

CABINET

28 OCTOBER 2014

HEALTH AND LIFESTYLE TRAINERS SERVICE

Portfolio Holder: Councillor David Brake, Adult Services
Report from: Dr Alison Barnett, Director of Public Health
Author: Dr Alison Barnett, Director of Public Health
Rosie Gunstone, Democratic Services Officer

Summary

This report advises Cabinet of a recommendation from the Health and Adult Social Care Overview and Scrutiny Committee relating to the forthcoming expiry of the Health and Lifestyle Trainers (HALT) contract with the Sunlight Development Trust. The Committee has recommended to Cabinet that no action be taken to end the contract until such time as an assessment has been undertaken of the extent to which ceasing the service would have an impact on future targets of the Council and future health of Medway residents.

1. Budget and Policy Framework

- 1.1. The health trainer service is currently being commissioned in line with the Joint Health and Wellbeing Strategy priority to reduce health inequalities.
- 1.2. The national Health Trainers programme was introduced in Choosing Health a Public Health White Paper published in 2004 and was commissioned by PCTs. Health Trainers, recruited from among local communities, are a trained and accredited resource for individuals wanting to make lifestyle changes, providing 'support from next door' rather than 'advice from on high' and targeted particularly at disadvantaged groups who have not traditionally accessed NHS health promotion and other services.

2. Background to the decision to de-commission

- 2.1. At the last meeting of the Health and Adult Social Care Overview and Scrutiny Committee on 30 September 2014, Members were advised of the potential de-commissioning of the current Medway Health Trainer services (Health and Lifestyle Trainers or HALT), which are being provided at present by Sunlight Development Trust, with the current contract due to expire at the end of November 2014.

- 2.2. Compared to other public health interventions, there is less evidence that health trainer services are cost-effective or that they have any influence at a population level. This particular service is not one of the Public Health services which are mandated.
- 2.3. Public Health services in Medway are funded by a ring-fenced grant provided by the Department of Health and there is a requirement for expenditure against that grant to be certified as appropriate by both the Chief Executive and the Director of Public Health. However this requirement does not constrain the Council to continue with existing expenditure and in accord with good practice value for money should be achieved and there is no barrier to identifying alternative services that achieve better public health outcomes and present greater value for money.

3. Detail of the HALT service

- 3.1. 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.
- 3.2. Health and Lifestyle Team members have been drawn from the local community and work with clients on a one-to-one basis to assess their health and lifestyle risks. They facilitate behaviour change, providing motivation and practical support to individuals who are ready to make behaviour changes to improve their health. Health and Lifestyle Team members also signpost and refer people on to other services and agencies in the public, private, community and voluntary sector. They can also accompany people to other services in order to reduce barriers to access.
- 3.3. In 2013/2014 379 people received support from the health and lifestyle trainer service. The proportion of those contacting the service who go on to receive support is approximately 70% so this figure represents approximately 540 initial assessments. The service is accessed by self-referral and by referral from a healthcare professionals

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Increased health inequalities	Reduced access to health improvement services by disadvantaged communities will increase health inequalities	Monitor and take action to ensure equitable access to other health improvement services.	C3 (significant/marginal)

5. Health and Adult Social Care Overview and Scrutiny Committee:

- 5.1. On 30 September 2014 Health and Adult Social Care Overview and Scrutiny Committee considered a report on the cessation of the Health and Lifestyle Trainers service. The following paragraphs set out the discussion and decision of that meeting:
- 5.2. The Director of Public Health introduced the report on the Health and Lifestyle Trainers service and explained that until the budget setting process had concluded it was proposed not to continue with the contract, which expires at the end of November 2014.
- 5.3. Councillor Price, as chair of the Sunlight Development Trust, addressed the Committee and urged them to reconsider this decision. He emphasised that his chairmanship of the Trust was not a paid position but confirmed he had been involved with the Trust for many years as it was in his ward. He referred to paperwork which he had circulated prior to the meeting setting out the benefits of the Health and Lifestyle Trainers service and referred to case studies of people who had found the service valuable. (The documentation handed round at the meeting is now attached as Appendix 1 to this report.) He also referred to the fact that the Sunlight Development Trust would be faced with redundancy costs, if the service ceased, of between £7,000-£10,000.
- 5.4. Concern was expressed at the lack of information and financial implications contained in the report in particular the health risks of ceasing such a service in one of the most deprived wards in Medway. Reference was made to performance indicators PH10 (percentage of people completing an adult weight management service who have reduced their cardiovascular risk) and PH13 (rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over) and the importance of reducing health inequalities. A suggestion was made that it may be possible to use section 106 monies to contribute towards the cost of the service.
- 5.5. Discussion took place about the required notice for ceasing the contract and the Director of Public Health stated that she would need to look into this outside of the meeting, as her understanding about what was required was different to that stated by Councillor Price.

Decision:

(a) The Committee recommended to Cabinet:

- (i) That an impact assessment is carried out and an assessment of the extent to which ceasing the Health and Lifestyle Trainers service will have an impact on the future targets of the Council and the future health of Medway residents; and
- (ii) That no action be taken to cease the service until such time as the Council is in a better position to assess the impact.

(b) It was also agreed that the Director of Public Health should investigate the contractual position with regard to notice required to cease the Health and Lifestyle Trainers service contract and, in the interim, provide a briefing note to the Committee on timings for the decision on the service.

5.6. A briefing note will be sent to Members of Health and Adult Social Care Overview and Scrutiny Committee as requested.

6. Advice and analysis

6.1. An impact assessment detailing the current service activity and the impact of stopping the service is attached at appendix 2. In the light of the impact assessment Cabinet may wish to consider allowing the contract for the Health Trainers service to expire on 30 November 2014 and in the intervening period ensure that current service users are supported to access alternative support where appropriate. Alternatively Cabinet may wish to extend the contract until the budget setting process is finished and use the intervening period to support service users to access alternative support.

6.2. A petition was presented at Full Council on 16 October 2014 containing approximately 500 signatures calling upon the Council to save the Health and Lifestyle Trainers Service. This is being processed in accordance with the Council's petitions procedure, which requires a response to be sent to the lead petitioner within 10 working days, after which the lead petitioner may ask for the matter to be considered by the relevant Overview and Scrutiny Committee, if it is considered that the Council has not dealt with the petition properly.

7. Financial implications

7.1. The value of this contract is £204,220.

8. Legal implications

8.1. The health trainer service is not one of the mandatory services commissioned by Public Health. The Council has a duty under section 12 of the Health & Social Care Act 2012, to take such steps as it considers appropriate to improve the health of people in its area.

8.2. The health trainer service was a three year contract which commenced in March 2010. The contract was capable of being extended by agreement between the parties for one year and for a maximum of three further subsequent extensions of three months each.

8.3. The contract was initially extended by one year by agreement between the parties to March 2014 and a subsequent eight month extension was agreed to 30 November 2014. No further extension has been agreed and therefore the contract will terminate on 30 November 2014. It has been asserted by the Trust that the council is required to serve six months' notice of termination of the contract on the Trust. To date the Trust has not supplied any information about why it believes this to be the case. Should the Sunlight Trust provide any such information, this will be included in an addendum report.

- 8.4. Due to the discontinuation of the service, the provider will be liable for redundancy costs of up to £10,000.
- 8.5. In taking the decision whether or not to further extend the health trainer contract with the Trust, and/or whether or not to re-procure the health trainer service, Cabinet has a duty to have 'due regard' to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. This must form an integral part of its decision making in relation to the health trainer service.
- 8.6. Complying with this duty does not prevent Cabinet from making difficult decisions about service reductions, and nor does it stop decisions being made which may affect one group more than another. What must be demonstrated is that where there is potential for disproportionate impact on any group, this is transparent and any appropriate mitigating actions have been considered before final decisions are made. A Diversity Impact Assessment setting out the likely impact of the cessation of the service is set out in Appendix 3 to assist Cabinet to consider the impact of allowing the contract to expire without re-procuring the service.

9. Recommendations

- 9.1. Cabinet is asked to consider the recommendations from the Health and Adult Social Care Overview and Scrutiny Committee as set out at paragraph 5.5.

10. Suggested reason for decision:

- 10.1 The Cabinet has the authority to make a decision in relation to contract matters.

Lead officer contact

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Background papers:

Report to Health and Adult Social Care Overview and Scrutiny Committee:

<http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=25098>



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

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

Briefing Notes

Item 11	Health and Lifestyle Trainers Service
Summary	<p><u>Report summary (pages 165-167 of Report Pack):</u></p> <ul style="list-style-type: none"> • 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. • 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. • Members are asked to consider and note the report.

National context:	<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>
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	<ul style="list-style-type: none"> • <i>The Health Trainer Service was designed to promote health behaviour change.</i> • <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> • <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> <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>Local context:</p>	<p>Impact on local people in the context of tackling health inequalities in Medway</p> <ul style="list-style-type: none"> • 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. • 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"> Supporting people to lose weight and adopt a healthier diet Supporting people to become more physically active Supporting people to stop smoking Supporting people to reduce alcohol consumption Supporting people with low level mental health problems who are often isolated and in poor physical health Maintenance Well-being improvement (self-efficacy) Basic health checks – such as BP/BMI • 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. <p>Examples of activity undertaken;</p> <ul style="list-style-type: none"> • Prison service – HALT ran a programme of work placements with

	<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"> • 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. • 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. • Employability – HALT works closely with RBLI whose clients are the long term unemployed. HALT assists in enabling them to contribute to society. • 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. • 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. <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>SDT's perspective:</p>	<p>Impact on local people in the context of tackling health inequalities in Medway</p> <ul style="list-style-type: none"> • Health trainers are supporting people to make behavioural changes which are making a difference to their lives and saving money now, and will 										

	<p>contribute to reducing morbidity, mortality and inequality for years to come.</p> <ul style="list-style-type: none"> • 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 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.
<p>Background information:</p>	<p>Legal/contractual context</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • The Trust has a good track record of consistent delivery.
<p>SDT's perspective:</p>	<p>Legal/contractual context</p> <ul style="list-style-type: none"> • SDT accepts that, if re-commissioned, this service should go to open competitive tender, and had anticipated this would be the case. • 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

	<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>Background information:</p>	<p>Employment context</p> <ul style="list-style-type: none"> • 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. • 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.
<p>SDT's perspective:</p>	<p>Employment context</p> <ul style="list-style-type: none"> • 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. • In the event of SDT being required to make 7 staff redundant, will the LA offer support: <ul style="list-style-type: none"> - for existing employees to access employment and re-training related support - to SDT as a small local community sector employer, with redundancy costs
<p>Other relevant information:</p>	<p>Contrary to the suggestion within 2.3 within the O&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"> 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. 2. These services are an important strategic and tactical asset in reducing health inequalities. 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. 4. Recruitment continues from Quintile 1 indicating that the service is holding true to

	<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>Customer satisfaction A survey conducted by NHS Direct in three local authority areas showed high levels of client satisfaction with health trainer services</p> <p>http://www.yhtphn.co.uk/ht-clientsurvey</p>
<p>Key National documents:</p>	<ul style="list-style-type: none"> • Choosing Health • The Marmot review which includes a case study on health trainers. • NICE have acknowledged the role of health trainers in their guidance on Behaviour Change; Smoking Cessation; CHD and BME communities. • The Kings Fund acknowledges the role of health trainers in their report Behaviour Change with Low Income Groups.

End of briefing.



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

Re: Health and Adult Overview and Scrutiny Committee
30th 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: 30th Sept 2014

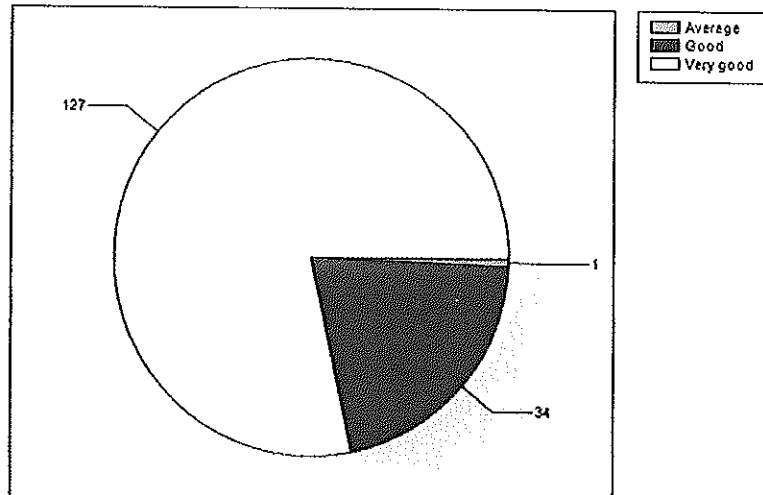
The following information is provided to illustrate the existing service reach, impact on the health and wellbeing of Medway residents and customer experience of people using the Health & Lifestyle Team.

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
Total	16	1	106	132	150	136	105	74	720
Results are correct as of 29/09/2014 21:30:00 [Ref:110011]									
Ethnicity	White and not stated 83.2%								
	Black and other ethnic minorities 16.8%								

Disability	Disabled 31.53% Not Disabled 68.47%																								
Employment status	Employed 28.98% Economically inactive 50.59% Unemployed 20.43%																								
Quintiles	<table border="1"> <thead> <tr> <th>Client -> 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 -> 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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Personal testimonials from Medway residents who have used the Health and Lifestyle Team (HALT)	
HALT has seen 317 clients to date (1 April-30 September 2014) and continues to offer vital support to the disadvantaged people of Medway.	
Case study 1	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.
Case Study 2	<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>Case Study 3</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>Extracts from the national database (DCRS) pertaining to the satisfaction of customers of Medway's Health and Lifestyle Team</p>									
<p>Statistics re Customer satisfaction</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</p> <p>Client Feedback Report</p> <div style="text-align: center;">  <table border="1" style="margin-left: auto; margin-right: auto;"> <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
Satisfaction Level	Count								
Average	127								
Good	34								
Very good	1								
<p>Quality assurance process</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>Quotes from community members using the service</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>Quotes from external evaluators</p>	<p>External evaluators ran a workshop to discover what professionals and service users think of HALT...</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">“a friendly, approachable service”</td> <td style="width: 50%;">“making a difference” in Medway”</td> </tr> <tr> <td>“free one to one support without a long waiting list”</td> <td>“flexible and patient”</td> </tr> <tr> <td>“engaging parents in positive activities”</td> <td>“great skills”</td> </tr> </table>	“a friendly, approachable service”	“making a difference” in Medway”	“free one to one support without a long waiting list”	“flexible and patient”	“engaging parents in positive activities”	“great skills”
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Appendix 2 to Cabinet Report – 28 October 2014

Impact assessment of the extent to which ceasing the Health and Lifestyle Trainers (HALT) service will have an impact on the future targets of the Council and the future health of Medway residents

1 Contribution to health improvement interventions

1.1 Let's Talk Weigh (LTW)

This is a community weight management programme which provides facilitators in the community to deliver evidence based weight management programmes in a very cost effective way. Four of the health trainers from the HALT team have been trained to deliver LTW led by public health, one of whom has since left the organisation.

HALT have seen 86 of our clients which is approximately half of those who have completed or who are currently attending the programme, they have run nine of the 25 courses since 2013, and have been an important source of support for the programme. Their activity this year has been much reduced compared to last year. (See table below)

We currently have 7 active volunteers (including health trainers) delivering the programme. The course has recently been accredited by the Royal Society of Public Health and this should improve the ability to recruit volunteer trainers. A further cohort will be trained to deliver the programme in November.

HALT also make referrals into the nurse led weight management programme 'Tipping the Balance'

1.2 Increasing Physical Activity

HALT refer into the Exercise Referral programme, but also facilitate health walks, running community walk programmes for their clients.

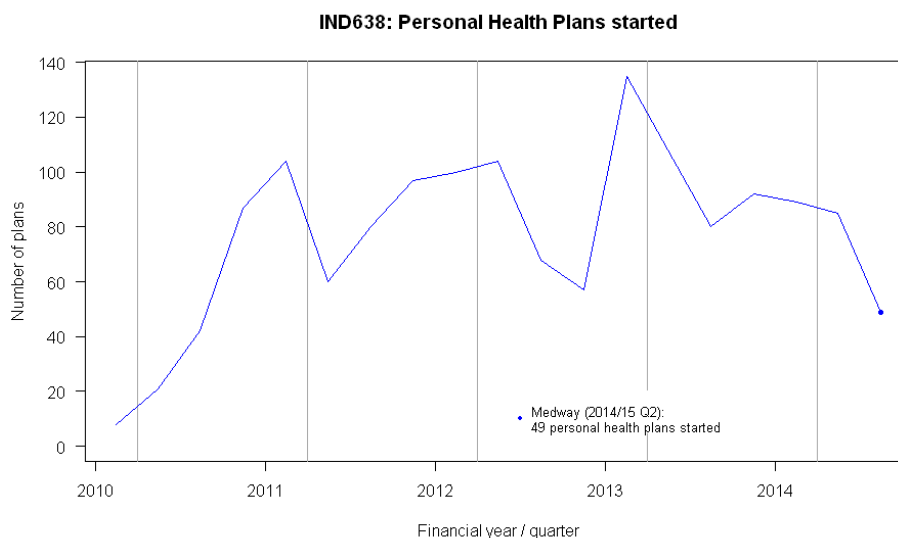
1.3 Stop Smoking Service

The HALT service includes trainers qualified to deliver Level 2 stop smoking interventions which will support clients to quit smoking. They may also referral clients who wish to quit into services delivered by the Public Health Directorate. The table below shows that there has been a decrease in activity in this area.

LET'S TALK WEIGHT	2013/14	April – Sept 2014	TOTAL ACTIVITY IN MEDWAY
No of courses run	5	4	25 courses since April 2013
No of clients booked	66	20	170 since April 2013
No attending week 1	54	11	
No completing 8 wk programme	50	10	
REFERRALS INTO HEALTH IMPROVEMENT SERVICES	2013/14	April – Sept 2014	
Referral into Stop Smoking services	12	1	2013/14 = 3528 April – Sept 2014 = 1542
Referrals to Exercise Referral	52	17	
Facilitated health walks	105	68	2013/14 Total number of walk hours 14507
QUITS DELIVERED			
Quits delivered	45	3	2013/14 = 868 April – Sept 2014 = 161
Success rate	50%	50%	52%
Alcohol interventions			
Identification and Brief Advice interventions completed	377	221	Health Improvement Team IBAs 2013/14 = 1265 April – Sept 2014 = 251

2 HALT Trainer Activity – personal health plans

The graph below shows the pattern of activity of those engaging with the HALT service for behaviour change intervention.



Summary of Potential Impacts

Potential impact	Description	Action to mitigate impact
Health Impact	Reduced capacity to support those in the most deprived communities with behaviour change interventions, thereby exacerbating health inequalities.	Identify alternative opportunities to engage communities using existing workforce, volunteers or partners.
	Referrals into stop smoking services and delivery of a Level 2 smoking cessation service.	Ensuring that Stop Smoking Services continue to target those in deprived quintiles, and ensure services are accessible.
	Let's Talk Weight. Health trainers have been key partners in the delivery of this community weight management programme.	Development of new partnerships and/or volunteers replace health trainer facilitators. Consider payment of facilitators.
	2013/14 – 6 referrals into exercise referral. 35 referrals to health walks.	Continue to promote health walks in those communities experiencing poorest health outcomes.
Economic impact	Potential loss of employment for provider staff	Consider redeployment opportunities
	Loss of service which provides welfare advice to communities	Ensure adequate access to advice and signposting is available in the community
Social Impact	Loss of community assets to support development of social capital	Continue to work with SDT and other third sector organisations to improve social capital
	Potential destabilisation of the sustainability of the provider trust, which could impact on the long term community development capacity within Medway	Provide non financial support to the development trust to ensure sustainability
Political impact	Reputational risk if there is the perception that the council has cut a valued community asset	Clear message about the rationale for decommissioning, and why savings required.

Diversity impact assessment

Appendix 3

TITLE <i>Name/description of the issue being assessed</i>	De-commissioning of Health Trainer Service
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DATE <i>Date the DIA is completed</i>	1st September 2014
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LEAD OFFICER <i>Name of person responsible for carrying out the DIA.</i>	Sally-Ann Ironmonger Head of Health Improvement
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1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

It is proposed that the current Medway Health Trainer services (Health & Lifestyle Trainers or HALT) be de-commissioned.

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.

Health and Lifestyle Team members have been drawn from the local community and work with clients on a one-to-one basis to assess their health and lifestyle risks. They facilitate behaviour change, providing motivation and practical support to individuals who are ready to make behaviour changes to improve their health. Health and Lifestyle Team members also signpost and refer people on to other services and agencies in the public, private, community and voluntary sector. They can also accompany people to other services in order to reduce barriers to access.

In 2013/14 379 people received support from the health and lifestyle trainer service. The proportion of those contacting the service who go on to receive support is approximately 70% so this figure represents approximately 540 initial assessments

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

The project board considering the re-commissioning of the service recently undertook a profile of the existing health trainer service users.

- Clients in the most and second most deprived quintiles account for

Diversity impact assessment

32% and 45% of service users respectively. (Amongst the general population of Medway aged 18+, the percentages in these two quintiles are 14% and 33%)

- Around one third of clients having an initial assessment are disabled. (The prevalence of disability rises with age. Around 6 per cent of children are disabled, compared to 16 per cent of working age adults and 45 per cent of adults over State Pension age in Great Britain.)

The service is currently more successful at targeting female than male, and attracts clients across the age range.

3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age			
Disability	✓		
Gender reassignment			
Marriage/civil partnership			
Pregnancy/maternity			
Race			
Religion/belief			
Sex			
Sexual orientation			
Other (eg low income groups)	✓		

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Diversity impact assessment

Should the current service be discontinued, the targeted work with those from more deprived areas, and those with a disability will no longer be available. This means that those populations will not have access to dedicated health trainers to provide motivation and support to adopt healthier lifestyle behaviours and therefore improve their health.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- Are there alternative providers?
- What alternative ways can the Council provide the service?
- Can demand for services be managed differently?

Opportunities could be sought to work in partnership with other agencies at low or no cost (ie through use of volunteers or existing workforces) to provide health trainer-like services and attempt to deliver similar outcomes. Health equity audits of public health services will be used to ensure that services are provided equitably. Access to other health improvement services will continue to be available locally.

6 Action plan

- Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Identify potential partnerships to deliver health trainer outcomes at low/no cost	Public Health	April 2015
Rolling programme of health equity audits of public health services	Public Health	Ongoing

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change implementing action plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

It is recommended that mitigation is sought by identifying opportunities for partnerships to deliver health trainer outcomes at low/no cost and to ensure that existing health improvement services target disadvantaged groups.

8 Authorisation

The authorising officer is consenting that:

- the recommendation can be implemented
- sufficient evidence has been obtained and appropriate mitigation is planned
- the Action Plan will be incorporated into service plan and monitored

Diversity impact assessment

Assistant Director

Date

Contact your Performance and Intelligence hub for advice on completing this assessment

RCC: phone 2443

email: annamarie.lawrence@medway.gov.uk

C&A: phone 1031

email: paul.clarke@medway.gov.uk

BSD: phone 2472 or 1490

email: corppi@medway.gov.uk

PH: phone 2636

email: david.whiting@medway.gov.uk

Send completed assessment to the Corporate Performance & Intelligence Hub (CPI) for web publication