Tipping the scales!

Centre for Public Scrutiny

accountability, transparency, involvement

A model to measure the return on investment of overview and scrutiny

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Acknowledgements

This publication has been written by Su Turner from the Centre for Public Scrutiny, and Linda Phipps, Independent Consultant and Regional Advocate for the Centre for Public Scrutiny.

We are very grateful to the councillors, officers and partners from the five Scrutiny Development Areas (SDAs) for their hard work and commitment to the programme. We are also grateful to the Expert Advisers who worked alongside and supported the SDAs to develop this innovative approach to scrutiny.

Ministerial foreword

In the first publication from the Centre for Public Scrutiny's Health Inequalities Scrutiny Programme 'Peeling the Onion', the role of councils was highlighted as critical in tackling the many lifestyle and society driven health problems we face, and to reducing health inequalities.

The Health and Social Care Act 2012 puts the people who use services, and those who plan and deliver services, at the heart of decisions about how to improve care. The role of councils remains central to this. The leadership role of individual councillors and the collective action that councils can take to improve public health by bringing people together to develop a common understanding of need and aspiration, and a common desire to change things for the better, is critical.

The Centre for Public Scrutiny is helping Overview and Scrutiny Committees maximise the contribution they can make to improve the health of local people, by showing that scrutiny is a valuable asset that needs resource. If effective, it is a highly respected way of changing ways of working.

This report from the Centre for Public Scrutiny demonstrates that focusing on the 'return on investment' of scrutiny activity can revolutionise the way topics are chosen and outcomes of recommendations are measured.

I am grateful for the contribution made by the Scrutiny Development Areas to our collective knowledge about what works. I hope this will help other areas to make the most of the freedom they now have to break free from traditional ways of working to make a significant difference.

Anne Milton MP
Parliamentary Under Secretary Of State For Public Health

Introduction

The Centre for Public Scrutiny has run a very successful Health Inequalities Scrutiny Programme since 2009. Phase one of the programme brought together the key learning from 10 Scrutiny Development Areas as they trialled new ways of working and sought to develop scrutiny as an effective public health tool. The work was showcased in our publication "Peeling the Onion"[1].

This follow-on programme (phase two) ran until April 2012 and builds on the success of the above work. It was funded by the Department of Health with the following objectives:

- ☑ Support Scrutiny Development Areas to undertake a review of health inequalities – using the guidance from within 'Peeling the Onion'.
- ☑ Continue to promote the value of overview and scrutiny as an effective public health tool.
- ☑ Develop a new and innovative tool that will allow the value and impact of overview and scrutiny to be measured – its return on investment.

Developing the new tool for measuring impact

Overview and scrutiny activity typically produces recommendations about subjects reviewed, but practitioners have not always focused on measuring their impact. Scrutiny of health inequalities provides an opportunity for local leaders and health scrutineers to be able to show that they have had an impact. The Marmot review[2] has shown all too clearly how challenging this is. The idea of looking at what is the impact of health overview and scrutiny – what is its "rate of return" on the investment made – is one that has been met with enthusiasm as a way to develop practice across the spectrum of council scrutiny.

With a range of reforms taking place to how public services are planned and delivered, a greater focus for overview and scrutiny on outcomes and how they are realised is an imperative. In our publication 'Exploiting Opportunities at a Time of Change'[3], we explored this more proactive outcome focused role in more detail – and the value that it can bring to improving health. We think that other aspects of council scrutiny can benefit from this learning.

In the spring of 2011, a small team of CfPS Expert Advisers, a member of the Marmot review team and CfPS staff met to consider how concepts of "rate of return" on investment might usefully be transferred from the world of economics, business and commerce to the world of health and wellbeing. The concept of 'return on investment' is typically used in commercial decision-making, to determine which project(s) have the highest rate of return financially (the highest % return), or will pay back the initial investment the fastest.

1 Peeling the Onion – Learning, Tips and Tools from the Health Inequalities Scrutiny Programme http://cfps.org.uk/phase-one
2 http://www.marmot-review.org.uk/
3 Exploiting Opportunities at a Time of Change - http://cfps.org.uk/publications?item=7008&offset=0

The projects with the highest rate of return/fastest pay-back usually secure investment. Through a range of discussions, the team debated how relevant such concepts were to the world of council scrutiny, what could actually be measured in a health and wellbeing context, as well as the challenge of relating commercial concepts to the world of social capital, community "assets", and immeasurable items.

The issue of timescales was examined – the long-term (even generational) nature of changes in health outcomes and the difficulty of attributing change to a single input activity. However, there were also risks to credibility of having no evidence of outcomes. If overview and scrutiny has no impact, why would we do it? CfPS has therefore created a "tool" which aims to help practitioners:

- ☑ Make overview and scrutiny more robust - focusing on impacts and outcomes.
- ☑ Integrate the policy objectives of the Marmot review into scrutiny reviews and local authority leadership – enabling local leaders to lead on Marmot objectives and outcomes.
- ☑ Embed the wider determinants and their impact on health.
- ☑ Estimate and evaluate the impact of scrutiny recommendations.

The five Scrutiny Development Areas helping to develop this new approach to carrying out a scrutiny review were:

- Adur, Worthing and Arun – Homelessness.
- Haringey – Men's health.
- Rotherham – Morbid obesity.
- Sheffield - Diabetes in the South Asian community.
- Tendring – Falls and fall prevention.

Learning from the Scrutiny Development Areas

This publication is aimed at those councillors and officers involved in an overview and scrutiny role and who have an interest in tackling health inequalities or using the learning from this work to develop a new approach to other non health aspects of council scrutiny. It is also aimed at local leaders, to demonstrate there is a 'business case' for scrutiny. What sets this programme apart from some of the Centre's previous health work is that scrutiny development areas have been helping to test and refine a new way of working – ensuring that the model explained later in this publication benefited from practical local experience, informed by 'action learning' about the practical application of the tool.

Although this publication addresses health inequalities, the principle of the return on investment approach can be applied to any issue. This publication therefore presents a creative approach to scrutiny, explains how each of the scrutiny development areas helped develop it and provides top tips at every stage to help you to implement it locally.

Measuring the impact – a model for measuring the 'Return on Investment' of an overview and scrutiny review

The model is based on **4 stages** of a "scrutiny journey", utilising a variety of tools:

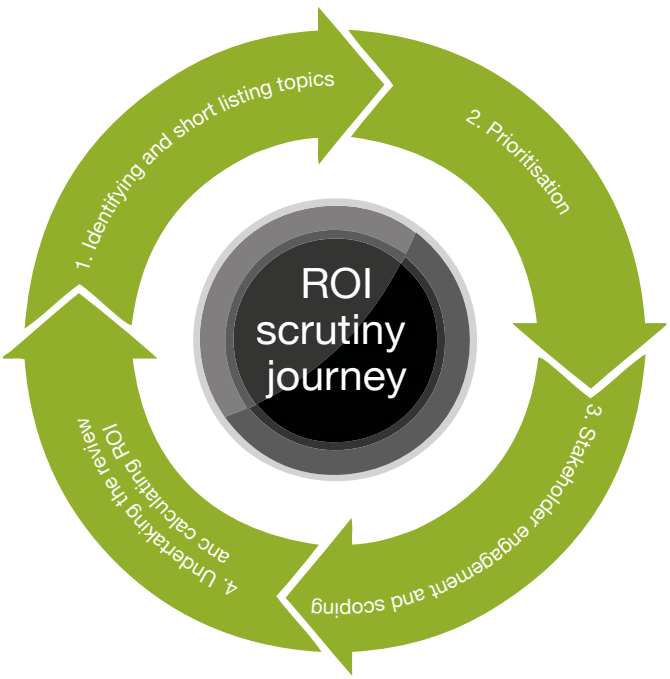
1. **Identifying and short listing topics**: understanding the health inequalities in your area and knowing what strategies to look to, to source ideas for a review of health inequalities.

2. **Prioritisation**: to make a good final decision on which topic to choose, using new 'impact statements' that are linked to the policy objectives of the Marmot review.

3. **Stakeholder engagement and scoping**: broadening out the review via a stakeholder event that uses a wider determinants of health approach to produce the 'Key Lines of Enquiry' for the review.

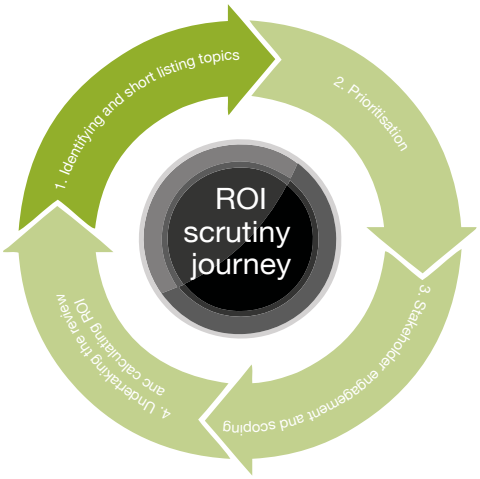
4. **Undertaking the review - designing measures and measuring impact – processes and outcomes**: estimating and evaluating the impact of overview and scrutiny, and testing the ways in which a potential "return on investment" may be calculated – measures of process and outcome impacts.

These stages are explained over the following sections. Each of the Scrutiny Development Areas completed their review over a six month period (however they were also testing and refining the new model at the same time). It is possible to complete the review in less time than this however it is important to give sufficient time to each stage – as not doing so may have an impact on a later stage.



Stage one – identifying topics to review

Identifying and short listing topics



Since the Centre's previous publication "Peeling the Onion", more and more overview and scrutiny committees are beginning to tackle reviews of health inequalities. There is a better awareness of the need to understand local health inequalities; however the breadth of health inequalities can mean that there are often many aspects that an overview and scrutiny committee could choose to review. Therefore the Scrutiny Development Areas identified the need to focus early on to:

- ☑ **Develop a long-list of topics** - getting to understand the health inequalities in an area, how to find the information and who to involve in gathering information.
- ☑ **Develop a short-list of topics** - reducing a high number of potential topics to those most relevant for overview and scrutiny.

Developing a long-list of topics

Developing a long-list of priority topics requires an amount of desktop research to help you to understand health inequalities within your area. Our health inequalities publication 'Peeling the Onion' gave advice on how to produce a long-list of priority topics and also how you could begin to reduce these to a more manageable short-list. In particular it promotes two tools for effective prioritisation. However in summary, there are a number of sources of information to refer to when you are generating ideas for potential topics. These include:

- The **Marmot Review of Health Inequalities in England 2010 Fair Society, Healthy Lives**, opened up a different view of health inequalities and strengthened the link to the wider social and economic determinants of health – such as local council services. Marmot demonstrated that it was not enough to focus on health outcomes and illnesses, but that work to address health inequalities needed to link to the causes of the causes of health inequalities – the wider social and economic determinants.

- **Joint Strategic Needs Assessments** have been in place and refined for a number of years now. The Health and Social Care Act places Joint Strategic Needs Assessments as one of the main drivers for intelligence for health and wellbeing boards and clinical commissioning groups, informing the joint health and wellbeing strategy and commissioning plans. This will ensure that they are a more robust source of information to help areas understand health inequalities that exist locally, and plan for services more effectively.
- **Public Health Staff**, including the Director of Public Health have a vast amount of information and advice that they can give to support the review and identifying a topic for the review. Engaging them early on will enhance the review.
- New priorities adopted by the **health and wellbeing board** and **clinical commissioning groups**.
- **Previous overview and scrutiny reviews** may have been held on this or similar topics that could highlight relevant information and topics.
- **Gaining local understanding** by using the knowledge of local councillors, officers, partners and communities. Intelligence from a range of sources helps to build up a picture of local inequalities that are sometimes missed when referring to data alone, including hidden vulnerable groups. Consider using national data and comparing your area to other similar demographic areas.

Developing a short-list of topics

Having developed a long-list of topics that members of the overview and scrutiny committee could pursue, there will be the need to refine and prioritise. Stage two of the model works best with no more than three or four priorities.

To produce the short-list Scrutiny Development Areas either held short-listing meetings, or produced a summary of the key priorities arising from the contextual documents such as the Joint Strategic Needs Assessment into a short briefing. They used information that they had gathered from the steps above to understand the top three or four priorities for the council partners or community and took these forward to the next stage.

Scrutiny Development Areas – experiences of using stage one

Adur, Arun and Worthing produced a long list of priorities from the Joint Strategic Needs Assessment that encompassed the priorities of the three district councils. They used the guidance within "Peeling the Onion" to produce a short-list for discussion at the first meeting where members could add value by providing local intelligence.

Haringey used information and conversations with the Director of Public Health and the Joint Strategic Needs Assessment to come up with their long-list; they then developed a process for short listing.

Rotherham found that it can be difficult to know where to start. They also found it difficult to negotiate large and complex documents where priorities are not clearly indicated or consistent. To make best use of the sources of information, they used an officer summary and the personal experience of local councillors to add value.

Sheffield referred to the priorities within their Joint Strategic Needs Assessment and used member knowledge to prioritise.

Tendring recognised a risk that scrutiny might be overwhelmed, with over 20 topics initially proposed. The short-listing stage allowed the overall approach of the committee to be unpicked, and to start to focus on the Joint Strategic Needs Assessment and Tendring's own health inequalities strategy. An email questionnaire was developed and sent to all members to develop the shortlist, and incorporate their own experiences as well as the strategy and Joint Strategic Needs Assessment.

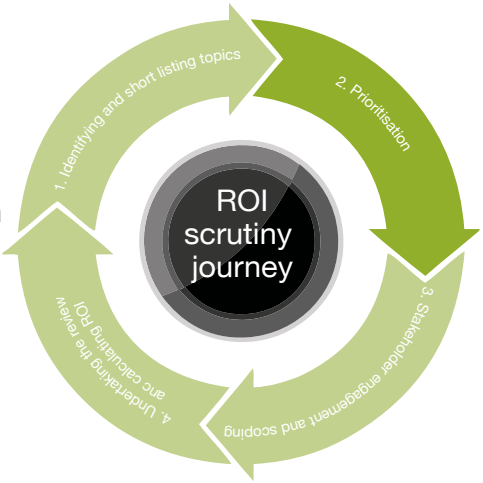
Top tips for stage one

The following tips have been created by the Scrutiny Development Areas – reflecting the things that helped them:

- ☑ Have a clear process/flow chart at the very beginning so all participants understand what they're doing, when and why.
- ☑ Use a mix of published strategies, data and local knowledge to build up a long list of priorities.
- ☑ Don't stick to traditional health or social care services - broaden subjects involved in the long-list, include health related areas such as education, health, crime, unemployment, housing, lifestyles etc.
- ☑ Identify which are the best ways to access information, data and experience about each topic.
- ☑ Identify the time and resources to complete reviews of potential topics.
- ☑ In cases where all the topics are high priority, identify the ones where the overview and scrutiny process can add most value – this is an estimation at this point of perceived value to the council, partners or the community.
- ☑ Consider any previous work of the council, scrutiny committee or NHS organisations on the topics.

Stage two – prioritisation and impact statements

Prioritisation



Stage one created a short-list of priority topics using needs and issues presented in the local Joint Strategic Needs Assessment, strategies and from members' knowledge etc.

The second stage of the process is detailed "**prioritisation**" of the actual topic to choose, and uses the new model for considering the return on investment. Using a more structured approach to choosing topics has the potential to revolutionise the overview and scrutiny process by focusing attention on impact and outcomes from the very start. It is important that this stage involves members and officers, perhaps an officer group producing the impact statement(s) in the first instance and members adding to this at a meeting.

The Prioritisation Stage comprises three steps:

- Step one: thinking about the potential impact of each of your short-listed topics.
- Step two: deciding which one to choose.
- Step three: considering the impact of the review and how you could measure it.

Step one – Producing an Impact Statement

This step requires you to assess the impact that the overview and scrutiny review could have. You need to complete an impact statement for each of your short-listed topics.

The impact statement process has been designed with a member of the Institute of Health Equity and is based on the policy objectives of the Marmot review. You will need to consider how your review could impact on the Marmot policy objectives of:

- ☑ Giving every child a good start in life.
- ☑ Enabling all children, young people and adults to maximise their capabilities and have control over their lives.
- ☑ Creating fair employment and good work for all.
- ☑ Ensuring a healthy standard of living for all.
- ☑ Creating and developing healthy and sustainable places and communities.
- ☑ Strengthening the role and impact of ill health prevention.

Appendix one at the end of this publication offers a template for impact statements. This is based on an impact statement completed by Haringey. The impact statement(s) help you to explore the six Marmot policy objectives in more detail and has prompt questions to help you tease out more information or ideas. There are questions on the Joint Strategic Needs Assessment, how you measure the impact of the actions and recommendations from the review, what influence you may have, and performance to date etc.

It may not be possible to answer all of the points at once, and this could indicate some areas that you could explore later.

In addition to considering the Marmot policy objectives, two further generic questions need to be answered:

- ☑ What ideas do you have about how you could measure the difference made by your scrutiny review?
- ☑ What do you think would be the value of doing the review? Is this high, medium, or low? - consider the value to the council, its partners or the community.

Impact Statements help to focus decisions about prioritisation - however the focus on impact and measures at this early stage will help to make later conclusions and recommendations more influential.

Step two – Using a "scoring matrix" to choose the topic for review

Prioritisation concludes with the use of a scoring matrix to help you to understand where overview and scrutiny would have the most relevance. The matrix (appendix two) helps you to compare and review all of the impact statements together; and enables you to make a structured and transparent final choice of which priority to review.

Overview and scrutiny is most effective when it is able to contribute to the case for change in services or policy, therefore the level of influence is a major factor in considering whether to review the topic. If scrutiny is not able to influence the direction of action on the topic then why would you chose to review it?

The matrix is a simple form that enables you to score elements of the impact statements and consider whether:

- The topic is a priority within the Joint Strategic Needs Assessment.
- Data (qualitative and quantitative) is available to support the work.
- The scrutiny review is likely to have influence.
- There is value in doing the review.

Step three – Considering what to measure

Once you have used the scoring matrix to choose the review topic, you will need to begin to define what a good quality outcome would be for the review. Having identified the desired outcome you can then begin to explore what you know about the topic already and how you could measure the potential benefits of conducting this review – the 'return on investment'. The measurements that you select now may be refined over the life of the review and particularly within the next stage (stakeholder engagement). However it is worth investing time at this stage to consider what information is available or what needs to be created to make an estimate/forecast of the review's impact at the end, as you will need to ask your research team or partners for this information, or you may even want to collect new information during your review.

Scrutiny Development Areas – experiences of using stage two

Adur, Arun and Worthing - topics that might have been chosen in the past (because they were 'popular') were dismissed as not providing sufficient value. Previous scoping processes wouldn't have uncovered this. The questions helped focus attention and gave prompts.

Review Topic	Possible measures identified in impact statement
Homelessness	☑ Impact on GP cases - registrations ☑ A&E admissions

In **Haringey** impact statements helped focus the review so it added value. They added a 'what it means' box to the impact statement to add clarity.

Review Topic	Possible measures identified in impact statement
Men's Health	☑ Mortality rate from all cardiovascular disease ☑ Smoking prevalence and increasing 4-week quitters ☑ Sports and leisure usage and sport participation ☑ Percentage of population exercising 3 or more times a week ☑ NHS Health Checks

In **Rotherham** unusual topics emerged rather than the 'usual suspects', helping to uncover a hidden issue. Thinking about impact and sources of information early on helped to enrich the review.

Review Topic	Possible measures identified in impact statement
Morbid obesity BMI > 50	☑ Support and advice for those with high BMI levels – better self management ☑ Targeted prevention ☑ Could be measured by numbers of BMI + 40/50 in deprived areas

Sheffield used impact statements to identify gaps in information. This helped challenge available measures and data.

Review Topic	Possible measures identified in impact statement
Diabetes in a South Asian community	☑ Patients on diabetes register ☑ Reduction in annual rate of complications ☑ Increase in number of people accessing services aimed at promoting self care

Tendring created their impact statements by "buddying" members and officers to work together. This helped to build relationships and also raised awareness of each others role across scrutiny and the wider functions of the council. They then used the scoring matrix to make a systematic and structured decision on which topic to take forward. The process allowed them to identify the ways that different inequalities are interlinked and how they all impacted on the wider determinants of health. It was important for a district OSC to be able to tell the story of how it identified a topic in a systematic way to enable it to raise the profile of scrutiny within the council and with wider partners.

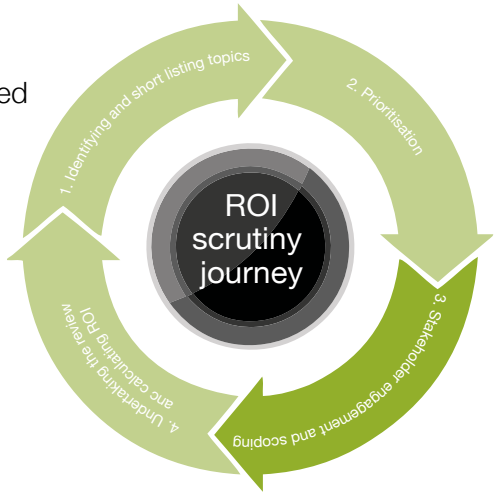
Review Topic	Possible measures identified in impact statement
Falls and falls prevention	☑ Falls prevention activity and outcome data ☑ Patient experience data & personal stories, LINks data

Top tips for stage two

The following tips have been created by the Scrutiny Development Areas – reflecting the things that helped them:

- ☑ Develop a common understanding early on of the social and economic determinants of health, health inequalities and the outcomes of the Marmot review.
- ☑ Ensure that all those involved understand exactly the impact statements and the reasons why the topic of the review was chosen and the desired outcomes.
- ☑ Impact statements can take up to two hours to complete. Plan how you will complete each impact statement to mitigate the risk of investing time and energy at the beginning that 'disappears' later on. A steady pace will help full consideration of each shortlisted topic.
- ☑ A key asset is councillors' local knowledge. It can add richness to the review and help to secure commitment to scrutiny.
- ☑ Leave politics at the door – aim for cross party consensus.
- ☑ Engage a wider group of members. Selecting members for skills, interest and passion in the topic will bring a different skill set as they are able to wear other 'hats'.
- ☑ Ensure that you have buy-in from the Cabinet. Consider creating a full council debate, or having cabinet member(s) at a stakeholder event and getting them on board early.
- ☑ Officers bring great value to this stage of the model, and their local knowledge and awareness can be utilised to great effect.
- ☑ Members are local people elected by their community, they can help to engage 'real' people and translate public health speak.
- ☑ Use the model to explore the benefits of choosing a complex hidden topic compared to a more straightforward obvious one.

Stage three - stakeholder engagement and scoping



Early work from the Health Inequalities Scrutiny programme found that to get the most benefit from a review, you need commitments from partners from the start. Most of these reviews were not conducted by overview and scrutiny committees working on their own but were partnerships including a wider range of key stakeholders.

Taking a "whole systems approach" to the wider determinants of health we developed a model for stakeholder engagement and getting started with the review. This involved planning and holding an engagement event with a wide group of stakeholders.

The stakeholder engagement stage comprises two steps:

- Step one: Holding a stakeholder event.
- Step two: Starting the review.

Step one: Stakeholder engagement

This step involves broad stakeholder engagement via an event that uses the determinants of health to begin to develop a whole systems response to the review topic. Participants need to consider what they already know about the following:

☑ What works and what doesn't - what's the evidence?

☑ What more can be done to tackle the issue and by whom?

☑ What appears important to you?

☑ What actions would make the most difference? Would this be:

- a radical difference?
- a small incremental step(s)?

Involving the right people is key to success. Undertaking a stakeholder analysis will help work out who you need to attend the event. To ensure that you invite representatives from across the whole system, consider using a matrix to identify a good mix of people for the subject. For example invite a cross section from the public, private, voluntary, community and faith sectors (depending on your topic) who have:

- **Authority** – i.e. decision makers or community champions.
- **Resources** - i.e. commissioners.
- **Expertise** – i.e. professionals and local people.
- **Information** – i.e. data and intelligence.
- **Needs** – i.e. people or groups you are trying to help.

To support this approach to scrutiny, the CfPS has developed a "Stakeholder Engagement Wheel" (Appendix three).

The wheel is based on the wider social and economic determinants of health; and prompts participants to consider the different roles and questions highlighted above for:

- individuals
- organisations; and
- communities.

Using this type of approach helps you to develop the scope of your review, generating your 'Key Lines of Enquiry' for the review as areas to focus on or gaps to fill emerge.

Sheffield SDA

Haringey SDA

Step two: Getting started with the review

This will look at all of the research and information gathered so far on the chosen topic from the prioritisation stage and from the stakeholder event. This information and evidence will be used to help councillors agree:

- ☑ What should be reviewed of 'what works or what doesn't'?
- ☑ What actions, activities and outcomes could the review influence? For example you might consider investment / disinvestment recommendations.
- ☑ Refine the 'Key Lines of Enquiry' – developing the questions you want to ask during the review.

You may well find simple project planning tools help to support different aspects of scrutiny activity.

Scrutiny Development Areas – experiences of using the Stakeholder Engagement Wheel

Haringey used the stakeholder wheel as a mechanism to highlight gaps in review strategy by adding additional key lines of enquiry. The tool helped to illustrate a subset of challenges - how to reach everyone and being realistic and targeted about what could be achieved.

Sheffield used the wheel to get buy in from stakeholders at an early stage by demonstrating the value of what people had to say and that their input would influence the review. People worked in small groups so that everyone could contribute to framing key lines of inquiry.

Adur, Arun and Worthing used the stakeholder engagement tool as part of a broader evidence gathering element, which helped to include 'real' people. The wheel was a highly visual illustration of where scrutiny could have impact. The event brought people together that wouldn't have otherwise met.

Rotherham used small group work to develop new contacts around a shared desire to continue to build relationships. Using the wheel helped identify the concept of wider determinants of health, health inequalities and the impact of factors outside the control of the NHS (e.g. housing).

Tendring used the wheel alongside 'a gifts and hooks' exercise (a workshop exercise to look at the knowledge, expertise, personal or professional experience that the stakeholders can bring to the review and what they want to get out of it). Local facilitation showed local leadership of the issue, and stakeholders recognised that overview and scrutiny could be a powerful catalyst in driving improvement.

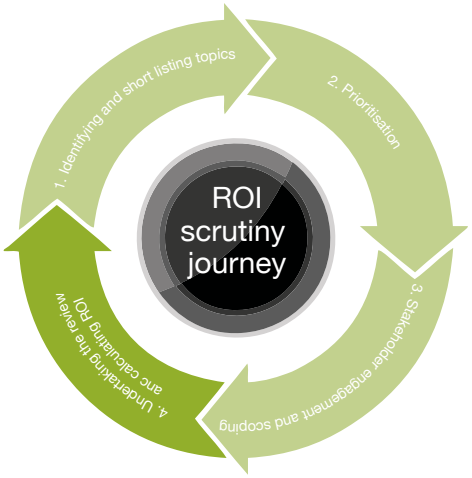
Top tips for stage three

The following tips have been created by the Scrutiny Development Areas – reflecting the things that helped them:

- ☑ Involve the right people by using a stakeholder matrix to ensure the 'whole system' is involved.
- ☑ Give people information beforehand so they know what will happen and can prepare for a potentially different way of working.
- ☑ Define your partners and their roles and responsibilities. What do you expect from them?
- ☑ Clarify the purpose of engagement. It is to:
    - Get views on what aspects of the topic it would be most valuable to pursue.
    - Build relationships.
    - Identify other people to talk to or further sources of information.
- ☑ Emphasise that this is innovative. Overview and scrutiny has previously chosen the topic and decided on witnesses to call, so asking for ideas on areas of focus for the topic, in advance of starting the review, is new, innovative, and inclusive.
- ☑ Set the scene for collaborative, cooperative working. Lead by 'doing'; understand how working together adds value.
- ☑ Recognise and showcase overview and scrutiny's importance, what it can and can't do. Overview and scrutiny can bring everyone together creating synergy and energy; it can break down barriers etc.
- ☑ Create a no blame atmosphere.
- ☑ Value every comment and demonstrate how stakeholder comments and views have been listened to and influenced outcomes.
- ☑ Ensure that all participants are well briefed and have sufficient seniority to take part effectively.
- ☑ Different stakeholders have very different information – there is value in engaging with as wide an audience as possible.
- ☑ Make the most of jointly appointed health employees – they can add value and momentum to the review.

Stage four - Undertaking the review

Designing measures and measuring impact



Stages one and two identified the topic that should be reviewed; stage three helped to understand what was already happening with regards to that topic and what angle the investigations should take. Stage four is carrying out the review, simultaneously estimating and evaluating the impact of overview and scrutiny and testing the ways in which a potential "return on investment" may be calculated. This is the stage where you will need to decide on what and how to measure and evaluate.

To do this, you need to go back to work you did to prepare the initial Impact Statement. This was when you first started to think about measures for six Marmot policy objectives and how the review could have influence.

Developing measures is difficult, especially at the start of the review, rather than at the end! However, it is helpful to be thinking about how overview and scrutiny can impact on, and add value to reducing health inequalities, the Marmot objectives, and the wider determinants of health in a whole systems context. To do this, you need to choose or create measures.

This Stage comprises two steps:

- Step one: Understanding the concept of return on investment and how it applies to your review.
- Step two: Estimating the potential return on investment.

Step one: What is return on investment, and how can we apply it to a review?

Classically, the concept of a return on investment captures the increase or change in something, for example, monetary value. We might consider the following for example:

- If we invest £1,000 will we get back more than we invest? And if so what is the percentage increase?
- If we invest £1,000, how fast will we get the money back - in 2 years? 10 years? 30 years?
- How do we choose between a high return and a quick return?

We're all familiar with this to some extent through loans, mortgages or other investment decisions - but translating these concepts into social and qualitative domains has been fraught with difficulty!

So how does this relate to overview and scrutiny? Questions to ask are:

- If we put time and/or money into overview and scrutiny activity, what will it change, improve or increase?
- What's the "payback" from scrutiny, how fast do we get it and who will experience it?
- If we can't answer these questions, why are we doing it?

Obviously, we do think overview and scrutiny is valuable. So how do we capture that? We suggest that there may be two sorts of value from overview and scrutiny that you could measure or estimate. These are the:

☑ Value of the review itself as a process – producing a good quality report with well argued recommendations for action; and capturing overview and scrutiny's impact on process changes, such as better networking, better awareness etc.

☑ 'Outcome impacts' – improving access to services or improving the health of individuals and communities; and providing value for money.

As ever with overview and scrutiny, asking the right question is key! You will need to turn the chosen topic and the key lines of enquiry identified in stage three into a question that will begin to explore the return on investment of your actions. It is important not to have a narrow focus at this stage. Using the wider determinants of health, we can generate a wide range of ideas for action. For example, what actions would have most impact on the desired outcome (i.e. the highest rate of return)?

Each of the five Scrutiny Development Areas identified a topic, used the stakeholder event to understand the topic and identify areas for the review (key lines of enquiry). Following this, members and officers debated the question that they wanted the review to answer. Below are examples of the topics and questions that they used.

Area and chosen topic	What was the question that you wanted the review to answer?	What was the Return on Investment (ROI) question?
Adur, Arun and Worthing ☑ Homelessness	What is the impact of a homeless person not having access to a GP?	What would be the ROI of enabling homeless people to register with a GP?
Haringey ☑ Men's health	How do we engage men over 40 years of age in Haringey's corridor of deprivation in prevention and early intervention services to close the life expectancy gap and reduce premature death from cardio vascular disease?	What would be the ROI if we engaged men over 40 who were at risk of cardio vascular disease with health and wellbeing services?
Rotherham ☑ Morbid obesity	How can we improve co-ordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound and unable to get out of their home unaided?	What would be the ROI of better service coordination and improving their quality of life and care?
Sheffield ☑ Diabetes in a South Asian community	How can we improve and target information about diabetes at 'at risk groups' in order to raise awareness and combat myths about the condition?	What would be the ROI if we are able to improve and target information about diabetes at 'at risk groups' in order to raise awareness and combat myths about the condition, leading to: ☑ improved case finding; and ☑ increased number of people who are able to effectively manage their condition?
Tendring ☑ Falls prevention	What potential is there for reducing the number of falls for different groups of the population in Tendring?	What is the rate of return of health scrutiny helping to reduce the number of falls in Tendring District?

Step two: Estimating the process and output "return on investment"

As mentioned above there are two ways to measure the impact of your review:

- Measuring the review **process** itself – what has the review achieved that is hard to measure ('soft' outcomes).
- Measuring what has or will change as a consequence of the review – the **outcomes**.

Here are some examples of **process** and **outcome** measures that might be developed:

Process benefits of the review	Outcome changes in the topic/condition/area
☑ Improved networking. ☑ Increased awareness of the chosen topic by all and the value of better communication. ☑ A shared understanding of a problem and possible solutions. ☑ Clear recommendations created on what can be measured and for which groups. ☑ Recommendations valued and adopted by Council's Executive, Health and Wellbeing Board, Commissioning Groups and providers.	☑ Short-term change in a proxy measure. ☑ Aspirations for long term improvements and commitment to measure progress over time. ☑ An increase in the number of people from X group who self manage. ☑ A movement along the social determinants "wheel". ☑ % improvement in smoking cessation. ☑ Increase in community activity. ☑ % improvement in the number of children deemed ready for school. ☑ % reduction in young people Not in Education, Employment and Training (NEETs).

Let's think this through with a topic: Giving every child a best start in life, particularly making sure that they are 'ready' for school. The overview and scrutiny review panel could estimate both process changes and their impact on the likeliness of achieving the Marmot objective of improving the readiness of children for school.

If only 35% of pre-school children are prepared for school now, what interventions (or more of them) could shift this to 55%? Their **process** benefits might be:

- A process that has involved the right players.
- A better understanding of the range of interventions available.
- A better understanding of which interventions have most influence on outcomes.
- An identification of the likely savings long-term.
- A process that has influenced implementation and X actions.

The **outcome** changes generated might be: fewer NEETS in 10-15 years time.

We expect that one of the advantages of carrying out a whole-systems, return on investment type of review may be that a much wider range of interventions from across the whole span of the social determinants get considered in order to secure the outcome.

Over the following pages you will see how each of the Scrutiny Development Areas identified the return on investment of their review. Also attached at Appendix four is a copy of a matrix produced by Tendring that shows the outcome measures and process measures.

Assumptions and health warnings

In assessing the potential return on investment, changes in ways of working and a focus on health inequalities will no doubt realise a financial saving both in joined up delivery and less money spent within the health service, however this is difficult to quantify and assign credit to the review alone. Therefore in order to determine the potential return on investment that the review could realise, a number of assumptions need to be made. These included estimating how much the actual review cost, and measuring the value of intangibles, such as networking. Below is a summary of what the Scrutiny Development Areas did:

Scrutiny Development Areas calculated the **review costs** using the number of hours taken up within the review. This included officer research, attendance at meetings etc. Each area tackled this slightly differently when assigning a cost to the review hours.

- ☑ **Arun, Adur and Worthing, and Tendring** used the average wage of those involved within the review.
- ☑ **Haringey** used the median wage for their area.
- ☑ **Rotherham and Sheffield** used the average scrutiny officer and member costs.

Some of the most valuable aspects of the reviews were intangible. **Networking** and new contacts made during the reviews, leading to a greater awareness of the challenges and opportunities both in reducing health inequalities and of working in partnership leading to more joined up services. Therefore how can you measure the value of networking?

- ☑ **Rotherham** measured the activity that took place as a consequence of the review i.e. the number of hours of networking that took place, and applied a notional average hourly wage of £30 to reflect the average wage of the professionals around the table.

This publication and the model within it is not an exact science. Most of the Scrutiny Development Areas did not use health economists or finance professionals within their reviews and therefore the calculations represent the potential return on investment – not a definitive saving.

Adur, Arun and Worthing – Measuring the return on investment

In **Adur, Arun and Worthing** they quickly became aware from evidence that Arun District has the 4th highest number of people in the UK who sleep rough on its streets. The review was undertaken to consider the ROI of improving the health and wellbeing of homeless people.

Return on investment

The rate of return question evolved during the course of the review and although it appeared relatively easy at first, answering it became more difficult. As the recommendations evolved, the actual ROI statement focused on the benefits of enabling homeless people to register with a GP as this would reduce attendance at A&E with resulting reduction in health care costs. The review explored the demand on A&E and hospital admission for homeless people and compared that to if they were registered with a GP – it found that it was cheaper for a homeless person to register and visit a GP as this then reduced the burden on A&E services. It also found that homeless people were on average 8 times more likely to visit A&E if they were not registered with a GP. Further work then identified the cost of undertaking the review. Using this, it was possible to calculate the numbers of homeless people required to register to have an overall net saving.

Return on investment calculation

- ☑ Review costs: 334 review hours x average wage £11.60/hr = £3874
- ☑ Estimated cost per visit to A & E = £131
- ☑ Cost of registration and visit to GP = £79
- ☑ Potential saving if registered with GP = £52 (£131-£79)

Return on Investment of the review £416 per person this being saving to A&E per person registering with GP = £52 x 8 visits = £416

- ☑ Number of homeless people needed to register to balance review = 10

Benefits of using the model

Use of the model enabled a “hidden” topic to be raised with some robust and significant recommendations arising out of it. Because of the nature of the topic, it was difficult to assess immediate short-term outcomes. However short-term process benefits were:

- Acceptance by all three Councils of the recommendations of the Review.
- Working groups have been set up to design action plans to take forward the recommendations.
- There was an increase in collaborative working and engagement across the three Council’s stakeholders.
- A sharing of information and networking of likeminded groups who had not known of each other’s existence.

Key learning points

- It is important to have a data specialist helping with the review - someone with expertise in how to do this type of calculation early would help to identify the type of data they need to look for.

NB These calculations are indicative and have not been created with health economists or finance experts.

Haringey – Measuring the return on investment

Haringey's scrutiny review was entitled: Men's Health: Getting to the Heart of the Matter; and considered what the ROI would be if they engaged men over 40 who were at risk of cardio vascular disease with health and wellbeing services.

Return on investment calculation

They found the process of measuring the ROI of the review difficult – with so many contributing factors to improving health they felt it was difficult to assign credit to the review alone, as many of the outcomes are long-term, so the potential impact has to be considered as well as short-term outcomes. They agreed that the ROI would be calculated using:

- ☑ The review costs (estimated hours spend on the review using the median weekly wage)
- ☑ The income of a person who stops smoking over an 8 year period.
- ☑ Cost to the NHS to help one person stop smoking – £209.

Assumptions: This calculation assumes that a person that stops smoking will live eight years longer and that they will work for this time – there are also other factors to consider.

Review costs

- ☑ 1308 (36.3 wks) at median wage of £562pw = £20,400

Increased life expectancy

- ☑ 1872 hrs worked times 8 years added life expectancy = 14,976 extra hours worked
- ☑ 14,976 extra hrs worked over 8 years = 416 extra weeks worked
- ☑ 416 extra weeks worked times by Haringey median wage = £233,792 in extra earnings

Return on investment

- ☑ £233,792 minus £209 = **£233,583**
- ☑ £233,583 minus cost of the review (£20,400) = **£213,182**.

Benefits of using the model

Haringey found the model very useful and have taken this a step further and are working to identify a methodology of incorporating the quality of life equation used in public health. Short-term process benefits have been identified such as:

- Enhanced networking and new contacts made and taken forward.
- A reduction in professional silos as organisations work together to improve the health of men.
- One immediate and unexpected return was the Whittington Health Urgent Care Centre Project, a web-based health information tool for the general public which is currently being piloted. Due to the review the developer is designing a men focused version with specific language which will appeal to them.

Key learning points

- There's a danger of using a cost benefit analysis with a long-term issue.
- Calculation of specific figures are not necessary when you can have a broad answer e.g. all of costs for this work would have been paid for 20 x over if one person gave up smoking. So you can give the working behind the ROI rather than the final figure.
- Does not allow for other factors e.g. work already taking place elsewhere in the borough and therefore it is not possible to accurately quantify.

NB These calculations are indicative and have not been created with health economists or finance experts.

Rotherham– Measuring the return on investment

Rotherham's review aimed to assess the return on investment of improving coordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound. However it proved difficult to define "currencies" – other than money – that could be used to value impacts and also to value "softer" impacts such as the creation of new networks. Therefore two calculations were developed for assessing the ROI:

- Short-term/process/outputs of the review, comparing the time spent on the review with the value of networking.
- Long-term/outcomes impact of the review, estimating potential benefits and savings from implementing the three core recommendations, e.g.
    - Costs and benefits of anticipatory risk assessments.
    - Co-ordination of information sharing leading to reduced duplication of callouts/wasted time.
    - Reduced costs of injury to fire/ambulance staff etc.

Return on investment calculation – Short-term ROI calculation

☑ Review costs: 160 review hours x average salary £20/hr = £3200

☑ Networking value: 248 hours x average salary £30/hr = £7440

Short-term 'Return on Investment' of the review = £4240 or 232%

Long-term ROI calculation - Review savings including:

- Savings to ambulance/fire service for exceptional incidents and injury = £11,115 per year and for early retirements due to injury avoided.
- Savings to NHS in relation to delays in discharge from hospital.
- Savings to NHS and Social Care in relation to extra care support required following an incident.
- Savings to each agency to undertake assessments = approx £50 per assessment.

Estimated long-term 'Return on Investment' = £50k pa or 1562%

Benefits of using the model

- Thorough initial prioritisation of potential scrutiny topics enabled a new area for scrutiny to come forward – a specific and relatively "hidden" group with real focus on health inequalities.
- Creating networks of public and 3rd sector partners who have not engaged with each other before and can now focus on the issue collaboratively.

Key learning points

- The value of highly engaged and committed Councillors.
- Essential to explain to all that this is a different and innovative way of deciding on what aspects of the topic scrutiny should focus on.
- Participants loved using the "wheel" and it created animated discussion and ideas – widened the debate beyond health.
- Accessing 'real' people/service users was a problem, as were ethical issues around capturing personal stories to evidence the impact of the review. This learning will be built in to future work.
- Maximizing your influence by having only 2-4 key recommendations – that are do-able and have been discussed with those whose budgets will be called upon.

NB These calculations are indicative and have not been created with health economists or finance experts.

Sheffield – Measuring the return on investment

Sheffield's review focused on diabetes in South Asian Communities and considered what the ROI would be on improved information about diabetes to 'at risk' groups in order to raise awareness and combat myths about the condition – leading to improved case finding and increasing the number of people managing their condition.

Return on investment calculation

The value per person with diabetes of moving them from being poorly managed to moderately managed; and from moderately managed to well managed have been calculated. The impact of the recommendations can therefore be estimated by finding out how many people locally are in each category and estimating how many can be encouraged to improve their category, using national or local data.

Review hours	Review costs	Diabetes management level	Cost per patient to NHS
137 costed out review hours at £25/ph	£3425	Moderately managed	£2000
Other review costs	£230	Poorly managed	£8500
Total review cost	£3655	Difference	£6500 per patient
Estimated impact through Diabetes UK supporting 30 people a year to move from managing their diabetes poorly to moderately, **30 x £6500 = £195,000 pa saving**			
Return on investment - £195,000 less cost of review = £191,345 or 5235%			

Benefits of using the model

- Raising public profile of the issue.
- Raising Member awareness of public health issues – particularly around the value of community interventions.
- Engaging people in the democratic process that otherwise wouldn't have been.
- Recommendations developed with the people who will be responsible for implementing them.

Key learning points

- All that counts can't be counted – difficult to put a value on some things.
- Attributing impact – difficult to estimate scrutiny impact vs other factors.
- Stakeholder event/engagement wheel good way of starting review process.

NB These calculations are indicative and have not been created with health economists or finance experts.

Tendring – Measuring the return on investment

After completing the impact statements, **Tendring** chose to review falls preventions and in particular the ROI from preventing a fall.

Return on investment

The committee used a monetary value to measure its ROI. They used a calculated cost of the review, and also a mix of data including:

- ☑ Cost for treatment of a fall as a person travels through the care path way.
- ☑ Time and cost of ambulance response for a person who has fallen.

Return on investment calculation

- ☑ Review costs: 316 review hours x average wage £12.29/hr = £3885
- ☑ A figure of £25,000 per fall was identified as a realistic approximation of the costs of a person falling and requiring hospital treatment.

Return on Investment of the review if it prevented one fall £21115 or ROI 643%

Benefits of using the model

Tendring found the process valuable:

- Stage two was particularly useful – the focus on prioritisations and producing impact statements helped them to justify the reason for the review in real terms.
- Considering outcomes and process outcomes helped them to get great value from the review – see appendix 4 for the matrix that they used.

Key learning points

- Creating links between members and officers at the impact statement stage was an effective way to build relationships and involve the wider council in the scrutiny process.
- It was important to explain the health inequality dimensions of the topic of falls and communicate the reasons for choosing this topic to a wider audience.
- A collaborative approach to the scrutiny process, and in particular to the way the scrutiny committee meetings were managed, ensured that all the stakeholders felt able to contribute to improving the effectiveness of services and ensured that scrutiny could address the issues of inter-agency working and partnerships in an open and honest way.
- Involving stakeholders from the three key sectors - statutory, voluntary and private - was important to obtain a full picture of the incidence of falls in Tendring.
- Having a defined and structured model for scrutiny through the ROI impact model has helped to promote the potential of effective scrutiny locally.

NB These calculations are indicative and have not been created with health economists or finance experts.

Top Tips for stage four

The following tips have been created by the Scrutiny Development Areas – reflecting the things that helped them:

- ☑ The model helps to identify short-term **process** outcomes and also longer-term **outcomes** on health.
- ☑ Consider engaging an expert (financial or data) as having expertise in how to do this type of calculation early on can help people to know the type of data they need to look for.
- ☑ Clear understanding of what it is the review wants to achieve (outcome) and that you have access to or can develop a way of measuring success.
- ☑ Recognise early on that this stage of the model can be trial and error; persevere as when you have found an answer it will demonstrate the value of the review.
- ☑ It is OK to have a mix of process benefits and outcomes.
- ☑ Don't over think it!
- ☑ It can be difficult to define "currencies" – other than money – that could be used to value impacts and also to value "softer" outcomes such as the creation of new networks. Do consider different categories of measurement, such as:
    - social value – community value
    - time and effort
    - values
    - quality of life
    - self esteem
    - health
- ☑ Value relationships, networking, partnerships, stakeholder engagement and softer outcomes.

Conclusion

This programme was built on the desire to demonstrate the value that overview and scrutiny can bring to tackling health inequalities and to develop understanding about how this learning might apply to other non health aspects of council scrutiny – how to focus scrutiny on activity that really makes a difference, capturing measures to demonstrate a 'business case' for resourcing scrutiny. It took the complex task of creating a way to measure the return on investment of overview and scrutiny and produced a usable model that actually shows the value of a review and its recommendations.

The journey was not easy, developing a tool that is simple and easy to use has been a challenge; and over time it will be further refined. There are elements of the work that are still in progress, such as using personal stories as evidence of the difference a review can make. However, there was consensus amongst the Scrutiny Development Areas that the model helped them to demonstrate the value of their work, and to choose topics where scrutiny was able to make a real difference. Most scrutiny development areas will be using the model in subsequent work.

CfPS believes that there is a revitalised role for overview and scrutiny within the health reforms; a more proactive role that focuses on the outcomes and the effect of services and interventions for our communities. This new model allows overview and scrutiny to assess the possible effect of a review before committing time and resources.

What the Scrutiny Development Areas thought

"The best piece of scrutiny work we have ever done"
Adur, Arun and Worthing Scrutiny Development Area

"The project team found the scrutiny engagement wheel a fantastic way to map our progress in the review and to identify hidden aspects and relationships within our micro health economy"
Cllr David Winskill, Chair of the Review Panel, Haringey Scrutiny Development Area

"The review model tested by this scrutiny review has been acknowledged by members as good practice for future reviews of a similar nature"
Report from Rotherham Scrutiny Development Area

"All that counts can't be counted – difficult to put a value on some things"
Sheffield Scrutiny Development Area

"The model enabled us to try new approaches to scrutiny in Tendring and we were able to work with a large group of local stakeholders to really understand the issue of falls." "We also want to use the model again and return to some of the other health inequality topics we identified when we wrote the impact statements"
Tendring Scrutiny Development Area

If you would like support to use this model, please email scrutiny@cfps.org.uk

Appendix one – Impact Statement from Haringey Scrutiny Development Area

Men's Health: Getting to the Heart of the Matter

Key questions	Responses

Giving every child a good start in life?
What this means?
1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.
• How could you measure this?
• How could you measure the Marmot indicator?
  ◦ Life expectancy at birth
  ◦ Readiness for school
• Are measures / information available – very, reasonably or scarcely?
• How much influence do you think the review could have – High, Medium, Low?
• How could you structure dissemination to have most influence?
	The review will have a **low impact** on this policy objective. There is an indirect link as the foundations for virtually every aspect of human development- physical, intellectual and emotional are laid in early childhood, although this is not the specific focus of the review.
	Should there be parents within the target group, there may be a cascading effect as their own health conditions improve. A reduction in smoking could improve the physical environment in which children are born and raised. More emphasis on healthy eating could impact on the general diet for the whole family. Improved well being could allow the parent to then focus attention on their child's development. This would require longitudinal research however of identified family groups and is outside the scope of the review.

Enabling all children, young people and adults to maximise their capabilities and have control over their lives?
What this means?
1. Reduce the social gradient in skills and qualifications.
2. Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.
3. Improve the access and use of quality lifelong learning across the social gradient.
• How could you measure this?
• How could you measure the Marmot indicator?
  ◦ Readiness for school
  ◦ Young people NEET
• Are measures / information available – very, reasonably or scarcely?
• How much influence do you think the review could have – High, Medium, Low?
• How could you structure dissemination to have most influence?
	The review will have a **low impact** on this policy objective. There is an indirect link as inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life, however again this is not the focus of the review.

Creating fair employment and good work for all?
What this means?
1. Improve access to good jobs and reduce long-term unemployment across the social gradient.
2. Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
3. Improve quality of jobs across the social gradient.
• How could you measure this?
• How could you measure the Marmot indicator?
  ◦ Young people NEET
  ◦ % of people in households receiving means tested benefits
• Are measures / information available – very, reasonably or scarcely?
• How much influence do you think the review could have – High, Medium, Low?
• How could you structure dissemination to have most influence?
	The review will have a **low impact** on this policy objective.
	There is an indirect link as being in good employment is protective of health. Employment however must be sustainable and offer a minimum level of quality (i.e. development, flexibility and protection from adverse working conditions) to contribute to good health. This however is not the focus of this review.
	Accepting the above, by engaging with health services, the target group may then not be subject to restrictions on work arising from ill-health thus giving them continuity of employment as well as overall increasing their working lives.
	On reflection the Panel felt that the review had a **medium impact** on this area. A recommendation was made on health acknowledging employment as a wider determinant of health.

Ensuring a healthy standard of living for all? What this means? 1. Establish a minimum income for healthy living for people of all ages. 2. Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies. 3. Reduce the cliff edges faced by people moving between benefits and work. • How could you measure this? • How could you measure the Marmot indicator? ◦ % of people in households receiving means tested benefits • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence?	The review will have a **low impact** on this policy objective. There is an indirect link as having insufficient money to knead a healthy life is a highly significant cause of health inequalities; however this is not the focus of this review.

Creating and developing healthy and sustainable places and communities? What this means? 1. Develop common policies to reduce the scale and impact of climate change and health inequalities. 2. Improve community capital and reduce social isolation across the social gradient. • How could you measure this? • How could you measure the Marmot indicator? • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence?	The review will have a **low impact** on this policy objective. There is an indirect link as communities are important for physical and mental health and wellbeing. Access to open green spaces and healthy foods are also important for improving health and wellbeing. Should the identified group engage with health agencies as envisioned, the resulting improvement in their working lives, coupled with the commensurate certainty of income, may well increase spending power within the local community thus enhancing its sustainability. In addition continuing good health will enable them to fully engage with their communities. Again however, this is a long-term outcome for this group and requires longitudinal study which is outside the scope of this review. On reflection the Panel felt that the review had a **medium impact** on this area. This was following discussion around two large regeneration projects in the borough and a recommendation on the potential for them to contribute to the reduction in health inequalities, particularly when coupled with local primary care changes. It was also following hearing more about the work of the Tottenham Hotspur Foundation projects as well as Health Champions, Health Trainers and evidence from the Local Involvement Network.

Strengthening the role and impact of ill health prevention?
 	
What this means?
 	
1. Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
 	
2. Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.
 	
• How could you measure this?
• How could you measure the Marmot indicator?
  • Life expectancy at birth
  • Disability free life expectancy at birth
• Are measures / information available – very, reasonably or scarcely?
• How much influence do you think the review could have – High, Medium, Low?
• How could you structure dissemination to have most influence?
	The review will have a **high impact** on this policy objective. Many of the key health behaviours significant to the development of chronic disease, including CVD, follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition.
	
	In Haringey:
	
	• On average there is a **nine year difference** between men living in Tottenham Green ward (72.5 years) and those living in Fortis Green ward (81.5 years).
	• Circulatory diseases are the greatest contributor (28%) to the gap in male life expectancy between Haringey and England.
	• Death rates from cardiovascular disease under 75 years are highest in the east of the borough, in particular in Northumberland Park and Tottenham Hale.
	• Around 28.6% of men smoke compared with 25.3% for London.
	• In 2006 over 50% of men were overweight or obese.
	• 23.3% of the adult population took part in moderate sport and physical activity three times a week.

Sources of Data: a range of data can be found on the Haringey: Our Place page, in particular on the Healthier People with a better quality of life section. Data is sourced from a number of sources for example Joint Strategic Needs Assessments, the Borough Profile, Haringey Health Profile and NHS Haringey Neighbourhood Plans.

Through the review we will focus on the prevention and early intervention of cardiovascular disease in men in the east of the borough. You could measure this via:

- Reducing the mortality rate from all cardiovascular disease (including heart disease and stroke)
- Reducing smoking prevalence
- Increasing the number of 4 week smoking quitters who attended NHS Stop Smoking Services
- Increasing sports and Leisure Usage
- Increasing adult participation in sport and active recreation
- Increasing the percentage of population exercising 3 or more times a week
- Increasing NHS Health Checks

What ideas do you have about how you will measure the difference made by your scrutiny review?

By focusing on what would be the return on investment (ROI) if, the life expectancy corridor of the Borough, we engaged men over 40 who were at risk of cardio vascular disease (referred to hereafter as Group A) with health services.

The hypothesis is that with engagement, Group A's health improves as they take responsibility for action, resulting in decreased health care costs, increasing life expectancy and earning power. A financial calculation will be made as to the numbers required to make this change to demonstrate an ROI for the review.

In addition, the recommendations arising from the review in order for this to occur will also demonstrate an ROI.

What do you think would be the value of doing the review? High, medium, low.

- 73% of the difference in male life expectancy gap between Haringey and England is due to men over 40 years of age.
- By changing certain risk factors in those over 40 years of age a significant improvement can be made as to whether or not the persons suffers from Cardio Vascular Disease.
- The Health Check programme focuses on those over 40 years of age and so it is hoped that this review complements this work.

Thus reviewing how engagement with health services can be improved for this risk group provides high value and will build upon work already undertaken within the Borough.

Recommendations of the review are also due to feed into the Health and Wellbeing Strategy Delivery Plan.

Appendix two – Impact Scoring Matrix – from Rotherham Scrutiny Development Area

Impact considerations	Topic 1 (obesity)	Topic 2 (Mental health & Alcohol use)	Topic 3 (Drug use in young people)
How high a priority is the topic within the JSNA? High, medium or low	**High** – obesity as a whole features strongly as an issue	**High** - For mental health broadly Alcohol specifically – not featured (but this could be a gap)	**Low** - This topic does not figure highly in the JSNA (which may indicate a gap in the JSNA)
How available are measures and info? Very, Reasonably or Scarcely	**Very** – lots of work already in relation to obesity issues and specific interventions	**Scarcely** for alcohol specific issues linked to mental health – would need more work to establish what is available	**Scarcely** - **reasonably** for some data and measures **Very** - available for NEETS info and data
How much influence is the scrutiny review likely to have? High, medium or low	**High** – although lots of interventions and work already going on, there is nothing focusing on those with a BMI 50+	**Low** – due to the issues, complexities and nature of this type of review	**Medium** – although an important issue, not sure of the impact which would be made
Overall, what is the likely value of the review? High, medium or low	**High**	**High** - If a larger review could be done **Low** In this instance	**Low** - Potentially too broad an issue to add real value

Appendix 3 – Stakeholder Engagement Wheel

Appendix 4 - Return on investment measures matrix - Tendring Scrutiny Development Area

Outcomes Measures		Process Measures	
Measure	**Evidence sources**	**Measure**	**Evidence sources**
1. Reduction in the number of falls in older people in Tendring in 2012	PCT / Acute / GP / Ambulance activity data	1. Report and recommendations adopted by Tendring District Council cabinet	Scrutiny report and recommendations
2. Better understanding of the distribution of falls amongst different demographic and health inequality groups in Tendring in 2012. (Specific measures for people with disability, people with visual impairment, gender, people living alone, people aged over 85 years)	PCT / GP data JSNA	2. Greater involvement of private sector health and social care agencies in falls work with statutory and voluntary sector organisations and agencies	Meeting and participation data
3. Development of the care pathway for the prevention and treatment of falls in Tendring. The care pathway is targeted to relevant demographic and health inequality data.	PCT / GP strategy documents	3. Increase in information sharing and networking between stakeholders involved in the falls pathway	Information sharing data Meeting and forum data
4. Rates of access to falls prevention and education services for groups of the population in Tendring	Falls prevention activity and outcome data	4. Development of the local evidence base about falls in Tendring – linking research with local data and user experience	Scrutiny report
5. Capture of wider patient and carer experience and feedback from people living in Tendring	Patient experience data Patient and carer stories, case studies and insights LINks data	5. Increase in awareness of the topic of falls amongst the public and organisations in Tendring	Feedback questionnaires Stakeholder event evaluation Media reports Multi-agency events
		6. Development of health overview and scrutiny processes and profile in Tendring District Council	Learning event outcomes

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