

Primary and Community Care Training Hub programme

Common Operating Guidance

Audience: Local Offices, Training Hubs

March 2020

Version 8.3 Release

Overview

Training Hubs are integral to Health Education England's core purpose of supporting the delivery of excellent healthcare and health improvement to patients and the public through ensuring the primary care workforce of today and tomorrow are trained in the right numbers, have the necessary skills, NHS values and behaviours at the right time and in the right place as described.

Through their activities, they support the delivery of HEE objectives and priorities as described in the Mandate and the HEE workforce plan: "Framework 15". In addition, they are ideally placed to work within the NHS' newly emerging system architecture, and support delivery of the NHS Long Term Plan.

HEE conceived the development of Training Hubs with a national implementation programme starting in 2015. Their effectiveness at delivering key educational and workforce programmes to support primary care was acknowledged in an external audit of effectiveness commissioned by HEE. However, there was noted variation in priorities, activities and maturity of the organisations. Consequently, the consistency of activities and the roll out of effective/ innovative programmes has been challenging. It was also noted that a lack of consistent funding was threatening the sustainability of the Training Hubs and exacerbating the noted variation.

In seeking to address the recommendations of the audit of effectiveness, Training Hubs, together with the HEE Primary Care Team, reviewed the core functions and contributed to the development of a common operating framework. The common operating framework is designed to enhance and provide assurance with respect to their functions, governance structure, stakeholder relationships and operating model. In doing this piece of work we have worked in close collaboration with our primary care colleagues in NHSE/I.

Core Principles

At the inception of Training Hubs, a set of guiding national principles was supported by HEE, NHSE/I, the RCGP and the BMA GP Committee. These have continued to be reviewed in light of the development of HEE and NHS priorities, and underpin the programme going forward.

- Training Hubs are accountable to HEE through Primary Care Schools and the Postgraduate Dean with respect to educational governance and quality management of the clinical learning environment, and the organisation of clinical placements for work undertaken under HEE's direction. Through HEE they are also accountable to the HEE led National Training Hub Oversight Board with respect to educational governance and quality management of the clinical learning environment, and the organisation of clinical placements for work undertaken under HEE's direction.
- Training Hubs are jointly accountable for workstreams developed in collaboration between HEE and NHSE/I nationally and to Sustainability and Transformation Partnerships (STPs)/ Integrated Care Systems (ICSs) for workstreams developed locally to address identified local workforce priorities.

However, the potential for Training Hubs to develop further is considerable: they are ideally positioned to enable "place-based" delivery of education, training and workforce development of the wider NHS primary care workforce at undergraduate and postgraduate levels and at all stages of a NHS

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professional's career in primary care. Through a "place-based" approach and the management of educational tariff, Training Hubs can positively influence workforce "investment decisions" and the delivery of population healthcare needs to help tackle observed healthcare inequalities.

Nomenclature: *Training Hubs, as described by both HEE and in the NHS Long Term Plan, replaces the previous plethora of names describing primary care education networks including: Advanced Training Practices (ATPs), Enhanced Training Practices (ETPs) and Community Education Provider Networks (CEPNs).*

Existing Core Functions of Training Hubs

1. The development and expansion of capacity of high-quality learning placements at undergraduate and postgraduate levels, including provision, training and development of faculty of multi-professional educators.
2. Supporting better understanding of workforce planning needs and their realisation across the STP/ICS and at primary care network level, across health and social care.
3. Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs or support service re-design and delivery of integrated care.

Core Functions by March 2020

The contribution Training Hubs have made, particularly in responding to local future workforce needs through the expansion of training placements, has been acknowledged: such that they are now included in the Long Term Plan and referenced in the new GP contract. HEE and NHSE will be working in collaboration to develop shared understanding of how these functions are delivered and what level of support is required.

It has been noted that there has been variation in both their levels of maturity and adoption of workstreams. The significant investment from HEE requires the appropriate governance and accountability and evidence of delivery.

With a significant investment in Training Hubs, their existing functions will be built on to provide a consistent England wide offer to include:

1. Further development and expansion of placement capacity to create innovative and high-quality clinical placements for all learners to meet the workforce needs of “the place” in line with the Long Term Plan: thus, maximising the effective use of educational resources across the network.
2. In addition to the continuation of the role in supporting understanding of workforce planning, assisting in the co-ordination and realisation of the health and social care workforce across the STP/ ICS system.
3. Support recruitment of the primary care workforce through:
 - Developing, expanding and enhancing recruitment of multi-professional educators together with developing their capabilities to support the delivery of high-quality clinical learning placements and high-quality teaching and learning environments.
 - Supporting the development and realisation of educational programmes to develop the primary/ community care workforce at scale to address identified population health needs, support service re-design and the delivery of integrated care (through, for example, rotational placements and integrated educational programmes of learning).
4. Enable, support and embed “new roles” within primary care.

5. Supporting the retention of the primary care workforce across all key transitions including promoting primary care as an employment destination to students, through schools and higher education institutions.
6. Enable both workforce planning intentions and placement co-ordination through the active management of clinical placement tariffs – moving towards “place-based tariffs”.

Training Hubs – The Offer

By March 2020, all Primary Care Networks will have access to the resources of a Training Hub.

By March 2020, all Primary Care Networks will be supported through the Training Hub programme to develop and maximise their teaching and learning environment: improving overall capacity.

Recognising the variation that exists across Training Hubs in order to fully realise delivery of the described core activities by March 2020, an accurate assessment of “readiness” has been undertaken through a self assessment maturity matrix.

The overarching offer that Training Hubs are expected to provide is detailed in the Maturity Matrix (Appendix 1) which includes expectations across the varying Training Hub workstreams.

Whilst the Maturity Matrix document describes the core expected functions, this does not limit a Training Hub, both now and in the future, to expand their functions and adapt to support changes in both Postgraduate Medical and Dental training, the delivery of integrated care across existing organisational boundaries, or support new as yet un-envisaged roles.

Organisational Framework

To maximise potential, the Training Hub programme within HEE needs to work collaboratively with NHSE at a national, regional and local level.

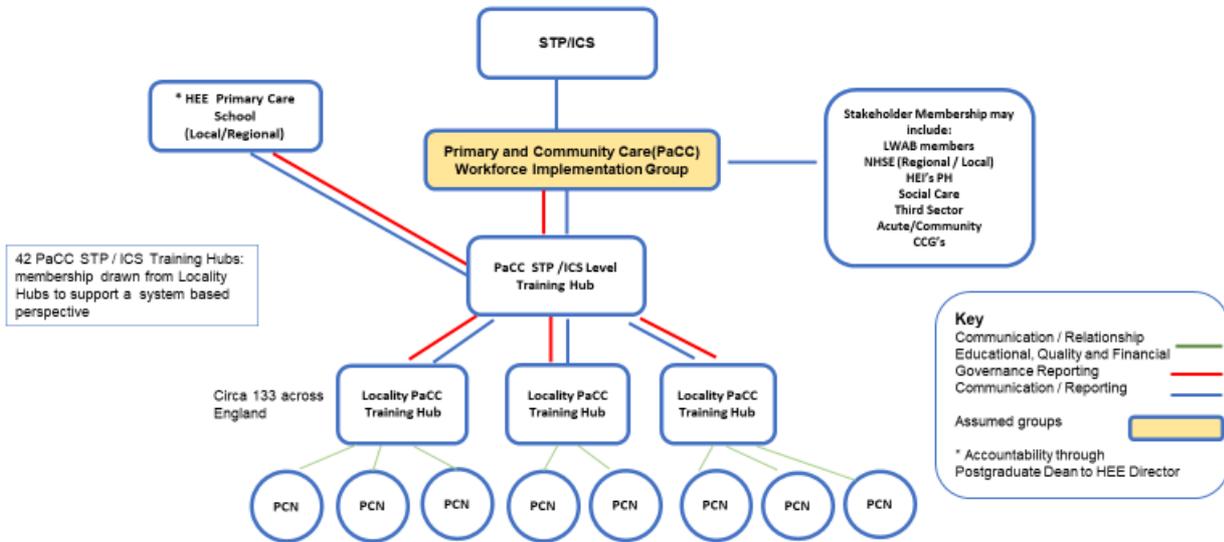
Training Hubs will need to work closely with STPs/ ICSs and locally with Primary Care Networks as well as, but not limited to:

Community Trusts	Universities
Acute Trusts	Medical Schools
Social Care	CCGs
Voluntary Sector	Local Medical Committees
Community Pharmacies	Professional support groups, eg RCGP Faculties
Patient groups	Public Health
Other Postgraduate Medical and Dental Schools	

Structure and Governance

The relationships between the various organisations are described in the following schematic (Diagram 1):

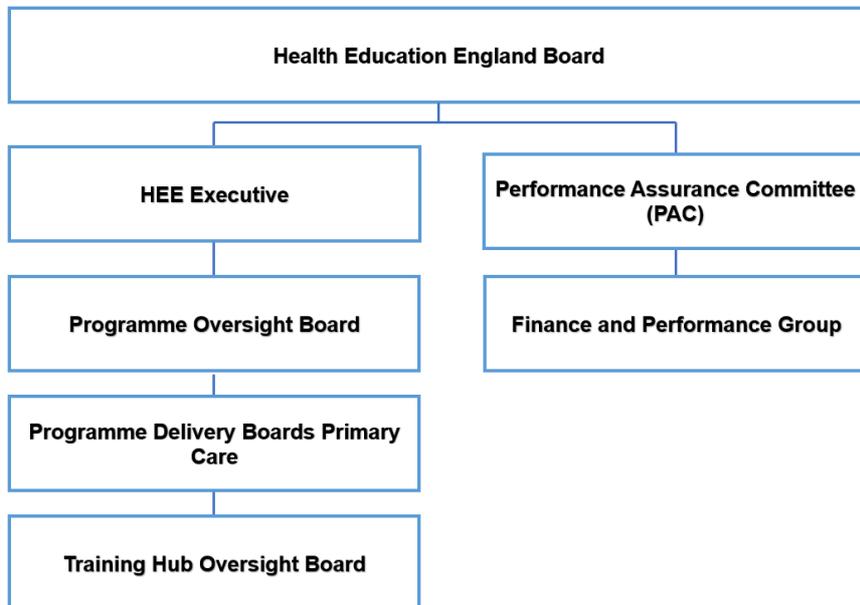
Training Hubs Organisation and Governance –



Training Hub Oversight Group

The Training Hub Oversight Group is part of the HEE Governance structure (see Diagram 2) reporting to the Primary Care Oversight Board. Its terms of reference are designed to oversee decision-making processes, and are applied in accordance with the requirements of HEE to Manage Public Money and adhere to the Code of Good Practice as this relates to public bodies.

The Training Hub Oversight Group will be chaired by the Senior Responsible Officer of the HEE Primary Care Programme, or a nominated Deputy. (Diagram 2)



Given the importance and emphasis of collaboration, as articulated in the NHS Long Term Plan, the Oversight Group will work in partnership with NHSE/I through representation of national primary care programme leads (see Diagram 1).

The Training Hub Oversight group will:

- Provide assurance to the Primary Care Oversight Group of HEE with regard to the delivery of the Training Hub programme with respect to HEE deliverables.
- Ensure that the Training Hub programme supports the delivery of the joint HEE/ NHSE/I programmes as described in the Long Term Plan and as jointly agreed.
- Provide strategic direction to guide the business of the Training Hub programme, including where appropriate HEE or joint HEE/ NHSE/I planning, goal setting (ideally articulating medium to longer term aspirations to promote both consistency and stability), objective setting and delivery of programmes.
- Review reports regarding the performance of Training Hubs with respect to HEE or joint HEE/ NHSE/I programmes
 - Inputs (financial and other resources)
 - Agreed outputs
 - Performance against agreed timelines
 - Where appropriate progress against specific targets or against “success criteria” which might include the quantity, quality and the impact of workstreams
- Review potential risks to delivery where variations in performance exists and investigate, identify and ensure effective mechanisms to address such variations are actioned. Learning from such occurrences to be disseminated to mitigate against future instances within HEE and, as appropriate, for joint HEE/ NHSE/I programmes.
- Review workstream priorities and where necessary re-prioritise and direct Training Hubs, thus enabling them to adapt to changing workforce requirements.
- As appropriate, agree the allocation of resources for joint HEE/ NHSE/I programmes of work.
- Input into and review documents prior to publication and/ or submission to governance stakeholders, including the HEE Board and NHSE/I, when required.

HEE Primary Care School

The Primary Care School is an instrument of the educational and quality governance function of HEE, sitting wholly within HEE. Within HEE, Primary Care Schools may sit within the local or regional architecture. **Appendix 2** outlines in more detail the form and function of a Primary Care School.

*The School is managed by the Head of Primary and Community Care Education through a Primary Care School Board in accordance with HEE’s Operating Model and quality framework. In this, it is accountable to the Multi-Professional Postgraduate Dean, and through the Deans to the Regional Directors.

Membership of the Board will reflect the need to work across the spectrum of primary and community care health and, where relevant, social care, so that the provision of education reflects changing service models in order to ensure delivery of the HEE mandate and appropriate aspects of the Long Term Plan.

The responsibilities of the Primary Care School Board include:

- To provide strategic oversight, leadership innovation and improvement of all activities related to the education and training of the primary care workforce.
- To provide educational governance with respect to the quality of clinical learning placements through the Postgraduate Dean:
 - For non-medical: providing quality assurance bringing together the varying professional and educational frameworks (including QAA processes for HEI led educational programmes and any professional regulatory requirements) into a single assurance framework, quality assurance for clinical learning environments in primary and community care in accordance with the HEE Quality Framework
 - For non-medical placements: quality managing clinical learning environments
 - For medical placements: quality managing clinical learning environments
- To assure the quality of supervision of learners provided by multi-professional supervisors and the quality assurance of their training.
- To ensure all learners across primary and community care achieve the levels of excellence required for a successful career as an NHS professional.
- To provide oversight of the management of nationally coordinated HEE programmes and, as appropriate, joint HEE and NHSE/I programmes
- To ensure robust financial management of HEE programmes/ workstreams pertinent to primary care workforce, education and training.

Workforce Implementation Group

It is envisaged that there will be a Workforce Implementation Group at STP/ ICS level. This will bring together key stakeholders including HEE, NHSE/I, STP/ICS representation, along with other such stakeholders as are agreed. The Workforce Implementation Group should have a multi-professional focus with agreed terms of reference and co-chaired by the Head of Primary Care, or nominated Deputy, a representative from NHSE/I Local Office and a representative from the STP/ ICS. **Appendix 3** outlines in more detail the form and function of a Workforce Implementation Group.

The functions of the Workforce Implementation Group are envisaged to include:

- Support the development of a baseline position with respect to the primary care workforce.
- Identify and prioritise workstreams to address STP workforce needs, including workforce transformation plans focused on what is needed to deliver the service ambitions set out in the STP strategies and Long Term Plan.
- Develop, where appropriate, local programmes to address locally identified needs, including the setting of workstream objectives and outputs.
- Ensure roll out of NHSE/I national/ regional programmes and HEE programmes to Locality Training Hubs.
- For both locally developed programmes, and NHSE/I and HEE programmes to hold: Locality Training Hubs to account for the implementation of programmes, including monitoring of performance against agreed programme objectives and outputs.

- Oversee effective investment of funding in programmes and ensure the financial governance of Locality Training Hubs.

STP/ ICS Level Training Hubs

The Training Hub landscape has developed organically with footprints that reflect the locality in which they originated. Key to their functionality has been the relationships with stakeholders such that they are sensitive to local workforce and educational needs. However, on occasion, this has not provided the “at scale” perspective on what could be done once across a system leading to duplication of effort and potential inefficiencies.

Going forward, the Training Hub programme envisages that these existing “Locality Training Hubs” will come together at STP / ICS level to provide this larger perspective and consider where a unified approach to workstreams may be more beneficial or are required. **Appendix 4** outlines in more detail the form and function of a STP/ICS level Training Hub.

Whilst it is recognised that there may need to be levels of flexibility to account for differing relationships and alignment of functions within a geography and between a geography and other stakeholders including HEE and NHSE/ I STP / ICS, Training Hubs should have a multi-professional Board, with agreed terms of references and be chaired by HEE: Head of Primary Care or nominated Deputy. Membership will be drawn from the existing Locality Training Hubs rather than the creation of a separate organisation.

The terms of reference should be aligned with those of the Workforce Implementation Group and the Primary Care School of HEE. These should include internal governance processes (including conflict of interest policy), and educational, quality and financial governance processes in accordance with HEE’s Operating Model, financial processes and Quality Framework.

There should be a communications strategy and an articulated plan to ensure stakeholder engagement.

The Training Hub is accountable to the Workforce Implementation Group for joint / collaborative workstreams devolved to the Training Hub.

It is also accountable to the HEE Local Office Primary Care School with respect to:

- The quality control of clinical placements in primary (and community) care
- The quality of supervision of learners provided by trained multi-professional supervisors
- Financial management for programmes under the sole auspices of HEE

Placement agreements should be in place for work undertaken with respect to HEI activities managed through Training Hubs.

Locality Training Hubs

The Locality Training Hub is accountable to the STP/ ICS Training Hub and through this to the Workforce Implementation Group for joint/ collaborative workstreams agreed through the Workforce Implementation Group.

It is also accountable through the STP/ ICS Training Hubs to the HEE Local Office Primary Care School and Postgraduate Dean with respect to HEE workstreams.

Locality Training Hubs should be sited within local primary and community organisations such that they are composed of and reflect the natural health economies that they are working across.

Every Primary Care Network (representing 30,000-50,000 population) is aligned to a Locality Training Hub: of which there are currently 133 across England.

To ensure robust governance, Locality Training Hubs should have:

- A multi-professional executive structure chaired by a locally elected lead.
- Terms of reference that align to and are subservient to the STP/ ICS Training Hub
- Internal governance processes including a conflict of interest policy
- Educational, quality and finance governance processes in accordance with those of HEE

Training Hubs – Hosting

Training Hubs are currently not “NHS organisations” but are hosted. Whilst such hosting arrangements may vary, to reflect local partnerships, geographies and contexts, these may include CCGs, community providers or primary care organisations.

Whilst Acute Trusts may be a “host”, the Training Hub MUST be enabled and supported to deliver its core functions with respect to primary and community care.

Training Hubs may be hosted by existing Community Interest Companies (CICs), including those holding Primary Medical Services (PMS) or Alternative Provider Medical Services (APMS) contracts or established community providers. It is not the intention that Training Hubs develop themselves into a CIC for the purpose of delivering the Training Hub agenda or its workstreams.

Hosting arrangements will be underpinned by a contractual agreement between HEE Local Offices and the Training Hubs/ Training Hub hosts which will need to include sound financial governance.

Infrastructure

The Training Hub programme to date has resulted in Training Hubs of various sizes with varying provision of human resources. To achieve a sustainable yet consistent delivery model going forward, the following infrastructure will be:

- Funding based on weighted capitation
- Modelling based on an indicative population size of 300,000 to provide:
 - Senior programme manager support
 - Project support offices
 - 4-5 sessions per week of clinical leadership including education facilitation time

The exact configuration of personnel across the STP/ ICS and Locality Training Hubs will be subject to local negotiation and agreement with oversight through the Primary Care School.

Financial Governance

Training Hubs are required to receive and manage both HEE funds to deliver a variety of transformational activities and funding from NHSE/I and other such initiatives as may arise.

In delegating those responsibilities, HEE and NHSE/I need to ensure such financial operations are both lawful and adhere to the respective organisations’ policies and procedures. Financial management will be enacted through formal contractual processes.

The following requirements are to be met:

- Training Hubs are to operate on a not-for-profit basis
- Conflict of interest policies are to be in place
- HEE and the STP/ ICS Training Hubs to maintain a contractual relationship setting out the output description, activity levels, and monitoring processes for all workstreams related to HEE core business and activities managed through Training Hubs
- STP/ ICS Training Hubs to have a contractual relationship with NHSE/I and HEE for any jointly agreed workstreams
- Financial management to include agreed invoicing/ payment schedules, agreed reporting schedules relating to the annual spending plan, open book accounting and separate ledger codes or bank accounts
- Any procurement processes to adhere to NHS guidance
- Annual contract review

It is anticipated that as Training Hubs develop and move towards a “place-based” system, direct funding arrangements through such mechanisms as a Learning Development Agreement (LDA) will emerge.

Appendix 1

Maturity Matrix

Core Functions	Advanced <i>multidisciplinary learning and training environment and strategic planning for the future</i>	Mature <i>fully developed</i> All TH to be at this stage by March 2021	Developing <i>growing to maturity</i> All TH to be at this stage by March 2020	Early Stages <i>growing towards a developing model</i>
<p>Workforce Planning</p> <p>The ambition by March 2020: for every TH to have a workforce planning element to support Primary Care Networks</p> <p>TH will support workforce planning and development to respond to local and national needs and relevant strategies to enable the redesign of services within primary care and the community to better support general practice.</p>	<ul style="list-style-type: none"> • Has contributed to a comprehensive primary care workforce plan for ICS/ STP linked to service redesign • Has supported the development and implementation of a workforce plan with every network and CCG • Has a workforce planning process and has supported integrated care organisations 	<ul style="list-style-type: none"> • Has contributed to a system (ICS) workforce analysis and plan, and continuing to contribute as this develops • Supports practices, networks and CCGs in workforce planning using one or more workforce tools • Has had discussions with all networks and CCGs regarding local workforce planning • Has linked to all HEIs placing learners on the patch matching capacity with demand • Has a workforce plan for development of the educator/ supervisor workforce linked to the system plan and requirements of local training and HEI programmes 	<ul style="list-style-type: none"> • Has conducted some ad hoc workforce planning for individual practices or networks. • Has developed training in use of a workforce tool to support practices and networks • Has provided workforce planning advice to practices, networks or CCGs • Attends primary care workforce groups (or equivalent) and contributes to planning • Has conducted a workforce planning process for its own organisation. • Has a provisional workforce plan for educators/ supervisors in the patch • Has linked to local HEIs to scope capacity requirements 	<ul style="list-style-type: none"> • Has had informal workforce planning conversations at practice, network or CCG level • Attends primary care workforce groups at CCG and STP level
<p>Workforce Planning, Example Evidence:</p> <ul style="list-style-type: none"> • Workforce Planning, modelling - WRaPT tool, Workforce Repository and Planning Tool to support workforce remodelling • Workforce Planning Strategy in place • Number of key stakeholders who have workforce plans in place that have been contributed to by the TH 				

Core Functions	Advanced <i>multidisciplinary learning and training environment and strategic planning for the future</i> All TH to be at this stage by 2022	Mature <i>fully developed</i> All TH to be at this stage by 2020	Developing <i>growing to maturity</i>	Early Stages <i>growing towards a developing model</i>
<p>GP Network and System Coverage</p> <p>The ambition by March 2022: to have 100% coverage of an ICS/ STP area.</p> <p>Coverage for this assessment purpose is to identify what the possible coverage area is, for example: there may be 100 practices in your area that you communicate with but only 50% access your services by placing learners.</p>	<ul style="list-style-type: none"> All (100%) of GP networks are engaged, i.e. understand the benefits of Training Hubs as a network and can use TH All GP networks are approved learning environments and actively accept placements from TH for multi-disciplinary learners Places learners/ trainees from all disciplines and at all stages of training Placement plan for each network links to network and CCG workforce plan and educator development plan 	<ul style="list-style-type: none"> 90%+ of GP are engaged i.e. understand the benefits of Training Hubs as a network and can use THs Has a map of all networks and practices on the patch with details current status with learning environment approval and approved supervisors A majority of GP networks are approved learning environments and actively accept placements from TH for multidisciplinary learners Facilitates learners/trainees on several non-medical programmes involving different disciplines. Has a plan for development of all networks to teaching and learning environments 	<ul style="list-style-type: none"> At least 50% of GP networks are engaged i.e. understand the benefits of Training Hubs as a network and can use TH <50% of GP networks are approved learning environments and actively accept placements from TH for multidisciplinary learners Places learners from some disciplines but not all 	<ul style="list-style-type: none"> Some GP providers are engaged <50% of GP practices understand the benefits of Training Hubs as a network <ul style="list-style-type: none"> <50% of GP practices actively use TH to place multi-disciplinary learners Has made contact/ sent offer with all practices in patch
<p>GP Network and System Coverage, Example Evidence:</p> <ul style="list-style-type: none"> Placements circuit covers the geography served Active engagement with geography patch, various communication channels 				

<ul style="list-style-type: none"> • Placements in primary and community care accessed 				
Core Functions	Advanced multidisciplinary learning and training environment and strategic planning for the future	Mature fully developed All TH to be at this stage by March 2021	Developing growing to maturity All TH to be at this stage by March 2020	Early Stages growing towards a developing model
Education and Training Programme Development The ambition by March 2021 – TH to be the co-ordinator for education and training programmes throughout the careers of all disciplines	<ul style="list-style-type: none"> • Has a comprehensive array of coordinated multi-disciplinary programmes for all disciplines and at all career stages • Training programmes are responsive to workforce plans and needs at ICS, CCG and network levels • Programmes are co-ordinated through Primary Care School • Has comprehensive approach to career support and development in all disciplines at all levels 	<ul style="list-style-type: none"> • Is facilitating delivery of all key programmes developed, including undergraduate, fellowship / postgraduate, CPD and retention. • Is facilitating both medical and non-medical programmes • Delivering throughout on numbers on programmes required by key stakeholders (Primary Care Schools and System) • Delivers non-clinical apprenticeship programmes available • Offers career support at key points 	<ul style="list-style-type: none"> • Offers a variety of placements for a variety of undergraduate programmes in Nursing and other Allied Health Professions • Facilitates preceptorship programmes • Has some CPD, leadership and retention programmes • Offers some apprenticeship programmes • Ad hoc and reactive career support 	<ul style="list-style-type: none"> • No formal programmes or contributes to programmes from others (e.g. HEIs) • Reactive plans for programme development • Has standard programmes only for a few disciplines • Not facilitating medical undergraduate or postgraduate placements
Education and Training Programme Development, Example Evidence: <ul style="list-style-type: none"> • Existence and quality reviews of training programmes • Analysis of programmes against breadth and depth required. • Assessment against workforce plans 				
Core Functions	Advanced multidisciplinary learning and training environment and strategic planning for the future	Mature fully developed All TH to be at this stage by March 2020	Developing growing to maturity	Early Stages growing towards a developing model

<p>Education Faculty</p> <p>The ambition by March 2020: all TH to be fully resourced to meet the requirements of a core offer to support PCN</p>	<ul style="list-style-type: none"> • Has a comprehensive workforce plan for all supervisors and education facilitators with evidence of effective outcomes 	<ul style="list-style-type: none"> • Has sufficient education facilitators to ensure delivery of all planned programmes • Has the required numbers of supervisors to deliver capacity of placements required • Educator development programmes are linked to an organisation development strategy 	<ul style="list-style-type: none"> • Has plan for recruitment of educators required to deliver full operational plan • Has commenced supervisor development and has plan to meet future needs • Has education facilitators to deliver some educational programmes 	<ul style="list-style-type: none"> • Insufficient numbers of educators to deliver full requirements • Ad hoc educator/supervisor development programmes available
<p>Education Faculty, Example Evidence:</p> <ul style="list-style-type: none"> • Fully functioning TH team • OD plan • Fully resourced OD offer • Low staff turnover 				
<p>Core Functions</p>	<p>Advanced multidisciplinary learning and training environment and strategic planning for the future</p> <p>All TH to be at this stage by March 2021</p>	<p>Mature fully developed</p> <p>All TH to be at this stage by March 2020</p>	<p>Developing growing to maturity</p>	<p>Early Stages growing towards a developing model</p>
<p>Leadership / Culture</p> <p>The ambition by March 2020: for all TH to have the right leadership to transform education, training and retention in TH to meet the needs of the population served.</p> <p>The leadership within a future TH</p>	<ul style="list-style-type: none"> • Has a TH strategy signed off by a Senior Responsible Officer at Local Office • TH has a clear shared vision and a credible strategy that links to Primary Care School and System strategies • There are clear processes in place for effective collective decision-making 	<ul style="list-style-type: none"> • Has a TH strategy signed off by a Senior Responsible Officer At Local Office • TH has a clear shared vision and a credible strategy • There are clear processes in place for effective collective decision-making • Has an "Implementation 	<ul style="list-style-type: none"> • Has a basic governance structure • Is developing relationships with the STP, CCGs and networks • There is a clear vision that is shared with stakeholders • Has required level of clinical leadership • Has systematic reporting 	<ul style="list-style-type: none"> • Has a basic organisational structure • Governance arrangements are based on other stakeholders (e.g. HEE or HEIs) • Reactively responds to objectives set by Primary Care School

<p>will transform the offer to ensure TH are the central focal point for trainees to gain access, experience and exposure into PaCC. A TH will be accountable to Primary Care Schools and link in with ICS/STP within a PCN.</p>	<ul style="list-style-type: none"> Active contribution to and integration with strategies of Primary Care School and ICS Workforce Implementation Group 	<p>Board” established, with key stakeholders, or a similar action group with members from key stakeholders such as local teams and HEIs</p> <ul style="list-style-type: none"> Integrates effectively with Primary Care School with robust reporting arrangements TH strategy links to ICS/ STP workforce strategy 	<p>arrangements to the Primary Care School</p>	<ul style="list-style-type: none"> Relationship between the TH and the host organisation is not clearly defined
<p>Leadership / Culture, Example Evidence:</p> <ul style="list-style-type: none"> Description of TH organisation including leadership functions, responsibilities and lines of management Description of governance arrangement Reports produced e.g. governance Strategy documents with evidence of sign-off 				
<p>Core Functions</p>	<p>Advanced multidisciplinary learning and training environment and strategic planning for the future</p> <p>All TH to be at this stage by March 2021</p>	<p>Mature fully developed</p> <p>All TH to be at this stage by March 2020</p>	<p>Developing growing to maturity</p>	<p>Early Stages growing towards a developing model</p>
<p>Stakeholder and Engagement</p> <p>The ambition by March 2020: TH will need to work across boundaries with key stakeholders to ensure they educate and train a multidisciplinary workforce to serve population need. Close working relationships with NHSE/I/STPs/ICS</p>	<ul style="list-style-type: none"> Full stakeholder engagement with representation on boards All planning and activity is integrated within Primary Care School, ICS/STP and NHSE/I local and regional teams Engages and works with all HEIs in patch to place all learners 	<ul style="list-style-type: none"> Active Stakeholder engagement with representation on boards. Co-ordinates work with Primary Care School Works effectively with NHSE at regional and CCG level Engages and works with HEIs to place all learners Engages with all GP networks 	<ul style="list-style-type: none"> Engagement with most stakeholder groups but some not engaged or informal arrangements Works reactively with Primary Care School and HEE local teams Transactional engagement with learners Regular communication with NHSE/I 	<ul style="list-style-type: none"> Ad hoc stakeholder engagement with some key stakeholders not engaged Limited interaction with Primary Care School and local HEE teams Limited engagement with NHSE/I Ad hoc engagement

<p>'s and PCN are critical in the success of a TH</p>	<ul style="list-style-type: none"> Comprehensively engages with schools and colleges in providing careers advice Is an active member of the LWAB 	<ul style="list-style-type: none"> Is an active member of the LWAB/ Primary Care Workforce Group Is an active member of the STP/ ICS with co-ordinated TH activity across the whole footprint Co-ordinates activity with the GP school Supports local schools and colleges in career advice and events 	<ul style="list-style-type: none"> Engaging and works with some HEI's to place some learners Regular communication with LWAB but limited communication with STP/ICS 	<p>with HEIs to place learners</p> <ul style="list-style-type: none"> Engages with some GP practices or networks on a reactive basis Minimal engagement with LWAB minimal engagement with STP/ICS Links with other TH as part of a regional TH network
<p>Stakeholder and Engagement, Example Evidence:</p> <ul style="list-style-type: none"> List of stakeholders Participation and lead various group Joint plans produced with key stakeholders Minutes of board meetings or equivalent Details of contribution to other groups e.g. LWABs 				
<p>Core Functions</p>	<p>Advanced <i>multidisciplinary learning and training environment and strategic planning for the future</i></p> <p>All TH to be at this stage by March 2022</p>	<p>Mature <i>fully developed</i></p> <p>All TH to be at this stage by March 2020</p>	<p>Developing <i>growing to maturity</i></p>	<p>Early Stages <i>growing towards a developing model</i></p>
<p>Quality Assurance</p> <p>The ambition by March 2021: There will be one standardised core quality assurance process, monitored through the HEE quality framework.</p> <p>Robust and good quality assurance processes will be</p>	<ul style="list-style-type: none"> Has a comprehensive educational governance strategy that ensures learning environments that normally exceed requirements of regulators on an ongoing basis Effectively co-ordinates quality assurance work with other stakeholders including HEE, 	<ul style="list-style-type: none"> Has a comprehensive educational governance strategy that ensures learning environments that meet the requirements of regulators on an ongoing basis Educational governance is co-ordinated with Primary Care School and other TH 	<ul style="list-style-type: none"> Has a basic educational governance plan that covers essential elements required Undertakes some learning environment audit/ approval Ensures all supervisors are appropriately trained 	<ul style="list-style-type: none"> When needed, learning environment approval is conducted by other agencies (e.g. GP School, HEIs) Learners sometimes placed into non-approved environments or non-approved supervisors No systematic approach to

<p>used by all TH to ensure quality educational experiences for learners entering PaCC.</p>	<p>CQC, NHSE/I, Council of Deans</p> <ul style="list-style-type: none"> • Has robust documentation and processes for quality assurance • Facilitates quality assurance of learners' experiences and delivery of curricula and works in co-ordination with HEIs in quality improvement • Has developed a quality improvement plan for all primary care education across the system 	<ul style="list-style-type: none"> • Uses HEE quality framework and common documentation for quality assurance • Has accurate register of approved environments and supervisors • Effectively links with HEIs on quality assurance 	<ul style="list-style-type: none"> • Ensures all learners are placed in approved learning environments • Supports HEIs in some elements of monitoring delivery of curricula • Basic governance reports produced for Primary Care School 	<p>quality assurance</p> <ul style="list-style-type: none"> • Uses ad hoc documentation and processes
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Quality Assurance Example Evidence:

- Example of a full quality cycle
- HEE quality monitoring visit report and positive NETS survey results
- HEI/QAA quality reports
- Learner feedback surveys

<p>Core Functions</p>	<p>Advanced multidisciplinary learning and training environment and strategic planning for the future</p> <p>All TH to be at this stage by March 2021</p>	<p>Mature fully developed</p> <p>All TH to be at this stage by March 2020</p>	<p>Developing growing to maturity</p>	<p>Early Stages growing towards a developing model</p>
<p>Finance model</p> <p>The ambition by March 2020: To have a dedicated sustainable funding model that is used to support PaCC in</p>	<ul style="list-style-type: none"> • Has sustainable funding streams (HEE/ Tariff) • Dedicated finance leadership and risk management • Shared set of principles to manage finances 	<ul style="list-style-type: none"> • Has sustainable long-term funding streams • Sets appropriate budget to deliver operational plan • Regular finance reports to primary care school 	<ul style="list-style-type: none"> • Medium-term financial security • Appropriate budget setting and financial reports • Processing tariff payments to practices and networks 	<ul style="list-style-type: none"> • No /recurrent sustainable funding stream • Funding dependent on successful bids to multiple bodies with no clear co-ordination

<p>education and training of future workforce.</p>	<ul style="list-style-type: none"> • Comprehensive “placed-based” tariff processes dependent on system maturity • Comprehensive financial management and reporting to Primary Care School • Awareness of array of potential funding streams both within and outside the NHS engaging with bidding and allocation processes 	<ul style="list-style-type: none"> • Some elements of place-based tariff delivered • Has robust financial engagement with all commissioners 	<ul style="list-style-type: none"> • Able to accept some ad hoc commissions from different stakeholders 	<ul style="list-style-type: none"> • Unable to process tariff payments for placements • Ad hoc financial reports • Basic financial management processes
<p>Finance Example Evidence:</p> <ul style="list-style-type: none"> • Finance plans and reports including tariff payments and specific funding streams • Finance governance policies and processes • Additional funding bids submitted and outcomes 				

Appendix 2

Primary Care School

Guidance: Towards A Common Operating Framework

This guidance has been developed to support the development of Primary Care Schools, recognising the need for consistency in terms of outputs whilst recognising how functions are delivered may vary across regions.

Background

The Long Term Plan committed £4.5 billion for primary medical and community health services by 2023/24. In addition, the Interim People Plan describes ICS and primary care leaders, including primary care networks, to work across general practice to get the best from their growing teams and support new ways of working. The new GP Contract framework marks some of the biggest changes in over a decade which will require the system working in a cohesive way for the patient. These policy and contractual drivers are reliant upon Training Hubs to deliver core functions to educate and train the current and future workforce to work as part of a multidisciplinary team. Health Education England (HEE) are negotiating with the DHSC for an investment of £22 million in 2019/20 to support Primary & Community Care Training Hubs to enable their sustainability.

The Training Hub Operational Guidance (2019), described the overarching intent, purpose and functions of a HEE Multi-Professional Primary Care School which would both support Training Hubs in delivering their core functions and:

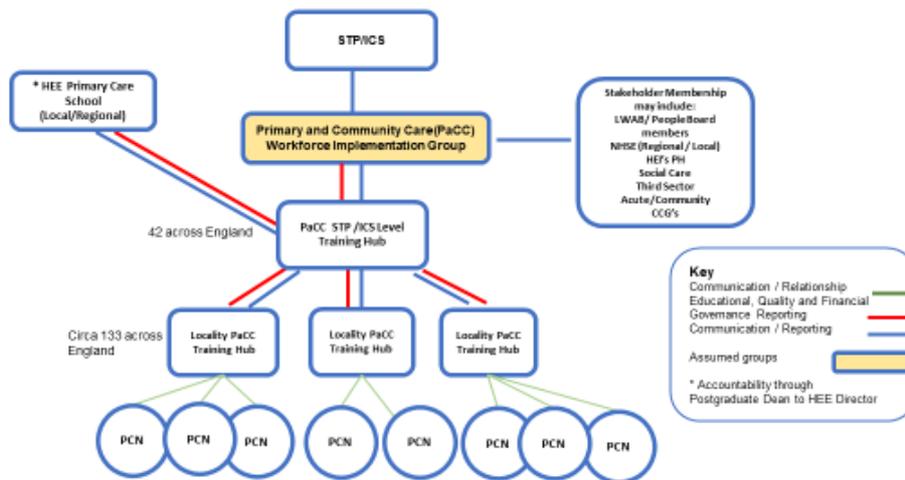
- Provide strategic oversight, leadership innovation and improvement of all activities related to the education and training of the primary care workforce.
- Provide educational governance with respect to the quality of clinical learning placements through the Postgraduate Dean.
- Assure the quality of supervision of learners provided by multi-professional supervisors and the quality assurance of their training.
- Ensure all learners across primary and community care achieve the levels of excellence required for a successful career as an NHS professional.
- Provide oversight of the management of nationally coordinated HEE programmes and, as appropriate, joint HEE and NHSE/I programmes and other collaborations.
- Ensure robust financial management of HEE programmes / work streams pertinent to primary care workforce, education and training.

A Common Vision

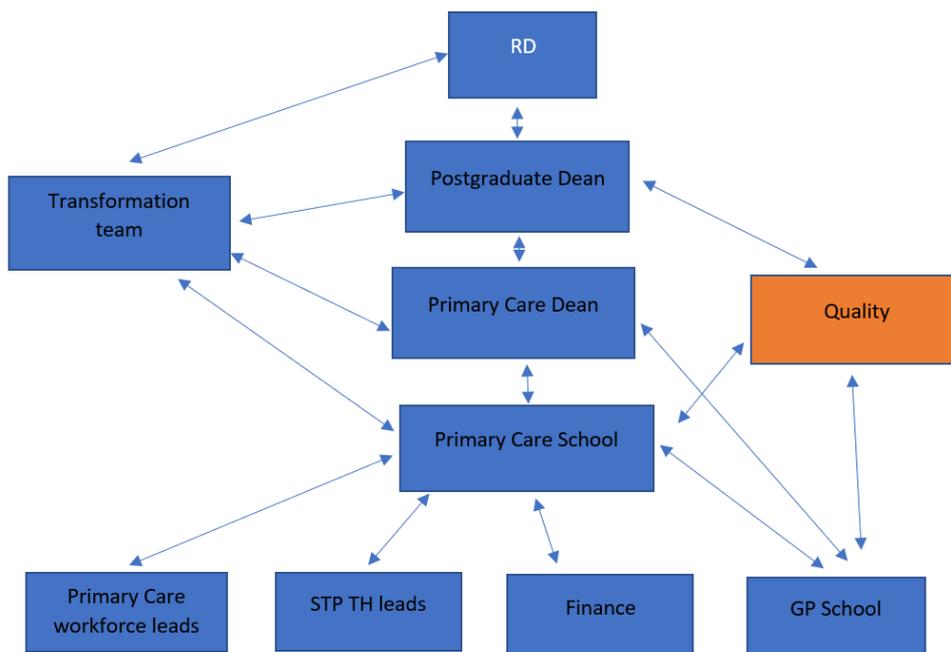
The Primary Care School exists to create and foster a culture of educational excellence such that the primary care workforce is enabled to deliver high-quality patient care both today and in the future through high quality education and training.

Organisational Structure

The Primary Care School is an instrument of the educational and quality governance function of HEE, sitting wholly within HEE. Its relationship to Training Hubs is described in the Training Hub Operating Framework which describes Training Hubs' role, working with stakeholders across a system to be the single point of access for Primary and Community Care workforce development.

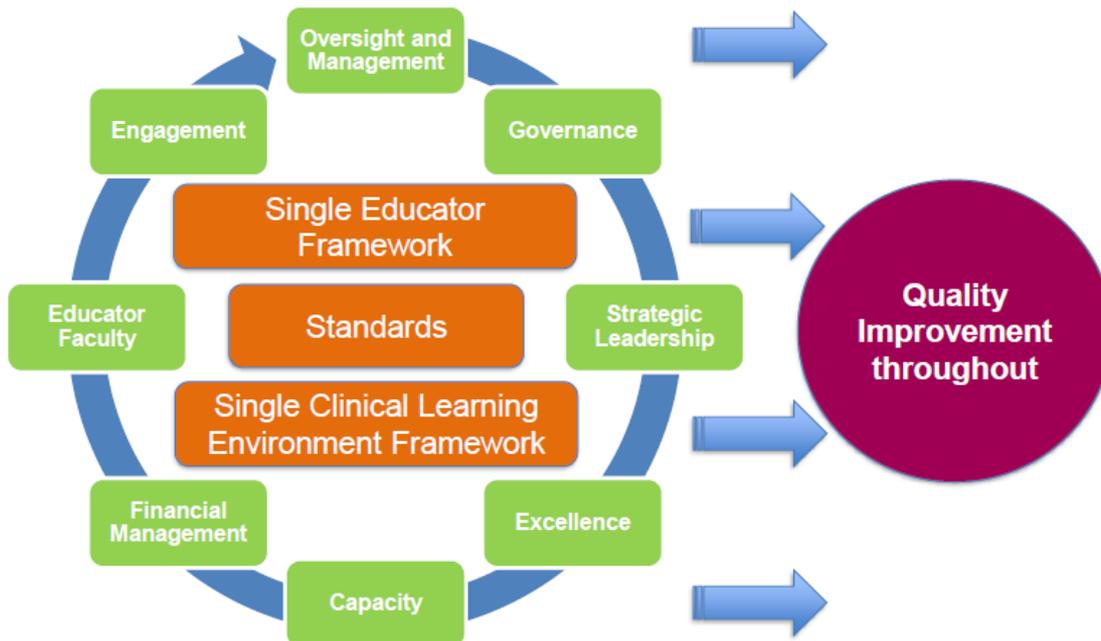


The School is managed by the Head of Primary and Community Care Education through a Primary School Board in accordance with HEE’s operating model and quality framework. In this it is accountable to the Multi-Professional Postgraduate Dean and through the Deans to the Regional Directors.



*The above organogram describes the basic structure recognising that relationships between individuals and teams in terms of both function and accountability; this may vary across HEE Local Offices / Regions.

Primary Care School Functions



Strategic Responsibilities

- To support and enable the delivery of HEE's mandate, with respect to the primary care workforce, establishing priorities where appropriate.
- To ensure that the education delivered to all learners in primary care is of consistent high quality.
- To provide a unifying voice and leadership for education in primary care across the wider system.
- To foster a culture of continuous improvement, innovation and research.
- To provide advice on primary care workforce planning, strategy, educational standards and delivery.

Functional responsibilities

- To advise, report and to be accountable to the Multi-professional Postgraduate Dean and Regional Director.
- Facilitate the adoption of best practice and learning from transformation programme outcomes, and ensure learning informs future workforce strategies.
- To monitor, evaluate and review quality management/control measures and ensure these are used to drive continual improvement.
- To be accountable to the Multi-Professional Postgraduate Dean for the approval of the clinical learning environment for all learners in primary care.

- For non-medical: placements providing quality assurance that brings together the varying professional and educational frameworks (including QAA processes and any professional regulatory requirements) with the HEE Quality Framework.
- To provide support and advice and overarching governance to Training Hubs in the delivery of their quality management of non-medical placements.
- To advise on and support the development of integrated and rotational programmes for learners working and learning across a system / place.
- To be accountable for assuring the quality of supervision of learners provided by multi-professional supervisors including the quality assurance of their training whilst in the primary / community clinical learning environment.
- To have oversight and responsibility for the development of the multi-professional educator faculty.
- To ensure the roll out of HEE/NHSE/I national / regional programmes and STP/ICS programmes through Training Hubs.
- To have delegated budget setting responsibility for agreed primary care / workforce transformation programmes ensuring projects are delivered within agreed parameters, and with appropriate financial risk management.
- To ensure robust financial management of HEE programmes/ work streams pertinent to primary care workforce, education and training.
- To inform the procurement and commissioning of programmes of work as required to enable the delivery and evaluation of education and training.
- To monitor and have oversight of placement capacity within primary / community care.
- To provide expert advice with respect to workforce transformation, recruitment, retention and career development of primary care professionals both internally and externally with stakeholders.
- To provide reports for internal assurance, STP/ICS and other Boards and Committees as required.
- To support and propagate research and innovation in education in primary care.
- To monitor possible discriminatory effects of policies and procedures and steer action to promote diversity, equality of opportunity and address healthcare inequality.
- To build and preserve trusted stakeholder relationships with a range of stakeholders.

The Primary Care School Board

The School will have an Executive Board which fulfils both strategic and operational functions within the Primary Care Department of HEE local / regional offices.

The Board shall have the power to co-opt additional members to fulfill specific time-limited functions.

The Board will normally meet three times a year, however, The Board may be expected to meet as often as necessary to complete its business.

The Board will be supported in delivery of its function through the Primary Care Department(s) secretariat.

The Board shall have the power to co-opt additional members to fulfill specific time-limited functions.

Subcommittees or Working Groups may be set up by the Board; membership will be agreed by the Board, with an individual member identified to lead and report back to the main Board.

Membership

Membership of the Board will reflect the need to work across the spectrum of primary and community care health and where relevant, social care, so that the provision of education reflects changing service models in order to ensure delivery of the HEE mandate and appropriate aspects of the Long-Term Plan.

- HEE Multi-professional Postgraduate Dean or his / her representative
- HEE Primary Care Dean or his / her representative: **Chair**
- HEE Primary and Community care Educational lead(s)
- Head of GP School
- HEE Workforce Transformation Leads / deputies
- HEE Quality Lead / deputy
- HEE Finance representative
- Business Manager

Representatives from:

- STP/ICS Level Training Hub Leads including both Clinical/ Programme lead and Chair
- Primary Care Workforce Leads
- Representatives from other allied health care professions
- Lay Representative
- Learner representative(s)
- HEIs
- NHSE/I
- Public Health

*Other representation which reflects the functional / organizational structures within HEE Local / Regional Offices .

Role of Chair

The Chair shall be responsible for the operation of the Board, ensuring that it makes an effective contribution to the governance of the School and its pursuit of quality and excellence. The Chair will work closely with those supporting the administration of the Board to ensure that key and appropriate issues are discussed by the Board in a timely manner and that relevant information and advice is made available to the Board to inform debate.

Role of Members

Members will contribute to the formation of strategy by bringing a range of different perspectives and experiences. Members have responsibility for supporting the School's purpose, not simply the interests of their parent or nominating organisation or profession.

Principle Functions of the Board

- To maintain oversight of primary / community care workforce and HEE work streams through the receipt of reports from STP/ICS level Training Hubs including data on agreed national and local KPIs.
- To receive and comment on reports from Primary Care Workforce Leads.
- To oversee and ensure robust financial governance of HEE primary care programmes, ensuring projects are delivered within agreed financial parameters.
- To ratify and when appropriate provide expert advice on the approval of multiprofessional educator faculty and the clinical learning environment in line with HEEs Quality and Regulatory Frameworks.
- To receive, comment on and guide action planning with respect to Learner surveys/feedback.
- Ensure appropriate risk reporting in relation to finance and programme delivery to Postgraduate Dean, Regional Director and Directors of Finance.
- To maintain a risk register utilising agreed HEE methodology to quantify risk and to escalate as appropriate through the appropriate HEE Local / Regional office assurance processes / structures.
- To receive evaluations and recommendations following completed projects / workstreams.

Administration of the Board

- The frequency of meetings will be agreed in discussion with the Postgraduate Dean / Regional Director: typically, 3-4 times per year. Additional meeting may be convened under exceptional circumstances if required.
- There will be a regional / local office process for managing the administration which would typically include:
 - Guidance on roles, responsibilities
 - Expected service levels in terms of agenda setting, distribution, minute management and distribution

Recording of interests:

Board members will be required, on appointment, to declare any interests of relevance to the School Board including financial, professional, personal and indirect interests. Conflicts of interest may include:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future
- Directorships of private companies seeking to do business with the Primary Care School

- Connections with voluntary organisations contracting for NHS services

Types of Declaration on Interest

Financial interests:

Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.

Non-financial professional interests:

Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.

Non-financial personal interests:

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

Indirect interests:

Where an individual has a close association† with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

If members have any doubt about the relevance of an interest, this should be discussed with the Board Chair who will bring it to the attention of the Primary Care School Board and senior management team if deemed required.

If a conflict of interest is identified during a Board meeting, the Board member concerned should declare such an interest and withdraw from the meeting and play no part in the relevant discussion or decision.

Declarations should be made:

- On appointment to the Primary Care School Board
- When applicable personnel move to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests applicable personnel hold are relevant to the matters in discussion)

**Guidance developed in alignment with RCGP and HEE Declaration of Interest Policy*

Confidentiality:

Board members shall not reveal or disclose any information identified as confidential including papers marked 'In Confidence' or minutes headed 'Items taken in Closed Session', without the permission of the Chair. This applies to the content of any discussion as well as papers and records.

Appendix 3

Workforce Implementation Groups: Guidance

Overview

The Long Term Plan committed £4.5 billion for primary medical and community health services by 2023/24. In addition, the Interim People Plan describes Integrated Care System (ICS) and primary care leaders, including primary care networks, to work across general practice to get the best from their growing teams and support new ways of working. The new GP Contract framework marks some of the biggest changes in over a decade which will require the system working in a cohesive way for the patient. These policy and contractual drivers are reliant upon Training Hubs to deliver core functions to educate and train the current and future workforce to work as part of a multidisciplinary team. Health Education England (HEE) are negotiating with the DHSC for an investment of £22 million in 2019/20 to support Primary & Community Care Training Hubs to enable their sustainability.

Training Hubs are a key enabler of the primary care workforce strategy described in the NHS Long Term Plan and recognised as such by HEE, NHSE/I and the ICS. It is thus imperative that all parties work in collaboration to realise the workforce strategy needed to support population health, deliver effective service re-design through the development of the current workforce and deliver a pipeline of newly trained NHS professionals to work in primary care.

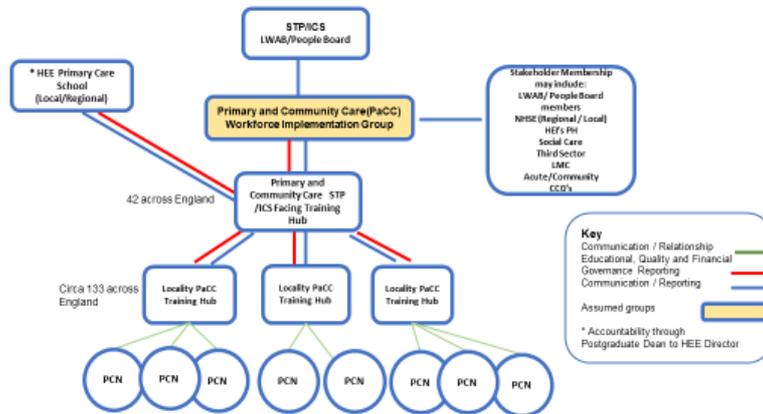
The Workforce Implementation Group is a multi-professional body which brings together key stakeholders and organisations to support the delivery of the above together with targeted workforce priorities across an STP /ICS area. These will include but not be limited to:

- GP workforce recruitment and retention
- Primary Care nursing workforce development, retention and succession planning
- Wider team development including practice management
- Introduction and scoping of new roles/ functions to support sustainability of general practice
- Development and support for primary care network emerging additional roles

Accountability of the Workforce Implementation Group needs to reflect the nature of the collaboration between HEE, the STP/ICS, NHSE/I and CCGs, and thus a mechanism developed to ensure robust reporting to the appropriate organisation responsible for the “commissioning” of any given workstream. How this will be operationalised may vary locally.

The Training Hub Operating Framework describes Training Hubs’ role, working with stakeholders across a system to be the single point of access for Primary and Community Care workforce development

Training Hubs Organisation and Governance –



This guidance has been developed to support those areas needing to develop a Workforce Implementation group where these have not yet developed and for those with an established cross-organisational group to review their operating model to ensure alignment. This “guidance” is not prescriptive allowing for some local flexibility in implementation. The joint governance also seeks to augment the guidance given in the Training Hub Operating Framework.

Workforce Implementation Group Membership

Chairing of the group is envisaged as a co-chairing arrangement with:

- A Primary Care Dean of HEE or nominated Deputy
And
- A representative from NHSE/I Local Office
And / Or
- A representative from the STP/ICS

Through a collaborative partnership of the Chairs it is envisaged the Group will be seen to be representing the populations served rather than being “owned” by any individual organisation. Where appropriate and with agreement from all parties an independent (lay) Chair may be appointed, supported by representatives of HEE, NHSE/I and the STP to act as advisors.

Indicative membership of the Board includes (but is not limited to):

- STP Primary Care lead(s)
- STP Workforce Programme Manager (or equivalent)
- CCG Primary Care Workforce representative(s)
- STP/ICS Level Training Hub Chair (if different to the Workforce Implementation group (WIG) chair / Deputy) or other locally agreed representation
- Primary Care Nurse Lead(s)
- HEE / TH educator representative
- HEE Primary Care Dean (if not the co-chair)

- NHS England and Improvement representative if not co-chair
- LMC
- Practice manager representative
- Allied profession representative(s) – pharmacy, PA, paramedic etc
- The group can co-opt other stakeholders/leads as appropriate which may include:
 - Professional group(s) representatives
 - HEIs
 - Primary Care Networks
 - Workforce planning / Intelligence
 - Secondary Care Educational Lead(s)
 - Public Health
 - Social Care

Role of Members

Representatives will be sourced from Training Hubs, CCGs or the STP system. Given the varying arrangements across STPs and Training Hubs there is no prescription offered as to how these representatives will be selected: they should however be acceptable to the system.

Members will contribute to the formation of strategy by bringing a range of different perspectives and experiences. Members have responsibility for supporting the overall functions / responsibilities of the Workforce Implementation Group, not simply the interests of their parent or nominating organisation or profession.

Recording of Interests

Board members will be required, on appointment, to declare any interests of relevance to the School Board including financial, professional, personal and indirect interests. Conflicts of interest may include:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future
- Directorships of private companies seeking to do business with the Primary Care School
- Connections with voluntary organisations contracting for NHS services

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Indirect interests:

Where an individual has a close association† with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

If members have any doubt about the relevance of an interest, this should be discussed with the Board Chair who will bring it to the attention of the Board and the Primary Care School if deemed required.

If a conflict of interest is identified during a Board meeting, the Board member concerned should declare such an interest and withdraw from the meeting and play no part in the relevant discussion or decision.

Declarations should be made:

- On appointment to the STP/ICS Level Training Hub Board
- When applicable personnel move to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests applicable personnel hold are relevant to the matters in discussion)

**Guidance developed in alignment with HEE and RCGP Declaration of Interest Policies*

Confidentiality

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Responsibilities of the Workforce Implementation Group

The Workforce Implementation group by bringing together representation from HEE, STP/ICS and NHSE/I will have a range of responsibilities which relate to these respective organisations in addition to providing oversight of the primary / community care system within the STP/ICS. Initial descriptions of the role of the Workforce Implementation group has been expanded from those described in the Training Hub Operating Framework (8.1) to include:

Responsibilities include:

- Supporting the development of and measuring progress of a baseline position with respect to the primary care workforce.

- Supporting the development of the primary care workforce strategy and reporting / assuring progress against this within the STP.
- Supporting the identification and prioritisation of workstreams that help to address STP workforce needs including workforce transformation plans focused on what is needed to deliver the service ambitions set out in the STP strategies and Long-Term Plan.
- Developing, where appropriate, local programmes to address locally identified needs including the setting of workstream objectives and outputs.
- Ensuring roll out of NHSE/I national / regional programmes and STP / ICS programmes through Training Hubs.
- For both locally developed STP/ICS and NHSE/I programmes holding the STP/ICS Training Hub (and where Locality Training Hubs exist these also) to account for the implementation of these programmes: including monitoring of performance against agreed programme objectives and outputs.
- Reviewing outputs from HEE sponsored programmes to assist in both the development of baseline workforce data and the development of the primary care workforce plan.
- Providing assurance, governance and clear reporting to NHSE/I and the STP/ICS and HEE (through the Primary Care School) in addition to other external partners as appropriately requested.
- Advising the LWAB (People Board) on allocation of STP/ICS and NHSE/I funding to the STP/ICS level Training Hub (including to Locality Training Hubs where these are delivering programmes locally).
- Overseeing effective investment of STP/ICS and NHSE/I funded programmes.
- Ensuring that risks to implementation of STP/ICS and NHSE/I programmes are identified, managed where appropriate to do so and externally reported to all partners (HEE, NHSE/I and STP/ICS).

Relationships

The Workforce Implementation group brings together representation from a range of organisations principally Health Education England, NHSE/I, STP/ICS and CCGs through its membership but given its role in contributing to the workforce strategy to be effective it will need to develop and maintain strong relationships including (but not limited to):

- Community Trusts
- Acute Trusts
- Public Health
- Social Care Sector
- Voluntary Sector
- Community Pharmacy
- Patient groups
- HEIs
- Professional support groups

Appendix 4

STP / ICS level Training Hub: Transition Guidance

Background

The Long Term Plan committed £4.5 billion for primary medical and community health services by 2023/24. In addition, the Interim People Plan describes ICS and primary care leaders, including primary care networks, to work across general practice to get the best from their growing teams and support new ways of working. The new GP Contract framework marks some of the biggest changes in over a decade which will require the system working in a cohesive way for the patient. These policy and contractual drivers are reliant upon Training Hubs to deliver core functions to educate and train the current and future workforce to work as part of a multidisciplinary team. Health Education England (HEE) are negotiating with the DHSC for an investment of £22 million in 2019/20 to support Primary & Community Care Training Hubs to enable their sustainability.

The Training Hub landscape has developed organically with footprints that reflect the locality in which they originated. Key to their functionality has been the relationships with stakeholders such that they are sensitive and reactive to local workforce and educational needs. As part of this organic growth there has also been varying governance, assurance and financial arrangements.

Since the inception of Training Hubs, health and social care systems have become increasingly integrated and organised at an STP / ICS level. Across the Training Hub network similar alignment has taken place with forty-two STP/ICS Training Hubs identified to act as the key contact point and to ensure activity is aligned across the footprint.

Whilst Training Hubs may be a single hub co-terminus with the STP footprint, the HEE Training Hub programme envisages “Locality Training Hubs” will come together at STP / ICS level as they become the key enabler of the primary care workforce strategy described in the NHS long Term Plan. Both HEE and NHSE/I recognise the advantages of the larger perspective such alignments can bring. This does not negate the importance of local delivery but supports the consistency, more rapid dissemination and potential maximisation of use of resources that working “at scale” can bring.

Given the pivotal role of Training Hubs, HEE is exploring bringing the STP/ICS level Training Hub into the organisational infrastructure of HEE: such that their key human resource becomes employed through HEE. It is recognised effecting such a change may take time and should not distract from the development of the STP/ICS level Training Hub function.

This guidance has been developed to support those areas needing to move towards STP/ICS level Hubs where these are not yet developed: recognising this may reflect a transitional operating model until such time as STP/ICS level Training Hubs are solely located within HEE. The guidance is not prescriptive allowing for some local flexibility in implementation. It also seeks to augment the guidance given in the Training Hub Operating Framework (Version 8.1).

The STP/ICS Level Hub and Locality Hubs

In some areas there will be a single locality Training Hub aligned with the STP/ICS footprint. In others, there may be several locality Training Hubs which will deliver programmes of work determined at STP/ICS Training Hub level.

It is envisaged that an STP/ICS Level Training Hub will be developed from those hubs already in existence. The mechanism whereby a single STP/ICS Level Training Hub is developed may vary across regions. This could include:

- Existing Locality Hubs co-operating formally through an overarching Board
- The identification of a “lead Hub” from the existing Training Hub landscape

It is envisaged funding will be managed through the lead Training Hub or Board (or where this has yet to be developed, through HEE Primary Care Schools) and devolved to the locality hub(s) in accordance with these workstreams.

The relationships, reporting and governance of the STP/ICS level Training Hub is described in the Training Hub Operating Framework (version 8.1), which also includes the relationships between HEE, NHSE/I, the STP/ICS and Training Hubs as delivered through the Workforce implantation group. Across the system it remains important that workstreams in the STP / ICS level Training Hub aligns with and feeds into the wider system workforce planning piece.

It is suggested the STP level Board meets as a minimum three times a year.

Board Membership

The (lead) STP/ICS level Training Hub should have a multi-professional board.

Membership may include:

- Clinical Nurse Lead
- Clinical AHP lead
- A Nominated Representative from each Locality Training Hub (chair and/or hub manager)
- An education lead(s) from the primary care multidisciplinary team
- HEE primary and community education lead(s)
- GP specialty training representative (Associate Dean/TPD)
- Primary Care Workforce Transformation representative(s)
- The group can co-opt other stakeholders/leads as appropriate which may include
 - Representatives from other professional groups
 - Representatives from other organisations including NHS, HEI, Social Care

Chair:

Until such times as STP/ICS level Training Hubs become fully incorporated into HEE the Chair of the Hub may be:

- Primary Care Dean or nominated deputy
- A co-chair arrangement between the Primary Care Dean (or nominated deputy) and a nominated lead clinician from the ICS/STP system

Role of Members

Members will contribute to the formation of strategy by bringing a range of different perspectives and experiences. Members have responsibility for supporting the overall functions / responsibilities of the STP/ICS level Training Hub not simply the interests of their parent or nominating organisation or profession.

Recording of Interests

Board members will be required, on appointment, to declare any interests of relevance to the School Board including financial, professional, personal and indirect interests. Conflicts of interest may include:

- Actual - there is a material conflict between one or more interests
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Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

If members have any doubt about the relevance of an interest, this should be discussed with the Board Chair who will bring it to the attention of the Board and the Primary Care School if deemed required.

If a conflict of interest is identified during a Board meeting, the Board member concerned should declare such an interest and withdraw from the meeting and play no part in the relevant discussion or decision.

Declarations should be made:

- On appointment to the STP/ICS Level Training Hub Board
- When applicable personnel move to a new role or their responsibilities change significantly

- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests applicable personnel hold are relevant to the matters in discussion)

**Guidance developed in alignment with HEE and RCGP Declaration of Interest Policy*

Confidentiality

Board members shall not reveal or disclose any information identified as confidential including papers marked 'In Confidence' or minutes headed 'Items taken in Closed Session', without the permission of the Chair. This applies to the content of any discussion as well as papers and records.

Responsibilities of the STP/ICS Level Training Hub

The responsibilities of the STP/ICS level Training Hub should reflect and align to those of the HEE Primary Care School. In addition, within their footprint they will:

- Support workforce planning and development to respond to local and national needs, recruitment/ retention strategies and those to enable the redesign of services within primary and community care
- Develop and oversee the plan for the delivery of placement capacity required in primary/community care across the STP/ICS footprint
- Hold lead responsibility as the coordinator for education and training placements in primary and community care throughout the careers of all disciplines
- Ensure engagement of Locality Hubs with all Primary Care Networks to support the maximalisation of training placements in Primary Care
- (On approval by the Primary Care School) Oversee the quality management / control for non-medical / medical placements across the STP/ICS footprint
- Act as the central focal point for learners to gain access, experience and exposure in Primary and Community Care and for PCNs seeking to develop as education providers
- Work across boundaries with key stakeholders - close working relationships with NHSE/STPs/ICS's and PCNs are critical
- Have a communications strategy and an articulated plan to ensure stakeholder Engagement
- Have a dedicated sustainable funding model that is used to support primary and community care in the education and training of future workforce.
- Report to the HEE Primary Care School: the agreed national and locally developed KPIs.

Accountability and Reporting

The STP/ICS level Training hub is accountable to Health Education England through the Primary Care School for all workstreams relating to HEE and those developed in conjunction between HEE and NHSE/I.

The STP/ICS level Training Hub will also be accountable to the STP/ICS through the Workforce Implementation Group for workstreams developed at its behest and for those involving NHSE/I funding devolved to Training Hubs

The STP/ICS level Training Hub will report at the frequency and in relation to the KPIs required by HEE Reporting will also include:

- Quality management data with respect to clinical placements approved / re-approved in primary (and community) care (when such function is delegated from the Primary Care School)
- Data pertaining to the provision of multi-professional supervisors across the footprint
- Placement activity data
- Information relating to hosting arrangements and any other identified workstreams

The STP/ICS level Training Hub should report concerns / issues that constitute a risk to the delivery of agreed workstreams, delivery against KPIs, business continuity in a timely manner to HEE through the Primary Care School.

There must be robust internal governance processes including educational, quality and financial governance processes in accordance with HEE's Operating Model, financial processes and Quality Framework.