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ACKNOWLEDGEMENTS

Contributions to this report have been made by: Elaine Varley, East Midlands Health Trainer Hub Manager; Maureen Murfin, Public Health Workforce Development Manager, NHS Derbyshire County (Hub Chair); Health Trainer Service Commissioners who have provided the local Health Trainer Service Information in Section 3.

The figures contained within section 2.2 and section 4 have been taken from the National Data Collection and Reporting System Report for the East Midlands Health Trainer Hub compiled by Ertan Fidan and David Hopkinson at Birmingham Primary Care Shared Services.
The production of this Legacy Report marks the closure of the East Midlands Health Trainer Hub following six successful years of operation. Working in a hub and spokes model with the Department of Health, the remit of the regional hub was very much about supporting roll out of the National Health Trainer programme at a regional and local level, encouraging consistency with training and development and over time supporting both providers and commissioners in a range of settings to implement a brand new workforce to agreed national standards.

Since inception Health Trainer Services across the East Midlands have recruited over 300 Health Trainers and over 100 Health Champions and these services have contacted over 30,000 clients and produced some extremely exciting outcome figures and case stories, which we know will continue.

The hub has achieved some real successes and some of these are listed within the report. One area of note is the educational pathway developed locally for volunteer Health Champions as a stepping stone into paid Health Trainer roles. Development of this pathway ultimately lead the hub to its work on a regional behaviour change framework and to a greater understanding of the skills and competence needed by other members of the workforce in order for them to take every opportunity to promote health and wellbeing. This work is now being consolidated within the SHA Cluster Ambition for Making Every Contact Count (MECC) and the behaviour change framework has been further developed as a toolkit to assist with the implementation of MECC across the cluster.

Since the hub has been in operation it has been hosted by Derbyshire County PCT under the leadership of the Director of Public Health. It has also had a very loyal membership and committed Health Trainer and Health Champion workforce without whom the successes of the Hub and achievements of Health Trainer Services would not have been possible. It has been a pleasure working with such talented and committed individuals and we are delighted that Health Trainer Services will continue to achieve great things in their local health communities, which is especially needed now that lifestyle improvement is taking centre stage in so many policy documents!

Finally, although the hub in its original form has now closed the hub manager post will continue until 31 March 2013 in order to support regional implementation of the behaviour change toolkit. Also, for the same time period, at the request of members the partnership will transition into a time limited forum focusing on the health improvement workforce development needs of the wider workforce.

Maureen Murfin
Hub Chair
Public Health Workforce Development Manager
NHS Derbyshire County
1. SUMMARY OF THE EAST MIDLANDS HUB

The East Midlands Health Trainer Partnership Hub has been active across the region since 2007, its role has been to support the strategic direction of Health Trainer Service development and facilitate the sharing of best practice. When the Hub was established, prior to the commissioner provider separation, it worked with both commissioners and providers of services. Following the commissioner / provider separation agreement was made within the East Midlands to become a forum for commissioners and has been as such since 2009.

1.1 ACHIEVEMENTS

Since inception the East Midlands Health Trainer Hub has actively facilitated and supported a number of national and local developments including:

- Developing the East Midlands Health Trainer Services website
- Developing the Understanding Health Improvement learner workbook
- Developing the education and training pathway
- Working in Partnership with Loughborough College as part of the Training and Workforce Development sub group to develop a number of resources and supporting materials to facilitate learners going through the City and Guilds
- Commissioning the development of self efficacy training slides
- Commissioning the extended hosting of the E learning for Understanding Health Improvement
- Supporting the revision of the City and Guilds qualification
- Supporting the development of the E learning resource for the National Health Trainer Handbook
- Facilitating learning and network events for Health Trainer Services across the region
- Commissioning the East Midlands Health Trainer Services evaluation
- Development of the paper based version of the Data Collection and Reporting System (DCRS)
- Chairing the national DCRS steering group
- Supporting the development of Community Engagement Resource Pack and method for collecting activity within the DCRS
- Being an active member of a number of regional and national forums to highlight and champion the role and achievements of Health Trainer Services and health improvement
- Providing information on Health Trainer Service developments, achievements and case stories to the Department of Health

1.2 EAST MIDLANDS HUB DEVELOPMENTS 2011/2012

National

The Hub continues to facilitate the collection of local developments, achievements and case stories for the Department of Health, with a view to embedding them within policy development, and is a key contact for the civil servant lead for Health Trainers and Behaviour Change and actively participated in continuing the network among Health Trainer Hub Leads.

The Hub has become an active member of the National Behaviour Change community of practice which was established by the Health Inequalities National Support team as part of their Health Gain programme for frontline staff to make every contact count.
Regional
Building the Evidence Base
To enable local services to continue to build their evidence base the Hub has supported the extension of the SLA for use of the National DCRS for 2012/2013 for the existing commissioned Health Trainer Services. Until February 2012 the DCRS had been funded by the Department of Health National Health Trainer Programme. After 31 March 2013 locally commissioned services will need to secure investment to continue using the system after this time.

Sections 2 and 4 of this report provide information on East Midlands data contained within the DCRS.

Training and Workforce Development
Throughout 2011/2012 the Training and Workforce Development Sub Group has worked to update the learner workbook for the RSPH Understanding Health Improvement Award and E learning in accordance with the revised syllabus, both are accessible via our website.

Website
The East Midlands Health Trainer Services website contains a wealth of resources to support organisations to understand the role of Health Trainers and Health Champions and provides the information and tools needed to develop a service.

Information contained on the website will now be accessible at: http://www.healthtrainersengland.com/east-midlands

Behaviour Change
Throughout 2011/2012 the East Midlands Hub produced Behaviour Change Guidance which was piloted with 7 different organisations and is currently being redeveloped as a toolkit for Using Every Opportunity to Achieve Health and Wellbeing by Making Every Contact COUNT.

The Hub worked in collaboration with colleagues across the Midlands and East SHA Cluster to develop a proposal for implementing the Making Every Contact Count Cluster Ambition and has actively supported the Cluster to develop this ambition using our experience from the Behaviour Change Guidance and pilot sites and learning from Derbyshire Community Health Services who have been leading the way in developing a health promoting workforce.

The Hub has continued to be an active member of a number of regional groups including:
- The East Midlands Public Health Workforce Advisory, feeding in the priorities for behaviour change and health trainer services
- The Communities for Health Network, contributing to the network and learning events

Local
During 2011/2012 the East Midlands Health Trainer Hub supported developments through its Health Trainer Hub Members (Health Trainer Service Commissioners) to develop Health Trainer Services across their locality in a number of ways:
- Establishing Health Champions
- Extending prison and probation services
- Establishing a learning disabilities pilot
- Producing Personal Health Plans

More information on these developments can be obtained from the local services in Section 3 of this report.
1.3 Future of the East Midlands Hub

Throughout 2011/2012 the East Midlands Health Trainer Hub has continued to support health trainer service commissioners but more widely been supporting developments in the field of behaviour change.

The East Midlands Health Trainer Hub has fulfilled its function with existing Health Trainer Service Commissioners as the commissioning of Health Trainer Services and data collection is embedded within those local organisations and a network among them is firmly established so that the exchanging of learning and practice will take place as needed at a local level.

The role of the Hub throughout 2012/2013 will be to work within the context of Using Every Opportunity to Achieve Health and Wellbeing as a partnership forum to build health improvement capacity within the wider workforce. The forum will work with those organisations that have a lead responsibility for a) building the health improvement capacity by developing the skills of the wider workforce; and b) improving the health and wellbeing of staff and service users. The Hub will continue to support any new commissioners of Health Trainers Services i.e. Clinical Commissioning Groups and Local Authorities.

The Health Trainer Hub will of course remain a point of reference for existing Health Trainer Service commissioners and continue to cascade any necessary national or regional information to the local health communities and vice versa.
## 2. EAST MIDLANDS HEALTH TRAINER SERVICES

### 2.1 HEALTH TRAINER SERVICE MODELS

<table>
<thead>
<tr>
<th>The Community Model</th>
<th>The GP practice Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Trainers and Health Champions work in a small geographical patch with the members of their defined community.</td>
<td>Health Trainers work within a GP practice as part of the primary care team supporting and encouraging positive lifestyle choices for patients of that particular practice.</td>
</tr>
</tbody>
</table>

The community will be determined by a number of factors such as:
- Location of the Health Trainer and clients that come into contact with their base
- Where clients live
- Particular community of interest(s) i.e. gypsies and travellers, mental health service receivers

<table>
<thead>
<tr>
<th>The Offender Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Trainers and Health Champions work within prison and probation settings with clients from those communities. They also extend their reach to other particularly vulnerable groups such as those with drug and alcohol addictions and the homeless.</td>
</tr>
</tbody>
</table>

Regardless of the model adopted, Health Trainers are qualified with the City and Guilds Level 3 Health Trainer Certificate and work with clients to:
- Engage their community
- Provide information
- Support people to access services by signposting and/or buddying
- Develop a Personal Health Plan using SMART goals
- Support clients to overcome barriers to make and maintain a behaviour change

If Health Champions are recruited as part of the model they will be qualified with the Royal Society for Public Health, Understanding Health Improvement Award and work with clients to:
- Engage their community
- Provide information
- Support people to access services by signposting and/or buddying

All Health Trainers and Health Champions require induction into their role and the community/setting within which they will work. Additional CPD sessions may need to be held to ensure they are fully supported to carry out their role and fit to practice.

Clients accessing Health Trainer Services across the East Midlands will either self-refer into the service or are referred by other professionals or members of the team.

Organisations interested in developing a Health Trainer Service and understanding more about the model should visit the website: [http://www.healthtrainersengland.com/east-midlands](http://www.healthtrainersengland.com/east-midlands)
2.2 LINKS TO POLICY DRIVERS AND INITIATIVES

NHS Future Forum

More recently the NHS Future forum report puts Making Every Contact Count at the heart of how it believes the NHS can do more to improve and maintain the mental and physical the health and wellbeing of the nation.

In order to truly make contacts count many people will need access to further support or services to help them make and maintain a change. Health Trainer Services are well placed to Make Every Contact Count and go beyond that by facilitating appropriate access to services and offer personalised one to one support to those who need it.

Healthy Lives, Healthy People

The central theme of the Healthy Lives, Healthy People is to make local government and local communities empowered, responsible, accountable and resourced to improve health, wellbeing and tackle inequalities. The White Paper clearly lays out a vision for an empowered and supported population able to make healthier choices and have more choice and control over the services they receive:

‘sstrengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles…Protecting the population from health threats should be led by central government, with a strong system to the frontline.’

Health Trainer Services are based within the heart of the community, recruiting the Health Trainer (currently paid employment) and Health Champion (currently volunteer employment) workforce from (or knowledgeable about) the communities within which they will work. The intention of Health Trainer Services is to enable support from next door, not from on high. Health Trainers and Health Champions recruited from within their communities supports the building of community capacity for improving health and wellbeing. The workforce is competent to practice against National Occupational Standards and undertake National Qualifications.

The Health Trainer and Health Champions role empowers individuals to make healthy choices easier, using a range of techniques from information giving, signposting and buddying. The Health Trainer Intervention goes onto empower clients further to ‘Become their own Health Trainer’ through ‘Maintaining Behaviour Change’ by applying the skills gained from working with a Health Trainer to other aspects of their health and wellbeing they might want change.

The White Paper recognises health inequalities and the wider determinants of health and wellbeing and the importance of creating an environment which make healthy choices easier and there is a commitment to reduce inequalities and the ring fenced budget and the health premium ‘reward’ money will take account of deprivation.

‘our health and wellbeing is influenced by a wide range of factors – social, cultural, economic, psychological and environmental – across our lives’

‘We will trial new ways of changing behaviours, using emerging ideas from behavioural science, such as the use of social norms, changing defaults and providing incentives’

Overall the aim is to encourage a voluntary response to change, with a particular focus on the importance of social norms, habits / defaults and the principle of self-efficacy in ‘empower[ing]

1 www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132114.pdf
people to make healthy choices’. The Improving Health: Changing Behaviour Handbook\(^2\), provides techniques for changing habits / defaults and for improving self efficacy.

Health Trainers and Health Champions work with people that have far more complex psycho-social problems that are at the core of the lifestyle problems they experience. The intention of the Health Trainer service has also been to target those in disadvantaged groups and communities.

Healthy Lives, Healthy People also refers to an intervention ladder as a way of thinking about the different ways that public health policies can affect people’s choices. The higher up the ladder, the more intrusive the intervention and the stronger justification required, for example the use of regulation. However, the emphasis in the White Paper is to ‘seek to use approaches that focus on enabling and guiding people’s choices wherever possible’:

- Eliminate choice
- Restrict choice
- Guide choice by disincentives
- **Guide choice by incentives**
- Guide choice by changing the default policy
- Enable choice
- Provide information
- Do nothing

In relation to the ladder of intervention Health Trainer Services would be considered to be offering support to clients by providing information, enabling choice or guiding choice by incentives. The level at which support is offered would be determined by client need.

Health Trainer Services recognise that many clients can self manage and improve their health and wellbeing once the relevant information has been provided or an appropriate signposting to relevant service(s) made. The intensity of the intervention will vary according to client need, for example some clients may need accompanying to the organisation they have been signposted to whereas others may not.

The Health Behaviour Check (or assessment) and Personal Health Planning undertaken by Health Trainers is offered to clients who need support to assess their health and wellbeing and understand what a change in behaviour might mean to them and how they might go about it. The ‘Improving Health: Changing Behaviour’ identifies how this can be achieved from assessing a person’s confidence to change through to developing SMART goals. It also advises that ‘adding a system of rewards into a client’s action plan can have a positive effect on their motivation to change their behaviour, and on increasing the likelihood that the behaviour will occur’.

Finally, the White Paper refers heavily to evidence and identifies 3 principles for Public Health England’s approach; quality, transparency and efficiency. Access to the DCRS enables the transparency of outcomes for Health Trainer Services, which also provide a platform for informing service redesign to improve quality and efficiency of provision. The DCRS has an identified mechanism for monitoring and improving data quality in the system and local

services take responsibility for implementing an approach to collecting and inputting data that is most efficient.

Other documentation
The Hub commissioned a synthesis summarising behaviour change learning and theories and the synergies between:

- Communications and behaviour change
- The Health Trainer Handbook
- Nudge
- MINDSPACE


Contribution to outcomes
Increasing the number of people who improve their health and wellbeing will make a significant contribution to achieving the priorities in the NHS Outcomes Framework 2012/2013 and the Public Health indicators in ‘Improving outcomes and supporting transparency.’ For example:

- Healthy Life Expectancy
- Differences in life expectancy and healthy life expectancy between communities
- Mortality from cardiovascular disease
- Mortality from respiratory disease
- Mortality from cancer
- Excess under 75 mortality in adults with serious mental illness
- Incidence of low birth weight in term babies
- Smoking prevalence in adults
2.3 ACTIVITY HIGHLIGHTS

These are the report highlights based upon the 2011 only figures, more detail and charts can be found in section 4.

Over **13,000 new clients** seen in 2011 across 9 organisations in East Midlands.

63.58% of those clients are **from** the quintile 1 & 2 most deprived client group areas.

Over **5500 full Personal Health Plan assessments completed** in 2011 (some overlapping from the previous year). Of those **50.01%** were classed as fully **successful**, a further **23.57%** were **part successful**.

Since inception\(^3\), there have been **consistent improvements in key health indicators**:

- **The plus scores**: +370.73% vigorous exercise, +58.16% fruit and veg
- **The minus scores**: BMI -3.90%, fatty foods -61.22%

Since inception, there have been **consistent improvement in emotional wellbeing** scores in all areas:

- + 9.13% Self-Efficacy
- + 36.46% Reported General Health
- + 31.87% WHO-5 Wellbeing

Since inception, of those clients who achieved/part achieved their personal health plan 83.11% also reported to have maintained their change.

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\(^3\) Since inception: calculated average results from all clients recorded within the DCRS before 31/12/2011.
3. LOCAL SERVICES INFORMATION

3.1 THE LINCOLNSHIRE HEALTH TRAINER PROGRAMME

Summary of the service
The Lincolnshire Health Trainer programme was commissioned in 2008 to deliver activity in priority deprived ward areas across the county in Lincoln, East Lindsey, Boston, Grantham, Gainsborough, Sleaford and South Holland. In 2009 the service was further expanded with two staff appointed to enhance the Probation Health Support Service. There are currently 29 qualified Health Trainer’s (some are part time) in Lincolnshire (Feb 2012).

Partnership Working
The Lincolnshire programme aims to reduce health inequalities by working in partnership with Local Authorities, the Voluntary Sector and Lincolnshire Probation Trust. The Health Trainers are employed and hosted by the partnership organisations to deliver a programme focused on areas of deprivation with the poorest health experience.

The communities targeted by the programme are those who are least likely to respond to other existing health promotion initiatives or universally provided health services with a similar aim.

Client Outcomes (DCRS)

<table>
<thead>
<tr>
<th>Outcome measure &amp; Sample size</th>
<th>Average Values</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>After</td>
<td></td>
</tr>
<tr>
<td>BMI 354</td>
<td>33.62</td>
<td>32.65</td>
</tr>
<tr>
<td>Fried, high Fat and Snack Portions Consumed per day 320</td>
<td>3.05</td>
<td>1.19</td>
</tr>
<tr>
<td>Fruit and Vegetable portions Consumed per day 360</td>
<td>2.81</td>
<td>4.45</td>
</tr>
<tr>
<td>Alcohol 106</td>
<td>18.53</td>
<td>9.85</td>
</tr>
<tr>
<td>Smoking 361</td>
<td>2.56</td>
<td>1.72</td>
</tr>
<tr>
<td>Moderate Exercise sessions p/w 387</td>
<td>2.5</td>
<td>4.79</td>
</tr>
<tr>
<td>General Health [%] 455</td>
<td>48.88</td>
<td>66.99</td>
</tr>
<tr>
<td>Self Efficacy [%] 353</td>
<td>73.25</td>
<td>80.48</td>
</tr>
</tbody>
</table>

Lincolnshire Teaching PCT PHP Before/After Change, April 2010 to March 2011
Where clients have completed a personal health plan and before and after data has been recorded the outcomes show clients are achieving reductions in Body Mass Index, consumption of fatty foods, smoking and alcohol intake and achieving increases in daily consumption of fruit and vegetables and, weekly sessions of moderate exercise.

Wellbeing scores also show an increase in self efficacy and in general health.

Client Comments
- Good to be able to talk to someone and very supportive in making life style changes
- Has made me more aware of what and when I eat and drink. I have found Health Trainer very pleasant and helpful
- Health Trainer was brilliant very understanding and a good listener
• Very useful, it's good to talk to someone about healthy eating it gives you a boost to actually do it.
• It's good to meet in community settings as this is a good motivator to get people out and about and information is good.
• Health Trainer has the perfect attitude for this work, being extremely supportive, yet not judgemental, encouraging yet not pushy, caring but not patronising.
• I have felt the rounded approach very helpful, i.e. not just about food but encompassing a healthy and balanced lifestyle around my family situation.
• Health Trainer was extremely professional, personable and was able to focus my efforts to achieve my goals. Health Trainers advice was simple but very effective.
• Health Trainers no nonsense approach should be bottled and used throughout the NHS. Health Trainer is a tonic. Everything Health Trainer said was common sense and kept it “real”. It is so good not to be patronised or treated like a backward child.
• I would like to see a “name” in all surgeries and Dr's prescribing them.
• Liked the support and encouragement given, very supportive

Out of many positive reports of changed lives one client from East Lindsey wrote about their experience:

‘I have been visiting Trinity church every Wednesday for over a year. When I first went I was almost 3 stone heavier, suffering from depression, gallstone problems, no confidence and very low self-esteem. The Health Trainer has helped and supported me throughout my successful weight loss. We have been advised about foods we should be eating, portion control, the Eat Well plate and about exercise.
Since losing weight my health has improved, I have gone from doing no exercise at all to joining one gym and exercising daily. I have joined an aquacise class which I attend every Monday. My asthma has improved, I no longer get breathless whilst exercising, reducing the amount of times I use my ventilln inhaler. Having the support from the Health Trainer to lose weight in a friendly, welcoming environment has changed not only my life but my families life too.
With thanks

Summary of outcomes
• 29 Health Trainer posts established and deployed to promote and encourage self care and appropriate access to health services across the 40% most deprived populations in Lincolnshire.
• 6 volunteer Health Champions working in Boston, Grantham and East Lindsey to extend the reach of the Health Trainer service.
• 2 Health Trainers working with offenders and the homeless community through the Lincolnshire Probation Trust, Health Support Service.
• 15 offenders on the community pay back programme successful in gaining the Royal Society of Public Health (RSPH) accredited ‘Understanding Health Improvement (UHI)’ qualification.
• 8 faith sector volunteers working with street homeless and 6 ‘Positive Futures’ staff working with disadvantaged young people also achieved RSPH ‘UHI’
• 4 staff within Lincoln prison and North Sea camp qualified to deliver RSPH ‘UHI’ for prisoners. 11 prisoner Health Champions achieved ‘UHI’ qualification to enable them to support fellow prisoners on 4 wings at Lincoln prison
• 3000 plus clients seen by the service in 2010-11. Majority of clients (57%) come from the 40% most deprived areas. Two thirds were signposted or given information, one third set personal health plans and 63.5% (670 clients) successfully completed their plans.
• Health goals achieved include; reductions in BMI, fatty food consumption and alcohol intake; increases in exercise and daily consumption of fruit and vegetables and reported improvements in self-efficacy and general wellbeing.
Next Steps

- The Offender Health Trainer’s to expand their work with Homeless projects in Boston Grantham and Lincoln and with the Prince’s Trust.
- Training of the trainer for a second cohort of prison staff is planned to enable better support and further expansion of the prisoner Health Champions within Lincoln prison and at North Sea camp.
- IDTS Health Champion provision planned at North Sea Camp supported by Gym, Healthcare and Education staff, following a visit to HMP Onley
- Offender Health trainer also involved with Regional Employability Challenge (REACH) project delivering ‘Understanding Health Improvement’ to 29 probation clients
- REACH Health Champions to be linked with community Health Trainers
- Further community Health Champion recruitment planned for Bourne area, East Lindsey and Lincoln
- Development of Workplace health initiatives within the targeted communities in Lincolnshire
- Support to Make Every Contact Count (MECC) in community settings
- Lincolnshire Sports Partnership compiling a DVD featuring Lincolnshire Health Trainers and others to raise the profile of services which support healthy lifestyles (You tube link available soon!)

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Teresa.batty@lincolnshire.gov.uk  Tel: 01522 552920
Tony Connell Health Support service Manager Lincolnshire Probation Trust 01522 781698
During this year the Health Trainer Service was required to develop in the following areas:

- GP practices that fall within patient populations in the top 40% area of deprivation
- Support the REACH team (Regional Employ-Ability Challenge) and Probation service in the county
- Develop Health Champions in Work Place
- Develop Health Champions from the deprived communities

The Target groups (KPI’s) for 11/12 were:

- People living in the top 40% areas of deprivation not accessing mainstream Health Services
- Routine and Manual Workers
- Referrals from Health professionals
- Offenders and Ex-offenders

The main task was to have a much more targeted approach to both the requirements of the service to reduce the gaps in health inequalities and in addition to work in a more cohesive way with existing organisations that were already engaged with the target populations and capitalise on the use of the skills the Health Service could provide from sign posting to the ultimate goal engaging with client and achieving a PHP.

This year will be the 4th year of the service being fully operational and a number of social marketing campaigns were funded to raise awareness about the HT programme. Health Champion services have also been developed at the HMP Onley prison, and further work is ongoing to collaborate with other work streams to achieve synergies. For instance, Job centres, Asian community groups, wellness recovery and mental health services, asylum seekers, and individuals with learning difficulty were all engaged with the HT service in the past year.

A more flexible approach to targeting those eligible has also been introduced, with the emphasis on seizing other opportunities that arise due to the changes arising from the ongoing NHS restructuring going into 2013/14.

The HT service exceeded the initial assessment target of 3000 clients. The imminent recruitment of more HTs to the Northamptonshire service will be reflected in more stretch KPI’s in order to ensure that the service continues to demonstrate efficiency and value for money.

Improvements in activity reporting, data entry on to the DCRS, and qualitative dimensions to local reporting are also being developed to ensure that the outputs from the service can inform wider work to promote health and wellbeing amongst partners within the health economy.

Follow up of clients that DNA and medium to long-term outcomes of successful participants remain areas for development during 12/13.

Offenders and Ex-offenders
The Health Trainer service also plans to deliver with REACH- Regional Employ-Ability Challenge - in 12/13. The expectation is that successful delivery will complement similar achievements at HMP Onley in the county, which has been showcased as an exemplar in the local prison publication. A feature was in the February addition of Insidetime 2012 page 5 “Health Champions Role at HMP Onley - www.insidetiem.org.uk. The feature was supplied by Theresa McGettigan (Health Promotion worker and HC development lead at HMP Onley) and a visit form Tony Connell (RSPH Accredited Tutor for Offender Health and Health Champions, and Health Support service manager, Lincolnshire Probation service) also commended the work and recommended that it be rolled out nationally. This is excellent news for Theresa and her local team.

Health Champions
Plans continue to increase the coverage and recruitment to the Health Champions’ programme, in spite of the ongoing and major re-structuring of the health and social care economy. New relationships are being developed and the close working between commissioners and the service will benefit outcomes that will be achieved in 12/13 and strengthen efforts directed at achieving the required reduction of health inequalities in Northamptonshire and the wider deterrents of health.

In 2012/13 the service will consolidate work on:
- Completion of Health Champions registered and continue with development
- Hosting the “Health Champion Network for the County”
- Supporting the Public Health Pilot on Frequent Attender’s
- Supporting patients identified as being at low risk for the NHS Health Checks in some areas
- Supporting the MECC-Making Every Contact Count Initiative in all our work areas

New Opportunities:
- With the move to NCC of the Public Health directorate, opportunities have arisen to scope new partners county wide to support the fundamental requirements of the Health Trainer services, i.e. reducing health inequalities in Northamptonshire.
- We are reviewing service operations in GP practices currently and will provide clear guidance around KPIs and where the service can add value and where there is a need to exit the GP setting during 12/13
- We have had mixed welcomes from GP Practices, CCGs and other partners centring around the value of the service and the clarity on provider boundaries. The Health Trainer Service is fundamentally a non-clinical service, with an implementation option to support patients’ access to clinical Pathways. The HT service would benefit greatly by utilising this specifically as a strength and maximising its potential to serve as a non-threatening pathway for those from our population in Northamptonshire otherwise not truly engaged with services. At a time when Public Health has moved closer to the Local Authority and is in transition from the monopoly of the medical model, the HT service is well placed to thrive in the new setting, with a better understanding of the workings of other partners - The Third Sector, Business sector (Work place health), the Benefits Sector, Housing Organisations and Supporting organisations for the homeless, Sure Start Centres to see it grow into the future.

Summary
This year has brought many changes to the NHS and Public Health has moved in to the Local authority. The opportunity for the HT service to better integrate and learn new skills to break new ground couldn’t be better.

The upcoming Olympics, The Queens Jubilee, to name a few, will be good platforms for our communities and the Health Trainers to further work together in 2012/13.

Michelle Aveyard, Health Improvement Coordinator, NHS Northamptonshire
Dr. Olufunke Adedeji, Consultant in Public Health, NHS Northamptonshire

Email: michelle.aveyard@northants.nhs.uk, Tel: Number 01604 366050
3.3 THE DERBYSHIRE HEALTH TRAINER PROGRAMME

Derbyshire became an ‘early adopter’ site for Health Trainers in 2005 with the first group of Health Trainers qualifying in May 2006. A variety of models of Health Trainer provision were implemented in Derbyshire both in recognition of differing needs across the county and to ‘test out’ different models of delivery to establish which were most effective.

The overall aim of the Health Trainer programme in Derbyshire is to improve the health of people from disadvantaged communities; disadvantage in this context referring to a variety of characteristics including deprivation, rural isolation, disability and mental health difficulties.

More specifically the aim of the Health Trainer programme is to:

- Work with individuals or groups to support lifestyle risk assessment
- Enable individuals to make changes in their behaviour to achieve a positive impact on their health
- Target individuals from deprived communities
- Bring those individuals into more effective contact with mainstream health improvement services

Summary of outcomes

- 8295 clients have accessed the service
- 4586 clients have been brought into contact with health improvement services
- 5095 (61%) of clients are from the most deprived communities* or from locally defined target groups (for example carers)
- 58% of clients who have been supported to change their behaviour have made positive changes

* deprived communities are defined as those in quintiles 1 and 2 measured by the index of multiple deprivation

Evaluation

A comprehensive evaluation of all services has taken place and the findings are available at: http://www.derbycitypct.nhs.uk/staying-healthy/derbyshire-health-trainers/evaluation.aspx

Client Comments

The client comments (below) reflect the most important aspects of the health trainer programme to services users. These can be summarised as:

- Health Trainers are different to other health professionals: more time and easier to understand
- Health Trainers don’t just work on a single issue
- Health Trainers work flexibly to help clients change
- Health Trainer motivate clients to ‘take action’ to be healthier

‘She talks to me about what I want; she’s not that forceful or strict’
‘I have set goals for myself, things I think I might actually be able to achieve’
“…seeing X, the health trainer, it’s like I thought I’d see her for one thing and she has helped me with other things as well, that’s how it feels. Like she came to help me perhaps be a bit fitter but like she helped me to think about lots of things.”

“X ringing up for me, that’s one thing I am not really good at, I will say I will ring them tomorrow and it keeps getting put off, the day she came she actually rang them for me and helped me and arranged for them to ring me back to fix an appointment up. Once she’d done that I felt like I could get on with the things I needed to like cooking proper food on a cooker.”

**Next steps**

In the future the Derbyshire Health Trainer Programme will:

- Focus on a significant number of people from vulnerable groups, who continue to suffer from poor health outcomes; across a range of indicators including self reported health, life expectancy and morbidity.
- Consider which target populations’ health, needs to be improved and place health trainers / health champions with staff groups that have access to those target populations.
- Continue with a multiplicity of Health Trainer/Health Champion models to meet the varied needs of those accessing the service.

**Contact details**

The Health Trainer Programme Team and the commissioners of the service are based at NHS Derbyshire County. The main contacts are:

Richard Keeton: Health Trainer Programme Development Manager
e-mail: richard.keeton@derbyshirecountypct.nhs.uk  
tel: 01246 514032

Tracey Fearn: Health Trainer Programme Co-ordinator
e-mail: tracey.fearn@derbyshirecountypct.nhs.uk  
tel: 01246 514039
The self referral pathway into Healthy Change has been designed to link with the community engagement work undertaken through Nottingham’s “Decade of Better Health” health promotion programme. Adults engaged through local social marketing activity and community engagement are encouraged to make health improvement pledges. Health Trainers then call all adults who have submitted a pledge (and who have given consent) to offer them both support and access to specialist services to help them work towards their health pledge.

Summary of relationship between Decade of Better Health Health Promotion Activity and the Healthy Change Service which employs Health Trainers

Healthy Change also works to promote maintenance of lifestyle gains, following up clients at 6 and 12 months to assess progress, provide additional motivational support and to offer referral to further specialist support. The service is also responsible for providing good quality and consistent feedback to GP practices, covering both health gains made and attendance at support services.

1. Number of Health Trainers
Healthy Change employs approximately 11 WTE Health Trainers plus managerial and administration staff.

2. Brief summary of any outcomes (key facts and figures) and/or quotes from HTs and/or their clients
From May-Dec 2011 Healthy Change had over 2700 clients registered with their service (significantly above the target of 2000 – 135%), of which 2550 were referred onto other prevention services. Clients have been referred onto other commissioned CVD Prevention Pathway services for practical support. Significant benefits have been achieved by most of these clients. The Healthy Change team has received positive feedback from providers such as the YMCA Active for Life Physical Activity on Referral Scheme, Citicare Food for Thought cook and eat groups and Slimming World, regarding client progress. Some examples include clients who have reported increased physical activity levels, completed their 12 week programmes and significant weight loss. Those who attended Cook and Eat reported improving their diet. Clients also self reported an improvement in the wellbeing. Client satisfaction questionnaires revealed that 87% of clients were satisfied with the service provided by Healthy Change, 83% advised that Healthy Change helped them to change to a much more healthier lifestyle and 87% were happy to recommend the Healthy Change service to their friends, family and colleagues.
Client Outcome: A male client, (68 years) from a priority area, engaged with the Healthy Change service in May 2011. He created a personal health plan around diet and exercise. He initially engaged on a Cook & Eat course and further went on to gain an Open College Network recognised qualification in diet and nutrition. He was able to adjust his own eating habits to mirror what he learned about eating a healthy balanced diet based on the eat well plate. He has some physical disability and uses a stick to walk. A referral was made to the YMCA to support him to become more physically active. He has now been successful in achieving his physical activity goals due to the support given by the YMCA, and the exercises that were tailored to suit him. He can also do these exercises at home. He has also accessed the Slimming World. Since being engaged with Healthy Change and using the CVD services he has lost 32 lb and he says he feels great. His mobility has improved as well as his general mood and outlook on life.

Health Trainer Perspective: When I first started as a health trainer at Healthy Change in April 2011 I wasn’t sure if I would be able to support clients to lead healthier lifestyles by talking to them on the telephone. I have since found that I am able to really help to make a difference to lives. I am able to develop strong trusting relationships with clients over the phone and give them information to lead healthier lives. It really works for a lot of people to have that support at the end of the phone.

1. Summary of the future of the service i.e. areas for expansion, new settings or planned review/evaluation etc

NHS Nottingham City and NHS Direct are working together to evaluate the service in 2012 to learn what has worked well and to identify any further improvements that could be made.

The service has performed exceptionally well in the last 12 months and the support from the GP practices has been excellent. This has meant increased referrals from non target client groups. The majority of the participants who have accessed the service have been women. As the service now moves into the next operational year, the view is to fine tune the targeting of men, clients over 40yrs and black and ethnic minorities. The service is also set to have an increase in number of clients having face to face support and those who will have not done so well. Evidence suggests that of those who will have managed to modify their behaviours, it is acceptable human nature that some will relapse and require a little bit extra support from the services. Healthy Change will be responding to all these client needs.
The Leicester City Health Trainer Service is a community service focussing on 8 priority neighbourhoods across the city with the highest levels of health need. The aim of the service is to reduce lifestyle risk factors associated primarily with CVD, COPD, cancer and diabetes i.e. focussing on reducing smoking, improving diet, increasing levels of physical activity and reducing alcohol misuse. The service is primarily delivered face to face and clients are recruited by engaging with community groups and through referral.

The service was commissioned in 2010, the team were recruited in November 2010 and completed their training at the end of April 2011, therefore the service has only been fully operational since the beginning of May 2011. The service has 5 qualified Health Trainers and 1 Trainee Health Trainer.

The service has met with 601 clients in just under one year and has started personal health plans with 231. Of the 231, 56.71% are still working on their PHP, 28.71% achieved or part achieved their goals, 9.52% did not achieve their goals and 5.19% the outcome was unknown.

Comments about the service from service users

“The Health Trainer Service helped me to take control”

“Your kindness and help has helped me in more ways than you can imagine”

We are a fairly new service and have plans to evaluate later this year once we have data for a full year of service. However, initial reports show encouraging findings.

49.5% of clients are from the most deprived client group areas (Quintile 1) and 76.9% are from the top two most deprived client group areas (Quintiles 1 and 2).

There have been consistent improvements in key Health Gain areas:

The plus scores: Moderate Exercise +51.5%, Fruit and Veg Consumption +153.6%
The minus scores: BMI -6%, Smoking Reduction -52.1%, Fatty Foods -54.3%, alcohol -64.5%

There have been consistent improvement in Emotional Wellbeing Mental Health scores in all areas:

+ 14.0% Self-Efficacy
+ 48.32% Reported General Health

Leicester City Health Trainer Service
Office 10 Rutland House, 23-25 Friar Lane, Leicester, LE1 5QQ.
Tel: 0116 2171 881
Email: leicestercityht@parkwoodhealthcare.co.uk
Website: http://www.parkwoodhealthcare.co.uk/HealthyLiving/Leicester.aspx
Leicestershire and Rutland Probation Trust (LRPT) secured funding for the offender health trainer service in 2009 primarily from NHS Leicester City, supplemented by one off funding from other sources. Four health trainers were recruited in April 2010 and completed their training by the end of August 2010. Four health champions were also recruited. The service has been fully operational from September 2010.

The LRPT reviewed a number of different health trainer models and decide to recruit exclusively those with first-hand experience of the criminal justice system. Individuals who had already become involved in LRPT’s peer mentoring schemes were actively encouraged to apply for the health trainer posts.

The service covers Leicester City, Leicestershire County and Rutland. In 2011 the service worked with 195 clients, the majority being city residents. 60 clients went on to develop a personal health plan, the majority focussing on improving diet and levels of physical activity. In addition over 2000 clients were reached with health messages at various events including drop-ins and health promotion days. In terms of signposting and referral, 61 were supported to register with a GP, 79 with a dentist and 416 were referred to the STOP smoking service.

An independent evaluation of the service was undertaken in April/ May 2011. The service had only been fully operational for just over 6 months, however, a number of useful recommendations for improvements to the service were made and implemented.

Client comments:
“Very supportive. If I’m struggling, I can text when I am craving, in between appointments. Very friendly.”

“It’s easier to talk to ……….. than probation. Easier talking to someone who has been there done that, than someone who you think has been judging you. You don’t have to watch what you say.”

Case study highlighted in independent evaluation:
A health trainer made contact with a probation hostel resident. The service user was paying scant attention to personal hygiene and eating a diet that consisted almost entirely of fast food. Initially he played down the extent of his problems. However, over a number of sessions the health trainer succeeded in engaging his trust and taught the service user how to budget, shop for and cook healthy food. The health trainer was successful in helping the service user to become more confident and raise his self-esteem. He has improved his standard of personal hygiene and is less isolated at the hostel, now participating in social activities.

Additional successes in 2011
- The health trainer team held a “Healthy Heart” event for Valentines Day for clients and staff to attend and accessed information and support from a variety of health agencies. External bodies included the STOP smoking service, British Heart Foundation, Food and Activity Buddies, Addaction, Reach, Sexual health G4Clinic and the Just Women Project.
- As a result of joint working between health trainers and the STOP smoking team, a weekly stop smoking clinic was trialled and as result LRPT staff are being trained in how to offer brief advice to their offenders.
- Extra funding became available which has enabled the health champions to undertake the same level of training as the health trainers. One of these has now successfully gained employment in a related field and 2 are still currently volunteering as health champions. The recruiting process for more health champions is ongoing with a number of current and ex-offenders expressing an interest and working towards the criteria to apply.
- A bid to the Health Trainer hub was successful and LRPT are supporting the implementation of a health champion service within the local prisons.
- The health trainer team have developed a short health awareness and mental health awareness session that they deliver to probation client groups.
- The team have developed a good working relationship with the owner of a local gym and have negotiated a free voucher scheme for clients in financial hardship and a reduced gym session rate for offenders.

Contact – Jan Pearce, Health trainer service manager, Leicestershire and Rutland Probation Trust
Jan.Pearce@leicestershire.probation.gsi.gov.uk
4. 2011 Activity Figures

4.1 Key Figures

This section provides a series of summary charts that outline the basic demographic profile of those clients attending Health Trainer services within the East Midlands between 01/01/2011 and 31/12/2011.

Clients by Organisation

Sample size: **13,048**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derbyshire County PCT</td>
<td>2772</td>
<td>21.24%</td>
</tr>
<tr>
<td>Leicester City NHS</td>
<td>467</td>
<td>3.58%</td>
</tr>
<tr>
<td>Leicestershire &amp; Rutland Probation Trust</td>
<td>195</td>
<td>1.49%</td>
</tr>
<tr>
<td>Lincolnshire Teaching PCT</td>
<td>2993</td>
<td>22.94%</td>
</tr>
<tr>
<td>Northamptonshire teaching PCT</td>
<td>2893</td>
<td>22.17%</td>
</tr>
<tr>
<td>Nottingham City PCT</td>
<td>3376</td>
<td>25.87%</td>
</tr>
<tr>
<td>Nottinghamshire County IPCT (Inactive)</td>
<td>111</td>
<td>0.85%</td>
</tr>
<tr>
<td>Nottinghamshire Probation</td>
<td>241</td>
<td>1.85%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13048</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 1 - Client counts by organisation (2011 clients only)

Clients by Deprivation Quintiles

Sample size: **12,888**

<table>
<thead>
<tr>
<th>Postcode Deprivation Status</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fixed abode</td>
<td>18</td>
<td>0.14%</td>
</tr>
<tr>
<td>Q1 - Most deprived</td>
<td>4525</td>
<td>35.11%</td>
</tr>
<tr>
<td>Q2</td>
<td>3669</td>
<td>28.47%</td>
</tr>
<tr>
<td>Q3</td>
<td>2001</td>
<td>15.53%</td>
</tr>
<tr>
<td>Q4</td>
<td>1415</td>
<td>10.98%</td>
</tr>
<tr>
<td>Q5 - Least deprived</td>
<td>1089</td>
<td>8.45%</td>
</tr>
<tr>
<td>Unknown 4</td>
<td>171</td>
<td>1.33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12888</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 2 - Client deprivation quintile breakdown (quintile 1 - most deprived, 2011 clients only)

There has been successful marked increase in deprivation quintile 1 clients (2010/11 figure was 27.29%) across the East Midlands HUB region this year.

---

4 “Unknown” is when the postcode field is intentionally left blank
Personal Health Plans by Result

Sample size: 5,570

Figure 3 – Personal Health Plan outcomes (2011 client assessments only)

Figure 3 shows that 73.58% of Personal Health Plan (PHP) outcomes were recorded as either achieved or part achieved, this is a slight increase if we compare the results for all PHP outcomes since inception where 71.87% were achieved or part achieved (see Figure 15).

Key Health Indicator Results

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Sample size</th>
<th>Average values</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>1365</td>
<td>98.95 / 95</td>
<td>3.99% Down</td>
</tr>
<tr>
<td>BMI</td>
<td>1336</td>
<td>36.16 / 34.75</td>
<td>3.90% Down</td>
</tr>
<tr>
<td>Fried, high fat and snack (portions consumed per day)</td>
<td>1288</td>
<td>2.63 / 1.02</td>
<td>61.22% Down</td>
</tr>
<tr>
<td>Alcohol (units per week)</td>
<td>347</td>
<td>15.78 / 9.94</td>
<td>40.76% Down</td>
</tr>
<tr>
<td>Smoking (cigarettes per day)</td>
<td>1584</td>
<td>5.02 / 2.37</td>
<td>52.79% Down</td>
</tr>
<tr>
<td>Fruit &amp; vegetable (portions consumed per day)</td>
<td>1694</td>
<td>2.94 / 4.65</td>
<td>58.16% Up</td>
</tr>
<tr>
<td>Vigorous exercise (sessions per week)</td>
<td>515</td>
<td>0.41 / 1.93</td>
<td>370.73% Up</td>
</tr>
<tr>
<td>Moderate exercise (sessions per week)</td>
<td>1743</td>
<td>2.52 / 4.84</td>
<td>92.06% Up</td>
</tr>
</tbody>
</table>

Figure 4 – Pre and post assessment key health indicator changes results (2011 client assessments only)

Figure 4 shows the achievement of positive key health indicator results in ALL areas, an excellent result overall.

---

5 Self reported
Emotional Wellbeing Results

<table>
<thead>
<tr>
<th>Wellbeing measure</th>
<th>Sample size</th>
<th>Average values</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>1643</td>
<td>75.36</td>
<td>82.24</td>
</tr>
<tr>
<td>General Health</td>
<td>2006</td>
<td>50.77</td>
<td>69.29</td>
</tr>
<tr>
<td>WHO-5</td>
<td>939</td>
<td>42.2</td>
<td>55.65</td>
</tr>
</tbody>
</table>

Figure 5 – Pre and post emotional wellbeing measure results (2011 client assessments only)

Figure 5 also shows the achievement of positive emotional wellbeing results in ALL areas, an excellent result overall.

4.1 CLIENT DEMOGRAPHICS

This section provides a series of summary charts that outline the basic demographic profile of those clients attending Health Trainer services within the East Midlands HUB area prior to 31/12/2011.

Deprivation Status Quintiles

Sample size: 29,676

<table>
<thead>
<tr>
<th>Postcode Deprivation Status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 – Most deprived</td>
<td>10223</td>
<td>34.45%</td>
</tr>
<tr>
<td>Q2</td>
<td>8317</td>
<td>28.03%</td>
</tr>
<tr>
<td>Q3</td>
<td>4752</td>
<td>16.01%</td>
</tr>
<tr>
<td>Q4</td>
<td>3434</td>
<td>11.57%</td>
</tr>
<tr>
<td>Q5 – Least deprived</td>
<td>2280</td>
<td>7.68%</td>
</tr>
<tr>
<td>No fixed abode</td>
<td>32</td>
<td>0.11%</td>
</tr>
<tr>
<td>Unknown6</td>
<td>638</td>
<td>2.15%</td>
</tr>
<tr>
<td>Overall</td>
<td>29676</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Figure 6 - Full deprivation quintile status breakdown (all clients prior to 31/12/2011)

Figure 6 shows most clients are in Q1. Meanwhile Q1 & Q2 combined form a solid majority, thus proportions linearly diminish from least to most affluent as is desirable. NB: Postcode deprivation scores are based on an overall average across of the following indicators:

- Income
- Employment
- Health Deprivation & Disability
- Education, Skills & Training
- Barriers to Housing & Services
- Crime
- Living Environment

6 ‘Unknown’ is when the postcode field is intentionally left blank

7 Deprivation data is based on indices of deprivation and grid-link which can be found from the following links:

http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10/
http://www.connectingforhealth.nhs.uk/nacs/downloads/officenatstats
Ethnicity

Sample size: 30,276

Figure 7 - Ethnicity breakdown (all clients prior to 31/12/2011)

Figure 7 sees a strong White British majority, although 3 or 4 areas reaching enough sample size (i.e. 500+) to start to be able to draw some comparisons if cross-comparing with other less specific data fields (e.g. PHP outcome, age/gender etc).

Age Band

Sample size: 30,271

Figure 8 - Age band breakdown (all clients prior to 31/12/2011)

Figure 8 shows a clear consistency of clients in the four bandings over the age of 35, with 36-45 being marginally the highest.
Additional Personal Info

Sample size: 6,989

Figure 9 - Additional personal information breakdown (all clients prior to 31/12/2011)

Figure 9 highlights the broader target client group areas that are also being reached.

Gender & GP Registration

Sample size: 30,276

Figure 10 - GP registration by gender (all clients prior to 31/12/2011)

The difference between figures Figure 10 and Figure 11 show that a significantly higher proportion of East Midlands Health Trainer clients report themselves as not registered with GPs (2.91%) compared to the national population average (0.44%).

Source: National census 2001, see http://www.ic.nhs.uk/

Figure 11 - National GP registration by gender (for comparison)

---

8 Selecting ‘other’ currently lets users to specify their own freetext items, these can be made available for bespoke review upon request.
How Heard About the Service

Sample size: 30,276

<table>
<thead>
<tr>
<th>How heard about the service</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td>Activity(^9)</td>
<td>817</td>
</tr>
<tr>
<td>At work</td>
<td>385</td>
</tr>
<tr>
<td>By being referred</td>
<td>13625</td>
</tr>
<tr>
<td>Community services</td>
<td>2230</td>
</tr>
<tr>
<td>Local media</td>
<td>154</td>
</tr>
<tr>
<td>N/A</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td>1347</td>
</tr>
<tr>
<td>Other care services</td>
<td>1228</td>
</tr>
<tr>
<td>Poster/leaflet</td>
<td>1281</td>
</tr>
<tr>
<td>Promotional event</td>
<td>5661</td>
</tr>
<tr>
<td>Website</td>
<td>13</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>3506</td>
</tr>
</tbody>
</table>

30276                    100.00%

Figure 12 - How clients came to hear about the service (all clients prior to 31/12/2011)

Figure 12 shows a near majority of clients hearing about the service ‘by being referred’ (perhaps unsurprising due to the significant majority of providers being NHS based)

4.2 Assessment Overview

This section reviews the initial assessment outcome, primary issue selected and PHP outcome for client assessments added prior to the 31/12/2011.

Initial Assessment Outcome

Sample size: 33,465

<table>
<thead>
<tr>
<th>Initial Assessment Outcome</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td>Eligible - proceed to assessment -&gt;</td>
<td>16055</td>
</tr>
<tr>
<td>Proceed to Wellbeing/PHP -&gt;</td>
<td>14494</td>
</tr>
<tr>
<td>Not yet done (Live)</td>
<td>239</td>
</tr>
<tr>
<td>Could not make contact with patient</td>
<td>250</td>
</tr>
<tr>
<td>Mini Health MOT Only</td>
<td>2</td>
</tr>
<tr>
<td>Not ready for change at this time</td>
<td>216</td>
</tr>
<tr>
<td>Patient failure to attend (DNA)</td>
<td>186</td>
</tr>
<tr>
<td>Patient withdrew from service</td>
<td>136</td>
</tr>
<tr>
<td>Signpost only</td>
<td>533</td>
</tr>
<tr>
<td>Could not make contact with patient</td>
<td>988</td>
</tr>
<tr>
<td>Eligible - did not want to proceed</td>
<td>544</td>
</tr>
<tr>
<td>Eligible - service not wanted at the time</td>
<td>533</td>
</tr>
<tr>
<td>Information only</td>
<td>8042</td>
</tr>
<tr>
<td>Not eligible</td>
<td>122</td>
</tr>
<tr>
<td>Recommended to primary care</td>
<td>103</td>
</tr>
<tr>
<td>Referral to accredited Health Trainer</td>
<td>440</td>
</tr>
<tr>
<td>Signpost only</td>
<td>6638</td>
</tr>
</tbody>
</table>

33465                     100.00%

Figure 13 - Breakdown of initial assessment outcomes (all assessments prior to 31/12/2011)

Nearly half of clients (43.31%) go on to complete a full assessment, whilst nearly as many either receive information or are signposted to the appropriate specialist services.

---

\(^9\) Community Engagement Activities are recorded since DCRS v.3.0 (July 2010)
Primary Issue

Sample size: **13,530**

<table>
<thead>
<tr>
<th>Primary Issue</th>
<th>Overall</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>Alcohol</td>
<td>210</td>
<td>1.55%</td>
</tr>
<tr>
<td>Diet</td>
<td>7818</td>
<td>57.78%</td>
</tr>
<tr>
<td>Exercise</td>
<td>4015</td>
<td>29.67%</td>
</tr>
<tr>
<td>Local issue – Emotional wellbeing</td>
<td>268</td>
<td>1.98%</td>
</tr>
<tr>
<td>Smoking</td>
<td>1219</td>
<td>9.01%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13530</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 14 - Breakdown of Personal Health Plan Primary Issues (all assessments prior to 31/12/2011)

Personal Health Plan Outcome

Sample size: **10,252**

<table>
<thead>
<tr>
<th>Personal Health Plan Outcome</th>
<th>Overall</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>ACHIEVED</td>
<td>5095</td>
<td>49.70%</td>
</tr>
<tr>
<td>NOT ACHIEVED</td>
<td>1468</td>
<td>14.32%</td>
</tr>
<tr>
<td>OUTCOME UNKNOWN</td>
<td>1416</td>
<td>13.81%</td>
</tr>
<tr>
<td>PART ACHIEVED</td>
<td>2273</td>
<td>22.17%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10252</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 15 - Breakdown of Personal Health Plan final outcomes (all assessments prior to 31/12/2011)

Figure 15 shows that 71.87% of completed personal health plan outcomes are recorded as either achieved or part achieved. NB: ‘Outcome unknown’ is where the client has stopped attending sessions/ become uncontactable.

---

NB: Organisations have been recording emotional issues (and further sub-define these locally, i.e. stress, social isolation), since the DCRS v2.2 in December 2008. Only those clients who generate personal health plans record primary issue.
4.3 Community Engagement Activity

East Midlands have recorded 556 community engagement activities across 7 organisations prior to the 31/12/2011.

Activity Type

Sample Size: 1933

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage community</td>
<td>1410</td>
<td>72.94%</td>
</tr>
<tr>
<td>Engage community - Community group activity</td>
<td>194</td>
<td>10.04%</td>
</tr>
<tr>
<td>Engage community - Informal meeting/discussion</td>
<td>42</td>
<td>2.17%</td>
</tr>
<tr>
<td>Engage community - Promotional event</td>
<td>79</td>
<td>4.09%</td>
</tr>
<tr>
<td>Engage other professional/org</td>
<td>141</td>
<td>7.29%</td>
</tr>
<tr>
<td>Own learning and development</td>
<td>67</td>
<td>3.47%</td>
</tr>
<tr>
<td></td>
<td>1933</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Figure 16 - Activity type breakdown (all activities prior to 31/12/11)

Figure 16 sees that whilst the vast majority (72.94%) of activity types are classed as ‘Engage Community’, this is sub-categorised at an individual local organisation level into specific local activity types.

Activity – topics covered

Sample Size: 1195

<table>
<thead>
<tr>
<th>Topics Covered</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>210</td>
<td>17.57%</td>
</tr>
<tr>
<td>Diet</td>
<td>422</td>
<td>35.31%</td>
</tr>
<tr>
<td>Exercise</td>
<td>370</td>
<td>30.96%</td>
</tr>
<tr>
<td>Local issue</td>
<td>154</td>
<td>12.89%</td>
</tr>
<tr>
<td>Smoking</td>
<td>39</td>
<td>3.26%</td>
</tr>
<tr>
<td></td>
<td>1195</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Figure 17 - Activity topics breakdown (all activities prior to 31/12/11)

Unlike activity type, topic covered is not a mandatory field hence the sample size difference. Figure 17 shows that activity majorities match primary issues (see Figure 14 on page 29).

---

Please note the ability to record community engagement activity was only added to the system in July 2010.
Activity – events by attendees

Sample Size: 1195 (activities)

![Activity attendee count breakdown](image)

Figure 18 - Activity attendee count breakdown (all activities prior to 31/12/11)

Figure 18 clearly shows the majority of groups have between 2 and 20 attendees, with nearly one third (32.41%) having ‘6 - 10 attendees’.

4.4 OFFENDER HEALTH

In light of Offender Health HT services being developed, this reflects the contribution HTs are making to the 7 pathways\(^\text{12}\) to reducing risk of re-offending:

- Alcohol and drugs
- Physical and Mental Health
- Employment training and education
- Accommodation
- Attitudes thinking and behaviour
- Finance, benefit and dept.
- Children Families and community support

Offender Clients per organisation

![Offender type breakdown per organisation](image)

Figure 19 - Offender type breakdown per organisation (all clients prior to 31/12/11)

In Figure 19 we see that 4 organisations have collectively entered 1049 client data records under ‘Probation’ or ‘Prison’ caseloads.

Offender Signposting

![Graph showing Offender Signposting](image)

**Figure 20 - Breakdown of offender signposting (all clients prior to 31/12/11)**

### Offender Wellbeing improvement

<table>
<thead>
<tr>
<th>Wellbeing measure</th>
<th>Sample size</th>
<th>Average values</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Efficacy</td>
<td>26</td>
<td>Before 74.38</td>
<td>After 81.96</td>
</tr>
<tr>
<td>General Health</td>
<td>43</td>
<td>Before 45.12</td>
<td>After 70.7</td>
</tr>
<tr>
<td>WHO-5</td>
<td>23</td>
<td>Before 40.7</td>
<td>After 55.65</td>
</tr>
</tbody>
</table>

**Figure 21 - Offender wellbeing improvement breakdown (all clients prior to 31/12/11)**

With a note of caution due to low sample size, comparing the general client population we see higher improvements in wellbeing.

### Offender Primary Issue vs PHP Outcome

<table>
<thead>
<tr>
<th>Sample Size: 170</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved or part achieved</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Diet</td>
</tr>
<tr>
<td>Exercise</td>
</tr>
<tr>
<td>Local issue</td>
</tr>
<tr>
<td>Smoking</td>
</tr>
</tbody>
</table>

**Figure 22 - Offender PHP primary issue Vs final outcome (all clients prior to 31/12/11)**

With a note of caution due to low sample size, comparing the general client population (71.89%) in Figure 22 we do see a reasonable drop in achieved/ part achieved for offender clients (59.41%).

---

13 Self reported
4.5 MAINTENANCE CHECK

Maintaining Change by Primary Issue

<table>
<thead>
<tr>
<th>Primary Issue</th>
<th>Client not contactable</th>
<th>No, not maintained</th>
<th>Yes, maintained</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>11</td>
<td>5</td>
<td>39</td>
<td>55</td>
</tr>
<tr>
<td>Diet</td>
<td>171</td>
<td>218</td>
<td>1294</td>
<td>1683</td>
</tr>
<tr>
<td>Exercise</td>
<td>83</td>
<td>186</td>
<td>724</td>
<td>993</td>
</tr>
<tr>
<td>Local issue</td>
<td>5</td>
<td>10</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Smoking</td>
<td>22</td>
<td>39</td>
<td>123</td>
<td>184</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>456</strong></td>
<td><strong>2227</strong></td>
<td><strong>2977</strong></td>
</tr>
</tbody>
</table>

Figure 23 - Maintenance check outcome, breakdown by primary issue (all checks prior to 31/12/11)

Figure 23 shows us that the majority primary issue group ‘Diet’ is most likely to maintain change (76.89%).

Maintaining Change by PHP Outcome

<table>
<thead>
<tr>
<th>PHP Outcome</th>
<th>Client not contactable</th>
<th>No, not maintained</th>
<th>Yes, maintained</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>84</td>
<td>186</td>
<td>1878</td>
<td>2148</td>
</tr>
<tr>
<td>Part achieved</td>
<td>64</td>
<td>119</td>
<td>351</td>
<td>534</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>305</strong></td>
<td><strong>2229</strong></td>
<td><strong>2682</strong></td>
</tr>
</tbody>
</table>

Figure 42 - Maintenance check outcome, breakdown by primary issue (all checks prior to 31/12/11)

Figure 23 shows us that the majority primary issue group ‘Diet’ is most likely to maintain change (76.89%).
4.6 HEALTH TRAINER PROFILE

This section reviews the demographic profiles of Health Trainers added to DCRS Prior to the 31/12/2011 and are still in position (except the ‘Reason for Leaving’ report which is based on Health Trainer that left prior to this date).

Numbers are based on head count not whole time equivalent.

Health Trainer Status

Sample size: 204

<table>
<thead>
<tr>
<th>Health Trainer Postcode Deprivation Status</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Trainer (Qualified)</td>
<td>107</td>
<td>52.45%</td>
</tr>
<tr>
<td>Health Trainer (Trainee)</td>
<td>16</td>
<td>7.84%</td>
</tr>
<tr>
<td>Health Trainer Champion</td>
<td>81</td>
<td>39.71%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>204</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 24 - Breakdown of Health Trainer types

Figure 24 shows a fairly high proportion of Health Trainer Champions (39.71%) compared to the national average. This impacts the high level of signposting results/ information only results.

Deprivation Status Quintiles

Sample size: 204

<table>
<thead>
<tr>
<th>Health Trainer Postcode Deprivation Status</th>
<th>Overall Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recognised</td>
<td>6</td>
<td>2.94%</td>
</tr>
<tr>
<td>Q1 - Most deprived</td>
<td>56</td>
<td>27.45%</td>
</tr>
<tr>
<td>Q2</td>
<td>49</td>
<td>24.02%</td>
</tr>
<tr>
<td>Q3</td>
<td>42</td>
<td>20.59%</td>
</tr>
<tr>
<td>Q4</td>
<td>25</td>
<td>12.25%</td>
</tr>
<tr>
<td>Q5 - Least deprived</td>
<td>25</td>
<td>12.25%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.49%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>204</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 25 - Breakdown of Health Trainer’s deprivation quintiles

The above Figure 25 demonstrates that a majority of staff (51.47%) are themselves from most deprived areas (Q1-Q2).
Ethnicity

Sample size: 204

<table>
<thead>
<tr>
<th>Health Trainer Ethnicity</th>
<th>Overall</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>1</td>
<td>0.49%</td>
</tr>
<tr>
<td>A: White - British</td>
<td>173</td>
<td>84.80%</td>
</tr>
<tr>
<td>B: White - Irish</td>
<td>1</td>
<td>0.49%</td>
</tr>
<tr>
<td>C: Other White Background</td>
<td>1</td>
<td>0.49%</td>
</tr>
<tr>
<td>D: Mixed - White and Black Caribbean</td>
<td>2</td>
<td>0.98%</td>
</tr>
<tr>
<td>F: Mixed - White and Asian</td>
<td>1</td>
<td>0.49%</td>
</tr>
<tr>
<td>G: Mixed - Any Other Mixed Background</td>
<td>2</td>
<td>0.98%</td>
</tr>
<tr>
<td>H: Asian or Asian British - Indian</td>
<td>5</td>
<td>2.45%</td>
</tr>
<tr>
<td>I: Asian or Asian British - Pakistani</td>
<td>5</td>
<td>2.45%</td>
</tr>
<tr>
<td>L: Black or Black British - Caribbean</td>
<td>4</td>
<td>1.96%</td>
</tr>
<tr>
<td>M: Black or Black British - African</td>
<td>3</td>
<td>1.47%</td>
</tr>
<tr>
<td>Z: Not Stated</td>
<td>6</td>
<td>2.94%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>204</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 26 - Breakdown of Health Trainer ethnicity

Age-Band

Sample size: 204

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Overall</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>7</td>
<td>3.43%</td>
</tr>
<tr>
<td>18 - 25</td>
<td>2</td>
<td>0.98%</td>
</tr>
<tr>
<td>26 - 35</td>
<td>31</td>
<td>15.20%</td>
</tr>
<tr>
<td>36 - 45</td>
<td>41</td>
<td>20.10%</td>
</tr>
<tr>
<td>46 - 55</td>
<td>55</td>
<td>26.96%</td>
</tr>
<tr>
<td>56 - 65</td>
<td>50</td>
<td>24.51%</td>
</tr>
<tr>
<td>Over 65</td>
<td>13</td>
<td>6.37%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>204</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Figure 27 - Breakdown of Health Trainer age-band

The above Figure 27 shows that similar to clients (see Figure 8, page 26) staff are drawn from a wide-range of ages.