

## Project Plan: Barnet and Harrow Scrutiny Review: NHS Health Check

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### Approvals

By signing this document, the signatories below are confirming that they have fully reviewed the Project Plan for the Barnet and Harrow Scrutiny Review: NHS Health Check project and confirm their acceptance of the completed document.

<b>Name</b>	<b>Role</b>	<b>Signature</b>	<b>Date</b>	<b>Version</b>
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### DOCUMENT CONTROL

#### Version History

<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Summary of Changes</b>
V1.1	11/09/13	A Charlwood	Initial draft for review by F Page and B Cook
V1.2	13/09/13	A Charlwood	Amendments incorporated following review by F Page

# 1. Introduction

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This project plan summarises the actions needed to enable councillors and officers from LB Barnet and LB Harrow to work together to scrutinise the uptake of the Health Check within the two boroughs. The project plan also incorporates processes and activities developed by the Centre for Public Scrutiny (CfPS) to enable scrutiny reviews to identify the return on investment of an issue that impacts on health inequalities. Following the submission of an expression of interest by Barnet and Harrow to become an NHS Health Checks Scrutiny Development Area, both councils have been provided with additional support from a CfPS Expert Adviser. As part of the support offer, the review must incorporate the Return on Investment (ROI) model to measure the cost-benefit of the review. The Expert Adviser support is part of a national initiative between Public Health England and CfPS that aims to improve the awareness of the NHS Health Check programme and to help councils to understand the benefits of investing in upfront preventative actions to improve health.

## Objectives of the CfPS National Programme

- Demonstrate the role of council scrutiny in assessing a local approach to NHS Health Check; ensuring programmes are fit for purpose and sustained over the transition and beyond.
- Use CfPS' ROI model to assist council scrutiny functions and the National NHS Health Check programme to understand the wider public health benefits and the return on investment of NHS Health Check programmes on other areas of the public sector (such as social care), not just savings in primary or secondary care.
- Use scrutiny to identify local barriers to take up of NHS Health Check and use an appreciative inquiry approach to suggest how take up could be improved locally.
- Share learning with Health and Well Being Boards to promote the proactive role of scrutiny in Joint Strategic Needs Assessments and Joint Health and Well Being Strategies.
- Support scrutiny to develop political leadership of Public Health action within councils.
- Demonstrate how scrutiny can be a bridge between councillors and clinicians

The following outcomes are anticipated from the review:

- Understand the benefits of the NHS Health Check programme within Harrow and Barnet (costed and consequential benefits)
- Understand the barriers to take up
- Understand how local take up can be improved
- Make recommendations that will improve local take up

# 2. Strategic Context

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## Public Health Functions

Following the implementation of the Health and Social Care Act 2012, local authorities have taken over responsibility for public health functions from the NHS which include:

- tobacco control and smoking cessation services
- alcohol and drug misuse services

- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks

## **NHS Health Checks**

The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke, diabetes and certain types of dementia. Everyone between the age of 40 and 74 who has not already been diagnosed with one of these conditions or have certain risk factors will be invited (once every five years) to have a check to assess their risk and advice to help them reduce or manage that risk.

Local authorities are now responsible for commissioning the NHS Health Check risk assessment. However, the programme requires collaborative planning and management across both health and social care. Health and Well Being Boards are therefore vitally important in the local oversight of this mandated public health programme (Source: [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)).

As part of the Health Checks programme, local authorities will invite eligible residents for a health check every five years on a rolling cycle. Health checks can be delivered by GPs, local pharmacies or other suitable settings.

The tests comprise a blood pressure test, cholesterol test and Body Mass Index Measurement. Following the test, patients will be placed into one of three categories of risk: low; medium; and high. Patients are offered personalised advice based on the outcome of their check.

LB Barnet and LB Harrow Health Check Budget:

### **Barnet**

- November 2012 - 31 March 2013 – £150,000
- 1 April 2013 – 31 March 2014 – £465,000

## **Harrow**

- 1 April 2012 – 31 March 2013 – £456,000
- 1 April 2013 – 31 March 2014 – £456,000

Budgets including funding for health checks invitations, health checks completed, training, publication costs, a risk management programme (such as exercise on referrals) and software licenses. The NHS Health Check Programme has been running since 2009 and was previously managed by the now abolished Primary Care Trusts.

In Barnet, there has been a large increase in the NHS Health Checks budget due to this being identified as a priority investment area by the Health and Well Being Board.

The final cost of delivering the Health Checks programme in each borough will depend on negotiations with providers on the unit cost of the health check element of the budget.

## **Project Background**

In April 2013, the Centre for Public Scrutiny (CfPS) launched a programme to support local authority scrutiny functions to review their local approach to NHS Health Check and improve take up. A bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Work on this project will take place between June and November 2013. This project will be managed by scrutiny officers from Barnet and Harrow and will link directly to each council's overview and scrutiny committees. Support for the project will primarily be provided a CfPS Expert Adviser and the Joint Director for Public Health.

In accepting the support offer, Barnet and Harrow have committed to the following:

- Completing the review by November 2013
- Using the ROI model (see further information in Project Approach section)
- Participate in Knowledge Hub online discussions
- Keep an action log which will be utilised to co-produce a case study
- Participate in Action Learning Events

## **Link to Corporate Priorities**

In Barnet, the Corporate Plan 2013 – 2016 has a corporate priority "To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health" and priority outcome of working with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity.

In Harrow, the Corporate Plan 2013 – 2015 has a corporate priority of "Supporting residents most in need, in particular, by helping them find work and reducing poverty" and a outcome of delivering an efficient public health service with the resources available, to positively influence residents' health and wellbeing.

### 3. Rationale

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NHS Health Checks are a mandatory service which local authority public health functions have been required to deliver from 1 April 2013. Participation in the CfPS Health Checks programme provides both Barnet and Harrow with an opportunity to:

- review previous performance;
- consider the budget envelope, planned approach and commissioning strategy for both authorities;
- utilise the support of an independent expert advisor;
- enable engagement with commissioners, health service professionals (particularly GPs) and service users to understand perceptions of Health Checks;
- enable Scrutiny Members to assist health and wellbeing boards, clinical commissioning groups and the Director of Public Health to develop the strategic approach Health Checks; and
- Identify the potential impact of improved uptake of the Health Checks by applying the CfPS ROI model to the review.

The Public Health funding allocation is ring-fenced, only to be spent on public health functions. In Barnet, the current contractual liabilities do not cover all of the mandatory functions for Councils in respect of Public Health. Historically in Barnet there has been no permanent budget line to cover NHS Health Checks. In Barnet and Harrow the 2013/14 commissioning plans allocate approximately £0.5m towards the provision of NHS Health Checks in each of the boroughs.

Health Checks are only provided by GPs via Local Enhanced Service (LES) contracts. LES contracts supplement the GPs core General Medical Services (GMS) contracts and provide an opportunity for GPs to earn additional income. LES contracts are open to local negotiation.

Year One (2013/14) – existing contracts transferred from PCTs. Year 1 activity to primarily focus on base-lining and cleansing data, contract monitoring and refining processes. Steps are being taken to introduce a standard LES contact which would be based on a model developed within the West London Alliance

Year Two (2014/15) – existing contracts are likely to be extended for an additional six or 12 months. The year 1 activity referred to above and the findings from this Scrutiny Review are likely to be used to inform commissioning intentions for future years (2015/16 onwards).

This review will seek to:

- Identify ways in which NHS Health Checks can be promoted within each borough under the leadership of the Joint Director of Public Health;
- Explore the extent to which NHS services promote the NHS Health Checks to eligible residents;
- Consider the capacity of GPs, local pharmacies or other suitable settings to undertake Health Checks;
- Determine the extent to which secondary services are available to those who have been identified as having undetected health conditions or identified as being at risk of developing conditions without lifestyle changes;
- Identify examples of best practice from across England to inform the approach of Barnet and Harrow to commissioning and monitoring the NHS Health Checks Programme; and
- Utilise the CfPS ROI model to undertake an analysis of the cost/benefit of the NHS Health Checks Programme. The outcomes from this will influence the review recommendations.

- Explore whether GPs could be organised on a cluster basis to deliver NHS Health Checks in each borough.

## 4. Project Definition

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### Expected and Required Deliverables

- Time limited joint review into the NHS Health Checks Programme supported by CfPS Expert Adviser
- SMART (Specific, Measurable, Achievable, Realistic and Timely) recommendations to the Barnet and Harrow Executives, Health and Well Being Boards, Joint Director for Public Health and other stakeholders of both authorities relating to potential process/procedural improvements which can be monitored to track outcomes
- Forum for key stakeholders (local authority, GPs, health professionals, patient groups and residents) to discuss the NHS Health Checks Programme and its benefits (or otherwise)
- Participate in CfPS promotional activity relating to the review and wider CfPS Health Checks Programme and share knowledge/insight with other local authorities and health partners

### Return on Investment Model

The CfPS have previously utilised the ROI model in supporting scrutiny reviews in a number of other local authorities. Details of the model can be found in the June 2012 publication, 'Tipping the scales! A model to measure the return on investment of overview and scrutiny'<sup>1</sup> and the May 2013 publication 'Valuing inclusion: Demonstrating the value of council scrutiny in tackling inequalities'<sup>2</sup>.

This review will be based around the ROI model and will seek to identify an ROI question drawn from the data collection activities which will be aimed at identifying improvements. Data sources for the ROI question will be drawn from the following sources:

- National Strategy – consider approach of Public Health England and NHS England to NHS Health Checks<sup>3</sup>
- Performance Review – review performance data relating to NHS Health Checks Programme over recent years in Barnet and Harrow. Specific reference is to be made to performance over the whole programme (since 2009) both prior to LA transfer and post transfer, rather than performance in individual years
- Review Existing Programme – review approach during year 1 (2013/14) when responsibility for Health Checks transferred from NHS (PCTs) to Barnet and Harrow
- Commissioning Strategy – explore plans for Barnet and Harrow's investment strategy for year 2 (2014/15), development of KPIs and monitoring arrangements. Review findings to support Public Health team in defining Health Checks investment strategy.

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<sup>1</sup> [http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12\\_379\\_tipping\\_the\\_scales\\_v4.pdf](http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_379_tipping_the_scales_v4.pdf)

<sup>2</sup> [http://www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L13\\_30\\_CfPS\\_Valuing\\_inclusion\\_v5\\_Web\\_final\\_amends.pdf](http://www.cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L13_30_CfPS_Valuing_inclusion_v5_Web_final_amends.pdf)

<sup>3</sup> <https://www.gov.uk/government/publications/nhs-health-check-implementation-review-and-action-plan>

- Stakeholders Engagement – GPs, CCG, Public Health, health services, patient and public involvement groups and residents
- System Capacity – review the capacity of the system to provide support to those identified as being at risk or with undiagnosed conditions. Specific reference is to be made to the ability/capacity of GPs to deliver Health Checks programme health services to follow-up and monitor patients results.
- Benefits Analysis – consideration to be given to the cost/benefits of the programme and quality of life indicators. Specific reference to be made to CfPS Return on Investment model and Barnet's early intervention approach. Undertake some analysis of prevention and financial benefits for the NHS
- Role of GPs and Other Providers – identify best practice in Barnet and Harrow and explore barriers to improving the service.
- Inequalities – are all sectors of the community aware of Health Checks and how to access and the benefits/positive impact that they may have.
- Diabetes Screening – specific consideration to be given to diabetes screening as part of the review in accordance with the resolution of the Barnet Health OSC on 4 July 2013.
- Consider whether there is scope to analyse a cohort of the population to identify any underlying factors behind positive and negative lifestyle choices and their impact on health
- Consider the population make-up and take-up of health checks in both Boroughs (ethnicity, socio-economic breakdown etc) whether there are any additional risk factors to assist in refining priority areas for review.

## **Constraints**

- Officer Resources – LB Harrow and LB Barnet Scrutiny have officer capacity issues. Proposed to be mitigated by LB Barnet officers providing project support.
- Public Engagement – obtaining view of residents eligible for Health Checks will be important in understanding barriers to take-up. Engaging with this group of stakeholders is expected to be more problematic than for other stakeholders (i.e. commissioners and providers).
- Finance – review to be aware of budget constraints facing Public Health and NHS in making recommendations. As part of the review, the financial benefits of Health Checks is to be considered in detail in considering the ROI question. Any assumptions used in the financial modelling will be verified by finance officers from LB Barnet and/or LB Harrow.

## **Resources**

- Project management will primarily be led by LB Barnet Scrutiny Office, with strategic input from LB Harrow Scrutiny Office.
- Additional resources may be required to undertake consultation activity with residents. Detailed financial implications will be explored in a separate Consultation Plan.
- LB Barnet/Harrow Public Health team, supported by LB Barnet and LB Harrow Scrutiny Officers, to provide relevant data, undertake research and identify best practice examples (local and national).
- CfPS Expert Advisor – 5 days support available. LB Barnet and LB Harrow Scrutiny Members and Officers to provide a steer on how this should be utilised.

## 5. Business Case

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NHS Health Check is a national prevention programme to identify people at 'risk' of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. The term that covers all these conditions is 'vascular disease'. Everyone between the ages of 40 and 74 in England (almost 15 million people) who has not been diagnosed with vascular disease or already being managed for certain risk factors should be offered an NHS Health Check once every five years to assess their risk. The risk assessment involves a face to face meeting with a trained person such as a nurse, public health worker or pharmacist and uses questions about family health history and checks such as weight, blood pressure and cholesterol. From April 2013, NHS Health Check also identified alcohol risk assessment and, with people aged 65 to 74, will raise awareness about dementia. Overall, this programme will dramatically increase the potential for improving health and care. Each year NHS Health Check on average:

- Prevents 1,600 heart attacks and saves at least 650 lives.
- Prevents over 4,000 people from developing diabetes.
- Detects at least 20,000 cases of diabetes or kidney disease allowing people to manage their condition and prevent complications.

These are national figures and provide evidence that improved uptake of the Health Check in Barnet and Harrow could reduce the incidence of life limiting conditions and consequently the cost of treating these.

### **CfPS' ROI Model of Scrutiny**

The model was developed in 2011 and piloted with five councils. The reason for developing the model was to:

- ☒ Make scrutiny more robust focusing on impacts, outcomes, measurements and costs.
- ☒ Integrate the policy objectives of the Marmot review in to a review and the local authority.
- ☒ Have a focus on the wider determinants and their impact on health.
- ☒ Have the ability to forecast the impact (financial and non-financial) of the scrutiny recommendations.

Whilst the model is depicted as a cycle (see below) the 5 different stages can be applied at different times as appropriate to the delivery of the review.

This review will be based on the ROI model and will utilise the following stages:





## 1. Identifying and Short Listing Topics

NHS Health Checks has already been agreed as a priority area for Public Health England and NHS England. The CfPS have been commissioned by Public Health England to support five NHS Health Checks Scrutiny Development Areas. Barnet and Harrow have been successful in obtaining that support and the review has been endorsed by the relevant lead Members in each authority. As a consequence, the identifying and shortlisting topics stage is not necessary for this review and the topic has been self-selected.

## 2. Prioritisation

The prioritisation stage has three steps:

- Producing an Impact Statement
- Using a “Scoring Matrix” to choose the topic for the focus of the review
- Developing the Considering what to measure

The CfPS Impact Statement template has been developed to encompass the six policy objectives of the Marmot Review of Health Inequalities.

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The three main policy objectives which relate to this review are 'Ensure healthy standard of living for all', 'Create and develop healthy and sustainable places and communities' and 'Strengthen the role and impact of ill health prevention'

In the context of this review, local prioritisation will take place with elected Members in mid-September following a data mapping exercise. The data mapping exercise is to use the following format on a Barnet and Harrow borough map:

- Total population;
- Types of GP surgeries (health or medical centres with multiple GPs, or single handed);
- GP clusters;
- Population diversity (ethnicity, gender, disability etc)
- Deprivation indicators;
- Morbidity / mortality indicators;
- Health checks delivered by area (GP surgery, post code, ward or super output area)

Analysis of this data should assist Members and officers to identify trends and enable priority areas to be identified for more detailed exploration with stakeholders (commissioners, providers and residents) during the later stages of the review.

Scrutiny Officers, Public Health and Performance / Insight Teams will be required to input into this mapping exercise with the work substantially completed by **12<sup>th</sup> September 2013**.

A Member prioritisation meeting will take place on **18<sup>th</sup> September 2013**.

### **3. Stakeholder Engagement and Scoping the Review.**

There will be two parts to the stakeholder engagement and scoping stage of the review:

#### Stage 1

Commissioners, providers and patient groups Stakeholder Event (to take place in w/c 7 October or w/c 14 October 2013, date TBC) to include the following key groups:

- Cabinet Members (Barnet and Harrow);
- GPs – Locality Cluster Leads (Barnet and Harrow);
- Joint Director for Public Health;
- Public Health England;
- NHS England;
- Patient Representatives (Health Watch, CCG Patient Groups and GP Patient Groups)

This wider stakeholder meeting will use the wider determinants of health to develop a whole systems response to the topic chosen. Participants will consider the following:

- ☒ What works, and what doesn't and what's the evidence?
- ☒ What more can be done to tackle the issue and by whom?
- ☒ What appears important to you?
- ☒ What actions would make the most difference?

- Radical difference
- Small incremental steps

The Stakeholder Event will be organised by the LB Harrow and LB Barnet Scrutiny Officers and facilitated by the CfPS Expert Adviser. It is proposed that the Stakeholder Wheel will be used as the primary tool at this meeting. The meeting will also seek to determine the Return on Investment question.

### Stage 2

Following the Stakeholder Event, a further round of engagement will take place with residents. Options for facilitating this engagement are to be defined in a detailed Consultation Plan.

The aim is to engage with residents (such as patient groups, specific groups (ethnicity, sex, age etc) or the eligible cohort) with low take-up in both boroughs (as identified in the mapping exercise) that should or have been offered an NHS Health Check.

The Consultation Plan will need to be evaluated to ascertain whether there are any additional resources implications. It is expected that structured engagement with residents and patients will have additional resource implications; the Director for Public Health has indicated that there may be some funding available to support this activity across Barnet and Harrow.

### Stage 3

Following the Stakeholder Event and Resident Engagement, a further meeting of the Task and Finish Group will be convened to review the data and evidence from the prioritisation stage and stakeholder event. This information and evidence will be used to help Members consider the following areas:

- ☒ Review what works?
- ☒ What could the review influence?
- ☒ Consider investment / disinvestment decisions
- ☒ Review access to services

## **4. Undertaking the Review (Designing and Measuring Impact – Processes and Outcomes)**

Detailed stages in completing the review have been outlined in the sections above. These can be summarised as:

Stage 1 – Stakeholder Event

Stage 2 – Resident / Patient Engagement

Stage 3 – Task and Finish Group Findings and Recommendations

The review has agreed to use the CfPS Return on Investment Model in undertaking the review; in support of this the Project Plan has been structured around the ROI model. CfPS publications have identified that the ROI stages are as follows:

- Estimating ROI – challenging to obtain valid cost information, difficult to quantify intangible benefits and hence make recommendations (*Stage 1*)
- Process Measures – relating to the stage between ROI and making recommendations
- Impact Statements – challenge to obtain valid cost information and to quantify intangible benefits, so difficult to make recommendations (*Stage 3*)

It is proposed that the ROI question is defined in the Stakeholder Engagement meeting. Data provided by Public Health should highlight trends on:

- Health Checks offered / take-up; and
- Deprivation, ethnicity and other socio-economic data and prevalence of conditions (heart disease, diabetes etc) in specific geographic locations

## **5. Making Recommendations and Influencing Services**

The ROI review stages outlined above, supplemented by academic research, will provide a comprehensive overview of the NHS Health Checks programme in Barnet and Harrow. Evidence will be used to develop specific SMART recommendations that will be used by Barnet and Harrow to inform the NHS Health Checks commissioning strategy for 2015/16. Findings from the review will link into the wider CfPS body of work on NHS Health Checks.

Developing and testing the ROI question will be essential in demonstrating the cost / benefit of the review to ensure that scrutiny review delivers outcomes (costed and consequential) that can shape the delivery of local services.

## Return on Investment Model – Review Actions

Review Activity	ROI Model Involvement
Project Planning – detailed planning with LB Barnet and LB Harrow Scrutiny Officers and Public Health	Clarifying topic Starting to discuss <b>prioritisation</b>
Develop Project Plan – update Project Briefing and create Project Plan using LB Barnet standard project management documentation	Scoping and planning
Data collection by public health Officer analysis against the impact assessment template	Officer analysis against the impact assessment template
Member Level TFG Meeting, 18 September 2013 – to present priority areas to elected Members and gain approval for Stakeholder Event and Community Engagement approach	<b>Agree priorities and where review can have impact</b>
Stakeholder Event, w/c 7 October or w/c 14 October – to facilitate event utilising the CfPS ROI model for detailed scoping and defining the ROI question	<b>Stakeholder engagement and identifying ROI question</b>
Consultation with community representatives/groups	<b>Stakeholder engagement and identifying data to support ROI</b>
Remaining review activity – TBC	<b>Identifying ROI through review</b>
Making recommendations	<b>Stage 5 of model - influencing</b>

Each of the above actions is seen a milestone to be achieved jointly by Councillors and Officers and with the support of the CfPS Expert Adviser. The activities will also be supported by staff within the Public Health Team who can provide valuable data about the commissioning, provision and take-up of the Health Check, as well as the public health benefits to local people and communities.

It is anticipated that the outcomes from the review will identify ways in which offering and take-up of the Health Check may be improved.

## Risks

1. **Resources** – lack of officer resources at LB Harrow (currently 1.7 FTE to support scrutiny function)
2. **Resources** – the need for staff or additional resources to undertake focused community consultation.
3. **Timing** – summer breaks at both authorities may constrain progress and limit Member input.
4. **Timing** – it may be challenging to arrange the stakeholder meeting and consultation events and analyse the outcomes during the timescale.
5. **Engagement** – lack of engagement by LB Barnet / Harrow Members, officers and NHS and GP stakeholders currently responsible for delivering the Health Check
6. **Focus** – for the ROI model to be effective the review needs to remain focused on a clear ROI question that can be quantified. This may be challenging for councillors if a variety of issues are raised through the stakeholder engagement and consultation.

## Reporting

Regular status reports will be produced and include: progress against key milestones, status against key success criteria, key issues and any proposed changes to the project. Status reports will be reported to the Project Team and elected Members as part of a regular update process.

The involvement in the CfPS requires regular sharing of information through its Knowledge Hub. It also requires a commitment to share the outcomes of the review and the ROI identified more widely through an Action Learning meeting in early 2014 and the production of a document incorporating the learning from all scrutiny development areas, of which this is one, by CfPS staff.

The project will close down in a structured way showing whether it has achieved its objectives and identify any lessons learned.

An agreed set of documentation and information will be held by LB Barnet and LB Harrow Scrutiny Officers