

Evaluation of the integrated Ambassador pilots

Final report

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**Written by Jenny Swift with Jude Teicke
Skills for Care**



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Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP www.skillsforcare.org.uk

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

This work was researched and compiled by Jenny Swift and Jude Teicke of Skills for Care.

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Acknowledgements

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Background

The *I Care... Ambassadors* programme aims to attract people to the social care sector and match people to the right careers for them. During 2017, in order to support the Government's target of full health and social care integration by 2020, Skills for Care supported three *I Care... Ambassador* partnership services to pilot an integrated model of *I Care... Ambassadors*.

The aim of the pilot was to explore the feasibility and benefits of expanding *I Care... Ambassadors* to include health staff. Staff delivered activity to jointly promote health and social care careers. The pilot was evaluated, drawing on data from:

- the *I Care... Ambassadors* Impact Tool
- cost data provided by pilots
- qualitative research with ambassadors and stakeholders involved in the pilots.

The three pilots

All three pilots chose a model of integrated delivery that involved at least one health and at least one social care ambassador being dispatched to events to deliver jointly, rather than trying to upskill a single ambassador to deliver information about the whole sector. Ambassadors typically teamed up in pairs, with one representative of social care and one healthcare. Ambassadors found this an overwhelmingly positive experience, and took the opportunity to build relationships, network and learn from each other.

Leeds

Leeds City Council has led an *I Care... Ambassador* Service in the city since 2013, in partnership with a number of local social care employers. The Leeds Teaching Hospitals Trust (LTHT) was also operating a health careers ambassador service and it became clear that the two partners often attended the same events, leading to some duplication.

Integration appeared to both partners as a potential opportunity to reduce duplication and meet growing demand for ambassador services in a time of scarce resources. Integrated ambassadors could also tie-in with the city's whole-city approach to working with people embodied in the Leeds Health & Wellbeing Strategy 2016-2021 and the West Yorkshire Sustainability & Transformation Plan (STP).

During the pilot, four Ambassadors (three existing Ambassadors and one new) were recruited and inducted in Leeds. A joint induction was delivered for ambassadors who chose to become part of the integrated pilot, and a joint presentation pack developed.

Two integrated events took place, involving four Ambassadors. Both of the integrated events were information stands – one a careers fair at a local school and another a city-wide careers fair at Elland Road Stadium.

The intention is that *I Care... Ambassadors* in Leeds will continue to be integrated in future, although there is a recognition from both partners that there is a need for further discussion and commitment by both organisations. Both organisations also recognised that there is a need to open up to further employer partners from both health and social care; and to expand the pool of active health and social care Ambassadors.

Devon

In Devon, the local authority, Devon County Council, have co-ordinated the *I Care... Ambassador Service* (which is a partnership service) since January 2016. The *I Care... Ambassador Service* locally is branded as part of the Proud to Care initiative, which is an integrated recruitment and retention initiative funded by the local authority, the NHS in Devon (and the rest of the South West), and other social care and health employers.¹

As in Leeds, partners had experienced events where both health and social care had separate stands, and felt this was duplication. Ambassadors received questions from audience members relating to both parts of the sector and felt it would be beneficial to present a more integrated front.

The partners developed a standard presentation, used Skills for Care and Health Education England resources, and provided links to the Proud to Care website for video clips and career pathways. Local champions were identified in partner organisations to assist with tasks such as storing resources and transporting them to events.

Sixty-four ambassadors were registered across health and care, including 14 from the lead partner, Devon County Council. This represents an increase of 146% on the figures prior to the pilot. Eighteen events were delivered as part of the integrated pilot. Clients included schools, colleges, universities and JobCentre Plus.

There is a strong commitment in Devon to the continuation of integrated ambassadors which will continue under the Proud to Care brand, led by Devon County Council and supported through the STP Resourcing Group, which is developing an integrated Workforce Resourcing Strategy.

Stands at events will sometimes be fully integrated, at other times co-branded, e.g. with an NHS stand adjacent to a Proud to Care stand. Partners feel that this

¹ The Proud to Care membership and the list of partners involved in the integrated ambassadors pilot has a large overlap with the STP Resourcing Group in Devon, which was used to recruit partners for the pilot, and is chaired by the Devon project lead for *I Care... Ambassadors*.

strengthens both positions. The default position will be that at least one health and one social care ambassador attend each event, as this approach received positive feedback from both ambassadors and audiences, and developed ambassador knowledge about the other sub-sector.

Integrated ambassadors are seen to fit well within other integration activity in the county, for example new models of care and supporting people in communities, and there is a desire among partners to recruit new ambassadors from community care teams, including community nurses.

The partnership is also looking at developing an ongoing programme of CPD for integrated ambassadors (including 'speed dating' events to build mutual understanding, relationships and networking) and has levered funding to support developing integrated resources.

Dorset

Partners in Care (PIC) pioneered care ambassadors and have been delivering ambassador activity in Dorset for over 10 years. PIC worked with the Primary Care Workforce Centre (PCWC)² as their health partner to implement the pilot. Prior to the pilot, the PCWC had an informal ambassador model.

Integrating / Care ... Ambassadors with health was felt to be a sensible approach by both partners for the following reasons:

- Increased integration was likely (e.g. an increase in integrated roles) and therefore being an active part of that process was important.
- Social care ambassadors had had increasing numbers of queries about health roles and vice versa.
- Joint promotion could help potential recruits understand the synergies between roles in the different sectors.

For the health partner, the pilot also presented them with an opportunity to gather evidence that a more formalised approach was valuable, to learn from the considerable experience of the social care partner in how to deliver a more formal ambassador model, and to push this agenda forward with senior decision makers locally.

Two events were run during the pilot period using the integrated model of delivery. These activities were stands at two school careers fairs. Limitations included the health partner having no formal bank of ambassadors, which made finding ambassadors to cover the events difficult.

² The Primary Care Workforce Centre was established in April 2016 as a collaboration between NHS Health Education England Wessex, NHS Dorset Clinical Commissioning Group and Bournemouth University

Some activities which were originally planned did not happen, such as a joint induction event for ambassadors attending integrated events. Both partners felt that this would have been too much of a time commitment for ambassadors who were already, in some cases, struggling to find the time to attend events. Both partners felt that more time to market and promote an induction event might have been helpful, particularly in terms of promoting the benefits of such an event to ambassadors.

Partners were optimistic that the pilot would create an impetus to progress a more formalised approach in the health sector in Dorset. However, there was an acknowledgement that formalising and developing the *integrated* model, may be delayed until that is more developed.

Implementation

While progress in the implementation of integrated pilots was frustrated in some areas due to a lack of time and resources, positive feedback was received about the registration process and resources available. The integrated pilots also highlighted that some changes to the job roles, welcome modules and resources may be needed if integration is further rolled out. Guidance on branding and promotion may also be needed, e.g. to assist new partners in understanding the importance of promoting a unified brand and the sector as a whole.

Outcomes

The evaluation found that the integrated ambassadors pilots:

- helped to change minds, encouraging people to consider a career in social care who would not previously have been interested
- have supported a wider move towards integrated working in at least two of the pilot areas
- in one case has assisted the *I Care... Ambassador* service to lever in additional funding to support wider integration activity (under the banner of Proud to Care)
- may also be widening the reach of ambassador services.

The evaluation also found that, as a result of the integrated pilot:

- Audiences have a better idea of what it's like to work in health and social care.
- Audiences know more than they did before about the different types of jobs/career paths available in health and social care.
- Audiences feel better informed about where to get more information and update their knowledge about the health and social care sector.
- Ambassadors felt better informed about the wider health and social care sector and able to promote local vacancies and opportunities.
- Ambassadors felt more motivated in their work and more part of an integrated health and social care sector.
- There has been knowledge sharing among ambassadors and organisations about local vacancies/ opportunities and intelligence.

- Ambassadors have developed their local networks.

There was some (limited) evidence that audiences are also starting to understand that:

- a common set of skills, values, behaviours and attitudes are needed across health and social care
- you can move fluidly between health and social care over your career and/or have an integrated role.

Cost data collected during the pilots suggests that integrating ambassador services is likely to raise the cost of administration, at least in the short-term, but may significantly decrease the cost of delivering ambassador activities in the longer term.

Overall findings and recommendations

The three integrated ambassador pilots have generated interesting evidence on the success of an integrated approach, though it is unfortunate that the short time period for the pilots has limited the quality and quantity of evidence. Essentially:

- One pilot has been very successful and is continuing as an integrated service
- The outcome for the remaining two is less clear and whether they will continue as an integrated service depends upon whether goodwill can be turned into a more formal commitment and follow-through.

As a result, it is not possible to say with certainty that the anticipated medium- and long-term outcomes from integration will be met. It should also be noted that the single successful pilot differs from most ambassador services in having been successful in attracting external funding to support the activity.

However, all consultees felt that the integrated approach should be rolled out nationally, albeit recognising that this may be very gradual in some areas. It was recognised that integration is the long-term direction of travel for health and social care as a whole, and that ambassadors had a part to play in this.

Skills for Care has therefore committed to support I Care... Ambassador partnership services that wish to integrate. This will include:

- allowing health employers to join partnership services
- including more integrated resources on the Resource Hub (borrowing wherever possible from good practice in the pilots)
- reviewing terminology (e.g. on the Principles & Pledge, the Hub and the welcome modules) to ensure it is inclusive of health (for example referring to 'care' where appropriate rather than 'social care')
- sharing evidence and good practice from the pilots (see below), to ensure that ambassador services who do go down the integrated route are able to fully benefit from the lessons learned to date. This might take the form of a 'top tips' resource to be shared on the Resource Hub.

Skills for Care will also continue to collect further evidence on the success of integration, where services adopt the approach. The forthcoming relaunch of the Impact Tool will include an option to generate questionnaires appropriate for

integrated events, which will enable comparison of outcomes to be made. Skills for Care may also collect qualitative feedback at an appropriate interval from services offering integrated ambassadors, e.g. through telephone interviews or an online survey.

Good practice and critical success factors

The following good practice tips or critical success factors were identified during the evaluation:

- **Support from Skills for Care**, in particular the Project Manager, platform and resources.
- **Making sure that ambassadors are introduced** to each other before joint events, ideally at a joint induction but at least informally and to exchange contact details.
- **Joint induction** involving:
 - ambassadors telling their stories
 - an explanation of the extent to which ambassadors are able to represent their own organisations versus promoting the sector as a whole
 - celebration to show ambassadors they are valued.
- **Ongoing CPD** and training for ambassadors, empowering them to promote the sector as a whole.
- **A single point of contact** for clients and ambassadors (i.e. the service coordinator or administrator role – one person across health and social care).
- Broad **engagement of employer partners** and **formal commitment** to a member model where possible. This might involve engaging with the STP to access a broad range of organisations within an existing infrastructure.
- **Links to Health Education England (HEE)** at local level.
- Using experienced ambassadors in the early days of integration, **pairing** health with social care, more experienced with less experienced. One helpful approach identified was to present as a ‘team around the person’, i.e. describe health and social care careers from the perspective of the person using care.
- **Over-recruiting ambassadors** for induction and events on the basis of a 60% drop-out rate.
- Offering a **single and clear brand**, ideally referring to ‘care’ rather than health and social care.

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

Telephone: 0113 245 1716
Email: info@skillsforcare.org.uk
Web: www.skillsforcare.org.uk