

Scarborough Health Trainer Service: Evaluation report for the period January to October 2010



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February 2011



Yorkshire & Humber REGIONAL HEALTH TRAINER HUB



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EXECUTIVE SUMMARY

The Scarborough Health Trainer Service became operational in January 2010. This report describes what the service achieved in the ten months from its inception until the end of October 2010. The evaluation was carried out by the Centre for Health Promotion Research at Leeds Met University who analysed monitoring data and case stories routinely collected by the service, together with data collected in the course of 12 telephone and face to face interviews with clients and practice staff, including key personnel within the service.

Health trainers are providing a client centred service based in the areas for greatest deprivation in Scarborough. They promote the service within the target areas, and then provide one to one, personalised support to clients to make changes in their lifestyle. The three half time health trainers have put together a directory of services and activities which promote health and sign post clients to these and accompany them on their first visit to a group where they need to.

The service has seen 125 clients in the ten month period under review which is a good number for a new service in its infancy. 89% of clients were from the target wards and 72% from the target age group of 40 – 74 years, despite the lack of referrals from the vascular check programme. The clients seen chose primarily to work on diet and mental health – the latter emerging as a real issue for many of those seen. On discharge from the service, 99% of clients who set a personal action plan, had made behavioural changes to improve their health. This is clearly a great achievement on the part of both the clients and their health trainers and well exceeds the target of 90%. For some clients seeing a health trainer had really helped them turn their life around or start to effectively manage a long term condition, as the case stories in this report illustrate.

Clients were very positive about the service and talked about feeling a lot more confident after their sessions with a health trainer, as well as changing behaviour to be more active, lose weight or consume less alcohol. Clients liked the fact that the health trainers were local people, not clinically trained but skilled in communicating with the public, empowering people to come up with their own solutions and supporting them to make the changes they had decided on.

The practice staff and those in partner agencies who were interviewed, also valued the service which they felt was offering a level of support to vulnerable clients with multiple needs which they could not provide.

The report recommends that the service continues to be commissioned when existing finances run out in early summer 2011. The service should continue to target and be based in those wards with the highest deprivation and to be open to all adults. GPs and other practice staff are recommended to increase their level of referrals into the service particularly of people with long term conditions and/or low level mental health problems. This has the potential to reduce practice attendance by patients with what are primarily social problems and provide support to better self care for those with long term conditions.

Experience across the country, and supported by this evaluation shows that many people want to change their behaviour but lack the confidence, knowledge and access to services that would enable them to do this. As this report illustrates health trainers are providing the support and the contacts which are enabling people to take control of their lives and make changes which benefit their health.

1. INTRODUCTION

Health trainers are a relatively new public health workforce and the Department of Health (DH) has been actively supporting the roll out of the programme across the country, including providing funding for pilot work in areas of deprivation and poor health not previously covered by health trainers.

The Health Trainer Service in Scarborough is one of these pilots and this evaluation is one of a series of small scale evaluations undertaken by the Centre for Health Promotion Research at Leeds Met University on behalf of the Yorkshire and Humber Health Trainer Hub

The report is divided into sections which describe the background to the Health Trainer Service in the district; what the evaluation aimed to do and how it was set up; the findings in relation to the aims of the service, what clients think about it, and finally what conclusions can be drawn and recommendations made for the future.

The report is intended to help inform future commissioning, but also to be of value to the service and its partner agencies as they strive to continually improve and develop health trainer provision in the district.

2. BACKGROUND

2.1 Choosing Health and HealthTrainers

Health trainers originated in 2004 in the white paper 'Choosing Health'. From the outset they were intended to offer 'support from next door' rather than 'advice from on high' and 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

Funding was made available for 12 'early adopter' programmes commissioned by Primary Care Trusts (PCTs). These got underway in 2005/6 and other PCTs started to set up programmes soon after. At March 2010, 90% of PCTs had a health trainer service, and 100% in Yorkshire and Humber, although these varied considerably in size and coverage.

2.2 The Scarborough Health Trainer Service

A small pilot service with three half time health trainers was set up in Scarborough in 2009 following a successful application by NHS North Yorkshire and York for Department of Health funding via the Yorkshire and Humber Health Trainer Hub. As the Primary Care Trust did not have an existing health trainer service it was agreed with NHS East Riding that they would manage the Scarborough Service as part of their Health Trainer Service based in Bridlington.

Despite its image as a popular seaside resort, Scarborough has pockets of severe deprivation with 13 wards with super output areas in the lowest quintile nationally.

As well as targeting these disadvantaged areas, it was agreed that the service would offer support to people found to be at risk following a cardio vascular check provided through NHS North Yorkshire and York. The target group for this check was adults aged 40 -74 years.

The three health trainers (all part time) are based in the Falsgrave Community Centre on Seamer Road in Scarborough, but see clients in a variety of accessible locations. The Health Trainer Service operates as follows:

- Clients either refer themselves having seen publicity about the service, attended an event where health trainers were present or talked to someone who has already used the service. Clients can also be referred to the service by health or other professionals
- Once a client has been in touch, an appointment is made to see them at a convenient location. First appointments are for around one hour (30 – 45 mins thereafter) and patients are usually seen 6-8 times.
- The health trainer spends time listening to the client and then helps them to work out an action plan to deal with the issues they want to tackle.
- Where appropriate patients are sign posted (and can be accompanied on a first visit) to a local activity, social group, or support agency.
- Health trainers take time to get to know the voluntary and community groups in the local area to find out which clients could benefit from their services.
- They also do promotional events in the community.

- Health trainers can set up activities to support clients to improve their health and the health trainer attached to a GP surgery runs a chair based exercise group every week.

3. EVALUATION AIMS AND METHODS

This evaluation set out to assess how far the aims of the pilot Health Trainer Service in Scarborough have been achieved. The evaluation sought the views of both patients and practitioners and importantly has endeavoured to determine whether there is anything distinctive about health trainers which enables them to successfully reach and support people. A full list of the questions the evaluation sought to answer is given in Box 1.

Box 1: The evaluation aims to provide answers to the following questions

- Have health trainers reached people in the targeted areas of deprivation of the district and in particular the priority target age group of 40 – 74 years?
- Have health trainers been successful in supporting clients to make the healthy lifestyle changes of their choice?
- How do clients view the service?
- Is there anything distinctive about health trainers and the way they work which enables them to successfully reach and support people?
- What factors have been important to determining any achievements and failings of the Health Trainer Service?

The information sources used were the monitoring data and case stories routinely collected by the service, together with data collected from patients and practice staff, including key personnel within the service. The latter was gathered through face to face and telephone interviews with 12 people (the project lead, two practice staff, two community based workers, two health trainers and five clients). Interviews were conducted during the Autumn of 2010, recorded and transcribed and then analysed using a simple thematic coding method.

Health trainers are encouraged to collect case stories in which they describe a particular client's story. These case stories, together with quotes from the interviews, have been used throughout this report to bring the text alive.

Monitoring data is collected by health trainers in paper form and entered into a national computer system called the Data Collection Recording System from which reports can be drawn. This evaluation is based on monitoring data for the period January to October 2010.

4. IS THE HEALTH TRAINER SERVICE SUCCESSFULLY TARGETING AND SUPPORTING PEOPLE TO MAKE BEHAVIOUR CHANGES?

This chapter assesses how far the Scarborough Health Trainer Service has achieved its aims of reaching people in disadvantaged areas and in the priority age group of 40 – 74 years, and supporting them to adopt healthier lifestyles.

4.1 Client numbers

The service became fully operational in January 2010 and so for the purposes of assessing the effectiveness of the service figures for the ten month period January – October 2010 have been used. In this period the three half time health trainers (1.5 whole time equivalents (wte) saw 125 clients. Based on experience across the region, most services would expect one wte health trainer to see 50 – 70 clients per year depending on the operational model used. The total in Scarborough for a full year with 1.5 wte staff would be expected to be 75 – 105. A total of 125 in ten months is therefore a good total, particularly given that the service is still in the early stages of development.

4.2 Reaching priority groups

Of the 125 clients seen the proportion in the target age group 40 – 74 years was 82% in the first quarter, 69% in the second and 65% in the third (72% overall). The fall off in numbers from the target age group was due to the lack of referrals generated by the CVD risk assessment programme and the subsequent decision to target all adults over 18 years, but still focussing on those living in the poorest areas. The proportion of clients from the target wards of Castle, Eastfield, Woodlands, Falsgrave Park, North Bay, Ramshill, was 89% - well exceeding the target of 50%. This figure is very good, particularly given that the service is new and needed to publicise widely at the start to generate clients. As the service gets better known in the target communities and services in those areas, in particular GP practices, start to refer more, this proportion from the targeted wards may well increase further. In the period under review where this was recorded, only 21% of clients had been referred by the NHS (including GPs) and 18% by other agencies, the rest (61%) had all self referred or been recruited at promotional events or by word of mouth, so there is considerable scope for increasing professional referrals.

Staff from practices and other agencies interviewed commented on how important it was that health trainers were reaching some of the most disadvantaged and vulnerable clients:

‘ there have been some people who are just so vulnerable, they have not been able to make the (self help) group on their own and it’s been fantastic that the health trainer has come with them and supported them through that...’
(development worker)

4.3 Clients making changes in behaviour

Health trainers support clients to make the changes they want to make - a breakdown of the issues clients decided to work on is provided in Table 1 below. Some clients decided to work on more than one issue at a time (for example their diet and increasing physical activity) – hence the total number of issues (173) is greater than the number of clients (125). Diet (39%) and mental health (38%) are the most popular issues which is in contrast to national figures where 60% choose to work on diet and only 6% on mental well being. This is partly because nationally

mental health has only been recorded as an issue for the past 2 years, but also seems to reflect high levels of stress and anxiety in the poorer parts of Scarborough.

Table 1: The issues clients worked on

Issue	Number of clients	Percentage of all issues
Smoking	5	3%
Physical activity	25	14%
Alcohol	10	6%
Diet and losing weight	67	39%
Mental health	66	38%
	173 Total	

On discharge from the service, 99% of clients had made the behavioural changes in their personal health action plan. This is clearly a great achievement on the part of both the clients and their health trainers and well exceeds the target of 90%.

As well as supporting them one to one, health trainers also signposted 46% of clients to another service. The health trainers have produced a useful 'bible' of local activities/services which include, for example the stop smoking clinic, to the Age UK walking group, the carers support service and courses in managing stress and anxiety. Where they did not have the confidence to go along by themselves, clients were given the option of being accompanied on a first visit by the health trainer. Joining a group not only helps clients to make and maintain behaviour changes, it reduces social isolation and improves mental health and well being. In Scarborough there is limited range of activities for people to join and one health trainer who is also an Extend exercise tutor has set up a chair based exercise group in response to a gap in provision identified by a practice nurse.

4.4 Improvements in confidence and mental well being

The clients interviewed talked about feeling a lot more confident as well as changing behaviour to be more active, lose weight or consume less alcohol:

'I felt a lot better about myself, a lot more confident. I did lose a little bit of weight, which was absolutely great.' (C08)

The practice staff interviewed were also aware of changes in some patients:

'well one of the ladies (who attends the chair based exercise group) is actually related to one of our receptionists and she commented on how much happier and how more outgoing her mum seems...' (practice nurse)

One woman client's confidence grew so much that she started applying for jobs:

'one lady saw the health trainer, then she, just after doing that, she went and got her CV done and then I think she got a job...so you know that was just with the support of the health trainer who sort of helped her to, you know, with her mental health issues and stuff like that, just guided her in different opportunities.....' (development worker)

The health trainers interviewed reported that about 80% of clients have some mental health issues, although this might not have been the initial issue they presented with:

'one lady she was drinking a lot on a night and you know she wanted to look at her weight... they tend to come to you for weight loss and then it goes to stress and anxiety...we have to look at something to relieve that a little bit, to help them focus on the weight loss.' (health trainer)

Evaluations elsewhere have shown that health trainers are particularly successful in supporting people with low level mental health problems and connecting them into services in the community which can support them. This was also the case in this evaluation and one of the clients interviewed talked in detail about the support she had from the health trainer when she was going through a very difficult time personally. Her story is summarised in her own words in Box 1.

Box 1 A client talks about losing weight and feeling better

'I wanted to lose weight but when I went to see (the health trainer) I was going through a really bad family time and she didn't think that was a priority and it wasn't really...I needed someone to talk to and that's really what she did.....what she did was give me loads of information and she persuaded me to go and see my doctor which I did do which was useful. So the doctor said I could have some counselling in about three months time, and by the time I went in three months I didn't need it then because I'd seen (the health trainer).....so what she did as well, she signposted me onto a stress and anxiety management course, which was very, very useful..... and by then I'd started exercising more, or going for walks and things like that and trying to eat a bit more healthily so that the next time I saw her I would kind of report back. Although she doesn't put any pressure on me to do so, but it was quite good for me as I felt I had a goal and I had somebody who would say how are getting on and I could say, yes this is how I've got on. I mean another thing that I did was think of myself and I'd actually been on medication for 15 years.... (the health trainer) encouraged me to write down all the things... I wanted to sort out and as a result of that I went to my doctor and he sent me to (see a specialist) and I've now come off the medication...so that's a really big thing really. At the time (she went to see the health trainer) I was so sort of ground down with everything....I'd nearly killed myself the year before trying to make everything right, I had to realise that sometimes you can't make things right, and actually it wasn't my fault....Yeah, so I feel quite different now to how I did and I think she was the catalyst really, well she was a very important part of my recovery.'

(C11)

4.5 Health trainers reducing demands on GP practices

The case story in Box 1 illustrates an additional outcome of the health trainers supporting people when they are going through a difficult time – they frequently make less, or make more appropriate, use of GP services and in the case above came off medication. Of the five clients interviewed, three thought they were probably seeing their GP less as a result of seeing a health trainer, (although one pointed out that it was a bit early to say as he'd only stopped seeing a health trainer three months before) and two continued to go for regular monitoring of diabetes and a heart problem. One client commented:

'I think (the Health Trainer Service) is very, very helpful and very needed. And I think it takes time off the doctors you know. That would have taken such a lot of doctor's time if I'd have been whingeing on to them all the time and I would have definitely felt hurried by the doctors. They haven't got time to sit there while you go on for an hour.'
(C11)

Clearly this is only anecdotal evidence within a very small pilot, but it would seem very likely that supporting people like the client in Box 2 to better manage his

diabetes will mean he visits his GP and other practice staff less and has more chance of keeping his diabetes under control thereby potentially saving the NHS a great deal of money.

4.6 Supporting clients with long term conditions

The case story in Box 2 is written by a health trainer about a client with diabetes and heart problems who she helped to better manage his condition. One of the practice staff interviewed commented:

'a lot of work with diabetes is about empowering patients to look after their own condition, and sometimes people don't have family and friends to support them to do that and we see a role for health trainers in that' (practice nurse)

Box 2 Health Trainer Case Story: supporting a client to self manage his diabetes

Mark * is 66 years old, a white British man living in a disadvantaged area of a town on the East Coast of Yorkshire who was referred to the health trainer service by his local Age UK group. He had recently been diagnosed with diabetes and also had heart problems. He lived on his own, wanted to be more active and lose weight and to understand more about how to eat healthily in order to control his diabetes. The health trainer advised Mark to make an appointment to see the diabetic nurse specialist and Mark asked the health trainer to go with him as he 'could not take in the information they had told him before'.

The health trainer rang the nurse to see if that would be OK, and having got their agreement, accompanied Mark to his appointment. The health trainer reported that.

'When we came out (of the appointment) I was able to go through what had been said to him and he had only retained a small amount so we went to the local library and talked it through. The next time we met, we went to the local supermarket and looked at the food labels and I showed him different alternatives to eat and drink and introduced him to other foods, especially ones with low sugar and fat.

Mark wanted to increase his exercise but after his heart by pass he did not know his limits. Finding out some of what he'd done in the past was very useful – he'd really enjoyed hiking, it had been a way for him to reduce stress. So I introduced him to a small walking group – they only walk for 40 minutes at a steady pace then go for coffee. Mark fitted in very well as most of the people were retired. He's losing weight very slowly but the exercise has been hard to fit in due to the bad winter. I was so determined to keep him motivated even after a lot of snow, that I drove him down to the seafront and we had a walk on the beach as he did not want to walk on the icy pavement. He now goes for a walk at least once a week. I also asked his GP for a referral to exercise and he has joined the gym which he tries to attend once a week. Mark's diet has much improved and he is slowly changing his lifestyle.

I only met with Mark five times, but I have a chat with him by phone once a week and keep encouraging him in the right direction. Working with him, I learnt a lot about how, for a newly diagnosed diabetic it can be hard to accept the need to change and also how a medical condition can affect someone's confidence -. Mark lacked confidence in most areas of his life and I think working with a health trainer he found someone he could talk to and did not feel embarrassed to ask the simplest question. I also learnt how a little support can go a long way'

*Not his real name

4.6 Wider benefits to family and friends

The changes the individual makes may also have a positive affect on family and friends and this was the case with two of the clients interviewed who were married and both had involved their partners in the changes they were making. The other three clients interviewed lived on their own, but one had still encouraged a family member to make some changes as the quote below illustrates:

' I have encouraged my mum with some of the little things that you know was suggested and everything...so I have passed the knowledge on.' C06

Most people find it easier to make and maintain behaviour changes if they take part in a group activity such as a walking group or exercise class. By putting people in touch with local groups and going with them for a first visit if need be, health trainers are not only helping people to improve their physical health but are reducing social isolation and improving mental well being.

4.7 The organisation and management of the service

Effective management is vital to ensure that people with the right qualities to become health trainers are recruited, trained and supported. Feedback from the project manager, health trainers and stakeholders suggests that the health trainers are well trained and supported and have regular supervision. On a day to day basis they work on their own, but if they need to they can ring the project manager or other health trainers for information or support.

A couple of interviewees commented that sometimes not being part of NHS North Yorkshire and York caused problems with access to information and resources. Also whilst it appears to have worked very well for the health trainers being part of the East Riding service, the Health Trainer Service Manager has put in far more hours setting up and running the service than are covered in the management costs.

The Health Trainer Service Manager reports to NHS North Yorkshire and York on a quarterly basis. This includes a report on the efficiency of the service in reaching performance targets. The results are impressive with 98% of clients being seen by a health trainer within three weeks of referral (target 95%) and DNAs running at 4% (target 10%) – a particularly good rate given the service is working with clients from areas of high deprivation who often have multiple problems.

5. WHAT DO CLIENTS THINK OF THE SCARBOROUGH HEALTH TRAINER SERVICE?

The views of the five clients interviewed was very positive as is illustrated in Table 2 below. This corresponds with the feedback received by other agencies and the health trainers themselves, who reported that '*clients love the service*'. It is also in line with evaluations of other services, including a client satisfaction survey carried out by NHS Direct in 2009 which got extremely positive feedback from the 77 clients interviewed.

Table 2

Question	Yes	No			
Was the place you saw the health trainer convenient?	5	0			
Was the appointment time convenient?	5	0			
Were you able to achieve what you'd hoped? One man had some further problems which had developed since seeing the health trainer so was although originally very positive about what he'd achieved at the time of interview he was feeling disappointed that he had 'slipped back'.	4	0			
Were you signposted to another service or activity? One client wasn't asked this question. One was already active in a local group.	3	1			
Could you have achieved what you did without the support of a health trainer?	0	5			
Would you say that your health trainer helpful and supportive? 4 'Strongly agreed' and 1 'agreed' with this statement	5	0			
Would you recommend the health trainer service to family or friends?	5	0			
	Very pleased	pleased	OK	disappointed	
How do you feel about what you've achieved?	4 see note above	0	0	0	
	Excellent	Very good	good	fair	poor
How would you rate the HT service overall?	2	3	0	0	0

In section 6 we explore what it is about the Health Trainer Service that clients particularly valued.

6. ARE HEALTH TRAINERS OFFERING SOMETHING DISTINCTIVE?

One of the evaluation aims was to seek to answer the question: 'Is there anything distinctive about health trainers and the way they work which enables them to successfully reach and support people?'

Evidence from all sources in this evaluation is that health trainers are a valued service that offers something different. Key to what is distinctive about health trainers is that they are local people, not clinically trained but skilled in communicating with the public, empowering people to come up with their own solutions and supporting them to make the changes they have decided on. Unlike most health professionals they can spend time with people (first appointments were for one hour) can accompany them to activities or out shopping and can see them several times over a number of weeks (on average eight times per client) Through their community engagement work health trainers are recruiting clients who would not otherwise come forward and who are unlikely to make changes without support. **None of the clients interviewed thought they would have made lifestyle changes on their own.**

As one of the practice staff commented a 'good' health trainer needs to be:

' someone with a smile, a joke and really easy going and just a normal human being, yes, you know, somebody who is comfortable to be with because you're going to talk about things that worry you, that concern you, that embarrass you...you want someone you can talk to.' (practice nurse)

Clients echoed this view – they had all found their health trainer to be very helpful and supportive, and particularly valued the individual approach. Asked what she had liked about the service one client said:

'I think the first thing was that it was free....nobody was condescending..everybody, each one of us, because my flatmate went as well, and we were both treated as individuals. We both had different plans and where to go and everything like that, so it wasn't just routine, off the peg sort of thing, ...it was very much down to you as an individual and also there was no pressure. If I'd had a bit of a bad week or anything there was no scolded hands or anything like that so it was just encouragement and motivation, just to try a bit harder the next week..'(C06)

Time to talk was appreciated by all the clients, and several commented on the time the health trainer took to find out information and sign post them:

'it was positive for me and one of the really big things was the amount of information that she gave me. I was just sat here reading through the dieting stuff actually now...she found out stuff...I asked her things and she went away and found out and brought me loads of reading material back, or whatever I needed really.' (C11)

What came across strongly that it was not that the health trainers had anything fancy to offer which made them distinctive – it was the combination of time with empathy and a simple, common sense approach which made them distinctive. The qualities those interviewed felt health trainers have are summarised in Box 3.

Box 3 Health trainer qualities

The qualities health trainers have

- Knowledge and understanding of the area/group they are working with
- Able to relate to the client group
- Non judgemental, caring and empathetic
- Approachable, friendly and trustworthy
- Flexible and adaptable
- Good communication skills
- Counselling and motivational skills
- Well organised, good time management
- Knowledgeable but know their limits
- 'normal' people

7. CONCLUSIONS AND RECOMMENDATIONS FOR THE FUTURE OF THE SCARBOROUGH HEALTH TRAINER SERVICE

7.1 Conclusions

The approach health trainers are taking has been demonstrated to be effective. Clients really like the person centred, one to one support offered and are making changes to their lifestyle which they probably would not have made without the health trainer's support. The administration of the service is working well – clients are seen at places and at times convenient to them and 98% are seen within three weeks of referral to the service. 98% of clients complete a personal health plan and where appropriate they are given information to signpost them to local activities which will help them make and maintain lifestyle changes.

The health trainers have clearly worked hard to promote the service and have seen an impressive number of clients for such a small service. It is unfortunate that the CVD screening programme was delayed in getting underway and referrals remain low in number. However the flexibility of offering the service to all adults, as opposed to 40-74 year olds specifically was commented on by two referral agencies as a welcome development.

The public sector is facing large reductions in finance and services and the NHS will also be undergoing a major restructuring in the near future. Whilst this presents many challenges it also provides opportunities to do things differently so as to provide 'better for less'. This evaluation has demonstrated that health trainers can enable people to make changes in their lifestyles and to manage their long term conditions. This has the potential to save the NHS considerable amounts in the future. Nationally work by an eminent health economist has demonstrated that health trainer services, when run effectively offer good value for money.¹

7.2 Suggestions for the future

All those interviewed want to see the service continued, the following suggestions for the future were made:

- the service could work more closely with community health champions to extend its reach
- the chair based exercise group run by a health trainer, is highly valued and needs to continue – and there is potential for more groups like it
- the 'bible' of activities which the health trainers have put together is invaluable and could have wider usage
- Many people with long term conditions could benefit from the support health trainers offer – especially if they do not have family to help them manage their condition
- GPs and practice staff need to be more aware of what health trainers have to offer and to make appropriate referrals in the future.

7.3 Recommendations

The following recommendations are made for consideration by commissioners and providers:

1. The Scarborough Health Trainer Service continues to be commissioned when the pilot monies from the Department of Health finish in early summer 2011.
2. Consideration is given to expanding the service (currently 1.5 wte, total service costs per annum £50K)

3. Health trainer champions are recruited to work voluntarily to promote the service with target groups and communities.
4. The service continues to target and be based in those wards with the highest deprivation and to be open to all adults.
5. People with long term conditions and/or low level mental health problems are particularly encouraged to make use of the service
6. GPs and other practice staff increase their level of referrals into the service and consider having a health trainer based within their practice on a sessional basis.

Experience across the country, and supported by this evaluation shows that many people want to change their behaviour but lack the confidence, knowledge and access to services that would enable them to do this. As this report illustrates health trainers are providing the support and the contacts which are enabling people to take control of their lives and make changes which benefit their health.

ⁱ Visit <http://www.yhtphn.co.uk/ht-evidence.html> for a summary of the report.