

# Health and Adult Social Care Overview and Scrutiny Committee – Supplementary agenda no. 2

**A meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held on:**

**Date:** 30 September 2014

**Time:** 6.30pm

**Venue:** Meeting Room 9 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

## Items

**11 Health and Lifestyle Trainers Service**

**(Pages  
3 - 14)**

This supplementary paper attaches documentation handed round at the meeting.

**For further information please contact Rosie Gunstone, Democratic Services Officer on Telephone: 01634 332715 or Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)**

**Date: 8 October 2014**



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If you have any questions about this meeting and you want to speak to someone in your own language please ring **01634 335577**

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Richmond Road  
Gillingham  
Kent ME7 1LX  
t: 01634 338600  
f: 01634 338603  
e: info@sunlighttrust.org.uk  
www.sunlighttrust.org.uk

All Members of Health & Adult O&S

28 September 2014

Dear Councillors

**Re: Proposal to decommission the Medway Health Trainer Service (known locally as the Health and Lifestyle Team).**

The Trustees met today and considered your agenda item on the Medway Health Trainer Service currently provided by Sunlight Development Trust (SDT).

We were alarmed to read of the proposal to decommission this valued service. Withdrawal of this support from local people would have a significant and negative impact on efforts to improve the health of Medway people. By tackling health improvement with those who are defined as hard to reach and marginalised, the Health Trainer service has operated across the gap between primary and community health care services and public health services. The majority of people who use the service have struggled or been unable to access adequate support from traditional services to engage them in the process of lifestyle change, or to maintain change achieved.

The financial cost of delivering this service is far outweighed by the long term financial benefit to the public purse, resulting from reduced obesity and cardio-vascular disease, the prevention of diabetes, and other costly long term conditions.

Given the take-up of the service by people with a disability, the impact of decommissioning this service in terms of equalities should be considered ( and by comparison with existing public health initiatives), along with the reasonable adjustments that will be required to enable existing public health initiatives to be inclusive.

Contrary to the suggestion within 2.3 of the O&S Report, there is widely recognised and recent evidence of the effectiveness of Health Trainer interventions, for example a recent review (December 2013) conducted by the Royal Society of Public Health and the report on Health Trainer Service by Leeds Metropolitan University Institute for Health and Wellbeing (July 2014) <http://www.leedsbeckett.ac.uk/healthtogether/health-trainers-report.pdf>

In the light of the contribution that the service makes in tackling local health inequalities and targeted interventions with those most at risk and the current HT workforce of 7, will

the LA take steps to facilitate discussion with local commissioning organisations to try to secure this or an equivalent service for local people?

In the event of SDT being required to make its 7 staff redundant, will the LA offer support:

- for existing employees to access employment and re-training related support
- to SDT as a small local community sector employer, with redundancy costs (circa £7-10k) ?

Please find attached more key information in the attached Briefing Sheet Details written for me by Bridget Bygrave (CEO) and Mary Gillam (Operations Manager Health & Lifestyle Team).

I will seek permission from Cllr David Wildey to address the committee on Tuesday evening, and in the meantime I am willing to answer any questions that you may have.

Best wishes.

Yours sincerely,

**Adam Price**

**Chair of Sunlight Development Trust**

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Sunlight Development Trust  
 Sunlight Centre  
 105 Richmond Road  
 Gillingham  
 Kent  
 ME7 1LX  
 Tel 01634 338600  
 info@sunlighttrust.org.uk  
 www.sunlighttrust.org.uk



**Key Information – Briefing Sheet Details relating to the proposal to decommission the Medway Health Trainer Service (known locally as the Health and Lifestyle Team)**

<b>For:</b>	Adam Price Chair of the Sunlight Development Trust Board of Trustees
<b>Re:</b>	Health and Adult Overview and Scrutiny Committee 30 <sup>th</sup> Sept 2014 6.30pm Meeting Room 9 Level 3, Gun Wharf, Dock Road, Chatham. ME4 4TR
<b>Authors:</b>	Bridget Bygrave (CEO) and Mary Gillam (Operations Manager Health & Lifestyle Team)
<b>Date:</b>	25 <sup>th</sup> Sept 2014

**Briefing Notes**

<b>Item 11</b>	<b>Health and Lifestyle Trainers Service</b>
<b>Summary</b>	<p><u>Report summary (pages 165-167 of Report Pack):</u></p> <ul style="list-style-type: none"> <li>• This report advises Members of the forthcoming expiry of the Health and Lifestyle Trainers (HALT) contract with Sunlight Development Trust and a proposal to suspend procurement of this service whilst budget deliberations for 2015/16 are underway.</li> <li>• In Section 4 it notes that if the decision to suspend commissioning of this service does not proceed (and by implication, the contract is let lapse) it may be necessary to make commensurate savings from elsewhere in the Public Health budget in order to achieve the savings target and a balanced Council budget for 2015/2016.</li> <li>• Members are asked to consider and note the report.</li> </ul>
<b>National context:</b>	<p>Social disadvantage is associated with being overweight, a poor diet, and physical inactivity. The NHS Health Trainer Service is a national initiative designed to promote behaviour change among socially disadvantaged people in England.</p> <p><i>(Extracts from a report on the National Health Trainer Service by UCL University College London. – March 2013)</i></p>

	<ul style="list-style-type: none"> <li>• <i>The Health Trainer Service was designed to promote health behaviour change.</i></li> <li>• <i>The service helped those most in need: clients with poorest diet, least activity, and who smoked and drank most typically achieved equal or greater behaviour change than other clients</i></li> <li>• <i>Despite continued gains in life expectancy in the UK, social inequalities in health persist, with socially disadvantaged groups experiencing greater rates of morbidity and mortality than others. Differential engagement in health behaviours makes a widespread contribution to health inequalities: people from socioeconomically disadvantaged groups tend to eat fewer fruits and vegetables, take less physical activity, drink more alcohol, and smoke more than others. The Health Trainer programme was created with the aim of tackling health inequalities through behaviour change among disadvantaged groups.</i></li> </ul> <p>Health Trainers use approaches to behaviour change which have been found to work and evidenced in other settings. These include motivational interviewing and setting goals and contracts and have been developed for the Health Trainer Programme by the British Psychological Society</p> <p>The ethos of service delivery is based on an understanding that health improvement activity within hard to reach communities is more likely to be successful in achieving and sustaining change when delivered by 'people like us'.</p>
<p><b>Local context:</b></p>	<p><b>Impact on local people in the context of tackling health inequalities in Medway</b></p> <ul style="list-style-type: none"> <li>• The Health and Lifestyle service is a programme tackling health inequalities within hard to reach communities. It works to improve the health and wellbeing of residents from some of the most deprived and marginalised areas of Medway.</li> <li>• Health Trainers undertake behaviour change interventions on a one to one basis in relation to the following with local people,             <ul style="list-style-type: none"> <li>Supporting people to lose weight and adopt a healthier diet</li> <li>Supporting people to become more physically active</li> <li>Supporting people to stop smoking</li> <li>Supporting people to reduce alcohol consumption</li> <li>Supporting people with low level mental health problems who are often isolated and in poor physical health</li> <li>Maintenance</li> <li>Well-being improvement (self-efficacy)</li> <li>Basic health checks – such as BP/BMI</li> </ul> </li> <li>• In addition, the service supports public health in the delivery of its activity in Medway; both by providing information and signposting to public health initiatives, and through provision of group based interventions so in the last year has taken 75 people through the Let's Talk Weight programme and provided Health Walks to 600 people.</li> </ul> <p>Examples of activity undertaken;</p> <ul style="list-style-type: none"> <li>• Prison service – HALT ran a programme of work placements with</li> </ul>

	<p>Rochester prison. They also supported the prisons own Health Trainer programme called Health Connect which helps inmates take a more proactive interest in good health. A number of offenders who came from the prisons health connect programme were offered work placements within HALT and SDT in order to assist their job prospects upon release.</p> <ul style="list-style-type: none"> <li>• Probation – a dedicated member of staff is based one day a week in Chatham probation office to offer assistance to all those who go through the service. Many from this group are not registered with a GP or a dentist and the service help them to achieve this as well as working with them on healthy eating and stopping smoking.</li> <li>• Streetweek – HALT has worked closely with this Department of Work and Pensions initiative which only works in the deprived wards of Medway. HALT has received over 135 referrals since its launch in 2013.</li> <li>• Employability – HALT works closely with RBLI whose clients are the long term unemployed. HALT assists in enabling them to contribute to society.</li> <li>• Long term conditions – HALT can help people to lose weight, increase exercise and improve mental wellbeing so that those with long term conditions are better able to manage these conditions themselves.</li> <li>• Many of HALT clients come for information on other services as they lack the necessary skills to access this for themselves. This could be language, reading or writing skills combined with a lack of confidence. For many HALT act as a motivator and encourages them to attend the services on offer.</li> </ul> <p>HALT has already seen 302 clients to date (2014/2015) and continues to offer vital support to the disadvantaged people of Medway.</p> <p>The following statistics obtained from the national Health Trainers database, known as DCRS, evidence the number of beneficiaries of the service with a disability and the consistency of achieving this reach.</p> <table border="1" data-bbox="507 1361 890 1545"> <tr> <td>2010/11</td> <td>14%</td> </tr> <tr> <td>2011/12</td> <td>15%</td> </tr> <tr> <td>2012/13</td> <td>26%</td> </tr> <tr> <td>2013/14</td> <td>34%</td> </tr> <tr> <td>2014/to date</td> <td>30%</td> </tr> </table> <p>Anecdotal evidence suggests this service outperforms other non-specialist public health initiatives (such as Disability Sports) in terms of the take up by people with a disability, although direct comparison is difficult as this information is not in the public domain.</p>	2010/11	14%	2011/12	15%	2012/13	26%	2013/14	34%	2014/to date	30%
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<p><b>SDT's perspective:</b></p>	<p><b>Impact on local people in the context of tackling health inequalities in Medway</b></p> <ul style="list-style-type: none"> <li>• Health trainers are supporting people to make behavioural changes which are making a difference to their lives and saving money now, and will</li> </ul>										

	<p>contribute to reducing morbidity, mortality and inequality for years to come.</p> <ul style="list-style-type: none"> <li>• Withdrawal of this support from local people would have a significant and negative impact on efforts to improve the health of Medway people. By tackling health improvement with those who are defined as hard to reach and marginalised, the Health Trainer service has operated across the gap between primary and community health care services and public health services. The majority of people who use the service have struggled or been unable to access adequate support from traditional services to engage them in the process of lifestyle change, or to maintain change achieved.</li> <li>• The financial cost of delivering this service is far outweighed by the long term financial benefit to the public purse, resulting from reduced obesity and cardio-vascular disease, the prevention of diabetes, and other costly long term conditions.</li> <li>• Given the take-up of the service by people with a disability, the impact of the decommissioning of this service in terms of equalities should be considered (and by comparison with existing PH initiatives), along with the reasonable adjustments that will be required to enable existing PH initiatives to be inclusive.</li> </ul>
<p><b>Background information:</b></p>	<p><b>Legal/contractual context</b></p> <ul style="list-style-type: none"> <li>• The contract for delivery of this service was awarded to Sunlight Development Trust by Medway PCT in 2009 for a three year term. Initially, the contract value was £250,000 per annum, although during 2012, in order to support required reductions, the annual contract value was reduced by 18.3% to £204,221 and targets were revised. The Trust is currently operating under an extension until the end of November 2014. The contract for delivery requires a notice period of 6 months to be issued to the provider.</li> <li>• Due to changes affecting NHS organisations and Public Health services, an extension to the service was agreed whilst commissioning responsibilities and re-commissioning intentions were clarified. During 2013/14, Public Health led a series of events with local stakeholders to develop a revised specification for the service.</li> <li>• SDT has delivered this contract to date and actively and appropriately engaged with Public Health officers to support contract and performance reporting and management. Quarterly and annual reports setting out performance against the KPI's has continued throughout the life of the contract.</li> <li>• The Trust has a good track record of consistent delivery.</li> </ul>
<p><b>SDT's perspective:</b></p>	<p><b>Legal/contractual context</b></p> <ul style="list-style-type: none"> <li>• SDT accepts that, if re-commissioned, this service should go to open competitive tender, and had anticipated this would be the case.</li> <li>• Given the proposal to let the contract lapse, notice has not been issued to SDT to date as the provider. Given that this report acknowledges that 6</li> </ul>



	<p>months notice should be issued to the provider, affirmation of this is positive from the SDT perspective. The later such notice is issued, the better from the SDT organisational perspective.</p>
<p><b>Background information:</b></p>	<p><b>Employment context</b></p> <ul style="list-style-type: none"> <li>• SDT currently employs seven staff within the Health Trainer service; all bar one of whom are Medway residents, and all of whom have been recruited and trained to national Health Trainer standards (RSPH) and have undertaken additional City and Guilds training.</li> <li>• If this service were re-commissioned TUPE would have applied, thus securing an employment pathway for the existing HALT staff. In the event this service is decommissioned, SDT would have to make the existing staff redundant and bear the costs of the resulting redundancy payments/settlements.</li> </ul>
<p><b>SDT's perspective:</b></p>	<p><b>Employment context</b></p> <ul style="list-style-type: none"> <li>• In light of the contribution that the service makes in tackling local health inequalities and targeted interventions with those most at risk and the current Health Trainer workforce, will the LA take steps to facilitate discussion with local commissioning organisations to try to secure this or an equivalent service for local people? This service could be commissioned and/or spot purchased by alternative public service providers such as local CCG's, Prisons, Probation and JCP services.</li> <li>• In the event of SDT being required to make 7 staff redundant, will the LA offer support:             <ul style="list-style-type: none"> <li>- for existing employees to access employment and re-training related support</li> <li>- to SDT as a small local community sector employer, with redundancy costs</li> </ul> </li> </ul>
<p><b>Other relevant information:</b></p>	<p>Contrary to the suggestion within 2.3 within the O&amp;S Report, there is widely recognised and recent evidence of the effectiveness of Health Trainer interventions:</p> <p><i>Extracts from a recent review (December 2013) conducted by the Royal Society for Public Health. This review has identified the following as key findings in respect to Health Trainer Services.</i></p> <ol style="list-style-type: none"> <li>1. The data supports the notion that the methodology and deployment of HT is well suited to the challenge of improving the health behaviours of those in greatest need of assistance.</li> <li>2. These services are an important strategic and tactical asset in reducing health inequalities.</li> <li>3. Besides immediate, tangible gains, this workforce has an almost unique ability to leave a legacy with their clients in terms of improved health awareness and understanding, which has longer term benefits.</li> <li>4. Recruitment continues from Quintile 1 indicating that the service is holding true to</li> </ol>

	<p>its original concepts.</p> <p>5. Results demonstrate an excellent capacity to engage with clients in the lowest socio-economic Quintile 1. Many in this quintile being the most difficult to engage with in respect of health issues.</p> <p>6. Services have a strong track record in demonstrating an ability to positively improve clients' health behaviour and are actively engaging with some of the most important modifiable determinants' of health such as: food, diet, eating, alcohol, mental health</p> <p>Their recruitment and deployment is a clear example of trying to tackle health inequalities by the development of a new community-based workforce, with an explicit aim of building local capacity and pathways to volunteering and employment.</p> <p>Health Trainers are trained to engage with local people and support them in engaging with a specific Personal Health Plan (PHP) which they tailor make for the client. A key operational element of the HTS is seeking to engage a client on a PHP and supporting that client to a successful outcome. However there are other legitimate exit options. Following an initial assessment the client may just receive a Health Check or Mini-MOT. Other clients may just want information or decide not to engage or be sign-posted to other sources of dedicated specialist help.</p> <p>Of those that start a PHP, not all complete for a variety of reasons. This should not be seen as wholly negative. The Process of Change Model recognises that not all behaviour change will be successful at the first attempt, however even to start to consider change should be seen in a positive light.</p> <p>A key commissioning question in relation to any health improvement project is simply -"Does it work and will it continue to work in the future?" Different tables, looking at successful Health Plans, Diet, Weight/BMI, Blood Pressure, Alcohol, Exercise and other measures all indicate positive and sustained change. In respect to enabling clients to make and sustain positive health behaviours this is a major success story.</p> <p>In conclusion, the data reviewed demonstrates that health trainer services are successful in reaching many communities and groups that are sometimes deemed 'hard to reach' and offering clients support to change behaviour. Moreover, the vast majority of clients who see a health trainer are making behaviour changes in order to benefit their health. Importantly with the support of health trainers, people are not only improving their physical health but reporting improvements in their mental health and wellbeing.</p> <p><b>Customer satisfaction</b> A survey conducted by NHS Direct in three local authority areas showed high levels of client satisfaction with health trainer services</p> <p><a href="http://www.yhtphn.co.uk/ht-clientsurvey">http://www.yhtphn.co.uk/ht-clientsurvey</a></p>
<p><b>Key National documents:</b></p>	<ul style="list-style-type: none"> <li>• Choosing Health</li> <li>• The Marmot review which includes a case study on health trainers.</li> <li>• NICE have acknowledged the role of health trainers in their guidance on Behaviour Change; Smoking Cessation; CHD and BME communities.</li> <li>• The Kings Fund acknowledges the role of health trainers in their report Behaviour Change with Low Income Groups.</li> </ul>

End of briefing.



**For:** Adam Price  
Chair of the Sunlight Development Trust Board of Trustees

**Re:** Health and Adult Overview and Scrutiny Committee  
30<sup>th</sup> Sept 2014  
6.30pm  
Meeting Room 9  
Level 3, Gun Wharf, Dock Road, Chatham. ME4 4TR

**Purpose:** A snapshot of key demographics, personal testimonials from Medway residents using the Medway Health Trainer Service (known locally as the Health and Lifestyle Team) and feedback given by Medway customers extracted from the national Health Trainer service database (known as DCRS)

**Authors:** Bridget Bygrave (CEO) and Mary Gillam (Operations Manager Health & Lifestyle Team)

**Date:** 30<sup>th</sup> Sept 2014


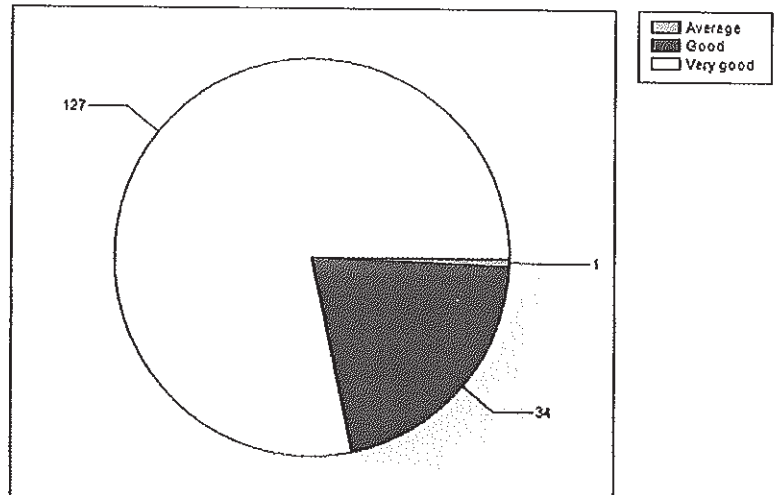
The following information is provided to illustrate the existing service reach, impact on the health and wellbeing of Medway residents and customer experience of people using the Health & Lifestyle Team.

Key demographics of the Health and Lifestyle Team (HALT) - statistics extracted from the national Health Trainers database, known as DCRS for the period 01/04/2013 to date									
Age and gender	Declined	Under 18	18 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Over 65	Total
	Female	11	1	70	87	98	85	63	49
Male	5		36	45	52	51	42	25	256
<b>Total</b>	<b>16</b>	<b>1</b>	<b>106</b>	<b>132</b>	<b>150</b>	<b>136</b>	<b>105</b>	<b>74</b>	<b>720</b>
Results are correct as of 29/09/2014 21:30:00 [Ref:110011]									
<b>Ethnicity</b>	White and not stated 83.2%								
	Black and other ethnic minorities 16.8%								

<b>Disability</b>	Disabled 31.53% Not Disabled 68.47%																								
<b>Employment status</b>	Employed 28.98% Economically inactive 50.59% Unemployed 20.43%																								
<b>Quintiles</b>	<table border="1"> <thead> <tr> <th>Client -&gt; Deprivation Quintiles</th> <th>Count</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>No fixed abode</td> <td>6</td> <td>0.71%</td> </tr> <tr> <td>Q1 - Most deprived</td> <td>249</td> <td>29.57%</td> </tr> <tr> <td>Q2</td> <td>390</td> <td>46.32%</td> </tr> <tr> <td>Q3</td> <td>70</td> <td>8.31%</td> </tr> <tr> <td>Q4</td> <td>62</td> <td>7.36%</td> </tr> <tr> <td>Q5 - Least deprived</td> <td>65</td> <td>7.72%</td> </tr> <tr> <td>7 Client -&gt; Deprivation Quintiles group listed</td> <td>842</td> <td>100.00%</td> </tr> </tbody> </table> <p>Results are correct as of 29/09/2014 21:30:00 [Ref:110029]</p>	Client -> Deprivation Quintiles	Count	Percent	No fixed abode	6	0.71%	Q1 - Most deprived	249	29.57%	Q2	390	46.32%	Q3	70	8.31%	Q4	62	7.36%	Q5 - Least deprived	65	7.72%	7 Client -> Deprivation Quintiles group listed	842	100.00%
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<b>Personal testimonials from Medway residents who have used the Health and Lifestyle Team (HALT)</b>	
HALT has seen 317 clients to date (1 April-30 September 2014) and continues to offer vital support to the disadvantaged people of Medway.	
<b>Case study 1</b>	A young man in his thirties, who had been unemployed for two years and shut himself away at home, was referred to HALT by the Employability project. Initially we recommended that he join our health walk and through the discipline that that gives – i.e. getting up getting dressed being on time getting out of the house talking to people taking exercise etc he improved so much that we in turn referred him to the men's health project. He now feels he has outgrown the walk and is well on the way to contributing to society and looking for volunteering work/employment.
<b>Case Study 2</b>	<p>A client was referred to the Health and Lifestyle Team by her GP practice in August 2013. At assessment stage it became apparent that M had literacy problems and that communicating effectively may be difficult and would need to be solely verbal. M had been advised that she needed to lose weight and that this along with more exercise would probably reduce her pain.</p> <p>As M could not read or write we talked through what she ate in a typical day and then we discussed what changes she felt she could make. M said that she found walking very difficult and was unable to walk her dog. It turned out that the reason for this was that she was unable to cut her own toenails and as a result her shoes were very uncomfortable. A visit to Age Concern at Woodlands for regular nail cutting was arranged and this made a huge difference to her. By mid-December M had lost over 10lbs and a review of her Personal Health Plan showed that her mood had improved – she said that she was getting back to being her old self. Additionally she had begun to take more pride in her appearance and had had her hair coloured and restyled.</p>

<p><b>Case Study 3</b></p>	<p>Colin's weight had crept up over the years – he wasn't sleeping well, he couldn't bend down to tie his shoelaces, walk his dog or run around with his grandchildren. He admitted that he had very little knowledge about food and what he needed to do to lose some weight. He had a BMI of 41 and he ate quite a lot of snacks that were high in salt, fat and sugar. He had been told that he was borderline diabetic and he felt that he had to take action. He met with a Health Trainer and after an initial assessment agreed to see her over a number of weeks to work on a "personal health plan" to make changes to his lifestyle and to set goals to achieve these changes.</p> <p>Colin lost weight slowly and steadily every week and began to feel the benefits. He also started to increase the amount of physical activity he did (and his dog began to get more walks!). He came along to the HALT Health Walk in Gillingham and went out walking with his wife and family at Riverside. He has also been growing vegetables for the whole family and is being active when doing the gardening every day.</p> <p>Colin has now lost over 10kg, his BMI has reduced to 38, and he is continuing to be more active and to lose weight. He was so pleased with the Service that he asked if HALT would like to use him as a case study to encourage other men to come forward and as a result was interviewed by Radio Sunlight.</p>
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<p><b>Extracts from the national database (DCRS) pertaining to the satisfaction of customers of Medway's Health and Lifestyle Team</b></p>									
<p><b>Statistics re Customer satisfaction</b></p>	<p>Medway NHS</p> <p style="text-align: right;">DCRS </p> <p>Grouped by Quality Of Service Filtered By Feedback Date between 01/04/2013 31/08/2014 <b>Client Feedback Report</b></p> <div data-bbox="606 1142 1388 1635">  <table border="1"> <caption>Customer Satisfaction Data</caption> <thead> <tr> <th>Satisfaction Level</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Average</td> <td>127</td> </tr> <tr> <td>Good</td> <td>34</td> </tr> <tr> <td>Very good</td> <td>1</td> </tr> </tbody> </table> </div>	Satisfaction Level	Count	Average	127	Good	34	Very good	1
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Average	127								
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<p><b>Quality assurance process</b></p>	<p>HALT gives all clients, who go through the health behaviour change process, the opportunity to complete and return a satisfaction survey. This is regardless of whether or not they are successful. HALT on average receives back roughly one third of these questionnaires. So to record the above figures the Service would have handed or sent out around 500 questionnaires.</p>								

<p><b>Quotes from community members using the service</b></p>	<p>Very good, for the very first time I feel like I'm in charge of my health. I have the help I needed to help with my BMI so that I can have a knee replacement.</p> <p>I had been very low angry and bitter. Thank heaven I came across Sunlight Centre and Health Trainer Service. Talking through things through and with my Health Trainers enthusiasm and encouragement I am now in a very different place. Thank you so much</p> <p>The team are fantastic a credit to Medway. They have enabled me to go on and achieve my goals thank you.</p> <p>Very good service. Support has made me realise bad habits I have got into. Very understanding. Highly recommend to others.</p> <p>This has been one of the best things that I have done</p>						
<p><b>Quotes from external evaluators</b></p>	<p>External evaluators ran a workshop to discover what professionals and service users think of HALT...</p> <table border="0"> <tr> <td data-bbox="387 707 1114 786"> <p>"a friendly, approachable service" difference" in Medway"</p> </td> <td data-bbox="1161 707 1461 786"> <p>"making a</p> </td> </tr> <tr> <td data-bbox="387 808 1114 853"> <p>"free one to one support without a long waiting list"</p> </td> <td data-bbox="1161 808 1461 853"> <p>"flexible and patient"</p> </td> </tr> <tr> <td data-bbox="387 875 1114 920"> <p>"engaging parents in positive activities"</p> </td> <td data-bbox="1161 875 1461 920"> <p>"great skills"</p> </td> </tr> </table>	<p>"a friendly, approachable service" difference" in Medway"</p>	<p>"making a</p>	<p>"free one to one support without a long waiting list"</p>	<p>"flexible and patient"</p>	<p>"engaging parents in positive activities"</p>	<p>"great skills"</p>
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<p>"free one to one support without a long waiting list"</p>	<p>"flexible and patient"</p>						
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Sunlight Development Trust  
 Sunlight Centre  
 105 Richmond Road  
 Gillingham  
 Kent

ME7 1LX  
 Tel 01634 338600  
 info@sunlighttrust.org.uk  
 www.sunlighttrust.org.uk