Public health apprenticeships

Supporting community-centred roles across health and care

Outcomes from a workshop held on 29 March 2019, London

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Claire Cotter, National Programme Manager, and Hannah Burn, Assistant Project Manager, Workforce Development Team, People Directorate, PHE

PHE supports the UN
Sustainable Development Goals

Corporate member of
Plain English Campaign
Committed to clearer
communication

339

SUSTAINABLE DEVELOPMENT G⦿ALS

Contents

Executive summary

On 29 March 2019, Public Health England hosted a workshop to explore employer demand for an advanced or higher level (e.g. level 3 qualification[1], equivalent to 'AS' or 'A' level) apprenticeship standard for health and wellbeing workers who interface directly with the public. This is both a long-established, and an evolving workforce, which is expanding in step with the broadening prevention and population health agenda, through a range of community-centred roles based in organisations across sectors, supporting the increasing focus on place-based integrated working.

The event was attended by over 60 representatives from a range of sectors and employing organisations - unitary, top-tier and other local authorities; clinical commissioning groups; integrated care systems; charities; social enterprises; NHS providers (community and acute trusts); skills councils (Skills for Care, and Skills for Health); Public Health England and Health Education England. Colleagues were also present from Scotland and Wales.

Key objectives for the day were to determine whether there is i) an employer appetite for such an apprenticeship standard; and ii) whether there is an occupational identity common to a range of differently titled roles, demonstrated through their shared duties and capabilities. Previous attempts to develop apprenticeship standards for a single role has resulted in failure, in part because of the lack of demonstrable numbers, and this perceived lack of scale could affect any one of the roles if singled out for apprenticeship development.

There was considerable range in the role titles that delegates felt might fall into this workforce, demonstrating a 'kaleidoscope' of workers with different job titles (see page 19), funded through different sectors (e.g. health, social care, housing), and working from different perspectives when supporting individuals and connecting communities and individuals to services and other local resources.

There was broad support for continuing to scope an apprenticeship standard for this workforce, to reflect both the interests of employers, and the clear direction of travel in government policy around health, care and other public service areas. Attendees agreed that further work would include a survey of employers, capturing those who could not attend the workshop to establish wider commitment. There should be engagement with the front-line workers themselves, in part to establish the extent to which skill sets are shared, and the nature of the training and development programmes currently supporting their practice. Building on deeper insights derived from this additional activity, there was support for convening an employer trailblazer group, and the development of an occupational proposal to be submitted to the Institute for Apprenticeships and Technical Education.

Background

The public health core and wider workforce in England continues to be dedicated to the prevention of premature and preventable deaths, ill-health, and health inequalities across all communities; while also working to improve the health status of the population, adding healthy life to years; through systems leadership, strategic planning and operational interventions. A skilled, agile, responsive, and creative workforce therefore must continue to be nurtured for the future.

Apprenticeships to support entry points and development opportunities for a career in public health

In 2015 the Department of Health commissioned Public Health England to conduct a thematic review of public health workforce future capabilities and skills. In the subsequent report, Fit for the Future: public health people, a review of the public health workforce (2016)[2], the following 5 areas were identified as the focus to deliver a workforce that is 'fit for the future':

- creating an attractive career
- developing a stronger social movement for health
- building 21st century skills
- strengthening systems thinking and leadership
- ensuring resilience, flexibility, and mobility

The first recommendation under "creating an attractive career" suggests that efforts are made to "increase the visibility of public health as a career to a wider range of people… providing new or increased points of entry, such as apprenticeships", positioning public health as a "career of choice".

The requirements of the future workforce points increasingly towards individual workers pursuing portfolio careers, with the flexibility to move between roles and employing organisations. Earlier engagement with the public health workforce in 2014/2015 led to the redesign of the Public Health Skills and Knowledge Framework[3] and through the associated consultations, workers asked for aspects of their transferable skills to be made more evident in a revised Framework, so that they can demonstrate the full range of knowledge and skills that they regularly put to day-to-day use. These aspects of the future development of the public health workforce are complemented by the governments ambitions for apprenticeships, set out in their vision for English apprenticeships[4] for 2020 (2015), in that they encourage the inclusion of transferable skills to assist workers in their mobility between employers and sectors.

The need for a mobile and agile workforce is recognised not just for the professional (core[5]) public health workforce (employed by PHE, across local authorities, the NHS and other organisations such as the academic sector); but also for the significant and expanding workforce that is delivering front-line intervention, often based within community settings, with a holistic focus, and engaging with a wide range of needs in relation to the physical, mental and social health and wellbeing of individuals and groups. This workforce is employed by, and operates across, a wide range of provider organisations such as NHS Trusts, primary care, local government services, housing associations, local social enterprises and voluntary organisations.

The existing and emerging community-centred workforce

A community-centred public health ground-force is not a new concept. Health promotion and health and wellbeing services, in NHS, local government and voluntary organisations have been providing community-centred services that develop connectivity and capacity for individuals, groups and communities throughout and since the late 20th century, periodically coming in and out of broader strategic focus. Some analysis[6] of these roles, both in the UK and the US has been carried out to better recognise the required capabilities. PHE has provided guidance describing different service models through a family of community centred approaches[7], and a competency profile of community-centred roles mapped against the PHSKF[8], which is available through the PHE Library. The importance of the collaborative and community-centred aspects of the public health endeavour is also highlighted in recently published guidance on quality in public health[9].

An example of a community-centred role focusing on priority health issues for public health is the NHS Health Trainer, created via the Department of Health (England) public health white paper Choosing Health[10], in 2004. To support local implementation, this new nationwide workforce was supported by the commissioning of 4 new national occupational standards[11]. The premise that underpinned the design of these services was to deliver 'help from next door', rather than 'advice from on-high'[12]. This would be achieved by recruiting workers from within the communities that they would serve, building capacity, capability and employment opportunities in priority wards and communities.

NHS Health Trainer services have evolved over time. In some instances, the focus has become increasingly on specific health behaviours in individuals. Some services have been decommissioned, while others have developed more widely and become mainstreamed (e.g. Northumbria Health Trainer Service[13]); some changing job titles to reflect the development of policy or new campaigns (e.g. Kent 'One You' service[14]); and others have focused their resource on supporting people with specific conditions including cardiovascular disease, COPD, those at risk of developing type 2 diabetes and newly diagnosed type 2 diabetics (Bolton Health Trainers[15]). In Bolton, the health

trainer role has been developed into that of a health improvement practitioner, upskilling health trainers into a role that focuses on both primary and secondary prevention.

To support the public in how they access an increasingly complex health and care system, the role of care or service navigators or connectors has also evolved over time, supported by the development of a care navigation competency framework[16] published by Health Education England in 2016. Whilst not carrying out the same role as NHS Health Trainers, much of their activity requires the same key skills and personal attributes. Care navigators can be found in the social care sector, as well as in NHS community or acute settings, and often these services are commissioned from local voluntary sector providers (e.g. Age UK, Camden Care Navigation and Social Prescribing[17]).

More recently, there has been significant investment by a number of local authority social services teams in England and Wales, in Local Area Coordinators[18] (LACs), with access to the support of a national LAC network, which is hosted by Community Catalysts[19]. Investment in LACs is focused, in part, on the engagement of at-risk individuals in the community, before they reach a point of crisis, signalling a greater risk to their health and wellbeing, or potential loss of life, when they will need more substantive or specialised intervention. The LAC service model[20] revolves around an asset-based approach, seeking ways to enable individuals, families and communities to achieve a better life by contributing to their local community, building personal and community leadership and resilience.

The re-shaping of health and care services in England

The recently published policy paper 'Prevention is better than cure: our vision to help you live well for longer'[21] sets out the need for action across society to i) prevent problems from arising in the first place, and ii) to help those already living with a health or social care need to live well for longer, by addressing the needs of the 'whole person', in terms of both their mental and their physical health.

To meet the ongoing challenges of achieving healthy life expectancy for everyone, the NHS has set out a 10 year plan[22] requiring healthcare to become more personalised and patient centred, more focused on prevention, and more likely to be delivered in the community, out of hospital. In the consultation paper Advancing our health: prevention in the 2020s[23] it is envisioned that in the 2020s, people will not be passive recipients of care. They will be co-creators of their own health. The challenge will be to equip them with the skills, knowledge and confidence they need to help themselves.

Part of the new approach to 'doing things differently' will involve NHS organisations working with local partners as 'Integrated Care Systems'[24], building on existing Sustainability and Transformation Partnerships (STPs). The call to action is being

embraced across the NHS landscape e.g. recent guidance published by NHS Providers (June 2019)[25], and extends to the public. Integrated systems centred around place, communities and neighbourhoods will provide opportunities to address health inequalities, and guidance on Health Inequalities: place-based approaches to health inequalities[26] has recently been published, with a supporting set of tools, by Public Health England, the Association of Directors of Public Health and the Local Government Association.

NHS England's universal personalised care[27] programme (all age, whole population) will be delivering on patient choice; shared decision making; patient activation and supported self-management; personalised care and support planning; personal health budgets; and social prescribing and community based support (based within, or commissioned by, the new Primary Care Networks[28]). PHE has provided guidance for health and care workers through their All Our Health[29] resource, including an e-learning module[30], to support engagement with this universal social or community prescribing service model.

The NHS commitment to further build the social prescribing workforce adds additional capacity to the range of community-centred roles, recognising the full breadth of issues that may prevent people from reaching their health and wellbeing potential such as housing, debt management, domestic violence, social isolation. While the evidence base is still evolving (see NICE evidence search[31]), front line accounts[32] suggest that social prescribing can also contribute to the vision set out in the government's strategy 'a connected society: a strategy for tackling loneliness' (October 2018)[33], again calling for society-wide change to build a more socially connected society.

Some areas of the country already have established social prescribing service models in place, and these vary in scale, and sources and levels of investment (e.g. Bromley by Bow Centre[34], London; SPEAR[35] in Bristol; North Tyneside[36], previously through a partnership between Tyneside Mind and Age UK and more recently through First Contact Clinical). The involvement of the voluntary sector is vital to the success of social prescribing service models, and other community connecting work. Voluntary organisations are often both the *employers* of the workforces e.g. 'link workers'[37], often through commission by a primary care organisation; and the *providers* of activities and services to which individuals might be 'prescribed'. Consideration needs to be given to voluntary sector capacity if sustainable service models are to be developed, and the voluntary sector has developed its own guidance, for example on securing funding, with a recognition of the importance of adopting place-based approaches to address multi-faceted problems facing communities e.g. Working in Place: A framework for place-based approaches[38].

How an apprenticeship standard could add value to the development of workers in a range of community-centred roles

The Department of Business, Innovation and Skills published its vision for English apprenticeships for 2020 (2015)[4], with an ambition to 'increase the quality and quantity of apprenticeships in England, reaching 3 million starts in 2020'. The vision places employers firmly in the driving seat, as those best placed to understand the skills, knowledge and behaviours required of the workforce of the future. The vision sets demanding targets and introduces an apprenticeship levy to place the purchasing power with employers, including those in the public sector, to address a long-term trend of falling investment in education and training that shows the UK lagging behind other European countries.

To prevent misuse of the term apprenticeship, and to promote the strength and reputation of the apprenticeship brand, the title 'apprenticeship' has become a legally protected title, through the governments Enterprise Act 2016[39], putting statutory apprenticeships on the same footing as other national qualifications such as degrees. To provide governance and quality regulation the government created an independent Institute for Apprenticeships, formed on 1 April 2017 (more recently renamed the Institute for Apprenticeships and Technical Education[40]).

Characteristics of an apprenticeship

To meet the government definition of a statutory apprenticeship, the following requirements must be met:

- the apprenticeship is a job with training
- the apprenticeship standard defines the occupation
- the apprentice has a contract of employment and is an employee of the organisation that takes them on
- apprentices are paid *at least* the appropriate rate of the minimum wage throughout their apprenticeship (though employers often pay more)
- the apprentice and the employer sign an apprenticeship agreement at the start
- for any apprenticeship there has to be a minimum of 12 months learning
- 20% of the full duration of the apprenticeship has to be off-the-job training[41]
- the apprenticeship standards are designed and delivered by groups of employers (trailblazers) to meet both their needs, and those of the broader sector and wider economy

While there are clear skill sets, and underpinning knowledge required for a range of the roles identified in this report, there is currently no nationally recognised programme of training and development, that would provide evidence of competence for workers to be

able to demonstrate their transferable capabilities, either to new employers, should they wish to change jobs, or to set out a foundation for their own career development.

There are a small number of recently developed Level 3 qualifications that could support people in these roles (e.g. RSPH Level 3 Diploma in Health and Wellbeing Improvement[42]; Certa Level 3 Certificate in Social Prescribing[43]), and these could potentially be used to support an apprenticeship standard if they are of sufficient duration (a minimum of 12 months for an apprenticeship) and have universal application.

An apprenticeship standard would enable employers to be able to draw on the apprenticeship levy[44] to assist with the training (off-the-job) costs. An apprenticeship standard would also provide for the engagement of workers for a minimum of 12 months, allowing them time to be developed into the role with a nationally recognised gateway to occupational competence, and the support of 'off-the-job' learning.

Potential challenges to the success of an apprenticeship standard

Previous attempts have been made to develop an apprenticeship standard for similar roles, though without specification regarding level. In 2016 an expression of interest (occupational proposal) was submitted to the Institute for Apprenticeships for a Health Promotion Assistant and subsequently a Wellbeing Support Worker. The submission was rejected twice on the basis that the proposal did not relate to a clearly defined occupation with a sufficient number of prospective apprentices. The full report on the outcomes is available on the HASO website[45] (Healthcare Apprenticeship Standards Online).

Skills for Health were later commissioned to assess the feasibility of developing an apprenticeship standard for the NHS Health Trainer, on behalf of Health Education England. The study concluded that the role of Health Trainer might not meet the requirements for the development of an apprenticeship standard, as the role does not require a minimum of 12 months development, requiring at least 20% off-the-job training (this assessment was based on a Level 3 City and Guilds qualification that has since been discontinued). There was also concern that a minimum of 10 employers could not be identified across the country who would be willing to support a new standard, or by the same token, there was not a sufficient 'critical mass' of workers to warrant the resources required to develop a new standard. However, the exercise did determine that there were no existing apprenticeship standards that would meet the needs of the Health Trainer role so potential duplication would not be an issue. A full report, Pre EOI Trailblazer Investigations for Health Trainers[46], is also available on the HASO website.

Since these early explorations, the new model and process of apprenticeship development is better understood; more roles are emerging across health and care that

are similar to the Health Trainer and other wellbeing worker or community connector roles; and there is a better understanding of the development pathways for people who are generally learning 'on-the-job' but who could potentially take up to 12 months to become fully proficient.

Building on the issues raised from previous attempts, there are a number of factors that will need to be explored with employers and front-line workers before developing a standard, including:

- the sustainability of the funding for the workforces in scope
- the length of time required to develop a worker so that they are fully competent in their role
- the existing level of investment in staff training and development for people in these roles
- the contractual arrangements for workers in these roles e.g. whether they are offered employment contracts, or the extent to which services might be engaging staff on a sessional basis, or potentially a voluntary basis
- how a new apprenticeship standard might contribute to someone's career pathway, potentially linking to a number of other higher-level apprenticeships, and the level of commitment from employers to develop their staff in this way

Further work with employers is required to ensure that should an apprenticeship standard be developed, it will be delivered in the full spirit of the apprenticeship model.

Workshop outputs

The workshop took place in London between 11:00 and 15:30 on Friday 29 March 2019. Timings were set to enable cheaper travel, and this made for a focussed series of table-top activities. Groups were facilitated by a team of PHE and HEE workforce development colleagues to ensure outputs from the workshops were captured and people were kept on task.

The scene was set for workforce discussions by an opening address from Shirley Cramer CBE, Chief Executive Officer for the Royal Society for Public Health, and Chair of the UK People in Public Health, the advisory group on UK-wide public health workforce that is supported by the Department of Health and Social Care in England, and the devolved administrations.

Presentations were also given by Fiona Harris, Assistant Director of Public Health at the Royal Borough of Greenwich, and Trailblazer Chair for the Level 6 Public Health Practitioner apprenticeship standard[47], on the process for apprenticeship development; and by Claire Cotter, Programme Manager, National Workforce Development Team at PHE, on the context for the development of an apprenticeship standard for this particular workforce.

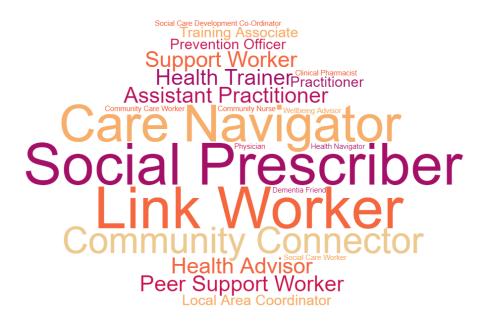The delegates were then set to work to answer:

- do we have a range of roles in the system that constitute an occupational group?
- is there sufficient employer demand for a clear benchmark for the training and development of the workforce performing these roles?
- if there was an apprenticeship standard reflecting these roles, will it be a practical tool for employers to develop a flexible and skilled workforce?

Facilitated table exercises were carried out to generate insight into:

- the range of roles and job titles that might come within scope
- the knowledge, skills and behaviours characteristic of these roles

The outcomes are presented in the following word clouds. The larger the print in the word cloud the more frequently that word appeared in the feedback. Full lists of the workshop outputs can be found in the appendices on pages 21-25.

What sorts of roles are emerging across the system (role titles)?

Social Care Development Co-Ordinator
Training Associate
Prevention Officer
Support Worker
Health Trainer Clinical Pharmacist Practitioner
Assistant Practitioner
Community Care Worker Community Nurse Wellbeing Advisor
Care Navigator
Social Prescriber
Physician Health Navigator
Link Worker
Dementia Friend
Community Connector
Social Care Worker
Health Advisor
Peer Support Worker
Local Area Coordinator

What knowledge is required for these roles?

Health & Safety
Social determinants
National priorities
Strategic role   Health promotion
Culturally aware   Equality & Diversity
Referral pathways
Safeguarding
Health inequalities
Local knowledge
Behaviour change
Topic knowledge

What are the skills characteristic of these roles?

Person-centred approach
Time management
Research skills
Negotiation Computer literate
Relationship building
Administration skills
MECC HR skills Analytical
Effective communication
Teamwork Autonomous work Risk assessment
Multi-agency working
Networking Co-production
Managing Faciliation skills
Evaluation Maximise resources
Assessment skills Active listening
Signposting
Conflict management
Coaching / mentoring

What are the behaviours characteristic of these roles?

Truthful Caring
Solution focused
Passionate about community
Trustworthy Adaptable Reflective
Collaborative Wise Supportive
Patient
Empathetic
Honourable Flexible Sincere Confidential
Respectful Persistant Creative
Self-awareness Honest
Non-judgemental
Resilient Compassionate
Proactive

Recommendations

The following recommendations were generated in the plenary section of the workshop:

1. Unique Selling Point

Identify the 'USP' (Unique Selling Point or Proposition) of the work of the front-line community-centred workforce that would help to define an occupation that warrants the development of a new standard.

Most occupational profiles submitted to the Institute for Apprenticeships and Technical Education include a list of the types of roles that fit within that occupational profile. A generic name for this occupation will need to be identified so that it resonates with all the roles e.g. community connector, or community health and wellbeing worker. By identifying what distinguishes these roles from others in the system, the title for such a standard may emerge.

2. Connect with the workforce

Establish connections with people already in community-centred roles to better understand and articulate their duties and capabilities, and to determine how they are currently being trained and developed to discharge these duties.

An insight into the work already being carried out in the range of roles, and an understanding of any existing training and development programmes, will help to define the duties, knowledge and skills currently required. It will also indicate how long it takes to train someone to be fully proficient in their role (if less than 12 months of on and off-the-job learning, then an apprenticeship standard may not be appropriate). It may also help to understand where workers move to as their careers develop beyond these roles.

3. Employer engagement

Build on the employer engagement from the workshop, to establish the wider appetite and commitment to the development of an apprenticeship standard for this workforce, through an employer survey.

Apprenticeship standards can only be developed by and with employers. For a viable trailblazer and standard to be established, employers need to demonstrate commitment not just to the process of standard development, but also the subsequent promotion of the approved standard, and most importantly, the creation of apprenticeship opportunities in their workforce.

4. Occupational proposal

Use the shared knowledge, skills and behaviours of established community-centred roles to identify the occupational profile that would be best served by an apprenticeship standard and initiate the process of standard development by submitting an occupational proposal to the Institute for Apprenticeships and Technical Education.

Using the insights from this workshop, and any subsequent findings, employers will need to come together to identify an occupational profile and define the duties for that occupation. A schedule for the process of submitting an occupational profile is provided on the next page.

Timeline for action

The following is a proposed timeline for the scoping of a level 3 apprenticeship standard for community-centred roles in public health for 2019/20.

29 March 2019	• convene a workshop for employers, education and training providers, and leading agencies in public health to explore the possibilities of developing apprenticeship standards for public health
June/July 2019	• report on workshop outcomes
July/August 2019	• connect with people currently in community-centred roles • conduct a nationwide survey of employers to establish the extent of need and commitment to an apprenticeship standard at this level
August/September 2019	• convene an inaugural meeting for a Trailblazer Group to analyse the feedback from the outreach work, and to determine what should be included in an 'Occupational Proposal' to the Institute for Apprenticeships and Technical Education
September/October 2019	• start the preparations for the development of an Occupational Proposal with the following Institute for Apprenticeships and Technical Education submission deadlines as a guide[48] Midday on: • Wednesday 18 September 2019 • Wednesday 30 October 2019 • Wednesday 8 January 2020 • Wednesday 19 February 2020

Appendices

Employer engagement

Delegates were invited to complete a feedback form at the end of the workshop, which included an invitation to those attending to express their interest in participating in a Trailblazer group.

The following organisations expressed an interest in participating in a Trailblazer group:

Employers

Public Health England
Barts Health NHS Trust
Caretech
First for Wellbeing, Northampton County Council
Herefordshire Council
Joined up Careers Derbyshire
Kent Community Health NHS Foundation Trust
Mental Health Concern
Midlands Partnership Foundation Trust
NHS Health Scotland
Royal Free London NHS Foundation Trust
Sevenoaks District Council
Surrey County Council
South West London Health and Care Partnership
The Royal Wolverhampton NHS Trust
Wellbeing Exeter

Education providers

University College Birmingham

Other organisations

City and Hackney CEPN
National Association of Link Workers

Role titles emerging across the system

Allied Health Professional
Assistant Practitioner
Breast feeding peer support coordinators
Care coordinators
Care managers and workers
Care Navigator
Care Navigator – social prescribing link worker
Care Navigators in GP practices
Care workers with interventions
Clinical pharmacist
Communities & prevention officer
Community brokers
Community connectors
Community connectors (Social Prescribing)
Community navigator
Community neighbourhood link worker
Community neighbourhood link workers (Health and social care prevention)
Community nursery nurses NHS (CCG, LA, external grants)
Community referrer
Dementia Friends
Diabetes
Early help workers
Family of roles – 'Public Health Advocate'
Family support worker
Focus practitioners
Focused Care Practitioner
Health advisors
Health care support workers (& senior)
Health coach
Health navigators
Health trainers
Health trainers at level 3
Integrated lifestyle providers / workers
Keeping well worker
Lead Adult Social Care Worker
Link worker
Link workers
Link workers – for prisons
Link working
Live Well Champions (Social Prescribing.)
Live Well coaches (Social Prescribing
Local area coordinators (LAC)

Maternity Support Workers
Making Every Contact Count (MECC)
Police Community Support Officer (PCSO)
Physician
Primary care navigator – core skills = signposting or intervention
Social Care Development Coordinator
Social Care navigators
Social health advisors
Social navigator
Social prescriber
Social prescribers
Social prescribing link worker
Support worker
Support workers – for schools
Trainee Nurse Associate (TNA)
Training associates (TNAs)
University resident ambassadors
Volunteers in Community
Wellbeing advisor
Wider workforce e.g. Fire and Rescue, Fire prevention officer

Knowledge required for these roles

About new ventures that come in – communication skills – link to skills – and networking skills
Asset/strengths based
Basic awareness of commissioning
Basic health and social care knowledge
Basic knowledge of long term conditions
Basic knowledge of services available in area
Behaviour change
Behaviour change theory
Benefits
Choice, wishes, needs
Communication
Community engagement
Consent
Contacts
Culturally aware
Different demographics
Equality and diversity
Evaluation
Evaluation / assessment
GDPR
Good grasp of local geography, and associated population features, demographics –
Community intelligence
Good understanding of mental health
Health & Social care
Health conditions
Health inequalities
Health knowledge at basic level
Health promotion
HIS
Holistic
Holistic care
Information governance
Keeping up to date with national priorities
Know own limitations
Knowing how the system (and wider) works
Knowledge of behaviour change tools
Knowledge of what is happening and available in the community
Local knowledge
Local knowledge of services for referring (benefits)
Making Every Contact Count
Mental health
Person-centred
Public Health related – health inequality
Population healthcare
Practice
Prevention focus / health promotion
Principles of First Aid
Referral routes

Risk assessment / health & safety
Safeguard
Safeguarding
Social determinants
Strategic role – asset mapping gaps
Subject matter expert
Systems awareness
Trauma-informed approach (know history)
Understand the determinates of health issues – long term conditions, mental health, bereavement, inequalities
Understand the voluntary sector
Understanding barriers
Understanding local referral pathways
Understanding of behaviour change
Understanding of H&W and factors to improve health
Understanding of the system complexity and what this means in the context of the role
Working with community

Skills required for these roles

Able to work autonomously
Active listening
Adaptability
Analytical
Assessing risk of individuals
Assessment
Assessment skills
Baseline assessment
Basic IT / admin
Behaviour change
Boundaries and limitation of knowledge
Build up own evidence, case studies
Coaching
Coaching / mentoring
Coaching skills
Communication
Communication skills
Community / networking
Competency to lone working
Computer literate
Conflict management
Conflict resolution
Co-production
Effective communication
Emotional intelligence
Facilitate
Gathering soft intelligence – identify trends
Good communication skills
Health promotion
Insightful

Interpersonal skills
IT skills, basic admin, HR skills
Keep accurate records
Knowing your own limitation and within your role
Listening skills
Lone working
Making every contact count
Making relationships with communities
Manage resources and own time effectively
Managing
Managing case load – discharging
Maximise resources
Meaningful engagement with people
Mentoring and support
Motivational
Motivational interviewing
Motivational skills – behavioural change model
Multi-agency working
Navigation
Negotiation
Networking
Patient-centred approach
Persistent
Personal resilience
Person-centred
Proactive
Problem solving
Problem solving – evaluation
Professional boundaries
Recognise where your own role begins and ends
Recognising vulnerable people
Relationship building
Report / log evidence
Research skills
Resilience
Resilient
Restorative practice
Safeguarding
Safeguarding / risk assessment
Sharing good practice
Signposting
Signposting / to local services (and knowledge thereof) and keeping resources up to date
Signposting and navigation
Sign-posting and record-keeping
Taking observations and associated competencies
Team worker
Team working
Team working skills
Think creatively
Time management / workload

Time management planning
Trauma-informed approach
Understand and action - holistic assessment - pulling needs and opportunity and barriers
Understanding 'clientele'
Understanding challenging behaviour and being able to deal with it effectively
Work autonomously

Behaviours demonstrated in these roles

'CARE' values framework (in KSS NHS JD)
Access to regular supervision and professional advice
Active listening
Adaptability between customer and professionals
Adaptable
Appropriate referral
Caring
Collaborative
Committed to equality
Committed to improving community
Communication
Communication – upwards, client
Compassion
Compassionate
Confidential
Customer skills
Emotional resilience
Empathetic
Empathy
Flexible
Flexible and creative approach
Happy working unsocial hours
Honesty
Honourable
Inclusive
Interested in work
Interpretation – practice
Judgement
Lone working
Managing upwards
Non-Judgemental
Non-judgemental behaviours
Passion (for their communities)
Passionate about role
Patient
PCC
Person centred approach
Proactive
Professional
Rapport building
Reflective / self-knowledge

Relationship building and collaboration working
Resilience
Resilient
Respect
See opportunities
Self-awareness
Skill/assets of person and network
Solution focused
Strength based approach
Supportive
To sit with person spec (truthful, sincere, trustworthy)
Wanting to make a difference
What matters to them not what's the matter with them
Wise

Acknowledgements

Organisations that attended the event

National agencies

Public Health England
Health Education England
Health Education England, Wessex
Royal Society for Public Health
Skills for Health
Skills for Care

Local authorities

Cornwall Council
Herefordshire Council
Kent County Council
Lincolnshire County Council, Training Hub
London Borough of Enfield
London Borough of Newham
Northampton County Council, First for Wellbeing
Sevenoaks District Council
Surrey County Council

NHS bodies

Barts Health NHS Trust
Buckinghamshire CCG
East Lancashire Hospitals
Kent Community Health NHS Foundation Trust
Lincolnshire Partnership NHS Foundation Trust
Medway NHS Foundation Trust
Midlands Partnership Foundation Trust
North London Partners (STP)
Newcastle Upon Tyne Hospitals
NWL Collaborations of CCG's (Brent, Central London, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and West London CCGs)
Royal Free London NHS Foundation Trust
Sussex Community NHS Foundation trust
The Royal Wolverhampton NHS Trust
Tower Hamlets GP Care Group
Waltham Forest CCG

Other employers

Caretech
Community Matters
Evolve
Frimley Health & Care Integrated Care System (ICS)
HealthWorks Newcastle
Joined up Careers Derbyshire
Leicester Ageing Together – Vista
Manchester Health & Care Commissioning
Mental Health Concern
National Association of Link Workers
Newham Health Collaborative
SWL Health & Care Partnership
Wellbeing Exeter
Woodford Homecare

Educational institutions

University College Birmingham
University of Derby

Other nations

NHS Health Scotland
Swansea Bay University Health Board

FAQs – questions raised at the event

Q	If this apprenticeship goes ahead, what is the approximate date it will be ready to function? In other words, when will it be launched?
A	There is a comprehensive and robust process of standard development set out by the Institute for Apprenticeships and Technical Education (IfA)[49]. The standard is developed through the collaborative efforts of a representative group of those employers (trailblazer group[50]) who intend to use the apprenticeship standard to develop their workforces. Standard development takes some time, usually between 18 months to 2 years. This process is yet to start with the Level 3/4 standard discussed in this document so, if it progresses successfully, the apprenticeship could be available from late 2020.
Q	Who would the training providers be?
A	The training providers will identify themselves if they feel that they can deliver an 'off-the-job' programme of learning, that delivers on the knowledge, skills and behaviours set out by the employer (trailblazer) group in the standard. Training providers will need to register with the IfA[51] to be approved providers for the standard. Employers will commission the training from the registered providers.
Q	Would there be a minimum number of apprentices any one organisation would have to offer?
A	There is no limit to how many apprentices any single employer may wish to support, or any minimum. However, sufficient overall demand for an apprenticeship standard would need to be demonstrated, across the employment market, to justify embarking on the process of standard development, because it requires a significant investment of resources. The greater the demand, the more successful the apprenticeship is likely to be.
Q	Is there likely to be a local training provider in the South West?
A	Employers, in any given region, may be in the best position to identify the training and development needs and demands for their workers, and liaise with their local education providers, whether they are universities, further education colleges, or independent providers. Employers may wish to collaborate to collectively engage with their local providers to ensure that they have the right quality provision in place to support apprentices across their locality.

Q	How long does it take to set up the apprenticeship? What are the key milestones and timescales?
A	It can take up to 2 years to establish a standard that is ready for delivery. There are 3 key stages set out by the IfA[48]: 1. Submitting an **Occupational Proposal** 2. Developing and submitting the **Standard** 3. Defining the **End Point Assessment** with the agreement of the funding allocation
Q	Are the right people in the room – what about those who are already in the role?
A	Following the workshop, and given the level of interest in this standard, further work will be carried out to reach for wider engagement with those who employ people in community-centred roles, and those already working in these roles
Q	If these roles already exist in different ways is it more important to connect them rather than set a standard?
A	Together, we could do both. The configuration of these workforces will vary considerably in different regions of the country and it may be for these roles to become better connected at a local level. This will need to be done through the collaborative efforts of local agencies from all sectors. An apprenticeship standard for England will create a mechanism through which a national benchmark can be provided for a range of roles, providing a means of quality assurance in an unregulated workforce, and to enable employers to access the apprenticeship levy to equip workers with a recognised qualification that will enable them to manage their careers and move around the system.
Q	These roles can be at different levels i.e. Agenda for Change[52] band 2 up to band 6. How do we factor this in to the apprenticeship development which is needed and very important?
A	We may establish a better understanding of the range of roles, and levels of worker, when we engage directly with the workforce. There may be other ways to support workers at other levels, but there is some evidence of a critical mass working around level 3-4 (qualifications level[1]), and this may be the best place to start the process. There may be scope, as the workforce evolves across the country, to look at the demand or need for an apprenticeship standard at perhaps a level 5 (foundation degree level/Diploma in Higher Education[1]) which could be explored in the future.
Q	What are we trying to solve? Is this a standalone or integrated role?
A	Some concerns have been expressed that people engaged in the roles discussed do not have established or widely recognised training and development programmes to equip them for their roles before they start, and when they have become accomplished in their

	roles through experience and learning 'on-the-job', they do not then have any credentials to help them to move into other roles or develop their careers. The idea is that the standard is sufficiently generic to support a number of roles that may be based in different sectors or organisations, but are demonstrating a shared set of key skills, behaviours and knowledge. An apprenticeship standard could not just support individuals working in these roles, but also the whole system, as these workers become readily adaptable to other similar roles across the system. Shared learning 'off-the-job' could potentially help workers to connect with colleagues from other sectors, adding value to service delivery and local efforts towards effective inter-sectoral collaboration.
Q	When public health does not form the whole role, is this eligible for the apprenticeship?
A	The standard, if developed, will be to support roles (jobs) that are engaged with the duties outlined in the occupational profile. The employer will need to decide to what extent their workers carry out these duties, and whether this warrants engaging with an apprenticeship. If followed on a part-time basis, the total duration of the apprenticeship will be longer.
Q	Does the system need an apprenticeship or a skills framework to ensure consistency across different roles?
A	The standard will effectively define the skills for the roles, as well as the underpinning knowledge and behaviours, set out against the main duties for the occupation (which are often reflected in a series of roles). A skills framework might be helpful, but it will not provide a recognised national qualification for the workers to support them in their employability. The standard could be mapped to functions described in the existing Public Health Skills and Knowledge Framework, which was used to develop the standard for the Level 6 (integrated degree) public health practitioner standard[47].
Q	Do employers want people with qualifications or people with experience?
A	Employers may want people with both. Life experience is an important aspect to the personal qualities that are often required of people in these roles, but employers may also wish to support their employees in their personal and career development, and to have the assurances that their workers have command of the necessary underpinning knowledge, skills and behaviours for the role, and consistently across their services.
Q	These roles exist within the VCFS without our knowledge – are we able to map that?
A	We will be making every effort to engage with employers in the VCSE (Voluntary, Community and Social Enterprise) sector, as well as those in the main public sector, through our existing national networks, and through local commissioning and provider organisations based in the English regions.

References and weblinks

1 What qualification levels mean, GOV.UK website *[accessed 25 July 2019].* Available from: https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels

2 Fit for the Future: public health people (May 2016) and Fit for the Future: public health people progress report 2016-2018, Public Health England. Available from: https://www.gov.uk/government/publications/fit-for-the-future-public-health-people

3 Public Health Skills and Knowledge Framework (November 2016) and associated tools and guidance, GOV.UK website [*accessed 25 July 2019*]. Available from: https://www.gov.uk/government/collections/public-health-skills-and-knowledge-framework

4 English Apprenticeships: Our 2020 Vision Department for Business, Innovation and Skills, December 2015. Available from: https://www.gov.uk/government/publications/apprenticeships-in-england-vision-for-2020

5 Mapping the core public health workforce Final report, Centre for Workforce Intelligence, October 2014. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507518/CfWI_Mapping_the_core_public_health_workforce.pdf

6 A conceptual framework for understanding the mechanism of action of community health workers services: the centrality of social support (Taylor, B., Mathers, J., Parry, J) *Journal of Public Health*, Vol 41, Issue 1, March 2019, pages 138-148. Available from: https://academic.oup.com/jpubhealth/article/41/1/138/4677313?searchresult=1

7 Health matters: community-centred approaches for health and wellbeing, PHE Guidance, 28 February 2018. Available from: https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing

8 Public Health Skills and Knowledge Framework (PHSKF): mapping of community-centred ways of working, PHE Web Resource, PHE Library 2019. Available from: https://phe.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=57939

9 Quality in public health: a shared responsibility, PHE Guidance, Public Health Systems Group, 21 March 2019. Available from: https://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

10 Choosing Health: making healthier choices easier, Department of Health, 16 November 2004 (The National Archives). Available from: https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

[11] National Occupational Standards, Public Health, NHS Health Trainers [*accessed 26 June 2019*]. Available from:
https://www.ukstandards.org.uk/NOS-Finder#Default=%7B%22k%22%3A%22Health%20Trainers%22%2C%22r%22%3A%5B%7B%22n%22%3A%22NOS-SuiteMetadata%22%2C%22t%22%3A%5B%22%5C%22%C7%82%C7%825075626c6963204865616c7468%5C%22%22%5D%2C%22o%22%3A%22and%22%2C%22k%22%3Afalse%2C%22m%22%3Anull%7D%5D%7D

[12] Health Trainers, RSPH website [*accessed 10 June 2019*]. Available from:
https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/health-trainers.html

[13] Northumbria Health Trainer Service, Northumbria Healthcare NHS Foundation Trust [*accessed 29 July 2019*]. Available from:
https://www.northumbria.nhs.uk/our-services/health-improvement/health-trainer-service/

[14] Kent 'One You' service, Kent County Council [*accessed 29 July 2019*]. Available from:
https://www.kent.gov.uk/social-care-and-health/health/one-you-kent

[15] Bolton Health Trainers, Bolton NHS Foundation Trust [*accessed 29 July 2019*]. Available from: http://www.boltonft.nhs.uk/services/health-improvement-practitioners/

[16] Care Navigation: A Competency Framework, Health Education England, 2016. Available from:
https://www.hee.nhs.uk/sites/default/files/documents/Care%20Navigation%20Competency%20Framework_Final.pdf

[17] Camden care Navigation and Social Prescribing, Age UK [*accessed 29 July 2019*]. Available from: https://www.ageuk.org.uk/camden/our-services/care-navigators/

[18] Local Area Coordination Network [*accessed 29 July 2019*]. Available from:
https://lacnetwork.org/

[19] Community Catalysts [*accessed 29 July 2019*]. Available from:
https://www.communitycatalysts.co.uk/

[20] Local Area Coordination network, 'Stronger Together', website [*accessed 25 July 2019*]. Available from: https://lacnetwork.org/local-area-coordination/

[21] 'Prevention is better than cure: our vision to help you live well for longer'[21] (Department of Health and Social Care, 5 November 2018). Available from:
https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer

[22] NHS Long Term Plan, NHS England, Guidance, January 2019. Available from:
https://www.longtermplan.nhs.uk/

[23] Advancing our health: prevention in the 2020s, HM Government, (open consultation) 24 July 2019 [*accessed 25 July 2019*]. Available from:
https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s

24 Integrated Care Systems, NHS England website [*accessed 25 July 2019*]. Available from: https://www.england.nhs.uk/integratedcare/integrated-care-systems/

25 Population Health Framework for Healthcare Providers, Briefing, June 2019. Available from: https://nhsproviders.org/media/644142/population-health-framework-1f.pdf

26 Health Inequalities: place-based approaches to reduce inequalities, Guidance, Public Health England, Association of the Directors of Public Health, and the Local Government Association, 29 July 2019 [*accessed 30 July 2019].* Available from: https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

27 Personalised care, NHS England website [*accessed 25 July 2019*]. Available from: https://www.england.nhs.uk/personalisedcare/

28 Primary care networks, NHS England website [*accessed 25 July 2019*]. Available from: https://www.england.nhs.uk/primary-care/primary-care-networks/

29 All Our Health (guidance) Social Prescribing, PHE published 5 March 2019. Available from: https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health

30 All Our Health: Social Prescribing module, eLearning for Health website [*accessed 25 July 2019*]. Available from: https://portal.e-lfh.org.uk/Component/Details/571333

31 National Institute for Health and Care Excellence (NICE) evidence search (social prescribing), NICE website [*accessed 25 July 2019*]. Available from: https://www.evidence.nhs.uk/search?q=social+prescribing

32 Tackling loneliness with social prescribing – a British Reg Cross and Co-op success story, Co-op website, published 14 March 2019 [*accessed 25 July 2019*]. Available from: https://www.co-operative.coop/media/news-releases/tackling-loneliness-with-social-prescribing-a-british-red-cross-and-co-op

33 A connected society: a strategy for tackling loneliness – laying the foundations for change, Department for Digital, Culture, Media and Sport, October 2018. Available from: https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

34 Bromley by Bow Centre [*accessed 29 July 2019*]. Available from: https://www.bbbc.org.uk/services/social-prescribing-for-health-and-wellbeing/

35 Social Prescribing for Equality and Resilience (SPEAR), Wellspring Healthy Living Centre [*accessed 29 July 2019*]. Available from: https://www.wellspringhlc.org.uk/social-prescribing-in-bristol/?gclid=CjwKCAjw__fnBRANEiwAuFxET4WIlWJWQN2S3Is0hKjlaEO0VgL6sCGZPYsO_g7V3d6mEEQJSFBYlRoC1dEQAvD_BwE

36 North Tyneside Social Prescribing Service, First Contact Clinical [*accessed 29 July 2019*]. Available from: http://www.socialprescribing.org.uk/

37 National Association of Link Workers, Connect Link [*accessed 29 July 2019*]. Available from: https://www.connectlink.org/

38 Working in Place: A framework for place-based approaches, Institute for Voluntary Action Research, 2016. Available from: https://www.ivar.org.uk/wp-content/uploads/2016/09/IVAR008-Place-Based-Funding-Report_AW-3-1.pdf

39 Enterprise Act 2016, PART 4 Apprenticeships, legislation.gov.uk [*accessed 25 July 2019*]. Available from: http://www.legislation.gov.uk/ukpga/2016/12/part/4/enacted

40 Institute for Apprenticeships and Technical Education [*accessed 05 August 2019*]. Available from: https://www.instituteforapprenticeships.org/

41 Apprenticeship off-the-job training: Policy background and examples, Version 2 (reissued), Department for Education, April 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792228/OTJ_training_guidancev2_reissued_.pdf

42 Level 3 Diploma in Health and Wellbeing Improvement – Supporting behaviour change in professional practice, Royal Society for Public Health website [*accessed 25 July 2019*]. Available from:
 https://www.rsph.org.uk/qualification/level-3-diploma-in-health-and-wellbeing-improvement-supporting-behaviour-change-in-professional-practice.html

43 Certa Level 3 Certificate in Social Prescribing [*accessed 25 July 2019*]. Available from: http://www.certa.org.uk/what_we_do/certa_level_3_certificate_in_social_prescribing

44 Apprenticeship funding: how it works, Guidance, Education and Skills Funding Agency, updated 13 March 2019 *[accessed 25 July 2019*]. Available from: https://www.gov.uk/government/publications/apprenticeship-levy-how-it-will-work/apprenticeship-levy-how-it-will-work

45 The Future of Apprenticeships in England: Apprenticeship Standard for Wellbeing Support Workers, Skills for Health, Healthcare Apprenticeship Standards Online (HASO) website, [*accessed 25 July 2019*]. Available from: https://haso.skillsforhealth.org.uk/wp-content/uploads/2017/04/SR-Wellbeing-Support-Worker.pdf

46 Pre EOI Trailblazer Investigations for Health Trainers, Skills for Health, Healthcare Apprenticeship Standards Online (HASO) website [*accessed 25 July 2019*]. Available from: https://haso.skillsforhealth.org.uk/wp-content/uploads/2017/04/Report-on-Health-Trainer-Apprenticeships-1.pdf

47 Public Health Practitioner, Institute for Apprenticeships and Technical Education [*accessed 05 August 2019*]. Available from: https://www.instituteforapprenticeships.org/apprenticeship-standards/public-health-practitioner/

[48] Apprenticeship builder & submissions, Institute for Apprenticeships and Technical Education [*accessed 02 August 2019*]. Available from: https://www.instituteforapprenticeships.org/developing-new-apprenticeships/apprenticeship-builder-submissions/

[49] Developing new apprenticeship standards – overview, Institute for Apprenticeships and Technical Education [*accessed 02 August 2019*]. Available from: https://www.instituteforapprenticeships.org/developing-new-apprenticeships/developing-new-apprenticeship-standards-overview/

[50] Forming a Trailblazer group, Institute for Apprenticeships and Technical Education [*accessed 02 August 2019*]. Available from: https://www.instituteforapprenticeships.org/developing-new-apprenticeships/forming-a-trailblazer-group/

[51] Register of apprenticeship training providers, GOV.UK website [*accessed 02 August 2019*]. Available from: https://www.gov.uk/guidance/register-of-apprenticeship-training-providers

[52] NHS Terms and Conditions (AfC) pay scales – Annual, NHS employers [*accessed 27 June 2019*]. Available from: https://www.nhsemployers.org/pay-pensions-and-reward/agenda-for-change/pay-scales/annual