

## KNOWSLEY HEALTH AND WELLBEING

# COMPETENCE BASED WORK FORCE PLANNING

## FOR END OF LIFE CARE AND LONG TERM CONDITIONS

### SUMMARY

- Knowsley Health and Wellbeing brings together NHS Knowsley with Knowsley Borough Council Directorate of Wellbeing Services (adult social care; leisure and cultural services). The organisation has pursued competence based workforce planning for the End of Life and Long Term Conditions Care Pathways. It has developed models identifying workforce competences and structures required to deliver End of Life and Long Term Conditions care
- The project funded by NHS NW and Skills for Health was overseen by the QIPP Board, and delivered by a Project Group involving:
  - o Lead commissioners for both pathways (with links to GP, Practice Based Commission leads)
  - o Finance
  - o HR&OD
  - o Service managers and staff engaged in key areas of work (health and social care)
  - o Staff side
  - o Specialist leads (e.g. safeguarding; mental capacity)
  - o Private, voluntary and independent sector



- The models are currently being implemented in Knowsley. Full implementation is expected to take between 3 and 4 years, including service changes and the educational element (e.g. bringing Assistant Practitioners on-line)

### BACKGROUND AND CONTEXT

- Knowsley Health and Wellbeing currently comprises a workforce of around 2,000 FTE incorporating; the integrated commissioning team; integrated provider arm (community based clinical and social care staff); and leisure and cultural services
- The project was driven by an ambition to meet future service needs, improve quality and realise efficiencies in line with the QIPP agenda.
- Although like many other organisations Knowsley Health and Wellbeing needs to realise financial savings, improved quality and workforce development were also key aims
- The project required a major investment of time and resource to develop and implement competence based workforce planning

## WHAT WAS DONE

- The project mapped future competence requirements against the End of Life and Long Term Conditions Care Pathways, drawing on the End of Life Common Core Principles and the broader Skills for Health tools/database. This broad mapping of workforce competences also included GP and Private, Voluntary and Independent (PVI) sector roles
- The information was used to develop a competence framework which was then compared against current roles. Competence sampling was undertaken by the existing workforce, to see what competences were currently being deployed, for how much of the time and at which level
- Workshops involving staff, managers, and Private, Voluntary and Independent sectors were held at the outset and after the sampling exercise to discuss workforce structures, competences and service issues
- Identifying a manageable number of competences at the outset was challenging given the huge range of competences from which to choose. Using high level competences proved key to overcoming this challenge. In practical terms this meant using Skills for Health functional maps and codings. Good understanding of the Skills for Health tools from the competence database was invaluable
- Sampling competences was a difficult concept to convey to the workforce. To help smooth the sampling process staff were involved in designing the sampling template, and time was invested in 1:1 support, a guidance document, and trial exercise

- Completing diary sheets was hugely time consuming (30-40 minutes a day for 3 weeks for each participant, plus time taken to check and capture centrally) and the time required to support staff was under-estimated. With hindsight more time should have been built into the project for this element.
- Resources to deliver the project included:
  - £40k secured from SHA and Skills for Health to fund consultancy support and workshops. In return Knowsley Health and Wellbeing was

also expected to develop a replicable workforce planning methodology and a 'How to Guide' (to be published on E-WIN in early 2011)

- Time to capture information, and to manage and implement the project. Depending on the role and stage of the project individual commitment could vary between 20% and 100% of the working day



## KEY OUTCOMES

- The models have enabled development planning in alignment with service user needs
- Staff are involved in designing more effective structures and roles that will provide both quality and efficient service delivery
- The models project workforce and service changes. Current projections suggest increased service user contact time and £1.2m potential recurrent savings (after re-investment in key service areas). Savings are anticipated from changes to skills mix rather than from a large reduction in staff numbers. Commissioners will maintain an overview as the models are implemented

## KEY LEARNING

- Competence based workforce planning is not a quick win solution, it is time consuming and requires resource investment
- Essential to secure buy in of executive, service managers, deliverers, and to involve TU side
- If the required resource and commitment is in place, this is a very effective way to plan for the future workforce. Once an internal approach is developed, the planning will be much easier and quicker to undertake in the future

The Skills for Health Tools are accessible on the Skills for Health website using the following link : <https://tools.skillsforhealth.org.uk/>



## CONTACT FOR FURTHER INFORMATION

- Kelly Singleton, Strategic Workforce Manager

Telephone: 0151 443 5675

[kelly.singleton@knowsley.nhs.uk](mailto:kelly.singleton@knowsley.nhs.uk)