

Appendix B: The Coastal West Sussex Integrated Apprenticeship Programme

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 Apprenticeships as the Local Authority spent the last 4-5 years running non-rotational Apprenticeships.

The integrated Apprenticeship programme set out to provide eight the 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 e-learning 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 co-ordinator 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 co-ordinator 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 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 she 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 co-ordinator 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.



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