NHS Fife
Health Promotion

Health Improvement Training Service

April 2014–March 2015
Evaluation Report

This evaluation report assesses the activity and quality of training delivered through the Health Improvement Training Service, Health Promotion Fife between April 2014 and March 2015 and identifies key issues for service development.
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1. Introduction

This report details the activity of the Health Improvement Training Service during the financial year 2014-2015, provides monitoring and evaluation information and scopes levels of agency and participant involvement across Fife.

The Health Improvement Training Service is delivered and managed by NHS Fife Health Promotion. We work with a wide range of partners to develop and deliver our service and receive funding and support from Fife’s Health and Wellbeing Alliance.

2. Background

Supporting the learning and development of the wider health improvement workforce is an integral part of the ongoing work to improve health and wellbeing and to reduce health inequalities in Fife. Fife’s Health and Wellbeing Plan 2011-2014 includes as one of its key outcomes ‘Workforces have increased confidence and competence to improve health and wellbeing and tackle health inequalities’.

Health Improvement Training Service aims to achieve this outcome by working towards the following:

- The wider public health workforce has access to appropriate learning and development opportunities.
- The workforce has increased skills, knowledge and confidence to deliver Fife’s health and wellbeing priorities.
- Communication and collaboration between partner agencies will be improved.
- The workforce has increased capacity to deliver learning and development opportunities.

Achieving these outcomes will result in a strengthened infrastructure, increased confidence and competence levels for the development, delivery and evaluation of effective and sustainable interventions to reduce health inequalities.

3. Health Improvement Training Activity

The main activity of the Health Improvement Training Service is the development and delivery of multi-agency training initiatives aimed at sharing information, skills and knowledge within and across organisations. This involves identifying priority areas for training, liaising with partners in the NHS to identify potential trainers and to develop and deliver the training course. Courses are promoted and delivered to multi-agency, multi-professional groups of workers and volunteers from across the public and voluntary sectors in Fife as this is both a cost effective and valuable means of learning.

The following sections of this report provide further detail on the activity of the Health Improvement Training Service during 2014-2015.
Outcome: The wider public health workforce has access to appropriate learning and development opportunities

4. Training Programme Publicity and Distribution

An annual Health Improvement Training Programme was produced for the financial year 2014-2015. It was distributed widely throughout Community Planning Partner organisations in Fife using our mailing list and well established communication networks. 2,500 paper copies were distributed and promoted at meetings and events and electronic versions emailed widely and placed on a number of local websites. A monthly electronic bulletin detailing all places not yet filled was sent to all 4,800 individuals on our email database.

An online course application form is available on [www.healthyfife.net](http://www.healthyfife.net). This is now well established as the main method of application with this year seeing the highest percentage of applications received via this method (Figure 1). We are committed to developing our electronic training publicity and administration systems to maximise financial, environmental and operational efficiency.

**Key issue:** Continue to investigate other electronic methods of marketing and administration, e.g. SMS text service.

5. Training Course Accessibility

As well as promoting the Health Improvement Training Programme as widely and inclusively as possible, we strive to maximise accessibility of training courses on offer by providing a range of options for the Fife workforce as detailed below:

- Utilising training venues across different geographical locations in Fife, providing maps and public transport information.
- Providing training courses in a shorter, workshop format which fit more easily into the working day.
- Offering courses in blended learning formats which offer participants greater flexibility to undertake the online aspect of the course and reduces length of the face-to-face component.
- Ensuring training courses remain cost-free to enable those working for smaller, less well funded organisations to have equality of access.
- Asking all participants to state any access requirements so that these can be met through the course of the training e.g. training materials in different formats.

**Key issue:** Continued work to identify and address accessibility issues that affect people’s ability to attend training courses. Develop and deliver trainers workshop on inclusive training course design.
5.1. **Blended Learning**

Allowing participants to complete a proportion of the training materials online reduces the amount of time spent in face-to-face training sessions and provides greater flexibility for the participant. During 2014-2015 three courses were delivered in this format:

- Scotland’s Mental Health First Aid: Young People.
- Raising the Issue of Smoking: Brief Advice.
- Mentally Healthy Workplace Training for Managers.

Challenges of blended learning include the additional administrative work required, low completion rates of the online portion and technical difficulties reducing access to the online portion for some. The limitations of e-learning in enabling participants to practice new skills, discuss and consolidate learning must be acknowledged. However, there are also advantages, in particular the ability to work flexibly and a reduction in venue requirements and costs.

**Key issue:** Continue to promote e-learning and blended learning as an accessible, low cost and time efficient alternative to attending face-to-face courses.

6. **Training Course Applications**

Compared to the previous year, Figure 2 shows that during 2014-2015 there has been a small decrease in the number of applications, places offered and attendees for health improvement training courses.

This could be due to staffing constraints across agencies throughout Fife making it more difficult for staff to attend non-compulsory training courses.
6.1. Attendance Rates

642 of those who were offered a place did not attend the course on the day. Overall the combined figure for those who cancelled or did not attend (DNA) their training place was slightly less than in 2013-2014. However, significantly fewer people informed us of their cancellation in advance of the course. This is very problematic for training preparation and delivery. Figure 3 provides more information on the numbers attending, cancelling and not turning up to the course they had applied for.

**Key issue:** Continue to take action to address DNAs and raise awareness among participants of the need to provide as much notice as possible when cancelling a training place.

6.2. Waiting Lists

Of the training courses that we delivered during 2014-2015, eleven had waiting lists of over 20 people as detailed in Figure 4. We were able to offered additional dates for most of these courses to enable more people to attend and continue to explore ways to increase capacity to deliver these popular courses. Identifying and supporting new trainers is the main way in which we do this. This year we developed a good working relationship with Penumbra in order to increase the number of self harm training courses that we were able to deliver.

**Key issue:** Build additional capacity to meet workforce learning and development needs in mental health, group work skills and drug and alcohol awareness.
7. Applications for Training by Organisation

During 2014-2015 the proportion of voluntary and private sector individuals accessing training courses were similar to that of last year. In addition to this, we worked with local Community Learning and Development partners to deliver training in Scotland’s Mental Health First Aid to 12 members of the public. We intend to develop this work over the coming 12 months.

7.1. NHS Fife Applications

Course applications from NHS Fife show an adequate spread across the CHPs, but that more needs to be done to enable Acute Division staff to access relevant health improvement training courses.

Key issue: Continue to ensure profiling and marketing of the programme, particularly targeting services and organisations with low uptake.

Key issue: Look for opportunities to deliver identified training programmes to specific workforces most able to have an impact on reducing health inequalities in local communities.

Key issue: Continue to look for opportunities to provide relevant learning and development initiatives for Acute Division staff. Identify a Ward or Service to test approach.
7.2. **Fife Council Applications**

Fife Council applications remain consistent with last year. Education and Social Work were the departments most likely to access the Health Improvement Training Programme during 2014-2015.

**Key issue:** Engage with the new Fife Council structure and Fife Health and Social Care Partnership and look for opportunities to offer and promote relevant training.

![Figure 7 – Fife Council Applications](image)

- Community & Leisure
- Education
- Corporate Services
- Housing
- Social Work
- Other
Outcome: The workforce has increased skills, knowledge and confidence to deliver Fife health and wellbeing priorities.

8. Training Courses Offered

The courses included in the 2014-2015 Health Improvement Training Programme were informed by local and national priorities.

In 2014-2015 we brought the following new training courses to the training programme as a direct result of this:

- Generations Working Together: Promoting Intergenerational Practice
- Introduction to FORT (Fife Online Referral Tracking)
- Reducing Health Inequalities: What Works
- Reducing the Impact of Fuel Poverty on Health
- The 7 Habits of Highly Effective People
- Teenage Girls, Physical Activity and Self Esteem
- WRAP: The Wellness Recovery Action Plan
- Risking It: Young People and Risk Taking Behaviour
- “Taking it Right Outside”: Creating a Smoke Free Home
- Workplace Health Promotion

Sixty-four different training courses were offered in the Health Improvement Training Programme during 2014-2015. Many of these were offered more than once resulting in a total of 114 courses in the programme. A further 27 sessions were organised and delivered outside the programme either to meet requests for in-house training from specific organisations, to offer targeted training to sectors of the workforce or to meet additional demand for specific courses.

Figure 8 illustrates the number of courses delivered on the training topics included in the programme.

Figure 8 – Delivery by Training Topic

If required, figures can also be provided detailing the numbers of applicants and attendees for each topic area as well as for individual courses.

Key issue: Identify and deliver on the health inequalities and health improvement training needs of the wider workforce in order to support the delivery of Fife’s Health & Wellbeing Strategy 2015-2020.
21 sessions were cancelled for the following reasons:

17 – Low numbers; 2 – Trainer illness; 2 – Trainer cancelled

9. Participant Evaluation of Training Sessions

All training courses are evaluated immediately after delivery via a standard evaluation form. Participants are asked about the main things that they gained from attending the course. The majority of participants indicated that they had gained increased knowledge on the training topic with high numbers also stating that they had developed new skills and awareness of the topic. Over a third of participants stated that they had increased confidence in dealing with the training issues (Table 1).

**Table 1 – Participant Evaluation**

<table>
<thead>
<tr>
<th>Improved Skills</th>
<th>Improved Knowledge</th>
<th>Awareness</th>
<th>Improved Confidence</th>
<th>New Ideas</th>
<th>Enjoyment</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>88%</td>
<td>71%</td>
<td>42%</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Overall, our training courses continue to evaluate very highly and the percentage of participants rating courses as extremely valuable is at its highest ever indicating the quality of the training offered and the high value placed on it by participants. In total 86% of participants rated the course they attended as extremely or very valuable to their work. 13% rated the course as valuable.

**Key issue:** Carry out a follow-on evaluation of health improvement training courses delivered during 2014-2015 to understand the wider impact that attending training has had on work practice.

**Figure 9 – Course Ratings**
Outcome: Communication and collaboration between partner agencies will be improved.

10. Health Improvement Trainers

Delivering the Health Improvement Training Programme on its current scale relies on multi-agency partnership working. This variety adds a richness and depth of skills and experience to the training programme and allows those with specific expertise to share their skills, raise the profile of their work and build capacity among the wider workforce in their specialist topic.

One of the aims of the training programme is to promote local information sharing, networking and opportunities for partnership working. An evaluation carried out during 2014-2015 to explore the longer term impact of the training courses indicated that 78% of training course attendees had increased their awareness of local services and projects. Many others stated that they had made new contacts, identified opportunities for joint working and carried out work in partnership as a result of attending the training course.

Through evaluation forms completed by those who attended our training courses in 2014-2015, 39% of participants stated that they had gained new contacts and networking through the course they had attended.

Key issue: Continue to identify opportunities to collaborate with colleagues from across the Fife Partnership to deliver health improvement related learning and workforce development opportunities. Lead a multi-agency Fife trainers group to enable the sharing of information regarding multi-agency training provision across Fife and to discuss and address shared issues.

During 2014-2015, 87 trainers in total delivered training through the Health Improvement Training Programme:
- 20 from Fife Council
- 16 from voluntary sector organisations
- 1 from Police Scotland
- 1 from Fife Sports and Leisure Trust

The remaining 49 trainers were from NHS Fife as follows:
- 12 from Health Promotion Fife
- 4 from Public Health
- 8 from Dunfermline and W Fife CHP
- 7 from Glenrothes and NE Fife CHP
- 18 from Kirkcaldy and Levenmouth CHP
Outcome: The workforce has increased capacity to deliver learning and development opportunities.

10.1. Training Capacity Building

Building capacity to deliver health improvement training continues to be a key objective for the Health Improvement Training Service. This involves providing new and existing trainers with appropriate support and opportunities to continue to develop their own training skills, tools and techniques.

Between April 2014 and March 2015, the Health Improvement Training Service has:

- organised, developed and delivered 2 events for the Health Improvement Trainers Network with the aim of providing new and existing trainers with the opportunity to enhance and share skills in training delivery, raise and discuss key issues for training and network with other trainers.
- established and led a Scotland’s Mental Health First Aid trainers group to coordinate delivery across Fife and to provide a source of support to trainers as required.
- provided informal support to trainers when requested e.g. reviewing session plans, co-training with new trainers, sharing training resources and materials, practical support regarding training venues, participants’ packs and the full range of training course administration.

The 2 Health Improvement Trainers Network events delivered in 2014-2015 were both very well received with evaluations indicating that participants had found them to be very useful and that they had helped them to develop knowledge, skills and confidence to deliver training. They had also enabled them to network and share ideas with other trainers, to build their portfolio of training tools and resources and to pass on information, tips and ideas to other trainers.

Key issue: Continue to manage the Health Improvement Trainers Network providing support and development as required and encouraging wider involvement.

11. Conclusion

This evaluation report illustrates the ongoing success of the Health Improvement Training Programme in terms of the consistent numbers of courses delivered, applications, attendees and the new training opportunities available to the Fife workforce. This is a credit to the high quality of training delivered by the wide range of individuals who contribute to the training programme, evidenced by participant evaluations.

The report has identified key issues for development by the Health Improvement Training Service which will form the basis of our workplan for the coming financial year. As the reach and the recognition of the Health Improvement Training Programme grows, so do the demands and pressures on the service. For example we now receive regular requests for courses to be included in the programme from both trainers and participants. We hope to be able to respond to our own identified areas for development and to consider and take forward relevant new areas of work as they emerge.
Increasing capacity within our own team, particularly around training organisation and administration would undoubtedly help us to achieve these aims and it is hoped that we will be able to add to our team during the next financial year.

Mention refreshed HWB Plan – need to review our outcomes in line with refreshed outcomes identified in Fife Health and Wellbeing Strategy 2015-2020.

12. **Summary of Key Issues**

1. Continue to investigate other electronic methods of marketing and administration, e.g. SMS text service.
2. Continued work to identify and address accessibility issues that affect people’s ability to attend training courses. Develop and deliver trainers workshop on inclusive training course design.
3. Continue to promote e-learning and blended learning as an accessible, low cost and time efficient alternative to attending face-to-face courses.
4. Continue to take action to address DNAs and raise awareness among participants of the need to provide as much notice as possible when cancelling a training place.
5. Build additional capacity to meet workforce learning and development needs in mental health, group work skills and drug and alcohol awareness.
6. Continue to ensure profiling and marketing of the programme, particularly targeting services and organisations with low uptake.
7. Look for opportunities to deliver identified training programmes to specific workforces most able to have an impact on reducing health inequalities in local communities.
8. Continue to look for opportunities to provide relevant learning and development initiatives for Acute Division staff. Identify a Ward or Service to test approach.
9. Engage with the new Fife Council structure and Fife Health and Social Partnership and look for opportunities to offer and promote relevant training.
10. Identify and deliver on the health inequalities and health improvement training needs of the wider workforce in order to support the delivery of Fife’s Health & Wellbeing Strategy 2015-2020.
11. Carry out a follow-on evaluation of health improvement training courses delivered during 2014-2015 to understand the wider impact that attending training has had on work practice.
12. Continue to identify opportunities to collaborate with colleagues from across the Fife Partnership to deliver health improvement related learning and workforce development opportunities. Lead a multi-agency Fife trainers group to enable the sharing of information regarding multi-agency training provision across Fife and to discuss and address shared issues.
13. Continue to manage the Health Improvement Trainers Network providing support and development as required and encouraging wider involvement.

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