

Enhanced Care for Older People with Complex Needs (EnCOP)

Workforce Competency Framework

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EnCOP workforce competency framework

- **E**nanced **C**are for **O**lder **P**eople with Complex Needs
- Developed by Northumbria University, commissioned by Newcastle Gateshead CCG
- Development: Stage 1
 - Attendance of two team members at weekly Gateshead Vanguard 'Pathways of Care' work stream meetings to identify competencies required at each practice level (essential, specialist and advanced).
 - Review of the existing workforce competency framework literature pertinent to the care of older people.
 - Analysis of existing competency frameworks, occupational competencies, regulated qualification frameworks, policy directives and job descriptions that have relevance to the care of older people.

Stage 2

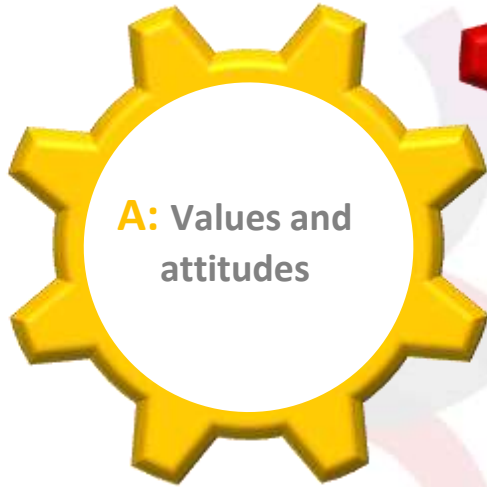
Workshop (65 attendees at 2 workshops)


Attendees represented a broad spectrum of stakeholder groups, professions and organisations from across the North East of England, including:

- NHS primary care managers and healthcare professionals
- NHS secondary care managers and healthcare professionals
- Managers, healthcare professionals and support staff from private and voluntary sector care homes
- Voluntary organisations
- NHS and care home clinical educators
- Education and training providers and skills brokers
- Health Education England
- Academic Health Science Network
- Service user representatives



Important, as older people with complex needs are located at the intersections of health and social care; and NHS, social service, private and voluntary sector services.





B: Workforce
collaboration,
co-operation, and
support

B1: Inter-professional and inter-organisational working and communication

B2: Teaching, learning, and supporting competence development



**C1: Leading, organising and
managing care**

C2: Improving care

D: Knowledge and skills for care delivery

D1: Communication with patients and families

D7: End of Life care

(these competencies are in addition to D1,2 and 3)

D6: Management of frailty

(these competencies are in addition to D1,2 and 3)

D5: Management of mental health

(these competencies are in addition to D1,2 and 3)

D4: Management of dementia

(these competencies are in addition to D1,2 and 3)

D2: Care process

D2.1: Assessing, planning, implementing and evaluating care

D2.2: Pharmacology and management of medicines

D3: Promoting health, wellbeing and independence

D3.1: Promoting and supporting independence and autonomy

D3.2: Promoting and supporting holistic health and wellbeing

Delivering quality care depends upon a whole workforce ability to:

- Establish and maintain a culture of values and attitudes that support personhood and promote relationship-centred care.
- Work collaboratively, co-operatively and supportively.
- Lead, manage, organise and continuously improve systems of care.

The framework emphasises these core workforce requirements by creating domains that comprise of competencies that specifically address these (domains A, B and C).

‘Clinical skills are not enough, you have to have the right attitude and behaviour ‘ – Barbara Dow



B: Workforce collaboration, co-operation, communication and support			
B1: Inter-professional and inter-organisational working and communication	In order to provide integrated, seamless care for older people that is relationship-centred and values personhood, it is essential that all individuals involved in the care of older people are able to work together towards a shared philosophy of care that extends across the whole system. Inter-professional and inter-organisational working and communication underpin integrated care. Staff need to develop, engage in, and sustain collaborative, co-operative working relationships with all members of the care team, including older people, families and friends.		
	Essential practice	Specialist practice	Advanced practice
	<p>Commit to a shared philosophy of care that extends across the whole system.</p> <p>Aware of, respect and value, the scope and practice of the roles and responsibilities of staff, agencies and organisations, and local referral arrangements. Use this awareness to ensure appropriate, safe, effective, timely, efficient referrals that support relationship-centred care and promote personhood, and contribute to the seamless transfer of care between services.</p> <p>Understand own role and recognise role limitations. Use this understanding to make decisions about when to practice autonomously and when to collaborate with, and refer to,</p>	<p>Commit, implement and facilitate a shared philosophy of care that extends across the whole system.</p> <p>Work inclusively, using, valuing, and embedding into practice, the full scope of knowledge, skills and abilities of staff from a range of agencies and organisations to provide care that is safe, seamless, timely, effective, efficient and equitable.</p> <p>Evaluate the appropriateness of autonomous practice and/or collaborative practice to meet <u>older people's</u> needs and wishes.</p>	<p>Lead, develop and maintain a shared philosophy of care, and develop and implement strategies to embed it across the whole system.</p> <p>Effectively lead/chair multi-disciplinary meetings.</p> <p>Include, integrate, and value, the knowledge, skills and experience of a range of staff, agencies and organisations to inform workforce skill mix, and practice development and improvement.</p> <p>Proactively collaborate with health and social care providers, patient groups, local authorities and voluntary organisations to ensure engagement in improvement strategies for services across the</p>

The framework includes 3 competency levels:

- **Essential practice**
- **Specialist practice**
- **Advanced practice.**



The competency levels are progressive and cumulative i.e. as levels advance, they integrate and expand upon competencies from the preceding level.

Competency levels are not intended to define or align with roles. Comparing existing competencies and competency levels with the framework, areas for development can be identified.

- On an individual basis, this knowledge can support personal development and career progression.
- On a whole workforce basis, this knowledge can support understanding of workforce education and development needs; workforce planning; inform job descriptions; inform SUs what to expect from staff.



An integrated system based approach to workforce development for Enhanced Care for Older People with Complex Needs EnCOP

- Develop understanding of the existing competencies of staff within 2 pilot care home sites by mapping each against the relevant level of the EnCOP competency framework (gap analysis).
- Explore facilitators and barriers to EnCOP competency development.

This will develop understanding of priority workforce development need.

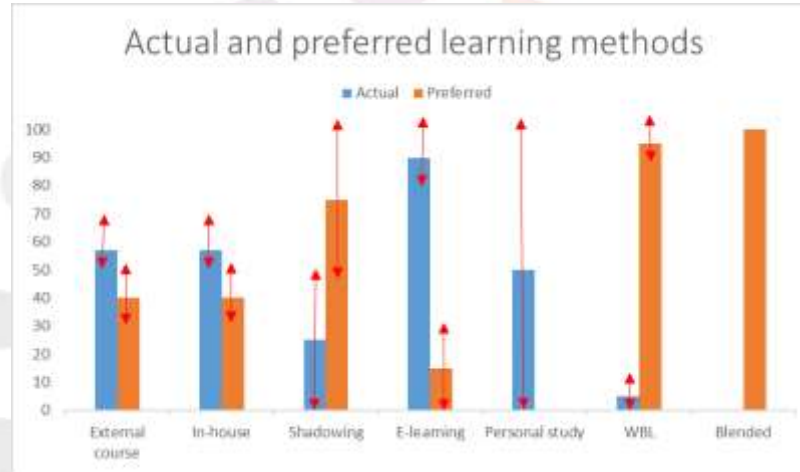
Design and sample

2 pilot sites (1 in location A; 1 in location B)

- 3 questionnaires (essential; specialist; advanced) 36 questionnaires completed: HCA, NA, OPSN6, OPSN7, RNs, CH management, GP, OT
 - Demographic data and information about competency development to-date
 - Self-reported level of competency mapped against the EnCOP framework
- Observations of practice mapped against the EnCOP framework (71 health/care worker care episodes: HCA, NA, TA, OPSN6, OPSN7, RN, physio, SW, GP, consultant, CH management team)
 - (No significant differences between mean scores of self-reported and observed competency)
- Interviews and focus groups (29 staff with responsibility for staff learning and assessment: CHs, NHS, LAs)

Learning and professional development

Learning methods – actual and preferred



- External and in-house learning between 50% and 65% (preferred between 30% and 50%)
- Shadowing between 0% and 50% (preferred between 50% and 100%)
- E-learning between 80% and 100% (preferred between 0% and 30%)
- Personal study between 0% and 100% (no preference)
- WBL between 0% and 10% - highly popular as a preferred method of developing competency

Recognised qualification

87% essential level; 78% specialist; 100% advanced said having a recognised qualification in EnCOP was important:

Ranked reasons:

- New knowledge
- Improved care
- Improved confidence
- Recognition of prior skills
- Influence change
- Career progression

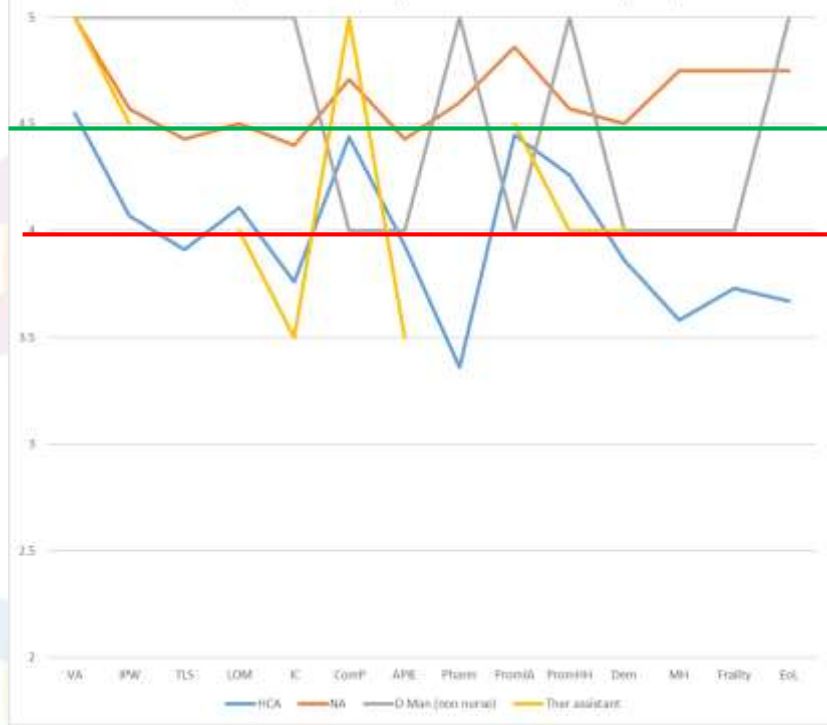
Essential: Self reported and observed competency



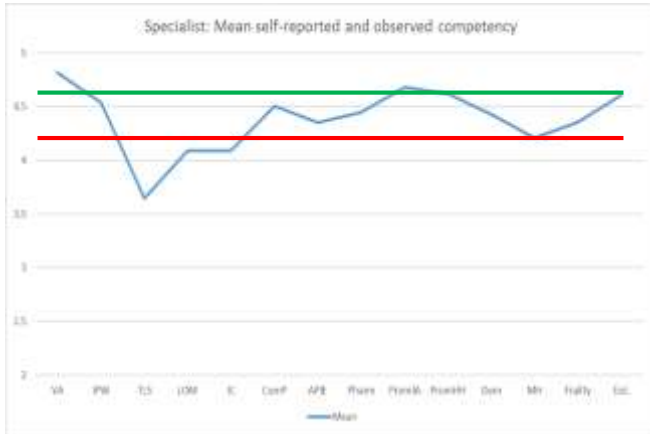
Strong areas: Values and attitudes, Communication with patients and families, Promoting and supporting independence and autonomy

Weak areas: Teaching, learning and support, Improving care, APIE, Pharmacology and medicines management, Dementia, Mental health, Frailty, End of life care

Essential by role: Mean self reported and observed competency



Scores:
 2=not at all; 3=not very; 4= somewhat; 5=very
 = or > 4.5 strongest areas = or < 4 weakest areas



Combined:

Strong areas: values and attitudes, Inter-professional and inter-organisational working and communication, Communication with patients and families, Pharmacology and medicine management, Promoting and supporting independence and autonomy, Promoting holistic health and well being, End of life care. **Weak areas:** Teaching, learning and support

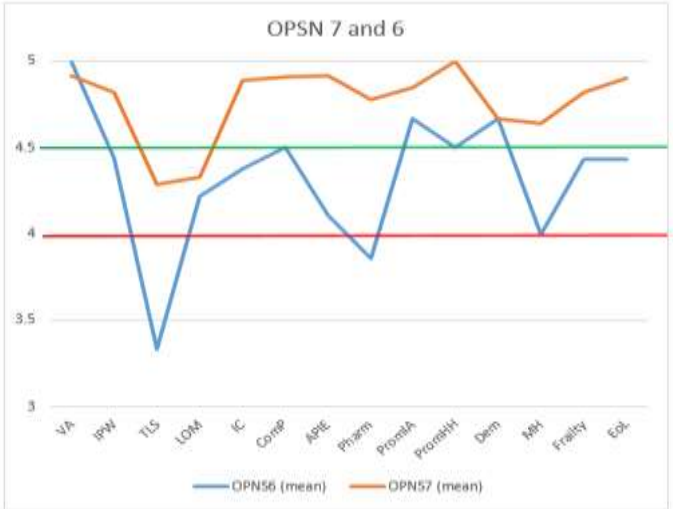
Individual roles:

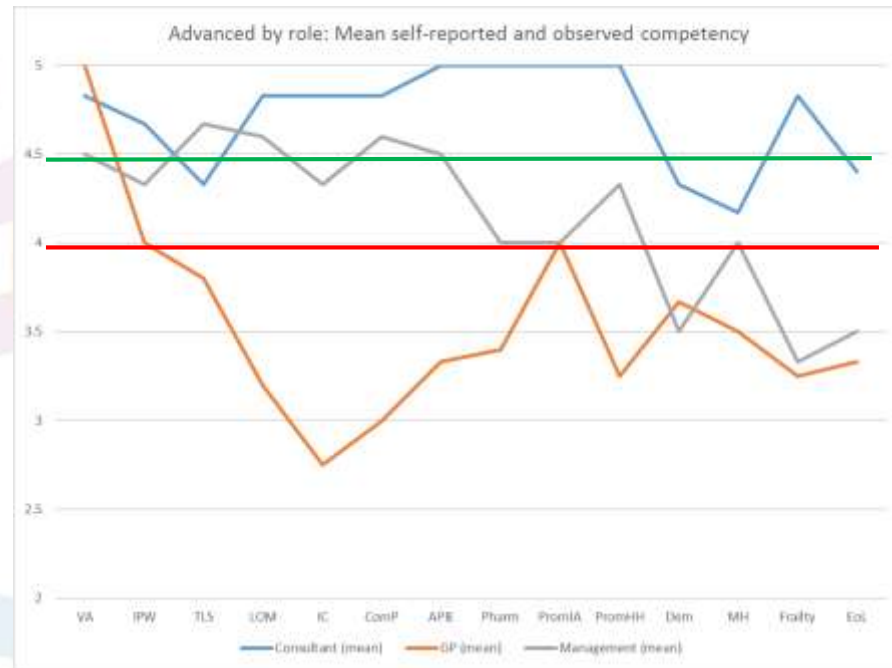
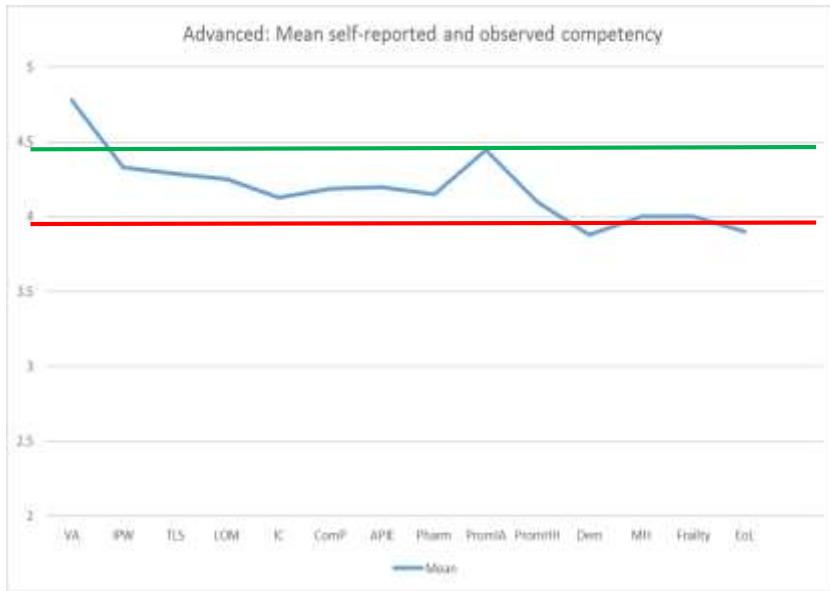
OPNS7s perhaps approaching advanced level, as most areas have mean scores of >4.5

OPNS6 weak – Teaching, learning and support, Pharmacology and medicines management, Mental health

Allied weak – Teaching, learning and support, Pharmacology and medicines management, Mental health, End of life care

RN weak – Teaching, learning and support, Leadership, organisation and management, Improving care, Assessing, planning, implementing and evaluating care, Mental health, Frailty





Combined:

Strong areas: values and attitudes, Promoting and supporting independence and autonomy.

Weak areas: Dementia, Mental health, Frailty, End of life care

Individual roles:

Consultants: Strong in most areas

Management – Stronger in management. Weak in areas specifically about care of older people.

GPs – Not working at advanced level (ie advanced EnCOP)

Scores:
 2=not at all; 3=not very; 4= somewhat; 5=very
 = or > 4.5 strongest areas = or < 4 weakest areas

Priority areas across the workforce in the pilot areas:

- Room for development in all areas
- Priority areas are:
 - teaching, learning and improving care
 - leadership, organisation and management
 - assessing, planning, implementing and evaluating care
 - pharmacology
 - areas specific to this population – dementia care, mental health, frailty and end-of-life care

Barriers to competency development

Standardisation of competency levels across sectors and organisations (trust; expectations; safe care; care continuity; efficient care; quality care)

- Different governing bodies/commissioning bodies want different things
- Education and professional development
 - Social care sector struggle to access NHS courses
 - Lack of relevant, practice-based courses
 - Variable quality of education courses
 - Accessing funding is complex and competitive for non-NHS staff
 - Agency staff/permanent night staff access to education
 - Time/backfill availability and costs
 - Impact on benefits
- Competency assessment
 - Lack of clinically competent assessors
 - Reluctance to assess staff employed by other organisations
 - Variable assessment processes
 - Time/backfill availability and costs
 - Assessing agency/permanent night staff
- Supervision and mentorship
 - Lack of mentors in social care
 - Lack of formal supervision for all staff

**INFRASTRUCTURE;
ORGANISATION; SYSTEMS...**

**WHOLE SYSTEM WORKFORCE
APPROACH IS ESSENTIAL**

Where next...

- Adopt a whole system approach to integrated older people's workforce development
- Use EnCOP approach which embeds leadership, teaching, collaboration within the skill set
- Gain agreement across all sectors for adoption of a competency framework for all levels of practice to deliver enhanced care for older people with complex needs
- Develop infrastructure for practice-based learning, assessment and practice support
- Equality of access to practice-based learning for development of proficiency at all levels of practice
- Develop understanding of funding sources, options and related issues
- Evaluation of outcomes which incorporates effectiveness of WFD



Thank you

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