
IMPACT

THE INTERNATIONAL HEALTH IMPACT ASSESSMENT CONSORTIUM

A rapid, concurrent Health Impact Assessment of the health impacts of Liverpool City Council (LCC) service changes on older people who are resident in Liverpool and who use LCH services.

Executive Summary

January 2012

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Introduction

1. IMPACT, the International Health Impact Assessment Consortium at the University of Liverpool, was invited in March 2011 by Liverpool Community Health (LCH) Trust to undertake a Health Impact Assessment (HIA) of the Liverpool City Council (LCC) service changes on those Liverpool residents who use LCH services. Following further discussions and preliminary scoping work, the work was commissioned in August 2011. At the first steering group meeting in October 2011, the original scope was modified to look at how these service changes would impact upon Liverpool resident LCH service users aged 55 years and over.
2. HIA is concerned with improving health and reducing health inequalities. It is a systematic process, which aims to identify what the health effects of a new policy, strategy or project proposal might be on a particular group of people. HIA can be done at a national, regional, city or even ward level. It considers which key health determinants will be affected by the proposals and how these will in turn impact on the health and wellbeing of the population under consideration. By providing evidence to policy makers on the potential health effects of these proposals, it helps to inform their decisions.
3. This HIA is a rapid concurrent assessment that took place between October 2011 and January 2012. It aims to assess the health effects of current and proposed future service changes made by Liverpool City Council on Liverpool residents aged 55 years and over who use LCH services, using a generic HIA methodology.
4. This report will describe the scope of the assessment, including the methods and process, the data collected and the evidence defined from these data. The potential health impacts emerging from the analysis of this evidence will then be described in broad, qualitative terms. Finally, conclusions and recommendations for Liverpool Community Health Trust will be presented.
5. A précis of the proposed council service changes was presented to the Steering Group in October and is shown in Section 2. This information was updated at the stakeholder workshop in January and will have gone to Council for approval prior to completion of this report. The Council is now considering the need for savings not of £141 million pounds over two years (2011/12 and 2012/13), but some £247 million over a five year period, 2012-17.
6. Liverpool Community Health Trust wanted to investigate the impacts of Liverpool City Council service changes upon the health and wellbeing of Liverpool residents, aged 55 years and over who use LCH services. It acknowledges that, along with the whole health service, it is making its own efficiencies and the impact of these are assessed internally. To this end, a rapid Health Impact Assessment was commissioned.

HIA Methodology

7. The Health Impact Assessment methods and procedure used were based on a validated generic HIA methodology (section 3, Figure 1). A Steering Group was formed and agreed the terms of reference for the HIA.
8. This HIA is described as a rapid concurrent HIA, reflecting the depth of assessment. In this HIA, data were collected from existing literature and some new data were collected at a stakeholder workshop, from online contributions from staff and telephone interview with key informants; from this, the evidence was identified and impacts described.

9. The limitations of the assessment were its' concurrent nature and thus the impact of changes already made in light of the 2010 Emergency Budget and Spending Review across all sectors and partner organisations. Despite the modification of the scope agreed by the Steering Group, this HIA remained fairly complex in nature for several reasons. As a rapid HIA, it was not possible to examine the literature for the wide range of services offered by the Trust to the defined population. Stakeholder participation was minimal, not wholly unusual in rapid HIAs, but much lower than anticipated and is discussed in section 7.

Impact Analysis

10. Changes in national legislation and policy drivers likely to substantially reconfigure and reform health and social service provision, build uncertainty into predicting impacts. This is particularly so given projected demographic change in the population structure that is of continued overall growth and an ageing population.

11. Based on the evidence collected for this report which is primarily from a literature review (sections 4, 5, 6 and 7), positive and negative health impacts have been described not only upon the population under consideration, but also potentially on the Community Health Trust, both as an organisation and for its' staff.

12. The most significant positive impact for Liverpool Community Health Trust and users of their services will potentially result from providing a range of high quality health and self-care services, particularly health improvement and preventive services, which can be delivered in a patient-focussed and efficient manner.

13. The main negative impacts identified relate to access to services, particularly in light of increases in demand from an ageing population against an ongoing background of reductions in resources available for commissioning and providing services.

14. The net impact on future population health, particularly in reducing health inequalities and providing equitable access to services for population subgroups, will need to be carefully monitored by commissioners and providers. Based on the evidence presented, it is speculated that despite clear strategic commitment, local support and optimism from partner organisations and clear plans to develop innovative ways of working, the potential benefits of the service changes may be less than optimal due to factors beyond local control.

Recommendations

- The relationship between mental health services, self management programmes and primary care should be strengthened (Section 5 and 6).
- Trust staff should be trained in order to develop basic mental health skills (possibly by expert staff from MH Trusts) (Section 6).
- Trust staff should all have a greater awareness and training in providing basic debt advice. It may be appropriate to train some staff to a more specialised degree, as has been the case in the voluntary sector, in order to expand the support available elsewhere in the community (Section 6) .
- The Trust may wish to strengthen links to other not for profit debt advisory agents, such as those provided in association with the courts, to improve their capability for "signposting" to services (Section 6).

- LCH should put robust systems in place and develop their capacity to analyse and closely monitor in detail referrals, demand for and utilisation of their services against projected need in the City (Section 5 and 6).
- Information systems and audit trails should be established by the Community Health Trust, where possible shared with partner service providers, to monitor patient flows from and between services, particularly Acute and Care Trust services, to properly monitor population need, user demand and utilisation of services at an individual level. This might involve the use of segmentation techniques. Comprehensive analysis of work load and practice, for example by professional group and source of referral should enable the Trust to better target health improvement and health care services to members of the defined population(Section 5 and 6).
- The Trust should seek to better understand, through data collection and stakeholder participation, the numbers, needs and preferences of the carers of service users, both child and adult, to inform new ways of working (Section 4,5 and 6).
- The Trust should seek to develop programmes such as the Liveability scheme, linking closely with similar initiatives that may be ongoing in the City, in order to better capitalise on “single gateway” contacts with particularly hard to reach groups of older people (Section 6).
- The trust should engage in and develop asset-based approaches to living well, linking with activity in the city and elsewhere in the North West. This should include moving towards community asset mapping (not merely the development of directories), with a high degree of stakeholder input, in conjunction with partner organisations (Section 6).
- The Trust, as part of the branding initiative currently in train, should more actively market it’s activity and unique selling point (high quality local services to local people by local people who provide continuity of care and understand what local people need and want from their service provider) to current service users and carers in order to establish a strong profile and customer preference in readiness for the forthcoming more open market place (Section 4 and 6).
- The Community Health Trust should strengthen, that is develop further, explicit and regular feedback to service user groups and practice patient participation groups to demonstrate how the recommendations of this HIA have been taken forward and their influence on future commissioning decisions about NHS and Adult social care service provision (Section 6 and 7).