

Pre EOI Trailblazer Investigations for Health Trainers

Executive Summary

Health Education England asked Skills for Health to investigate the role of Health Trainer to determine whether it would meet the government's criteria for Apprenticeship Standard development. Investigations were carried out to ensure any new expression of interest would not significantly overlap with any other existing Standard, or Standard in development, and that there is sufficient employer support for any proposed new Standard development.

A questionnaire (Appendix 1), on the role of the Health Trainer and its suitability for Apprenticeship Standard development, was drafted and sent out to several stakeholders. In addition, telephone interviews with stakeholders were conducted.

From the findings of the investigations, it is not clear that the role of Health Trainer would meet the criteria for Apprenticeship standard development, specifically:

- being an occupation that requires a minimum of 12 months development
- being an occupation requiring at least 20% off the job learning
- having a minimum of 10 employers across the country willing to support the development of a new Standard

Current Apprenticeship Standards would not be suitable for Health Trainers. The Royal Society for Public Health are considering the possibility of developing a new level 3 certificate for Health Trainers which, if developed, could be used to train the future workforce. Health Education England work into career pathway development for the non-clinical workforce may result in new Apprenticeship development, across non-clinical roles that could encompass Health Trainers.



1. Aims of Investigation

The aims of this investigation are to:

- investigate the suitability of an Apprenticeship Standard for the role of Health Trainer
- explore the scope of the role of Health Trainer
- determine whether there is sufficient employer support for the development of a new Apprenticeship Standard for this role
- conclude whether the role of Health Trainer is provided for by existing Standards, or whether there are gaps, and therefore whether new Apprenticeship Standard provision is required and an Expression of Interest (EOI) should be drafted

2. Background

Health Education England have contracted with Skills for Health to support them in providing a strategic overview of Apprenticeship development in health. To fulfil this remit, Skills for Health now receives all the enquiries from employers and others, regarding interest in new Standard development. Skills for Health manage a 'log of interest' and are therefore able to advise Health Education England which roles employers are keen to be developed into an Apprenticeship Standard.

Health Education England asked Skills for Health to investigate the role of Health Trainer to determine whether it would meet the government's criteria for Apprenticeship Standard development. Pre-EOI investigations have been carried out to ensure any new Standard development does not significantly overlap with any other existing Standard, or Standard in development and that there is employer support for any proposed new Standard development.

The role of the Health Trainer was first outlined in the 2004 White Paper *Choosing Health-Making Healthier Choices Easier*. The Health Trainer service was conceived and presented as a service which would help address health inequalities in disadvantaged and hard to reach communities, where there is a lower life expectancy and higher levels of ill-health than the national average. The concept was that Health Trainers would fill the gaps left by other primary care and community services (e.g. GP, nurse, social worker) and would provide a personalised approach towards supporting people to change their lives.

A national team at Department of Health was set up following the publication of *Choosing Health*, followed by implementation of local Health Trainer Services in Early Adopter Sites in September 2005 and full-scale roll out from March 2006. A Hub and Spoke model was adopted, within regions, to help support local services, with the Early Adopter Sites as the regional Hub. Each Hub had a Hub Lead with financial support from Department of Health and regular regional meetings.

In March 2006 4 core competences were identified for the Health Trainer Role through the work of the Training and Workforce Development Sub-Group:

HT1-Make relationships with communities

HT2-Communicate with individuals about promoting their health

HT3-Enable individuals to change their behaviour to improve their own health and well-being

HT4- Manage and organise your own time and activities



In November 2007, City and Guilds became the Awarding Organisation for the national Health Trainers programme-the *Level 3 Certificate for Health Trainers*. This qualification encompassed four Health Trainer units developed from these competences. The Health Trainer units were also included within the level 3 Diploma for Clinical Healthcare Support.

The Department of Health commissioned the development of the National Health Trainer Data Collection System in 2006, based upon an existing Data Collection and Recording System (DCRS), to collect information about Health Trainer services and the Health Trainer workforce. Initially the DCRS service was free to utilise as the Department of Health funded it, however Health Trainer services now pay user fees themselves.

In 2010/2011 the national and regional Health Trainer teams disbanded due to lack of funding. Currently there is no central team that is working to raise the profile of the Health Trainer role.

2.1 Requirements for Apprenticeship Standard Development

For a job role to 'meet the requirements' for Apprenticeship Standard development, it must meet the Department for Education's criteria for approval, following an Expression of Interest submission. This will include:

- being a distinct occupation that can be easily defined and agreed upon
- not significantly overlapping with other occupations that are defined in an Apprenticeship Standard or Standard in development
- being an occupation that requires a minimum of 12 months development
- being an occupation requiring at least 20% off the job learning
- having a minimum of 10 employers across the country willing to support the development of a new Standard

3. Methodology

To carry out this investigation, employers and other stakeholders involved in the Health Trainer workforce were contacted via email and telephone to establish whether the role of Health Trainer meets the requirements for Apprenticeship Standard development as outlined in section 2.1.

A questionnaire (Appendix 1) on the job role and its suitability for Apprenticeship Standard development was sent out to several current employers of Health Trainers.

Employers were also asked to send in current job descriptions for the role. Some employers/stakeholders were asked the questions from the questionnaire over the phone to enable further discussion.

Desk-based research was carried out with documents relating to Health Trainer services and the role of the Health Trainer taken from <http://healthtrainersengland.com/>.

Existing Apprenticeship standards were examined to see whether they may be suitable for use by the Health Trainer workforce.



4. Findings

4.1 Desk Research

<http://healthtrainersengland.com/> was 'set up following the demise of the national and then regional teams, in order to preserve the legacy of work that had been done on developing the health trainer workforce'. This site was developed by the Centre for Health Promotion at Leeds Beckett University to 'ensure that the knowledge gained across the country about health trainers is retained and available to inform future practice'.

A Royal Society for Public Health (RSPH) report on this web site '*Indicators for Change-The Adaptation of the Health Trainer Service in England*' (Feb 2015) identified:

- considerable diversity between health trainer services, with many services moving into a range of new settings and new areas of work.
- growing polarisation of services, between on the one hand, services adopting more clinical work and on the other, services consciously resisting this move and instead, placing a far greater focus on the wider determinants of health and community development.
- diversity between services is driven by a number of factors; *one strong theme emerging from the research is the uncertainty felt by services around funding and the use of short-term contracts*. This is leading to increased pressure to operate more efficiently and more clearly demonstrate the effectiveness of services.

A Summary report of the Health Trainer Education and Training Forum hosted by RSPH in June 2015 identifies that:

- around 3000 Health Trainers were active nationally.
- Ofqual statistics indicate that that there had been 2495 certifications for the City and Guilds Health Trainer qualification to date.
- Health Trainer services are currently commissioned by Local Authorities, Social Enterprises, Charities, NHS, Primary Care Network, CCGs using a wide variety of models.

4.2 Scope of Role

The text below is taken from a Summary Report from the Health Trainer Education and Training Forum, 10th June 2015.

'A wide range of roles are held by Health Trainers at a variety of levels within organisations. There is variety within the Health Trainer role itself; some are more generalist and others specialist. Variety also exists in the work commissioned and the need for Health Trainers to possess the range of skills and knowledge needed to deliver the service is a key theme. Typically, services are commissioned to support:



Physical activity, emotional wellbeing, healthy eating, supporting families and the wider determinants agenda, employability, probation services work, work in GP practices, delivery of health checks, expert patient programme, sport, community focus. Clinical work in particular has become a feature for some Health Trainer services linked to the Health Check programme.'

The text below is taken from <https://www.healthcareers.nhs.uk/explore-roles/public-health/health-trainer> on 22/03/17.

'Health Trainers offer practical support to their clients to change their behaviour and achieve their own health goals. Health Trainers help their clients to assess their lifestyles and wellbeing, set goals for improving their mental health, agree action-plans, and provide practical support and information that will help people to change their behaviour. This could include promoting the benefits of:

- Taking regular exercise and eating healthily
- Reducing alcohol intake
- Breastfeeding
- Practising safe sex
- Stopping smoking'

'Working as a Health Trainer you could be:

- Helping people identify how their behaviours may be affecting their health
- Supporting individuals to create a health plan to help make changes to improve their health
- Helping individuals to become more knowledgeable about things that can affect their health and wellbeing
- Signposting to other agencies and professionals'

The description below is taken from <http://healthtrainersengland.com/about-health-trainers/role/> on 22/03/17.

'The role of the Health Trainer is to:

- Engage with and support people to make healthy lifestyle choices in the context of their own lives and communities
- Raise awareness of the benefits of good health and to give practical support to help people improve their knowledge, skills and confidence in improving their lifestyles
- Focus on seldom heard communities that tend, on average, to have a poorer level of health

Health Trainers need to have a broad spectrum of knowledge and employ a wide range of public health skills that engage and motivate clients. These skills include:

- Community engagement
- Communication
- Behaviour change theory
- An understanding of health inequalities'



4.3 Questionnaire and Job Description Returns

Five completed questionnaires were returned from employers and five job descriptions relating to the role of Health Trainer were examined.

4.4 Questionnaire and Interview Feedback

Telephone interviews and email discussions were held with ten stakeholders including the lead for the Public Health Knowledge and Skills Framework from Public Health England, the DCRS National Service Lead, the lead for the development of core competences and career pathway for the non-clinical workforce from Health Education England, and the site administrator for the web site <http://healthtrainersengland.com/>.

Discussions with stakeholders identified that, whilst the Health Trainer undertakes functions that can be defined, the scope of the role may vary from service to service, and roles with job titles other than Health Trainer may be doing similar work. These other job titles include:

- Health and Wellbeing Practitioner
- Wellbeing Worker
- Wellbeing Support Worker
- Personal Care Navigator
- Lifestyle Coach
- Patient Empowerment Worker
- Health Ambassador

Stakeholders were asked about current training and development arrangements for Health Trainers and those in similar roles. Responses to the questionnaire regarding 'how long it currently takes to train a new entrant to become competent in this occupation' varied from 1-3 months to 6-12 months, with the mean being around 6 months. Stakeholders also stated that training and development was mainly 'on the job' and involved 'shadowing' colleagues. One stakeholder commented that '*often people are out there working before they have finished their training because they need people on the ground*'.

Responses to the questionnaire and interview questions identified that currently most Health Trainers' formal training involves taking the level 3 Certificate for Health Trainers within the first few months of employment. This regulated qualification will cease to register new learners from the 31st October 2017. The four qualification units which make up this certificate can also be found in the level 3 Diploma in Clinical Healthcare Support. Research indicates that there has been a dramatic drop, of 80%, in recent years, of the uptake of the Health Trainer units within some regulated qualifications.

Feedback from stakeholders indicated that Health Trainer services have become increasingly fragmented, with contracts bouncing between services every 3 to 5 years and that '*due to the council/ government localisation agenda and the financial cost reductions, a very many health trainer services have simply been disbanded, rebranded or simply morphed into wider-remit 'lifestyles' teams*'.



New commissions are increasingly through Local Authorities and budgets for services are being cut, in some cases up to 25%. The decrease in budgets is being reflected in reduced numbers of workers in services, as identified in the drop of Health Trainer numbers recorded by DCRS in the past 2 to 3 years. In some cases, as identified by one stakeholder, services are being *'left in limbo'*, *'waiting on financial decisions from the Local Authority'* which makes it *'difficult to plan'* for the required workforce. Another stakeholder stated that *'commissions may only be for a year'* and that services *'can't plan long term'*. The stakeholder raised the issue of whether there would be a guaranteed job for the Apprentice at the end of their training.

When asked about whether they would support the idea of an Apprenticeship Standard, one stakeholder stated that they *'suspect it is not a goer'* as it is *'out of kilter with reality'* of how the setup is for services. Another stakeholder commented that *'I'm not absolutely sure there is mileage here'* as *'there has been no real central support/ push for this role to be protected ever since the national HUB was disbanded'* and that *'this is too late in the day from my perspective unless there a big new Health Trainer national push and the required monies/ lead roles in place to bring that about'*. In contrast, however, some stakeholders were very positive about the possibility of a Health Trainer Apprenticeship Standard and commented *'we currently have Health Trainers working in our area. I have recently been discussing with colleagues the idea of a Health Trainer apprenticeship and there was pretty much overwhelming support for the idea'*. Another stated that *'this is the ideal opportunity to develop something that does fit'*. Stakeholders did not necessarily think, however, that the Apprenticeship would be suitable for all the Health Trainer workforce.

Health Education England (HEE) are currently working on the development of a career pathway for non-clinical staff, which includes the identification of 'core competencies' across job roles. The lead for this piece of work was contacted to see if the role of Health Trainer might be part of the 'non-clinical workforce' the new career pathway is intended for. One of the job descriptions that is involved in the pilot for this work is that of 'Care Navigator', which was one of the job descriptions listed by stakeholders as carrying out a similar role to that of Health Trainers. Eight 'Competencies and Core Functions' have been drafted as part of the HEE pilot with Care Navigators, many of which would map to core competences required by Health Trainers. However, whilst the role of Care Navigator is a non-clinical role, the language used to describe the 'Competencies and Core Functions' still has clinical implications e.g. 'care plans' and 'patients'.

4.5 Review of Existing Apprenticeship Standards

The Apprenticeship Standard for Senior Healthcare Support Workers (HCSW) at level 3 was examined to assess whether the activities, knowledge and understanding listed within the 'core' of this standard mapped across to the core activities of the Health Trainer role. Whilst many aspects of the 'core' HCSW role do mirror the requirements of Health Trainers, there are some activities listed within the 'core' of the HCSW standard which would not apply to all Health Trainers, many of whom work within community settings with the general population, rather than within a clinical setting with 'patients'. E.g. You will be able to 'assist registered healthcare practitioners with clinical tasks; follow care plans; notice and report changes' and, you will know and understand 'how to carry out routine and complex clinical tasks delegated to you, the care plans and delegation protocols used in your organisation'.



5. Conclusion

In assessing whether the role of Health Trainer meets the criteria for Apprenticeship Standard development, it was necessary to see how far it goes towards meeting the Department for Education's (DfE) criteria for approval following an Expression of Interest submission, as listed in section 2.1 Requirements for Apprenticeship Standard Development.

For the role of Health Trainer, there does appear to be distinct functions, however the exact nature of the role may vary from service to service and may indeed be called by a different job title.

Currently, there does not appear to be any existing Apprenticeship Standards, or Standards in development, that would meet the requirements of the role of Health Trainers. Certainly the Standards of 'Adult Care Worker', 'Lead Adult Care Worker' and 'Senior Healthcare Support Worker', do not seem applicable to Health Trainers.

When examining the questionnaire and interview responses regarding how long it would take to train a new entrant to become competent in the occupation, the answers given indicate that most stakeholders think it would take less than 12 months for each job role (on average 6 months). This would need further exploration if an Expression of Interest were to be developed for these job roles, as the DfE criteria for Apprenticeship standards need an occupation to require a minimum of 12 months development.

When discussing current training arrangements for Health Trainers, most stakeholders identified that training would be 'on the job', however questionnaire responses indicated that employers thought Health Trainers *would* require a minimum of 20% off the job learning. The questionnaire did not explicitly ask whether this would be required for 12 months, stakeholders may have misinterpreted this question as it does not appear congruent with verbal responses to the same question.

Whilst several stakeholders are in favour of, and would support the development of an Apprenticeship Standard for Health Trainers, given the increasing financial pressures on services and expectation that they must deliver 'more for less', it is debatable whether ten employers would be willing and able to invest the significant time and resources required to be involved in the development of a new Standard.

At this present time, it does not appear that the occupation of Health Trainer would meet the DfE criteria for Apprenticeship standard development. In addition, the projected numbers of Health Trainer Apprentices are low and this might not be sufficient to in terms of viability for training provision or end point assessment of the Apprenticeship.

Unfortunately, for employers who wish to develop employees in this role using an Apprenticeship, current Apprenticeship Standards would not be suitable for Health Trainers. There is however, a level 3 Certificate in Health Training which is available until October 2017 and the Royal Society for Public Health are considering the possibility of developing a new level 3 certificate for Health Trainers. Additionally, Health Education England work into career pathway development for the non-clinical workforce may provide a way for a new Apprenticeship to be developed across non-clinical roles that would encompass Health Trainers.



6. Contacts

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Cheryl Bott	Pearson
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Aziz Muthana	Sheffield City Council
Margaret Winskill	Wiltshire Council
Tracy Ohis	Wandsworth Council
Sue Chant	Somerset Partnership NHS Foundation Trust

