Health Inequalities Scrutiny Programme phased 2
A return on investment model / Guidance Note

Context

This programme follows the successful phase one of the Health Inequalities Scrutiny Programme, which developed resources for improved scrutiny by recruiting Scrutiny Development Areas (SDAs) to test and develop a toolkit. The results of this have recently been published as "Peeling the Onion...", demonstrating CfPS' successful track record in developing national frameworks and learning resources. This follow-on programme has been funded by the Department of health and is running from 1st April 2011 to 31st March 2012.

The programme aims to:

- ☑ support new scrutiny development areas to undertake a review of health inequalities – using the guidance from within 'Peeling the onion'
- ☑ continue to promote the value of scrutiny as an effective public health tool.
- ☑ develop a tool that will allow the value of scrutiny to be measured – its return on investment.

Whilst health scrutiny activity typically produces reports on topics reviewed, scrutiny has not always focused on influencing health outcomes or on maximising its impact. The DH recognises the opportunity – and the need – for local leaders (including health scrutineers) to drive a reduction in health inequalities more effectively. The recent Marmot review[1] has shown all too clearly how challenging this is going to be. The idea of looking at what is the impact of health scrutiny – what is its "rate of return" on the investment made in it – has struck a chord with the DH and they are very interested in the proposed programme, which is why they are funding it despite current austerities.

This spring, a small team of Expert Advisors and CfPS staff met to consider how concepts of "rate of return" on investment might usefully be transferred from the world of economics, business cases 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 %age return), or will pay back the initial outlay the fastest (say, within two years). The projects with the highest rate of return/fastest pay-back would usually get the resources. Through a range of animated discussions, the "ROI team" debated how relevant such concepts are, and what can actually be measured in a health and well-being context, as well as the challenge of relating commercial concepts to the world of social capital, community "assets", and immeasurable intangibles 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 are also dangers of having no

[1] http://www.marmot-review.org.uk/

evidence of outcomes. If Scrutiny has no impact, why would we do it? The "ROI team" therefore evolved and created a draft "tool" which aims to:

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

The following SDAs will be piloting this work with us:

- Adur and Worthing
- Haringey
- Liverpool
- Rotherham
- Sheffield
- Tendring

Now our joint task is to test and refine this! Thank you for participating in this exciting and cutting edge work!

About the model

The model has a **3-stage process** for the "scrutiny journey", utilising a variety of tools:

1) **prioritisation** stage - using tools to make a good decision on which topic to choose, including drawing up impact statements linked to the policy objectives of the Marmot review;
2) **engagement and scoping stage -** using a wider determinants of health approach. This approach would lead to the Key Lines of Enquiry for the review;
3) **Designing measures and measuring impact – processes and outcomes:** estimating and evaluating the impact of scrutiny in doing the review, and testing the ways in which a "return on investment" may be calculated – measures of process and outcome impacts.

These 3 stages, their activities and outputs, are summarised in a table in Appendix 1, to help you to plan.

<u>Stage 1 – Prioritisation</u>

The first stage of the process - prioritisation of which topic to choose – is the first opportunity to use a tool to consider the return on investment. Using a more structured approach to choosing topics may sound like hard work, but it has the potential to revolutionise the scrutiny process by focusing attention on impact and outcomes for the health inequalities scrutiny review from the very start.

How?

Stage One of the Prioritisation Stage comprises three steps:

- Step One: making a shortlist of health inequalities topics that you may want to review.
- Step Two: thinking about the potential impact of each of your potential topics, and
- Step Three: deciding which one to choose.

Step One, creating a shortlist of health inequalities topics that you may want to review, might be an officer and/or Councillor process. We suggest that if officers create an initial shortlist, Members should review it to endorse or add. We suggest that the review starts by creating a shortlist of priority topics using needs and issues presented in the local JSNA, which should of course reflect and be reflected in the Council's own priorities. We suggest that the shortlist of priority topics should be based around needs and issues presented in the local Joint Strategic Needs Assessment (JSNA), which should of course reflect and be reflected in the Council's own priorities. We also think that to make Step Two do-able, the list from Step One should be no more than 6 topics!

Step Two of the model requires you to produce an impact statement for each of the topics that are on your shortlist of priorities (the list of health inequalities). For each topic, you should create a 1-2 page Impact Statement. The Impact Statement can be created by writing a paragraph in answer to each of the following questions – they are based on the 6 policy objectives of the Marmot review:

How will your review impact on:

☑ 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?

See Appendix 2 for a template of what we suggest the Impact Statements should look like. Each of the six Marmot policy questions has some prompts to help you tease out more information or ideas – questions on the JSNA, measurements, influence, performance to date etc. Don't worry if you can't answer all these points – this could indicate some areas to explore later.

After the 6 Marmot objective questions have been considered, a further two generic questions need to be answered:

- ☑ What ideas do you have about how you will 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?

As an Impact Statement is required for each potential theme for the review, this makes the prioritisation stage more in-depth and time consuming than is the norm. However we feel that this focus on impact and measures will make the review more influential. We would like your views on this after you have carried out the full review.

We suggest that you decide whether this activity should be carried out by an officer group and presented to the Scrutiny Panel in draft form, or whether it should be carried out by a mixed Member/officer group. However we feel it is a good idea for it to include members and officers – so that there in buy in from the start. It does assume that research and support work would be carried out by the officer group prior to the meeting.

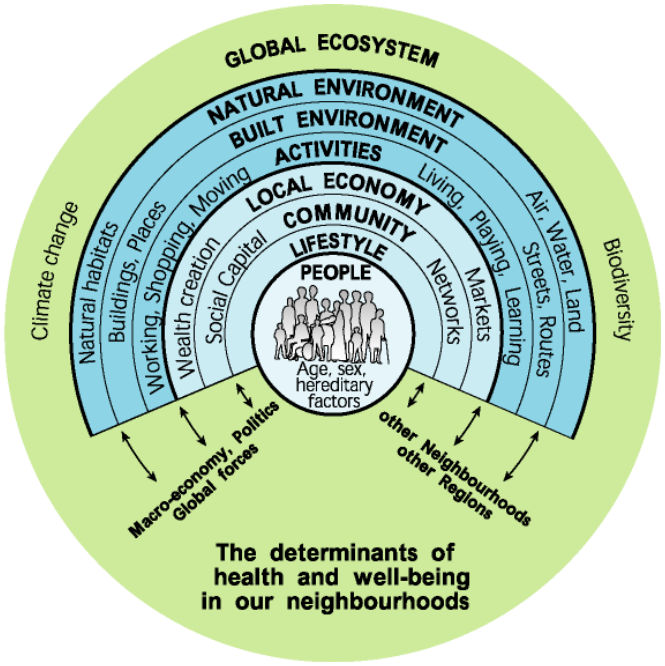
Following the Impact Statement process, the prioritisation stage concludes with Step Three - Member/Officer decision-making on what the review topic will be. This comprises review of the work to date – the 6 questions that asked about the availability of information and measures and how much impact the review could have - and using this to compare the potential topics, using a Scoring Matrix (Appendix 3). We expect that this will tend to point to one or two "best" choices – eg a topic that is a priority for the JSNA and good measures are available, and the impact is likely to be influential and of value. However, you may decide that there is a topic that is a priority in the JSNA and is likely to be very influential and valuable, but information is not readily available – but you really want to review this topic and perhaps collect some quantitative information of your own. The key issue is that this process enables you to make a structured and transparent choice of your priority health inequalities topic.

At this - and every - stage, we would like you to capture your feedback and experience of how helpful, easy etc you found this process to be, where there should be a guideline and where there should be flexibility, and any ideas you have to improve it. At first sight, you probably think that this Stage One process looks a bit of a long-winded way to just choose a topic. However, we feel that this "up-front" investment of your time and effort will both improve the decision-making process on what to choose – and streamline your activity later on. We would like your ultimate feedback on whether this transpires to be the case.

Stage 2 – Engagement and scoping

Phase 1 of the Health Inequalities Scrutiny programme found that to get the most benefit from a review, you need partner buy-in from the start. Most of these reviews were not conducted by Scrutiny Committees working on their own. Rather, they were partnerships including a wider range of key stakeholders as well as Scrutiny Members.

To capture this good practice ie taking a "whole systems approach", and crucially, to base the review around the "wider determinants of health", we propose two steps in this stage:



Step One: stakeholder engagement

(Barton and Grant

A wider stakeholder meeting that uses the "wider determinants of health" to develop a whole systems response to the topic chosen. Participants would consider the following:

- ☑ What works, and what doesn't and 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)?

To prepare for this meeting, you will of course need to undertake a stakeholder analysis – to work out who to invite. You might want to use facilitation skills support or use an assets based approach. We plan to design a fold–out "determinants wheel" as either a table prompt or a floor-mat for these events. This will be ready shortly, and suggest you could ask people to physically place their comments on what works, what more could be done, what's important etc on the relevant segment of the wheel, in the form of a flag. This would be in the vein of "Planning for Real" events, ie visual and participative. It would be very helpful for you to take photographs for future use in the final Guide, with the permission of event participants. We expect that this would produce some clustering of ideas and issues in particular segments of the "determinants wheel", and would naturally generate some areas of focus and "Key Lines of Enquiry" (KLOEs) for your Health inequalities review.

Step Two: The first scrutiny meeting of 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 follow up stakeholder event. This information and evidence will be used to help the Review Panel to agree:

- ☑ What should we review of "what works"?
- ☑ What actions, activities, processes and outcomes could the review influence? For example you might consider Investment / disinvestment decisions or access to services
- ☑ Refine the KLOEs – "Key Lines of Enquiry" – develop the questions you want to ask during the review.

You may well find simple project planning tools of use here too, to support delivery of your work streams.

Stage 3 – Designing measures and measuring impact – processes and outcomes

For this final stage, you will of course be doing the review. In parallel, you will be estimating and evaluating the impact of scrutiny in doing the review, and test the ways in which a "return on investment" may be calculated – in both "financial" and social terms. You will need to decide on what and how to measure and evaluate. To do this, we would like you to go back to work you did to prepare the Initial Impact Statement., where you started to think about measures for the Marmot readiness indicators for the 6 questions, and how the review could have influence. We appreciate that developing measures is difficult! As you start the review – rather than just at the end – we want you to be thinking about how scrutiny can impact on and add value to reducing health inequalities, the 6 Marmot objectives, and the "wider determinants of health" in a whole systems context. To do this, you need to choose or create some measures.

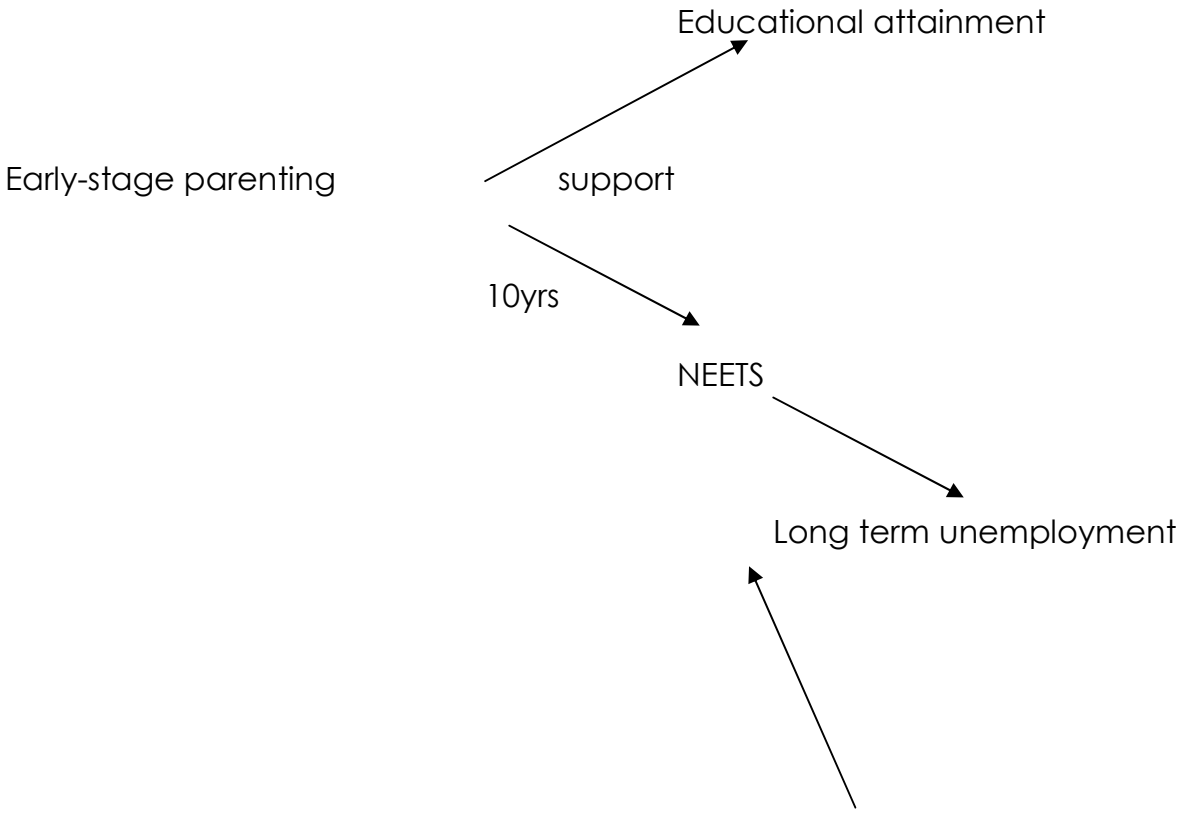
Classically, the concept of a return on investment captures the increase or change in something, for example, money. So that, if we invest £1000 or £1million in something, will we get back an increase and if so what is that % increase; or if we invest the £1000 or £1 million, how fast will we get the money back – in 2 years? 10 years? 30 years? How do we choose between investing in A or B? We're all familiar with this to some extent through loans and mortgages – the bank or building society only lends money to us if it gets back a percentage (interest) and ultimately the whole sum it lent us (capital). It can pick and choose – it does not have to lend us money if the return – and certainty of repayment – are not good enough. Some people *(New Economics Foundation – ? ref from Judith)* have attempted to translate these concepts into social and qualitative domains, an enterprise which has been fraught with difficulty!

So how does this relate to scrutiny of health and well-being? Effectively, the question is, if we put time (= money) into scrutiny activity, what does it change, improve or increase? what's the "payback" and how fast do we get it? If we don't have an answer to this, why are we doing it? Obviously, we DO think scrutiny is valuable. So how do we capture that? We suggest that there may be two sorts of value from scrutiny that you could measure or estimate:

- ☑ Process impacts (benefits) of the review – capturing scrutiny's impact on process changes
- ☑ Outcome impacts in the topic/condition/area

As ever with scrutiny, asking the right question is key – and asking this in a "whole systems" way may feel novel and challenging. We expect that taking a return on investment" approach linked to "whole systems" thinking will enable local health economies to really focus on how to deliver the Marmot objectives. So here is a sample question to help you to phrase your own:

Example: how can we deliver a maximum social rate of return from investing in the under 5s?
The probability of each outcome could be estimated and hence the value of interventions.

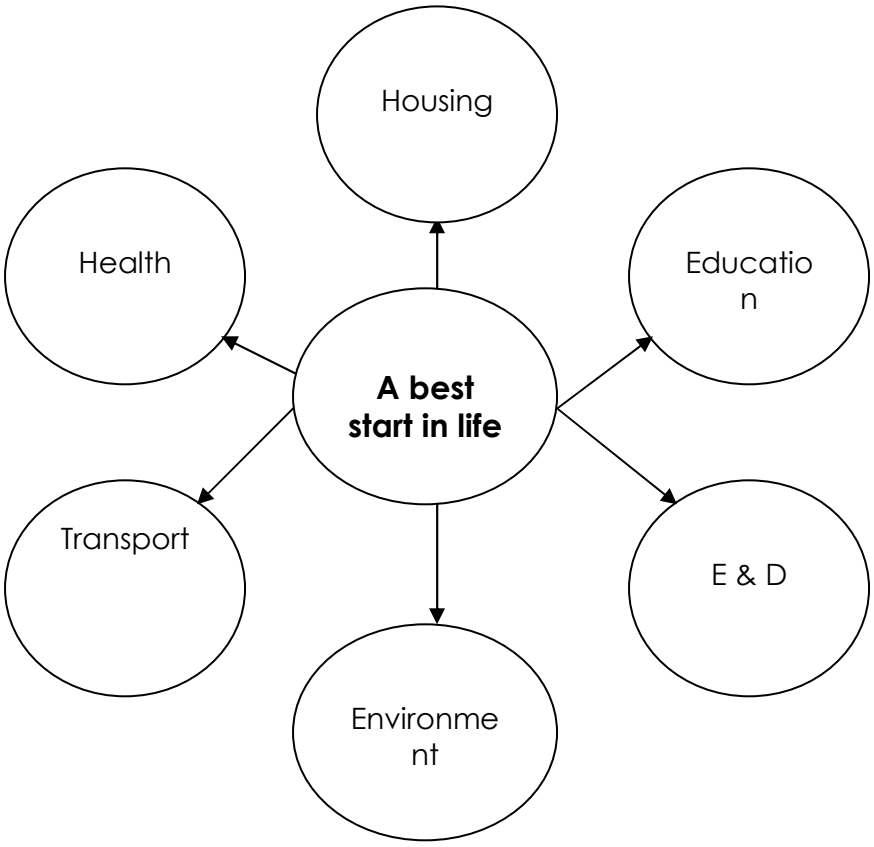


Training intervention (1 year)

{Can Laura M improve this diagram?]

This diagram shows how investing in Early-stage parenting support could generate greater Educational attainment/ reduction in NEETs in 10 years' time, as well as that a shorter-term (1 year) training support to NEETs could reduce long-term unemployment. This would have social value as well as making financial SAVINGS .We would like pilots to think "outside the box" of "health"; and about what key variables might be relevant in the context of wider determinants. Over a long-ish term timescale, some kinds of impact changes have already been calculated in national/regional reports, so that pilots might be able to extrapolate from these for local circumstances, and estimate the value in a whole systems way of following through on the Marmot objectives. Add: signposting suggestions from Mike Grady re sources on returns?

Using the wider determinants of health, we can generate a wide range of ideas for interventions, eg: what interventions would most help to give every child a good start in life? What interventions in the area of Housing? The environment? Health? Education? etc could help to give every child a good start in life? – and which of these interventions would have most impact on the desired outcome (ie the highest rate of return)?



Estimating the process and output "returns on investment"

We would like you select an aspect from the Marmot 6 questions (that you developed in stage 1), and to plan from the start to create measures and collect/estimate data, so as to be able to make an estimate/forecast of the review's impact at the end. We appreciate that we are developing this method through the work of the SDA pilots, so your commitment to innovation, creativity and learning here are crucial. Also, we recognise the risk that what is chosen is what is the most easily measurable, rather than what reflects the full complexity of social determinants.

Here is an example of some of the process and outcome measures that might be developed:

Process Benefits of the review – scrutiny's impact on process changes	Outcome changes in the topic/condition/area
☑ Recommendations adopted by Council's Executive ☑ Recommendations adopted by Commissioning Groups ☑ Clear recommendations created on what can be measured and for which groups ☑ Recommendations on how service deliverers record information ☑ YY number of people get engaged in considering the social impact on Health & Well-being ☑ A service has moved to a stronger evidence-based approach to interventions, drawing on research and the latest evidence	☑ Short-term change in a proxy measure ☑ An increase in the number of people from XX group who self-refer ☑ A movement along the social determinants "wheel" ☑ A % improvement in smoking cessation ☑ Increase in community activity (No. groups) ☑ % improvement in the number of children deemed ready for school ☑ % reduction in NEETs

As a specific example, the scrutiny review panel could estimate both process changes and their impact on the likeliness of the Marmot long-term outcomes such as readiness for school. They could ask:
If we expect to be at 35% readiness in 5 years time, what interventions (or more of them) could shift this to 55%? How could more be done in toilet training, speech therapy etc? Their process benefits might be:

- 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 involved the right players
- A process that has influenced implementation and ZZ actions.

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

We have considered the pros and cons of trying to write up a more detailed example for this – the most challenging stage – and ultimately decided against. Effectively we hope that each of you will create an approach, process, measures and calculation methods here – from which we could maximise learning , and write up a short "case study" of how you did it.

We expect that one of the advantages of carrying out a whole-systems, "rate of return" type of review may be that a much wider range of interventions – across the whole span of the social determinants – gets considered. By the same token, you will hopefully develop - or borrow and apply – a wide range of measures. One of your reflections will no doubt be which measures are more realistic and useful. From this we would hope to develop a basket of measures to recommend others to use in the final model to be produced at the end of the whole process.

Action Log

Finally, this is a learning project and the Scrutiny Development Areas are the pilots. Please keep a log of actions and reflections as you go along – what went well, what didn't, what ideas you have for the role-out of this concept. This will help, not only in developing case studies, but also to refine the concept of how impact assessment and rate of return on investment can work in health scrutiny and in influencing health inequalities for the better.

Su Turner/Linda Phipps
July 2011
Version 1.1

Appendix 1 Model Summary

Stage	Activities	Outputs	Meetings
1	**Prioritisation**	**Impact Statements** **Impact Scoring Matrix**	**Councillor/Officer creation/review of Impact Statements and decision-making on priority topic.**
2	**Engagement and scoping** **Planning**	**Stakeholder analysis.** **Stakeholders views superimposed on the "determinants wheel".** **KLOEs – "Key Lines of Enquiry"** **Simple project Plan**	**Stakeholder engagement meeting (facilitated)** **First meeting of the scrutiny review panel**
3	**Designing measures and measuring impact – processes and outcomes**	**A scrutiny review + influential recommendations** **Process measures of impact** **Outcomes Measures of impact**	**Scrutiny review meetings**
End	**Capture learning** **Share learning**	**Actions log** **Case study** **Participation in RoI model development**	 **CoP discussions** **Action learning set meeting**

Appendix 2 – Impact Statements

Key questions	Responses

Giving every child a good start in life?
• How could you measure this?
• How could you measure the Marmot readiness indicator?
  o Life expectancy at birth
  o 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?	

Enabling all children, young people and adults to maximise their capabilities and have control over their lives?
o How could you measure this?
o How could you measure the Marmot readiness indicator?
  o Readiness for school
  o Young people NEET
o Are measures / information available – very, reasonably or scarcely?
o How much influence do you think the review could have – High, Medium, Low.
o How could you structure dissemination to have most influence?	

Creating fair employment and good work for all?
o How could you measure this?
o How could you measure the Marmot readiness indicator?
  o Young people NEET
  o % of people in households receiving means tested benefits
o Are measures / information available – very, reasonably or scarcely?
o How much influence do you think the review could have – High, Medium, Low.
o How could you structure dissemination to have most influence?	

Ensuring a healthy standard of living for all? o How could you measure this? o How could you measure the Marmot readiness indicator? o % of people in households receiving means tested benefits o Are measures / information available – very, reasonably or scarcely? o How much influence do you think the review could have – High, Medium, Low. o How could you structure dissemination to have most influence?	
Creating and developing healthy and sustainable places and communities? o How could you measure this? o How could you measure the Marmot readiness indicator? o Need to check with Marmot team o Are measures / information available – very, reasonably or scarcely? o How much influence do you think the review could have – High, Medium, Low. o How could you structure dissemination to have most influence?	
Strengthening the role and impact of ill health prevention? o How could you measure this? o How could you measure the Marmot readiness indicator? o Life expectancy at birth o Disability free life expectancy at birth o Are measures / information available – very, reasonably or scarcely? o How much influence do you think the review could have – High, Medium, Low. o How could you structure dissemination to have most influence?	
What ideas do you have about how you will measure the difference made by your scrutiny review?	

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

Appendix 3 – Impact Scoring Matrix

Impact considerations	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6
How high a priority is the topic within the JSNA? High, medium or low						
How available are measures and Info (Very, Reasonably or Scarcely)						
How much influence is the scrutiny review likely to have? High, medium or low						
Overall, what is the likely value of the review (High, medium or low)?						

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