

Department of Health and the Higher Education Funding Council for England

Statement of Strategic Alliance for Health and Social Care

Foreword

The Department of Health (DH) and the Higher Education Funding Council for England (HEFCE) are pleased to announce their *Strategic Alliance for Health and Social Care*.

In recognising the interdependency of teaching, research and patient care, the DH and HEFCE have integrated the existing Statement of Strategic Alliance on Research and Development for Health and Social Care within this new, overarching Strategic Alliance which covers learning and teaching as well as research and development.

The shared objective of DH and HEFCE is to promote effective public investment in pre- and post-registration level education, training and research in health and social care. This is an essential underpinning for the Government's ambitions for the NHS and social care. The DH and HEFCE recognise the importance of ensuring that each partner is well informed of the other's priorities. The Strategic Alliance further strengthens the commitment of both organisations to partnership working, providing the framework for building upon existing arrangements for liaison, consultation and representation.

The Alliance is timely given the changes in management arrangements in the NHS announced by 'Shifting the Balance of Power within the NHS' and the new NHS arrangements for workforce development.

The Alliance should be seen as providing the context for a wider set of health and education sector partnerships.

The Alliance applies to England only, although we will keep the other UK health departments and higher education funding bodies informed of developments.

Nigel Crisp
Permanent Secretary
DH

Sir Howard Newby
Chief Executive
HEFCE

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Purpose

The Department of Health (DH) and the Higher Education Funding Council for England (HEFCE) already work together productively on a day-to-day basis. Working together through a new Strategic Alliance, they are now adopting a framework for strengthened partnership working, in the interest of effective public investment in learning and personal development for health and social care, and in high quality health and social care research.

The Alliance provides for:

- good practice in liaison and joint working between DH and HEFCE staff on a day-to-day basis
- a renewed commitment to timely consultation thereby ensuring the policies of each take account of the needs of the other
- information-exchange and alignment where possible of information systems
- cross-representation on key advisory bodies and working groups and on partnership bodies covering the health and education sectors
- periodic meetings between Chief Officers of HEFCE and DH to take strategic and longer-term views on issues of shared interest and review progress
- regular review of the format and content of the Alliance.

Shared principles and approaches

The Strategic Alliance reflects a number of principles which the DH and HEFCE share as major funders and providers of pre- and post-registration health and social care education, training and research. These include a commitment to:

- excellence in education, training and research to equip current and future NHS and social care staff with the skills and knowledge required for the effective delivery of care that is responsive to service needs
- widening participation in HE and achieving an NHS/social care workforce representative of the diverse local communities served
- ensuring equitable and fair access to lifelong learning opportunities for all
- promoting common learning across all professional and occupational groups
- supporting, valuing and developing health professional staff working across the HE/NHS interface

- providing the evidence base for Government policy development, implementation and evaluation, and for supporting improvements in the quality and organisation of the health and social care services
- co-ordinated national policies, supported by effective partnership working at health economy level
- an integrated approach to funding of the research infrastructure in higher education institutions and the NHS that balances the needs of those in the health and social care research fields for relevant and applicable research with the need for fundamental and basic research
- supporting policies, initiatives and programmes that deliver public policy objectives for public health, health care and social care research.

The DH and HEFCE will take these shared principles forward through an approach which will:

- deliver the Government's targets for expansion of undergraduate medical education, and for nurses, midwives and allied health professionals
- provide good support arrangements for students, thus minimising attrition from learning programmes
- promote implementation of the reform of social work education, encourage take up of the additional student numbers for social work and ensure effective use of resources.
- encourage collaboration between higher education institutions involved in different areas of education delivery, including, where appropriate, the transfer of credit for learning from one HEI to another
- target investments to build research capacity and capability
- disseminate good practice (e.g. human resources management) between the HE and NHS and social care sectors particularly in relation to increasing diversity and retention in the student population and the HE workforce
- encourage transparency and accountability in funding, in particular clarity about the apportionment of costs between education and training, research and service provision
- promote streamlined effective arrangements for a number of essential underpinning functions such as information and external quality assurance
- provide an accountability framework for HEIs which assures the safety of patients and service users and promotes the implementation of government policy.

Key areas of commitment

Combining academic and service roles

HEFCE and DH are jointly committed to supporting and valuing staff who combine academic and service responsibilities, or who wish to work across the HE/NHS interface in this way. This includes promoting high quality education and training for such staff, and ensuring development of joint appraisal, disciplinary and reporting arrangements at the local level as recommended by the Follett Report. Joint sponsorship of the Clinician Scientist Scheme is an example of this commitment

The HEFCE and DH will work together to address issues of comparability between the terms and conditions of NHS and HEFCE-funded staff in universities.

Practice placements

The effectiveness of the practice elements of pre-registration courses depends on access by students to NHS and other health and social care expertise, service users and facilities. The DH and HEFCE are committed to working together to ensure the provision of sufficient and appropriate practice placements in a wide range of NHS trusts, primary care, wider health sector and social care settings.

DH has responsibility for funding the additional costs to the NHS of supporting the practice experience of medical and dental students through the NHS Multi-Professional Education and Training levy (MPET). The wider use of funding in support of placements will be examined as part of the review of MPET.

The provision of sufficient quality and quantity of practice learning opportunities for students of the new social work degree will be a major challenge. DH and HEFCE are committed to working together to ensure this provision.

Implementing National Audit Office recommendations

HEFCE and DH are working together to implement the recommendations of the 2001 National Audit Office report *Educating and Training the Future Health Professional Workforce for England*, in respect of nurses, midwives and allied health professionals.

Joint monitoring and evaluation of the expansion in student numbers

The HEFCE and DH are committed to appropriate joint arrangements for monitoring and evaluating the expansion in numbers of students in the health professions and social care, including monitoring attrition. This includes, in the case of the medical student expansion, ensuring that funding streams are co-ordinated and that innovative developments such as graduate entry and new approaches to widening participation are evaluated. Arrangements will also be agreed to monitor and evaluate the increase in social work student numbers.

Widening participation

HEFCE and DH are working to support the Government's target that 50 per cent of 18-30 year-olds should have the opportunity to benefit from higher education by 2010, and to provide for greater diversity of access to health-related training. HEFCE is taking this forward through its Partnerships for Progression initiative. HEFCE and DH will work together to identify opportunities to contribute to this aim, for example through NHS Workforce Development Confederations.

NHS University

DH and HEFCE are committed to working in partnership to develop higher education and career opportunities for NHS staff through the NHS-U. For example, the e-University may provide one of the important mechanisms for the delivery of NHS-U's higher education programmes.

Research funding

DH will share with HEFCE its objectives and priorities for research and likely requirements for associated infrastructure so that the HEFCE can consider the implications for its research investments. Equally, HEFCE will share with DH its developing objectives and priorities so that the DH and NHS can consider the implications for their research investments. In this way, the DH and HEFCE can make joint, strategic and timely plans for the provision of research infrastructure.

HEFCE will continue to take special account of the numbers and activities of DH/NHS-funded staff when establishing levels of support to different areas of research and to institutions active in health and social care.

Quality assurance

The DH and HEFCE are committed to working in partnership, and where appropriate with regulatory and professional bodies, to ensure that quality assurance arrangements are robust, integrated wherever possible and effective. The arrangements will minimise the burden on HEIs, consistent with assuring the safety of patients and service users and promoting the implementation of government policy.

Sharing information

The HEFCE and DH are committed to sharing data and aligning data definitions and collection systems as closely as possible. In particular, the HEFCE welcomes the decision by DH to make use of data collected by the Higher Education Statistics Agency (HESA). HEFCE will work closely with the DH, along with other stakeholders, to produce a set of relevant performance indicators.

The DH and HEFCE will jointly investigate ways to align the joint academic network infrastructure, JANET, with the DH's network infrastructure, NHSnet.

DH and HEFCE key advisory groups

DH and HEFCE draw advice and support from a number of expert stakeholder groups. DH and HEFCE are committed to the principle of cross-representation on appropriate key groups to facilitate the exchange of information and the formulation of policy on the basis of full mutual understanding.

Where possible and appropriate the DH and HEFCE will establish joint advisory mechanisms, in preference to separate but overlapping ones. There is already a tradition of joint task groups to address specific issues.

Examples of stakeholder and joint task groups are given in Annex A.

Implementation of the Strategic Alliance

DH and HEFCE currently work together in a variety of ways and will continue to do so in the future within the context of the Strategic Alliance.

The DH and HEFCE will schedule annual meetings to share information on strategic developments, discuss interface issues and consider whether any joint management of these issues is required. Normally the DH Permanent Secretary and the Chief Executive of the HEFCE would expect to lead these meetings. The DH Director of Human Resources and the DH Director of Research, Analysis and Information, or their nominees, would also attend as appropriate. The Chief Inspector of Social Services may also participate where the agenda touches upon areas of her responsibility. These meetings will also provide an opportunity to review joint working to ensure that the purposes of the Strategic Alliance are being met.

In addition it is anticipated that

- the DH Director of Research, Analysis and Information will continue to meet the Chief Executive of the HEFCE at least once a year
- further meetings of senior HEFCE and DH staff, generally the DH Head of Learning and Personal Development and HEFCE Directors, will take place three times a year to provide updates on policy developments.

There will also be regular dialogue between the HEFCE and DH to exchange information and provide forewarning on major issues that could impact on policy, including funding policy. Officials of the two organisations will keep each other informed of changes in internal organisation and areas of responsibility.

The Strategic Alliance will take effect from April 2002 and will be reviewed every three years.

Communicating the Alliance

DH and HEFCE will communicate the contents of the Strategic Alliance to their respective constituencies, for example DH to Workforce Development Confederations and HEFCE to Higher Education Institutions.

DH and HEFCE key stakeholder groups

DH National Workforce Development Board (NWDB)

The NWDB has responsibility for delivering the numbers of training commissions required by the NHS Plan. Its membership, balanced across the healthcare workforce and stakeholders, will meet regularly throughout the year to consider all the major workforce issues facing the NHS, and to advise DH Ministers accordingly. The Board is supported by:

- The Workforce Numbers Advisory Board, which will advise on training commissions for all staff groups
- A number of Care Group Workforce Teams, taking a national overview of delivering services to different client groups or conditions
- 27 Workforce Development Confederations who are developing leadership of local workforce planning. These are organisations of all NHS bodies, plus non-NHS health care employers (and for the first time, Higher Education Institutions and Postgraduate Deans). They will develop innovative approaches to the delivery of integrated education and training, funded from April 2002 by an integrated Multi-Professional Education and Training Budget (MPET).
- A multi-professional advisory mechanism for strategy and priorities for learning, research and service within the health and education sectors, recasting the existing SGUMDER forum to include other professions.

Joint Medical Advisory Committee (JMAC)

The four UK higher education funding bodies are advised on health education matters by their Joint Medical Advisory Committee which is comprised of leading academics and lay members with experience of university/NHS issues. DH is represented on JMAC.

A key function of JMAC is advising on the maintenance and development of appropriate clinical environments for medical, dental and allied health education. This requires close analysis of the partnership and interface between the NHS and universities.

Under its terms of reference, JMAC also provides advice to the funding councils on the distribution of undergraduate student numbers, for medicine and dentistry, to individual medical and dental schools.

Project Board for the Reform of Social Work Education

A degree level qualification in social work is being introduced in England from September 2003. The Project Board provides strategic level advice on the overall direction of the changes and assists in the dissemination of information on the reforms to stakeholder groups. Representatives on the Board come from a range of national bodies including: HEFCE, front line workers, students, employers, educationalists, union interests and service users.

Joint task groups

Examples of joint task groups have included the Joint Implementation Group (JIG) on the allocation of additional medical school places in England, and task groups on the effective joint management of the HE/NHS interface, the Research Assessment Exercise (RAE), and developing nurse and allied health professions research capacity.