

# NHS HEALTH TRAINERS



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# NHS Health Trainers

## National agenda – local delivery

- Personalised strand of Choosing Health
- Lifestyle not social determinants of health
- Focus on health inequalities
- Not another ‘professional’ advice giver
- Visible and accessible within their community

# Competent to Practice...

- Training based on standards for Public Health practice, Community Development and Life Long Learning
  
- 4 particular competences
  - HT1      Make relationships with communities
  
  - HT2      Communicate with individuals about promoting their health and wellbeing
  
  - HT3      Enable individuals to change their behaviour to improve their own health and wellbeing
  
  - HT4      Manage and organise your own time and activities

# NHS Health Trainers where we are now



Phase 1 - successfully achieved

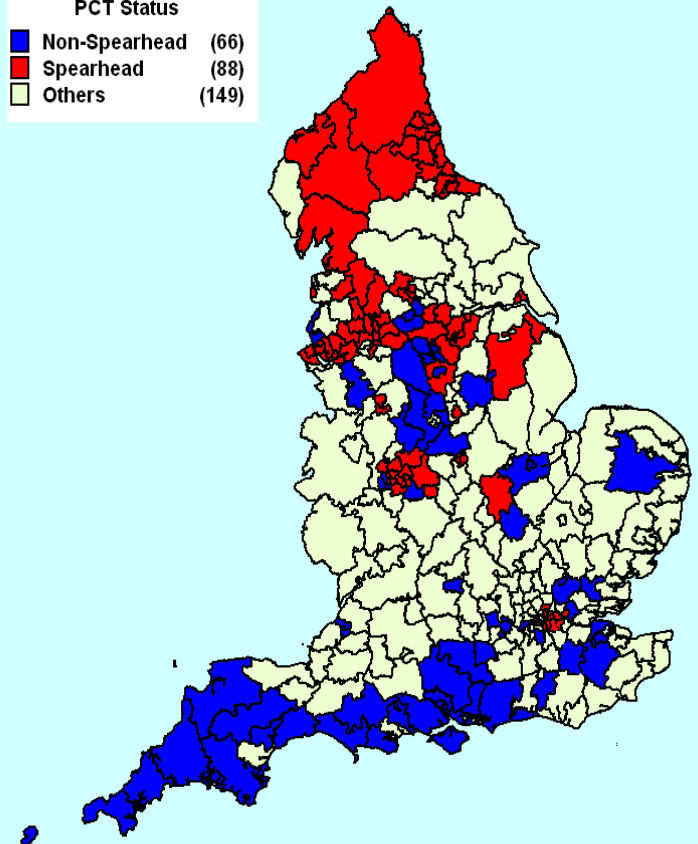
- Competences complete
- Many different models established
- Early third party work
- Prepared for wider roll out

Phase 2

- Implementation team comprising 15 hubs around the country
- Share workload, knowledge, expertise and learning
- Monthly meeting with DH
- 1200 HTs likely by '07
- NHS & other partners

NHS Health Trainers - Early Adopter Phase

PCT Status	
■ Non-Spearhead	(66)
■ Spearhead	(88)
■ Others	(149)



# The Health Trainer Role

- Engage with people where they are to be found
- Motivate, support, set goals, overcome barriers
- Mixture of paid and unpaid
- NHS staff and partners delivering enhanced roles
- Focussing on: Health of clients  
Health of employees

# Moving Forward

- **Engaging the wider NHS, Voluntary Sector & other public sector bodies**
- **Linking Health Trainer development to other initiatives**
  - **such as NHS Life Check, for example...**
- **Early Years HTs?**
- **School-based HTs?**
- **Workplace HTs?**

# The Workplace Challenge

- 35 million working days lost per year
- Costs the UK economy £12 billion per year
- £4 billion cost to public sector
- 40% of new Incapacity Benefit claimants have mental health issues a further 10% develop them
- Of the 1 million who report sick each week:
  - 3,000 will remain absent at 6 months
  - 2,400 will still be absent 5 years later

*It is essential to break the link between ill health and economic inactivity and use the workplace as opportunity to promote and improve health.*

# CSIP Health Trainer Programme

*Health and Social Care in Criminal Justice (HSCCJ)*

*- one of the eight component parts of CSIP*



- Currently 40 Health Trainers being trained across five prisons-including two probationary settings
- Establish an independent health promotion resource, signpost and encourage prisoners into other appropriate health programmes
- Directly targets offenders with generally poorer health, come from areas of significant socio-economic disadvantage and have low levels of educational attainment
- Address additional specific health needs in the prison population, especially mental health
- Peer support often works better than professional intervention: individuals report that they can relate to fellow prisoners/offenders re: health issues – more credible



# The British Army Health Trainer



*“There is nothing in this country  
as important as the life and health  
of the British soldier”*

Duke of Wellington, India, 1812

# The Army Model



Policy Driver – Health Promotion Action Plan 2004  
(coincided with DH White Paper Choosing Health)

- Alcohol/Substance misuse
- Smoking
- Nutrition - Obesity/Diet
- Sexual health
- Mental health - Stress management
- Injury prevention
- Dental health

Formal agreement across the Army to introduce 450  
HTs



**“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”**



# FEWER BETTER LONGER



Training **APTC** Instructors for the future

# Pharmacy Health Trainers



Policy driver “*Choosing health through pharmacy*” – a programme for pharmaceutical public health 2005-2015”  
(DH 2005)

- Defined public health priorities
- Well placed - nearly half the population lives within 500 metres of a pharmacy
- Pharmacy Contract offers new opportunities for business

# First pharmacy health trainer at work

Last week, NHS health trainer partnerships and third party organisations discussed the scheme at a Department of Health conference held in London. Afterwards, **Dawn Connelly** met the first pharmacy assistant to become an accredited health trainer to hear about her role

**J**ane Holland, a senior pharmacy assistant at Rowlands Pharmacy in Bolsover, Derbyshire, is the first accredited NHS health trainer working within community pharmacy. Mrs Holland qualified as a trainer in April and believes that the role fits well with her existing work in the pharmacy. "I was already providing smoking cessation advice and when this job came up it seemed like a natural extension to what I was doing," says Mrs Holland. She believes that the health trainer role will give her more time to spend with clients.

Mrs Holland has worked at the pharmacy for eight years and has lived in Bolsover all her life. "A big part of the health trainer role is knowing the local community," she says. "I was born here and all my family live here. The town has suffered from pit closures over the years and I know the effect it has had on people within my family as well as the wider community. Being a local, I understand the health issues that are related to both mining and the chemical industry, which was also a major employer here."

When she learned via Rowlands that the local primary care trust was one of the early implementer sites for the health trainer

a health trainer in the pharmacy provides. "You have got a community pharmacy employee working as a health trainer in a project hosted by the district council but connected to health via PCT funding. There are inward and onward referral pathways into that community pharmacy and finally we begin to feel like part of a joined up, cohesive health movement," she says.

"Ideally we would like referrals into the pharmacy environment, through other health care professionals," says Mrs Roe. She would like to see health trainers using consultation areas in community pharmacies for appointments with their clients. She believes that the accessibility of community pharmacies and the existing customer base make them the perfect location for health trainers to be based. "We see people come into the pharmacy who are suffering from social isolation or who need these exercise programmes but we don't have the formalised pathways to link them into. Jane's role as a health trainer is enabling that to happen for this community."

## Signposting

The signposting role of a health trainer is



**Jane Holland: health trainer is a natural extension of her current role**

Mrs Holland has built up a directory of local services and can signpost clients to a wide variety, including social services, aids and equipment and weight management

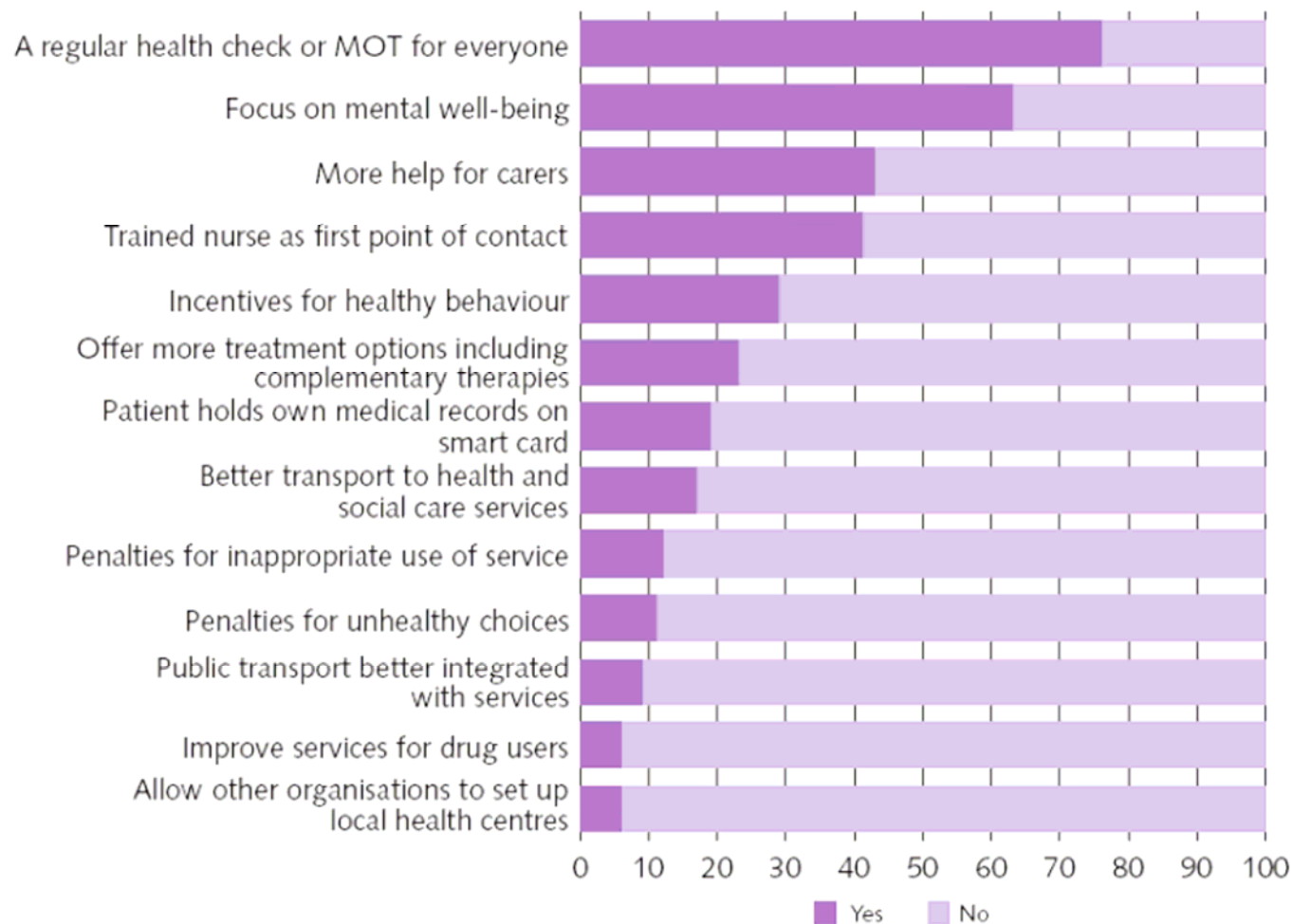
## Background to NHS Life Check

- ‘Our Health, Our Care, Our Say’ (2006) - commitment to develop a new Life Check Service
- Key message from consultation – people want help to keep themselves healthy and take control
- Demand for regular “health checks”



# People's top priorities at the Citizens' Summit (2005)

Which of these are your top priorities?



Source: Citizens' Summit, Birmingham, 2005  
N = ~986



# What is “Life Check”?

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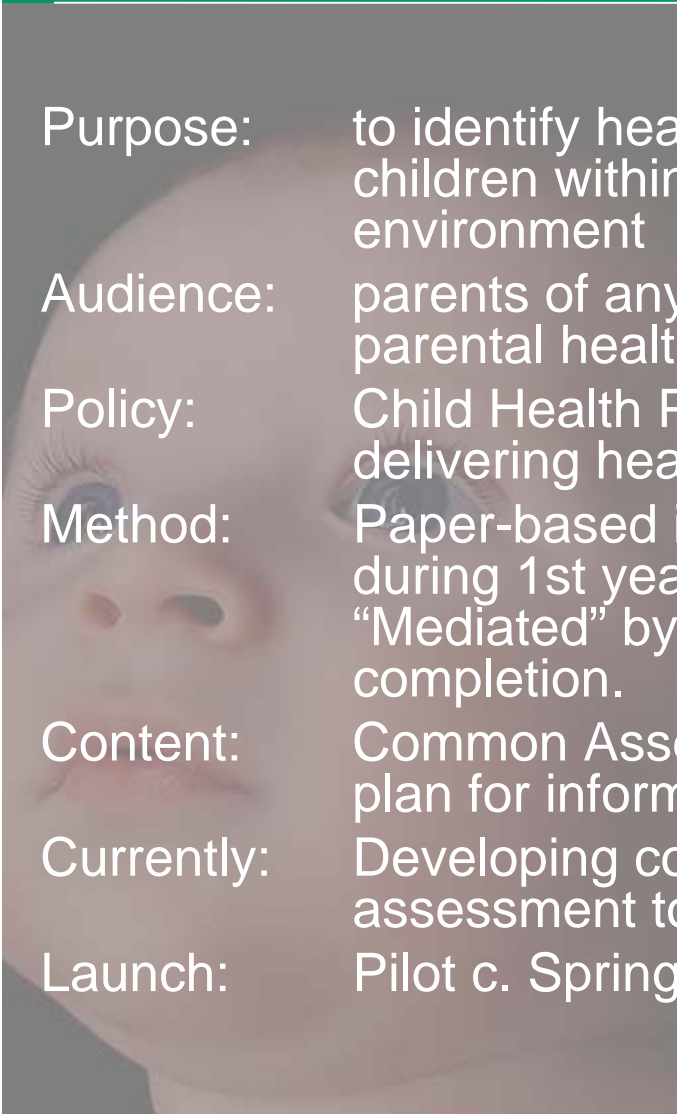
- Opportunity to assess health & identify aspects of current lifestyle that may impact on current and future health
- Easy-to-complete health assessment questionnaire with a focus on major health issues and risk factors relevant to age group e.g.
  - ✓ Smoking
  - ✓ Physical activity
  - ✓ Diet & nutrition
  - ✓ Emotional well-being, stress
  - ✓ Family history
- Personalised information, advice and signposting

# Approach to development

- Initial focus on 3 age groups
  - **Early years**
  - **Adolescence**
  - **Mid life**
- Linked into relevant policy teams
- Central development of core content with local flexibility in delivery
- Content, format and models of delivery tailored to each audience
- Shared principles, not necessarily shared 'brand'
- Focus on spearhead areas during phase 1
- 3 sub project plans with different timetables/milestones



# Progress to date – Early Years

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- Purpose:** to identify health and developmental needs of children within context of family and wider environment
- Audience:** parents of any child in 1st year of life – to include parental health behaviours too
- Policy:** Child Health Promotion Programme – mechanism for delivering health needs assessment (NSF Standard 1)
- Method:** Paper-based initially eg linked to red book. Ongoing during 1st year of life, completed by 12 months. “Mediated” by health professional rather than self-completion.
- Content:** Common Assessment Framework if appropriate. Action plan for information, advice and signposting/referral
- Currently:** Developing core content and reviewing existing needs assessment tools and best practice.
- Launch:** Pilot c. Spring 07

## Progress to date – Adolescent

- Purpose: To identify health and developmental needs of people
- Audience: Young people aged around 12-13
- Method: A quick (10 minutes max) online algorithm-based programme that gives a general assessment (personal profile) of general physical and emotional health and flag up any risks to current or future health
- Content: Physical activity and exercise, Eating habits and nutrition, Drugs and solvents, Alcohol, Smoking, Sexual health, Bullying, Emotional health (several questions)
- Currently: Developing 2<sup>nd</sup> prototype with young people for launch early 2007 in AHDS and on Teenage Health Freak
- Launch: January 2007 – July 2007

# Progress to date – Mid Life

- Purpose: To assess general health and well-being, identify personal risk factors and provide tailored information and support for people to make positive health behaviour change
- Audience: 45 but to allow flexible approach
- Method: Self-completion and “mediated”. for delivery – multiple settings/channels – workplace, occ health, primary care, pharmacy, health trainers, supermarkets, pubs
- Content: Major determinant (smoking, physical activity, diet etc). Scoring & feedback
- Currently: Review of existing tools, including validated quantitative risk assessments, prediction (CVD, diabetes). Design of core tool content & scoring for early testing with user panels/focus groups  
Exploring mechanisms for delivery.
- Launch: Spring 07 – Exp of Interest approach, with opportunity for common sites for early years, mid life and adolescent?

# Life Check & Health Trainers

- Supporting people to undertake the Life Check assessment
  - A 'hook' into health trainers & a structured assessment for initial 1:1
- And..
- Providing support as one of the services people may be signposted to
  - Cohesion between LC and HT objectives, competencies, training and messages.



## *Future possibilities*

- Early years, adolescent, workplace health trainers?
- Less Darth Vader – more Heineken.....

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