence is submitted on behalf of Health Education England (HEE), as the Director of Innovation and Transformation.

1.2 HEE exists to support the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place[i].

1.3 HEE is mandated[ii] to provide national expertise around education, training, long-term workforce planning and workforce development, along with dedicated resources to help local devolved systems.

2. Role of HEE

HEE's mandate[iii] is to work closely with national, regional and system partners to develop a coherent approach to workforce policy and planning.

- HEE leads on developing a flexible NHS workforce, open to innovation and change.
- We work with systems to help organisations to understand their current workforce position, identify gaps and needs, and develop system workforce plans and prioritise workforce development investment.
- We are committed to working with local health and care systems and their constituent organisations and partners to ensure a collaborative approach to training, recruiting, retaining, developing and deploying the local healthcare workforce[iv].
- We work with partners to address future workforce supply, transformation of the existing workforce and ensure the quality of learning environments.

Devolved areas will want to consider that there are aspects of infrastructure that it is most effective to deliver nationally, to make best use of expertise, deliver value for money and avoid duplication – such as in producing learning materials. For instance, HEE's e-Learning for Healthcare[v] provides a single platform for sharing education and training materials for health and increasingly social care. Devolved areas may want to maximise their own investment by complementing national developments.

3. Executive summary

HEE is mandated[vi] to work closely with national, regional and system partners to develop a coherent approach to workforce policy and planning.

The premise of our response to this call for evidence is that bringing a workforce, education and training lens to place-based conversations enables providers and partners across health and social care to better collaborate to meet population needs and deliver on priorities.

Good health devolution will complement national education and training, workforce planning and development initiatives and resources, wherever appropriate, enabling devolved areas to maximise their own investment.

To illustrate, we offer some observations from HEE's Workforce Transformation Collaborative and our Talent for Care initiative. Learning from our innovative place-based education pilots, seeking to maximise educational capacity is relevant. We share findings from the Topol Review and updates from our digitally ready workforce programme. We give examples of how HEE's Knowledge for Healthcare strategy enables integrated working, by optimising the expertise of information providers across health and social care.

3.1 Workforce transformation: HEE works increasingly closely with Integrated Care Systems and Sustainability and Transformation Partnerships across health and care locally, regionally and nationally on shared priorities[vii].

3.2 Education and Training: Focused on building a 21st century workforce, HEE's role is to transform the delivery of healthcare[viii] and more recently across care, through the Talent for Care[ix] programme.

3.3 Technological transformation: We are seeing unprecedented technological advances in healthcare. The adoption of emerging technologies has implications for the education and training of the health and social care workforce[x]. Over the next decade, automation and Artificial Intelligence will change the skills needed (See Appendix 1).

3.4 Data, evidence and knowledge: Knowledge is a valuable asset that needs to be managed[xi]. In a devolved system, leaders and practitioners need to use a common evidence base and to share data and knowledge across health and social care.

3.5 The citizen and the patient: The digital future holds the promise of empowering citizens to be more informed, better manage their own health, work together with healthcare staff on treatment decisions and direct personalised care[xii].

These examples are not exhaustive, as HEE operates with a place and system focus in a multitude of ways. The areas from which we draw examples relate to both devolved and non-devolved health systems. However, we believe that the themes above will enable good health devolution.

Question 1
4. What does good health devolution look like?

The premise is that bringing a workforce, education and training lens to place-based conversations enables providers and partners across health and social care to better collaborate to meet population needs and deliver on priorities.

Good health devolution will complement national education and training, workforce planning and development initiatives and resources, wherever appropriate, enabling devolved areas to maximise their own investment.

HEE's work across a range of facilitative programmes has generated five themes and we suggest that good health devolution will display the following characteristics:

4.1 Realising local workforce investments

Participants will jointly explore the range of workforce transformation solutions, to address workforce requirements and realise the potential of local workforce transformation investments. They will seek creative solutions to workforce skill mix and redesign, focussing explicitly on these enablers:

- Supply
- Up-skilling
- New roles
- New ways of working
- Leadership

From our work with Breaking Barriers Innovation[xiii] (BBI), on a series of pilot projects on place and the social determinants of health across England, good health devolution requires:

- Focus on population health needs, including specific demographic variations
- Workforce planning and transformation as part of wider system change

HEE's extensive Talent for Care[xiv] programme demonstrates that a sustainable local workforce relies on engaging young people from school onwards to Get Ready, Get In, Get On and Go Further in their careers. A system-wide approach is critical in reaching out and developing a more diverse workforce. This includes GP and primary care employers, mental health, community and hospital trusts, Clinical Commissioning Groups and local authorities responsible for social care working with local enterprise and the voluntary sector.

Devolved areas will recognise the improvement in local healthcare delivery deriving from participation in international partnerships[xv]. These can offset workforce numerical deficiencies as well as improve the skills and behaviours of NHS professionals. Partnerships provide a springboard for innovation and research and development growth, giving access to comparator populations and providing pathways to frugal innovation and collaboration. The experience of efficient health and social care delivery in a community setting, gatekeeping access to secondary care, is highly desired by communities of other nations.

4.2 Maximising educational capacity

Education and skills development are about all the ways health and care staff can learn to do their roles to support people. It includes how staff become trained, qualified and stay up to date. Leadership holds the key to long-term partnerships between education, communities and healthcare[xvi].

Training local people for local jobs will support their local economies and ensure workforce supply. Maximising educational capacity is a key characteristic in building a community's health services.

- HEE has piloted a place-based approach to the utilisation of tariff funding for practice placements. This has involved working jointly with multiple stakeholders across different types of 'place', including whole ICSs coming together. The focus has been on how to maximise educational capacity in new and existing placement providers to make the biggest impact on enabling a place to meet local needs and aspirations.
- Effective ICSs will adopt innovative approaches to learning. Examples from HEE's pilots include placements across care pathways within a place, giving students experience from prevention through to acute care; and testing different approaches to utilisation of tariff to support placement activity.
- Taking a place-based approach and providing ICSs with education funding accounts will support devolution by making the education funding that flows into systems more transparent.

Opportunities for staff from different disciplines builds understanding of each other's roles and professional identities, developing trust, relationships and joint ways of working[xvii]. Effective workforce integration is enabled by a common approach to skills development and competencies, which will speed up joint workforce planning through a shared understanding and common language, and shared education and training initiatives.

HEE offers resources to everyone involved in educating and training healthcare staff and in developing their skills: for staff, commissioners, providers, employers, education providers, families and carers.

4.3 Drawing on a data and digitally ready workforce

For health and care systems to effectively, efficiently and compassionately deliver services, systems and care, every member of staff requires the skills, knowledge, confidence and motivation to use both data and digital tools (HEE). The workforce of the future needs to be equipped with new competencies and skills for digital and technological innovation[xviii] allowing greater mobility of roles between health and care sectors.

The Topol Review[xix] identified areas in which specialised education and training are needed. To achieve transformational change through digital healthcare technologies requires a renewed focus on workforce development as a continuous and integrated element of working life, which empowers as well as educates.

HEE's prior work on building a digital ready workforce indicates that each ICS will need a cross-sector digital readiness strategy, based on an understanding of capacity and supply, with leadership for culture change. A digitally ready workforce demonstrates high levels of digital literacy (See Appendix 3). HEE is developing a digital skills self-assessment tool for both health and care to help identify individual digital skills gaps and inform organisations about their workforce digital skills capabilities.

4.4 Optimising evidence, data and knowledge

People should be cared for by competent and capable staff, receptive to innovation and able to use evidence from research. It is not enough to have the right teams in the right place, collaborating to deliver high quality, efficient patient care. It is essential that they use the right knowledge and evidence at the right time. The knowledge and know-how of staff are precious assets[xx]. Therefore, an effective integrated system requires proactive knowledge services as business-critical instruments of informed decision-making and innovation[xxi].

Learning from the private sector, partner organisations in devolved areas will recognise that information is of critical importance and that their collective knowledge and intelligence must be managed at a senior level to achieve shared objectives[xxii]. They will want to develop and use a strong evidence base around their place-specific challenges and opportunities, using this to prioritise. Devolved areas will thrive on using the full range of intelligence sources: demographic performance and activity data; evidence from research, best practice, patient and client feedback; corporate knowledge; and staff know-how.

Successful devolved areas will have a culture in which knowledge is valued, and knowledge sharing is embedded in working practice. They will display an appetite and develop capacity to learn from and invest in the adoption of the best practice demonstrated by other services and organisations[xxiii].

4.5 Fully engaged, health literate citizens

Good health devolution will demonstrate inclusivity, equality and diversity. Citizens will be able to engage more effectively in their health and social care choices.

To make informed choices in health care, individuals need to be able to access current information, assess whether it is reliable and then act on the information. This is health literacy. There are challenges, however, as health literacy levels are low in England: 43% adults aged between 16 and 65 cannot understand text-based health information, rising to 61% unable to understand once numbers are added[xxiv]. In practical terms, most adults in England are unable to interpret the dosage details on over-the-counter medications.

Interactions with health and social care services are increasingly digital; citizens' digital literacy is therefore of fundamental importance. The Topol Review recommended that local arrangements should be established to support education, as a fundamental shift is needed in the balance of skills of the public and the workforce in the next two decades[xxv].

Health and digital literacy, incorporating both practical and digital navigation skills, are now essential to enable individuals to have meaningful access to their personal data and a shared understanding of health and care options and risks.

5. Building healthier communities

Identifying the potential of health devolution for place shaping, building healthier communities and transforming services to meet local health needs

In responding to the Commission, our intention is to share some examples that may be of interest to policymakers at national, region, city and local levels who seek to adopt health devolution.

5.1 Workforce transformation

The experience of HEE's Workforce Transformation team demonstrates that bringing an education, training and workforce lens to place-based conversations enables providers and partners across health and social care to better collaborate to meet population needs and deliver on priorities[xxvi].

The HEE STAR[xxvii] brings a single narrative structure to conversations amongst local providers to better understand workforce transformation requirements. For example, Kent and Medway Cancer Alliance commented "it was really helpful to have the structured conversation … to go through the process to identify some of those particular challenges and then think about how we might want to address them; with the variety of individuals in the room, both from an operational perspective, from an alliance perspective, from a regional and national perspective."

Investment in placed-based approaches allows organisations to radically rethink what types of jobs would make the greatest difference to the health economy. The BBI Playbook Programmes[xxviii] are developing flexible career structures, supported by continuing professional development and access to training, which together encourage staff to remain locally.

Place based partnerships (institution to institution, locality to locality, region to region, government to government) provide a platform for ethical circular migratory pathways (such as 'earn, learn and return' or global fellowship programmes) based on professional development offers for UK health and social care workers as well as the workforce of global partner institutions[xxix]. Global partnership opens up technical collaboration and knowledge exchange, leading to opportunities for strong co-developed health systems and providing commercial development.

Working in health or social care roles requires resilience. HEE sets the strategy for NHS library and knowledge services which commonly provide well-being resources, serving as staff well-being hubs. Opening these hubs to social care staff would build professional links.

5.2 Education and Training

Training local people for local jobs supports local economies and ensures workforce supply. A proactive approach to talent management, offering shared learning opportunities and ensuring the right leadership and culture all strengthen the devolution agenda.

A deliberate approach to talent management is needed. HEE's Talent for Care[xxx] programme supports employers with their workforce supply through schools' engagement, volunteering, work experience, apprenticeships and access to higher education and the registered professions. In Sussex, for example, HEE works at system level with healthcare, retail and hospitality.

Devolved areas will seek to make the best use of all their social assets. For example, public libraries are often the conduit for joining the employer with the education/provider. They play a key role in both 'out and in reach' - supporting literacy and numeracy, employability, careers advice, study skills, research skills, career progression and career changers and research skills.

Observing that HEE's e-Learning for Healthcare[xxxi] has also become the repository for COVID-19 resources for social care and care homes, devolved health systems might consider using a joint education and training platform. This would support a shared approach through a common language for skills and competencies. The Care Navigation Competency Framework[xxxii] is one example of cross-sector working. Focus on the core tasks, purpose and core competencies of 'care navigation', rather than 'roles' and 'titles', promotes standardisation and opens up opportunities for people from many backgrounds.

5.3 Technological transformation

Person-centred care and population health decisions both depend upon the ability to transfer data between parts of an integrated health and social care system. The Topol Review[xxxiii] noted that development of a sustainable infrastructure, especially with respect to interoperability across secondary, primary and social care, plus implementing the local health and care record of the future, are prerequisites for delivering on the potential of the digital healthcare technologies.

Primary Care exemplifies change at scale, given the rapid deployment of remote 'Total Triage' in response to the pandemic. This has required in social care, care homes and general practices to complete an online consultation form for patients who are unwilling or unable to do so. Meeting an urgent need, HEE has launched e-learning for both care sector and practice staff to utilise remote total triage tools, including specific digital skills learning[xxxiv].

Meanwhile, in partnership with NIHR and HDRUK, HEE is engaging with professional bodies, NHS organisations, Social Care, industry partners, staff networks, AHSNs and NHS Arm's Length Bodies to tackle the complex and challenging task of providing a digital and data ready workforce.

For new digital healthcare technologies to deliver significantly better patient outcomes without the need to increase resources, the whole health and care system needs to plan for the future[xxxv]. Leadership is vital. HEE offers programmes including development sessions with ICS Boards, an HEE and Yale programme for integrated learning for ICS.

5.4 Data, evidence and knowledge

System partners, working collaboratively to align levers, investments and plans require validated and timely data flows, plus proactive knowledge services, as business-critical instruments of informed decision-making and innovation. Integrated systems need to ensure that the right knowledge and evidence is used at the right time at the Board and the bedside, in the community, the clinic and the care home.

Devolved health economies will need to use a common body of knowledge, encompassing evidence from best practice and research and about local guidelines and ways of working. HEE funds the core electronic knowledge resources for the NHS. Employees and contractors of organisations which receive government funding to provide social care services or information to support social care service delivery are eligible to

use these. HEE is procuring a national library discovery system to improve access to electronic resources. We could envisage this becoming a health and social care knowledge discovery system.

Topol recommends the NHS should increase the number of knowledge specialist posts with the skills to bring together data, information and evidence from research into actionable knowledge[xxxvi] [xxxvii]. Knowledge management specialists enable staff to: share their knowledge from experience; promote innovations; capture and share organisational knowledge; and use and apply evidence from research and best practice. NHS knowledge specialists work across several integrated care systems. As an example, through the STEM Club in the North East, NHS knowledge specialists deliver summarised, synthesised information to support service reconfiguration[xxxviii].

5.5 Fully engaged, health literate citizens

Library and knowledge services in all sectors (whether in health, schools, education or local authorities) provide a safe, secure non-discriminatory environment that promotes digital learning and participation[xxxix]. HEE is leading a 5-year cross-sector partnership to increase health and digital literacy, to enable citizens to be fully engaged. HEE has created a suite of health literacy training tools, including an e-learning programme developed with NHS Education for Scotland (see Appendix 2).

We have upskilled NHS librarians to work with information providers in the community, enabling them to signpost to trusted information sources and raise awareness of health literacy, underpinned by digital literacy. Meanwhile, public libraries signpost to social care services and to the public library 'universal offers' around Health and Well-being and Digital skills, helping to reduce health and social care inequalities.

Citizens are increasingly invited to access both NHS and social care services through digital-first mechanisms. Recognising this need, HEE is developing a digital literacy self-assessment tool, to help the workforce and members of the public. The tool builds on HEE's digital literacy framework (See Appendix 3).

6. CONCLUSION

In our view, from a policy and strategic perspective, national oversight of education, training, workforce planning and transformation for health and care is critical. Across this whole agenda, personalised care, cost-effectiveness, value for money and workforce productivity are key factors. Any devolution needs to be cognisant of these.

The evidence presented in this submission demonstrates that bringing an education, training and workforce lens to place-based conversations provides a neutral frame, allowing partners to establish a common focus through which to collaborate to meet population needs and deliver on priorities. Good health devolution should enable that focus to be maximised, building on the themes we have identified above.

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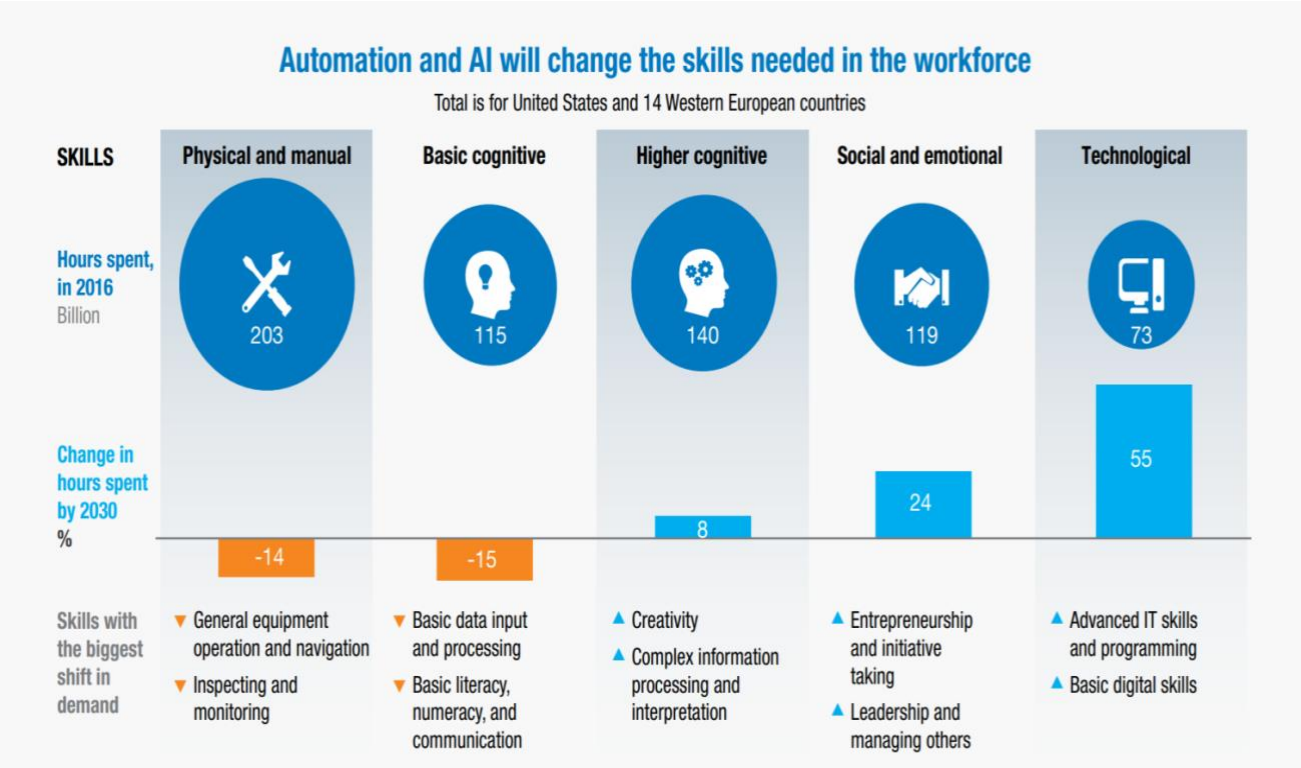
Appendix 1.

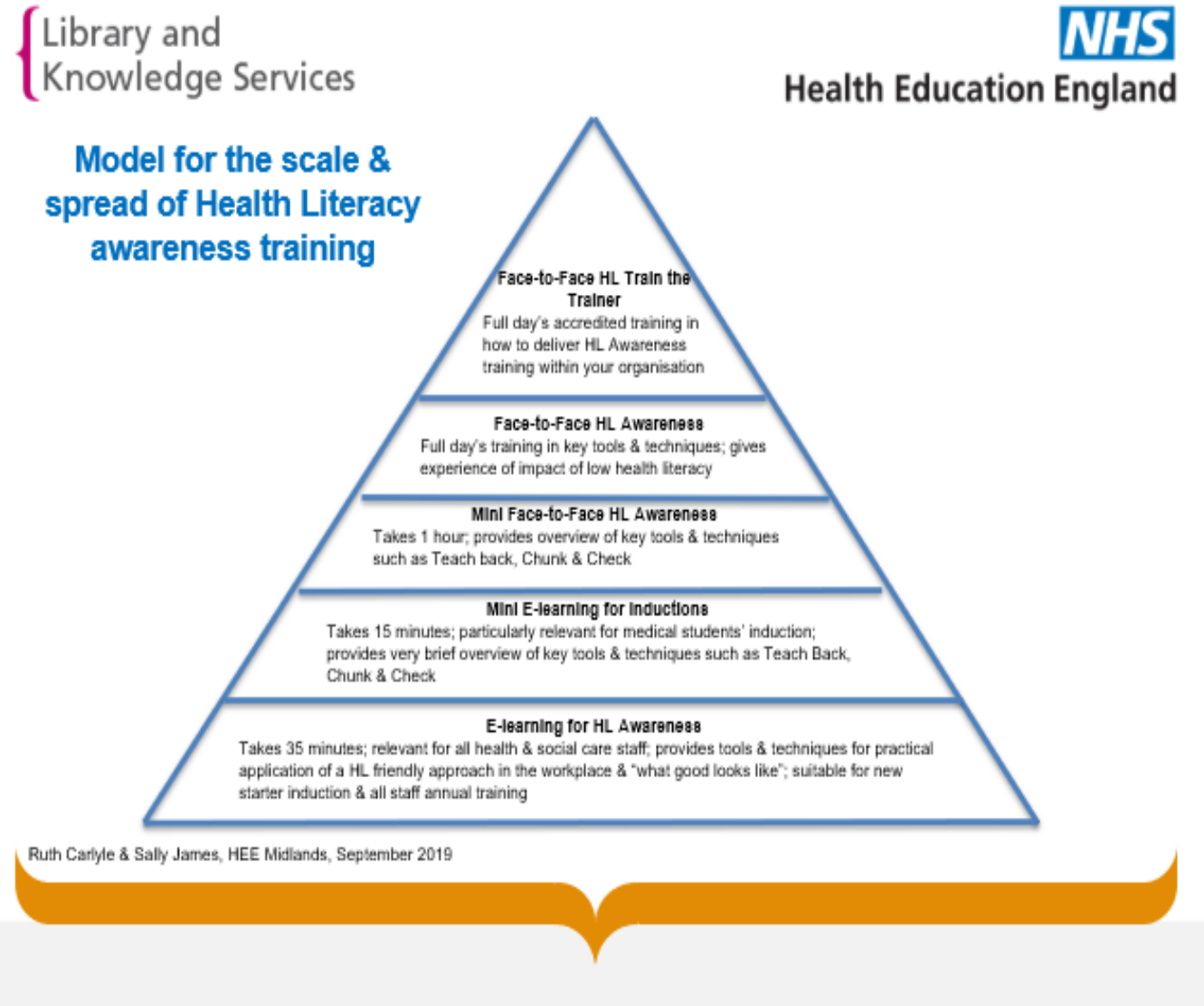
Within the next decade we will see a fully integrated, digitised and remotely accessible health and care record. This will provide the platform for the integration of AI-based technologies delivering user-friendly, real-time information on personal health data, empowering patients to manage their own health or seek appropriate health support.

The Scale of Change by 2030. McKinsey & Company, May 2018

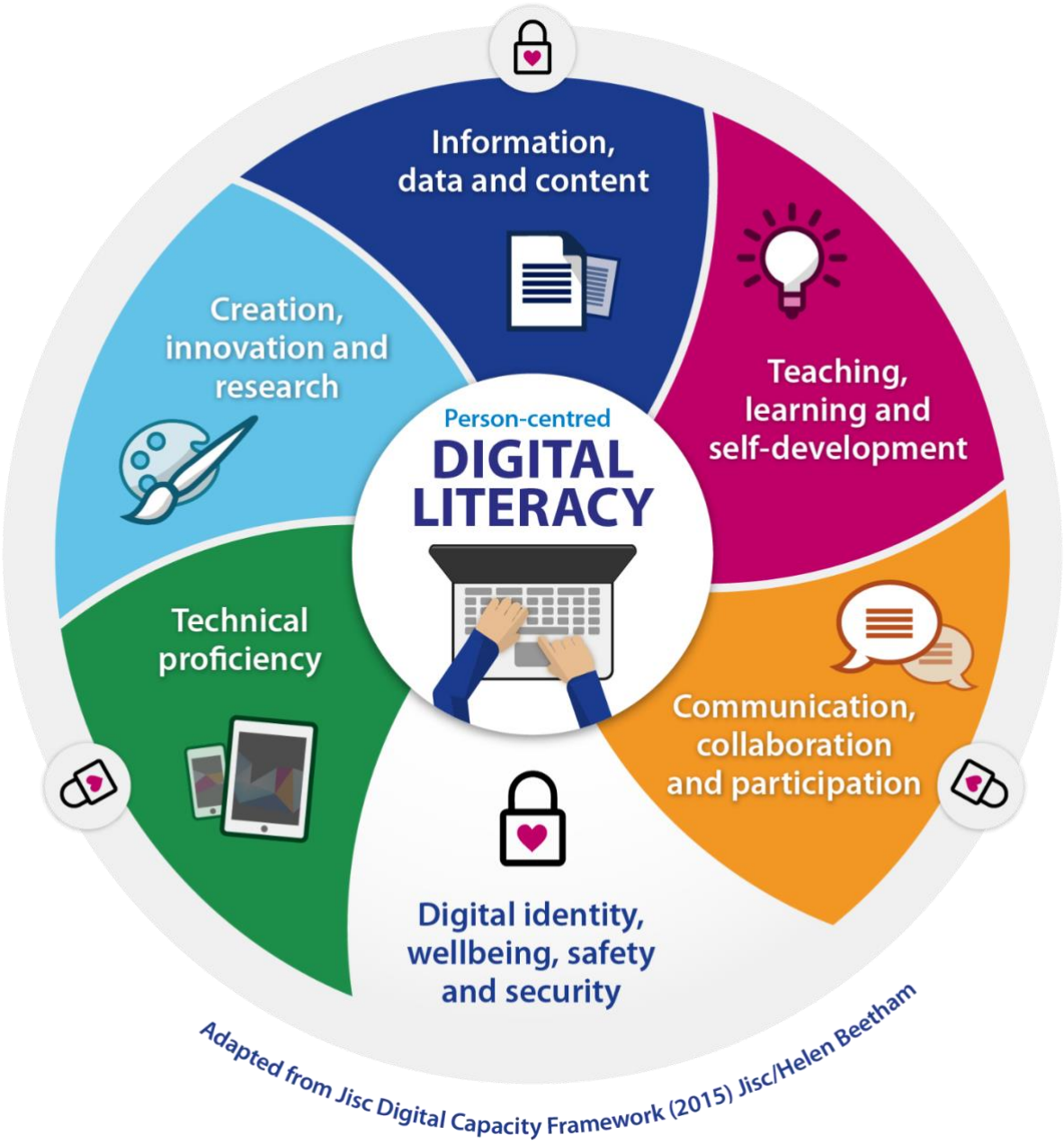


Appendix 2: Suite of Health Literacy training resources

The suite includes e-learning developed with NHS Education for Scotland https://www.e-lfh.org.uk/programmes/health-literacy/



Appendix 3: HEE Person-Centred Digital Literacy Model



References

[i] Department of Health and Social Care Mandate to Health Education England (2019-20)
[ii] As above
[iii]As above
[iv] As above
[v] E-Learning for Healthcare
[vi] Department of Health and Social Care Mandate to Health Education England (2019-20)
[vii] As above
[viii] As above
[ix] Talent for Care
[x] Topol Review (2019)
[xi] Knowledge for Healthcare (2014)
[xii] Topol Review (2019)
[xiii] Breaking Barriers Innovations HEE partnership
[xiv] Talent for Care
[xv] Global Engagement
[xvi] Talent for Care
[xvii] Social Care Institute for Excellence, Integrated Workforce
[xviii] Topol Review (2019)
[xix] As above
[xx] NHS libraries policy (2016)
[xxi] Knowledge for Healthcare strategic framework (2014)
[xxii] Information as an Asset (2019)
[xxiii] Knowledge for Healthcare strategic framework (2014)
[xxiv] Rowlands et al (2015)
[xxv] Topol Review (2019)
[xxvi] HEE Workforce Transformation
[xxvii] HEE STAR
[xxviii] Breaking Barriers Innovations HEE Partnership
[xxix] HEE Global Engagement
[xxx] Talent for Care
[xxxi] E-Learning for Healthcare
[xxxii] Care Navigation Competency Framework (2016)
[xxxiii] Topol Review (2019)
[xxxiv] E-Learning for Healthcare (Coronavirus)
[xxxv] Topol Review (2019)
[xxxvi] Knowledge specialists staff ratios policy (2020)
[xxxvii] Topol Review (2019)
[xxxviii] Case Study
[xxxix] Arts Council England (2018)