

Appendix D: Case studies

Methodology

Three detailed case studies were undertaken, in Manchester, Northamptonshire, and Stoke-on-Trent. These were selected in consultation with members of the project steering group from a list of authorities which had indicated their willingness to participate in their responses to the phase 2 survey. The case studies were chosen to represent different types of library authority and are based in different regions of England. They also present a range of models of health partnership work at different levels of development. In each, two partnerships were identified for particular study.

In each authority, the aim was to interview, by telephone, a range of key stakeholders, including:

- A senior library manager, to obtain a detailed overview of health and well-being activity in the library service
- Library managers with detailed knowledge of specific activities and partnership arrangements
- Health partners involved in those activities and schemes
- Service users

The project team conducted 12 interviews in total, adapting the stakeholder list to suit individual circumstances. In one authority, only one partnership was examined in depth, as the other partnership selected by the project team was thought by the authority concerned to be at too early a stage of development for the study to be of value to the project. Identifying users of the individual schemes and activities proved particularly difficult in the time available owing to the protocols involved, but in spite of this a total of three service user interviews were secured. One contact, identified by the health partner, had in fact used the computerised Cognitive Behavioural Therapy (cCBT) service in Stockport libraries rather than in Manchester; however the underpinning service and partnership arrangements were similar in both authorities. In one instance, the health partner was willing to participate in the study but unable to contribute within the time frame available for the case study phase of the project.

The three case studies are presented in detail below.

Appendix D1: Manchester

Manchester is a metropolitan borough in the Northwest region. The library service operates 27 service points, including four mobiles. It serves a resident population of 458,100, of which 13.1% are of retirement age, and 18.2% are aged 15 years or under¹. The establishment of a Joint Health Unit in 2002 - a partnership between Manchester City Council and Manchester Primary Care Trust - has resulted in a high profile being given to addressing health inequalities in Manchester, both between areas in the city and between Manchester and the rest of the country. Health is a priority for the council, and has been formalised in the City Council Health Strategy², which aims to create a healthy, happier, wealthier city.

Libraries are well placed to support this agenda as a result of a strategically embedded health offer as part of the library service. The Health Matters Project sits at the heart of this offer aiming to deliver:

- Improved access to health information for people citywide through their public libraries
- The provision of a quality health enquiry service through the training of staff across all libraries
- A programme of events to promote health resources and provide agencies with a venue to publicise their activities
- Partnership development with other agencies
- A positive contribution to the Council's targets to reduce health inequalities in Manchester.

The Health Matters team runs a developed programme of health and well-being interventions including health information, signposting and health promotion, through its network of 23 health information points in Manchester libraries, and on mobile services. They also link with the Fiction and Reader Development Officer to offer creative activity. The authority is offering computerised Cognitive Behavioural Therapy (cCBT) in one of its libraries, health website workshops, and community outreach work with Manchester Carers Forum and community resources centres. With the mainstreaming of the project manager's post in 2008, Health Matters has moved from project status to being a recognised strand of the library service. The

¹ CIPFA Public Library Statistics, 2007-08 Actuals

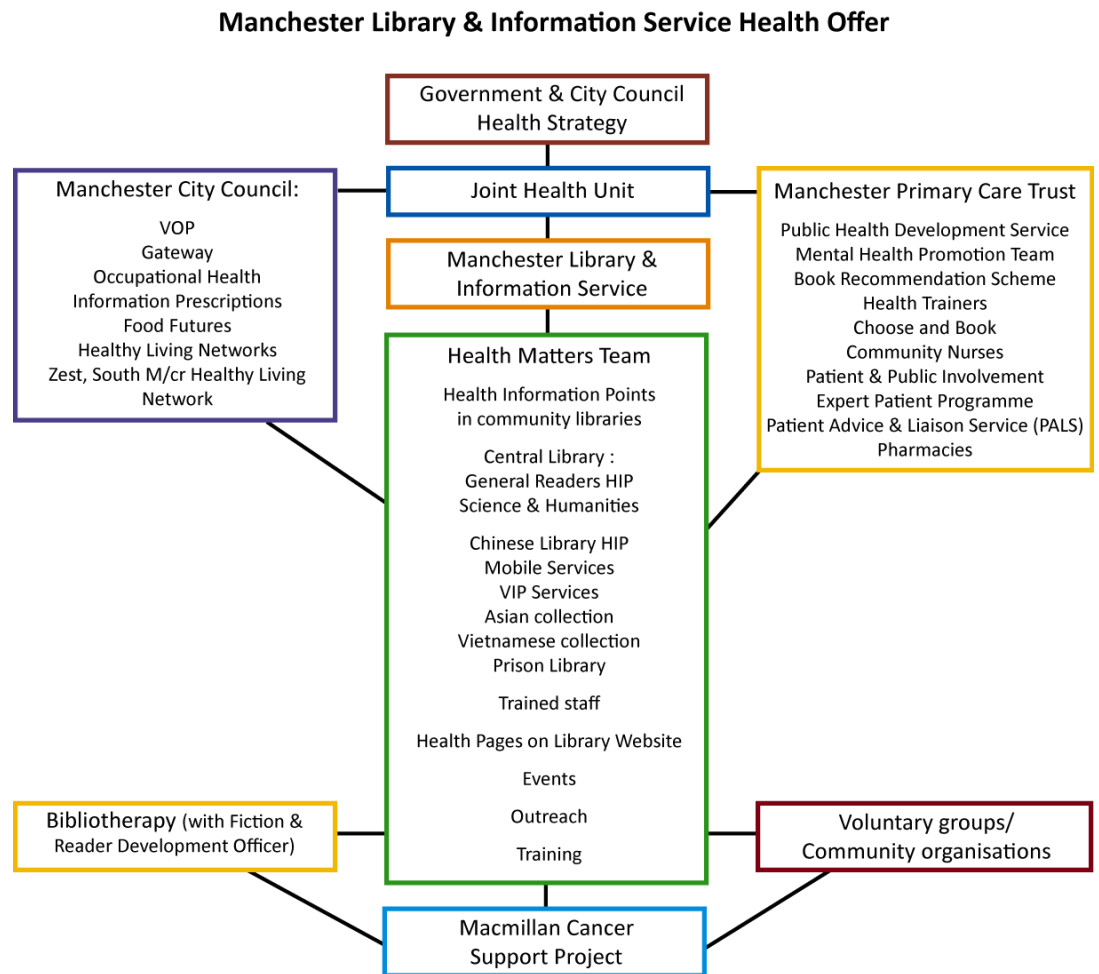
² http://www.manchester.gov.uk/downloads/file/11861/mental_health_strategy_2009-2014_for_consultation

success and profile of the project was instrumental in the service receiving substantial funding to enhance its health offer (Figure D.1) by establishing the Macmillan Information and Support Service, which became operational in 2008.

The work is embedded at policy level both within the PCT and the local authority and is supported by a number of longstanding partnerships providing funding, resources, expertise, training and access to targeted communities. Successful partnerships exist with Macmillan Cancer Support, Manchester Primary Care Trust, Manchester Mental Health Promotion Team, Manchester Public Health Development Service, Adult Social Care, a range of health agencies and the city's healthy living networks.

Health and well-being is on the top level of the library's business plan. Both Health matters and the Macmillan Service are specifically mentioned as part of the top level Library Business Plan, but not specifically mentioned in the Local Area Agreement (LAA); recently when the council had to reduce the number of key indicators, one that was kept in the LAA concerns reducing the inequalities around cancer mortality. It is clear that the Macmillan project ties in with this agenda.

Figure D.1: Manchester health offer



The case study in Manchester focussed on the work of the Healthy Matters project, and the partnerships with Macmillan Cancer Support and Self Help Services, providers of cCBT. We were able to speak to service users for each of these projects. Their views are described in more detail below. The Macmillan service user was a carer who had not previously been a library user. The cCBT user was referred to the service by her GP and it is the only health and well-being activity in public libraries of which she has experience. Prior to using the service she was already a regular library user so she described the library as *'familiar ground for me'*. In this sense, the service has not encouraged her to use libraries more, although she has used cCBT services in several different branches. Her experience of the service has been very positive and she has completed the programme. Neither user had been involved in any public consultation process concerning health and well-being activity in libraries.

Health Matters

Health information and health promotion work in Manchester libraries was brought under the banner of the Health Matters project in 2004. The library authority had always delivered health information as a core service but decided to seek dedicated funding to develop its provision. Originally supported by the Neighbourhood Renewal Fund, the Health Matters project is now part-funded by the Working Neighbourhood Fund. It has a dedicated Health Matters Manager post, mainstreamed as part of the library service structure, with supporting resources including a project-funded Information Officer post. The project is the result of three key drivers: impetus from the library service to make a positive contribution to the council's health inequalities targets; a response to a national government agenda prioritising health; and local developments in the shape of the Joint Health Unit at Manchester Town Hall (a partnership between the City Council and the NHS).

The main focus of the project is health information, and as part of this activity, Health Matters has done a lot of work on navigating and increasing access to health web sites. When the project was established, library staff received training on health web sites including NHS Choices. Staff are now receiving NHS Choices online training.

The Health Matters Manager is beginning to look at joining health information work with other parts of the library service. Together with the Fiction Development Co-ordinator, for example, work has been carried out in sheltered housing and community resource centres with older people, linking health promotion activity with poetry and creative activity. The library service would like to develop this area of work but is limited by available time and resources.

Health Matters is recognised in library strategy but is not formally built into high-level NHS strategy locally as far as the Manager is aware. It is, however, referred to in Public Health Development Service policy documents. Whilst libraries may not be mentioned specially in relation to health and the LAA, the work of Health Matters is being linked across to LAA priorities, in particular the health and well-being indicator in Manchester's Community Strategy.

Partnership structures

The partnerships supporting health and well-being activity in Manchester are practical and project based. There is a variety of structures in place, with different partners, although many of the projects interact. The Health Matters project has a formal steering group, which has been instrumental in raising the profile of library health activity with health sector partners and in relationship building. Libraries lead this partnership, but the work is very much informed by health priorities and

targets. For example, the steering group was instrumental in helping libraries build a partnership with the Mental Health Promotion team in Manchester PCT to deliver a book recommendation scheme along the lines of Books On Prescription (BOP) but including a non prescription element. Partnerships have also been developed with healthy living networks in the city, and this stakeholder group is now represented on the steering group. The Health Matters steering group was also responsible for bidding for the Macmillan Cancer Support project. This now has its own steering group but also has representation on the Health Matters steering group and vice versa. The two projects work very closely together.

The Health Matters project is supported by a broad partnership base from within the City Council, Manchester Primary Care Trust, other health sector stakeholders, voluntary groups and other organisations. The profile and recognition resulting from the existence of the steering group has helped to build wider partnership networks as organisations have become aware of the potential of working with libraries. A closer working relationship is, for example, developing with NHS Libraries. The current steering group includes representation from the Public Health Development Service representing health promotion and mental health promotion. It also includes representation from one of the City's healthy living networks. This stakeholder representation has been important in helping to widen the partnership base for the project.

The partnership supporting cCBT originated with Self Help Services, a Manchester based, user-led mental health charity, which contacted a city library direct. The partnerships supporting Health Matters may, however, have played a role in facilitating this relationship as the steering group representative from the Public Health Development Service is also a member of the Mental Health Promotion Team.

Macmillan Cancer Support project

The Macmillan Cancer Support Project represents a relatively new way of working with libraries that builds on their community engagement role. Macmillan are excited to be developing this way of delivering cancer information and support services, although the project has involved a significant learning curve that means that it is only now, as the project draws to an end, that its full potential has become apparent. This project is time-limited, with twelve more months of funding, and it is yet unsure whether the project will be picked up substantively by other partners; Macmillan sees it as building an important long term relationship with the library service.

Macmillan had been delivering information through libraries for some time and various different partnership structures had evolved. In some areas, Macmillan

staff had placed booklets and information about their service in libraries. In others, libraries had obtained and displayed this information themselves; or had invited a Macmillan nurse along to lead a drop in session once a month. When Macmillan discovered that libraries were being used in this way it began to invest in a small number of information managers, funded by grants in a similar way to those supporting the Macmillan nurses³, to manage the outreach and other work that was being done through the library.

In 2004 Macmillan carried out an evaluation of its work with library services across the country. The report made it clear that there were advantages to working with libraries and that there would be benefits in linking up with exemplar library authorities to develop a larger library based information support service. Manchester was chosen as a test site because it already had a network of health information points and was an area experiencing some of the worst rates of cancer in the country.

Macmillan sees the Manchester library project as a way of bridging with the community and providing a localised service close to where people live. The project has huge reach with 23 libraries, plus the mobile service, across the City, placing each resident within a mile of a service point. Macmillan feels that libraries offer neutral, non-stigmatised, non-clinical space, and access to individuals that can be hard to reach, such as those from BME and deprived communities. The library setting therefore provides an important community element that is missing from hospital services, which has implications for the audiences reached. People using hospital-based Macmillan services are usually in the process of treatment for the disease whereas people using the library are doing so much more for information and support. The project is therefore helping to build cancer awareness and support early diagnosis. It is also able to reach wider relatives and family and support people post treatment. The role in relationship to survivors is particularly important as more and more people are living beyond treatment.

Macmillan feels that there are some clear benefits to delivering cancer services in libraries. The community setting plays a key part in normalising the view of cancer as a health issue. The community outreach expertise also enables messaging to be matched to the locality, supporting targeted health messages appropriate to the local community. Macmillan feels that this is key to addressing the health inequalities evident in different parts of the city and in getting the cancer message through to communities that it is not currently reaching.

³ A nurse, employed by a hospital trust or primary care trust, would receive a grant from Macmillan to cover salary and on-costs for three years. Management is covered by the host trust, which is normally expected to take over the funding at the end of the period.

The project includes an information project manager post supported by a small team of three (1.8 FTE) other posts. Capital investment at the start of the project created branded areas from which to run the Macmillan Information and Support Service in three of the larger community libraries. Macmillan provides funding to cover the project posts, for setting up information points and supporting resources and stock as well as training for front line staff. This funding support has reached somewhere in the region of £300,000, over five years. The service has the usual three year funding agreement. Whilst it is unlikely that continuation funding will be found from other partners, exit strategies are being considered to plan for the future of the service.

The Macmillan Cancer Support Project is overseen by a steering group. This meets quarterly and includes members from the NHS and healthy living networks as well as Macmillan and the library service.

The services offered through the library include provision of cancer information and support, and health promotion. The service is based in three community libraries, which provide a range of the Macmillan and Cancer Research UK resources giving quality information about cancer awareness and living with cancer. There are also smaller information points in four community libraries, with plans to extend this. A drop-in support service is offered once a week at each of the three main library bases, with additional support available by appointment (face to face or over the phone). Project staff offer information and advice, emotional support, and referrals or signposting to other services such as qualified counselling.

Health promotion and awareness raising activity tie in with the work of the Health Matters team. For example, a 'living with cancer' talk series has recently been launched. One session at the central library featured hairdresser Trevor Sorbie, who has his own charity that cuts wigs, talking about wigs, hair loss and coping with after care. There was also a cancer support market place where all the different services to support people living with cancer were brought together in one library so that people could come and access the whole range of services.

Key benefits of the project for the library include a specialised health resource that adds value to the existing library health offer, provides additional resources, expertise and purpose built units to enhance the existing health information points. The project has provided training for library staff to help them deal more confidently and effectively with people with cancer queries. The partnership with Macmillan has helped enhance the library service's profile within the local authority and with other health partners. It has also encouraged new people to use the library.

For Macmillan, the key drivers for the partnership have been the value of the library as a neutral community space, the outreach capability of the service and its ability to target activity and information appropriately for the local community. The library is also able to provide a pool of additional resources and community activity to support the cancer service including self help reading, biographies and other linked reading material, book loans, reading activity and a range of linked information services relating to relationships, returning to work and leisure.

Macmillan feels however, that it is only just becoming aware of the possibilities and issues of this model of working. It knows that it still has learning to do about how to work with local authority partners, how to promote the library as a place to go for cancer services service and how to sustain project delivery in the long term.

A carer using the service identified the partners as being Macmillan and the local Council, although she was not sure whether Macmillan were *'just using'* the library premises. She felt that the partnership worked well and was appreciative of the service it provided. She was grateful to have *'somebody there for me'* and in particular, valued having *'something local'*. She would not have been able to use the support service at the local hospital because of her caring responsibilities.

The carer was not previously a library user and until alerted to the service by her daughter, was unaware that it was available in the local library. She emphasised that the service *'needs broadcasting a bit more.'* She felt that it was not clear that Manchester Libraries offered health and well-being services and that raising the profile of these activities would encourage more people to use the library.

cCBT project

Self Help Services (SHS) provides cCBT services in Manchester and the surrounding area. It is a Manchester based, user-led mental health charity offering self help initiatives and services to people affected by mental health problems. It receives funding from a range of organisations, including the local PCT, to support their work.

SHS is contracted to deliver cCBT services, normally by the PCT, but other organisations also have a commissioning role. New Deal was the commissioning body for the cCBT service in East City Library, Manchester. The usual structure for a cCBT programme is that the user works on a computer programme for one hour per week for eight weeks. Users also have print outs to read and exercises to do between sessions.

SHS feels that libraries provide good venues for the delivery of cCBT therapy because they are free, provide IT resources and support and will also often

provide indirect funding through support services such as publicity and printing of cCBT programmes. The level of support offered varies from library to library; some offer support services such as printing free of charge, others charge at a reduced rate. All libraries that SHS has worked with have provided accommodation and use of the computers free. Other community venues may charge for these services.

The impetus for a library service partnership comes from SHS approaching individual libraries in an area where it has been commissioned to deliver cCBT services. The partnership is not, therefore, a long-term, formalised and structured arrangement at authority level. SHS tends to work with individual libraries where it has a named contact and have identified a way in. It makes a formal approach to someone at management level identifying the community benefits of offering cCBT services through the library. The partnership arrangements are therefore individualised and contract driven. This is a different model to that adopted in much of Manchester's health partnership work, probably because cCBT service provision in libraries is at an early stage of development.

SHS values the fact that libraries offer a non-stigmatised, anonymous community space as well as access to computers. The community associations of the library space are important in that it normalises the process for many users, supports social inclusion and breaks down the isolation that many people in need of cCBT therapy are experiencing. This was confirmed by a service user, who said *'anybody uses the library ... you could be there for any reason ... it's a bit anonymous I suppose for people who want to be'*.

Libraries cannot, however, always offer the ideal conditions for the delivery of cCBT services. These are most effectively delivered in a public venue that also offers some seclusion or privacy. In the library, this might mean a separate room or private space. In East City Library, SHS was given free use of the homework room for four hours a week. This is SHS' preferred arrangement as it can be difficult to work through a cCBT package on the main library IT network, which can be noisy and lack privacy.

The usual arrangement is for SHS to provide trained workers offering guidance and support in using cCBT programmes. The library provides the space, technical support and online access, as well as support with marketing and publicity. Library staff sometimes signpost the service, distribute flyers and advertise the service, which is largely self-referral on the library website. They do not directly interact with the service or support delivery. In some places, there is also information sharing between SHS workers and librarians. In Stockport, where SHS also work

with the library service, for example, the SHS worker has given a talk to library staff about the service.

Libraries are embedded in SHS action planning as a delivery venue. The key issue for SHS when delivering a contract is to find a suitable venue in the area. The public library is seen '*as the best bet*' providing a low cost, if not free, community venue plus IT facilities and support as well as other services. The size and reach of the public library network is also important when the commissioned package requires multi-location delivery. The availability of a choice of venues was commented on positively by a service user.

From the user's point of view, the library partnership supporting cCBT works well. A key benefit of a library venue is that it is seen as '*neutral ground*'. Going to the library for treatment also helps to normalise the whole process – '*There's a service out there where all you have to do is to go up the road and you can get yourself back on track again*'. The environment provided by the library, described as a '*happy place*' and a '*very positive environment*', was felt to be important - '*there was always somewhere 'comfy' to sit down whilst you wait to use the computers, which I think is good because you need to feel relaxed*'. She explained that whilst she was offered the possibility of using cCBT at home, she views going to the library as '*part of the process*'. There are '*things to keep you interested*' and always lots going on there that she was not aware of before.

Impacts and outcomes

Health Matters

The Manchester Health Matters approach was felt to add value to the community and information role of libraries by library services and partners alike. Libraries have always provided health information but the project gives this work a profile and recognition that attracts partners, builds networks and adds capacity. Health work engages front line staff in activity that interests and motivates them. The work also brings new customers through the door that wouldn't perhaps come in to use other library services. For example, offering cCBT brings new users to the library, who also often take out books from the self help book collections and from general reading stock.


For partners, libraries provide access to the community and to people that they might not normally be able to reach – for example, the blood service uses library venues to recruit donors. The Manchester LINK⁴ Support Team also uses libraries, as a venue for public consultation on health and social care services. This adds value to the consultation it does with existing groups/organisations who already have a voice on health matters. Using public libraries enables the organisation to access a broader cross section of the community who may not be engaged through other channels. They are seen as a means of accessing the average Mr and Mrs Manchester who may not be thinking about the health services that they use or have specific issues but whose input is important.

Whilst the LINK team representative was not sure how many people use the information provided through libraries, or how effective their health information role is, their perception was that the health information points appear to be well stocked and well used. They also felt that the Health Matters Manager has been very helpful in ensuring that the information points carry LINK information and in suggesting different ways in which libraries can promote LINK work to their users.

The library service feels that impact evaluation is a really difficult area and an important priority for future research. At the moment, they use feedback forms and comment cards asking people about their views, and to harvest evidence, mostly anecdotal. Figure D.2 gives an example of a card used at Health Information Points; a summary analysis of comments received is included in Appendix D1.1. The library is, however, good at measuring quantitative impact (e.g. book issues and use). The Health Matters Manager commented, *'If there's a good and sensitive way of measuring the impact, I would like to hear about it'*. The driver for this comes from the library itself, however, as they have not yet been asked for impact evidence from their health partners.

⁴ *Local Involvement Networks (LINK) aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independent supporters, the role of LINK is to find out what people want, monitor local services and use their powers to bring them to account. Each local authority that provides social services has been given funding to ensure that LINK activities take place.*

Figure D.2: Health Information Point comment card

Health Information Point	Comments
<p>Your comments on the Health Information Point would be very welcome. Please put completed cards in the box.</p> <p>Has the Health Information Point in your library contributed to your health and well being?</p> <p>What difference has the health Information Point in your library made to you?</p>	
<p>manchester library & information service</p>	<p>Thank you for your help.</p> 

Macmillan

The original aims for the Macmillan project have evolved as the project has developed. The project team has also evolved, changing shape and structure in order to effectively deliver the emerging priorities of the project. These include the survivorship and cancer awareness agendas, two areas of work that can be particularly effectively delivered by libraries, as opposed to hospital based services that tend only to see people in the process of receiving cancer treatment.

Measuring the impact of the Macmillan service on users is difficult. Well over a thousand leaflets are taken from the three main library centres every year, of which about 80% are concerned with cancer awareness and diagnosis, but it is hard to measure the actual impact of this uptake. The project is currently commissioning an external evaluation, which will include telephone interviews with some users of the support service to obtain qualitative feedback. The difficulty is in how to put a value on their experience: *'Sometimes you have only solved one part of a problem but they are so grateful, it helps them so much, this service is obviously reaching people who don't know where else to go'*. (Macmillan Information Manager)

One area where there has been an obvious impact is that the PCT has taken the project into account when deciding where to place its own services. For example, after consultation, one of the breast screening units has been moved from a local hospital into a car park across the road from one of the libraries. This location is not only more accessible to the community, but also if anybody has any concerns, they can go into the library and access support. Although it is expected that the Macmillan Service will remain in some form, even if the funding ends, with an exit strategy being to keep established Macmillan information points, it is however

legitimate to ask what is going to happen if and when the Macmillan Library Cancer Support Project is not around anymore in its current form.

The Macmillan user interviewed had visited the library once, and subsequently had several telephone contacts with the community outreach officer based there. Although she had found the library welcoming, and valued the local nature of the service, it was more convenient to continue the contact remotely. She commented, *'I do appreciate the way [the Macmillan Community Outreach Officer] was speaking to me... and I really appreciate being able to speak the way I wanted to speak ... just to ask questions ... and letting her know how I felt inwardly. I know there's somebody there for me now'.*

cCBT

The delivery of cCBT services through libraries is seen as adding value to their health and well-being offer. The cCBT package is focused on helping people to overcome feelings of anxiety and depression. Delivering such a package through a public library has extra benefits, in that working through it in a community venue supports social inclusion and can help to break down feelings of isolation. It also helps that the library provides a non-clinical and non-stigmatised setting for people to go to. The SHS partner feels that the public like the library as a venue for cCBT services but prefer some privacy within the library to work through the programme.

SHS evaluates the effectiveness of cCBT services through a variety of standard questionnaires, as well as other key performance statistics such as attendance and the number of people completing. They do not specifically evaluate the impact of using the library to deliver cCBT, although this is sometimes reflected in the comments section of the patient experience questionnaire. The library service asks for details on numbers of people using the service on a monthly basis.

The cCBT user's verdict on using the service in libraries was *'absolutely brilliant'*. The self-directed, self-help nature of the service offered appeals to, and works well for her. She found the fact that she physically had to go to the library and book ahead to be motivating and helpful in *'getting you back on track' towards 'normal life'*.

She values the local nature of library provision, and that the library is easily accessible and offers other facilities – a situation which she described as *'ideal'*. She highlighted the importance of the cCBT service, especially in the current context of job insecurity and anxiety: *'I think it's a great service'*. She has used cCBT at several different branches and mentioned that the set-up at each one is quite different, and that it works better for some than for others. Other factors include the time of day and the others users around in the library. She emphasised

that it is best to avoid busy times, such as after school, as *‘it could be a bit off-putting’*.

Critical success factors

The Health Matters project holds regular partnership steering group meetings, which have been invaluable in raising the profile of library health activity within the NHS and promoting it through NHS channels. This has been really helpful in building relationships.

Critical success factors for partnership working include:

- A common base of shared objectives and a defined project focus for the work. One example is the book recommendation scheme where there was a defined and achievable project focus for the partnership and shared objectives
- Developing partnership working at practitioner level where the focus can be on small-scale achievable and practical targets
- Good communication
- Good relationships between the health partner and the library staff are vital for the partnership to work well and to build library staff understanding of the work underway

The Macmillan information manager saw networking as a critical success factor, particularly with other Macmillan information services in the region (most of which were based in hospital settings). She also felt it was important to be flexible and responsive and allow the project to evolve and develop over time.

The Macmillan partner reinforced the view that a flexible approach on both sides has been critical in enabling them to adapt processes and structures. He also felt that it was important to have commitment at a high level from both partners and to learn how to work with each other.

There was a shared view by all the partners that the less successful partnerships have been those that are too global and ambitious, have not been based on specific practical delivery objectives and have not been underpinned by smaller scale pilot work or research.

Challenges and opportunities

The Health Matters Manager noted that it can be difficult to find the right people to talk to in the health sector, and that the Health Matters steering group has helped to overcome this, by building networks and brokering introductions.

The Macmillan partner felt that a key challenge for them was how to promote the library based service effectively to attract those who were not already library users. Another key issue is sustainability of the service when time limited funding comes to an end. There was also recognition by both partners of the need to think about support structures for teams working with cancer sufferers in a community setting as this can be a very emotive and stressful area of work. The Macmillan partner also suggested that the outcomes of this kind of work go beyond health to have well-being and social care implications. This means that there are often no clear funding streams to support and sustain activity. He suggested that the answer to this might be the creation of multi-agency partnerships to bring in a wider range of interests to support the work.

The Macmillan service user reiterated the need to address this promotion and marketing challenge. She felt that libraries do not make it clear that they offer health and well-being services, and that raising the profile of these activities would encourage more people to use the library. She would also like to see the Macmillan service offered in all libraries, but added that people must be made aware of it.

The need for better marketing of library based health services was echoed by the cCBT service user, who was not aware of the service until she was referred by her GP. She felt strongly that libraries do not generally make it clear that they offer health and well-being services, at least *'not to your average person'*. She suggested that marketing could be targeted at other organisations that would promote each other. She specifically mentioned Job Centres and job clubs, which could benefit from mental health awareness opportunities. She thought that better marketing of library health services would encourage more people to use libraries, noting that not everyone has a computer at home. She felt that *'the library is a great place anyway'* and it *'gets you out and about meeting other people'*. Her view was that if libraries *'got the message out there a bit more you'd probably get greater uptake'*. Marketing and profile was therefore seen by users as a big issue for the future.

The cCBT partner felt that library IT services can be a barrier to users of this service. The lack of privacy can be a problem, as can having to queue up with other PC users for cCBT print outs.

SHS felt, however, that the general push for greater access to psychological therapies offers some important opportunities for libraries not only for more widespread delivery of cCBT services but also for locating therapists in libraries where there are private spaces. The availability of suitable venues is a key issue for the Improving Access to Psychological Therapy (IAPT) programme. Therapists

currently tend to use a GP practice but often the NHS' ability to deliver therapy is hindered by capacity within GP practices. There has been a major investment in salaries to support improved access but this has not been matched in investment in venues, and this is a key issue affecting successful delivery of the programme. Libraries offer the perfect space for such activity - library space *'is like gold dust'* in this context. Public libraries need to be brokering a national partnership with IAPT in the DoH to realise this potential.

Future vision

Key elements of a public library health offer are thought to include:

- Information, including navigation of web resources
- Health information points where people can access quality information confidentially. This will require suitably skilled staff to maintain quality control
- Promotion and community/outreach/engagement activity. Libraries have huge expertise in community engagement and targeting that they need to be marketing to potential health sector partners as a means of delivering key policy priorities including prevention, early intervention and health inequalities
- Linking health information/promotion work more effectively to the creative reading/bibliotherapy activity
- More formal links with relevant partners within the local authority such as Adult Social Care and Education
- Provision of space for partners to offer support services and other activities which could be more accessible than in hospital settings
- Public health is a key area where libraries can deliver for health sector partners using their community outreach expertise to target messages effectively

Libraries and their partners may be coming from different directions but they share a lot of the same priorities. This creates a good base on which to build. For health sector partners, libraries offer unique assets that they need to market more effectively as a partnership base.

It is also important to engage front line staff in the delivery of the library health offer, in order to mainstream the activity as a core function.

National strategies or endorsement, particularly coming from the Department of Health, are thought to be key facilitators for health and well-being activity in libraries, alongside advocacy and local champions. There needs to be a much

greater understanding about the scope of what libraries can do, and of the different professional language of libraries and the health sector. For example, when Macmillan finished their 2004 evaluation of library services, they produced a free toolkit, comprising a folder with some booklets and posters encouraging library staff to order the booklets from the Macmillan website for displays in libraries. The material repeatedly referred to 'librarians' without realising that most people working in libraries are not in fact librarians. Such misunderstanding could be off-putting to library staff and counter-productive to getting the material into libraries.

Appendix D1.1: Survey of comments on the health information points

In March 2007, at the end of the first three years of the project, a survey was undertaken to gather customers' comments on the Health Information Points. Prior to this survey, verbal feedback from customers and staff, and evaluation forms collected after specific health events, had all been very positive. We wanted to get a more structured response, however, and so a card was designed to be placed in Health Information Points throughout the city. The card contained the following two questions:

Has the Health Information Point in your library contributed to your health and well-being?

What difference has the Health Information Point in your library made to you?

- We received 63 replies to the survey.
- The first question overwhelmingly received an affirmative response. Often customers added a comment at this stage as the following examples show:

"Very clear attractive display"

"The books are very informative"

"The information is very up-to-date"

"Yes – information about services"

"Yes, I've found a map of the Greater Manchester Cycle Network to keep me fitter by cycling"

- The second question was designed to gain some impression of the impact on customers of the health information points and drew a variety of comments, again overwhelmingly favourable. A few are quoted below as a representative selection:

"It has made us more aware of how easily we can change to a more healthy diet to give us a better, healthier life style"

"It has made me think on what I eat to try to keep me healthy"

"It has made me change my eating habits for the better"

"It's so much easier to access informative information. Excellent!"

“Very good for healthy eating cook books - good for stop smoking books”

“I have used the health information point recently to get books on nutrition and eating well to beat cancer. It has been really useful, some excellent books with alternative ways of healing yourself”

“Books around eating well to beat illness have been of particular interest, finding out about alternative therapies and support links”

“Made me more aware of conditions, natural therapies and self-help”

“Introduced me to self-help groups”

“Helped me recover from a prolonged period of work-related stress”

“I am a volunteer for a blind club and I did a night of aromatherapy. Without the book I would not have done the night - they all loved it”

“It won’t always be necessary to visit your doctor now, for the information can sometimes be found in the library, freeing up the doctor’s valuable time”

“I have improved my overall health through using the vast amount of health books that are available. It’s a really great service”

- Some comments forms were filled in by residents at Liverton Court, a sheltered accommodation site in Higher Blackley where a small health collection was placed on a block loan. They found the resources interesting and two residents particularly liked videos they had borrowed from the collection, one on exercise and one on cholesterol.
- Overall the resources on diet and healthy eating were mentioned by most respondents. A lot of people felt that they had become more health conscious as a result of using the Health Information Points, especially in regard to what they ate. Some felt the information had helped them in recovering from an operation
- The comments forms also included suggestions from customers for future development. Requests for more self-development audio books and raising awareness on men’s health issues have been put into practice. We have also taken note of requests for more health open days, although a request for a well-being café linked to the Health Information Point is a good idea but harder to achieve!

Appendix D2: Northamptonshire

Northamptonshire is a county in the East Midlands region. The library service operates 40 service points, including four mobiles. It serves a resident population of 678,300, of which 17.3% are of retirement age, and 19.9% are aged 15 years or under⁵.

Northamptonshire library service offers a range of health and well-being interventions although these differ in places from conventional approaches. It has evolved its Books on Prescription scheme into 'Read Yourself Well' involving recommended books purchased by the PCT covering areas such as sexual health, smoking, physical activity, healthy eating, alcohol reduction, breast feeding and mental health. The service also offers healthy living/well-being centre provision, is developing a creative bibliotherapy reading group programme, is launching a series of 'living with' days focused on long term conditions prioritised by the PCT, and is supporting expert patient courses and developing work with carers.

Working in partnership with the PCT, Northamptonshire library service also hosts 15 NHS health trainers in six of its libraries with Well-being zones. One of the Key Opinion Leaders (KOLs) interviewed for phase 1 has identified this project as an important new model for primary care service delivery. As well as working with the local PCT, the service is opening partnership discussions with Macmillan Cancer support.

Northamptonshire Library Service has recently appointed a health programme co-ordinator to manage activity, make connections and develop partnerships in the area of health and well-being. This appointment reinforces health and well-being as a key priority for the library authority.

The case study in Northamptonshire focused on the partnership with the PCT for the Health Trainers project, and with Changing Minds on a creative bibliotherapy project for mental health service users.

Partnership structures

Northamptonshire Library Service works in a relatively structured partnership with the local PCT, particularly in relation to the health trainers project. The PCT were looking for a community partner to support delivery of a clearly defined health trainers' programme and approached the library service with a partnership offer. The partnership is therefore formally structured as a long-term partnership

⁵ CIPFA Public Library Statistics, 2007-08 Actuals

supported by a service level agreement. This provides the basic structure to the way in which the library service and PCT work together on the health trainers project but it also influences other areas of activity.

Whilst other health initiatives are delivered independently of this project (for example, well-being days), the library perspective is that the strength of the health trainers' partnership has been instrumental in getting these off the ground and supporting their delivery. Other health partnerships supported by the library service are less formal although they are reinforced wherever possible with a service level agreement. Changes have been made to the Books on Prescription scheme in discussion with partners from the local mental health promotion team. They have introduced a non-prescription element allowing users to select from recommended booklists and collections.

The Health Trainers project

The White Paper *Choosing Health*⁶ (DoH 2004) outlines the government strategy for improving health and reducing inequalities by enabling the public to make informed and healthier decisions in relation to their health. It also made a commitment to create the new role of health trainer tasked to motivate and help people to set goals and change behaviour. Pilot work supporting the development of the health trainer model did not specifically recommend libraries as a base for trainers but it did emphasise the importance of trainers being based in and able to access the community. The health trainer is a well known face in the community offering peer support.

Northamptonshire library service hosts 15 health trainers, employed by Northamptonshire Provider Services (NPS), in six libraries with a remit to provide a community based non-medical health service, including personal lifestyle support for diet, exercise, support to stop smoking and to lower alcohol consumption. NPS has also funded resources to support the branding and creation of well-being zones in the designated libraries and employs a project manager to manage the initiative with the PCT. Health trainers use the libraries as a work base, activity space and to connect with the public. Library staff provide referrals to trainers who give one-to-one advice and support. They have also been involved in helping health trainers navigate library health information resources; demonstrating links to web sites through the library portal and providing contacts for local organisations and groups. The project is in its early stages. Although it has been running for two

⁶ Department of Health, (2004) *Choosing Health: Making healthy choices easier*. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550 (accessed 24-3-10)

years, for the first year the trainers were undergoing training, rather than delivering services.

As well as using the library as a work base, health trainers are also an active resource providing services through the well-being zones and their linked resources. Health trainers deliver twice weekly sessions, where they connect up with events in the library or focus on interacting with library users. This could include taking part in a rhyme time event, meeting up with mothers and their children or just generally being in the library interacting with library customers.

The main driver for the partnership from the PCT viewpoint was the community ethos of the public library. This has a close fit with the community outreach/peer support focus of the health trainer model. Health trainers' work is postcode driven, focusing on more deprived areas and communities, and Northamptonshire library service was able to provide data to indicate that they were reaching this particular group (40% of the most deprived communities).

The Northamptonshire project is quite unique in having a library base. The Project Manager has been challenged by both PCT managers and from the health trainers themselves as to '*why libraries?*' The health trainers in particular have questioned the use of libraries by their target groups despite library evidence as to their throughput. It may be that target groups use the library on a Saturday, for instance, whereas health trainers work Monday to Friday.

NPS feels that there has been great benefit in using the library as a community space and access point, although they do not think they have yet secured adequate statistics to effectively analyse uptake of the health trainer service or the demography of users in libraries. The NPS partner also feels that the health trainers themselves have the potential to be more proactive in working with library customers and groups. This is a view shared by the library service which suggests that interaction with library customers is working less well than other aspects of the project.

Being in a library and having access to library resources has added something unique and important to the Northamptonshire health trainer model for the PCT. From the PCT perspective, the partnership has been successful in providing a base in the community for the health trainers. It appears to have been less successful in driving the target audience through the health trainer service. This may be because the target audience is not using the library when the health trainers are there. It may also be because the health trainers themselves have not initially found it easy to work with library clients. This issue is being addressed and both sides now agree that health trainers should be at the door welcoming and

interacting with library users. What has also become apparent is that they need tools to help them make this approach. The project is now developing a health style assessment form and other activities to help health trainers break the ice and engage with library customers.

Both sides recognise that it is early days for the project and that there is a positive base on which to build. They feel that the partnership has added value to the library health offer by providing an important community health resource to support existing health and well-being initiatives and activities such as well-being days. In some places, health trainers will have an active role in supporting library events.

Both partners also agree that the health partner is driving the project in its early stages although the PCT is aware that the partnership is now evolving to support a more integrated approach supported by joint planning. Both partners have learnt that open and constant communication is a critical driver. They also feel that they have, as the library service put it, '*launched and learned*'. It has been important to get activity up and running and then refine it by talking to those involved. This communication structure is developing to include regular meetings between managers, the health trainers and front line library staff.

Changing Minds creative bibliotherapy project

The health partnership supporting the creative bibliotherapy project is less formally structured than that for the health trainers. It is not supported by a service level agreement. The library service partnership is with Changing Minds, the local mental health support network offering peer support to people experiencing mental illness. Changing Minds tends to run events such as Read Yourself Well reading groups in library premises. Although it runs joint events with the library service, Changing Minds also delivers an independent programme using library venues. It is thought by the library service to value the library as an inclusive non-clinical community space.

Impacts and outcomes

Key outcomes of the health trainer partnership for the health partner include a community base for the health trainers; access to a wide range of health related resources; and the opportunity to promote their service, promote health awareness and access library clients. Libraries provide a non-threatening community space that is non stigmatised and anonymous. They also provide access to the community and a range of supporting information resources and activities.

The health trainers also bring new customers into the library by making appointments with non library users through outreach community work. Initially the library service only envisaged the trainers to work with library clients, but they

have now recognised that health trainers making appointments with non library users is advantageous to the library, bringing new people in. Footfall is a key measure for the library service; however, they are not sure how successful the impact of the project has been. They are finding that whilst '*in an ideal world*' they would be able to measure increased footfall and enhanced profile with partners and the public, in reality it is difficult to measure these things effectively.

The library service feels, however, that the health trainers' partnership has helped to raise the profile of the library particularly within the PCT and the local authority and broker new partnership opportunities. It has also added value to their existing health and well-being offer through offering a library based community outreach health and well-being service supported by a designated well-being space in the library and branded resources.

Both partners agree that effective evaluation is crucial but that it has been difficult, partly because both partners are working relatively independently to assess the impact of the service. The library service has, for instance, tried to use the issue of branded health materials as a measure, but in practice the health trainers' focus on support rather than information referral means that book issues are not necessarily an accurate indicator of the level of service provided. It is the health trainers' role to focus on how their work is changing/impacting on behaviour rather than on the library service. The library service is trying to formalise a shared referral system between health trainers and the library service as another possible measure of impact.

As the scheme has only effectively been in operation for a year, formal evaluation has not yet been published. The PCT has, however, commissioned *A Joint Evaluation of the Newly Developed Health Trainer Role and Well-being Centres in Northamptonshire*, from the School of Health, Northampton University, with the intention of providing a mixture of qualitative and quantitative research. The report is currently in draft form. The PCT also input data to the Health Trainers Data Collection System. The next stage is to look at the people they have seen using data from this database and comparing it with robust data from the libraries to see how successful they have been in providing a service to the target groups. There is clear awareness of the need to bring the two partner strands of evaluation together to create a more integrated approach. The Northampton University evaluation has so far only been able to access PCT data.

It is felt that the improved joint planning processes being developed will help effect a more integrated approach to evaluation.

Critical success factors

Critical success factors from the library perspective include being realistic and practical about aspirations and deliverables and involving practitioners and front line staff in planning and shaping the service. It is not enough to reach agreement at management level, decisions also need to be shared and owned at the frontline to ensure that they are practically achievable. Communication at practitioner level between partners can be difficult and both sides feel that it is important to tackle this issue if they are to build a shared understanding of the aims and objectives of the project. The PCT agreed with the library view that good communication is vital at all levels of a partnership including management and front line. The health trainers' partnership has had good communication at management level but they have learned that this is not sufficient without building rapport and interaction at practitioner level. It has been a challenge to get everybody together but when they have managed it the feedback has been very positive. With hindsight, they would have put this communication structure in place from the beginning.

It is also important to have a clear line of contact between the library and the health partner. The health trainer project manager within the PCT has been an important point of contact for the library service. Personal relationships and champions are seen as vital. The relationship that has been built here has helped with project and partnership development.

The PCT partner also noted that a key requirement for successful partnership work is the need for clarity on who is contributing what, on what the respective offer is and on the fact that working together is not just a financial agreement but also about sharing other collateral such as support and expertise. Clarity about contractual and financial arrangements is particularly vital as misunderstanding can be detrimental to relationship building and undermine partnership development.

Challenges and opportunities

Whilst there have been challenges in the development of the health trainer project, the health partner feels that it has been important to recognise achievements. In the early stages of the project, for example, when the health trainers were undergoing training, libraries were also going through the transition to self-service. This means that both services were experiencing extreme change and new development at the same time. Partnership work at a time of internal transition can be a real challenge. Both partners have, however, risen above this challenge and through patience and perseverance, evolved the partnership to the point where it is now to undertake joint planning. A key measure of the success of this approach is that the project is now being observed as a national model of good practice by other PCTs.

Other challenges perceived by the PCT include the need to align the availability of the health trainer service with community use of the library, including the weekend. There has also been a need to build library staff awareness of the health trainers' role, so that they can make appropriate referrals. These key challenges link back to getting communication right, building trust and understanding expectations and each other's roles.

The health sector partner feels that Local Area Agreements (LAAs) could be the key to supporting partnership working and developing new opportunities for libraries. LAAs and LSPs offer real potential for joint working.

Future vision

The health partner feels that the current public library health offer in Northamptonshire focuses on the fact that libraries are free, provide information and resources and a non-challenging, neutral and non-stigmatised community space. They also feel that there is potential for the future development of this offer, and a lot that libraries can do to change their image and market their offer more effectively to health sector partners. The view is that the health sector has an outdated concept of what the library can offer which is a challenge for libraries who are constantly evolving and marketing their offer. The health sector needs education about the potential of libraries. They could, for instance, become a real alternative to the health estate as community venues for health services. In particular, libraries' community ethos and function has the potential to play a key part in helping to bring health services to disadvantaged communities and tackling the health inequalities agenda.

Various elements were suggested as contributing to the future library health and well-being offer. These included:

- the development of the well-being/health zone model;
- the formalising of links between health models such as the health trainers and other elements of the library service;
- developing the library as a natural space for health check activity bringing health into the community rather than waiting for people to be ill and go to the doctors. Libraries, including mobiles, could have a key role to play in providing a range of services (phlebotomy service, flu jabs etc.), linking their existing services with these events to make linked books, information resources and activities available
- library linked health walks could provide opportunities to signpost people to other activities in the libraries including social activities and book borrowing

- developing the library as a pop in/meeting space where you can meet people, have a coffee and chat and associate this with a regular programme of health related events. Events could be small e.g. hand massage etc., but regular.

In summary, the library offer should therefore focus on:

- Information and events
- Community outreach
- The library space
- Developing a wider network of health partnerships

The key imperative to achieving this vision is however to make people aware of what libraries can do – *'Libraries are best kept secrets'* – and this applies both locally and nationally. Libraries also need to be clear about what they can offer as a basis for building partnerships. Their estate is their key asset and libraries need to be selling the fact that they have free community buildings in prime locations with free access to the public.

Appendix D3: Stoke-on-Trent

Stoke-on-Trent is a unitary authority in the West Midlands region. The library service operates 12 service points, including one mobile. It serves a resident population of 239,000, of which 18.9% are of retirement age, and 18.8% are aged 15 years or under⁷.

Stoke-on-Trent library service is in the process of developing a health and well-being offer. The service currently offers a range of interventions including Books On Prescription (BOP) and is in the process of developing new services including support for self help groups, NHS Choices/Choose and Book and creative bibliotherapy/reading groups for older people, using the Reading Aloud model.

Stoke-on-Trent library service is developing a long term partnership with NHS Stoke-on-Trent, which currently provides £50,000 funding for a permanent full time Information Officer post, managed by the library service, and linked activities and resources. The post developed from an 18-month pilot project, the aim of which was to increase access to health information for patients and the general public through public libraries in a particularly deprived area of the city. The library service is also developing a partnership with adult social care to support work with older people.

Stoke library service has identified partnership working particularly with NHS Stoke-on-Trent as the key driver for future health related partnership development. This partnership was the focus of the case study. As well as representatives of the library and NHS Stoke-on-Trent, the project team interviewed a lay member of the Better Information, Better Health steering group, who represents the wider public.

Better Information Better Health

The Library Health Information Development Officer for the Better Information Better Health initiative is a new appointment, and is the result of two years of planning and development with NHS Stoke-on-Trent. The overarching aim is to improve health literacy in Stoke-on-Trent by using the library service to create access to high quality health information and signposting to health services. The intention is to enable people to:

- Make informed choices about health and health care
- Be more competent to manage existing health concerns

⁷ CIPFA Public Library Statistics, 2007-08 Actuals

- Be more confident to navigate NHS and other related services appropriately

The objectives of this area of work are:

- For Stoke-on-Trent Library Service to act as a hub to ensure 'kite-marked' information on health issues is available to target groups
- To build capacity of library staff and related partners
- To promote and provide a health information enquiry and signposting service
- To create opportunities for user feedback on health related stock
- To assess and address the information needs of the target population
- To assess the diversity of needs of the population and ensure that health services and stock meet those needs
- To support local people to navigate health services and develop feedback systems
- To identify opportunities to promote health via local user and community based health events
- To explore potential areas for further development that link to the developing area of 'Personalisation Agenda'⁸

This will result in the creation of specially branded health zones within libraries. These will feature health information recommended by health professionals and endorsed by library users and the general public. Health Clubs will also be created as a way of building a better relationship with health zone customers, and engage them in the shaping of the health zone service and supporting activities and resources.

The Library Information Officer will deliver a programme of events through the health zones. Pilot work prior to this clearly indicated that people want to access health information through events and by engaging in activity, particularly fun family events. The programme will include initiatives such as Teddy Bears Picnics during National Breastfeeding week to promote healthy eating and exhibitions to encourage people to share stories and experiences of difficult subjects such as

⁸ The 'Personalisation agenda' involves a major shift in the way care and support partners approach service development and delivery. It requires service development, which involves the commissioning process, to reflect what individuals want according to their own basic needs, preferences and aspirations.

breast cancer. It will also encourage women to use breast screening facilities and to pick up breast cancer information.

The target audiences are families and people with long-term conditions. The focus will be on both physical and mental health. As well as new activities, Better Information Better Health (BI BH) will also be encouraging uptake of existing resources and activities with health and well-being benefits - such as reading and writing groups.

Partnership structures

The partnership between the library service and NHS Stoke-on-Trent is strong. NHS Stoke-on-Trent has resourced the Information Officer post and provided a promotions budget to deliver activities and resources. NHS Stoke-on-Trent has been very committed to taking the work forward in partnership with the library service. It was also its original instigator, approaching the library service with the initial project proposal, which arose from an idea that was generated in a board meeting, around getting information into the community through the library service. The individual leading the work for NHS Stoke-on-Trent is perceived by the library service as strong, committed and enthusiastic and as being instrumental in getting the work underway.

The library service provides space and core stock/information resources which have been enhanced using the budget allocation from NHS Stoke-on-Trent. The library service also provides facilitated access to information resources such as NHS Choices. They have identified champions within each library at library assistant level to undertake NHS Choices training and then support other staff with online training. This creates an expert in each library who can cascade knowledge to colleagues. The library service also provides access to the community. The library was identified as a trustworthy, neutral, community space by the pilot work preceding the partnership. This trusted space is important if Better Information Better Health is to reach out beyond existing library users with health messages.

NHS Stoke-on-Trent has identified a number of reasons why community libraries are ideally placed to improve access to quality health information for the residents of Stoke-on-Trent. They:

- Employ staff skilled in information management, access and retrieval, who are effective communicators and have excellent customer-facing skills
- Have a widespread infrastructure with service points located in most of the major communities across the city

- Are well used with over 800,000 visits and with 40% of the population registered as members
- Have excellent links with local groups and organisations and strong local knowledge
- Have promotion and outreach expertise
- Engage effectively with the social inclusion agenda
- Are free at the point of use
- Offer a venue for people to interact with others and through exposure to positive influences and stimuli help build self esteem, support learning, literacy and other essential skills

As well as funding the Information Officer and providing additional resources in support of the post, NHS Stoke-on-Trent contributes health expertise, help with linked partnership development and with additional resources that the public library can utilise, such as leaflets and posters. It also provides access to training events and health information through NHS Stoke-on-Trent's Health Improvement Team.

Although in its early days, both partners feel that the partnership is an equal one. Although the post is based in the public library service, NHS Stoke-on-Trent is very involved in the development, monitoring and evaluation of this area of work through staff from its Health Improvement Library. The two partners are working closely together to take the work forward.

BI BH is supported by a steering group made up of the library service, representation from the wider council, the voluntary sector and NHS Stoke-on-Trent. This group will meet bi-monthly. The steering group is seen as an important strategic tool, providing input from children's services, communications from the voluntary sector, and from lay people. It is expected to generate ideas, and to promote a culture of joined-up thinking around health information. There is also an executive group alongside the steering group including the Information Officer's manager and a senior NHS information manager. This group is expected to meet quarterly to undertake detailed management of all aspects of BI BH.

The partnership is intended to be a long-term arrangement, with permanent intent and is formally supported by a service level agreement, contracted for three years in the first instance. Its formal structure is that of commissioner and provider, although in reality the relationship is more fluid with both partners taking an active role in its development and delivery.

Impacts and outcomes

The work is at an early stage, so the eventual impacts and outcomes are as yet uncertain. An outline of desired outcomes and required evidence has however been created to support the monitoring and evaluation process. This is included in Appendix D3.1 for information.

An important potential impact for the health partner arises from the perceived neutrality of the library service, and includes for them a new asset in terms of a non-stigmatised community space *‘that enables the library to be a hub for other things to join with’*. The health partner is clear that *‘people will use the library who won’t use other services’*. The health partner also sees the access to the creativity of the library service as adding value to the health information work.

Whilst the work is in its early stages, it is hoped that the planned library health zones will act as ‘honey traps’ increasing access to quality health information for a wider audience than would be attracted to a more clinical setting such as a doctor’s surgery. The health partner feels a branded health space in libraries says *‘this is your library, there are health books here and information... people will come to realise that within the library there is also health.’*

The public representative commented that the value of the service at present was to communicate with people and pass on the message that they can go to any library and find health-related information. She sees the value of BI BH as providing someone there whom users would be able to speak to and who would guide users along.

Based on her experience of volunteering for the Cancer Awareness Team (which is also a NHS partnership), the public representative was confident about the potential impact of the BI BH initiative at the library. She felt unable to comment on whether or not this specific partnership was working well, but was very optimistic about the service and how users of the service could broadcast the service to other people.

The health partner sees NHS Stoke-on-Trent’s investment in BI BH as saving them money as *‘the more you can invest in prevention, the less it is going to cost in cure’*. They also recognised that the impact of health information on people’s behaviour *‘is the bit that’s not measurable’*.

It is hoped that BI BH will bring new communities of users into the library. *‘It feels like a big thing for the library to make dedicated space available for health. It’s a big change for libraries to make space available to a partner but it’s not a sacrifice by any means because it’s opening up what the library can offer’*. The service user

reiterated this point; she feels that the health zones could, for example, offer a dedicated physical space for nursing mothers and their babies. This would play an important role in accessing this section of the community as well as bringing more people into the library.

The aim is also to develop a high level of public engagement in order to shape the delivery of the services and resources offered. This will be achieved by developing the health club model, through the creation of a consultation group and through a newsletter and perhaps a blog. In addition, there is a member of the public on the steering group, who was recruited after responding to a call for volunteers, and who is directly involved in decision making about the development of the work.

BI BH will increase the capacity of library staff by developing their knowledge of relevant health information sources, their ability to signpost to health services, their skills and confidence in handling health related enquiries and their ability to identify proactive opportunities to raise awareness about health issues. It therefore represents a significant investment in library staff that builds on their existing role and function rather than turning them into medical experts.

Bi BH will support the library service in making an active contribution to key health Local Area Agreements (LAA) and Health City Partnership targets which include increasing the rates of breast feeding, better health in adulthood, improving the independence and quality of life of older people and improving and promoting positive mental health. They may well have made a soft contribution to such targets before but their capacity to deliver health information in partnership with NHS Stoke-on-Trent through targeted events, activities and resources provides them with a real opportunity to sharpen their role.

BI BH also reinforces the library service's community outreach role and adds value to existing services enabling the repositioning of these services in new ways, e.g. giving a health focus or theme to rhyme time. Linking health information work across to creative activity, including work with reading and writing groups, has been included in the action plan. In particular, the authority is looking at how this work connects with their reading group work supported by volunteers. NHS Stoke-on-Trent has agreed the action plan through the steering group.

The library service feels that the evaluation of the BI BH initiative will be difficult particularly in relation to the measurement of impact. It is relatively easy to measure loans, number of people joining the health club, etc., but it is more difficult to measure the impact of this activity. Use of the MLA's Generic Social Learning Outcomes is seen by the library service as one possible methodology in this respect.

NHS Stoke-on-Trent has worked with the library service to set clear targets for the work (Appendix D3.1). These are monitored on a quarterly basis, but are primarily quantitative and concerned with service delivery, rather than measuring the impact of the work on users. This is seen to be a difficult area in which to obtain evidence, but it is recognised that such evidence is needed to demonstrate the library contribution to wider LAA priorities.

Critical success factors

The success of the initial pilot study is considered as being key to the successful implementation of BI BH, particularly in terms of securing the support and investment of NHS Stoke-on-Trent. A previous attempt to develop partnership working between NHS Stoke-on-Trent and the library service had failed due to the lack of evidence around measurable outcomes. Whilst there was an abundant evidence of need, there was limited evidence of the effectiveness of the role that libraries could play in improving access to health information.

The opportunity to work on a focused pilot project overcame this barrier. Outcomes from the 18-month initiative in a library in a deprived area of the city included evidence that local people will and do use the library service for health information if marketed properly; that library staff embraced the health agenda with enthusiasm and developed the appropriate information retrieval and signposting skills; and that the library service had embedded the learning from the pilot into their business plan with the intention of rolling it out across the service. This evidence, supported by local and national reports and policy documents relating to need and delivery priorities, succeeded in securing the required investment and partnership for BI BH.

Other key facilitators for the partnership include the enthusiasm and willingness of the library service to engage with the pilot project on the basis of a cold call from NHS Stoke-on-Trent and to be proactive in overcoming hurdles particularly in relation to their own staffing capacity. *‘...they’re greatly enthusiastic and positive and that makes them a very easy partner to work with.’* (NHS Stoke-on-Trent)

The growth of trust on both sides over time has been critical to successful relationship building. Both partners felt that starting off slowly and in a focused way, which enabled them to build on experience and evaluation findings, has been vital in developing a strong and robust relationship. It has taken more than two years to get to the current position with BI BH, but that position is now felt to be strong, and sustainable, with both partners sharing realistic expectations of what can be achieved and understanding the potential of what the other can offer.

There are keen and committed champions on both sides. Champions are clearly important drivers to successful partnership building especially in the early stages. The 'can do' attitude of the library partner, even in the face of cuts, has been, according to the health partner, a particularly important critical success factor. Whilst the champion role is important, it does however appear to require the support of a robust evidence base if a fully fledged partnership supported by long term investment from NHS Stoke-on-Trent is to evolve.

The partnership has been a real driver for the library service. It has helped them to fine tune their thinking in relation to their wider responsibilities as a service particularly in relation to the LAA. It could also have a real impact on LAA targets and in turn help to raise the profile of the library service.

From the public perspective, the view was that libraries needed to make it clearer to the general public that they were offering health and well-being services. Advertising the 'better health' service was thought to be essential to the future success of the initiative. The idea of focusing first on a specific user group, such as nursing mothers, was suggested as a way to help develop the service and spread the word that libraries can help people seeking health information.

Challenges and opportunities

One clear challenge to address has been the building of a sufficiently robust evidence base to secure long term partnership investment in the library service's health and well-being offer. This issue has been overcome through small scale project development and piloting. Effective evaluation and evidence collection remains an issue for BI BH but the partnership is working together to address this area of work.

In the early pilot stages, library cuts threatened the work, but imaginative use of staff and the ability to attract funding for health and well-being work overcame the initial difficulty and resulted in a positive attitude towards the library, as noted above.

There are clear opportunities for this partnership to link in with the development of a whole range of health related activity around support for self-help groups and NHS Choices currently under way in Stoke-on-Trent. The library is also bringing a much wider range of work to the table relating to literacy and learning, creative activity and reading groups, etc., which could lead to a holistic and fully integrated health and well-being offer for the city.

Future vision

The key elements of the library offer include information/signposting, activities, and library space and community outreach. The health zones being created as part of this work are seen as a core element for promotion of the health and well-being offer to the public, in the same way that libraries have a children's section, for example. Any future offer should also be built on a wide network of partnerships, which are important to raising the profile of the library offer. In a recent health day involving the library, for example, the NHS Stoke-on-Trent logo was deliberately left off publicity materials. The overwhelming public response was that they would have preferred to see it included, as it provides a quality benchmark. The next step may be to link the BI BH work to a wider network of partnerships e.g. children's centres, walk-in centres and doctors' surgeries.

Public engagement is seen as a crucial strand to building the library health and well-being offer. User involvement has been a key element in building BI BH in Stoke-on-Trent. It is how they have got to their current point, and is set to be further developed as the work progresses.

Appendix D3.1

Library Service Specification 2009-2012 Outcomes and required evidence

Outcomes	Evidence
Library staff confident and competent in accessing health information, signposting to health services and dealing with health-related queries.	Training and support need analysis completed Training and support programme developed and implemented Staff survey Number of staff trained /confident and actively promoting the service
Library actively promoted as a source of quality health information.	Evidence of promotional activity
Local people are aware of and are using the public library as a quality source of information on health issues	No. of health related enquiries at baseline and quarterly No. health related loans at baseline and quarterly
Library service can demonstrate that health information is available in sufficient formats to meet the diverse needs of the population	Equality Impact Assessment Levels of engagement with existing and potential service users ,especially diverse and vulnerable groups
Quality health information is provided in a range of in all libraries, children centres, schools with designated libraries and information points in the new Darzi Centres.	Details of stock available Level and nature of health related loans /enquiries Use of networks to build capacity of other information providers e.g. within Children's Centres, schools and new Darzi practices

Outcomes	Evidence
Local people are involved in reviewing and endorsing health information and identifying issues with current health improvement service provision.	<p>Number of reader panels, opportunities for endorsement of stock by local people</p> <p>Feedback from local people on the quality of information in terms of content, language, readability and format</p> <p>Range and level of locally endorsed stock</p> <p>Detail of service improvements identified</p> <p>Feedback regarding gaps in health information (content /format)</p>
Successful outcomes from this project are incorporated into the library service's annual business plan for implementation as appropriate across the service	<p>Evidence in year on year Library business plans that improvements/developments in policies and procedures are embedded</p> <p>Use of core library allocation to increase health related stock</p>
Library services are actively supporting Information on Prescription for specific LTCs	Minutes of meetings
Library services are routinely supporting 6 health campaigns each year.	Evidence of participation in major health related campaigns/local events
Project is managed effectively and routinely monitored and evaluated	Quarterly and annual reports submitted, steering group minutes, project plans