

Appendix A

SERVICE SPECIFICATION

Health Trainer (Communities)

1. Definition

This service specification sets out the Health Trainer (HT) service that will be commissioned and provided for the population of Hammersmith and Fulham Primary Care Trust (H&F PCT).

Health Trainer is a service response to the 2004 white paper, *Choosing Health*, in order to initiate the action required to encourage and enable individuals from disadvantaged communities to make healthier choices, as despite considerable improvements in the health of the general population during the last century, the gap between the health of the rich and the poor continues to grow. Health Trainers are the personalised strand in *Choosing Health* that offers tailored advice, motivation and practical support to individuals who want help to adopt healthier lifestyles.

Choosing Health priority areas for action are:

- Helping children and young people to lead healthy lives
- Tackling health inequalities
- Reducing numbers of people who smoke
- Encouraging sensible drinking
- Tackling obesity
- Promoting healthy and active life amongst older people
- Improving sexual health
- Improving mental health and wellbeing

Health Trainers will be recruited from their local community and will be visible and accessible to local people. There is a clear expectation by DH that these posts become a recognised function within local communities, regionally and nationally.

These posts will contribute to tackling inequalities in health through promoting and supporting people to develop healthier behaviours and lifestyles in the context of their own local communities. It focuses on engaging with individuals in communities and offering them practical support to change their behaviour to achieve their own choices and goals. Health Trainers will be a practical resource to help connect people into services at a local level. The work will focus on communities who are marginalised and who experience the greatest inequalities in health. Health Trainers are not expected to have specialist knowledge in any one area of health/illness.

1.1. Recruitment

- 4 Health Trainers will be recruited from and will provide employment opportunities for people within the Iraqi, Iranian, Kurdish and Somali communities.
- They should share the language, beliefs, social and cultural characteristics of the group or community they are supporting – particularly:
 - Men are currently under-represented in these roles and every effort should be taken to recruit more men who can act as advocates and role models for men's health
 - Women – in relation to the poor uptake of breast and cervical screening in these communities.
- Informal recruitment strategies that include recruitment through local community projects and through flyers and adverts in community newsletters to be explored, as many a times they are more successful in reaching the target population than formal job advertisements.
- HT will be recruited as per the Job Description and Person Specification provided in Health Trainers: A Review of the Evidence (August 2005)
- Short listed applicants will be jointly interviewed by a panel consisting of members from the H&F PCT and host organisations.

1.2. Training

- People not used to a structured learning environment need significant help and support to understand their personal learning styles and to achieve accredited qualifications.
- A package of accredited training is developed by Health First, based on evidence of how to affect individual behaviour change.
- Training course will consist of core modules and elective modules. All HT will take the core modules and modules which are specific to their work streams, which are, Communities Stream and GP Exercise Referral Stream. Training will be provided in locally accessible venues at convenient timings.
- In addition to formal training being organised by H&F PCT through Health First, host organisation's responsibility is to provide work-based learning opportunities to Health Trainers.

2. Service Objectives

The Health Trainer Service aims to:

- Communicate with individuals about health and health improvement
- Enable individuals to change their behaviour to improve their health

Details of the above objectives are provided in the section 5.1 under the heading of “Outcomes”.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the service users, and their families.

3. Service Users

The service is available for individuals from disadvantaged communities or groups cited in section 1.1.

4. Access

4.1. Entry and Exit Criteria

Individuals can access the service through an open referral system, provided:

- they have a need and want help to adopt healthier lifestyles
- they live in the London Borough of Hammersmith and Fulham

Service users will no longer be able to access the service as per the following criteria:

- when they no longer have a need
- if they move out of the borough

4.2. Time

The services of the Health Trainers will be available between 0900 and 1700, Monday to Friday, with flexible visits arranged to meet service users on their own territory, details provided in section 5.2

5. Service Components

5.1. Service Plan

Indicators / Targets	Policy and Guidance	Outcomes	Timescale	Evidence
<p>Ensure the HT Service is fit for purpose, demonstrating the core values of availability, equality, access, fairness, reducing bureaucracy and value for money</p>	<p>White Paper Choosing Health: Making Healthier Choices (2004)</p> <p>Improving Health: Changing Behaviour. NHS Trainer Handbook</p>	<ul style="list-style-type: none"> • Providing a flexible, responsive service which is led by clients needs • Strengthening informal networks by providing individuals with the links to find support and to access services 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Service User feedback • Community organisations feedback
<p>Ensure engaging with individuals in local communities which have identified health inequalities</p>	<p>White Paper Choosing Health: Making Healthier Choices (2004)</p> <p>Health Trainers: A Review of the Evidence (August 2005)</p>	<ul style="list-style-type: none"> • Identifying and contacting people within the local community to work with • Working with existing groups and support the development of new groups in order to identify and engage with individuals • Developing and maintaining relationships with individuals who are experiencing the greatest inequalities in health • Promoting the equality and 	<p>March 2008 and quarterly thereafter</p>	<ul style="list-style-type: none"> • GP feedback • PH Directorate, H&F PCT feedback • Service User feedback • Community organisations feedback

		<p>valuing diversity of individuals</p> <ul style="list-style-type: none"> • Building up and maintaining knowledge of contacts within the community 		
<p>Ensure communicating with individuals about health and health improvement</p>	<p>White Paper Choosing Health: Making Healthier Choices (2004)</p> <p>Health Trainers: A Review of the Evidence (August 2005)</p>	<ul style="list-style-type: none"> • Providing information to individuals about health and wellbeing • Providing information to individuals about the relationship between behaviours and health • Enabling individuals to develop their knowledge and skills about health and wellbeing • Signpost individuals to other agencies for information, support and resources 	<p>March 2008 and quarterly thereafter</p>	<p>Disadvantaged Communities satisfaction survey</p>
<p>Ensure enabling individuals to change their behaviour to improve their health</p>	<p>White Paper Choosing Health: Making Healthier Choices (2004)</p> <p>Health Trainers: A Review of the Evidence (August 2005)</p>	<ul style="list-style-type: none"> • Helping individuals identify how their behaviour and context might affect their health and wellbeing • Helping individuals develop a personal health plan to make the changes they 	<p>March 2008 and quarterly thereafter</p>	<p>Considerable reduction in the number of people affected under Choosing Health Priority areas in the H&F Borough</p>

		<p>want to</p> <ul style="list-style-type: none"> • Supporting individuals in achieving their personal health plan • Supporting individuals in maintaining their behaviour change • Helping individuals to access and use local services 		
Supporting and measuring health improvement in the disadvantaged population across Hammersmith and Fulham	White Paper Choosing Health: Making Healthier Choices (2004)	<ul style="list-style-type: none"> • Measuring and reporting impacts of the scheme on borough's vulnerable and affected population and providing detailed analysis, including Cost-Benefit Analysis, of the scheme 	June 2008 and quarterly thereafter	Report submitted by the NfP Sector organisation

5.2. Settings

The service will be provided from a range of community settings within Hammersmith and Fulham, including

- Day centres
- Drop in's
- Luncheon and social clubs
- Provider offices
- Community Organisations/Associations offices
- GP Practices
- Places of worship

5.3. Facilities

As detailed in 5.2, the service will be provided from a range of community settings. However, Health Trainers will be provided a base to operate at Provider offices.

5.4. Key Inputs

Provider will ensure the following components are provided as a part of the HT Service:

Component	Level of Service
4 wte Health Trainers	As per the Job Description and Person Specification provided in Health Trainers: A Review of the Evidence (August 2005)
Management, leadership and co-ordination	Appropriate level of administrative support, management and service co-ordination across the H&F Borough is provided. Professional development, supervision and on job training is provided to all staff involved in the delivery of HT services.

6. Quality Requirements

The Provider will comply fully with DH Standards for Better Health – Core Standards, White Paper Choosing Health: Making Healthier Choices (2004) and Improving Health: Changing Behaviour, NHS Trainer Handbook.

7. Reporting Requirements

The provider will submit Quarterly Action Plans including mutually agreed quarterly objectives/targets. By the end of each quarter provider will submit a concise report providing evidence of achieving objectives. Reports shall also include the data outlined in the table below. Reports and Action Plans will be submitted by 15 Mar 2008, 15 June 2008, 15 September 2008 and 15 December 2008.

Reporting	Quarterly Reporting Requirement
Quantitative Data	<ul style="list-style-type: none"> • Number of service users benefited • Gender, ethnicity, age of service users • Postcode of residence • Name of patients' GP • Type of activity/intervention • Number of contacts made and place of contact
Qualitative Report	<ul style="list-style-type: none"> • Overview of current HT service activity being provided to communities and groups across the London Borough of Hammersmith and Fulham. • Key experiences and challenges in maintaining a lifestyle change • Completion report against service plan (section 5.1) including detailed Service Analysis and Cost-Benefit Analysis of the Scheme