

Valuing inclusion

Demonstrating the value of council scrutiny
in tackling inequalities

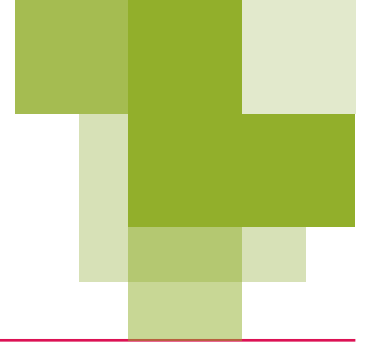




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The Centre for Public Scrutiny

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

The Inclusion Health Programme

Inclusion Health is a Department of Health led, cross-government programme that looks to deliver a step-change improvement in health outcomes for groups that are vulnerable to the poorest health. This includes the homeless, sex workers, Gypsies and Travellers, and vulnerable migrants. The programme seeks to drive improvements, mainly through system reform and clinical leadership, to ensure everyone gets the care they need, regardless of their circumstances. It also strives to ensure policies and programmes across health and the wider social determinants of health consider the needs of those with multiple problems, and result in their equitable access to quality care.

Acknowledgements

This publication has been written by Brenda Cook, Paul Cutler and Laura Murphy - Independent Consultants and Expert Advisers for CfPS and Su Turner, Principal Consultant at the Centre. We are very grateful to the councillors, officers and partners from the six Scrutiny Development Areas for their hard work and commitment to the programme.

Ministerial foreword

I encourage you to read and learn from this latest publication from the Centre for Public Scrutiny's Health Inequalities Scrutiny Programme. It demonstrates the value that scrutiny is bringing to reducing health inequalities, particularly for those vulnerable to the poorest health, as well as identifying potential financial savings.

At the time when local government is taking over the leadership of Public Health, this publication shows how scrutiny can play a vital role in helping to find ways to take a council wide approach to improving the health of communities and reducing inequalities.

As a government, we are committed to tackling the unacceptable health inequalities that exist in our society and to improving the health of the poorest fastest. All too often, the most vulnerable are excluded from the services they need and the opportunities for a rewarding life most of us enjoy.

In my role as lead minister of the Inclusion Health programme, I appreciate the focus of the six scrutiny development areas on the needs of the homeless, Gypsies and Travellers, prostitutes and sexually exploited people; groups that experience some of the worst health. As you will read, the hard work of the Centre for Public Scrutiny and the areas has generated real insight and learning, adding to the evidence base of what works.

Given today's challenging financial situation we all need to ensure funding is invested to best effect and to identify where cost savings can be found. This publication also shows the financial value of council scrutiny; how a more proactive approach to and investment in scrutiny reviews, can result in savings across the public sector as well as improved health.

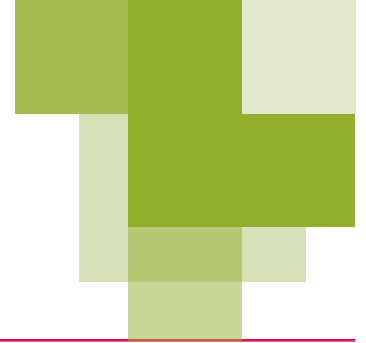
I would like to thank the Centre for Public Scrutiny for its continued efforts to improve health and tackle health inequalities.



A handwritten signature in black ink, appearing to read 'Anna Soubry', with a long horizontal line extending from the end of the signature.

Anna Soubry
Parliamentary Under Secretary of State for Public Health





In 2012, CfPS launched ‘Tipping the scales’¹ a new model of council scrutiny that captured the impact and potential return on investment that a review and its recommendations could make.

Since being endorsed by Sir Michael Marmot at CfPS’ 2012 Annual Conference, this new model has generated a great deal of interest from across the public and private sectors. It is seen as a simple but effective way of quantifying impacts and strengthening the role of scrutiny in tackling health inequalities.

Building on this success, CfPS received funding from the Department of Health to continue to refine the model and to use it to work with more vulnerable groups in society. Working with the Inclusion Health Programme at the Department of Health, CfPS has supported a further six Scrutiny Development Areas (SDA’s) to understand the health inequalities faced by these vulnerable groups.



The groups and areas were:

Homelessness and rough sleeping	<ul style="list-style-type: none"> • Adur and Worthing • Warrington
Gypsies and Travellers	<ul style="list-style-type: none"> • South Somerset • Southwark
Sex workers	<ul style="list-style-type: none"> • Newham • Westminster

This publication showcases the learning from the six areas and the improvements that they have made to the model. In particular this publication focuses on:

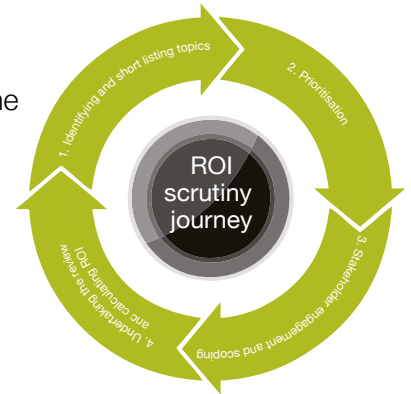
- ☑ How to secure better and effective engagement.
- ☑ Getting the calculation right.
- ☑ Scrutiny working with vulnerable communities – the challenges faced by areas and how they overcame them.

¹ Tipping the scales link <http://cfps.org.uk/publications?item=7137&offset=25>

Refining the model – moving from ‘Tipping the scales’ to ‘Valuing inclusion’

CfPS’ return on investment (ROI) model is based on four stages of a scrutiny journey. A number of processes are incorporated into each of the stages to enable smooth progression towards calculating the return of investment of the review. The four stages identified are:

1. Identifying and short listing topics.
2. Prioritisation.
3. Stakeholder engagement and scoping.
4. Undertaking the scrutiny review – designing and measuring impact – processes and outcomes.



The individual actions or processes within the stages that ensure that a review focuses on achieving cost and resource effective outcomes are:

- ✓ Producing impact statements – to be used for prioritising issues.
- ✓ Considering what to measure – to help to focus the ROI.
- ✓ Defining the ROI question – to focus the review and the data needed.
- ✓ Stakeholder mapping – identifying who needs to be engaged in the review.
- ✓ Use of the stakeholder engagement wheel – to identify what works and what doesn’t work, and the gaps and overlaps.
- ✓ Process measures – identifying and measuring what the review achieves that may be difficult to measure (soft outcomes).
- ✓ Outcome measures – measuring what will change as a result of the review.
- ✓ Return on investment – estimating the overall return on investment of the review.

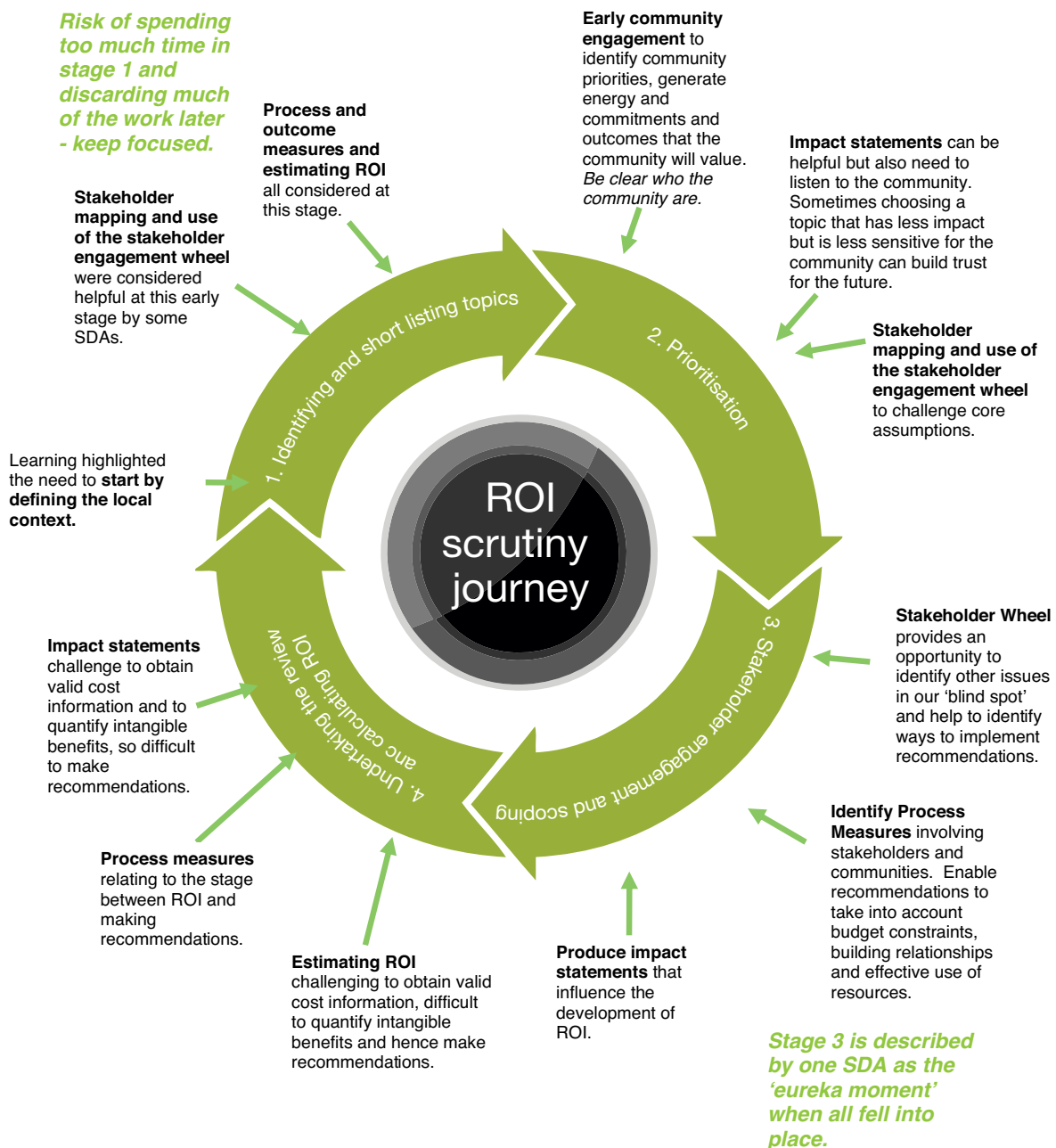
In ‘Tipping the scales’ the ROI model was designed to follow the stages and their activities in order, however this programme has shown that the activities within the stages can be moved around as appropriate to the planning of the review. For example, this time the stakeholder engagement tool was used by some areas to plan who to invite to an event as well as being used at the event, and engagement took place much earlier in the review. This demonstrates the flexibility of the model in different circumstances and enables scrutiny reviews to adapt it according to local issues and circumstances.





Case example

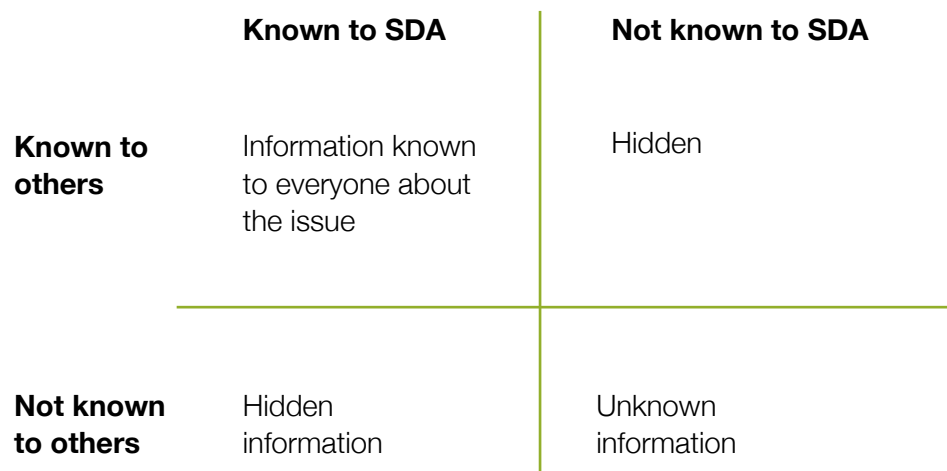
Adur and Worthing collated the data from their stakeholder engagement event into a matrix identifying various key lines of enquiry which included areas that might be outside the scope of the review. This was circulated to all stakeholders so they could use the data for their own strategic planning and to identify additional partnership opportunities.



The SDA's within this phase of the programme started from a very different position to those involved in producing 'Tipping the scales', having already identified the overarching health inequality impacting on their communities but needing to focus the topic into a manageable review. They therefore applied the model in different ways whilst still maintaining the focus of identifying the ROI of the review.

Some of the SDA's were able to consciously plan when to use particular processes. Others found some activities more challenging, e.g. the SDA's focusing on sex workers found it difficult to find ways to engage directly with sex workers. They therefore left this activity until late into the review when relationships had been built with stakeholders working with them.

The benefits of engaging with stakeholder organisations and communities early were identified as important activities to enable the committee or task group to broaden its understanding of health inequalities, helping to overcome what one area called the 'blind spot' of the committee. This can be explained using an adaptation of the model known as the Johari Window² which is a technique usually used to help individuals better understand their relationship with self and others.

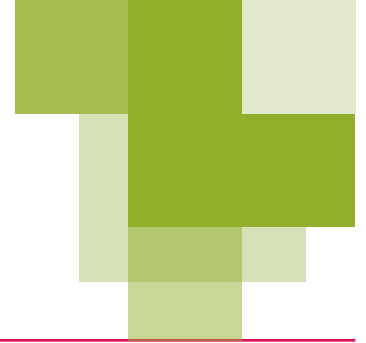


Adapted Johari window applied to stakeholder engagement in the ROI model

The above model illustrates that by actively engaging with stakeholders and communities to understand health inequalities and the challenges that specific groups face, assumptions and subjective 'knowledge' that exist in the hidden spot of the committee or task group can be challenged and where necessary adapted. It can be used at different points within the return on investment process, e.g. as a reflective tool following a stakeholder event to help make sense of the outcomes.

² Luft, J.; Ingham, H. (1950). "The Johari window, a graphic model of interpersonal awareness".





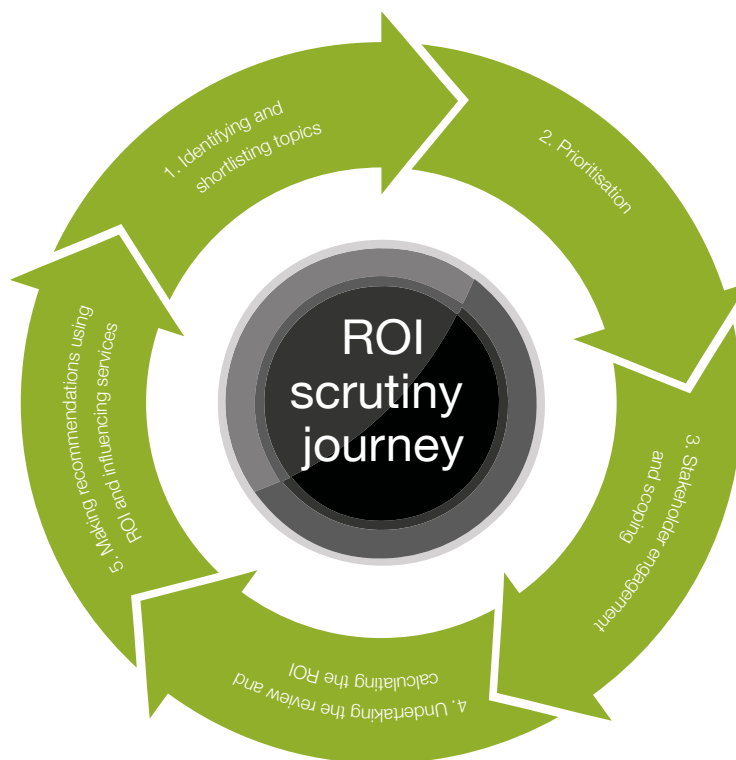
Had the tool been applied to the review in **Westminster** following the early stakeholder meetings it might have identified the following:

	Known to Westminster	Not known to Westminster
Known to other agencies	<p>Sex workers carry out business in Westminster</p> <p>There are a mix of street and off street sex workers</p>	<p>The diversity of sex workers (female, male, transgender)</p> <p>The level of risk of violence to sex workers</p> <p>The difficulty in accessing health and other services</p> <p>The lack of coordination of services</p>
Not known to other agencies	<p>The role that Westminster City Council will take in addressing health inequalities experienced by sex workers</p>	<p>The long term impact of health inequalities experienced by all types of sex workers</p>

Conclusions

The SDA's have identified the importance of understanding the different processes within ROI and how they can influence how the review is undertaken when starting to plan the review. Areas suggest:

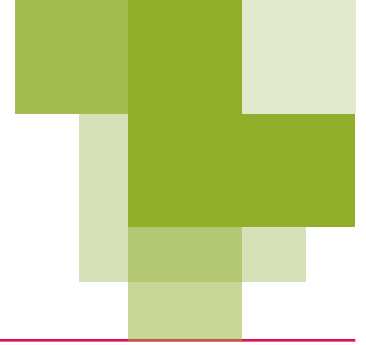
- Define the local context of the community experiencing health inequalities first.
- Using the stakeholder wheel can result in identifying issues that may need to be held and focused on in another or future review.
- Getting the ROI question right makes the rest of the review flow better.
- Identifying process and outcome measures builds a better understanding of the community.
- Health inequalities have the potential of involving many stakeholders to address the inequalities – use the model to identify the best organisation or individual to undertake this, e.g. the role of local authorities to provide the leadership and co-ordination in addressing inequalities, especially now that public health will be located within social services authorities.
- Whilst the four stages of the model work well, there is also a need to make recommendations to different stakeholders at the end of the review, based on the ROI identified, to ensure that the return identified is achieved. A fifth stage should therefore be added.



Tip and approaches

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|--|
| <ul style="list-style-type: none"> ✓ Ensure that everyone engaged in the review is familiar with the ROI model at the start. |
| <ul style="list-style-type: none"> ✓ Make use of the model's flexibility to suit the issue and the different characteristics of the communities involved. |
| <ul style="list-style-type: none"> ✓ Keep a record of outputs throughout the review, e.g. the tangible and intangible – build them in to the ROI calculation – they all add up! |
| <ul style="list-style-type: none"> ✓ Consider how the stakeholder wheel will be used and how its output might be used to inform future reviews as well as the current review. |
| <ul style="list-style-type: none"> ✓ Recognise that as the work progresses through the model new stakeholders and issues may emerge. |
| <ul style="list-style-type: none"> ✓ Identify how the authority will monitor and review the achievement of the ROI. |





Introduction

Engagement is an essential component of the model and is often recognised as one of the most valuable parts of the review. It enables scrutiny members and officers to meet directly with members of local communities and listen to their experiences and expertise. This helps triangulate local stories with data and national patterns. It gives marginalised groups a voice in the review. For many Authorities, the engagement parts of the review have been enjoyable and provided a human dimension to the wider work. It can build credibility and awareness for the review with wider stakeholders and partners. It has also built committees' confidence to continue to expand engagement elements to their work.

'Tipping the scales' placed stakeholder engagement at stage three. In running the model a second time, Local Authorities have found that engagement is a golden thread that runs through all the stages of the review. The stakeholder event and engagement wheel can be used far more flexibly at multiple points of the model. So for example, Southwark used the wheel to shape planning meetings at the start of the review and then ran a series of stakeholder events before and during the actual review to work alongside the local partners.

A shared experience for officers during the reviews was that as they became associated with working directly with marginalised groups, they became directly exposed to a range of attitudes and opinions within their own organisations. Whilst some of these attitudes were supportive, on other occasions they reflected some of the wider prejudices and assumptions of the local area. Councillors and officers needed to be able to explain the reasons for engagement and challenge any negative stereotypes. Creating a clear and consistent narrative to share with internal and external stakeholders helped to promote engagement. Where officers came across more institutionalised forms of these attitudes, they were able to use these experiences to inform the review and appreciate the experiences of marginalised groups.

Case example

South Somerset's review highlighted the role that district councils can play in addressing health inequalities and presented a strong case for district council engagement.

- Facilitating networks between user groups, providers and commissioners.
- Focusing on patient experience, access and quality issues.
- Triangulating the bigger picture with local experience at the ward level.
- Providing a neutral space for stakeholders to discuss commissioning issues.
- Providing insight and feedback to the county level.
- Championing marginalised groups.

First principles

It is important to consider a range of first principles before planning an engagement approach with marginalised and vulnerable communities.

Do no harm

The review needs to appreciate the potential vulnerability of marginalised groups and understand the risks and barriers they may face in engaging with statutory bodies. Well-intentioned approaches may inadvertently reinforce existing exclusions or place local communities in difficult positions in terms of their on-going relationships with other stakeholders. Useful questions to consider include:

- Is it safe to be publicly recognised as a member of a marginalised group?
- How will confidentiality be managed?
- Will participation in the review be meaningful or will it be tokenistic?
- How will participation affect the wellbeing and rights of participants?
- What is the legacy of past engagements for the community with the Local Authority?
- How will the engagement of individuals affect their standing and position with their own communities and families?
- Are there gender and other dimensions that need to be taken into account?

It is important to also consider any support or advice officers and members might need to enable them to understand the communities they are engaging with and to ensure they approach them in a sensitive and culturally respectful manner.

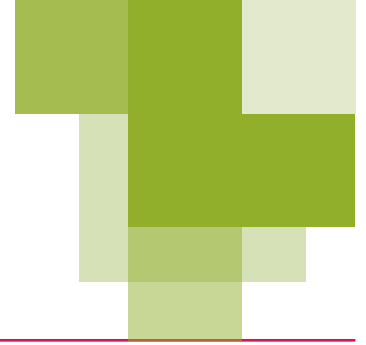
Who are we engaging with?

When engaging with marginalised communities for the first time it can be useful to seek advice and guidance from specialist organisations and local stakeholder groups. They will be able to:

- Provide background and contacts for members of the local community.
- Use their services and activities to provide opportunities for visits to meet the local community.
- Use their support to build credibility with the local community.

However it is important that this is not solely relied on; when designing the review it is helpful to compare and triangulate the views and experiences of different local organisations. It is also important to consider what opportunities there are for direct engagement with members of the local community and not just with their organisations that represent them.





Diversity within local communities

Once a review has created opportunities to engage directly with local communities, it is important to consider the diversity and inequalities that may exist within them. Issues such as age, gender, power and social structure may be significant. See the Gypsy and Traveller – challenges and solutions section later.

Sharing the learning

It is important that the learning and expertise that is produced during engagement events is shared with all participants. This is a good way to value contributions and to avoid the dangers of people feeling they have been used by the process. Providing reports, summaries and examples of how the contributions have shaped the reviews can be helpful as well as opportunities to feed back to local communities.

Identify barriers to access

To ensure that engagement opportunities are inclusive, it is important that the review puts in place a plan to overcome barriers to participation. Speaking to the local communities will help identify these barriers as will a review of the literature. Common issues to consider include:

- Ensuring the engagement activities are at an accessible time.
- Choosing accessible venues.
- Supporting participants who may feel anxious or vulnerable.
- Explaining the purpose of the engagement and the activities.
- Avoiding jargon and consider the literacy needs of participants.
- Giving positive messages about the local community and their knowledge and expertise.
- Ensuring a warm and positive welcome.
- Treating people as individuals and with respect.

Engagement tools

The reviews have used a range of different engagement tools to work with local communities including:

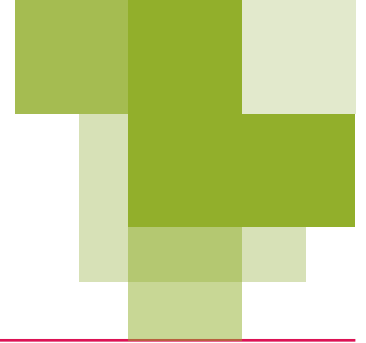
- Workshops; focus group discussions; participatory exercises; visits to sites and services.
- Case studies; vignettes; direct quotes and comments; questionnaires and written feedback forms; online surveys.
- Mapping; photographic records and other creative tools; Health Inequalities Engagement Wheel; activities from Peeling the Onion³.

Case example

The **Southwark** stakeholder event stimulated a range of discussions on approaches to engagement for the review. Using the engagement wheel stakeholders who knew the local Gypsy and Traveller communities well were able to share insights and offer advice. Further direct engagement activities were then designed including work in an early years setting and a women only workshop.



³ Peeling the onion: Learning, tips and tools from CiPS' Health Inequalities Programme
http://politiquessociales.net/IMG/pdf/CiPSPeelingonionfin_1_1_.pdf



Tips and approaches for effective engagement

- ✓ Ensure participants receive a warm welcome and are supported to settle in to the activity. Offering an exercise that introduces everyone and 'breaks the ice' is a good way to start.
- ✓ Do not make assumptions about marginalised groups – be prepared to challenge yourself about what you know.
- ✓ Focus on the strengths of the community and emphasise these factors in the review.
- ✓ During engagement events, allocate note-taking responsibilities to specific members of the team to ensure all the valuable discussions are captured and that members and officers can engage in the conversations.
- ✓ Offer a variety of ways to engage including using different types of activities. Formal style workshops may be off-putting to some groups. Mixing engagement styles to support visual and kinaesthetic learners can also help.
- ✓ Choose a neutral and safe space for engagement events. Council offices and other venues may have negative associations for marginalised groups and may be barriers to participation.
- ✓ Create a clear and simple explanation for the engagement events and for the review – what you are doing, why and how you will use the information?
- ✓ When doing group work, make sure that participants are allocated to groups where they will feel safe and have the space to contribute.
- ✓ Avoid the temptation to do most of the talking – focus on listening and learning from participants .
- ✓ Ensure that personal information that may emerge from an engagement event is kept confidential and enable participants to make anonymous contributions.
- ✓ Establish a group agreement or ground rules for workshops.
- ✓ Present positive images and messages about the marginalised group.
- ✓ If a stakeholder shares a negative or stereotyped image of a marginalised group it is important to challenge this appropriately and make sure that participants understand that you do not share this view.
- ✓ At the end of any engagement activity summarise they key messages you have heard and check these with participants.
- ✓ If you commit to any actions or feedback at the end of an engagement activity make sure that it is clear who is responsible and what the time scale is.

Getting the calculation right

Demonstrating the return on investment and impact

Although aware that the return on investment (ROI) aspect of scrutiny can be considered at all phases of the model, the tendency is to consider the calculations at the end. This is when the review is well underway and minds are focused on considering the recommendations and possibly a financial return or process benefit statement against each one. Its usefulness though commences well before that, in particular in:


- **Return on investment question** – Putting together a preliminary ROI question and possible benefits can significantly aid in prioritising scrutiny topics and determining the evidence gathering required. It allows for a realistic assessment of how scarce resources can be allocated to achieve best value. In addition, if a theme needs to be discarded then there is a clear evidence base as to why. Generally this was an officer activity with member input to give guidance and take the decision as to which route to follow.

As the review progresses it may well be that the ROI question needs to be revised as a result of information gathered. This can mean a slight shift in emphasis or direction, so the discipline of following this process ensures that the core focus on identifying and proving the worth of any outcomes remains.

- **Writing recommendations** – When writing the recommendations, particularly when the topic has been complex, using the ROI calculations can naturally group them together, or even eliminate some as it becomes clear that one may be a subset of another. This eliminates a lengthy, sometimes apparently random list and allows for a logical sequence of inputs and outputs which supports the call for action.

Importantly it should be remembered that just as the calculations can be used to determine why a course of action should be followed, it can also be used to explain why it should not. It could be that the cost (be that financial or other) outweighs the benefit, or that other aspects of the review take a higher priority in terms of outcomes.





Case example – Getting the ROI question right!

Warrington's homeless scrutiny review stated their initial ROI question like this: With the benefit changes planned, what would be the ROI of identifying the most vulnerable group? This was later refined to what would be the ROI of preventing homelessness in the “new” vulnerable group of professional working families? By making it specific it was easier to identify the data sources needed and the possible outcomes.

Cost of homelessness

- Personal cost of debt repayments, loss of savings etc.
- Health provision (mental health etc).
- Legal costs (court appearances).
- Impact on Education/job prospects.
- Benefit payments.
- Council support costs.

Cost of getting people to advice earlier

- Promotion of Housingplus.
- Easy access computer terminals.
- Website redesign.
- Cost of homeless prevention.
- Role of bailiff/housing/mortgage provider.

The calculations could then be made to lie alongside any recommendations put to Cabinet so that there could be a clear cost benefit analysis made as to any investment required to achieve the outcome of preventing homelessness.

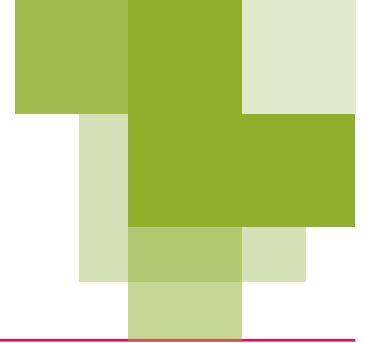
Benefits

Get the question right and it takes you to the very core of what you are looking at, allowing clear focus and guidance as to the type of data you need to source right at the very beginning. In essence it allows you to fully scope and plan your review. With any activity knowing the outcomes you are seeking before you start means that the activity is more likely to be productive. The same goes for return on investment. Those areas that determined a very clear return on investment question at the short listing phase, even though it might be amended as the review went on, found that it significantly enhanced the effectiveness of the review. Here are a few comments from the SDA's about the benefits of putting together the return on investment question and calculations.

- Helped to identify sensibility and affordability of recommendations.
- Being focused prevents 'motherhood and apple pie' type of scrutiny reviews.
- Helped to identify that some recommendations can't proceed because of lack of data.
- Realised that the review itself didn't cost much compared to the benefits.
- It guided us to see what data we needed and what data we still need.
- We are able to show what reductions we will get.
- It justifies the recommendations to Cabinet to encourage take-up.
- ROI can be used to prove the case for change when dealing with partnerships/multi-agency services particularly if one partner needs to increase its expenditure to the benefit of the partners.
- It helps to argue for increased resources (whether that be in the Council or partners) in the short-term for long-term gain.
- It helps council scrutiny evaluate the strength of its recommendations.
- We could describe the most "useful" outcomes.
- Likely to make the ROI the first question we ask in the future.

Case example

In **Newham** the review demonstrated the complexity of the current response to the health needs of sex workers and highlighted the need for better data collection and co-ordination within and between services. By applying the ROI processes and tools, the Scrutiny Commission was able to help stakeholders to identify ways in which both financial and other resources might be more effectively invested to achieve better health outcomes and reduce inequalities for a marginalised community.



Challenges

There are however some undoubted challenges: understanding what return on investment is and its benefits, getting buy-in from members and officers in the concept, indeed the very language of return on investment can be off putting. When officers and members are time poor, financial resources are scarce and larger issues can take centre stage, the effort of following the return on investment method can appear to be overwhelming. In essence though, the return on investment question and calculations will streamline the actual review and keep them focused, prove not only the value of scrutiny but also the value of the recommendations that scrutiny makes to Cabinet and partners. Embedding this concept at the very beginning of the scrutiny process allows for more robust and measurable outcomes thus enhancing the scrutiny process.

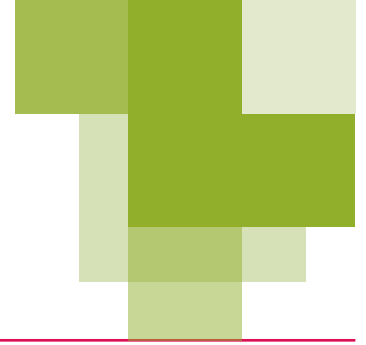
Challenge	Solution
Identifying appropriate data to use in the calculations, particularly when it involves partners or where there are longer-term outcomes.	Agreeing a specific ROI question at the beginning of the process, even if this may be modified later on, allows for clarity as to the data required and the individuals needed to provide the data.
There's no data.	Use conservative estimates/ assumptions based on a logical and reasoned argument.
How can you calculate partner ROI?	Early discussions with partners – understand how they have benefited.
We don't know how to model the scenario when there's no data.	Get early advice from finance officer /auditor /agencies so you don't go down blind alleys.
Considering process and outcome measures at a very early stage could pre-empt the input of stakeholders and community if engagement is undertaken later.	Early engagement in defining the review will help with this.
Why bother when it's partner recommendations?	Supports partnership working and investment.
You need an auditor's mindset to follow it.	Plan out likely paths early in discussion.
We've got better things to do.	Helps in arguing case for resources.

Challenge	Solution
It's not cost neutral as increased demand.	Yes, but could be offset by reductions elsewhere.
No savings, we're just moving the deckchairs.	Focus on improved services across agencies.
We can't do an ROI on every recommendation.	Earlier ROI setting results in more focused recommendations.

To help you to understand how calculations could be formed, please see Appendix one (later) which gives an account of the return on investment calculation for Warrington.

Westminster's review highlighted that calculating the return on investment of scrutiny activity can be particularly challenging in relation to services that don't hold specific details about service users, for example whether service users are sex workers. This challenge was identified partly because attributing a cost to social gain is not an exact process, and assessing the outcomes related to scrutiny activity, including predicting future improvements, is difficult. In order to use calculations that are evidence based and realistic, the scrutiny task group used real case studies from other parts of the country which could happen in Westminster. For example, they looked at case studies from other parts of London and Brighton with the aim of demonstrating how return on investment could be made if the task group's recommendations were implemented and violence against sex workers prevented. Whilst the calculations are estimates they can attribute costs to prevention and long term social gain and demonstrate an estimated return on investment.





The following pages include more information about the Inclusion Health themes that work this focused on: Homelessness, Gypsies and Travellers, and Sex workers – and looks at the challenges and solutions that areas came across.

There are also six detailed case studies that look at:

- Why the issue was important to the SDA.
- Successes.
- Learning points.
- The focus of their review – the return on investment question.
- Qualitative benefits.
- The return on investment calculation.

Assumptions and health warning

In assessing the potential return on investment, changes in ways of working and a focus on health inequalities will no doubt realise a financial saving both in joined up delivery and less money spent within the health service, however this is difficult to quantify and assign credit to the review alone.

Therefore in order to determine the potential return on investment that the review could realise, a number of assumptions need to be made. These included estimating how much the actual review cost, and measuring the value of intangibles, such as networking. SDA's applied different methods of identifying the return on investment and used this to demonstrate the potential impact and influence that a scrutiny review can have. Appendix one gives a more detailed account of how this was done in Warrington.

CfPS' return on investment model it is not an exact science. SDA's did not use health economists or finance professionals within their reviews and therefore the calculations represent the potential return on investment if the recommendations are accepted and implemented– not a definitive saving.

Sex work and scrutiny – challenges, solutions and case studies

The Home Office estimated in 2004 that there are around 80,000 commercial sex workers in the U.K. Approximately 85% of these are women who have been traditionally working mainly off-street. Sex workers are a heterogeneous group with diverse experiences, motivations and needs. They may be resident within the areas that they work or they may live elsewhere and travel to their place of work. There is evidence that street-based and parlour-based sex workers had very different health experiences, risk-taking behaviour and use of services. Many local authorities are aware of sex workers working within their communities, but the scrutiny of this element of the sex industry has usually focused on the criminality and anti-social behaviour elements and not health and wellbeing.

Challenge – sex work and scrutiny	Solution
Refocusing scrutiny on the health inequalities instead of criminality.	Identifying a balance between looking at the impact of sex work on communities and the impact on those engaged in sex work.
Definitions of ‘sex worker’ – male, female, transgender, on street or off street.	Collect data to identify the prevalence of sex workers by type and by location of business.
Availability of data about services used and frequency, as health services don’t often record whether a patient is a sex worker.	Co-ordination between stakeholder organisations working with sex workers may lead to better data collection.
Criminality and legality – moral judgements made with communities can make it difficult to gain a clear understanding of a local issue.	Community leadership of local authorities and the commitment to improving public health.
Identifying whether individual sex workers are entitled to access health services free or not based on their residency status.	Better data collection.
Language and cultural barriers between sex workers and services.	Investment in appropriate health and social care services accessible to sex workers.
Lack of trust with statutory services (e.g. police, council, social workers) – difficult to achieve user engagement.	Co-ordination between agencies working directly with sex workers.
Lack of priority.	Using ROI model as a prioritisation tool.

Over the next two pages you will read how the London Boroughs of Newham and Westminster used the model, the successes and learning points that they identified as well as a simple calculation of the value that the review brought.



London Borough of Newham Addressing the health inequalities faced by sex workers

In 2011 the Crime and Disorder Scrutiny Commission began a review to understand how the Council and its partners responded to prostitution in Newham from an enforcement approach. As the review developed, it also identified that women involved in prostitution face a number of health issues ranging from drug abuse to domestic violence. It demonstrated that many of

the women involved were Newham residents and the Council had a duty of care towards them. The Commission felt that the response to the issues of prostitution in Newham would be more effective in the long term if a joined up, holistic approach was taken. The ROI model allowed the Commission to test this assumption and show the effectiveness of such an approach.

Successes

- Lack of information made it difficult to show the impact of interventions - the model helped with this (although more is still needed).
- The review helped to demonstrate to stakeholders the effectiveness of a shared response.
- A survey of service providers demonstrated a complex web of relationships, potential duplication and gaps.
- The mapping of services used by sex workers demonstrated that all their health needs were not met.
- All stakeholders began to see the issue of sex workers not as an enforcement issue.

Learning points

- The review has enabled the Commission to look beyond the community safety issues to a more holistic and targeted approach.
- The Commission recognises the need to have more focus on finance in future reviews.
- The use of impact assessments and stakeholder mapping was helpful in identifying the true picture of service delivery and the gaps in data collection within services.
- The need for data to accurately calculate the ROI of a review.

Return on investment (ROI) question

What is the return on investment of ensuring that services, including crime, address the health needs of sex workers in Newham? The calculation looked at:

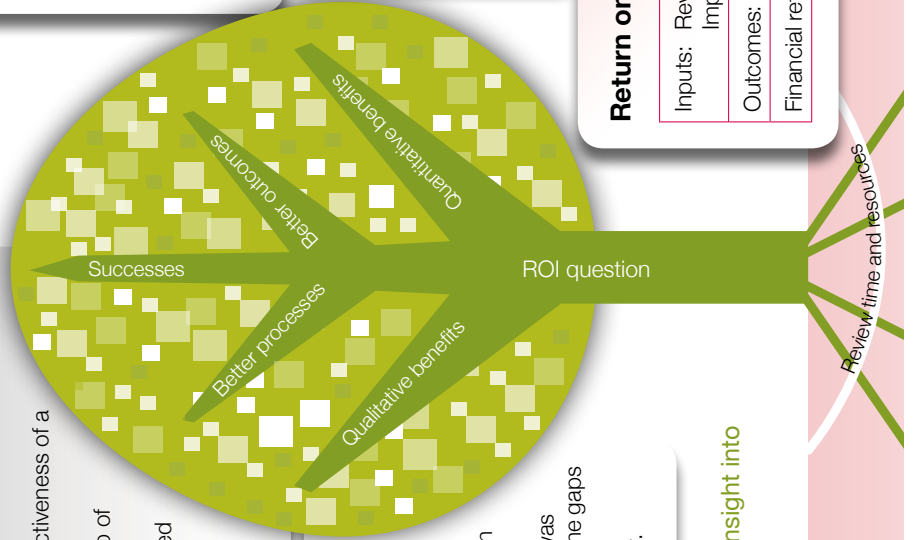
- The value of implementing recommendations made by the review.
- The impact of more effective multiagency planning and commissioning of services.
- The impact of a developing and implementing a public health-led action plan to address health inequalities within the borough.
- The cost of activity needed to implement recommendations in order to achieve savings.

Qualitative benefits

- Better understanding of the health impact of prostitution on sex workers.
- Defined local authority community leadership.
- Built and strengthened network of agencies with an interest in sex workers' health.
- Identified gaps and duplication.
- Identified opportunities for improvement.

Return on investment calculation

Inputs: Review costs:	£3391.38
Implementation of care model	£150,000.00
Outcomes: potential savings:	£455,000.00
Financial return: for each £1 spent on the review	£90 return



“...the ROI model has set us on a journey, giving us an insight into what we need”.

Councillor Terry Paul, Review Chair

Westminster City Council Addressing the health inequalities faced by sex workers

It is widely recognised that sex work takes place in Westminster. Previous initiatives have been to address the related anti-social behaviour and community safety issues, whereas this review was an opportunity to concentrate on the health and wellbeing inequalities experienced by those selling sex. Following

an impact assessment, violence experienced by sex workers was selected as the review focus. It was recognised that the other issues identified should be scrutinised in the future.

Successes

- Immediate benefits were identified by bringing different stakeholders together to discuss health needs and share data.
- Identifying the diverse stakeholder organisations working with sex workers at a very local level, but a lack of coordination and strategic planning between them.
- Identifying ways of achieving cost effective improvements to services through better coordination and communication.
- Identify and, where possible, quantify both social and financial returns on the resources invested into services.

Learning points

- The value of relationships between stakeholders and the need for co-ordination and joint strategic planning.
- The importance of mapping stakeholders and services to identify gaps and areas of potential duplication.
- The value of assessing the impact of potential reviews.
- The potential to identify and demonstrate the significant return on investment of overview and scrutiny and its recommendations.

Return on investment (ROI) question

What is the return on investment in improving support to sex workers regarding violence? The calculation looked at:

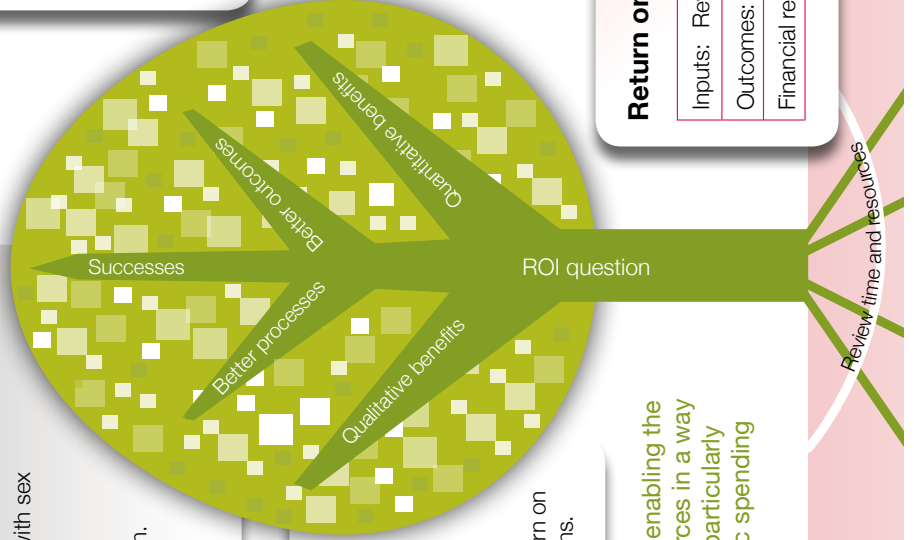
- The costs of conducting the Review and the costs of implementing the Task Group's recommendations.
- The initial savings which have been made through the task group's activities.
- The predicted savings which could be made through implementing the recommendations. These savings were highlighted by using real case studies of violence against sex workers.

Qualitative benefits

- Improved multi-agency working.
- Improved responses to sex workers who are victims of violence.
- An increase in convictions of perpetrators who attack sex workers and the wider community.
- Greater awareness of the issue of violence against sex workers.

Return on investment calculation

Inputs: Review costs:	£3,635
Outcomes: potential savings:	£1,196,866 per annum
Financial return: for each £1 spent on the review	£329 in the 1st yr



“The CfPS’ ROI model was extremely useful in terms of enabling the scrutiny process to focus on directing efforts and resources in a way which enables for the highest outcomes locally. This is particularly beneficial given the current climate of constrained public spending and limited resources.....”

Councillor Ian Rowley, Review Chair

Homelessness and scrutiny - challenges, solutions and case studies

Homelessness can affect every section of society and arises for a host of complex and overlapping reasons: relationship breakdowns, substance misuse, physical or mental health issues, leaving institutions and unemployment to name but a few. It has a wide-ranging impact on individuals, families and local communities. The subsequent demands made upon public services are similarly complex and the impact of the benefit reforms on this group of individuals remains unclear. Health inequalities are stark for this group. Studies show that 8 in 10 homeless people have one or more physical health need, and 7 in 10 have at least one mental health problem⁴ whilst the average age of death during 2011 of a homeless person was at 43-47⁵.

Challenge – Homelessness and scrutiny	Solutions
Being aware of the different circumstances which can lead to homelessness and the sensitivities surrounding the individuals' experiences, expectations and possible fears of openly using Council Services.	<ul style="list-style-type: none"> Careful structure and sensitive questioning within an informal focus group environment. Spend time with individuals before attending explaining the process. Chairman adjusts how meeting is run so that the homeless person can speak first.
Recognising there are different types of homeless people and they are homeless for a variety of reasons.	<ul style="list-style-type: none"> Identify the different strands within the community and plan an approach suitable to each. Take into account culture, background, ethnicity and diversity.
Knowing that the support group representatives are truly giving you the homeless person's view on things.	<ul style="list-style-type: none"> Get the views from a range of support agencies and groups to cross-reference information and test for robustness. Clarify how the support groups work, how they get their information, how it is kept up-to-date. Check their democratic mandate.
Knowing where people might be – at the start of the review and also keeping track of homeless people that have been involved.	<ul style="list-style-type: none"> Identify relevant support groups/ agencies who can give you the information. Run news articles/advertising so people can self-identify. Let them know what the timetable is for the review, make arrangements for a "drop box" in a support agency.
Reluctance to go out at night to speak to rough sleepers (if you're not directly involved in supporting them).	Provide a buddy system.

Over the next two pages you will read how Adur and Worthing Councils and Warrington Council used the model, the successes and learning points that they identified as well as a simple calculation of the value that the review brought.

4 Homeless Link National Audit 2011

5 Crisis (2011) Homelessness: a silent killer

Adur District Council and Worthing Borough Council – West Sussex Homelessness and access to services review

Arun, Adur & Worthing had previously undertaken a review of homelessness which helped develop the model detailed in 'Tipping the Scales'. Adur and Worthing wanted to now test whether the ROI model could be used to allocate resources by assessing the feasibility and affordability of the recommendations

that were not considered previously. It was agreed to revisit the stakeholder engagement process to unpick one particularly complex recommendation about obtaining ID and the remainder would be subject to the ROI calculation by officers.

Successes

- The stakeholder engagement event looked at ways to implement the recommendations and further refine the return on investment calculations. Areas where partners could take action were identified.
- Calculating the return on investment allowed officers to drill down further into the recommendations so they could recommend which areas to pursue, or not, with a resourcing cost benefit analysis attached to those.

Learning points

- Being able to present a return on investment calculation when assessing the feasibility of recommendations allows for a more reasoned approach to allocating resources.
- Pinning down the return on investment question early in the review process allows greater focus on the data to be collected and makes the calculations easier.
- Doing this in the first review would have reduced the number of recommendations and made them more robust.

“After the stakeholder event ‘Addaction’ instituted regular meetings with key agencies to discuss strategic developments and inform partners directly about homeless concerns. The forum is continuing to look towards solutions regarding the issue of ID and possible funding streams for this.”

John Gibson, Project Worker – Addaction

Return on investment (ROI) question

What is the return on investment of providing a photo ID card to a homeless person? The calculation looked at:

- The cost of providing a photo ID card that complied with fraud legislation.
- A safe storage system for ID documents as they were frequently lost or stolen.
- The varying costs depending on whether the individuals were UK or non-UK citizens.
- Prevention of repeated non-productive appointments.
- The process benefits of using photo ID cards for GP surgeries and other services.

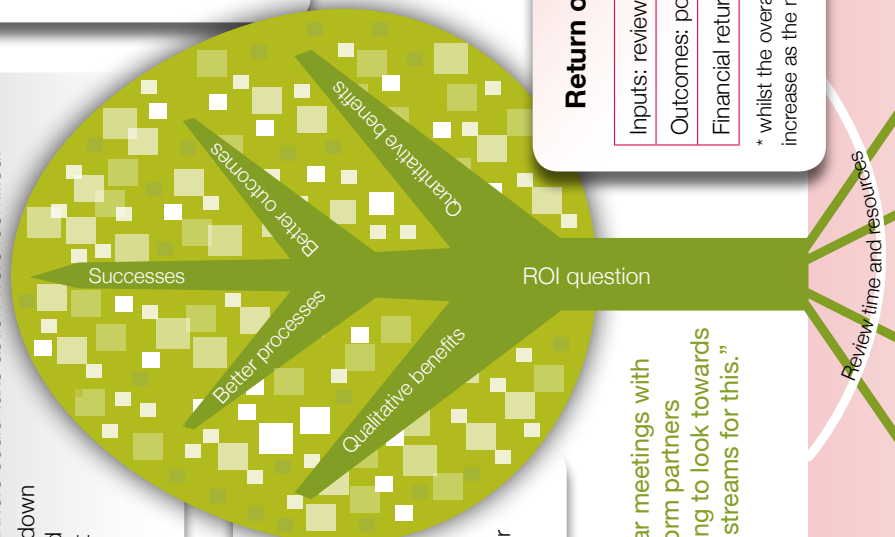
Qualitative benefits

- Better awareness of the issues locally.
- Better partnership working.
- Contributed to strategic review of housing.

Return on investment calculation

Inputs: review costs:	£1,114
Outcomes: potential savings:	£415 per person
Financial return: for each £1 spent on the review	£0.37*

* whilst the overall summary calculation shows that there is a low return, this will increase as the number of people affected increases.



Warrington Borough Council The new homeless

Warrington already had good provision in place for rough sleepers, but wanted to develop support packages and pathways to improve long term health, against a backdrop of concerns about welfare benefit reforms. The prioritisation process and the stakeholder event identified a new vulnerable group, the professional class: working families where parents were being made redundant, losing their homes and subject to increasing ill health. Warrington already had a homeless

service (HousingPlus) but this was being used as a last, rather than first resort. As a result they were seeing families when only highly expensive interventions could be of use. By calculating the cost of “falling off the cliff” an argument could be made for investing in raising the profile of Housingplus and other measures to get to families at an early stage.

Successes

- Identified a new group of people at risk and who were not going to Housingplus as a matter of course for advice and support in the early stages.
- The stakeholder event brought a meeting of minds and experience. The use of the stakeholder wheel allowed partners to challenge perceptions about where services were being provided and at what level. It provided evidence of the lack of information and service to this previously unidentified group.

Learning points

- “The bigger they are, the harder they fall”. This group have the most to lose, but with the right intervention early on have the greatest capacity to help themselves.
- The focus changed, but this is where the evidence took them and the return on investment calculation will aid in putting together a robust set of recommendations that is evidence based.

“By involving them in a focus group we were able to get a real insight into how they came to be homeless and the costs to them financially, emotionally and physically”.

Julian Joinson, Officer

Return on investment (ROI) question

What would be the ROI of preventing homelessness in the “new” vulnerable group of professional working families? The calculation looked at five areas of:

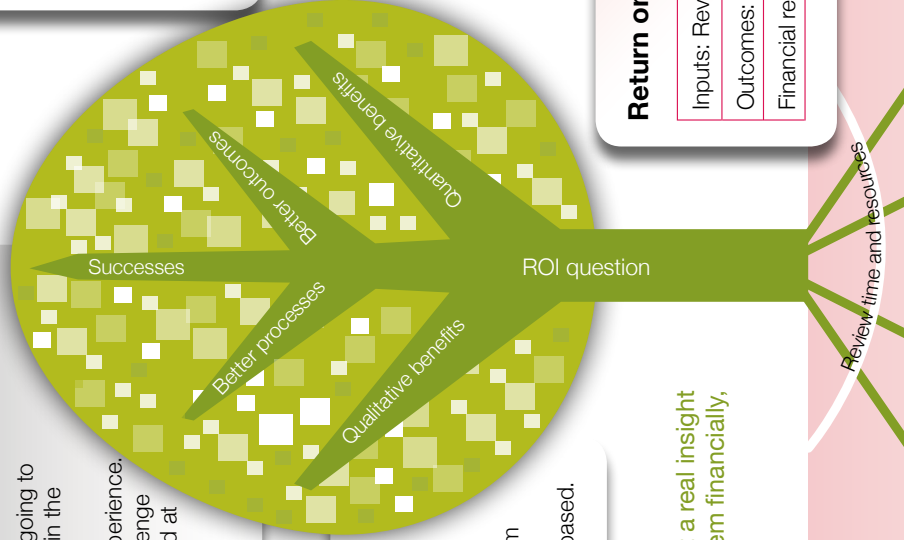
- Investing in the HousingPlus service.
- Better equip bailiffs with information to signpost.
- Raise awareness of staff and partners.
- Making improvements to the website.
- Making PCs available for the public at HousingPlus.

Qualitative benefits

- Able to carry out interventions for a larger number of clients at a lower level of support.
- Improved use of Housingplus staff time.
- Better understanding of this new target group.
- More holistic and supportive system in place.
- Housing Association’s capital funding freed up.

Return on investment calculation

Inputs: Review and one off costs:	£3,398
Outcomes: potential savings:	£17,389 per person
Financial return: for each £1 spent on the review	£5 per person



Gypsy and Traveller communities and scrutiny – challenges, solutions and case studies

Gypsy and Traveller communities in the UK have a rich history and culture, and the actual term Gypsies and Travellers covers a diverse group of communities. It is currently estimated that there are 300,000 Gypsies and Travellers in the UK⁶. These communities live on a mix of settled Traveller sites established by Local Authorities, migratory and nomadic routes including informal sites, and settled housing. Both the South Somerset and Southwark reviews focused on maternity and early years issues as recent studies highlight: high maternal death rates, high infant mortality and perinatal death rates, lower than average birth weight, low immunisation uptake, barriers to access to primary care, maternity services and early years services.

Challenge – Gypsy and travellers and scrutiny	Solutions
Are you hearing the right voices? Southwark's review recognised that the voices of women were particularly significant but had to overcome issues of male dominance.	<ul style="list-style-type: none"> • Develop some small-scale women only engagement workshops and contacts with early-years stay and play groups.
Managing engagement in a sensitive and culturally respectful way.	<ul style="list-style-type: none"> • Go to the community to engage them. • Show respect and understanding for the community and family structure.
Building credibility with the local community. The council may be viewed as an authority figures.	<ul style="list-style-type: none"> • Work in partnership with Gypsy and Traveller organisations. • Recognise and acknowledge wider issues that the community may have with council services.
Dealing with attitudes and negative stereotypes about Gypsies and Travellers within professional and organisational networks.	<ul style="list-style-type: none"> • Challenge any discriminatory statements and raise awareness of the rights of these communities. • Promote positive images and messages about the community. • Seek support from colleagues who have dealt with these issues before.
Use insights from national trends and evidence. E.g. in terms of maternity services the local community may only experience two or three births per year and it may be a challenge to relate these small numbers to the bigger picture.	<ul style="list-style-type: none"> • Triangulate local experience with national data. • Consider experiences over previous years. • Recognise the underlying messages from national data (discrimination, inequalities).

Over the next two pages you will read how South Somerset and Southwark Councils used the model, the successes and learning points that they identified as well as a simple calculation of the value that the review brought.

⁶ Commission for Racial Equality, 2003



South Somerset District Council Exploring access to antenatal, perinatal and post-natal maternity services for the local Gypsy and Traveller communities

South Somerset District Council focused their review on exploring access to antenatal, perinatal and post-natal maternity services for the local Gypsy and Traveller communities in South Somerset. The impact statements explored maternal health and mental health. South Somerset District Council has a strong

track record and special interest in working with the local Gypsy and Traveller communities. The review enabled them to use this expertise in a new area of health inequalities, and to define the role of a district council in improving health and tackling inequalities.

Successes

- Highlighted areas of existing good practice and sharing the lessons and learning to improve cultural appreciation and access.
- Built relationships between the Gypsy and Traveller communities, their specialist organisations and NHS Trusts.
- Defined and communicated the value of district council health scrutiny.
- Somerset's Joint Strategic Needs Assessment is being refreshed to include the issues and needs of local Gypsy and Traveller communities as a consequence of the review.

Learning points

- Recognition of the diversity in the local Gypsy and Traveller populations in South Somerset including a range of families who are part of nomadic and yearly migratory routes in and out of the district.
- The review was able to highlight and appreciate the different needs and experiences of these small groups.
- The committee received positive feedback from NHS Trusts about their new role in health scrutiny and the impact they could provide as a critical friend of the local system.

“The review has enabled the committee to develop its understanding of health issues and identify the contributions that scrutiny can make at a District level...”

Emily McGuinness, Officer

Return on investment (ROI) question

What is the return on investment for a scrutiny project exploring access to ante-natal, perinatal and post-natal maternity services for the local Gypsy and Traveller communities in South Somerset? The return on investment calculation looked at three key indicators:

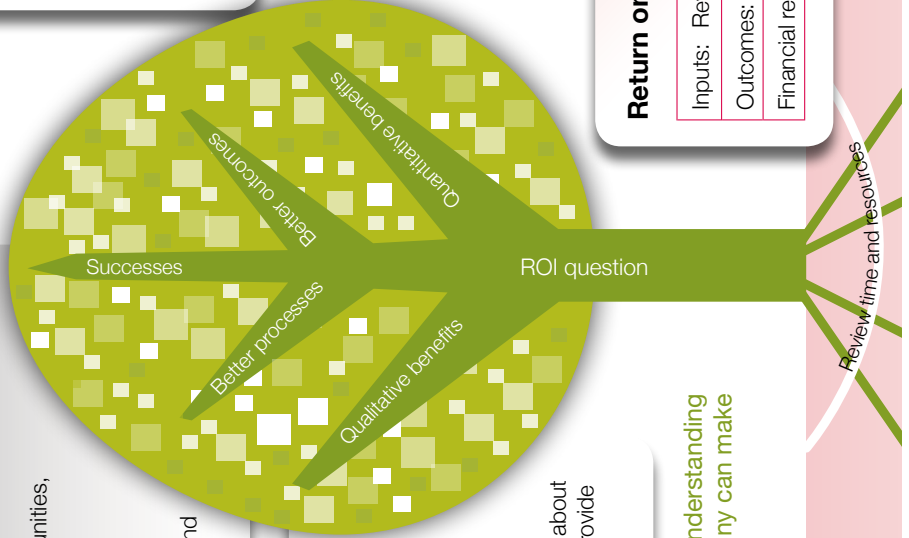
- The value of increased access to maternity services and improved patient experience.
- The value of improved access to GP and primary care services.
- The value of increased networking and awareness building of the needs of the local Gypsy and Traveller communities.

Qualitative benefits

- Gypsies and Travellers needs included in the Joint Strategic Needs Assessment.
- Partnership working with NHS Trusts.
- Promoting health inequalities systems.
- Raising awareness and sharing information.
- Focusing on patient experience of Gypsies and Travellers.
- Networking between specialist Gypsy and Traveller agencies and health services.

Return on investment calculation

Inputs: Review costs:	£1,599
Outcomes: potential savings:	£5,440
Financial return: for each £1 spent on the review	£3.40



Southwark Council Maternal health and early years services for Gypsy and Traveller mothers and young children

Maternity services emerged as a strong contender from the impact statement process. Further discussions then identified the value of including early years' experiences. The committee used the work with Gypsies and Travellers to pilot

wider health inequalities work with marginalised groups as Gypsy and Traveller communities lacked visibility in the Borough.

Successes

- An effective stakeholder event and interagency networking.
- A focus on gender and the experiences of Gypsy and Traveller women.
- Learning about wider Gypsy and Traveller experiences and the recommendation of an overarching Southwark engagement framework.
- Highlighting the benefits of better coordination of domestic violence services for women and to ensure local services are culturally aware.
- Ensuring Gypsy and Traveller issues are included in the Council's long term housing strategy.

Learning points

- It is valuable to build relationships with specialist Gypsy and Traveller organisations.
- Wider determinants of health - education, domestic violence and housing - have an impact on maternity outcomes.
- The early years focus provided continuity when considering the experiences of mothers and babies.
- Using the stakeholder engagement in a flexible way during the review is effective.
- Learning from South Somerset has been very useful.

"The focus on maternity and early year's services has helped Southwark understand the wider experiences of the local Gypsy and Traveller families and has identified a range of health inequalities which have been captured by the recommendations".

Julie Timbrell, Officer

Return on investment (ROI) question

What is the return on investment for a scrutiny project exploring access to maternal health and early year's services for local Gypsy and Traveller mothers, babies and young children in Southwark? The calculation looked at four financial indicators:

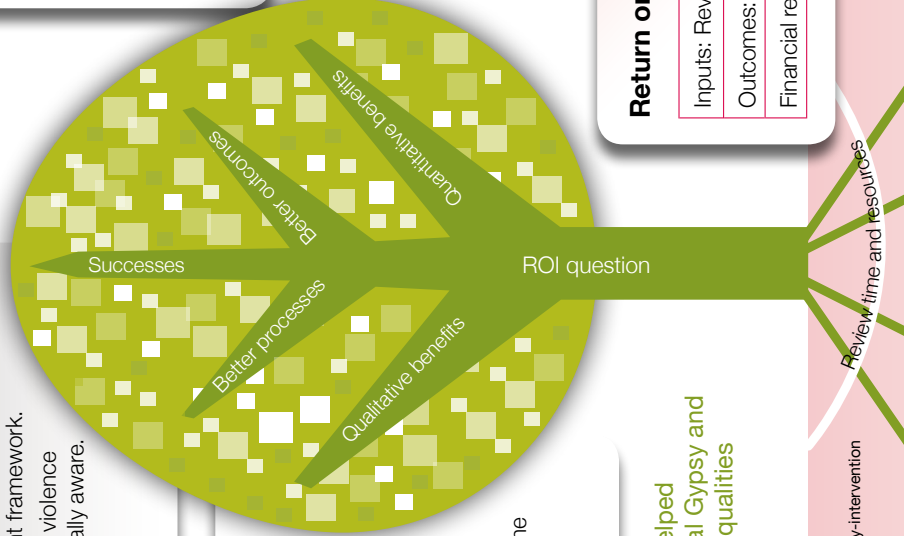
- Value of increased access to maternity services.
- Value of improved access to GP and primary care services and a reduction in the use of A&E.
- Evidence of the return on investment of early intervention approaches highlighted by the Graham Allen review 2011¹.
- Impact on employment.

Qualitative benefits

- Better awareness of the issues locally.
- Better partnership working.
- Contributed to a strategic review of housing.
- Supported the development of an engagement framework.
- Identifying access to domestic violence services.

Return on investment calculation

Inputs: Review costs:	£1,820
Outcomes: potential savings:	£20,930
Financial return: for each £1 spent on the review	£11.52



1. <https://www.gov.uk/government/news/graham-allen-launches-second-report-on-early-intervention>

Return on investment calculations – New homeless in Warrington

Recommendation	Public sector		Client	
	Cost of early intervention	Cost of falling off the cliff	Cost of early intervention	Cost of falling off the cliff
1. Council invests in advertising Housingplus service to raise awareness of services and actively invites people to discuss concerns at the earliest opportunity. This calculation is expanded overleaf.	2,001	6,088	35	12,435
2. Ensure that all bailiffs have relevant information enabling them to signpost residents facing eviction to the Housingplus service in a timely manner.	2	0	0	1,040
3. Ensure all council staff and partners have information to support them in getting residents to engage with HousingPlus.	8	0	0	0
4. Improve the Council website so it is easier to gain information about Housingplus, and to look at achieving an ethical and socially responsible not-for profit alternative to payday loan companies.	3	0	67	1,800
5. Make PCs available at Housingplus for the public.	224	6	0	6
6. Cost of the Scrutiny Review.	1,608	0	40	0
Grand totals	3,844	6,094	142	15,281

All recommendations included staff time, client time and where appropriate material resources for advertising, literature, IT development and equipment. Recommendation 1 included Mortgage Rescue costs and benefit differentials for those who remained in their homes compared to those who were in B&B (figures obtained using gov.uk on-line benefits calculator). It also included health care costs for stress/depression using national figures. Recommendation 2 considered bailiff related costs whilst Recommendation 4 calculated the costs of interest charges for a Credit Union loan vs a payday loan.

Cost of “falling off the cliff” = £6,094 + £15,281 = £21,375

Cost of early intervention = £3,844 + £142 = £3,986

Therefore potential total savings = £17,389 per person so for every £ spent getting £4.36 back (400%)

Below is recommendation 1 from the review worked through so that you can see how the return was generated.

Recommendation	Council and other public bodies		Individual client		Return on investment benefits	
	Investment	Savings	Investment	Savings	Process	Outcome
1. The council invests in advertising the Housingplus service to raise awareness of the advice and support that is available and actively invites people to come and discuss concerns at the earliest possible opportunity.	<p>Cost of early intervention</p> <p>Council providing advice = £42.96</p> <p>Targeted advertising campaign for the Housingplus service</p> <p>Total = £1,370/5 = £274 per person</p> <p>Benefits cost per person = £1683.68</p>	<p>Cost of falling off the cliff</p> <p>Providing Mortgage Rescue £214.80</p> <p>NHS Annual cost of dealing with stress/depression = £225.92</p> <p>Benefits cost per person = £5421.32/yr</p>	<p>Cost of early intervention</p> <p>Cost to the individual of using a bond, interest free loan = £0</p> <p>Opportunity cost of single 3 hr visit to Housingplus = £34.89</p>	<p>Cost of falling off the cliff</p> <p>Mortgage Rescue scheme: loss of 10% equity, legal costs = £12,300</p> <p>Prescriptions £30.60</p> <p>Opportunity cost of 3 x 3 hr visits to Housingplus = £104.67</p>	<p>Better use of Housingplus staff time</p> <p>Ability to carry out interventions for a larger number of clients, at a lower level of support.</p> <p>Makes the service more accessible to a new target group.</p>	<p>Greater % of people remain in home and stress levels reduced</p> <p>Reduced hidden social costs, eg breakdown of family unit; additional burden on friends and relatives.</p> <p>Reduced capital funding requirement for HA to purchase the house (£145,000).</p>
Sub-totals	£2,000.64	£6,087.96	£34.89	£12,435.27		

When putting together the calculations for this review certain assumptions were made:

- Using data from the homelessness review it was calculated that there would be a 10% increase in footfall (5 people) to the Housingplus service as a result of PR activity.
- When calculating staff costs, the average salary for the grade plus 20% on-costs were used and the average wage for client time.
- Using local data 55 people were evicted from family homes each year.
- Cost is calculated per family unit = 1 person.

In addition there were some process/outcome ROI benefits identified:

Recommendation	Process/outcome benefits
<p>Recommendation 1: Better use of Housing plus staff time. Ability to carry out interventions for a larger number of clients, at a lower level of support. Makes the service more accessible to a new target group.</p>	<p>Greater % of people remain in home and stress levels reduced. Reduction in hidden social costs, eg breakdown of the family unit; additional burden on friends and relatives. Reduced capital funding requirement for HA to purchase the house (£145,000).</p>
<p>Recommendation 2: Improved liaison between Council and bailiffs. More holistic and supportive system in place.</p>	<p>Potential homeless persons signposted to Housingplus at an earlier date.</p>
<p>Recommendation 3: More holistic and supportive system in place. Wider recognition by all agencies that the target group has different needs and expectations than traditional clients.</p>	<p>Reduced deterrent to people accessing services early due to stigma of 'homelessness' classification.</p>
<p>Recommendation 4: Recognition that the target group may prefer to remain anonymous, such as obtaining information from the internet and using on-line systems to access services.</p>	<p>Responsible borrowing: provides an opportunity for the client to repay the debt over time compares well against the high interest charges on payday loans. Use of on-line systems may reduce back-office administration costs.</p>
<p>Recommendation 5: More holistic and supportive system in place.</p>	<p>Saving in time, inconvenience and stress, due to reduction in need for client to travel across town to complete housing benefit application.</p>





