Health Trainers
Conference & Workshop
Improving Health and Wellbeing across the NHS area of the South Central Strategic Health Authority

CONFERENCE and WORKSHOP REPORT

Venue: Shaw House, Newbury
25th September 2008

This report presents a summary of South Central Health Trainer Hub Health Trainers – Conference and Workshop. A conference organised by the South Central Health Trainer Hub in conjunction with NHS Education South Central. (See conference programme appendix 1)

The report sets out a summary of the presentations, the themes identified in the workshops and the findings from the evaluation forms. More detailed information can be found in the appendices.

Summary

AIM: The aim of the conference was to provide an opportunity for anyone interested in or responsible for improving health and reducing inequalities, whether they work with patients, service clients or individuals in the community, to be updated on national and local Health Trainer initiatives and discuss evidence-based good practice.

The conference gave the national and local picture about the development of the Health Trainer programme across South Central to date, including:

• Sharing practical experiences of the Health Trainer role in action;
• Setting up a Health Trainer service and supporting Health Trainers in practice;
• Enhancing current roles with Health Trainer competence;
• Presenting the findings from the regional evaluation of Health Trainer service development.

The presentations on local and national issues gave the context for the Health Trainer service. Presentations by two Health Trainers who have been working with clients during the
last year were enthusiastically welcomed. Speaker slides can be viewed on the NESC website. Additional points made during presentations can be found below (appendix 3).

The Conference speakers were very successful in stimulating a high level of debate in the workshops and the feedback captured by the scribes on the day has been analysed and a number of themes identified. (These can be seen below)

The participants particularly enjoyed the opportunity to network and discuss issues in depth during the workshops.

There were many calls for more workshops and possibilities for Health Trainers themselves to meet and exchange information and best practice.

This document will be distributed to everyone involved in the conference, including the lead Director of Public Health, Health Trainer Leads within PCTs and the national HT programme team to contribute to the evidence base and sharing of practice with other Health Trainer Hubs across the country.

Our thanks go to everyone involved in creating and contributing to what appears to have been a very successful event. The Health Trainer Leads will be discussing the findings at their next meeting and agreeing how to build on this event, the issues raised and solutions suggested for future Health Trainer development.

Summary of themes arising from discussions during the afternoon Workshops –

Members of the South Central Health Trainer Hub facilitated the workshops. The Conference speakers were very successful in stimulating a high level of debate and the feedback captured by the scribes on the day has been analysed and a number of themes identified. These are outlined in the paragraphs below, indicating the issues raised and potential solutions identified by workshop participants.

**Issues arising from the workshops:**

- **Benefits to your organisation of hosting/developing Health Trainers**
  It would be an apposite and practical way to both engage on health issues and help to deliver the Public Health agenda.

- **Obstacles/barriers might you have to overcome, to develop HTs in your organisation**
  It will be important to define HT roles and responsibilities and clearly show where they would add value to current policy aims.

- **Who would be the key champions for HTs in your organisation?**
  Senior people in Public Health departments, high profile sports figures, key colleagues and influential community representatives.
What support would you need to develop HTs in your area?
Clear need for both financial and peer support – including help with constructing bids, long-term financial commitment, training support and overall knowledge sharing.

What roles or organisations should be prioritised for engagement, to take forward establishing HT roles, or developing HT-like competence within existing roles?
Wide range of both public and private organisations including Police, Armed Services, Universities, Schools, Hospitals, Occupational Health specialists, public/private sector HR managers and employers.

What next?
Essential to make the business case, prioritise and allocate resources and embed outcome evaluation.

Details of the workshops can be found below (appendix 4)

Summary of Evaluation Forms
The participants and the South Central Health Trainer Hub leads saw the day as a resounding success. Although 69 people were expected to attend, in all we had 53 delegates. Numbers were affected by major road closures following accidents on the motorways.

Overall delegates felt that the presentations were very good and gave a good overview of the development of the health trainer programme and were effective in providing an update on national and local issues. Most delegates felt that the overview of setting up a health trainer service was well done. Discussion groups were effective but were time limited. The organisation of the event was deemed to be very good as was the venue.

Delegates were asked what they would do following the conference. A number of themes were identified in the responses:

- Making links with the local Health Trainer Hub leads and ongoing projects;
- Improve training opportunities for those wishing to take on Health Trainer competencies;
- Review existing Health Trainer service;
- Set up new Health Trainer Service within secondary care services;
- Share good practice internally and with other organisations;
- Obtain and Share the Health Trainer Evaluation report;
- Promote the Health Trainer Service.

Further comments were made by delegates in the evaluation forms on the day and a number of themes were identified:

- The event was enjoyable, well regarded and very useful in providing an overview of the Health Trainer service and how it could be developed;
- Networking and participation in workshops proved very useful and more future events were requested;
- More help with marketing, recruitment and training was requested;
Some organisations were put off by cost of travel to Newbury and there were requests for a web forum as an alternative;

Sharing service models in more detail would be useful.

Collated responses from the evaluation forms can be found below (appendix 5)

Attachments

- Appendix 1 – Conference Programme
- Appendix 2 - List of Delegates
- Appendix 3 - Speaker Presentations – additional points
- Appendix 4 – Details of Feedback from the Workshops
- Appendix 5 – Evaluation Forms – collated responses

Joanna Chapman-Andrews
South Central Health Trainer Hub Co-ordinator
Head of Public Health Development Programmes, NESC
Health Trainers - Conference & Workshop

Improving Health and Wellbeing across the NHS area of the South Central Strategic Health Authority

Shaw House, Newbury on 25th September 2008

A FREE one day conference for anybody involved in improving the health and wellbeing of individuals in the community or in their organisation.

Health Trainers work with individuals to help meet personal health goals. They may wish to stop smoking, increase physical activity, change their diet, or otherwise improve their health, which may include accessing other services.

Health trainers come from local communities, are visible, accessible and can engage local people wherever they are to be found, such as customers at the local pharmacy, in community groups, general practice, hospitals, healthy living centres or workplaces.

What is the conference about?
This conference will give you the national and local picture about the development of the Health Trainer programme including:

- sharing practical experiences of this role in action
- setting up a Health Trainer service and supporting Health Trainers in practice
- enhancing current roles with Health Trainer competence
- presenting the findings from the evaluation of HT service development

Who is this conference for?
Anyone interested in or responsible for improving health and reducing health inequalities, whether they work with patients, service clients or individuals in the community.

Anyone responsible for improving the health and wellbeing of their own workforce.

Why Health Trainers?
Changing behaviour is difficult - particularly if you are already at a disadvantage.

The Department of Health/NHS funds the development of Health Trainer services across the country through Primary Care Trusts (PCTs) supported by Regional Health Trainer "Hubs".

We know that people want to be treated personally and individually and that there are many links between health and social factors affecting their health.

Health trainers have been tried out in some challenging areas, with considerable success and they are making a difference.

Take action now to help improve the health of the people you work with - come to the Health Trainer Conference!

The conference is provided by the South Central Health Trainer Hub with NHS Education South Central.
# Health Trainers - Conference & Workshop

Improving Health and Wellbeing across the NHS area of the South Central Strategic Health Authority

Shaw House, Newbury on 25th September 2008

## Programme

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tr>
<td>09.30</td>
<td>Registration and refreshments</td>
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| 10.00 | Welcome by Chair                                                     | Dr. Paul Edmondson-Jones  
Director of Health and Wellbeing  
Portsmouth City PCT |
| 10.05 | The National Health Trainer Programme                               | Rachel Carse  
National HT Programme Lead  
Department of Health |
|       | The Health Trainer Hub - or how we co-ordinate Health Trainer work in South Central | Joanna Chapman-Andrews  
South Central Health Trainer Hub Lead |
| 10.35 | Tackling Health Inequalities locally                                 | Dr. Paul Edmondson-Jones |
| 10.50 | Initiating a Health Trainer Service                                 | Lee Dawson  
Health Improvement Practitioner,  
Hampshire PCT |
| 11.05 | Break and refreshments                                              |                                                                           |
| 11.35 | PCT and Probation Partnership for Health Trainers                   | Brian Leigh Health Trainer Project Manager  
Probation Service  
James Mc Nally & Sarah Biddlecombe  
Health Trainers |
| 11.50 | Engaging the Voluntary Sector in another way                        | Jan Rothwell  
Reading CAB |
| 12.00 | Enhancing existing roles - developing existing staff                | Nicola Spillane  
NHS Workforce Review Team  
South Central Strategic Health Authority |
| 12.10 | Panel for questions and answers                                      |                                                                           |
| 12.30 | Lunch and networking                                                |                                                                           |
| 1.30  | What works, what doesn’t work - Evaluation of Health Trainer Development across South Central | Sue Crane  
Education Consultant  
Tricia Harper  
Health Promotion Consultant |
| 2.00  | What happens next?                                                   | Workshops |
| 3.00  | Evaluation & Close                                                   |                                                                           |
Health Trainers -  
Conference & Workshop  
Improving Health and Wellbeing across the NHS area of the South Central Strategic Health Authority  
25th September 2008  
Shaw House, Newbury

List of delegates:

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<tr>
<th>First name</th>
<th>Surname</th>
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<tr>
<td>Julia</td>
<td>Bateman</td>
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<td>Louise</td>
<td>Bevan</td>
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<td>Sarah</td>
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<td>Angie</td>
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<td>Tina</td>
<td>Bryant</td>
<td>Northamptonshire Teaching PCT</td>
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<td>Margaret</td>
<td>Cameron</td>
<td>Public Health Development</td>
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<td>Rachel</td>
<td>Carse</td>
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<td>Joanna</td>
<td>Chapman-Andrews</td>
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<td>Jacqui</td>
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<td>Sue</td>
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<td>Stephen</td>
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<td>Sheila</td>
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<td>Lee</td>
<td>Dawson</td>
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<td>Dr. Paul</td>
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<td>Tricia</td>
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<td>Jacinta</td>
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<td>Anna</td>
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<td>Brian</td>
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<td>Janet</td>
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<td>John</td>
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<td>Diane</td>
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<td>Basingstoke &amp; North Hants. NHS Foundation Trust</td>
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<td>Angela</td>
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<td>Jan</td>
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<td>Nicola</td>
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<td>NHS Workforce Review Team</td>
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<td>Julie</td>
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<td>Charlene</td>
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<td>Chris</td>
<td>Turner</td>
<td>Reading Citizens Advice Bureau</td>
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<td>Tony</td>
<td>Varey</td>
<td>Royal Society for Public Health (RSPH)</td>
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<td>Caroline</td>
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<td>Emma</td>
<td>Wilton</td>
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<td>Vicky</td>
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<td>Sarah</td>
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<td>Olga</td>
<td>Zolle</td>
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NESC – incorporating Oxford and Wessex Deaneries
NHS Education South Central (NESC) is part of the South Central Strategic Health Authority
Appendix 3

Speaker Presentations – Additional Points

Speaker slides can be viewed on the NESC website. The following are additional points made during presentations:

Rachel Carse
National HT Programme Lead
Department of Health
Since the start, the HT Programme has matured and evolved over time. Competencies are national and core, but HTs are bespoke and there cannot be a universal programme.

Hubs are the key – and Joanna Chapman-Andrews runs one of the best. At the same time, the ‘spokes’ are vital to give diversity and strength.

I am pleased to say that we got HT National Accreditation moving quickly.

Our links with the British Army are showing good results despite challenging circumstances. Why should a soldier in the ‘front line’ bother about smoking and health for example!

Future potential – HT programme evaluation starting in October 2008. Efforts to be made towards encouraging HTs in new settings – for example, Job Centre Plus offices, NHS and “why not the Department of Health itself”.

Joanna Chapman-Andrews
South Central Health Trainer Hub Lead
As Rachel has said – we have 17 hubs and South Central hosts one of them. The Hub works via a small network that meets regularly. If you are providing or establishing an HT service, you are invited to join the hub – so please register your interest as soon as possible.

This is a fantastic time for the HT initiative. We have seen great progress, to the point where we can begin to see Health Trainers on a pathway for a career in health improvement/public health now.

Competencies are both important and essential and there are seven centres in South Central for awarding these.

It is important to think about your own career paths – I am always ready to offer guidance.

I am also pleased to say that Sarah Denny will be working with me on a part time basis to support SC Hub work from October.
**Dr Paul Edmondson-Jones**  
**Director of Health and Wellbeing**  
**Portsmouth City PCT**

Emphasised the significance of Directors of Public Health being jointly employed the NHS and Local Authority. This is particularly important for tackling health inequalities at a local level.

Using Portsmouth as an example, ward-by-ward differences were outlined with ‘birth to death’ analysis based on the ‘Janet and John’ story. Wards used in examples were just two miles apart, but statistically one individual would live around ten years longer than the other, despite starting off at the ‘same point’.

By careful analysis, it was possible to make informed assumptions on key characteristics displayed. From this it could be computed what the two individuals read, listened to, watched, consumed and who they communicated with.

This important information will enable HT Services to be more precisely targeted and packaged. No more ‘parachuting in’ at the last minute.

Peer and age groups should inform us. As with knife crime – talk to the people in the ‘hot spots’. Using this approach, female life expectancy in Portsmouth has shown a marked improvement.

Health Trainers are vital in tackling health inequalities. We must keep ‘pushing the boundaries’, do pass on your experiences to Joanna. She can share these with national Hub leads to influence at that level.

**Lee Dawson**  
**Health Improvement Practitioner**  
**Hampshire PCT**

Explained how Hampshire PCT initiated a Health Trainer Service. Key actions began early 2008. Emphasis was therefore on rapidity of development.

Studied what others were doing – Portsmouth, Southampton and Isle of Wight. To get ‘the best’ quickly, we commissioned separate local organisations to deliver.

Emphasised the importance of sharing knowledge and experience to enable rapid progress to be made.

[Rachel Carse added that she could be of help in disseminating knowledge, good practice and experience – send information via Joanna Chapman Andrews]

**Brian Leigh**  
**Health Trainer Project Manager - Hampshire Probation Service**  
**[with Health Trainers – Sarah Biddlecombe and James McNally]**

For HT system to work, a culture change was needed within the Probation Service. HTs started as a pilot in Hampshire Probation Service – now there are 15 Probation Services with Health Trainers and Thames Valley Probation is now developing the role.
Training the Health Trainers started in January 2006 and they started work in the Service in June 2006.

We also took the decision to employ ex-offenders to work alongside us in the HT process. This had been good for us and good for them. We have Probation Officers who act as mentors for our HTs when required.

Together with improvements in self-esteem etc, we feel that good health is an important part of the mix towards progress for our clients. In fact we now have about 100 referrals per month from clients wishing to talk to a Health Trainer.

**Sarah Biddlecombe**
Sarah paid tribute to Brian’s work and explained that her earlier life experiences helped her to understand and assist when she was talking to clients who had asked for help. She also emphasised that when helping people to regain self-esteem and confidence, positive results invariably had a ripple effect onto the client’s partners and family.

**James McNally**
After leaving prison and suffering very low self-esteem, a police officer pointed James towards Brian Leigh. Being an HT in the Probation Service meant dealing with a greater number of mental health and stress referrals – most clients did not accept physical health as problem. The benefit was being able to see things from their perspective. Even a small positive step can bring great changes.

**Brian Leigh**
Just small changes can make all the difference in getting people to the point where they can start to help themselves.

We have already heard how knife crime is being tackled and how progress in Portsmouth depended on local knowledge. We are approaching our HT challenges in the same way. We also benefit from excellent relationships with our four PCTs.

**Stephen Czajewski** of the Thames Valley Probation Area added that they had learnt a great deal from conversations with Brian Leigh and Janet Chapman-Andrews.

**Jan Rothwell**
**Reading CAB**
Jan manages the Healthy Lifestyle project, which has been renamed ‘Making Life Better’ in Reading CAB. This is aimed at helping clients make positive and sustainable changes to their lives. We felt it important to take a considered ‘step by step’ approach to help make positive and sustainable changes.

When we started, we knew very little about HTs but it is now working for us. We work slightly differently in that volunteers carry out our coaching. Advice is free, confidential and non-judgemental.

We have found, as in Portsmouth, that there is a close link between personal circumstances and health. Of those who have received help and advice from our HTs, 63% report a health improvement.

It should be noted that many HT target groups are also CAB client groups!
CAB has an advantage in that it is both well known and widely trusted.

We take a more holistic approach. For example, CAB advisers are trained to identify underlying stress levels.

Funding is almost always available – you just have to be creative!

Nicola Spillane  
NHS Workforce Review Team  
South Central Strategic Health Authority

Nicola explained that she worked with both dental health and public health sectors.

She emphasised that Public Health is the national Workforce Review Team’s number one priority this year!

We need to know as much as we can about Health Trainers and their work. Please give as much information as you can – we can influence how to get funding.

The Speakers Panel

• **Question: At what stage should you be to start the 20-week HT training course**

  Brian Leigh of the Probation Service said that they assess ex-offenders on release for possible HT training. Our people need confidence and good communication skills – we work on this.

  Tricia Harper, Health Promotion Consultant, made a point about the likely value of Carers in HT terms. Rachel Carse of DH said that she would ask Hubs about the possibility of taking this suggestion forward.

  Jan Rothwell, CAB, said that you must be ready to think of people as individuals and help them move on.

• **Question: What about improving funding availability**

  Jan Rothwell said that the CAB certainly needed longer term funding to continue its HT work.

  Rachel Carse and Joanna Chapman-Andrews both outlined the availability of funding. Joanna said that it was important to link in with PCTs. Rachel said there was £77million in the HT programme. She emphasised that there is hard evidence to prove that people in deprived areas are accessing services through HTs – a strong argument.

  Dr Edmondson-Jones pointed to examples where additional funding had saved considerably more in treatment costs, staff costs and time, than the original sum. Just asking for funds may not be enough – far better to effectively argue the point in terms of results. Be creative – do you ask for one very large project sum, or would applications for six smaller targeted projects achieve the same ends and be easier to ‘get through the system’?
As asked about getting involved in the whole HT funding, policy, provision process, **Rachel Carse** said that a planned DH website currently under construction would greatly assist. **Joanna Chapman-Andrews** said that she hoped to continue annual HT events, which would help with wider regional involvement – but this also depended on the Hub “knowing you are there”.

**Lee Dawson** felt that such regional events were invaluable for knowledge and best practice sharing – and for help in accessing funds!

- **Discussion: Should more be done to help HTs to engage with the community**

It was generally considered to be an important issue and where possible should be included in HT training at an early stage. Perhaps HT Hubs might help here?

**Sue Crane – Education Consultant**
**Tricia Harper – Health Promotion Consultant**
**Health Trainer Development Evaluation**

We have been evaluating what works and what doesn’t. There is lots of data available, but we needed conclusions.

For example, we need to establish whether we are getting the right people as HTs. We need to know whether there are pathways for their career development,

We found that most HT ‘movers’ still went on to HT or health-related posts. At the same time there seems to be growing scope for development within the HT industry.

The demonstration of competencies is seen as an important part of any portfolio and there is a challenging job to be done.

HTs value accreditation and a new workforce doing a new type of work needs support.

Formal and informal contacts can help to generate valuable partnerships across a wide range of organisations and sectors – the Prison Service and the NHS for example. HTs can be an important ‘bridge’ to health services.

Behaviour change and the building of trust can sometimes be a lengthy process. GPs can be helpful for referral and relationship building.

In HT/Client relationships, it is vital for both sides to agree boundaries of involvement right at the start. There is much published work from other relevant sectors on this issue.

Training for HTs should reflect such matters. At the same time it seems that there is little or no common assessment process for HT portfolios.

More practical ways of training might also be considered – similar to an NVQ process. A “Know how and Show how” approach can be invaluable in training terms.

The Royal Society for Public Health was thanked for a helpful and positive approach to the overall evaluation work.
Appendix 4

Details of the feedback from the workshops

The facilitators asked some questions to generate discussion and the following are some of the suggestions put forward:

What would be (have been) the benefits to your organisation of hosting/ developing health trainers?
- CAB - a practical solution to deal with problems and then engage about health
- It ticks all the boxes for the PCT/Local Authority/ local indicators
- Crossover with other organisations
- Accessibility
- Helps to deliver the Public Health agenda.

What obstacles/barriers might you have (have you had) to overcome to develop HTs in your organisation?
- May be seen as taking away jobs e.g. Health Visitors. Need to show that HTs will be supporting them
- Be clear about something that doesn’t always seem cohesive. Definition of or understanding of ‘health’ – seems medical/clinical
- Not our business.

Who would be (have been) the key champions for HTs in your organisation?
- Reading CAB – enthusiasm of people in the organisation who have been brought into the scheme
- Need to choose the right champion
- Public Health Department
- Target senior people in an organisation
- Different parts of Local Authorities
- High profile champions e.g. football
- Need to get champions in specific communities.

What support would you (did you) need to develop health trainers in your area?
- Funding from PCTs! Choosing Health money reduced/divested. Needs identifying and ring fencing and a funding model provided (5)
- Support on writing bids (2) Contracts/knowledge of specialisms in PCT
- Assurance that funding wont dry up
- Buy-in from all healthcare professionals
- Health promotion /behaviour training for frontline staff
- Provide support with delivering training/ key steps (2)
- Help for acute hospitals to train their staff to become HTs attached to Occupational Health. Need funding support
- Regional support for Health Trainers – resources and peer support
- Information and training on data collection system and methods of feedback
- Time to prepare and plan recruitment and training etc. (2) while 150% operational
- Guidance from the Hub on the recruitment process. Where to get Health Trainers. How and where to advertise

NESC – incorporating Oxford and Wessex Deaneries
NHS Education South Central (NESC) is part of the South Central Strategic Health Authority
• Need commitment strategically
• Workforce capacity
• Clear aims and objectives and service specification
• Expertise in different areas e.g. Health promotion, project management, coordination, training, development, delivery, assessment, mentoring, professional supervision
• Understanding what other organisations are doing from Hubs/sharing information
• Space for Health Trainers to practice in.

What roles or organisations should be prioritised for engagement, to take forward establishing HT roles, or developing HT-like competence within existing roles?
• Private organisations
• Hospitals and clinics
• Occupational health
• Dual diagnosis centres
• Any organisation working with/on Health Improvement
• Mental Health Services
• Universities
• Schools/colleges
• All armed forces
• Police
• Housing
• Carers
• Workplace
• Any agency that works with and has the trust of the local community e.g. CAB
• Form a consortium of all agencies including SHA health groups to network
• Specialised HTs at band 4 jobs
• Level 4 HTs having a mentor role
• Specific training to expand a subject i.e. debt
• Look at what already exists – embed HTs in other organisations
• The role of the health trainer in the community should be viewed as non-professional.

What next?
• Prioritising and allocating resources --budget managers
• Filing system/website/scheme of resources available
• Directors of Public Health --show them the evidence
• Commissioners --make a business case
• Embed outcome evaluation when establishing a service.
Appendix 5

Evaluation Forms – Collated responses

Number of Attendees – 53 (31 responses)

(Below - figures in brackets indicate number of people responding with this comment where greater than one)

1. Effectiveness of the conference in providing an overview of the development of the Health Trainer programme
80% respondents indicated that the event was definitely or very effective and a further 16% felt it was quite effective

2. Effectiveness of the update on national and local issues
61% respondents felt the updates were definitely or very effective, a further 38% felt the updates were partly or quite effective.

3. Effectiveness of the conference in providing an overview of setting up a Health Trainer service
77% respondents felt the updates were quite effective, definitely or very effective, a further 22% felt the updates were partly effective

4. The overall quality of the presentations offered by this event
93% felt the presentations were good or excellent, a further 9% felt they were satisfactory.

5. The opportunity to have an input into the discussion group
93% of respondents felt that the opportunity to input was satisfactory, good or excellent.
   Comments
   • Enjoyed being able to observe and hear the debates on and off the floor
   • Time limited this.

6. Effectiveness of the conference in providing an opportunity to share good practice
87% of respondents found the conference quite effective, definitely effective and very effective in provided the opportunity to share good practice. A further 16% felt that it was ineffective or partly effective.
   Comments
   • Time was a limiting factor (3)

7. Organisation of event
100% felt organisation of the event was good or excellent

8. Comfort of venue
100% felt that comfort of the venue was satisfactory, good or excellent

Comments
   • Location and venue good
   • Great venue
   • Venue was cold (2)
9. Any actions you plan to take as a result of your attendance at this conference.
- Follow up contacts (3)
- Encourage links with my projects and the Hub
- Identify projects working similar to HT and encourage links
- I plan to find out what/who are the health Trainers in my Trust/local area and try to include them in my job. I would like to know what extra training I can have to improve my health promotion knowledge, as I am a qualified health care practitioner already
- Already planning HT programme but will network with other organisations
- Visit pre-existing services in other areas
- Keep a clear idea of areas of health inequality which are being neglected to inform services and policy
- Get in touch with my local Hub and introduce its resources to our Health trainers
- Review the development of my ‘Health Trainers’ programme
- I will be very keen to make contact with the Health Trainer lead. As the current Diabetic Link Nurse working within an adult Acute Mental Health residential setting, I would benefit from advice on behaviour change
- Contact Lee for his options paper
- Get a copy of the regional report
- Plan to link with voluntary organisations re good practice sharing
- Feed back to my department. Display health trainer information for patients and staff
- Contact the local Hub (4) and explore opportunities for using the Health Trainer initiative in a general hospital setting. Share the information with the Director of Nursing to see if I can get support for taking an initiative forward
- To look at ways of establishing funding for a band 4 Health Trainer within a clinical department
- Discuss and feedback at Public Health Directorate meeting. Contact lead in Probation Service, Thames Valley
- I will forge links between Occupational Health and Probation
- I will put our health Trainer Coordinator in touch with several contacts I have made today
- Look further at the evaluation report when it is released.

10. Other comments by Delegates
- An inspirational event. Thank you. This has been the most valuable day I have spent as yet on the Health Trainer agenda
- Would have been useful to have more time to network, perhaps a structured networking activity – speed networking?
- Case study very interesting. Would have liked more detail on options for recruitment, HT training courses etc. A manual would be very useful
- An interesting overview of the service and vision of HTs. I was under the impression the conference was aimed at Health Trainers themselves. Luckily ours were on holiday and I came as coordinator, which made more sense
- I found the day useful. It has opened up several possibilities that I feel we could develop in year 2
- A good range of people, but a few missing who I wanted to network with
- It was impossible to get local (Portsmouth) hosts/interested parties to attend the conference due to the distance to travel. Organisations were very keen but put off by travel related costs
- A useful and informative event that enabled good participation.
- A web forum should be a priority going forward
- I would like the opportunity to engage further in workshops and discussion groups
• It was excellent to meet people and find out about HTs in the South Central area. Thank you for extending the invitation outside your area
• Really enjoyed today – it’s good to see what goes on behind the scenes!
• What would be helpful: sharing service models in more detail – what works Sharing details of integration of HTs into other community and health services. Awareness raising of service and marketing to general public.