Stoke-on-Trent

Information and Advice Strategy

Health Impact Assessment

FINAL

June 2012

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Acknowledgements

We would like to thank and acknowledge the feedback and contribution of:

Kerry Swainson, Service Development, Stoke-on-Trent City Council

Sue Wright, HIA Gateway Content Coordinator, West Midlands Public Health Observatory

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1. Introduction[1]

This report summarises the Health Impact Assessment (HIA) of the Stoke-on-Trent City Council Draft Information and Advice Strategy (regarding social care).

The strategy was written under guidance from I&DeA, the Improvement and Development Agency, complementing the personalisation programme and aiming to enable people to access services, support networks and advice about care needs they may have, whether it be social, emotional, mental or physical wellbeing.

The HIA objectives were to:

1. Highlight elements of the strategy that are most likely to have a positive impact on health and wellbeing; and those that have the potential to have a negative impact on health and wellbeing.
2. Highlight elements of the strategy that are most likely to contribute to reducing the health inequalities gap and improving health, and those that are likely to increase health inequalities.
3. Propose recommendations for mitigating potential negative impacts, enhancing potential positive impacts and suggested health and wellbeing indicators that can be used to monitor the implementation and operation of the strategies.

[1] Adapted from Judy Kurth, NHS Stoke on Trent & Stoke-on-Trent City Council & Karen Saunders, Department of Health HIA report: Housing Strategies.

2. What is Health Impact Assessment[2]

HIA is a key systematic approach to identifying the differential health and wellbeing impacts, both positive and negative, of plans and projects.

HIA uses a range of qualitative and quantitative evidence that includes public and other stakeholders' perceptions and experiences as well as public health, epidemiological, toxicological and medical knowledge. It is particularly concerned with the distribution of effects within a population, as different groups are likely to be affected in different ways, and therefore looks at how health and social inequalities might be reduced or widened by a proposed plan or project.

The aim of HIA is to support and add value to the decision-making process by providing a systematic analysis of the potential impacts as well as recommending options, where appropriate, for enhancing the positive impacts, mitigating the negative ones and reducing health inequalities.

HIA uses both a biomedical and social definition of health, recognising that though illness and disease (mortality and morbidity) are useful ways of understanding and measuring health they need to be fitted within a broader understanding of health and wellbeing to be properly useful (See Figure 1).

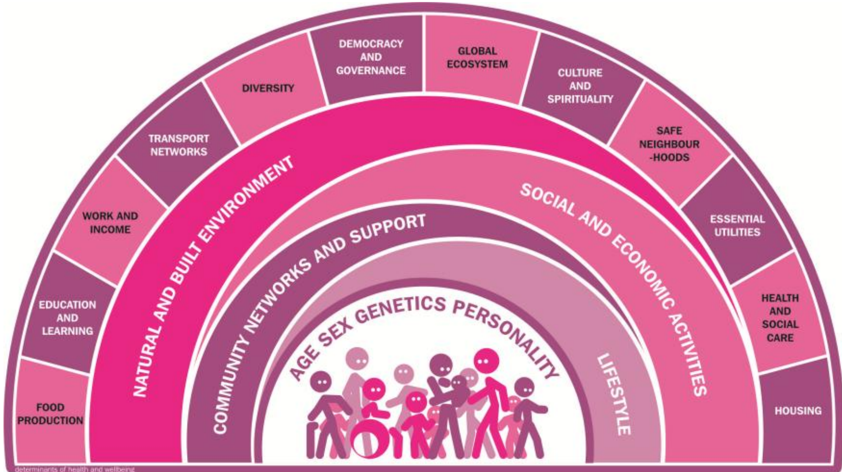

Figure 1: The determinants of health and wellbeing[3]

[2] From Judy Kurth, NHS Stoke on Trent & Stoke-on-Trent City Council & Karen Saunders, Department of Health HIA report: Housing Strategies.

[3] Adapted by Salim Vohra and Dean Biddlecombe. (2006). From Dahlgren G and Whitehead, Policies and strategies to promote social equity in health. Institute of Future Studies. Stockholm. 1991.

3. Methodology and Scope of the HIA[4]

This rapid desktop HIA was qualitative and focused on:

1. The extent to which health is aligned vertically in the documents. That is from vision to needs assessment through to objectives and recommendations for action.
2. The potential positive and negative impacts of the strategy's recommendations for action on health and wellbeing and health inequalities.

It highlights, where appropriate, specific impacts on vulnerable groups including older people, people with disabilities, children and young people, people with existing health conditions, women, unemployed and low income groups and people from minority ethnic groups.

It considered the following key determinants of health: mental health and wellbeing [a) sense of control b) resilience and community assets c) participation d) inclusion]; chronic diseases; nutritional disorders; population demography; employment and economy; housing and shelter; transport and connectivity; education and learning; crime and safety; health, social care and other public services; shops and retail amenities (commercial goods and services); social capital and community cohesion; spirituality, faith and traditions; arts and cultural activities; leisure and recreation; lifestyle and daily routines (including physical activity); governance and public policy; energy and waste; land and spatial; climate change and energy scarcity; and health inequalities.

[4] Adapted from Judy Kurth, NHS Stoke on Trent & Stoke-on-Trent City Council & Karen Saunders, Department of Health HIA report: Housing Strategies.

4. Information and Health Policy Context

National Policy

There have been significant changes in national social care policy with the growing need for services, the financial capability of public sector organisations being able to afford to deliver services and changes in peoples' expectations.

Our health, our care, our say (2007)

This document set out the Labour Governments vision to achieve four main goals:

1. Health and social care services will provide better prevention services with earlier intervention
2. Give people more choice and a louder voice
3. Do more on tackling inequalities and improving access to community services
4. More support for people with long-term needs

It was the defining document in commencing the transformation of health and social care services. The documents aims to achieve these goals by prevention, encouraging community-based services and increased care at home to take pressure from hospitals and enable people to stay as independent as possible, for as long as possible and by the joining up of services it means a more seamless journey for customers and easier access to support.

Putting People First (2007-9)

The personalisation agenda is at the forefront of transforming health and social care services, to ensure they are more tailored so services fit to people, rather than people having to fit to services.

The documents spells out the realisation that services have been too complex and have failed to meet all needs and expectations. It aims to guide local authorities and other local organisations to work in partnership to achieve more integrated services; it wants to encourage prevention, early intervention, and enablement and have personal services. People should be able to shape and commission their own services and have a community based support system. Local Authorities are having to spend existing resources differently.

Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles;
- participate as active and equal citizens, both economically and socially;
- have the best possible quality of life, irrespective of illness or disability;
- retain maximum dignity and respect.

Transforming Adult Social Care: access to information, advice and advocacy

This document has the focus on managing the information, managing awareness and knowledge and the management of the delivery mechanisms. It identifies that information is necessary and that no single organisation is responsible for providing information, there is an overlap in roles and coordination in signposting. Information and advice need to be available for a range of needs and should be commissioned, managed and delivered locally (unless the information required in relevant on a national level, e.g. benefits).

Local Policy

Stoke-on-Trent Joint Strategic Needs Assessment – (2011)

This report describes the community's current and future health, wellbeing and independence needs. It provides a high level needs assessment that gives local commissioners a wealth of quantitative and qualitative data that clearly describes the key issues for the local population, and enables them to set strategic priorities for service delivery and design to reduce inequalities and improve health outcomes.

Achieving Personalised Services (2009)

This was the local version of Putting People First and gave the national document a more narrow focus to the geographical area. It aimed to increase the control and independence of residents with regards to their care services. The vision is to ensure people are empowered, have choice and control and for people to have improved quality and outcomes.

5. Baseline and Community Profile

Local population:

- The city is the 63rd most densely populated city in the country, with an approximate population of 240,000.
- Of these, 94.8% describe themselves as white.
- 2.6% are Pakistani.
- 0.5% describe themselves as Indian.
- 0.5% describe themselves as Black or Black British.
- Since the census conducted in 2001, there has also been an influx of Eastern European immigrants due to additional countries being accepted into the European Union, enabling greater mobility of people.
- The age breakdown of the city is:

0 - 15	19.9% compared to 20.2% in England and Wales
16 - 24	12.3% compared to 10.9% in England and Wales
25 - 44	28.3% compared to 29.2% in England and Wales
45 – 59	18.4% compared to 18.9% in England and Wales
60+	21% compared to 20.9% in England and Wales

Health:

- There are a high proportion of citizens on incapacity and disability benefit which suggests a concentration of ill-health.
- There is also a high concentration of smokers, people with heart disease and obesity problems.
- 57,522 people or 23.9% of the total population have a limiting long-term illness (compared with 13.6% in England and Wales) which is the 26th highest proportion in England and Wales.
- 12.8% described their health as 'not good' compared with 9.2% across England and Wales, the 23rd highest rate.

Social situation:

- Based on the Indices of Deprivation study conducted by Department for Communities and Local Government (CLG) in 2010 showed that:

0-10% most deprived	31.2% of households
10-20% most deprived	19.9% of households
20-40% most deprived	20.7% of households
40-60% most deprived	17.2% of households
0-40% least deprived	11.0% of households

- Due to the closure of many industrial operations, the social networks and focus of the city has now changed which many people have been unable to adapt to.
- According to Mosaic socio-demographic classification, the three largest groups of people in the city are:
  - Low income workers in urban terraces in often diverse areas (20%)
  - Families in low-rise housing with high levels of benefit need (17%)
  - Owner occupiers in older-style housing in ex-industrial areas (16%)

Economy:

- 4% of people are unemployed, which is ranked 70th out of 376 local authority areas in England and Wales, with the average being 3.4%.
- Overall, employed citizens make up 54.5% of the population which ranks 342nd out of 376 meaning economic resilience is limited.
- The permanently sick and/or disable number 9.6% which is ranked 26th out of 376 authority areas in England and Wales suggesting health is worse here than in most areas.
- As for those employed, 15.5% are professional or managerial (374th/376), 14.1% are semi-routine (33rd/376) and 16.6% are routine (2nd/376).
- In 2010, personal income is 30% below the national average.
- In this post-industrialised era, Stoke-On-Trent has suffered the closure of a vast amount of its large manufacturing companies (particularly pot banks from the pottery industry) so many highly-skilled people have been unable to find alternative employment as their skills are no longer valued as highly.

Education:

- In terms of the 'Our Communities' domain, deprivation (as shown above), children in poverty, teenage pregnancy, statutory homelessness, GCSE attainment (5 A* - C) and violent crime are significantly worse than the England average.
- Out of the 16-74 age group, 42.9% have no formal qualifications (ranked 6th out of 376) compared to 29.1% in England and Wales.
- Only 9.9% of people in Stoke-on-Trent have a degree (ranked 10th out of 376) which is significantly lower than the England and Wales average at 19.8%.

Transport:

- Car ownership levels are as follows:
  - 34.6% of households have no car (44th/376)
  - 20.2% of households with two or more cars (333rd/376)
  - 901 cars per 1000 homes (333rd/376)
- 9.9% of people travel to work on the bus, compared to 7.4% in England and Wales.
- 67.8% of people go to work in a car/van (as a driver or passenger) and in England and Wales that is only 61.5%.
- The Cycle Stoke initiative has increased the amount and use of cycle lanes around the city. There are approximately 25,170m of on-road cycle lanes, in addition there are approximately 98,300m of cycle routes away from the road network (through parks, canal towpaths, greenways along closed railway lines, and along riverside paths). There are also approximately 42,250m of lanes for bicycle use separated from motorised traffic.

Environment:

- There is an Energy from Waste plant in the south of the city which diverts waste from landfill and converts it to energy.
- Statistics show that in 2006, 24% of household waste collected in the City was sent to landfill, by 2011 this had been reduced by nearly 60% to 9.7%, in addition the previous years outturn was lower again at 8.6%, the increase being due to the unavailability of a recycling point for rubble.
- 32% of the city is green space, with additional green areas surrounding the city which people can access.
- It is estimated that 99.96% of the population live within 300m of green space.

Health and social care services:

- The LA only caters for people, under the FACS (Fair Access to Care Services) criteria, which are considered under eligible needs as 'critical' or 'substantial'.
- People with 'Moderate' or 'Low' needs are not catered for, but often signposted to other organisations.
- There are day services, domiciliary care, residential care, dementia homes and equipment services.
- 26,870 people provide unpaid care (11.2% of the total resident population against 10.0% across England and Wales).
- 40% of people providing unpaid care do so for more than 20 hours per week compared to 31.9% across England and Wales.
- There are a range of voluntary organisations catering for a range of needs and clients, for example, AgeUK, Asist (advocacy service), North Staffordshire Carers Association, polish and afro-Caribbean groups, VAST and many more.

Retail and banking services:

- There are 6 town centres which make up the city of Stoke on Trent, meaning that the area is quite well served, with banks, shops, restaurants and markets in all town centres.
- However, the main shopping area is Hanley, the City Centre.
- There are two cinemas (one located in the University), two main large leisure centres with smaller establishments around the city and many private gyms.

6. Review of the Information and Advice Strategy

Analysis of the Information and Advice Strategy

Vision

The current vision statement is good from a health and wellbeing perspective. This document does not strongly state the local aspect of the need for information and advice, but reiterates the Government's overall vision of an 'information revolution'. However, this is still relevant on a local level.

Objectives

The current sets of objectives are mainly oriented towards the practical collation, management and distribution of information, with the realisation that people can make better decisions, access more services and be as independent as possible for as long as possible without using traditional services (such as care homes, domiciliary care etc.).

Key areas for action

The current set of key areas for action is good from a health and wellbeing perspective. The analysis suggests the following additions/amendments:

- More of a local focus
- Have a joint approach with surrounding local authorities and organisations (as the public cannot always discern authority boundaries – they want to see a seamless transition. It is also the economies of scale in combining efforts and forms a more comprehensive directory.
- It is important to work in partnership, but also imperative that a local focus is not lost. There may be a wealth of information on there, but it must be relevant to all localities. Otherwise the directory may be useless to certain areas and therefore become a wasted resource and people will not be able to access the information, advice, services or support that they might need.
- Management of Customer Expectation – this action should be made more positive by focusing more on the need to engage with and establish good relationship with the public and clients and provide information that is accessible to all groups.
- Utilise other information-providing methods rather than focussing on internet based resources.

Measuring Success

- Success could potentially be measured by looking at the differences between the levels of services accessed before and after the launch of the directory. However, there are many factors that influence who and when people access a social care service such as time of year, weather, number of admissions into hospital and financial stability for example. Therefore, this could not be proof alone as to whether the directory had been a success or not.

- The number of visits to the site could also be an indication of its popularity, and therefore usefulness. Systems can be put in place to monitor which pages are most visited, the average time spent on a page, the number of 'clicks' a person has to make to get to their desired page and how often they move on to another webpage from the site.

- The continuing growth of the website by organisations requesting to join, or by registering (depending on how the information will be managed). If the site grows it is through word of mouth and the fact that companies and organisations know they can gain support, business and new members by having their information available on the site.

7. Analysis of Health and Wellbeing Impacts

Overall, the I&A strategy shows a good attempt to improve the health and wellbeing of the city and offering preventative solutions and social-oriented solutions. Table 1 and 2 below show the potential positive and negative impacts on different areas on the implementation of the strategy.

There is uncertainty as to how the information available on the directory will be quality assured, who will be responsible for the information – either the organisations themselves, an individual in the commissioning organisation (in this case the local authority) or an external body and also the method of the directory being updated, whether through individual logging details or through a central log.

The economies of scale can also make this strategy/directory more achievable, the combining of a directory system with another authority will not only save resources, but also mean a more seamless journey for the users of the service as authority boundaries are often not taken into account, or even known, when searching for services. Health services also overlap between administrative areas so this will give an extra useful dimension to users.

It is also important to note the key barriers that people may experience when wanting to access the directory. See the table below regarding wider determinants of health on internet access (kindly reproduced from research carried out by Sue Wright and Irfan Ghani.

DETERMINANTS OF HEALTH	GROUPS LESS LIKELY TO USE INTERNET
Gender[5]:	Women (84% of men compared with 79% of women had ever used the internet)
Age[5]:	People older than 65 yrs. of age (Only 40% of those aged 65 and over have ever used the Internet and this compares with 78% of those aged between 55 and 64 and 99% of 16 to 24 year olds). Nationally there has been growth in internet access by all age groups. However among the internet users who have accessed internet for health information, higher access was reported in the age band 55 - 64 yrs. (44%) and lower access for the16-24 year old group

[5] Office for National Statistics (2010) Internet Access 2010 Households and Individuals. Available from http://www.statistics.gov.uk/pdfdir/iahi0810.pdf taken from

DETERMINANTS OF HEALTH	GROUPS LESS LIKELY TO USE INTERNET
Income:	Income of less than £10,399 (98% of those with incomes over £41,600 had used the Internet compared with 69% of those with incomes of less than £10,399)[5]. Households in the lower income quintile are twice as likely not to have home internet access and are at least 5 years behind those who have access[6]. In a recent Australian study[7] quantitative data on internet access clearly followed the socioeconomic gradient; the percentage of households without internet access increased as socioeconomic status declined. Access and use among lower income and disadvantaged groups in Australia related to a broad range of social determinants of health such as education, housing tenure, income, and social connections. Attempts to address the digital gradient would not be achieved by increasing technological access alone but a broader strategy would be needed that addressed the barriers relevant to communities. The study also found that horizontal differences existed between people within lower socioeconomic groups and disadvantaged groups in terms of access, frequency of access and use.
Education[5]	No formal education (Almost all adults (97%) who had a degree or equivalent qualification use internet. Among those who had no formal qualifications, 55% had never used internet)
Occupation[5]	Semi-routine and routine occupations (91% of those employed in managerial or professional occupations access Internet compared to 67 per cent of those employed in semi-routine and routine occupations)
Housing:	Rental Properties (The housing tenure of a household was a factor in the likelihood of there being an Internet connection in the home. Of those households where the home was being purchased with a mortgage or loan, 94% had an Internet connection, compared with 63% that were rented, and 62% where the home was owned outright)[5]. Not all members of a household have equal access to the internet so it is possible the internet access figures over estimate those who have access[8].

[6] Anushree, P., MacInnes, T. and Kenway, P. (2010) Monitoring poverty and social exclusion 2010. York: New Policy Institute, Joseph Rowntree Foundation.p109 Available from: http://www.apho.org.uk/resource/item.aspx?RID=100529

[7] Newman, L.A., Biedrzycki, K. and Baum, F. (2010) Digital technology access and use among socially and economically disadvantaged groups in South Australia. Journal of Community Informatics, 6(2). [Available from: http://ci-journal.net/index.php/ciej/article/view/639/582]

[8] Wyatt, S. (2005) The digital divide, health information and everyday life. New Media & Society, 7(2), pp. 199-218

It has been assessed that the key areas for enhancing the implementation of the strategy should be:

1. Publicise the IT training program, which is a separate but related campaign to upskill people to use computers and access the internet. This can help minimise the 'digital divide' (i.e. those who can and those who cannot use the internet) and the divide between those considered "information rich" and "information poor".

2. Publicise the directory – without people knowing about its existence, it will not be utilised and will not fulfil its aims or potential. It should be a blanket approach for a short period of time (due to monetary pressures), such as local papers, radio stations, leaflets, posters in public buildings, use of social networking sites and local authority websites and potentially even billboards (if they can be afforded).

3. Link to other services (either having information within the directory or signposting to other sources of information or directories) – GPs, hospitals, walk in centres, different medical specialisms, domiciliary care agencies (both those that contract with the council and those that do not), equipment suppliers, voluntary organisations, clubs, community groups, family information, financial information, housing associations and housing departments and other council facilities.

4. Diversify the methods of providing information. Although the use of the internet has increased rapidly over the past years, there is still the "digital divide" caused by people not having the skills, not having access, not wanting to use it, or having a disability which prevents them from using a computer. Traditional ways of informing should be utilised on a limited basis to ensure people are not excluded.

Table 1: Information and Advice Strategy: analysis of the potential health and wellbeing impacts of the key areas for action

Area	**Yes,** **No,** **Not Sure**	If Yes, **is the health impact likely to be positive or negative (+/-)?**	**Who or what people or group(s) will it potentially affect?**	**How is the impact likely to occur?** How do you know this?	If the impacts are negative **What possible mitigation measure(s) would reduce the negative effects?**
Will the proposal affect the creation and distribution of income or wealth levels?	Yes	Positive	Potentially all (but mainly those who are IT literate/with access to the internet). Organisations and businesses are likely to benefit from being in the directory, increasing their customer base and also users market awareness.	The care/prevention market will develop due to increased demand and competition. Service users will become more aware of how to achieve best value for money for their care and increased awareness of their options.	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory themselves.
Will the proposal affect employment opportunities?	Yes	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	The I&A strategy aims to help people become more independent and in control of their lives, this may include gaining employment. Training and educational opportunities will also be made available through the directory. By linking people to organisations, clubs and social networks that can support them, they are more likely to gain confidence and therefore employment.	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory themselves.
Will the proposal affect learning opportunities?	Yes	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	The I&A strategy aims to help people become more independent and in control of their lives, this may include accessing training and courses, either online or those offered in the community. Training and educational opportunities will also be made available through the directory.	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory

Area	Yes, No, Not Sure	If Yes, **is the health impact likely to be positive or negative (+/-)?**	**Who or what people or group(s) will it potentially affect?**	**How is the impact likely to occur?** How do you know this?	If the impacts are negative **What possible mitigation measure(s) would reduce the negative effects?**
					themselves.
Will the proposal create healthier beginnings for children?	No	N/A	Potentially all (but mainly those who are IT literate/with access to the internet)	N/A	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory themselves. As this directory is aimed at adult services, it does not necessarily relate to children; however it could signpost to other sources of information for parents as people don't necessarily fit into one category e.g. older *or* disabled *or* parent *or* sensory impaired.
Will the proposal affect the number and quality of personal connections?	Yes	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	The use of the directory can help people access social clubs, meetings and services they may have not considered before, therefore increasing the range of social interactions.	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory themselves.
Will the proposal affect crime and safety?	Maybe	Positively and negatively	Potentially all (but mainly those who are IT literate/with access to the internet).	The directory will raise awareness of organisations you can go to for support should you feel threatened, unsafe in your home 9such as firs risks etc.) which can help resolve the issues. However, exposing particularly vulnerable people to the	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be

Area	Yes, No, Not Sure	If Yes, **is the health impact likely to be positive or negative (+/-)?**	**Who or what people or group(s) will it potentially affect?**	**How is the impact likely to occur?** How do you know this?	If the impacts are negative **What possible mitigation measure(s) would reduce the negative effects?**
				web can lead to other forms of risk (such as identity theft, befriending those who wish to take advantage of them or being exposed to unsuitable content).	made available for those who are unable to access the directory themselves.
Will the proposal affect people's ability to influence their lives and locality?	Yes	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	The services and other amenities specified in the directory will enable people to choose the care/facilities they access. Therefore it will increase their independence and range of choice. Different service will be in each locality so people all over the city should be able to use services close to their home.	Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet. Access points should also be made available for those who are unable to access the directory themselves.
Will the proposal affect the local environment?	No	N/A	Potentially all (but mainly those who are IT literate/with access to the internet)	N/A	No particular effects.

Table 2: More detailed analysis of potential impacts of different areas

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
infectious diseases e.g. TB, measles, food poisoning, salmonella, BSE, SARS	Minimal	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Ongoing	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	N/A		Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet.
non-infectious/ chronic diseases e.g. heart disease, cancer,	Moderate	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Ongoing	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	N/A		Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet.

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accidents & physical injuries	Minimal. The directory linked to the strategy will make people aware of fire safety and other support organisations which should reduce accidents and injury.	Neutral	Potentially all (but mainly those who are IT literate/with access to the internet).	Ongoing	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	However, analysis of the access pathways and referrals to the fire service (for example) can identify whether there has been increased uptake of advisory services relating to accident which may suggest a link.		Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet.
mental health & wellbeing	Hopefully the strategy will enable people to engage with social networks, the community and services that could help them.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Ongoing	Levels of access to service, surveys.	Data from voluntary organisations, webpage data (i.e. how many people have viewed certain pages) and surveys carried out by the Council.		Raise awareness of the service directory specified within the strategy and encourage computer use through an extensive programme of IT courses (from very basic beginners and upwards) so everyone can access the internet.

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
housing & accommodation	Moderate. Accessing the directory should enable users to get information about residential care and domiciliary care should they need it which would improve their living situation.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	However, analysis of pathways into services can help identify if the strategy has		
education & learning	Increased awareness of training and education opportunities available via the directory will increase uptake. Also the training related to accessing the directory should also increase people's confidence of using computers.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	However, looking at access pathways to training and education courses and subsequent qualification statistics from the course deliverers could lead to evidence of benefits of the directory.		

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
employment & economy	By increasing people's social networks and educational achievements, it will have an impact on their employability, confidence and their ability to access further services.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.			
transport & connections	The directory will make links to transport services and therefore enable them to navigate where they want to go.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	N/A		
crime & safety	Minimal	Neutral	Potentially all (but mainly those who are IT literate/with access to the internet)	N/A	N/A	N/A	N/A	N/A

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
social capital & community cohesion	Positive	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.	N/A		
health & social care services	Positive. Potential drop in assessments for council services.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Levels of those accessing services lessening and contacts to voluntary organisations	Council statistics and data from individual organisations.		
retail shops and other amenities	The strategy aims to make people aware of services, clubs and networks they can become a part of or access. It will not necessarily boost businesses economically, but boost membership levels and access to services and other avenues.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Levels of membership of clubs and networks.	Individual organisations.		

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
culture & leisure	Less impact on culture but a positive outcome for leisure- the directory will also likely signpost to leisure facilities and clubs which people can become involved with. This in turn will improve people's mental health.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.			
lifestyle & daily routines	The aim is to enable people to improve their lives through choice and making them aware of new opportunities for themselves.	Positive	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.			

Themes	What are the potential effects on …..?	Will the change be +/- for people's health?	What stakeholder/s (individuals & groups) are likely to be affected?	When is the impact likely to occur (start, during or end of the proposal)	EVIDENCE OF IMPACT - TYPE (reports, reviews, surveys, experiences)	EVIDENCE OF IMPACT - SOURCE (agency, institution, expert, community)	Mitigations (how can the negative impacts be reduced)	Enhancements
energy & waste	Minimal. However, information about tips for saving money around the home etc. will be linked to within the directory.	Neutral	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.			
land & spatial	Unknown	Unknown	Potentially all (but mainly those who are IT literate/with access to the internet)	Once the main actions of the strategy have been implemented although it an ongoing project.	Unable to directly make a link between the strategy and impact, therefore unable to evidence.			

8. Recommendations

Overall

The following recommendations have been developed from the analysis, the health research evidence and existing good practice in the UK. Where appropriate, they identify ways that existing interventions already implemented in Stoke-on-Trent can be further enhanced.

Overall, some general recommendations include (as well as those detailed in section 7):

- There no positive or negative effects in the implementation phase and as the project is ongoing, there is no decommissioning phase either.

- Healthwatch which champions the views and experiences of patients, people using services, carers and the wider public should give people real influence over decisions made about local services and support individuals as well as engaging communities.

- Every Contact Counts (ECC) is an evidence based approach to supporting staff that have contact with the public to carry out very brief interventions and raise sensitive health issues opportunistically and appropriately. It will be supported by a web based tool to help people who work with the public develop the knowledge, skills and confidence to have a brief conversation and provide advice on improving health and wellbeing.9 It is for anyone who has contact with members of the general public – nurses, doctors, firemen and women, porters, receptionists, police officers, etc. Public Health in Stoke on Trent is developing a programme of every contact counts with the intention of integrating the approach across a range of topics and different sectors. This can link to and be complemented by the I&A directory which would provide a more extensive foundation for public-facing staff to access and signpost to.

- Supporting and encouraging information sharing amongst service providers to better understand the presentation of multiple complex needs in vulnerable people and how to best meet these complex needs without placing more significance on one need above the rest. This ensures that service users do not only receive services that

[9] http://nhslocal.nhs.uk/story/every-contact-counts - from Judy Kurth, NHS Stoke on Trent & Stoke-on-Trent City Council & Karen Saunders, Department of Health HIA report: Housing Strategies.

reflect the strengths of their main service provider but rather benefit from holistic service provisions from the range of service providers across Stoke-on-Trent[10].

- Link to the extensive programme of computer use and internet access currently being offered to ensure staff and the public to navigate the website efficiently. Particularly those who traditionally don't access the internet, often those considered more vulnerable.

- Make a 'Staying Safe Online' guide available on the directory website and Council website. The encouragement of using the internet, not only enable people to access a raft of new information and social networks, but also new dangers such as identity theft, the giving out of bank details in unsecure websites and meeting insalubrious people on the internet.

- Establish 'access points' so that people who are unable to access the web/do not want to learn can have face-to-face assistance from someone who can help them. This can also be an access point for people who cannot access computers for reasons of sensory impairment or learning disability.

- Raise awareness of the directory for users but also to businesses so ensure the database is as complete as possible, as this could help develop the market (such as home aids, care agencies, nursing and residential homes and mobility aids) to enable people to have more choice and control over their, or a loved ones, care.

- Have set expiry-dates for information so only up-to-date information appears on the site.

- Have data quality checks prior to information going up on the website to ensure it is reputable and correct.

- Link to surrounding authorities information resources as people often are not aware of administrative boundaries and differences in services. This should provide a more seamless journey for the service user.

- Link directly to housing, health and family/children services in the directory to ensure a more joined up approach for service users.

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[10] From Judy Kurth, NHS Stoke on Trent & Stoke-on-Trent City Council & Karen Saunders, Department of Health HIA report: Housing Strategies

9. Conclusion

Availability of information can affect people's health and wellbeing and impacts on inequalities as it can impinge upon people's ability to access services, support networks and vital advice regarding their care, or a friend of family member's care. Recent Health reforms demonstrate that local government is best placed to influence and plan on a local level (e.g. with the new HealthWatch development). With the advent of the 'Big Society' also, a local based strategy and directory can help people develop within their communities.

To continue to improve the strategy, the directory and services a robust link to the NHS/Health service needs to be made as social care services are not exclusive to health services and often people need both simultaneously. This means that whilst the directory remains as it is, it is incumbent upon the service user (or friend, carer or relative) to search through separate databases to find suitable services – the directory should suit all social care needs, without placing more significance on one need above the rest.

Organisations contained in the directory could ask customers/service users where they heard about them to establish the access pathway and be better placed to analyse the impact of the database.

Link to an already-established extensive work programme of computer training that is available in local libraries and other community facilities to incorporate how to access the directory in their teaching at appropriate levels.

Raise awareness, not just with internal staff and partnership organisations, but although through local media as it has a great opportunity to reach people who would not ordinarily access care directories.

It is also important to ensure that the directory can be used by almost anyone- i.e. introduce translation software where economically feasible and easy read versions, for example.

The strategy can be strengthened by diversifying its range in methods of informing, but is expected to provide a knowledge base to help prevent people accessing traditional, often expensive services. It can assist in helping users to develop new networks that can support them emotionally and socially which can improve the overall health and wellbeing of people.