



Community Education Provider Networks (CEPNs)

London and the South East
March 2016

Version 2

*Transforming London's health and care together***Contents**

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Introduction

Community Education Provider Networks (CEPNs) have been developed in London and the South East by Health Education England Local Teams working with stakeholder partners to develop collaborative networks of service and education providers, working across a geographic footprint, with a shared purpose to create the right workforce to support the delivery of population health outcomes.

As part of the development work for the London Workforce Strategic Framework a number of work programmes were developed. The Programme Board requested that the Delivering Value workstream explored the role of CEPNs across London and the important work they have done to support workforce education and development.

CEPN National Policy Objectives

The model for CEPNs grew from a small number of expert leaders in primary care in London and the South East and was first referenced in Better health for London - London Health Commission which predates the Five Year Forward View.

More training should be delivered in the community. This will require Local Education and Training Boards (LETBs) to significantly increase the proportion of funding spent on training in these settings and maximise investment in on-going staff development, focusing training and development on capabilities to suit new models of care, such as generalist skills and supporting citizens to self-care.

There are examples of good practice in London, particularly Community Education Provider Networks. These bring together health and social care service providers, community groups, and education providers and offer learning alongside care delivery. These should be built on.

Better Health for London - London Health Commission
15 October 2014

CEPNs, already in development were the ideal place to consider the role of the GP training hub as described in the Building the Workforce – the new Deal for General Practice (GP 10 point workforce action plan) produced in collaboration between NHS England, Health Education England (HEE), the General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) to address primary care workforce issues in January 2015.

NHS England will invest in the development of pilot training hubs, where groups of GP practices can offer inter-professional training to primary care staff, extending the skills base within general practice and developing a workforce which can meet the challenge of new ways of working.

Building the Workforce – the New Deal for General Practice
NHS England, Health Education England, Royal College of General Practitioners, British Medical Association GPs committee (GPC)
January 2015

CEPNs have since been referenced in a number of national policy documents and recognised as key models for the development and delivery of workforce education and transformation in Primary Care.

In areas of London, Kent, Surrey and Sussex, Community Education Provider Networks have been developed with the support of the local LETBs. A broad range of community and primary care providers work with HEIs to assess workforce training needs, expand training capacity and deliver multi-professional education and innovative models of care outside hospitals.

The network provides a level of leadership and infrastructure that individual services would be unable to manage and sustain alone, and allows learning to take place in a range of settings, enabling shared learning and the dissemination of best practice

Raising the Bar - Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistant

*Lord Willis, Independent Chair - Shape of Caring review, Health Education England
March 2015*

Community Education Provider Networks provide a model that promotes inter-professional learning based around the needs of local populations. This model forms part of the concept of a training hub in the Ten Point Plan and should be developed further in order to meet the educational needs of multi-disciplinary primary care teams. (*Section 5, recommendation to NHS England and HEE*)

The Future of Primary Care - Creating Teams for Tomorrow

*Report by the Primary Care Workforce Commission
July 2015*

CEPN Regional Policy Objectives

Four HEE Local Teams in London and the South East continue to support the development of CEPNs. These are:

- Health Education England North West London (HEE NWL)
- Health Education England North, Central and East London (HEE NCEL)
- Health Education England South London (HEE SL)
- Health Education England Kent, Surry and Sussex (HEE KSS)

The education networks have evolved to suit local relationships and priorities for education and training. In return for HEE support the networks are asked to develop a consistent approach six key objectives:

1. Workforce Planning

Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.

2. Responding to local workforce needs (and alignment with local commissioners)

Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs. Ensuring that education and training is aligned to changes in service

3. Developing the existing workforce

Developing, commissioning and delivering continuing professional development for all staff groups and for looking at innovative ways to transform and improve CPD.

4. Co-ordinating Education programmes

Local coordination of education programmes to ensure improved economies of scale, reduced administration costs and improved educational governance. This included ensuring training and rotations are offered in primary care settings.

5. Developing local educational capacity and capability

Increasing the ability to accommodate greater numbers of placements and the development of multi-professional educators in community settings.

6. Monitoring Education Quality

Supporting improvements in the quality of education programmes delivered in primary and community care, for example, through peer review.

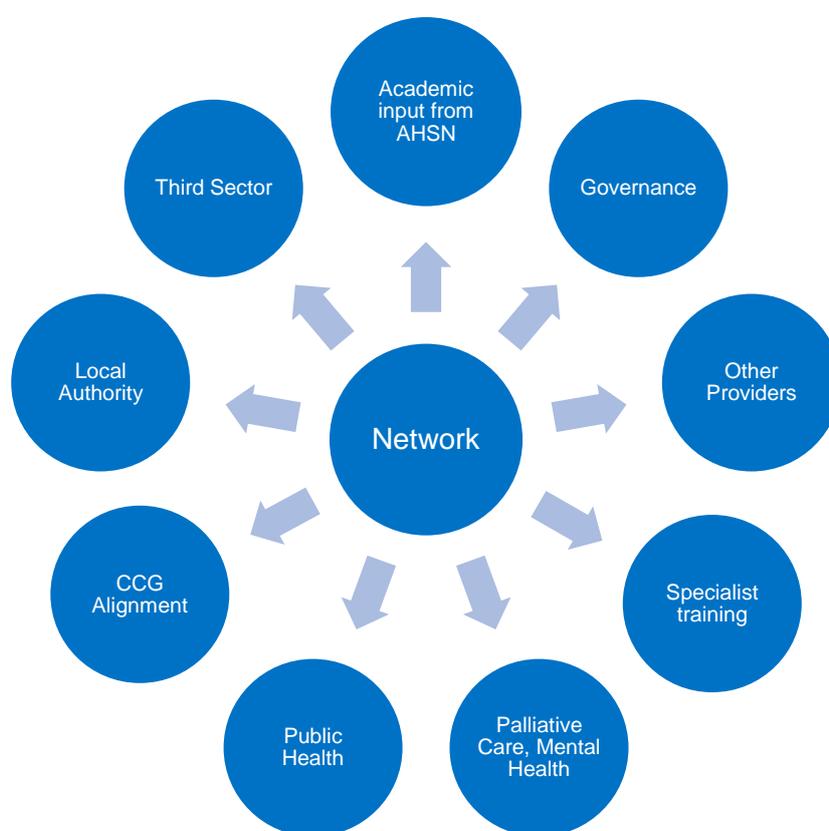
What are Community Education Provider Networks (CEPNs)?

Community Education Provider Networks (CEPNs) are a new model of planning and providing education and training for the health and care workforce.

CEPNs are based on the theory of collaborative networks, which is defined as:

‘A collection of organisations that possess the capabilities and resources needed to achieve a specific outcome’.

CEPNs are networked arrangements of providers within a specified locality. The membership of CEPNs is not generic and reflects the health and social care challenges across the locality. Partners may include CCGs, GP Federations, Community Pharmacists/Optometrists/Dentists, Local Authorities, Academic Health Science Networks (AHSNs), Acute, Community and Mental Health Trusts, Higher Education Institutes (HEIs) and the third sector (such as charities).



Their purpose is to understand and develop the community based workforce, in order to meet the health needs of their local population and to support the transformation of care and service models at scale. Moreover, in an integrated health system; CEPNs play an active role in the preparedness of community settings to enable better out of hospital provision. CEPNs are perfectly positioned to extend support to groups which have historically struggled to access multi-professional education and training.

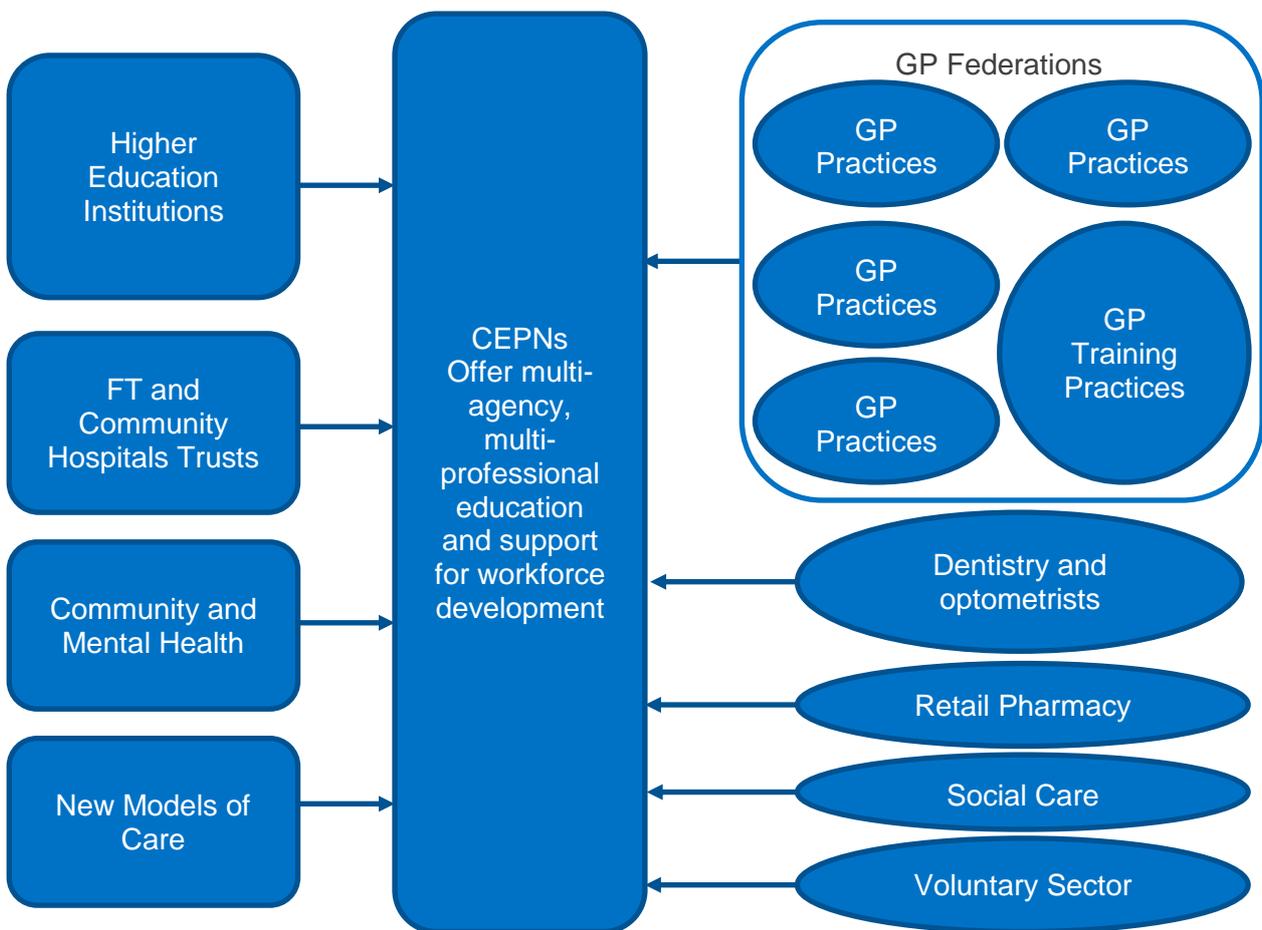
They are designed to improve the quality and localisation of education for individuals working in both health and care settings, including the unregistered workforce. CEPNs primary focus is primary care and community workforce rather than the training of acute sector specialists, although CEPNs work closely with the acute sector; engaging providers through their networks to utilise resources and ensure a seamless education offering between primary and acute care.

CEPNs – centrally placed to support locality teams

Previously, health and care organisations ran their own educational programmes which were often only accessible by their own workforce and little communication or co-ordination took place which resulted in duplication, a lack of economies of scale and no centralised assessment of workforce needs or the quality of training. Indeed, many organisations provided little or no training. Social care training and education for pharmacy staff, dentists and others was also run in isolation so people were being educated in silos, with few opportunities to learn with and from people from different professions or organisations.

With the introduction of CEPNs, there has been great success in drawing together stakeholders from many disciplines and sectors. This includes reaching beyond health to plan and provide education that would not otherwise have been possible, enabling training to focus on bringing different groups together to learn side-by-side and promote integrated working.

CEPNs are unique in their configurations but have common elements. These include GP training practices providing community based education provision in varying degrees, extending the benefits of teaching to non-teaching organisations in the community. The diagram below shows how CEPNs occupy the space in the middle, working across organisational boundaries with no hierarchy, enabling innovation and shared objectives in education and workforce development.



Why is a CEPN needed?

Formally, Primary Care Trusts oversaw the delivery of the Protected Learning Time (PLT) for General Practice and managed workforce planning. Although some of these responsibilities were continued by CCGs when Primary Care Trusts were disbanded there was little communication between service providers and commissioners on workforce development and education which resulted in duplication and lack of coordination in some areas.

CEPNs enable a co-ordinated strategy to address these gaps and ensure:

- The workforce is fit for purpose across all sectors of primary healthcare by expanding the range and quality of workforce education and training. Protected learning time is supported, coordinated and the range of opportunities and number of participants from different sectors and professional groups is increased.
- Resources are shared and outcomes maximised by helping people to understand different roles, what services are out there and build relationships.
- Silo working is reduced by enabling different professional groups and people from different sectors to network and learn together
- Opportunities to develop and test novel ways to support workforce learning are provided.
- Reduce duplication by opening up communication between providers and coordinating workforce education across geographical areas.
- Promote primary healthcare as an exciting place to work. through training and development
- Able to work beyond the confines of health and better support the agenda for integration of health and social care through acknowledging and committing to the need to work across organisational and professional boundaries.
- Create an infrastructure in primary healthcare to support a seamless journey for learners across all care settings

What programmes have CEPNs delivered?

CEPNs have developed at different rates and with different local priorities however there is a commonality in the activities of CEPNs across London and the South East that meet the six key objectives. The table below summarises the activity of the CEPNs across the four LETB areas:

Table 1: Examples of the activities undertaken by CEPNs in the four LETB areas

Workforce Planning	<ul style="list-style-type: none"> • Workforce strategy development • Development of workforce databases, scoping exercises undertaken and learning needs analyses co-produced across multiple agencies • Establish multi-professional listening and stakeholder engagement forums • Establish and enhance apprenticeship programmes across primary, community and social care
Responding to local workforce needs and alignment with local commissioners	<ul style="list-style-type: none"> • Practice Nurse recruitment and training • GP trainee and Undergraduate Nurse placements • Carer information and support programme • Development of nurse mentor and preceptorship programmes • Increased GP training & development of new training practices and GP trainers to host placements • Collaboration of training and development for nursing staff and health care support workers across primary care and local care homes
Developing the existing workforce	<ul style="list-style-type: none"> • Healthcare Support Worker development • Multi-professional wound care development programme across primary, community and secondary care • Multi-professional/service user engagement Self Care and management programmes • Health coaching and self-care programmes • Care Certificate for healthcare support workers • Delivery of CPPD programme across primary and community care
Coordinating Education programmes	<ul style="list-style-type: none"> • Development and facilitation of Collaborative Learning Groups • Multi-professional coordination of Protected Learning Time • Management of direct allocations in partnership with local Higher Education Institutions in developing local nursing workforce
Developing local educational capacity and capability	<ul style="list-style-type: none"> • Training of facilitators for collaborative learning • Nurse mentors developmental programmes • Mentorship and preceptorship programmes • Clinical leads and clinical mentors undertaking PGCE • Recruitment of quality improvement champions • Recruitment and development of clinical and non-medical prescribing leads • Train the Trainer courses
Monitoring Education Quality	<ul style="list-style-type: none"> • Education about single assessment appraisal process • Evaluation of current training programmes • Working closely with Higher Education Institutions to develop assurance framework

CEPN Benefits

Key benefits include:

- Provision of a coordinated approach to workforce training education at a local level
- Increasing capabilities of the local workforce in Primary Healthcare
- Targeting of education and training needs to a local level to address skills gaps
- Building relationships between organisation and individuals which lead to strengthened commissioned provider delivery.
- Broadening the reach of people taking part in education and includes other professional groups (such as pharmacy, dentistry, social care) that have previously sat outside of local health sector workforce development plans
- Upskilling the workforce and ensure well supported
- Enhancing the level of staff training rotation in primary healthcare
- Ensuring wide range of professionals and staff groups are involved
- Developing new education methods and support better use of technology

CEPN Challenges

Key challenges include:

- Developing culture and relationships take time
- Networks take time to form and expanding reach takes significant stakeholder engagement
- Programme Management capacity to deliver an extremely large agenda with multiple stakeholders
- Funding of a sustainable economic model
- Leadership capacity to enhance CEPN visibility with stakeholders
- Access to data and information resources held locally
- Evaluation of programmes to continually demonstrate value for money
- Further alignment to the SPGs and Strategic Transformation Plans to ensure strong alignment.
- Embedding CEPNs to ensure sustainability

Local Governance Arrangements across London and the South East

CEPNs require robust structures to oversee quality assurance and financial management enabling them to access NHS funds from Health Education England and commissioners. No single structure is preferred above another due to the unique nature of each locally driven CEPN set up. Therefore CEPNs in London and the South East have adopted different types of governance arrangements outlined below:

Alignment to Clinical Commissioning Groups (CCG)

A Clinical Commissioning Group holds and administers funds for network development and education provision.

Potential Benefits	Potential Disadvantages
<ul style="list-style-type: none"> • Close links with local commissioners • An established infrastructure • The potential to draw on many types of resources • Linked to a known and powerful organisation • Easier to transfer funding as NHS organisation 	<ul style="list-style-type: none"> • Subsuming education priorities and budgets into the wider remit of commissioning groups • Lack of engagement from organisations not already involved with the CCG • Lack of ownership by providers

Alignment to NHS Trusts

A NHS service provider organisation such as an acute trust or a community services or mental health trust holds and administers funds for network development and training.

Potential Benefits	Potential Disadvantages
<ul style="list-style-type: none"> • Hosted by an established provider organisation, • Building relationships and accessing resources that may not otherwise have been possible • Guaranteed engagement from a large provider group. • Easier to transfer funding as NHS organisation • Strong alignment to wider Trust training budgets 	<ul style="list-style-type: none"> • Difficulties negotiating historical politics and power relationships • Maintain status-quo rather than moving the focus of the model towards primary healthcare education subsuming education priorities and budget into the wider remit

Established as a Community Interest Company (CIC)

A Community Interest Company (CIC) may be set up to administer the network or it may involve having funds administered by an existing Community Interest Company set up by health or social care providers.

Potential Benefits	Potential Disadvantages
<ul style="list-style-type: none"> • New entity set up to focus on network activities, • Autonomy of financial control and • Potential to develop processes and infrastructure well matched to the network approach • Potential to attract more charitable funding 	<ul style="list-style-type: none"> • Time and resources to set up a new legal entity • Lack of history and therefore lack of awareness of the network among key stakeholders • Potential changes in financial rules which may limit the funds awarded to CIC • Procurement implications

Alignment to Federations

Alignment to a Federation enables CEPNs to work very closely and align local transformation plans through working closely with the overarching group across primary care.

Potential Benefits	Potential Disadvantages
<ul style="list-style-type: none">• Shared workforce allowing conversations to happen over a larger footprint• Enables greater economies of scale• Connectivity of key membership group• Joins up partners in out of hospital settings• Potential to share resources and roles	<ul style="list-style-type: none">• Competing agendas• Coordination of large number of members over a larger geography• Harder to hear the voice of smaller, underrepresented groups• Could appear to be GP dominated in its focus

CEPN Decision Making

Different networks have organised decision making in varying ways. For instance, some networks have a committee that comes together every month to plan and review progress, with a Project Manager organising activities in between meetings. Other networks have a formal board that may meet quarterly as well as a Steering Group or series of working groups that take responsibility for specific components of work.

Project management and administrative support is usually provided on a part-time basis. Part-time clinical leadership roles may also be recruited for one or two sessions per week, such as someone to lead on GP education and someone to lead on nurse education.

CEPN Funding

CEPNs have been supported by Health Education England local teams utilising education and training funding as appropriate and providing project management support. In addition NHS England expected to invest £3.5 million nationally over 24 months for the development of 'training hubs'. The LETBs in London and the South East have been successful in securing some of this funding to further support the development of CEPNs and GP Training Hubs. CEPNs have also actively sourced additional funding streams from other sources for delivery of key programmes of work.

London & the South East LETB co-ordination and support for CEPNS

London and South East CEPN Steering Group

In April 2015, the London and South East (L&SE) CEPN Steering Group was formed. The Steering Group provides information exchange and support to the four LETBs and CEPN leads.

The Steering Group provides the following activities:

- Share experience and best practice on Primary and Community care development between the 4 local teams
- Encourage a strategic approach in supporting CEPNs in their workforce related issues
- Consider and foster how CEPNs can promote innovation in clinical pathway, and workforce development
- Encourage clear evaluation and narration of models which can be shared nationally
- Agree areas of joint working or consistent approaches as appropriate.
- Influence national and regulatory bodies as required

Products of the Steering Group to date have included:

- The development of a governance framework for the authorisation and recognition of the CEPN model where providers choose to form a new legal entity, as well as those hosted by CCGs, Trusts or other organisations
- The development of a 'Learning and Development Agreement' like contract to reflect the governance framework
- Building an approach to developing sustainability.
- The sharing of learning to develop further faster locally.
- Contributing to the wider HEE and NHS England primary care development agenda through sharing the London and South East experience (pan-England conference 1st July) and through working with the national team

Case Studies

Connecting Care for Children (CC4C) PIE*

ALIGN: Allied Health Professionals innovative network for falls management PIE*

The Brent and Harrow Narrative Education in Care Homes PIE*

Haringey CEPN

- Haringey Expert Community Programme

Islington Peer Education Programme

- Population determined need mental health professional training

Islington CEPN

- Integrated Care Certificate Training
- Super Hub community student nurse placements
- Urgent and Acute Care Fellowship

Richmond CEPN

- Sustainable non-clinical workforce in the community
- Multi-professional training hubs in the community

* In HEE NWL CEPNs are referred to as PIE (Partnerships for Innovative Education) which are now geographically located rather than pathway based.

Connecting care for children (CC4C)

Imperial College Healthcare NHS Trust, Central London, West London and Hammersmith and Fulham CCGs

Aim

To co-design, develop and deliver an innovative model of peer-learning and education within General Practice Child Health Hubs in Central London, West London and Hammersmith and Fulham CCGs, with paediatricians, GP, other primary care staff and parents. To establish practice champions from parents in primary care centres and develop social networking to enhance child health.

Outputs

The CC4C CEPN is delivering multi-professional education, between paediatricians and primary care staff and families, on children's health to a variety of health care professionals in hubs centred around GP practices, and has established excellent links with CCGs to support funding for the MDT component of the hubs. CC4C has support from CCGs to develop better integrated paediatric care (<http://www.cc4c.imperial.nhs.uk>). Multiple and repeated clinics have been held at GP Practices with a backbone of education to primary care teams and paediatricians. Multi-disciplinary meetings are held at GP Practices with case-based multi-professional learning sets. More than 150 learners have engaged through more than 20 MDTs discussing patients including common problems such as feeding and growth, seizures, constipation, URTIs, and development. A telephone and email helpline has been established. Evaluation of the MDTs and clinics demonstrates a variety of learning outcomes.

The project's co-production work with patients and families involves practice champions and simulation events. The Practice Champion (service users) program was established and 14 trained through 2 day events. An initial launch/ recruiting event used an asthma sequential simulation scenario to engage parents, the public and healthcare staff, and such engagement has been ongoing through "fix freddie" a puppet show on issues around first aid. Feedback from these activities demonstrates positive feedback from patient and public participants and high levels of perceived involvement in the process.

Key aims of this group include counteracting the pinball effect of patients bouncing from service to service incurring unnecessary anxiety, work and costs; and supporting patients and the local community to directly engage in shaping their health care service and being involved in setting the learning agenda, as learners and as educators. Early data indicates that this is occurring.

ALIGN **(Allied Health Professionals innovative network for falls management)**

Allied Health Enterprise Development Centre, Central and North West London Trust, Age UK, Central London community healthcare Trust, Imperial College Healthcare NHS Trust, London Ambulance service, Tri-borough social services

Aims

This CEPN aimed to share learning, models and good practice in fall's management, including the development of an online learning platform, action learning opportunities, the development of a circle of innovation including identifying innovation champions for falls management. The programme evaluated the current involvement and practice in falls across the Allied Health Professions, identified skills, knowledge and expertise, across the professions from different organisations in the management of falls, and identified current learning opportunities.

Outputs

From the outset learning was developed between multiple organisations including London Ambulance, CCGs, NHS secondary care and community Trusts, council, Age UK amongst others. Multiple learning events were undertaken, a major conference in Kensington (attracting more than 180 participants with Age UK and Kensington and Chelsea forum for older residents), a web site for sharing materials on falls management (<http://cepn-align.org>), a directory of resources for management of falls (on the website) and an educational film (Freda's falls).

Participants included:

Age UK, Central and North West London NHS Foundation Trust, Central London Community Healthcare NHS Trust, CWHHE Clinical Commissioning Groups, Imperial College Healthcare NHS Trust, London Ambulance Service NHS Trust, London Boroughs of Hammersmith and Fulham, West Middlesex University Hospital NHS Trust, Chelsea and Westminster NHS Trust, Kensington and Chelsea Forum for Older Residents, HENWL practice nurse forum, The Hillingdon hospital NHS Trust, HE East Midlands, Royal Free Hospital NHS Trust

External engagement occurred with Berkshire Healthcare Foundation Trust, Health Education East Midlands, London Borough of Camden, South Coast Ambulance Service NHS Trust, Northern Ireland physiotherapy community

Dissemination of resources including:

- Ageing Well: Falls online from Newcastle University
<https://www.futurelearn.com/courses/falls>
- Preventing Falls in Hospital
<http://www.elfh.org.uk/programmes/preventing-falls/>
- Falls: assessment after a fall and prevention of further falls in older people: NICE standards and guidelines
<http://www.nice.org.uk/guidance/qs86>

The Brent and Harrow Narrative Education in Care Homes

Brent and Harrow GPs, Harness Care, Balint Society, St Luke's Hospice, London Ambulance Service, London North West Healthcare, Harrow care home support team.

Aims

The initial aims were to bring together all the agencies involved in delivering acute care to care home residents, to share experiences and to identify key topics for clinical education for staff in care homes, to explore the educational needs of care home workers (band 1-4) and to introduce narrative reflective learning methods into care homes in Brent and Harrow, aligned with the national HEE priority areas such as dementia, integration of care pathways and systems, end of life care. Subsequently this evolved to Balint training to a number of healthcare professional to become HENWL Balint fellows to expand the opportunities of narrative Balint group work to further care homes, to deliver training in key areas (falls, end of life care, challenging behaviours and wound care) and to explore the possibility of using Balint groups to support relatives of residents recently admitted to a care home.

Outputs

The Care Homes CEPN successfully engaged with learners in care homes, although broaching this environment for educational purposes was not easy. A wide variety of professionals were trained as Balint facilitators (paramedics, palliative care social workers, GPs, an HCA, psychogeriatrician, community psychiatric nurse and occupational psychologist). They undertook Balint sessions with care home workers; multiple educational sessions with care home workers; and inter-professional learning sessions across the network. The learning needs of care home workers was established through their reflection sessions and through scoping with other health care professionals. Data collected revealed that the sessions were very well received. A significant finding was burnout despite high levels of compassion. Anecdotal accounts were of improved patient care and team working.

They established a diverse network of health care professionals (ranging from paramedics to GPs) and linked these agencies with care homes having demonstrated the engagement of care home workers with inter-professional education. A managers groups was successfully established. Education was delivered within an acute large local Trust on issues within care homes, and links made for education between local hospices and care homes. Training was delivered in key areas (handling falls, end of life (EOL) care, challenging behaviour and wound care) to over 180 care home staff, 50 LAS staff, 120 GPs and trainees and 35 trust doctors, nurses and AHPs. Formal links were made with other initiatives: anticipatory care planning (ACP), EOL training and "do not attempt resuscitation" (DNAR) and coordinate my care (CMC) training for trust staff and GPs. The programme provided insight to GPs and the acute trust doctors into the challenges faced by care homes of providing EOL care and intermediate care with low levels of qualified nursing staff. Care home staff attending Balint groups scored highly on levels of compassion but showed high risk of burnout, and identified the needs of care home managers and relatives in fostering a culture of care and supervision. A care home managers group was established, with strong desire from them to attend Balint groups.

Overall education was delivered to over 850 individuals, through more than 230 hours of education, and presentations nationally and regionally for example at the RCGP. A multiprofessional narrative education toolkit has been published about developing education within care homes, being distributed by "skills for care" amongst others.

Haringey CEPN Haringey Expert Community Programme

Overview

Haringey is an exceptionally diverse and fast changing borough. The population is the fifth most ethnically diverse in the country. There are approximately 130 languages spoken by pupils in Haringey schools. The most common spoken (other than English) are Turkish, Somali, Akan, French, Polish and Bengali. An expert community programme was established for the Turkish speaking community to develop community experts in health and social care who can work with community members to increase awareness of health and social care service. Community champions were recruited and trained to increase awareness of health and social care services to their community.

Challenge

To improve access to appropriate health and social care service and reduce inappropriate use of GP and A&E services.

Findings

The aim was to increase their understanding of health and social care services with a view to giving them more control over their health care needs and so improve their health quality of life.

The programme had 3 elements:

1. Train the trainer,
2. Community engagement and training
3. Training for staff in cultural sensitivities

The programme was developed in partnership with Haringey CCG, GPs, LA, Community groups and voluntary sector organisations and Middlesex University.

The programme delivered one train the trainer programme, it engaged with 10 GP surgeries and 200 community members. Community champions were trained to support their local community to understand the health and social care sector and services. They worked within their community to increase local awareness of services and self-care.

Outcomes

- Increased understanding of the health and social care sector and services amongst service users
- Increased awareness of healthier individual behaviours
- Better supported communities
- Stronger partnerships with charitable and voluntary sector organisations
- Better understanding of community needs

Key lessons learnt

This programme supports targeting communities with specific health needs. The programme supports the development of a community engagement strategy. Increases staff understanding of the community and best way to respond training education needs of the community and staff working with the community.

Find out more contact:

Sule Kangulec, Senior Consultant Community Network
Email: Sule.kangulec@thecommunitymatters.co.uk

Islington Peer Education Programme

Population determined need mental health professional training

Overview

Mental health training for professionals co-created and delivered by service users. The programme worked with mental health services, local organisations and service users. Service users provide training to professionals using their own 'lived experience' to ensure patient centred outcomes.

Challenge

Promote understanding of key health issues relevant to Islington's residents
Increase awareness about how to respond to service user/patients experiencing these health challenges
Boost knowledge about what services are available in Islington

Findings

This programme offered two hour sessions, co-created and conducted by facilitators offering both a professional and personal perspective on the themes. The sessions are offered in or near GP practices at times likely to bring a diverse range of health and social care staff together.

Breakfast, lunch and evening sessions were offered and food provided. The rolling programme of sessions included the following topics:

- Overcoming loneliness
- Deprivation
- Meaningful living
- Public health and in particular diet/ exercise and obesity
- Mental health knowledge

Outcomes

- Upskilling professional to offer patient centred outcomes
- Prepare patients to use their own 'lived experience' within small presentations in appropriate ways.

Key lessons learnt

- Support service users to use their lived experience to provide a value insight for staff and to improve patient outcomes
- Offer training at times suitable to staff groups

Find out more contact

Sule Kangulec, Senior Consultant Community Network
Email Sule.kangulec@thecommunitymatters.co.uk

Islington CEPN Integrated Care Certificate Training

Overview

Whittington Health piloted Integrated Health Care Certificate Training in June 2014 for multi professionals across sectors including GP practice and care homes staff. A CEPN Care Certificated Task and Finish Group was set up to oversee this work with key stakeholders from health and social care. Building on the findings of the pilot 4 day training is now offered on the care standards of which one day is spent on portfolio development. On-going support and one day training is provided for assessors as part of quality assurance. This training is free to participants including home care staff. The training is offered across Islington and Haringey to ensure economies of scale and to maximise learning opportunities.

Challenge

To improve variability and level of training for Health care assistants who are responsible for providing care to vulnerable groups of adults in line with the recommendations of the Francis report and Cavendish review on the support workforce in the NHS and social care.

Findings

Middlesex University undertook an evaluation of the pilot Integrated Health Care Certificate Training and an evaluation report was launched in November 2015. Care standard training continues to run and fully booked for the remainder of the year.

Outcomes

- Better skilled more confident, patient focussed workforce
- Increased understanding of roles and responsibilities
- Increased understanding of integrated care across health and social care
- Consistent and standardised approach across health and social care
- Quality assured model.

Key lessons learnt

- CEPN training support accelerated implementation of the Care Certificate training across health and social care in Islington and Haringey.
- The training increased personal confidence of individual's participants.
- Provides consistent quality and standards for Care workers in health, care homes and social care. Providing training across sectors enables participants to better understand of each other's roles and services and creates local networking opportunities
- Assessor training supports quality assurance.

For more information please contact:

Sule Kangulec, Senior Consultant Community Network
Sule.kangulec@thecommunitymatters.co.uk

Evaluation report:

Traynor M. et al , Middlesex University London (April 2015), Project report: Evaluation of the Roll Out of the Care Certificate in Islington Community Education Provider Network (CEPN):

Islington CEPN Super Hub community student nurse placements

Overview

The Super hub aims to develop a range of integrated care experiences for pre-registered nursing students in primary and community care. Students are to be equipped with knowledge, skills and desire to undertake the more flexible roles needed to deliver integrated care across a variety of settings, in line with the local integrated care vision. It offers this experience as early as possible to nurses at the beginning of their careers. Students may also gain specific skills to manage patients across several different pathways, such as long terms conditions, minor illness, complex care and dementia care.

Challenge

- Shortage on nursing workforce in primary and community care
- Concentration of nurse training in acute settings

Findings and outcome

A Hub and spoke model has been developed to incorporate wider system student placements and increase experience and learning opportunities. Students are based with Whittington Health - the hub, for their placement and spend shorter placements in primary and community settings. These ranges from care home, local authority managed homes, a GP practice, voluntary sector organisations or acute in-patient settings. The placement is initially managed by the project team in liaison with the student and nurse mentor.

A new cohort of 5 week student placements began in December 2015. A directory of placement opportunities is being developed and will include Pentonville Prison for mental health student placements.

The project is on-going and outcomes cannot be reported at this stage.

For more information please contact:

Sule Kangulec, Senior Consultant Community Network
Email: Sule.kangulec@thecommunitymatters.co.uk

Islington CEPN Urgent and Acute Care Fellowship

Overview

Health Education London & South East is offering salary support of £30,000 (per fellow) to the first cohort of their Fellowship in Urgent and Acute Care. The posts allow Primary Care Health Professionals (post-training) to develop a special interest in urgent and acute care and the interface between primary and secondary care services. 80% of the time will be spent in clinical settings and 20% will be spent on academic study leading to a postgraduate certificate qualification.

Challenge

- To enhance the function of Primary Care professionals within acute care and admission avoidance settings ;
- To develop ways in which Primary Care professionals can apply enhanced urgent and acute skills to support the identification, introduction and maintenance of community-based alternative care pathways;
- To raise interest in innovative primary care solutions to pressures on acute services;
- To support and follow the Hunt recommendations for improving “joined up care, spanning GPs, social care, and A&E departments - overseen by a named GP.”

Findings and outcome

During the 12 month Fellowship programme, the Fellow will spend two days a week as a team member of emergency medicine departments (ED), urgent care centres (UCC), and rapid response teams to gain experience in ambulatory care and the provision of care for step-down patients in the community. There are also other training opportunities (including ALS, ATLS, and APLS courses). Key features of the curriculum include: paediatrics, care of acutely ill patients, frail and elderly care and end-of-life care and admissions avoidance strategies e.g. from nursing and residential homes.

It was agreed that the CCG, Whittington Health and UCLH collaboratively could financially support 2 nurses and 4 GP fellows. Two rounds of recruitment took place and three GP fellows have been recruited for Islington. No suitable nurses came forward for the fellowship. Recruitment was carried out jointly with BHR. The academic element of the programme commenced early January 2016 and all fellows will have all started their clinical placements by February 2016.

Expressions of interest from GP practices were invited through an advert placed in the GP bulletin. Of 34 practices 13 came forward and were established all to be suitable training environments. It was agreed that successful practices could only have one fellow for 6 months which enabled us to offer fellows two different practice experiences and increased the number of practices involved in the fellowship. Information about the practices was sent out to fellows and they arranged to visit those that they felt they may be interested in being placed with. Fellows were asked to rank their preferences and the surgeries the same. A matching process then took place.

Whittington Health is the host employer for all fellows. Honorary contracts are in place for other clinical areas.

Richmond CEPN

Sustainable non clinical workforce in the community

Overview

The non-clinical workforce is critical to managing the practice and the interface with patients. However the role is not seen as an attractive option, particularly not to younger people, possibly because of misrepresentative Dragon Receptionist stereotypes. Enabling young people through apprenticeship to experience the variety, scope, challenge, opportunity and rewards of taking these roles in practices is critical to developing a sustainable non clinical and practice management workforce for the future.

Challenge

- To secure a sustainable pipeline of staff to fill and develop non clinical roles in practices.
- To raise the numbers of apprenticeships in general practice offering a diversity of support to patients and practices and securing continuing employment in their community.
- To overcome the challenge of the poor image and difficulty to recruit staff to non-clinical roles in practices

Findings

In Richmond we have recruited 15 apprenticeships into roles in our practices, some with clinical responsibilities, some in administration and some in reception, there is also one working in medicines management assistance to support prescribing quality.

Outcome

- Doubling of apprenticeship places
- Further development options scoped including progression to practice management training roles through options such as higher business and administration, customer service, leadership and management apprenticeship training schemes

For more information please contact:

Tara Humphrey,
Richmond CEPN Project Manager
Email: <mailto:tarahumphreyconsulting@outlook.com>

Richmond CEPN

Multi-professional training hubs in the community

Overview

Most nurses, physiotherapists and pharmacists do not have placements in GP practices during their training. Few apprentices have an opportunity to work in healthcare. Enabling trainees to experience the variety, scope, challenge, opportunity and rewards of working in the community is key to developing a sustainable multi professional community workforce. Training is rewarding and stimulating and keeps experienced staff on their toes as well as delivering some additional service to a practice population. This has been tested in Richmond with student nurses, physiotherapists, pharmacists and apprentices, there are plans to extend this to paramedics and specialty training. The initial evaluation confirms that it is achievable, is well received by patients and welcomed by primary care staff.

Challenge

To improve access to appropriate health and social care service and reduce inappropriate use of GP and A&E services

Findings and outcome

More multi professional training leading to enhanced opportunities and teamwork.

Increase in Practice nurse mentors and student nurse placements.

Two final year Physiotherapy placements with inter professional supervision, increasing numbers of apprenticeships, 6 pre-registration pharmacy placements, planned specialist community training pilot and paramedic placements to start shortly.

Quotes from trainee

“An exciting opportunity to see the day to day workings of a busy GP surgery and learn from experienced physicians. This will give me a better understanding of how other members of the MDT work, allow me to engage with patients as a first point of contact and experience first-hand the concept of integrating services as outlined in the NHS Five Year Forward View.”

Key lessons learnt

- There are challenges in inter professional supervision but they can be overcome.
- Clinical and communication skills and professional attitudes are generalizable across disciplines.
- The complexity and challenge of primary care is poorly understood by other disciplines.

We can learn much from each other.

Find out more contact :

Tara Humphrey,
Richmond CEPN Project Manager
Email: tarahumphreyconsulting@outlook.com

Conclusions

The key strength of the CEPNS is the evolution of the 'collaborative networks' which brings together multiple professional groups and multiple agencies – whilst this point has been made through the document several times it cannot be over-emphasised. Currently, the NHS is undergoing massive transformational change which will provide both challenges and invigoration - leading to new models of care and new workforce roles spanning both health and care sectors. During this period of transformational change, it will be critical that the workforce are both supported and developed. CEPNs are well placed to support partner organisations to deliver against this objective and ensure the workforce is versatile and agile, with high levels of personal resilience to support the transformation agenda. Again, as new roles and new pathways of care develop it will be important to offer support to the existing workforce and new entrants.

CEPNs across London and the South East have been successfully established and there is recognition of the unique role CEPNs perform in primary healthcare, community care and they are developing in new sectors such as social care, dentistry etc. Through a wealth of case studies and evaluations both external and internal, CEPNs have repeatedly demonstrated their value both on a local level and at a regional level. CEPNs are using novel and innovative approaches to local to redesign long standing workforce programmes to drive better outcomes for both staff and hopefully patients.

Against a backdrop of a relatively low level of directly employed staff and a small amount of pump-priming funding from each local LETB, CEPNs have developed into successful networks in a short space of time. Through their membership, CEPNs have demonstrated that they can establish and maintain strong and productive relationships, using a variety of governance structures applicable to their locality need.

It is envisaged that now they are established they will continue to expand the range and breadth of programmes they offer and will continue to expand the sectors they support with a broader reach across primary healthcare. By continuing to leverage their relational connectivity they will bring localities together through the shared agenda of workforce integration and development.

Recommendations

From multiple conversations with each of the LETBs, the Programme Managers and other clinical teams the following themes have emerged and are summarised here for consideration:

- 1. Sustainability:** Clearly, the value and future potential of CEPNs has been outlined in this report. In order though to continue to deliver better alignment between education and service commissioning, future sustainability needs further discussion within each locality. These discussions are timely given the requirement for each locality footprint to outline and scope future transformational plans with a clear focus on workforce development. It is envisaged locality discussions will take place in each area to determine future alignment and focus for CEPNs and agree future funding and key areas of focus in line with population need. The LaSE Steering Group which has been formed is also a great opportunity to maximise and share best practice to leverage the skills of the different programme managers and support at scale, rapid, 'spread and adoption' of good practice where new developments are quickly mainstreamed and an adopt 'once for London' approach considered, where multiple CEPNs are looking at similar programmes, therefore avoid duplication and maximising a limited resource.
- 2. Stenghtening external stakeholder engagement:** Throughout their development, the success of CEPNs has been underpinned by the real passion, dedication and excitement of the stakeholders which in turns has lead to powerful and productive relationships between a broad range of people across the locality. Many CEPNs repeated a desire to expand the range of professional groups such as to pharmacy, allied health professionals and optometry and to expand their offer to reduce sileod working. CEPNs were also keen to develop further collaborative relationships at a London Level and leverage support and knowledge. They sited organisations such as ADASS, Skills for Care, Skills for Health, Capital Nursing and London-wide programmes such as HLP, where there are lots of synergies in work programmes which they could both contribute to and be a vehicle to support change.
- 3. Aligning health and education commissioning through improved workforce planning:** CEPNs have been supported by the LETBS to understand both the current and future workforce requirements with a view to recognising where significant workforce gaps are occurring across the different professional groups. A joint piece of work is also being undertaken across London to look at workforce modelling. This is a critical piece of work which needs to happen in order to deliver system wide strategic plans at a system wide level. The resource being created will enable CEPNs (and local partners) to aggregate their local picture and ensure a strategic, long term shared vision is created.
- 4. CEPNs promote and develop the ethos of primary healthcare:** CEPNs could be instrumental in promoting a core central message across staff groups and professions of the development of primary healthcare which spans both the traditional boundaries of primary, community and social care and encompasses groups not usually included in traditional workforce training and education such as the voluntary sector, dentists, optometrists, retail pharmacists and newly emerging roles such as Emergency Care Practitioners, Physicians Associates. They can also play an instrumental role is developing locality teams and working together to drive both morale in primary health care and in improving quality and access for patients through better collaborative working and through innovative solutions to reducing the barriers of working across organisational barriers. CEPNs play a vital role in facilitating and supporting local workforce training and education to address these issues and enable further collaborative working.
- 5. Information and evaluation:** Access to high quality workforce data and local performance datasets such as SUS data and quality data on key providers is critical. It is important this information is shared so workforce trends can be identified and addressed and where necessary the workforce can be upskilled if a particular skills set is lacking. Equally, important

is evaluation data for each of the programme developed and delivered. It is important the full value of the CEPNs are recognised and therefore this information is critical. CEPNs will need to ensure evaluation is central to their planning. This will also be critical for future funding and independent evaluation would be beneficial.

- 6. Horizon scanning for future workforce innovations:** CEPNS are uniquely placed to be at the forefront of workforce innovation and to develop, test and evaluate new workforce development and education models and work with local partners to enable new primary healthcare models from the UK and abroad. The recommendation would be that they collectively scope the opportunities for new workforce models and share with locality partners, to support at scale implementation and support the requirements for workforce development within each model. It was also highlighted the role technology could play in transforming either access to primary healthcare clinicians by using technology such as telemedicine and telehealth or improve access to staff to workforce education and development through online training programmes.

DRAFT

Contributors

With thanks to:

Health Education England South London

Aurea Jones, Director
Ariadne Siotis, Programme Manager
Natasha Knight, Project Manager
Sharon Kelly, Project Support

Health Education England North, Central and East London

Dr Sanjiv Ahluwalia, Head of Primary Care Education and training
James Cain, Head of Workforce Programmes
LaShelle Marlow, Programme Manager, HEE NCEL

Health Education England Kent, Surrey and Sussex

Nick Barry-Tait, Programme Manager, Primary Care workstream

Health Education England North West London

Dr Claire Etherington,
Dr Tony Burch (TB), GP Advisor

Healthy London Partnership (HLP)

Paul Roche, Programme Director – Workforce
Sarah Ferguson, Workforce Lead, HLP
David Lane, Programme Manager - Physician Associates and CEPNs

Dr Martin Block, Lambeth CEPN
Amit Patel, Lambeth CEPN

Sule Kangulec, Senior Consultant Community Network, Haringey and Islington CEPNs

Jane Milligan, Chief Officer, Tower Hamlets CCG
Dr Martha Leigh, Tower Hamlets CCG and CEPN lead, Tower Hamlets CEPN
Ekramul Hoque, Project Manager, Tower Hamlets CEPN

Dr Marilyn Plant, Richmond CEPN
Tara Humphrey, Richmond CEPN Project Manager, Richmond CEPN

Resources and Further Reading Materials

Theory of Collaborative Networks

<http://druckersociety.at/repository/scientific/Shuman.pdf>

National Policy documents

Better Health for London

www.londonhealthcommission.org.uk/better-health-for-london/

General practice workforce action plan

<https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

GP Ten Point Plan

<http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-current-issues/workforce-10-point-plan>

Shape of Caring

<https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review>

Primary Care Workforce Commission

<https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/primary-community-care/primary-care-workforce-commission>

Further resources from regional CEPNs

Health Education England North West London CEPNs

Pressure Ulcer Prevention CEPN

<http://apps.nhs.uk/app/puinfo/>

ALIGN: Allied Health Professionals innovative network for falls management CEPN

<http://cepn-align.org>

Health Education England Central, North and East London CEPNs

Tower Hamlets CEPN

<http://gpcaregroup.org/cepn>

THCEPN..the story So Far

Video: <https://www.youtube.com/watch?v=mcti2q-nCC8>

Barnet CEPN

<http://cepn.barnetccg.nhs.uk/>

Health Education England Kent, Surrey and Sussex CEPNs

HEE KSS Community Education Providers Network (CEPN)

Video: <https://www.youtube.com/watch?v=RvNKhot2u94>