



Health Trainer Service Case Stories A Tool for Local and Regional Use

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Health Trainer Service Case Stories – A Tool for Local and Regional Use

1 Background

The long-term aim of the Health Trainer service is to reduce health inequalities. In order to demonstrate how the service addresses this aim, evidence needs to be presented to show the effectiveness of Health Trainers in improving the lifestyles and health of their clients, in addition to the broader impact on the health of families and local communities. This evidence is particularly important when presenting the Health Trainer service to service commissioners and potential funding partners.

The initial focus of evidence was on collecting information and quantitative data via the Data Collection and Reporting System (DCRS), in relation to four key Health Trainer outcomes:

Outcome 1: Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities.

Evidence relating to this outcome could include:

- An increase in number of people employed as Health Trainers from target communities
- An improvement in the skills of the workforce

Outcome 2: Reaching the “hard to reach”.

Evidence of this outcome could include;

- Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics
- Numbers of clients most at risk of experiencing health inequalities

Outcome 3: Deliver sustained improvement to the health of the people of England through behavioural change.

Evidence of this outcome could include:

- Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible

Outcome 4: Providing access to and encouraging the appropriate use and take-up of NHS and other local services.

Evidence relating to this outcome could include:

- Uptake of NHS services
- Increasing community engagement
- Reducing or discontinuing use of medication or assistance aids

National Health Trainer DCRS reports can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/digitalasset/dh_100719.pdf

The Health Trainer Service has also recognised that there is a need to gather qualitative evidence e.g. information about the experiences and achievements of Health Trainers, their clients, and how services are engaging with local communities.

This approach reflects the findings of a report from the Commission on Social Determinants of Health (2008) which concludes that the current evidence base on the social determinants of health and health inequality is poor and that we must go beyond the traditional research methods, (e.g. randomized controlled trials). Including qualitative data can create the kind of balance referred to in a review of the Health Trainer service by, Visram and Drinkwater (2005) which recommended that service evaluations comprise research that has a good mix of an outcomes-based approach (e.g. number of clients seen) and a qualitative approach (e.g. detail of the process of engagement between the Health Trainer and client).

The Case Story Approach

The information collected from case stories provides a rich description of how Health Trainers and Health Trainer Champions enter and then carry out their roles, the experience of the clients, how clients are being helped by the Health Trainer Service and how these services have been established and developed. These case stories provide personal and descriptive accounts of real-life experiences which quantitative data are unable to do. These accounts can then be used to highlight the successful outcomes of the Health Trainer Service. (see examples in Appendices B, C, D, E, F, G.)

The 'case stories' approach presented here is therefore based on providing a 'human' perspective to accompany the data gathered by the DCRS. Collated they provide a powerful first-hand account of the impact that Health Trainers and Health Trainer Champions are having on reducing health inequalities, by improving the lives of the people they work with, their families and communities. They also demonstrate the opportunities for training and career development that the programme offers people from disadvantaged communities.

Collecting Case Stories

There are different **case story templates** that Health Trainer services can use in order to collect the qualitative data that supports particular outcomes. Some case story templates are completed by the Health Trainer/Health Trainer Champion or service manager, but clients can also document their experience of the service by using the template 'Client Case "stories" – in their own words' This type of case story is particularly important because it provides a qualitative account of

client experience in-line with the Darzi report's (2008) recommendation that the 'patient experience' is central to good quality care from the NHS. The suggested **templates** for collecting case stories can be found in **Appendix A**, These can be adapted to suit local circumstances

Using Case Stories: Coding, Presenting & Building a Library of Case Stories

Case stories can be written about the health trainer/health champion, client, or about a particular aspect of the service. The stories can be written by the people themselves, or can be written about them by someone else – so for example, a client story could be written by the client, by the health trainer/health champion, or by the service lead.

Case stories can be used individually as examples to illustrate various aspects of the Health Trainer service, or extracts from more than one story can be presented together to illustrate a particular point. It is recommended that Health Trainer services develop a library of stories which can be used to illustrate a number of outcomes or local priorities. When building a library, it may be useful to translate the content of the case stories into a standard proforma, as this enables the user to code the content of the stories for later reference.

Appendix C provides the **proformas**, which can be used to present and code the key content of the individual case stories in a standardised way. For each case story the proforma asks the coder to identify the primary issue for the client, and any secondary issues that were addressed. Included on these proformas is an 'Outcome key' which allows the Health Trainer Service to report which service outcome(s) the case story can be seen to demonstrate.

The case stories or extracts from these are suitable for use in supporting and illustrating quantitative data from the DCRS (or equivalent) in the following ways:

- In local, regional, or national reporting on Health Trainers.
- As a contribution to regional or local End of Year Reports
- In informing or contributing to local or regional evaluations
- Case stories may also be used as "stand alone" examples (direct quotes from Health Trainers and their clients may be particularly useful) to promote and increase understanding of the nature and impact of Health Trainer services and in response to media enquiries and ongoing reviews of policy and service delivery.

Case stories must only be provided to the media when the individual Health Trainer/Health Trainer Champion or client has given permission, and then only when any identifying information (names, locations etc) has been removed.

Hints and Tips for Generating Useful Case Stories:

When asking clients and health trainers to write their case stories, it may be helpful to encourage them to include some or all of the following aspects of their experience.

Client stories (see also Appendices B-G):

- The client's state of physical health when attending the first meeting with the Health Trainer or Health Champion and changes to this after the intervention
- The client's state of mind, or level of wellbeing before and after the Health Trainer intervention
- The client's level of confidence in their own ability to change their health behaviour (and changes to this after the intervention)
- Any improvements to their health after the intervention
- Any reductions in the use of medical services or assistive aids
- The number of Health Trainer sessions the client attended
- How long any improvements lasted after the intervention finished
- Direct quotes from the client

Health Trainer/Health Trainer Champion stories (see also Appendices B-G)

- Their occupation prior to undergoing training as a Health Trainer/Health Trainer Champion
- Skills from previous roles that they were able to transfer to the role of Health Trainer/Health Trainer Champion
- Skills learned during their training
- How they feels s/he has changed and developed as the result of becoming a Health Trainer/Health Trainer Champion
- Direct quotes from the Health Trainer

The appendices which follow offer templates for collecting case stories (Appendix A), some examples of how to use case stories using the case story template (Appendix B), proformas for coding and building a library of case stories (Appendix C), and worked examples of how to use case stories to illustrate the four outcomes covered by the DCRS (Appendices D-G). Please note that most case stories can relate to more than one outcome, and each outcome is highlighted for your information.

Background Information

Darzi (2008). *High Quality Care for All - NHS Next Stage Review final report*. London: Department of Health.

World Health Organisation (2008). *Closing the Gap on a generation: Health equity across action on the social determinants of health; report from the Commission on Social Determinants of Health*. (Geneva, Switzerland: The World Health Organisation Press).

Visram, S., & Drinkwater, C. (2005). *Health Trainers: A review of the Evidence*. Northumbria: Northumbria University and Primary Care Development Centre.

Appendix A – Case Story Templates – Collecting the stories

1. Health Trainer Service case stories – About the Health Trainer/Health Trainer Champion

Name	
Contact details (Phone/email)	
Date	
Health Trainer Hub	
Which Health Trainer service do you work for?	

What did you do before you became a Health Trainer?

Why did you want to become a Health Trainer?

What do you find most rewarding about being a Health Trainer?

What gets in the way of you doing your job as a Health Trainer?

What helps you to do your job as a Health Trainer?

If you move on to another job, what would you like it to be?

Is there anything else you would like to say about being a Health Trainer?

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?		
Would you be happy for this information to be used to publicise the work of Health Trainers?*		

* No personal information or individuals' names will be used

Signed:

2. Health Trainer Service Case Stories – About the Client

Name	
Contact details (Phone/email)	
Date	
Health Trainer Hub	
Which Health Trainer service do you work for?	

Describe your client, e.g. age, gender, ethnicity, special needs etc, and how you made contact with this person?

What did they want help with (primary issue and any other issues)?

How did you help this person and what worked well?

What difficulties did you have and how did you overcome them?

What did this person achieve, including changes to their lifestyle?

What did you learn from helping this person? What would you do differently next time?

In 50 words or less, please tell us how the client benefitted from working with you

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?		
Would you be happy for this information to be used to publicise the work of Health Trainers?*		

* No personal information or individuals' names will be used

Signed:

3. Health Trainer Service Client Case Stories – In Their Own Words

Client's name	
Health Trainer's name	
Which Health Trainer service did you attend?	
Contact details (phone/email)	

Where did you first hear about Health Trainers?

Why did you get in touch with the Health Trainer service?

What did you want help with?

What did the Health Trainer do to help you with this?

Did the Health Trainer help you achieve what you wanted?

What did you personally achieve from working with the Health Trainer?

In 50 words or less, please tell us what difference this has made to you?

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?		
Would you be happy for this information to be used to publicise the work of Health Trainers?*		

* No personal information or individuals' names will be used

Signed:

4. Health Trainer Service Case Story

Health Trainer Service's name	
Contact details (phone/email)	
Date	
Health Trainer Hub	
Contact details	

Who is your Health Trainer Service commissioned by (eg PCT)?

When was the service established?

Does the service operate within an area of deprivation (please give brief details)?

How many Health Trainers/Health Trainer Champions does your service employ?

How many clients has the service seen to date?

What sort of locations/settings does the service work out of?

In 50 words or less, please give an example of how the service has helped a client?

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?		
Would you be happy for this information to be used to publicise the work of Health Trainers?*		

* No personal information or individuals' names will be used

Signed:

**Appendix B - Examples of collected case stories using Health Trainer/Health Trainer
Champion case story: About the client template**

**Health Trainer Case Story: About the Client (Completed by the Health
Trainer)**

Name

Contact details (Phone/email)

Date

21/12/2009

Health Trainer Hub

East Midlands (Lincolnshire)

Which Health Trainer service do you work for? East Lindsey District Council

Describe your client, e.g. age, gender, ethnicity, special needs etc, and how you made contact with this person?

White British female. Aged 60yrs. Working part-time. Referral from practice nurse.

What did they want help with (primary issue and any other issues)?

Healthy Eating and increasing physical activity.

How did you help this person and what worked well?

Due to client working, we simply looked at her food diaries. I then discussed them briefly with the client looking at key things such as fluid intake, snacks and fruit and vegetable intake so the client could work on that, whilst I referred her food diary to our Food For Life team to have a more in depth look and offer more feedback. This gave her pointers that were easy to change. This was helped greatly by the support of her husband, who also is changing his eating habits.

What difficulties did you have and how did you overcome them?

Confidence was quite low, but her determination conquered this along with knowing she had support from her husband and health trainer. There are quite a lot of foods the client doesn't like, so we just worked with what she does like and found new interesting healthy recipes with these foods. The client wanted to do more activity, but work and clashes with other activities and demands, meant she struggled to go to the gym. Discussed local classes around Burgh-Le-Marsh and also activities to do at home.

It is useful to include the health improvements achieved as the result of change.

What did this person achieve, including changes to their lifestyle?

Healthier eating- very balanced in accordance with the Eatwell plate. Changed habit of husband as well- and he is noticing benefits too. This in addition to increasing physical activity has lead to a **very consistent healthy weight loss in the past 3 months. Confidence has increased greatly. Pain has decreased in back and shoulders.** Much more mobile and greater range of movements in joints. Has been back to practice nurse, and practice nurse is impressed. **Cholesterol level has dropped, so no longer needs to go onto medication.**

It would also be helpful to note if the client increases their use of local services, or reduces medical or assistance aids.

What did you learn from helping this person? What would you do differently next time?

That it is much easier if you can get the support of immediate family. My client's husband came to most of her visits and asked questions and was receptive to tips. He joined in himself and noticed benefits too. My client had everything she needed, she just wasn't sure how to put it into place and simply just needed that regular contact.

In 50 words or less, please tell us how the client benefitted from working with you

The client has lost a lot of weight and her confidence has vastly improved. She has helped make

her family healthier and has reduced the need for going onto medication for cholesterol.

	Yes	No
Would you be happy for this information to be used in future analysis of the Health Trainer service?	x	
Would you be happy for this information to be used to publicise the work of Health Trainers?*	x	

* No personal information or individuals' names will be used

Signed:

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	<p></p>
<p>MDS outcome 2 - Reaching the "hard to reach". Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local "hard to reach" (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	<p></p>
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	<p>x</p>
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	<p>x</p>

Health Trainer Case Story About the Client (Completed by the Health Trainer)

Name	
Health Trainer Hub	GM
Which Health Trainer service do you work for?	Ashton, Leigh and Wigan Community Healthcare

Please tell your story of how you have helped a client:

Describe your client, e.g. age, gender, ethnicity, special needs etc. and how you made contact with this person?

This client was a 70 year lady who had contacted the Health Trainer Service as a result of ringing Lose Weight Feel Great (Ashton Leigh and Wigan weight management programme) in January 2009 after seeing an advert in the local paper.

What did they want help with?

She had already started to lose weight through Slim-Rite classes that she attended once a week in town but she felt that she was losing a little momentum and thought that if she could take up some form of exercise this may be of benefit to her in the long run. She didn't have any idea about where to go to get the help necessary.

How did you help this person and what worked well?

I helped the client by first of all listening to her and finding out what kinds of exercise she was interested in, what she had done in the past and what did she want to achieve long term. On finding out that she was interested in walking I provided a Steps to Health referral for her to take to the GP enabling an assessment with Active Living who provide help and advice on all kinds of physical activity. As my client was a little nervous of the assessment I offered to attend with her for the 40 minute appointment which took place at Robin Park Arena in Wigan.

What difficulties did you have and how did you overcome them?

The only difficulty with this client was getting her to pace herself once she had started to walk on a regular basis. When I first started to see her she was walking with the aid of two walking sticks, by the end of six months she was almost running with no walking sticks whatsoever. By pointing out that she was losing weight steadily, feeling fitter and looking better this seemed to reinforce the point that everything she was doing was more than adequate.

What did this person achieve, including changes to their lifestyle?

One of the main changes to her lifestyle was the inclusion of **regular daily exercise both walking daily and attending a circuit training class at the local library**, and the change in my clients' confidence was immense. At **six months she had lost a total of 9kg and then at a follow up appointment 6 months later she had lost another 8kg**. Her diet is very well balanced now and she feels she has made some positive changes that will last a lifetime.

It is useful to include the community activity your client has engaged in and how often, if known. Other activities include Tai Chi, exercise classes, volunteering.

It is useful to include the health improvements observed. (Other examples could include increased self-belief (self efficacy), improved cooking skills, uptake of new exercises etc.)

What did you learn from helping this person? What would you do differently next time?

I learned that people can surprise you whatever their age, here was a lady who could have quite easily resigned herself to the fact that at her age it was too late to bother and just accept that as you get older you put a little weight on. Fortunately she had determination and motivation to achieve a goal that was just right for her starting with something very small like attending an assessment. I also learned that although people can have small set backs like bad weather or family illness, with a little encouragement they can soon be back on track. The only thing I would do differently next time would be to

Would you be happy for this information to be used in future evaluation and audit, including the Health Trainer national evaluation and other related data uses?

Any information used will be anonymous and you will not be identified.

Please tick: **Yes** **No**

Signed:

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	x
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	x

Appendix C – Health Trainer Proformas – Coding, Presenting and Building a Library of Case Stories Using a Proforma The Evidence

1. Health trainer service client case story – Proforma for coding and presenting case stories, together with checklists for identifying their value in terms of evidence

Code:

Issue

Action

Outcome

Quote

Health trainer client evidence checklist

Primary issue (tick box)	Healthy Eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)										
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)										
MDS outcome 1 - Increasing capacity and capability through building the workforce with the right skills in place to tackle health inequalities										
MDS outcome 2 - Reaching the “hard to reach”										
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behaviour change										
MDS outcome 4 – Providing access to and encouraging the appropriate use and uptake of NHS and other local services										

2. Health trainer– Proforma for coding and presenting Case stories of the Health trainer experience - , together with checklists for identifying their value in terms of evidence

Code:

Background

Experience

Quote

Health Trainer case story evidence checklist

Recruitment – What community or target group is the Health Trainer drawn from? (tick applicable box)	Was a Health Trainer client		Ex-offender	
	Has a disability		Has a long-term condition	
	Lives in a 'deprived' area		Other (please specify)	
Employment status immediately before becoming a Health Trainer (tick applicable box)	Not in education, employment or training		Retired	
	Volunteer or community activist		Employed as Health Trainer Champion	
	In education		Employed in NHS	
	Employed in private sector		Other (please specify)	
Professional development (tick applicable box)	Core HT training		Management support and/or supervision	
	Local HT training		Peer support	
	Additional training		Other (please specify)	

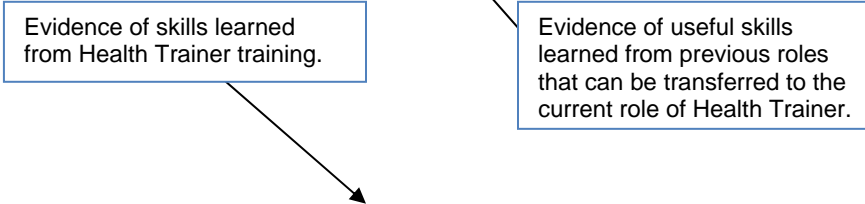
Appendix D - Example proformas for Outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities

Code: HT17

Health trainer case story

Background

A woman who had previously worked as a **restaurant manager and carried out voluntary work** approached her local service to train as a Health Trainer because she wanted to help people within her community.



Experience

The Health Trainer derived particular **satisfaction from having the training and skills that enabled her to help people and work as part of a team.** The support of management and colleagues was important to her, as were the links made with other organisations which could be accessed to provide support for clients. Her only frustration was the pressure on time.

Quote

“It feels really good when your client achieves their goal and I am proud to have achieved qualifications myself.

Health Trainer case story evidence checklist

Recruitment – What community or target group is the Health Trainer drawn from? (tick applicable box)	Was a Health Trainer client		Ex-offender	
	Has a disability		Has a long-term condition	
	Lives in a 'deprived' area		Other (please specify)	
Employment status immediately before becoming a Health Trainer (tick applicable box)	Not in education, employment or training		Retired	
	Volunteer or community activist		Employed as Health Trainer Champion	
	In education		Employed in NHS	
	Employed in private sector	X	Other (please specify)	
Professional development (tick applicable box)	Core HT training		Management support and/or supervision	X
	Local HT training		Peer support	X
	Additional training		Other (please specify) Outside organisations	

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	x
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	

Code: HT52

Health trainer case story

Background

Prior to taking on her role, this Health Trainer had a background of working as a **fitness instructor, lifestyle instructor and youth worker**, whilst also studying part-time for a degree in health-related exercise and fitness.

It is helpful to note down evidence of the skills learned from previous roles that can be usefully transferred to the current role of Health Trainer.

Experience

As a Health Trainer, she wanted to work more closely with client, on a one-to-one basis, rather than just develop exercise programmes. She aimed to achieve the **City and Guilds Level 3 qualification** and to further her career within the public health sector or the Department of Health. She found the clients very friendly and enjoyed working with her line manager, who was very enthusiastic and unafraid to try new approaches.

It is helpful to provide evidence of newly acquired skills, learned from the Health Trainer training experience.

Quote

“My biggest problem is time: not having enough hours in the day to see all the clients who need support.”

Health Trainer case story evidence checklist

Recruitment – What community or target group is the Health Trainer drawn from? (tick applicable box)	Was a Health Trainer client		Ex-offender	
	Has a disability		Has a long-term condition	
	Lives in a 'deprived' area		Other (please specify)	
Employment status immediately before becoming a Health Trainer (tick applicable box)	Not in education, employment or training		Retired	
	Volunteer or community activist		Employed as Health Trainer Champion	
	In education	X	Employed in NHS	
	Employed in private sector		Other (please specify) Fitness and lifestyle instructor	
Professional development (tick applicable box)	Core HT training	X	Management support and/or supervision	X
	Local HT training		Peer support	
	Additional training		Other (please specify)	

MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include: <ul style="list-style-type: none"> An increase in number of people employed as Health Trainers from target communities An improvement in the skills of the workforce 	X
MDS outcome 2 - Reaching the "hard to reach". Evidence of this outcome could include: <ul style="list-style-type: none"> Numbers of clients from a recognised local "hard to reach" (target) group based on client demographics Numbers of clients most at risk of experiencing health inequalities 	
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include: <ul style="list-style-type: none"> Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	
MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include: <ul style="list-style-type: none"> Uptake of NHS services Increasing community engagement Reducing or discontinuing use of medication or assistance aids 	

Code: HT39

Health trainer case story

Background

Having **previously worked as a spokesperson for Gypsy and Traveller communities**, this local woman wanted to provide further support and applied to her local service for the role of Health Trainer.

Illustrates increasing number of workforce from target community. Other examples may include ethnic minorities, lower socio-economic status, learning difficulties.

Experience

In her role as a Health Trainer, the woman developed trust from the people living in the gypsy and traveller communities. She was able to **signpost them to local services** and help them to improve their health and wellbeing. This Health Trainer also gained support from colleagues working with other BME communities

Evidence of increasing community engagement. Another example may include uptake of NHS services, local clubs etc.

Quote

“I get on well with the community and feel there are no barriers... I love the job and hoping to make more changes in the future.”

Health Trainer case story evidence checklist

Recruitment – What community or target group is the Health Trainer drawn from? (tick applicable box)	Was a Health Trainer client		Ex-offender	
	Has a disability		Has a long-term condition	
	Lives in a ‘deprived’ area	X	Other (please specify) Gypsy and Traveller Community	
Employment status immediately before becoming a Health Trainer (tick applicable box)	Not in education, employment or training		Retired	
	Volunteer or community activist	X	Employed as Health Trainer Champion	
	In education		Employed in NHS	
	Employed in private sector		Other (please specify)	
Professional development (tick applicable box)	Core HT training	X	Management support and/or supervision	
	Local HT training		Peer support	X
	Additional training		Other (please specify)	

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	x
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	x

Appendix E - Example proformas for Outcome 2 - Reaching the “hard to reach”

Code: 53

Health trainer client case story

Issue

A **disabled man** approached his local Health Trainer service, explaining that he was keen to attend the gym and a ‘progression circuit’ group during the week with the aim to lose four stones in weight and becoming more **physically active**.

Client from a target community. Other hard to reach clients could be ethnic minority groups, lower socioeconomic groups, those with learning difficulties, etc.

Action

The client’s first barrier to attending the gym was his lack of confidence about independent travel. The Health Trainer initially travelled with the client, counting each corner on the journey so that the client would know, in future, where to get off. At the gym the client found it difficult to exercise independently and the Health Trainer provided one-to-one support, as well as starting a process of tracking the client’s progress to assess the degree of independence he is likely to attain. Referral to appropriate **long-term gym** support could then be made. The Health Trainer also supported the client to attend a weekly **ten-pin bowling group**. His initial success at this activity, and the fact that he travelled there alone, demonstrated the client’s motivation and determination to succeed.

It would be useful to include the community activity your client has engaged in. Other activities include Tai Chi, exercise classes, volunteering etc.

Outcome

The client has become **more independent**, travelling alone to the healthy living centre to access the gym and circuit session. This, in turn, has **improved his physical and emotional wellbeing**. The client has also requested that a Health Trainer goes through a food diary with him, with the aim of eating healthier, balanced meals.

It would help to include the resulting health improvements. Other examples may include greater confidence in ability, eating more healthily, cooking, exercising etc.

Quote

Health Trainer: “I learned that, despite his disability, my client can achieve everything he sets his mind to doing, which is down to his determination and enthusiasm.”

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating		Physical activity	X	Alcohol		Smoking cessation		Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)										
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)			Individual: Increased independence, improved emotional wellbeing							

MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	
MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include: <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	X
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	X
MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	X

Health trainer client case story

Issue

A young woman from a **Bengali community** referred herself to her local Health Trainer service requesting support and information with the aim of **eating more healthily** and feeling more energetic.

Client from a target community. Other hard to reach clients could be elderly, lower socioeconomic groups, those with learning difficulties, etc.

Action

The Health Trainer encouraged the client to keep a **food diary** so that she could identify how her existing diet might be improved. This indicated that the amount of food the client ate was less than she needed and that her meal times were irregular, each of which contributed to her feeling of lack of energy. **Motivational interviewing** and providing useful information helped the client to overcome her initial reluctance to change her eating habits.

It may be useful to include skills used. Other examples could include goal setting, social support etc.

Outcome

In time, the client began **eating at regular times and including *Five-a-Day*** in her diet. As a result, she **lost half a stone and felt more energetic and healthy**.

It is helpful to include resulting health improvements. Other examples may include greater confidence in ability, eating more healthily, cooking, exercising etc.

Quote

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating	X	Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)			Lack of energy							
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)			Individual: Weight loss							

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	x
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	x
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	x
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	

Code: 50

Health trainer client case story

Issue

An **elderly man** was referred to Health Trainers by his GP, who felt that he could benefit from the weekly **‘easy walks’** group the service ran.

Client from a target community. Other hard to reach clients could be ethnic minority groups, lower socio-economic groups, those with learning difficulties, etc.

Action

The Health Trainer supported the client to get out of the house on a **weekly basis** and to meet other people of a similar age with similar issues. The **walking group** gave the client the opportunity to socialise as well as to take some gentle exercise. Because the client has a poor memory, the Health Trainer added the dates, times and venues of the walks to his calendar and phoned him an hour before the time of departure, so that he could be ready on time.

It is useful to include the community activity the client has engaged in, and how often they take part, if known. Other activities might include Tai Chi, exercise classes, volunteering etc.

Outcome

Through regularly meeting this group of people, the client is now **more socially active**, has made friends and is **feeling less isolated**. He is also **doing exercise once a week**.

Evidence of health improvements achieved. Other examples may include greater confidence in ability, eating more healthily, cooking, exercising etc.

Quote

Health Trainer: “I have learnt that even getting people out and about for one morning per week makes a massive difference to their lifestyle and mental wellbeing.”

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating		Physical activity	X	Alcohol		Smoking cessation		Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)										
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)			Individual: Increased social activity and therefore decreased isolation							

MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	
MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include: <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	X
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	X
MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	X

Appendix F - Example proformas for Outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change

Code: 15

Health trainer client case story

Issue

A **British Asian woman** in her twenties approached Health Trainers wanting help to **lose weight** so that she could avoid future health problems.

Client from a target community. Other hard to reach clients could be elderly, lower socioeconomic groups, learning difficulties, etc.

Action

After a motivational talk with the Health Trainer, the client completed a **food diary** and a **physical activity diary**, providing her with a clear view of her existing lifestyle. Ongoing support was provided to help the client attend her appointments and achieve her goals.

It is helpful to note the skills you used. Other examples could include motivational interviewing, goal setting, social support etc.

It is useful to include the community activity your client has engaged in and how often, if known. Other activities include Tai Chi, exercise classes, volunteering etc.

Outcome

The client is now more active. She goes for a **swim once a week** and has started to use a treadmill at home. The client weighed 77 kilos when she first met her Health Trainer and **over two months she lost four kilos**.

It is useful to include the health improvements observed. N.B. Other examples may include greater confidence in ability, eating more healthily, cooking, exercising etc.

Quote

Health Trainer: "We have to be accommodating and try to be there for our clients when they need us. Sometimes they have family issues which affect their behaviour."

Health trainer client evidence checklist

Primary issue (tick box)	<u>Healthy eating</u>	X	Physical activity		Alcohol		Smoking cessation		Emotional wellbeing
Secondary issue (tick box)	Healthy eating		<u>Physical activity</u>	X	Alcohol		Smoking cessation		Emotional wellbeing
Other (please list, eg sexual health, long term conditions, drugs)									
Additional impact (please list on individual (eg return to work), on family)									

(eg smoke-free home), on community (eg setting up a walking group)	
--	--

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	x
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	x
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	x
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	x

Code: 38

Health trainer client case story

Issue

A **man with learning disabilities** was referred to his local Health Trainer service by a social group he attended. He wanted **help to lose weight**.

Client from a target community. Other hard to reach clients could be elderly, lower socioeconomic groups, minority ethnic backgrounds etc.

Action

The Health Trainer worked with the client to look at what he was eating and see where changes could be made.

It would be useful to include the health improvements observed. Other examples may include increased self-belief, improved cooking skills, uptake of new exercises etc.

Outcome

By **replacing the crisps he ate with fruit, the client lost weight**. He then **started to exercise** and **gained confidence** to the point where **he organised a sponsored walk** and felt he could “do anything.”

It is useful to include the community activity your client has engaged in and how often, if known. Other activities include Tai Chi, exercise classes, volunteering etc.

Quote

Health Trainer: “By basing Health Trainers in places where they can build trust with people who are excluded, they can develop relationships and see the process work.”

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating	X	Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity	X	Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)										
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)			Individual: Increased confidence							

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	x
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	

Appendix G - Example proformas for Outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other services

Code: 68

Health trainer client case story

Issue

A woman in her thirties approached Health Trainers at an open day at the local children’s centre. She had been a **smoker for 12 years and wanted the support of Health Trainers to give up**, as family commitments meant that she could not attend her local smoking cessation clinic and could not travel to other areas.

Action

At an initial appointment the client’s circumstances were discussed and she was given an initial insight into the nicotine replacement therapy (NRT) process. Prior to the appointment, the client had given up smoking, but was finding it hard to sleep and when she was up during the night she spent the time baking. A 12-week NRT course was started and further appointments were made. During these meetings, a range of other issues came to light, including that a recent divorce and move to a new area had left the **client feeling isolated and lacking in support**. She was also concerned that she was drinking more than was good for her. The client was referred by her Health Trainer to a family outreach worker and the possibility of volunteering at her local children’s centre was discussed.

It is useful to include the resulting health improvements observed. Other examples may include greater confidence in ability, eating more healthily, cooking, exercising etc.

Outcome

The client has, to date, **succeeded in giving up smoking** and has decided to **undertake voluntary work** at the children’s centre. She is **more confident** and has had job interviews. She is also receiving increased help with childcare from her extended family.

It is helpful to include the community activity your client has engaged in and for how long, if known. Other activities include Tai Chi, exercise classes, volunteering etc.

Quote

Health Trainer: “I decided to invite a female Health Trainer along to our next session and the client agreed to this. This proved to be good step as, after this, the client realised that the problems of isolation that she felt were not uncommon among mothers who had recently gone through a divorce and moved to a different area.”

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating		Physical activity		Alcohol		<u>Smoking cessation</u>	X	Emotional wellbeing	
Secondary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		<u>Emotional wellbeing</u>	X
Other (please list, eg sexual health, long term conditions, drugs)										
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)			Individual: Working as a volunteer and has attended job interviews, improved confidence, increased support from family Community: Gained volunteer at children's centre							

MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	
MDS outcome 2 - Reaching the "hard to reach". Evidence of this outcome could include: <ul style="list-style-type: none"> • Numbers of clients from a recognised local "hard to reach" (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	X
MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include: <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	X

Code: 18

Health trainer client case story

Issue

A **sixty-year old man** approached his local health trainer service asking for support to deal with his **lack of confidence**.

Client from a target community. Other hard to reach clients could be elderly, lower socioeconomic groups, learning difficulties, etc.

It is helpful to include the skills you used. N.B. Other examples could include motivational interviewing, goal setting, social support etc.

Action

The health trainer listened to the client and discussed the issues he faced. He did not speak clearly and was difficult to understand, but spoke emotionally of events from his past. His lack of confidence meant that he would rarely leave home and found relatively straightforward tasks, such as shopping, difficult. The health trainer provided **ongoing support and offered information about local services** that were available to the client.

It is of useful to note the community activity your client has engaged in. N.B. Other activities could include exercise classes, volunteering etc.

Outcome

As a result of the health trainer's support, the client now attends **regular tai chi sessions**, has joined the **local library** and **goes shopping regularly**. He is **much more confident** and, having recently obtained a bus pass, will go on a bus if he is accompanied.

It is helpful to include health improvements achieved. N.B. Other examples may include eating more healthily, cooking, exercising etc.

Quote

Health trainer: "We have a strong relationship and the client now trusts me. If you stand by somebody, by listening and supporting them, you can have an impact on their lives."

Health trainer client evidence checklist

Primary issue (tick box)	Healthy eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	X
Secondary issue (tick box)	Healthy eating		Physical exercise	X	Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)	Social isolation									
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)										

<p>MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • An increase in number of people employed as Health Trainers from target communities • An improvement in the skills of the workforce 	x
<p>MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include:</p> <ul style="list-style-type: none"> • Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics • Numbers of clients most at risk of experiencing health inequalities 	x
<p>MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	x
<p>MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include:</p> <ul style="list-style-type: none"> • Uptake of NHS services • Increasing community engagement • Reducing or discontinuing use of medication or assistance aids 	x

Health trainer client case story

Issue

A man in his forties contacted his local Health Trainer service for help to deal with his **anxiety, lack of confidence and depression**. He was also worried about health issues, such as irritable bowel syndrome and chronic sinusitis, and wanted to **increase his exercise and improve his fitness**.

Action

The Health Trainer provided the client with advice and information about healthy eating and health-related issues. He also researched further information about suitable groups, activities and courses that might help the client address his anxiety and depression. The client decided to go to the **gym and to take up swimming** and the Health Trainer helped him obtain an active access card. In addition, the client was introduced to a **range of social and sporting groups and activities**.

It is helpful to include the community activity your client has engaged in and for how long, if known. N.B. Other activities include Tai Chi, exercise classes, volunteering etc.

It is useful to include the resulting health improvements achieved. N.B. Other examples may include eating more healthily, cooking, exercising etc.

Outcome

With the active support of the Health Trainer, the client now feels a lot **more positive, has more confidence and feels less stressed**. He regularly goes to **gym, five-a-side football and swimming**. He has also managed to keep up a well-balanced life style - he **eats healthily, does not smoke and has reduced his alcohol consumption**. The client's health issues are being managed well and, under the direction of his GP, he has **managed to substitute one medication** for something more natural, and feels a lot better for it. In addition, he feels less worried about his health issues.

It is helpful to note if your client increases their use of local services, or reduces medical or assistance aids.

Quote

Health trainer client evidence checklist

Primary issue (tick box)	Healthy Eating		Physical activity		Alcohol		Smoking cessation		Emotional wellbeing	X
Secondary issue (tick box)	Healthy eating		Physical activity	X	Alcohol		Smoking cessation		Emotional wellbeing	
Other (please list, eg sexual health, long term conditions, drugs)		Long term conditions								
Additional impact (please list) on individual (eg return to work), on family (eg smoke-free home), on community (eg setting up a walking group)		Individual: Increased social activity and confidence, healthy eating, smoking cessation, reduced alcohol consumption, decrease in stress levels								

MDS outcome 1 - Increasing capacity and capability, through building the workforce with the right skills in place to tackle health inequalities. Evidence relating to this outcome could include: <ul style="list-style-type: none"> An increase in number of people employed as Health Trainers from target communities An improvement in the skills of the workforce 	
MDS outcome 2 - Reaching the “hard to reach”. Evidence of this outcome could include: <ul style="list-style-type: none"> Numbers of clients from a recognised local “hard to reach” (target) group based on client demographics Numbers of clients most at risk of experiencing health inequalities 	
MDS outcome 3 - Deliver sustained improvement to the health of the people of England through behavioural change. Evidence relating to this outcome could include: <ul style="list-style-type: none"> Provision of the Health Trainer programme and offering evidence of its effectiveness and maintenance of change, where possible 	X
MDS outcome 4 - Providing access to and encouraging the appropriate use and take up of NHS and other local services. Evidence relating to this outcome could include: <ul style="list-style-type: none"> Uptake of NHS services Increasing community engagement Reducing or discontinuing use of medication or assistance aids 	X