

**HEALTH SCRUTINY PANEL
23 FEBRUARY 2005**

**HEALTH SCRUTINY PANEL: HEALTHY LIVING REVIEW, DRAFT
FINAL REPORT**

PURPOSE OF THE REPORT

1. To present the findings of the Health Scrutiny Panel's Healthy Living Review.

RECOMMENDATIONS

2. In order to develop stronger links across agencies at a strategic level, with appropriate levels of accountability, to maximise the potential impact of healthy living activities we put forward the following recommendations.
3. That the Local Strategic Partnership is acknowledged as the appropriate forum in which to drive forward the healthy living agenda for Middlesbrough and is encouraged to perform that role.
4. A performance management framework within the LSP Theme Groups is developed, to monitor activities being pursued by stakeholders and the level of impact that they are having.
5. That at regular intervals, the Chair of the Health & Social Care Theme Group on the LSP holds to account the activities of Group Members as regards their activities within the remit of the Health & Social Care Theme Group.
6. The Health Scrutiny Panel receives twice yearly reports from the Chair of the Health & Social Care Theme Group on the LS P on the outcome of the above
7. The Council AGM receives an annual report by the Director of Public Health.
8. A common health impact assessment framework is drafted with the Director of Public Health and agreed with major stakeholders. The HIA will identify the short and long-term impacts of changes to or introduction of services or projects and the match against local health priorities

9. Any significant changes to services, projects and developments commissioned or provided jointly or solely by Middlesbrough Council are subject to the health impact assessment.
10. The Council seeks to encourage its partners to agree to likewise implement a HIA.
11. Middlesbrough Council continues to take advice from the local Health Community regarding the priority themes for Healthy Living Initiatives. Following the receipt such advice, Middlesbrough Council should concentrate any Healthy Living Budgets, mainstream or otherwise, in attempting to address these priorities.
12. That evaluation frameworks be developed and run for the life of each healthy living initiative, accompanied by pre-identified targets against which, the evaluation will take place. Whilst the impact of some initiatives may be harder to ascertain than others, measured and recorded efforts should be made to ascertain impacts and ultimately, whether a project is worth running again.

EXECUTIVE SUMMARY

13. The topic of 'Healthy Living' is currently at the forefront of the national consciousness. Government Departments and independent experts have been very active recently in stressing the importance of living a healthy lifestyle and the benefits this has in combating instances of poor mental health and the increasing prevalence of lifestyle related illnesses such as diabetes and coronary problems.
14. Particular concern has been caused by the seemingly steady increase in the amount of overweight children and the widely held perception that children are, on the whole, less active than previous generations. This perception has in turn, caused alarming forecasts regarding the health problems being stored up for these young people later on in life.
15. In recognition of the strong evidence indicating that there are serious areas for concern for the health of local people, the Health Scrutiny Panel was interested in reviewing what services were currently available and specifically how well such services were being co-ordinated across the relevant responsible organisations.
16. In considering the evidence received, the Panel came to a number of conclusions, they were:
 - a) That there are at present, significant amounts of work being undertaken in attempting to arrest the continuing poor health of Middlesbrough residents.
 - b) That at present, there are not sufficient links between organisations at a strategic level to carry forward a co-ordinated Healthy Living approach for Middlesbrough in its entirety.
 - c) That the structure required to carry forward a co-ordinated public health agenda in Middlesbrough already exists, namely the Local Strategic Partnership. Although it is not thought necessary to 'reinvent the wheel', there is a need to reinvigorate the Local Strategic Partnership to drive forward this agenda.
 - d) That at present, there is not sufficient evaluation carried out in relation to Healthy Living Initiatives. Consequently, not enough is learned about the success (or otherwise) of projects and little is known as to whether they are worth arranging again. This is something, which should change.
 - e) That whilst a 'dash for cash' approach is not widespread, it should be guarded against in considering healthy living initiatives to be arranged.
 - f) If a 'dash for cash' approach is allowed to grow, it is a strong possibility that the quality and relevance of projects may suffer and the time allowed for evaluation would be damaged.

- g) That in coming to a judgement as to the topics to be covered by Healthy Living Initiatives, proper attention should be paid to the health priorities of the town, as outlined by the local health economy. It is not clear if this is done at present.
- 17. The Panel on the basis of the evidence received felt it appropriate to make the following recommendations.
 - a) In order to develop stronger links across agencies at a strategic level, with appropriate levels of accountability, to maximise the potential impact of healthy living activities we put forward the following recommendations.
 - b) That the Local Strategic Partnership is acknowledged as the appropriate forum in which to drive forward the healthy living agenda for Middlesbrough and is encouraged to perform that role.
 - c) A performance management framework within the LSP Theme Groups is developed, to monitor activities being pursued by stakeholders and the level of impact that they are having.
 - d) That at regular intervals, the Chair of the Health & Social Care Theme Group on the LSP holds to account the activities of Group Members as regards their activities within the remit of the Health & Social Care Theme Group.
 - e) The Health Scrutiny Panel receives twice yearly reports from the Chair of the Health & Social Care Theme Group on the LS P on the outcome of the above
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 - g) A common health impact assessment framework is drafted with the Director of Public Health and agreed with major stakeholders. The HIA will identify the short and long-term impacts of changes to or introduction of services or projects and the match against local health priorities
 - h) Any significant changes to services, projects and developments commissioned or provided jointly or solely by Middlesbrough Council are subject to the health impact assessment.
 - i) The Council seeks to encourage its partners to agree to likewise implement a HIA.
 - j) Middlesbrough Council continues to take advice from the local Health Community regarding the priority themes for Healthy Living Initiatives. Following the receipt such advice, Middlesbrough Council should concentrate any Healthy Living Budgets, mainstream or otherwise, in attempting to address these priorities.
 - k) That evaluation frameworks be developed and run for the life of each healthy living initiative, accompanied by pre-identified targets against which, the evaluation will take place. Whilst the impact of some initiatives may be

harder to ascertain than others, measured and recorded efforts should be made to ascertain impacts and ultimately, whether a project is worth running again.

BACKGROUND

18. The topic of 'Healthy Living' is currently at the forefront of the national consciousness. Government Departments and independent experts have been very active recently in stressing the importance of living a healthy lifestyle and the benefits this has in combating instances of poor mental health and the increasing prevalence of lifestyle related illnesses such as diabetes and coronary problems.
19. Particular concern has been caused by the seemingly steady increase in the amount of overweight children and the widely held perception that children are, on the whole, less active than previous generations. This perception has in turn, caused alarming forecasts regarding the health problems being stored up for these young people later on in life.
20. The issue is also, of course, one of great local significance. In outlining his ambitions for the regeneration of Middlesbrough, the Mayor of Middlesbrough has stressed the importance of having a healthy local populace.
21. It follows, therefore, that there is a widespread need for steps to be taken to promote healthier lifestyles. It should be noted however, that the need for such healthy living educational programmes is more acute in some areas than in others. Middlesbrough is an area where such proactive schemes are most needed.
22. Statistical information concerning Middlesbrough indicates that it has poor health indicators in most of the key areas monitored to determine the general health of the local area. Instances of all cancers, coronary heart disease, heart attacks, strokes and chronic liver disease are all significantly above the Standard Mortality Ratio for England, in both men and women¹.
23. It is against this backdrop that efforts have recently been made by Middlesbrough Council with partners to combat health problems affecting Middlesbrough through a Lottery funded Healthy Living Centre, running a series of projects each aimed at a different aspect of Healthy Living.

AIMS OF THE REVIEW

24. In recognition of the strong evidence indicating that there are serious areas for concern for the health of local people, the Health Scrutiny Panel was interested in reviewing what services were currently available and specifically how well such services were being co-ordinated across the relevant responsible organisations.

¹ See Page 7 of "Health Improvement and Modernisation Programme for Middlesbrough, 2002-5, published by Middlesbrough Partnership.

TERMS OF REFERENCE

25. Accordingly the Terms of Reference were agreed as the following.
- i) Are healthy living initiatives co-ordinated?
 - ii) Can an overarching strategy be developed
 - iii) How are outcomes measured and evaluated

MEMBERSHIP OF THE PANEL

26. Cllr E N Dryden (Chair), Cllr H Pearson OBE (Vice Chair), Cllr E Lancaster, Cllr F McIntyre, Cllr K Walker, Cllr R G Regan, Cllr S K Biswas.

METHODS OF INVESTIGATION

27. The Panel met formally between July 2004 and January 2005 and a detailed record of the topics discussed is available on the Committee Management System (COMMIS). During those meetings it took evidence from invited speakers. The Panel also held a very well attended half day seminar on 15th November 2004, with three public speakers and scope for question and answer and debate, which was well used. The audience invited to that seminar was intentionally diverse and representatives were present from Middlesbrough Council, other Tees Valley local authorities, local NHS Trusts, Patient & public Involvement Forum and the voluntary sector.
28. During the Healthy Living Review, the Panel took evidence from the following:
- i) The Mayor of Middlesbrough, Ray Mallon
 - ii) Jeff Duffield, Public Protection Manager, Middlesbrough Council
 - iii) Katrina Jackson, Healthy Living Centre Project Co-ordinator, Middlesbrough Council
 - iv) John Daniel, Manager, Middlesbrough Citizen's Advice Bureau
 - v) Sarah Collins, Welfare Rights Manager
 - vi) John Wells, Group Leader, Community Protection Services, Middlesbrough Council
 - vii) Professor P Kelly, Director of Public Health & Health Improvement, Middlesbrough Primary Care Trust
 - viii) Dr I Lone, General Practitioner in Normanby and Member of Professional Executive Committee, Middlesbrough Primary Care Trust
 - ix) Dr D Chappel, North East Public Health Observatory, Based at Stockton Campus of University of Durham

FINDINGS

29. During the course of the Review, the Panel encountered various themes which it felt were key to healthy living initiatives within the scope given by the

Terms of Reference. It is within the confines of those themes, which the findings will be presented.

ARE HEALTHY LIVING INITIATIVES CO-ORDINATED

The Healthy Living Centre & Health Action Zone

30. The Panel heard that the Public Protection Service was running a range of schemes that were funded out of two finance sources. These were the Health Action Zone (HAZ) fund and the Healthy Living Centre Project. The HAZ funded projects covered
31. 'Healthy Homes' aimed at assisting local residents to improve the environment within their houses to improve local quality of life and tackle respiratory disorders
32. 'Healthy Eating' which was town wide and worked very closely with the Healthy Living Centre Healthy Eating Project to increase the quantity of healthier foods in the local diet, particularly for those on a low income and discourage the consumption of unhealthy foods.
33. The Panel heard that through NRF funding, a project was specifically being run with the aim of improving the diet and lifestyle of men. Special attention was being paid to male health in the black and minority ethnic communities.
34. The Panel heard at this time from officers within Public Protection that there may be merit in a 'Corporate Public Health Group' within the Council, with a specific remit to focus upon such issues as public health initiatives and the co-ordination of such initiatives.
35. The Panel heard from the Healthy Living regarding the Healthy Living Centre, which had been established following the receipt of nearly £1m worth of funding from the Government's New Opportunities Fund.
36. The Panel learnt that the aims of the Healthy Living Centre were as follows:
 - i) To improve the mental and physical health of young people in Middlesbrough's most disadvantaged wards (aged 0-35)
 - ii) To stop the cycle of poor health
 - iii) To provide the next generation with opportunities they need to help them live healthy and happy lives.
 - iv) To narrow the health gap between our communities
 - v) To contribute to the Government's health agenda
37. The Panel learnt that, despite the name of the Healthy Living Centre, schemes were actually delivered out in the community in some of the most

disadvantaged wards in the country. The Panel felt that this was to be commended, as holding such events out in the community was more likely to attract people to attend. This was opposed to holding them in one central location, such as the Town Hall, which could potentially be seen as difficult to access for people.

38. The Panel heard that the schemes provided by the Healthy Living Centre were consistent with and helped to meet targets in the Community Strategy 2002, Middlesbrough PCT's Health Improvement Programme 2002/05, the PCT's obesity strategy, the Council's Physical Activity Strategy and the Local Agenda 21 Action Plan.
39. The schemes covered
 - i) Healthy Eating advice and workshops,
 - ii) Healthy Eating Cafeteria provided at the refurbished former Coffee Bar in Joe Walton's CYC, Berwick Hills,
 - iii) Youth Outreach Work focusing on health issues for teenagers through Linx,
 - iv) Translink which is a mini bus to allow easy access for groups from the target areas plus free driver accredited training for community members,
 - v) Kidz Power involving special non competitive fitness sessions for 6-12 year olds, increasing fitness, confidence and self esteem,
 - vi) Physical activity in East Middlesbrough community centres offering new physical and mental health activities within local community centres involving activity weekends away,
 - vii) Healthy Homes aimed at indoor air pollution and passive smoking,
 - viii) Allotments involving the development of Berwick Hills allotment site through Health Walks and cycling routes, plus a community and school allotment plot.
 - ix) Childminding and a toy library based in Ayresome offering families childminding training and increased numbers of childminders in deprived areas, plus a toy library service.

Matters relating to financial assistance

40. The Panel is acutely aware of the impact that adverse financial circumstances can have on the health of the populace and was keen to learn more about the services in place to tackle the problem. Specifically this refers to a low overall income and the negative impact this can have on buying power for a household relating to consumer goods, such as good quality fresh food. In addition to this, the level of debt endured by a household can have a

significant impact on buying power, although it also has a bigger impact on the mental health of those enduring debt and the incumbent pressures.

41. To this end the Panel invited representatives of the Welfare Rights Service, the Citizens Advice Bureau and the Middlesbrough Council Money Advice Service to meet with the Panel and discuss their work and how they interfaced with other agencies where appropriate.
42. On the subject of Welfare Rights, the Panel heard that the service was heavily involved in a number of areas of activity in raising awareness of welfare provision and encouraging people to check their eligibility to receiving benefits and therefore raising their household income. The Panel was also advised that the service took on advocacy and casework for those who needed assistance with dealing with external agencies and/or dealing with complex cases. The Panel was also advised on the projects which the service was currently involved in. These included GP Advice services situated within GP 26 practices and Asian Advice, providing a comprehensive benefits advice service to members of the Asian ethnic minority community disadvantaged by language barriers or through age and disability.
43. The Panel saw documentary evidence that the service engaged in advertising campaigns and take up campaigns in the local media and that it had received a Community Legal Services 'Quality Mark' for its help and casework in welfare benefits. In relation to welfare rights take up campaigns, there is a welfare rights officers as part of a wider, multidisciplinary 'healthy living' team in the Thorntree area of Middlesbrough, as part of a scheme funded by Neighbourhood Renewal Fund until 2006. The Panel was of the view that this was a very positive example of co-ordinated working, although noted the limited lifespan of the funding for this particular project.
44. The fact that the welfare rights officer had secured additional benefit income for the residents of Thorntree into six figures was seen as strong evidence the service as needed and that it was worth considering the budget mainstreaming of such a post.
45. The Citizen's Advice Bureau offer help in financial matters from its Linthorpe Road base and 12 outreach centres across the town, especially within the areas of debt, welfare benefits and housing. The Panel heard about a particular scheme called the Mental Health Advice Project offered with MIND and based at St Luke's for example, which had assisted in generating a substantial amount of money in benefit awards and debt write offs for service users.
46. As separate and distinct from the above, Middlesbrough Council also offers its own Money Advice Service, specifically aimed at residents suffering from debt problems. The service in the last year had assisted 276 people with debts between them of £846,646, although the figures for such help had reduced in recent times due to a staffing restructure.

47. The service provides outreach surgeries from various localities across the town, including an out of hours surgery, as a result of suggested improvements in a Voiceover exercise. The service is focused on low-income clients and takes actively takes referrals from social workers based at a number of Health & Social Care facilities.
48. All three services outlined above are members of the Middlesbrough Community Legal Services Partnership, which is a statutory, voluntary and private sector partnership developing complementary services and interagency referrals. The partnership is governed by a series of protocols, which govern the signposting and referral of service users to ensure they may access the source of assistance most appropriate to their needs. The services also enter into joint projects such as Advice Centres for Older People at the James Cook University Hospital and joint bidding for funding for new projects to assist in reciprocal working arrangements.
49. It was noted by the Panel, on the basis of the evidence it received that the Money Advice Service was not regarded as core business activity and as such was vulnerable to circumstances, if and when resources were stretched. The Panel heard that when one officer went on long term sick, the service was virtually suspended, despite the very clear need for the service, as demonstrated by the contact figures of before and after the publicising of the service. The Panel was concerned that such an important and needed service was severely restricted in its potential impact with one long-term sickness.
50. The Panel feels that sight shouldn't be lost of the fact that if it is a wish to alleviate poor health, one of the prerequisites is the alleviation of poverty.

HOW ARE OUTCOMES MEASURED AND EVALUATED

51. A key part of the Panel's review into Healthy Living has centred on learning to what extent current activities aimed at promoting healthy living are monitored and their success or otherwise is evaluated.
52. To this end, the Panel has heard from a variety of sources on what is currently happening with evaluation and what constitutes good practice.
53. The Panel heard from the officers responsible for the Healthy Living Centre that a sum of money from the total received to run the projects had been set-aside to fund an evaluation of the projects. This was to be performed by independent expertise based at the University of Teesside, in the Health Economist field. The Panel felt that this was a positive step to fund an independent expertise to evaluate the projects, although the results of this are not, as yet, known.
54. The Panel learnt that as part of the agreement in receiving New Opportunities funding, there was a set of targets to satisfy. This information was gained from the ten project's officers and was referred to the Service Level Agreements between the Community Protection Service and the Project Officers. The Panel was advised that a key part of these monitoring arrangements was

statistical data regarding attendance at projects, which was, encouragingly exceeding targets so far.

55. It was noted by the Panel that although patronage figures for the projects were useful and could demonstrate a certain level of impact, on a superficial level at least, the wider health impacts of such projects were much more difficult to ascertain, given they may not be materially evident for a number of years.
56. At the Healthy Living Seminar, the Panel heard from the North East Public Health Observatory, regarding key issues for organisations in monitoring impacts of Healthy Living Initiatives and good practice within this field.
57. The Panel heard that, in this particular field a lot of evidence is anecdotal and the chances are that incontestable evidence that something is working well is unlikely to be found. A lot of outcomes of healthy living initiatives and the like may have to be judged on a qualitative basis, as there are a lot of other determinants on community health.
58. A key message, however, which came across to the Panel was that if one is to have a good chance of making an accurate evaluation of something, was that one needs to know what they want out of the project before it actually starts. The Panel heard that in many respects, the worst approach is that an evaluative exercise simply takes place at the end of project. Often, people may well fit the evaluation to what the actual outcome of the project was; thereby the project is deemed a success, when it may have departed significantly from its original aim. Although, as there is no continual monitoring regime in place to keep the project's direction in check, it is allowed, quite innocently, to deviate.
59. The Panel also heard that a key question to answer in considering the evaluative process is whether a project is aimed at improving the health of the community per se, or reducing health inequalities that exist within the given locality. The standards used to judge the impact of such initiatives might be rather different.
60. Reference was made to the proxies and they can be useful in monitoring the impacts of Healthy Living Initiatives. A proxy is something that can be used where the evidence is of a good quality, it is not strictly necessary to wait for the long-term health picture to make a judgement. A good example of a proxy is breastfeeding. Where there is a project to encourage mothers to breastfeed, it is possible to obtain data about the proportion of mothers in a certain community breastfeeding before and after the project.
61. The Panel also heard that it is not always necessary for some healthy living initiatives to have demonstrable outcome, if they are more of a 'declaratory' nature. As an example, the Public Health Observatory outlined that more people's health is threatened by smoking in the home than in public places. Yet the debate about a smoking ban and the money spent on such

campaigns, raises the issue and persuades people to reassess their own circumstances and then can act as a catalyst for change.

62. The Panel discussed in depth with the Director of Public Health at Middlesbrough Primary Care Trust the level of evaluation which was currently entered into by healthy living initiatives across the town.
63. The Panel learnt that healthy living initiatives are not, always, as well evaluated as they probably should be. This was for a number of reasons.
64. On the basis of the evidence gathered, the Panel felt there is an element of a 'dash for cash' approach in respect of Healthy Living Initiatives and seeking external funding. It is probable, however, that this approach is becoming less prevalent, as the strategic organisations such as the local authority and the PCT discourage it.
65. The Panel was of the view; however, that proper evaluation within the confines of a proactive set of initiatives would be very difficult if a 'dash for cash' approach was allowed to prosper, given this approach's reactivity.
66. The Panel learnt that on balance, healthy living initiatives were not as monitored and evaluated as they probably should be. There is not one reason for this, nor should this be construed as a failing of the organisations involved.
67. The Panel heard that often, the amount of money assigned to such projects, whether it is mainstream budgetary provision or external finite monies, does not allow for a proper evaluative framework to be built in. This leads to officers taking the perfectly understandable decision of delivering a needed project without necessarily having the resources or systems in place to properly learn from the projects.
68. In addition to that, the Panel learnt that a key reason as to why evaluative practices are not as ingrained into the process, as they should be is a dearth of expertise within the local health economy. To commission external agencies to work on evaluation of projects would significantly increase costs, as outlined above.
69. Further to this, the Panel has heard from Middlesbrough PCT and the North East Public Health Observatory that to actually measure the outcome of healthy living initiatives is very difficult. Often, such initiatives are attempting to prevent poor health episodes, which may not occur until ten years later, and there are always more determinants on the health of local people than healthy living initiatives.
70. The Panel considered that whilst it is very difficult to evaluate the impact of some health initiatives, healthy living initiatives should be commenced with an articulated view of what it is that the project is aiming to do. It was felt that there was potential for projects to be commenced out of good intentions alone, as opposed to any body of evidence that it would have an impact, or without a framework to gather information pertaining to its impact. Whilst the

Panel felt that it was not happening presently on a widespread basis, this should be guarded against.

CAN AN OVERARCHING STRATEGY BE DEVELOPED

71. On this point, the Panel spoke extensively with the Mayor and the Director of Public Health & Health Improvement at Middlesbrough Primary Care Trust. The Panel heard that increased efforts were being made for the Healthy Living Agenda to be addressed as by a multi agency group. The Panel learnt that as part of this, a post of Health Inequalities was being created as a joint appointment between the local authority and Middlesbrough PCT, although the funding of that post would be funded by the PCT's mainstream budget.
72. The Panel learnt that it was not viable to get all parties concerned with healthy living under one roof, as one could expand or shrink the definition of a service affecting the healthy living agenda to suit one's own view. Much more important was that the Healthy Living Agenda was faced up to as a town, with a common set of priorities.
73. The Panel heard that, in the view of the PCT, the most important priorities facing Middlesbrough were the reduction of the rate of smokers, a reduction of the amount of alcohol people in Middlesbrough consume and a reduction in the instances of obesity. Consequently, the Panel felt that these themes should influence the Healthy Living initiatives arranged for the town. On the basis of this evidence, the Panel was of the view that in planning its healthy living initiatives, the local authority should take advice from the local health community regarding priorities in the locality and direct its healthy living resources in line with those priorities.
74. The Panel heard that an overarching strategy was possible, with the inclusion of all of the relevant bodies, without the need to create new structures. On the basis of the evidence received, the Panel was of the view that an appropriate structure already existed, in the guise of the Local Strategic Partnership.
75. The Panel heard that there is, at present, more scope for communication at a Chief Officer level, as despite the fact that there is significant contact between organisations, it is often at a level of a non-strategic nature.
76. Consequently, on the basis of evidence received, the Panel took the view that there is scope for increased contact between the leadership of organisations such as the local authority and the PCT. The Panel heard that as present, despite the good relations between the Director of Public Health and Mayor of Middlesbrough, this was largely down to individual characters and was not, as yet, structuralised in a way to ensure regular interaction. The Panel also heard evidence to suggest that there are differing levels of co-ordination of people's efforts at different levels of organisations.
77. On the basis of this, it was felt that the LSP was the most appropriate arena to drive forward a co-ordinated strategy, although improvements in the accountability mechanisms within the Theme Groups and the Theme Group's

interaction with the Board were needed. In addition to the theme of increasing accountability within the LSP, the Panel also felt that it would be appropriate to examine the possibility of a performance management framework within the LSP to monitor the impact of initiatives. In addition to this, the Panel heard of two issues, which could impact on the effectiveness of the Health & Social Care Theme Group.

78. Firstly, the Panel heard it would be beneficial for the Health & Social Care Theme Group to have less priorities and it could therefore sharpen its focus on the priorities it set itself. The danger of prioritising everything and actually not achieving progress in many fields was well recognised. Secondly, there is a problem intrinsic to the way in which the LSP Theme Groups are organised. The Health & Social Care Theme Group has two main areas of focus and consequently the two areas of Health & Social Care can often compete for attention. This can have the impact that in attempting to address both areas, neither is addressed adequately and the Theme Group would be criticised if one area was given too much attention at the expense of the other.
79. The Panel also heard of an example where a project aimed a health promotion for older people had had to cease due to a lack of funding, yet the Panel discovered that the PCT knew nothing about the project's difficulty and actually had the resources to keep to project going. The Panel felt that this instance demonstrated the lack of co-ordination at some levels between the PCT and the local authority and the worth of having a properly co-ordinated centre point where these issues could be discussed before something had to be withdrawn.
80. The co-ordination, therefore, of a strategy aimed at the promotion of a healthy living agenda should come from within the LSP Health & Social Care Theme Group. The Panel felt that to create another mechanism for that purpose would merely be duplicating the role of the LSP and that efforts should be concentrated on reinforcing the LSP's importance and thereby making the LSP the driving force.

CONCLUSIONS

81. That there are at present, significant amounts of work being undertaken in attempting to arrest the continuing poor health of Middlesbrough residents.
82. That at present, there are not sufficient links between organisations at a strategic level to carry forward a co-ordinated Healthy Living approach for Middlesbrough in its entirety.
83. That the structure required to carry forward a co-ordinated public health agenda in Middlesbrough already exists, namely the Local Strategic Partnership. Although it is not thought necessary to 'reinvent the wheel', there is a need to reinvigorate the Local Strategic Partnership to drive forward this agenda.

84. That at present, there is not sufficient evaluation carried out in relation to Healthy Living Initiatives. Consequently, not enough is learned about the success (or otherwise) of projects and little is known as to whether they are worth arranging again. This is something, which should change.
85. That whilst a 'dash for cash' approach is not widespread, it should be guarded against in considering healthy living initiatives to be arranged.
86. If a 'dash for cash' approach is allowed to grow, it is a strong possibility that the quality and relevance of projects may suffer and the time allowed for evaluation would be damaged.
87. That in coming to a judgement as to the topics to be covered by Healthy Living Initiatives, proper attention should be paid to the health priorities of the town, as outlined by the local health economy. It is not clear if this is done at present.

RECOMMENDATIONS

88. In order to develop stronger links across agencies at a strategic level, with appropriate levels of accountability, to maximise the potential impact of healthy living activities we put forward the following recommendations.
89. That the Local Strategic Partnership is acknowledged as the appropriate forum in which to drive forward the healthy living agenda for Middlesbrough and is encouraged to perform that role.
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96. The Council seeks to encourage its partners to agree to likewise implement a HIA.
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