Skills for Health

Workforce Development Resources
A Guide for Long Term Conditions

Better **skills** | Better **jobs** | Better **health**

Contents

Context and Introduction

A long term condition is one that cannot currently be cured but can be controlled with the use of medication and/or therapies.

The Department of Health (England) strategy for Long Term Conditions aims to put people at the centre of decision making about their own care, giving people informed choice and control over their lives with the emphasis on:

- Prevention and early intervention
- Supported self care
- Personalisation
- Personalised care planning
- Care close to home

The strategy can only become a reality if there is real partnership working between people with LTCs, their carers, the wider community and the health and social care workforce. This new way of working will require new skills and competences*, and in some cases the design of new roles (e.g. the navigator role), along with an approach to workforce planning and development that supports real workforce transformation and innovative solutions.

Skill for Health (SfH) has a wide range of products and services that support the development of the workforce in addressing the key workforce challenges required in relation to LTC management.

In Britain, six out of ten adults report having one or more long term conditions (chronic conditions) that cannot currently be cured such as diabetes, heart disease, and Chronic Obstructive Pulmonary Disease (COPD). Eighty per cent of primary care consultations and two thirds of emergency hospital admissions in the UK are related to long term conditions and it is estimated that the treatment and care of people with LTCs account for 70% of the total health and social care spend in England.

The provision of essential services for people with LTCs depends largely on the availability of an appropriately organised and skilled workforce with the right attitudes and behaviours. People with LTCs have voiced what they expect from the workforce in a good LTC service. These include the right attitudes and behaviours, the right skills, knowledge and competences and the right processes and structures.

* When referring to competences throughout this document we are referring to National Occupational Standards which are nationally developed and approved. National Occupational Standards (NOS) describe performance as the outcomes of a person's work. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They are designed to allow people to assess and be assessed against them.

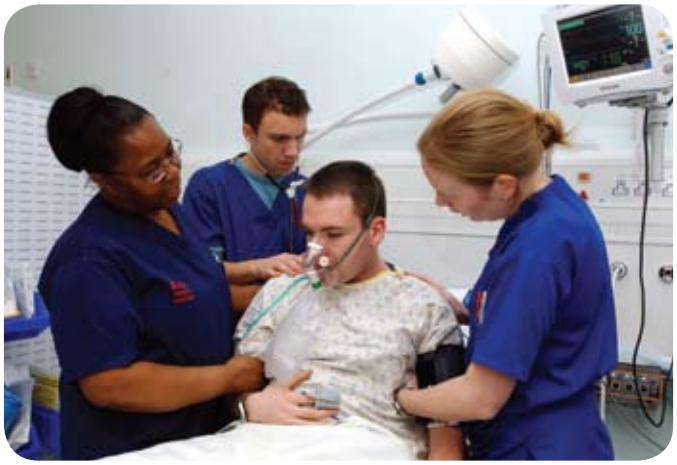
What do People with LTCs want from the Workforce Supporting them?

A number of public consultations such as **Independence, Well-being and Choice** and **Your Health**, **Your Care**, **Your Say** have provided consistent messages from people with LTCs about what is important to them. In the Department of Health's LTC Information Tool for Commissioners the views of people with LTCs, their carers and families, professionals and commissioners have been used to identify what needs to be in place for the workforce to be part of a good LTC service. They suggest that to deliver high-quality services for people with LTCs, it is vital that the workforce has the right skills, approaches and behaviours.

1. The right attitudes and behaviours are:
- Encouraging
- Supportive
- Professional
- Advisory
- Respectful

2. The right skills, knowledge and competences are:
- Communicate effectively
- Identify peoples strengths and abilities
- Advise on access to support networks
- Promote choice and independence
- Enable people to manage identified risks
- Provide relevant and evidence-based information
- Understand what personalisation means and how to enable personal choice.

3. The right approaches, systems/structures and processes in place to support:
- Partnership and integrated working across all agencies – health, social care, community and third sector
- Provision of care and services deliver person centred outcomes.



LTC Workforce Challenges

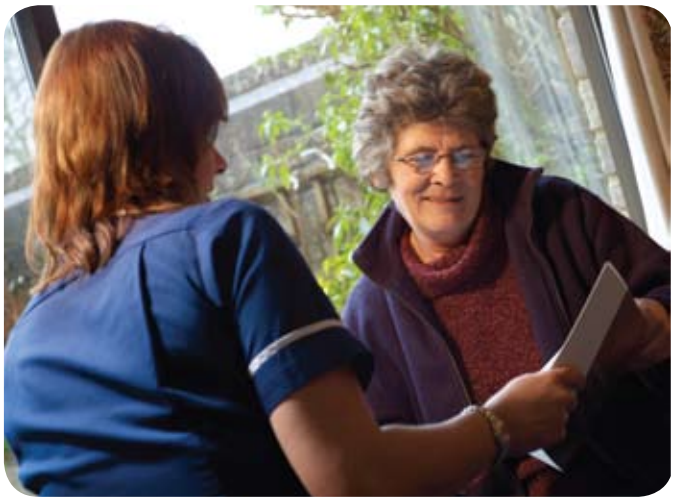
Based on a review of more than 20,000 published articles (The Evidence Centre, 2009) the most frequently recurring and highest priority workforce issues in relation to LTCs are:

- The development of new roles across the care continuum and the resultant need to consider skill mix, training and multidisciplinary working
- The acknowledgement that people with long term conditions and their families have a central role in keeping themselves well, which has implications for training staff to support self care and training service users as part of the care team
- The potential to develop generic competences across long term conditions rather than only specialist clinical skills or disease areas
- The need to recruit and retain staff across health and social care
- Changing the location where care is provided, particularly providing care closer to home in community locations rather than in hospital
- The need for changes as a result of using IT and assistive technology more fully for monitoring and care.

LTC Workforce Transformation

The Building Blocks of LTC Workforce Transformation – National Occupational Standards (NOS)

To be able to transform the LTC workforce it is essential to think differently about the workforce and how it is made up. Taking a functions and competence based approach to workforce analysis and development enables organisations to identify innovative ways of improving the quality and productivity of the workforce, whilst at the same time ensuring through the use of NOS (competences) patient safety is assured.



SfH manages the identification and development of NOS relevant to health and makes them available through an online database. The database is structured around the functions needed to provide health services and a range of competence application tools allowing different configurations to be created to describe workforce requirements, team specifications and individual roles. Everyday, people who work with LTCs are asked to carry out numerous activities. Each activity must be carried out effectively and consistently, no matter who is doing it and wherever they are in the UK.

The competence based approach to workforce transformation provides a shared vocabulary to integrate service and workforce planning with education, learning and development provision and career pathway progression.

NOS can be used across the sector - by all health professions, and all levels of staff, whether in the independent or voluntary sectors or in the NHS.

National Occupational Standards (competences)

Skills for Health has developed frameworks of NOS for a range of long term conditions including:

- LTC case management
- LTC neurological care
- Coronary heart disease
- Diabetes
- Stroke
- Renal
- End of life care

These describe what individuals working with patients with LTCs need to do, what they need to know and which skills they need to carry out an activity.

"The LTC case management competence framework has been so valuable in shaping the proactive aspect of the Community Matron role - in supporting patients and reducing the periods of crisis which often led to hospital admissions"

Paul Taylor
Deputy Head of Education and Development, East of England SHA

View the full list of completed competences.

Care Closer To Home

Care closer to home can be described as the provision of care delivered safely and effectively in the community or at home, with seamless, proactive and integrated services.

Competence based approach to LTC service redesign and workforce development

SfH's competence based approach to service and workforce design and development enables the development of a flexible, skilled workforce using functions and competences (NOS). Taking this approach enables organisations to identify innovative ways of providing services while at the same time ensuring that through the use of NOS patient safety is assured.

The approach takes a pathway of care which has been locally agreed, based on patient need and best practice and analyses the workforce requirements along the pathway in terms of workforce functions and competences. To do this we use the Health Functional Map. This enables a view of the workforce requirements from the patient's perspective rather than from a traditional model of already predefined jobs. The process supports a review of the skill mix and identifies the training needs of the workforce required to deliver the agreed packages of care. It will also demonstrate where new and innovative roles could and should be developed to enhance patient care.

By using this approach it is possible to identify what workforce competences will be required by a range of community providers as services are developed in the community closer to patient's homes and outside of a hospital setting.

Element 1
Describe and share a clear vision and ambition for the service and workforce

Element 2
Identify workforce functions of the service model. Develop workforce quality and capacity specification for services

Element 3
Analysis of current and future model identifies actual change required in the workforce.

Element 4
Workforce Strategy and plan

Care Closer To Home continued

An example of where a competence based approach to LTC service and workforce development has been used together with SfH Learning Design Principles [1], new ways of working and incorporating the development of new roles is across North Wales.

The 'Designed for Competence' programme is focused on developing a skilled, flexible and integrated workforce with skills to meet the needs of the population with chronic conditions across North Wales and to deliver improved care. The work involves redeveloping the current workforce (based on thorough analysis of population need) through the development of new and extended roles and new ways of working which is supported by the provision of employer led training and education modules delivered by Higher and Further education providers.

"We know that in future we will increasingly need to help patients manage their long term chronic conditions as part of their life in their own homes. Designed for Competence aims to develop the skills in our workforce to make this change happen by looking at the patients' needs and building educational programmes for our staff around these. This will bring benefits to patients in improving their care and to staff by developing their careers."

Mark Sykes
Assistant Director Organisational Development, North Wales NHS Trust (2009)

SfH has developed a comprehensive range of free web based competence application tools to help you get the best from using competences in supporting workforce development and service redesign.

1. SfH Learning Design Principles have been developed for those involved with designing healthcare packages of learning. These principles advocate that all packages of learning should be based on a thorough analysis of the needs of the healthcare services and the learner. They support workforce flexibility, transferability, progression routes and an overall 'fitness for purpose'.

Prevention and Early Intervention

Many long term conditions can be prevented or their risk reduced through lifestyle changes such as healthy eating, increased physical activity and smoking cessation. Early detection of the risk factors such as raised blood pressure and high cholesterol means that these can be managed and people supported to make informed lifestyle choices.

The NHS Health Check. Vascular Risk Assessment.Workforce Competences

SfH and the Department of Health (England) have worked together to identify a suite of workforce competences to support the delivery of the NHS Health Check (previously known as the vascular screening programme).

The NHS Health Check is a national initiative but providers can choose to use a variety of different models to deliver the service which might include the use of health trainers, pharmacists, pharmacy assistants, nurses, health care assistants and GPs.

The suite of workforce competences (NOS) are designed to help ensure that staff have the right skills and competences and can support the commissioning of appropriate training.

The Health Check is offered to adults between the ages of 40-75. Its aim is to assess an individual's risk of developing, heart disease, type 2 diabetes, stroke and kidney disease, offering personalised advice on reducing risk. It supports the prevention (risk reduction) element of a LTC pathway. It is currently being rolled out across England with full implementation expected by 2012/13

Using the Vascular Risk Assessment Workforce Competences will help ensure that all staff involved in delivery of the service has a level of skill and knowledge that meets national standards. These competences and their underpinning criteria can also be used to support the commissioning of training for those who will be involved in the NHS Health Check service.

Taking a competence based approach will enable innovative ways of providing the service to be developed while at the same time ensuring that through the use of national standards patient safety is assured.

Supported Self Care

Supported self care is a part of daily life and is about individuals taking responsibility for their own health and well being with support. This includes staying fit and healthy, both physically and mentally; taking action to prevent illness and accidents; the better use of medicines; treatment of minor ailments; and better care of long term conditions.

People living with a long term condition can benefit significantly from supported self care. They can live longer, have less pain, anxiety, depression and fatigue, have a better quality of life and be more active and independent.

Common Core Principles for supporting Self Care

SfH has worked in partnership with Skills for Care and the Department of Health (England) to develop a set of Common Core Principles for supporting Self Care. The purpose of the principles is to enable organisations and all those who work in health and social care, whether as commissioners, service providers or educators to make supported self care and personalised services a reality supporting the aspirations of 'Our health, our care, our say'

Consistent with the personalisation agenda and the White paper Liberating the NHS they put people at the centre of the planning process, and recognise that they are best placed to understand their own needs and how to meet them. The Principles aim to help health and social care services give people control over, and responsibility for, their own health and well-being, working in partnership with health and social care professionals.

The Common Core Principles are intended to support self care in its broadest sense and will include but not be limited to those individuals living with a long-term condition or complex needs. The principles can be implemented through service delivery, appraisal, supervision, and training and development planning.

Commissioning is at the heart of developing services that are fair, personalised, effective and safe, and focused on improving the quality of care. The Principles will help underpin this if used by service commissioners in the processes they manage.

Employers, including people who employ their own care staff, can use the Principles to ensure care is person-focused and promotes health and well-being.

Staff supporting individual empowerment and self care may be required to work in very different ways. Changing practice is never easy but meeting the challenge of change can be both motivating and empowering. The Principles can be used by staff to provide a structure and touch stone for these changes in practice.

The Principles have been used in three pilot sites as a basis for designing innovative approaches to learning for the health and social care workforce and an evaluation report from these is now available.

Personalisation

The Department of Health has described Personalisation as an approach in which "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support". This could include direct payments, personal health budgets and individual budgets.

Personalisation: What this means for the health care workforce

The personalisation agenda is a cross-government priority that aims to put people at the centre of the planning process, and recognises that service users are best placed to understand their own needs and how to meet them.

The agenda is underpinned by three themes which promote the service user having:

- greater influence in decision making about their care
- greater choice about who provides care and where their care is provided
- greater access to information about their condition and the services that provide their care

The Association of Chief Executives of Voluntary Organisations (ACEVO) working with SfH and Skills for Care has developed guidance to support the Voluntary and Community sectors when considering the workforce implications of the personalisation agenda.

The guidance will help employers understand what some of the workforce implications are in implementing the personalisation agenda and sign post them to a range of resources to help them address the issues.

Personalised Care Planning

Care planning describes a process where a single overarching plan records the outcome of discussion between the individual being cared for and the professional responsible. It may be electronically stored or written on paper. It should be accessible by the individual in whatever form is suitable for them.

In social care, care planning is generally known as personalised support planning.

The Department of Health (England) has developed guidance for health and social care commissioners on how personalised care planning can be embedded across localities.

Skills for Health has a range of National Occupational Standards that support the delivery of effective care planning.

Chronic Obstructive Pulmonary Disease (COPD)

Workforce Development: Competence based resources

SfH has developed a set of Units of Learning around COPD to inform the development of the health and social care workforce as part of the National Clinical Strategy for Chronic Obstructive Pulmonary Disease being developed by the Department of Health (England) which is due for release later this year.

The framework has been developed with input from senior clinical specialists from around the country from a variety of professional backgrounds and identifies a recognised national standard. This framework can be used by commissioners to commission high quality services and by service providers to develop their workforce, ensuring they have the right people with the right skills; in turn improving the quality and productivity of services for patients with COPD.

This COPD competence based resource will be launched later this year alongside the National Strategy.

End of Life Care: A Framework of National Occupational Standards

This End of Life Framework of National Occupational Standards aims to support workforce development, in its broadest sense, to ensure all health and social care workers are confident and able to work with people at the end of their lives.

The framework has been developed in partnership with Skills for Care, the National End of Life Care Programme and the Department of Health.

It supports and complements the earlier document 'Common core competences and principles for health and social care workers working with adults at the end of life', which was published by Skills for Care and Skills for Health in July 2009.

Both the framework, and the core principles and competences, reflect the key areas, actions and recommendations laid out in the End of Life Care Strategy published by the Department of Health in July 2008. They have been produced and refined following consultation and testing across the health and social care sectors.

Six Step Methodology to Integrated Workforce Planning

The workforce has a key role to play in the delivery of policy on LTCs. The delivery of health and social care has to be grounded in a vision for the development of the workforce that delivers it. Planning and developing the workforce to enable appropriate services to be delivered presents new challenges including;

- Changing roles
- Models of care
- Types of team work across organizational boundaries and in new settings.

Effective workforce planning in LTCs ensures you will have a workforce of the right size, with the right skills, organised in the right way within the budget that you can afford, delivering services to provide the best possible care.

Skills for Health has been commissioned by the Department of Health to provide a range of resources to support workforce planning in LTCs on our healthcare workforce portal.

Developing New Roles

Nationally Transferable Roles (NTRs) are being developed to ensure that individuals within the healthcare workforce have skills and competences that are consistent, applicable to any service and replicable anywhere in the UK. They can be used to support workforce development in conjunction with service redesign.

In partnership with employers, service leads and educational providers, SfH has developed a range of templates that specify level descriptors, competences and learning and development packages for various roles. Initial work has focused on advanced practitioner, assistant practitioner, administrative and clerical and cross cutting roles. Cross cutting roles operate across patient pathways, professional boundaries and/or career framework [2] levels.

NTRs are based on UK wide competences and are transferable and applicable across the entire health sector. A key component of the work is ensuring the education and training supply is configured so employers can easily identify and source the skills needed to develop a flexible workforce.

These roles are already showing promising results, helping to triage referrals from primary care, improving clinical co-ordination and diagnostic services, and enhancing information tracking – smoothing the patient's journey from initial contact through to diagnosis and treatment.

A range of NTRs for LTC are under development at both assistant practitioner and advanced practitioner levels and will be included in the SfH NTR library as they are completed. Ultimately there will be NTRs at all levels of the career framework many relating to LTC.

2. The Career Framework categorises nine job levels across the health sector. The levels are defined by responsibility and decision making capacity and are not dependent on the competences required by a given job. The Framework provides a consistent structure that is easy for the public, private and voluntary health sectors to follow.

Navigator Role

One example of a LTC workforce new role is that of a Navigator. SfH is currently working with the West Midlands SHA and Skills for Care to develop the 'navigator role' as referenced in Lord Darzi's High Quality Care for All. Next Stage Review.

Competences for the navigator role appear in: advanced practitioner, assistant practitioner and administration roles. In the advanced practitioner the focus of the navigator role is on the clinical aspect. While in the assistant practitioner it is on the coordination. The navigator role may also be called a coordinator, broker or a similar title by some employers.

The project has already defined the role and identified the associated competences. Navigation can be described as:

> *"Navigation involves working across disciplines and agencies. Those involved with navigation will take responsibility for proactively supporting and empowering people with long-term conditions to access a range of information, resources and agencies which address their individual needs."*

LTC Workforce Attitudes and Behaviours

Transformational Attributes – A Skills for Health Implementation Guide

The Transforming Community Services (TCS) programme is about significantly improving community services so that they can provide modern and responsive care of a consistently high standard. It is a key priority, demanding significant and far reaching changes, and it's clear that success will depend on community practitioners (the workforce) demonstrating transformational attributes outlined by Department of Health in their TCS best practice guides:

- Health promoting practitioners focusing on health, wellbeing and addressing health inequalities
- Clinical innovators and expert practitioners enabling increasingly complex care to be provided at home
- Professional partners in an expert to expert relationship with patients and in building teams across organisations
- Entrepreneurial practitioners exploring business opportunities including expanding social enterprise and other innovative approaches
- Leaders of service transformation individual, organisational and across systems
- Champions of clinical quality using new techniques and methodologies to embrace continuous improvement

The Department of Health is challenging organisations to promote these attributes in their own workforce and to work through the implications for how staff are educated, trained and led, how services are commissioned and regulated and how performance is monitored.

One of the areas covered by the TCS guides is Long Term Conditions.

Skills for Health have developed the Transformational Attributes Implementation Guide to help identify how these attributes might translate into people's roles and responsibilities at work and to provide a concrete description of what people need to be actually doing, the skills and knowledge they need and how that can be applied, measured and developed.

Employability Skills Matrix for the Health Sector

The Employability Skills Matrix for the Health Sector has been developed by SfH and aims to help staff identify the personal skills, qualities, attributes and behaviours needed for each career level of the career framework. It will help individuals to see where they must develop skills and knowledge, help them to seek information and advice about possible development and training and, contribute to the appraisal process.

Enhanced awareness of employability skills on the part of individuals encourages self-sufficiency, aids responsibility for self development and career progression and the capacity to adapt to changing circumstances.
Employer clarity about employability skills improves selection, retention and career progression.

The employability skills matrix describes the behaviours and attributes in three areas for each level of the career framework:

Functional Skills: practical skills in communication, application of number and technology

Team work: team working skills and attributes needed to contribute towards productive healthcare

Personal: personal skills, qualities and behaviours that contribute towards productive healthcare

Literacy, language and numeracy are key underpinning employability skills essential to the delivery of safe, effective and quality care.

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