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ROYAL SOCIETY FOR PUBLIC HEALTH
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NHS
Health Education England
Working across Wessex

The Benchmarking of Health Trainer Services:
A framework for comparison

Developing people for health and healthcare

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Contents

Introduction

The Royal Society for Public Health (RSPH) was commissioned by Health Education England Wessex (HEE Wessex) to produce a framework to assist in the process of benchmarking health trainer service success. It has been designed for use in the Wessex area, but it is hoped it will have much wider appeal, both across the country and in health improvement services that do not follow a health trainer model.

This framework aims to equip commissioners and service leads with the tools to create easier comparison between services locally. This will help to illuminate the areas where services are successful, demonstrate the areas for development and describe the drivers of success or challenges faced. In this sense, the framework should be seen more as a comparator than a benchmark per se.

The framework has been designed collaboratively through a series of consultations with health trainer services and interviews with commissioners and service leads. It is intended to be used as broadly as possible to account for the diversity in provision models, but it is acknowledged that it may not capture the activities of all services equally. The framework is not designed solely with health trainer services in mind, but should also prove useful to health and wellbeing, and other lifestyle improvement services.

The benchmarking framework should serve as a template, in this sense, rather than a definitive service measure. The framework is split into sections, reflecting various elements of health trainer services. These sections are split between those deemed to be a minimum requirement and those which illustrate additional support provided by the health trainer services. These sections are then broken down again by metrics which are essential and desirable. This is done to ensure a core base which most services can meet and are integral to the service, but also allow room for demonstrating additional value.

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The need for a benchmarking framework

Public health funding and, consequently, the sustainability of public health services is currently uncertain. The requirement of local authorities to make in-year savings has forced critical thinking about how and why they commission their current services. Commissioners, as a result, are increasingly looking for the greatest efficiency and demand possible.

In addition, health trainer services carry out strategic assessments and seek tenders; they therefore need to fully demonstrate their value in relation to each other and also share knowledge about areas of best practice and the means by which results were achieved. Benchmarking should be seen as a strategic assessment of health trainer services, as well as an iterative, educative process to help health trainer services better understand their success and the challenges they face in the context of their colleagues and other health trainer services.

> This framework comes at both an opportune and timely stage in the development of health trainer services.

The framework therefore comes at both an opportune and timely stage in the development of health trainer services. Benchmarking is an important exercise in demonstrating worth and can enable health trainer service leads to pinpoint areas which may hinder success. This is becoming ever more important as health trainers face the uncertainty of local authority public health budgets.

How the framework was developed

Health trainers and their services have long been calling out for a framework that is both consistent in its application and offers significant insight into the operational success of their service. As a result, and in response to this demand, HEE Wessex commissioned the Royal Society for Public Health to create a framework and conduct the appropriate research and consultations with health trainers, service leads and commissioners. The process was largely collaborative and concerned the gaps in the current landscape for benchmarking.

In the first instance, it was important to understand what the comparison/benchmarking landscape was and the ways in which health trainers were evaluating their services. The research found that a discernible gap exists in the current evaluative and benchmarking landscape for health trainers. With the exception of the Data Collection and Reporting System (DCRS), it was found that there were no other notable frameworks or tools that were being used which effectively enabled services to cross compare results.

The DCRS system is an incredibly powerful and statistically salient database which enables health trainer services to accurately reflect their success. However, there are a range of additional measures which can be used to identify and compare the elements of service success. The framework looks to harness the DCRS standards and work in tandem with the system to provide health trainers with the tools to show their value and to generate and maintain best practice.

Desk research was conducted alongside a survey which attempted to map the use of evaluative and benchmarking tools/frameworks. The survey received 88 responses in total, many coming from health trainer services, but also wider health care professionals and commissioners.

The intention of the survey was in the first instance to map current data collection, evaluation and comparison activities. It also aimed to collate preliminary thoughts on how a benchmarking framework could and should look. Some of the thoughts were concerned with ensuring that the framework was adaptable to the varying models of service provision and structure, the need for any framework to be integrative and also ensuring that it provided a national standard of metrics from which to compare.

With that, a draft framework was produced that gave an indication of some of the metrics that could be used and the methods by which data could be collected. This then went out again for consultation with 20 services responding to our request. Many felt that the information was useful and were positive about the development of the framework. Some felt that more needed to be included and there needed to be a greater degree of focus on some clinical measures and greater recognition of the variety of services offered (such as Health MOTs, NHS Health Checks etc.).

It is hoped that this final framework represents the views of those consulted and takes into consideration the need to actively reflect the requirements of health trainers as a whole.

How to use the framework

The framework offers commissioners and service leads the opportunity to measure their successes against others within their area or locality using a series of uniform metrics. It has been designed to be simple and easy to use, and is divided into three overarching sections which aim to reflect the differential nature of health trainer services. **"Core benchmarking"** reflects the core ethos and competencies of health trainers:

- engaging with those most in need; and
- inspiring and motivating behavioural change – notably in the areas of physical and dietary health.

This is placed within the context of the service; its skills mix, investment and staff training.

"Additional benchmarking" represents the areas of work that many health trainers are currently engaging with, but which often go unrecognised by current evaluations, such as mental health interventions and outreach within communities. Finally, a **"further benchmarking"** section looks to begin to extrapolate a social value for the service beyond current metrics of success. It asks services for follow up data from clients to ascertain the extent of their long term behaviour change success. It also seeks to understand whether health trainer services have helped those seeking employment to find work.

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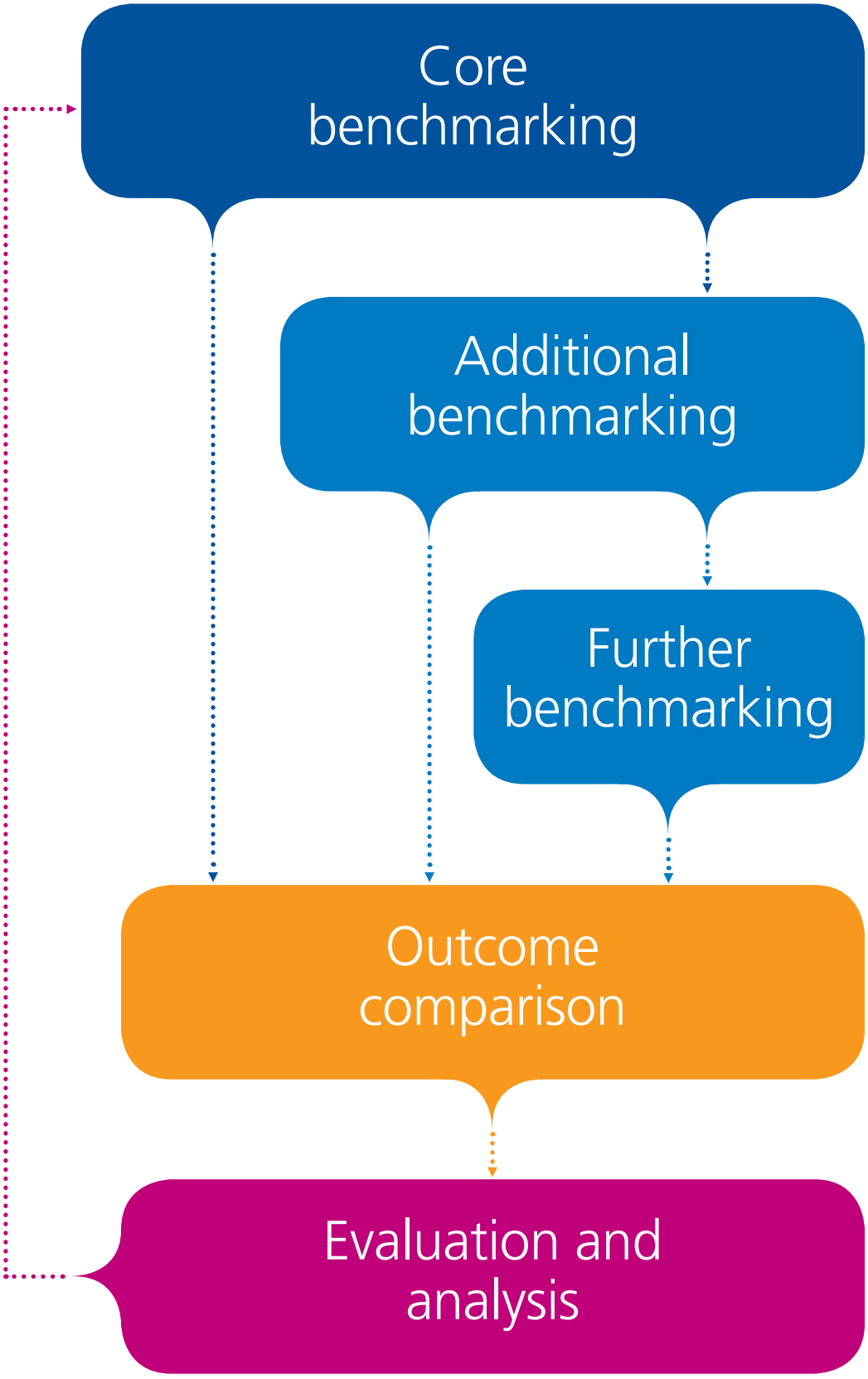
Only core benchmarking is deemed to be the minimum expectation, but services are encouraged to go further with the benchmarking process to fully extrapolate the detail of their service's success and where they face future challenges or barriers to success.

In order for the framework to allow for cross comparison with other services, the framework assumes that data is from the previous 12 months. A toolkit has also been developed to support data collection.

The benchmarking of health trainer services



Core benchmarking
Service-related values

Question	Evidence required	Minimum	Added
What is the skills mix of the service?	The number of health trainers (or equivalent) within the service. The number of health champions (or equivalent) within the service. The number of health trainer leads (or equivalent) within the service.		■
What training have individuals within the service undertaken?	The number of individuals who have undertaken a RSPH Level 2 Understanding Health Improvement award. The number of individuals who have undertaken a Level 3 City and Guilds health trainer qualification. The number of individuals who have undertaken additional training in behaviour change. The number of individuals who have undertaken additional training in emotional and mental health.		■
What is the full-time/ part-time mix within the service?	The number of individuals who are working to a full-time (or equivalent) contract. The number of individuals who are working to a part-time (or equivalent) contract.		■
What is the ratio of paid to voluntary staff within the service?	The number of paid staff members within the service. The number of volunteers within the service.		■
How much (£) has been invested into the service in the last calendar year?	The total amount that has been invested into the service in the last calendar year.	■	
What is the per capita spend on clients?	The total amount that has been invested into the service over the past year. The total number of clients seen by the service over the past year.	■	

Core benchmarking
Service engagement

Question	Evidence required	Minimum	Added
What percentage of clients do you reach who are considered to be from deprivation quintile 1?	The total number of clients. The total number of clients from deprivation quintile 1.		
What percentage of clients do you reach who are considered to be from deprivation quintile 2?	The total number of clients. The total number of clients from deprivation quintile 2.		
What percentage of clients do you reach who are considered to be from deprivation quintile 3?	The total number of clients. The total number of clients from deprivation quintile 3.		
What percentage of clients do you reach who are considered to be from deprivation quintile 4?	The total number of clients. The total number of clients from deprivation quintile 4.		
What percentage of clients do you reach who are considered to be from deprivation quintile 5?	The total number of clients. The total number of clients from deprivation quintile 5.		
What percentage of clients are male/ female?	The total number of clients. Those that self-identify as female. Those that self-identify as male.		
What percentage of clients have no educational background?	Total number of clients. The total number of clients who self-identify as having no formal educational background.		
What percentage of clients do you reach who are considered to be from ethnic minorities?	Total number of clients. The total number of clients who self-identify as being from ethnic minority backgrounds.		

All questions refer to data obtained during the previous 12 months.

Core benchmarking
Supporting behaviour change

Question	Evidence required	Minimum	Added
What percentage of clients are meeting their PHP* goals (at least in part)?	The total number of clients setting PHPs. The number of those clients meeting their PHPs (at least in part).		■
What is the average % change in Body Mass Index (BMI)?	The mean Body Mass Index (BMI) at the pre-intervention stage of assessment. The mean Body Mass Index (BMI) at the post-intervention stage of assessment.		■
What is the average % change in weight?	The mean weight (kg) at the pre-intervention stage of assessment. The mean weight (kg) at the post-intervention stage of assessment.		■
What is the average % change in daily fruit and vegetable portion consumption?	The average daily number of fruit and vegetables consumed at the pre-intervention stage of assessment. The average daily number of fruit and vegetables consumed daily at the post-intervention stage of assessment.		■
What is the % change in moderate activity levels?	The number of clients performing 30 minutes of moderate exercise a day at the pre-intervention stage of assessment. The number of clients performing 30 minutes of moderate exercise a day at the post-intervention stage of assessment.		■
What is the % change in number of clients meeting the recommended 5-a-day of fruit and vegetables.	The number of clients meeting the 5-a-day guidelines at pre-intervention assessment. The number of clients meeting the 5-a-day guidelines at post-intervention assessment.	■	
How many NHS Health Checks are carried out at the service?	The total number of NHS Health Checks carried out at the service.	■	

*Personal Health plans (PHP) involves setting and working towards an overall health improvement objective and are set by the client with the health trainers advice. All questions refer to data obtained during the previous 12 months.

Core benchmarking
Supporting behaviour change

Question	Evidence required	Minimum	Added
How many Health MOTs are carried out at the service?	The total number of Health MOTs carried out at the service.	■	
What is the average % change in daily smoking?	The mean value of clients' self-reported daily smoking rate at pre-intervention assessment. The mean value of clients' self-reported daily smoking rate at post-intervention assessment.		■
What is the average % change in alcohol consumption?	The mean value of clients' self-reported daily alcohol consumption (units) at pre-intervention assessment. The mean value of clients' self-reported daily alcohol consumption (units) at post-intervention assessment.		■
What percentage of clients are sign-posted to relevant services?	The total number of clients. The total number of clients who are signposted to other health improvement services (or similar).		■
To what services are clients being signposted?	An appropriate categorisation of services (e.g. mental health service, smoking cessation service, weight management etc.).* The total number of clients signposted to each of the categorised services.	■	

*See toolkit. All questions refer to data obtained during the previous 12 months.

Additional benchmarking
Building capacity to sustain behavioural change

Question	Evidence required	Minimum	Added
What percentage of clients are presenting to the service with a previously diagnosed mental health condition?	The total number of clients who have presented to the health trainer service with a previously diagnosed mental health condition. Total number of clients.	■	
What is the average % change in clients' general health?[a]	The mean value of clients' self-reported general health scores at pre-intervention assessment. The mean value of clients' self-reported general health scores at post-intervention assessment.		■
What is the average % change in clients' self-efficacy?[b]	The mean value of clients' self-reported self-efficacy scores at pre-intervention assessment. The mean value of clients' self-reported self-efficacy scores at post-intervention assessment.		■
What is the average % change in clients' SWEMWBS?[c]	The mean value of clients' self-reported SWEMWBS scores at pre-intervention assessment. The mean value of clients' self-reported SWEMWBS scores at post-intervention assessment.	■	
What is the average % change in clients' WHO-5?[d]	The mean value of clients' self-reported WHO-5 scores at pre-intervention assessment. The mean value of clients' self-reported WHO-5 scores at post-intervention assessment.	■	

[a] For example, self-rated general health from 1-10, with 1=very unhealthy; 10=very healthy.

[b] For example, the 2001 Chen, Gully and Eden self-efficacy scale (8 items).

[c] The Short Warwick-Edinburgh Mental Wellbeing Scale (7 items).

[d] The WHO-Five Wellbeing Index (5 items).

All questions refer to data obtained during the previous 12 months.

Additional benchmarking
Beyond the health trainer service

Question	Evidence required	Minimum	Added
How many outreach or community events has your service provided in the last year?	The number of outreach events provided. The number of community events provided.		■
How many attendees at outreach or community events has your service had in the last year?	The number of attendees at outreach events. The number of attendees at community events.		■
How many sessions have been conducted in the community setting?	The number of sessions carried out in settings within the community. Appropriate categorisation of locales (e.g. café, prison, community centre, general practice etc.).*	■	
How many partnerships have you developed with other providers or suppliers?	The number of providers and suppliers you are actively working with to provide a service.	■	
How many group sessions has your service conducted?	The total number of sessions that have been carried out which are group based.	■	
What types of group session has your service conducted?	Categorisation of group sessions (e.g. walking, healthy eating etc.).*		■
How many clients have participated in group sessions?	The total number of clients who have participated in at least one group-based session.		■

*See toolkit. All questions refer to data obtained during the previous 12 months.

Further benchmarking
Beyond the intervention

Question	Evidence required	Minimum	Added
How many clients who were unemployed have found work or voluntary work since the service's intervention?	The total number of clients who were unemployed at pre-assessment. The number who were unemployed at pre-assessment who had found work or voluntary work by the post-assessment.		■
How many clients who were unemployed have found work 2 months after the service's intervention?	The total number of clients who were unemployed at pre-assessment. Follow up data on those who were unemployed and are now in work or voluntary work (2 months).	■	
How many clients who were unemployed have found work 3 months after the service's intervention?	The total number of clients who were unemployed at pre-assessment. Follow up data on those who were unemployed and are now in work or voluntary work (3 months).	■	
How many clients who were unemployed have found work 6 months after the service's intervention?	The total number of clients who were unemployed at pre-assessment. Follow up data on those who were unemployed and are now in work or voluntary work (6 months).	■	
Have clients been able to sustain change in their BMI (2,3,9 months)?	The mean post-assessment BMI score. The mean follow-up BMI score (2,3,9 months).		■
Have clients been able to sustain change in their weight (2,3,9 months)?	The mean post-assessment weight score (kg). The mean follow-up weight score (kg) (2,3,9 months).		■
Have clients been able to sustain change in their fruit and vegetable consumption (2,3,9 months)?	The mean daily number of fruit and vegetables consumed at post-assessment. The mean daily number of fruit and vegetables consumed (2,3,9 months).		■

All questions refer to data obtained during the previous 12 months.

Further benchmarking
Beyond the intervention

Question	Evidence required	Minimum	Added
Have clients been able to sustain change in their moderate exercise (2,3,9 months)?	The mean post-assessment moderate exercise score. The mean follow-up moderate exercise score (2,3,9).		
Have clients been able to sustain change in their 5-a-day consumption (2,3,9 months)?	The mean post-assessment five-a-day score. The mean follow-up five-a-day score (2,3,9).		
Have clients been able to sustain change in their daily smoking (2,3,9 months)?	The mean post-assessment daily smoking score. The mean follow-up daily smoking score (2,3,9).		
Have clients been able to sustain change in their alcohol consumption (2,3,9 months)?	The mean post-assessment alcohol consumption score. The mean follow-up alcohol consumption score (2,3,9).		
Have clients been able to sustain change in their general health (2,3,9 months)?	The mean post-assessment general health score. The mean follow-up general health score (2,3,9).		
Have clients been able to sustain change in their self-efficacy (2,3,9 months)?	The mean post-assessment self-efficacy score. The mean follow-up self-efficacy score (2,3,9).		

All questions refer to data obtained during the previous 12 months.

Conclusion

This framework has outlined values which can be used in the uniform comparison of health trainer services. The aim is not to create benchmarks of success, but rather give an indication of how success is achieved, the composite elements of best practice and how activities of services can be compared. In offering a degree of flexibility that the framework can be used widely and by as many services as possible, in whichever setting they operate.

In offering a degree of flexibility it is hoped that the framework can be used widely and by as many services as possible, in whichever setting they operate.

It is hoped that the framework can provide a tool which can be used by health trainer leads and commissioners to demonstrate the value of health trainers and to create a means of comparison to understand where services can improve or continue to show success. In turn, the framework should also bring a greater sustainability to services as they demonstrate the full range of services they provide and wide range of benefits they afford to their clients.

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