Place Based Placement Funding Models 2018 to 2021

Frequently Asked Questions

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RATIONALE FOR PILOTING

Why is HEE piloting a new model for distributing placement funding?

As part of its mandate from DHSC, HEE has been asked to lead the development of future delivery models that can be aligned with the reformed education funding system introduced in August 2017 for nursing, midwifery and Allied Health Professions (NMAHP) students. A place based approach to NHS placement commissioning is a delivery model which HEE will test through the pilot exercise to understand whether it can improve placement capacity and capability to support clinical placement expansion and growth. Specifically:

- Piloting for experimentation: Testing ‘workability’ to understand what approaches improve student learning experiences; placement capacity and capability of providers; and what outcomes it can produce to benefit patients and the public
- Piloting for demonstration: Whether place based models can be implemented successfully across HEE’s system architecture and how implementation barriers can be overcome

What is a place-based model?

Contrary to the current model in which HEE allocates clinical placement funding directly to contracted placement providers based on existing and historically commissioned programmes, the place based model will pool placement funding for all NMAHP in a geographical area (i.e. ‘place’) together. This can then be allocated to a defined geographical area with an appropriate financial and governance infrastructure.

The model provides an opportunity to reshape placement-funding flows on the health needs of the “place”, improving alignment between local health priorities and the delivery of education and training in a market led system.
Why was a place based model for distributing placement funding selected for piloting by HEE?

Following a series of HEE national listening events with a diverse range of stakeholders in 2016, the ‘place-based’ model was considered to be the best option for allocating clinical placement funding. Pooling funding at the source through a place based model has a number of potential benefits, including:

- focusing resources on high demand high shortage/low demand high shortage staff groups
- promoting innovation in developing new programmes and models of placement provision
- improved education quality and governance at a local level
- incentivising provider collaboration to deliver high quality placements at scale across the “place”

Why use a place based model for allocating and distributing placement funding when the money should directly follow the student and administered straight to HEIs delivering programmes eligible for government tariff?

Health Education England has been established to discharge the Secretary of State for Health and Social Care’s statutory duty to ensure that an effective education and training system is in place for the NHS and public health system. The place-based model will still mean placement funding follows the students, as payment is based on learner numbers. Through the place based pilots, the HEE-placement provider relationship, which is governed through Learning Development Agreements, will ensure government funding of NHS student placements is not used to subsidise any element of the cost of placements for non-NHS funded students/trainees and:

- supports NHS workforce planning and security of supply of a sustainable, home grown workforce which meets the needs of its local health population and embeds workforce transformation
- facilitates high quality workplace based learning and assessment whereby placement provision meets regulatory standards and HEE’s quality standards
- delivers student satisfaction and student choice by widening participation, enriching learning experiences and improving access to placements
- delivers improvements in placement capacity and capability by reshaping funding flows and pooled funding focused on future service and workforce need
- supports small and specialist professions by managing variation through targeted funding
SCOPE OF PILOTS

Which healthcare education courses are within the scope of the place-based pilots?

HEE’s pilot programme will test the place based approach for distributing placement funding for nursing, midwifery and Allied Health Professions (NMAHP) programmes eligible for tariff. Depending on the success of the first phase of the pilots, the programme maybe widened to include other professions.

What are the aims, objectives and intended outcomes of the pilot programme?

HEE has published a Policy Framework which sets out the aim, objectives and intended outcomes of the pilot exercise. The Framework can be accessed here: https://www.hee.nhs.uk/our-work/education-funding-reforms

Will the place based funding model be scaled up nationally and adopted across HEE’s operational architecture upon completion of the pilot programme?

No. HEE will commission an independent evaluation of the pilot programme which will assess whether the model can be scaled up to deliver improved placement capacity and capability nationally. No decision will be taken until the evaluation is complete.

How many places will each HEE regional office choose to pilot the model?

The number of “places”, size and scale of the pilot will be at the discretion of each of the four HEE regional offices.

How will regional offices pilot the model?

The design and operation of each pilot will be led and owned by each regional office to ensure flexible and tailored place based approaches are developed to meet the needs of each geography. Design must be informed by reliable and robust data to ensure stability in the local health economy and a clear, defensible rationale for decisions on allocation and distributing with a lead provider or a coalition of providers.

What is the placement budget for each pilot site?

HEE regional offices will identify and calculate placement funding budgets for their place based pilots based on the size; scale and level of placement activity in each “place”.

How will the pilot regions involve universities?

The design of the pilots will be based on the defined geography identified as the “place.” Placement providers within the place will use their partnership arrangements with universities to develop innovative approaches in delivering the placement element of pre-registration programmes.
DELIVERY OF PILOT PROGRAMME

What is the delivery timetable for the pilot programme?

Based on the mandate from the DHSC, HEE’s priorities are to implement a national pilot programme over three financial years from 2018/19 to the end of the 2020/2021 FY. The duration of each pilot will be no longer than two financial years, with successive pilots expected to complete duration over a shorter period as the implementation model matures over time.

How will HEE deliver the pilot programme?

HEE will pilot place based models in each HEE region, taking a staggered approach with a six-month interval between each pilot.

Why is HEE taking a staggered approach?

The delivery of the pilot programme will need to support maturity of the place based model by ensuring the learning from each pilot informs the design of future regional pilots. A staggered approach enables an iterative approach to be taken to deliver a high quality and agile programme.

What are the roles of HEE National and Regional offices in delivering the pilot programme?

The following table summarises the role of HEE National and HEE Regional Offices:

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<th>HEE National Office ROLE</th>
<th>HEE Regional Office ROLE</th>
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<tr>
<td>Steward national pilot implementation</td>
<td>Identify the “place” and size and scale of pilot</td>
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<td>Ensure strong governance</td>
<td>Design and deliver operational model for pilot</td>
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<td>Enable regional offices to respond to regional variations</td>
<td>Adapt or configure existing financial, educational quality and contractual systems to ensure strong governance of pilot and transparent funding flows</td>
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<td>Identify and resolve strategic issues and risks</td>
<td>Identify and establish appropriate partnership forum and communication channels with external partners involved in pilot delivery</td>
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<td>Ensure allocation and distribution of placement funding responds effectively to levels of placement activity</td>
<td>Programme manage regional pilot delivery and report progress through HEE National Office governance structure</td>
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<td>Maximise HEE placement investment in each region to support sufficiency and growth in supply of high quality placements</td>
<td>Develop innovative and flexible approaches to funding clinical placements which support multi-disciplinary learning in integrated care models</td>
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How will HEE know if the pilot is successful?

Each pilot site will be evaluated iteratively, with a final evaluation of the programme to be completed by 2021.
PLACEMENT FUNDING

What is the criteria used to determine which programmes attract tariff funding for placements?

The Department for Health and Social Care publishes education and tariff guidance annually which specifies the following criteria a programme must meet to attract a tariff payment:

- be a recognised part of the education/training curriculum for the course and approved by the higher education institute and the relevant regulatory body, as appropriate;
- meet the quality standards of the regulator and the commissioner;
- be quality assured in line with the commissioner's agreed processes;
- be direct clinical training (including time for clinical exams and study leave) with an agreed programme being a minimum of one week;
- have the appropriate clinical and mentoring support as defined by the relevant regulatory body; and
- is not workplace shadowing.

What kind of activity does tariff funding cover?

The DHSC tariff guidance states tariff covers all direct costs involved in delivering education and training by the provider, for example:

- Direct staff teaching time within a clinical placement
- Teaching and student facilities, including access to library services
- Administration costs
- Infrastructure costs
- Education supervisors
- Pastoral and supervisory support
- Trainee study leave and time for clinical exams pending introduction of the changes outlined in paragraph 17-20 of this document.
- Health and well-being (excluding any occupational health assessments that are carried out by the university and funded separately)
- Course fees and expenses (as required to achieve professional registration)
- Student/trainee accommodation costs
- In-course feedback and assessment
- Formal examining
- Staff training and development relating to their educational role

The tariffs do not cover:

- Tuition costs
- Items funded under education support, such as foundation programme directors
- foundation programme administration support staff
- heads of Schools
- programme directors
- core leads
- relocation costs and exceptional travel costs
- directors of medical education / associates
Will placement funding be flexible enough to accommodate growth where it is taking place, both at discipline and regional levels?

The pilots will explore how placement budgets can be ‘flexed’ to respond to levels of placement activity, market behaviour and student flows. Additionally, pilots will consider how collaboration and joint working approaches are required to inform place based placement commissioning decisions locally to support holistic collaborative local commissioning and the development of stronger long-term collaboration between commissioners and providers.