

## Appendix F

### Centre for Public Scrutiny Return on Investment - Case study

Generally: please cover planning, processes and impact; who was involved; what was interesting or different about the review.

When writing the case studies, please refer where relevant to those key attributes of a scrutiny review of health inequalities that were highlighted in 'Peeling the onion'. These were: Leadership, Vision and Drive; Local Understanding; Engagement; partnership; Being systematic; and monitoring and evaluation.

#### 1. What was the name of the relevant Council?

London Borough of Haringey

#### 2. What was the issue (topic) of the scrutiny review? And when did it start and finish?

The scrutiny review was entitled: Men's Health: Getting to the Heart of the Matter and aimed to build on previous work done to tackle the life expectancy gap, but with a particular focus on increasing male life expectancy in the ethnically diverse east of the borough.

On average there was a nine year difference between men living in Tottenham Green ward (72.5 years) and those living in Fortis Green ward (81.5 years). Death rates from cardiovascular disease under 75 years were highest in the east of the borough whilst circulatory diseases were the greatest contributor (28%) to the gap in male life expectancy between Haringey and England. Over 50% of men were overweight or obese and less than a quarter of the adult population took part in moderate sport and physical activity.

The review focused on how to engage men in early intervention and prevention services with a particular focus on cardio vascular disease.

The review was started in July 2011 before active involvement of CfPS and the expert advisor and was completed at the end of January 2012.

#### 3. What was the question you posed, that you wanted to answer on this topic?

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?

#### **4. What was the “rate of return” question you decided to ask – and answer**

This evolved as the review progressed and became: What would be the return on investment (ROI) if, in 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 and wellbeing services.

#### **5. Stage one: Shortlist topics**

##### **What was your experience of this stage? How did you do this and how did you source the shortlist of topics?**

Haringey follow the principles of Peeling the Onion and have an established process of shortlisting. When considering a review on health inequalities ordinarily the Officer would talk to the Director of Public Health and her team with reference to the Joint Strategic Needs Assessment and looking back at DoH National Support team audit recommendations. Issues would be pulled out and then mapped against what else is being done across council, speaking to stakeholders/partners and seeing where the scrutiny could add most value.

The Chair of scrutiny would have been involved in the shortlisting process and the final “choice(s)” goes to committee for discussion and approval.

##### **What went well?**

The model was not used during the selection of shortlisting topics.

##### **What were the challenges?**

##### **What could have gone better or differently?**

It is not believed that had the model been used, there would have been any other outcome. This is because the Committee had already chosen a specific topic area in order to put their bid forward. The topic area was initially suggested by the Director of Public Health.

##### **What reflections did you hear among other participants?**

#### **6. What good practice tools or models did you use or develop in Stage 1?**

(Please be specific; and attach worked examples, diagrams, pictures, photographs etc).

All aspects of Peeling the Onion are covered so the health inequalities agenda is already firmly embedded into all that scrutiny does. This streamlines the process as there is an understanding by all members of what HI entails.

## **7. Stage 2: Prioritisation model - Impact Statements & Scoring Matrix**

**What was your experience of this stage? How did you do this – did you create Impact Statements using the “Marmot”- based set of 6 questions? Did you use the Scoring Matrix to decide between the topics?**

As the single review topic had already been selected, the scoring matrix was not used. The impact statements were developed by officers using the Marmot based set of questions and brought to the first Panel meeting. This was passed without comment and they were then reviewed and enhanced by the CfPS expert advisor. As there was already a crowded agenda programme, the altered impact statements were emailed to members asking for any comments and none were made.

### **What went well?**

Looking at the impact statements made the review more focused. It enabled participants to consider where scrutiny can add value whether in real measurable terms, by way of contributing and informing work already being done, or by outcomes like networking. Being part of the project did not, however, change the way review was run.

### **What were the challenges?**

In Haringey, it is the supporting Officers role to do the background research and pull together relevant agenda items. The main discussions then take place at panel meetings once Members have read background material. To minimise any confusion for Members and add clarity to the Marmot statements, a “what it means” box was added to the template. This was to ensure that Member’s had an understanding of each of the statements and so that they could not be interpreted contrary to the Marmot team’s intention.

The challenge was in getting comments on the statements from Members.

Due to the way that Scrutiny is current structured in Haringey the impact statement template would not necessarily assist in getting the review Panel to think about the impact the review would have as by the time the Panel of Members comes together the review has already been chosen by the Overarching Overview and Scrutiny Committee. It could however be used as part of the report which goes to the Overview and Scrutiny Committee if there are

more than one possible review topics relating to Health Inequalities as it may then assist the Overview and Scrutiny Committee in making a decision.

**What could have gone better or differently?**

**What reflections did you hear among other participants?**

The impact statements can be revised on reflection. The impact on employment for example was considered to be low originally but should now be raised as a result of the investigation.

Health has been a 2<sup>nd</sup> tier objective in the Tottenham regeneration strategy but as a result of this investigation and the impact statement, it will help raise health to a prime position within that strategy.

Had not Haringey already embedded Peeling the Onion into its processes, the development of the impact statements would have given members and stakeholders a firm basis upon which to develop their review strategy.

**8. What good practice tools or models did you use or develop in Stage 2?**  
(Please be specific; and attach worked examples, diagrams, pictures, photographs etc).

Whilst the impact statements were utilised, specific officer knowledge regarding health inequalities and guidance to members played a significant role in this stage. This brought to the fore an area not generally considered i.e. men's health. An element of on-line reflection was introduced here with Members being asked to review the impact statement remotely.

**9. Stage 3: Stakeholder engagement model**

**What was your experience of this stage? How did you do this – did you use the “determinants of health” wheel? Did you use the process to finalise and determine the review question and “KLOEs” (Key Lines of Enquiry?)**

Because the review was already well advanced at the time of CfPS involvement, the wheel was used as a mechanism to highlight any gaps that might exist in the review strategy. In a crowded agenda 30 mins was allocated to developing the wheel and the number of participants grew as latecomers arrived.

**What went well?**

The process confirmed some of the KLOEs already being investigated and added a new one on employment. It also illustrated a subset of concern in an area of general satisfaction regarding the health trainers which led to useful debate and further investigation.

**What were the challenges?**

Slotting this into an existing agenda proved difficult both in respect of available time but also in ensuring the right people were there. Public Health colleagues were able to attend due to illness and travel difficulties so the group were unable to complete major segments of the wheel.

Individuals and focus groups are very hard to reach and so it is important to be very targeted and realistic about what can be achieved. At the same time it helps to be persistent! For example, it took some time to get GP involvement, but when this did happen it was with the right people who had a real interest and desire to contribute and improve the area under review.

**What could have gone better or differently?**

Had time be programmed in at the beginning of the review for this exercise, it would have enabled all stakeholders to be better informed as to the purpose of the wheel. In turn a richer picture of the “state of play” in the Borough might have been obtained and other “gaps” may have been identified. The review was very comprehensive and this exercise might have improved prioritisation of KLOEs.

However, the number of stakeholders evolved as the review progressed and it was only in the latter meetings that there was involvement from GP’s, the Local Pharmaceutical Committee (who attended their first Panel meeting on the day the wheel was discussed) and Whittington Health for example.

**What reflections did you hear among other participants?**

The wheel was useful at the time to make participants think through what it was they needed to do and have impact on more than one aspect. Not sure it had a longer term impact as they already had a really good picture of health dynamics of the Borough.

This is a good early stage planning tool and if done at the beginning would have been more relevant but not sure how it influenced process of the review. You would be able to set priorities as a result of this and it can pinpoint subsets where there may be concerns.

**10. What good practice tools or models did you use or develop in Stage 3?**

(Please be specific; and attach worked examples, diagrams, pictures, photographs etc).

A total of five meetings were held with over 11 stakeholder organisations, most of whom attended each time once they were involved in the review. All were actively engaged in every stage of the review. Evidence was gathered from across all areas and presented to the committee in select committee style. Witnesses remained for the whole meeting and were encouraged to question their fellow witnesses and to suggest who else should be approached for

information. There was a high level of collaboration and cross-working as ideas from across and outside of the Borough were shared. Preliminary discussions and engagement were vital in creating the right atmosphere for this to happen.

#### **11. Stage 4: Undertaking the review and a calculation of impact/ROI (return on investment)**

**What was your experience of this stage? How did you do this – how did you decide how to measure shorter term/process and longer term/outcome impacts? What data did you use? Did you refer back to the Impact Statements and was this useful? What was the ROI that you found?**

Calculating the impact was the most difficult aspect of the review. The impact statements had illustrated that so much of the review's impact would be longer-term. Any ROI then had to deal principally with potential impact. In addition, the ROI had to be associated with an activity which would only have come about as a result of this review. In this instance, the only shorter term ROI can be networking as there are no quick wins unless pot of money available or initiatives already on-line that can be identified and slotted into.

Linking then to a recommendation that the Council should run a local targeted campaign involving all partners to act as a catalyst to engaging men in preventative and early intervention services, the ROI that was agreed (and is still being calculated) was:

Hours put in to running the review (input) the findings (activity) resulting in hours gained in increased life expectancy (output)

Cost of running the review (hours x av wage) against increased income in the target group (due to raised life expectancy) and resultant local spend

Work is also underway to identify a methodology of incorporating the quality of life equation used in public health.

#### **What went well?**

Short term returns were evident as people stayed after the meetings to exchange email addresses and engage in networking that they would not otherwise have been able to do. Professional competition was also reduced as there was a genuine partnership between all organisations working together to improve health of men.

One immediate, unexpected return was the Whittington Health Urgent Care Centre Project, a web-based health information tool for the general public which will now be redesigned to appeal more to men.

Comments are currently being collated on other non measurable outcomes of the review. Responses so far include:

- The first time I have seen in Haringey the engagement and joined up working across such a varied selection of agencies
- It is high on my agenda, so many possibilities as I start schemes and projects. I do more health checks and Q-risk (N.b. Q-Risk is a GP risk assessment tool for cardiovascular disease)
- Thanks to all of your team for making them happen, raising awareness alone will be positive and change behaviour
- I was delighted that Haringey has recognised Men's Health as one of the key issues to tackle.
- It was extremely useful to meet people who have different expertise and angle to men's health and I look forward to keeping in touch and developing these partnerships further.
- Planning and exploring ways to develop a local Men's Health Forum and how we can together develop innovative ways to celebrate and promote Men's Health Week.
- A very big thank you to you and Cllr Winskill for everything. Not only has my organisation gained for the meetings, but you made us all feel as important players in reducing gender based health inequality in Haringey.

#### **What were the challenges?**

As this is a complex process it took some time to understand how to do this. The danger is that this could be "over thought" and to go into too many layers of detail. Considerable time could be spent in thinking this through and gathering data when the outcomes are theoretical. You then have to question the cost benefit of doing it so it is important to get the balance right.

#### **What could have gone better or differently?**

Understanding the ROI at the very beginning of the project may have directed attention to gathering the necessary data at an earlier stage. However, the ROI chosen then may not have turned out to have been the one with the most impact so there has to be a level of flexibility in designing these.

#### **What reflections did you hear among other participants?**

There's a danger of using a cost benefit analysis with a long-term issue such as this. So many assumptions may have to be made that it can be all too easy to adjust the figures to get the results you want.

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.

Focus on ROI would mean you ignored the important qualitative data as well. If

you tried to check health ambitions between Boroughs how do you measure one part of London against another and then compare commissioning for example?

Don't need to try and guess how many people have changed their lifestyle habits because of the review but if this work is successful and encourages change with other agencies etc we can say we're contributing to the huge programme of work needed to improve health.

**12. What good practice tools or models did you use or develop in Stage 4?**  
(Please be specific; and attach worked examples, diagrams, pictures, photographs etc).

**13. What other reflections do you have if any?**

The stakeholders were fully committed to exploring the issue and had scoped an ambitious and comprehensive study before the model was utilised. As a result, this pilot looked at how the model could be slotted in to an already constructed review. The disadvantage was that the timetable was crowded and minimal time could be allocated to the various stages of the model. The advantage was that despite this, benefits of using the model were still shown.

The way the review was carried out broke down professional silos and in particular the Local Pharmaceutical Committee has truly become involved with council.

There were problems with the project starting when it did because contact could not be made with Members during August.

Panel meetings started earlier than they would usually – in the usual review cycle more time is spent at the outset engaging with stakeholders to ensure as many are fully on board from the start as possible.

A key challenge was involving the target groups in the review. The review was launched at NHS Haringey's AGM where a Tottenham Hotspurs Legend who had heart surgery spoke of his experiences and where a number of local men attended and participated in break out sessions on the issues under review. Some focus groups were then set up for local men, unfortunately none attended which went some way in proving how difficult it can be to engage this group! However, a subsequent focus group at a local Arrive bus garage was very successful.

A local Health Psychology Masters student assisted with the research for the review, particularly in accessing academic journals which was extremely valuable. The student also conducted the focus group as well as preparing the



relevant paperwork e.g. consent forms, interview schedules and de-brief forms.

The review recommendations appear to have developed a life of their own before the final report has been written up or reported through the overarching Overview and Scrutiny Committee and Cabinet with at least two of the recommendations already being taken forward! This could be due to the way in which reviews are conducted in Haringey with all stakeholders being able to share their views and input into discussions through the Panel Chair. Overview and Scrutiny in Haringey aims to be as inclusive as possible with everyone's views being given equal value which tends to create an openness in reviews with opinions being discussed and a best way forward for issues being agreed upon collectively.