learning together

further lessons from health scrutiny in action
The Centre for Public Scrutiny

The Centre for Public Scrutiny promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. The Centre has received funding from the Department of Health to run a three-year support programme for health overview and scrutiny committees of social services authorities as they develop their power to promote the well-being of local communities through effective scrutiny of healthcare planning and delivery and wider public health issues.

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Each year between 2004 and 2006, the Centre for Public Scrutiny (CfPS) invited health overview and scrutiny committees to bid for funding to support action learning in health scrutiny, with a focus on health inequalities. Each project was awarded up to £20,000. A report about the first nine action learning projects, called ‘Sharing the Learning – Lessons from Health Scrutiny in Action’ was published in October 2006. This latest report reflects on the learning from the second round of action learning projects. A report on the third round will be published in the autumn of 2007.

In round 2, OSCs were asked to submit bids around the key themes in the ‘Choosing Health’ white paper. The successful bids were chosen for their potential to generate lessons and best practice for health OSCs and the NHS across the country. The lessons from these projects also feed into the CfPS funded wider ‘Evaluating Health Scrutiny’ project conducted by the University of Manchester, the final report of which will be published in the spring of 2007.

This report provides a summary of the processes, achievements and lessons experienced through action learning in health scrutiny reviews. Action learning was used in these sites as a mechanism to ‘learn through experience’ using sharing and reflection in order to make the learning explicit. The project leads were required to report on their progress as they progressed through the scrutiny review, noting what had worked well and what not so well, what they had gained most and what they would have done differently with the benefit of hindsight.

The projects are presented as case studies, based on each project’s self-assessment of their experiences, ensuring that each site can tell its story in a coherent way. These are real life accounts of learning from health scrutiny committees who ventured into new territory as far as their scrutiny processes were concerned, making a commitment to reporting their experiences and learning.

The projects were selected based on the extent to which their topics were important in relation to health inequalities. Health inequality is a cross cutting issue, requiring scrutiny beyond organizational boundaries. Delivering outcomes on health inequalities is only partly the responsibility of the NHS – it is also an important issue for local government, communities and individuals. What the round 2 case studies show is that OSCs are willing and able to meet the challenge of scrutiny in this environment. For a relatively new role within local government, these health scrutiny projects should be celebrated as achievements. There is a wealth of creativity and innovation which is a positive factor for the future.

Through their work it is apparent that health OSCs can engage with communities and challenge decisions about services and the way they are delivered. In some cases scrutiny has injected energy into communities themselves and they are now taking a more active role in tackling health inequalities themselves. There is also significant energy and enthusiasm amongst elected councillors and support officers about their role.

Some OSCs again experienced issues around research ethics (the need for approval for certain research activities involving individual patients). In some cases this slowed the progress of reviews and in others it prevented a more representative sample of service users being reached. Advice for health OSCs about research ethics is contained in another CfPS publication called ‘10 questions to ask when assessing evidence’.
Topic selection

The projects demonstrate that a clear rationale for topic selection and the consequent lines of inquiry is essential. Given their cross cutting nature a significant amount of time was invested in scoping the reviews. A strong evidence base demonstrating why inequalities persist can be a compelling driver for health scrutiny.

Methods and approaches

Some common approaches to scrutiny and project management are demonstrated. In particular, all projects took a broadly collaborative approach, influenced by the cross cutting nature of the topics and likely solutions. In most projects, major stakeholders were involved and direct attempts were made to engage the public. Project management methodology, steering groups or joint project leads were used. These can be time consuming to establish and maintain, but help maintain progress and an orderly process. Some projects used innovative methods, in particular the use of appreciative inquiry, shadowing, independent project coordinators and feedback conferences following reviews.

All projects were required to build in action learning and there was a degree of diversity in how this was translated. Projects report that funding to secure facilitators or consultants for action learning was important in the success of reviews. Action learning helped OSCs and partners to reflect on what they were doing in ways that helped adapt processes locally and that can be shared nationally.

Public and patient involvement

Health scrutiny provides democratic oversight and accountability over decisions about health and healthcare planning and delivery. By involving citizens and patients directly, health OSCs can add value and legitimacy to their recommendations. The case studies show some very real successes in this respect. Many projects used funding to support participation through direct communication, events or focus groups or interviews with specific groups. Some involvement exercises were an outright success, some varied in their outcome and a few were not regarded as being particularly successful.

Importantly for the development of health scrutiny and the role of non-executive councillors in local leadership, the projects have built capacity that has the potential to be valuable in the future. The actual experience of interviewing service users, especially those ‘outside the mainstream’ was especially energising for councillors.

These action oriented reviews led to a great deal of first hand learning for councillors and an opportunity to engage with groups rarely in contact with democratic or service shaping processes. At a time when local democracy needs re-energising this is to be welcomed and valued. In addition, councillors report a great deal of personal satisfaction from these interactions. Some of the projects trained current or past service users, including young people, to carry out focus groups and interviews, thus benefiting from their status to support access and quality of data collection. These approaches demonstrate that OSCs can work innovatively in order to find out what people think about the services they receive. The NHS has also been involved in many of the engagement exercises, enabling them to hear and learn for themselves what citizens and service users have to say.
OSCs have often publicised their projects through formal ‘launch events’ either at the start or finish of the review and newsletters and the media were exploited. This led to a higher profile for health scrutiny, which is very important in terms of building a general awareness of how the public can make the most of the scrutiny function.

Outcomes and emerging benefits

Scrutinising health and healthcare can be daunting. These action learning projects provide evidence that energy, creativity and innovation are key success factors. Among the benefits found from the projects are:

- Increased learning and reflection;
- Improved working relationships;
- Improved understanding of different partners and their services;
- Wider knowledge of cross cutting issues within health inequalities;
- Scrutiny has influenced change in some strategies and services; and
- Scrutiny activity has stimulated action by communities themselves.

Impact in terms of improved health is not yet evident from these projects, partly because the processes have not yet run their course. Such impacts were not, however, the only or prime reason for establishing these projects; extending scrutiny to a challenging area or encouraging new approaches and methods were equally important. For the longer term, establishing collaborative ways of working and beginning important debates across the health economy, the voluntary and community sectors and communities themselves, may bring greater benefits for local health.

The projects have been active in learning from each other, coming together at various stages to share their experiences and learning. CfPS has been proactive in encouraging this across public scrutiny in general and in health through these action learning projects in particular.
gloucestershire county council
supporting drug users

“using former service users to facilitate interviews helped members’ confidence and ensured the interviews worked well.”

1 background

Gloucestershire has over 3,000 estimated problematic drug users. Heroin is the most used drug with treatment for cocaine and/or crack cocaine becoming more common. The emphasis has been on reducing drug related offences and on treating drug problems with less attention given to either addressing the causes of drug misuse or on providing appropriate aftercare services. The need for treatment followed by appropriate aftercare is increasingly recognised as vital if the cycle of addiction is to be broken. The scrutiny review topic links to the issue of health inequalities as drug use correlates strongly with deprivation.

2 motivation for topic choice

The focus of the review was the availability of aftercare services for users of heroin, cocaine and crack cocaine beyond the treatment phase in prison, residential rehabilitation or home detoxification. These people are likely to have been through intensive treatment and will require aftercare services.

Drug misuse was first raised as a topic for review in 2003 as it was an issue of local and national interest. However, at the time the committee felt that such a complex, cross cutting issue would benefit from previous experience in conducting health scrutiny reviews. The need to have established a strong relationship with NHS organisations was also recognised to ensure outcomes from the review. In November 2004, the committee established a working group to carry out initial scoping work to try to identify an area within the topic of drug misuse that they could investigate in more detail. Following discussions with the drug and alcohol team, a countywide specialist substance misuse service, the Gloucestershire drug and alcohol and re-integration services and the service user support team the group concluded that aftercare services would be worthy of more detailed scrutiny as this was the area of weakness in services locally.
This review also converged with interest by DAAT (the Drugs and Alcohol Action Team) to focus on aftercare services planning in view of the expected increase in funding in 2005. DAAT believed that the findings from the project could usefully feed into this process, and help shape how future funding is spent. Therefore the review provided an opportunity to identify areas for improvement at a time when funding was becoming available to make change a reality.

3 aspirations

The objectives of the review were to:

- understand existing aftercare services;
- identify the overlaps with other services for substance misuse problems, including alcohol misuse;
- work with service users, former service users, service providers and practitioners to identify appropriate levels of aftercare support required by drug users leaving prison, residential rehabilitation or home detoxification;
- identify examples of good practice in aftercare provision across Britain;
- identify potential barriers that prevent people from maintaining gains made in treatment, and consider how these barriers could be overcome;
- through the use of action learning, consider how the scrutiny process could be developed and improved in order to share this learning with other authorities; and
- draw conclusions and make recommendations about how to improve aftercare service provision.

4 in support of scrutiny... people and processes

A number of partners were involved in the review. Gloucestershire re-integration service provided invaluable expert support. They helped with interviews and provided detailed information on areas such as existing aftercare services. Importantly, they were able to provide access for members to interview service users to deliver a service user involvement aspect to the review and identified people to complete the committee’s questionnaire.

Nelson Trust is a provider of rehabilitation and some aftercare services. Members visited this facility and had the opportunity to talk with service users informally. The trust also provided access to clients for interviews and questionnaire completion.

Local authority housing providers supported the review through providing information about the housing needs of this group of former drug users and some common difficulties which they faced. They were involved in discussions particularly about housing provision for this group. Cotswold District Council provided written answers to specific questions.
An external consultant was appointed to provide training and manage the service user involvement element of the review. The training provided for members on interview skills was extremely useful. Former service users, recruited to help facilitate the interviews, were also invited to the training sessions. The training developed confidence ahead of undertaking the interviews and allowed some piloting of the proposed questions. An additional spin off was the knowledge gained through members engaging with former service users.

The use of former service users to facilitate the interviews helped members’ confidence and ensured the interviews worked well. They played key roles in putting interviewees at their ease and translating ideas or ‘bridging the gap’ between members and clients.

Further consultants were engaged to deliver the action learning element of the review. Members and partners received a one day introduction to the principles of action learning followed by six facilitated ‘action-learning’ sets throughout the course of the review. The action learning sets provided an informal setting where people could exchange views openly and usefully helped to avoid politically motivated debates. The focus of the sets changed over time, becoming more task orientated. The sessions were used as an opportunity to feed in and discuss information that members had gathered and allocate future tasks.

- **Information gathering meetings** between members and individual organisations. This was a good method for finding out information about existing services. Basic question and answer formats worked well after provider organisations triggered questions based on their presentations. Individual members also had meetings with organisations, feeding back their findings and their experiences during the action learning sessions. These increased individual members’ understanding and engagement with the issues.

- **Site visits** were a useful way to gain first hand insights of the services and the people who use them. Visits which included an opportunity to have informal discussions with service users were particularly valuable.

- **Written requests for information and paper based exercises** yielded good responses to questions but occasionally required further follow up. Some good background information and good practice in other areas were identified, however little work had been done in the UK to measure the effectiveness of different aftercare services so establishing good practice was difficult.

- **Postal questionnaire to service users** received a poor response rate of 9%. This was to some extent balanced by the quality of responses which was high.

- **Service user interviews** elicited good quality information. Members felt that they were beneficial in terms of improving their understanding of the problems faced by drug users.

### 5 Innovative approaches

Multiple methodologies were employed to carry out this scrutiny review including:

- **Open round table discussions** involving committee members and service provider organisations. This was a useful method for gathering information about the wider drug misuse picture and for building relationships between members and the organisations being scrutinised. It was a useful starting point for the review, acting as an ice breaker and a tool for triggering questions.
6 outcomes and emerging benefits

Recommendations about the following aspects were made to national and local decision-makers;

- housing
- employment
- status of aftercare
- alcohol

7 best experiences of the project

Members’ interviews with service users were the most rewarding part of the project. The information gathered through this process was some of the most interesting and relevant gathered throughout the project. All members of the scrutiny group undertook interviews and it provided a ‘hands on approach’ and an opportunity to really hear what service users thought of the services that are available.

8 reflections on learning

The interviews worked well as suggested above, however the settings for some interviews were more successful than others. In general, informal settings worked better.

The action learning was useful in helping to bring the project team together and in providing opportunities for members to share their views freely.

The questionnaire had a very poor response rate. There were problems in trying to manage a questionnaire through a third party and it appears that some organisations discouraged participation. There has been a suggestion that an incentive is used in future to encourage completion of questionnaires.

This type of review requires a considerable amount of members’ time and this is not always possible due to other commitments. The extent of the local NHS change programme made it very difficult for the committee to dedicate an appropriate amount of time. Reviews such as this also require funding. This review could not have been undertaken without the support of the external facilitator funded through the CfPS.

9 future potential

The scrutiny group are active in disseminating the findings of the review and where appropriate carrying out ongoing monitoring.

A meeting has been arranged between the OSC chairman and the Home Office Drug Strategy Unit in June 2007 to discussion how the recommendations can be incorporated into the latest Drug Strategy so that Gloucestershire’s findings can be taken forward at a national level. This is very important as many of the key findings of the report can only be addressed at a national level.
"the review was a shared venture, not just ‘us’ and ‘them.’"

1 background

In Kent there are areas of relative affluence as well as deprivation. By choosing to focus on obesity for this review, the Kent health scrutiny committee together with their partners would be able to investigate whether there are universal solutions to the problem of obesity and examine health inequalities alongside the socio-economic and political context across Kent.

2 motivation for topic choice

Obesity was an issue in which all of the partners associated with the review had expressed an interest. Increasing the number of adults participating in physical activity was a high priority in Kent. By examining how to tackle obesity, and particularly the opportunities for exercise, the project provided the opportunity to explore a local public health issue as well as the wider determinants of health. Later, the issue of healthy eating was added to the review’s focus.

The scrutiny committee argued that many would benefit if the aims and objectives of the review were achieved including the public, Kent County Council (KCC), their partner organisations – particularly the Department of Public Health, the three partner district authorities and the other nine district authorities in Kent.

3 aspirations

The ultimate aim for this project was ‘to assess best practice in reducing obesity through improving activity levels across the county, across all age groups, as an instrument in the prevention of disease through working in collaborative partnerships’.

Each of the partner district councils carried out one topic within the review. These are outlined below:

- Kent County Council focused on ageing successfully;
- Gravesham Borough Council focused on activity for young people;
- Tonbridge and Malling Borough Council focused on seeking best practice in reducing obesity; and
- Canterbury City Council focused on changing perceptions about health and choosing health improvement strategies.
4
in support of scrutiny...
people and processes

The three district authorities in Kent and the former Kent and Medway Strategic Health Authority were key partners in this project.

An external consultant was employed to facilitate the action learning sets, the membership of which was drawn from each participating organisation. The action learning sets were reported to be a valuable process to go through while the review was being undertaken. They provided an opportunity for the review partners to reflect on the methods they were using to carry out the review.

5
innovative approaches

Multiple methodologies were employed in this review process, these included:

- **All day evidence gathering sessions** to gather evidence at eight all day sessions in various locations including schools. Committee members gathered much information from local and national witnesses at these sessions, however it became apparent that much preparation was needed to support members and witnesses for these hearings and further effort is necessary in evaluating the session outcomes;

- **Written evidence** - this was obtained from a range of stakeholders and provided useful additional data for the project;

- **Resident’s panel survey** – questions were included in the survey of residents carried out by the county council. This yielded both quantitative and qualitative data, which was valuable to the project although may not have been representative of the population as a whole;

- **Local magazine article** - this invited responses to the question ‘What would encourage you to become more active?’ More useful qualitative data was elicited by this method.

6
outcomes and emerging benefits

The joint scrutiny committee has reported that this scrutiny review has led to valuable lessons being learned about best practice for the issue of obesity, exercise and healthy eating. The learning will be applied to future scrutiny work.

The review helped to increase levels of patient and public engagement and gave the scrutiny committee the chance to try out different methods of engagement and to identify which of these worked most successfully.

Closer working relationships have been facilitated between the overview and scrutiny committee, the three district councils and health partners whilst carrying out this review.
The best experiences of the project included receiving testimony from representatives of Kent Youth County Council during a consultation on exercise and nutrition carried out in local secondary schools. Hearing what service users had to say was of great importance to the project as well as getting evidence from service providers, professionals and experts; and on another occasion a meeting was carried out with different tiers of representatives from the partner organisations. By this stage most people knew each other and trust had developed. This meant they shared their experiences openly while at the same time acknowledging differences. This enabled them to recognise that the review was a ‘shared’ venture and not just ‘us’ and ‘them.’

Reflections on learning

There are several specific learning reflections emerging from the action learning approach and from carrying out the review. These include:

- The action learning process enabled the committee to reflect on the methodology used in the project in order to both “fine tune” the project as it was being carried out and to learn important lessons for carrying out further scrutiny work in the future;
- Throughout the life of the project it emerged that there was a need to have concise terms of reference including clear aims and objectives and then to stick to these;
- Members and witnesses need to be adequately prepared for evidence gathering sessions and the outcomes of these need to be evaluated; and
- Innovative and creative methods for involving the public and service users to engage them in reviews are required.

Future potential

The joint scrutiny committee disseminated the report through a formal launch which coincided with the launch of the county council’s Department of Public Health which attracted media coverage.

This review has led to the county council planning to undertake a research programme in partnership with Canterbury’s Christchurch University to evaluate the effectiveness of brief interventions in primary care for tackling obesity. This will further add to evidence already collected in this review and hopefully attract publicity.

The report was endorsed by NHS colleagues and district authority partners and was debated and approved at a full County Council meeting in December 2006. An Obesity Strategy Working Group has been formed, led by the cabinet member for public health, to take forward the OSC’s recommendations. The group includes the Director of Public Health and colleagues from the NHS and the County Council. The OSC report is also being taken account of in the formulation of the County Council’s Public Health Strategy.
London Borough of Merton
Community Leadership to Improve Health

“The cabinet has agreed to develop an older people’s strategy, incorporating recommendations from the review.”

1 Background

The London Borough of Merton has areas of affluence contrasting with areas of deprivation with a broad east/west geographical divide. Particular wards have profiles indicating greater levels of health needs and higher numbers of vulnerable people. The review focused on the potential for the voluntary and community sectors and opportunities for ‘volunteering’ to address health inequalities experienced by older people.

2 Motivation for topic choice

Previous scrutiny work had highlighted the contribution of voluntary organisations and local community groups to improving health. Although these services enhanced statutory health and care services there was a need for more partnership working between the NHS, Local Authority and voluntary sector that better recognised the role that community groups can play. In particular, the skills and knowledge of local people might represent an untapped resource in developing Choosing Health, which highlighted the role of the public in setting the agenda for their own health needs. The review aimed to promote greater public involvement in health improvement at a more practical level that could potentially bring sustainability to improvements in health.

3 Aspirations

The aims of the review were to:

- Expand community-focused work on health improvement and to make health improvement more sustainable;
- Make better use of the skills, knowledge and experience of local community groups;
- Enable people to have more influence over their neighbourhoods and to focus on how community leadership can improve local health; and
- Focus on the needs of the 50+ age-group.

It was decided to concentrate on people aged 50+ because this group often appears to be neglected in key strategies, may experience cuts in services from time to time and may also feel excluded from mainstream activities.
4 in support of scrutiny... people and processes

The review was conducted in partnership with the PCT, which was represented on the project steering group. The PCT provided information on the health profile of Merton so that the review could focus on areas of greatest need in order to maximise impact. It also provided expert advice to support the scrutiny committee’s consideration of key local health issues and sought feedback on PCT services using a wide range of engagement mechanisms.

Merton Voluntary Service Council (MVSC) promoted the project and facilitated the identification of representatives from local voluntary organisations and community groups, such as Social Welfare Guilds, Age Concern, volunteer networks and disability groups. These representatives met the scrutiny committee and were very keen to share their views. Local Area Forum meetings were also used in order to obtain views from members of the public. These were reasonably well attended and consistently highlighted some key issues. The review concluded with a stakeholder workshop.

A detailed project plan with targets, deadlines and expected outcomes was produced to guide the review. This enabled progress to be assessed at a glance and other relevant health scrutiny work to be linked to the review.

5 innovative approaches

A number of methodologies were used to conduct this review including:

- **external researchers** were commissioned to investigate the particular health needs of older people and their capacity to engage with services and support networks. Their positive approach, extensive understanding of health issues and local knowledge enabled valuable first hand experiences from over 100 local older people to be obtained, using a combination of interviews and focus groups;

- **existing data** was exploited to ensure that the review focused on areas of deprivation;

- **area forums** were used as venues in which to hold public meetings. These gained a reasonable level of attendance;

- **‘group specific’ meetings** were organised with a range of local voluntary and community sector representatives;

- **consultation exercises** focused on local PCT services using a range of engagement mechanisms some of which worked well such as face-to-face meetings with groups that are traditionally ‘hard to hear’. Other less direct engagement processes worked less well, for example a letter to residents associations;

- **a stakeholder workshop** was held to conclude the project, providing an opportunity to discuss the review findings informally in an attempt to maximise their impact;

- **Dissemination** through websites, community magazines, the PCT and a planned event around ‘improving older people’s services’.
6 outcomes and emerging benefits

The review identified specific health issues that relate to different sections of the local population, with older people and younger people feeling marginalized. Evidence has emerged to suggest that better communication of health service information might allow people to have more informed choice. The review produced 8 recommendations, including one about better advertising of health improvement initiatives and another about specialist staff to conduct ‘health testing’ with older people.

A close working relationship with the PCT has been developed and this will be important in the future as pressures on NHS finances appear likely to impact on local health services.

7 best experiences of the project

The experiences surrounding the primary research, which was undertaken with some of the funding provided. The researchers were enthusiastic in interviewing witnesses and facilitating focus groups. This enthusiasm was infectious, bringing energy to the project. In addition, the research included key stakeholders and partners who all learnt together about how people were affected by services. Furthermore, it was considered useful to have people with expertise in local services and the local area supporting the review.

8 reflections on learning

Some engagement methods worked better than others and it is important to try a range. The independently facilitated focus groups proved very effective as an engagement tool, and in general face-to-face meetings worked well, particularly with ‘hard to hear’ groups. Holding meetings in the local community proved successful and meeting outside the formal local authority setting encouraged free and open discussion. Voluntary sector groups needed a long lead time for meetings, often operating with only one or two full-time staff and their resources are limited. This has to be fully recognised in order for meaningful engagement to begin.

A letter to local residents associations produced a disappointing response and very few written contributions were received. How to engage with housebound/disaffected people remains an issue requiring consideration. Taken as a whole, however, the consultation process was successful and enabled a range of issues to emerge.

9 future potential

The recommendations were accepted by Cabinet which agreed that various strands of work need to be linked together. The findings from the review research have informed the council’s strategy for older people. Furthermore, the consultation period for the strategy was extended in order to provide more time for the wider engagement of older people. The scrutiny panel has developed a relationship with the Older People’s Well-being Partnership that will inform future health scrutiny work programmes.
London Borough of Tower Hamlets
Delivering ‘Choosing Health’

“young people themselves facilitated the young people’s groups and this encouraged discussion and debate.”

1 Background

Tower Hamlets Council and its partners want to provide strong local leadership for their area, building ever-stronger links with the community with the aim of delivering real improvements in the quality of life of local people. The local strategic partnership (LSP) is taking forward a number of initiatives and targets in the local area agreement (LAA) aimed at promoting healthy lifestyles, including a strategy and service provision for reducing childhood obesity.

2 Motivation for Topic Choice

The scrutiny panel wanted to explore the extent of co-delivery of services between local government, the NHS, business sector and the voluntary and community sectors in supporting the ‘Delivering Choosing Health’ agenda. The panel used the reduction of childhood obesity as the focus for reviewing existing and planned work. Delivering Choosing Health and childhood obesity had been identified as priorities by the Director of Public Health. The panel decided to focus on the presumption that poor health is inextricably linked to the way people live their lives and the opportunities available for them to ‘choose health’ in the communities where they live.

The project provided the opportunity to:

- consider whether services need to be re-focused to better meet the needs of diverse communities;
- consider how informed choice and personalisation of services contribute to reducing health inequalities;
- promote community involvement in health and raise awareness among communities that health is everybody’s business;
- bring together a number of different but linked agendas in one forum to take a holistic view of current provision including:
  - exploring the effectiveness of partnership working, particularly through the LSP and LAA;
  - making connections to the Association of London Government’s (now called London Councils) Agenda for London that identified obesity as a priority;
  - exploring the role of councillors as community leaders (in the context of the Government’s Vibrant Local Leadership proposals).
aspirations

The specific objectives of the project were to:

- examine the working relationships between service providers and partner organisations and agencies;
- explore with service users the degree to which services provided met their requirements;
- explore how service providers and partner organisations are embedding the principles and priorities of ‘Choosing Health’ in service delivery;
- draw evidence based conclusions about the most effective way for service providers and partner organisations to work together to deliver services;
- link to the ‘Living Well’ theme of the borough’s community plan.

in support of scrutiny...
people and processes

The primary care trust (PCT) were important partners in the project. Support was provided through the Director of Public Health who was involved in selecting the topic, developing the bid and planning the project through the steering group. The PCT also participated in a number of sessions including a roundtable seminar and the BEST service ‘challenge session’ (which related to a GP referral scheme). Furthermore, the Trust helped to access data and information and provided wider knowledge and experience that supported the debates about obesity issues.

The LSP brought knowledge and experience of local communities, local participation structures and existing obesity initiatives that supported the development of effective focus group methodology and influenced the selection of areas in which to hold focus groups.

The environment and culture directorate was influential making sure that the project took account of existing services and initiatives. They were aware of a number of projects to encourage local people to take up exercise and other activities. Their contacts were used to recruit young people to take part in the focus groups. They also designed and ran a review session around the BEST project (GP referral scheme) and suggested the ‘challenge session’.

Using a steering group from the beginning of the project played a vital part in the project’s success. It included the key partners, scrutiny panel chair and scrutiny policy team. The scrutiny panel reports that the steering group approach was effective in obtaining “buy-in” from the different agencies and services. Whilst the project had a specific focus it was also flexible enough to adapt if circumstances required it.

The collaborative nature of the project differed from traditional scrutiny in that requests to attend meetings or provide information and evidence were replaced by involvement in the design and delivery of the scrutiny review from the start.
5 innovative approaches

Multiple methodologies were employed during the review:

- **Focus Groups** – focus groups were held with participants drawn from the BEST and ‘Be Fit’ projects, parents and other adults in two local areas. These provided findings that allowed more detailed discussion on some issues. Young people themselves acted as facilitators in the young people’s groups and this encouraged discussion and debate. There was good quality discussion and feedback from the sessions and significant agreement about the issues across the focus groups.

- **A breakfast seminar** was held at a top restaurant for service providers and councillors to discuss findings from the focus groups and other developments. The seminar was informal and interactive and key points made in discussions were recorded. This was a novel approach, it was the first time providers had been brought together and the networking opportunity was welcomed. The seminar created energy about the project and the feedback was good. The approach encouraged a less defensive, participative approach from providers than might have occurred using formal methods.

- **A deliberative poll website** was established which set a number of questions and then posed counter arguments to responses to check the strength of opinion. The website also contained discussion forums and maintained a blog about the project. However, the poll attracted fewer responses than had been anticipated despite active promotion.

- **A challenge session** was held in relation to the new and innovative ‘BEST project’. This included a presentation from service providers, followed by questions from councillors. The challenge session reflected a more "traditional" approach to scrutiny but was effective in the overall context of the project, demonstrating that good scrutiny involves a range of methods.

6 outcomes and emerging benefits

The project achieved four of its objectives and partially achieved the fifth. The scrutiny panel found that links between service providers were informal and not well-developed. As a result the panel recommended the development of a sustainable network or alliance of organisations that are working around ‘Choosing Health’ and obesity specifically.

The panel also found that service providers were working broadly to the priorities of local people but that partners needed to be much more pro-active in providing high profile leadership, for example taking action on fast food and exploiting media opportunities to promote healthy lifestyles.

The panel considered that the principles of ‘Choosing Health’ needed to be demonstrated more strongly. Organisations are making an effort on preventative work and trying to shift resources in this direction but more needs to be done to raise the profile and weight given to preventative work by focusing on initiatives that bring together staff and users. For example, promotional campaigns and benchmarking were considered to be important areas for development to assist greater joint working. In addition, investing in building alliances or networks was considered to be of critical importance.

The breakfast seminar contributed towards significantly raising the profile of health scrutiny with service providers and partner agencies. Four articles were published over a three month period to promote the focus groups, and the website helped to inform local people about the scrutiny review.
A long-term scrutiny review raises the issue of the need to maintain momentum and interest, especially in the community. Reflection is necessary on whether there are ways of maintaining engagement and demonstrating the value of that engagement more rapidly, for example by issuing interim reports.

future potential

The scrutiny panel’s report was presented to the LSP rather than to specific NHS bodies or the council cabinet. The panel felt that action by the LSP is essential in realising the potential from the review process.

A further seminar will begin a dialogue about how the rise in obesity experienced in the borough can be tackled. The seminar is intended to begin the process of building the alliance and network that the scrutiny panel recommends. Overall, the panel’s recommendations will be monitored through the existing mechanisms for monitoring overview and scrutiny recommendations.

7
best experiences of the project

The best experience of the project was running the breakfast seminar for providers. The timing was perfect and the venue allowed service providers to participate informally but also in a way that allowed them to immediately react to the focus group findings. Others could learn from this experience by trying to do something that captures the imagination and brings people together informally allowing interaction rather than using formal presentations. The use of ‘incentives’ to participate (for example by using an attractive venue) was considered especially helpful.

8

reflections on learning

Financial support for the review provided opportunities to experiment and be creative. Action learning proved a valuable tool and the scrutiny panel would recommend its wider use. It is essential that time is spent at the end of reviews to focus on lessons learned and how these can be documented and taken forward. The panel has carried this out for a range of other reviews conducted over the last two years highlighting lessons in the concluding comments.

Establishing a steering group was an effective model for managing a large, longer term scrutiny project. Focus groups are considered to have been successful despite some concerns about the degree to which they were representative. The use of the internet needs careful thought as assumptions about its potential success may not reflect reality. In future, the use of a website for scrutiny issues, unless relating to a very high profile topic, may be limited. A more active engagement strategy making visits to markets, libraries or supermarkets may be more effective.
HEALTH SCRUTINY

support programme

It may exacerbate young people’s mental health problems, thus decreasing their quality of life. Homelessness or suicide attempts are not uncommon. The scrutiny committee were influenced by the knowledge that suicide is the main cause of death among young men aged 15 to 24. A lack of treatment or poor treatment can also be contributory factors for participating in undesirable behaviours, such as becoming involved in crime or illegal drugs.

Aspirations

The main aim of the review was to develop a model for the provision of transitional support for young people aged 16-18 with mental health problems in the Sheffield area, how it might be managed, evaluated and shared. Its objectives were to:

- Establish a joint scrutiny working group between two scrutiny boards responsible for adult and children’s health;
- Take a service user empowerment approach, through advocacy;
- Independently evaluate the evidence and the actions from the review to support excellence in service delivery;
- Use the local strategic partnership (LSP) to support the delivery of the model;
- Work with regional agencies to disseminate the findings from the review to support a best practice approach.
in support of scrutiny...

people and processes

The review provided an opportunity to test out a number of new ways of working. As the topic was relevant to the scrutiny boards for adult health and children’s health, a joint working group was essential. Seven councillors came together from the two boards. This group helped to focus the review on the clients’ perspective rather than on the service providers’ perspective.

It was recognised that implementation of any new model of provision would need support from the city’s strategic partnership bodies responsible for health and well-being and for children and young people. Therefore a collaborative approach was taken from the beginning to make sure all relevant organisations were involved in the review. Sheffield First for Health and Well-being (the health and well-being partnership) co-authored the funding bid and supported the review by facilitating contact with various organisations involved in health delivery/improvement, effectively operating as an organisational ‘broker’ between the health scrutiny panel and health organisations. The Child and Adolescent Mental Health Service and the Sheffield Care Trust provided information and evidence to the scrutiny committee.

innovative approaches

Young people with mental health problems are vulnerable, so it was important that the methods used to engage them were sensitive to their needs and enabled their experiences and perspectives on the issues to be expressed. The project funding enabled researchers from Sheffield Hallam University who had expertise in working with young people with mental health problems to assist the review, carrying out interviews with the young people and evaluating the evidence gathered.

Group interviews with young people were augmented by in-depth case studies of a small number of participants, in which the views of the young person and their parents/carers, GPs and key workers, were sought through individual interviews. In parallel, councillors interviewed relevant staff from both statutory and voluntary service providers.

outcomes and emerging benefits

The researchers analysed the general findings from the review and produced a model with 10 key aspects, which reflected an ideal model of transition from CAMHS to adult mental health services. One of the fourteen recommendations made by the review was that an appropriate service should be designed, based on this model. As a by-product, increasing levels of cooperation from health bodies were noted as the review progressed, suggesting that the role of scrutiny may be better understood and accepted as a catalyst for collaboration.
7

best experiences of the project

The findings from the client interviews highlighted issues in a personal way that immediately made them very “real” to others and these were backed up by more detailed information and understanding of processes drawn from interviews with the wider range of stakeholders. The following quotation demonstrates the potential of scrutiny to enable previously unheard viewpoints to be expressed:

‘Can I just say I think it’s good that you’re asking people about their opinions because I think that’s how it all needs to be done. I think this is the first time that I’ve been asked how I feel about the services I receive.’
(Focus group participant)

The twin track approach to interviewing enabled the findings from both the researchers and councillors to be validated through comparison with each other. This helped overcome the potential of ‘sampling bias’ due to some service user interviewees being identified by their key workers and others from an organisational database. There was significant overlap in the findings which increased confidence in the results and led to an agreed set of recommendations. A difference in perspectives, though, did emerge from the interviews with staff and clients. Staff understood the problems as requiring mainly structural change whilst clients’ perceptions focused on a lack of consultation and empathy from staff.

The combination of researchers and councillors enabled them to be ‘deployed’ to best use, and this benefited the exercise as a whole. The academic perspective was useful both for the review itself, and because the knowledge gained from the process can now feed into the education of practitioners. Having a clear, detailed contract with the university researchers was essential, and good working relationships helped with the design of the review.

8

reflections on learning

The action learning element of the project added value and provided a number of learning points. Consultation with service users, particularly those who are vulnerable, should be undertaken in an ethical manner that safeguards their well-being, and good practice guidelines may be helpful (for example the National Children’s Bureau principles). Alongside this, it is important to be clear about whether elements of a scrutiny review constitute “research” requiring ethics approval. This can sometimes be unclear because research governance procedures differ between health and social care. In general service evaluations, which collect information in order to inform local practice, should not require ethics approval. Involvement of NHS organisations at an early stage may be helpful, but in this case there were differing views between NHS Trusts.

9

future potential

The report was submitted to the Sheffield Child and Adolescent Mental Health Service and the Sheffield Care Trust for comment and both welcomed and accepted the recommendations, albeit within present financial constraints. A very useful meeting was held between the scrutiny committee and representatives of the Trusts where it was agreed that the Trusts would report back upon the progress made in implementing the report’s recommendations in twelve months time.
South Tyneside has previously made good progress in developing health scrutiny taking a collaborative approach with partner organizations, however the health and social care scrutiny committee highlighted the need to develop levels of public engagement in scrutiny. The committee chose to explore community engagement using alcohol harm reduction as a pilot review topic in a way that developed expertise in community engagement processes and focused on a substantive topic which is of high importance for health in Tyneside.

Objectives for the community engagement network included:

- a locality based community engagement network for health in collaboration with local people, the primary care trust (PCT), the South Tyneside Resource for Initiating the Development of the Economy (STRIDE) and the public and patient involvement forum (PPIF);
- a focus on identifying services and interventions that had the potential to support lifestyle changes in the community; and
- ensuring this development tied in with other locality based initiatives to allow it to be mainstreamed into existing frameworks.

Although the objectives of the review did not change over the duration of the project, the ways in which they were achieved did change. This was a result of ‘action learning’ - the evaluation and re-evaluation of what the committee was doing. The original objective was to produce an action plan for drug and alcohol services but this changed to become a contribution to the borough’s drug and alcohol harm reduction strategy.

The objectives of this review were to:

- establish a community engagement network to support health scrutiny;
- recommend actions for the drug and alcohol services;
- disseminate learning through discussions between group members.

The topic was selected because it was an area of concern and the committee had not undertaken work on this topic previously. In addition, the timescales fitted in with the development of a borough-wide strategy.

This was a very successful way to engage with a traditionally hard to reach group.

South Tyneside Council
Community Engagement to Improve Health

Aspirations

Motivation for topic choice

Background

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4 in support of scrutiny...

people and processes

A number of partners were involved and were represented on the project board. The PCT, through their Director of Public Health and PPI manager, was key in shaping the project and ensuring coordination with other initiatives. The chief executive and another representative from STRIDE helped shape the project and provided practical support to the network by allocating a worker to the project. They facilitated the engagement network and acted as broker between the project partners and a wider health network. They were key in understanding the different perspectives involved and then “selling” the project to the engagement network. An external project coordinator was appointed to develop the engagement network. This role provided the vital link between the project board and the engagement network bringing ‘news’ from the coalface. Further support came from a representative from the wider health network who gave incisive advice, particularly on ethnic minority issues. Other representatives from the Council for Voluntary Services and the PPI forum took part in meetings.

Project coordination played an important role in this scrutiny project. Having an independent coordinator as a link between the council and the community enhanced the project’s credibility as ‘you can’t do community engagement to people’.

5 innovative approaches

A number of methodologies were used for this review including:

- **An engagement model** - The scrutiny committee adopted the use of an engagement model which involved members of the wider health network. The model involved six stages:
  1. The committee identified an area to investigate;
  2. The health network identified community groups with an interest in the topic;
  3. The health network designed a survey with the help of local people;
  4. The survey was distributed in the community and collated by the network;
  5. Findings were fed back to the committee; and
  6. The committee made recommendations on the basis of the feedback.

The engagement model worked well because it brought a sense of ownership of the review to the people involved. Other approaches used included:

- **A feedback conference event** used a DVD to introduce the main issues;
- **A presentation for the scrutiny committee** to “hone” the messages for scrutiny;
- **An independent coordinator** transformed the arrangements for action learning into something that could reap benefits.

6 outcomes and emerging benefits

There was much enthusiasm and “buy in” amongst stakeholders. Examples of this can be identified in the way that engagement has been embraced. A greater understanding has developed of the differences between consultation, engagement and community development. The project board was clear that they needed to be more involved in ‘engagement’ than ‘consultation’. One clear outcome is that a greater understanding of the role of scrutiny among community and voluntary groups was achieved and the engagement model has wider application beyond scrutiny.
The project raised self esteem of community participants and provided greater opportunities for them resulting in some studying for vocational qualifications and others becoming involved in volunteering.

7 best experiences of the project

The whole project has been described as a ‘roller coaster ride’ with many good experiences and spin offs as outlined above. It has been satisfying to see community members use the community engagement experience as a stepping stone to rebuilding their lives; there has also been change in the reaction of members of the health network to the scrutiny committee and council and the health network showed great enthusiasm to being involved in this work. The genuine ‘engagement’ approach inspired the health network members as their views were actually being taken into account and they enjoyed the access to a scrutiny committee. This enthusiasm was unexpectedly high and helped make the project experience special.

8 reflections on learning

The varied lessons learned during the life of the project, included:

- Making a success of the engagement process and understanding that a flexible approach to managing engagement is necessary as is keeping ‘authority figures’ at a distance until sufficient trust has developed.

- A simpler project structure would avoid confusion regarding roles;

- Keeping stakeholders informed of progress is very beneficial;

- The project board shared values relating to the review. Making decisions without referring back to the wider stakeholder group was essential to keep up momentum;

- Appointing an action learning facilitator early in the project would have allowed the partners to reflect on the work in a useful way;

- Action learning built in learning to the project.

9 future potential

The project gained a good deal of interest both locally and nationally which resulted in a workshop on the project at the 2006 Local Government Association Conference. The final report of the action learning project was presented to cabinet in January 2007. The report contained 9 recommendations which were arrived at following discussions with members of the Children and Young People and Neighbourhood Services Scrutiny Committees on the projects findings.

The cabinet accepted the recommendations and an action plan to take forward the issues raised is being prepared. This will include:

- Stronger use of enforcement powers

- Joint Education campaign between council and partners

- Focused work on youth provision

The members of the scrutiny committee endorsed the community engagement approach and have decided to adopt a similar approach to involving people in other areas of scrutiny.
The social care and health scrutiny committee felt it could increase participation by the community. Scrutiny was identified as a vehicle to ensure that the community’s views and interests were placed at the heart of planning. The committee felt they were better placed to conduct a review than service providers and support for scrutiny to take on this role also came from community workers working with the community group. There was consensus between all the health partners that a scrutiny review had the potential to deliver genuine improvements to the health of local people and to develop partners’ understanding of how to tackle health inequalities in other areas.

The review was carried out using a community led approach to identifying solutions to reducing health inequalities. Its aims were to:

- Report existing information about the health status and inequalities of local people;
- Map current health interventions and resources in Brinnington;
- Set a shared vision of good health between the community and key stakeholders;
- Carry out research and genuine community participation to identify and ‘test out’ potential solutions for improving health locally;

It is possible to have a positive conversation between decision makers, service providers and the community.”
Make recommendations on how best to reduce health inequalities in Brinnington and Stockport more generally, taking a strategic approach;

Challenge service providers including the Council itself into making commitments to take action;

Suggest a possible basket of indicators for monitoring success among the stakeholders;

Assess the use of appreciative inquiry (AI) for achieving change;

Through these varied aims the review hoped to achieve change for Brinnington but also use this learning to contribute to the issue of wider health improvement and inequalities across Stockport.

Although the review meetings adopted an informal style, the discussions were frank and had a collaborative ethos. The panel focused on strategic approaches to reducing health inequalities, while AI was carried out in the community.

Over one hundred and fifty people took part in the participation element of the review, including decision makers, practitioners and local residents. Accessing some members of the community was hard; the people who need to be involved most tend to be the ‘hardest to hear’. A solution came in the form of the scrutiny officer and community development nurses spending a day distributing leaflets across Brinnington. This has been described as a turning point in building trusting relationships between the scrutiny officer and the ‘gatekeepers’ to those members of the community the project needed to engage with most.

The final report was sent to all the key stakeholders with a summary sent to all those in the community who assisted in the review. The review will also be reported through a special edition of the local newsletter which is sent to all 7,000 plus residents of Brinnington.

Appreciative inquiry methodology was used in addition to action learning. It was felt that this might offer an interesting perspective on carrying out scrutiny reviews, especially where community participation is sought. Appreciative inquiry is essentially a method of achieving organisational change. Here it was used to support change in the community, in council services and also through external scrutiny of health service providers. In essence the approach starts not with ‘what’s wrong’ but ‘what’s good and what works well’. Identification of these aspects is followed by a process of sharing and celebrating success. It is based on the assumption that this process can be a powerful motivator to identify what is not working and work towards positively changing these aspects.
The experience of using AI in Brinnington suggests that it is possible to have a positive conversation between decision makers, service providers and the community. The focus remained on ‘what can be done’ rather than the problems and this has led to front line service providers and the community being more connected. AI fostered genuine community participation with the community setting the agenda. All those involved were able to create constructive solutions and make commitments towards change. In particular, this process has had two major outcomes: firstly, proposals for service changes and secondly there has been a focus on ‘why the best things work’. It is hoped that this information will explain the motivational factors necessary for lifestyle change in Brinnington.

6 outcomes and emerging benefits

There have been some changes made by the community themselves, for example support has been given to help a local resident establish a healthy food project at the Early Years Centre. There is a strong community spirit in Brinnington which has assisted in the mobilisation of change but some residents may remain isolated. The process has allowed at least one asylum seeker to get involved with a community group.

The process has produced many proposals for change, and these have been passed onto the relevant service providers. A coordinated response will be produced through the theme groups of the Neighbourhood Renewal Action Plan. Partnership working has been strengthened in Brinnington to include health issues alongside other aspects of regeneration.

The scrutiny review has raised the profile of health inequalities and health inequality is now one of the council’s eight priorities.

The scrutiny committee asked the Stockport Health Improvement Partnership to consider the following in its strategy:

- Place a strong focus on alcohol related illness and review their alcohol strategy and ensure that health services contribute to ensuring children and young people reach their potential;
- Continue development of information about health inequalities including mortality; illness; the health needs of transient populations and lifestyle issues;
- Develop a more systematic approach to carrying out health impact assessments of the council’s strategies using the health impact toolkit;
- Use the health impact toolkit as a screening tool in policy development;
- The role of the public health network;
- Setting shared objectives for key partners;
- Developing shared indicators and targets for measuring health inequality work.

Various other recommendations were made to other bodies such as the council executive; the PCT and the neighbourhood renewal theme groups.

7 best experiences of the project

The best experiences were being able to recruit a large number of local residents to participate. The scrutiny team demonstrated commitment and a ‘can do’ attitude to review process. In particular, the leadership and commitment of councillors showed that they were genuinely interested in listening to what residents had to say.

Conversations between service providers, councillors and residents were rewarding and may not have happened without the review and the participation exercise. A lot of energy and enthusiasm has been generated towards addressing health inequalities and this has been recognised as a multi sector issue as well as a personal one.
8 reflections on learning

Identifying and building relationships with front line staff, ‘the gatekeepers’, proved essential in order to find out the views of residents. Furthermore, the project group approach ensured that organizations were signed up to the review, increasing the likelihood of them valuing the review by seeing a potential for change.

The use of AI increased councillors’ sense of ownership of the review. Members carried out a lot of work towards this review and raised its profile with executive councillors and senior officers. Views have varied about the success of scrutiny taking the lead – for some this has impeded partnership working. Others have seen it as scrutiny offering clear leadership and accountability. The officers have learnt much about the way partner organisations work and are reflecting also on how scrutiny can best be communicated.

On reflection, the project manager would have liked to have had more information about the AI methodology in order to plan the process, timescales and who needs to be involved. Although there has been a sharp learning curve the process was considered useful for future projects.

The multi-disciplinary and multi-organisational project team facilitated the efficient identification of relevant evidence, helped to keep key organisations on board, and assisted project planning. An initial briefing meeting to clarify roles and responsibilities would have been beneficial, as would some teambuilding.

The funding for action learning supported increased learning concerning project management; team building; communication and managing relationships with external consultants. Continuity of membership of learning sets helps to develop the trust that is necessary if members are to explore difficulties and move forward, feeling confident to share their feelings.

9 future potential

AI has the potential to be used for other projects where public participation is sought. The scrutiny team is contributing to the development of AI resources in the council’s corporate consultation handbook and to the development of AI training in order to support its use.

The review was welcomed by the Council, the Primary Care Trust, and the Stockport Health Improvement Partnership (SHIP). The Council has adopted “tackling inequalities” as one of its eight priorities and Stockport’s LAA set out shared targets for reducing inequalities. The Council and its partners, via the SHIP, are currently developing a framework for tackling health inequalities which will lead to the development of area plans later in 2007, in line with the approach set out by the OSC. During the course of the review the OSC questioned the existing evidence base which led to the Director of Public Health revisiting existing health profiles and exploring health inequalities in more detail.

Immediately after the review the Council responded to the OSC recommendations by supporting an annual fun run. A range of additional work in Brinnington relating to environmental cleanliness, reporting of incidents of anti-social behaviour, refugee and asylum seekers and other issues has been carried out. The PCT has responded to the review by carrying out data collection and analysis to target alcohol interventions. The body of evidence gathered has been shared with partnership groups in Brinnington who have continued to work upon co-ordinating activities. This includes the long-list of aspirations for Brinnington and the wealth of different participants’ ‘stories’ gathered by the Appreciative Inquiry. Within the forthcoming year the Health Scrutiny Committee will review progress on developing the strategy and tackling health inequalities.