

Health Coach Project

Project Review and Closure Report

Version: 1.7 **Date: 12th January 2012**

Copy: Uncontrolled

Distribution:

Copy No	Version	Issue Date	Issued To
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1 Executive Summary

1.1 *Background*

Incontrol-able CIC a local User-Led Organisation was approached by North Tees and Hartlepool Foundation Trust to facilitate the role of a Health Trainer specifically to support adults with Learning Disabilities and their Carers, with funding through the Hartlepool Learning Disability Partnership Board to promote healthier lifestyle choices. Funding was available for a full-time Health Trainer for a five month period however, following discussions with stakeholders it was agreed that the position would be best met through a part-time position which would extend the post to a nine month period, enabling the Health Trainer to build relationships with clients, Carers and appropriate professionals.

It was also agreed for the purpose of the role that the Health Trainer job title would be changed to that of a Health Coach to assist in clarifying the role amongst the proposed client group. Incontrol-able agreed to recruit for the position of Health Coach, supported by Sharon Bartram, Health Trainer Manager and Ruth Kimmins, Health Facilitator and to provide management support for the successful applicant based on our local knowledge and the professional backgrounds of the Directors.

No clinical interventions were undertaken by the service, nor did it address those people on therapeutic diets, or those requiring specific feeding methods.

1.2 *Reason for Closing the Project*

The Project was initially planned to run for a nine month period, but due to a change in personnel at mid-term, the project was extended for a further three months following agreement with stakeholders. The 12 month term of the project has now ended and funding has not been secured to enable it to continue. The project was formally ended with a Celebration Event held at The Hartlepool Centre for Independent Living on 2nd December 2011 where participants were awarded Certificates of Achievement and provided with the opportunity to give feedback on their involvement with the project. (Appendix 4) *(Permission was gained from individuals for production of photographs within this report).*

1.3 **Highlights and Innovations**

The highlight of the project was the commitment and determination of the participants and their achievements towards leading healthier lifestyles. As the project developed, it quickly became evident that methods of encouraging people to lose weight and lead healthier lifestyles worked well when engaging in a person-centred interactive way; leading to far greater positive outcomes and long-term lifestyle choices and behavioural change. Examples of this innovative work included setting up regular low level fitness sessions using technology such as Wii, setting up an equipment library and forming pre-arranged walking groups that also met the needs of individuals. Whether it could be described as being innovative is open to question, but without doubt by working in a person-centred way and by making it fun for the participants definitely led to the successful outcomes for the people involved in the project.



Who said being healthy couldn't be fun!!

1.4 **Summary of Recommendations**

1. Commissioners agree that the project can be deemed closed. (1.2) (4.2)
2. Good Practice achieved by the project is shared with Commissioners, like minded organisations and agencies (1.6, 1) (4.5)
3. Commissioners consider independent user-led organisations as appropriate hosts for future project work. (2.2,1) (4.5)
4. Continued access to specialised Health Coach advice and support service using Individual Budgets/ Personal Health Budgets (3.2,9)
5. More rigorous evaluation and monitoring of disabled peoples current lifestyles to reduce potential future health risks. (3.2)
6. Increased uptake of Health Action Plans. (3.2)
7. Awareness training for carers and support staff on the negative, long-term impact of current lifestyles and the associated risks to the people they support. (1.9, Objective 2, VI) (2.1, Obj 1,II) (2.1,Obj 2, VI) (3.2,2)
8. Uptake of 'peer champions' to share their experiences. (1.7, III)
9. Identify an appropriate site to provide training for healthy meal preparation, with appropriately trained facilitators. (3.2)
10. Continuation of an equipment library. (2.1, Obj 2, V) (3.2, 8)

2 Project Performance

1. An emphasis on providing a '*personalised*' intervention that offered tailored advice, motivation and practical support to individuals who wanted help to adopt healthier lifestyles.
2. A focus on supporting people with learning disabilities through behaviour change around healthy eating and increasing physical activity.
3. Work towards reducing the levels of obesity amongst people with learning disabilities.

All three planned project performances were achieved within budget and agreed timescales.

2.1 Performance against Objectives

Objective 1

- I. A personalised intervention approach was achieved by engaging with people at a level and pace that was appropriate to their individual needs.
- II. Following the initial referral stage, meetings were arranged with individuals and carers/support staff/professionals on request, to ensure that people had an understanding of the process and how the Health Coach would work with them to assist in a positive lifestyle change.
- III. The Health Coach provided a flexible service that was tailored around the individual and allowed for unexpected events, or for times when the individual chose not to engage, but at all times with the expectation that the service would resume. Also, at the initial stages participants signed up to the process through the Assessment and Client Pathway document (Appendix 1).
- IV. Each session built on the achievements from the previous session. Food diaries were introduced and dialogue was exchanged with individuals to discuss the positive and negative aspects of the lifestyle choices the person was making and appropriate advice and support was provided.

Objective 2

- I. Any negative outcomes were worked through at a level and pace appropriate to the individual so they were not disproportionate with the achievements made.
- II. Motivation was important, but the level of motivation was the key.
- III. The negative aspects of current lifestyles were explained to participants at a pace and level appropriate to individual needs.
- IV. Positive healthy lifestyle options were introduced slowly. Experience evidenced that by introducing lifestyle changes too quickly people were reluctant to change, preferring to go back to food that was not nutritional, and likely to increase their weight.

- V. Likewise, the same with physical activity. Initially, some people were reluctant to engage in physical activity, but when it was introduced slowly, or introduced in a way that seemed fun to people; then participants were keen to engage. The use of Wii technology and regular changing of equipment from the library maintained interest and an element of fun.
- VI. It was important that within the project we also initiated behavioural change with carers and support staff.

Objective 3

- I. The project was funded by the Hartlepool Learning Disability Partnership Board which is the forum for highlighting policy that impacts on the needs of people with learning disabilities. Statistical data on targets in relation to health inequalities to people from this group is available in the Joint Strategic Needs Assessment (JSNA). (Appendix 2)
- II. Although the project only ran for 12 months the statistics in relation to weight loss were excellent (Appendix 5). The average weight loss related to the 22 participants who engaged in the project was 7lb 4oz per person.
- III. Statistical evidence on need for such projects (Appendix 2)

2.2 Performance against Outcomes

1. The target outcome of providing personalised intervention for a group of people in Hartlepool with learning disabilities was achieved by the project. This personalised approach was achieved by the Health Coach staff following the principles of working practice held by Incontrol-able CIC who have a person-centred approach to all of our work. Also, by accessing appropriate training and participating in regular supervision sessions with Directors who have professional backgrounds in Health and Social Care. Finally and most importantly was the commitment of the Health Coach staff to work in a person-centred manner with the people who participated in the project.
2. There was significant behaviour change amongst the majority of the people who engaged in the project and this can be evidenced by the outcomes achieved in relation to the weight loss of participants, the take-up of physical activity and by joining in on pre-arranged health walks. People who engaged fully in the project attended their appointments and lost and maintained their weight loss and lifestyle changes over a period of time.

3. The final data from the project highlights that people with learning disabilities did lose weight, took up physical activities and began to lead healthier lifestyles and therefore this outcome was achieved. We recognise however that this project supported a minority of people with learning disabilities in Hartlepool and that the majority of people from this group continue to face health inequalities related to obesity and are at high risk of a number of other medical conditions, for example, cardio vascular disease, stroke, diabetes type 2, some types of cancers, musculoskeletal problems, etc.

2.3 Performance against Outputs

- I. No specific targets were set at the beginning of the project in relation to the number of people required to engage with the Health Coach. The number of participants at any particular time was dependent on referrals received; the level of support required by each individual and the capacity of the Health Coach to provide appropriate levels of one-to-one support based on it being a part-time post. Therefore, the number of participants was left at the discretion of the Project Manager at Incontrol-able to ensure that a quality service was maintained and was manageable.
- II. The project outcomes evidence that the majority of people who participated had a positive experience that led to behavioural change towards leading a healthier lifestyle. The average weight loss per person was 7lb 4oz which was above our expectations at the beginning of the project.
- III. We recognise that the project was more than about people losing weight, but about people having the opportunity to have choice in making their own lifestyle changes in a supportive environment. People not only chose to take up physical activities, but they also provided peer support to their friends to encourage them to join in these activities which in itself became a support network.



2.4 Performance against Budget

The project remained within budget, however the figures from October 2011 show an underspend of around £1,700 which does not include final salaries and cost of Celebration Event. The management costs were higher than initially planned because the original Health Coach changed due to staff turnover at the mid-term point. The replacement Health Coach did not have the experience, or required qualifications that warranted the original salary, requiring a much higher level of support from Managers within Incontrollable. (Appendix 3)

The new appointments were made *'in-house'* with the full agreement of stakeholders as the project had much potential and had started to effect real changes for participants. The change in Health Coach did not have a detrimental effect on the overall outcome aims of the project and actually led to an increase in referrals and positive lifestyle changes for participants. The work produced by the new Health Coach was to a very high standard and the feedback from people who engaged in the project was very positive.

2.5 Recommendations

- I. Good Practice achieved by the project is shared with Commissioners, like-minded organisations and agencies. (2.2, 1)
- II. Additional training for support staff in the value of healthy lifestyles for the people they support. (2.1,Obj 2, VI)
- III. Uptake of *'peer champions'* to share their experiences. (2.3, III)
- IV. Awareness training for carers on the negative, long-term impact of current lifestyles and the associated risks to the people they support. (2.1, Obj 1,II) (2.1,Obj 2, VI)
- V. Commissioners consider independent user-led organisations as appropriate hosts for future project work. (2.2,I) (4.5)

3 Lessons Learnt

3.1 What Worked Well?

- The working relationships between participants and Health Coach
- One-to-one work with individuals
- Group work
- Physical activity sessions using technology
- Use of the 'Equipment Library'
- Support staff and Carer Awareness Training on the impact of lifestyles, both positive and negative
- Use of the 'Eat Well Plate' and 'Healthy Swaps' as interactive learning tools
- Working relationship with stakeholders
- Working relationship with referral agencies
- Overall outcomes in relation to weight loss and lifestyle choices
- The setting up and continuation of walking groups
- Positive behavioural change in the majority of participants towards leading a healthier lifestyle



3.2 What could be improved?

1. The referral process between agencies and host organisation
2. Lack of awareness from Carers about the impact of poor lifestyle choices for the people they support
3. Lack of awareness from Support Staff in relation to their responsibility and duty to provide healthy lifestyle options to the people they support
4. Uptake of Health Action Plans
5. Contact time with participants should not be restricted to 12 weeks to allow relationships to be built and maintained
6. The high BMI of participants prior to and following engagement in the Project leading to potential health issues in the future (2.2,3)
7. Kitchen environment that is appropriate to provide healthy lifestyle training/awareness courses
8. Uptake of 'Equipment Library'
9. Lack of choice and control for adults with learning disabilities in accessing appropriate advice and support in relation to healthy lifestyle choices

3.3 Recommendations

- More rigorous evaluation and monitoring of disabled peoples current lifestyles to reduce potential future health risks. (3.2,7)
- Increased uptake of Health Action Plans (3.2,4)
- Awareness training for carers on the negative, long-term impact of current lifestyles and the associated risks to the people they support. (1.9, Objective 2, VI) (2.1, Obj 1,II) (2.1,Obj 2, VI) (3.2,2)
- Identify an appropriate site to provide training for healthy meal preparation, with appropriately trained facilitators. (3.2,7)
- Continuation of an equipment library. (2.1, Obj 2, V) (3.2, 8)
- Continued access to specialised Health Coach advice and support service using Individual Budgets/ Personal Health Budgets (3.2,9)



I did it!

4 Closure Activities

4.1 Recommendations

Project Staff

Staff involved as Health Coaches throughout the period of the project were given notice in accordance with employment regulations. Staff were provided with the opportunity to feedback their learning and knowledge from their involvement in the project through supervision as part of their self-development. Both managers from Incontrol-able regularly discussed the performance of the project against the objectives and were satisfied that they were met. Both managers have reverted back to their roles as Directors of Incontrol-able CIC after being unable to secure additional funding to allow the project to continue.

Issues Management

- Ensure that confidential information held as a result of the project is destroyed in accordance with Data Protection Policy and Procedures.
- Ensure that all equipment used for the term of the project is returned to the appropriate organisations.
- Ensure that the final report, including recommendations and project closure is agreed by the appropriate stakeholders.

Financial Management

The final account statement attached to this report evidences project spend and that there is no excess funds left in the budget.

Records Management

All records remain securely stored on hard copy files and electronic (encrypted) until such time that stakeholders no longer require the information. When information is no longer required it will be destroyed in accordance with Data Protection Policies and Procedures.

Post Project Responsibilities

Meeting to be held with stakeholder on production of the final report to discuss outcomes and recommendations held within the report. This meeting will highlight the positive work achieved by Incontrol-able in their role as a local User-Led Organisation and how our practice of working and engaging with people with learning disabilities should be shared.

Closure Activities Recommendations

1. Commissioners agree that the project can be deemed closed. (1.2) (4.2)
2. Good Practice achieved by the project is shared with Commissioners, like minded organisations and agencies (1.6, 1) (4.5)
3. Commissioners consider independent user-led organisations as appropriate hosts for future project work. (2.2,1) (4.5)

5 Appendices

Appendix 1 Assessment and Client Pathway document

Appendix 2 Research and statistical information

Appendix 3 Project Budget

Appendix 4 Feedback comments

Appendix 5 Outcomes Data

Appendix 1



Health Coach Project

ASSESSMENT & CLIENT PATHWAY DETAILS (KEEP ON SITE)

PERSONAL DETAIL

*Name.	Title			
*Address inc Postcode.				
Date of Birth.	Clients must be 18 years and over			Age
*Telephone Number.			Mobile number	
E-Mail Address.				

Does the client have special requirements? e.g. Mobility issues					
Name and Tel number of GP					
Date of last visit					
Main reason for contacting Health Coach?	Healthy Eating	Physical Activity	Smoking Cessation	Other	
How did you find out about the Health Coach Service?	Word of mouth	Referred by PCT	Referred by non PCT org	Press or publicity	Other (specify)

Date of initial contact
Date of sign off

Notes
Height..... Weight.....
BMI..... Waist.....

Health Coach Project

BMI Data is optional

(Initials only on Visits)

ASSESSMENT & CLIENT PATHWAY DETAILS

Contact	Date	6 BMI	Weight	+	-	M
Contact	Date	BMI	Weight	+	-	M
Contact	Date	BMI	Weight	+	-	M
Contact	Date	BMI	Weight	+	-	M

Appendix 2

Research and Statistical Information

Health Profile 2010 – Hartlepool 28th July 2010

Hartlepool Joint Strategic Needs Assessment 2009 – Looking at future health, care and well-being needs.

Valuing People Now: a new three-year strategy for people with learning disabilities – Making it happen for everyone

Healthy Lives, Healthy People: A call to action on obesity in England 2011

Appendix 3

Incontrol-able CIC
Analysis of funds
at 31-Oct-11

Health Coach grant	Actual
Income	
Balance b/fwd 01/10/11	
Grants received	23,841.00
Income Current Year	
Total income	23,841.00
Expenses	
Salaries	10,603.01
E'ers NI - employees	437.88
CRB checks	46.30
Total direct staff costs	11,087.19
Activities and events	
Contrib to running costs	
Equipment, software purchased	718.93
Insurance	20.00
Management fees	9,917.00
Room/venue hire	120.47
Stationery, consumables, copies	77.14
Training	30.00
Travel	169.54
Total Expenses	22,140.27
Current balances	1,700.73

Appendix 4

Comments/Feedback from the Celebration Event

2nd December 2011

What was your favourite thing about working with the Health Coach?

"It's been fantastic working with Natalie. She has been great working with everyone in the group and she has helped us to lose weight and stay healthy. I enjoyed dancing on the Wii and walking. I feel healthier".

"I enjoyed the walking and dancing on the Wii. I feel healthier now and I have lost weight. I feel better for it and I am going to carry on dancing at home on my Wii. I walk more now than I ever have".

"My favourite thing was going out on nature walks and I am looking forward to going on walks again after Christmas. I am going to try my best to eat healthier although I find it very hard".

"My favourite thing was losing weight and healthy lifestyle changes. I feel healthier than I did before and I will keep doing the things that Natalie has learnt me".

"My favourite thing was exercising in my chair. I will not carry on doing this without support".

"I enjoyed the Wii, I enjoyed my first walk, I enjoyed all the walks. I can walk a bit further now than I used to. I am going to go on the walks with the walking group after Christmas".

"My favourite thing was working with Natalie. I feel a lot healthier than I did before".

"My favourite things were getting weighed, dancing on the Wii, playing with the skittles and going on the walks. I am going to stick with it. I've really enjoyed it all".

My favourite bit was dancing on the Wii. I feel healthier now. I do loads of walking now and I have really enjoyed it all".

"It was absolutely tremendous! My favourite thing was dancing on the Wii. I feel loads healthier now and I have lost weight. I go to the gym and go on the exercise bikes. I am going to carry on with healthy eating and exercising at Sports Mobility".

"She is the best woman for the job! I loved the dancing and bowling. I feel healthier now and I do more walking now and again. I am going to carry on with healthy eating 100%".

Steve Carolan, SYMO (Shoot Your Mouth Off)

What impact has the project had on your organisation?

“It has reinforced the healthy eating message with the group. There have definitely been some positive changes. The attitude in the group was very positive with our members. It’s really good that a lot of them have lost weight. Hopefully in the future we can maintain that attitude to keep people healthy”.

Give a positive example of your client’s involvement in the Project?

“A positive example is that most of the people came out on healthy walks which I think at the beginning some of them would have found challenging but they really started to enjoy it”.

What benefits do you think you have using an Independent organisation rather than traditional service?

“Certainly the value of having Natalie coming added a certain novelty to it. I think it was important having the right person for the job. You could have sent someone in who bored everyone rigid and for people to look forward to someone coming in rather than dreading another lecture. It was made a joyful experience”.

Statistical Information

30 people participated in the project

22 people lost weight

2 people remained the same, but are leading healthier lifestyles

2 people gained weight

1 person was underweight, but successfully gained weight

3 people did not engage in the project following referral

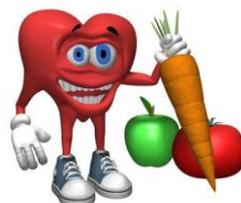
A total of **71** people engaged in the project; includes participants, agency staff, carers and professionals

Total weight loss of the 22 people was **162lbs** (11st 6lbs)

Average weight loss of **7lb 4oz** per person

All 26 people (excluding 3 who did not engage, plus 1 person who wanted to gain weight) had a total weight loss of **159lb** (11st 4lbs)

Average weight loss of **6lb 1oz** per person



Date: 28th November 2011

Client	Start Date	Height	Start Weight	Initial BMI	Current weight	Loss	Gain	Current BMI	Steps taken
1	12/09/11	5ft 4.5in	24st 6lb	57.8	24st 6lb			57.8	Healthy eating advice and support
2	12/09/11	5ft 7in	20st 3lb	44.3	20st	3lb		43.8	Healthy eating advice and support
3	09/09/11	5ft 1.5in	18st 2lb	47.1	17st11lb	5lb		47.0	Walking healthy eating advice and support
4	05/09/11	5ft 3.5in	13st 9lb	33.3	13st 5lb	4lb		32.6	Wii, walking, healthy eating advice and support
5	05/09/11	4ft11.5in	13st 9lb	37.9	13st 7lb	2lb		37.5	Wii, walking, healthy eating advice and support
6	05/09/11	5ft 8.5in	16st 5lb	34.3	15st 4lb	15lb		32.1	Walking, healthy eating advice, sports mobility
7	29/08/11	5FT 3in	22st 6lb	55.6	22st 7lb		1lb	55.6	Healthy eating advice and support
8	13/07/11	5ft 5.5in	19st 12lb	45.6	19st 9lb	3lb		45.1	Armchair exercises, healthy eating advice
9	29/07/11	5ft 10.5in	23st 9lb	46.8	23st 11lb		2lb	47.1	Wii, walking, healthy eating advice and support
10	10/06/11	4ft 7.5in	16st 9lb	53.2	15st11lb	12lb		50.4	Wii, walking, sports mobility, healthy eating advice and support
11	10/06/11	5ft 6in	12st 4lb	27.8	12st 4lb			27.8	Wii, walking, healthy eating advice and support
12	10/06/11		7st 9lb		7st 4lb	5lb			Wii, walking healthy eating advice and support
13	10/06/11	5ft 2.5in	9st 3lb	23.2	9st	3lb		22.7	Wii, walking, sports mobility healthy eating advice and support
14	10/06/11	5ft 4in	12st 1lb	29	11st 7lb	8lb		27.6	Wii, walking, healthy eating advice and support
15	10/06/11	5ft 1.5in	9st 9lb	25.1	9st 6lb	3lb		24.5	Wii, walking, healthy eating advice and support
16	10/06/11	5ft 1.5in	14st 8lb	37.9	14st	8lb		36.4	Wii, walking, healthy eating advice

Client	Start Date	Height	Start Weight	Initial BMI	Current weight	Loss	Gain	Current BMI	Steps taken
17	10/06/11	5ft 8in	16st 9lb	33.9	16st 7lb	2lb		33.6	Wii, walking healthy eating advice and support
18	10/06/11		13st 2lb		11st 6lb	24lb			Wii, walking, sports mobility, healthy eating advice
19	10/06/11	4ft 9in	12st 7lb	37.9	11st 13lb	6lb		36.1	Wii, walking healthy eating advice and support
20	10/06/11		13st 1lb		13st	1lb			Wii, walking, healthy eating advice and support
21	06/05/11		15st 11lb		15st 7lb	4lb			Walking, healthy eating advice and support
22	03/05/11	5ft 1in	7st 4lb	19.3	7st 7lb		3lb	19.8	Initially under-weight. Implemented balanced diet, resulting in weight increase
23	18/04/11	5ft 3in	24st 8lb	65.9	24st 2lb	6lb		64.8	Healthy eating advice and support
24	14/03/11	5ft 2in	17st 1lb	43.7	16st 9lb	6lb		42.6	healthy eating advice and support
25	08/03/11	6ft	21 st 2lb	40.1	20st 5lb	11lb		38.6	Walking, cycling, healthy eating advice
26	08/03/11	5ft 6in	25st 11lb	60.5	24st	25lb		54.2	Walking, sports mobility, healthy eating advice
27	02/03/11	5ft 9in	17st 6lb	36	17st	6lb		35.1	Walking, healthy eating advice



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