HEALTH EDUCATION AND TRAINING: WHAT ARE THE NEEDS?

2.1 To help us reach views about the future of NHSU we have looked at the health and social care education and training system and, even more widely, the future course of development of the NHS and social care system. We have considered –

- what are the gaps to be filled – in other words functions not currently being carried out, or which need to be reinforced?
- how do these relate to the current roles of NHSU and other organisations in the education / training sector. In other words, what synergies might there be?
- based on this, what role might NHSU play in future

FACTORs WHICH HAVE DRIVEN THE ANALYSIS

2.2 The drivers which gave rise to the concept of an NHSU in late 2000 / early 2001 were the need to –

- reinforce NHS corporacy
- improve vfm from education and training procurement
- improve access to education and training, especially for staff groups at the lower end of the skills escalator

2.3 These remain DH objectives.

2.4 However, there are other drivers. Since 2001 a much clearer picture has emerged of the longer-term direction of travel of the NHS –

- the shifting the balance of power process has moved forward, with the increasing devolution of budgets, the establishment of the principle that the centre should do what only the centre can do and the evolution of SHAs into their role as the local HQ of the NHS
- the shift to greater plurality of provision, with NHS Trusts moving to Foundation Trust status and a greater role for independent sector providers, complemented by a growing role for independent Regulators (in particular the Healthcare Commission and the FTs Regulator)

2.5 Any future NHS and social care education and training system will need to be robust against this direction of travel.

2.6 Any analysis also needs to take account of the role of other organisations which have emerged onto the scene or whose role has developed since the conception of NHSU. The emerging role of Skills for Health (established in April