



LONDON BOROUGH OF HILLINGDON

OVERVIEW & SCRUTINY

2004

Final Report

HEALTH PROMOTION IN HILLINGDON

A review by the
Health & Social Care Overview & Scrutiny Committee

and the
Education Overview & Scrutiny Committee

Contents

Chairman's foreword.....	i
--------------------------	---

Executive summary.....	ii
------------------------	----

Section 1 – Introduction, Context & Review Framework

Introduction.....	1
-------------------	---

a) The context of this review	
Reasons for this scrutiny review.....	1
Terms of reference.....	1
Review structure.....	2
Review chronology.....	3
Review methodology	5
b) The context of health promotion	
What is health promotion?.....	6
National policies and strategies on health promotion.....	8
Obligations and responsibilities for health promotion.....	8
c) Health promotion in Hillingdon	
Health promotion organisations.....	11
Feature of Healthy Hillingdon's work and performance.....	11
Priorities for health promotion in Hillingdon.....	13
What health promotion activities are there in Hillingdon?.....	18

Section 2 – Final Report from the Health & Social Care OSC

Review of Healthy Hillingdon.....	21
Reference point recommendations.....	21
The structure of Healthy Hillingdon.....	22
The funding of Healthy Hillingdon.....	29
Priority setting and health promotion activities.....	36

Section 3 – Final Report from the Education OSC

Chairman's foreword.....	38
Review of Healthy Hillingdon.....	39
The structure of Healthy Hillingdon.....	39
The funding of Healthy Hillingdon.....	40
Features of Healthy Hillingdon's work and performance.....	41

Section 4 – Closing Word, Acknowledgements and Appendices

Closing word.....	42
Acknowledgements.....	43

Appendix 1. Recommendation Action Plan.....	a1
Appendix 2. First Interim Report to Cabinet.....	a7
Appendix 3. Second Interim Report to Cabinet.....	a14
Appendix 4. Healthy Hillingdon Service Review 2003/4.....	a32

Chairman's foreword



I am pleased to present the Overview & Scrutiny final report on Health Promotion in Hillingdon. The report includes the comments and recommendations from both the Health & Social Care Overview & Scrutiny Committee and the Education Overview & Scrutiny Committee - the latter undertook a parallel review of Health Promotion in Hillingdon's schools.

The review sought to examine how the needs of the community can be best met by health-promoting activities, and in particular by Healthy Hillingdon. This included reviewing the responsibilities, partnership basis, organisational structure and funding of Healthy Hillingdon.

The recommendations of the Committees have been made following receipt and consideration of information on a wide range of issues and features, especially in relation to our examination of Healthy Hillingdon, which constitutes the major element of this review.

I would like to pay tribute to the work of members of both Overview & Scrutiny Committees involved, officers, from both the Council and the Primary Care Trust, and external contributors to the review. On behalf of the Committees I would also like to acknowledge the efforts of those working in health promotion and connected services.

On the behalf of the Committees involved in the review, I refer this report to the Cabinet of the London Borough of Hillingdon and to the Board of Hillingdon PCT. I hope that the findings of this review contribute to the development of health promotion services and in turn have a positive effect on the well-being of the wider community.

Catherine Dann

Executive Summary

- i) Following Council's decision on 26th February 2004 to cut by £100,000 its contribution to Healthy Hillingdon (a health promotion partnership between the Council and Hillingdon Primary Care Trust [PCT]). The Cabinet invited Overview & Scrutiny to conduct a review of Health Promotion in Hillingdon to Overview & Scrutiny. The need for the review, the terms of reference and the structure of the review were agreed by the Overview & Scrutiny Coordinating Committee on 7th April 2004.
- ii) This report is comprised of two separate reviews been conducted by the Health & Social Care Overview & Scrutiny Committee (OSC) and the Education OSC. It has examined health promotion as an issue in the borough and focussed especially on the work and organisation of Healthy Hillingdon.
- iii) The review has produced several specific recommendations for improving the partnership, planning, and accountability of Healthy Hillingdon. These specific recommendations flow from the following recommendations that manifest the sentiment and understandings taken by the Committees during this review;

Recommendation 1

That the Council should continue to take a leading role in promoting better health for the people of Hillingdon.

Recommendation 2

That health promotion should be recognised as a key component in the policies of the Council and its partners, and extends across the whole range of service provision and regulation.

Recommendation 3

That the model of providing specific health promotion activities through Healthy Hillingdon is a best-practice model, bringing the advantages of a partnership working with the PCT and clarity of focus in serving the people of Hillingdon. And this model should continue to be supported by the Council.

- iv) Health & Social Care Overview & Scrutiny Committee (OSC) conclude the review with the following comments and detail-specific recommendations:

Recommendation (HSC)4

That Healthy Hillingdon produces an Annual Service Plan, detailing all aspects of the service.

Recommendation (HSC)5

That Healthy Hillingdon's Service Plan goes to Cabinet on an annual basis.

Recommendation (HSC)6

That Healthy Hillingdon's Service Plan and budget-setting information goes to a Joint Overview & Scrutiny meeting on an annual basis.

Recommendation (HSC)7

That the annual Service Plan report on health promotion and the Healthy Hillingdon service goes to full Council on an annual basis.

Recommendation (HSC)8

That an All-Member Seminar on health promotion and the wider determinants of health be given.

Recommendation (HSC)9

That regular meetings between Healthy Hillingdon managers, line-managers, the Director of Social Services, the Portfolio Holder for Health Promotion and the Portfolio Holder for EYL be established.

Recommendation (HSC)10

That the Health & Social Care Executive receives and signs off Healthy Hillingdon's Service Plan at officer level, and that this plan then goes to Cabinet for Member agreement.

Recommendation (HSC)11

That Council and the Cabinet note the benefits of a single-borough health promotion service within the coterminous boundaries of the local authority and the PCT.

Recommendation (HSC)12

That Council and the Cabinet agree that the coterminous structure and partnership between the Council and the PCT represents the most effective way for delivering health promotion in Hillingdon.

Recommendation (HSC)13

That Council and the Cabinet agree that for this partnership structure to be fully effective, clear communication and a strong commitment to joint working between the Council and the PCT is required.

Recommendation (HSC)14

The Committee notes the decision of the Cabinet of 12th August 2004 to release the sum of £100,000 into Healthy Hillingdon's budget. The Committee, following the initial recommendations of the Interim Reports, presents as a final recommendation the need for the £100,000 to be released into Healthy Hillingdon's budget for 2004/5.

Recommendation (HSC)15

That appropriate action is taken to formalise the Healthy Hillingdon partnership between the Council and the PCT regarding financial risk sharing.

Recommendation (HSC)16

That Cabinet ask Corporate Finance officers to consult with the PCT, Healthy Hillingdon management and appropriate Council service area directors, with a view to establishing formalised pooled budgets between the Council and the PCT for the Healthy Hillingdon partnership.

Recommendation (HSC)17

That the Council and the PCT present medium term financial forecasts (3 year forecasts) for Healthy Hillingdon, with actual receipt of forecast monies dependent on member agreement following consideration of Healthy Hillingdon's Service Plan, including funding use plans and evidence of need and effectiveness to Overview & Scrutiny and to Cabinet.

Recommendation (HSC)18

That Healthy Hillingdon continues its use of evidence-based planning and seeks to further develop methods of evaluation of project effectiveness, and, where possible, the impact on the community made by health promotional activities.

- v) The Education Overview & Scrutiny Committee conducted a parallel review with a narrower focus - that of health promotion in Hillingdon's schools. The Education OSC presented initial comments to Cabinet in the interim report of 15th July. The Education OSC agreed the following final comments and recommendations in addition to endorsing the three recommendations given above (paragraph iii):

Recommendation (Ed)4

That the partnership basis and funding arrangements for costs currently considered 'in kind' be formalised.

Recommendation (Ed)5

That arrangements for sharing risk (for example, redundancy costs) be formalised between the Council and the PCT. The

Committee recommends that this should be shared proportionately between the two partner organisations.

Recommendation (Ed)6

The Committee notes the decision of Cabinet on 12th August, and further to the initial recommendation in the First Interim Report to Cabinet from this Committee, the Committee submits as a final recommendation that the sum of £100,000 be kept in the Healthy Hillingdon budget for 2004/5.

Recommendation (Ed)7

The Committee endorses the use of evidence-based policies for identifying project methods and health promotion techniques in the borough's schools.

Recommendation (Ed)8

The Committee preliminarily suggests that the following topics be considered alongside current priorities by Healthy Hillingdon;

- The health and well-being of disabled children
- Informing parents about nutritional needs and their ability to advance the healthy eating habits of their children
- Development of the Pyramid Club
- Healthy Hillingdon's role as a health promotion advisory service to other Council services.
- Looked-After Children

Recommendation (Ed)9

That the possibility of establishing a Service Level Agreement between Healthy Hillingdon and the Youth Service for the provision of counselling services through LINK be explored.

Recommendation (Ed)10

That Healthy Hillingdon report on an annual basis to members about the planned priorities and activities for the forthcoming year and provide an evaluation of those projects already undertaken.

Section 1

FINAL REPORT FROM OVERVIEW & SCRUTINY

HEALTH PROMOTION IN HILLINGDON

Introduction, context and review framework

Introduction

1. This report is the culmination of two separate reviews, one by the Health & Social Care Overview & Scrutiny Committee and another by the Education Overview & Scrutiny Committee (OSC). To include the comments and findings of both the report is structured as follows.
2. Section 1 details the reasons why this topic came before Overview & Scrutiny, the structure of the two-Committee review and the terms of reference. This first section also provides an introduction to health promotion at a general level, before looking at the national and local pictures, including the national legislation that sets some of the local agenda, and the health promotion service(s) which work within the borough.
3. Section 2 presents the information considered and the conclusions drawn by the Health & Social Care OSC. Section 3 gives the findings and recommendations from the Education OSC. These sections include recommendations for action on the part of the Council. Section 4 then concludes the report and presents the Appended items.

a) The context of this review

Reasons for this Scrutiny Review

4. The London Borough of Hillingdon Council and Hillingdon Primary Care Trust (the PCT) established, in 1998, a health promotion partnership organisation called Healthy Hillingdon. On 26th February 2004, as part of the annual budget-setting process, Council agreed a cut of £100,000 from the Council's contribution to Healthy Hillingdon. This cut was made in the context of £2.9million of savings being found across the Council.
5. At their meeting on 1st April 2004, Cabinet agreed to refer to Overview & Scrutiny a review of health promotion in Hillingdon, including examination of Healthy Hillingdon, the needs and priorities for the borough, and the implications of the decision to cut the funding.

Terms of Reference

6. The following terms of reference were agreed by the Overview & Scrutiny Co-ordinating Committee. Within this framework and the recommended structure for the review provided by the Borough Solicitor (see 'Review Structure' subsection), topics and information were distributed between the two OSCs concerned according to the division of labour referred to. These terms of reference provided a strong structure along which the review topics and the taking of evidence were guided.

- (i) To consider all aspects of health promotion in Hillingdon, including the work of Healthy Hillingdon, in the light of its impact on the communities in Hillingdon and of Healthy Hillingdon's role in delivering local priorities and obligations placed on the Council and the PCT by national policy.
- (ii) To take evidence as appropriate from the public, PCT and Council staff, partner organisations and other experts and practitioners in order to review the priorities, funding and partnership basis for health promotion in Hillingdon, including the work of Healthy Hillingdon.
- (iii) To advise the Council's Cabinet and the Board of the PCT on the future of health promotion in Hillingdon, including the appropriate level of funding and priorities of the Council/PCT partnership.
- (iv) To advise the Council's Cabinet and the Board of the PCT on the structure of the partnership and mutual responsibilities of the partners and on the best means of delivering health promotion in Hillingdon.
- (v) To consider options for, and the implications of, reductions of up to £100,000 in the Council's funding for Healthy Hillingdon in 2004/5 and make recommendations to Cabinet.
- (vi) To consider any other matters relevant to the future of health promotion in Hillingdon.
- (vii) To prepare a report to the Cabinet and the Board of the PCT for their consideration in July 2004 and, if necessary for the completion of the review, subsequent reports.

Review Structure

- 7. Due to the diverse nature of health promotion activity, this scrutiny review was divided between two overview and scrutiny committees (OSCs). The Education OSC had the remit of the health promotion that takes place within schools. The Health & Social Care OSC reviewed the wider community-based health promotion activities and the organisational structure and partnership basis of the Healthy Hillingdon service.
- 8. The scrutiny undertaken by the Education OSC was agreed under the power of the Coordinating Committee to allocate responsibilities to individual OSCs. The Health & Social Care OSC's review was conducted under the powers given by Parliament's Health Scrutiny legislation.

9. The Coordinating Committee agreed to adopt the following arrangements proposed by the Borough Solicitor:
- (i) Education and Health and Social Care Overview and Scrutiny Committees undertaking their own independent reviews ... on the understanding that they are brought together. Health and Social Care Overview and Scrutiny Committee would carry out the wider review in accordance with its terms of reference. The Education Overview and Scrutiny Committee would have a narrower remit and would look at Healthy Hillingdon in relation to the Borough's schools.
 - (ii) When the Education Overview and Scrutiny Committee has completed its review, the Chairman or some other nominated person could attend a meeting of the Health and Social Care Overview and Scrutiny Committee to present its report on its review. This report could then be attached as an appendix to the Health and Social Care Overview and Scrutiny Committee's report.
10. Because of time considerations and unknown consequences of the funding cut, Cabinet requested that Overview & Scrutiny report back on 15th July 2004 with (at least) an interim report (as stipulated in the seventh term of reference).

Review Chronology

<i>Date</i>	<i>Committee Meeting</i>
24 th May 2004	Joint Education OSC & Health & Social Care OSC
7 th June 2004	Education OSC
17 th June 2004	Education OSC
22 nd June 2004	Education OSC
23 rd June 2004	Health & Social Care OSC
7 th July 2004	Health & Social Care OSC
15 th July 2004	Cabinet (First Interim Report)
20 th July 2004	Education OSC
27 th July 2004	Health & Social Care OSC
12 th August 2004	Cabinet (Second Interim Report)
24 th August 2004	Health & Social Care OSC
8 th September 2004	Education OSC
28 th September 2004	Education OSC Health & Social Care OSC
2 nd November 2004	Health & Social Care OSC

11. The Education OSC had met more during June 2004, enabling that committee to propose initial comments and recommendations to Cabinet at that early stage. The Health & Social Care OSC received the Education OSC's Interim Report at the meeting on 23rd June. The Committee agreed to endorse the initial comments composed by the Education OSC; the Committee did not wish to add any further comments at that stage. The First Interim Report sent to Cabinet can be found at Appendix 2.
12. At the meeting of 15th July Cabinet requested that a further interim report be produced for the Cabinet meeting of 12th August 2004 addressing the gaps in financial information in the evidence received by the Committee prior to the First Interim Report. Healthy Hillingdon and EYL Finance officers then produced a further report addressing the concerns raised by Cabinet. This report was tabled at the meeting of the Education OSC on 20th July, and included in the Agenda, with additional information based on advice from Corporate Finance, of the Health & Social Care OSC's meeting on 27th July. The Health & Social Care OSC composed a Second Interim Report to Cabinet (Appendix 3) for Cabinet's meeting on 12th August.
13. Cabinet agreed the following recommendations:
 1. *That the Cabinet agrees to release to the Healthy Hillingdon Budget the £100,000 of funding held in reserve whilst Overview & Scrutiny progress their review.*
 2. *That Cabinet notes the potential risks to the Authority of lack of formality of the present working relationship with the Primary Care Trust (PCT) and whilst recognising a genuine commitment on both sides, requests that a formal agreement to mitigate future risk be drawn up and presented to Cabinet.*
14. Following Cabinet's decision on 12th August, the committees continued the review with consideration of how priorities for the community are identified by Healthy Hillingdon, and how this process ought to function. The committees agreed their final recommendations on 28th September (at separate meetings).
15. The Education OSC reported its findings to the Health & Social Care OSC on 2nd November. Due to the terms of reference and terms for the structure of the review, as recommended by the Borough Solicitor, the Health & Social Care OSC had the overall parentage of this review, with the Education OSC feeding its findings into the former. The Education OSC's findings are incorporated into this report.

Review Methodology

16. The Committees received evidence via paper-based reports and publications and by interviewing key personnel. Witnesses called to give evidence included practitioners from within Hillingdon's health and social care sector, and independent, external practitioners of health promotion. The evidence of the review (over the two OSCs) was structured so as to ensure all the aspects of the terms of reference were included in the information gathering section of the review and were fully assessed by the respective OSC.
17. The Health & Social Care OSC received evidence including:
- presentations from the Head of Service of Healthy Hillingdon
 - explanations of the work and rationale behind health promotion services, in general and specific to Hillingdon
 - the implications for service provision of the funding cut to Healthy Hillingdon's budget
 - breakdowns of the current funding streams for the Healthy Hillingdon service
 - the PCT's views on health promotion and the future of Healthy Hillingdon
 - analysis of the legal obligations on local authorities and PCTs regarding health promotion activities
 - accounts of how priorities are assessed and projects set up within Healthy Hillingdon
 - reviews of the structure of the current Healthy Hillingdon service
 - options for how health promotion services can be structured, based on examples from elsewhere.
18. The Education OSC received evidence on the following topics:
- The principles and theory of health promotion
 - The development of Healthy Hillingdon as a service
 - The current structure of Healthy Hillingdon
 - The funding of Healthy Hillingdon
 - The setting of priorities for health promotion activities within Healthy Hillingdon
 - The healthy food scheme currently operational in local schools
 - The legal obligations on local authorities and PCTs to provide health-related education in schools
19. The Health & Social Care OSC interviewed and discussed the key topics of the review with:
- the Cabinet Member for Social Services & Health, Hillingdon Council
 - the Director of Public Health, Hillingdon PCT
 - the Head of Commissioning and Service Development, Hillingdon PCT
 - the Director of Social Services, Hillingdon Council

- officers from Healthy Hillingdon
- a Health Development Manager from Health First

20. The Education OSC interviewed and received evidence from;
- the Cabinet Member for Social Services & Health, Hillingdon Council
 - the Director of Public Health, Hillingdon PCT
 - the Headteacher of a local school involved in the Healthy Schools Scheme
 - officers from Healthy Hillingdon

21. Interviews were conducted using pre-set questions designed to cover the main elements of the topics in hand, and allow the witness to extend their account, thus opening new subject areas for discussion. The Committees are extremely grateful to all those who attended meetings or both or either committee involved in the review, and who participated in the evidence gathering section of the review.

b) What is Health Promotion?

22. Health promotion is educative activity aimed at raising awareness and advancing preventative action to enhance the health of individuals and communities. The theory of health promotion is based upon the understanding that the physical and social environment (including the actions of people at both individual and aggregate levels), have an impact upon people's health and wellbeing: Health promotion is designed to enable people and organisations to make decisions about those factors that influence health and act accordingly to promote public health.

“Health promotion is the process of enabling people to increase control over, and to improve, their health.”

World Health Organisation

23. Health promotion can be contrasted with health care, the latter being activity aimed at curing and treating illness and injury after the event. Health promotion is, on the other hand, proactive and preventative. The Wanless Report of 2002¹ described the NHS as a 'National Sickness Service', in that it was there to treat the ill, rather than promote the health of society. Subsequent reports by Derek Wanless² and the (already then underway) Department of Health's (DoH) *Our Healthier Nation*³ project advocated the extension of health promoting activity to protect the nation's health and wellbeing.

¹ Derek Wanless, 2002, *Securing Our Future Health: Taking A Long-Term View*.

² Derek Wanless reports, 2002, 2004

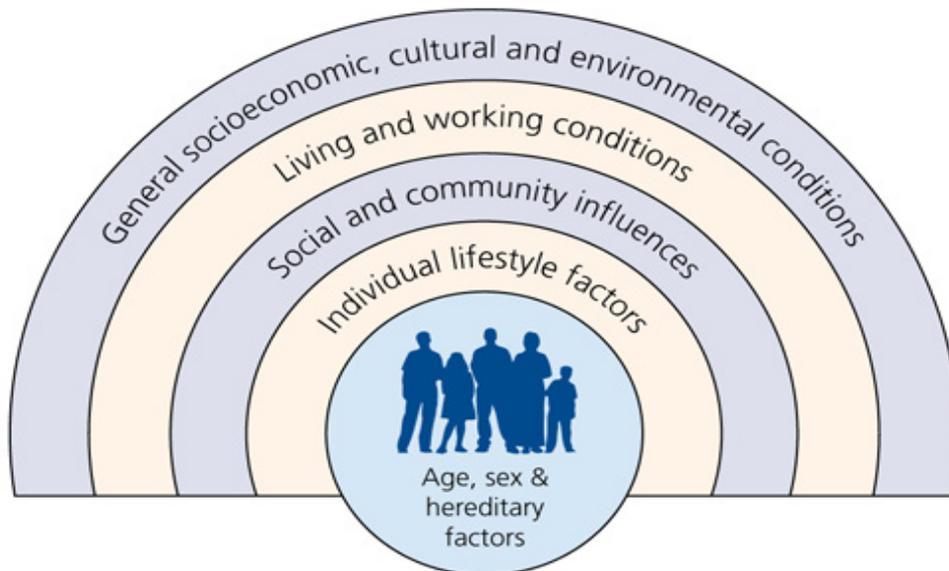
³ Department of Health, 1999, *Our Healthier Nation*.

“Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.”

Ibid.

24. Health promotion is seen as needing to address the ‘wider determinants of health’. Whilst health and social care services (e.g. hospitals, care centres, GP clinics, dentists, etc.) make a valuable contribution to health, the wider determinants of health lie outside those traditional health care services.
25. Diagram 1 (below) shows four layers of ‘external’ factors that affect people’s ‘internal’ features (e.g. age and genetic disposition) and help determine the quality of public health, or the health of individuals that can be seen in aggregative trends.

Diagram 1 – The wider determinants of health



26. As this review shows, there is great range to health promotional activity, at all levels of society and on all topics of health and wellbeing. One problem experienced within this review was that, as Derek Wanless’s original report’s title stated, health promotion is aimed at long term results, the effectiveness of some health promoting projects cannot be accurately quantified for easy assessment.

27. As in all social studies, successful identification of exact causal relationships can be difficult and complex. Because of the large number of potential influences on people's life choices even patterns of association may be spurious. Academic and professional reviews have been able to identify and assess relative effectiveness of some methods of delivery of health promotion services. However, uniqueness of location may in turn influence the effectiveness of projects across different areas of social groups. This will be addressed later in this report.

National policies and strategies on health promotion

28. The White Paper '*Saving Lives; Our Healthier Nation*' (1999) announced the establishment of the Health Development Agency (HDA). The HDA became a live organisation on 3rd April 2000, its aims being to "gather evidence of what works (in health promotion and addressing health inequalities), advise on good practice, and support all those working to improve public health"⁴. In the findings of the Wanless reports, central government has recognised the economic significance of for health promotion. Some of the national strategies are discussed below.

29. The HDA is the main actor in developing health promotion strategies in the UK. In addition, Department of Health (DoH) and other government strategies and policies have taken increased concern over public health issues and implications such as the NHS's National Service Frameworks. One of these, the National Service Framework for Older People, will be the subject of an Overview & Scrutiny review later this year. Department of Health / NHS schemes such as '*Our Healthier Nation*' and subsequent reactions to the two Wanless Reports are also central to current national health promotion strategies.

30. Due to the educative nature of health promotion, the Department for Education and Skills (DfES) is also involved, especially in connection with the National Healthy Schools Standard, a joint project between the DfES and the DoH.

"Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well."

Ibid.

⁴ <http://www.hda.nhs.uk/html/about/index/html> extracted 09/08/04.

Obligations and responsibilities in health promotion

31. There are a number of mandatory functions which Councils and Primary Care Trusts (PCTs) are obliged to carry out. These topics must be addressed for the Council and the PCT to maintain their legal duties. This subsection presents the key paragraphs of several Acts of Parliament which detail or reference a) the cooperation between local authorities and NHS bodies and b) the obligations regarding sex, drug and personal development education.

a) General obligations for local authorities and NHS bodies to cooperate.

32. The Health Act 1999, referred to cooperation between local authorities and health authorities (including Primary Care Trusts) as follows:

Section 22 of the 1977 Act (co-operation between health authorities and local authorities) is amended as follows... (co-operation between Health Authorities and Special Health Authorities on the one hand and local authorities on the other) there is substituted-

In exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) shall co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales."

33. This cooperation may take one of many forms, although the partnership between the Council and the PCT demonstrates the most obvious example of this cooperation in Hillingdon. The Committee believe that joined-up constructive working between the Council and NHS bodies is essential for progressing the levels of public health and well-being of communities within the borough.

b) Special obligations in relation to sex, drug and personal development education.

34. The Education Act 1996 stated that for sex education;

403. - (1) The local education authority, governing body and head teacher shall take such steps as are reasonably practicable to secure that where sex education is given to any registered pupils at a maintained school, it is given in such a manner as to encourage those pupils to have due regard to moral considerations and the value of family life.

*404. - (1) The governing body of a maintained school shall-
Make, and keep up to date, a separate written statement of their policy with regard to the provision of sex education, and
Make copies of the statement available for inspection (at all reasonable times) by parents of registered pupils at the school and*

provide a copy of the statement free of charge to any such parent who asks for one.

35. Sex education was not explicitly written into the 1996 Act as a mandatory subject area of the National Curriculum. This was done in the Education Act 2002:

36. The Education Act 2002 stipulates that the fulfilment of the National Curriculum must cover more general areas of personal development, including preparation for responsibilities and experiences of later life.

78 General requirements in relation to curriculum

(1) The curriculum for a maintained school or maintained nursery school satisfies the requirements of this section if it is a balanced and broadly based curriculum which-

- (a) promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and*
- (b) prepares pupils at the school for the opportunities, responsibilities and experiences of later life.*

80 Basic curriculum for every maintained school in England

(1) The curriculum for every maintained school in England shall comprise a basic curriculum which includes-

- (c) in the case of a secondary school, provision for sex education for all registered pupils at the school, and*
- (d) in the case of a special school, provision for sex education for all registered pupils at the school who are provided with secondary education.*

37. The statutory aspects of drug education contained in the National Curriculum Science Orders are:

- | | |
|-----------------------------|--|
| Key stage 1
(Ages 5-7) | - The role of drugs as medicines |
| Key stage 2
(Ages 7-11) | - About the effects on the human body of tobacco, alcohol and other drugs and how these relate to their personal health |
| Key stage 3
(Ages 11-14) | - The role of the lung in gas exchange, including the effect of smoking
- That the abuse of alcohol, solvents and other drugs affects health
- How the growth and reproduction of bacteria and the replication of viruses can affect health, and how the body's natural defences may be enhanced by immunisation and medicines |
| Key stage 4
(Ages 14-16) | - The effects of solvents, alcohol and other drugs on bodily functions |

38. Life Education programme in Education, Youth & Leisure (EYL) – the local education authority (LEA) addresses the statutory requirements at key stages 1 and 2. In addition, central and schools based training is offered to all schools on delivering effective drug education, including selecting appropriate resources to support the above statutory requirements.
39. The PCT is required by legislation to provide a HIV/AIDS service, a teenage pregnancy strategy, health promotion aspects of National Service Frameworks, and address young peoples' substance misuse. Most of this work is undertaken either through, or in conjunction with, Healthy Hillingdon.

c) Health promotion In Hillingdon

Health promotion organisations

40. The Council and Hillingdon Primary Care Trust established in 1998 a health promotion partnership organisation called 'Healthy Hillingdon'.
41. Healthy Hillingdon is the pre-eminent health promotion organisation in the borough. Following the topics in the terms of reference, the main section of the review was focussed on the work, priorities, organisation structure, funding, and future of the Healthy Hillingdon partnership.
42. There are no other specialist health promotion organisations in Hillingdon. The PCT does fund some health promotion activity in conjunction with health care provision, away from the Healthy Hillingdon partnership. Healthy Hillingdon is the PCT's specialist health promotion provider and is often involved as a facilitator or enabler to other health promotion activity undertaken within the local NHS.
43. Charity and care groups were contacted at the start of the review to ascertain how much health promotion is conducted away from the auspices of Healthy Hillingdon. The responses gained indicated that such charity groups at the local level focus on providing assistance, information, and support to those after diagnosis, rather than proactive general dissemination of preventative measures. Information is occasionally disseminated as part of fund-raising efforts but these tend not to be long-term programmes and in this review are not considered as health promotion services.

Features of Healthy Hillingdon's work and performance

44. This subsection outlines the general, high level principles which guide health promotion activities in Healthy Hillingdon, then the strategic groups and the strategies contributed to by Healthy Hillingdon which

determine health promotion activity within the borough and ends with an overview of the project work undertaken.

a) General approach

45. Healthy Hillingdon's working style is informed by a framework of strategies developed under the Ottawa Charter for Health Promotion (1986) by the First International Conference on Health Promotion and near-universally regarded and accepted as good practice in health promotion at all levels. The Charter defined the fundamental conditions and resources for health as "peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity."⁵ The Charter claims "improvement in health requires a secure foundation in these basic prerequisites"⁶.

46. The Charter identified five strategies for health promotion practice:

- building healthy public policy
- creating supportive environments
- strengthening community action for health
- developing personal health skills
- re-orientating health services

47. Within the context of these international strategic frameworks, Healthy Hillingdon undertakes work for the borough of Hillingdon in a variety of key areas.

b) Strategy development

48. Work with senior management in statutory and voluntary sector partners to develop organisational strategies and structures that have a shared commitment to health improvement and the reduction of health inequalities is done through the Corporate Health Group (in the Council), the Health & Social Care Executive (bridging the Council and the PCT), and more directly, through contact with service departments in the Council and partners in the voluntary sector.

49. Healthy Hillingdon has also led work on the development of the Council's involvement in the NHS Local Improvement Finance Trust (LIFT).

50. Strategies developed or under development include:

- the Older People's Strategy with the Joint Strategy Planning Group (JSPG) for Older People,

⁵ World Health Organisation, 1986, *Ottawa Charter for Health Promotion*, http://www.euro.who.int/AboutWHO/Policy/20010827_2 (extracted 23/08/04)

⁶ *Ibid.*

- the Community Engagement Strategy (in collaboration with Life Long Learning) – part of the Hillingdon Improvement Programme (HIP).
- Teenage Pregnancy Strategy
- Healthy Eating in Schools Strategy
- Drugs and Alcohol Strategy
- Mental Health Strategy

c) Project work

51. Healthy Hillingdon's project work aims to build capacity for sustainable health promotion. Also undertaken is the organisation of training and mentoring services for statutory and voluntary sector staff to develop sustainable skills for health promotion and the reduction of health inequalities
52. To enable sustainable project work, Healthy Hillingdon facilitates partnership work with statutory and voluntary sector partnerships to multiply their potential for enabling health gain. This includes the organisation of campaigns and provision of resources that support health promotion and health education initiatives run by the PCT, the Council, and the Voluntary Sector.
53. Part of the provision of health promotion services is the development of effective systems for needs assessment, monitoring and evaluation. This allows services to remain effective and enables the operation of suitable and appropriate services that address, *inter alia*, the specific health promotion needs of vulnerable children and young people.

Priorities for health promotion in Hillingdon

54. Healthy Hillingdon plots its health promotion strategies against the wider determinants of health. This is an attempt to address the underlying causes of poor health and therefore reduce using resources on individual and behavioural factors that are dependent upon the determinants of health experienced across whole communities.
55. Priorities are drawn from documents produced by the Council and/or the PCT, including the Community Plan, the Annual Public Health Report and the Leader's Statement. Priorities are inevitably influenced by other factors such as: staff skills, funding streams, national and local research, negotiations with the PCT and Local Education Authority (LEA), the need to achieve a balanced portfolio, and the need to meet local demand and local needs.

56. The borough of Hillingdon has a population of (approximately) 246,000 people⁷. It is a very diverse population with many health needs. Living conditions, or 'liveability', vary across the borough's geography. It is the responsibility of the Council and the PCT to address the health and well-being of the population and advance the public health of the community.

57. Healthy Hillingdon assess local priorities by the following means: Proposed topics are assessed according to some of the following questions (*not in an order of importance*)

- Is there a mandate for this type of project/programme in the Leader's statement or Community Plan?
- Is Healthy Hillingdon funded for work in that specific area?
- Is there a sound evidence base to support the intervention?
- Is it within the competency levels of the staff concerned?
- Is the context supportive to the work in terms of policy, consistent messages and partnership arrangements?
- Is it sustainable or transferable?
- What are the risks in not doing it?
- Is there a more appropriate agency or person to address this?
- What is the focus?
- Is it primary prevention, disease prevention, health protection or health care?
- Is this the right population group or issue to be addressing at this stage given competing priorities?
- Is it assessing needs, informing strategic planning or facilitating organisation learning?
- Does it address a national/local priority?

58. The principles for local priority setting as used by Healthy Hillingdon are as follows:

- Population needs
- Address local service gaps
- Work towards equity
- Are evidence-based
- Are developed in partnership
- Offer value for money

59. The Healthy Hillingdon service has identified the following issues requiring local action:

- Early years nutrition
- Physical activity through the life cycle
- Health promotion through environment, culture and leisure
- Effective interventions with at risk groups for CHD

⁷ Office for National Statistics projection, taken from *Public Health Annual Report 2003*, Hillingdon PCT.

- Cancer prevention - promotion of non-smoking, smoking cessation and sensible drinking

60. Current management priorities for 2004/5 include:

- Training and development
- Community leadership/engagement
- Lifestyle referral scheme
- Counselling provision in and out of schools
- Nutritional projects
- Physical activity programmes
- Mainstreaming current programmes
- Organisational learning
- Community Plan themes
- Corporate Health and Health Impact training across the Council

61. Healthy Hillingdon's current priorities are given below in table 5 (overleaf).

Table 5 – Healthy Hillingdon priorities and activities for 2004/5

Theme prioritised to date:	Current activities:	Possible Futures/Shifting priorities
Supporting young people in personal, social and health education	<ul style="list-style-type: none"> * Sexual Health * Drugs Alcohol and tobacco * Emotional Health & Wellbeing. * Programmes: Drop-In * Counselling for pupils at risk of exclusion * Schools projects * Treatment & Care (Drugs) * Teenage Pregnancy Action Plan * LAC and Outreach 	Physical Activity Nutrition
Supporting young people in crisis and Mental Health Promotion	<p>Mental Health Promotion LINK Service (14-25)</p> <p>Pyramid Club (9 Primary schools)</p>	<p>Increase capacity at Link. Establish Link as a charity Young Minds</p> <p>Secure external grant to develop Pyramid Club as an independent agency</p>
Schools programme to increase the number of schools becoming healthier environments	<p>Secondary School counselling programme (All Secondary Schools)</p> <p>Supporting the Healthy Schools Programme in 52 schools. Target all local schools supporting a range of projects e.g. 5 a day, buddy bench scheme, SRE Core Themes: SRE, Drugs and Emotional health, healthy eating. Priority to schools with 20% + FSM</p>	<p>Co-ordinated Quality Service for all schools.</p> <p>Increase work on -</p> <ul style="list-style-type: none"> * Physical activity * Nutrition * Citizenship <p>Charge schools for services</p>

<p>Personal, social & health education curriculum support to Primary schools (Life Education)</p>	<p>Currently offered as part of the Healthy Hillingdon Schools Scheme. Serves 2/3 of local Primary schools. Part of the Drug Action Team Plan. Supported by CAD funding. Schools are charged but not at full cost</p>	<p>Charity secures increased investment from charitable sources and continues to offer service at a subsidised rate</p>
<p>Supporting Social Services in developing health promoting settings for the elderly</p> <p>Work with unemployed</p> <p>Work with BME groups</p> <p>Work with disaffected young people</p> <p>Work with teenage mothers</p> <p>Work with smokers</p>	<p>Working in 4 Day Care Centres. Strategic input to Older Peoples Strategy</p> <p>eg Barnhill-in partnership with Adult Education</p> <p>eg Asha Day Centre HIV-Black Africans – HART</p> <p>eg Hayes Basketball Court – Environment Green Spaces, Leisure Services Support to the Community Leadership HIP programme Hayes Park – anti-litter programme – Hayes Manor School</p> <p>3 support groups now in place</p> <p>Smoking Cessation service now operational</p>	<p>Staff training to disseminate learning</p> <p>Staff training to disseminate learning cultural awareness</p> <p>Staff training to disseminate cost-effectiveness of community engagement</p> <p>More focus on prevention of sexual ill-health (STI/HIV prevention).</p> <p>More focus on early prevention of smoking</p>

Work with LBH/PCT staff to increase effective use of health promotion methodologies, resources etc	Resources and Information Centre. Training and Development (on hold)Mental Health promotion Transport, CHD, Corporate Health Group	Health Impact Assessment Training Local area needs assessment
Strategic development Organisational change and partnership work	Corporate health Community profiling/engagement	Health Promotion Strategy Area based health promotion planning with community leaders, partnership with local businesses

62. Population needs are assessed at different levels; national research displaying trends in activities and aggregative behaviour patterns can be qualified by and confirmed by local data, or in some cases of robust research at the national level, is deemed suitable to inform activity at the local level.

63. Healthy Hillingdon assesses local needs through the ‘schools base line audit’ data – which was gathered from 41 local schools. The audit surveyed pupils’ levels of activity, eating habits, and feelings of well-being, etc. Data from the PCT’s Public Health Department also is used to inform the service on areas of need and health inequalities.

What Health Promotion activities are there in Hillingdon?

64. The vast majority of health promotion activities, and those focussed on in this review, that take place in the borough of Hillingdon are co-ordinated by Healthy Hillingdon. These activities include:

- Healthy walks & active lifestyle promotion
- Healthy eating in schools
- Teenage pregnancy strategy
- Counselling for vulnerable children and young adults
- Diabetes awareness
- Mental health promotion
- Drugs and alcohol strategy
- Building health promotion capacity in minority ethnic groups
- Leaflet and poster provision
- Professional development with community groups
- Awareness days (No Smoking Day, World AIDS Day, etc)

The activities undertaken by Healthy Hillingdon are given greater detail in Healthy Hillingdon's Service Review 2003-4 (see Appendix 4).

65. As mentioned earlier, in addition to Healthy Hillingdon's work, some charities and voluntary organisations work to advance the health of those within their client group. However of those consulted none professed to undertaking health promotion beyond providing care assistance and relevant information to those already within the client care group. The activities of these organisations was not regarded as health promotion in the form referred to in the terms of reference as the impact was not on general communities; such services were more care orientated following diagnosis, rather than towards proactive, pre-diagnosis, or general health promotion / education activities.

Section 2

FINAL REPORT FROM THE HEALTH & SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

HEALTH PROMOTION IN HILLINGDON

Members of the Committee

Cllr Catherine Dann (Chairman)
Cllr Janet Gardner
Cllr Lee Griffin
Cllr Shirley Harper-O'Neill
Cllr John Major
Cllr Mary O'Connor (Vice-Chairman)
Cllr Andrew Vernazza



Review of Healthy Hillingdon

Reference Point Recommendations

66. To give the reader a greater context, before the detail of the Committee presents the following three recommendations that serve to illuminate the sentiments and understandings taken throughout this review. The Committee draw the reader's attention to these as reference points and hereby acknowledge the potential benefits of Healthy Hillingdon in light of the local community's health promotion needs.

Recommendation 1

That the Council should continue to take a leading role in promoting better health for the people of Hillingdon.

67. Part 1 of the Local Government Act 2000 gave local authorities the power to promote the economic, social and environmental well-being of their area. The Committee believes that this power should be used effectively in the area of public health and recognises that health promotion activities can develop the health and well-being of many social groups. The Committee notes the potential of the Council to positively affect the health and well-being of the local community and encourages the Council's service groups to recognise the need for health promotion and need to acknowledge the implications on health of policies and strategies.

Recommendation 2

That health promotion should be recognised as a key component in the policies of the Council and its partners, and extends across the whole range of service provision and regulation.

Recommendation 3

That the model of providing specific health promotion activities through Healthy Hillingdon is a best-practice model, bringing the advantages of a partnership working with the PCT and clarity of focus in serving the people of Hillingdon. And that this model should continue to be supported by the Council.

Structure of Healthy Hillingdon

68. As a partnership between the Council and the PCT, Healthy Hillingdon is line managed by both the partner organisations. The staff of Healthy Hillingdon is structured into project groups, for example the work undertaken in conjunction with schools is carried out by the Schools Team.
69. Due to the historical development of Healthy Hillingdon, the line management for the Council goes through Lifelong Learning, in Education, Youth & Leisure (EYL). Of the Council's funding contribution, EYL gives substantially more than Social Services, the other department involved (see 'Funding', below). The Committee has noted that problems in the chain of accountability arise in the linkages, or absence of appropriate linkages, between officer and member levels. This is shown in the Venn diagram on page 24 (Diagram 1).
70. Despite the management connections through EYL for the Council, at member level the Cabinet Member for Social Services & Health has health promotion in their portfolio. There is a sharing of responsibility for initiatives in respect of alcohol, drugs and substance misuse between the Cabinet Member for Social Services & Health and the Cabinet Member for EYL, however the Committee does not believe that the links between officer level areas of responsibility and those of members are sufficiently precise: There are not regular meetings between the line managers in EYL and the Cabinet Member with responsibility for health promotion, shown by the Cabinet Member's admission that he has heard very little from or about Healthy Hillingdon's work (Minutes of 27/07/04).
71. The Committee believe that stronger links in the chain of accountability to increase member level awareness and input into Healthy Hillingdon's work programme and priority setting are needed. The Committee presents the following recommendations as a means to advance the role and awareness of Members in the overview and strategic planning of the Healthy Hillingdon partnership.

Recommendation (HSC)4

That Healthy Hillingdon produces an Annual Service Plan, detailing all aspects of the service.

Recommendation (HSC)5

That Healthy Hillingdon's Service Plan goes to Cabinet on an annual basis.

Recommendation (HSC)6

That Healthy Hillingdon's Service Plan and budget-setting information goes to a Joint OSC meeting on an annual basis.

Recommendation (HSC)7

That the annual Service Plan report on health promotion and the Healthy Hillingdon service goes to full Council on an annual basis.

72. The creation of a thorough service plan enables Healthy Hillingdon to quickly display all relevant information for the subsequent accountability mechanisms (recommendations 5, 6 and 7.) The service plan should provide Members with a complete, detailed account of the service to promote Member awareness and review.
73. Recommendations 5, 6, and 7 are designed to create stronger links between the Healthy Hillingdon service and elected Members, enabling the latter to be more aware and involved at a strategic level in being able to oversee and pass comment on the service, and to bring the service delivery into the formal democratic decision-making processes within the Council.
74. The awareness of members could be supplemented by the following recommendation:

Recommendation (HSC)8

That an All-Member Seminar on health promotion and the wider determinants of health be given.

75. This would provide a direct channel of communication and briefing for Members on the topic, Enabling information dissemination that could then inform policy making in other areas. This recommendation alone will not address the accountability deficiency; it would not enable Members to critically assess the Healthy Hillingdon service, to influence the setting of priorities, or to be actively involved in establishing the arrangements for Healthy Hillingdon's budget and organisation. It will, however, sow the seeds for employing the principles of health promotion across the Council and provide an awareness baseline, making evaluation of the Service Plan (via recommendations 5, 6, and 7) more effective.
76. To advance the line-management links between officer and Member levels, the Committee recommends that there are regular meetings between Healthy Hillingdon management, line managers, and relevant Cabinet Portfolio holders. Currently the links between the line-

management of Healthy Hillingdon in the Council and the Portfolio holder for Health Promotion are absent. The following recommendation seeks to address this absence, it also brings the Director of Public Health, who line manages Healthy Hillingdon for the PCT into the discussion.

Recommendation (HSC)9

That regular meetings between Healthy Hillingdon managers, line-managers, the Director of Social Services, the Portfolio holder for Health Promotion, the Portfolio holder for EYL and the Director of Public Health be established.

77. To qualify the recommendation; it is believed that 'every six months' is an appropriate interpretation of 'regular'. The Committee expect that should the need for additional meetings arise, these would be carried out as a matter of good practice, and therefore need not be explicitly recommended in this report. Should the agenda of the meeting require it, further senior officers or Members could be expected to attend, also as a matter of good practice.

78. In extending the chain of accountability and line-management, the Committee believes that the Health & Social Care Executive (HSCE) be more actively involved in the work programme setting for Healthy Hillingdon; consequently facilitating further cross-sector working.

Recommendation (HSC)10

That the Health & Social Care Executive receives and signs off Healthy Hillingdon's Service Plan at officer level, and that this plan then goes to Cabinet for formal Member agreement.

79. This would mean that the Healthy Hillingdon Service Plan would be placed in a joint Council-NHS body for signing-off, allowing full discussion between the partner organisations. The signed-off report could then go to Cabinet for Member-level agreement, thereby developing the linkages between senior officer-level reporting and Member-level reporting that has been identified as missing.

80. The Committee heard from Dr Hilary Pickles, Director of Public Health at Hillingdon PCT, concerning the accountability and reporting framework operational within the PCT for the Healthy Hillingdon service. Following this evidence the Committee support Dr Pickles' sentiments that the PCT Board need to be more informed of the service and of the benefits of health promotion.

81. The following diagrams show the accountability and management structure as it currently stands (diagram 2), and how it would look following the implementation of above recommendations (diagram 3).

Diagram 2 -

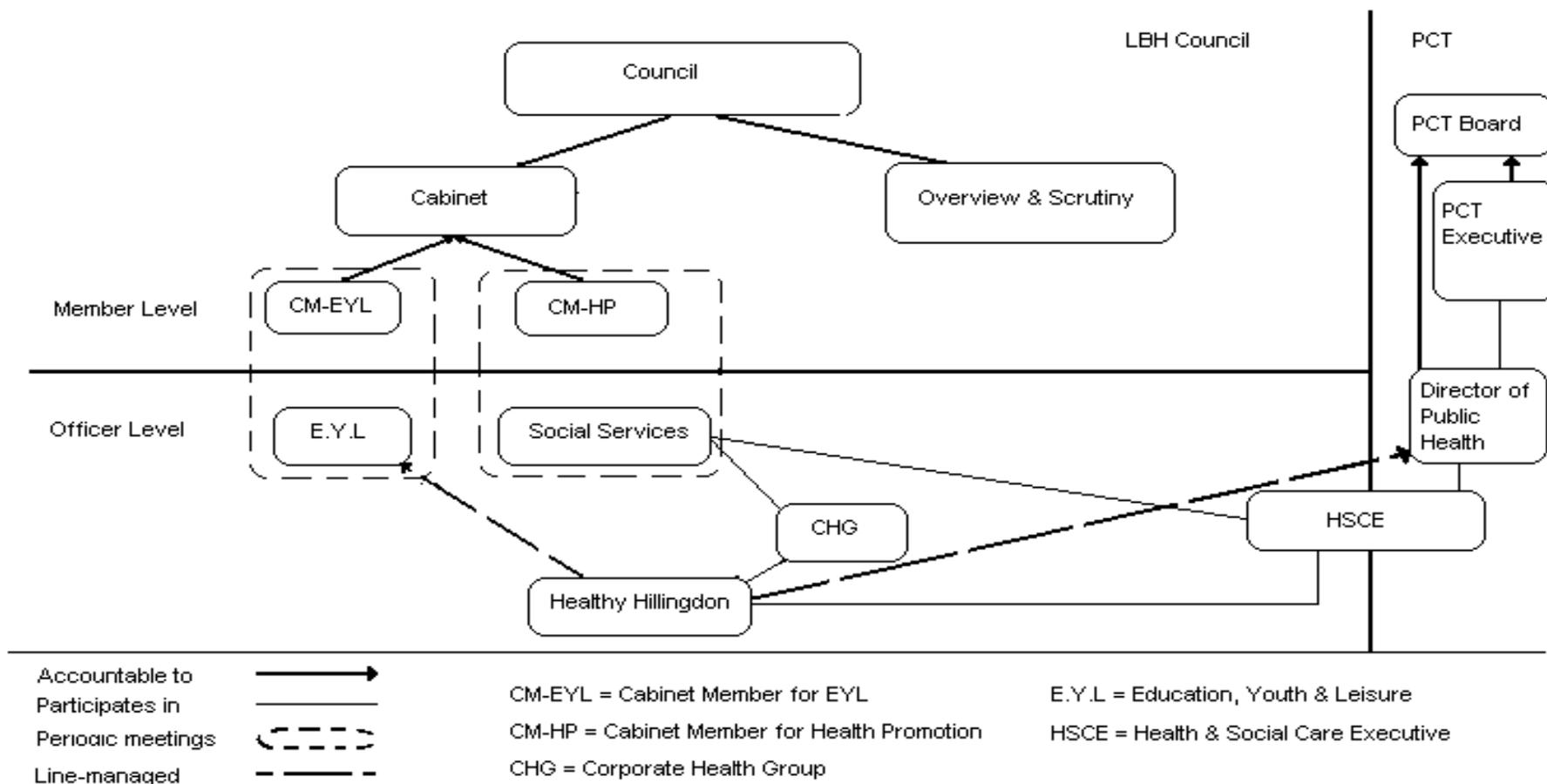
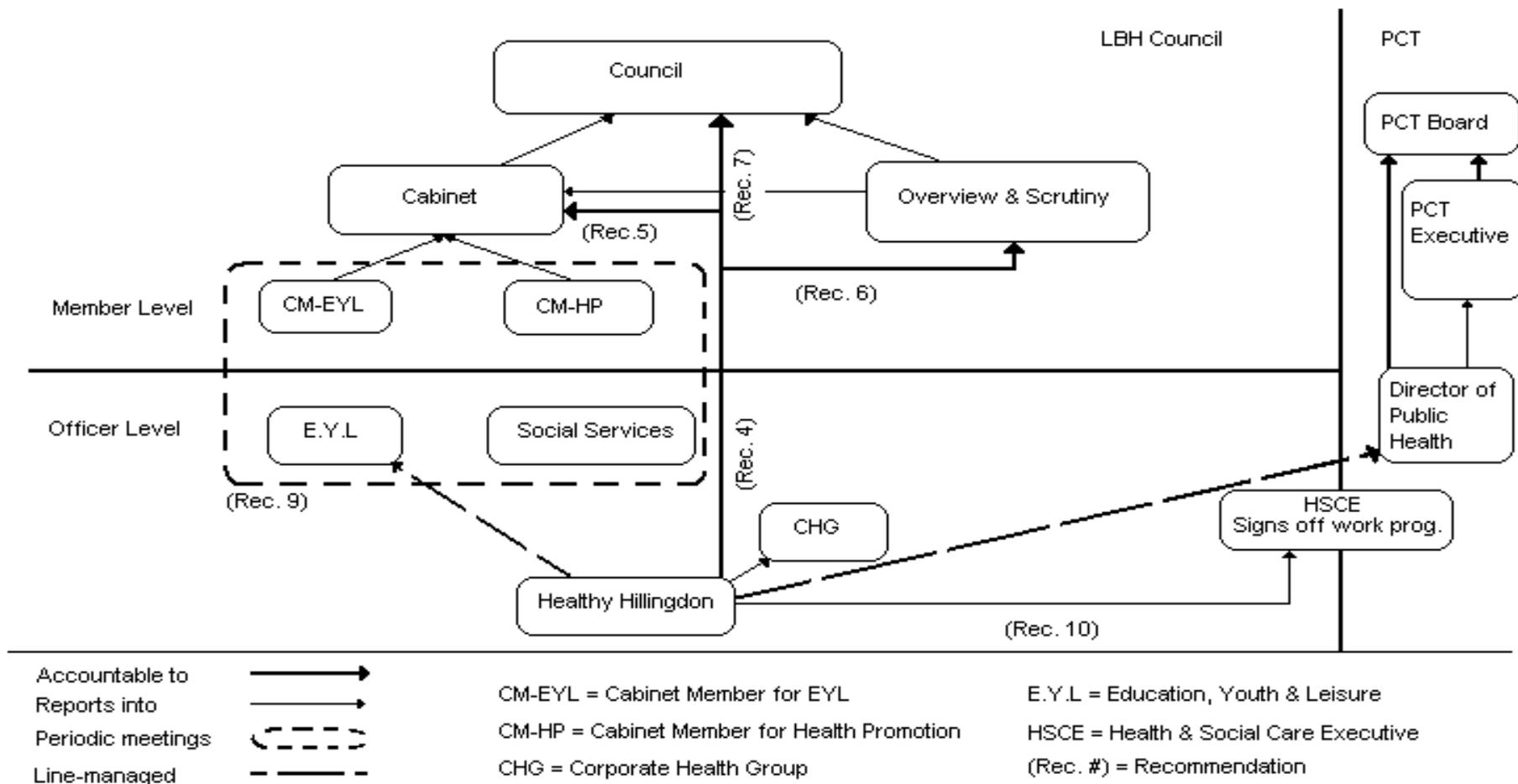


Diagram 3 -



82. Diagram 3 displays where those recommendations in this report address the concerns about the accountability of Healthy Hillingdon. For example, the production of a service plan (recommendation 4) then in supplemented by recommendations 5, 6 and 7 in where that service plan is presented (Cabinet, Overview & Scrutiny and Council, respectively).
83. Comparison of diagrams 2 and 3 shows the progression in communication channels that would result should the recommendations be enacted. Key developments here are the move from separate meetings between the line management of Healthy Hillingdon through EYL and the Cabinet Member for EYL, and between the Director of Social Services and the Cabinet Member with responsibility for health promotion. Diagram 3 displays the arrangement set out in recommendation 9: That the above meetings, currently separate as shown in Diagram 2, be joined at regular intervals so as to enable full reporting from officers to the two Cabinet Members with responsibilities for the areas covered by Healthy Hillingdon.
84. The presence of the Director of Social Services at these periodic meetings also serves to join up these meetings with the views and work of the Health & Social Care Executive and the Corporate Health Group. It is recommended in this report that these two officer-level strategy groups receive Healthy Hillingdon's work programme and contribute to the development of priorities and actions. This is shown by the change of the links between Healthy Hillingdon and the CHG and HSCE from 'participates in' to 'reports into'. The Director of Social Services is co-Chairman of the HSCE and Chairman of the CHG, so these officer-level groups are integrated into the reporting to Cabinet Members through the above periodic meetings.
85. As mentioned earlier, it is suggested that these fuller meetings would be on a six monthly basis, thus preserving the current relationship and reporting of other factors and issues within the respective service area / Cabinet Member relationship.
86. The line management of Healthy Hillingdon is seen as best remaining where it currently is – in EYL. This is based on the extent of work undertaken by Healthy Hillingdon in schools and the educative nature of health promotion in all age ranges. EYL is also used to providing for both mainstream and vulnerable people and groups. Due to the historical development of Healthy Hillingdon, the majority of the Council's funding contribution goes through EYL and is associated with the work undertaken in schools. It makes sense that EYL should continue to coordinate Council demands on Healthy Hillingdon's work programme. In addition, EYL already has extensive line management knowledge of Healthy Hillingdon that would be lost if the line management of Healthy Hillingdon was transferred elsewhere.

87. The alternative options for positioning the line management of Healthy Hillingdon in the Council are in Social Services or the corporate centre. These options are not considered as beneficial as the current arrangement. It is recognised that Social Services' focus on vulnerable people could help focus Healthy Hillingdon on most 'at risk' groups, BUT key parts of Healthy Hillingdon's activity is aimed at keeping fit people healthy. Social Services have recently integrated with Housing so there is experience of taking over new management responsibilities, BUT this recent integration may still be being 'digested'.
88. The benefits of locating Healthy Hillingdon in the corporate centre include the fact that health promotion traverses nearly all aspects of Council services; the corporate centre is used to working across departmental boundaries. Similarly, Healthy Hillingdon is a partnership and the corporate centre is also used to working with external partners. Placing Healthy Hillingdon in the corporate centre would help insulate it against being over dependent on one service; however, there is little evidence to suggest that Healthy Hillingdon is over dependent on EYL at present.
89. There is also the argument that it does not matter where Healthy Hillingdon is located: if pooled budgets are adopted, the tracing of funding of individual departments is reduced – presenting a 'whole Council' perception of Healthy Hillingdon's funding. Also, since Healthy Hillingdon is internally located, whichever department it is linked to in terms of line management the ability of Healthy Hillingdon to work effectively across all service areas should not be diminished.
90. The Committee took evidence from a representative of an external health promotion organisation⁸ to hear from an independent practitioner how such organisations are structured elsewhere. The Committee considered the pros and cons of these organisational options. The Committee endorse the current arrangement of Healthy Hillingdon being based within the Council.
91. The Committee heard that where such services are based in the PCT, or operate as an arms length body more closely connected to the PCT than to the local authority(s), difficulties are experienced in navigating within the local authorities, reducing the ability of such organisations to achieve effective working partnerships and influencing local authority decision making – which has a greater effect on the wider determinants of health than the actions of NHS bodies (which are primarily concerned with cure, rather than prevention).

⁸ Health First (hosted by Lewisham PCT and delivering health promotion services to the London Boroughs of Lambeth, Southwark, and Lewisham)

Recommendation (HSC)11

That Council and the Cabinet note the benefits of a single-borough health promotion service within the coterminous boundaries of the local authority and the PCT.

Recommendation (HSC)12

That Cabinet and the Council agree that the coterminous structure and partnership between the Council and the PCT represents the most effective way for delivering health promotion in Hillingdon.

Recommendation (HSC)13

That Cabinet and the Council agree that for this partnership structure to be fully effective, clear communication and a strong commitment to joint working between the Council and the PCT is required and that each partner takes full consideration of the implications of their actions on the other partner

92. Recommendations 11, 12, and 13 manifest the Committee's belief in the importance of retaining and developing the present structure of the health promotion partnership, and confirming the commitment to this partnership. Recommendations regarding how the partnership can be developed are given in the next section.

The funding of Healthy Hillingdon

93. As a partnership organisation, Healthy Hillingdon receives funding from the Council, the PCT and central government, via grants and Standards Funds. Details of Healthy Hillingdon's funding, income and expenditure, are given in Table 1. It shows the outcome position for 2003/4 ('actuals') as well as the budget and current forecast outturn for 2004/5. The latter information is currently presented before taking into account the £100,000 saving Council decided on 26th February 2004.

Table 1. Expenditure & Income for Healthy Hillingdon

Description	Actuals 2003/04 £'000	Budget 2004/05 £'000	Forecast outturn 2004/05 £'000
Employees	1,070	989	1,149
Premises	35	53	98
Transport	20	22	22
Supplies and Services	218	214	261
Support Services	2		
Capital Charges	11	10	10
Total Expenditure	1,356	1,288	1,540
Central Government Grants	-214	-31	-31
Primary Care Trust Income	-623	-740	-900
Recharge to Social Services	-50	-50	-50
Other income	-22	-10	-10
Total Income	-909	-831	-991
Net EYL Direct expenditure	447	457	549
Estimated "in-kind" Council budget			
Notional rent (Barra Hall & Fountains Mill)	163		
Apportionment of central overheads	26		
Estimated "in-kind" PCT budget			
PCT Employees	140		
PCT Senior Management input	6		

Note: This information does not take into account the £100,000 saving Council decided in February 2004.

94. Table 2 shows the sources of funding for the Healthy Hillingdon service and includes an estimate made by EYL Finance of the value of resources provided to Healthy Hillingdon in kind and the PCT's in kind contribution. This in kind figure refers to the costs of premises used by Healthy Hillingdon (Barra Hall and Fountains Mill), associated 'housekeeping' costs, and corporate support. Grants from Central Government accounted for about 13% of Healthy Hillingdon's income in 2003/4 but will be only about 2% in 2004/5.

Table 2. Breakdown of Sources of Healthy Hillingdon's Funding

Description	Actuals 2003/04		Budget 2004/05		Forecast Outturn 2004/05	
	£'000s	%	£'000s	%	£'000s	%
Central Government Grants	214	13	31	2	31	2
PCT Expenditure	622	37	740	46	900	48
PCT 'In Kind'	146	9	146	9	146	8
Other income	22	1	10	0.5	10	0.5
Social Services' Expenditure	50	3	50	3	50	2.5
EYL Expenditure	448	26	457	28.5	549	29
LBH 'In-Kind' Expenditure	189	11	189	11	189	10
LBH Total	687	40	696	42.5	788	41.5
Total Budget	1691	100	1593	100	1875	100

Note: This information does not take into account the £100,000 saving Council decided in February 2004.

95. Table 3 shows the budget figures and percentages of the partnership funding budget – Council and PCT – for 2004/5 assuming the £100,000 saving is implemented. This confirms the comparative decline in the proportion of Council funding for the Healthy Hillingdon service, from 47% between the two partners in 2003/4 to a forecast of 40% for 2004/5. Concerns were expressed to the Committee that should the Council's share of funding continue to reduce, the PCT will consider withdrawing funds from its contribution to the service. This would therefore present a greater threat to the continued performance of Healthy Hillingdon.

Table 3: Spending of Council/PCT partners on Healthy Hillingdon after £100,000 saving to 04/05 Budget.

Description	LBH/PCT Partnership Actual Expenditure 03/04		LBH/PCT Partnership Budget 04		LBH/PCT Partnership Forecast Budget 04	
	£,000s	%	£,000s	%	£,000s	%
SSD Expenditure	50	3	50	3	50	3
EYL Expenditure	448	31	357	24	449	26
LBH In-kind Expenditure	189	13	189	13	189	11
Total LBH Expenditure	687	47	596	40	688	40
PCT 'In Kind'	146	10	146	10	146	8
PCT Expenditure	622	43	740	50	900	52
Total PCT Expenditure	768	53	886	60	1046	60
Partnership Total	1455	100	1482	100	1734	100

96. The Healthy Hillingdon service has been operating a 'virtual pooled budget' as far as possible. This means the resources have been considered as pooled, without being formally arranged as pooled, therefore, although some funding streams are specific to certain outcomes, other resources can be used in a more flexible way. The PCT has facilitated this by not fully ring-fencing its funding. Some monies from the PCT are, however, given for specific project work and for achieving certain deliverable targets. The PCT's Director of Public Health stated that Healthy Hillingdon's managerial discretion has been considered appropriate for allocation of resources in most instances, although this arrangement should be formalised for future working.

97. The grant-aided funds Healthy Hillingdon expects to receive in 2004/5 and which are ring-fenced, include:

Young People's Substance Misuse	£118k	from Home Office
HIV / AIDS	£228k	from PCT
Health Promotion NSFs (National Service Frameworks Standards Fund 204B Schools Life Education from Community Against Drugs (CAD) for BSCF (Building Safer Community Funds)	£334k £31k £40k	from PCT from DfES from Home Office

Other contributions from other sources, including the PCT, arise throughout the year through bids and recharges for specific posts and tied to projects (e.g. Teenage Pregnancy and Smoking Cessation).

Expected as at 31st March (estimated at period 4)	£78k
--	-------------

Total	£829k
--------------	--------------

Therefore ring-fenced funds form about 44% ($829 \div 1875 \times 100$) of Healthy Hillingdon's total expected income in 2004/5.

98. Healthy Hillingdon had an underspend of £160,000 of PCT money in 2003/4. That funding remained with Healthy Hillingdon on the understanding that the projects concerned will be delivered, namely on:

- Improving the life chances and educational attainment of looked after children
- Training for professionals on national and local trends around inequalities
- Dissemination of the evidence base and national research to inform strategy and policy development, and
- HIV and Sexual Health promotion co-ordination across the borough.

99. The Committee considered the implications that the £100,000 funding cut would have on Healthy Hillingdon. The current PCT programmes of work require specialist health promotion and public health skills, these are unlikely to be reduced as they are funded primarily by funding from the PCT; the ringfenced monies given above are allocated on condition that certain outcomes are achieved. A reduction to the funding contribution from the Council will therefore affect those projects that are resourced from EYL funding streams, and other posts that are not particular to PCT projects. This is the only way work could be halted without external funding also being lost, which would further hinder the delivery of services.

100. The Committee was advised that, due to the prevalence of issues such as nutrition and physical activity in children, removal of provision to health promotion in schools could serve to either destabilise the partnership with the PCT or prompt the PCT to withdraw funding to be focussed on the issue via other methods. The projects that could be halted which do not affect PCT objectives are the school-based counselling services and counselling at LINK.

101. The posts that will be affected by halting this project work are those requiring qualified British Association for Counselling and Psychotherapy (BACP) counsellors whose work centres on supporting vulnerable young people, including those at risk of exclusion. The effects therefore would be to remove a line of support to these young people, the consequences of which could be damaging to their development.

102. The majority of Healthy Hillingdon staff is employed by the Council (see Table 4). This is largely due to the historical development of Healthy Hillingdon. PCT employees are paid directly by the PCT. The Committee heard that to accommodate the saving of £100,000, deletion of some posts would be necessary. Due to the length of service of the Council employees in Healthy Hillingdon, the redundancy costs would be high. Consequently, to match the saving required, as many as five or six posts may need to be deleted.

Table 4. Employees by Project and Employer

	Council	PCT
Young People's Support Services	11	3
LINK	4	
LIFE Education	2	
Schools Team	6	
Teenage Pregnancy	1	1
Pyramid Trust	1	
Community Team Capacity Building	11	
Total Employees	36	4

103. In the Interim Reports to Cabinet (15th July and 12th August 2004), the Education OSC and the Health & Social Care OSC recommended that the £100,000 be put back into the Healthy Hillingdon budget for 2004/5. (The Interim Reports can be found in the appendices)
104. The Committee welcomed the decision of Cabinet made on 12th August 2004 to reallocate the £100,000 to Healthy Hillingdon for the year 2004/5. This reallocation has removed the immediate fears of redundancies.

Recommendation (HSC)14

The Committee notes the decision of the Cabinet of 12th August 2004 to release the sum of £100,000 into Healthy Hillingdon's budget.

The Committee, following the initial recommendations of the Interim Reports, presents as a final recommendation the need for the £100,000 to be released into Healthy Hillingdon's budget for 2004/5.

105. The Committee continued to receive evidence on the issues of funding and partnership arrangements. The Committee was informed that a verbal agreement of shared risk exists between the Council and the PCT. However this is not a written agreement. The Committee put questions concerning the partnership arrangements, including the issue of risk sharing to Dr Hilary Pickles, Director of Public Health, Hillingdon PCT. Dr Pickles stated that:

“Healthy Hillingdon was an innovative model of a health promotion service, and I believe partners wanted time for it to develop and assess its success before formalising arrangements. Subsequently the Health and Social Care Executive agreed to the development of a Section 31 partnership agreement for Healthy Hillingdon. This agreement was drafted but not ratified.

I consider that the time has now come to develop a more formalised partnership agreement....Risk sharing should be across Healthy Hillingdon as a whole, with the exception of major projects funded by one partner.” (Minutes, 24/08/04)

106. The Committee notes with concern the current lack of formal agreement between the Council and the PCT regarding the sharing of risk. The Committee supports the principles of the partnership and also believes that there should be a formalised partnership agreement between the Council and the PCT.

Recommendation (HSC)15

That appropriate action is taken to formalise the Healthy Hillingdon partnership between the Council and the PCT regarding financial risk sharing.

107. It is hoped that this will create a more robust partnership, with solid legalised foundations. This formalisation would provide not only a clearer, organised structure of partner responsibilities, but also a base from which further organisational development can occur.

108. On the issue of pooled budgets, the Committee believes that actions should be taken to pursue the establishment of such arrangements:

Recommendation (HSC)16

That Cabinet ask Corporate Finance officers to consult with the Primary Care Trust, Healthy Hillingdon management and appropriate Council service area directors, with a view to establishing formalised pooled budgets between the Council and the PCT for the Healthy Hillingdon partnership.

109. Pooled budgets will give greater flexibility to Healthy Hillingdon in delivering appropriate projects as required by the needs of the local communities. This will enhance the power of Healthy Hillingdon to positively affect the local population and ameliorate the public health of the borough. Removal of the current streamed funding arrangement will not remove the lines of financial accountability. A full explanation of the financial accountability arrangements could be requested as part of the reporting back to Cabinet following the recommended consultation.

110. The Committee recognises that some health promotion activities require action and evaluation of effectiveness to occur over a prolonged period. To further allow the Healthy Hillingdon service to develop its ability to plan and deliver effective projects, the Committee believes that funding levels should be indicated in advance of the current arrangements for allocating budgets for the following financial year. Advance indication of funding levels will enable greater planning of the various phases of projects, investment in the continuous professional development (CPD) of staff, and thereby allow planned whole-service development, which is currently limited under the year-on-year evolution of budget allocation.

Recommendation (HSC)17

That the Council and the PCT present medium term financial forecasts (3 year forecast) for Healthy Hillingdon, with actual receipt of forecast monies dependent on member agreement following consideration of Healthy Hillingdon's Service Plan, including funding use plans and evidence of need and effectiveness to Overview & Scrutiny and to Cabinet.

111. This recommendation will permit longer-term project planning and connected strategic planning action by Healthy Hillingdon and provide a greater amount of job security for Healthy Hillingdon's staff. Recommendation 17 is dependent on recommendations 4 and 5 being implemented – that a thorough Service Plan is to be produced, and that it will go to Cabinet and Overview & Scrutiny during the budget-setting process.

Priority setting and health promotion activities

112. The Committee supports the evidence-based orientation of project planning and commissioning in Healthy Hillingdon and notes the need to maintain and develop effective evaluation of projects – the uptake or community reach of activities provided, the views and responses of those involved (stakeholders and clients), the health effects (where measurable) of the activities provided, and subsequently, the cost-effectiveness of the project as a whole. Recommendation 18 reflects this support.

Recommendation (HSC)18

That Healthy Hillingdon continues its use of evidence-based planning and seeks to further develop methods of evaluation of project effectiveness and, where possible, the impact on the community made by health promotion activities.

113. Review of future priorities and activities will be possible should recommendations 4, 5, and 6 be implemented. This will allow member-level involvement in the setting of target areas. Implementation of recommendation 10 would advance the cross-partner input into the Service Plan for Healthy Hillingdon, developing the input of the partner organisations at a senior officer level. This would ensure that practitioner managers and democratically accountable Members would be involved in the work setting and steering of Healthy Hillingdon.

Section 3

FINAL REPORT FROM THE EDUCATION OVERVIEW AND SCRUTINY COMMITTEE

HEALTH PROMOTION IN HILLINGDON

Members of the Committee

Cllr Brian Crowe
Cllr Peter Curling (Vice-Chairman)
Cllr Michael Gettleson
Cllr Margaret Grant
Cllr John Hensley
Cllr Peter Ryerson (Chairman)
Cllr Paramjit Sethi



Other Representatives

Reverend Doug Cave
Tony Little
Vanessa Thornborough

Chairman's foreword



I am very pleased to present this report of the Education Overview & Scrutiny Committee investigation into the role, responsibilities and accountability of Healthy Hillingdon.

This Committee has held seven meetings – including a joint meeting with Health & Social Care O&S – and has interviewed the Cabinet Member for Social Services, the Director of Public Health, and Officers from Healthy Hillingdon, as well as reading and discussing a multitude of background papers.

I would like to commend the professionalism of the Officers from Healthy Hillingdon, who were unfailingly courteous, patient and helpful, in what was for them was a very trying time. I would also like to place on public record my appreciation of the co-operative and positive approach of the PCT, as expressed by the Director of Public Health.

It has become apparent that Healthy Hillingdon - an organisation that has secured national recognition – is a very valuable asset to the Council, and it needs support and stability to enable it to continue its good work.

I would like to thank the other members of the Committee, who have had to endure long meetings, extra meetings, a massive amount of paperwork, and a tight time-scale. Lastly, a big thank you to the Officers from Democratic Services who have organised our meetings, supplied the information, arranged speakers etc. Without their support this report would not have been written.

The recommendations of the Committee have been reached following detailed examination of the facts, and are the recommendations of the whole Committee.

I commend the report.

Peter Ryerson

Findings and recommendations

114. The Committee shares the sentiments expressed by the Health & Social Care OSC in that Committee's first three recommendations (repeated here):

Recommendation 1

That the Council should continue to take a leading role in promoting better health for the people of Hillingdon.

Recommendation 2

That health promotion should be recognised as a key component in the policies of the Council and its partners, and extends across the whole range of service provision and regulation.

115. The Committee believes that it should be recognised where the Council can have a positive influence on the health and well-being of the community and that appropriate action be taken should there be proven evidence of effectiveness and cost benefit. Service areas within the Council are therefore encouraged to examine the health implications of policies and strategies being planned and currently operational to identify where health impacts lie, so that the Council and its partners can better address issues of public health where and when necessary. The current practices are generally endorsed by the Committee and it is hoped that the partnership and service will be improved by the recommendations submitted within this report.

Recommendation 3

That the model of providing specific health promotion activities through Healthy Hillingdon is a best-practice model, bringing the advantages of a partnership working with the PCT and clarity of focus in serving the people of Hillingdon. And that this model should continue to be supported by the Council

The structure of Healthy Hillingdon –

116. The Committee took evidence from the Director of Public Health at Hillingdon PCT about the current partnership arrangements between the Council and the PCT for the Healthy Hillingdon service, and Healthy Hillingdon's use of money from both partners. The Committee considered the financial situation in light of the budgets pressures, intended service development, and comparative analysis of the pros and cons of different options for service structure.

117. The Committee heard of the benefits of having a health promotion service within the local authority, rather than at arms length or located within the local NHS economy. The retention of Healthy Hillingdon as a partnership and based within the Council presents benefits in that the advisory services provided to group areas within the Council are easier to establish and maintain, making joint working more effective and increasing the potential to positively influence Council projects or policy across a wider area.
118. The Committee expressed concern at the lack of formalised partnership arrangements. Recommendations 1 and 2 serve to address these concerns.

Recommendation (Ed)4.

The Committee recommends that the partnership basis and funding arrangements for costs currently considered as 'in kind' be formalised.

Recommendation (Ed)5.

The Committee recommends that arrangements for sharing risk, for example redundancy costs, be formalised with the PCT. The Committee recommends that this should be shared proportionately between the two partner organisations.

The funding of Healthy Hillingdon –

119. The Committee received evidence on the priority setting for future projects and those projects / schemes already operational. The Committee considered these in the context of the funding cut and the pressures of relocation currently impinging on service delivery.
120. The Committee applauds the work of Healthy Hillingdon and noted the potential of redundancy measures should the funding cut have been maintained. The Committee notes and welcomes the decision of Cabinet on 12th August 2004 to put the £100,000 back into Healthy Hillingdon's budget.

Recommendation (Ed)6.

The Committee notes the decision of Cabinet on 12th August, and further to the initial recommendation in the First Interim Report to Cabinet from this Committee, the Committee submits as a final recommendation that the sum of £100,000 be kept in the Healthy Hillingdon budget for 2004/5.

Priority setting and health promotion activities –

121. Throughout the review the Committee was keen to ensure that projects and services run by Healthy Hillingdon could be assured of offering value for money. The Committee notes that in the absence of easily quantifiable evaluative methods, the most effective way of maintaining a good value service is through the operation of a policy ensuring proposed projects have a proven track record in method and target audience. Healthy Hillingdon's use of a strong evidence base for planned projects is seen as the most effective means of achieving this.

Recommendation (Ed)7.

The Committee endorses the use of evidence-based policies for identifying project methods and health promotion techniques in the borough's schools.

122. The Committee considered the current priorities of the Healthy Hillingdon service and proposed topics that should be looked at in the future to benefit the local community. Recommendation 8 presents these suggestions. The Committee noted that these could be reviewed when Healthy Hillingdon reports back to Overview and Scrutiny (recommendation 10, and recommendations 4 – 7 from the Health & Social Care OSC).

Recommendation (Ed)8.

The Committee preliminarily suggests that the following topics be considered alongside current priorities by Healthy Hillingdon;

- a. **The health and well-being of disabled children**
- b. **Informing parents about nutritional needs and their ability to advance the healthy eating habits of their children**
- c. **Development of the Pyramid Club**
- d. **Healthy Hillingdon's role as a health promotion advisory service to other Council services**
- e. **Looked-After Children.**

Recommendation (Ed)9

That the possibility of establishing a Service Level Agreement between Healthy Hillingdon and the Youth Service for the provision of counselling services through LINK

Recommendation (Ed)10.

The Committee recommends that Healthy Hillingdon report on an annual basis back to Members about the planned priorities and activities for the forthcoming year and provide evaluative information of those projects already undertaken.

123. To maintain the cost-effectiveness of the service, the Committee noted the need for effective evaluation to operate alongside the use during the planning phase of evidence of effectiveness gathered from elsewhere.

Section 4

CLOSING WORD, ACKNOWLEDGEMENTS AND APPENDICES

Closing word

124. This review, as contributed to by both the Health & Social Care OSC and the Education OSC, has demonstrated that the current Healthy Hillingdon partnership basis and reporting framework (in particular the links between officer level and member level decision-making arrangements) require close attention and remedy, should the Healthy Hillingdon service obtain the security and public accountability deemed necessary.
125. The Committees warmly welcome actions taken to prevent the occurrence of ill health and to promote well-being. The Committees are concerned that these actions should be cost-effective and appropriate to the communities of the borough, regular reporting from officers to the responsible Cabinet Members and to Overview & Scrutiny should provide the means for the priorities and planned actions to be approved, and for past projects to be assessed.

Acknowledgements

126. The Committees convey thanks to all officers from Healthy Hillingdon, Hillingdon PCT, Health First, EYL and Corporate Finance who contributed to the review; in particular to;

Angela Flux

Roger Turner

Dr Hilary Pickles

Terry Kelly

Andrew Knight

Patricia Blackshire

Hugh Dunnachie

Ros Band

Martyn Callister

Leigh Whitehouse

Carol Jones

and also to Cllr David Simmonds for his participation and contribution.

Appendix 1 – Recommendation Action Plan

Recommendations from the Health & Social Care Overview & Scrutiny Committee.

	Recommendation Made	Request Action By	Feedback to Committee
1.	That the Council should continue to take a leading role in promoting better health for the people of Hillingdon	Council	
2.	That health promotion should be recognised as a key component in the policies of the Council and its partners, and extends across the whole range of service provision and regulation.	Council PCT Service departments	
3.	That the model of providing specific health promotion activities through Healthy Hillingdon is a best-practice model, bringing the advantages of a partnership working with the PCT and clarity of focus in serving the people of Hillingdon. And that this model should continue to be supported by the Council		
4.	That Healthy Hillingdon produces an Annual Service Plan, detailing all aspects of the service.	Healthy Hillingdon service manager & line managers	Service Plan to be available to Overview & Scrutiny.
5.	That Healthy Hillingdon's Service Plan goes to Cabinet on an annual basis.	Healthy Hillingdon service manager / line manager. Cabinet Office.	Annual Forward Plan item, available to Overview & Scrutiny.

6.	That Healthy Hillingdon's Service Plan and budget-setting information goes to a Joint Overview & Scrutiny meeting on an annual basis.	Healthy Hillingdon service manager / line manager. Overview & Scrutiny Team.	
7.	That the annual Service Plan report on health promotion and the Healthy Hillingdon service goes to full Council on an annual basis.	Healthy Hillingdon service manager / line manager. Cabinet Office.	
8.	That an All-Member Seminar on health promotion and the wider determinants of health be given.	Democratic Services. Healthy Hillingdon service managers.	
9.	That regular meetings between Healthy Hillingdon managers, line-managers, the Director of Social Services, the Portfolio Holder for Health Promotion, the Portfolio Holder for EYL and the Director of Public Health be established.	Cabinet Member for Social Services & Health. Cabinet Member for EYL. Director of Social Services & Deputy Director of EYL	Confirmation of meetings to be communicated back to the Health & Social Care OSC.
10.	That the Health & Social Care Executive receives and signs off Healthy Hillingdon's Service Plan at officer level, and that this plan then goes to Cabinet for Member agreement (recommendation 5).	Healthy Hillingdon management. Health & Social Care Executive.	Confirmation of signing off be communicated back to the Health & Social Care OSC and included in the subsequent covering report to Cabinet.

11.	That Council and the Cabinet note the benefits of a single-borough health promotion service within the coterminous boundaries of the local authority and the PCT.	Council. Cabinet.	That confirmation of noting in official minutes is communicated back to the Health & Social Care OSC. (The noting of this report, without specified omission of this recommendation will satisfy this action).
12.	That Council and the Cabinet agree that the coterminous structure and partnership between the Council and the PCT represents the most effective way for delivering health promotion in Hillingdon.	Council. Cabinet.	That confirmation of noting in official minutes is communicated back to the Health & Social Care OSC. (The noting of this report, without specified omission of this recommendation will satisfy this action).
13.	That Council and the Cabinet agree that for this partnership structure to be fully effective, clear communication and a strong commitment to joint working between the Council and the PCT is required and that each partner takes full consideration of the implications of their actions on the other partner.	Council. Cabinet. PCT	That confirmation of agreement in official minutes is communicated back to the Health & Social Care OSC. (The noting of this report, without specified omission of this recommendation will satisfy this action).

14.	The Committee, following the initial recommendations of the Interim Reports and the Cabinet's decision of 12 th August 2004, presents as a final recommendation the need for the £100,000 to remain in Healthy Hillingdon's budget for 2004/5.	Cabinet.	Any further withdrawal of funding be communicated to Overview & Scrutiny in time for the budget fixing process.
15.	That appropriate action is taken to formalise the Healthy Hillingdon partnership between the Council and the PCT regarding financial risk sharing.	Cabinet (to delegate action to appropriate officers if necessary). Hillingdon PCT.	Details of proposed partnership formalisation agreements to come to Overview & Scrutiny Committee. Confirmation of final agreed partnership arrangement to be communicated to Overview & Scrutiny.
16.	That Cabinet ask Corporate Finance officers to consult with the PCT, Healthy Hillingdon management, and appropriate Council service area directors, with a view to establishing formalised pooled budgets between the Council and the PCT for the Healthy Hillingdon partnership.	Cabinet. Hillingdon PCT.	Details of proposed formalisation agreements to come to Overview & Scrutiny Committee. Confirmation of final agreed partnership arrangement to be communicated to Overview & Scrutiny.
17.	That the Council and the PCT present medium term financial forecasts (3 year forecasts) for Healthy Hillingdon, with actual	Cabinet. Corporate Finance	Details of forecast to come to Overview & Scrutiny with

	receipt of forecast monies dependent on member agreement following consideration of Healthy Hillingdon's Service Plan, including funding use plans and evidence of need and effectiveness to Overview & Scrutiny and to Cabinet.	EYL Finance Hillingdon PCT	Healthy Hillingdon's Service Plan and budgetary information as part of the annual budget setting process
18.	That Healthy Hillingdon continues to use its evidence-based planning and seeks to further develop methods of evaluation of project effectiveness, and, where possible, the impact on the community made by health promotional activities.	Healthy Hillingdon management.	Confirmation of evidence-based approach and evaluative methods used to be included in the Service Plan (recommendation 1).

Recommendations from the Education Overview & Scrutiny Committee

	Recommendation Made	Request Action By	Feedback to Committee
4.	That the partnership basis and funding arrangements for costs currently considered as 'in kind' be formalised.	Cabinet Member for Social Services & Health Cabinet Member for EYL Hillingdon PCT	Arrangements for formalised structure and future funding be seen by Overview & Scrutiny for comment. Confirmation of agreement be communicated back to Overview & Scrutiny.
5.	That arrangements for sharing risk (for example, redundancy costs) be formalised with the PCT. The Committee recommends that this should be shared proportionately between the two partners.	Cabinet Member for Social Services & Health Cabinet Member for EYL Hillingdon PCT	Arrangements for formalised sharing of risk be seen by Overview & Scrutiny for comment. Confirmation of agreement be communicated back to Overview & Scrutiny.
6.	The Committee, following the initial recommendations of the Interim Reports and the Cabinet's decision of 12 th August 2004, presents as a final recommendation the need for the £100,000 to remain in Healthy Hillingdon's budget for 2004/5.	Cabinet	Any further withdrawal of funding be communicated to Overview & Scrutiny in time for the budget fixing process.
7.	The Committee endorses the use of evidence-based policies for identifying project methods and health promotion techniques in the borough's schools.		

8.	<p>That the following topics be considered alongside current priorities by Healthy Hillingdon:</p> <ul style="list-style-type: none"> a. The health and well-being of disabled children b. Informing parents about nutritional needs and their ability to advance the healthy eating habits of their children c. Development of the Pyramid Club d. Healthy Hillingdon's role as a health promotion advisory service to other Council services e. Looked-After Children 	Healthy Hillingdon management.	Assessment of the appropriateness of these project areas to be included in the Service Plan to come to Overview & Scrutiny (in recommendation 6).
9.	<p>That the possibility of establishing a Service Level Agreement between Healthy Hillingdon and the Youth Service for the provision of counselling services through LINK be explored.</p>	Youth Service, Healthy Hillingdon	Results of SLA negotiations to be reported back to the Education OSC.
10.	<p>That Healthy Hillingdon report on an annual basis back to Members about the planned priorities and activities for the forthcoming year and provide evaluative information of those projects already undertaken.</p>	Healthy Hillingdon management	Service Report to come to Overview & Scrutiny.

Appendix 2 – First Interim Report to Cabinet (15th July 2004)



LONDON BOROUGH OF HILLINGDON

EDUCATION OVERVIEW AND SCRUTINY COMMITTEE

2004/5

INTERIM REPORT

HEALTH PROMOTION IN HILLINGDON

Members of the Committee

Cllr Brian Crowe
Cllr Peter Curling (Vice-Chairman)
Cllr Michael Gettleson
Cllr Margaret Grant
Cllr John Hensley
Cllr Peter Ryerson (Chairman)
Cllr Paramjit Sethi

Other Representatives

Reverend Doug Cave
Margaret Linton
Tony Little
Vanessa Thornborough

CONTENTS

Introduction.....Page 1

Terms of Reference.....Page 2

Meetings of the Committee.....Page 3

Status of this Report.....Page 3

Initial Comments to Cabinet.....Page 4

INTRODUCTION

1. On 26th February 2004, as part of the annual tax-setting meeting, Council voted to accept a saving of £100,000 in the budget for Healthy Hillingdon. Healthy Hillingdon is a health promotion partnership between Hillingdon Council and Hillingdon Primary Care Trust (PCT).

2. On 1st April 2004 Cabinet agreed to the recommendation that Overview and Scrutiny conduct a full review of health promotion in Hillingdon, including the work of Healthy Hillingdon, the PCT, schools, Social Services and the voluntary sector; the partnership basis for this work and its funding.

3. The terms of reference for the review are given below. They include provision for a report to be sent to Cabinet in July. The relevant term of reference also allows for subsequent reports to be sent in due course. This report is therefore an interim report to satisfy the term of reference and convey the initial thoughts of the Committee on those areas of the review that have been considered so far.

4. The part of the review undertaken by the Education Overview and Scrutiny Committee was allocated under the power of the Coordinating Overview and Scrutiny Committee to allocate responsibilities to individual OSCs. The arrangements for the review, as proposed by the Borough Solicitor and agreed by the Coordinating Committee are as follows:

4.1 Education and Health and Social Care Overview and Scrutiny Committees undertaking their own independent reviews ... on the understanding that they are brought together. Health and Social Care Overview and Scrutiny Committee would carry out the wider review in accordance with its terms of reference. The Education Overview and Scrutiny Committee would have a narrower remit and would look at Healthy Hillingdon in relation to the Borough's schools.

4.2 When the Education Overview and Scrutiny Committee has completed its review, the Chairman or some other nominated person could attend a meeting of the Health and Social Care Overview and Scrutiny Committee to present its report on its review. This report could then be attached as an appendix to the Health and Social Care Overview and Scrutiny Committee's report.

TERMS OF REFERENCE

5. These terms of reference were agreed by the Coordinating Overview and Scrutiny Committee on April 4th 2004.

5.1 To consider all aspects of health promotion in Hillingdon, including the work of Healthy Hillingdon, in the light of its impact on the communities in Hillingdon and of Healthy Hillingdon's role in delivering local priorities and obligations placed on the Council and the PCT by national policy.

5.2 To take evidence as appropriate from the public, PCT and Council staff, partner organisations and other experts and practitioners in order to review the priorities, funding and partnership basis for health promotion in Hillingdon, including the work of Healthy Hillingdon.

5.3 To advise the Council's Cabinet and the Board of the PCT on the future of health promotion in Hillingdon, including the appropriate level of funding and priorities of the Council/PCT partnership.

5.4 To advise the Council's Cabinet and the Board of the PCT on the structure of the partnership and mutual responsibilities of the partners and on the best means of delivering health promotion in Hillingdon.

5.5 To consider options for, and the implications of, reductions of up to £100,000 in the Council's funding for Healthy Hillingdon in 2004/5 and make recommendations to Cabinet.

5.6 To consider any other matters relevant to the future of health promotion in Hillingdon.

5.7 To prepare a report to the Cabinet and the Board of the PCT for their consideration in July 2004 and, if necessary for the completion of the review, subsequent reports.

MEETINGS OF THE COMMITTEE

6. The Education OSC has met four times to consider health promotion in Hillingdon, the first meeting being held jointly with the Health & Social Care OSC. Evidence considered at those meetings covered:

- Health promotion issues and the rationale behind health promotion actions.
- Healthy Hillingdon's role in delivering on obligations placed on the Council and the PCT by national policy.
- The funding and partnership basis of Healthy Hillingdon
- The structure of the partnership and mutual responsibilities of the partners and the best means of delivering health promotion in Hillingdon.
- To consider options for and implications of, reductions of up to £100,000 in the Council's funding for Healthy Hillingdon

7. The Committee is very grateful to the witnesses and officers who have attended meetings and/or provided evidence for this review.

STATUS OF THIS REPORT

8. The Education OSC considered three options concerning the 'level' of comments to be sent to Cabinet in this Interim Report. These levels were:

8.1 Final comments: These would be considered and informed decisions as to recommendations as to those areas within the terms of reference that require the Committee to advise the Cabinet. These would be taken as the final recommendations of the Committee, and therefore not open to alteration at a later date.

8.2 Initial comments: These would be draft responses / recommendations to elements of the terms of reference and would be open to alterations which would be made clear in the Committee's contribution to the Final Report.

8.3 Progress update: This would cover the topic areas looked at and information received to date, and a synopsis of the next stages in the review's progression. This would not include any final nor initial recommendations.

9. The Committee agreed to option 2, initial comments. At this stage of the review the Committee does not feel that it would be appropriate to present final recommendations to Cabinet. Due to the complexity of the issue and the range of health promotion activities undertaken within the borough, the Committee has yet to receive evidence on some areas covered by the terms of reference. The Committee will therefore use the option granted to it by the terms of reference to present subsequent reports. Because evidence yet to be received may effect the Committee's current thoughts on the main issues, the

Committee reserves the right to add to and amend the following comments should it decide to.

INITIAL COMMENTS TO CABINET

1. Due to the present structure of funding streams for Healthy Hillingdon, the £100,000 cut to the Council's contribution to Healthy Hillingdon will have a disproportionate impact on current levels of health promotion services in the borough's schools. The Committee expresses its concern at the consequences for the borough's children.
2. Having examined the options for models of delivering health promotion used in various authorities and having examined how the arrangements for Healthy Hillingdon have worked, the Committee unanimously believes that the current model of partnership between the Council and Hillingdon Primary Care Trust (PCT) should be maintained. The Committee does not wish to see a return to the previous joint arrangements with Ealing and recognises the strengths and advantages of Healthy Hillingdon being coterminous with the borough and PCT boundaries.
3. The Committee unanimously supports the evidence-based approach to projects undertaken by Healthy Hillingdon and would like to see this approach maintained. The Committee notes the difficulties involved in constructing accurate quantitative measures of the direct effects of health promotion activities. The Committee notes and encourages ongoing work to develop effective measuring of the effects of Healthy Hillingdon's work. The Committee unanimously recommends a continuation and an enhancement of such measuring systems to aid project evaluation and ensure value for money.
4. The Committee unanimously supports moves towards the establishment of pooled budget arrangements for Healthy Hillingdon between the Council and Hillingdon PCT. The Committee notes the importance of a secure source of funding over a longer period and therefore also supports the idea of establishing a rolling programme of funding so as to permit effective forward planning of projects in Healthy Hillingdon.
5. The Committee is unanimous in expressing reservations about the manner in which the £100,000 cut was decided, the short notice given to both members and managers and the consequent difficulties for service planning and in urging the Cabinet to avoid repetition of such circumstances in the future.
6. The Committee unanimously recommends to Cabinet that both the 2005/6 budget and service plans for Healthy Hillingdon should be

reviewed by Overview and Scrutiny as part of the Council's standard budget-setting process.

7. The Committee is not able to recommend upon the appropriate level of funding for 2005/6 onwards on the basis of evidence received to date, but the Committee does urge the Cabinet to reinstate the £100,000 amount for the year 2004/5 so that any agreed change to service levels can be achieved in a properly managed way.

Appendix 3 – Second Interim Report to Cabinet (12th August 2004)



LONDON BOROUGH OF HILLINGDON

**HEALTH & SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE**

**SECOND INTERIM REPORT
AUGUST 2004**

HEALTH PROMOTION IN HILLINGDON

Members of the Committee

Cllr Catherine Dann (Chairman)
Cllr Janet Gardner
Cllr Lee Griffin*
Cllr Shirley Harper-O'Neill
Cllr John Major
Cllr Mary O'Connor (Vice-Chairman)
Cllr Andrew Vernazza



* Cllr David Horne substituted for Cllr Griffin on
23rd June 2004 & 7th July 2004
Cllr Phoday Jarjussey substituted for Cllr Griffin on
27th July 2004

CONTENTS

Introduction.....Page 1

Further Interim Comments to Cabinet.....Page 2

Initial Comments to Cabinet.....Page 3

Supporting Information.....Page 5

* * *

Appendix A – Further Interim Comments by the
Education Overview & Scrutiny Committee.....Page 11

Appendix B – Healthy Hillingdon Service Budget
– Supplementary Report.....Page 12

INTRODUCTION

1. Following Cabinet's request, Overview & Scrutiny have been reviewing Health Promotion in Hillingdon. As requested by Cabinet, Overview & Scrutiny sent an interim report to Cabinet on 15th July 2004.
2. Before considering Overview & Scrutiny's interim comments and recommendations, Cabinet asked for further financial information about Healthy Hillingdon, a partnership organisation between Hillingdon Council and Hillingdon Primary Care Trust (PCT). This report presents the Committee's further interim comments in response to the Cabinet meeting on 15th July 2004, together with financial information which the Committee believe will be sufficient for Cabinet to reach a decision on the earlier Overview & Scrutiny comments.
3. The Education Overview & Scrutiny Committee (OSC) have also met since the last Cabinet. A report presenting only part of the additional financial information was tabled at their meeting on 20th July 2004. Their further interim comment to Cabinet is at Appendix A.
4. The rest of this report is structured as follows:
 - This Committee's further interim comments to Cabinet which we agreed on 27th July 2004 and which we based on the further financial information that is now available.
 - For convenience, the initial interim comments from Overview & Scrutiny.
 - Supporting information about Healthy Hillingdon and its financial background. This includes a report from officers attached at Appendix B that includes responses to questions drafted for us by Corporate Finance.

FURTHER INTERIM COMMENTS TO CABINET

5. The Health & Social Care OSC unanimously endorses the following comments and recommendations to Cabinet:
 - 5.1 The Committee notes the comments expressed at Cabinet on 15th July 2004 on the first Interim Report from Overview & Scrutiny and the offer of assistance from the Finance Directorate in preparing further information on the financial position of Healthy Hillingdon.
 - 5.2 The Committee welcomes the Council Leader's clarification at Cabinet that he supports the work that Healthy Hillingdon does but is concerned about the lack of financial information for Members about the organisation and the need for better accountability arrangements. The Committee also notes that these comments echo conclusions reached in the first Interim Report from Overview & Scrutiny (see next section).
 - 5.3 The Committee confirms the comments it endorsed in the first Interim Report from Overview & Scrutiny.
 - 5.4 The Committee recommends Cabinet, in particular, to accept item 7 in the Interim Report – restoring for 2004/5 the £100k cut from Healthy Hillingdon's budget at the February Council meeting – and asks that Cabinet consider the additional financial information attached to this report as supporting evidence.
 - 5.5 The Committee notes with concern the previous lack of full financial information available to Members on Healthy Hillingdon and recommends that, assuming Healthy Hillingdon continues in its present format, Members receive financial information at least equivalent to that available on any other service funded by the Council.
 - 5.6 The Committee intends to question the Primary Care Trust further, using its health scrutiny powers, about the arrangements the PCT has in place to monitor its grants to Healthy Hillingdon.
 - 5.7 The Committee also asks Cabinet to confirm its support for paragraph 6 of Overview & Scrutiny's first Interim Report i.e. that the Committee unanimously recommends to Cabinet that both the 2005/6 budget and service plans for Healthy Hillingdon should be reviewed by Overview and Scrutiny as part of the Council's standard budget-setting process.

INITIAL COMMENTS TO CABINET

6. The following comments were included in Overview & Scrutiny's first Interim Report to Cabinet (15th July 2004).
- 6.1 Due to the present structure of funding streams for Healthy Hillingdon, the £100,000 cut to the Council's contribution to Healthy Hillingdon will have a disproportionate impact on current levels of health promotion services in the borough's schools. The Committee expresses its concern at the consequences for the borough's children.
- 6.2 Having examined the options for models of delivering health promotion used in various authorities and having examined how the arrangements for Healthy Hillingdon have worked, the Committee unanimously believes that the current model of partnership between the Council and Hillingdon Primary Care Trust (PCT) should be maintained. The Committee does not wish to see a return to the previous joint arrangements with Ealing and recognises the strengths and advantages of Healthy Hillingdon being coterminous with the borough and PCT boundaries.
- 6.3 The Committee unanimously supports the evidence-based approach to projects undertaken by Healthy Hillingdon and would like to see this approach maintained. The Committee notes the difficulties involved in constructing accurate quantitative measures of the direct effects of health promotion activities. The Committee notes and encourages ongoing work to develop effective measuring of the effects of Healthy Hillingdon's work. The Committee unanimously recommends a continuation and an enhancement of such measuring systems to aid project evaluation and ensure value for money.
- 6.4 The Committee unanimously supports moves towards the establishment of pooled budget arrangements for Healthy Hillingdon between the Council and Hillingdon PCT. The Committee notes the importance of a secure source of funding over a longer period and therefore also supports the idea of establishing a rolling programme of funding so as to permit effective forward planning of projects in Healthy Hillingdon.
- 6.5 The Committee is unanimous in expressing reservations about the manner in which the £100,000 cut was decided, the short notice given to both members and managers and the consequent difficulties for service planning and in urging the Cabinet to avoid repetition of such circumstances in the future.

- 6.6 The Committee unanimously recommends to Cabinet that both the 2005/6 budget and service plans for Healthy Hillingdon should be reviewed by Overview and Scrutiny as part of the Council's standard budget-setting process.
- 6.7 The Committee is not able to recommend upon the appropriate level of funding for 2005/6 onwards on the basis of evidence received to date, but the Committee does urge the Cabinet to reinstate the £100,000 amount for the year 2004/5 so that any agreed change to service levels can be achieved in a properly managed way.

SUPPORTING INFORMATION

1. Healthy Hillingdon is run on a partnership basis between Hillingdon Council and Hillingdon Primary Care Trust (PCT). It provides a range of health promotion services within Hillingdon. These are organised using Healthy Hillingdon's staff and premises that are both mostly provided by the Council. Some services are also delivered with the help of other agencies e.g. with schools.
2. Following the comments from Cabinet on Overview & Scrutiny's first Interim Report (15th July 2004) and the offer from the Director of EYL of a more detailed financial breakdown of the Healthy Hillingdon service, the Health & Social Care OSC received further budgetary information, which provides the supporting evidence to this report.
3. Cabinet's concerns on the 15th July included;
 - The need to ensure members understand the totality of Healthy Hillingdon's funding
 - The need to assess the risks in the pressures on Healthy Hillingdon's budget
 - The need to examine the balances transferred from 2003/4 to 2004/5 (including the underspend in the PCT grant to Healthy Hillingdon for 2003/4)
 - The absence of income and expenditure accounts for Healthy Hillingdon
 - The need for greater clarity about joint working arrangements, e.g. which staff are linked to which income stream
 - The need to incorporate in-kind support from the Council for the Healthy Hillingdon service.
4. The following supporting evidence seeks to address these concerns and show why the Committee's recommendations should be endorsed. Further information is also to be found at Appendix B, 'Healthy Hillingdon Service Budget – Supplementary Report'.

Healthy Hillingdon Funding:

5. Details of Healthy Hillingdon's funding, income and expenditure, are given in Table 1 (overleaf). It shows the outcome position for 2003/4 ('actuals') as well as the budget and current forecast outturn for 2004/5. The latter information is currently presented before taking into account the £100,000 saving Council decided on 26th February 2004.

Table 1. Expenditure & Income for Healthy Hillingdon

Description	Actuals 2003/04 £'000	Budget 2004/05 £'000	Forecast outturn 2004/05 £'000
Employees	1,070	989	1,149
Premises	35	53	98
Transport	20	22	22
Supplies and Services	218	214	261
Support Services	2		
Capital Charges	11	10	10
Total Expenditure	1,356	1,288	1,540
Central Government Grants	-214	-31	-31
Primary Care Trust Income	-623	-740	-900
Recharge to Social Services	-50	-50	-50
Other income	-22	-10	-10
Total Income	-909	-831	-991
Net EYL Direct expenditure	447	457	549
Estimated "in-kind" Council budget			
Notional rent (Barra Hall & Fountain Mills)	163		
Apportionment of central overheads	26		
Estimated "in-kind" PCT budget			
PCT Employees	140		
PCT Senior Management input	6		

Note: This information does not take into account the £100,000 saving Council decided in February 2004.

6. Table 2 shows the sources of funding for the Healthy Hillingdon service and includes an estimate made by EYL Finance of the value of resources provided to Healthy Hillingdon in kind and the PCT's in kind contribution. Grants from Central Government accounted for about 13% of Healthy Hillingdon's income in 2003/4 but will be only about 2% in 2004/5.

1.1 Table 2. Breakdown of Sources of Healthy Hillingdon's Funding

Description	Actuals 2003/04		1.1.1 Budget 1.1.2 2004/05		Forecast Outturn 2004/05	
	£'000s	%	£'000s	%	£'000s	%
Central Government Grants	214	13	31	2	31	2
PCT Expenditure	622	37	740	46	900	48
PCT 'In Kind'	146	9	146	9	146	8
Other income	22	1	10	0.5	10	0.5
Social Services' Expenditure	50	3	50	3	50	2.5
EYL Expenditure	448	26	457	28.5	549	29
LBH 'In-Kind' Expenditure	189	11	189	11	189	10
LBH Total	687	40	696	42.5	788	41.5
Total Budget	1691	100	1593	100	1875	100

Note: This information does not take into account the £100,000 saving Council decided in February 2004.

7. Table 3 shows the budget figures and percentages of the partnership funding budget – Council and PCT – for 2004/5 assuming the £100,000 saving is implemented. This confirms the comparative decline in the proportion of Council funding for the Healthy Hillingdon service, from 47% between the two partners in 2003/4 to a forecast of 40% for 2004/5. Concerns have been expressed to us that should the Council's share of funding continue to reduce, the PCT will consider withdrawing funds from its contribution to the service.

Table 3: Spending of Council/PCT partners on Healthy Hillingdon after £100,000 saving to 04/05 Budget.

Description	LBH/PCT Partnership Actual Expenditure 03/04		LBH/PCT Partnership Budget 04		LBH/PCT Partnership Forecast Budget 04	
	£,000s	%	£,000s	%	£,000s	%
SSD Expenditure	50	3	50	3	50	3
EYL Expenditure	448	31	357	24	449	26
LBH In-kind Expenditure	189	13	189	13	189	11
Total LBH Expenditure	687	47	596	40	688	40
PCT 'In Kind'	146	10	146	10	146	8
PCT Expenditure	622	43	740	50	900	52
Total PCT Expenditure	768	53	886	60	1046	60
Partnership Total	1455	100	1482	100	1734	100

Ring-fenced monies

8. The Healthy Hillingdon service has been operating a 'virtual pooled budget' as far as possible. This means the resources have been considered as pooled, without being formally arranged as pooled, therefore, although some funding streams are specific to certain outcomes, other resources can be used in a more flexible way. The PCT has facilitated this by not fully ring-fencing its funding. Some monies from the PCT are, however, given for specific project work and for achieving certain deliverable targets. The PCT's Director of Public Health has stated that Healthy Hillingdon's managerial discretion is appropriate for allocation of resources in most instances.
9. The grant-aided funds Healthy Hillingdon expects to receive in 2004/5 and which are ring-fenced, include:

Young People's Substance Misuse	£118k	from Home Office
HIV / AIDS	£228k	from PCT
Health Promotion NSFs (National Service Frameworks Standards Fund 204B Schools Life Education from Community Against Drugs (CAD) for BSCF (Building Safer Community Funds)	£334k £31k £40k	from PCT from DfES from Home Office

Other contributions from other sources, including the PCT, arise throughout the year through bids and recharges for specific posts and tied to projects (e.g. Teenage Pregnancy and Smoking Cessation).

Expected as at 31st March (estimated at period 4)	£78k
--	-------------

Total	£829k
--------------	--------------

10. Ring-fenced funds form about 44% ($829 \div 1875 \times 100$) of Healthy Hillingdon's total expected income in 2004/5.

Where the saving will fall

11. Although the PCT allows managerial discretion regarding allocation of funds across projects outside of ring-fenced monies, the PCT's funding and goodwill remain dependent on objectives and targets being delivered. The current PCT programmes of work require specialist health promotion and public health skills. A reduction to the funding contribution from the Council will therefore affect those projects that are resourced from Education, Youth & Leisure (EYL) funding streams, and other posts that are not particular to PCT projects. This is the only way work could be halted without external funding also being lost.

12. Officers have advised the Committee that, due to the prevalence of issues such as nutrition and physical activity in children, removal of provision to health promotion in schools could serve to either destabilise the partnership with the PCT or prompt the PCT to withdraw funding to be focussed on the issue via other methods. The projects that could be halted which do not affect PCT objectives are the school-based counselling services and counselling at LINK.
13. The posts that will be affected by halting this project work are those requiring qualified British Association for Counselling and Psychotherapy (BACP) counsellors whose work centres on supporting vulnerable young people, including those at risk of exclusion. The effects therefore would be to remove a line of support to these young people, the consequences of which could be damaging to their development.

Risk sharing

14. The majority of Healthy Hillingdon staff are employed by the Council (see Table 4). Officers advise us that this pattern is largely due to the historical development of Healthy Hillingdon. PCT employees are paid directly by the PCT.
15. To accommodate the saving of £100,000, deletion of some posts would be necessary. Due to the length of service of the Council employees in Healthy Hillingdon, the redundancy costs would be high. Consequently, to match the saving required, as many as five or six posts may need to be deleted.

Table 4. Employees by Project and Employer

	1.2 Council	1.3 PCT
Young People's Support Services	11	3
LINK	4	
LIFE Education	2	
Schools Team	6	
Teenage Pregnancy	1	1
Pyramid Trust	1	
Community Team Capacity Building	11	
Total Employees	36	4

16. A verbal agreement of shared risk exists between the Council and the PCT. However this is not a written agreement. Negotiations would need to be undertaken with the PCT to put into effect the verbal agreement of shared risk, and initially redundancy costs would fall on the Council.
17. We are very concerned that there can be no guarantee that redundancy costs will be shared and that Members appear not to have

been made aware of this position before the Council agreed the saving in February. The Committee will make specific recommendations about the basis for the partnership in our final report, including the sharing of risk between the Council and its partners.

18. As with redundancy costs, there is also an “implicit strategy” of shared risks of overspending between the Council and the PCT. The verbal indication from the PCT is that the PCT would assume a 50/50 risk-sharing strategy for both redundancies and overspends. Such an arrangement, if acceptable to the Council, would need to be formalised and will be considered further in the Committee’s Final Report.

The underspend of PCT money

19. The underspend of £160,000 of PCT money in 2003/4 remains with Healthy Hillingdon on the understanding that the projects concerned will be delivered, namely on:
- Improving the life chances and educational attainment of looked after children
 - Training for professionals on national and local trends around inequalities
 - Dissemination of the evidence base and national research to inform strategy and policy development, and
 - HIV and Sexual Health promotion co-ordination across the borough.
20. The Committee have been informed that it is unlikely the PCT would agree to this underspend being directed elsewhere.

Conclusion

21. The Committee believe that the evidence presented above, as well as the evidence received during the review process, provides good reason for the Committee’s comments and recommendations. Further information is given in the Supplementary Report prepared by Healthy Hillingdon and EYL Finance, at Appendix B.

APPENDIX A – FURTHER INTERIM COMMENTS FROM THE EDUCATION OVERVIEW & SCRUTINY COMMITTEE

1. Following consideration of further financial information provided by Healthy Hillingdon and EYL Finance at the meeting held on 20th July 2004, the Education OSC recommends:
 - 1.1 That the £100,000 which was cut from Healthy Hillingdon's budget for 2004/05 be restored for this financial year.
2. One member reserved their position on this statement. Two members agreed the statement subject to the Committee's future receipt of the following information:
 - 2.1 Details of the 'in-kind' costs to the Council regarding the Healthy Hillingdon service
 - 2.2 Details of the consequences for the Council if the £100,000 is replaced from the Contingency funds
 - 2.3 Information to enable the Committee to ascertain what the priority areas for Health Promotion in Hillingdon are, so that should cuts be necessary, they can be made from an informed standpoint.
3. At the time of the meeting the 'in-kind' estimate cost was not available to Members. There has not been a subsequent meeting for the Committee to further consider the estimate or other requested information.

APPENDIX B. HEALTHY HILLINGDON SERVICE BUDGET – SUPPLEMENTARY REPORT (EXTRACT)

Contact Officers: Patricia Blackshire / Martyn Callister
Telephone: 01895 277617 / 01895 277687

SUMMARY

This report is supplementary to the report reviewed by the Education, Youth and Leisure Overview and Scrutiny committee on the 20th July 2004.

The purpose is to provide further information and answer the questions raised by Corporate Finance for the Committee to consider when reviewing Item 4 Healthy Hillingdon Service Budget presented to Education OSC on 20th July and to the Health & Social Care OSC on 27th July 2004.

Please note that references to paragraphs are those paragraphs in the original report, not in the main report to which this Appendix is attached.

INFORMATION

Additional Budget Information:

(Already included in earlier section of this report.)

Questions:

To assist the Committee in reviewing the Healthy Hillingdon Service Budget, Corporate Finance have raised the following questions.

1. Who decides on priorities within the Healthy Hillingdon budget?

The priorities for the service are established following negotiations between the Head of Health Promotion Services, the nominated EYL lead (Roger Turner) and the Director of Public Health.

The priorities are a combination of the PCT objectives stemming from the NHS plan, the community plan and specific requirements and initiatives from the DfES, Department of Health, and Home Office as well as maintenance of the services funded from the Council's budget.

At present, in the absence of a formal partnership structure, there is no fully transparent planning/prioritisation procedure but this is something officers have recommended to the Scrutiny review should be developed for the future.

2. How much funding has strings attached, how much is provided for use at Healthy Hillingdon's discretion?

At present, the PCT has not fully ringfenced its funding, though some elements have been given as project funding for specific work. The PCT Director of Public Health has stated that managerial discretion is

appropriate for allocation of resources to ensure local issues are addressed efficiently.

All the grant-aided funds are ring fenced and include:

- YPSM substance misuse/drugs
- Sexual Health and HIV
- Health Promotion – NSFs

The service has been operating as a pooled budget as far as possible without the necessary structures. Council funding is largely still linked to the services originally merged into Healthy Hillingdon and, apart from the overheads and premises costs, all the cross subsidy at present is going from the PCT to deal with the current budget pressures.

One concern of officers is that the removal of £100k of council funding could lead to the PCT withdrawing its current supportive consent for its funding to be used flexibly to keep the service intact.

3. What projects/areas of work could be halted i) in 2004/05, and ii) in future years, that would not result in funding being lost?

As outlined in the 20th July report (section 4), the areas that could be cut without reference to the PCT or loss of external funding would be aspects of the schools' work and LINK.

The PCT would not want all schools based health promotion to cease given the need for early prevention and forthcoming issues about nutrition, and physical activity for children.

The only project work that Healthy Hillingdon could halt without destabilising the partnership is the school based counselling aimed at prevention of exclusions and LINK.

4. What opportunities would there be to reduce areas of in-house/core work, and re-allocate staff to externally funded work and thereby avoid the need for redundancies?

The current PCT programmes of work require specialist health promotion/public health skills. The London Borough of Hillingdon funded posts affected by this proposed council reduction are qualified BACP counsellors supporting vulnerable young people, so the skills base is very different.

Therefore, it would be difficult to re-allocate staff to externally funded work, because this is front line 1:1 work as opposed to longer-term preventative/organisational or community based interventions.

5. Who bears the financial risk of overspending?

This service has developed an implicit strategy of shared risk between the PCT and London Borough of Hillingdon and this has never been an issue.

Regular budget monitoring and frequent meetings with the PCT on project outcomes have alleviated any budget pressures. The Director of Public Health stated to the Education Overview & Scrutiny Committee that the PCT would assume a 50-50 risks sharing strategy when dealing with redundancies and overspends.

This should be formalised as part of a full partnership agreement.

6. Healthy Hillingdon has carried forward an in-year under-spend, would it carry forward an in-year overspend and meet it from future resources?

The underspend is because the PCT has been content to leave funding allocated but not spent in the expectation the project concerned would be delivered. The PCT could reverse this arrangement, which is why this funding cannot be directed at anything else such as the saving.

An in-year projected overspend would require Healthy Hillingdon re-negotiating with the PCT, the level of project work to alleviate any unnecessary spend in that financial year. Healthy Hillingdon is in continuous discussions with Funding Providers regarding pressures on delivery of projects.

7. Can you provide the Committee with a more detailed breakdown of underspends and overspends at the end of 2003/04 in each of the categories shown in the table at paragraph 2.1 in time for the cabinet meeting on 12th August?

As stated at Q5, the service closely monitors spend to ensure that the service does not incur any overspends at the end of any financial year. The service has never overspent LBH or external funds.

As regards underspends, please also refer to the answer at Q6, the £160,000 underspend for 2003-04 (referred to in 3.3 of paper to OSC 20th July 2004) relates to funding allocated to vacant posts and projects in 2003-04 that have been carried over into this financial year. The breakdown would be £120k for employee costs and £40k supplies and services/project costs.

8. At Cabinet it was stated that audit accounts are available concerning Healthy Hillingdon in the relevant section of the accounts for Hillingdon Council and the PCT. Are you able to provide the Committee with copies of the relevant sections before the Cabinet meeting on 12th August?

Healthy Hillingdon financial outturn forms part of the consolidated accounts of the Council which are subject to the annual audit process as carried out by the Audit Commission. As a consequence there is not a separate audited statement for Healthy Hillingdon.

Spend on specific grants, received from Government departments are required to be audited by the Audit Commission.

As a Council Department, Healthy Hillingdon is part of Internal Audit's 4-year strategic plan, however there has not been a recent review of their activities.

9. Para 3.2 b) – Why does the loss of grant result in a reduced service and a financial pressure? Should it not be one or the other?

The loss of grants does not result in a total reduction in the level of service in year because of staffing commitments, whilst other Service Level Agreements require 12 months notice.

This work is also linked to another PCT funding stream, which could be jeopardised.

Healthy Hillingdon management are working with EYL and Social Services to address the best way to ensure continuity of service provision and future funding for Sexual Health and HIV prevention.

10. Paragraph 5.....6 – “LBH resources have funded historical work” – in what sense? Is this reflected in management accounting reports? Are overspends in other areas ring-fenced?

This paragraph relates to how Healthy Hillingdon was originally set up by the Council and PCT in 1998 and the subsequent incorporation of LINK.

The two original teams (Drug Education Team and HIV Team) were merged. Both had specific remits and base-budget funding to address particular health education needs with children and young people. Healthy Hillingdon has endeavoured to incorporate these priorities within the wider context of developing a comprehensive and specialist health promotion service.

Management accounting reports in Social Services and EYL up to 1998 showed the different funding London Borough of Hillingdon invested in HIV prevention, Drugs Education and LINK.

3. Options for achieving a saving of £0.100 m in 04/05

As described in Section 4 of the 20th July report, the options for achieving a saving of £0.100m are:

- a) Reduce services specifically funded by LBH such as specifically LINK Counselling to vulnerable children and young people and curriculum and policy work in schools across the borough.
- b) This would be achieved through reducing posts in LINK and the schools team. This would include management and administration posts. Because many of the staff have worked for the Council for a

number of years, their redundancy costs against savings would be high. As employer the Council would be liable for these high costs.

4. Options for Healthy Hillingdon Funding for 05/06

Options for the future funding of Healthy Hillingdon should be based on the outcome of the Review of Health Hillingdon by Overview and Scrutiny and in the light of the Cabinet's decision on the budget for 2004/05. Officers propose that the outcomes of the Overview & Scrutiny Review should be discussed with the PCT and incorporated into a proposed formal partnership agreement, which would set out:

- ongoing priorities for core funding at agreed levels by each partner,
- priorities for project funding over agreed timescale (taking into account the likely level of funding from external grants),
- management arrangements, including monitoring and reporting procedures, services planning and budget setting and control,
- risk management strategy, including mutual liabilities and expectations.

The proposed partnership agreement would then be submitted to the Council's Cabinet and the PCT Board by December 2004 at the latest. If agreed, it would be the basis for budget commitments by each partner made as part of the overall budget setting process for 2005/06, which would take into account external grants available for project work.

Appendix 4 – Healthy Hillingdon Service Review 2003/4

Annual Report 2003 - 4



Foreword

This report provides outline details of projects run by Healthy Hillingdon from April 03 to March 04. The year was particularly rewarding, as much infrastructure for health promotion established in the first 2 years of operation has begun to result in successful partnership work. This, in turn, is now beginning to achieve positive, sustainable outcomes for local people.

As the work of Healthy Hillingdon has developed, expertise is confirming the value of partnership work. Effective Health Promotion cannot be the responsibility of one single agency. As a jointly commissioned agency, which works with a wide variety of partners, in the past year we aimed to support projects that used evidence based practice to secure positive health outcomes. We also developed projects that met one or more of the following criteria: assessed needs, informed strategic planning or facilitated organisational learning.

Use of evidence based principles has required the development of a policy of support for those in the community, from all social, religious and political backgrounds, who are engaged in work which builds health promoting environments, policies and programmes. All of our current project work involves collaboration with other agencies and communities that have the collective will to bring about positive change. Strategic planning, analysis of needs and appropriate allocation of resources have been equally important to the achievement of positive outcomes.



Angela Flux Head of Service

Thanks are due to all staff and volunteers who have worked so hard to achieve positive outcomes in 2003-4. Special thanks go to team members, colleagues and volunteers who have persevered and remained constant in their efforts to serve local people throughout Hillingdon. It has been a challenging year with considerable pressures in terms of staffing levels and building works but front line services have continued to be delivered and in key programme areas increased outcomes are evident.

Contents	Page
New service framework	3
Key work areas	3
Health promotion strategy	4
Work with communities	5
Active Lifestyle Promotion	8
Work with schools	9
Working with others	11
Resources and campaigns	13
Training and development	13
Young People's Services	11
Appendix 1: Summary of projects	16
Appendix 2: Background to Healthy Hillingdon	17
Healthy Hillingdon Staff	17
Staff Based at Fountains Mill	17
Appendix 3: Team Structure	18

New Service Framework

In 2003-04 Healthy Hillingdon revised its strategic framework to better facilitate capacity building for the promotion of health and the reduction of health inequalities by services, organisations and community groups that have health promoting roles.

The framework is now providing the basis for programme planning using evidence-based practice and best value principles. It is also being used for the development of improved monitoring and evaluation procedures that will be introduced in 2004-5.

Key work areas

1. Work with senior management in statutory and voluntary sector partners that have a shared commitment to health improvement and the reduction of health inequalities to develop organisational strategy and structures.
2. Implementation of project work that builds capacity for sustainable health promotion. Development of effective systems for needs assessment, monitoring and evaluation.
3. Facilitation of partnership work with statutory and voluntary sector partners to multiply their potential for enabling health gain.
4. Organisation of training and mentoring services for statutory and voluntary sector staff to develop sustainable skills for health promotion and the reduction of health inequalities.
5. Organisation of campaigns and provision of resources that support health promotion and health education initiatives run by the PCT, LBH and the Voluntary Sector
6. Operation of services that address the specific health promotion needs of vulnerable children and young people.

Related activities outlined in the report

- Corporate Health
- Transport strategy - Walks
- Local Improvement Finance Trust (LIFT)
- Older People's Strategy
- Community engagement strategy
- Teenage pregnancy strategy
- Healthy Eating in Schools
- Drugs and Alcohol strategy
- Mental Health Strategy
- Breast Cancer in minority groups
- Older peoples services
- Active Lifestyle Promotion
- Lifestyle referral
- Allotments Promotion
- Youth Awareness Programme
- Hillingdon Women's Centre (HWC)
- Hillingdon Aids Response Trust (HART)
- Groundwork Thames Valley
- School based training
- Professional development workshops with community groups.
- Cultural awareness workshops for social service staff
- Diabetes awareness workshop
- Mental health promotion
- Targeted Substance Misuse Programme on behalf of DAT
- Breast awareness Day
- No smoking Day
- World Aids Day
- Leaflet and poster provision
- Teaching resources
- Evidence based reference library
- Work with vulnerable children and young people
- Counselling for secondary school children at risk of exclusion
- Counselling for young adults at risk of exclusion
- Sorted treatment service for young people with substance misuse and related problems

Health Promotion Strategy

Developing strategy and structures that promote health improvement and reduce health inequalities is a growing part of the work of Healthy Hillingdon. During 2003-4 the management team and health promotion officers were involved in review of existing strategies as well as development of new strategies for Walking, Older people, Healthy Eating in Schools and Community engagement. The following summaries outline work that was in progressed during 03-04.

Corporate Health

Healthy Hillingdon supports strategic work by the LBH Corporate Health Group. Work in 2003-04 has focussed on development of joined up approaches to work that impact on health

Status: Co-ordination of group

Transport Strategy - Walks

Healthy Hillingdon worked with Planning Services to develop the Walks component of Hillingdon's Transport Strategy. The long-term aim of the strategy is to promote Hillingdon as a place where walking is a safe, enjoyable, and a valued leisure activity and also a realistic travel option.

Status: Walking strategy developed. To be submitted to cabinet in 04-05.

Local Improvement Finance Trust (LIFT)

During 03-04 Healthy Hillingdon led work with the Chief Executive's office to implement the Council's involvement in the local NHS LIFT project. The project aims to improve the health of Hillingdon's residents through provision of new primary care facilities such as health centres. In addition to Hillingdon PCT the project also includes Brent and Harrow PCT's and local authorities.

Status: Strategy developed.



Hillingdon Fire Service at the Grassy Meadows health event

Older People's Strategy

Healthy Hillingdon is working with the Joint Strategy Planning Group (JSPG) for Older People to develop a Strategy for Older People that enables people to live active and independent lives for as long a possible. The strategy is being informed by work with local day care services to build capacity for health promotion work with people over 65.

Status: Currently out for consultation to be completed in 04-05

Community Engagement Strategy

Staff are working with Life Long Learning to develop options for enhancing community engagement in council business. The strategy forms part of the HIP programme to improve the effectiveness of council services and draw on the work done by Healthy Hillingdon's Community Team, in 2002-3.

Status: Second draft complete to be submitted to cabinet by HIP in June 04

Health Topic Specific Strategies

1. **Teenage Pregnancy Strategy** and sexual health strategy. Reviewed – New combined plan for development of integrated service for young people to be developed in 04.
2. **Healthy Eating in Schools**. Developed - going out to consultation in April 04 with SIS, schools, school meal providers, and PCT specialists.
3. **Drugs and Alcohol Strategy**. Reviewed – Revised strategy to be developed in 04.
4. **Mental Health Strategy**. Reviewed - New action plan to be developed in 04.

Work with Communities

The Community Team works with professionals and communities to help them address the factors that influence health and wellbeing. During the past year the team has focussed on capacity building activities with the aim of increasing the scale and range of health promoting initiatives across the borough.

In place of the area based approach used in previous years, the team has focussed on establishing and disseminating evidence based health promotion practice through partnership work with statutory services, voluntary agencies and community-based organisations. Emphasis has also been placed on developing a range of projects that address needs across communities and age groups.

Hayes Basketball Court

Aim: To promote the mental and physical health and social inclusion of young men.

The Basketball court on Botwell Green was identified as an area in need of action by the LBH Green Spaces and Leisure Services teams due to a breakdown in community safety stemming from unofficial use of the court even though it was no longer being maintained by the council.

Through co-ordination of partnership with a local community group, local councillors, leisure services, youth services, Groundwork and the police, the court has been brought back into use.

Number of participants: 50 young people

Outcomes: Restoration of court facilities.
Improved community relations.
Young people involved in structured activities and skills development.

Need: Mental Health NSF, Social Inclusion, and Cleaner Safer Borough.



Barnhill Community Centre

Barnhill Community Centre

Aim: Increase community access to health promoting activities focussing on active lifestyles and mental health promotion.

The project involves residents in weekly health related adult education courses. Run in partnership with the Barnhill Initiative Group and Uxbridge College the programme is also informing strategic planning of further community based work in Barnhill.

Number of participants 39

Outcomes: In response to demand an increased range of courses have been planned for 2004

Need: Mental Health NSF, Social Inclusion,



Community litter pick at the Hayes Basketball Court



The Community Café on the Glebe Estate

Glebe Estate

Aim: To establish community based health promotion and development activity.

The Glebe Café project is at the heart of a wider programme that aims to address the health and social needs of residents on the Glebe estate. Over the past year considerable progress has been made as a result of increased community involvement in operation of the project. In addition to providing support for overall operation of the programme Healthy Hillingdon helped the group to run a series of community health events during the year. This has brought professionals from health and Social Services and community members together to develop awareness of local health needs.

Number of participants 150

Outcomes: Increased level of community involvement in the project.
Recognition of the project as an example of good practice by NHS

Need: Mental Health promotion.
Development of social inclusion
Skills development

Building Health Promotion Capacity in Minority Ethnic Groups

Aim: To promote social inclusion and informed access to health services in minority ethnic groups

Following the completion of a review of community based programmes in 2002-3 the team has focussed on developing partnerships between communities and service agencies to promote health and wellbeing. Lessons used from the programme are being used to inform extension of health promotion practice with the wider community across Hillingdon.

- Workshops held with Hillingdon Asian Women's Group (HAWG): menopause, diabetes, healthy eating, drug awareness, breast and cervical cancer.
- Workshops held with Hillingdon Somali Women's Group: TB, Mental health, active lifestyles, and general health promotion issues.
- Workshops held with Hillingdon Somali Advice + Training Service TB, sexual health, diabetes, maternity services, general health promotion issues.

Participants: 100

Outcomes: Development of capacity for project management, enhanced community awareness of health issues and access to health services. Staff development in skills for work with minority groups. Development of a working method that is informing mainstream health promotion work. (See sections on schools, older people, mental health and diabetes)

Need: CHD prevention, Mental Health Promotion, Community Engagement, Social Inclusion

People with Learning Disabilities

Aim: To increase awareness of healthy lifestyles among people with learning disabilities

The health needs of most people with learning disabilities are greater than the rest of the population. They have a higher risk of mental illness and are more prone to chronic health problems, epilepsy and physical and sensory disabilities. As a first step in addressing these needs a one-day event was run with partners from Hillingdon PCT, LBH services and service users. The day focused on engagement of service users and therefore needed to be fun and interactive.

Number of participants: 100

Outcomes: Successful event that served as springboard for future health promotion work in day centres

Need: Mental health promotion
CHD prevention
Cancer prevention
Social inclusion

Breast Cancer in Minority Groups

Aim: To improve professional and community awareness of breast screening options for women from South Asian communities.

Following a survey in 2002 Healthy Hillingdon worked with the Asha Day centre to set up a Breast Care Event in October that brought together local and London-wide health professionals and local residents to discuss ways of improving access to screening services.

Number of participants 70

Outcomes: Information gained from the day is being used to inform work to improve access to screening services.

Need: Cancer prevention, Mental Health Promotion.

Older Peoples Services

Aim: To improve professional and community awareness of options for active lifestyles and the maintenance of independence.

This work is focussing on developing the health promotion capacity of day centres joint work with clients to promote health. The programme also prioritises the development and building of supportive links with other services e.g. health, police, fire, community and voluntary groups. During 03-04 four workshops have been held, one each with the following centres:

- Eastbury Road Day Centre, Northwood
- Grassy Meadow Day Centre, Hayes
- Asha Day Centre, Hayes
- Barnhill Independence Group (BIG): a day centre for people with Sensory and Physical disabilities based in Ruislip

Number of participants 70

Outcomes: Information gained from the day is being used to inform work to improve strategic development of services

Need: Promotion of active, independent lifestyle for older people

Active Lifestyle Promotion

Lifestyle Referral

Aim: To establish referral systems for patients with CHD (and other health needs) to supervised physical activity sessions

The scheme is part of the over all programme to promote healthier lifestyles. The pilot focused on developing a reliable referral system. The second GP referral pilot scheme was run to establish clear referral systems for patients, at risk of CHD related illness.

Participants: 15 enrolled in March 04

Outcomes: Programme to be extended to 100 referrals per year: Apr 04

Need: CHD prevention, Mental Health Promotion, Health Promotion for Diabetic patients, postoperative rehabilitation

Allotments Promotion

Aim: To promote involvement in horticulture as an option for sustained physical activity and mental health promotion.

Partnership work with The Allotments Federation, LBH Green Spaces Team, Lifelong Learning and Groundwork concentrated on projects to encourage use of allotments. These include: An on-site facility for adult education classes at Highgrove allotments, classes are due to start in the summer of 04, project work to build links between schools and allotments.

Impact: 10% Increase in allotment uptake

Outcomes: Development of long-term strategy for allotment use.

Need: CHD prevention, Mental Health Promotion, Community Engagement.



Healthy Walks

The Healthy Walks programme is run in partnership between Healthy Hillingdon and Groundwork Thames Valley. It aims to help people to improve their health and well being while making new friends and exploring the local area.

Healthy walks are led walks, which means:

- sharing motivation!
- safety in a group
- a great social opportunity

Walks are led by trained Walk Leader Volunteers. Everyone is encouraged to walk at their own pace so that you can slowly build up your strength and confidence.

Want to volunteer to lead?
Contact the number below if you want to help lead walks, training will be provided.

All walks are open to everyone!



For more information on Healthy Walks, please call Groundwork Thames Valley on 01895 832662

The Healthy Walks Scheme is now running in Cowley, Harefield and Hillingdon.

New walks are due to start in the summer of 2004

Healthy Walks

Aim: To establish alternative lifestyle referral options

Doorstep walks is now in its second year of operation and part of a wider programme to build capacity for active lifestyle promotion across the borough.

Run in partnership with Groundwork, the scheme now has a team of community volunteers that organise 3 led walks a week.

A further team of volunteers was trained in March 04.

Participants: 103 participants took part in the programme.

Outcomes: In response to demand, plans for 2004 –5 include expansion of the number of walks and inclusion of disabled groups in the programme.

Need: CHD prevention, Mental Health Promotion, Diabetes support.

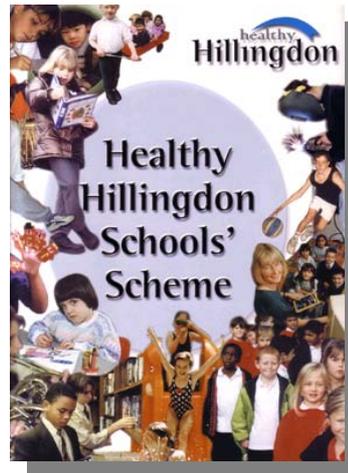
Work with schools

The Schools' Team is developing a whole school approach to health in schools to strengthen health education in the curriculum and reinforce this within the wider school environment. Services provided include: advice and guidance on policy and curriculum development, training on appropriate teaching strategies and learning styles, provision of resources to support health education, support on handling difficult issues (e.g. drug related incidents, pregnancy). Along with other Healthy Hillingdon staff the team is involved in the development of quality standards in peer education, peer support and counselling services.

The team, with partners, is successfully developing the Hillingdon Healthy Schools' Scheme following its accreditation in 2002. In 03-04 the scheme was recognised by the National Healthy Schools' Scheme as an example of good practice because of its use of evidence-based practice and the introduction of a project planning approach to work.

Hillingdon Healthy Schools Scheme

New schools registered in the scheme in 2003-4:	12
Number of schools in scheme:	52
Number of schools involved projects but not registered:	19
Total engaged in HHSS or associated projects in the current working year.	71



Project work with Schools

Project Focus	Number of schools
	S=Secondary P=Primary
Drugs Specific Prevention work	7
Citizenship: Accredited School Councils	2
SRE audited and Drugs Policies Schools audited to date	48
SRE Targeted support	7 [s]
SRE develop peer group education	2
PSHE capacity building programme Project co-ordinator trained. Staff network established.	15
Individual Support for schools	
Drugs Partners: School Nurses EYL	15
Citizenship Partners: EYL	3
SRE Partners: EYL	9
Safety Partners: EYL	9

Research and Development in Schools

Healthy Eating and Environment

The Wanless report emphasised the need to promote active lifestyles and healthy eating among children. A pilot allotment initiative was set up to evaluate the effects of involvement of pupils in horticultural activities on food choice. Early indicators from the project and published evidence suggest that there is potential for expansion of the programme.

Partners Groundwork Thames Valley, Yeading Junior School, Green Spaces team

Number of pupils involved 32



Education for Sustainable Development

Work on the development of a strategic approach to education for sustainable development was started during the year, with a working group made up of Groundwork Thames Valley, BAA Learning Centre, Green Corridor, Wastewatch, SIS, and LBH Quality of Life Co-ordinator

Pilot projects have been started looking at healthy eating and involvement in horticulture and linking creative arts to environmental awareness. Details are given in the Schools section of the report.

Arts and Environment Project run in partnership with Hayes Manor School and Green Corridors.



The programme is involving young people in work to restore park areas and in the expression of feelings for the environment and people in the community.

Young People's Services

Specialist support services for young people are provided at Fountains Mill, Uxbridge. These services are dedicated to the promotion of young people's mental, emotional and social well being through the provision of advice, information, counselling and other forms of support for young people between 11 and 21 years and young adults up to 25 years. Support staff also engage in 'outreach' work at Youth Service premises, Social Services care homes, hostels, Brunel University and Uxbridge College.

Where appropriate all services refer young people on to other services. Specialist advice, information and support are also offered to parents, carers and professionals.

LINK provides an 'out of school' confidential counselling and information service for young adults up to the age of 25 years. Self-referral is possible.

Counselling for Young Adults at Risk of Exclusion

Clients. Total	284
12-19 Male	49
12-19 Female	146
20-25 Male	26
20-25 Female	63

Counselling hours 1900

Guidance for Young Adults 20+ (Jan-Sep 03)

Clients. Total 158

Counselling hours 143

Work with Vulnerable Young People 11 - 21 years old

KISS (Knowledge Information and Social Skills), provides a confidential drop-in service for young people and parents seeking a first point of contact for any health related advice and information – e.g. drugs and alcohol, mental and emotional health difficulties, relationship problems and sexual health issues.

Free condoms and pregnancy testing are also provided.

'Sorted' - provides the specialist (tier3) drugs treatment service for young people up to 21 in Hillingdon, including:

- Counselling , clinical prescribing, advice and support
- Advice and support for parents and carers of young drug users
- Specialist information and guidance for professionals

Activity	Number of young people supported
Drop in support	1092
Outreach work	922
Drugs related assessment and treatment	60

Sorted: Parents and professional Support and advice

Sorted: Young people telephone advice and support

Counselling for Secondary School Children at Risk of Exclusion

School based counselling is available in secondary schools for young people at risk of exclusion. It enables pupils to explore issues affecting their emotional wellbeing and behaviour at school.

Schools using service 6%
(33% of secondary schools)

Clients currently using service 14
(+5 on waiting list)
Session per client (average) 7

Working with others

Healthy Hillingdon works with a wide range of partners either through Service Level Agreements (SLA) or through hosting services in accommodation provided by Healthy Hillingdon.

The aim of the partnerships is to build the capacity and enhance the quality of standards for health promotion across geographic communities and social groups in Hillingdon.

Projects hosted (directly managed with shared staff):

Life Education:

A health education initiative provided for primary schools to prevent drug (including tobacco and alcohol) use in children and young people. This service is provided via two mobile classrooms where age appropriate learning activities are run.

Primary Schools involved	60
Children involved	10,892

The Pyramid Trust:

The trust offers after school clubs for selected, at risk of exclusion or under achieving, children who would benefit from social educational opportunities to build self-esteem.

Number of schools in scheme (There is demand is for 5 additional clubs)	9
Number of children involved	108

Projects hosted (separately managed) in partnership with the PCT:

- Hillingdon Smoking Cessation Team
- Health Opportunities, Promotion and Education
- Teenage Pregnancy Prevention
- Youth Awareness Programme

Projects hosted (separately managed) in partnership with LBH:

- The Children's Fund

SLA's with monitoring and supervision offered to voluntary organisations

Hillingdon Women's Centre (HWC)

- Women at risk of domestic violence, abuse/mental health problems – reported separately by HWC

Hillingdon Aids Response Trust (HART)

- STI education, information and support for men at risk of STI and HIV infection and delivery of staff training on STI's/HIV – reported separately by HART

Groundwork Thames Valley

- SLAs for partnership work on Glebe Café, Walks Programme and Allotments Promotion Project



Life Education work with primary school children

Resources and Campaigns

The Communication, Resources and Information Team provide access to health education materials and information to inform and support health promotion and health education in the borough.

The Resource & Information Centre is increasingly recognised as a valuable resource by those working to promote health across the borough. It currently offers the following range of services:

- An up-to-date collection of books, reports and journals that provide evidence based information on health promotion
- Visual aids including teaching packs with lesson plans, videos, models and learning resources
- Advice on good practice in resource needs assessment
- Practical support for campaign and resources design and implementation
- Access to Internet resources and support on how and where to get the best out of searching the web
- Design facilities to help organisations develop effective displays, leaflets and posters
- Help with access to local and national sources of campaign materials including leaflets, posters and briefing packs



World Aids Day at the Civic Centre

PROMOTING MATERNAL MENTAL HEALTH

New resources for working with Urdu, Chinese, Bengali, Arabic and Somali speaking mothers



Ickenham Health Visitor Clinic

Every Thursday

1.30 – 2.30 pm

If you have a concern that you would like to discuss with a health visitor it would be to your benefit to telephone and make an appointment. This will ensure that you will have 10 minutes with a health visitor.

2.30 – 3.30 pm

No appointment needed. Walk in and weigh. Health visitors available for brief discussions.

Please make an appointment if you need time with the health visitor, or ring us directly and we can discuss alternative arrangements.

Tel: 01895 637286

Ickenham Clinic
Long Lane
Ickenham
Middlesex



Resources produced with service users

Resource Service Monitoring Data

Resources	Number
Leaflets (Non campaign)	23,520
Campaign Leaflets	6,128
Grand Total	28,985

Campaigns

Breast awareness	4,197
No smoking Day	4,540
World Aids Day	2,189

Number of clients given additional support	166
--	-----

Campaign Work with Schools

Support for Healthy Eating	49 Schools out of 55 possible primary schools
Smoking prevention campaign	109 Schools

Training and Development

Our training and development courses help individuals gain the knowledge and skills to undertake effective health promotion. They also provide an opportunity for those engaged in health promotion roles to gain an understanding of evidence-based practice. Mentoring services provided by staff help participants put principles into practice. The team also co-ordinates regular workshops focusing on specific health topics and issues.

School Based Training

Topic	Staff trained
Generic healthy schools training	84
Generic drugs prevention training	144
Generic citizenship training	22
Total	250

Whole school, staff training	Schools
SRE training	8
Emotional health and well being training (staff)	41
PSHE generic training	15
Environment	8
Total	72

Professional Development Workshops with Community Groups

Cultural Awareness Workshops for Social Services Staff

Pilot programme to support culturally sensitive service provision by Home Care Assistants. Two training events were run with Social Services and Northwood Live at Home Scheme and involved Home Care staff and Social Services staff in a programme that outlined factors affecting care for South Asian communities.

Participants: 30

Outcomes: Improved understanding and development of methodology for future work

Aim:

Par

Diabetes Awareness Workshop

Aim: To enhance community and professional understanding of issues surrounding diabetes prevention, treatment and care in South Asian communities

Healthy Hillingdon worked with Hillingdon Local Diabetes Service Advisory Group and the Asha Day Centre to run a one-day workshop for professionals, older Asian people, their families and carers. The event addressed the following issues, podiatry, nutrition, diabetes, vision and physical activity.

Participants: 100community 50 professional

Outcomes: Improved understanding among professionals and community. Establishment of a working model for further work in 04-05

Mental Health Promotion

Aim: To enhance community and professional understanding of issues surrounding mental health promotion.

Healthy Hillingdon worked with Hillingdon Mind and the Riverside Centre to run two one-day workshops for professionals and service users. The first day explored the role of the arts in promoting mental wellbeing. The second day focused on issues surrounding the mental health and well being of minority ethnic communities.

Participants: 120

Outcomes: Enhanced networking. Improved understanding and development of methodology for future work.

Substance Misuse

Aim: Drugs awareness, substance's misuse by young people and training for screening. Assessment, interventions and referrals for ?? (multi agency) working with vulnerable groups

Participants 160 guesstimate

Stopping Smoking

In line with the national drugs strategy Healthy Hillingdon focuses on a whole community approach to early intervention aimed at preventing young people from becoming addicted to tobacco. We also work in partnership with the Smoking Cessation service to provide resources and training for professionals in brief intervention.

Smoking cessation training

Aim: To develop capacity of Nurse Parishioners for delivery of their one smoking cessation advice and support

Healthy Hillingdon co-facilitated delivery of skills training covering: opportunistic advice, informed signposting and development of an integrated service in Hillingdon. The programme is a key part of Hillingdon Stop Smoking Services. 3 sessions were run in 03-04 and will run for a further 7 months.

Participants to date: 33

Outcomes: Evaluation of the first 3 sessions has been highly rated by participants. The development of communication and motivational skills for work with people was felt to be especially important by many participants.

Resources and campaign materials.

The Healthy Hillingdon Resource, Information and Communication service distributed a total of 1,962 resources in support of No Smoking Day in 2004.

At other times teaching aids are supplied to professional involved in prevention or quit programmes. All professional enquiries for information on quit smoking are also referred to the NHS 'Giving up smoking' service. Public enquiries are referred to the Hillingdon Quit Smoking Service. (The number of enquires is not recorded).



Young people and schools

Hillingdon Healthy Schools Scheme. The scheme is developing a whole schools approach to health promotion. This includes use of peer group and whole school approaches to developing awareness of, and resilience to, substance abuse issues - the approach places a strong emphasis on issues relating to smoking. Work is carried out in partnership with school nurses

Numbers involved

In 03-04 all secondary and all primary schools were sent resource packs to coincide with no-smoking day.

4 secondary and 5 primary schools had in schools training events for staff 4 of which were whole staff events.

LIFE EDUCATION (see page 12) programme addressing substance abuse issues in primary schools including smoking –

Primary Schools involved	60
Children involved	10,892

LBH has implemented a no smoking policy in council premises. Healthy Hillingdon is piloting implementation of a ban on all smoking at Fountains mill and is lobbying for extension of the initiative to other youth service.

Appendix 1: Summary of projects

The following charts summarise projects relative to funding and strategic outcomes defined in the Leader’s Statement, The Community Plan and other health related targets.

Appendix 2: Background to Healthy Hillingdon

Before Healthy Hillingdon was set up (in 1998) the (then) Health Authority commissioned from agencies outside the borough. This meant that funding intended for improving the health and wellbeing of local residents was spent on administration of services that were working mainly in other boroughs. In 1998 a decision was made by all political parties to support a proposal of pooling health related projects across the borough (HIV and drugs programmes) and to use it to build capacity in the borough for the achievement of health promotion outcomes that benefited all residents.

Healthy Hillingdon is now a specialist health promotion partnership run jointly by the London Borough of Hillingdon and the Hillingdon Primary Care Trust (PCT).

The service aims to address health promotion across all council groups and adopt a joined up approach to setting priorities and funding levels. Building capacity for the promotion of health is the major focus of our work.

Healthy Hillingdon is part of Life Long Learning in London Borough of Hillingdon's Education, Youth and Leisure Services. The management of the service is placed within EYL with the clear expectation that it has a corporate and across agency remit.

The Head of Service is currently a Hillingdon NHS Primary Care Trust (PCT) post to ensure a close working relationship with the Public Health Department.

Healthy Hillingdon Staff

Name	Work role
Staff Based at Barra Hall	
Angela Flux	Head of Health Promotion
Andrew Knight	Health Promotion Strategy Manager
Catherine Mulcahy	Health Promotion Advisor, Schools Team
Chris Kelly	Administration Officer
Deborah Mbofana	Health Promotion Advisor, Schools Team
Elizabeth Le Breton	Communities Team
Jacqui Davidson	Resource Administration Officer
Jill Lewis	Resource Administration Officer
Julia Heggie	Health Promotion Advisor, Schools Team
Lesley Ledger	Administration Assistant
Nursal Livatyali	Community Profiler, Communities Team
Pat Blackshire	Corporate Health Manager
Priscilla Simpson	Health Promotion Advisor, Community Team
Sarah Durner	Health Promotion Advisor, Communities Team
Tessa Pike	Health Promotion Advisor, Schools Team

Partnership/Project Staff Based at Barra Hall

Carol Page	Teenage Pregnancy Co-ordinator
Celia Armstrong	Teenage Pregnancy Administration Assistant
John Onelum	HOPE Administration Assistant
Jane Cook	Co-ordinator - HOPE
Kathryn Wallace	Pyramid Trust Co-ordinator
Sue Ede	Smoking Cessation Administration Assistant

Staff Based at Fountains Mill

Dennis Ball	Team Leader - Sorted
David Harkins	Sorted - Substance Misuse Nurse Specialist
Reg Straub	Sorted - YOT Substance Misuse Worker
Janette Brent	Drop in and Project Work Co-ordinator
Taj Chana	Drop in and Project Worker
Debbie Cole	Drop in and Project Worker
Caroline Creed	Drop in and Project Worker
Deborah Adams	Drop in and Project Worker
Peter Bradley	Schools Counsellor
Helen Newman	Schools Counsellor
Zaudi Burton	Detached Work Co-ordinator
Priya Kanabar	Detached Worker
Gill Tyson	Schools Work/Life Education Tutor
Ann Watson	Administration Officer
Celia Armstrong	Administration Assistant

Partnership/Project Staff Based at Fountains Mil

Jean Gillen	Life Education Manager and Tutor
David Williams	Children's Fund Manager

Appendix 3: Team Structure

