

better scrutiny for better government

The Centre for Public Scrutiny promotes the value of scrutiny and accountability in modern and effective government and supports non-executives in their scrutiny role

Helping to tackle health inequalities through scrutiny: apply now to be one of four 'Scrutiny Development Areas'

The Health Inequalities Scrutiny programme is a two-year programme funded by the Improvement and Development Agency to raise the profile of scrutiny as a tool to promote community wellbeing and help councils and their partners in addressing health inequalities within their local community.

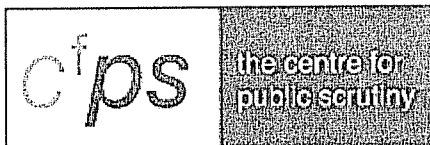
A key element of the programme is to identify four Scrutiny Development Areas to help to develop the role of overview and scrutiny in tackling health inequalities.

The role of the Scrutiny Development Areas will be to undertake a scrutiny review(s) to help develop and test a Scrutiny Resource Kit. The resource kit is designed to provide councils with help, support and advice to encourage them to undertake scrutiny reviews of health inequalities. The kit will include:

- information about the different health inequalities, tips on how to find out what the inequalities are in an area and practical applications of scrutiny
- how scrutiny can assist in tackling health inequalities
- several models that have been developed to undertake such reviews
- a knowledge section – containing training resources.

The Scrutiny Development Areas will have a key role in helping to make the kit a comprehensive resource for local councils, testing existing models of scrutiny and developing and defining new ones.

For a copy of the application form and guidance notes please [click here](#).



better scrutiny for better government

The Centre for Public Scrutiny promotes the value of scrutiny and accountability in modern and effective government and supports non-executives in their scrutiny role

Tackling Health Inequalities

Tackling Health Inequalities using scrutiny

The CfPS Health Inequality Scrutiny programme is a 2-year programme funded by the Improvement and Development Agency's Healthy Communities Team to raise the profile of overview and scrutiny as a tool to promote community well-being and help councils and their partners in addressing health inequalities within their local community.

It will do this by:

- Assessing what health inequality scrutiny reviews have been carried out across the country to date and extract examples of good practice.
- Developing a resource kit designed to provide Councils with help, support and advice to encourage them to undertake scrutiny reviews of Health Inequalities.
- Identifying and working with four "Scrutiny Development Areas" who will have a key role in making the kit a comprehensive resource for local councils and partners, testing existing models of scrutiny and developing and defining new ones.
- Publish and disseminate "How to" guides and the findings from the study about the contribution that overview and scrutiny committees can make.

Click [here](#) to find out more about Health Inequalities and how scrutiny can play a role in reducing them.

Getting involved

There are four ways in which you can get involved in this exciting new programme – you can choose one or all of them:

- 1) **Send** in examples of your Health Inequality scrutiny reviews
- 2) Visit the **[discussion forum](#)** – to take part in shaping the latest developments
- 3) Reserve your place on the forthcoming **[National Networking events](#)** – or keep an eye out for future conferences and meeting.
- 4) **Apply** to be one of the new Scrutiny Development Areas detailed above (download a copy of the guidance, notes and application form).

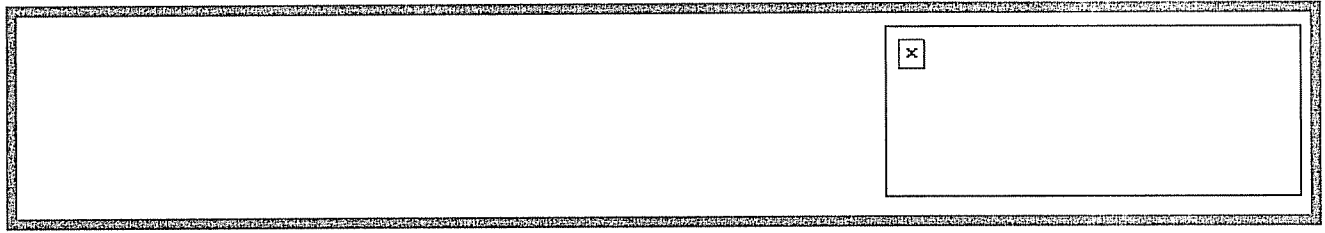
Programme News

- Health Inequality Scrutiny Programme Survey - Highlight Report 2009
- Draft contents page for the Resource Kit – tell us what you think

For more information please contact:

Su Turner, Principal Consultant, CfPS

Email: su.turner@cfps.org.uk Mobile: 07795 294052 Website: www.cfps.org.uk



Information and guidance on the bidding process 2009

This information and guidance aims to ensure that all bids receive equal and fair consideration. It is important that you provide all the information asked for in the format and order specified. Please contact Su Turner, Principal Consultant at CfPS, on 07795 294052 or su.turner@cfps.org.uk if you need further information.

Background

The CfPS' Health Inequality Scrutiny programme is a 2 year programme to raise the profile of overview and scrutiny as a tool to promote community well-being and help councils and their partners in addressing health inequalities within their local community.

A key element of the programme is to identify 4 Scrutiny Development Areas (SDA) to help to develop the role of overview and scrutiny in tackling health inequalities.

The role of the SDAs will be to help develop and test a Scrutiny Resource Kit. The resource kit is designed to provide Councils with help, support and advice so as to encourage them to undertake scrutiny reviews of Health Inequalities. The kit will include:

- Information about the different Health Inequalities, tips on how to find out what they are in an area and practical applications of scrutiny;
- How scrutiny can assist in tackling Health inequalities;
- Several models that have been developed to undertake such reviews;
- A knowledge section – containing training resources

However the SDAs will have a key role in helping to make the kit a comprehensive resource for local councils, testing existing models of scrutiny and defining new ones. Learning that is identified during the pilot phase will be built in to the kit prior to publication in early 2011.

SDAs will be required to undertake a scrutiny review(s) on health inequalities in their area using and developing elements of the resource kit; continuous evaluation will ensure that the learning from these reviews is built in to the kit.

Who can apply?

Applications are welcome from all Overview and Scrutiny Committees (OSCs) who are seeking to understand and address health inequalities in their area using innovative approaches to undertaking scrutiny reviews. **We would particularly welcome applications from 'Overview and Scrutiny Partnerships'** (either a District / County partnership or 2 or more OSCs working together

in a sub region or whole region) who are wanting to focus on health inequalities that cross boundaries. This will maximise the coverage of the programme, and help to meet the efficiency goals that public services are facing.

The aim is to select four projects in total. If possible one from each geographical region covered by a CfPS health scrutiny Regional Advocate; (North, East and Central, London and South East, South West).

Collaborative bids must be submitted by a "lead" local authority. Details of the lead authority and the contact officer must be given in **section 1** of the bid. Section 1 should also include details of partners and management/governance arrangements for the project. Bids must also be accompanied by a short covering letter signed by either the Chair of the OSC or the lead member for overview and scrutiny.

Application guidance

Rationale, scope, terms of reference and timescale of projects

Appendix 1 explains in more detail Health inequalities, the wider determinants of health and some of the roles that scrutiny has in helping to tackle these. Appendix 2 is a copy of a draft contents list from the resource kit that will be developed as part of this project.

Applications must clearly state in section 2:

- **What** is the Health inequality that the partnership area wishes to review;
- **Why** the partnership area has chosen that subject; the benefits that the review will realise, and why they should be a Scrutiny Development Area;
- **Who** the partnership will include in the review (partners and community), at all stages;
- **How** the partnership will run the review, including how it will involve the community, and the cost breakdown and request for funding;
- **When** the review will be carried out (including the timescales of each of the stages of the review).

Successful projects will be expected to commence in **February 2010** and finish by **end 2010**.

Funding for successful bids is provided for costs incurred over and above the usual scrutiny support that the local authority provides (up to a maximum of £5,000). *For example: the cost of additional venues for holding community meetings / events or to trial a new and innovative scrutiny technique.* The programme will not fund establishment staff costs, administrative time, normal overheads, capital, or equipment costs.

An Expert Advisor will also be placed with each of the successful pilots to help develop the review.

Sharing the Learning

Successful areas will be required to attend 3 action learning meetings throughout 2010 to ensure that learning is captured and built in to the final resource kit. Areas should also be prepared to showcase their review(s) periodically and at a national conference in 2011.

Support will be given to areas to undertake reviews and to share the lessons learnt.

Evaluation of successful projects

Please note that projects selected for funding will be evaluated by the CfPS. The CfPS will own any learning outcomes from these projects and will disseminate learning outcomes through a variety of mechanisms, both regional and national.

Timetable for bidding

The timetable for submitting bids, approving and commencing projects is as follows:

- 12th October 2009 Bidding guidance will be launched nationally via e-mail to all Councils, and published on CfPS website.
- 15th December 2009 Deadline for receipt of bids. An email bid should reach Su Turner su.turner@cfps.org.uk by 15th December 2009, with two hard copies by Friday 18th December at The Centre for Public Scrutiny, Layden House, 76-86 Turnmill Street, London EC1M 5LG. Bids need to be accompanied by a covering letter, signed by either the Chair of the relevant OSC or lead member for Overview and Scrutiny.
- 6th January 2010 Bids will be assessed and successful projects chosen by the Health Inequality Scrutiny Reference Group. Successful applicants will be notified by the Mid January 2010 – to commence February 2010.

Criteria for selecting successful projects

In selecting bids for funding the following evaluative criteria will be taken into account: **Section 3** of the bid should set out how the proposed project meets these criteria.

Applications should:

- Answer fully all of the application questions above;
- Demonstrate the desire to adopt new and innovative approaches to scrutiny and how being chosen as a Scrutiny Development Area will help you to achieve this;
- Show that consideration of local public health issues including the wider determinants of health has been given;
- Show a commitment to equality and diversity;
- Give a commitment to run with the review to the end of the programme.
- Show how your organisation(s) will use this process to enhance scrutiny within your area.

Release of funding for successful projects

Each bid should give a detailed breakdown in **section 4** of the full costs of the project (excluding VAT) and the amount of funding being bid for.

Payments will be made by BACS following receipt of a valid invoice. Please state whether VAT will be charged. Invoices need to describe the work carried out and any services received.

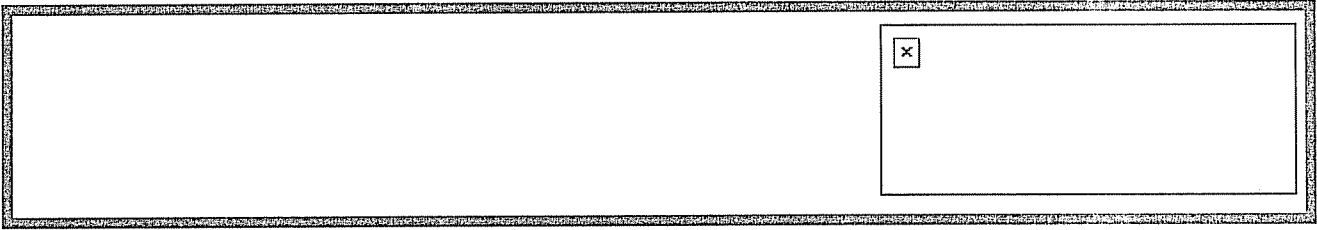
No single project will be funded above £5,000 exclusive of VAT.

To enable the CfPS to monitor progress of the reviews for payment; and to assist the learning aspect of the project a reporting framework has been developed. Successful project leads will be required to use the framework to provide baseline information about their projects by the end of February 2010, to provide interim reports in June and September 2010 and to provide full progress report in December 2010. Release of funding for projects will be dependent on completion of the reporting framework to the specified timescale.

Bid Checklist

Bids should be presented in the following format and **should not exceed 6 sides of A4:**

- In section 1, details of the lead authority submitting the bid and the contact officer, details of partner organisations, management and governance arrangements for the project;
- In section 2, details of the proposed project – have you answered the questions fully?
- In section 3, details of how the project meets each of the evaluation criteria;
- In section 4, details of the project costs, amount bid for and charging arrangements



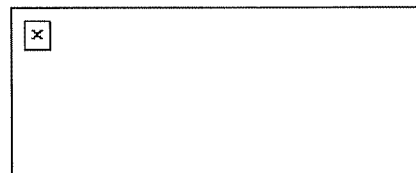
Section 1, details of the lead authority submitting the bid and the contact officer, details of partner organisations, management and governance arrangements for the project.

Section 2, details of the proposed project – have you answered the questions fully?

Section 3, details of how the project meets each of the evaluation criteria.

Section 4, details of the project costs, amount bid for and charging arrangements.

Supporting Scrutiny - Invitation to bid for Scrutiny Development Area status for the Health Inequalities Scrutiny Programme



Appendix 1

What are health inequalities?

Health inequalities is the generic term used to describe differences in the health achievements of individuals and groups. A person's well-being, how long they live and how well they are, is strongly influenced by where they live, and such factors as their social and economic background, income, employment and education.

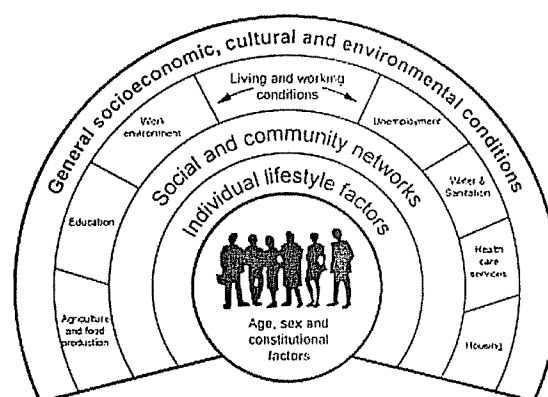
The causes of health inequalities

Research shows that the way societies are organised (politically, economically, and socially) impacts on health inequalities. Research also shows that a person's level of control over their own lives is a major factor at the core of health inequalities. Social hierarchy is a term used to describe how power and resources are distributed across society. Where an individual sits in the social hierarchy depends on educational attainment, wealth, income, social class, employment status and degree of influence. A person's position in this hierarchy has been shown to influence their health and life chances – with those higher up generally having better health than those who are lower down.

Social and economic inequalities underpin many of the health inequalities we see today. Wider determinants of health include the economic, social and environmental conditions in which people live. So employment and education all play some part in determining how well and how long people live. The WHO Commission on the Social Determinants of Health describes these wider determinants as the 'causes of the causes' of health problems, so lifestyle and behaviour must always be considered within the context of this wider set of factors.¹

The link between health inequalities and the wider determinants can be better understood using the useful diagram produced by Dahlgren and Whitehead.

The diagram demonstrates the layers of influence on health and describes a social ecological theory to health. The diagram attempts to map the relationship between the individual, their environment and disease. Individuals are at the centre with a set of fixed genes. Surrounding them are influences on health that can be modified.



Source: G Dahlgren and M Whitehead, *Policies and strategies to promote social equity in health*, Institute of Futures Studies, Stockholm, 1991

¹ WHO Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health equity through action on the social determinants of health*, 2008

The first layer is individual lifestyle factors or *personal behaviour* and ways of living that can promote or damage health. –e.g. choosing to smoke or drink. The next layer is *social and community networks* – the support we get from our friends, relatives, neighbours and the community – not having such support can lead to isolation and poorer health outcomes. The third layer includes *external factors*: housing, working conditions, access to services and provision of essential facilities.

Health Equity - However the term 'health inequalities' does not precisely reflect the problem. Health inequities refer to those inequalities in health that are deemed to be unfair, unacceptable or stemming from some form of injustice, such as:

- health-damaging behaviour where the degree of choice of lifestyles is restricted,
- exposure to unhealthy, stressful living and working conditions,
- inadequate access to essential health and other public services,
- health-related social mobility (position in the social hierarchy) involving the tendency for sick people to move down the social scale

Overview and scrutiny of health - an important tool for tackling health inequalities

The Health and Social Care Act 2012 gave local authorities, with responsibility for social services, the power to scrutinise local services provided and commissioned by the NHS. This responsibility can be delegated or shared with district councils in certain circumstances. Overview and scrutiny can act as a lever to improve the health of local people.

This change gave local authorities and NHS organisations a more formal process to work together to tackle health inequalities and also to contribute to the health improvement in the widest sense. However, improving health is not just a role for the NHS, as described above, improvements in those factors that affect our health (determinants) are equally important for local authorities and other partner agencies responsible for delivering or managing services.

Therefore the wider scrutiny function is an ideal tool to carry out this important work; thereby building on the power to promote the social, environment and economic well being of their area.

Overview and scrutiny committees can also investigate and challenge decisions made by their own staff which impact on the health and well-being of local people.

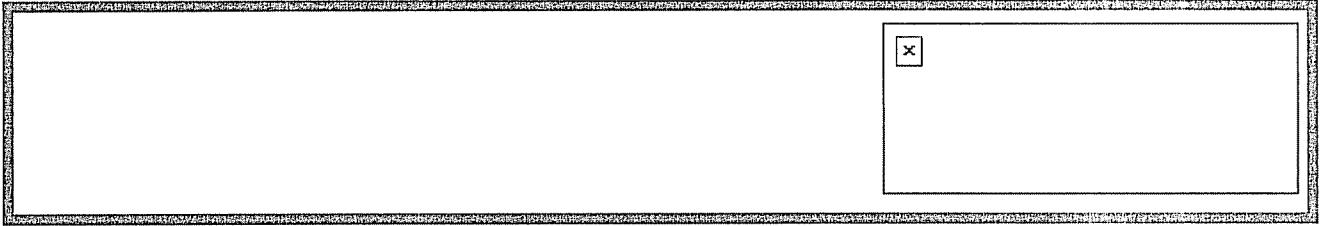
Examples of the kind of work that members of overview and scrutiny can do to tackle health inequalities locally, are given below:

- Providing members of the health scrutiny committee with a profile of the health inequalities of the local population to inform scrutiny work programmes;
- Ensure the involvement of the groups and communities with the poorest health in the work of the committee;
- Consider inequities in service provision, access and outcomes as part of scrutiny reviews of NHS or local authority services;
- Undertake scrutiny on the health impacts of programmes based in the most deprived areas;

- Maintain an overall balance in the scrutiny work programme between service issues and broader health inequalities issues.

A report produced by the then Health Development Agency² listed a key challenge for scrutiny is developing effective protocols and monitoring arrangements so that scrutiny does not add to local bureaucracy, and makes a real difference to the lives of local people.

² 'Reducing Health Inequalities: Local Government and the NHS working together' (2003)



Appendix 2

Resource Kit - a guide to using scrutiny to tackle Health Inequalities

Contents

- Introduction to the guide, health inequalities and the wider determinants of health
- The Marmot Review into Health Inequalities
- What role can Scrutiny play?

Health and lifestyle

- Overview
- Lifestyles and health outcomes (Smoking, Alcohol, CVD, Obesity, Cancer etc)
 - How scrutiny can help – the role of scrutiny
 - Case studies – scrutiny in action

Social and Community Networks

- Overview
- The benefits of strong social and community networks (family, neighbours, community etc)
 - How scrutiny can help – the role of scrutiny
 - Case studies – scrutiny in action

Living and Working Conditions (Wider determinants)

- Overview
- Understanding the determinants and their effect on health
 - Working
 - Low income
 - Education and skills
 - Housing and the Environment
 - Crime
- How scrutiny can help – the role of scrutiny
- Case studies – scrutiny in action

Effective Scrutiny Models

- Prioritisation technique
- Mini Scrutiny

- Area
- Condition
- Whole Council Reviews
- Asset based scrutiny
- Health impact assessments
- Top Tips for effective scrutiny

Knowledge section

- Training resources
 - Understanding Health Inequalities - how to find out what the inequalities are in your area.
 - Effective scrutiny and the role of the Local authority
 - Effective scrutiny and the role of the Primary Care Trust and Director of Public Health
 - How to involve the Community
 - Performance Indicators, evaluation and measuring impact
 - Top tips
 - Using professional forums such as CfPS Discussion forum

Future Challenges for Overview and Scrutiny Committees

Scrutiny and....

Joint Strategic Needs Assessments

Local Strategic Partnerships

Comprehensive Area Assessment

Individual Health Budgets

Total Place

Glossary and Acknowledgements