Health promotion and behaviour change training for frontline staff in NHS Islington

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Overview

- Why this project?
- Why this collaboration?
- Outline of the intervention
- What changes are we hoping to see?
- Further opportunities for collaboration?

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Why this project?

Health Inequalities

Compared to the rest of London:

- Islington has lowest life expectancy for men and 3rd lowest for women
- 23% higher long term limiting illness

Rates of suicide are 60% higher in Islington than in the rest of England and Wales

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Why this project? #2

- Business case for prevention
- NHS Islington Provider Services Health Promotion Strategy 2009-2013
- Links closely with other programmes delivering communication and consultation skills for health and well being

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Challenges of raising health promotion issues in the consultation

- Time
- Skills and confidence
- Frustration at repeated ‘failed’ attempts
- Nowhere to record outcomes
- Other health priorities

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Why this collaboration?

- To bring in expertise in training and evaluation
- To develop greater synergy between learning, research and practice
- Use health psychologists to train staff in behaviour change skills
- Evaluate both training programmes with sufficient rigour to inform effective future commissioning

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Processes

- Involving managers from each service in creating appropriate training
  - Consulting with managers on the design of the training programmes and the needs of their services
  - piloting training with managers
  - approaching managers and staff for ‘case studies’ to use as examples
  - promoting the programme to their staff
- Using iterative models to develop training

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The Interventions: Universal Health Promotion Training

- Increasing knowledge among staff of health priorities, health inequalities and referral routes
- For all front line staff (500)
- Delivered by provider and public health staff from NHS Islington
- One half-day training
- Educational approach

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The Interventions: Behaviour Change Training

- 2 half days: Raising the Issue, Skills for Change
- Skills based
- Interactive
- Based on the reflective practitioner model
- Supported by ongoing supervision
- Psycho-educational and experiential learning
- 160 staff

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Added value

- Changing clinical practice is a behaviour change
- Staff learn skills such as goal setting which they can use in their own practice
- And can change their health behaviours too!
- Development of peer support networks/peer supervision groups

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Evaluation of training

- Primary outcomes
- Secondary outcomes
- Methods both qualitative and quantitative

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Evaluation of Universal Health Promotion Training

Outcome measures:

- ‘satisfaction’ measures
- knowledge
- perceived confidence
- current practice

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Evaluation of Behaviour Change Training

Outcome measures:

- skills, confidence, knowledge, intention to raise health promotion issues
- satisfaction with training
- improved referral rates

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Early outcomes from developing training

- Need for a comprehensive guide to referring for different services
- Requests for more training!
- Requests for refresher sessions
- Interest in developing peer supervision

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Further Opportunities for Collaboration?

- Health Promotion training networks?
- Train the trainer programmes
- Training for different client populations

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