APPENDIX A

SERVICE SPECIFICATIONS – 2014-15
Public Health – Health Trainers

Service Specification No.	YORE-9D8KR7
Service	Health for All – Health Trainers
Authority Lead	Parminder Grewal, The Office of the Director of Public Health
Provider Lead	Pat McGeever
Period	1st April 2014 – 31st March 2015
Date of Review	2014/15

1. Population Needs

1.1 National/local context and evidence base

The aim of the specification is to ensure delivery of activity which improves the health of people in the most deprived neighbourhoods and those most vulnerable to poor health thus addressing health inequalities in some of the most deprived areas in Leeds.

1.2 Evidence Base

This section of the service specification provides an overview of the key drivers and evidence, both on a national and local level to support the commissioning of this service.

National Health & Wellbeing Priorities

a) NHS Outcomes Framework
The NHS Outcomes Framework focuses on tackling inequalities in outcomes in five areas:

- Preventing people from dying prematurely
- Supporting people with long-term conditions
- Helping people to recover as quickly and fully as possible form ill health or injury
- Providing a positive experience for patients and the public
- Ensuring patient safety

b) Proposed Public Health Outcomes Framework
The proposed Public Health Outcomes Framework complements the NHS Framework and sets out how society, government and individuals share collective responsibility to improve and protect the health of the population. There are five domains to:

- Protect the population's health from major emergencies and remain resilient to harm
- Tackle factors that affect health and wellbeing and health inequalities, including wider determinants of ill health
- Help people live healthy lifestyles and make healthy choices
- Prevent ill health: reducing the number of people living with preventable ill health
- Prevent people from dying prematurely

c) Marmot Review 2010

The Marmot Review, ‘Fair Society, Healthy Lives’ (2010) was an independent review to propose the most effective evidence based strategies for reducing health inequalities in England. The review emphasizes the importance of taking action across the wider social determinants of health across the life course in order to reduce health inequalities. The need to increase social capital to address social isolation is highlighted as, ‘individuals who are socially isolated are between 2 and 5 more times likely, than those with strong social ties, to die prematurely’ (Marmot 2010). It is stated that, ‘the third sector has a major role to play in developing local engagement and partnerships through establishing and drawing on links with local people, families and communities’ (Marmot, 2010).

The Public Health White Paper, ‘Healthy Lives, Healthy People’ (2010) builds on the Marmot Review (2010) and puts localism at the heart of improving health and well-being and reducing health inequalities throughout the life course and key transition points.

The Marmot Review (2010) also acknowledged that welfare advice helps reduce health inequalities through its policy objective ‘Ensure healthy standard of living for all – inequalities in income’. In the Annual Report of the Chief Medical Officer, 2009, Professor Sir Liam Donaldson, on the State of public health (March 2010) recognised how financial inclusion can help reduce health inequalities. Professor Donaldson stated that “money needs investing in these services because research is continuing to prove the benefits of the services outweigh the costs.”

d) Behaviour Change activity

The evidence base for effective interventions to support individuals attempting to change their behaviour are in:

- NICE* Public Health Guidance 6: Behaviour change at population community and individual levels (2007)
- NICE Public Health Guidance 2: Four commonly used methods to increase physical activity (2006)
- NICE Public Health Guidance 25: Prevention of cardiovascular disease (2010)
- NICE Public Health Guidance 01: Brief interventions and Referral for Smoking Cessation
- NICE Public Health Guidance 09: Community Engagement to Improve Health
- NICE Public Health Guidance 08: Physical Activity and the Environment
- NICE Public Health Guidance 34: Alcohol-use disorders – preventing harmful drinking
- NICE Public Health Guidance 16: Mental wellbeing and older people

<u>National Priorities</u>

a) Department Health

In 2004, the public health white paper ‘Choosing health: making healthier choices easier’ gave a commitment that from 2006, NHS Health Trainers would be providing help, motivation and practical support to individuals in their local communities. The intention was to offer ‘support from next door’ rather than ‘advice from on high’ with an aim to

- Target ‘hard to reach’ and disadvantaged groups
- Increase healthy behaviour and uptake of preventative services
- Provide opportunities for people from disadvantaged backgrounds to gain skills and employment
- Reduce health inequalities

In 2008, the Department of Health reaffirmed their commitment to the provision of a national Health

Trainers Service, stating that 'Amongst other initiatives the Department of Health will roll-out Health Trainers to every community (Health Inequalities: Progress and Next Steps, 2008).

b) Wanless reviews

Providing information and persuasive messages can increase people's knowledge of health risks and what action to take to deal with them. This is an essential framework for changing behaviours, but it is rarely enough on its own.

The use of participatory approaches in public health programmes is well established and seen as necessary to deliver sustainable improvements in public health. The Wanless reviews further support this perspective and propose that a 'fully engaged scenario' with high levels of public engagement in health would result in lower levels of public expenditure and better health outcomes (Wanless, 2002; Wanless, 2004).

c) NICE guidance

National guidance around community engagement indicates that those approaches centred around higher levels of participation and greater community control are more likely to lead to increased health and social outcomes (National Institute for Health and Clinical Effectiveness, 2008). There was a recommendation to recruit what was termed 'agents for change' in communities who become involved 'to plan, design and deliver health promotion activities and to help address the wider social determinants of health' (National Institute for Health and Clinical Effectiveness, 2008) which is essentially the role of a Health Trainer.

d) NHS Outcomes Framework

The NHS Outcomes Framework focuses on tackling inequalities in outcomes in five areas:

- *Preventing people from dying prematurely*
- *Supporting people with long-term conditions*
- *Helping people to recover as quickly and fully as possible from ill health or injury*
- *Providing a positive experience for patients and the public*
- *Ensuring patient safety.*

Local (Leeds) Health & Well-Being Priorities

Health and Well-being City Priority Plan

At the time of producing this service specification, the Health and Well-being City Priority action plan (2011-2015) is in draft form: The four key priorities that have been agreed are

Help protect people from the harmful effects of tobacco

People live safely in their own homes

People will have choice and control over their health and social care services

People who are poorest improve their health fastest

The implementation of the Health and Social Care Bill (2011) requires the production of a health and wellbeing strategy for Leeds. Although this is yet to be developed, it is clear that a Third Sector commissioning will need to track through to the following components:

- Health Improvement including healthy lifestyles

- Health protection
- Health and social care transformation
- Health inequalities

There is also a range of other evidence to influence the commissioning of specific activity into deprived neighbourhoods in Leeds. The Leeds Joint Strategic Needs Assessment (JSNA) 2009 highlights that compared to the Leeds average, deprived Leeds has lower life expectancy and higher rates of All Age All Cause Mortality* including higher circulatory disease mortality and cancer mortality and higher rates of Chronic Obstructive Pulmonary Disease (COPD) and prevalence. In terms of lifestyle, the JSNA also highlights links between increased levels of smoking and alcohol related deaths in deprived areas and also higher levels of obesity at lower income levels.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

Expected outcomes including improving prevention

To improve the health of the poorest quickest and to support people to make healthy lifestyle choices. In order to provide evidence to demonstrate progress towards this outcome the organisation will be monitored using the following measures:

- The organisation to adopt user led and socially inclusive approaches
- The organisation to maintain productive and cooperative working with partners to meet national and local priorities through a range of targeted activities
- Increased number of appropriate direct referrals into Healthy Living services
- Improved physical health for local people
- Improved Healthy Eating for local people
- Improved uptake of screening and health protection
- Increased number of people participating in or engaging with local community activities to improve the health and wellbeing of the community and individuals
- The organisation to have a wide range of activities to support people to access services to improve their emotional health and wellbeing
- Increased number of appropriate direct referrals into services addressing the broader determinants of health
- The organisation to ensure that service users are enabled to prepare for educational opportunities to improve confidence, self-esteem and aspirations

Performance Measures

Quarterly:

- Number of people accessing service
- Postcode data for individual people attending
- Age of client
- Ethnicity
- Primary issue discussed with Health Trainer
- Referral source
- Other service's client has been signposted/referred onto

Yearly report:

- Number of people accessing service
- Postcode data for individual people attending
- Age of client
- Ethnicity
- Primary issue discussed with Health Trainer
- Referral source
- Other service's client has been signposted/referred onto
- Sustained behaviour 3 and 6 month after intervention
- Case studies

3. Scope

3.1 Aims and objectives of service

Public Health is commissioning to address inequality and improve equity. The model of delivery for the Health Trainers programme in Leeds uses an innovative approach, and ensures that the strengths of the voluntary sector and community development activities are utilised fully ensuring engagement in and with the community.

Aim

The Health Trainer Programme aims to provide one to one support, signposting and information for people in the most deprived areas of Leeds leading to behaviour changes through motivational interviewing and the subsequent setting of personal goals.

Objectives

Health Trainers will work within the requirements of the national Health Trainer handbook to:

- Provide 6-8 sessions per client on a one to one basis, and will encourage, motivate and support achievable behaviour change.
- Enable clients to make changes in their behaviour to achieve a positive impact on their health
- Keep up to date records on a database (as provided by Public Health)
- To work closely with primary care practitioners where there is a requirement for one to one behaviour change support
- Bring clients into more effective contact with mainstream health improvement and other local services

3.1.1 Signposting and referral to healthy living services:

- Smoking: To refer through to Leeds NHS stop smoking service and promote smoke free homes initiatives
- Weight Management: To support people to self-refer to Leeds Adult Weight Management Services
- Alcohol: To signpost / refer service users with any issues around alcohol.

3.1.2 Financial inclusion:

- To promote, signpost and refer through to local welfare services and other appropriate organisations which can support people around financial issues
- To promote and refer through to the Health Thru Warmth scheme. Target groups for delivery of activity are over 65s, single parents and those with long term conditions. Health Trainers to undertake Health Thru Warmth referral training where required.

3.1.3 Primary Care

- To support vulnerable groups to register with relevant primary care professionals (GPs and Dentists)
- To promote uptake of / signpost to NHS Health Check
- To promote vaccination and screening programmes

3.1.4 Physical activity

- To provide support for individuals to access the bodyline on referral scheme.

The agency will accept that this contract will remain flexible to renegotiation in outcome requirements as a result of NHS reform process. Any new areas of work are to be agreed with the contract manger before delivery.

3.2 Service description/pathway

It is proposed that referrals will be managed centrally to ensure appropriate allocation of a Health Trainer in line with language, gender and cultural need. Referrals will be received via self-referral, through the existing community links and professionals or via an established pathway e.g. primary care.

All patients will be 16 years or over.

The Health Trainer is responsible for

- Offering services in accessible locations and venues that are suitable to clients;
- Collecting and maintaining accurate records and data systems to ensure high quality

performance management information is available; this will include providing output and outcome data on a quarterly basis as specified by Pubic Health;.

- Initial assessments should be face to face and could take up to an hour; after initial assessment some of the contacts may be by telephone or correspondence (as determined by the client). In some are cases, clients may need to be seen at home and in order to comply with DDA requirements (Disability Discrimination Act) the provider will need to ensure that policies and supporting mechanisms are in place to facilitate this and to safeguard the well-being of the Health Trainers.

- Signposting / referral as appropriate to the need of the individual (in some cases this may be the only support needed)

- Accompany individual clients to specialist services or other group settings where requested and where the confidence levels of clients are low.

- Long term follow up support should be routinely offered to those clients who identify a desired change and complete a personal health plan (minimum length of contact should be 3 months);

The above description will be adaptable to change in line with revised Department of Health or Regional Hub guidance and local population needs as defined by the Director of Public health and through ongoing development of a systematic approach to behavior change.

3.3 Population covered

Health Trainers will focus activity within the lowest 10% and 20% Super Output Areas. The service is able to remain flexible to see a smaller number of people that may live outside of these areas and are not able to access another service for similar level of support.

The service may also develop specific programmes of work with vulnerable groups in Leeds.

3.4 Any acceptance and exclusion criteria and thresholds

The Equality Delivery System* requires Public Health to improve accessibility and information and deliver targeted services to priority groups to improve patient experience as identified in the new Equality Act 2010. These include: age, disability, race, religion, gender, gender reassignment, sexual orientation and religion.

To comply with this, Public Health will require local community and voluntary groups to

- Identify and remove the barriers that hinder equality of access so that patients and communities can effectively access services

- Provide appropriate communications support and information about services to people so that they can make informed health related choices tailored to their needs

- Help people feel listened to and respected, and assured that the services they receive are safe, effective and personalised to their specific needs

- Services should be accessible to all groups with protected characteristics covered by the new Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, marriage or civil partnership) including wheelchair accessibility.

- The service should be sensitive to the cultural needs and backgrounds of all people in its local population.

The provider must give a client satisfaction questionnaire to a sample of service users on a quarterly basis and should analyse the feedback. This feedback should be used to inform service improvement plans.

3.5 Interdependencies with other services

One measure of the success of the agencies' work depends upon a high throughput of local people. The agency will need to develop a good profile in communities. It will need local people to develop confidence in the quality of activities on offer. The agency needs to develop systems for local people and other agencies to refer/ self-refer.

The agency will work as an element of wider networks tackling health inequalities and improving health and wellbeing in Leeds and should seek to develop good working relationships with other providers

Agency will ensure relevant local networks are made aware of services commissioned by Leeds City Council (Public Health) within lowest 10% neighbourhoods.

3.6 Any activity planning assumptions

Agency to deliver sessions in a range of venues to include primary care and community venues. All monitoring and evaluation of activity should be captured using tools and guidance provided by Public Health.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

See Section 1

4.2 Applicable local standards

Agency to ensure that any work is in line with relevant branding, principles and criteria. Agency to agree this with their contract manager.

SAFEGUARDING POLICIES

[http://www.leedssafeguardingadults.org.uk/index.html

What is the Leeds Safeguarding Adults Partnership?
The Leeds Safeguarding Adults Partnership is a voluntary arrangement of statutory and non-statutory organisations that works together to promote awareness and good practice:

- in safeguarding 'adults at risk' from abuse or neglect
- in the Mental Capacity Act 1983 and Deprivation of Liberty Safeguards (DoLS)

It has a board that meets every 2 months and has an independent chair providing independent leadership to support the board's strategic direction. The Safeguarding Adult Partnership Board is overseen by the Director of Adult Social Services, Leeds City Council.

For more information on the Partnership Board please visit the 'Partnership Board' section.

Children

Safeguarding children is the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.'

A child is anyone who has not yet reached their 18th birthday.

If you are unsure whether a person falls within this criteria, you can gain advice:
Contact the Safeguarding Adult Partnership Support Unit Advice Line – 0113 224 3511 if required.
Contact the Children Social Work Service Duty and Advice Team on 0113 3760336 if required.

5. Location of Provider Premises

The Provider's Premises are located at:

Tenants Hall, Enterprise Centre, Acre Close, Middleton , Leeds LS10 4HX