

Public library activity in the areas of health and well-being

Final report

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List of abbreviations

ACE	Arts Council England
ADASS	Association of Directors of Adults Social Services
BBC	British Broadcasting Corporation
BI BH	Better Information, Better Health
BME	Black and Minority Ethnic
BOP	Books on Prescription
CC	Children's Centres
cCBT	computerised Cognitive Behavioural Therapy
CILIP	Chartered Institute of Library and Information Professionals
DoH	Department of Health
FTE	Full Time Equivalent
GIR	Get into Reading
GP	General Practitioner
IAPT	Increasing Access to Psychological Therapies
ICT	Information & Communication Technology
IT	Information Technology
KOL	Key Opinion Leader
LAA	Local Area Agreements
LINK	Local Involvement Networks
LSP	Local Strategic Partnerships
MLA	Museums, Libraries and Archives Council
MoU	Memorandum of Understanding
NHS	National Health Service
NLT	National Literacy Trust
PCT	Primary Care Trust
PLUS	Public Library User Survey
SCL	Society of Chief Librarians
SHA	Strategic Health Authority
SHS	Self Help Services
TRA	The Reading Agency
WRVS	Women's Royal Voluntary Service

Executive Summary

Key findings

Levels of health and well-being activity

The study found evidence of a wide range and diversity of health and well-being activity in public libraries, although some core service elements delivering health and well-being benefits are not generally considered part of this offer. Despite this level of activity, libraries are not, however, able to articulate their health and well-being contribution particularly well, to either partners or the public.

The diversity of the library health and well-being offer was considered to be a strength, in both the KOL interviews and the case studies. Whilst the initial public access point might be a specific health information need, the resolution is often found in the wider range of leisure, well-being and social care activity on offer.

Policy frameworks

Libraries' inability to articulate their contribution to the health and well-being agenda is reinforced by their relative invisibility in high level health, well-being and social care policy and strategy. Where libraries do feature, it tends to be at the action planning level. Health and well-being is, however, high on the public library agenda. It is also well represented in internal library/departmental policy and planning.

Public libraries are beginning to map their health and well-being activity across to key local indicators and targets, particularly those relating to Local Area Agreements (LAAs). However, their profile remains low in this context and their contribution is not properly formalised. LAAs and linked Local Strategic Partnerships (LSPs) emerge as offering an important opportunity for libraries to increase the visibility of their health work and to broker a broader range of partnerships to support it.

Resourcing and capacity

The study reveals resourcing of public library health and well-being activity to be a general concern for both the sector and potential partners. Resource limitations can, however, be mitigated to some extent, by core service delivery and existing library assets, such as space, workforce expertise, online facilities and their role as community hubs. These assets, if positioned strategically against health sector priorities, are also important in attracting new investment. The new commissioning regime, particularly in the area of social care, is identified as offering new resourcing opportunities for public libraries. Nevertheless, work needs to be done to build a convincing business case which effectively positions libraries as

delivering key priorities for partners, including early intervention and preventative services, patient outcomes and cost savings.

Levels of partnership

Despite the perception amongst Key Opinion Leaders (KOLs) that partnership working with the health and social care sector is underdeveloped, the survey and case study findings indicate a breadth and variety of partnership work underway. Approximately three quarters of all schemes identified in the survey were being delivered in partnership and over a third of these partnerships were described as long-standing. It may be that the project-led nature of some of this activity, combined with the relative invisibility of library health and well-being activity, accounts for the general perception amongst KOLs that there is limited sustained partnership working underway.

Whilst partnership delivery is well established in some areas, e.g. Books on Prescription and Bookstart, it is less developed in others. In particular, creative services such as reading groups and creative bibliotherapy are less well supported by health and social care partners. Partnership working and formal agreements at national level are also underdeveloped.

Success factors to partnership working

The study identifies a number of significant facilitators of partnership development, including the value of small scale, tightly focused pilots, with clearly defined outcomes as a building block for more sustained partnership activity. It also identifies the importance of good communication and shared planning at all levels of service delivery. Other key factors to emerge include the existence of partnership/steering groups, to support relationship building and broker introductions. Effective champions supported by robust evidence of impact, and new funding opportunities offered by commissioning, also emerge as important.

Motivations and drivers

The motivations for partnership development that appeared most frequently were that libraries provide access to communities which clinical/medical providers might find hard to reach. They also provide a local and national network of community based sites, assisted on-line services and expert staff.

Libraries offer neutral, non- stigmatised, non-clinical community space, in a setting that differentiates it from hospital services, delivers the prevention agenda particularly effectively, and has implications for the audiences reached. Partners felt that the combination of these factors creates a unique offer that made the public library a good place to offer health and well-being activity.

For libraries, partnership with the health and social care sector raises their profile both externally and within the local authority, encourages new users, attracts resources, builds capacity and supports workforce development.

Barriers and challenges to partnership working

Difficulty in navigating partners' structures and finding the right person to talk to and the right language to use, emerge for both sides as key barriers to partnership working. Other barriers, particularly experienced by libraries, include the relative invisibility of their health and well-being activity, a lack of resources to support its development and their lack of understanding of partners' different agendas, priorities and timescales. Key drivers to overcoming these challenges include effective champions on both sides, supported by an integrated partnership structure; good communication; flexibility; joint planning; and the development of shared goals and outcomes that are practical and realistic.

Impact and outcomes

Whilst the study confirms that robust evidence of impact is essential for partnership building with the health sector, it also indicates that the current evidence base is inadequate for this purpose. As a result, in the words of one KOL, *'Libraries are best kept secrets.'* Libraries are evaluating their health and well-being activity but the suggestion is that evidence collection is focused on anecdotal and usage data rather than impact evaluation. There is also a lack of consensus on a standardised evaluation methodology.

The study reveals that libraries need robust evidence of impact, delivered in a language that commissioners and other partners understand. This must show how libraries can deliver the cost saving benefits of early intervention and of preventative services with clear health and well-being patient outcomes. The study identifies a number of possible strategies to strengthen the existing evidence base, including further research into a consistent and robust approach to evaluation that goes beyond engagement data to measure impact in new ways. Small-scale pilot studies, effective case study collection, and the use of related evidence, such as the existing evidence base for the therapeutic value of creativity, were also identified as important.

Conclusions

Opportunities for strategic development

The study identifies a range of strategic opportunities for future development of the public library health and well-being role. These relate both to the extension of existing services and to new interventions. They include:

1. The strategic potential of a clearly defined public library health and well-being offer, expressed in appropriate language and supported by an evidence base better aligned with local and national health and social care priorities and targets. This should draw on The Society of Chief Librarians' (SCL) expressed commitment to this approach and on existing models available within the library sector such as the Youth Offer¹ model.
2. The power of a stronger voice for libraries' health and well-being role, delivered by champions at a strategic level and library staff as community health advocates
3. The potential of the public library community ethos and outreach role and the value of its community space, both as a venue and as a positive environment
4. The importance of health zone development as a strategic intervention
5. Opportunities linked to the public library digital offer and the provision of assisted online services
6. Co-location as a driver for joint working
7. Strategic areas of activity where there are particular opportunities, e.g. mental health promotion linked to creative activity and targeted national service development; social care; public health promotion and the health inequalities agenda; and primary care service development
8. The potential of library-based activity to contribute to linked agendas such as worklessness, informal adult learning, literacy, language and skills development, social inclusion and the building of social capital.

Future vision

This study identifies a future vision for libraries' health and well-being work that builds upon a clearly defined, universally available but locally relevant, public library health and well-being offer that integrates information and referral services with more creative aspects of service delivery, and allows for future innovation. Such an offer presents a sustainable and coherent approach to service delivery that can be effectively articulated to external stakeholders and to the public. It builds upon the potential of existing library assets, including the value of the public library role as community hub and access point, the provision of digital services, and the expertise of the workforce. The offer also provides common ground for local and national partnership building to support existing and future health and well-being activity.

¹ www.theirreadingfutures.org.uk/bestPractice/fulfilPotential/youthOffer.html (accessed 19/5/10)

This future landscape will be supported by a robust evidence base and by generic resources to support partnership building and service delivery. It includes more efficient structures to support communication, networking and information sharing, both between authorities and between the library sector and external partners. It will also feature a broad spectrum of local and national health and social care partners, who will work with public libraries and other key agencies to add value to existing service provision, support service innovation in areas of strategic opportunity and build capacity in the sector.

Finally, its potential will be championed by a network of strategic health advocates able to unlock new partnerships and embed the library offer in high level local, regional and national policy. Library staff will also have a key role to play in raising the community profile of the public library health and well-being offer.

In this future vision, the public library health and well-being offer will no longer be what one case study library partner described as a '*well kept secret.*'

Recommendations

The following recommendations have all emerged from, or been suggested, during the course of this project. They would, if acted upon, promote the transition from the current, somewhat inconsistent and relatively invisible picture of the library contribution to the health and well-being agenda, to one in which libraries are seen to be key supporters and partners of choice for the health and social care sectors. They have been grouped into four broad themes.

Development of a core offer

9. A core library health and well-being offer should be clearly defined. Such an offer should be built on current activity and bring together those elements currently offered by the majority of authorities, such as health information provision, health promotion activity, signposting, services to the housebound and visually impaired users, reading groups and creative bibliotherapy. This offer would incorporate recognised national schemes such as Bookstart and Books on Prescription, and allow for the development of new targeted innovations in service development. The Society of Chief Librarians has recently endorsed the development of such an offer.

Care is needed in respect of potentially low base lines and tension with local priorities, particularly where authorities struggle with providing a core service. Such an offer would have to be multi-layered, so that all libraries could deliver it, and should be built on existing strengths (buildings, staff, ICT, etc) and

existing platforms, such as the SCL/DoH MoU², with sufficient capacity/funding to develop.

10. A national designation of 'Health and well-being promoting library' should be available to libraries meeting the core offer, with an enhanced category for those significantly exceeding it.
11. The offer, both the core elements and any additional activity, must be positioned clearly against relevant targets in Local Area Agreements, Local Strategic Plans, Health Authority Strategic Plans and national strategies and guidelines, as appropriate.
12. National and/or regional champions should be identified to promote the offer, unlock national partnership opportunities and support local initiatives. Such champions are required from both the library and the health and social care sectors.

Communication

13. The role of library staff as local health advocates should be formally recognised and promoted within individual library authorities. Consideration should also be given to the creation of a designated health and well-being function within library structures, to co-ordinate activity and champion partnership development at a local level.
14. The setting up of 'health zones' in libraries may be one way to raise the profile of health and well-being activity, building on existing models of good practice.
15. Regional and national support networks, resources and interventions should be provided for libraries. These would generate coherent strategies based on a 'bottom-up' approach to development, support innovation and service development, and disseminate relevant knowledge between library services and to health partners.
16. Opening a dialogue at national level with health and social care providers, particularly in the third sector, would help to facilitate communication at a local level, foster partnership working and support service delivery and innovation. Existing models to build on include the MoU between SCL and DoH and the SCL/TRA reading and health think tank group.
17. A high level national conference/networking event should also be considered, to share good practice and support partnership development.

² www.goscl.com/scl-and-the-nhs-sign-partnership-agreement/ (accessed 19/5/10)

18. National programme/scheme development requires the support of generic resources, promotional materials and toolkits that deliver high production values and consistent messaging, at the same time as economies of scale.

Partnership development

19. A set of generic resources should be developed for libraries to use and adapt to local circumstances and needs. This would include support for advocacy; a clear expression of the library offer; examples of good practice; development of a convincing evidence base; etc.
20. MLA should take a leading role in advocacy and promotion of library services and facilities with DoH and SHAs, to embed their contribution in relevant health strategy documents.
21. Regional/national directories of relevant contacts in libraries, health and social care should be maintained to facilitate identification of relevant individuals.
22. Strategic national health and well-being partnership scheme development in targeted priority areas should continue to build on the work of existing agencies and be co-ordinated as part of a national programme of partnership development.

Future research

23. The priority is to develop a means to evaluate the impact of the library contribution to health and well-being interventions, in terms that health partners will understand. This will include economic impact and the potential cost savings of library schemes and services, as well as the eventual impact on end-users of the services. This might be approached by a series of projects to evaluate the impact of current activity, and so develop and promote robust methods which can be understood and used by all library authorities and health partners to evaluate future work.
24. A separate project to map the evidence needs of potential partners and other stakeholders would be a necessary precursor to the development of such evaluation methodologies.
25. Work is also required to map the existing evidence base concerning, for example, the therapeutic value of creativity, the well-being effects of reading, and the benefits of bibliotherapy, onto current library activity, in order to provide an interim evidence base which can be used until more direct evidence of impact is available.
26. An action research programme is required to support the development of small scale pilots and targeted innovations that contribute to the evidence base and create a foundation on which to support more sustained activity. Coordination and

dissemination of the outcomes of individual projects is required to maximise the benefits of such a programme.

Workforce development

27. A key finding of this project was the invisibility of the current library health and well-being offer. Training is needed to help librarians articulate the offer appropriately to potential health partners and to service users.
28. A national skills audit is needed to underpin a coherent approach to meeting the work force development needs of library staff. This approach would deliver economies of scale and ensure consistency of approach. It would pull together existing training models delivered by a range of agencies, including specialist reading group training, reading and health skill sharing, NHS Choices and training provision relating to mental health awareness, with new approaches such as advocacy training, health partnership development, and health zones development.
29. A partnership approach should also be explored to support health and social care sector recognition and accreditation of creative bibliotherapy reading and health training.

Next steps

While recommendations in each of the four areas could be pursued concurrently, the development of a core offer is seen as a priority. This is likely to be a medium to long term aim, involving a range of stakeholders. Within the communications strand, the creation of specific roles and structures to support health and well-being activity could be achieved in the short term, and would underpin recommendations with a regional and national remit. Future research is clearly a more long term activity, as such work will need to be properly resourced in order to achieve useful outcomes. Developing evidence of impact is seen as a priority in this area. Workforce development activity will require resourcing, but should be initiated in the short to medium term.

Few, if any, of these recommendations can be taken forward by any one organisation or agency acting independently. While MLA and SCL might be expected to play a key role in delivering many of the suggested recommendations, there are other partners who could be engaged in this work, and have a role in improving libraries' position in the future health and well-being landscape. These include individual library services, DoH, SHAs, TRA, CILIP, and relevant third sector agencies, for example BookTrust, NLT, GIR. The timescale and prioritisation of any action on the various recommendations listed above will depend on stakeholders' priorities and available resources. Supporting the



development of a core offer on health and well-being has been discussed as part of the TRA/SCL shared workplan.

Introduction

In December 2009, The Reading Agency and LISU were commissioned by the Museums Libraries and Archives Council (MLA) to undertake a project to map English public library activity in the areas of health and well-being. The overarching aim of this work was to provide MLA with a comprehensive overview of library activity, based on existing written evidence and in consultation with Key Opinion Leaders (KOLs) and stakeholders, including library practitioners, patients and health professionals. This overview is intended to describe libraries' current role, alone and in partnership with the health and social care sectors, in supporting and promoting the health and well-being of local communities.

The work has been undertaken in three phases:

30. Background research, including a review of the available evidence relating to the evaluation, impact and outcomes of library activity in the areas of health and well-being, and a series of interviews with KOLs;
31. A survey of library authorities, to ascertain current levels of activity;
32. Case studies, to gather in-depth information concerning good practice.

This report summarises the results of the work, under a number of key themes.

Scope of the study

Potentially, most of the work libraries do could be argued to bring well-being benefits - reading group activity being a particularly good case in point. In order to constrain the project within the timescale and resources available, the work has been focused on activities concerned with health and well-being, and in particular on activities conducted in partnership with other agencies, including Primary Care Trusts (PCTs), social care services, and charities. All audiences are included, including work directed at older people and children, gender-specific activities, and work with defined subgroups of the population, such as those with a disability, or carers.

Several types of activity have been placed outside the scope of this study (unless they are specifically directed towards health-related objectives) including:

33. Work with schools/education
34. General outreach services (e.g. to socially excluded communities)
35. General reader development
36. Children's activities (e.g. homework clubs, rhyme times, etc)

It is clear that many elements of these categories may have well-being benefits, but the focus of this study has been placed on activity which has such benefits as a specific objective. In particular, some activity which is labelled ‘reading development’ is actually delivering important well-being impacts, although such activity has not been included in this study.

Note that throughout this report, references to health and/or well-being are inclusive, and also encompass social care.

Format of this report

This report summarises the key themes emerging from the study, drawing on all strands of the work, and makes a number of recommendations. It is supported by four appendices providing additional detail of the KOL interviews³, the published documents examined⁴, the survey responses⁵, and the case studies.⁶

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37. Silvia Anton and Katie Peckacar, MLA
38. Members of the Project Steering Group:
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 6. Richard Osborn, Strategic Library Services Development Manager, NHS London
 7. Antonio Rizzo, Service Manager, Lewisham Library & Information Service

³ Appendix A

⁴ Appendix B

⁵ Appendix C

⁶ Appendix D

8. Alison Wheeler, Chair: SCL Health Group (England) and Head of Service Development, Information, Advice and Library Services, Suffolk County Council
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The current role of libraries in health and well-being

While the project found evidence of a wide range and diversity of health and well-being related activity in English public libraries, the perceptions of this were varied. KOLs were generally aware of the diversity and range of provision, but this appeared largely hidden from the health and social care sector, and, to a large extent, from the public. Libraries were not thought to articulate their offer particularly well, and core elements of the service delivering health and well-being benefits were, generally, not considered to be part of that offer. This was reinforced by the findings of the survey of library authorities, which collected information on a wide range of activities and projects.

Levels of activity

The perception amongst the KOLs interviewed was that there is considerable variation in the amount and type of health and well-being activity currently being undertaken in libraries. As one KOL observed, *'everybody is doing something but not everybody is doing the same thing'*. Most were aware of activity in their own local authority area, and could provide examples, but few could comment on a national scale. While some schemes are clearly well known (Books on Prescription being a prime example), others are not. Some interviewees were concerned that activities were not well resourced, and may not be delivered consistently at local level. Not only are there differences in levels of provision between authorities, but there are also differences within individual authorities. One interviewee noted that the public library network in his authority offers differing levels of provision depending on where you live and the size of the local branch library.

A number of surveys of library activity were uncovered in the Evidence Framework (Appendix B). These had often been undertaken by regional MLAs or regional SCL/library networks, and many concentrated on specific aspects of health and well-being. These surveys showed that the range of activities was indeed wide, and confirmed the perception of diversity reported by the KOLs. Further confirmation came from the survey conducted in phase 2 of this project. One hundred and eleven public libraries (a response rate of 74%) reported a total of 1,109 current activities related to health and well-being, with a further 107 in preparation at the time of the survey (February-March 2010).

One KOL noted that the diversity of the landscape reflected in an inconsistent and patchy picture of provision, could weaken the impact overall. Another KOL felt, however, that the diversity of services on offer was rather a huge strength. Whilst the initial public access point might be a specific health information need, the resolution is often found in the wider range of leisure, well-being and social care activity on offer. This view certainly seems to be reinforced by case study evidence

suggesting that people coming into the library to use one service often borrow books or use other services available. As a service user⁷ points out, there are always plenty of things to keep her interested whilst waiting in the library to use the cCBT service and lots going on that she wasn't aware of before. Such advantages may well outweigh the disadvantages and suggest that part of the answer to the perceived weakness of the impact is clarity on the offer and its core elements to support better marketing and advocacy.

Whilst this study found that the current library offer is diverse and varied, it also highlights core elements available in most places: health information and signposting; health promotion; and the provision of community activity that, the KOLs felt, builds capacity, promotes inclusion and supports the development of social capital⁸. These core elements are underpinned by the library digital offer and the provision of community space and other resources.

Activity thought to be a core part of the service might not be perceived by the library service as being part of the health and well-being offer, and so may not be badged as such. The survey⁹ listed 17 specific categories of scheme, with an 'other' option. A small number of authorities used this to describe schemes for home delivery services to the housebound, and provision of talking books and other services for the visually impaired. It seems likely that all authorities undertake such work to a greater or lesser extent, but it is seen as an established part of core provision rather than being related to the health and well-being offer. Almost 93,000 housebound readers were served by English public libraries in 2007-08¹⁰. The lack of acknowledgement of such services as part of the health and well-being offer is a missed opportunity for libraries to strengthen their position; one area in which this was apparent was the relative invisibility of libraries in health and social care policy documents, at both local and national level. This is considered in more detail in the next section 'Supporting policy frameworks'.

It was also pointed out that the language used to describe activity may need care. There was a feeling that communication by libraries does not always make clear the nature of the offer. Terms such as 'home library service' and 'reader development' are commonly used within the sector but are meaningless to health and social care partners. As one KOL pointed out, once the implications of these

⁷ *This user, identified by the Manchester health partner, had in fact used the cCBT service in Stockport libraries rather than in Manchester; however the underpinning service and partnership arrangements were similar in both authorities.*

⁸ *Appendix A*

⁹ *Appendix C1*

¹⁰ *CIPFA Public Library Statistics Actuals 2007-08*

terms are unpacked for potential stakeholders, they begin to see the value of such forms of intervention in meeting their targets. Libraries need to move towards a more commonly shared language if they are to articulate their offer more effectively.

Bibliotherapy was felt by one KOL to present a good example of a shared term which spoke to both libraries and the health sector, although the potential of this term is undermined by confusion within the library sector itself as to its meaning. The KOL feels that *'bibliotherapy needs to grow into a consistently identified discipline encompassing a range of reading activity including reading groups as well as more targeted forms of intervention'*. A clearer definition supported by a stronger evidence base would strengthen this area of work and increase the potential for health sector buy in. It was suggested that whilst this term might not work with the public, the association of the word 'therapy' with reading activity is an important use of clinical language that speaks to health sector partners. Terms such as 'reading groups' and 'reader development' do not have the same resonance.

Promotion of activities was also an area of concern. While this raises issues of resourcing and capacity to deliver against expectations, it also impacts on the perceived value of health and well-being activities. Public libraries' contribution to health and well-being is built in to the existing, core, library offer, which means it is often invisible to external stakeholders. One KOL noted that the library contribution is less visible than that of organisations such as Age Concern or the WRVS because it is delivered as a core public service, and is not specially commissioned and paid for. Another interviewee felt that the public perception relates primarily to loans of relevant material, while the broader contribution remains generally hidden and could be better promoted. The result is that, in the words of one KOL, *'libraries are a long way from achieving the recognition they deserve in this area'*.

Although the project methodology meant that public consultation could not be extensive, the general view expressed was that health and well-being services were not well promoted by libraries. One user, from Stoke-on-Trent, was *'not sure whether or not libraries generally made it clear to the general public that they were offering health and well-being-related services'*, while another, who was not previously a library user, was unaware that the Macmillan Cancer Support Service was available in the local library until directed towards it by her daughter. She emphasised that the service *'needs broadcasting a bit more'*, and 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. It seems likely that these two authorities are not unique in this regard, and that the issue is more widespread.

Supporting policy frameworks

The health and well-being agenda receives a high public profile, featuring in a variety of policy frameworks at all levels of government. National indicators of well-being encompass all aspects of life, and are increasingly being used to make international comparisons of the quality of life, in preference to more traditional economic measures. However, the study has shown that the role of libraries does not feature highly in health and well-being policy and planning. The library offer is not clearly visible to policy makers and potential partners, with much of the existing activity being subsumed within core library services.

Whilst those Department of Health (DoH) policy and strategy documents included in the Evidence Framework refer to the need for information about health and well-being issues, they do not generally (with the exception of Patient Choice) mention libraries as providers of this information. Furthermore, libraries are not mentioned in the NHS Operating Framework for 2010/11, although they were included in 2009/10, in relation to Patient Choice. Notwithstanding this, a number of key policies and initiatives point to the potential for libraries to improve access to health and well-being services, including Smarter Government¹¹, Be active, be healthy (2009)¹², Putting People First (2007)¹³, Transforming Social Care (2008)¹⁴, New Horizons (2009)¹⁵, the Association of Directors of Adult Social Services (ADASS) strategic framework for council information and advice strategies¹⁶, and the DoH guidance document 'Improving Care and Saving Money: Learning the Lessons on Prevention and Early Intervention for Older People'¹⁷.

One KOL expressed the view that there had been an important shift in national policy, and recent priorities are as much about improving access to mainstream community services and activity as they are about the personalisation of support services. He felt that public libraries had not yet caught up with this or capitalised on its implications. Certainly, libraries do not appear to have been involved in developing local policy supporting this new social care agenda; a view borne out

¹¹ www.hmg.gov.uk/media/52788/smarter-government-final.pdf (accessed 19/5/10)

¹² *Be active, be healthy: a plan for getting the nation moving*, DoH in partnership with other Government Departments, 2009. A new framework for the delivery of physical activity alongside sport for the period leading up to the 2012 Olympics

¹³ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf (accessed 19/5/10)

¹⁴ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_082139.pdf (accessed 19/5/10)

¹⁵ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705 (accessed 19/5/10)

¹⁶ *Framework for Council Information and Advice (and Advocacy) Strategies*, ADASS/LGA, 2009

¹⁷ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111222.pdf (accessed 19/5/10)

by the relative invisibility of libraries in Strategic Health Authority (SHA) strategic plans. Only four out of the ten SHAs mention libraries in their strategic plans/vision documents (North West, South Central, West Midlands and Yorkshire and Humberside). In the North West and Yorkshire and Humberside, these referred to examples of work already happening in partnership with libraries, whilst the other two references were in a policy context. Lending support to this finding, just 27% of survey respondents indicated that health and well-being activities in libraries are underpinned by regional health strategies. Conversely, almost three-quarters of respondents indicated local authority internal department plans, 61% selected local authority directorate or corporate strategic plans, and 55% mentioned children's and young people's plans as the supporting policy frameworks for their activity.

These findings underline the fact that health and well-being work is currently represented internally within library and departmental planning, but not in the strategic planning of partnership organisations. Collaboration with libraries appears to be largely project-led – a finding which is supported by the views of several KOLs, including a health commissioner and a PCT manager. The case studies also indicate that libraries often feature in the action planning of partners, but not in high level policy and strategy as a strategic partner. Both Health Matters and the Macmillan Cancer Support Service in Manchester are, for example, specifically mentioned in top level library plans, but are not directly referenced in the Local Area Agreement (LAA). In Stoke-on-Trent, however, the potential impact of Better Information, Better Health is seen as being a key driver in helping to raise the profile of libraries and their contribution to health and well-being LAA targets.

The KOLs interviewed were unanimous in their view that libraries should position their offer more effectively against relevant policies, and the phase 3 case studies underlined the potential for libraries to position their work against local indicators. For example, in Manchester although libraries are not mentioned specifically 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. In Stoke-on-Trent, the Better Information, Better Health project is supporting the library service in making an active contribution to key health LAA and Healthy City Partnership targets, which include increasing the rates of breast feeding, increasing the level of health in adulthood, improving the independence and quality of life of older people, and improving and promoting positive mental health. Whilst they may previously have made a soft contribution to these targets, their capacity to deliver health information in partnership with NHS Stoke-on-Trent through targeted events, activities and resources now provides them with the opportunity to sharpen their role.

There was a difference of opinion amongst interviewees on the effectiveness of LAAs as a platform for health and well-being work – one KOL thought that libraries' health and well-being work was likely to be poorly embedded in LAAs at present because of the library focus on participation in this context, whilst another commented that it was well rooted in the LAA in some areas, but not all, and that it depended on the local indicator set.

National indicators do, however, offer opportunities for libraries to position their work more strategically in a policy context. The health sector partner interviewed during the case studies felt that LAAs could be the key to supporting partnership working and developing new opportunities for libraries. LAA linked Local Strategic Partnerships (LSPs) also emerge from the study as providing an important platform for development. Whilst libraries may not currently formally feature in relation to LAA health and well-being targets or have a prominent role in relation to relevant LSP groupings, their work in this area is beginning to map across. This is an important first step. All three phases of the study clearly reinforce the fact that LAAs and LSPs offer real potential for public libraries to develop their health and well-being offer.

Thirty-four survey respondents mentioned that local/national strategies/targets and/or directorate priorities/strategies would possibly lead to an increase in the health and well-being activities being undertaken in their libraries. Respondents also mentioned Local Area Agreements, Regional Health Strategies, Delivery Plans, Corporate Strategic Plans and Local Strategic Partnerships in particular. In addition to this, six respondents commented that they perceive that a change in local council organisational structure has led or could lead to an increase in health and well-being activities. One respondent commented that the '*Library Services move into Communities and Well-being section of the Adults and Communities Department of the County Council is already showing signs of developing the way we work with adults regarding their health, care and overall well-being, especially older persons*'.

This said, a 2007 report¹⁸ by MLA South East highlights the need for library staff to have a clearer understanding of regional and local health strategies, to help them in the provision and delivery of health information to public library users. This is strongly reinforced by the findings of this study which suggest that libraries need to map and understand health sector policies and priorities better in order to be able to position their work more effectively alongside it. Core policy messages centre on prevention, early intervention, patient outcomes, addressing health inequalities,

¹⁸ *Exploring opportunities for engaging with health and social care agendas: Report for MLA East of England, (March 2007), Catina Barrett & Alison McCamley*

and cost efficiency. There is clear value offered by libraries in most areas of the health and social care agenda, if they can argue the value of existing services (e.g. reading groups) as a low dependency form of early intervention.

At library authority level, health and well-being does feature in planning, although this may not be consistent. Formal library plans are no longer a statutory requirement, and on investigation it was found that many library authorities do not have a plan publically available. The majority of plans identified in the evidence framework (31 out of 48) did, however, mention the health and well-being agenda to varying extents, from one to 54 times.

Mental health promotion emerged as an example of an area where considerable work is being undertaken by libraries, but where this is not reflected in policy. KOLs felt that there was a general awareness of the value of library work in mental health promotion, but it had not always been formally integrated into the broader policy frameworks. One of the reasons for this may be because libraries see it as core business, and do not badge it in such a way that potential health sector partners understand that it contributes to their work streams.

New Horizons¹⁹, the new government strategy for mental health, is an area where libraries can make a key contribution. The strategy focuses on whole population mental health and on helping people to look after themselves and keep well. It recognises the vulnerability of particularly at risk groups accessible by libraries, such as those living in poverty, Black and Minority Ethnic (BME) communities and older people, and emphasises the value of non traditional interventions including those that improve literacy, build social skills and develop self esteem.

Resourcing and capacity

All three phases of the study indicate that the resourcing of services was a concern, although the actual capacity of the library service to deliver activities with a health and well-being outcome did not appear to be an issue for the KOLs or case study health partners.

It is clear that a good deal of health-related activity in libraries, especially the provision of health information, is seen as core business, and that libraries are resourcing much of this work from mainstream allocations. Furthermore, not all new developments need significant funding, for example providing library space for health workers and self-help groups, or computer facilities to support the delivery of online services.

¹⁹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705
(accessed 19/5/10)

Libraries have a huge asset in the community space that they provide, which can be key to leveraging health and social care partnership and support. Case study evidence points to the potential of specially branded health zones within libraries, delivering health information, events and activities, as a firm foundation on which to build partnership working and investment. Evidence from the study also indicates that partners are keen to capitalise on the potential of libraries to bridge the digital divide.

Another key library asset is their workforce. The Better Information, Better Health case study in Stoke-on-Trent makes it clear that staff expertise, a 'can do' attitude and their community knowledge and outreach potential are significant resources in which the health and social care sector is willing to invest. This view is reinforced by other aspects of the study. One KOL interviewee reported that the recent commissioning of a library based mental health and well-being information service, in preference to service delivery by a specialised third sector agency, had proved a success. It had been both effectively delivered and very well received by the public, despite concerns from professional colleagues as to whether the library service would be able to provide the required expertise and knowledge.

Amongst survey respondents the availability of resources was considered to be a driver for the provision of health and well-being services. Nine respondents mentioned that the availability of staff resources has a considerable impact on the decision of whether or not to undertake health and well-being schemes/events, and in some cases this is inter-linked with the possibility of partnership funding. In addition to this, one respondent mentioned that staff training to improve and extend current provision could lead to an increase in events/activities and three respondents indicated that the employment of dedicated health and well-being staff could also be a driver.

Libraries are beginning to tap into external funding opportunities, but it was felt that this was not being done systematically. One KOL interviewee suggested that it might be harder to secure support for the more creative aspects of public library health and well-being activity because so much is seen as core library business, and because it is difficult to provide robust evidence of impact. This has consequences for the effectiveness of delivery, as a lack of resources can hamper the best intentions.

Further, short term project funding creates difficulties in sustaining provision. The Skilled for Health pilot project is one example – this was deemed successful²⁰, but the central funding was not extended, and authorities had to find new sponsors in order to continue. Also, uncertainty over voluntary sector funding makes planning difficult. For example, the Manchester Macmillan Cancer Support project is, again, seen as a successful project, but one with an uncertain future once current funding comes to an end in a year's time²¹.

The discussion with KOLs underlined the point that resourcing issues for partners can, however, pose opportunities for libraries. For example, one interviewee highlighted that the need to cut costs and broaden health and social care provision will be a key driver in broadening the partnership structures supporting the library health and well-being offer. Adult social care directorates are becoming increasingly aware that they are unable to afford to deliver on key targets as sole providers. More integrated working between libraries and health and social care could provide a means to achieve efficiencies, and hence cost savings, in service delivery for all partners involved. Co-ordinating providers would also enable limited resources to be used more effectively. Diversifying funding is an important outcome for libraries of partnership working. In Stoke-on-Trent, for example, the ability to attract funding from the health sector ensured continued and enhanced investment in the authority's health information provision at a time of library cuts, and resulted in the sustained approach represented by the work of the Better Information, Better Health initiative.

However, such an optimistic view did not emerge from the survey, where lack of funding and/or budgetary cuts (whether within libraries or in possible partner organisations) was the most frequently identified barrier to the continuation and/or future delivery of health and well-being activities, with three quarters of respondents sharing this view. One respondent also mentioned how the reliance on funding by possible partner organisations can also be a barrier: *'some of the partners we have approached are reliant on funding, which can be short term, so it can be difficult to plan ahead'*. It is perhaps not surprising then that the availability of funding also emerged as a key factor in the success of partnership working in this area, with 15 survey respondents (out of 89 providing details) identifying this as a factor.

²⁰ MLA London (2009) *Skilled for Health in library services - Recommendations for rollout* www.mlalondon.org.uk/uploads/documents/SfH_rollout_report_updated_April_2009.pdf (accessed 19/5/10)

²¹ Appendix D1

Tied in with funding, 41 (out of 101) respondents mentioned a lack of staff resources as a possible barrier to health and well-being activity being undertaken, whether this is because of financial cuts, pressures on staff time or a lack of staff trained to an appropriate level. Library staff are viewed as a key resource in terms of their existing roles and functions, since some aspects of health and well-being work build on what library staff do and what they do well. In addition, 20 respondents mentioned resources in general as a possible barrier, and this included staff and time.

A varied picture of the funding landscape emerged from the survey. Respondents were asked to provide details of any funding for the individual schemes received in the current financial year, but very little information was provided, which perhaps points to limited designated funding.

34. Most details were received in relation to Books on Prescription schemes (33 respondents), which as one of the sector's most established partnership schemes attracts the highest level of funding overall, with three authorities reporting funding between £30,000 and £80,000. A further nine described contributions in kind or did not place a figure on the contribution, and of these seven indicated that no funding had been received in the current financial year.
35. Twelve respondents had received funding for Bookstart in their authority, with four respondents indicating a level of funding of £20,000 or more. Again, some respondents described contributions in kind.
36. Health Information schemes also attracted significant levels of funding in some authorities, with three respondents indicating that they have received between £30,000 and £50,000 for this scheme in the current financial year.
37. The case studies show that partners will invest significant levels of funding to achieve their aims – Macmillan £300,000, Stoke-on-Trent NHS £50,000.
38. Case study evidence suggests that Health zones attract investment from partners, and all case study authorities have developed these, or information points, with partner support.

Commissioning was felt to be a key area of opportunity for libraries, particularly in the area of social care which was considered by KOLs to offer greater potential than 'health' funding. There was a suggestion that local authority/PCT pooled funds might be particularly relevant to libraries. At present, the commissioning process is a relatively unusual funding model for library involvement. However, there was thought to be potential for greater commissioning of library health and well-being activity, if the focus was on delivery of new rather than core services, targeting specific groups of people. To be successful in this respect, libraries



Public library activity in the areas of health and well-being:
The current role of libraries in health and well-being

would need to present a business case, showing value for money, with health gains and cost savings.

One KOL suggested rather optimistically that a key driver would be a national health and well-being partnership funding scheme on the scale of the Wolfson reading development programme.

Partnership working

Three key delivery models were apparent, and in any area all three could be operating for different activities. KOLs were aware of examples of libraries working in an integrated way with local health and social care partners, although this was not thought to be the predominant model. One example reported in the survey was the setting up of nine Children's Centres (CC) in Gloucestershire, which '*have some integrated staff and library staff signpost families to CC services. Library services such as Baby Bounce and Rhyme are part of the CC offer*'. This integrated approach was also clearly exemplified in the three case studies.

Secondly, KOLs perceived there to be little consistency in partnership development, including internally within a service. In this model, activities were thought to be delivered independently of partnership structures including some seen as core services. KOLs felt that the majority of authorities would be working in this model, and that there was a level at which authorities had limited engagement in the health and well-being agenda; however the survey showed that such engagement is widespread. Even if all those authorities which did not respond were doing nothing (which seems unlikely), the breadth and variety of activity and partnership working which was uncovered is extensive. Approximately three quarters of all schemes described in the survey were operated in partnership.

The third delivery model, highlighted by both the survey and case studies, is of core services with a health and well-being impact. In some cases these are so well established, such as home delivery services or provision for visually impaired people, that their health and well-being impact is not acknowledged by the library service. In other cases, such services have developed from designated health and well-being schemes – Books on Prescription and Bookstart are examples of long standing partnership schemes that have become part of the core service.

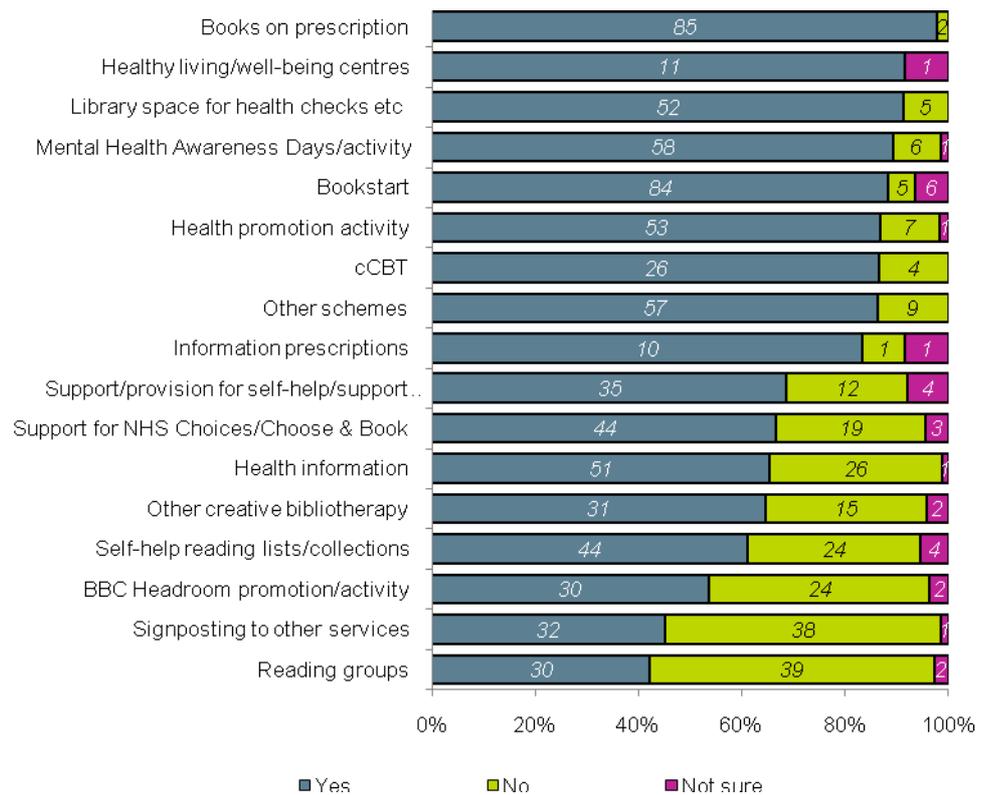
This suggests that the KOL perception was not entirely correct, although the reasons for this are not clear or straightforward. Much activity is locally based, and project led, and the study found that it is not well publicised. KOLs knew what was happening in their local area, but had limited knowledge of the wider picture. This invisibility of the library offer to the wider community has emerged as a key issue in all phases of this project.

Level and nature of existing partnerships

Figure 1 summarises the numbers of current schemes and schemes in preparation that involve partnership with the health and social care sectors reported in the survey. Overall, 733 schemes were reported as being operated in partnership. The

range of partners was diverse, and often scheme-specific. As well as the NHS, PCTs, council social care departments and local and national voluntary organisations, partners for some schemes included pharmacies, leisure centres, and schools and colleges. Further details are given in the description of each scheme in Appendix C.

Figure 1: Partnerships

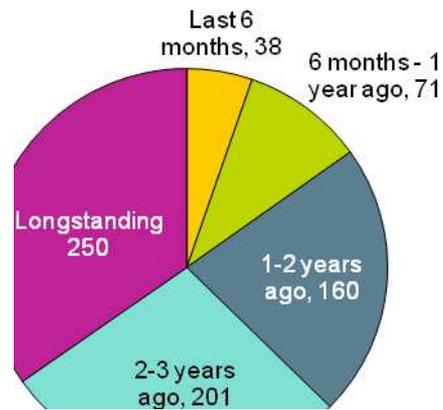


Numbers of responses are given in italics

Although some KOL interviewees felt there was a lot of evidence of individual schemes being run in partnership with various agencies, from the public, private and third sectors, they generally felt that partnerships between libraries and the health and social care sectors were not strong, and not, in general, well established. However, the survey found that over a third of all partnerships were described as ‘longstanding’ (i.e. more than three years), while only 15% were established within the last year (Figure 2). Bookstart was the scheme with the most well-established partnerships, which were described by respondents as ‘longstanding’ in 80% of cases. All Bookstart partnerships reported had been running for a year or more. Other schemes with above average proportions of ‘longstanding’ partnerships were signposting to other services (65%) and provision of library space for health checks, etc. (44%). Schemes with above average

proportions of new partnerships, established in the last year, tended also to be those which were available in fewer authorities – BBC Headroom promotion, with a partnership established within the last year in 36% of the 33 authorities providing details; other creative bibliotherapy activity (33% of 33 authorities) and Information prescriptions (33% of just nine authorities had established the partnership within the last year).

Figure 2: Length of partnership establishment



Base: all partnerships for which detail provided. n=720

Headroom is a national partnership project with the BBC, and it is interesting that it may not be perceived as such by libraries. The reason for the low level of additional partnership development is likely to be that the BBC have provided libraries with generic resources and so the scheme has not required additional partnership development to run. The underpinning delivery partnership is with the BBC, but this is not formalised at local level.

This pattern of partnership development reinforces the message that some areas of work, such as creative bibliotherapy and reading groups, are not on the health and well-being radar, partly because they are positioned as reader development, and partly because of the weakness in the evidence base. The survey shows that these form a core part of the offer, but are delivered as a core service supported and delivered by internal reader development expertise. They are not yet a formal part of the library health and well-being partnership offer. This is a major missed

opportunity especially in the light of the potential for this work highlighted by New Horizons²².

Three key elements of partnership benefits were investigated in the survey, provision of expertise, access to communities of users, and funding or other resources. Overall, 60% of partnerships provided expertise and training, while 59% provided access to communities of users. Partnerships for health information schemes were most likely to provide expertise or training, with 83% of authorities reporting this. Support for NHS Choices/Choose & Book and Information prescriptions schemes were also more likely than average to receive expertise/training from their partners, in 82% of authorities for NHS Choices and 70% for Information prescriptions, (note that only 10 authorities responded with respect to Information prescriptions schemes, however). Those schemes which were least likely to receive expertise or training from partnerships were BBC Headroom promotion (because of the nature of the promotional activity and the provision of generic resources), and reading group activity (because this is an area of library specialism and an important USP for libraries), each reported by 37% of authorities.

Those partnerships most likely to provide access to communities of users were information prescriptions (90%) and support/provision for self-help/support groups (80%). Those least likely to provide this were again BBC Headroom promotion, with 33% reporting this, and support for NHS Choices/Choose & Book (27%) Six of the ten respondents with Healthy living/well-being centre partnerships reported that these provided access to communities of users.

Funding or resources were provided by 38% of partnerships, although very little information on levels of funding was available. Three schemes stand out in terms of the funding provided by partners. Books on Prescription schemes had received some level of cash funding in the current financial year in 17 authorities, with three reporting levels of funding in excess of £30,000²³. A total of 13 respondents provided some detail of funding received for the Bookstart scheme in their authority. While one of these indicated that no funding had been received in the current financial year, the scheme in general appears to attract a relatively high level of funding, with four respondents indicating receipt of £20,000 or more. The third scheme which can attract large sums from partners is Health Information, with three authorities indicating that they have received £30,000 or more for this

²² See *Opportunities for Strategic Development*, page 47-53

²³ *The partnership investment in BOP is clearly identified in an earlier study, Hicks.D. An Audit of Bibliotherapy/Books on Prescription Activity in England, MLA/ACE, 2006*

scheme in the current financial year. Full details of funding are given in Appendix C.

Partnership working on a national scale was thought by KOLs to be undeveloped – for example there are no formal links between libraries and Age Concern, despite the obvious synergies which exist in terms of a shared core audience. Although the survey did uncover some partnerships with national organisations, it seems likely, in practice, that many of these operated at local level. The KOL perception was that there is significant need for high level partnership development at a national level to underpin local working, for example a need for high level brokerage with the DoH.

PCTs were also seen by the KOLs as key potential partners, but involvement at local level was thought to be low. However, the survey showed that this was not particularly the case, with 61 of the 109 respondents (56%) naming PCTs as partners, and a further five mentioning GPs. A few respondents noted difficulties in working with GPs and PCTs, particularly in relation to staff capacity and changes within the PCT – one respondent observed *‘Partnerships with PCT for BOP have been set up several times over and failed on some occasions due to restructuring and staff changes in PCT, which has been now taken over by Priory Group. Each time this happens we have to start again to find a new contact/advocate for BOP. Often the keen people are graduate trainees who leave quite quickly’*. On a more positive note, other respondents noted improvements when PCTs became involved, for example, *‘Took a long time for some parts of the partnership to develop - but the three local PCT development officers taking on areas of the borough made all the difference’*.

KOLs were aware of both formal and informal partnerships with the NHS, both of which had advantages. For example, informal partnerships enable organic development of services, while formal partnerships generally quantify outcomes and require evidence of impact. The NHS (including PCTs and others) did emerge as a significant partner in the survey responses, although again this was more generally at a local level than under any national framework, with the exception being support for NHS Choices/Choose & Book. This partnership was thought to have potential, but a conservative perception of what libraries could offer, particularly within the DoH, needed to be overcome to attain this. One KOL observed that NHS Choices and Choose and Book had been important flagship programmes for libraries within government, raising their profile and challenging existing preconceptions of the value of working with libraries.

Integrated partnership working emerges as a significant driver for service development. A total of 48 survey respondents indicated that successful

partnerships were delivered in collaboration with the PCT/NHS (including various health departments), with one respondent stating that *'the partnership with NHS Bedfordshire has been particularly successful'*, and another mentioning that *'we have worked in partnership with the local hospitals trust for a number of years'*. Other examples include:

39. Croydon, where a Healthy Living Hub has been set up at the Central Library, staffed by the NHS Stop Smoking Team and the Council's Active Lifestyles Team. The library service provides the information role and Books on Prescription, and other partners provide staff expertise to support customers and encourage them to go on walks; use parks; cycle; swim; garden and stop smoking. This developed from the successful health fair held at the Central Library in June 2009. Other NHS Teams and community groups are being encouraged to use the space to promote their services and support customers.
40. Manchester, where 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 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, for example a closer working relationship is developing with NHS Libraries.
41. Stoke-on-Trent, where the partnership between the library service and the PCT is strong. NHS Stoke-on-Trent has resourced an Information Officer post and provided a promotions budget to deliver activities and resources. They have been very committed to taking the Better Information, Better Health initiative forward in partnership with the library service.

Project/partnership development

A number of factors emerged from the study concerning the ways in which partnerships are developed. These can be summarised as follows:

42. Starting small and building activity on evaluated pilots and around clearly defined and achievable projects appears to be more successful than developing a grand scheme from the outset. While this can be successful – and the case study Northamptonshire Health Trainers project is a good example – building relationships and the evidence base through pilot projects and smaller scale trials can play a key role in supporting long term and sustainable partnership development

43. Partnerships work best at a practical level – those which are perceived as less successful are the global and high level strategic partnerships that do not deliver concrete and achievable outcomes
44. It is important to develop understanding and common ground at all levels of a partnership, but particularly at the front line. Often this is the bit that is missed out so that whilst there is understanding of joint aims at management level there is a mismatch at delivery level
45. Partnerships which have formal structures benefit from the existence of steering or partnership groups as a base on which to build. They raise the profile of the project, broker introductions and widen the partnership net. From a library perspective, they also help to increase the visibility of the offer with partners and stakeholders
46. Clarity on the contractual and financial arrangement supporting a partnership is vital from the beginning, to avoid misunderstandings as activity develops
47. Partner structures can be difficult to navigate for all concerned – LSPs emerge as one key to unlocking both sides, but libraries have yet to capitalise on their potential. Most PCTs also have directors of public health which are often joint appointments with the local authority. One KOL PCT Chief Executive felt these posts provide libraries with an obvious access point into the PCT public health department where the responsibility for the broader health and well-being agenda lies.
48. Champions and personal relationships are important but need underpinning by evidence if the work is to be sustainable and attract buy in from PCTs
49. Relationship building between the wider partners is vital, as are flexibility and the ability to evolve and change as circumstances demand, on both sides
50. The commissioning model could be very important to the delivery of health and well-being services by libraries, although there appears to be limited engagement with this at present.

Motivations and drivers for partnership

The motivations underpinning the existing partnerships put forward by librarians and health partners were varied and diverse. Those which appeared most frequently were:

51. Libraries can provide access to communities which traditional health and social care services find hard to reach
52. Libraries provide a local and national network of neutral, non-clinical, non-stigmatised spaces across the community

53. Libraries provide assisted online services
54. Partnership with the health and social care sector raises the profile of libraries and attracts new users
55. Libraries provide access to IT resources and expertise
56. Partnership working attracts funding and resources which would otherwise not be available, supports workforce development and builds capacity

Public libraries were perceived as an ideal vehicle for the health and social care sectors to reach out to local communities, particularly to those which might be hard to reach. Indeed, some groups, for whom early intervention/prevention health and well-being information and services might be particularly beneficial, for example disadvantaged or at risk communities, can be difficult for health agencies to reach alone. For partners, working with public libraries is therefore seen as a means of connecting with the community as a whole, including priority target groups. The opportunity to develop community-based services was, for example, valued by the Macmillan Foundation as adding a new dimension to the treatment based approach of the local PCT and Macmillan hospital-based services, in that they helped in raising cancer awareness, and in providing information and support for patients at the post-treatment stage.

The non-stigmatised, non-clinical and neutral community space provided by public libraries was generally greatly valued by case study health partners. The Macmillan partner in the Manchester case study thought the library was playing *'an important role in normalising the view of cancer as a health issue and normalising the process of diagnosing and dealing with the disease.'* This view was reinforced by the service users interviewed.

Partners also valued the library digital offer, providing assisted access to online health information and other services. Libraries have a key role to play in delivering the digital inclusion agenda, and so make an important contribution to the government vision of effective and efficient delivery of online public services.

Libraries provide a local and national network of static and mobile community service points free at the point of use. The value to partners of library space as a non-stigmatised, non clinical and neutral networked community space, combined with their community reach and access, enables them to make a powerful partnership offer. This view emerged from the KOL interviews, and was reinforced by the survey and, particularly the case studies. Such facilities enable health and social care partners to deliver health and well-being services in the community, to target these services and associated messages effectively and to reach sections

of the community that might be hard for them to reach acting independently. This role supports prevention and early intervention service delivery, and helps address the health inequalities agenda.

Libraries also provide a place for a range of activities that help to help build self esteem, support learning and literacy, and engage in social and creative activity. As one KOL interviewee pointed out, the range of services on offer can be a great strength²⁴. This view certainly seems to be reinforced by case study evidence suggesting that people coming into the library to use one service also often borrow books or use other services available.

Library staff are valued as information experts and community health advocates, with a high level of community knowledge and expertise. They are seen to have excellent links with local groups and organisations, and strong local knowledge. They bring promotion and outreach skills, and have experience of a broad range of activities relevant to health information and promotion, creativity and community activity and learning and skills development. The case studies and survey findings suggest that involvement in health and well-being service delivery also brings benefits for the library sector helping staff to hone existing skills both through the provision of designated training from partners relating to areas such as mental health awareness, health information provision and health and well-being referral and signposting and by developing interest and motivation through direct involvement in activity.

Although libraries have been providing health-related information and services for some years now, survey respondents and case study interviewees highlighted the fact that partnerships often help to raise the profile of public libraries in regard to health services and activities, and to bring in new users (footfall remaining an important library performance indicator). The Northamptonshire case study health partner thought that it was important to raise the profile of libraries '*as a place to go for health and well-being information.*' Partnerships were also seen as a way to add value to libraries' current health and well-being offer through the provision of expertise, training and specialist information.

Finally, some survey respondents and interviewees mentioned that partnerships were motivated by the prospect of attracting the new resources, including both funding and staff, required to develop a broader provision of health and well-being services and activities. Potential monetary savings that may result from libraries and the health sector joining forces and working together to address the

²⁴ See *Levels of Activity*, page 16

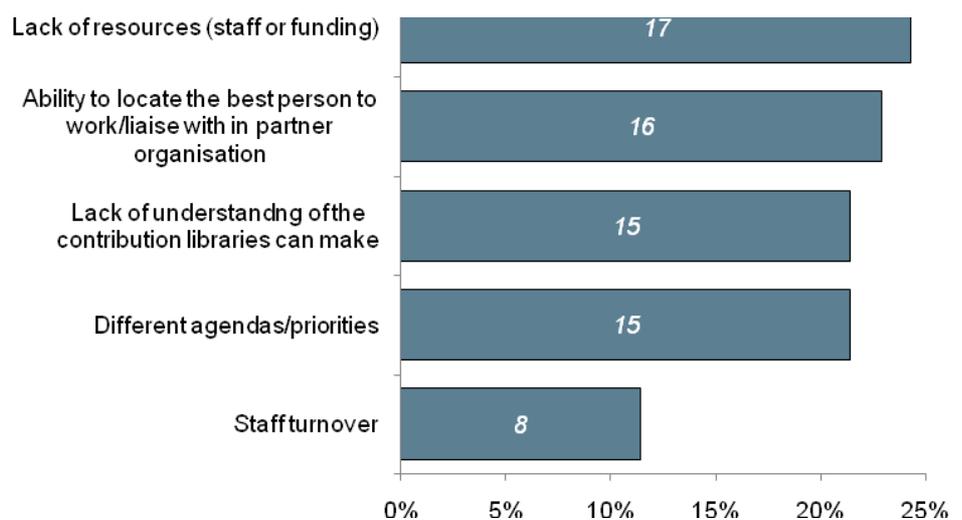
government’s health agenda whilst reducing costs and broadening provision, are likewise a motivator. Monetary savings were identified as a powerful driver for successful partnership building, as it becomes clear to local health agencies that it is increasingly difficult for adult and social care directorates to meet government health and social care targets, and to deliver outcomes and impacts, in isolation. The recognition that libraries can take on and deliver a wide range of health and well-being related activities such as the delivery of general health information or early intervention or prevention services was identified as a key partnership driver both in the KOL interviews and in the survey.

Barriers and challenges

The study identified a number of barriers to partnership building and partnership working.

Figure 3 presents the most frequent barriers to partnership working, as identified by the librarians surveyed. Answers were given in free text and coded according to the most recurrent themes, which also emerged from the other phases of the study. The most recurrent barrier identified by librarians was the the lack of resources, such as staff or funding, (24%), followed by the difficulty in locating the best person to contact/liaise with in the partner organisation (23%), the lack of understanding of libraries’ contribution by health partners (21%), the differing agendas, priorities or timescales (21%) and staff turnover (11%).

Figure 3: Most frequent barriers to partnership working from a librarian’s perspective (n=70)



Includes all barriers mentioned by more than 10% of respondents

A lack of resources (staff or funding) was perceived by librarians as the most important barrier to partnership working. The limitations of existing staff and funding resources was thought to impair libraries' capacity to deliver a high profile health and well-being offer, though the case studies often showed that this could be partly, but not wholly, overcome by a 'can do' attitude and core service provision. Such commitment and the positive attitude of libraries to the delivery of health services seemed to be very much appreciated; for instance, in the case of the Stoke-on-Trent partnership, the library service's effort to make it work was very much valued by the NHS Stoke-on-Trent health partner. She acknowledged that a member of her team had noted '*I love working with librarians, they are just so co-operative.*'

The issue concerning the lack of understanding/low visibility of the library health and well-being offer outside the library sector both nationally and locally was a recurrent theme. One of the most important barriers identified by the KOLs interviewed was that they felt that the DoH had a conservative view of the potential contribution that libraries can make in the areas of health and well-being. This low visibility was reinforced by the survey findings which showed that there was a general feeling amongst librarians that there was a real lack of understanding by partners of the health and well-being contribution of libraries. Librarians generally felt that health agencies, notably PCTs, did not regard libraries as an obvious partner of choice in this domain, despite the fact that public libraries have been delivering health and well-being services for a number of years. These findings clearly indicate that the library sector has been unsuccessful in convincing health and social care partners of their partnership value.

It has become clear in light of the barriers identified throughout the study that the challenge for libraries is to make it clear to health partners particularly PCTs, what their health and well-being services offer is and how this contributes to their objectives, target outcomes and agendas. The study suggests that the only way to overcome this barrier is to develop a promotion strategy aimed at raising the profile of public libraries in regard to the delivery of health-related services and activities, as well as building a strong business case to convince health agencies that they can make a significant contribution to the government health agenda. Effective promotion of the library health and well-being offer was identified as a challenge in the KOL interviews and the case studies.

A further requirement, identified in all phases of the study, is for robust evidence of the value and impact of such services, both in terms of health and well-being outcomes, financial and other quantitative targets. It was also felt that libraries should make it clear to the public that they provide health and well-being services in partnership with various health agencies. Public engagement in developing and

shaping health services was found to be limited, which in turn limited public ownership and awareness.

The lack of clear pathways for communication between libraries and health agencies was found to be an important barrier to partnership building across all three phases of the project, as was the general lack of understanding of how libraries and health agencies work. Making the initial contact in the potential partner organisations is particularly difficult. As well as noting a high turnover of staff, survey respondents often commented that the NHS regularly goes through restructuring, which makes it difficult firstly to identify the best person to approach, and secondly to maintain levels of commitment and enthusiasm for the project as staff change.

Libraries' participation in LSPs remains limited and libraries may be perceived as outsiders in this formal partnership structure. LSP groupings were, however, identified by the KOLs as a way of unlocking library partnership potential, and an important tool to support joint working. Libraries must recognise the potential that LSPs bring and engage in a dialogue with the health and social care sectors in order to formalise their health offer. The study suggests another point of entry for libraries could be through PCT public health departments and the director of public health post. There was also a feeling among KOLs and from the case studies that the health and social care sectors did not always find it easy to identify the most appropriate contact in the library service. Again, a higher profile for libraries in relation to LAAs and LSPs would help here.

The study has revealed that it is essential that local authorities enable and facilitate horizontal communication between different types of agencies within the area, for instance the library authority and local PCT. The lack of common language between libraries and health agencies was found to make it even more difficult to initiate and establish partnerships. It was felt by KOLs that libraries must recognise the necessity to speak and understand the language of potential partners in order to facilitate communication and articulate mutual benefit.

Interestingly, a health partner in the Manchester case study highlighted the fact that partnerships are vulnerable to the economic context. The current economic situation is thought to be having an impact on partnership development, although the effects are complex – a key driver for partnership working is the need to cut costs²⁵.

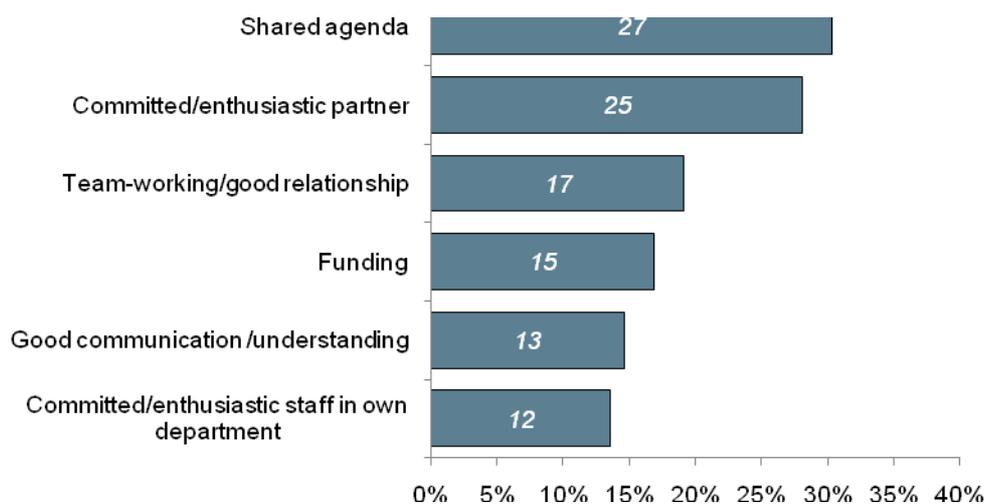
²⁵ See *Resourcing and capacity*, page 22

Other barriers identified by librarians included the differing agendas, priorities and timescales of libraries and health agencies. There were also concerns about libraries' current digital offer. Although it was clearly recognised by the KOLs and in the case studies that the role of public libraries in bridging the digital divide and providing access to online health information and services was a key opportunity for partnership building with the health sector, concerns were voiced by a KOL about the sector's ability to keep up with the pace of digital development and by a case study partner about the lack of suitable private space for computer-based health services, such as NHS Choices and cCBT. The Manchester case study identified the importance of creating an environment where cCBT users have some privacy.

Key success factors

The study helped to identify a number of key success factors in partnership working. These included the presence of champions on either side to drive the work forward, clear lines of communication, flexibility, and shared practical goals and realistic outcomes. Commitment, enthusiasm and willingness to make it work were often mentioned by survey respondents, and, to a lesser extent, the need to determine clear definitions of responsibility on both sides of the partnership, as illustrated in Figure 4 which gives the most frequent success factors identified by the librarians surveyed (i.e. by more than 10% of respondents). These factors were reinforced by the partnerships examined in the case studies.

Figure 4: Most frequent success factors in partnership working, from the librarian's perspective (n=89)



Includes the key success factors mentioned by more than 10% of respondents

When librarians were asked what they considered to be the key success factors of the partnerships they had set up with health partners, almost a third identified shared goals and clear outcomes as the most important success factor in partnership working. This was also supported in most of the case study interviews and tied in with targeted working around a clear and definable set of aims and outcomes that emerged from the case studies as critical to success, as did the need for clarity in partnership arrangements and lines of responsibility from the beginning.

A high level of commitment/enthusiasm from both sides of the partnership to make the project work was often mentioned as a key factor in successful partnership working, as was good communication between partners. These findings were found both in the survey and in the case studies. For librarians, 28% indicated that a committed/enthusiastic partner was critical to successful partnership working, 15% indicated good communication or understanding, whilst 14% thought that committed or enthusiastic library staff was key to successful partnership working. From a librarian's perspective, it seems that health partners do not always show the desired level of commitment to make the partnership work. The case studies also showed that, from a health partner's perspective, it is often difficult to secure library staff commitment and understanding of the work underway under the umbrella of the partnership, as indicated by one of the health partners in the Manchester and the Northamptonshire case studies.

The presence of individual champions in local authorities, whether library managers, or increasingly, health commissioners in PCTs, was perceived by KOLs and some of the case study interviewees as a real key driver to partnership development. Champions provide, set up and maintain contacts, as well as informal and formal communication channels, so are essential to good partnership working. In the absence of formal and established communication structures and a common language about objectives and delivery, champions constitute an essential point of contact between libraries and potential partners in the public, private and third sectors. They are instrumental to partnership working in that they can articulate the requirements and objectives of libraries and health partners, and thus facilitate the definition of a shared vision and outcomes. They also mitigate the lack of clear communication pathways between different agencies, at cross-sectoral level, by helping libraries to navigate the health and social care sectors' organisational structures, and vice versa.

Champion-led initiatives have their limitations, however. They can be patchy, unstructured and very much dependent on personal relationships. The study revealed that a mixed approach that embeds champion-led working in formal structures supported by robust evidence of impact emerged as the strongest

foundation to partnership working. Structured interventions, offered within LSPs, for example, and champion-led working were thought to be mutually supportive. An example of a mixed approach was that of Essex Libraries where their partnership with social care had been strengthened by bringing the library into the Adult Health and Well-being Directorate of the council but where a number of contacts and initiatives were still initiated by champions. Integrated working can be a powerful driver for further success – for example, the underpinning partnership in the Stoke-on-Trent study was not initiated by champions but rather by a cold call to the library service, but as the partnership has become embedded, champions on both sides have helped to develop its full potential.

Librarians and health partners highlighted the importance of good communication between managers and practitioners, both in the survey and the case studies, along with the need to involve everybody in the definition of shared objectives and targets. One of the librarians interviewed thought that good communication was paramount. Not only is it vital to establish it at management level, it is also important to make sure communication flows between managers, practitioners, library staff and service users, as the input of all stakeholders may prove valuable in the planning, shaping and development of health services and activities. Library frontline staff involvement is also vital as it helps frontline library staff to embrace the development of health-related activities in public libraries, become motivated by their delivery and learn the language of health practitioners.

A few survey respondents added the importance of *'talking to the right people'*, which suggests both the difficulty of navigating each agency's organisational structure, and the importance of finding contacts who are actually committed and enthusiastic about working with libraries to deliver health and well-being outcomes.

Good communication ties in with team working and good relationships, which represented 19% of survey responses concerning critical success factors to partnership working. Some of the case study interviewees supplemented this with the ability to support and develop a flexible and open approach to the management of the project, thus allowing partners to adapt processes and structures and show responsiveness to unforeseen difficulties. They did not see the partnership as a pre-defined and static service level agreement between parties but rather as an evolving relationship whereby both parties work together to meet shared goals. Communication and project management skills were therefore perceived as key elements to successful partnership working.

KOLs felt there were immediate benefits to be gained in the short term, on both sides, by setting up local project-based alliances to kick start joint working rather than by trying to build high-level and strategic partnerships, although their value

was evidenced and acknowledged in the long run. A few case study interviewees also acknowledged that it was easier to develop and manage partnerships at practitioner level with small-scale, achievable, realistic and practical targets. Librarians and health partners' perceptions were that project partnerships were easier to build when they related to a specific project with a target audience and well-defined activity purpose, where libraries and health partners could determine shared goals, identify the most appropriate way to deliver the service and measure the impact.

Pilot projects were seen as key to getting more ambitious and developed work off the ground – where this does not happen a longer period of adjustment and evaluation is required. The case studies also showed that the role of steering groups /partnership groups in supporting the development of shared objectives and brokering wide partnership development groups was very important.

Not surprisingly, given that the lack of resources was perceived as a barrier to partnership working, the availability of funding was thought to support successful partnership working by 15% of those respondents providing details.

Future potential

Impact and outcomes

Whilst the project confirms that robust evidence of impact is essential for successful partnership building with the health sector, it also indicates that the current evidence base is inadequate for this purpose. The KOL interviewees generally agreed that evidence of impact was essential but lacking. The evidence map also shows that there is very little published evidence of impact evaluation. What there is tends to be descriptive of various schemes and activities rather than evaluative. The lack of robust longitudinal impact data is a weakness in the evidence base that undermines the value of library partnership for health sector partners. As a result, in the words of one KOL interviewee, '*Libraries are best kept secrets*'. Their health and well-being contribution was also described by a case study librarian as a '*well kept secret*'.

The survey findings demonstrate, however, that libraries are evaluating their activity in this area. Over three-quarters of respondents indicated that they had undertaken some sort of evaluation of their health and well-being activity and over two thirds said that they had collected evidence of impact. Of those who had collected impact evidence, just over a third said that this was usage/take up data and just under a third said it was in the form of feedback from participants and/or the organisers. This suggests that whilst evidence collection is happening, it is focused on anecdotal and usage data rather than impact evaluation.

The survey findings also indicate that libraries may be collecting data relevant to their own internal needs rather than to build a case which speaks to health and social care partners, and in particular commissioners. Of those survey respondents who provided information about evidence usage, 41% indicated that it supported future planning and development, whereas only 22% used it to acquire additional funding, 17% for advocacy and promotion and just under 12% as evidence for government and other partners and to demonstrate the role of libraries in delivering health and well-being.

The indication that libraries and their health partners do not always work together to share data and agree an integrated approach to evaluation also has implications for the development of a robust evidence base. The occasional lack of a joined up partnership approach to data collection is clearly demonstrated by, for example, the cCBT elements of the Manchester case study and the Northamptonshire case study. It is also indicated to some extent by the survey in which 18% of respondents said that evidence of impact was collected by partners.

The fact that libraries are currently using a range of different evaluation tools also weakens the evidence base. Some of these, such as the Generic Learning Outcomes²⁶ and the Generic Social Outcomes²⁷ are drawn from the library sector. Others such as the Warwick Edinburgh Mental Well-being Scale²⁸ are from the health and well-being sector. Generic tools such as feedback questionnaires, user surveys and case studies are also being used. The lack of consensus on a standardised evaluation methodology makes consistent data collection difficult and undermines the potential for the creation of a national bank of evidence.

The overriding perception amongst KOLs was that if libraries are to prove their partnership value, they have to provide evidence that responds to health decision makers' priorities and relates to relevant LAA and LSP targets. They need robust evidence of impact delivered in a language that commissioners and other partners understand. This evidence must show how the library offer meets their needs and delivers the cost saving benefits of early intervention and preventative services. As a case study health partner acknowledged, '*the more you can invest in prevention, the less it is going to cost in cure*'. The same partner also admitted, however, that this '*is the bit that's not measurable*'.

The difficulty of measuring the health and well-being impact of library activity is a consistent theme emerging from this project. It is relatively easy for libraries to measure the uptake of services but it is much more difficult to measure their effect. As one KOL pointed out, there is a need to go beyond engagement data, but it may not be possible to prove eventual impact on health as this may be too far removed from the initial intervention. Difficulties also arise because of the anonymity of many of the services on offer. A survey respondent noted that '*library activities are attractive to many due [to] their informality. Whilst tracking outcomes is useful we're always conscious of how this might conflict with the informal nature of our learning offer.*'

Anecdotal evidence can be powerful but it needs reinforcement by a body of compelling studies and solid quantitative evidence to really win the case for libraries. Qualitative evidence can be effective in winning over sceptical health service staff on an individual project by project basis but KOL interview findings firmly suggest that a more robust and more clearly defined evidence base, that can be related to impact and longer-term outcomes, is important in order to win the long term funding battle.

²⁶ www.inspiringlearningforall.gov.uk/toolstemplates/genericlearning/ (accessed 19/5/10)

²⁷ www.inspiringlearningforall.gov.uk/toolstemplates/genericsocial/ (accessed 19/5/10)

²⁸ www.healthscotland.com/documents/1467.aspx (accessed 19/5/10)

Finding a way of measuring the impact of libraries work was seen as a priority for future research. As a case study library manager commented, *'if there's a good and sensitive way of measuring the impact, I would love to hear about it.'*

Possible solutions

The findings of the study indicate a range of possible strategies to strengthen the evidence base and build the case for the library health and well-being offer.

Further research into the development of a more consistent and robust approach to evaluation was identified as a key priority. This would include mapping the evidence needs of stakeholders as a basis for developing evaluation tools and a methodology that would be acceptable to libraries and produce data that partners would accept and understand.

Several possible approaches were suggested by KOLs in respect of a methodology that would go beyond engagement data to measure impact in new ways. These included measuring the cost saving benefits of a reduction in the use of health and social care services and identifying changes in behaviour that may have a long term impact on an individual's health and well-being. A KOL also suggested the adjustment of existing tools such as the PLUS survey²⁹ to collect longitudinal evidence.

The case study findings point to small-scale pilot activity being an effective strategy for overcoming the limitations of the existing evidence base. Working in this way can produce tangible, focused and evidenced outcomes which, when supported by broader national and local policy frameworks and delivery priorities, can pave the way for more ambitious partnership development.

Several KOL interviewees agreed that focusing on effective case study collection and analysis would help develop a robust body of good practice for use with partners. This was felt to be an important research priority. Case studies in general can provide powerful evidence of impact relevant to the wider public library sector and potential partners. Several KOL interviewees agreed that focusing on effective case study collection and analysis would help develop a robust body of good practice for use with partners. The case study work undertaken for this study, for example, clearly identifies a powerful range of consistent outcomes for libraries, partners and service users.

²⁹ www.cipfasocialresearch.net/libraries/plus/ (accessed 19/5/10)

For libraries, evidence of outcomes includes an increased profile and recognition that helps attract partners, build networks and add capacity and enhancement of core services, particularly their community, information and creative functions. Other benefits were the encouragement of new users into the library where they may also take out books or engage in other activities, and a substantial investment in the workforce that builds on existing roles and functions rather than attempting to turn library staff into health experts.

Outcomes for health and social care partners include access to a non-stigmatised, neutral and anonymous community space for health and well-being activity and to a broad community of users including the hard to reach. As one health partner observed, *'people will use the library that won't use other services, it's that neutrality and the whole social inclusion agenda.'* The case studies showed that libraries also provide a wide range of linked resources, including information, books, activities and online services *'that enable the library to be a hub for other things to join with.'* Some health partners also valued the creative potential of the library service and the opportunity to link health information and promotion with creative bibliotherapy activity.³⁰

Service users in both case studies where they were interviewed also consistently identified the value of access to a locally available, community based service in a neutral and *'positive environment'* that also provided access to a range of other activities and *'things to keep you interested.'*

Several KOLs mentioned that in addition to collecting new evidence, it is also important to use existing data more effectively. There is, for example, already an established evidence base for the therapeutic value of creativity. This is well regarded particularly in mental health promotion work and could be built on by libraries with respect to their own particular area of activity.

In addition, recent research based on the latest national survey of the Millennium cohort children in the UK has shown that five-year-olds who were taken to the library every month showed significantly better reading skills than those who were not.³¹ This scale of research is beyond the resources of the library sector and

³⁰ Manchester and Stoke-on-Trent case studies, Appendix D

³¹ Jane Waldfogel and Elizabeth Washbrook (2010) *Low Income and early cognitive development in the UK: A Report for the Sutton Trust* at www.suttontrust.com/reports/Sutton_Trust_Cognitive_Report.pdf (accessed 19/5/10)

provides convincing evidence of the value and impact of libraries on health literacy and a range of other well-being outcomes.³²

Further, a recent large-scale US study³³ found that nearly one third of the population aged over 14 used library internet computers, and that 37% of these were using them for health and well-being related issues. It recommends that *'public and private health officials and organisations should support the public library as a partner in disseminating health and wellness information'*.

Opportunities for strategic development

The project found a range of strategic opportunities for development of the public library health and well-being role. These relate both to the extension of existing services and to new interventions.

A public library health and well-being offer

All three phases of the study identified that there are serious failings in the way that the public library sector is articulating its health and well-being offer to health and social care stakeholders and the public. Much of the information and referral work is hidden away as core provision, creative activity is labelled as reading development and specialised health and well-being services are being missed. The relative invisibility of the current offer emerges as an important missed opportunity.

The core elements of this offer are clearly identifiable as health promotion and information, signposting and creative community activity particularly linked to reading groups. These areas of activity are underpinned by the role of the public library as a neutral and non-stigmatised community space, its potential as community access point and the expertise of the workforce.

A clearly defined offer expressed in appropriate language and supported by an evidence base better aligned with national and local priorities and targets, would help position libraries more effectively with consumers and partners. It would also facilitate better marketing and advocacy.

The Society of Chief Librarians has recently endorsed the development of such an offer using the established Youth Offer approach in its shared workplan with The Reading Agency.

³² Dugdale and Clark, *Literacy Changes Lives*, The National Literacy Trust, 2008

³³ 'Opportunity for all: How the American Public Benefits from Internet Access at US Public Libraries'. Becker at al., 2010, <http://cis.washington.edu/usimpact/> (accessed 19/5/10)

Health champions and advocates

The project also identified the need for a stronger voice for libraries' health and well-being work. The work suggests that library health champions are necessary to challenge outdated perceptions, raise the profile of the library offer, support libraries in making their case and 'horizon scan' for new opportunities. Champions are needed at a strategic level to build bridges with health and social care partners nationally and locally. The KOL interview findings suggest that the conservative perception of libraries in the DoH, for instance, requires challenging if the sector is to build new strategic partnerships. A similar challenge is required at local authority level and with local health and well-being stakeholders.

In addition to this high level role, the case studies in particular also identify the potential of library staff as local community health advocates. The involvement of frontline staff in health activity builds skills and capacity as well as interest and motivation. It creates a workforce able to navigate health and well-being resources, signpost to linked services, handle health related enquiries and proactively develop opportunities to raise awareness about health issues. The library workforce is a strategic resource which should be built upon by libraries and articulated more effectively to partners.

Community space and outreach

Libraries community ethos and function also emerges as a key asset in brokering health and well-being partnership development. The neutrality of local library space combined with the public library community outreach role and the potential to deliver universal access and social inclusion represents a powerful partnership offer that should be articulated more effectively.

Library space is valuable. A Manchester case study health sector partner described it as being '*like gold dust*'. Libraries can provide an accessible community venue for a wide range of health and well-being functions including early intervention health checks and diagnostic services that bring health into the community rather than waiting for people to be ill. Whilst 58% of authorities are currently providing library space for health check activity and indicate a commitment to continue this service, the potential for developing and formalising this aspect of the library offer is yet to be fully realised. Even less developed is their potential to support delivery of the aims of the Department of Health's Increasing Access to Psychological Therapies programme (IAPT)³⁴. Libraries are

³⁴ www.bps.org.uk/dcp/iapt/iapt_home.cfm (accessed 19/5/10)

beginning to offer cCBT, but the Manchester case study also indicates their potential as a venue for the location of therapists offering face-to-face therapy.³⁵

In addition, library space has unexploited potential to contribute to health and well-being that goes beyond its role as a venue for services. Its power as a civic space providing, from the service user perspective, a ‘*very positive environment*’ where you ‘*feel relaxed*’ and ‘*where there are things to keep you interested*’, represents a key strength on which to build. As case study health partners and service users repeatedly reinforce, the library environment can help to normalise rather than stigmatise the experience of physical and mental ill health and offers opportunity for participation in related activity with health and well-being benefits.

Public libraries have huge expertise in community engagement and outreach that needs to be marketed more effectively to health sector partners as a means of delivering key policy priorities such as prevention and early intervention and the health inequalities agenda.

Health zones

Case study evidence suggests that the development of specially branded health zones delivering health information, events and activities through a clearly defined physical library health environment presents a firm foundation on which to build health sector partnership working.³⁶

These zones or specially designated ‘*health points*’ were described by one case study librarian as acting as ‘*honey traps*,’ increasing access to quality health information for a wider audience than would be attracted to a more clinical setting. They also provide an important focus for health and well-being service delivery within the library and for health partner support and investment. A case study health partner emphasises the value of the library health zone as saying, ‘*this is your library, there are health books here and information... people will come to realise that within the library there is health.*’

Health zone development represents a strategic approach to formalising the health offer within libraries that sits comfortably alongside other more established service areas such as children and young people’s spaces.

The digital offer

The evidence makes clear the strategic importance of the public library digital offer. Their ability to provide assisted access to online services enables libraries to

³⁵ Appendix D1

³⁶ Appendix D3

effectively bridge the digital divide reinforcing the social inclusion implications of their community outreach role. This is an area of key opportunity for libraries in relationship to the development of health and well-being partnership working. The KOL interviews in particular highlighted the fact that there is much greater potential for library use of new technology in shaping their health and well-being offer.

The provision of assisted online services provides cost savings to partners whilst delivering health related services and supporting public accountability. Libraries can also promote the digital inclusion necessary to deliver the health inequalities agenda and Smarter Government priorities of cheaper and more effective digital public services.³⁷ Supported access to online services therefore emerges as a key driver for the future development of the public library health and well-being offer.

Linked to the digital offer, there are opportunities for libraries, if the right environment can be created, to become the locality for the provision of cCBT services. As previously mentioned, this is a relatively recent library health and well-being service innovation. The survey found that only 21% of library authorities are currently offering cCBT services with a further 10% preparing to do so. Over half of authorities indicating the duration of ongoing schemes, have only been offering cCBT for between 1-2 years.

Case study evidence suggests, however, that for health partners the public library is the *'best bet'* for the delivery of cCBT services providing a low cost, if not free, neutral and anonymous community venue plus IT facilities as well as other services including support with print and publicity. The health partner's view was that the public like using the library for cCBT services. A service user confirmed this, describing the library as *'a happy place,'* where you can be anonymous and where *'all you have to do is go up the road and you can get yourself back on track again'*.³⁸

In order for this potential to be fully realised, however, issues concerning the location of public computers and the degree of privacy available to users will need to be addressed.

Co-location

In addition to partnership working related to activities and service delivery, nearly half of survey respondents indicate that some of their libraries are co-located with other health and well-being related services. Co-location with a health centre or medical practice emerges as the most popular model in this respect.

³⁷ www.hmg.gov.uk/media/52788/smarter-government-final.pdf (accessed 19/5/10)

³⁸ Appendix D1

KOL interviews and survey findings reinforce the importance of co-location as a driver for partnership working. Evidence suggests that co-locating with another department or service in particular, supports the development of joint working and presents a significant opportunity for developing the public library health and well-being offer.

Strategic areas of activity

In addition to the opportunities already outlined, the project highlighted a number of strategic areas of health and well-being focus where there are particular opportunities for libraries.

57. Mental health promotion

New Horizons³⁹, the new government strategy on mental health, provides a key opportunity to formalise the contribution which creative activity such as reading groups and other forms of creative bibliotherapy can play in promoting mental health and well-being.

Survey findings indicate this area of activity is a significant, if largely unrecognised, strand of the current library health and well-being offer with 87% of authorities offering reading groups with therapeutic purpose and 63% of authorities delivering creative bibliotherapy. There is clearly potential for national scheme development/promotional activity and future innovation in this area building on the work of third sector agencies such as The Reading Agency and Get Into Reading.

In some library authorities, creative activity is beginning to be linked to other aspects of health information and health promotion work to create an integrated and holistic health and well-being offer. Case study evidence indicates that health partners are becoming aware of the value of such an approach and the potential for a more integrated approach that combines health information with creative interventions.

Creative health and well-being services also have a role in a potential new model of 'mental health promoting' libraries based on the principles of the 'mental health promoting' schools. The 'mental health promoting' library would work with the community to use library space and targeted activities for a range of audiences to promote and support public mental health and well-being.

58. Social care

There are real opportunities to deliver social care services in partnership with

³⁹ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf (accessed 19/5/10)

libraries and to link existing community based library activity such as volunteering, housebound services, reading groups and creative bibliotherapy to the social care agenda. Much of this work is currently undervalued in this context. The KOL interviews indicate that social care is more likely to be a direct funder of libraries than the health care sector and that there are commissioning possibilities in this area.

New models are being developed for the provision of day care services that replace building based provision with a service based on support groups and course provision. There are examples of library resources being used to deliver this new approach; a KOL interviewee identified Suffolk as providing one such model.

Social care service delivery offers libraries the opportunity for joint working with a wide range of agencies, including those from the voluntary sector.

59. **Public health promotion and addressing health inequalities**

Libraries' community outreach expertise, their community ethos and their focus on addressing social inequality through universal access, promoting literacy and supporting learning, position them strongly against PCT priorities linked to health improvement and the health inequalities agenda.

60. **Primary care service development**

There are also opportunities for libraries to position themselves strategically in relation to new primary care models of delivery that require a community focus, opportunities for engagement in mainstream early intervention and prevention activities and support from a range of services and resources. The evidence from KOL interviews and case studies indicates the relevance of this model to mental health and public health promotion as well as to specialised services such as cancer support and health information.

61. **Linked agendas**

The KOL interviews in particular highlight the possibility of positioning core library activity against linked health and well-being agendas such as worklessness, informal adult learning, literacy, language and communication skills development, social inclusion and the building of social capital. The KOL findings suggest that the public library must align itself with wider policy in the area of health improvement *'rather than focussing on specific services such as information of books.'*

Both the survey and case study evidence makes it clear that libraries are bringing a wide range of work to the table with the potential to support the development of a holistic and integrated community focused health and well-being offer.

Commissioning opportunities

The new health and social care commissioning framework provides a key opportunity for libraries if they can build a robust business case that matches national and local commissioning priorities particularly those linked to cost efficiency, early intervention and prevention and patient outcomes. As one KOL pointed out, it's not enough for libraries to rely on the *'righteous truth.'*

The project found that key commissioning opportunities exist, relating to library provision of face-to-face and online health promotion, and of health information services, to support health and social care services. There are also opportunities relating to the strategic areas outlined above, although more work needs to be done to develop the business case for commissioning support relating to creative community based activity. This should draw on accepted existing evidence around the value of creativity and the development of social capital.

The future landscape

The evidence presented in this report clearly shows what is already being done by library services to aid physical and mental health and well-being. As well as involving aspects of the core provision of library services, many library-based strategies, schemes and promotions are specifically focused on helping users to increase their health and well-being. The survey provides a good overview of the relevant services and projects currently available across the country.

It is widely acknowledged, however, that there is relatively little concrete evidence of the effects of these various services. For all the innovation and intervention, so far there has been little direct demonstration of significant effects in terms of concrete indicators of health and well-being. The argument for the likely effectiveness of particular schemes often rests on indirect evidence rather than on the direct evaluation of projects. Thus the assumption that there are significant benefits from the Books on Prescription schemes, for example, comes from a wealth of general research on the effectiveness of bibliotherapy. Similar evidence underpins the rationale of many other types of library-based interventions (for

example, there is strong evidence of the health and well-being benefits of engaging in creative and communal activities).⁴⁰

⁴⁰ Research from the University of Sussex suggests that reading works better than a range of other activities at calming frazzled nerves, www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress.html, (accessed 19/5/10) 30 March 2009, *Reading the Situation; book reading and public library use*, The Reading Agency/BML, 2000, *Reading Groups and Public Library Research*, The Reading Agency/BML, 2002,

In other cases it merely ‘stands to reason’ that particular interventions ‘must have’ provided substantive health gains, and for other interventions the case for effectiveness is merely notional and it may be wondered whether particular interventions have in fact produced any significant benefits. Whilst acknowledging that it is generally very difficult to provide a convincing demonstration of effective outcomes in this field, the benefits of being able to provide such evidence are clear. A clearly defined and robust evidence base emerges as a clear underpinning element of any future vision for this area of work.

Overall, the range and variety of health and well-being related library-based interventions is impressive and it is clear that there has been a good deal of creative thinking and practical innovation in this area. However, the provision is highly variable across the country. There are many examples of original and ‘bespoke’ projects, but what may be regarded positively as a ‘rich diversity’ can equally well be labelled ‘patchy’. Few strategies have been standardized so that they can be readily implemented across different library services and relatively few projects have been modelled on successful schemes generated within other library services. Even when projects have emerged as similar to others, it appears there has often been a significant degree of ‘reinventing the wheel’.

Even Books on Prescription schemes, which tend to follow closely on the original Cardiff model in terms of their operation, have often required considerable local effort and significant rethinking in terms of their local operation. Had this become a national scheme across England, as some envisaged, there would probably have been all manner of economies of scale in terms of cost and other resources, and the standardization of the schemes would have allowed the strategy to have been promoted on a national level. There might also have been the opportunity for a close partnership with the national Increased Access to Psychological Therapies (IAPT) initiative that developed at around the same time that the book prescription schemes were being implemented.

The agenda of health and well-being issues that need to be addressed is for the most part common to all geographical areas, and addressing these issues often involves the use of common resources (books, websites, leaflets from national charities, DoH documents, DVDs, online resources, community space and information management expertise etc). Thus a library service that aims to address a particular health issue should be able to learn a great deal from other library services that already have relevant schemes in place. However, the survey

A National Library Development Programme for Reading Groups, The Reading Agency, 2004, S Hodge, J Robinson and P Davis ‘Reading between the lines; the experiences of taking part in a community reading project’, Medical Humanit. 2007;33;100-104,

provided no evidence of any formal or semi-formal structure for fostering such communication. Indeed, it became clear that in the transmission of ideas and expertise from one service to another, chance and informal elements often played a highly significant role. There would clearly be major potential gains in facilitating communication between services about successful health and well-being related schemes. The health and well-being skills share model recently delivered in a number of regions by The Reading Agency provides a strong model on which to build.⁴¹

It appears that a good deal of energy is currently being expended on library-based health-relevant schemes and that many people are clearly awake to the potential of using the library infrastructure to promote health and well-being. However, at the moment this is something of a cottage industry, with schemes generally individually crafted and partnerships individually forged. If local initiative continues to be the major stimulus for innovation, then there is a danger that the landscape will continue to be a patchwork and the opportunities provided to library-users to increase their health and well-being will continue to vary in a random or haphazard fashion. Services available to the individual will depend entirely on the particular local authority library (or even branch) that they use.

This is clearly not ideal, and it is not a sensible way in which to continue. Some of the best schemes that were identified in the survey appear to have such a potential for health benefits and increased well-being that their availability should not be dependent on the enterprise and enthusiasm of local library staff, resulting in a situation that has elsewhere been labelled a 'postcode lottery'. The potential benefits in terms of health improvement, disease prevention, and well-being promotion are so profound (and so significant in terms of eventual cost-saving) that a very good case can be made for the assertive and pro-active dissemination of the best schemes.

There are without doubt vast potential benefits in developing certain library-based health and well-being schemes across the country. The advantages of economy of scale are highly significant in terms of designing schemes, producing or buying in any necessary resources, training staff and promoting the scheme. The involvement of national media, for example, becomes much more likely when a scheme is national than when it is available only in a few geographical areas. The likely benefits of such promotional aspects may be huge in terms of the engagement in a scheme and, ultimately, the benefits that it brings.

⁴¹ *Regional skillshare activity has taken place in Yorkshire and Humberside, the West Midlands and the East Midlands and is planned for a further two regions.*

An additional major advantage of ‘raising the game’ to a national level would be that certain negotiations regarding partnerships (including aspects of funding) could be made at this level. A frequently noted aspect of the most successful projects, also highlighted by several respondents in our survey, was the key role played by ‘Champions’. Library champions, with a regional or national remit, would bring major benefits in coordination and communication, and promote a coherent offer to potential partners and to the public. Champions from the Department of Health, library services, the voluntary sector, and perhaps the media, would be fired by the recognition of the real potential for huge benefits that could come from the most effective library-based innovations.

There are currently major changes in ideas about responsibility for personal health and well-being. For example, there is increased emphasis on ‘expert patients’, ‘health literacy’ and ‘self-help’. Government, through the Department of Health, has indicated the need for individuals to take more responsibility for their own physical and mental health and for the health of members of their family. There is also a new emphasis on health promotion and the prevention of disease. Finally, there is the recognition that health is not just about the absence of disorder but is also about ‘fitness’ including ‘emotional fitness’ and psychological well-being.

Thus the future landscape, in terms of health awareness and the management of health, illness and well-being, is likely to be substantially different from the landscape of past decades. The new emphases on prevention and self-management call for increased access to information resources, to self-help and self-management materials, and to personalised guidance. It also opens up exciting opportunities for creative interventions that have hitherto had a relatively low profile in the health and social care landscape and for a more integrated approach in which creativity sits along side information provision.

Health professionals are able to devise suitable resources and can advise on their use, but the operationalization of the relevant services, and their implementation across communities, will depend on the operation of an infrastructure of suitable locations, resource provision and personnel. The library system offers enormous potential in this regard, and is unparalleled in its potential to deliver what is needed. Furthermore, the survey showed that many librarians are very enthusiastic about implementing systems that will improve people’s physical and mental health and well-being.

The role of libraries

There is a clear role for libraries to play in this future landscape, and the core offer, including creative bibliotherapy, information provision, health promotion and signposting reinforced by national schemes such as Bookstart and Books on

Prescription is largely in place, although it is not universally badged as such. The future vision might be one where those seeking health and well-being support think *'you can get that at the library'* rather than questioning *'can you get that at the library?'* This will require a significant amount of work on the part of libraries and their potential delivery partners to reach consensus on a national baseline that will improve communication and the promotion of services. Such an approach does, however, build on models already in place in the sector such as the national public library Youth Offer and the national reading group offer recently endorsed by the Society of Chief Librarians

Libraries are the meat in a sandwich of health providers and the public, but will need to work hard to realise the potential of their contribution, align it with health and social care priorities and have its value recognised by partners. A library offer adopted by all library authorities, understandable to users, recognised by health, well-being and social care stakeholders and supported by a resource bank of tools and resources is one aim, or, as one KOL put it, *'relevant organisations / people working together at the planning stage, across local government, health, voluntary sector, etc. focussing on the client groups and their needs, and designing services to meet those needs in an integrated way that builds on the expertise from all the sectors involved, that gains best value from the funding since it is outcome driven not based on source / organisation.'*

The future landscape will need to include relevant, targeted evaluation of activities, both in quantitative terms for immediate use, for example to measure take-up, and in qualitative terms – the impact of services for libraries, health partners and, most importantly perhaps, on service users. The sector will need to be able to articulate the benefits of these outcomes not in their own terms but in a language that partners will understand. National or regional support frameworks and resources to overlay locally developed and delivered services would also be part of this landscape.

There are many potential routes to achieving this, and these routes may differ for different authorities, regions and schemes. The commitment and enthusiasm for the health and well-being agenda amongst librarians which has run through this study will go a long way, but support and coordination, at regional or national level is needed to address the key issues and drive the process forward. Consensus on the offer, taking account of concerns over potentially low base lines and tension with local priorities, and a unified marketing of that offer to both potential health partners and service users is a first step.



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