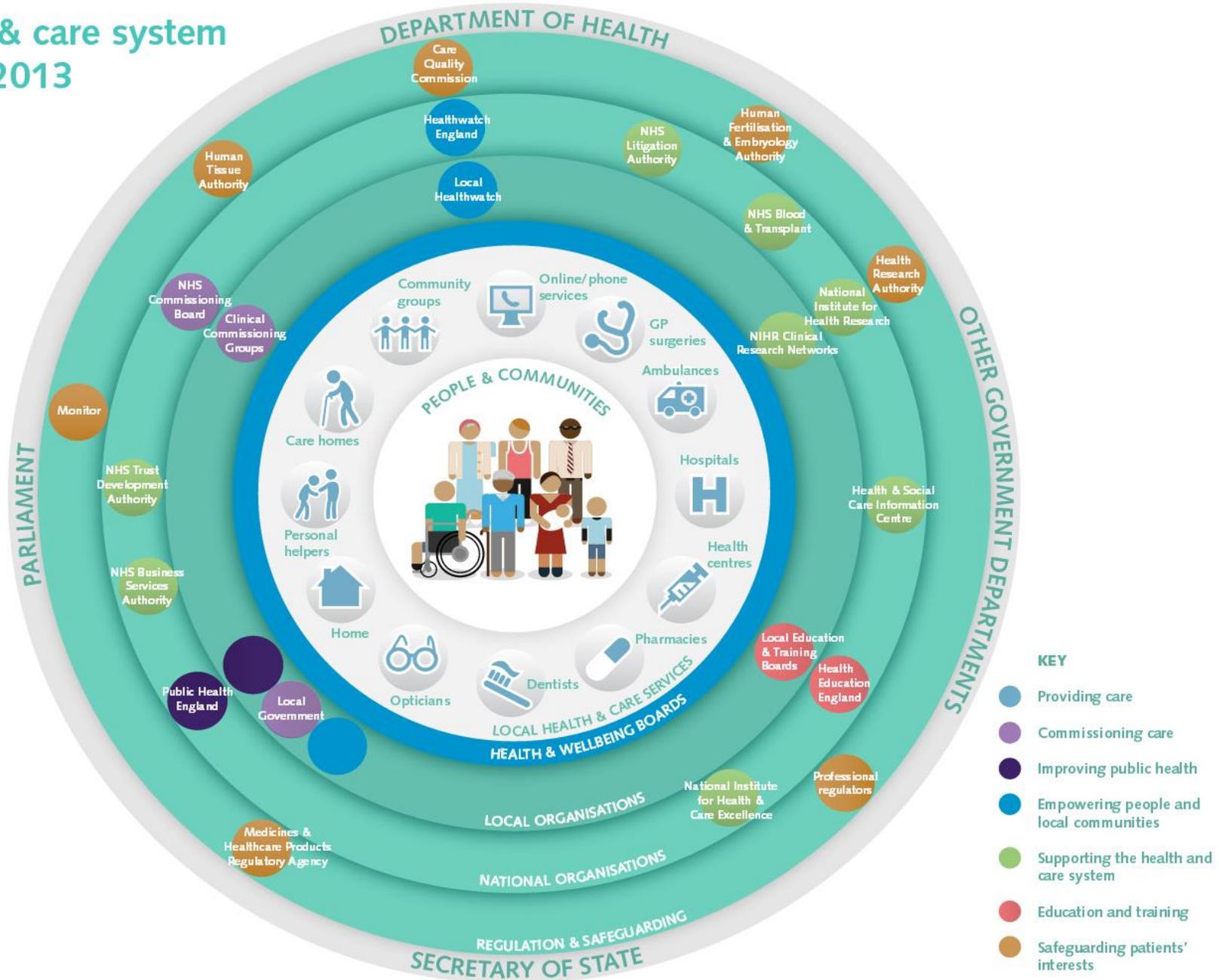


England – health & care system

The health & care system from April 2013



England – health & care system

People and communities

Health and wellbeing boards
Clinical commissioning groups
Local education and training boards
Local Healthwatch
Local authorities
NHS trusts
NHS foundation trusts
Primary care providers
Voluntary and private providers

Local bodies -
ensuring delivery
of local services

Arm's length bodies such as:
Care Quality Commission
Monitor
NHS Trust Development Authority
NHS England
NICE
Health Education England
Public Health England

National bodies -
managing services
across the country

DH

steward of the system

Department of State -
supporting the Government
and linking with other
Government departments.

Health Education England (HEE)

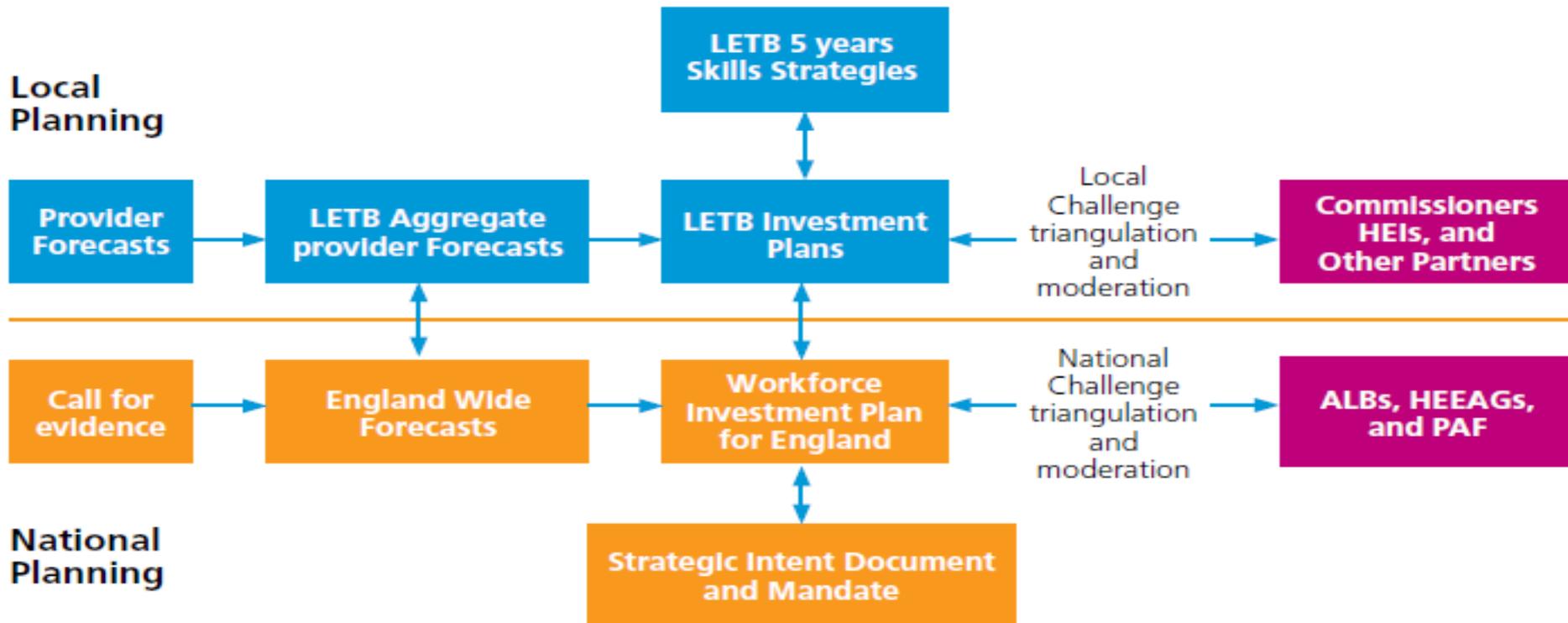
Drivers / Priorities

- *Recognising responsibility and accountability*
- *Driven by local needs and decision making*
- *Within a national accountability framework*
- *Informed by the views of patients and professions*
- *Using transparency as an accelerator for change*

Outcomes

- *New system wide planning process*
- *First comprehensive Workforce Planning Guidance pulling together national and local, medical and non-medical, NHS and academic planning cycles*
- *First ever Workforce Plan for England setting out clearly the investments to be made in education and training programmes – public accountability of £4.9bn*

HEE Workforce Planning Process 2013



Main aspects

- The Department of Health acts as the steward for the health, social care and public health system setting strategic outcomes, securing resources, the regulatory, policy and legal framework and providing oversight and leadership.
- This is in the form of mandates to national bodies such as Health Education England
- Health Education England ensures ‘that the future workforce has the right numbers, skills, values and behaviours.’
- DH, HEE and PHE jointly commission the Centre for Workforce Intelligence (CfWI) to ‘produce quality intelligence’
- Local organisations undertake health workforce planning takes place (such as NHS Foundation Trusts).

Workforce planning

Lessons learned

- Uninformed workforce policy making runs the risk of boom and bust cycles (DH, 2014)
- Structures and models have changed to locally driven WFP informed by wider research from all levels (as set out by DH & HEE, 2013)
- Developed experience of differing models and improved data has helped move WFP forwards (Electronic Staff Record and other data systems) (DH, HEE, CfWI, 2013/4)
- Uses a range of world class methods including systems dynamics (when faced with complexity), thinking about the future systematically and classical methods as appropriate (CfWI, 2014)
- New national arrangements and ownership focused on outcome achievement (DH, HEE, 2013 & 2014)

Challenges and ambitions

- Estimating demand is difficult and a stronger evidence base is needed as there some data gaps still e.g. mobility, independent providers, accuracy / timeliness (OECD JQ, 2014)
- Productivity gains are hard to define and realise especially if in resource growth times (Health Committee, 2007)
- More care pathway / journey perspectives (HEE, 2014)
- Integrated view of the workforce across health, social care and public health (DH & HEE, 2013/4)