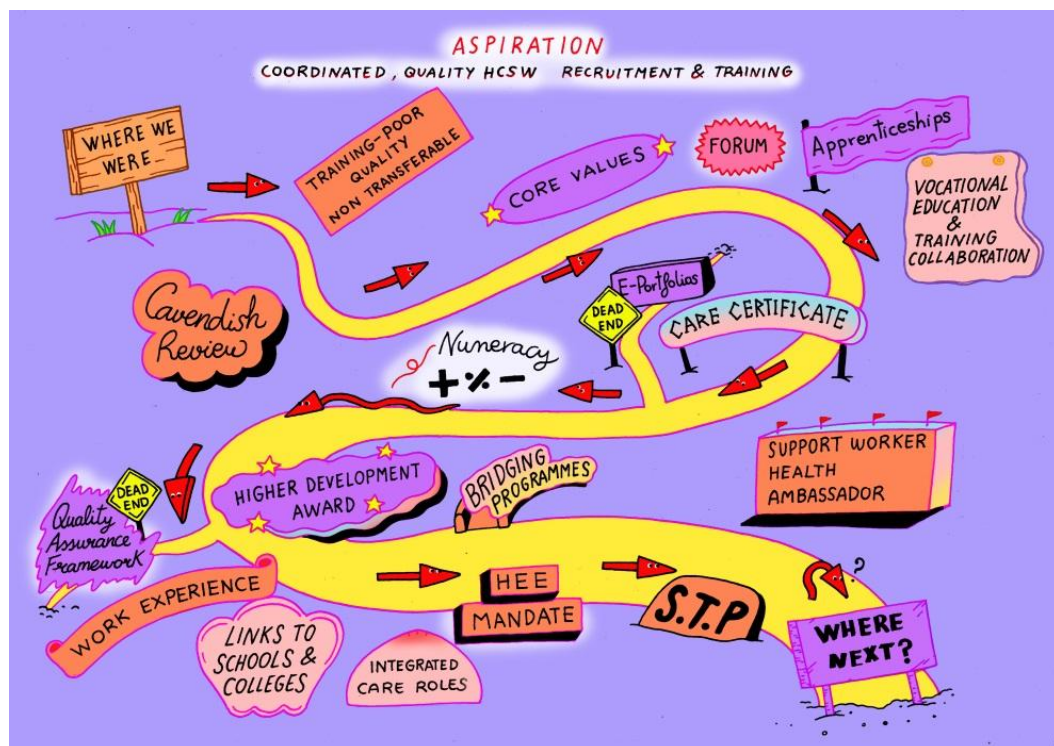


Evaluation of the Talent for Care strategy in Health Education England working across North West London

2016



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Executive Summary

Background

There are approximately 54,000 healthcare staff in North West London, of which 15,600 are in bands 1-4. In the first and only national policy for development of support workers, Camilla Cavendish identified the necessity to train and support this staff group to deliver high quality care. The resulting Talent for Care Framework has enabled employers and educators to begin this process.

This evaluation report summarises the evidence of activity and evaluates the impact of a complex and multifaceted project which aims to implement and embed the Talent for Care Framework in North West London. The evaluation was completed between October and December 2016 as the project reached the end of its second phase of activity. There are nine overarching aims of the work, each with specific objectives and outcomes;

1. An increase in the number of NHS apprenticeship starts to 615 by April 2016
2. Establishing a formal NWL employer-led vocational education and training collaboration
3. A quality assurance framework applicable to health and social care
4. An increase in the number of support workers using e-portfolios
5. Piloting of the Higher Certificate
6. Implementation of study skills bridging programmes to widen access into pre-registration degrees
7. Design of health and social care support roles to support independence outside of hospital (this has been extended to include domiciliary care workers)
8. Strategies and tools to assess and improve numeracy levels including in general practice
9. A "Get In" strategy increasing the number of traineeships, ambassadors, work experience opportunities and links with schools and colleges

The Talent for Care team worked across all NHS Trusts in the region, and engaged with a wide range of other stakeholders, building partnerships and resources to support employers to develop their support staff workforce.

Findings

The findings of the evaluation will inform the planning and delivery of the third phase of activity for the team, and it is anticipated that the report will highlight achievements and raise awareness of the levels of support and resources available to individual employers as they implement Talent for Care at a local level.

There is evidence of creative innovative impact which reflects the excellent team work and strong leadership, which has enabled members to adopt a cooperative and collaborative approach, innovate and support local activity and share expertise across the three threads of "Get In" "Get On" and "Go Further".

All of the activities captured in this report have been achieved in an environment of constant policy and political change. This has impacted on the nature, shape and speed of

delivery of the project, demonstrating a responsive and adaptable approach as various factors impact on the initial plans for activity. Tangible impact measures include increased apprenticeship starts, collaborative delivery of Care Certificate training, recognition as an Excellence Centre, school and college engagement, monthly newsletters and the development of the Support Worker and Primary Care Forums.

Recommendations

1. The team needs to improve connectivity with the economic regeneration agenda; taking note of data sources of areas of deprivation or educational inequality- for example Joseph Rowntree Foundation. This will ensure that individuals are inspired and supported to contribute to the NHS workforce in the future.
2. The team can build on crossover areas between the different work streams, for example, schools engagement and apprenticeship development, or incorporating Health Ambassador training into the Higher Development Award.
3. The wider body of employer representatives need to work together to source and support training providers of the highest calibre.
4. Tools and resources need to be widely and easily available to all partners to support and encourage activity.
5. Workforce and service delivery needs to be more closely aligned at a strategic level.
6. The implementation of the VET collaboration needs to be prioritised to increase sign up to the Partnership Pledge and start the process of integrating and influencing the activities in Phase Three.
7. The implementation of the STP will need input and support from the VET and Support Worker Forum, so these links need to be set up at an early stage to ensure that these groups are influential and innovative.
8. The Primary Support Worker Forum needs to meet regularly and become influential and innovate ideas and developments for support staff in primary care.
9. The team can facilitate and support the implementation of the “Get In” agenda, such as work experience and Health Ambassador policies and structured programmes.
10. The team can facilitate and support employers to identify the potential benefits of innovative development and transformation of support worker roles
11. A report and action plan needs to be created which outlines the needs and challenges faced by the support worker workforce in maternity, non-clinical and in community roles.
12. Planning for Phase Three needs to include engagement with those trusts who have not been as active in Phase Two (particularly community healthcare trusts) and partner organisations in the third sector.