



CASE STUDY

COMMISSIONING BODY: North West Health Trainer Hub

TITLE: Health Trainer and Worklessness; Making the Links

LENGTH OF CONTRACT: 12 Months

DESCRIPTION: The Government's *Improving Health and Work: changing lives* strategy (2008) confirms that being in meaningful, paid work can, amongst other things, help to reduce health inequalities and improve people's physical and mental health or wellbeing.ⁱ The international evidence suggests a relationship between unemployment and health and a strong association between unemployment and poor mental health.ⁱⁱ

A total of 367,420 people of working age in the North West are currently out of work and claiming Incapacity Benefit (IB) due to ill health. This is almost 40% higher than the national average and equates to the second highest concentration of claimants nationally after the North East.ⁱⁱⁱ In the Office of National Statistics' Labour Force Survey (2005) 18.2% of North West households were classed as workless.^{iv} Nearly two thirds of this worklessness is attributable to ill health.

Understanding the association between worklessness and poor health is important from a broad range of perspectives. And by developing services that can impact on both agendas should result in several positive outcomes, if developed sensitively and appropriately.

The most significant of these benefits would surely be the increased life chances for the person struggling with either poor health or unemployment. However, there are other potential benefits: an increase in economic activity could free up resources in the health system, cut the benefits bill and, most importantly, build a healthier nation.

Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health. They work with them to assess their health and lifestyle risks, helping build their motivation to change. They have facilitated behaviour change and provided advice, motivation and practical support to individuals in their local communities since 2006, initially in Spearhead areas and now right across the country.

In July 2009 HM Partnerships, on behalf of the Cheshire and Merseyside and NW Health Trainer Partnerships conducted a review examining the potential relationships between Job Centre Plus and Health Trainer Services. The two government driven services, were identified in the report (Health trainers and Job Centre Plus: Making the links)^v as having a significant potential to jointly develop interventions.

Within the recommendations of the review, it highlighted that:

- There was a need for some Insight work to understand the client views and expectations of Health Trainer Services working with Jobcentre Plus

- Pilot programmes should be developed to test the various service models
- The pilot programmes agree a joint evaluation model to enable analysis and comparison across / between services
- Evaluation must be led by consideration of the worklessness agenda

OUTCOMES: Three pilot sites that were identified were Workington and Barrow in Cumbria, and Bootle in Sefton (Merseyside). All areas had high levels of worklessness, and claimants on IB or claiming benefits relating to poor health. The funding needed to deliver the project and manage the pilot sites was taken from money awarded by the Department of Health to Cumbria, Lancashire, Cheshire and Merseyside for the development of the health trainer model in supporting health inequalities.

All pilot sites recruited and employed full time Health Trainers to work with the local population, engaging them in their services with the aim of improving their health and increasing their chances of becoming job ready.

EVALUATION: As part of this project, there are two different evaluations taking place. The first is an economic evaluation conducted by the Centre for Local Economic Strategies (CLES), this will identify the impact each Health Trainer has had on the local population using a number of measures.

The second evaluation consists of a process evaluation, which will monitor the progress of the pilots and the management and identify examples of good practice that can be shared. This will also feature an element of sustainability planning and future proofing. Partners will be engaged for interview during the life of the project, disseminating the successes and building plans for the future of each pilot where possible.

ⁱ Improving Health and Work: changing lives (2008). Crown Copyright. Online version <http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf> (accessed November 2009)

ⁱⁱ C. Mclean, C. Carmona, S. Francis, C. Wohlgemuth and C. Mulvihill. (2005) Worklessness and Health; What do we know about the causal relationship. Evidence review

ⁱⁱⁱ North West Public Health Observatory. (2009) Health E News: Edition September 2009) Online version. <http://www.nwph.net/nwpho/Publications/Forms/DispForm.aspx?ID=205> (accessed November 2009)

^{iv} ERS (2005) Effective interventions to Tackle Worklessness. Final Report. Online version <http://www.onenortheast.co.uk/lib/liReport/3647/Effective%20Interventions%20to%20Tackle%20Worklessness%20-%20Review%20of%20Evidence%20-%20Final%20Report.pdf> (accessed November 2009)

^v Haig, M., Parker, M. (2009). Health Trainers and Job Centre Plus: Making the Links. North West Health Trainer Partnership (Cheshire and Merseyside Hub)