



# Scoping Integrated Apprenticeships in Health and Social Care

Final Report

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# Table of contents

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- Table of contents .....1**
- Acknowledgements .....2**
- Executive summary .....3**
  - Background .....3
  - Methods .....3
  - Key findings.....3
  - Conclusion .....6
  - Recommendations .....6
- 1. Background and introduction .....7**
  - 1.1 Background .....7
  - 1.2 Project overview and aims.....7
- 2. Methodology .....8**
  - 2.1 Desk review .....8
  - 2.2 Qualitative scoping exercise .....9
  - 2.3 Case study interviews.....9
- 3. Desk review .....10**
  - 3.1 Apprenticeships .....11
  - 3.2 Integrated Apprenticeship programmes in Health and Social Care .....12
  - 3.3 The Health and Social Care framework.....13
  - 3.4 Framework enrolment.....14
- 4. Key findings from the scoping study .....17**
  - 4.1 Overview of data sources .....17
  - 4.2 Definitions of integrated Apprenticeships .....17
  - 4.3 Number of integrated Apprenticeships projects by area .....19
  - 4.4 How integrated apprentices are being recruited .....20
  - 4.5 Managing apprentices .....20
  - 4.6 Job roles.....21
  - 4.7 Key successes .....22
  - 4.8 Challenges .....25
  - 4.9 Solutions.....31
  - 4.10 Other studies on Integrated Apprenticeships.....32
- 5. Conclusions and recommendations .....35**
  - 5.1 Conclusions.....35
  - 5.2 Recommendations.....36

<b>6. References.....</b>	<b>38</b>
<b>Appendix A: Case study interview topic guide.....</b>	<b>40</b>
<b>Appendix B: The Coastal West Sussex Integrated Apprenticeship Programme ...</b>	<b>43</b>
<b>Appendix C: The Suffolk Integrated Apprenticeship Programme .....</b>	<b>47</b>
<b>Appendix D: The Lincolnshire Integrated Apprenticeship Programme.....</b>	<b>50</b>
<b>Appendix E: The Leeds Integrated Apprenticeship Programme.....</b>	<b>52</b>
<b>Appendix F: The Blackburn with Darwen Council Integrated Apprenticeship Programme.....</b>	<b>56</b>

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Special thanks to all the employers who gave their time and agreed to take part in the case study interviews. Without their input the integrated Apprenticeships study would have lacked insight into local integrated activity.

## Executive summary

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### **Background**

Health Education England (West Midlands) wants to develop the concept of Integrated Apprenticeships. They commissioned Skills for Care and Skills for Health to carry out a scoping exercise to assess the level of activity in integrated Apprenticeships across the health and social care sectors between March and May 2017. The main aims of the study was to provide examples of good practice and enablers of successful initiatives and to identify barriers to facilitating integrated Apprenticeships and any solutions to overcoming these.

### **Methods**

The scoping exercise comprised four elements: desk research to provide the background to the study; a qualitative scoping study including a survey of Skills for Care's locality teams and Skills for Health key stakeholders to assess activity in integrated Apprenticeships across England; in depth qualitative interviews with key experts in integrated Apprenticeships to understand the nature of integrated Apprenticeships, the challenges faced and the solutions to overcome these; and the development of five best practice case studies.

### **Key findings**

#### **Desk review: Background**

The ageing population in England is placing greater demands on public services for health and social care, making the case for integrated health and social care service, hence the need for a workforce with integrated care skills. However, there are many barriers to achieving this, not least the economic and cultural differences in the provision of health and social care, particularly the differences in funding services within each sector.

Apprenticeships are a popular method of workforce development across the health and social care sectors, with 85,800 apprenticeship starts in the Health and Social Care framework in 2015/16, the majority taking the social care pathway (91%). In addition, 10,000 apprentices started in the Care Leadership and Management framework.

#### **Scoping survey and case studies**

The scoping survey achieved 34 responses; 28 were from Skills for Care's locality teams and 6 from Skills for Health's key informants. The final report was commented

upon by Danny Morris, CEPN Project Manager at Taurus Healthcare in Herefordshire, and five case studies were developed to provide insight into challenges, solutions and best practice.

Unsurprisingly, feedback supported the view that the concept of integrated Apprenticeships is relatively new and there is a modest level of activity, with 55 projects that were aiming to develop, scope or support integrated Apprenticeships.

There was a high concentration of integrated Apprenticeship activity in London and the South East (16 projects) and East of England (11 projects), with lower levels in the other areas.

### **Definitions of integrated Apprenticeships**

Mostly, respondents defined integrated Apprenticeship as a rotational apprenticeship, where apprentices are employed in one sector, and gain work experience in placements in a different sector. A key expert in the development of Apprenticeship Frameworks and Standards pointed out that it is not yet possible to support fully integrated Apprenticeships, as Apprentices need to choose one pathway on the Health and Social Care Framework. This is determined by their place of employment and their role. If an apprentice is employed by the NHS, they will take the health pathway and if they are employed by a social care employer they will take the social care pathway.

### **The levels of integrated Apprenticeships**

The findings suggest there is a trajectory of integrated Apprenticeships from joint learning through to fully integrated Apprenticeships. This trajectory is likely to be:

- Stage 1 - Bringing health and social care apprentices together for joint learning
- Stage 2 - Offering rotational placements
- Stage 3 - Providing fully integrated roles
- Stage 4 - Truly integrated schemes with dual employers

The findings suggest that currently integrated Apprenticeships are at stage 2.

### **Recruitment and management of apprentices**

The Apprenticeships vacancies website, pre-employment training programmes and local advertising were most often cited as sources for recruitment. Apprenticeship Training Agencies and management by either health or social care employers were the most common ways of managing apprentices. Some respondents raised concerns about the complexities and working arrangements for managing

apprentices through a third party. Case study interviewees suggested a dedicated Apprenticeship coordinator role would resolve many of these problems.

### **Job roles of apprentices**

Most of the apprentices were employed as either social care workers or health care support workers. One case study site offered Apprenticeships for senior care support workers and senior health care assistants.

Case studies also showed that apprentices who had been employed by the same employer prior to the start of their Apprenticeship, resumed their previous role after completion but had a much clearer understanding of the care pathway and were able to assume greater responsibilities.

The mobility of apprentices from one sector to another was seen as a concern by some study participants. However, the case studies showed that many of the apprentices employed in the healthcare sector, and expressing a preference for a healthcare career, changed their views after their experience in social care placements and tended to opt for careers in social care.

### **Key successes of integrated Apprenticeships**

The scoping study found that integrated Apprenticeships projects were successful in:

- Encouraging an integrated culture and sharing learning
- Providing valuable work experience in different sectors
- Improving partnership working
- Facilitating the acquisition of a diverse range of knowledge and skills
- Indicating sustainable integrated Apprenticeship programmes

### **Challenges faced**

The top five key challenges were:

- Complexities of partnership working
- Sourcing and arranging rotational placements
- Time and resource needed to support apprentices
- Recruitment of apprentices
- Varying terms and conditions/pay

### **Solutions to challenges**

The solutions identified were:

- Early planning to address differences in employment policies and procedures across both sectors

- Continued communication to improve partnership working and management of apprentices
- Employing a dedicated apprentice coordinator to manage apprentices
- Using values-based recruitment to improve recruitment and retention of the right people with the right values
- Developing more innovative approaches to recruitment e.g. through use of social media
- Making better use of funding opportunities
- Prioritising integrated Apprenticeships
- Promoting the value of integrated Apprenticeships

## **Conclusion**

The scoping study brought together a wide range of data to throw light on the level of activity in integrated Apprenticeships and the stage this concept has reached. According to the feedback from key experts, locality managers and case study organisations, integrated Apprenticeships are in reality rotational Apprenticeships. The demand for integrated Apprenticeships will track the progress of the healthcare and social care integration strategy, as new integrated roles emerge, requiring integrated health and social care skills, training and qualifications. Rotational Apprenticeships, in the meantime, have been found to be valuable in gaining a wider understanding of the journey people take when they require healthcare and social care support; in giving apprentices an opportunity to decide which career option they wish to pursue and in improving the transfer or sharing of knowledge from one sector to another in the pursuit of improved quality of care. The study suggests there is a long way to go in managing Apprenticeships, with Apprenticeship coordinator roles being suggested as a solution to addressing the complexities involved.

## **Recommendations**

- Conduct further scoping activity to gain a fuller picture of the integrated Apprenticeships landscape
- Evaluate integrated Apprenticeship pilots to measure longer term impacts
- Develop an integrated pathway for a Health and Social Care Apprenticeship
- Scope the potential to include other sectors in integrated Apprenticeships, such as housing
- Produce an integrated Apprenticeships best practice guide for employers

# 1. Background and introduction

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## 1.1 Background

Health Education England (West Midlands) is keen to develop the concept of “integrated Apprenticeships.” They invited Skills for Care to lead a collaboration with Skills for Health to carry out a scoping study of integrated Apprenticeships in the West Midlands and across England.

## 1.2 Project overview and aims

This scoping study was a short term piece of work carried out between March and May 2017 which aimed to identify best practice in integrated health and social care Apprenticeships, scoping the activity of integrated health and social care Apprenticeships, with particular reference to examples from the West Midlands as well as national examples, from areas such as Norfolk and Suffolk, to identify and explore the following:

- Examples of good/best practice and enablers of successful initiatives
- Barriers and what needs to be done to overcome these barriers

The agreed research questions identified together with Health Education England (West Midlands) were:

- How much Integrated Apprenticeship activity has taken place?
- Is there evidence of successful projects and if so what does good / best practice look like? What were the lessons learnt and how have organisations achieved this?
- Where projects fail, what caused the failure?
- What are the barriers to Integrated Apprenticeships? Have barriers been overcome?
- Which roles lend themselves best to Integrated Apprenticeships?

## 2. Methodology

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Skills for Care led this project in collaboration with Skills for Health. Through their area teams and locality managers, Skills for Care has access to employers across England with direct experience of using Apprenticeships to develop their workforce. These teams have a good understanding of the integration agenda and are in direct contact with employers grappling with this. In addition, the Skills for Care Evidence and Impact Team drew on the localities teams' intelligence and expertise to gain an in depth understanding of the development of Apprenticeship programmes in general and in the integrated Apprenticeship agenda in particular.

The scoping exercise comprised four elements, with Skills for Care delivering elements 2 and 3 and Skills for Health delivering elements 1 and 4:

- 1) Desk research to contextualise background and provide up to date statistics on Apprenticeships for the health and social care sectors.
- 2) A qualitative scoping exercise, using an online survey with open questions, of all 35 Skills for Care locality managers and named contacts identified by Skills for Health which aimed to assess the current integrated Apprenticeships landscape. The survey also aimed to generate contacts to key experts in integrated Apprenticeships within the health and social care sectors and employers grappling with the concept of integrated Apprenticeships to take part in interviews in element 3 and for case studies in element 4. This phase also included a secondary analysis of data collected to evaluate the Skills for Care Apprenticeship Ambition Programme.
- 3) In depth interviews with five key experts in integrated Apprenticeships, including named contacts identified by Skills for Health, to establish current understanding of the nature of integrated Apprenticeships, their challenges and solutions to integration.
- 4) The development of five best practice case studies of employers managing integrated Apprenticeships in the West Midlands and across England.

### 2.1 Desk review

To provide some background to this research, a brief desk review was undertaken to contextualise Apprenticeships and paint a picture of the current landscape. The review focused on:

- the benefits of Apprenticeships
- learners' views
- employers' views
- integrated Apprenticeship programmes in health and social care

- The Health and Social Care framework
- Apprenticeship starts and completions

## **2.2 Qualitative scoping exercise**

### **Interviews and online survey**

Interviews took place with nine Skills for Care internal stakeholders and an online survey was issued to Skills for Care locality managers and key informants identified by Skills for Health to assess the:

- volume of integrated Apprenticeships currently underway across all regions
- types of organisations using integrated Apprenticeships to develop their workforce
- challenges being encountered by employers and the solutions they have found to overcome these.

The survey was completed by 34 stakeholders which comprised 28 Skills for Care locality managers and six key informants identified by Skills for Health.

### **Apprenticeship Ambition Programme**

The five year Apprenticeship Ambition Programme was launched in 2012/13 to further promote Apprenticeships in adult social care to meet the needs of an expanding sector. Over the life of the Ambition programme, Skills for Care worked directly with employers and learning providers and funded them to run Innovation Projects, which aimed to champion Apprenticeships as a method of workforce development in the sector. Three of these projects aimed to scope and develop integrated Apprenticeships and learning from these projects has been included in this section.

## **2.3 Case study interviews**

To give insight into the findings of the scoping exercise, five case studies were developed to explore in more detail integrated Apprenticeship activity in five areas across the country. The desk review, in conjunction with the results of interviews with colleagues working in the sectors, helped to shape the topic guides for the case studies. The topic guide is available in Appendix A.

Nine case study areas were contacted with five of these agreeing to take part. Ten interviews were conducted across the five sites. The interviews were semi-structured and were conducted by telephone. Interviewees all consented to taking part in the research with the understanding that the results might be published by the funder.

The case studies were all based on information gathered during these interviews and in some cases, combined with relevant project documentation.

Areas contacted	Agreed to take part	Number of interviews <sup>1</sup>
Blackburn with Darwen	√	1
Staffordshire		
Lincolnshire	√	1
Herefordshire		
West Sussex	√	2
East Sussex		
Leeds	√	4
Suffolk	√	2
Norfolk		

### Limitations

All research has some limitations and the degree to which these limitations have critical impact is dependent on the type and level of decisions that may be made based on the findings. For example, if the purpose of the research is to gather a wide range of views on a particular area as a background to exploring a new policy or approach, any limitations are unlikely to be critical. However, if the research output is to be used as the justification for a major change in policy or financial investment then limitations can become critical.

The limitations in this research centred on timings – both the length of time afforded for carrying out the fieldwork and the seasonal timing of that fieldwork. Due to the short timeframe of this research and it coinciding with Easter holidays, it was difficult to find willing interviewees. Several of those contacted stated that they would not be able to take part until after the research deadline. Therefore, the research would have greatly benefitted from a wider contact list (encompassing a larger range of case study areas to choose from) and more time in which to conduct the fieldwork. In addition, it would have been useful to send out official communication to potential case study areas a few weeks in advance informing them of the research and our wish for them to participate. This would have enabled the case study areas to anticipate the resources required to take part in interviews. Again, this was not possible due to the very tight time constraints.

## 3. Desk review

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<sup>1</sup> Although Herefordshire were not able to provide a case study within the timeframe of the scoping exercise, Taurus Healthcare were able to contribute to the final report

### **3.1 Apprenticeships**

Apprenticeships include elements of 'on the job' and 'off the job' training and learning which ultimately leads to industry recognised standards or qualifications. They are available to anyone from the age of 16 with entry requirements differing depending on the role and sector (Education and Skills Funding Agency, 2017).

In general, hiring apprentices is a productive and effective way for businesses to develop their own skilled resource. In contributing to a motivated, skilled and qualified workforce, the average Apprenticeship completer increases business productivity by £214 per week, through greater profits, lower costs and better products or services (Skills Funding Agency, 2015). Other employer benefits that Apprenticeships contribute towards include:

- Improving productivity in the workplace
- Increasing employee satisfaction
- Reducing staff turnover
- Reducing recruitment costs

The Department for Business Innovation and Skills (whose role in Apprenticeship policy was transferred to the Department for Education in 2016) has published an annual Apprenticeships evaluation every year since 2012. This is split into an evaluation of learners (Department for Education (DfE), 2016) and an evaluation of employers (DfE, 2016a). The following captures some of the headlines from the evaluation's executive summary:

#### **Learners' views:**

- Nearly nine in ten (89%) Level 2 and 3 apprentices were satisfied with their Apprenticeship.
- Satisfaction was generally higher for those apprentices on more traditional frameworks, such as construction.
- The aspects of the Apprenticeship with which Level 2 and 3 apprentices were most satisfied were its relevance (89% satisfied), and the quality of training (87%).
- The vast majority of higher (Level 4 and 5) apprentices (89%) were satisfied with their Apprenticeship.
- The average duration of an Apprenticeship was 17 months.

#### **Employers' views:**

- The most common reason for employing apprentices was relevance to the needs of the business (31% of respondents).
- Other reasons were the convenience of having the training provider handle recruitment (19%), that Apprenticeships were the required form of training in the industry (18%) and them being the best way to aid recruitment (17%).
- Financial motivations were far less common (10%).
- The majority of employers (64%) recruited apprentices externally.
- Two-fifths (38%) provided Apprenticeships to existing staff.
- Employers generally felt the information, support and guidance available when making decisions on offering Apprenticeships was sufficient (71%). This was a less commonly held view among small businesses (63% of those with fewer than ten employees).
- Employers experienced benefits including improved product or service quality, staff morale, staff retention and image in the sector. Improved productivity was the most frequently cited benefit (76%).

### **3.2 Integrated Apprenticeship programmes in Health and Social Care**

People are increasingly living longer, with the number of individuals in the UK aged 65 and above projected to rise over 40% in the next 17 years (Age UK, 2017). Older age groups are more likely to suffer from specific long term chronic and degenerative illnesses such as dementia (Alzheimer’s Society, 2017) and osteoarthritis (Age UK, 2017a) – conditions that can require both acute and long term care (Nuffield Trust, 2011). This rising demand for health and social care services is putting pressure on the capacity of local health and social care systems, making the case for an increased emphasis on the integration of health and social care (National Audit Office, 2017).

However there are many barriers to integrated care as England’s health and social care systems work differently and are made up of such a wide range of organisations, professionals and services. The systems are also funded differently, with the NHS free at the point of use as opposed to Local Authorities only funding care packages for adults assessed as having high needs and limited means (National Audit Office, 2017).

Despite these barriers there is evidence suggesting that integrated services can lead to a range of positive outcomes such as a reduction in hospital admissions and ambulance call-outs, as well as improved quality of life for certain patient groups (Skills for Health and Skills for Care (2013)).

Training and recruitment also play a part in integrated health and social care, with integrated Apprenticeship programmes having been created across the UK. A selection of these programmes has been detailed in this report through case studies, interviews and a survey. The programmes included in this report have been developed for potential employees in health and social care to be able to provide person centred care (which is one of the principles of integration), and to gain knowledge and transferrable skills whilst experiencing the different systems and cultures across both sectors. These Apprenticeship programmes are on the whole split across the health and social care sectors, with apprentices working part of the time in a care setting and the other part in a health setting. They are underpinned by HEE's Talent for Care framework (Get in, Get on, Go further) and Widening Participation framework, which aim to improve education, training and development opportunities for those already in or looking to work in a NHS support role (Department of Health, 2017).

Previous evaluations of integrated Apprenticeship programmes have found that apprentices did go on to gain employment in health and social care (Directors of ADASS South East Region, 2016) and that generally employers involved valued the experience (Department of Health, 2017). Other studies have also provided anecdotal evidence suggesting that the rotation of apprentices between health and social care enabled transfer of good practices between the two settings (Heathershaw R, Williams E, 2016) (Department of Health, 2017); however the extensive number of organisations involved in the programmes made communication difficult (Department of Health, 2017). It has also been found that integrated Apprenticeship programmes required more resources to set up and manage than initially expected (Heathershaw R, Williams E, 2016) (Department of Health, 2017).

### **3.3 The Health and Social Care framework**

To date, all of the integrated Apprenticeship programmes in this report have employed the Apprenticeship in Health and Social Care framework which was developed jointly by Skills for Care and Skills for Health (NHS Employers, 2017). However, this framework was not specifically developed for integrated Apprenticeships.

The Apprenticeship framework in Health and Social Care is available at Level 2 and 3 and contributes to developing a health and social care sector with a skilled, flexible and effective workforce, whilst maintaining high quality and safe care for NHS patients and people who use adult social care services. Through completion of this Apprenticeship, learners will gain broad-based training in the chosen occupational area, work experience that leads to competency in the work place and relevant

transferable skills. For those wishing to work in the social care sector, suitable roles upon completion of the Apprenticeship would be care workers, outreach workers and personal assistants. For those wanting to work in a healthcare setting, appropriate roles would be healthcare assistants and clinical support workers (Skills for Care & Development, 2016).

However, by the end of 2017 this Apprenticeship framework will be withdrawn to new starters (Education & Skills Funding Agency, 2016) and replaced by Apprenticeship standards for Adult Care Workers, Lead Adult Care Workers, Healthcare Support Workers and Senior Healthcare Support Workers. The Apprenticeship standards are developed by employer groups called Trailblazers (Institute for Apprenticeship, 2017). It is thought that by putting employers in control and giving them a high degree of freedom to develop the standards and assessment approaches, the standards will best meet the needs of relevant occupations and sectors (FISSS, 2014). Employers will be able to choose the standards which are the best fit for their employees and their service needs. However, as is currently the case, an apprentice can only be on one pathway (of the existing framework) or one of the four new standards mentioned above and can only complete their Apprenticeship if they are able to prove they have achieved all the required competencies for that standard.

### **3.4 Framework enrolment**

It is not possible to provide statistics on the number of integrated Apprenticeship programmes as there is currently no national data set capturing this activity. However, by looking at data available in Skills for Care's report "*Apprenticeships in Social Care 2015/16*", it is possible to at least see how many started on the Apprenticeship in Health and Social Care framework. In 2015/16 85,800 people started an apprenticeship on the Health and Social Care framework. Out of these starts, 77,800 (91%) were on the social care pathway and 8,000 (9%) were on the health pathway. In addition, 10,000 started in the Care Leadership and Management framework. This is a slight decrease on previous periods, however it is a relatively large increase compared to 2013/14 when there were 62,100 starts. Slightly more starts were for the intermediate level (54%) compared to the advanced level (46%).

**Table 1: Health and Social Care framework starts**

	2013/14	2014/15	2015/16
<b>Base</b>	<b>62,200</b>	<b>78,100</b>	<b>77,800</b>
<b>Number</b>			
Intermediate	40,500	43,300	42,200
Advanced	21,700	34,800	35,600
Higher	-	-	-
<b>%</b>			
Intermediate	65%	55%	54%
Advanced	35%	45%	46%
Higher	-	-	-

Source: Apprenticeships in Social Care 2015-16 (Skills for Care, 2017)

The largest percentage of framework starts on the Health and Social Care Framework took place in the North West (15%), with the smallest percentage of starts being based in the North East (8%).

**Table 2: Health and Social Care framework starts by region (2015/16)**

	Number	%
<b>Total</b>	<b>77,900*</b>	<b>-</b>
Eastern	7,900	10%
East Midlands	7,500	10%
London	7,100	9%
North East	6,400	8%
North West	11,700	15%
South East	10,200	13%
South West	9,100	12%
West Midlands	9,400	12%
Yorkshire and Humber	8,400	11%
Not allocated	200	-

\*rounded numbers

Source: Apprenticeships in Social Care 2015-16 (Skills for Care, 2017)

Out of the framework starts, the majority of apprentices were aged 25 and above (72%) with only 4% being under the age of 19. However, in previous years the ratio of those aged 25 and above was slightly lower.

**Table 3: Health and Social Care framework starts by age**

	2013/14	2014/15	2015/16
<b>Base</b>	<b>62,200</b>	<b>78,200</b>	<b>77,800</b>
<b>Number</b>			
Under 19	3,700	3,500	3,400
19-24	18,700	19,900	18,600
25-44	26,900	37,500	38,100
45 and above	12,900	17,300	17,700
<b>Percentage</b>			
Under 19	6%	4%	4%
19-24	30%	25%	24%
25-44	43%	48%	49%
45 and above	21%	22%	23%

Source: Apprenticeships in Social Care 2015-16 (Skills for Care, 2017)

The vast majority of those starting an Apprenticeship in Health and Social Care were female (85%) – a ratio which has remained largely static over the last three years.

**Table 4: Health and Social Care framework starts by gender**

	2013/14	2014/15	2015/16
<b>Base</b>	<b>62,100</b>	<b>78,200</b>	<b>77,800</b>
<b>Number</b>			
Female	52,500	65,000	65,900
Male	9,600	12,200	11,900
<b>%</b>			
Female	85%	84%	85%
Male	15%	16%	15%

Source: Apprenticeships in Social Care 2015-16 (Skills for Care, 2017)

Out of those undertaking an Apprenticeship in Health and Social Care, 60% achieved their learning aim, 1% did not achieve their learning aim, 35% withdrew and 4% transferred to a new programme or provider. This achievement rate is fairly high compared to the achievement rate for Care Leadership and Management framework (50%) and is the same as social care overall (60%)

## 4. Key findings from the scoping study

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### 4.1 Overview of data sources

The key findings in this chapter comprise an analysis of data from the following sources:

- Desk review
- Interviews with Skills for Care stakeholders
- Online survey of Skills for Care locality managers and key informants
- Case studies with five integrated Apprenticeship pioneers
- Secondary analysis of data collected to evaluate the Skills for Care Apprenticeship Ambition Programme

### 4.2 Definitions of integrated Apprenticeships

The concept of an integrated apprentice is relatively new and developing, therefore both survey respondents and key stakeholders were asked to describe their understanding of the concept of integrated Apprenticeships. The findings reported below demonstrate there is no clear and agreed definition of an integrated Apprenticeship.

#### **Gaining experience, knowledge and skills in both the health and social care sectors**

The survey respondents gave a range of responses when asked to define integrated Apprenticeships. A common definition reported by 21 survey respondents was, *“Apprenticeships which give apprentices the opportunity or require them to gain experience, knowledge and skills in both the health and [social] care sectors.”*

This view was echoed in the interviews and one interviewee highlighted the cross sector opportunities an integrated Apprenticeship could present for learners, *“[An integrated Apprenticeship is] gaining experience of working in different environments so they could achieve a qualification to be employed in these different environments and roles.”*

#### **Rotational placements**

A number of survey respondents reported that an integrated Apprenticeship was not truly integrated, as in reality an apprentice was employed by one sector and undertook rotational placements in both health and social care settings (8 respondents). One respondent defined an integrated Apprenticeship as, *“An apprentice who works in two or more settings during their Apprenticeship. Spending six months within a social care setting and six months within a health care setting.”*

An interviewee also shared this view, *“Apprentices would be employed by one setting, but would have placements in the other.”*

### **Integrated roles**

Developing Apprenticeships for integrated roles was a definition shared by seven survey respondents, *“An Integrated Apprenticeship would be an Apprenticeship where two or more services work together to form an integrated role which is undertaken by an apprentice.”*

However, a couple of survey respondents and interviewees reported that *“a truly integrated Apprenticeship would be where the apprentice works across both health and [social] care in an integrated role”* as although the role may be integrated in approach, the employee will be employed by either the health or social care sector and not both.

### **Joint frameworks and pathways**

Two survey respondents defined an integrated Apprenticeship as, *“a framework that allows the apprentice to work across both acute and primary care.”* This reflects an Apprenticeship which integrates two health sector roles.

One such definition included, *“Apprentices working in integrated services and completing units from both the social care and health frameworks / standards.”*

However, a key stakeholder interview with an Apprenticeship Project Manager responsible for developing the Apprenticeship frameworks and standards pointed out, *“There is currently no joint pathway and learners are based in either a health or social care setting and would just do a placement in the other setting.”*

One survey respondent and interviewee highlighted that integrated Apprenticeships was *“an approach to the delivery of an Apprenticeship framework or standard, not a framework or standard in itself.”* (survey respondent)

### **Integration with other sectors**

Most respondents specifically mentioned the inclusion of health and social care in integrated Apprenticeships, but a couple discussed involving other sectors, such as housing, *“Apprenticeships that cross sector boundaries, particularly between health and social care, but potentially with other sectors such as housing.”* (survey respondent)

## Levels of integrated Apprenticeships

One survey respondent provided a tiered definition of integrated Apprenticeships:

- I. Bringing health and social care apprentices together for joint learning
- II. Offering rotational placements
- III. Truly integrated schemes with integrated roles and dual employers.

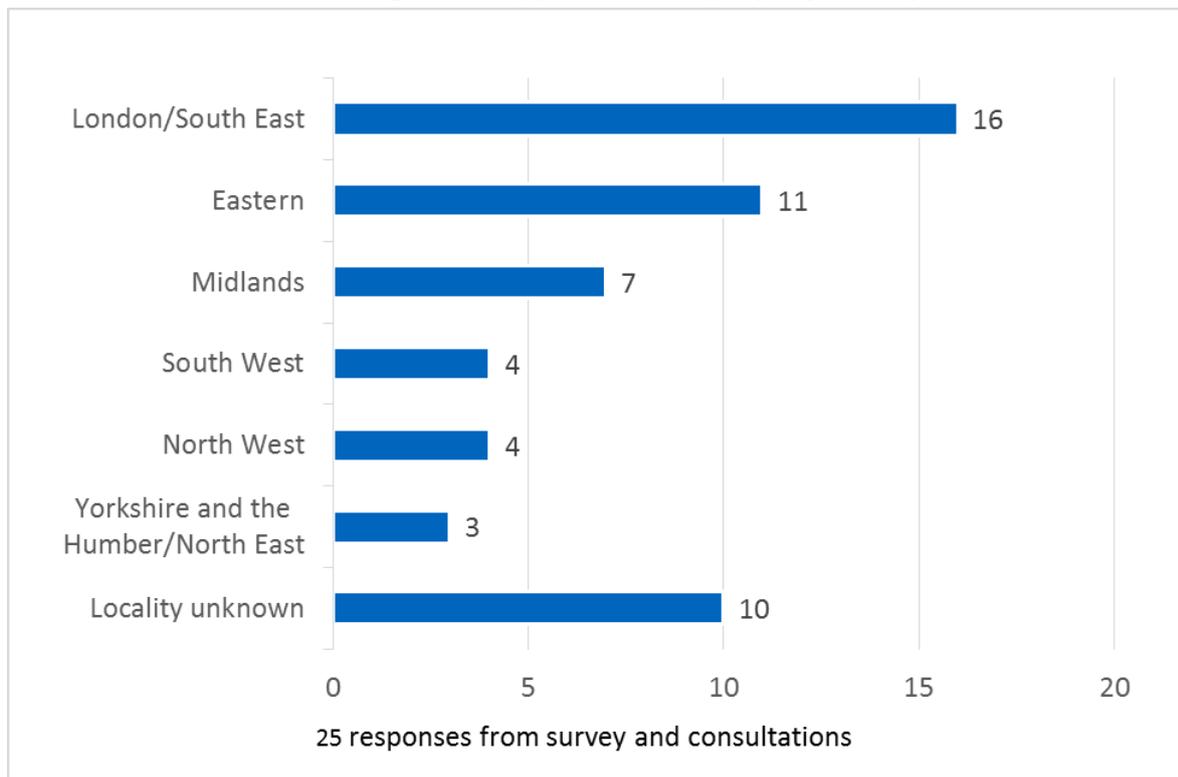
Following an analysis of the available data, this would lead to the conclusion that the levels suggested above should be split into four, as some employers offer integrated roles, but dual employers is not yet a reality. The levels of integrated Apprenticeships from joint learning through to fully integrated Apprenticeship would therefore be:

- I. Bringing health and social care apprentices together for joint learning
- II. Offering rotational placements
- III. Providing fully integrated roles
- IV. Truly integrated schemes with dual employers.

### 4.3 Number of integrated Apprenticeships projects by area

As there is currently no national data set capturing integrated activity in England, survey participants and interviewees were asked if they were aware of integrated Apprenticeship projects in their areas. Chart 1 presents an estimate of the number of integrated Apprenticeship projects which have recently completed or are currently underway.

**Chart 1: Overview of Integrated Apprenticeships projects by area**



Source: Online survey for Skills for Care locality managers and key Skills for Health identified informants, and consultations with key informants, Q4 2016/17.

The survey respondents reported 55 projects recently completed or currently underway which attempted to scope, develop, pilot or run an integrated Apprenticeship approach to workforce development. There was a high concentration of integrated Apprenticeship activity in the London/ South East and Eastern regions. Case study sites were selected from these areas due to the survey highlighting them as integrated Apprenticeship pioneers and Health Education England (West Midlands) identifying the Eastern region as an area of best practice.

#### **4.4 How integrated apprentices are being recruited**

Survey participants reported the following methods of recruiting integrated apprentices:

- Apprenticeships vacancies website (4 mentions)
- Pre-employment training programmes (4 mentions)
- Local advertising (4 mentions)
- Links with schools and Further Education institutions (1 mention)
- Local Authority (1 mention)
- NHS jobs (1 mention)
- Jobs and careers fairs (1 mention)
- Volunteers (1 mention)

The Apprenticeships vacancies website, pre-employment training programmes and local advertising were all popular methods of recruiting. There were only 10 responses to this question, therefore this might not be representative of the methods used to recruit integrated apprentices. It is recommended that further research is conducted to identify the most effective methods to recruit for integrated Apprenticeships.

#### **4.5 Managing apprentices**

Similarly when asked who was responsible for managing apprentices, there were only seven responses, so further research is required in this area. The management responsibilities identified in the survey included:

- Third party management, for example Apprenticeship Training Agencies (5 mentions)
- The main employer (2 mentions)
- Management depending on the rotational placements i.e. the apprentice would be managed by health for the duration of their placement and by social care for the duration of the placement

Two of the case study sites, Suffolk Integrated Apprenticeships and the Coastal West Sussex Programme, used Apprenticeship Training Agencies to employ their apprentices. However, both sites reported that apprentices did not benefit from this approach, as they were often unaware of their main point of contact and the additional external party added another layer of complexity to partnership working across the project.

#### **4.6 Job roles**

When survey participants were asked what integrated roles were being recruited only four survey respondents provided feedback. All respondents reported that the roles were for social care workers and health care support worker. Although all respondents reported the same, further research would be necessary to determine if this was the case across all integrated Apprenticeships and whether there were any other integrated roles.

This was echoed in the case studies, where roles for four case study sites were either social care workers or health care support workers and both exchanged roles during their rotational placement. One case study site offered a Level Three Apprenticeship for senior care support workers and senior health care assistants.

Danny Morris also raised an issue about the mobility of apprentices once qualified. He stated *‘there is the perennial concern that once integrated/rotational Apprenticeships are established the larger Trusts, with much better pay structures, will draw away from the third sector nursing homes and even primary care, making sustained quality of provision harder in those important settings.’*

However, the case studies showed that many of the apprentices employed in the health care sector, and expressing a preference for a health care career, changed their views after their experience in social care placements. The Suffolk Integrated Apprenticeship Programme and the Norwich and Norfolk NHS University Hospitals Trust, both supported by NHS employers, found that the majority of apprentices had a change of heart on completion of their Apprenticeship – they had originally wanted to work in a health setting role, but after their placement in social care settings they chose to have a social care career. The same was found in Coastal West Sussex and Lincolnshire Integrated Apprenticeships Programmes. Where apprentices had been employed by the same employer prior to the start of their apprenticeship, they tended to go back to their previous role after completion but with greater responsibilities.

## 4.7 Key successes

When survey participants were asked to report on key successes, there were only a few responses, as although many respondents were aware of activity taking place in their area, they were not necessarily involved in the work. There were nine responses in total, so the following findings should be considered with this in mind. Findings from the five case study sites are also included throughout this section.

### Encouraging an integrated culture and sharing learning

The most common successes, highlighted by four survey respondents, was enabling both sectors to work together towards an integrated approach, *“Health and social care coming together and better understanding shared aims and outcomes.”*

This was also identified as a key success in the case studies. A mini case study from the Coastal West Sussex Programme is available below to demonstrate the transfer of knowledge and skills between sectors. The full case study is available in Appendix B.

#### **Mini case study 1: The Coastal West Sussex Integrated Apprenticeship Programme**

The Coastal West Sussex programme was developed with the aim of supporting growing workforce needs across health and social care, as well as to encourage integration between the two sectors. To meet these aims, the programme focused on supporting apprentices to develop transferrable skills, providing apprentices with a holistic understanding of the patient journey across both sectors, enabling apprentices to make informed career decisions and improving apprentices’ employability in both sectors.

The Apprenticeship wasn’t just rotational in nature, integration played a key role in fostering the transfer of skills and knowledge between both sectors. One apprentice introduced the ‘red tray scheme’ from hospital into social care settings which meant that dementia patients are served food on a red tray, as it has been found that the colour red encourages those with dementia to eat more. Additionally, a diabetes testing technique which is less painful and intrusive has been introduced to social care settings from the health sector.

### Providing valuable experience of different sectors

Giving apprentices experience of different sectors before commencing employment was determined a key success by three survey respondents. One commented, *“Apprentices who have completed [their Apprenticeship] have found it very valuable to work in both health and social care.”*

A couple of the case study sites echoed this finding. The Suffolk Integrated Apprenticeship Programme found that the integrated experience was vital in enabling apprentices to make a decision about which sector they wanted to work in. Sometimes apprentices decided they wanted to work in a different sector to the one they had originally intended to work in following placements in both sector settings. A mini case study from the Suffolk Integrated Apprenticeship Programme is outlined below to demonstrate this. The full case study is available in Appendix C.

**Mini case study 2: The Suffolk Integrated Apprenticeship Programme**

As Suffolk has a shortage of people to fill entry level social care positions in the area, the integrated Apprenticeship was developed with the aim of providing entry-level work experience in a variety of health and social care settings such as care homes, community settings and in hospital. In 2015 work started to develop the integrated Apprenticeship programme. This was led by a range of organisations including the CCG, NHS Trusts and community and social care employers.

Initially, a number of apprentices were reluctant to work in social care, but by the end of their placement they had high regard for the sector and were interested in finding employment in social care. The apprentices performed well and feedback received from the placements was very positive, with host employers having expressed an interest in employing some of the apprentices.

The Coastal West Sussex Integrated Apprenticeship Programme found the rotations themselves helped apprentices understand which setting is most suitable for them. Post placement, apprentices were more enthusiastic about working in social care than they were when they started the programme. This was echoed by the Lincolnshire Integrated Apprenticeship Programme and a mini case study is provided overleaf. The full case study is available in Appendix D.

### **Mini case study 3: The Lincolnshire Integrated Apprenticeship Programme**

United Lincolnshire Hospitals NHS Trust's Talent Academy, which is an initiative to help Lincolnshire's hospitals grow their own talent, set out to develop an integrated Apprenticeship programme to cover three NHS Trusts and social care in Lincolnshire. The programme was funded by the Talent Academy and was developed to take account of Sustainability Transformation Plans and offer an entry route into the sector.

Apprentices have found the programme a valuable experience which allows them to explore several sectors and employers, at the same time as giving them a broad understanding of the sectors and related tasks. This is thought to lead to improved career planning with apprentices being able to make informed choices in regards to their future employment.

Even though the apprentices have only just commenced their second rotation, apprentices have already been able to highlight variations between health and care settings. The Talent Academy has, as a result, chosen to look at offering further training sessions during group training days that outline how the types of setting will dictate different practice.

Similarly, the Leeds Integrated Health and Social Care Programme, which recruited both external and internal apprentices, found existing employees returned to their original roles at the end of the programme but with more of a holistic understanding of the patient journey which enabled them to provide better care to patients and people who use care and support services.

### **Improved partnership working**

Case study sites reported strengthened partnerships as a result of the integrated projects. Leeds reported that partners emphasised the positive experience they had in working with each other and one placement really valued the cross sectional learning gained from the collaboration.

Although the longer term impact of integrated Apprenticeships on partnerships can't be determined at this stage, there is evidence to suggest from the Apprenticeship Ambition evaluation that partnerships strengthened as a result of working together to deliver Apprenticeships and effective partnership working was hailed as a solution to

many challenges including recruitment and retention, Apprenticeship engagement and overturning negative perceptions of the social care sector.

Future impact assessment could focus on the impact of integrated Apprenticeships, how partners work together and the impact of these relationships, how multi-disciplinary teams facilitate and benefit from integrated working and what impact apprentices have on existing staff.

### **Sustainability**

Although some of the case study sites are at the start or part way through their integrated Apprenticeship journey, the Leeds and West Sussex integrated programmes evidenced sustainability. Leeds found that programme partners have made strong working links together and are discussing how to collaborate in the future. The partners are keen to continue the programme and can see this model working for the Nursing Associate role. However the Apprenticeship levy, funding, workforce needs and senior management support would have to be factored in.

In West Sussex, the programme has led to improved practice in both organisations in terms of managing Apprenticeship programmes and the partners subsequently share best practice and communicate regularly. The partners are keen to run the programme in the future, however they are awaiting clarification around the Apprenticeship levy before any decisions can be made.

### **Other key successes**

One survey respondent said that a diverse range of knowledge and skills would be obtained and another reported that an apprentice on an integrated project was awarded an Apprenticeship prize by Health Education England (Kent, Surrey and Sussex).

## **4.8 Challenges**

All survey participants and interviewees were asked what challenges existed when supporting integrated Apprenticeships. There were 17 survey responses and three responses from interviewees. Challenges and solutions identified in the case studies are also presented in this section.

### **Complexities of partnership working**

The key challenge identified was the complexities of two or more organisations working together to provide the integrated Apprenticeship; this was highlighted by six survey respondents and three interviewees. A quote which summarises this is:

*“There are a number of organisations involved from the organisations that provide*

*placements to those that undertake the Apprenticeship training. Communication is key.” (survey respondent)*

One respondent felt there were challenges with partnerships and identified the need to build and nurture relationships between sectors, *“Partnership working is an issue, as is building relationships and trust.”*

Another survey respondent focused on logistical and bureaucratic issues relating to integration, *“Which organisation was going to employ and the employer liability insurance working across different organisations.”*

A few of the case study sites acknowledged that partnership working presented challenges. A mini case study from the Leeds Integrated Health and Social Care Programme is outlined below which details how they overcame these challenges. The full case study is available in Appendix E.

#### **Mini case study 4: The Leeds Integrated Apprenticeship Programme**

Led by Leeds Teaching Hospitals NHS Trust, a partnership involving Leeds City Council, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust and Sue Ryder Care, set out to create an integrated Apprenticeship programme. The programme was developed to enable apprentices to enhance care skills, understand the range of roles and responsibilities of support workers throughout the patient journey and to gain an insight into operational challenges that might influence seamless integrated care.

As there were several partners involved in the programme it was recognised that policies would differ between them. The partners agreed that the organisation employing the apprentices (i.e. the employer) would deliver the main induction to their organisation and when the students were on placements they would receive a second induction to cover different policies/protocols. However a few apprentices were still somewhat unclear about the differing policies, especially in regards to travel expenses.

To overcome this, Leeds promoted continued communication between partners in order to improve working relationships, monitor the progress of the programme and the apprentices. To further support the programme, an operational steering group and learner and employer forum were established.

Similarly, the Suffolk case study site created a steering group and advocated regular contact between managers in both settings to ensure the best decisions were made for the apprentices' development.

The West Sussex case study site also reported that policies differed across two sectors so these had to be reviewed and aligned. For instance, in social care, vaccination of workers is voluntary, but recommended but this is mandatory in the health sector. This was not initially planned for and so measurements had to be put in place after the programme started. Shifts also work differently in the two sectors. In social care apprentices work 8-9 hours, 5 days a week, however in the health sector shifts span across 4 days and are 12 hours long. In addition, 18 is the minimum age to work in the NHS and one apprentice was only 17 so she had to commence her Apprenticeship in social care, and then move over to health when she turned 18.

#### **Sourcing and arranging rotational placements**

Finding work experience placements was highlighted as a challenge by some survey respondents (4 respondents). One respondent focused on the difficulties of finding

integrated employment opportunities after completion of an Apprenticeship, *“finding truly integrated services that can offer employment opportunities”* as a challenge.

Danny Morris, CEPN Project Manager at Taurus Healthcare in Herefordshire, pointed out that there are challenges in implementing integrated Apprenticeships across the various healthcare settings: he said *‘Providing placements across hospital and mental health Trusts and primary care is far from straightforward’*. However, he pointed out that they are working through how they can have primary care established as a placement using an ‘integrated light’ approach, whereby apprentices will be employed by a health Trust or social care, but having the opportunity to have short placements across various settings.

### **Time and resource needed to support apprentices**

The additional resources required to support integrated Apprenticeships was indicated as a challenge by three survey respondents. Employers of apprentices taking up placements expressed concerns about apprentices having to undergo two inductions in order to work in two different organisations. *“Working for two completely different sector placements with no obvious link means that they effectively have to get settled and form working relationships etc. twice over the course of their 12 month Apprenticeship.”*

Another factor was the additional time and resource required to organise meetings between services to monitor progress, *“Time and resources to organise and facilitate meetings etc.”*

The Leeds and West Sussex case study sites found that jointly managing apprentices was difficult and suggested that this could be resolved by employing a dedicated coordinator to manage the apprentices. Leeds employed placement mentors to support apprentices. Two mini case studies are presented below to throw more light on this and the full case studies are available in Appendix B and E.

### **Mini case study 5: The Coastal West Sussex Integrated Apprenticeship Programme**

Collaboration between the two sectors worked well, however partners felt there was a need for a full-time dedicated coordinator for the apprentices as the two programme managers had their “day jobs” to do as well as looking after the apprentices. Having so many stakeholders involved made things a little difficult when dealing with performance issues. One apprentice performed very poorly and the NSA was reluctant to manage this. In the end, social care had to withdraw the placement and so did the NHS Trust. Because there was no dedicated coordinator in place, there was a lack of early intervention such as coaching or mentoring which should have been put in place straight away when performance started slipping.

### **Mini case study 6: The Leeds Integrated Apprenticeship Programme**

Once the apprentices had commenced the programme they were managed by a line manager within their main employer organisation. They were also matched with a mentor at each placement site to help settle them in.

It was felt that having a dedicated coordinator in place would have aided this process and would have provided full-time support to apprentices and the overall programme.

### **Recruitment of apprentices**

A couple of the case study sites highlighted recruitment as an issue, which is a known key challenge facing employers generally and for Apprenticeship recruitment specifically. A mini case study for the Blackburn with Darwen Council Integrated Apprenticeship Programme is outlined below, which discusses how they overcame challenges by promoting the value of integrated Apprenticeships through case studies and taster session days. The full case study is available in Appendix E.

### **Mini case study 7: The Blackburn with Darwen Council Integrated Apprenticeship Programme**

In 2016, as part of the work programme of the One Workforce Steering Group, Blackburn with Darwen Borough Council developed, funded and piloted an integrated Apprenticeship programme in health and social care. The Local Authority worked in partnership with Lancashire Care NHS Foundation Trust and Blackburn College to develop and deliver the programme.

The main challenge for this project was around recruitment. They advertised the opportunities twice and did not recruit any suitable candidates. In order to overcome this they worked closely with the health and social care leads and produced 'Day in the Life' stories to accompany the adverts to make the tasks and responsibilities of the jobs very clear to the young people. They also invited interested young people to come into the teams and find out first-hand about a career in the sector. They worked closely with local training providers, colleges and job centres, and gave them detailed information about the criteria for the jobs and what they were looking for. Finally they showcased jobs on their new jobs Facebook page.

The Leeds and Suffolk case study sites both emphasised the positive experience the cross-sectoral learning gained from the collaboration, especially in regards to the values based recruitment technique. Using a value-based recruitment approach ensured that the apprentices recruited held the right values to work in the health and social care sectors.

#### **Other challenges**

The following challenges were mentioned by two survey or interview participants with the exception of the last two bullets which had one mention each:

- Terms and conditions/pay
- Deciding which framework/standard to follow or concerns about the new standards
- Losing social care apprentices to health<sup>2</sup>
- Sourcing learning providers and assessors with up to date knowledge and competence across integrated roles
- Apprentices on rotational placements not being perceived 'as employer's own employee'
- Language not setting expectations –integrated Apprenticeships aren't truly integrated

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<sup>2</sup> This point was also mentioned by Danny Morris, Taurus Healthcare

- Lack of leadership and direction

The case study sites also identified the following challenges:

- Lack of knowledge about the sector prior to applying for work meant some recruits' expectations were not met
- Uncertainty and lack of understanding about the Apprenticeship levy
- Achieving the Care Certificate is taking longer than expected for some apprentices as they were unable to evidence the breadth of their experience
- Agreeing the programme content and gaining buy in from all parties<sup>3</sup>

## 4.9 Solutions

A summary of the solutions identified in the case studies and presented in challenges section above included:

- Early planning to address differences in policies and procedures across both sectors
- Continued communication to improve partnership working and management of apprentices
- Employ a dedicated apprentice coordinator to manage apprentices
- Use values based recruitment to improve recruitment and retention of the right people with the right values

In addition to the solutions listed above, survey participants also provided solutions to common challenges faced in implementing integrated Apprenticeships. Again, as not all respondents work with integrated Apprenticeships and those who do may not be aware of solutions to challenges, this question had a low response of seven participants. As before, the findings should be interpreted with the low response rate in mind and further research should be conducted into this area.

### **Make better use of funding opportunities**

Three respondents felt that making more funding available, pooling budgets or promoting the use of levy funding would encourage greater engagement with integrated Apprenticeships. One survey respondent noted that this wasn't without its own set of challenges, *"Attempts to pool budgets, but not always successful as each has differing amounts of money and priorities."*

The Suffolk case study site reported that funding was secured from Health Education England to cover the management fee to design, facilitate and evaluate the

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<sup>3</sup> The data from the final two bullets was gathered from the Leeds City Council self-evaluation form submitted for the Skills for Care Ambition evaluation programme 2016/17.

programme. This alleviated some of the financial costs of recruiting and managing an apprentice.

### **Prioritise integrated Apprenticeships**

Making integrated Apprenticeships a priority for Sustainability and Transformation plans (STP) [or the Better Care Fund] or ensuring integrated working is a condition of funding was suggested as a potential solution by two respondents, *“It should be a national and local condition of funding for all organisations that integration is addressed.”*

### **Promote the value of integrated Apprenticeships**

It was felt by two respondents that promoting the value of integrated Apprenticeships would help overcome challenges, *“There has to be a recognition of value of a scheme to enable systems to be changed around employment.”*

As discussed in Blackburn’s mini case study 6 (above), using case studies, taster sessions and devising promotional strategies can be used to promote the value of integrated Apprenticeships to the sector and potential recruits.

### **Other solutions**

The following solutions were mentioned by one survey respondent each:

- Ask both employers to co-fund and co-manage the apprentices
- Encourage greater partnership working between sectors
- Employ apprentices using a third party
- There is a need for much more engaged, responsive and supportive Apprenticeship Training Agencies (ATAs)

## **4.10 Other studies on Integrated Apprenticeships**

During the Skills for Care Apprenticeship Ambition Programme evaluation there were many innovation projects run with employers which aimed to increase Apprenticeship engagement. Several of these projects focused on integration and a snapshot of the learning from these projects is presented below.

### **Staffordshire County Council**

To safeguard the future health and social care workforce, Staffordshire County Council undertook a project in 2015/16 to scope the market to determine the appetite for an integrated health and social care Apprenticeship pathway. They developed the pathway in partnership with health partners to ensure it was fit for purpose.

The Local Authority highlighted the key benefits from the project as:

- New links with health partners

- Development of a clear suggested pathway for a fully Integrated Apprenticeship (as a joint pathway does not exist, this is only a draft pathway)
- Inspired by the new challenge, most partners did agree it would be a good pathway
- A new strategy for recruitment into the sector in Staffordshire.
- Supports sustainable recruitment

Challenges faced included:

- Partnership working – getting everyone around the table
- Every partner who engaged shared similar concerns around who would be the actual employer of these apprentices and who they would report to
- Partnership trusts would only offer placements if it was financially viable for their business plan
- The travel logistics for the candidates, as Staffordshire is very rural, means the learning provider would have to be very flexible in their learning approach

Towards the end of the project the Local Authority organised various strategic planning meetings with partners to determine if there was a need for integrated Apprenticeships and how challenges could be overcome to make it work in practice.

### **North West Local Authority**

A Local Authority in the North West ran a project themed on rotational secondments placing six Apprentices in a hospital setting and six in a social care setting, who were then rotated at the end of their first placement. The aim was to support secondments of hospital based staff working in community based services and pioneer integrated ways of working.

The Local Authority highlighted the key benefits from the project as:

- Promoting best practice across the sector by working with the NHS, voluntary sector and a learning provider.
- Creating skilled and confident staff willing to meet the personalised needs, wishes and choices of individuals who need care and support.
- Improving quality of care.

The partnering provider had a very positive person centred approach to dementia instead of viewing it as a health issue following the project, which was a significant change. *“The project has improved quality of care strategically, operationally and individually. I was quite pleased with some of the service user and family feedback on the way the staff have been developed and how they’ve changed their practice.”*

Challenges faced included:

- Delays as the original employer dropped out of the programme.
- Perceived cultural differences, with health colleagues inclined to undervalue social care.

They worked hard to establish a relationship with a new provider after the initial setback and this new relationship continues to go from strength to strength. They overcame the negative perceptions of the sector by upskilling staff and demonstrating the value of social care staff and the difference they make to peoples' lives.

### **Home-carers Liverpool**

This employer ran a project to enable Apprentices to become Health Ambassadors promoting health and wellbeing, not only to service users but also for the social care workforce. They aimed to reduce hospital admissions by creating this integrated role.

Key benefits included:

- Improved partnership working.
- Reduced absenteeism amongst apprentices compared to social care workers who were not apprentices.
- Improved healthy eating habits, weight loss and further changes to lifestyles, e.g. stopping smoking for staff and service users.
- Healthy eating, coupled with breathing exercises and yoga have helped to reduce stress for apprentices.

Challenges faced were not all specific to integrated Apprenticeship, as some were apparent for Apprenticeships more generally. Challenges included:

- Keeping Health Ambassadors motivated to complete the additional work involved in promoting a healthy lifestyle.
- Releasing staff for the training and Health Ambassador activity.
- Ensuring cover for staff if they needed to attend training.
- Achieving buy-in from all partners.

Challenges were overcome by ensuring continued communication with managers, staff and partners to provide regular updates about the programme and gain and maintain buy-in from both management and staff.

## 5. Conclusions and recommendations

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### 5.1 Conclusions

The scoping study has brought together a wide range of qualitative data to throw light on the level of activity in integrated Apprenticeship and the stage this concept has reached. It also threw light on the challenges faced and the solutions to these, and the early indications of best practice and sustainability in employing integrated Apprentices.

According to the feedback from key experts, locality managers and case study organisations, integrated Apprenticeships are, in reality, rotational Apprenticeships and there is a low level of activity in integrated Apprenticeship projects across England. There was a concentration of activity in London and the South East and in Eastern areas, but low levels of activity in the other regions across England. This low level of activity is not surprising, given the progress of the integration health and social care services strategy and the lack of integrated care roles.

The study found that most of the apprentices were employed in traditional roles within sectors, which were either social care workers or health care support workers. One case study site offered integrated roles for senior care support workers and senior health care assistants. Where incumbent employees were enrolled on an apprenticeship, they tended to go back to their previous roles after completion but had benefited from gaining a greater understanding of the pathways people take when they are in need of care and support and were able to assume greater responsibilities within their roles.

Integrated Apprenticeships also provided opportunities to help apprentices decide which career option they wish to pursue. Integrated Apprenticeships were also beneficial in improving the transfer or sharing of knowledge between sectors in the pursuit of improved quality of care. Employers found them useful for improving partnership working. There were some early indications of the sustainability of integrated Apprenticeship programmes.

The findings from the study suggests there is a long way to go to establish best practice in managing Apprenticeships. Third party management, such as Apprenticeship Training Agencies, and management by employers in health or social care organisations were the most common ways of managing apprentices. However, there were concerns raised about the complexities and working arrangements of managing apprentices, and some suggestion that an Apprenticeship coordinator role

would address these challenges. Other challenges included complexities of partnership working; sourcing and arranging rotational placements; time and resources needed to support apprentices and varying terms and conditions/pay.

Recruitment of apprentices remains a challenge for most employers across sectors. The Apprenticeships vacancies website, pre-employment training programmes and local advertising were all popular methods of recruiting. Some of the challenges were overcome by using a value based approach to recruitment.

Further research and evaluation of current and new integrated Apprenticeships would be required to fully understand the landscape. More time would need to elapse before we could assess best practice and the impact of integrated Apprentices, particularly given the early stage of the strategy for the integration of health and social care services. However, as Danny Morris, at Taurus Healthcare cautioned, urgent action is required to ensure the impending workforce crisis has some high level strategic steer to overcome the challenges the sectors face.

## **5.2 Recommendations**

### **4.2.1 Further scoping activity to gain a fuller picture of the integrated Apprenticeships landscape**

As the concept of an 'integrated Apprenticeship' is relatively new, it is recommended that further scoping activity is conducted to identify how integrated apprentices are recruited and managed and which job roles are available for apprentices, as there was limited evidence available in this study.

### **4.2.2 Evaluate integrated Apprenticeship pilots to measure longer term impacts**

As the integrated Apprenticeship pilots are all in relative infancy compared with traditional Apprenticeships, it is not possible to measure the longer term impact at this stage. It is recommended that further evaluation activity continues to measure the success of new pilot projects and monitor the progression and sustainability of existing projects. Impact assessment should focus on the impact of integrated Apprenticeships, how partners work together and the impact of these relationships, how multi-disciplinary teams facilitate and benefit from integrated working and what impact Apprenticeships have on existing staff. It would also be interesting to focus evaluation on progression and mobility of apprentices within and across sectors.

### **4.2.3 Ensure integrated Apprenticeships are a key priority for STPs and the Better Care Fund**

STPs and the Better Care Fund could invest in developing integrated services which will lead to integrated roles. This will then enable health and social care employers to offer integrated Apprenticeships. Skills for Care and Skills for Health can continue to use the influence, networks and funding when available, to support integrated Apprenticeship projects.

#### **4.2.4 Produce an integrated Apprenticeships best practice guide for employers**

A best practice guide could be developed for employers looking to run integrated Apprenticeship programmes to support them to develop, work in partnership, manage and support apprentices through the process. An overview of key benefits, challenges and solutions could be included together with best practice case studies.

#### **4.2.5 Encourage employers to develop a suggested joint pathway for a Health and Social Care Apprenticeship**

Staffordshire have drafted a suggested pathway for integrated Apprenticeship. This could be used by other employers to do the same or create a bespoke integrated programme similar to those trialled in Leeds. Following piloting, a new integrated pathway could be drafted by Skills for Care and Skills for Health, in conjunction with the Trailblazer employers, to be approved for use across both sectors.

#### **4.2.6 Scope the potential to include other sectors in integrated Apprenticeships, such as housing**

After developing a joint pathway for the Health and Social Care Apprenticeship, attention could turn to scoping other sectors which could potentially benefit from an integrated Apprenticeship. It would be useful to ascertain whether there is an appetite and whether it would be feasible to develop a new standard for integrated learning and working across housing, for example.

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## Appendix A: Case study interview topic guide

Main question	Supplementary questions
Can you provide some background to the integrated Apprenticeship programme?	<p>Who drove the initiative?</p> <p>Is the programme integrated in any other way apart from rotational placement? Like shared design/funding/supervision?</p> <p>When was the programme launched?</p> <p>How was it marketed/where/to whom?</p> <p>What was the initial reception like?</p> <p>What were the objectives?</p> <p>Is there a planning / scoping document?</p>
Which organisations are involved?	<p>How was collaboration/s achieved?</p> <p>Has the collaboration widened?</p> <p>Is there an agreed collaboration plan and business case?</p> <p>Any other organisations / individuals been supportive?</p>
How is the IA funded?	<p>By whom?</p> <p>What are the funding mechanics?</p>
Which Apprenticeship framework is being used?	<p>Can you provide a brief overview of the framework (units)?</p> <p>Level?</p>
Can you describe how the IA is delivered?	<p>Where?</p> <p>By whom?</p> <p>How long does it take to complete the IA?</p> <p>What does the training look like?</p>
How is the IA being monitored?	<p>Internally?</p> <p>Externally?</p> <p>As part of funding commitments?</p> <p>What (if any) metrics were set to measure / evaluate success?</p> <p>Are there internal key performance indicators?</p> <p>Are there any other ways the IA is being monitored/assessed?</p>

	Is there any data that can be accessed?
What can you say about the apprentices?	Starts? Drop-outs? Why? Completions? Where are they now? Demographics? Trends? Future expectations re: numbers?
To what extent is the project/s operating as intended?	Project objectives met? Outputs? Intended / unintended / outcomes Impacts?
What kind of feedback are you getting?	Employers? Trainers? Apprentices? Access to feedback?
Have there been any specific barriers to the implementation / running of the IA?	What are the barriers? Internal and / or external? Individual / organisational? Trainer / trainee / employer? Have they been overcome? If so, in what way (s)? If not, why not?
Have there been any specific enablers in the implementation / running of the IA?	What are the enablers? In what way(s) have they been enabling? What else could be an enabling factor?
What are the lessons learned?	Key successes?  What would you change? Are there any emerging areas of best practice and how are these being shared more broadly?  To what extent do you think this IA is evidence of good practice?  Is there evidence of wider sharing of the lessons and of them being learned?

<p>What about sustainability?</p>	<p>How sustainable do you feel this IA is?</p> <p>In what ways will the IA be sustained?</p> <p>What further support will be required in order to ensure sustainability?</p> <p>If not sustainable, is there an exit strategy?</p> <p>Would you look to introduce any further IAs?</p> <p>Why / why not?</p> <p>What would further IAs focus on?</p>
<p>What other information do you have available / could you provide?</p>	<p>Publications?</p> <p>Marketing material?</p> <p>Anyone else worth speaking to?</p>

## Appendix B: The Coastal West Sussex Integrated Apprenticeship Programme

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### Background

The Coastal West Sussex programme was developed with the aim to support growing workforce needs across health and social care as well as to encourage integration between the two sectors.

To meet these aims, the programme focused on supporting apprentices to develop transferrable skills, providing apprentices with a holistic understanding of the patient journey across both sectors, enabling apprentices to make informed career decisions and improving apprentices' employability in both sectors.

The Apprenticeship programme was developed in partnership with Western Sussex NHS Foundation Trust (WSHT), West Sussex County Council (WSCC) and HEE Kent, Surrey and Sussex. WSCC in particular had fairly extensive experience of Apprenticeships, as the Local Authority spent the last 4-5 years running non-rotational Apprenticeships.

The integrated Apprenticeship programme set out to provide eight apprentices with two six-month placements, one as an Apprentice Health Care Assistant in an acute hospital ward and the other as an Apprentice Care Assistant in a County Council run care facility (day centre or residential). The Apprenticeship Training Agency (ATA) as part of the National Skills Academy (NSA) for Health, served as the apprentices' employer and was responsible for HR support, whilst Northbrook College delivered the Apprenticeship qualifications.

The programme ran between March 2015 and March 2016. Apprentices were expected to work 37.5 hours a week; 7 ½ hours of this time was set aside for studying the Level 2 Social Care Pathway. The social care pathway was chosen over the health pathway as the former included more learning hours. The partners jointly agreed which units should be covered to suit both organisations. The funds for pay rates of £5.13 per hour were provided by HEE, the placement hosts, the Council and Foundation Trust. Placement leads across both sectors designed the programme jointly. The person specification for recruitment was agreed upon by merging health and social care criteria into a standardised set, which placed the greatest emphasis on a desire to work in the sectors as well as soft skills like care and compassion. Candidates also had to meet basic educational requirements in regards to literacy and numeracy.

After advertising on the National Apprenticeship website, the NHS website and running an open day, 40 applications were received, out of these 20 were shortlisted. Applicants were invited to a taster day which included a tour of the wards so that candidates could get a feel for what it was like to work in health and social care. Following the taster day and subsequent recruitment interviews, eight candidates were selected thus meeting the recruitment target. Of these, six were 17-22 years old and two were 40+ years old.

Once the apprentices were recruited they attended an induction day at Northbrook College; this was followed by 2 weeks of training with tutors. The apprentices were then divided up equally among the health and social care placements. During the social care placement, internal training was provided in the form of group learning. This included courses on emergency aid, equality and diversity, moving and handling people, safeguarding adults and fire safety. Apprentices also undertook a range of elearning such as nutrition, food safety, infection control and health and safety.

Contrary to standard Council policy, apprentices were given more blocked time to study (four days of work, four days off whilst working on a ward – in the social care setting the shift was Monday to Friday, 8am-5pm). As part of their healthcare placement, apprentices attended the Trust induction day followed by a four-day course. In addition to this the apprentices attended one day per week at college.

### **Challenges**

Collaboration between the two sectors worked well - however there was a need for a full-time dedicated coordinator for the apprentices as the two programme managers had their “day jobs” to do as well as looking after the apprentices. Having so many stakeholders involved made things a little difficult when dealing with performance issues – one apprentice performed very poorly and the NSA was reluctant to manage this. In the end, social care had to withdraw the placement and so did the NHS Trust. Because there was no dedicated coordinator in place, there was a lack of early intervention such as coaching or mentoring which should have been put in place straight away when performance started slipping.

The NSA was the employer of the apprentices but it is thought to work better if the Local Authority or the NHS Trust (or both) took on the role of the employer instead. This would make performance issues easier to deal with. Even though the College involved was excellent, the Local Authority is looking to become a training provider so that apprentices receive all their services from the council.

Policies differed across the two sectors so these had to be reviewed and aligned. For instance, in social care, vaccination of workers is voluntary but recommended however this is mandatory in the health sector. This was not initially planned for and so measurements had to be put in place after the programme started. Shifts also work differently in the two sectors. In social care apprentices work 8-9 hours, 5 days a week, however in the health sector shifts span across 4 days and are 12 hours long. In addition, 18 is the minimum age to work in the NHS and one apprentice was only 17 so had to commence her Apprenticeship in social care, to then move over to health when she turned 18.

The social care employer thought that the applicants knew very little about the health and social care sectors and therefore had unrealistic expectations when they applied for the programme - many of them thought they would be qualified nurses at the end of the programme. It was therefore felt that more needs to be done to inform potential apprentices about the sector before conducting a recruitment drive and perhaps also to offer work experience to those interested. In addition, an enhanced support package for apprentices was suggested, with an increased emphasis on planning and aligning policies and practices across the health and social care sectors. It was also recommended to place a dedicated coordinator on the programme to support apprentices and placements alike.

### **Key achievements**

The Apprenticeship wasn't just rotational in nature, integration played a big part too in that it fostered the transfer of skills and knowledge between the sectors. One apprentice introduced the red tray scheme from hospital into care centres, which means that dementia patients are served food on a red tray as it has been found that the colour red encourages those with dementia to eat more. Additionally, a diabetes testing technique which is less painful and intrusive has been introduced to social care from the health sector.

Not only was the aim of increased integration achieved but several apprentices gained employment: out of the cohort, two apprentices became permanent members of staff – one started working as a nursing assistant and the other as a dementia support assistant. Besides these two apprentices, the sector as a whole benefitted as other apprentices were employed in the social care sector. One apprentice went on to work across both sectors in a bank/casual capacity whilst undertaking a foundation degree and other relevant study to become a midwife. Another apprentice joined the programme with the aim of becoming a nurse, however after undertaking the social care placement, this apprentice decided that she preferred working in

social care. Because of this apprentice's positive experience, her son was inspired to become an apprentice too.

The rotations themselves helped apprentices understand which setting is most suitable for them. Post placement, more apprentices expressed a desire to work in social care in comparison to at the start of the programme.

### **Sustainability**

The programme has led to improved practice in both organisations in terms of managing Apprenticeship programmes and the partners subsequently share best practice and communicate regularly. The partners are keen to run the programme in the future however they are awaiting clarification around the Apprenticeship levy before any decisions can be made.

## Appendix C: The Suffolk Integrated Apprenticeship Programme

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### Background

As Suffolk suffers a shortage of people to fill entry level social care positions in the area, the integrated Apprenticeship was developed with the aim to provide entry-level work experience in a variety of health and social care settings such as care homes, community settings and in hospital.

In 2015 work began to develop the integrated Apprenticeship programme. This was led by a range of organisations including the CCG, NHS Trusts and community and social care employers. It was devised that the programme would consist of three, four-month rotations to take place across social care, community healthcare and hospital settings. During the placements, apprentices were to work towards gaining a Level 2 Diploma in Health and Social Care and a Care Certificate. Funding was secured from HEE to cover the management fee to design, facilitate and evaluate the programme. In addition to the HEE funding, host employers were required to pay the cost of their apprentice (£6,800).

In order to recruit host employers, the CCG and Care Careers Suffolk with support from HEE, hosted design workshops with potential stakeholders. These stakeholders reported that inclusion in design encouraged participation and ownership. Initially social care employers were somewhat reluctant to take on apprentices as they were very busy and had few resources to take on any responsibilities. This however did change and towards the end of the programme the social care employers were very supportive. Health employers were quite keen to take part as they had available resources to support apprentices.

To ensure consistency in regards to terms and conditions and pay, as these can differ across the sectors, the programme steering group decided to use the National Skills Academy for Health's Apprenticeship Training Agency (ATA) to serve as the employer and issue standardised contracts for the apprentices.

Recruitment was led by the CCG who developed a value-based process. The Apprenticeship was advertised through Care Career Suffolk, social media, information days at schools and college and the CCG newsletter and website. To filter applications, screening conversations were held with potential candidates to ensure they understood what the programme entailed and that they had the required values or such a role. Following on from the screening process, host employers

became involved and candidates were put through value-based recruitment exercises to ensure that the apprentices held personal values and behaviours aligned with the core values of the sectors and programme. However candidates were not required to have previous experience of working in either sector.

Subsequently in September 2015, 10 apprentices started the programme. Out of these, seven apprentices completed the programme; four of these stayed in the social care sector, one person took up employment with an acute trust and one apprentice was committed to finding work across the sectors. A second cohort of three apprentices commenced in September 2016.

Having started the programme, apprentices were monitored by Suffolk Brokerage. The apprentices were assessed after two weeks in placement and then after six weeks with monthly progress reports provided by the training providers.

### **Challenges**

Finding suitable candidates proved to be a challenge as Suffolk has a relatively small group of school leavers – in 2016, 7,500 students left school with only 367 entering an Apprenticeship.

Using ATA as the apprentices' employer was the initial approach to make it simpler for the apprentices and programme partners. However, apprentices reported feeling confused about who to contact in regards to various issues; it was therefore felt that a local apprentice training agency would be able to offer more support on the ground. Stakeholders also reported communication to be an issue as so many organisations were involved in the project. These issues were resolved by hosting teleconferences rather than meetings which made it easier for people to attend. This also shortened the length of the meeting to merely 30 minutes yet there was still adequate time to share issues, concerns and good news on the progress of apprentices.

In the first cohort, off the job training varied depending on placement as some apprentices were supported by their employers whilst others were left responsible for their own development with little monitoring from the employer. This resulted in a mixed outcome and was then changed with the second rotation so that every other week, apprentices got a full day of learning which incorporated their assessors' visits. This resulted in much better engagement from apprentices.

The programmes had a steering group in place that met monthly, however a role was needed for apprentice support, in particular to facilitate their transition between

the sectors and help settle them in their new roles. Employers across both sectors had regular calls between them to ensure apprentices had as smooth of a transition as possible. Managing apprentices on an integrated programme was considered to be a resource-heavy task.

### **Key achievements**

Initially a number of apprentices were reluctant to work in social care due to negative views held about the sector compared to the NHS. However, by the end of their placement the apprentices spoke highly of the social care sector and were interested in finding employment there. The apprentices performed well and feedback received from the placements was very positive, with host employers having expressed an interest in employing some of the apprentices.

### **Sustainability**

There are plans to run the programme again but with increased numbers of host employers, including mental health and primary care organisations. However, lack of funding is making sustainability difficult as the programme requires a project lead from each employer as well as an overall programme lead. It is also hoped that further funding can be provided for apprentices' travel expenses.

## Appendix D: The Lincolnshire Integrated Apprenticeship Programme

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### Background

United Lincolnshire Hospitals NHS Trust's Talent Academy, an initiative to help Lincolnshire's hospitals grow their own talent, was set out to develop an integrated apprenticeship programme to cover three NHS Trusts and social care in Lincolnshire. The programme was funded by the Talent Academy and was developed to take account of Sustainability Transformation Plans and offer an entry route into the sector. As the programme partners wanted a defined pathway with fixed mandatory and some optional units it was decided to use the Level 2 in Health and Social Care apprenticeship framework (health pathway).

Before the programme was advertised, partners had to jointly agree a job description that could be applied across health and social care. Terms and conditions had to be revised as these differed between the partners. It was therefore determined that these would align to the biggest trust, the United Lincolnshire Hospitals NHS Trust. Additionally, the partners had to agree on salaries and it was decided that these should be age related minimum wage salaries rather than apprenticeship rates. Once these matters were agreed, the apprenticeship programme was advertised using local schools and the NHS jobsite. 20 candidates applied (all female) with 5 individuals being recruited thus meeting the recruitment target.

The programme commenced in January 2017 and was designed to contain four 12-week placements across acute, community health, mental health and social care settings. Each placement site was tasked with conducting localised training relevant to the role. In addition, apprentices participated in classroom based learning one day per month at a local college to undertake mandatory units. Apprentices were also expected to undertake two days further training between the rotations. This training was bespoke and included group reflection, restrictive intervention and SilverLink.

The first rotation of the programme has now been completed and apprentices have started their second round. The programme is due to finish in January 2018.

### Challenges

The Talent Academy reports no real challenges to date however there were some complications in managing the requirements of each placement in relation to hours, shifts and systems due to the placements all being within different organisations. The lesson learnt from the first rotation has been to standardise policies across all

placements where possible, in order to remove some of the variation and the issues they have caused. Furthermore, as the programme has a fixed budget there is no room for paying overtime, for weekend work or for evening or night work.

Due to the nature of the units, achieving the Care Certificate is taking longer than expected for some apprentices as they were not able to evidence the breadth of experience in order to fully meet the Care Certificate elements. This occurred due to Community Mental Health Nursing Teams not being able to provide opportunities for the apprentices to support areas around moving and handling or feeding patients. However, it is believed that over the course of the second rotation, all apprentices will be able to fully meet their Care Certificate requirements.

### **Key Achievements**

As the programme has recently commenced it is difficult to state whether it has met its aims. However, the Talent Academy is happy with progress and has received encouraging feedback both from apprentices and host organisations.

Apprentices have found the programme a valuable experience which allows them to explore several sectors and employers at the same time as giving them a broad understanding of the sectors and related work. This is thought to lead to improved career planning with apprentices being able to make informed choices in regards to their future employment.

Even though the apprentices have only just commenced their second rotation, apprentices have already been able to highlight variations between health and care settings. The Talent Academy has, as a result, chosen to look at offering further training sessions during group training days that outline how the types of setting will dictate different practice.

The host organisations were very keen to get involved in the project and their feedback in relation to the apprentices has been positive, with one apprentice already having been offered a substantive post.

### **Sustainability**

The programme partners are hoping to see all apprentices moving into substantive roles once the programme concludes.

The programme is due to be evaluated and upon the results of this evaluation, a decision will be made in terms of continuing the programme. There are currently discussions about developing a Level 3 apprenticeship programme.

## Appendix E: The Leeds Integrated Apprenticeship Programme

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### Background

Led by Leeds Teaching Hospitals NHS Trust, a partnership involving Leeds City Council, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust and Sue Ryder Care set out to create an integrated Apprenticeship programme<sup>4</sup>. The programme was developed to enable apprentices to enhance care skills, understand the range of roles and responsibilities of support workers throughout the patient journey and to gain an insight into operational challenges that might influence seamless integrated care. Thus it was felt that the programme would create attractive employment routes.

*“Sue Ryder joined the programme as we wanted to develop our workforce, we wanted to work collaboratively and be part of an Apprenticeship programme. Providing placements meant that we were able to spread our expertise and ultimately improve end of life care for patients”*

Amy Dunmall, Practice Educator, Sue Ryder Wheatfields Hospice

The programme was developed without funding but with the employers (i.e. Leeds City Council, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust and Sue Ryder Care) providing salaries. The full-time programme was designed for newly recruited apprentices as well as existing staff of the partner organisations. It consisted of a three week joint induction delivered by Barnsley College (the training provider), one 20 week learning module hosted in the employing organisation, followed by two 12 week placements hosted by the partner organisations. This was then followed by a final four week placement with the employer organisation. Upon completing the programme the apprentices gained a CACHE Level 2 Diploma in Clinical Health Care Support (QCF).

Eight apprentices joined the programme in November 2015 however not all partners were able to recruit apprentices. For newly recruited apprentices (consisting of half the cohort), each employer organisation used their own advertising strategy, all shortlisted apprentices then attended a central assessment centre where a values based approach was used. Activities at the assessment centre focussed on two

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<sup>4</sup> St Gemma’s Hospice and Maria Mallaband Care Services were initially involved but were not able to offer placements so unfortunately dropped out at the very early stages.

scenarios, a multiple choice questionnaire, literacy and numeracy tests and values based interview questions. For recruitment from existing staff, the employer organisation made selections based on service and professional development planning requirements.

Once the apprentices had commenced the programme they were managed by a line manager within main employer organisation; they were also matched with a mentor at each placement site to help settle them in.

Throughout the programme, all partners regularly communicated in order to monitor the progress of the programme and the apprentices. To further support the programme an operational steering group was put in place and so was a learner and employer forum. The Apprenticeship programme was viewed as a success by partners as seven out of the eight apprentices were retained within the programme. The existing employees returned to their original roles at the end of the programme but with more of a holistic understanding of the patient journey which enabled them to provide better care to patients. Newly appointed apprentices were placed in vacancies and on successful completion of their Apprenticeship they gained substantive posts in these roles.

### **Challenges**

The programme encountered some minor challenges that were fairly easy to overcome. As work in the various placements consisted of a range of shifts, processing payment took up a lot more resource than expected. It was felt that having a dedicated coordinator in place would have aided this process as well as being able to provide full-time support to apprentices and the overall programme. As there were several partners involved in the programme it was recognised terms and conditions would differ between them. The partners agreed that the organisation employing the apprentices (i.e. the employer) would deliver the main induction to their organisation and when the students were on placements they would receive a second induction to cover different policies/protocols. However a few apprentices were still somewhat unclear about the differing policies, especially in regards to travel expenses and whether they could claim for travel.

Some of the apprentices did not expect to spend as much time on course work as they did and thus found it difficult to fit this in with working shifts. One placement ensured that apprentices had some free time during the working day to undertake course learning and reflection.

It was felt that recruitment could have been more successful if one joint recruitment strategy was used rather than individual ones, as the former would have enabled partners to set and identify measurable outcomes in a more effective way. However as the programme employed both existing staff and new recruits it is recognised that recruitment strategies might have to differ for the two groups.

Although the employers were committed to the programme, not all were able to commit to recruit apprentices onto the first cohort. Despite this, all newly recruited apprentices were placed in vacancies upon completion of the Apprenticeship.

### **Key achievements**

By offering the Apprenticeship to existing staff as well as to newly recruited candidates who had never worked in care before, those with previous care experience were able to share their skills and work ethic with those less experienced.

The apprentices performed well and were keen to find work in related sectors. The placements themselves also viewed the experience as positive with apprentices quickly becoming part of their respective teams. It was also found that the apprentices provided a fresh pair of eyes on the placements and were able to improve existing practices.

Partners emphasised the positive experience they had in working with each other; one placement really valued the cross sectional learning gained from the collaboration, especially in regards to the values based recruitment technique. It was felt that the programme achieved its aim in regards to creating attractive employment routes as it gave new recruits the opportunity to receive training from recruitment to post whilst getting paid for learning. The programme gave apprentices the added opportunity of experiencing different settings and gaining skills and insight into a variety of approaches to care and the patient journey, the latter being viewed as an added value in terms of future career aspirations. In addition, all who went through the programme gained additional skills and knowledge which will help them to progress in their career and make them more confident and employable. This implementation of the Nursing Associate and Nursing Apprenticeships as well as the current development of the primary care workforce is thought to make this an attractive employment route. Following the programme there were opportunities for apprentices to apply for roles within the Clinical Commissioning Groups and Leeds Teaching Hospitals NHS Trust as clinical care coordinators, healthcare assistants or even to start on a nursing pathway.

Even though this small-scale pilot programme did not manage to evidence the provision of integrated seamless care, programme partners feel that there is potential for the apprentices to contribute to this as after completing the programme, the apprentices are more skills, confident and able to adapt to different settings. The partners feel that the apprentices have become more aware of different approaches and services that work in a variety of settings so they should be able to better follow patients through their care journey. It was also felt that the programme approach could be used to train staff in specific roles that require working across organisational boundaries and could in such a way provide integrated seamless care.

### **Sustainability**

The programme partners have made strong working links with each other and are discussing how to work together in the future. The partners are keen to continue the programme and can see this model working for the Nursing Associate role. However the Apprenticeship levy, funding, workforce needs and senior management support would have to be factored in. One partner is especially impressed by the model and is considering using this process for business administration apprentices in a healthcare setting.

*“The concept is sound and is something I very much hope will continue”*

Richard Helm, Compulsory and Vocational Training Officer, Leeds and York Partnership  
NHS Foundation Trust

## Appendix F: The Blackburn with Darwen Council Integrated Apprenticeship Programme

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### Background

In 2016, as part of the work programme of the One Workforce Steering Group, Blackburn with Darwen Borough Council developed, funded and piloted an integrated Apprenticeship programme in health and social care. For this programme, the Local Authority worked in partnership with Lancashire Care NHS Foundation Trust and Blackburn College, the latter providing the Apprenticeship qualification using the Apprenticeship Framework in Health and Social Care level 3 as developed by Skills for Care and Skills for Health.

The 24-month programme was designed to promote innovation and cross-sectoral learning across health and social care by providing apprentices with two different placements, one at the local NHS Foundation Trust and the other in a social care setting. It was also felt that the programme would bring additional benefits to the apprentices in terms of larger professional networks and opportunities to specialise at a later point in their career whilst taking with them the cross-disciplinary experiences.

To find candidates, the Local Authority used social media to advertise as this was deemed the most appropriate approach to reach potential apprentices. A local training provider also advertised the Apprenticeship programme. Initially it was difficult for the Local Authority to find suitable apprentices as it was felt that the ideal candidate needed to be able to travel independently and have experience and a real desire to care for and interact with service users. During a second round of recruitment, competency based interviews were employed which helped in finding suitable candidates. Two apprentices were subsequently recruited – both in their early 20s with some experience of social care.

The apprentices commenced the programme in June 2016, equally dividing their time between social care and NHS placements. The apprentices were supported by regular meetings with the teams they were working with, by formal and informal supervision with their manager as well as through a peer support function with other apprentices. The apprentices were also offered support by the Local Authority's HR department who worked with the placement managers to review and measure the challenges and successes of these Apprenticeship opportunities.

## **Challenges**

This scheme differed somewhat from other Apprenticeships that the Local Authority supports, in that apprentices are required to work more independently in different settings including people's own homes. Therefore, policies in regards to lone working had to be altered and additional risk assessments had to be undertaken.

Recruiting suitable candidates posed a difficulty and the Local Authority recognises that some young people might have a limited understanding of health and social care that makes it difficult for them to enter such a profession. This will form part of the planning going forward for the local areas with Local Authorities, the Pennine Lancashire health partners and colleges.

## **Key achievements**

The Local Authority and Lancashire Care Foundation Trust view this Apprenticeship programme as a success as both apprentices have made great progress and have received very positive feedback from their placements. The apprentices themselves value the opportunities provided and state:

*"I love being able to go out in the community and help the service users where and when they need it, and if they don't need anything then just to have a chat with them and see how their doing."*

Laura (apprentice)

*"Everyone has been really good at taking the time out to help me learn and understand anything that has troubled or confused me, which has led me to learn various roles. Strengths have included the freedom to shadow and learn from whatever adult social service team is relevant to my role, as well as up at health with the NHS. Got to see and do lots of good work with many different professionals, such as OT's, PT's, nurses support workers etc."*

Luke (apprentice)

## **Sustainability**

The Local Authority is currently evaluating the programme and is keen to undertake further work in terms of health and social care integration. This should provide a combination of opportunities for existing staff to train using one of the new Apprenticeship standards with relevant modules. As part of the health and social care integration work, the Local Authority and partners have participated in Solution Design Events to look at new models of health and social care as well as the workforce of the future with a focus on achieving further integration. Both apprentices were invited and contributed well to these events to share their experiences and offer suggestions for improving practice.

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