



Community Education Provider Networks (CEPNs) and Training Hubs

Finding their place in evolving systems and structures

A word from the author

As I deepen my knowledge of primary care as a Community Education Provider Network (CEPN) and Training Hub leader, I am constantly learning and appreciating the complexity of the systems CEPNs have to navigate through.

I feel strongly that unless we ensure CEPNs complement the developing structures around us, CEPNs will fail to demonstrate their value in aiding workforce transformation in primary and community care.

What is a CEPN / Training Hub?

CEPNs and Training Hubs are local networks designed to develop and deliver a workforce that will lead to sustainable improvements to the primary and community care workforce that result in improved patient care.

Key Messages

- CEPNs need to deepen their awareness and understanding of new systems and structures.
- The role of the CEPN needs to evolve to support local pathways and services.
- As CEPNs evolve, they are in a prime position to effectively challenge existing ways of working and provide opportunities and hands-on help to recruit and retain the primary and community care workforce for the future.

Having attended the *National Training Hubs Conference* run by Health Education England in February and *How the Health and Care System Works in March* facilitated by the Kings Fund, the messages which were reinforced to me were; the sheer scale of the NHS, the issues it has to juggle and the relationships that need developing to support the transformational change that is required.

As the NHS celebrates its 70th birthday, this accomplishment is often overshadowed with the struggle to improve performance, balance investment and cost savings, address the workforce crises and support service transformation to respond to and anticipate the ever-increasing demand.

Unsurprisingly, these factors are not unique to the NHS. All areas face the same operational issues with adult social care and public health also having to juggle these issues.

Another valuable insight taken from these events was the overview of the current and emerging structures and systems Community Education Provider Networks (CEPNs), and Training Hubs need to; a) have an awareness of, b) understand c) navigate through and d) work with. These include but not exhaustively:

- NHS England - Overseeing the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England.
- Clinical Commissioning Groups (CCGs) - Responsible for the planning and commissioning of health care services for their local area.
- Sustainability and transformation plans/partnerships (STPs) – Created as a strategic lever within the Five Year Forward View, where every health and care system in England was asked to create their own local place-based plan for the next five years.
- Integrated care systems (ICS) – evolving from STPs to take the lead in planning and commissioning care as well as system leadership.
- Integrated care partnerships (ICP) – alliances of providers delivering care collaboratively rather than in competition.
- Integrated care organisations (ICO) – commissioners that award long-term contracts to single organisations to provide health and care services following a procurement process.
- Local Workforce Action Board (LWAB) – Charged with developing a clear understanding of the current and foreseeable future workforce.
- GP Federations – A group of general practices working together within their local area, in a collective legal or organisational entity.

From a CEPN and Training Hub perspective, the leadership within these networks needs to: understand how they add value and integrate effectively with the current and developing systems and intimately know their practices and truly understand their needs. This takes time and investment in relationships.

I was recently told by the clinical lead of a GP Federation, *“Like everyone, I am time and resourcepoor, so the education I require needs to be practically based rather than theoretical. If it is not linked to local pathways and services that can respond, there’s no point”*.

This statement highlights that many CEPNs should be evolving from being purely a commissioner of training courses, to include being an advisor of workforce development working closely with commissioners, local care teams, federation leads, practice management and other strategic bodies.

As CEPNs and Training Hubs evolve, they will be (if not already) in the position to:

- Support the collection of more accurate workforce data.
- Provide a mix of clinical and administrative leadership.
- Share best practice through their local networks.
- Test and evaluate pilots and new ways of working, co-produced with local stakeholders.
- Effectively challenge existing ways of working and provide opportunities and hands-on help to recruit and retain the workforce for the future.
- Network and build connections through their personal and professional relationships.

How do we make this happen?

CEPN leaders need to listen, build trust and deliver on what they say they can do. They also need to come to the table and show up consistently.

Thinking entrepreneurially, they need to positively respond to and create opportunities as they present themselves and be resilient to barriers they are unable to move. More often than not, there is always a way if we persevere and use the expertise and influence within our networks. The transformational change needed in health and social care requires the deconstruction of years and layers of behaviours, cultures, policies, memories, and reconfiguration, but despite these challenges, CEPNs have a valuable and unique role to support this which is extremely exciting.

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For more insights, please visit: <https://www.thcprimarycare.co.uk/blog> and <https://www.tandfonline.com/doi/full/10.1080/17571472.2018.1455270>