Setting the Scene

- Development of the primary and community workforce has been recognised as a priority area by the HE NCEL Workforce Skills and Development Strategy & by Health Education England.
- Nationally and locally, it has been identified that the education and training has to develop a workforce capable of multi-professional, cross organisational boundary working as a major priority to prevent fragmentation and duplication of care. Current uni-professional training arrangements exacerbates these dynamics.
- Skilling up primary care and community services as more activities are moved out of hospital settings into the community.
- Addressing these areas of need requires a whole-system approach to supporting primary and community care-orientated education.
According to National Voices (2011)

Patients and Service Users want services that are organised around, and responsive to their human needs. Where patients don’t fall through gaps and artificial organisational barriers and boundaries no longer cause delays or prevent access to their care. They want services which are seamless and care is continuous. With this in mind, NCEL Community Education Provider Networks (CEPNs) are forging ahead to form and embody Multi-speciality provider organisations, described in the 5 Year Forward View Plan. Early in their development, NCEL CEPNs are emerging as strong networks of sustainable multi-professional, cross organisational boundary of like-minded groups together to rise to the challenge facing our modern day workforce.
CEPNs Design Principles

• **Definition:** CEPNs may be broadly defined as ‘groups of primary and community care organisations that come together to form partnership groups of like-minded organisations to collaborate with regard to workforce, education and training’.

• **Objective:** This is being achieved by developing learning communities based upon strategic workforce planning which fosters a population and person-centred care approach.

• **Membership:** The membership could include (although not be limited to) GP surgeries, Local Community Professional groups ie Pharmacy, Dental, optometry, community services, AHP and acute providers, Higher Education Institutions (HEIs) and Clinical Commissioning Groups, Social Services/Local Authorities (Public Health), Academic Health Science Networks, VTS and Voluntary and Third Sector.
Purpose: The purpose of the CEPN is to support “team-working across professional and organisational boundaries” to prevent fragmentation and duplication of care. At maturity, some of the goals of the CEPN are as follows:

A. To promote collaborative working and multi-professional development across a range of providers with regard to education and training.
B. To enhance clinical and educational outcomes over time through supportive communities of practice ie peer review.
C. To develop real-time primary and community workforce data to support planning.
D. To develop education and training more closely tailored to the needs of local communities and aligned to the commissioning intentions of service commissioners.
E. To support locally-led transformation across providers in response to local needs.
The Six Core Functions of a CEPN

**Support Workforce Planning:** Develop an awareness of the knowledge, skills and attitudes needed to meet health needs (or support the health) of the population within the network area. Undertake data collection about the number of primary and community professionals and “lay workers” within the network area and collaborate to build-up a view on future demand for these roles from employers, to support both local and LTB-level workforce planning. Analyse what the training needs of these groups are so that a detailed training needs assessment can be undertaken and plans put in place for how to address these needs systematically as they emerge and change over time.

- The role of workforce helps identify what new skills may be needed for existing and future workforce.
- Through analysis can gain a better understanding of the knowledge, skills and attitudes needed by the workforce to support the local population.

**Respond to Local Workforce Needs:** Collaborate to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs (this would include developing educational programmes based around integrated care pathways and new roles reflecting care pathways).

- CEPNs need to be positioned as the local educational voice.
- Support the identification and delivery of local workforce needs.
- Through planning, educate workforce as to what changes may be needed.
- Look at approaches that will foster an environment of life-long learning across the workforce.
The Six Core Functions of a CEPN

**Provide Education Programme Coordination:** Undertake local coordination of education programmes to ensure improved economy of scale, reduced administration costs and improved educational governance.
- Develop local capacity for educational delivery.
- CEPNs to play crucial part in coordinating educational activity.
- Be able to plan and manage the delivery of educational programmes.

**Ensure Education Quality:** Work collaboratively with other organisations, and with the local community, to design and offer training that meets the needs and supports the health of the local population and the training gaps of professionals. Evaluate all activities undertaken and engage in continuous quality improvement of innovation education and training.
- Three priorities highlighted as safety, effectiveness and patient experience.
- Ability to demonstrate understanding of educational quality ie local Higher Education Institute quality frameworks.
- Ensure meaningful educational experiences by understanding quality control and management.
- An example of quality monitoring could be educational audits for general practice placements.
The Six Core Functions of a CEPN

Develop Educational Faculty: Develop local educational capacity and capability (for example, support the development of multi-professional educators in community settings) to meet the different educational requirements arising when health care professionals see their role as supporting the health of the local population.

- Putting systems in place to develop your local educators.
- Fostering a multi-professional framework to education and training.
- Help educators understand placement of theory into practice and transferring knowledge to others.

Support Workforce Development: Develop, commission and deliver continuing professional development for all staff groups to meet the needs of the local population.

- Support the delivery of continuing professional development programmes.
- Developing strong links between population needs and workforce planning.
Stages of CEPN Development

Organisational Development

- Governance: Defining purpose, shared vision, team membership, roles & responsibilities

Educational Development

- Educational Planning Committee/Task & Finish Groups
- Measuring Success – Continuously looking for opportunities to define and demonstrate the ‘Value Adding’ Proposition
  - Bimonthly Lessons Logs and End of year Evaluation Submission
- Attendance at Pan-NCEL/London Developmental / Steering Group sessions
- Multi-professional Workforce Planning Programme in conjunction with Skills for Health
- Undertake Educational Activity based upon 6 CEPN Functions & outcomes of local Workforce Planning findings
- Continuous improvement initiatives/Measuring Success and sharing learning across Pan-NCEL/London and other LETBs;
Wave One CEPNs

Health Education
North Central and East London

3.1m people
£460m budget
77,400 staff in post
6,400 medical trainees
3,600 non-medical trainees
12 Clinical Commissioning Groups
13 London boroughs

BARNET
HARINGEY
CAMDEN
WALTHAM FOREST
REDBRIDGE
HAVERING
BARKING & DAGENHAM
HARINGEY
CITY
TOWER HAMLETS
NEWHAM

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## Activity Streams

<table>
<thead>
<tr>
<th>Barnet</th>
<th>Tower Hamlets</th>
<th>Newham</th>
<th>Islington</th>
<th>Waltham Forest</th>
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</thead>
<tbody>
<tr>
<td>• Workforce Development Strategy</td>
<td>• Multi-agency Frontline Workers ‘Health Inspires’ Training</td>
<td>• Improve understanding &amp; Awareness of service user experience on frontline workers</td>
<td>• Workforce Modelling Programme</td>
<td>• Increase General Practice student nurse placements</td>
</tr>
<tr>
<td>• Establishing CEPN infrastructure</td>
<td>• MPLO Integrated Care Education Plan</td>
<td>• Understanding wider aspects of care/Nurse &amp; HCAs/Nurse Super Hub</td>
<td>• CEPN Development</td>
<td>• Workforce Scoping Programme</td>
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<tr>
<td>• Practice Nurse recruitment &amp; Training</td>
<td>• Bowel Cancer Screening</td>
<td>• Coordination of Mandatory Training</td>
<td>• Cavendish Care Certificate</td>
<td>• Develop Self-care Pharmacy</td>
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<tr>
<td>• Multi-professional CPPD</td>
<td>• Coordination of Mandatory Training</td>
<td>• Embedding Nurse &amp; HCA Training in Primary Care</td>
<td>• Nurse &amp; HCSW Super Hub</td>
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<tr>
<td>• HCSW Development</td>
<td>• Medical Student placement</td>
<td>• Improve understanding &amp; Awareness of service user experience on frontline workers</td>
<td>• Develop joint workforce planning</td>
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<tr>
<td>• MPLO Single Assessment Appraisal process</td>
<td>• Multi-professional Wound Care</td>
<td>• Understanding wider aspects of care/Nurse &amp; HCAs/Nurse Super Hub</td>
<td>• Develop joint workforce planning</td>
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<tr>
<td>• Medical Student placement</td>
<td>• GP Trainer recruitment</td>
<td>• Coordination of Mandatory Training</td>
<td>• MPLO Self Care in Community</td>
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</tr>
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Wave Two CEPNs
## Activity Streams

<table>
<thead>
<tr>
<th>Barking &amp; Dagenham, Havering &amp; Redbridge</th>
<th>Camden</th>
<th>City &amp; Hackney</th>
<th>Enfield</th>
<th>Haringey</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workforce Development Programme</td>
<td>• Local population needs and engagement development programme</td>
<td>• Workforce Planning Programme: mapping, training Needs Assessment</td>
<td>• Workforce Scoping Programme</td>
<td>• Workforce Modelling Programme</td>
</tr>
<tr>
<td>• Establishing CEPN infrastructure</td>
<td>• Workforce Planning Programme</td>
<td>• Establishment of an education and training directory</td>
<td>• CEPN Development</td>
<td>• Increase General Practice student nurse placements</td>
</tr>
<tr>
<td>• Development of CEPN to support system coordination of training and developmental programmes</td>
<td>• Establishment of CEPN structure</td>
<td>• Undergraduate placements in primary care</td>
<td>• Primary and Community Care Nurse training and development programmes</td>
<td>• Multi-professional network development and promote joint training opportunities</td>
</tr>
<tr>
<td>• Multi-professional CPPD</td>
<td>• Education and Training Provision</td>
<td>• Practice Nurse and HCA CCPD</td>
<td>• Integrated Care Multi-agency MDT training programme</td>
<td>• Development of local Care Coordinator/Navigator roles</td>
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<tr>
<td>• Support educator/trainer development opportunities</td>
<td></td>
<td>• Human Factors Training programme</td>
<td>• Increase Medical student placements in primary care</td>
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Benefits of CEPN

• It is our view that CEPNs offer a model for developing better workforce planning in order to more effectively respond to the changing needs of the workforce to drive up the quality by learning and working together.
• CEPNs are well placed to tackle the challenge of improving population health outcomes, and speeding innovation in primary and community care.
• Their development will require partnerships that span clinical and educational commissioners, as well as education and service providers which demonstrates good examples of hospitals, community services and primary care working together and sharing their expertise to give patients the best possible care.¹

¹ Community-based education providers network: an opportunity to unleash the potential for innovation in primary care education. S. Ahluwalia et al. Education for Primary Care (2013) 24: 394-7