

# **Appendix A**

## **SERVICE SPECIFICATION**

### **Health Trainer (GP Exercise Referral Scheme)**

#### **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. The 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. Health Trainers will be a practical resource to help connect people into services at a local level.

The HT service will provide motivational and behavioural change support/advice to patients discharged from the GP Exercise Referral Scheme. Support will be provided over a period of 6 months per patient. The HT is expected to maintain a case profile for each patient that describes the patients' health profile –at 3 key stages:

**Stage 1-** Point of referral to the GP exercise referral project start

**Stage 2-** At the start and end of the 6 week exercise programme

**Stage3-** At the start and end of the 6 month health trainer intervention (which should describe experiences, challenges in maintaining a healthy lifestyle)

#### **1.1. Recruitment**

- 4 Health Trainers will be recruited from and will provide employment opportunities for people who live in the borough.
- They should share the language, beliefs, social and cultural characteristics of the group or communities living in the borough. 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.

- 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:

- Support and help to maintain lifestyle changes in patients referred to the GP Exercise Referral programme.
- Provide motivational support for a period of up to six months following discharge from the six week exercise referral programme.
- Support and measure health improvement in patients referred to the GP exercise referral programme.

Details of the above objectives are provided in the section 5.1

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 patients referred from the GP Exercise Referral Programme.

### 4. Access

Individuals can access the service through GP referral system. Service users will no longer be access the service if they transfer to a GP out of the borough.

#### 4.1. 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
Ensure the HT Service is fit for purpose, demonstrating the core values of availability, equality, access, fairness, reducing bureaucracy and value for money	White Paper Choosing Health: Making Healthier Choices (2004)  Improving Health: Changing Behaviour. NHS Trainer Handbook	<ul style="list-style-type: none"> <li>• Providing a flexible, responsive service which is led by clients needs</li> <li>• Providing service access to people who, due to existing illness or risk factors for future ill-health, have much to gain from adopting an active lifestyle</li> <li>• Strengthening informal networks by providing individuals with the links to find support and to access services</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>• Service User feedback</li> <li>• Community organisations feedback</li> </ul>

<p>Ensure engaging with individuals in local communities which have identified health needs</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"> <li>• Identifying and contacting people within the local communities to work with</li> <li>• Identifying venerable individuals having physical activity needs through a direct encounter or by accessing patient records maintained by GP Practices</li> <li>• Developing and maintaining relationships with individuals who are experiencing the greatest inequalities in health</li> <li>• Promoting the equality and valuing diversity of individuals</li> <li>• Building up and maintaining knowledge of contacts within the community</li> </ul>	<p>March 2008 and quarterly thereafter</p>	<ul style="list-style-type: none"> <li>• GP feedback</li> <li>• PH Directorate, H&amp;F PCT feedback</li> <li>• Service User feedback</li> <li>• Community organisations feedback</li> </ul>
<p>Ensure communicating with individuals about health and health improvement schemes including GP Exercise Referral Scheme</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"> <li>• Providing information to individuals about health and wellbeing</li> <li>• Providing information to individuals about the relationship between behaviours and health</li> <li>• Enabling individuals to develop their knowledge and skills about health and wellbeing</li> <li>• Signpost individuals to relevant health clubs in the borough and other agencies for support and resources</li> </ul>	<p>March 2008 and quarterly thereafter</p>	<p>Communities 'at risk' 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"> <li>• Providing regular support and motivation to referred service users during the first six week referral period and for further 6 months period, after the completion of referred period.</li> <li>• Helping individuals identify how their behaviour and context might affect their health and wellbeing</li> <li>• Helping individuals develop a personal health plan to make the changes they want to</li> <li>• Supporting individuals in achieving their personal health plan</li> <li>• Enabling individuals to sustain their changed behaviour and lifestyle in order to improve their health and adopt the habit of exercise and hence a healthy life style on continuous and sustainable basis</li> </ul>	<p>March 2008 and quarterly thereafter</p>	<p>Considerable reduction in the number of people affected by Obesity, which is one of the Choosing Health Priority areas in the H&amp;F Borough</p>
<p>Supporting and measuring health improvement in the 'at risk' population across Hammersmith and Fulham</p>		<ul style="list-style-type: none"> <li>• Measuring health status before and after attending the programme</li> </ul> <p>Measuring and reporting impacts of the scheme on borough's vulnerable and affected population and providing detailed analysis.</p>	<p>March 2008, September 2008, December 2008</p>	<p>Evidence from completed SF-12 evaluation forms</p> <p>Report submitted by the NfP Sector organisation</p>

## 5.2. 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 March 2008, 15 September 2008, 15 December 2008.

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