

Health Education England Operating Model



Version 1, November 2021

HEE may update this Operating Model during the 2021/22 transition year as the Health and Care Bill passes through Parliamentary stages to Royal Assent; as ICSs move towards statutory status and as NHSE&I guide that process and develop their Operating Model. We will engage with ICSs and other stakeholders and partners to continuously improve this guidance. This guidance forms part of a suite of documents making up our [Operating Model](#).

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Context and Overview

We have developed our [Operating Model](#) in response to the changes in the health and care system set out in the [Health and Care Bill](#), in particular to the development of statutory Integrated Care Systems (ICSs) which ICSs are implementing with the guidance of NHSE&I. The primary purpose of our Operating Model is in describing how our business will be delivered through the relationships between national and regional teams in support of our Regions who lead our collaborative relationships with ICSs.

ICSs are positioned as the default system level through which we will conduct our business, both directly and in how we consider ICSs in the other important relationships through which we carry out our work. We will need to lead and manage the tension between our role in delivering national requirements and supporting those of service partners; and convening local health systems to influence our work to meet the needs of their populations; particularly in a time of pressure on public spending, demand management and recovery.

Our Operating Model includes the principles which will guide how we do our work, building on our values. The descriptors given in this v1 relate to the application of the principles in the relationships between national and regional teams in supporting our Regions' relationships with ICSs. As we work with the principles we will build on these descriptors to include application in other work activity and relationships.

Our primary duty under legislation is to secure an effective system for the planning and delivery of education and training of healthcare workers. We must exercise our functions with a view to:

- ensuring a sufficient number of skilled healthcare workers are available having regard to likely future demand, sustainability of supply and longer term education and training objectives;
- securing continuous improvement in the quality of education and training and health services;
- promoting and using research;
- securing education and training provided in a way which promotes the NHS Constitution;
- seeking advice and receiving representations from key partners and stakeholders.

Within the health and care workforce and education landscape, we have significant roles in provision of postgraduate medical and dental education; leadership, supporting and commissioning wider clinical professional education, workforce planning and workforce transformation.

ICSs as partnerships of health and care organisations, coming together to plan and deliver joined up services have four aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

ICSs will have a duty to have regard to the need to promote education and training to assist us and the Secretary of State in the discharge of our primary duty.

Our Operating Model is set within an 'all levers, all levels' integrated planning framing. This framing integrates workforce planning with population health, service, and financial planning. It enables our role and activities to be articulated in a wider framing in which workforce supply planning in and across different planning units to meet overall workforce need can take place. The integration of health and social care can be supported by utilising the framing in ICSs.

Our Operating Model elements comprise:

- This, v1 of our Operating Model, which includes the principles; core activities and a delivery spectrum guiding how we will conduct our business set within an integrated planning framing. This has been tested through a range of key business areas and will be further developed to include sections on accountability and corporate enabling functions/work areas; and to take account of NHSE&I's Operating Model development and the Health and Care Bill progression.
- Guidance on the HEE and ICS Relationship. Version one covers the key areas of work activity on which we, through our Regions will collaborate with ICSs, based in the ten ICS People function outcome areas contained in NHSE&I's [ICS People Function guidance](#) and set within the integrated planning framing applied to ICSs. This will be developed through further engagement.
- Worked examples of our Operating Model in action. This knowledge repository will be developed as our Operating Model is applied in practice.



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Chief Executive



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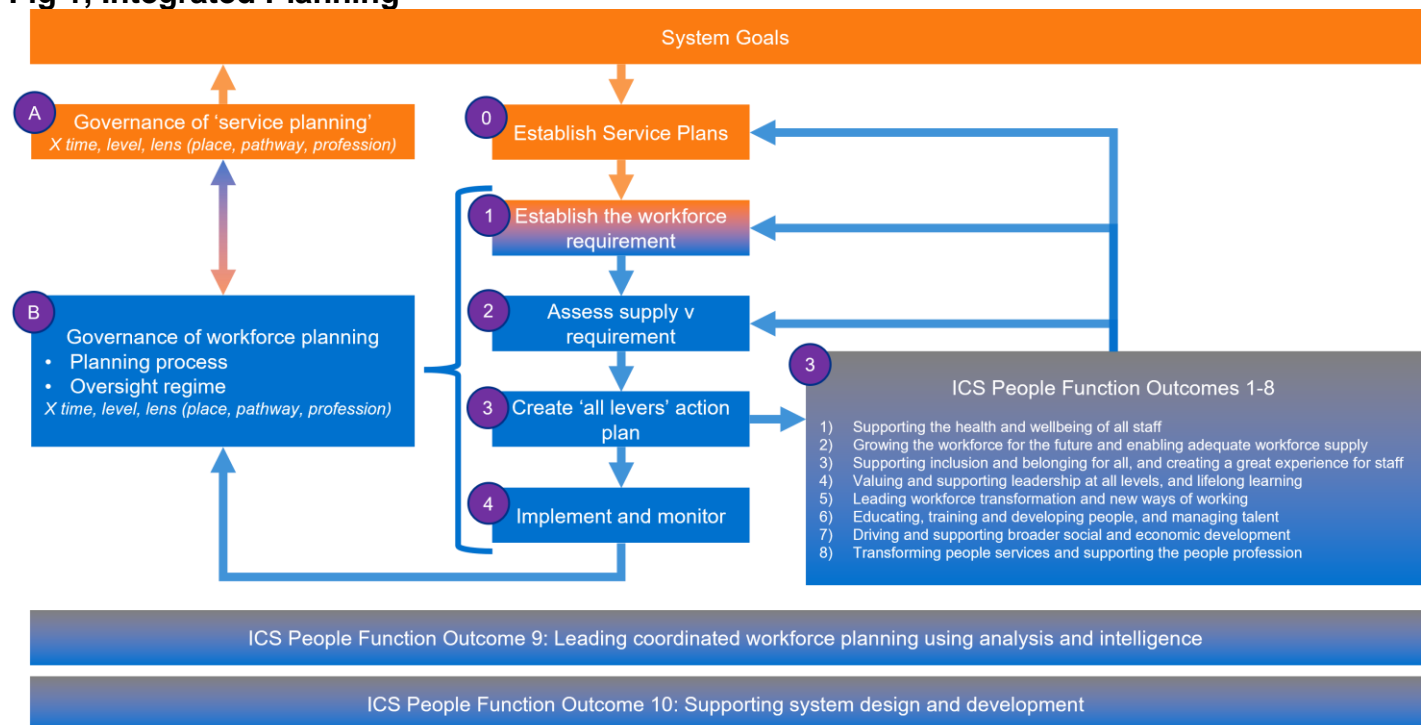
Framing our Operating Model – Integrated Planning

In articulating our relationship with the wider health and care service system, we set our Operating Model in an integrated ‘all levers, all levels’ planning framing – integrating workforce planning into the wider service, financial and population health planning system. Fig 1 below sets out the framing, which is designed to enable:

- A framework which can be used in and across different spatial levels, through different lenses (place, pathway, profession) and over different time horizons.
- A consistent description and scope of workforce planning in health and care.
- Transparency of the different elements of workforce planning and relationships between those elements including the intervention ‘levers’ held by disparate parties.
- Ability to articulate our role and activity within this framing as one of the parties.
- Recognition of the necessary functions of coordination, and governance (decision making) in/of those different elements to enable the development, implementation and monitoring of an ‘all levers, all levels’ action plan with feedback loops into the planning system (A and B in Fig 1 below).

Our role supports and enables workforce planning and the planning system, including at ICS level where there is the potential for coordination of different levers for greatest impact on local populations. Applying this framing enables us to influence and coordinate our activity and investment as part of ‘all levers all levels’ action planning.

Fig 1, Integrated Planning



Key	Integrated planning stage	Service/ population health planning	Workforce planning	NHS ICS People Function Outcomes (1-10)
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Principles

HEE's Operating Model principles guide how we carry out our work. They build on our values and strengthen working across our functions, programmes, and regions, in partnership with NHSE&I and the wider system. The detailed descriptors below support the application of principles to national and regional working to enable our relationship with ICSs.

- **Integration – ‘we collaborate with ICSs by default’.** Our Regions are where our business comes together to lead our collaborative relationship with ICSs. We ensure that all parts of HEE are mutually supportive in meeting our priorities, collaborating with NHSE&I to ensure education and workforce is integrated into population health and service planning and delivery.
- **Subsidiarity – ‘we make decisions and carry out actions at the most local level possible’.** Our distributed leadership ensures our Regions are central to delivery and have the freedom, support, and accountability within a clear governance framework to make decisions and lead activity within the wider system.
- **Multi-professional – ‘we are multi-professional by default’.** Diverse teams of health and care professionals with complementary skills and experience deliver better and sustained outcomes. We approach our roles and activity multi-professionally.
- **Sustainability – ‘our work maximises the sustainability of supply, services and health and healthcare improvement’.** Covid-19 proved we need resilience and agility to respond effectively. We also need to ensure the economic and environmental sustainability of HEE, our health and care, and education and training systems, whilst supporting ICSs in broader social and economic development.
- **Continuous Improvement – ‘we continuously improve the quality of education and training; services and health outcomes, whilst reducing unwarranted variation’.** We approach work utilising improvement methodology to play our part in improving the quality of education, services, and health outcomes. This approach embeds our duty to promote and use research, evidence, data, and insights. We share successes and learn lessons to reduce unwarranted variation and maximise fairness in use of resources.

HEE Core Values:

Responsible

Inclusive

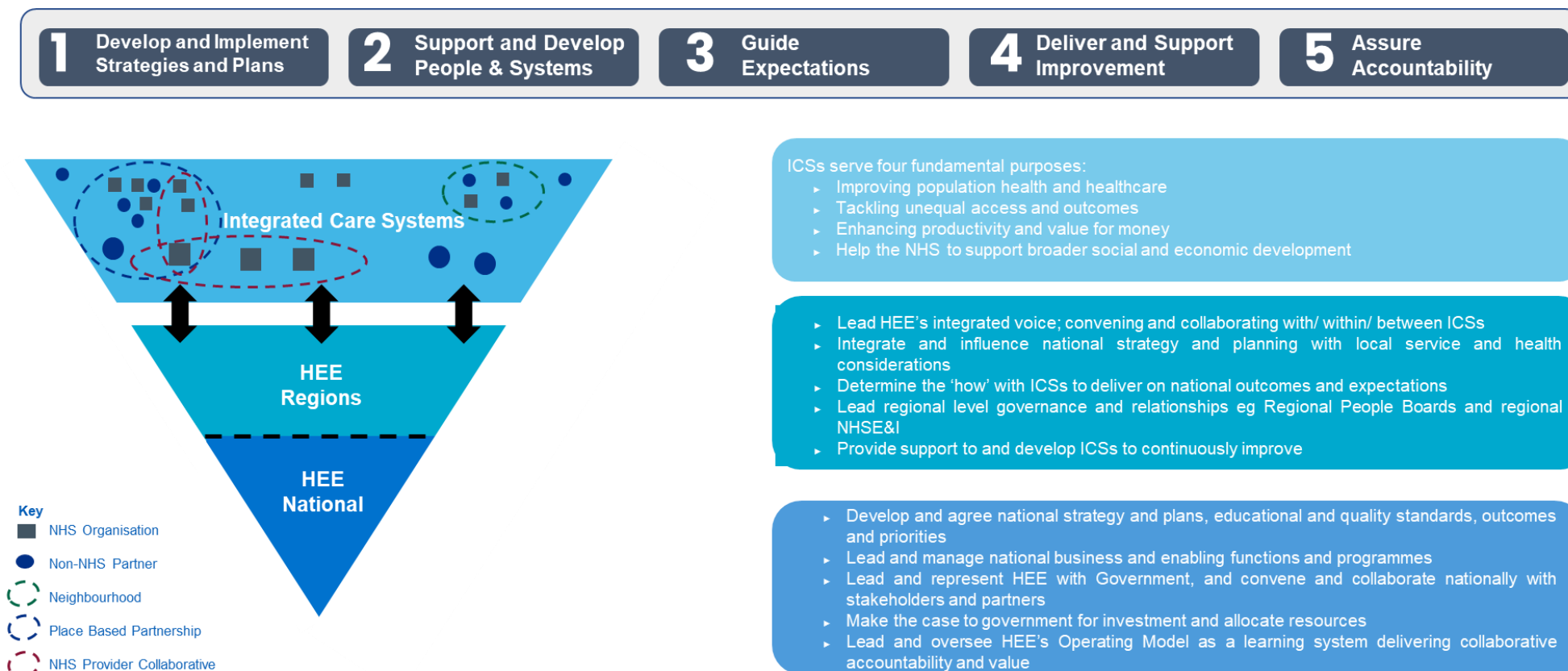
Confident

Fair

Core Activities

These five areas of core activity (see Fig 2) in our relationship with ICSs (and units within/across them including organisations, neighbourhoods, places, provider collaboratives) focus on respective and collective accountabilities and important roles and responsibilities in carrying out work activity. These areas serve as prompts for the relationship to ensure, for example, that we actively collaborate on strategies and plans to ensure they are coherent and represent a shared reality, such that they are deliverable. They also enable a focus on or within the areas to demonstrate delivery, impact; for example across improvement initiatives either led by us or with our involvement.

Fig 2: Core Activities; Roles and Responsibilities



Delivery Spectrum

- Our delivery spectrum guides how we organise to enable and improve Regions' leadership of coordination and integration of our role and work activities with ICSs; within the system of important relationships that we hold to operate effectively:

Fig 3: Delivery Spectrum

	ICSs	HEE Regions	HEE National
(Summary: roles and responsibilities)	<ul style="list-style-type: none"> • ICSs define the collaborative activities they will undertake within/ across ICSs to deliver their four aims 	<ul style="list-style-type: none"> • (Working with national teams), at regional, ICS and local levels of activity, lead and champion excellent education, approaches to future workforce and workforce transformation, and integrated workforce planning 	<ul style="list-style-type: none"> • (Working with Regions), at national and international levels of activity, lead and champion excellent education, approaches to future workforce and workforce transformation, and integrated workforce planning
How we organise to enable our default relationship with ICSs through Regions	<ul style="list-style-type: none"> • ICSs are our default level of relationship with the health and care system. 	<ul style="list-style-type: none"> • Lead the coordination and integration of our roles and work activities with/between ICSs; working with ICSs themselves, NHSE&I Regions and other local and Regional partners • Working with national teams, design deliver and develop Regional accountability • Influence and support the roles and work activity for which national teams are accountable 	<ul style="list-style-type: none"> • Design, deliver and develop the system of national and Regional accountability within clear governance, with supporting infrastructure and resources; • Lead the coordination and integration of national requirements and influences on HEE's role and work activity • Ensure Regions' involvement in carrying out national roles and work activity
How we improve our default relationship with ICSs	<ul style="list-style-type: none"> • ICSs influence continuous improvement of HEE/ICS collaborative relationship 	<ul style="list-style-type: none"> • Collaborate across Regions to share knowledge and learn lessons to continuously improve HEE's relationship with ICSs 	<ul style="list-style-type: none"> • Coordinate national functions to support and develop Regions to continuously improve their relationship with ICSs

Fig 4: Delivery Spectrum Examples in Key Work Activity areas

	ICSs	HEE Regions	HEE National
Workforce planning	<ul style="list-style-type: none"> Integrated multi-professional workforce and education planning, including workforce and education intelligence and analytics support into annual and multi-year planning 	<ul style="list-style-type: none"> Coordination of HEE led activity into ICS led integrated planning Provision of workforce and education intelligence and analytics support; with NHSE&I Regional level coordination and oversight of 'all levers all levels' integrated ICS planning to maximise value of HEE led activity within wider system to meet system goals, with partners Engagement across Regions with national teams with planning intelligence to inform future investment and decision making to best meet system goals 	<ul style="list-style-type: none"> Lead and support integrated planning framing and the operation of workforce planning elements with service/finance/population health planning leads Develop workforce and education intelligence systems and processes, theories and practices of analytics and review and improvement mechanisms, working with NHSE&I Lead workforce planning capacity and capability building National coordination of 'all levers all levels' workforce planning outcomes with NHSE&I to maximise value of HEE led activity/investment to meet collective ICS goals, national targets and requirements
Service redesign; workforce and education transformation	<ul style="list-style-type: none"> Ensure multiprofessional workforce and education input into design, development, and delivery of transformation programmes 	<ul style="list-style-type: none"> Coordinates and prioritises workforce and education input into and support for service transformation activity in and across ICSs within Region within national supported framework 	<ul style="list-style-type: none"> Working with Regions, frame HEE role and responsibilities in nationally led service/ population health pathway/ place/ functional/ enabling transformation programmes Integrate and convene the range of theory, practice, tools, resources, expertise, knowledge into applied solutions in real work settings facing the health and care system to enable adoption and spread

PGMDE Delivery (except quality – see below)	<ul style="list-style-type: none"> • Understanding of actual and planned trainee distribution in ICS education providers • Understanding of trainees qualifying from local training rotations to maximise local retention • Engagement in decision making on local and Regional training numbers and distribution. • Provision of future supply need through HEE Regions to influence national medical workforce planning • Engagement in education reform 	<ul style="list-style-type: none"> • Lead Regional delivery of PGMDE to regulatory standards within nationally supported frameworks and funding • Provision of workforce intelligence on actual and planned trainee distribution as part of medical workforce planning • Coordination of local intelligence to influence actual and future numbers and distribution of medical training posts • Coordinate agree and oversee delivery of expansion plans as part of wider supply strategies • Influence education reform with local intelligence; coordinate education reform piloting, delivery 	<ul style="list-style-type: none"> • (Working with Regions, and wider stakeholders) Design, develop and implement strategic and operational framework and funding in which PGMDE is delivered to regulatory standards • Leadership and oversight of training post numbers (including expansion targets) and distribution decisions • Lead PGMDE recruitment • Lead education reform initiatives
Education quality improvement; service improvement	<ul style="list-style-type: none"> • Understands and influences how multiprofessional education quality is integrated into service quality and safety systems and drives improvement priorities in ICS 	<ul style="list-style-type: none"> • Coordinate and prioritise input into and support for education quality improvement oversight and activity in and across ICSs within Region within nationally supported framework • Provide intelligence into local, Regional quality and safety fora 	<ul style="list-style-type: none"> • Working with Regions, design, develop and improve education quality oversight and improvement frameworks which meet regulatory standards, enable excellent education and are integrated with service quality and safety systems and oversight • Integrate education quality into demonstrable real work examples of quality and safety improvement activity led by service, population health and quality partners • Provide intelligence into national quality and safety fora

Next Steps

Our Operating Model will be developed further during autumn/winter 2021 to include sections on accountability; and on corporate/ enabling functions/ work activity following a further round of testing.

We may update this guidance during the 2021/22 transition year as the Health and Care Bill passes through Parliamentary stages to Royal Assent having regard to, in particular:

- Outcomes of engagement on this guidance and HEE's Operating Model with ICSs and other stakeholders;
- Changes to and statutory regulations and guidance on the Bill;
- NHSE&I guidance on ICS implementation and development; and
- Development of NHSE&I Operating Model