

**East of England
Health Trainer Service
Operational Document**

March 2011

**Sue Green
East of England Health Trainer Hub Lead**

	Page
Contents	2-4
Introduction	5
NHS Health Trainers (HTs)	6
Aims of a health trainer service	7
Employment Models	8
National Qualifications	9
Competencies (HT1-4)	9-11
Progression and Learning pathway	12-13
Support, HT role	13
Managing the Health Trainer Workforce	13
-HT Service Models	13
-Commissioners	14
-Service Providers	14
Technical Support	14
Professional Supervision	14
Commissioning Pathway	15
Target populations	16
Health Trainer Interventions	16
Client Pathway	16
Referring into Health Trainer Services	17-18
Assessing Motivation	19
The Health Trainer Intervention	20
Assessment and Goals	21
Client Assessment	21
Brief Intervention	22
HT Support	22
Personal Health Plan	23
Review of Client	
-Timing	24
-Sign off	24
-Number of Contacts	25
-Maximum number	25
Data Management System –	26

Monitoring and Data Collection	26
Performance Monitoring	27
Strategic Health Authority Performance Management	27-8
Indicators and Targets	29
Local monitoring	
Evaluation and Evaluation Measures	30-32
EoE NHS Health Trainer Services	32
Roles and responsibilities	32
Management	32-34
Delivery and support	
Sample staffing structure	35
Guidance for Partners	36
Partnership Model/Roles	37
Recruitment	38
Training and assessment	38-39
Training Timetable	40
Assessment Process	40 - 41
Appendices	42
Appendix 1 Referral Protocol	43-44
Appendix 2 Competencies for HT	45-47
Appendix 3 Financial support in getting back to Work	48
Appendix 4- 4.4	
Job Descriptions:-	
a) Voluntary Health Trainer Champion level 2	49-50
b) AfC band 2 Health Trainer Champion Entry level HT	51-55
c) Health trainer level 3, AfC band 3	56-60
d) Job profile	61
Abbreviations	
Health Trainer (HT)	
Health Trainer Champion (HTC)	
Trainee Health Trainer (THT)	
East of England (EoE)	

The East of England Hub Lead would like to thank the NHS West Midlands and Birmingham Primary Care Shared Services Agency for their assistance in developing this document.

Introduction

This document contains all the necessary information to plan, establish and implement Health Trainer Services.

The document is in two parts. Part One contains overall information about Health Trainer Services and Part Two contains appendices which provide implementation and delivery information.

This document provides information and guidance on:

- ⇒ Health Trainer Service outline, including service aims and objectives, target population, referral criteria.
- ⇒ The Health Trainer Intervention, describing the process that Health Trainers use with clients
- ⇒ Underpinning standard and structures, including Performance Targets, sample costings, Data Collection and staffing structures
- ⇒ Information on evaluation
- ⇒ Recruitment, training and assessment of Health Trainers

Further support and information can be obtained from:

Sue Green

East of England Health Trainer Hub Manager

sue.green@norfolk.nhs.uk

Tel 07825364139

1. NHS Health Trainers

NHS Health Trainers (HTs) are a new workforce to be recruited from the community and working in the NHS & local organisations including local authorities, businesses, the voluntary and community sector.

They will have experience and understanding of what it means to live, or be part of, their community. The expectation is that their diversity, including age, ethnicity, race and gender will reflect the local area.

They may also be people working in the area who gain extra skills to be a NHS Health Trainer as part of their existing role. For example, they may be community pharmacy assistants, leisure centre workers, trade union representatives, non-teaching assistants, housing officers, charity staff or librarians.

NHS Health Trainers will be visible and accessible to local people, proactively engaging individuals through the settings they work in. They will be able to receive client's self referrals and referrals from professional groups, and direct people to local services through their knowledge of the area. They will motivate and help people to set goals by developing personal health plans, give practical support to carry out those plans and identify with the individuals their barriers to change. They will act as a crucial link between professionals and communities, translating health messages into actions that take account of individual circumstances.

The initiative has been developed to help reduce health inequalities and is targeted first at the most disadvantaged.

Health Trainer Services are a health improvement, ill health prevention service aimed at people from disadvantaged communities. They provide one to one support services for individuals requiring help with lifestyle changes recommended by a health care professional. They are an important addition to services aimed at tackling inequalities in health, targeting resources on individual and areas in greatest need, bringing them into effective contact with core services such as screening and lifestyle risk management services such as smoking cessation.

The aims of Health Trainer Services are to:

- Work with individuals to carry out a lifestyle risk assessment
- Enable individuals to make changes in their behaviour to achieve a positive impact on their health
- Target individuals from deprived communities
- Bring those individuals into more effective contact with mainstream health improvement services

In order to achieve these aims, Health Trainer Services will:

- Provide an approachable, skilled and flexible workforce able to offer practical support and help to individuals wishing to make recommended changes
- Offer services in accessible locations within the EoE areas, at venues and times to suit local needs
- Provide clear information for service users (clients and referral agents) to ensure that Health Trainer Services are used to optimum effect
- Collect and maintain accurate record and data systems to ensure high quality performance and monitoring information is available
- Evaluate effectiveness of service locally and make changes as identified by evaluation outcomes

Employment models

Health Trainers were identified as an important workforce resource for helping deliver the ambitious and practical approach to tackling health inequalities outlined in the 'Choosing Health' White Paper (DH 2004)

The description of the Health Trainer set out in 'Choosing Health' provided a framework and a set of 'core principles' to guide the development of health trainer services. It was always the intention that Health Trainers should understand the needs of and be recruited from their community.

HTs may be employed full time, part-time, as a volunteer but will need training and support to develop competence in the health trainer role.

HTs and HTC's can work in:-

1. The community
2. Prisons
3. NHS
4. Local Authorities
5. Their own workplace
6. The Voluntary Sector
7. The Armed Forces
8. Probation Service
9. Gypsy and Traveller communities and so on

Health Trainer Competences

The health trainer role is described in the National Occupational Standards for Health Trainers – otherwise known as The Health Trainer Competences.

These competencies are:-

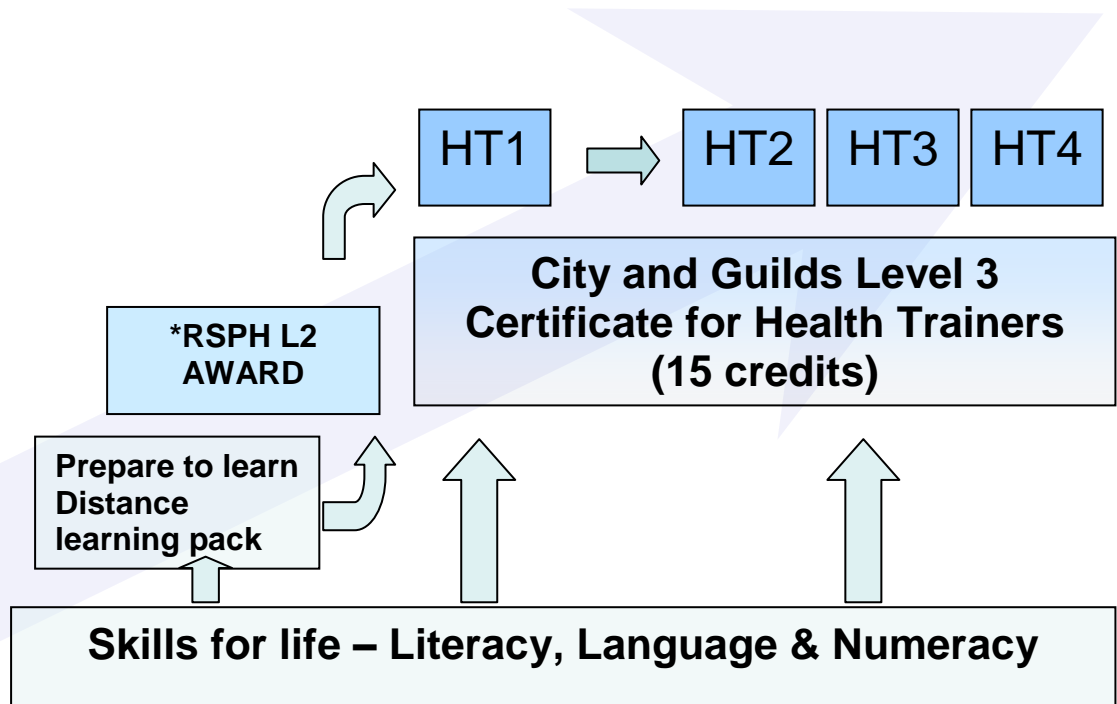
1. HT1 Make relationships with Communities
2. HT2 Communicate with individuals about promoting their health and well-being
3. HT3-Enable individuals to change their behaviour to improve their own health and well-being
4. HT4- Manage and organise your own time and activities

National Qualifications

There are three basic ways in which health trainers gain national recognition –

The following diagram shows the progression route available for Level 2 HTC and Level 3 HT.

**E
N
T
R
Y**



ENTRY LEVEL:- Skills for Life Recognition – the underpinning literacy, language and numeracy skills that are required by health trainers have been identified and this will enable them to take advantage of progression opportunities. Health trainers may wish to undertake the National Certificates in Literacy and Numeracy at Levels 1 and 2.

***Royal Society of Public Health**

Where to find the RSPH level 2 Understanding Health Improvement Qualification

<http://www.rsph.org.uk/en/qualifications/qualifications/qualifications.cfm>

How to become a registered centre

<http://www.rsph.org.uk/en/qualifications/qualifications/i-want-to-become-a-rsph-registered-centre.cfm>

There are no pre-course entry requirements for the Level 2 Award in ‘Understanding Health Improvement’ but it is recommended that candidates have good oral communication skills, basic standards of literacy and numeracy, and an ability to relate to people from a wide variety of backgrounds.

Programmed outcomes are achieved through classroom, distance and work based learning activities. Learner support, supervision and assessments are provided by tutors, health promotion specialists and the health trainer team co-ordinator / manager.

The Level 2 award offered by the Royal Society of Public Health is more limited in scope than the C&G Award. It is likely to be of benefit to individuals who are undertaking part of a health trainer's role (such as communicating about health and signposting) rather than the full range of HT Competences. These HTs competencies have been evaluated by the NHS Agenda for Change Job Evaluation system and placed at a band 2. An Exemplar job description has been produced that can be tailored to meet local requirements (see appendix 4-4.4). The award is relevant to groups across a range of community and organisational settings who have an interest in the health and wellbeing of their workforce or customer and client groups. It is a stand-alone programme for Level 2 HTC, which can also be a stepping- stone for those aspiring to become fully qualified (Level 3) Health Trainers. The programme can be completed in one day but the majority of services complete the award over several days, and the assessment consists of a multiple choice questionnaire.

The City & Guilds Level 3 Certificate for Health Trainers qualification

Where to find the qualification

(Ref 7562 Accreditation number) has been assessed by the Qualification and Credit Framework (QCF) team.

http://www.cityandguilds.com/48841.html?sType=q&subject_or_code=Certificate+for+Health+Trainers+%287562%29

How to Become a centre to deliver the City & Guilds

<http://www.cityandguilds.com/uk-centres.html>

What is QCF?

The Qualifications and Credit Framework (QCF) is the new way of recognising achievement - through the award of credit for units and qualifications - across England, Wales and Northern Ireland. The HT qualification is a 15 credit qualification, gained over 70 guided learning hours, plus portfolio and on-the-job assessments. It provides more flexible routes to gaining full qualifications and

enables progression to be achieved in smaller steps through the accumulation of credit. The level 3 comprising four mandatory units (HT1-4), which are mapped to the four Health Trainer competences (NOS for HTs).

HTs complete 4 core units:-

- Introduction to the role and responsibilities of a health trainer
- Establishing and developing relationships with communities while working as a health trainer
- Communicate with individuals promoting their health and wellbeing while working as a health trainer
- Enable individuals to change their behaviour to improve their health and wellbeing while working as a health trainer.

The East of England (EoE) Learning Pathway provides the opportunity for those HTs who have achieved the Level 2 Award to complete the first Level 3 unit (HT1) as a stand-alone module. Completion of the module and assignment will take approximately 40 hours (10 hours of classroom based learning, and up to 30 hours of work-based and distance learning).

AWARD MODULE 3: Covers all of the HT Competences and clearly reflects the specific role of HTs as envisaged in 'Choosing Health' i.e. the 'NHS accredited health trainer'.

The role of these HTs have been evaluated by the NHS Agenda for Change Job Evaluation system and placed at a band 3. An Exemplar job description has been produced that can be tailored to meet local requirements (see appendix 4-4.4).

This module comprises the three units related to HT2, HT3 and HT4. It comprises classroom, distance and practice based learning that will require approximately 130 hours to complete. Assignments will include written short answer tests and scenario-based questions. The successful completion of all units is required to achieve the full qualification. The role of HT will vary according to the settings in which they work e.g. NHS, local authority, the voluntary, prisons and community sector and awards will be chosen that are appropriate to the service.

The Learning & Development Pathway

RSPH Level 2 Award Some of the competences HT1, HT2 & HT3 (Approx 10 guided learning hours)	C & G Level 3 credits Competences HT1	C & G Level 3 Health Trainer Qualification Competences HT2, HT3 & HT4
Introductory Module 1	Foundation Module 2	Award Module 3
Helping people develop healthy behaviours and lifestyles. Providing information about health & wellbeing.	Making contacts with and developing relationships within communities. Signposting people to appropriate health and wellbeing services.	Enabling individuals to develop an action plan to make the changes they want to. Helping individuals to change their behaviour and maintain change.

Support

All EoE Level 2 HTC's and Level 3 HT's will be able to access the Learner Support Network (in their PCT) for continuing professional development (CPD) and support, ie

- Needs assessment and annual review
- Learning support network meetings
- Phone in surgery with named health lead
- Health Promotion resources and materials

Commitment to work-place support, supervision and assessment is also required within each organisation to help trainees apply their learning to practice. Awareness raising programmes are available for managers, supervisors and potential HT's, and an orientation programme for work-based assessors.

1. Awareness raising - to ensure an understanding of the HT role, and the competencies and requirements. (Session lasts approx 1.5 hours)
2. Orientation for those responsible for supervising and/or assessing competence in the work-place of THT's who are undertaking the City & Guilds Health Trainer Foundation or Award Programme.

The Health Trainer Champion Role

Level 2 HTC (will involve: Providing clear, up-to-date information to people within their community (which may be their workplace) about health and wellbeing, including what might affect their health and wellbeing, things they can do to improve their health & wellbeing and people who might be able to help them. Helping people to develop their knowledge and skills about health and wellbeing, by enabling people to access information, advice and support (eg signposting and referring to local services, accompanying to appointments etc) is a major aspect of this role.

Level 2 HTCs who are working in a community setting and who regularly engage and interact with local people who do not usually access health services, or who are often excluded from services, may wish to gain further knowledge and skills by taking the next step on the Learning & Development Pathway. The Foundation Module 2 provides the opportunity to achieve the competency HT1 which relates to making contacts and helping to develop working relationships within communities (HT1). Achievement of this competency may also enable the HTC with the appropriate level of knowledge, skills and experience to apply for a Level 3 THT position.

Qualified level 3 HT Role

A Level 3, fully qualified HT will focus on working with individuals to enable them to change their behaviour in relation to health and wellbeing, be competent to work more closely with people on a one-to-one basis to help them change their behaviour and maintain the change.

The following appendices are attached for information:

Appendix 4 Voluntary Health Trainer Job Role

Appendix 4 Trainee Health Trainer Job Description and Person Specification

Appendix 4 Qualified Health Trainer Job Description and Person Specification

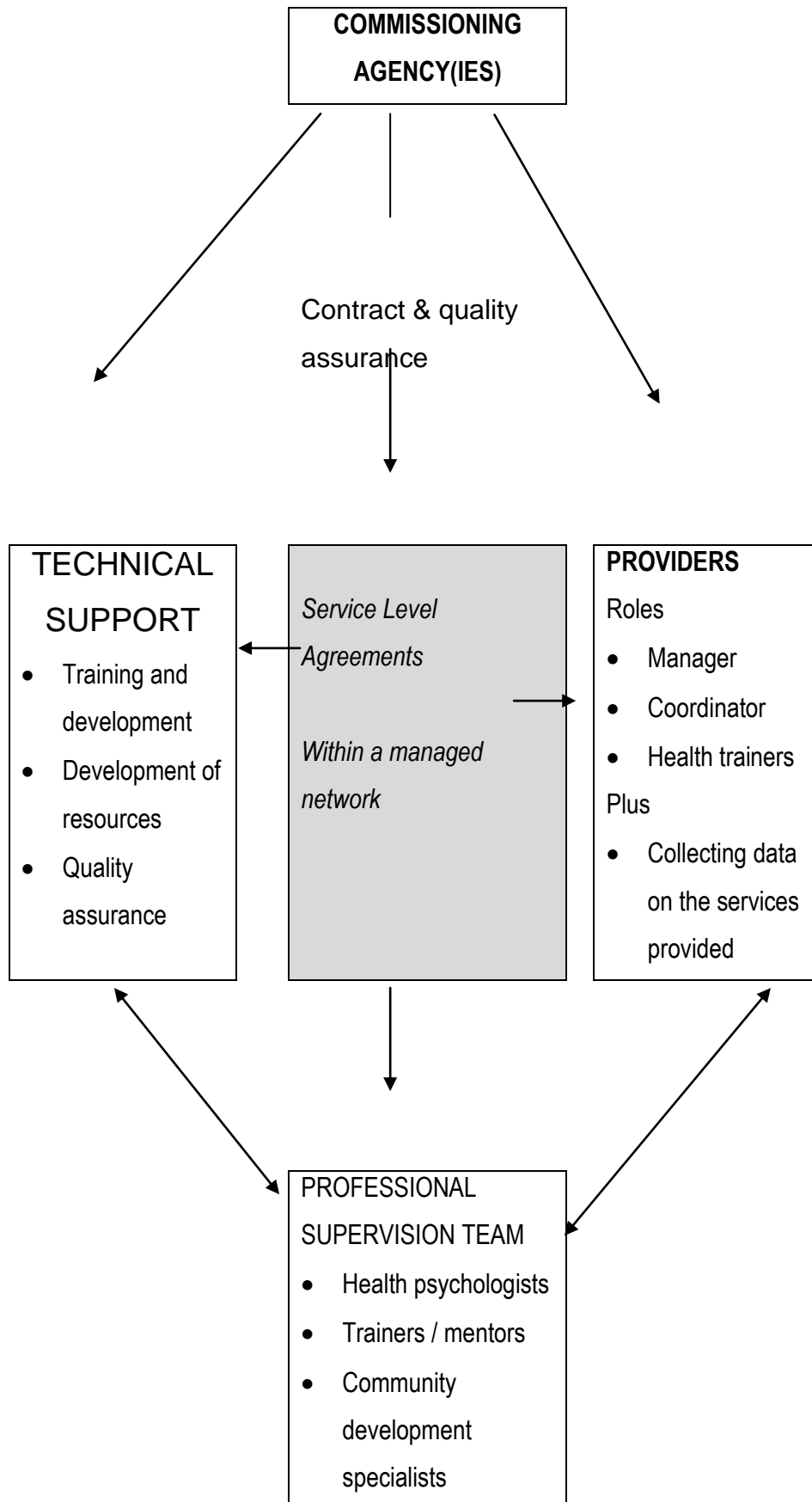
Managing and Developing the Health Trainer Workforce

Health Trainer Service Models

The exact model that you use and the people involved will depend on the locality, the agencies and people available and involved. However information received from those that have implemented a health trainer service to date identifies the following components:-

1. Commissioners (e.g. NHS Trusts, Local Authorities) whose role is to specify the purpose and nature of the service, its target audience etc and to contract and quality assure the service. Commissioner will be informed by:-
 - a) The National competencies
 - b) The level of training, development and awards that have been specified at National level.
2. Service Providers- These might be any one or more of a variety of agencies such as NHS, local authorities, voluntary agencies, private agencies etc. Within each provider service there will need to be appropriate management structures including at a minimum:
 - i) Strategic management of the service
 - ii) Operational day to day management of the HT service (e.g. HT Co-ordinators)
 - iii) Health Trainers- whether they be full-time or part-time employees, volunteers or a mixture
3. Technical support for the HT service-
Designed to support the development of the service and specifically the HT and Co-ordinators roles. This technical support might be from within either the provider or commissioning service or be a third party.
4. Professional supervision-
To ensure that the HT services, HT developments and the HT themselves are basing their work on current evidence of effectiveness particularly in relation to behaviour change which is at the heart of the HT role. Professional supervision is for both the provider service and the technical support.

These different components and their interaction are shown in the diagram below:-



Target populations

HT Services are aimed at tackling health inequalities so the client population for the service should be drawn from areas of deprivation throughout the EoE. Routine recording of clients' postcode details is therefore essential.

Clients may fall into the following categories:

Existing lifestyle risk factors

e.g. smoking, being overweight, low physical activity, poor diet, falls in the elderly or excessive alcohol consumption

Existing long term condition which could benefit from lifestyle changes

e.g. Diabetes, hypertension

Clients previously referred to lifestyle risk management services that failed to attend or to complete programmes

An example of referral criteria is attached as Appendix 1.

Health Trainer Intervention

Through using basic measures such as risk of falling, height, weight and waist circumference and assessing areas of lifestyle such as physical activity, food, alcohol and smoking HT's work through a risk assessment with clients and help them understand how their lifestyle impacts on their long term health.

Using evidence based methods for decision making and goal setting they enable individuals to make choices about lifestyle changes they could make to minimise their risk of long term illness and improve their health. Finally they help clients make plans for change, referring them to specialist health improvement services as appropriate.

HTs take time with clients (initial assessments can take up to an hour) and they offer long-term follow up support. The recommended minimum period of contact with a HT is 3 months (longer than most other services can provide).

In outline clients are taken through a four- stage process:

Initial assessment	To establish eligibility for service
Lifestyle assessment	To establish lifestyle patterns, level of risk and identify areas for change
Decision making and goal setting	To agree area for change, establish most effective method for change and agree goal
Personal Health Planning	Produce a personal plan outlining actions to be taken over an agreed time period

Health Trainer Client Pathway

One Health Trainer Client Pathway is presented over the next few pages and is the method used to ensure that there is a systematic approach to the effective implementation of the service aims and objectives. The schematic diagram is below:-

Health Trainer Client Pathway

1. Referral

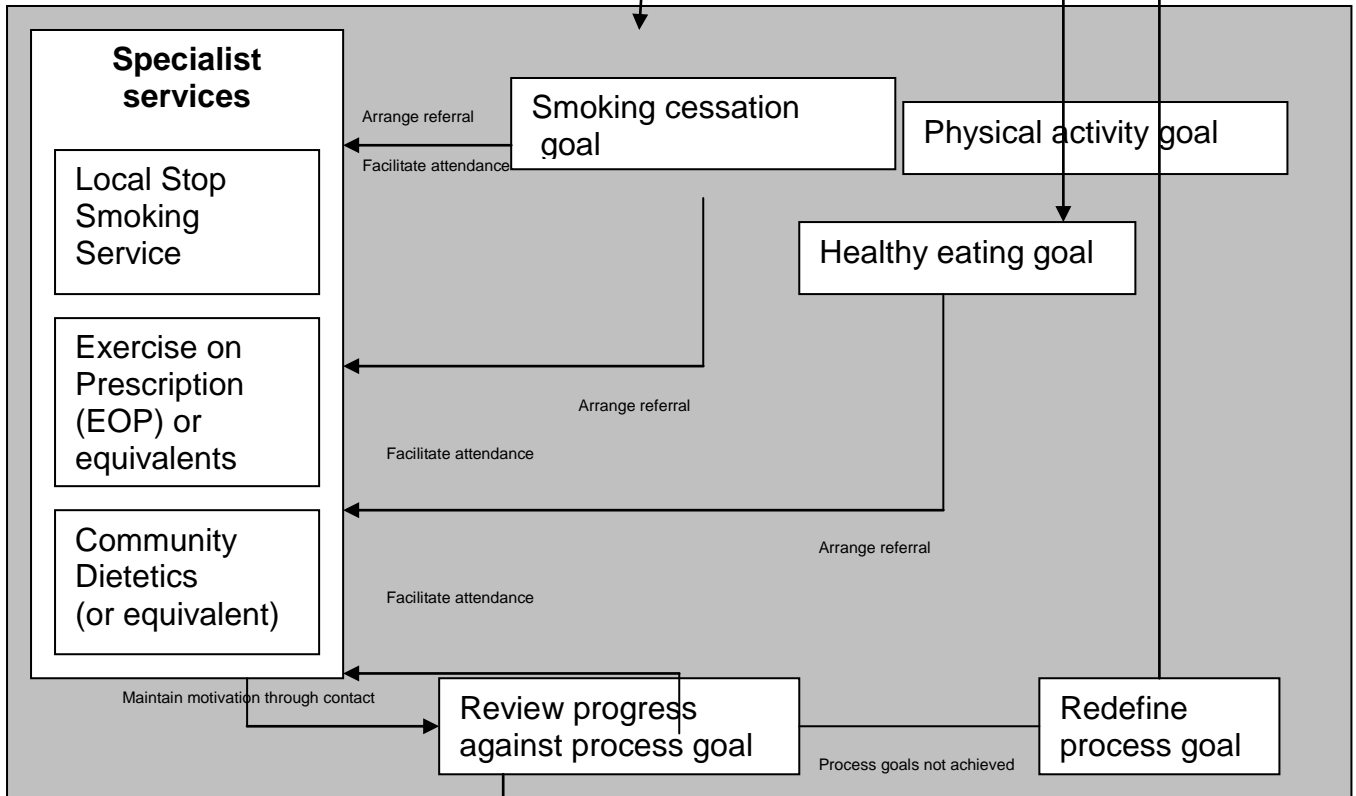
Client identified through referral network
E.g. General Practice, community settings, voluntary organisations)

Client referred to service

2. Assessments and Goal Setting

Define individual's primary goal
(Defined through assessment, eg feeling better, looking better)

Define process goals
(What needs to be done to achieve primary goals)



3. Review

Review against primary goal

Process goals achieved

Process goals not maintained
6 and 12 month's review of maintenance of process goals

Process goals maintained or "non compliant"

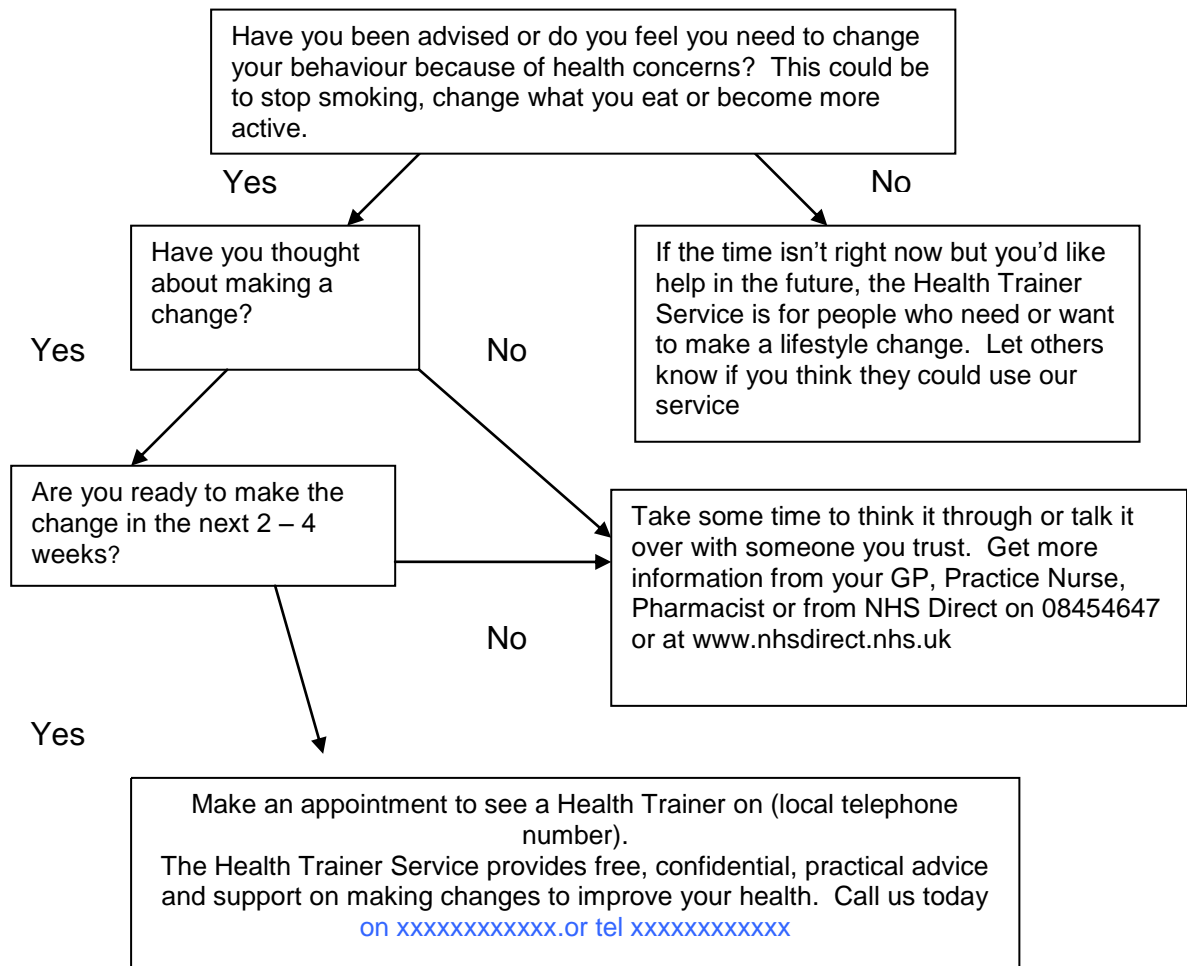
"Sign Off" Client

Referring into HT Services

It is recommended that the majority of referrals will be done through primary care services in the first instance. Future referrals could come from other local services but it is recommended that the initial focus should be on securing correct referrals from individuals or primary care practitioners. To that end a primary care referral protocol has been prepared and is overleaf. The final category of patients (in italics) is intended to enable HT services to manage demand for the service and should be used if this is likely to be high.

In addition it is recommended that self-referrals be permitted from the outset of the service. For this to be possible local services should produce locally relevant material to promote the service to the local community. This material should be supported through local marketing and promotion of the HT Service.

Information for self-referral should include a brief description of the service and how it could help someone make lifestyle changes. It may be helpful to include some questions for individuals to consider helping them decide if HT Services could help them. These could form a type of self-assessment, checking how motivated and able individuals feel to make any changes. An example is below:-



The Health Trainer Intervention

Each client will undergo:

- ⇒ Lifestyle risk assessment using:
 - physical measures such as height, weight, waist circumference, hip measurement to calculate BMI and hip to waist ratio
 - self reporting health behaviour questionnaire covering food and alcohol, physical activity and smoking

- ⇒ Assessment and explanation of relative risks from health behaviours based on information provided by the client

- ⇒ Exploration and review of options for lifestyle change

- ⇒ Assessment of individual's readiness and confidence to change

- ⇒ Personal goal setting and health action planning

- ⇒ Agreement on future support from the Health Trainer

Assessment and Goal Setting

There are a number of elements in this stage of the pathway and these should be undertaken as systematically as possible. Please refer to the Client Pathway diagram¹ (p19) for supporting information.

Client Assessment

This should take place face to face and may take a couple of sessions to complete. It is an important phase in building a working relationship with the client. This process includes confirming referral data and completing (as necessary) the initial "screening" information (age, gender, height etc.). The Health Behaviour Check is the second stage in this process and finally it should

include completion of the first stage of the evaluation, i.e. the SF36v2 questionnaire.

It is essential that HTs understand the importance of good quality record keeping so that the service can be properly evaluated. Service Co-ordinators play an important role in ensuring that the service records are accurate and well maintained.

The next task for the HTs to work with the client to establish the goal they want to achieve (the **Primary Goal** – to get fit, feel better, look better, stop smoking etc. Referred to as the general goal in the Health Trainer Handbook²) and how they will work to achieve that goal (the **Process Goal** – go to a Smoking Cessation course, eat more healthy foods, start walking etc; referred to as the “mini” or specific goal in the Health Trainer Handbook.

Brief Intervention work

For some individuals referred into the HT Service it will be appropriate for the HT to undertake some additional work with the client to help them consider whether using the Service is the type of help they need and their readiness to make an agreed change. This may be due to the goal being set is too ambitious and an additional session could be spent helping the individual to define a realistic goal. It may be that the individuals’ circumstances at the time prevent them from making a realistic attempt at change. The need for this additional one to one session with the Health Trainer is based on their judgement of need and not the client’s request. This intervention work should be recorded by the HT in client records before deciding on next steps and a referral process.

Health Trainer support and links to other services

In keeping with the aim of improving the access of people from disadvantaged communities to mainstream NHS services, referrals into existing services is expected. It is clear that these will vary from locality to locality but the major health improvement services of Smoking Cessation, Physical Activity and Food services should be main recipients of Health Trainer referrals. It is likely that as Health Trainer services become more established that referrals to other local

services such as care and repair, welfare rights, housing, community and social support will be used, recognising the wider determinants of health that have an impact on the disadvantaged communities. Health Trainer Service Co-ordinators have a significant role in marketing the service and raising its profile with a range of local services within a locality, including the Local Authority.

In addition to referring to other services, the type of support that the Health Trainer can give to an individual will be based on their assessment of motivation and need of each client. It could range from contacting the client to remind them of their appointment with a specialist service or for the Health Trainer to accompany the client to their first appointment.

Follow up support will be important so Health Trainers should seek to maintain regular telephone contact with clients to show interest and provide encouragement.

Personal Health Plan

The Personal Health Plan describes the overall goal that the client has decided to address and the steps they will take towards achievement of that goal. Included in this document is the agreement between the client and the Health Trainer on what actions they will each undertake to support achievement of the goal. It is the statement of commitment of each party and therefore needs to be clear on what has been agreed hence both parties should sign it. The individual should hold a copy of the Personal Health Plan and a copy kept in the client's records in the Health Trainer Service.

The Strategic Health Authority (SHA) will initially monitor Health Trainer Services on action taken on stopping smoking, addressing weight issues and increasing physical activity. It is recommended that these are the areas against which the service is marketed to primary care practitioners in the first instance. Individuals may identify other goals either as alternatives to or as precursors to considering these lifestyle changes. For example, a person may need to sort out personal finances before they feel able to tackle a weight issue – the Health Trainer service should be able to refer to debt advice and welfare benefits services to assist such individuals. Service Co-ordinators should be building links with other

services as identified through local knowledge of need and through review of the client records and plans.

Review of the Client

Timing

The timing of review will vary between clients and will depend on to which specialist service they have been referred. Commonly Smoking Cessation courses are 6 sessions usually on a weekly basis whereas referrals to physical activity services could be from 8 to 12 session's duration. Therefore, in agreement with the client, the review process should occur at an intermediate (probably half way point) and at the end of a specific intervention.

The purpose of review is twofold: to check whether the chosen process is the right one for the individual and then to check if the progress has been made towards the Primary Goal or if it has been achieved.

If the process goal has not been achieved it will be appropriate to review why it has not worked. This will help with identifying an alternative process, which should be offered (if available). The client moves back into supported access to a specialist service with regular monitoring and an agreed review date.

“Sign Off”

This stage completes the client pathway and can be for one of two reasons: achievement of Primary Goal or Process Goal or Health Trainer assessment of non-compliance.

Depending on the goal that has been set, there may be a number of processes used before progress against the primary goal has been achieved. Health Trainers need to assess whether there is genuine commitment to change and the client using these different processes is making real attempts. If the client is considered to be non-compliant, or not fully committed, it is entirely appropriate for the Health Trainer Service to “sign off” an individual. This can be done with the offer of support at a later date when the client is more able to make the agreed change or has had a period of reflection about whether the Health Trainer approach is what they need. This information should be shared with the referring

organisation in a sensitive manner. The client needs to be aware that this will happen from the outset.

Clients are also “signed off” when they have achieved their Goal. Ideally Health Trainer Services should seek to “sign off” clients after 12 months, recording the progress achieved by each one.

Number of contacts

Health Trainer Services should seek to move individuals through a process of change, enabling them to become independent of the support provided by Health Trainers. To this end it is recommended that Health Trainers set a limit of a **maximum number of 6 contacts per client per year.**

After this number of contacts has been reached, Health Trainers should undertake a progress review to assess whether the client is benefiting from the support. Health Trainers can sign off clients and agree to a review session in three months time. This approach ensures that clients do not become dependent on the Health Trainer and that Health Trainers see the importance of moving people on.

The Health Trainer Handbook, which outlines the stages of the Health Trainer Intervention in detail and provides worksheets to be completed by the Health Trainer and the client. You can find this at:-

<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=health+trainer+handbook>

Data Management System

Monitoring and Data Collection

There is a national requirement for a minimum dataset to be captured by Level 3 fully qualified Health Trainers. The data is to be input onto a designated database by the Health Trainers (or as agreed at setting / locality level). The Locality Project Co-ordinators will be responsible for ensuring this process is carried out (with support and training provided from the Programme Team).

Level 2 Health Trainers are also required to capture a minimum dataset and a form has been developed to capture this information. The information from the paper record is to be sent to the Programme Co-ordinator and will be input by the Programme Team.

An ideal system will

- Reflect the core principles underpinning the Health Trainer concept
- Demonstrate the effectiveness of this behavioural change approach
- Be relevant to all Health Trainer services
- Be aggregated to provide regional and national data useful to inform commissioning and service development
- Contribute to the new National Indicators

The HT Programme Co-coordinator/ Manager has responsibility for reporting activity and overseeing data collection.

The system was originally commissioned by Heart of Birmingham Teaching Primary Care Trust from Birmingham Primary Care Shared Services Authority. The SHA has worked with BPCSSA to further develop the system and it now provides:

- ⇒ Data collection for the whole Health Trainer process as outlined in the Health Trainer Handbook
- ⇒ Caseload management for individual NHS Trusts
- ⇒ Performance monitoring for the SHA (including centralised collation of data without additional work for Service Co-ordinators in reporting to the SHA)
- ⇒ Data extraction facilities to enable local management reporting

⇒ As a web based system, access is possible from any location via NHS secure network (requires appropriate registration by Health Trainer Service providers)

All Health Trainer Services in the EoE region will be registered to use the Trainers in Health Data Management System.

For further details on the system see TIH specification attached as Appendix 3.

For more information on the Trainers in Health Data Management System contact David Hopkinson, Systems Manager, BPCSSA, 0121 695 2540.

Performance Monitoring

As a new initiative, which has long term investment planned over the next few years, the service will need to ensure that it is performing to a required standard of delivery and performance.

Strategic Health Authority Performance Management

In the first instance the SHA is interested in Trust's performance in relation to establishing the Health Trainer Service in their locality. In addition, they expect Health Trainer Services to be targeted to improve the health of disadvantaged communities and to promote improvements in health status. To assess these outcomes the following **indicators** will be used to measure performance.

1. Appointment of a Health Trainer Manager
2. Appointment of Health Trainer Service Co-ordinators
3. Number of WTE Health Trainers in post
(targets will be set based on data from the Regional Lifestyle Survey and deprivation indicators for each Trust)
4. Number of clients referred to the Health Trainer Service
5. Proportion of clients referred to the Health Trainer Service from deprived areas
6. Number of initial assessments completed
7. Proportion of clients referred receiving an initial assessment

8. Number of Personal Health Plans fully or partially successful
9. Proportion of clients referred completing a Personal Health Plan
10. Proportion of clients with completed Personal Health Plans from deprived areas
11. Proportion of clients achieving SMART objectives contained in Personal Health Plan
12. Clients achieving SMART objectives contained in Personal Health Plan from deprived areas as a proportion of all clients achieving SMART objectives.

These indicators are designed as a set to give a rounded picture of performance of Health Trainer Services. Those using the data will need to consider the impact of one indicator on the others. Further details on these indicators are attached as Appendix 4.

Performance Targets have been set for each Trust using a needs' based formula that has assessed likely target population in each Trust. These are attached as Appendix 6.

The indicators will be collected and monitored on a monthly basis, using the Trainers in Health Data Management System, mentioned earlier.

Reports containing the required performance data can be sent automatically or after local verification to the Strategic Health Authority for assessment. Given that the same system will be used by each service and that recording is conducted against a common field and coding structure, the need for benchmarking exercises is diminished.

Sample monitoring reports are attached as Appendix 3 (page 92 onwards).

Local monitoring

In addition to data required for the SHA, local Health Trainer Services will be collating information on ethnic origin, health status information (height, weight, smoking status etc) which will be useful for local and SHA assessment. This is automatically collected by the Health Trainer Data Management system that all certificated Trust Health Trainer managers and Co-ordinators will be trained to use.

The data on the system can also be downloaded locally to produce reports of particular relevance to individual Trust Health Trainer services such as reports by GP referral, referral to local services and monitoring progress for different groups of patients eg men between 35 and 55, older people etc. Support and training will be offered to the Health Trainer Manager and/or Service Co-ordinators to undertake the production of these reports.

Service Co-ordinators should also undertake regular review of referral information, ensuring that incorrect referrals are followed up and practitioners and services advised about correct use of the referral criteria. They should also check the quality of the data being collected and input into the system as gaps in data will affect the robustness of both local and regional reports.

Marketing and promotion of the service will be an important task for the Service Co-ordinators and consideration should be given to the development and use of promotional materials to raise awareness amongst professionals and communities alike. Data designed to support the establishment; maintenance and development of local services will be crucial to the effective promotion of Health Trainer Services. In addition generic material on which local promotional information can be based needs to be produced.

Evaluation

As outlined previously, the aims of Health Trainer Services are to:

- Enable individuals to make changes in their behaviour to achieve a positive impact on their health
- Target individuals from deprived communities
- Bring those individuals into more effective contact with mainstream health improvement services

The aim of the Health Trainer Service Evaluation is therefore to identify the “added value” that the services offer to improving health and wellbeing within deprived areas. Based on the above objectives, the impact of a Health Trainer Service will need to be assessed against two criteria.

1. Firstly, what was the effect of the service at an individual level (e.g. how did contact with a health trainer help to improve personal health and well-being) and
2. Secondly, at a population level (e.g. has the Health Trainer Service improved access to and compliance with local lifestyle and health improvement programmes).

The evaluation of these criteria will be dependent on the timely, accuracy and consistent collection of key variables derived from day to day data collection from Health Trainer contacts.

Evaluation Measures

Individual level:

- Improvement in health and well-being (measured by SF36v2) following intervention for all clients accessing the Health Trainer Service
- Achievement of Primary Goal

Population level:

- Increase in access rates per 1000 population for:
 - Smoking Cessation Service
 - Exercise on referral (or equivalent – locally identified)
 - Food programmes

- Increase in access to lifestyle programmes (from defined areas)
 - Smoking
 - Increased proportion of referrals to Smoking Cessation
 - Increased proportion of first attendance
 - Increased proportion of clients setting a quit date
 - Increased proportion of clients quit at four weeks
 - Increased proportion of clients quit at six months and 12 months

 - Exercise on Referral (or local equivalent)
 - Increased proportions of referral to service
 - Increased number of first attendance
 - Increased proportion of referrals completing the programme
 - Increased proportion of clients maintaining or increasing activity level

 - Food programmes
 - Increased proportions of referral to service
 - Increased number of first attendance
 - Increased proportion of referrals completing the programme
 - Increased proportion of clients maintaining changes in eating habits

The evaluation will therefore use data from the Trainers in Health Data Management system and includes:

- Referral information
- The baseline assessment

- Completed SF36v2 questionnaire
- Goal setting process and Personal Health Plan
- Review records
- Final assessment
 - Check on baseline data and recorded changes
 - Repeat of SF36v2 questionnaire

Initial routine data (e.g. from local equity audits or service data) will be collected for the purpose of measuring effect.

This approach integrates evaluation into the delivery of the service hence increasing the amount of data available for the process and ensuring its collection from the establishment of the service.

Successful and unsuccessful clients are included in the data collection process to provide data which is as comprehensive as possible. It also ensures a realistic and comparable evaluation of the service's effectiveness.

Health Trainer Service Roles and responsibilities

In order to deliver on the aims and objectives and to follow the client pathway as outlined above the Health Trainer Service structure will need to include:

- Good quality management providing direction and support to the service
- Well established and maintained data collection and management systems
- A skilled and effective delivery team working to agreed standards and protocols

Management

It is essential that the Health Trainer Service have a Strategic Lead within a Trust who will enable and support the operational team through ensuring that continued investment is maintained for the service. A dedicated operational manager is required to establish and position the Health Trainer Service so that it can deliver to disadvantaged communities and maintain good contact with NHS services.

The Service Manager will need to:-

- Identify health inequalities in their area.
- Determine the main areas where inequalities exist
- Ensure the areas of greatest inequalities have a co-ordinator and a core of HTs (in sufficient numbers) to work on the identified health inequalities
- Ensure the health trainer service is 'fit for purpose'. Set targets, monitor and evaluate the service and take action where the service fails to reach targets.
- Write reports for the trust, SHA and the Governments
- Write service level agreements,
- Build strong relationships with service providers

The Service Co-ordinator will need to:

- Establish and build strong working relationships with providers in Primary Care settings
- Create links with other local services and community organisations and agencies
- Ensure effective working arrangements with other local health improvement programme leads and managers
- Market and promote the HT Service to ensure referrals to the service are appropriate
- Lead and support HTs in their work with individuals
- Ensure all HTs are trained using the learning pathway (literacy and numeracy, when required) RSPH2 and City and Guilds level 3 Understanding Health Improvement

Alongside the Service Co-ordinator, there should be a Service Administrator who would ensure that:

- Referrals are passed on quickly to ensure that HTs can begin assessments quickly
- Referral information and client records are established and maintained according to guidance and regulation
- Data collection and information systems are well maintained so that data inputting is accurate and consistent

- All administrative requirements of the HT Service are met

Delivery and support

An essential member of the Health Trainer Service, the HT must provide:

- A friendly, approachable contact to begin the process of personal health improvement
- Effective one to one support and advice to individuals wanting to make a lifestyle change
- The opportunity for an individual to make a realistic and honest assessment of their readiness and personal capacity to make the proposed change
- Practical ideas and support to encourage an individual in working to achieve their primary goal
- Knowledge of local support and networks who can offer further help
- Constructive challenge and motivational boost to help an individual make and sustain change
- Clear boundaries about the level and length of time support can be made available

Additional considerations

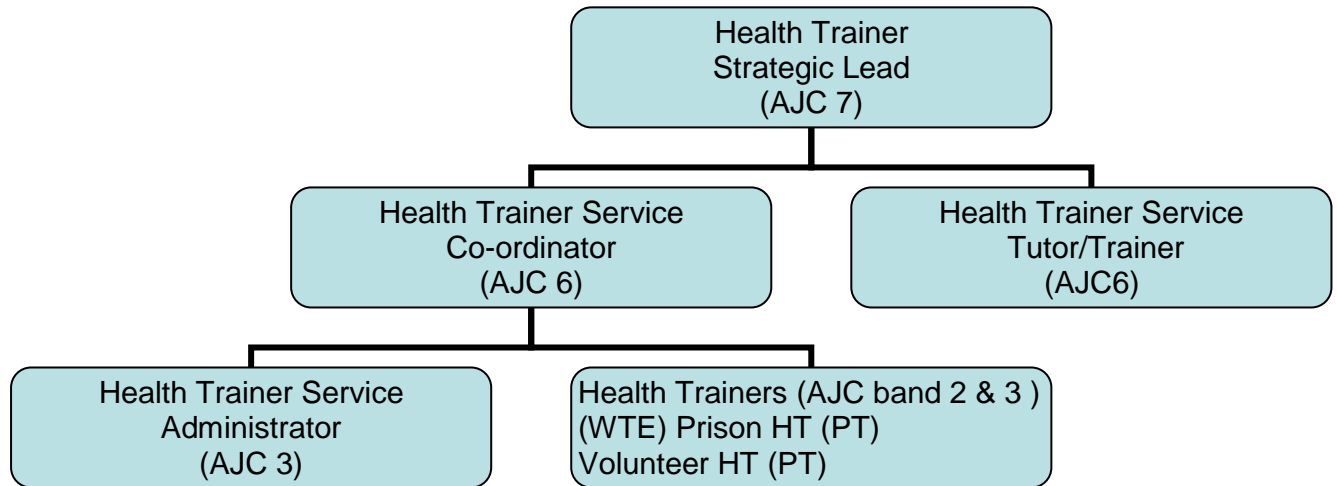
Where a Health Trainer Service is required to have a workforce of more than 10 Health Trainers it is recommended that Strategic Leads consider the appointment of a Tutor Trainer. This role would ensure that Health Trainers are:

- Delivering to the agreed standards for Health Trainer roles (as supported through the Learning and Development portfolio available from February 2006)
- Mentored and support “on the job” through regular and opportunistic assessment of practice
- Enabled to progress in their practice through supported learning

In addition the role would inform future learning and development needs for the service (e.g. the need to specialise in certain areas, age groups, patient groups etc.) based on work with Health Trainers and their clients.

Given that the Health Trainers workforce are to be drawn from the local community and are not required to have extensive qualifications or training before appointment, this role would also provide important support to newly appointed staff.

An example of a staffing structure is:



Job descriptions and Person Specifications for the Service Co-ordinator and Health Trainer are attached as Appendix 8. The national job profile intended for Health Trainers is attached as Appendix 9.

Guidance for Partners

Partners engaged in HT development must have a PCT lead contact at either a 'settings' (i.e. workplace) or 'locality level'. This will enable full agreement to be reached about HT service implementation which must be in line with the approach stated within this framework. Workplace HTs are supported by the *Working Well* health promotion service and not all of the following will apply to them. The following information summarises EoE's approach

Scope	Requirement	Responsibility
<p>Level 2 Health Trainers may be people in existing roles who are given enhanced skills or may be volunteer HTs</p> <p>Level 2 HTs will also have access to the foundation module (HT1 competence)</p>	<ol style="list-style-type: none"> 1. RSPH Level 2 Training 2. Supportive local management 3. Minimal data collection 4. Additional training as required by role 5. Access to HT Learning Support Network & resources 6. CRB check completed 7. Access to target population 8. Agreed success criteria 	<ol style="list-style-type: none"> 1. PCT&RSPH centre 2. Partner organisation 3. Partner organisation but based on PCT specification 4. May be both partner & PCT 5. Provided by PCT but supported by partner 6. Partner 7. Partner through local coordination 8. Partner & PCT
<p>Level 3 (Fully Qualified) Health Trainer</p> <p>This is a paid role with full governance structures in place</p>	<ol style="list-style-type: none"> 1. C&G level 3 training 2. Workplace assessor 3. Supportive local management 4. Comprehensive data collection 5. Additional training as required by role 6. Access to HT Learning Support Network & resources 7. CRB check completed 8. Access & referral pathways agreed 9. Appraisal and Objectives in place 	<ol style="list-style-type: none"> 1. PCT & C&G centre 2. Partner/employer & PCT 3. Partner/employer 4. Partner organisation but based on PCT specification 5. May be both partner & PCT 6. Provided by PCT but supported by partner 7. Partner/Employer 8. Partner/Employer & PCT 9. Partner/Employer

Partnership Model

Partner will

- **Work with PCT lead to develop an agreement for the HT service**
- **Provide local coordination, management & support to project**
- **Ensure monitoring requirements are agreed**
- **Invoice PCT for agreed funds at agreed times**
- **Ensure health & safety policies are in place and suitable for HTs**
- **Attend meetings if/when required**
- **Work with PCT lead to ensure satisfactory quality measures and risk management systems, including CRB checks, are in place**
- **Recruit HTs who meet specified requirements (local people, local knowledge, non-judgemental, culturally aware etc.)**
- **Provide safe storage for records (if applicable)**
- **Ensure HTs target their service and develop their knowledge of local health services**
- **Flag issues or problems to PCT lead and HT programme team as applicable**

PCT Lead will

- **Identify potential partners**
- **Target HT service to most deprived areas and reflect local health needs**
- **Adhere to full cost recovery and other such policies when working with volunteers where applicable**
- **Establish project structures between PCT HT programme team and partner**
- **Work with partners to develop an agreement for the HT service**
- **Attend PCT HT steering group meetings and raise issues/risks to programme team**
- **Develop success criteria with partners to influence future commissioning decisions and demonstrate effectiveness**

PCT HT Programme Team will

- **Provide overall framework for HT service**
- **Produce necessary guidance/tools/resources to support HT practice**
- **Set up and manage the HT support network**
- **Work with PCT lead and partners to enable timely access to training**
- **Ensure funding for training is identified and drawn down**
- **Provide or advise on training opportunities**
- **Provide support for work-based assessors and local managers/coordinators**
- **Arrange HT steering group**
- **Arrange and facilitate meetings with partners and PCT leads**
- **Provide support, advice and guidance as required**

Recruitment

The Department of Health is keen that Health Trainers are recruited from the communities they serve and given that these are communities who are experiencing disadvantage and deprivation there will be some key issues to address in the recruitment process.

In addition Health Trainers are a new paraprofessional group within the NHS workforce. Many Trusts are employing others in similar roles and should be addressing issues around learning and development for people in these new roles.

Appendix 13 provides supporting information and guidance that could be used to assess readiness to recruit and manage this new workforce in the Trust. In addition there are notes on other issues to be aware of if undertaking the recruitment process within the Trust.

Training and assessment

This document offers guidance on:

- The core requirements for training for Health Trainers
- The assessment process and the criteria

- An ideal timeline from commencing training to sign off to work with clients

Training

Tutors who will be leading development and learning for Health Trainers should familiarise themselves with the NHS Health Trainer handbook (May 2008). They can find this at: -

<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=health+trainer+handbook>

. In particular they should:

- Be able to explain key elements of the Health Trainer Intervention outlined in the handbook.
- Offer learning activity which:
- Shows understanding and reflects experience of working one to one with individuals
- The practical aspects of helping individuals assess their health risk
- Reflects practical experience of using techniques and approaches in motivational interviewing (balance sheets, confidence scores etc)
- Knowledge of the wider determinants of health and how they impact on confidence to change
- Be clear about the purpose of a Health Trainer service
- Recognise and enforce the importance of accurate record keeping for monitoring and evaluation purposes

Health Trainers should be familiar with all the client working papers in the Handbook especially the Health Behaviour Check, Behaviour Diaries and the Personal Health Plan. The assessment process will expect Health Trainers to show understanding of the purpose of these documents and how to use them as a minimum level of competence to practice as a Health Trainer.

The Health Trainer Training Module Outline, Additional Training Requirements and the Assessment Template for Health Trainers are attached as Appendix 14.

Suggested timetable for training

This timetable assumes a training group of 8 so adjustments could be made if actual numbers differ. The timetable also assumes that the core training will not be full time so that other training can be offered on other days.

Activity	Wk 1	Wk 2	Wk3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
CT Module 1	XXXXX							
CT Module 2		XXXXX						
CT Module 3			XXXXX					
CT Module 4				XXXXX				
CT Module 5					XXXXX			
S&M training		XXXXX		XXXXX		XXXXX		
HI training			XXXXX		XXXXX			
Assessment							XXXXX	XXXXX
Database								XXXXX

CT = Core Training

S&M = Statutory and Mandatory

HI = Health Improvement

Assessment process

The assessment process is:

- One practice assessment
- Final practice assessment one week later

Both are undertaken by the current nominated assessors.

Health Trainers are assessed against the criteria outlined in the Assessment Template in Appendix 14.

Assessments should take place as soon as possible after completion of the core modules and the health improvement training.

It is recommended that the Health Trainer Co-ordinator or nominated manager observe the assessments to be able to support staff with follow up development as required.

Contracting a NHS Health Trainer Service

In order to put the service out to tender the Trust will need to have the following Health Trainer Tender documents in place:-

1. Invitation to tender
2. Contract
3. Service specification
4. Tender selection criteria
5. Pre-qualification questionnaire
6. Contractor Liability
7. Data Protection
8. A Tendering Board

Appendices

APPENDIX 1

Referral protocol for accessing the Health Trainer Service

<p>Criteria for referral</p>	<p>Patients who have been seen by a primary care practitioner and;</p> <ul style="list-style-type: none"> • Have been seen by the appropriate practitioner and the recommended course of action involves a change in lifestyle as opposed to a clinical intervention. <p>and</p> <ul style="list-style-type: none"> • The patient feels that extra support is needed to be able to comply with prescribed regime of change, which unfortunately, cannot be provided by the practice <p>and</p> <ul style="list-style-type: none"> • <i>Have been referred to a specialist service and 'did not arrive' (DNA) at a pre- arranged clinic*. The health trainer could follow up.</i>
<p>Criteria of exclusion</p>	<p>Patients must not be referred to the health trainer if;</p> <ul style="list-style-type: none"> • There is an identified 'clinical' problem that requires detailed and specialist advice from an appropriate practitioner. • Patients under the age of 16 years • Patients who do not consent cannot be referred to the service
<p>Action if excluded</p>	<p>Patients must be referred to the appropriate practitioner for an option on continued clinical care management. Referral to the health trainer might be reconsidered at a later date</p>
<p>Consent</p>	<ul style="list-style-type: none"> • Consent to referral must be obtained prior to referral. • Consent must be documented in the client's notes

* Pre arranged clinics include smoking cessation clinics; exercise on prescription; community dietetics.

<p>Action if patient declines intervention</p>	<p>As consent from the client is required, no further intervention can be offered if the patient refuses. Once it is clear that no further action is needed then the following is advised;</p> <ul style="list-style-type: none"> • The refusal is documented in the patient's notes • The health trainer is informed of the refusal <p>If the refusal comes after initial consent is given;</p> <ul style="list-style-type: none"> • The health trainer must inform the referring practitioner of the refusal • The health trainer must maintain a record of the refusal <p>The patient will be informed that the health trainer service is still an option for the future should s/he wish to pursue it.</p>
---	--

Competences for Health Trainers

COMPETENCE

HT1 Make relationships with communities

About this competence

This competence is important because it is concerned with helping to develop joint working relationships between people, organisations and groups in the community.

When you build relationships within communities and organisations you will need to:

- Make contacts within communities
- Help develop working relationships within communities.

This competence is about making contact with individuals and developing an understanding of the context of their lives. When this competence is used by health trainers, they are likely to make use of information held by other people working in the community. They will need knowledge of, and relationships with, organisations, networks and workers in the community in order to support their role as a health trainer as they will not be doing this work in isolation.

Links

This competence links with the following dimensions and levels of the NHS

Knowledge and Skills Framework, 2004:

KSF Dimension Core 1 Communication level 2.

Origins

This competence is taken from the National Occupational Standards for Community Development Work where it appears as number A1.

COMPETENCE

HT2 Communicate with individuals about promoting their health and wellbeing

About this competence

This competence is about communicating with individuals about how they can improve their health and wellbeing so they can develop healthy behaviours and lifestyles. This includes:

- providing information to individuals about health and wellbeing
- providing information to individuals about the relationship between behaviours and health
- Enabling individuals to develop their knowledge and skills about health and wellbeing.

This competence will help individuals move from the pre-contemplative to the contemplative stage i.e. help them be ready to change their behaviour (as described in competence HT2).

Links

This competence links with the following dimensions and levels of the NHS Knowledge and Skills Framework, 2004:

KSF Dimension HWB1 Promotion of health and wellbeing and prevention of adverse affects on health and wellbeing Level 1

Origins

This is a specific presentation of workforce competence PH02.01 developed by Skills for Health 2004 - National Occupational Standards for the Practice of Public Health.

COMPETENCE

HT3 Enable individuals to change their behaviour to improve their own health and wellbeing

About this competence

This competence is about enabling individuals to change their behaviour so that they can improve their own health and wellbeing. It covers:

- helping individuals to identify how their way of life and specific behaviours might affect their health and wellbeing
- helping individuals to develop a personal action plan to make the changes they want to
- helping individuals to change their behaviour and maintain the change.

This competence relies on other earlier work with individuals so that they are ready, willing and motivated to change (e.g. that carried out in HT1 and HT3).

Links

This competence links with the following dimensions and levels of the NHS Knowledge and Skills Framework, 2004:

KSF Dimension HWB1 Promotion of health and wellbeing and prevention of adverse affects on health and wellbeing Level 1

Origins

This is a specific presentation of workforce competence PH02.02 developed by Skills for Health 2004 - National Occupational Standards for the Practice of Public Health.

COMPETENCE

HT4 Manage and organise your own time and activities

About this competence

This competence is about managing and organising your own time and activities so that you can carry out your responsibilities. It is appropriate for anyone who is responsible for organising their own diary.

Links

This competence links with the following dimensions and levels within the NHS Knowledge and Skills Framework (October 2004) Dimension: Core 5 Quality Level 1.

Origin

This is a reference competence developed by Skills for Health 2006

Financial support in getting back to work

Child Tax Credit and Working Tax Credit help to support families with children and working people on low incomes.

You may be able to claim these benefits to help you back into work.

Working Tax Credit

Supports people working on low incomes by topping up earnings. This benefit does not affect child benefit payments. There are extra amounts for:

- Working households in which someone has a disability
- The costs of registered or approved child care

Child Tax Credit

All families with children, with income of up to £58,000 a year can claim the credit in the same way. You can claim this credit even if you are not working. Child Tax Credit is paid on top of any Child benefit and Working Tax credit you may receive. [This figure changes frequently so needs to be kept up to date.](#)

For more information:

Call for a leaflet on Child Tax Credit and Working Tax Credit on 0845 3003900

Pop into your local **Job Centre**. They will be able to help you work out how working 16 hours a week will affect any benefits you currently receive and what your Tax Credit entitlement will be.

If you would like to calculate how much Tax Credit you could receive you can do this on the Inland Revenue Website www.inlandrevenue.gov.uk/taxcredits

USEFUL TELEPHONE NUMBERS FOR ADVICE ON LEARNING & WORK

The Community Learning Service who offer
Free information and advice on learning and work
(these will differ for each PCT area you will need to include these)

Appendix 4.1

1. Post Details

Job Title: **Volunteer Health Trainer (Level 2)**

2. Job Summary

The Volunteer Health Trainer's role is about helping others to adopt a healthier lifestyle. Upon successful achievement of the Level 2 Award *Understanding Health Improvement*, the role of the Volunteer Health Trainer (Level 2) could involve:

1. Providing clear, up-to-date information to people within their community about health and wellbeing.
2. Helping people to develop their knowledge and skills about health and wellbeing by enabling access to local services.
3. Helping people to identify how their way of life might affect their health and wellbeing and helping them to make the changes they want to.

2. Key Responsibilities

1. Attend all specified training and achieve the recognised Level 2 Health Trainer qualification.
2. Work closely with mentor throughout training and development
3. Develop knowledge and skills in order to be able to:
 - i. Identify community members who are interested in making lifestyle changes
 - ii. Support individuals who are making lifestyle changes
 - iii. Provide health information
 - iv. Know where to get information about local services
 - v. Help individuals access local services
4. Work within a team setting
5. Provide data and monitoring information as appropriate to role
6. Work within the standards and policies of the host organisation.

Person Specification	
1. Qualifications	
Essential 1. No qualifications are required but must be willing to undertake Health Trainer Level 2 training (10 hours learning)	Desirable
2. Skills	
Essential 1. Good communication skills – written and verbal. 2. Ability to write down information in clear accurate English (or other appropriate language). 3. Basic numeracy and literacy skills. 4. Ability to research information.	Desirable 1. Basic computer skills.
3. Knowledge/Experience	
Essential 1. Knowledge and experience of the local community 2. Knowledge of English – written and verbal 3. Experience of working as part of a team	Desirable 1. Knowledge of broad health issues within the local community. 2. Knowledge about the things that make people healthy and unhealthy. 3. Knowledge about local services.
4. Disposition	
Essential 1. Flexible and adaptable approach to working. 2. Desire to learn and obtain knowledge. 3. Good empathy skills. 4. Value and respectful of other people – regardless of background or circumstances. 5. Able to respect confidentiality. 6. Supportive and encouraging to people in difficult (sometimes frustrating) situations. 7. Able to keep calm under stress. 8. Able to work as part of a team.	Desirable
5. Circumstances/special Demands of Post	
Essential 1. Car driver 2. Needs to be able to travel locally and occasionally across Eoe. 3. Requirement to focus on training while fulfilling working role	Desirable

Job Description

1. Post Details

Ref: 186/07

Job Title: **Trainee Health Trainer (Entry Level)**

Band: **AFC Band 2**

Main Location: **Community Setting**

Reports to: **Appointed Manager in Community Setting**

Accountable to:

Date:

2. Job Summary

Health Trainers are an important addition to services aimed at tackling inequalities in health, targeting resources on individuals and areas in greatest need.

The Trainee Health Trainer will:

1. Undertake the accredited Health Trainer training with ongoing support being offered for those aspiring to become fully qualified Health Trainers.
2. Undertake ongoing training and development under mentorship in order to be able to:
 - a. Identify and engage with individuals from agreed target groups and communities.
 - b. Support individuals in learning how to make better health choices and supporting them in initiating and sustaining appropriate behavioural changes.
 - c. Help people to find and use the services they need
 - d. Provide people with accurate and reliable information about a range of health issues
3. Record and report activity and results as appropriate with role
4. Work within the policies and procedures of the employing organisation

3. Communication and Relationships

1. Make contact with local groups and organisations within you communities.
2. Explain your role to contact groups where there may be barriers to understanding
3. Communicate with individual – providing advice in order to promote health and wellbeing
4. Communicate in a way that is:
 - a. Appropriate to the individual
 - b. Uses empathy and reassurance skills to keep people motivated
5. Inform manager and other team members of ways in which your service might be improved.

6. Develop and maintain communication within your team and others as appropriate.

4. Knowledge, Training and Experience

1. Knowledge of your local community
2. Good knowledge of English
3. Basic numeracy and literacy skills
4. Experience of talking to people face to face
5. Experience of managing your own time
6. Experience of being active in a team or group

5. Key Responsibilities

7. Attend all specified training, achieve the recognised Level 2 Health Trainer qualification and evidence development through work-based assessment.
8. Work closely with mentor throughout training and development
9. Develop knowledge and skills in order to work towards being able to:
 - a) Make relationships with communities
 - i. Understand and engage with the local community
 - ii. Work with existing local groups to identify individuals with health issues
 - iii. Develop and maintain relationships with individuals who are experiencing the greatest inequalities in health
 - iv. Build up and maintain knowledge of contacts within the community
 - b) Communicate with individuals about promoting their health and wellbeing
 - i. Provide people with accurate and reliable information about a range of health issues
 - ii. Signpost individuals to other agencies for information, support and resources
 - iii. Provide information to individuals about the relationship between behaviours and health.
 - c) Enable individuals to change their behaviour to improve their own health and wellbeing
 - i. Help individuals identify how their behaviour might affect their health and wellbeing
 - ii. Help individuals to develop a personal health plan and make the changes they want to make
 - iii. Support individuals in achieving their personal health plan
 - iv. Support individuals in maintaining their behaviour change
 - v. Help individuals to access and use local services
 - d) Manage and organise your own time and activities to support individuals in the

community.

- i. Plan own time and activities around the needs of individuals in the community
- ii. Respond effectively to referrals
- iii. Keep adequate records as agreed
- iv. Alert line manager to any issues in work (including concerns about individuals or work in the community).
- v. Take an active part in developing own knowledge and skills
- vi. Seek advice and support as and when appropriate

4. Work with teams

- a) Inform manager and other members of ways in which services might be improved
- b) Report to line manager on own capacity and capabilities
- c) Develop and maintain communication within your own team and with others as appropriate

5. To provide data and monitoring information

- a) Collect data and information as required by the PCT Health Trainer Programme Team as appropriate to your level of operation.

6. General

- a) Participate in appraisal / personal development reviews and learning activities
- b) Understand and comply with all health and safety requirements relating to oneself and to clients.
- c) Maintain confidentiality at all times

6. Patient Care

1. Work with clients from the local community
2. Provide information and advice about health and wellbeing (where competent)
3. Signpost individuals to other agencies
4. Help individuals to develop a personal health plan and sustain these behaviours
5. Support individuals to review and revise their personal health plan

7. Financial and Physical Resources

1. Maintains levels of stock with respect to health promotion information, data collection sheets, stationery etc.

8. Organisational Chart and Responsibilities for Human Resources

Insert

9. Freedom to Act

1. Work is guided by standard operating procedures and good practice. Manager / mentor is generally available for reference throughout training and development period of Trainee Health Trainer.

10. Physical Effort

1. Requirement to use VDU, carry training material and health information literature.

11. Mental Effort

1. Requirement to concentrate for enquiries, complaints, devising action plans, listening to client.

12. Emotional Effort

1. On occasion client may be upset or distressed.
2. Dealing directly with members of the public who wish to improve their health may occasionally be emotionally demanding.

13. Working Conditions

1. On occasion client may be visited in own home where environment may need to be assessed for suitable for Health Trainer activity (Health and Safety)

14. Person Specification

1. Attainments/Qualification

Essential

1. No qualifications required but must be willing to undertake appropriate accredited training.

Desirable

1. Recognised level 2 qualification eg RSPH.

2. Skills

Essential

1. Good communication skills – written and verbal.
2. Ability to write down information in clear accurate English (or other appropriate language).

Desirable

1. Basic computer skills.

<ul style="list-style-type: none"> 3. Basic numeracy and literacy skills. 4. Ability to research information. 	
3. Knowledge/Experience	
<p>Essential</p> <ul style="list-style-type: none"> 1. Knowledge and experience of the local community 2. Knowledge of English – written and verbal 3. Experience of working as part of a team? 	<p>Desirable</p> <ul style="list-style-type: none"> 1. Knowledge of broad health issues within the local community. 2. Knowledge about the things that make people healthy and unhealthy. 3. Knowledge about local services.
4. Disposition	
<p>Essential</p> <ul style="list-style-type: none"> 1. Flexible and adaptable approach to working. 2. Desire to learn and obtain knowledge. 3. Good empathy skills. 4. Value and respectful of other people – regardless of background or circumstances. 5. Able to respect confidentiality. 6. Supportive and encouraging to people in difficult (sometimes frustrating) situations. 7. Able to keep calm under stress. 8. Able to work as part of a team. 	<p>Desirable</p>
5. Circumstances/special Demands of Post	
<p>Essential</p> <ul style="list-style-type: none"> 1. Car driver. 2. Needs to be able to travel locally and occasionally across EoE. 3. Requirement to focus on training while fulfilling working role. 	<p>Desirable</p>
15. Sign Off Agreement	
<p>Job Holders Signature Date</p> <p>Line Managers SignatureDate</p>	

Job Description

Appendix 4.3

1. Post Details	Ref: 185/07
Job Title:	Health Trainer
Band:	A4C Band 3
Main Location:	Community Setting
Reports to:	Appointed Manager in Community Setting
Accountable to:	
Date:	
2. Job Summary	
<p>Health Trainers are an important addition to services aimed at tackling inequalities in health, targeting resources on individuals and areas in greatest need.</p> <p>The Health Trainer will:</p> <ol style="list-style-type: none">1. Identify and engage with individuals from agreed target groups and communities.2. Support individuals in learning how to make better health choices and supporting them in initiating and sustaining appropriate behavioural changes.3. Help people to find and use the services they need4. Provide people with accurate and reliable information about a range of health issues5. Record and report activity and results6. Work within the policies and procedures of the employing organisation7. Undertake further training and development as required	
3. Communication and Relationships	
<ol style="list-style-type: none">1. Make contacts within communities2. Explain your role to contact groups where there may be barriers to understanding3. Communicate with individuals – providing advice in order to promote health and wellbeing4. Communicate in a way that is:<ol style="list-style-type: none">ii. Appropriate to the individualiii. Uses empathy and reassurance skills to keep people motivated5. Inform manager and other team members of ways in which your service might be improved.6. Develop and maintain communication within your team and others as appropriate.	
4. Knowledge, Training and Experience	

1. Knowledge of your local community
2. Good knowledge of English
3. Basic numeracy and literacy skills
4. Experience of talking to people face to face
5. Experience of managing your own time
6. Experience of being active in a team or group
7. Experience of working with individuals and groups
8. Experience of engaging with a local community
9. Experience of setting individual action plans
10. Knowledge of what makes people healthy and unhealthy
11. Knowledge of behaviour change methods
12. Knowledge of the impact of inequalities and barriers to health improvement

5. Key Responsibilities

1. Make relationships with communities
 - a) Understand and engage with the local community
 - b) Work with existing local groups to identify individuals with health issues
 - c) Develop and maintain relationships with individuals who are experiencing the greatest inequalities in health
 - d) Build up and maintain knowledge of contacts within the community
2. Communicate with individuals about promoting their health and wellbeing
 - a) Provide people with accurate and reliable information about a range of health issues
 - b) Signpost individuals to other agencies for information, support and resources
 - c) Provide information to individuals about the relationship between behaviours and health.
3. Enable individuals to change their behaviour to improve their own health and wellbeing
 - a) Help individuals identify how their behaviour might affect their health and wellbeing
 - b) Help individuals to develop a personal health plan and make the changes they want to make
 - c) Support individuals in achieving their personal health plan
 - d) Support individuals in maintaining their behaviour change
 - e) Help individuals to access and use local services
4. Manage and organise your own time and activities to support individuals in the community.
 - a) Plan own time and activities around the needs of individuals in the community
 - b) Respond effectively to referrals
 - c) Keep adequate records as agreed
 - d) Alert line manager to any issues in work (including concerns about individuals or work in the community).

- e) Take an active part in developing own knowledge and skills
- f) Seek advice and support as and when appropriate

5. Work with teams

- a) Inform manager and other members of ways in which services might be improved
- b) Report to line manager on own capacity and capabilities
- c) Develop and maintain communication within your own team and with others as appropriate

6. To provide data and monitoring information

- a) Collect data and information as required by the PCT/SHA

7. General

- d) Participate in appraisal / personal development reviews and learning activities
- e) Understand and comply with all health and safety requirements relating to oneself and to clients.

6. Patient Care

- 1. Work with clients from the local community
- 2. Provide information and advice about health and wellbeing
- 3. Signpost individuals to other agencies
- 4. Help individuals to develop and stick to a personal health plan
- 5. Support individuals to review and revise their personal health plan
- 6. To work with clinical information around health and well-being.

7. Financial and Physical Resources

- 1. Maintains levels of stock with respect to health promotion information, data collection sheets, stationery etc.

8. Organisational Chart and Responsibilities for Human Resources

- 1. Responsible for providing training / mentorship to Volunteer (Level 2) Health Trainers and Trainee Health Trainers

9. Freedom to Act

Work is guided by standard operating procedures and good practice. Work is managed rather than supervised.

10. Physical Effort	
1. Requirement to use VDU, carry training material and health information literature.	
11. Mental Effort	
1. Requirement to concentrate for enquiries, complaints, devising action plans, listening to client.	
12. Emotional Effort	
1. On occasion client may be upset or distressed. 2. Dealing directly with members of the public who wish to improve their health may occasionally be emotionally demanding.	
13. Working Conditions	
2. On occasion client may be visited in own home which may need assessing for suitability for Health Trainer activity (Health and Safety).	
14. Person Specification	
1. Attainments/Qualification	
Essential	Desirable
1. Recognised Health Trainer qualifications eg Royal Society of Public Health Level 2 Understanding Health Improvement and City & Guilds Level 3 Certificate for Health Trainers (or equivalent qualifications)	
2. Skills	
Essential	Desirable
1 Good communication skills – written and verbal. 2. Ability to write down information in clear accurate English (or other appropriate language). 3. Basic numeracy and literacy skills. 4. Ability to research information. 5. Basic computer skills	
3. Knowledge/Experience	
Essential	Desirable
1. Knowledge of your local community 2. Experience of talking to people face to	1. Knowledge of broad health issues within the local community.

<ul style="list-style-type: none"> face 3. Experience of managing your own time 4. Experience of being active in a team or group 5. Experience of working with individuals and groups 6. Experience of engaging with a local community 7. Experience of setting individual action plans 8. Knowledge of what makes people healthy and unhealthy 9. Knowledge of behaviour change methods 10. Knowledge of the impact of inequalities and barriers to health improvement 	<p>2. Knowledge about local services in the local community.</p>
<p>4. Disposition</p>	
<p>Essential</p> <ul style="list-style-type: none"> 1. Flexible and adaptable approach to working. 2. Desire to learn and obtain knowledge. 3. Good empathy skills. 4. Value and respectful of other people – regardless of background or circumstances. 5. Able to respect confidentiality. 6. Supportive and encouraging to people in difficult (sometimes frustrating) situations. 7. Able to keep calm under stress. 8. Able to work as part of a team. 	<p>Desirable</p>
<p>5. Circumstances/special Demands of Post</p>	
<p>Essential</p> <ul style="list-style-type: none"> 1. Car driver? 2. Ability to travel locally and on occasion across the EoE? 	<p>Desirable</p>
<p>15. Sign Off Agreement</p>	
<p>Job Holders SignatureDate</p> <p>Line Managers SignatureDate</p>	

Profile Label: Patient Support Officer

Examples of job title: Health Trainer; Patient Liaison Officer; Patient Support Officer

Job Statement:

1. Meets with individuals, patients/clients, carers, relatives in a variety of settings to improve access to help
2. Provides guidance and enables clients to develop lifestyle improvement, monitors progress
3. May co-ordinates volunteers.

Factor	Relevant Job Information	JE Level	JE Score
1. Communication & Relationship Skills	Provide and receive complex, sensitive or contentious information, barriers to understanding Discusses issues which may be delicate, e.g. lifestyle changes, sexual health or health literacy and where there may be communication difficulties.	4a	32
2. Knowledge, Training & Experience	Range of work procedures and practices; base level of theoretical knowledge Knowledge of lifestyle changes acquired through a good standard of education or vocational training plus on the job training and experience	3	60
3. Analytical & Judgemental Skills	Facts or situations, requiring analysis, comparison of range of options Provides solutions for routine queries/concerns about, e.g. accessing services and deciding what to refer to others	2	15
4. Planning & Organisational Skills	Plans and organise straightforward activities, some ongoing Supports local communities, groups and/or events; facilitate access to health and social care resources.	2	15
5. Physical Skills	Physical skills obtained through practice Keyboard skills and/or driving skills.	2	15
6. Responsibility for Patient/Client Care	Provide non-clinical advice, information to patients/clients/relatives/Provides basic clinical advice Provides information and advice on how to access services/routine health promotion advice	2/3c	9/15
7. Responsibility for Policy/Service Development	Follows policies in own role, may be required to comment/ Follows departmental policies, provides feedback on service issues to managers	1	5
8. Responsibility for Financial & Physical Resources	Personal duty of care in relation to equipment resources/maintain stock control Observes personal duty of care/maintains stock levels	1/2(c)	5/12
9. Responsibility for Human Resources	Demonstrates own activities to new or less experienced employees/Day to day supervision Demonstrates own activities/co-ordinates volunteers	1/2 (a)	5/12
10. Responsibility for Information Resources	Record personally generated evidence/Data entry, text processing, storage of data Records information relating to work/stores patient/client related data	1/2(a)	4-9
11. Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work May undertake patient/client surveys; may gather patient/client audit information	1	5
12. Freedom to Act	Standard operating procedures; someone available for reference/Clearly defined occupational policies, work is managed rather than supervised Works within organisation procedures and policies, using own initiative/ works autonomously	2/3	12/21
13. Physical Effort	Frequent sitting or standing in a restricted position; occasional moderate effort for several short periods. VDU use, carrying training materials and/or health information literature.	2	7
14. Mental Effort	Frequent concentration; work pattern unpredictable Concentration for e.g. enquiries, complaints, devising action plans; changing client requirements.	3 (a)	12
15. Emotional Effort	Occasional distressing or emotional circumstances Distressed individuals, patients/clients, relatives, friends, vulnerable groups	2(a)	11
16. Working Conditions	Occasional unpleasant conditions; frequent use of road transportation/frequent unpleasant Verbal aggression; transport within the community/poor home environments	2(a)/3 (a)	7/12
JE Score/Band		Band 3	219 - 258