Local early action: how to make it happen

Report from the Southwark and Lambeth Early Action Commission

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Foreword

'Early action' is about tackling causes rather than symptoms. Huge numbers of people suffer from problems that are preventable, which include childhood obesity, unemployment, social isolation and violent crime.

A big push towards effective early action would not only benefit individuals and society, it would also save the taxpayer billions of pounds each year. Governments – at national and local levels – often express enthusiasm for this approach, but have great difficulty turning good intentions into practice. Early action accounts for only a fraction of annual spending and this spending is not properly co-ordinated. There is no common definition of early action, no central ownership, and too little capacity to drive effective delivery and share good practice.

At national level, the Public Accounts Committee and the Early Action Task Force have tried to raise the profile of early action, to show what can be done to shift investment and action upstream, and to inject a sense of urgency into the debate. Now Southwark and Lambeth have set the ball rolling for local government. I have been very pleased to chair the Early Action Commission set up by the Health and Wellbeing Boards of the two boroughs.

Starting with a keen understanding of constraints under which all public bodies – especially local councils – now operate, we have tried to identify what can be done at a local level to prevent problems that not only ruin people's lives but also trigger demands for costly services. And prevention must be sustainable. Above all we need to build genuinely resourceful communities as well as preventative places, where local conditions encourage and support local action. To achieve this we must create strong, collaborative partnerships and make sure that local systems are geared to early action. The Commission's recommendations show how these goals can be realised.

Thank you to the Health and Wellbeing Boards of Southwark and Lambeth; to the Commissioners who have proffered such wise advice; to the New Economics Foundation for providing the research, organising our dialogue with local people and giving practical support; and to all those individuals across all sectors in both boroughs, whose knowledge and experience have been an invaluable resource for the Commission.

**Rt. Hon. Dame Margaret Hodge MP,
Chair of the Commission**

The Commission

The Rt. Hon. Dame Margaret Hodge MP (Chair)

Margaret Hodge has been Member of Parliament for Barking since 1994. From 2010 to 2015 she was Chair of the Public Accounts Committee, the first female and elected MP to take that role. She entered politics in 1973 as a councillor for the London Borough of Islington where she was Chair of the Housing Committee from 1975 to 1979 and Deputy Leader from 1981 to 1982, before becoming Leader from 1982 to 1992. In the Labour Government between 1998 and 2010 she carried out a wide range of ministerial roles, including employment and welfare reform, lifelong learning, further and higher education, and children, young people and families.

Helen Charlesworth-May

Helen Charlesworth-May is Strategic Director for Children, Adults and Health with the London Borough of Lambeth. She trained as an accountant in the National Health Service and for ten years worked in a range of health organisations including primary care, acute and mental health services and regional health organisations. She moved to Social Services in Hampshire in 1997 and to Lambeth Council in 2003, managing finance and resources. She became Divisional Director of Strategy and Commissioning in Adult and Community Services in 2007 and led integrated commissioning across the Council and Lambeth CCG, before moving to her present role.

Professor David Colin-Thomé OBE

David Colin-Thomé began his career as a GP in 1971 at Castlefields Health Centre in Runcorn. Upon retiring in March 2007 he served as National Director for Primary Care and medical adviser to the commissioning and systems management directorate at the Department of Health until December 2010. He is currently a trustee of a range of organisations, including the Queen's Nursing Institute and Guys and St Thomas' Charity. He is honorary visiting professor at Manchester Business School, Manchester University, and has worked as an independent healthcare consultant from January 2011.
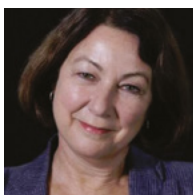
Dr Sue Goss

Sue Goss is Principal in Systems Leadership at OPM (Office For Public Management) where she has worked for twenty years. Her previous career includes consultancy, academic work and politics. She works primarily with whole systems, supporting leaders across local government, health, housing, education and business to develop effective partnerships. She is an experienced facilitator and executive coach. Her recent work focuses on health and social care integration and an asset-based approach to engaging communities. She has written widely on public policy; her recent publications include Open Tribe; Making Local Governance Work.

Dr Jonty Heaversedge

Jonty Heaversedge is Chair of NHS Southwark Clinical Commissioning Group. He has been a GP in Southwark for over 12 years. As a great believer in the benefits of intervening earlier to improve health and wellbeing, he is passionate about involving and empowering patients and the public – both in the management of their own health and in commissioning local health services. Within the CCG he leads on the integration of care, co-chairs the Southwark and Lambeth Integrated Care Programme and is vice-chair of the Southwark Health and Wellbeing Board. Across south east London, he provides clinical leadership and support for the transformation of community-based care, to improve access to high quality, proactive, co-ordinated primary and community care services for all local residents.

Carey Oppenheim

Carey Oppenheim is chief executive of the Early Intervention Foundation, a charity that works closely with government in developing evidence based policy to tackle the root causes of social problems for children and young people. In the past, she has been head of research at the Child Poverty Action Group and also chaired the London Child Poverty Commission. Her previous roles include co-director of the Institute of Public Policy Research, Special Advisor to Tony Blair in the Number 10 Policy Unit, focusing on employment, social security, childcare and poverty, and advisor to HM Treasury on welfare reform. She has been a senior lecturer in social policy at the South Bank University, and has recently begun teaching history and politics at an inner-city London school.

David Robinson OBE

David Robinson is a community worker and co-founder of Children's Discovery Centre and Community Links – where he is also a senior adviser. He has been at the forefront of the early action and prevention agenda as chair of the Early Action Task Force, which inspired this Commission. He is a leading figure in social investment in the UK, an architect of the Social Impact Bond, chair of the Social Impact Bond advisory group, non-executive director of Social Finance and a trustee of Big Society Capital. He led the Prime Minister's Council on Social Action for Gordon Brown and worked with Brown as Chancellor on the book Britain's Everyday Heroes.

Summary

Many of our biggest societal challenges – from childhood obesity to violent crime – are preventable. The Southwark and Lambeth Early Action Commission aims to find ways of taking local early action to improve people's quality of life and reduce the strain on public services.

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Local authorities are under increasing pressure both to maintain essential services and to cut their spending.

A shift towards investing in upstream preventative measures, rather than spending downstream on treatment and care, is an effective use of public funds – particularly at a time when resources are severely restricted.

Southwark and Lambeth Councils recognise the potential benefits that a preventative approach can bring. In 2014 they set up the Southwark and Lambeth Early Action Commission to reduce demand for acute services and maintain wellbeing for all residents.

The Commission has examined local conditions in Lambeth and Southwark, especially the immediate and underlying causes of pressing local problems, and what works best to prevent them. It has carried out a review of local strategy, policy and practice; explored more than 30 examples of good practice in the two boroughs and further afield; and engaged with local residents and community-based groups and with other experts, through workshops and interviews.

The underlying causes of most social problems can be traced to the same set of social and economic challenges. Some of these, such as poverty and inequality, are linked with national policy, making it hard to tackle them locally. But there are plenty of opportunities for local early action to prevent problems by improving local conditions and social relationships.

The Commission has identified four goals for early action in Southwark and Lambeth. These are designed to address problems as early on as possible and focus on what can be done locally in the context of extreme budgetary constraints. To help achieve these goals it will be important to find additional resources.

- *Resourceful communities*, where residents and groups are agents of change, ready to shape the course of their own lives. To achieve this people need actual resources (but in the broadest sense), connections, and control.

- *Preventative places*, where the quality of neighbourhoods has a positive impact on how people feel and enables them to lead fulfilling lives and to help themselves and each other.

- *Strong, collaborative partnerships*, where organisations work together and share knowledge and power, fostering respectful, high-trust relationships based on a shared purpose.

- *Systems geared to early action*, where the culture, values, priorities, and practices of local institutions support early action as the new 'normal' way of working.

Recommendations

Effective early action depends on changing whole systems over a sustained period of time. To make a real difference, these recommendations must be pursued together and placed at the heart of policy and practice in both both boroughs, building on the good practice that's already taking place. We hope they are useful not only for Southwark and Lambeth but also for others trying to move towards local early action.

Stage 1: Prepare the ground

- *Establish senior leadership and commitment.*
  Health and Wellbeing Boards must ensure that early action is a central feature of their strategy, with Board members firmly committed to implementing it. The Department of Public Health should play a key role in driving the changes.

- *Map assets across both boroughs.*
  Asset mapping, already practiced in both boroughs, identifies human and social resources, which are abundant in every locality and play a vital role in early action. This should be strengthened to locate, develop, and connect local assets.

Stage 2: Find resources

- *Co-ordinate charitable funding for early action.*
  Bring together independent funders across both boroughs to share knowledge about early action and work together to offer grants for activities that tackle problems systemically and further upstream.

- *Set up a dedicated Change Fund to support systems change.*
  This could be financed partly or wholly by a suitable local grant-giving foundation and dedicated to stimulating profound changes in the way local systems are designed and operated.

- *Review and strengthen community returns from regeneration.*
  Opportunities to generate funds through the sale of redevelopment sites, Section 106 negotiations and the Community Infrastructure Levy should be maximised, with funds used to prevent problems, for example through housing and spatial planning.

- *Pool budgets between organisations and departments.*
  This can help to support early action and make resources go further, by consolidating existing funds and focusing them on early action, as well as strengthening collaboration between the boroughs, and sharing risks and rewards.

- *Tap in to community-based assets.*
  Unlock human and social assets in the community, by working more closely with voluntary and community sector (VCS) organisations, and by applying the principles of co-production.

- *Make strategic use of social finance models, including Social Impact Bonds.*
  These involve raising investment from the private sector to finance service provision (usually by the VCS). Social Impact Bonds are useful in limited conditions, especially as a tool for experimenting with new initiatives in the transition to early action.

Stage 3: Change systems

- *Classify spending to distinguish early action from downstream coping.*
  Spending bodies should know whether the money they spend is allocated to coping with problems or to preventing them. Spending should be loosely classified – as a rule of thumb – adapting guidance from the Early Action Task Force.

- *Establish a long-term plan, across 5–10 years, with specific milestones.*
  To avoid local systems defaulting to downstream coping, leading decision-makers and budget holders in Southwark and Lambeth should commit to a step-by-step transition to early action, over the longer term, with specific milestones.

- *Commit to shifting a significant % of spending each year to early action.*
  Both boroughs should commit to shifting a specific – and significant – proportion of total spending each year towards early action. Targets should be subject to yearly revision but we suggest 5% as an initial goal.

- *Establish clear oversight arrangements, with regular monitoring and reporting.*
  Health and Wellbeing Boards should oversee the shift to early action, supported by Public Health, with a shared evaluation framework and regular progress reports, with the first no later than November 2016.

- *Transform the commissioning process to support early action.*
  Decisions about what services and other activities are required should be taken in partnership with local people, with commissioning focused on assets, on how to prevent problems and on outcomes, and encouraging collaboration.

- *Develop a shared evaluation framework.*
  For use by VCS grant-holders and contractors, and public sector bodies, this would establish a theory of change reflecting a shared understanding of early action, and shared criteria for monitoring progress, including wellbeing indicators.

- *Assess community assets alongside needs.*
  Asset assessment should be integrated with the Joint Strategic Needs Assessment (JSNA), changing the focus of data collection to generate a more rounded view of the local community and higher priority to early action.

Stage 4: Change practice

- *Improve connections, co-ordination and knowledge-sharing.*
  This involves linking people and organisations, improving communications between them, and enabling them to exchange information, build a shared sense of purpose and complement rather than duplicate each other's efforts.

- *Forge stronger partnerships and more integrated working.*
  Stronger partnerships, promoted through information-sharing and the commissioning process, as well as by pooling budgets and more integrated working, should strengthen the momentum towards early action.

- *Create and support more spaces for people to get together.*
  There should be more opportunities for people in Southwark and Lambeth to use parks, open spaces, schools, underused public buildings and empty properties for meeting each other, building networks and doing things together.

- *Make more use of 'place-shaping' powers to support early action.*
  Councils should use their powers to create the conditions that help to prevent problems, working with local people and building on existing good practice in the two boroughs.

- *Devolve more power to neighbourhoods.*
  Local councils and their partners should look for ways of devolving more power and resources to communities and community groups, and transferring community assets to residents.

- *Promote and support local early action.*
  Health and Wellbeing Boards and their constituent bodies should support local preventative initiatives and draw out lessons that can stimulate similar action elsewhere and contribute to wider, systemic changes.

- *Increase participatory budgeting.*
  This aims to deepen public engagement in governance by empowering citizens to decide on how public funds are spent, engaging citizens in democratic deliberation and decision-making.

- *Promote and apply the principles of co-production.*
  Co-production, already applied in some programmes and initiatives in both boroughs, should become the standard way of getting things done, encouraged through commissioning and adopted by choice in all sectors.

- *Strengthen the focus and funding of the VCS in Southwark and Lambeth.*
  The local VCS should be encouraged and supported to strengthen its focus on upstream measures, and to adopt an inclusive and participative approach to their activities. Funding should be better co-ordinated and directed at early action.

Introduction

The Southwark and Lambeth Early Action Commission was set up to find ways of taking early action at local level to prevent problems that reduce people's quality of life and increase the need for public services.

Examples identified by the two boroughs were childhood obesity, social isolation among older people, long-term unemployment and insecure employment, and violent crime: these were seen to generate high demand for services and to be preventable.

Everyone wants to avoid problems like these. The lives of residents in Southwark and Lambeth would be much improved without them. What is more, most people agree that it is far better to invest in early action to prevent problems arising in the first place, than to let things go wrong and cope with the consequences. Both councils are committed to preventing such problems and early action features strongly in their forward planning.

> "I want to us to think about how we treat the causes of problems rather than the consequences… Prevention and resilience should be at the forefront of all our work."
>
> **Council Leader Lib Peck introducing Lambeth's Community Plan 2013–2016**
>
> "For people to lead healthy lives, we need to tackle the root causes of ill health and reduce the inequalities that limit the lives of too many in our society."
>
> **Southwark's Fairer Future Council Plan 2014/2015 to 2016/2017**

But this is easier said than done – at local and at national level. The National Audit Office and the Public Accounts Committee of the House of Commons have both noted a persistent gap between recognising the value of early action and realising that value in practice.

> "In principle, early action can provide positive social and economic outcomes and reduce overall public spending… although the political and practical challenges are considerable."
>
> **National Audit Office 2013, Early Action Review p.5**
>
> "There is broad consensus that early action can lead to savings down the line, and improve people's lives. Successive governments have not, however, been able to convert this consensus into effective action."
>
> **Public Accounts Committee 2013, Early Action Landscape Review, Second Report p.7**

Many policies and initiatives that are already active in Southwark and Lambeth are trying to prevent problems from happening or getting worse. Current examples of early action include Southwark's promise to build 1500 new homes by 2018,[1] and to provide free swimming and gyms for all residents,[2] as well as Lambeth's Community Safeguarding service where local teams work to 'prevent and take tough action against anti-social behaviour, re-offending and violence', and its commitment to 'early intervention and prevention services' for young people.[3] Nevertheless, both boroughs know they must do more to make a real impact on residents' lives and on patterns of public spending.

In preparing this report, we have sought to complement, rather than duplicate the work of two recent local commissions – the Lambeth and Southwark Childcare Commission, which reported in March 2015[4] and the Southwark Housing Commission, which reported in October 2012.[5] We have therefore not focused extensively on housing or on early years' development, although both are of course highly relevant to early action.

The funding imperative

Public resources are extremely constrained. Unprecedented cuts in local authority budgets, alongside financial retrenchment in the NHS, are the backdrop against which this Commission has worked. Our ideas, analysis, and recommendations have been developed in this context, with the question of resources as a primary concern. Lambeth Council is coping with a 56% reduction in its core government funding by 2019, and estimates that it will have to find an additional £62 million in savings, bringing total savings found since 2010 to £238 million. Southwark faces a similar challenge. Projected reductions of £76 million in settlement funding over the next three years are expected to leave a budget gap of £96 million.[6] Other parts of the local public sector are also feeling the strain. For example, Southwark's Clinical Commissioning Group (CCG) expects an annual rise in funds in the range of 1–2% per annum, while demand for hospital services is growing at 5% per annum. To deal with the significant deficit this entails, Southwark CCG is trying to redesign health and social care to achieve a 6% annual cost reduction by improved prevention and early management.[7]

The effects of this acute shortage of resources are paradoxical. On the one hand, it can act as a barrier to change, as those in charge of commissioning and running services become preoccupied with defending – as far as possible – existing services and managing staff reductions, and more reluctant than ever to innovate and change. On the other hand, it becomes increasingly obvious that the established model of providing services to meet needs – rather than enabling activities that prevent needs arising – is no longer sustainable. Public sector organisations in Southwark and Lambeth are increasingly aware that shifting towards early action and prevention is the only viable response to cuts on this scale.

1.   The vision: shifting the balance to early action

The aim is to shift from spending most money on coping with problems and on 'downstream' treatment and care, to spending most on 'upstream' early action to prevent problems from happening, and on 'midstream' action, targeting at-risk groups, to prevent problems from getting worse.[8] Figure 1, based on analysis of population needs by Southwark CCG,[9] shows in simple terms what has to change.
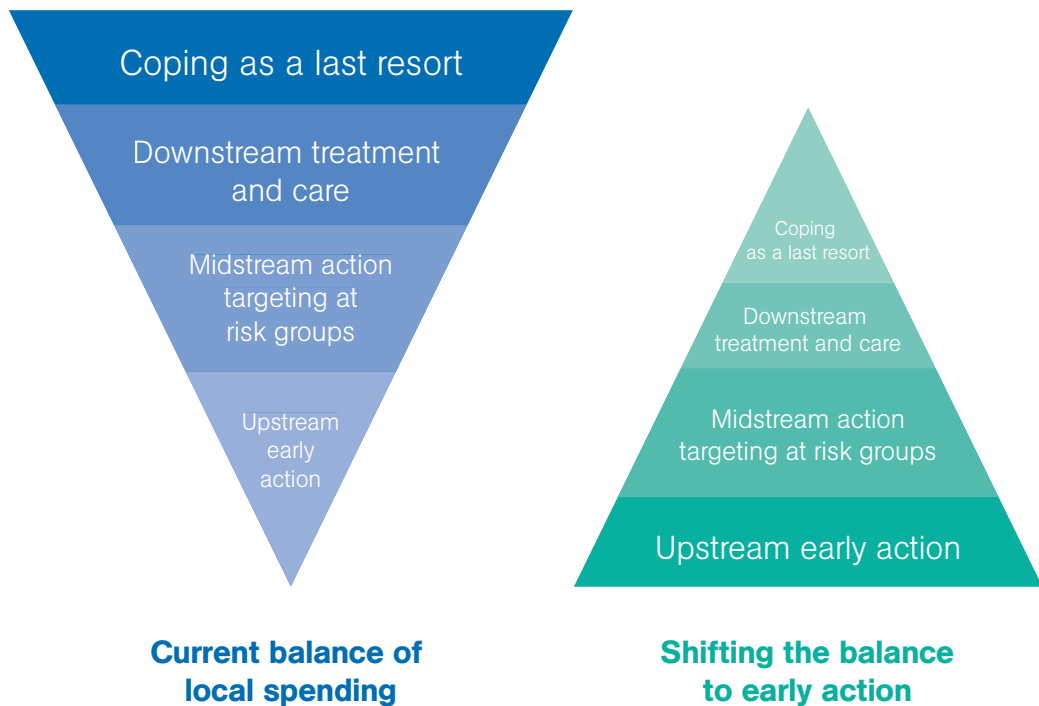
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Realising the vision would transform the quality of life for people in Southwark and Lambeth by reducing the need for acute services and helping to maintain wellbeing for all residents. It would ultimately reduce overall spending and would make much better use of taxpayers' money because last-resort coping and downstream measures such as hospital treatment or imprisonment are almost always more expensive in themselves than upstream and midstream action, such as enabling people to take more exercise and eat a healthy diet, or providing good quality education and skills training. Early action can achieve more and better results for local residents in an era when public funds are in increasingly short supply.

The challenge for the Commission has been to build on the best of current practice and identify what more can be done to move from the left-hand triangle to the right-hand one: to make early action the driving force behind policy and practice in Southwark and Lambeth. The aim is get from where we are now, with good intentions and some good practice, but no let-up in the volume of demand for costly services, to a point where early action is embedded in policy and practice across both boroughs, so that more people enjoy greater wellbeing and are better able to help themselves and each other to stop things going wrong. To pursue this aim, we need to understand the underlying causes of problems that trigger demand for costly services, identify early actions that can be taken at local level to address those causes, understand barriers to taking early action at local level, and find ways of overcoming those barriers.

Figure 1: Shifting the balance of spending to early action

Coping as a last resort

Downstream treatment
and care

Midstream action
targeting at
risk groups

Upstream
early
action

**Current balance of
local spending**

Coping
as a last resort

Downstream
treatment and care

Midstream action
targeting at risk groups

Upstream early action

**Shifting the balance
to early action**

In the following section we set out what we mean by prevention and early action and how these relate to underlying causes of problems that trigger demand for costly services. We consider what kinds of early action are necessary and possible to address those causes. We consider how to make early action become the standard way of working across sectors in both boroughs. Finally, we offer our recommendations for change, with practical examples to show what can be done.

2.   How the Commission has carried out its work

We conducted extensive research to find out about local conditions in Lambeth and Southwark, the immediate and underlying causes of the problems identified, what works best to prevent them, barriers to early action, and ways of overcoming those barriers.

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Overall, we have:

• reviewed the literature on prevention and early action;

• analysed official statistics across both boroughs to identify persistent problems and their causes;

• reviewed the forward plans of both boroughs, and more than 70 strategies, initiatives and projects;

• explored 30 case studies as examples of early action and prevention from the two boroughs and from further afield;

• engaged in dialogue with local residents and community-based organisations, through a series of workshops, to tap into their wisdom and experience;

• interviewed experts working with local authorities and with voluntary and community sector organisations, to explore ways of turning ideas for change into practical local action;

• drawn on the expertise of our commissioners to set the agenda, consider findings, and develop recommendations;

• developed a theory of change for shifting to early action; and

• discussed our emerging findings with Health and Wellbeing Board members.

For a more detailed account of our methods, see the Appendix, p.63.

3.   Understanding prevention and early action

As we have noted, Southwark and Lambeth councils and their Health and Wellbeing Boards aim to prevent problems that afflict residents and trigger demands for services. The big challenge is to turn that ambition into effective early action that makes a real difference to people's lives and to public spending.

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The lion's share of spending on public services is still focused on what has been called the 'rescue principle' – dealing with people who have already developed pressing needs.[10] This is always costly and very often avoidable. It accentuates the negative, not the positive, and it is not the best way of improving people's quality of life.
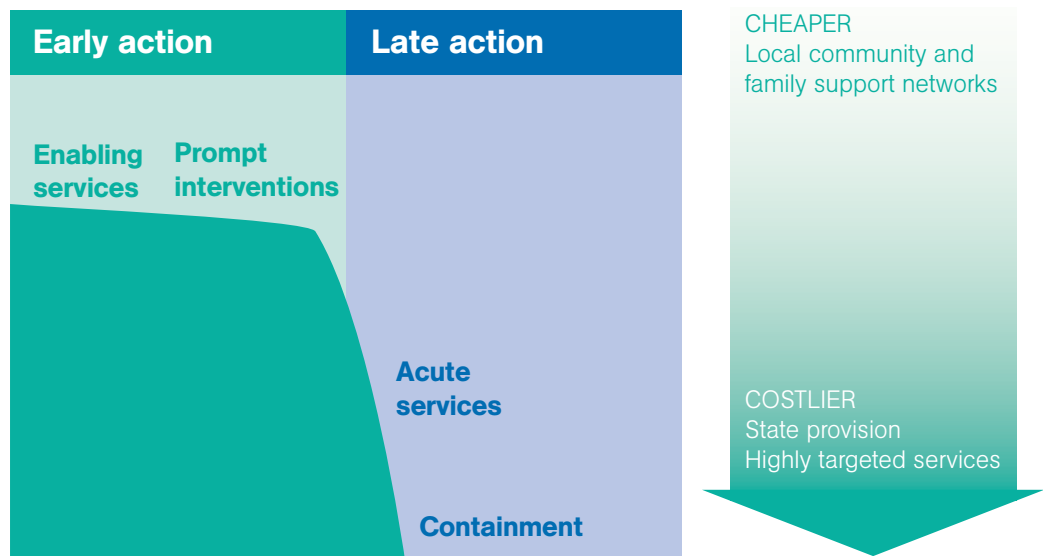
The Commission builds on the work of the Early Action Task Force (EATF), which was set up to find ways of shifting from intervening at the 'acute' stage of a problem, towards acting earlier to reduce needs.

We agree with the EATF that effective early action can deliver a 'triple dividend' by helping people to flourish in their daily lives and relationships, thus reducing demand for costly services and creating the conditions for a prosperous economy.[11] While the EATF works primarily at a national level, the Southwark and Lambeth Early Action Commission has explored what can be done at a local level to generate early action to prevent harm.

Downstream, midstream and upstream early action

Once the logic of prevention is accepted, it is important to understand the range of options for tackling such problems as obesity, isolation, unemployment, and violent crime. In Figure 2, the EATF sets out differences between early and late action.[12] Late action (often described as short-term or downstream interventions) can only cope with or contain a problem once it has happened. Prompt interventions (medium-term or midstream action) can stop people already considered 'at risk' from developing a more serious problem. Early action (longer-term or upstream measures) tackles the underlying causes of a problem to remove the risk of it happening in the first place. Upstream measures are usually universal: they are for everyone, not just for people who are vulnerable or at risk. The effects of

Figure 2: Distinguishing early action from late action

Early action	Late action
Enabling services Prompt interventions	
	Acute services
	Containment

CHEAPER
Local community and family support networks

COSTLIER
State provision
Highly targeted services

Source: The Early Action Task Force. (2011). *The Triple Dividend.*
Retrieved from http://www.community-links.org/uploads/documents/Triple_Dividend.pdf

early action should be to narrow inequalities by addressing the upstream causes of vulnerability to risk, which tend to accumulate among those who are already socially and/or economically disadvantaged. However, this will only happen if preventative measures are genuinely inclusive and do not become the preserve of those who are already better off. Moreover, any shift to early action should not lead to the discontinuation of downstream services which disadvantaged groups often need.

Focusing solely on downstream and midstream measures can be costly and ineffective because if nothing is done to tackle the upstream causes of a problem, those causes will very likely make that problem happen again. The aim must be to take all possible early action to tackle the upstream causes and at the same time to encourage and strengthen midstream early action that can help to stop things going from bad to worse. Once acute needs arise, they must of course be dealt with, so downstream measures remain essential, but the aim should be to reduce the volume of demand for them as far as possible.

Moving upstream to address problems

We examined the causes of childhood obesity, long-term unemployment, social isolation among older people, and violent crime, to explore what an early action approach might look like in practice. By reviewing literature on the subject and by exploring the views of local residents and other experts, we traced not just the immediate causes, but the upstream or underlying 'causes of the causes' so that we could identify suitable early action to prevent problems occurring.

As Table 1 shows, the further upstream you look, the more convergence there is between measures needed to tackle the underlying causes of problems.

Table 1: Examples for downstream, midstream and upstream action

OPTIONS FOR ACTION TO ADDRESS PROBLEMS

Problem	Downstream Action targeted at individuals, to cope with a problem they have.	Midstream Action targeted at at-risk group to prevent more serious problems.	Upstream Action aimed at whole populations to prevent problems from happening in the first place.	
Childhood obesity	Clinical interventions to reduce food intake by obese children.	Advice to parents of overweight children about diet and exercise.	No high-calorie food outlets near schools. Nutritious free school meals for all. Affordable fruit and veg in local shops.	Measures to reduce poverty and inequality; to improve education for all; to support universal, high quality childcare; to help families to support children's and young people's development; and to enable all to have secure, satisfying work. Housing policies to support affordable high-quality homes for all and to help families and friends to stay together.
Social isolation among older people	Admission to day or residential care centre	Good Neighbour schemes aimed at visiting isolated older people	Local housing policies help families and neighbours to stay together and connected. Plenty of accessible meeting places and activities for older people.	
Long-term unemployment and job insecurity	Work experience, help with CVs and job interviews for unemployed.	More education and training for those not in education, employment or training (NEETs) and others with few or no qualifications.	Schools focus on life skills, including readiness for employment, for all children. Incentives to local employers to take on apprentices. Living wage and no zero-hours contracts in publicly funded jobs, including those contracted out. Support for local enterprise and jobs, and accessible, affordable high-quality childcare.	Measures to build resourceful communities, preventative local conditions, strong collaborative partnerships between civil society and the local state, and system change for early action.
Violent crime	Special units for disruptive children, women's refuges, and rape crisis centres. More street policing. Removal from family home of perpetrators of domestic violence.	Weapons amnesty. Self-help groups for violent offenders, and for survivors of violent crime. Intensive support for 'troubled families'.	As above, plus: support for life skills, non-violence and anger-management as part of school curriculum for all children.	

Some measures identified in Table 1 appear to be issue-specific, such as nutritious free school meals for all as a way of reducing the risk of obesity. But in fact most upstream measures, including school meals, and also good housing, decent jobs, and high-quality childcare, have a wider impact because they help to create conditions that tackle the underlying causes of a range of problems. This reflects the findings of Michael Marmot's classic study *Fair Society, Healthy Lives*, which showed that the primary causes of most social problems could be traced to the same bundle of social and economic issues.[13]

What can be achieved at local level?

Some problems that afflict people in Southwark and Lambeth are strongly linked with issues, such as poverty and inequality, which are embedded in national economic policy, so that it is difficult for local authorities and their partners to tackle them directly. Nevertheless, there are plenty of opportunities for local action – especially in relation to *local conditions* and *social relationships*.

By *local conditions* we mean what local places are like, what they offer, and how they make local people feel. We mean the quality, accessibility, and affordability of housing, parks, streets, transport, shops, meeting places, amenities, public services, and local businesses, including opportunities for education, training, and employment. By *social relationships* we mean the way people get together and interact with each other, not just through families and friendship networks, but also across neighbourhoods, and between local groups and organisations, within and between the public sector and civil society.

Local conditions and social relationships influence and reinforce each other. If conditions are poor and relationships weak, they can create a negative cycle of decline, which reduces the capacity of communities and individuals to stop things going wrong. People need strong social relationships, and secure, supportive local conditions in order to prevent or withstand the kind of problems we have been asked to address. These are challenges that are best met at local level.

At local level, it is possible to identify and make the most of local assets and resources that already exist within communities, including, for example, the knowledge and experience of local residents, local charities, and community-based groups, public buildings and services, and local businesses. Local powers can be used to shape places and create conditions that enable people to thrive, so that they are able to help themselves and each other. It is at this level that people come into most direct contact with public authorities, job markets, civil society organisations, and other citizens, so this is where there are opportunities to build strong, creative, collaborative partnerships between residents and organisations across the different sectors. To underpin all this, local public sector organisations can make sure that their own systems and structures are geared to support early action.

4.   Goals for early action

Our goals for early action in Southwark and Lambeth are designed to realise the vision of reversing the balance of spending – from spending most on coping with problems, to spending most on preventing problems occurring in the first place.

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They reflect our understanding of different levels of prevention and the need to address problems as far upstream as possible. They take account of what can be done locally in the context of extreme budgetary constraints.

Our main goal is to build *resourceful communities*. These must be embedded in *preventative places* and supported by strong, *collaborative partnerships* and local *systems geared to early action*. To achieve these goals it is also essential to *find additional resources* for early action.

Overall, we aim to achieve a positive, self-reinforcing cycle of early action that is sustainable over time. The goals interact with a dynamic effect as Figure 3 indicates. Partnerships and systems can strengthen each other, as well as help generate and support resourceful communities and preventative places. As local conditions improve, they can provide increasing support for communities, and as communities become more resourceful they can help to build more preventative places. Both can help to support and sustain partnerships and systems.

This is not to suggest that change is straightforward. On the contrary, systems change and community development are messy and non-linear processes, which require persistence, reflection and learning over time. To achieve sustainable change, the quality of the journey is as important as the quality of outcomes.

Finding additional resources is a vital first step; achieving the goals will help to release additional resources to sustain the process over time.

These goals reflect, and build upon, existing goals of the local authorities and their partner organisations in both boroughs. What matters for early action is how far they are pursued together, and how far they are given priority in policy and practice.

Figure 3: A dynamic model of early action
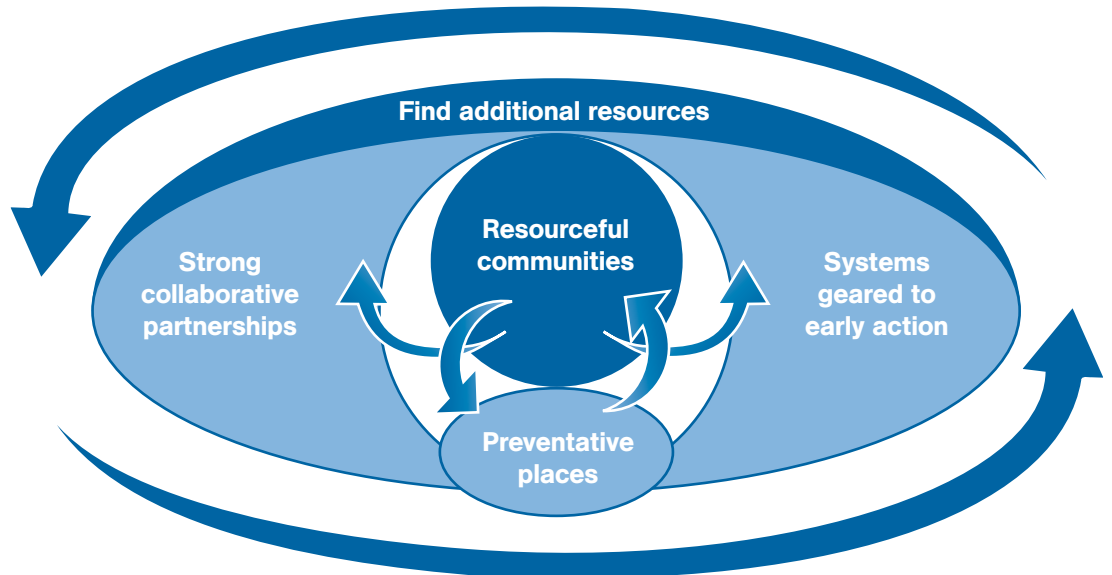
We now briefly explain what we mean by each goal, and then set out our recommendations for change.

Build resourceful communities

This is the main goal which holds the key to effective and sustainable early action. By *resourcefulness*, we mean the capacity of individuals and groups to be agents of change, ready to shape the course of their own lives. This is not the same as *resilience*, which refers to people's capacity to withstand external shocks and problems beyond their control. The first is proactive, while the second is reactive.[14] Both are important, but resourcefulness takes priority. This is both because a proactive approach is needed to prevent problems, and because resourceful people and groups are more likely to be resilient in the face of problems that cannot be prevented.

What can make communities more resourceful? Our conversations with local people and community-based groups identified three things that they lacked – and needed – in order to be more resourceful: they need actual *resources*, better *connections*, and more *control*.

Resources can include access to spaces and facilities, and to expert help and advice, as well as help in generating income from government and non-government sources: we want to be clear that it is not just about money, but about a wide range of material and non-material resources. *Connections* refers to how people and organisations find out about things, communicate information, learn about each other and what is going on, connect with others, work in partnerships, and participate in local activities.[15] *Control* is about having experience of influencing decisions that affect one's own circumstances, and overcoming a sense of powerlessness in the face of change.[16] Local residents in general, and local voluntary and community groups in particular, need resources, connections, and control as the basis for building resourceful communities.

Build preventative places

By *preventative places* we mean places – neighbourhoods and groups of neighbourhoods across the boroughs – where local conditions help to make communities more resourceful and support early action. As we have noted, local conditions include physical and economic factors that influence the way people feel about living in a place and the opportunities they find there to lead fulfilling lives and to help themselves and each other.

Many of the people we engaged in Southwark and Lambeth keenly felt the loss of – and need for – more places and spaces where they could get together, and where it was easy and congenial for them to do so. They wanted to stop established local businesses and amenities being replaced by chain stores and betting shops, which robbed their neighbourhoods of character and reduced opportunities for local jobs and enterprise.[17] They wanted to be able to move around their local neighbourhoods easily and safely. And they were very concerned that escalating property prices and redevelopment were forcing people to move out, generating a sense of insecurity, and breaking up long-established social and family ties. They wanted a real say in how redevelopment affected established residents. Local authorities have extensive 'place-shaping' powers, which can be used to tackle these issues and build preventative places.[18]

Create strong, collaborative partnerships

By *strong, collaborative partnerships*, we refer to the quality of relationships and ways of working within and between local public sector bodies on the one hand, and community-based groups and other non-government organisations on the other. Neither government nor civil society can deliver resourceful communities or preventative places on their own. But public bodies can be essential catalysts, working *with* local people and organisations to enable and support early action. Indeed, this is a vital component of local systems geared to support early action. The aim is to minimise atomisation and a sense of distance and distrust between organisations, and to put an end to relationships built on inequalities and competition. Instead, the aim must be to share knowledge and power, and to foster respectful, high-trust partnerships with close co-ordination between organisations, and relationships based on collaboration and shared purpose.[19] Strong, collaborative partnerships provide an essential underpinning for building resourceful communities and preventative places.

Gear local systems to early action

By *local systems* we mean the institutional arrangements, policies, and practices that prevail in a locality: how decisions are made; how services are commissioned; how funds are allocated, and what are thought to be 'normal' ways of working. As things stand, local systems are still mainly geared towards downstream action (coping with problems once they have occurred). Especially when funds are scarce, there is a tendency to

narrow the focus of investment and action to the most acute needs of the most needy and vulnerable people. This is understandable, but it is the opposite of early action and ultimately counter-productive.

The aim now is not only to stimulate interest in early action and to encourage new ways of working, but also to make sure that these changes are thoroughly embedded, so that they become the new 'normal'. Without changed systems, policy and practice in Lambeth and Southwark will always revert to the default downstream position.

Changing local systems so that they are geared towards early action is no easy task.[20] It requires shifts in culture and practice in local public sector organisations, including what they value and aim for, and how they set priorities and use their powers to achieve their goals. It is about how – and how far – they walk the talk of early action, so that they do all they can to build and support resourceful communities, preventative places, and strong, collaborative partnerships between civil society and the local state.

Find additional resources for early action

As we have noted, spending cuts act as a barrier to as well as a stimulus for early action. One reason they act as a barrier is because shifting to early action calls for some additional expenditure until savings can be generated by preventing problems that would otherwise call for public expenditure. It is difficult, in practical and political terms, to take increasingly scarce resources away from acute services. Therefore we consider it a priority to find additional resources, beyond local authority budgets, for investment in early action. We recommend ways of making more and better use of resources from charitable and business sources, by pooling budgets between public bodies, and by tapping into human and social assets in the community.

5.   Recommendations for change

Effective early action depends on changing a range of inter-related processes and practices, rather than just launching new initiatives.

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Our goals interact with dynamic effect, as we have noted, and there is no 'silver bullet' that will magically shift the balance. Our proposals build on insights that are familiar to many, and on good practice already underway in the two boroughs and in other parts of the country. To make a real difference, these must be brought together and strengthened, placed at the heart policy and practice in Southwark and Lambeth, and pursued forcefully over time.

Figure 4, on the following page, suggests a sequence in which each stage facilitates the next. However, our recommendations cannot be followed in strict chronological order. Action to change systems should not wait until resources are found, nor should action to change practice wait for systems to be geared to early action.

Where possible we show what can be done in practice by pointing to case studies drawn from Southwark and Lambeth and from elsewhere.

Stage 1: Prepare the ground

This stage covers essential preparations, already underway in Southwark and Lambeth.

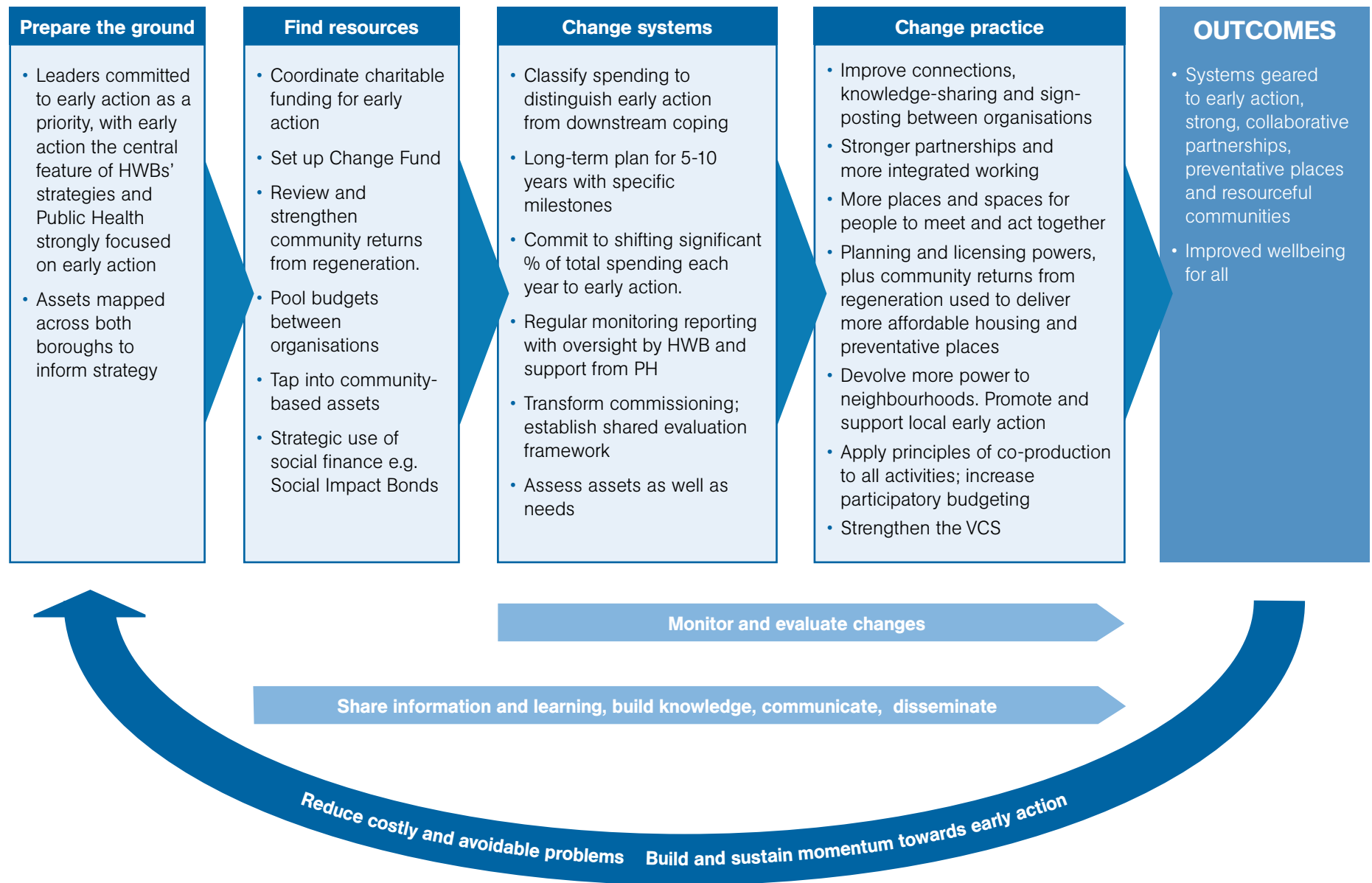#### • Establish senior leadership and commitment

The shift towards early action will only happen if it is led at a senior level, with unequivocal commitment. Strategic leadership will rest with the Health and Wellbeing Boards, which must ensure that early action is – and remains – a central feature of the Joint Health and Wellbeing Strategies, which they have a statutory duty to produce. At the same time, Board members must be firmly committed to working together and to implementing the strategy within their areas of responsibility – linking up with schools and other educational institutions, voluntary and community sector (VCS) organisations, and others. The Department of Public Health, which spans both boroughs and whose core purpose is to prevent harm to health and wellbeing, must play a key role in driving the changes.

Goals: Change systems; strong, collaborative partnerships.

Action by: Health and Wellbeing Board members and all senior leaders; Department of Public Health.

Timing: Current and continuing

Figure 4: Theory of change: achieving early action in Southwark and Lambeth

Prepare the ground

- Leaders committed to early action as a priority, with early action the central feature of HWBs' strategies and Public Health strongly focused on early action
- Assets mapped across both boroughs to inform strategy

Find resources

- Coordinate charitable funding for early action
- Set up Change Fund
- Review and strengthen community returns from regeneration.
- Pool budgets between organisations
- Tap into community-based assets
- Strategic use of social finance e.g. Social Impact Bonds

Change systems

- Classify spending to distinguish early action from downstream coping
- Long-term plan for 5-10 years with specific milestones
- Commit to shifting significant % of total spending each year to early action.
- Regular monitoring reporting with oversight by HWB and support from PH
- Transform commissioning; establish shared evaluation framework
- Assess assets as well as needs

Change practice

- Improve connections, knowledge-sharing and sign-posting between organisations
- Stronger partnerships and more integrated working
- More places and spaces for people to meet and act together
- Planning and licensing powers, plus community returns from regeneration used to deliver more affordable housing and preventative places
- Devolve more power to neighbourhoods. Promote and support local early action
- Apply principles of co-production to all activities; increase participatory budgeting
- Strengthen the VCS

OUTCOMES

- Systems geared to early action, strong, collaborative partnerships, preventative places and resourceful communities
- Improved wellbeing for all

Monitor and evaluate changes

Share information and learning, build knowledge, communicate, disseminate

Reduce costly and avoidable problems   Build and sustain momentum towards early action

Box 1: Assets in the community

These are physical, human, and social resources that are embedded in the everyday lives of every individual (e.g. public amenities such as schools and parks, as well as the wisdom, experience, knowledge, and skills of individuals) and in the relationships among them (e.g. love, empathy, responsibility, care, reciprocity, teaching, and learning). They are central and essential to society. They underpin the market economy by raising children; caring for people who are ill, frail and disabled; feeding families; maintaining households; and building and sustaining intimacies, friendships, social networks, and civil society.

• Map assets across both boroughs

Mapping assets involves identifying unpriced and unpaid-for human and social resources, which are abundant in every locality (Example 1), so that they can play their part in meeting needs and improving residents' quality of life.[21]

Recognising and valuing people as assets, not just treating their problems, has a preventative effect by drawing on their knowledge about what is needed to improve their lives, and by enabling them to feel valued and more positive about themselves. Asset-based approaches are already widespread in Southwark and Lambeth, wherever residents are treated with dignity and respect; where organisations working with them ask them to participate and contribute in kind; and where the starting point for deciding what to do is to find out what assets people already have, rather than what their needs and problems are. We recommend extending and consolidating this approach as an essential foundation for early action. Ideally, asset mapping involves not only understanding what local 'assets' are and where they can be found, but also building on and supporting efforts to develop and connect local assets and increase their use by local people. A good example is 3-D asset mapping by Pembroke House in Southwark (Example 1). We recommend supporting this kind of mapping across both boroughs.

Example 1: Mapping assets

Pembroke House, a community centre in Walworth, Southwark, has developed a 3-D approach to asset mapping. A trained community organiser goes from door to door in the neighbourhood, building face-to-face relationships with local residents and, in turn, providing opportunities for them to build relationships with each other. Within a few months, one resident had launched a Co-Dependents Anonymous meeting, while others had established a Community Fun Club, where young people and their families can eat, talk, and play together. This approach goes beyond identifying and valuing local assets: it helps people to tap into them so that they can help themselves and their neighbours. (*Case Study 1*)

Goals: Gear systems to early action; strong, collaborative partnerships; preventative places; resourceful communities

Action by: Department of Public Health, community engagement teams, local VCS

Timing: Current and continuing

Stage 2: Find resources

We acknowledge that financial constraints can act as a severe barrier and that additional resources must be found to pump-prime the shift to early action. We therefore recommend ways of making more and better use of resources from charitable and business sources, pooling budgets between public bodies, and tapping into human and social assets in the community.

• Co-ordinate charitable funding for early action

At national level, the Early Action Funders Alliance pools resources from national grant-giving foundations to support early action (Example 3). There should be scope to apply this approach locally by co-ordinating independent funders across both boroughs to share knowledge about early action and work together to offer grants for activities that tackle problems more systemically and further upstream. We recommend convening a Southwark and Lambeth Funders' Summit to initiate the process.

Goals: Change systems; strong collaborative partnerships; resourceful communities

Action by: Health and Wellbeing Board, local charitable donors

Timing: Year One and continuing

• Set up a dedicated Change Fund to support systems change

This could be financed partly or wholly by a suitable local grant-giving foundation such as Guy's and St Thomas' Charity. Rather than encouraging a new round of initiatives, the Fund should be dedicated to stimulating profound changes in the way local systems are designed and operated.

Example 2: Co-ordinating funds for early action

In 2011, prompted by the EATF, a group of funders formed the Early Action Funders Alliance, which aims to make the public case for early action, help funders to embed it in their work, and ultimately help the shift towards early action. In 2015, the Big Lottery Fund, Comic Relief, and the Esmée Fairbairn Foundation announced up to £5.3 million of funding for three early action projects in Coventry, Norwich, and Hartlepool. The three projects are partnerships led by local voluntary sector organisations, working with statutory agencies, to develop and implement preventative initiatives in family support, young people's wellbeing and legal advice. (*Case Study 30*)

> ## Example 3: Dedicated funding for systems change
>
> In 2014, The Big Lottery awarded £36 million to the Lambeth Early Action Partnership (LEAP), which includes representatives from health, local authority, and voluntary sectors and aims to improve the lives of 10,000 babies born between 2015 and 2025. It takes an asset-based approach, aiming to use existing resources and energy within local communities, as well as the experience and expertise of parents in Lambeth, to empower other families and parents to give their children a better start in life. As a condition of the award, LEAP must achieve a 'systems change' in the way that its local health, public services, and voluntary sector work together in the long-term to improve outcomes for children across these areas. (*Case Study 3, see also p.35*)

It could do this by, for example, supporting staff training and spending classification exercises, making staff time available to plan and pilot new ways of working. One useful example is the Lambeth Early Action Partnership, supported by the Big Lottery, which has long-term systems change as an explicit goal (Example 3). Learning can also be drawn from the Scottish Early Action Change Fund, which is committed to change over a parliamentary term and has £500 million to help realise the Scottish government's ambition to make prevention a fundamental pillar of public service reform (Case Study 23).

Goals: Change systems

Action by: Local charitable donors, Health and Wellbeing Boards

Timing: Year One

• Review and strengthen community returns from regeneration

Regeneration and property development are a major source of additional funds for cash-strapped boroughs. These funds can be generated through the sale of land and public buildings for redevelopment; and through Section 106 negotiations and the Community Infrastructure Levy, which are intended to achieve benefits for the community as a result of development projects. Funds generated this way should be given the specific purpose of preventing problems, for example by providing more social and affordable housing, by improving the design of neighbourhoods and green spaces to make them more congenial and accessible, and by making it easier for people to get together.

Goals: Change systems; preventative places; resourceful communities

Action by: Southwark and Lambeth Borough Councils

Timing: Current and continuing

• Pool budgets between organisations and departments

Money spent on early action does not always produce savings or other benefits for the organisation that originally spent it. This can act

Example 4: Pooling budgets

In Oldham budgets from the CCG, Public Health, and local housing associations were pooled for the borough's Warm Homes programme. This aimed at tackling the problem of fuel poverty in order to deliver substantial savings in service areas such as health and social care. Partners agreed that any subsequent savings should be reinvested to expand the scheme. Since 2012, the initial £200,000 investment by partner agencies has increased to £1.1 million, with over 1,000 people lifted out of fuel poverty. Although tackling fuel poverty is a relatively downstream intervention, the Oldham experience is a good example of how pooled budgeting and profit sharing can enable and incentivise cross-agency working and overcome the barrier to early action of investment by one agency yielding financial benefits to another. (*Case Study 27*)

as a disincentive for the spending body. Pooling budgets between departments and organisations can help to address the problem and to make resources go further, by consolidating and focusing existing funds, and sharing risks and rewards. Strengthening partnership working and pooling budgets between Southwark and Lambeth will help to achieve this effect. Beyond the two boroughs, there are useful examples of budget pooling and social profit sharing agreements in Birmingham and Oldham (Example 4).[22]

Goals: Change systems; strong, collaborative partnerships

Action by: Commissioners and service directors across the public sector in Southwark and Lambeth

Timing: Current and continuing

- **Tap in to community-based assets**

There are significant opportunities to respond to budgetary constraints by unlocking human and social assets in the community (Box 1, p.26), by working more closely with VCS organisations, and by applying the principles of co-production. The example below shows how Surrey County Council responded to cuts, with notable results.

Example 5: Tapping into community resources

Surrey County Council decided in 2010 to change the way youth services were delivered. It redesigned its approach to young people's services, by commissioning for outcomes and co-production, working with young people and their families. This was found to have delivered 'outstanding' results. It serves as an example of how local public agencies can take a creative approach to confronting austerity and improve outcomes in the process. (*Case Study 26; see also p.45*)

Goals: Change systems; Strong collaborative partnerships; Preventative places; Resourceful communities

Action by: Local voluntary organisations, public sector bodies in Lambeth and Southwark

Timing: Current and continuing

- **Make strategic use of social finance models, including Social Impact Bonds**

Social finance refers to efforts to produce market-based structures that offer flexibility and long-term funding, and encourage innovation to deliver maximum social impact.[23] For example, Social Impact Bonds (SIBs) involve raising investment from the private sector to finance service provision (usually by the VCS) (Example 6). The investor receives returns and payment upon meeting a set of clearly specified and measurable outcomes that are attributable to the service. SIBs are severely constrained by prospects of delayed returns, non-cashable savings, and the need for clear evidence about effectiveness and attribution in order to ensure that payments reflect real risk transfer and the delivery of social value. They may be useful, in certain limited conditions, as a tool for experimenting with new initiatives in the transition to early action.

Goals: Strong, collaborative partnerships

Action by: Local voluntary organisations, public sector bodies in Lambeth and Southwark

Timing: As appropriate

Example 6: Social Impact Bonds

A Social Impact Bond (SIB) is a form of payment by results where funds are raised from a non-government source, which receives a return if the intervention is successful. The model can be used for preventive initiatives where the monetary value of the savings can be established, and thus a return provided to the investor. One of the first SIBs in the UK provided funds for an initiative in Peterborough, which aimed to reduce reoffending rates and which produced some positive results. It remains doubtful whether this method of funding offers better value for money than in-house provision or traditional contracting. It has some potential to raise funds for innovative and untested projects, which can, upon evaluation, broaden our knowledge of 'what works'. However, SIBs are only appropriate where results can be precisely measured in the short to medium term, so they are best suited for midstream and downstream initiatives – such as reducing reoffending. (*Case Study 25*)
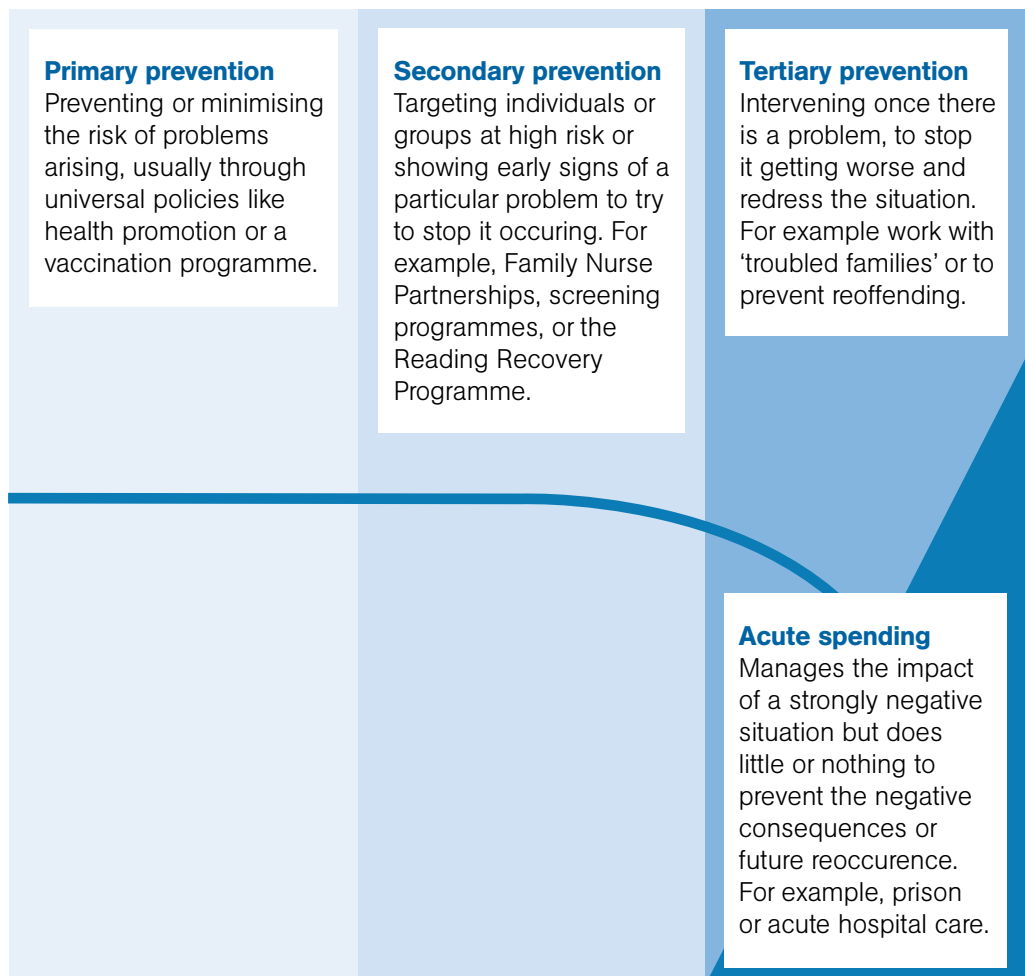
Stage 3: Change systems

Achieving the shift to early action – and making it sustainable – requires systemic change. Here our recommendations focus on understanding and shifting the balance of spending, on having a clear, long-term plan and arrangements for reporting and monitoring, on transforming the commissioning process and establishing a shared evaluation framework.

- **Classify spending to distinguish early action from downstream coping**

Local Councils, CCGs, and others including VCS organisations and police authorities are in a much stronger position to support early action if they know whether the money they spend is allocated to coping with problems or to preventing them. Classifying spending in this way makes it possible to plan and scrutinise the transition to early action and to understand trade-offs between prevention and downstream services. This is an essential first step towards

Figure 5: Classifying early action spending

Primary prevention
Preventing or minimising the risk of problems arising, usually through universal policies like health promotion or a vaccination programme.

Secondary prevention
Targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occuring. For example, Family Nurse Partnerships, screening programmes, or the Reading Recovery Programme.

Tertiary prevention
Intervening once there is a problem, to stop it getting worse and redress the situation. For example work with 'troubled families' or to prevent reoffending.

Acute spending
Manages the impact of a strongly negative situation but does little or nothing to prevent the negative consequences or future reoccurence. For example, prison or acute hospital care.

Source: The Early Action Task Force. (2014). *How to Classify Early Action Spend*. Retrieved from http://www.community-links.org/downloads/ClassifyingEA.pdf

shifting a proportion of spending each year to early action (Figure 5).[24]
The distinction between spending on early and late action is not clear-
cut, and this should not be regarded as a scientific exercise but as a
way of understanding, approximately, how money is allocated. The EATF
calls it 'bucketing': loosely attributing expenditure so that money spent on
preventing problems occurring or worsening can be roughly distinguished
from money spent on picking up the pieces once things have gone wrong.
This exercise should be conducted at regular intervals so that it is possible
to trace how far the balance of expenditure is shifting upstream towards
early action.

The EATF has provided initial guidelines to classification and has piloted
this approach with members of the Early Action Funders Alliance.[25] It sets
out four approximate categories of spending, as illustrated in Figure 5, and
points out that the process does not have to be time consuming or overly
complex.

If this exercise is carried out internally, it is 'an excellent way of introducing
staff to the concept of early action and also harnesses staff's knowledge of
the ways in which money is spent'.[26] Once completed, it can help to inform
commissioning, grant allocation, and other budgetary decisions, including
the budget challenge process. As the EATF argues, 'a robust definition of
early action is needed to support these new spending rules; otherwise
they would be open to abuse. We know this is very difficult, but even a
flawed definition consistently applied would be a step forward.' [27]

Goals: Change systems

*Action by: Led by Health and Wellbeing Board with relevant councillors
and officials across the public sector*

Timing: Year One and continuing

- **Establish a long-term plan, for 5–10 years, with specific milestones**

This must be championed at the highest level in both boroughs and set
out specific milestones. Inertia is the biggest barrier to preventing harm.
Local systems too easily default to downstream coping.[28] So we strongly
recommend that the leading decision-makers and budget holders in
Southwark and Lambeth commit to a step-by-step transition to early action,
so that it becomes the normal way of thinking, deciding, and taking action.
Unless there is a clear pathway, championed at the highest level, little or
nothing will change. The EATF has drawn up proposals for how such plans
could be developed by national government, which could provide a route
map for creating similar plans at local level.[29]

Goals: Change systems

*Action by: Led by Health and Wellbeing Board with relevant councillors
and officials across the public sector*

Timing: Year One and continuing

- **Commit to shifting a significant % of total spending each year to early action**

The only way to ensure a significant move towards early action is to commit to an incremental funding shift. We recommend that both boroughs commit to shifting at specific proportion of total spending each year towards early action, preferably near to 5% per annum. Once spending is classified to distinguish early and midstream action from downstream coping, it becomes possible to commit to shifting spending upstream.

Goals: Change systems

Action by: Led by Health and Wellbeing Board with relevant councillors and officials across the public sector

Timing: Year One and continuing

- **Establish clear oversight arrangements, with regular monitoring and reporting**

To ensure that early action is embedded in systems for making decisions and allocating funds, there needs to be a mechanism for regular monitoring and reporting, to provide support and momentum for implementing early action. Rather than creating a new unit to oversee early action, this responsibility should rest with the Health and Wellbeing Boards, supported by Public Health across both boroughs. We recommend monitoring within a shared evaluation framework, with a clear schedule for regular and consistent reporting. In particular, we recommend that the Health and Wellbeing Boards produce annual progress reports, with the first taking place no later than November 2016, at a meeting that reconvenes the Early Action Commission.

Goals: Change systems

Action by: Led by Health and Wellbeing Board with relevant councillors and officials across the public sector and with research support from public health

Timing: Year One and continuing

- **Transform the commissioning process to support early action**

Commissioning can be a powerful vehicle for changing systems to promote early action, provided it is designed and deployed for the purpose, well-informed by evidence of what works, and conducted in partnership with local people. Commissioning is where decisions are made about how funds are allocated, how things are done, who does them, and what counts as success. As a starting point, we recommend that the process of deciding what services and other activities are required is conducted in partnership with local people, valuing their assets and pooling their experiential knowledge with the professional skills of commissioners (i.e. co-production, described below, p.43). This helps to focus commissioning on assets rather than needs, and on

Example 7: Commissioning for coproduction and outcomes

The Southwark and Lambeth Integrated Care (SLIC) programme launched in 2014, is made up of general practices, community healthcare, mental healthcare, local hospitals, and local authority social services, and aims to integrate and co-ordinate services in person-centred ways, and to enable people to take a more active and independent role in looking after their own health. It works with Lambeth's Citizens Board to mobilise a 'citizens' movement' that supports people to understand the need for services to change; to get involved in co-designing better local services; and to play a central role in co-producing better outcomes. (*Case Study 9*)

how to prevent problems rather than how to fix them.[30] Commissioning for outcomes rather than for specific outputs can help shift the focus towards early action, encouraging contractors to think imaginatively about changing systems rather than just services. It also gives commissioners and providers more freedom to innovate. Examples of implementing these recommendations are already underway in Southwark and Lambeth.

The aim is now to extend this approach to establish a new 'normal' for commissioning across both boroughs. Lambeth, Camden, and Cornwall local authorities, along with others, have worked with the New Economics Foundation to develop guidelines for effective outcomes-based commissioning.[31]

The commissioning process can be adapted to encourage collaboration, for example through alliance contracting,[32] where a group of providers enter into a single arrangement with the commissioner to deliver services; all parties share risk and responsibility for meeting the agreed outcomes. This departs from the original intention of commissioning to encourage competition, which sets bidding organisations against one another and favours larger organisations over smaller ones.

It can also be stipulated through the commissioning process that contracted organisations demonstrate after a specified period (e.g. 3 years) how far problems have been prevented or diminished – possibly as a condition of securing continued funding

Goals: Change systems; strong, collaborative partnerships; resourceful communities

Action by: Led by Health and Wellbeing Board with relevant councillors and officials across the public sector; VCS

Timing: Current and continuing

- **Develop a shared evaluation framework**

Shared evaluation frameworks are for use by VCS grant-holders and contractors, as well as public sector bodies. They would establish a theory

Example 8: Fostering collaboration through commissioning

The Lambeth Living Well Partnership is made up of people who use services, carers, commissioners across NHS Lambeth CCG and Lambeth Council, voluntary and community sector, secondary care, and primary care. It aims to deliver services that avoid reliance on acute services by improving physical and mental health, increasing autonomy and participation in community life. It uses a co-production approach to commissioning as well as alliance contracting to build a consortium of providers. The alliance is not co-ordinated by a prime contractor or provider, and there are no sub-contractual arrangements involved. All organisations are deemed equal partners and rely on governance arrangements to manage their relationships and service delivery. The intention is to formalise collaboration through the contract, as commissioners and providers within the alliance are legally bound together to deliver the specific contracted service, sharing risks and rewards accordingly.
(*Case Study 4*)

Example 9: Track and reward early action

The Big Lottery, which is funding of the Lambeth Early Action Partnership, calls on applicants to develop short (3-year), medium (7-year), and long (10-year) outcome frameworks, and to set out how their activities will meet those outcomes. Funding for each stage depends on meeting outcomes in the previous stage. The model could be adapted for use by public sector commissioners.
(*Case Study 3; see also p.28*)

of change based on a shared understanding of early action, how it can be put into practice, and its potential impacts over the longer term (5–10 years) as well as over 1–3 years. It would provide a shared set of criteria for monitoring early action across the two boroughs. The LEAP initiative (Example 3, p.28) is a good example of a framework combining short-, medium- and long-term outcomes.

A shared framework should be designed in partnership with VCS organisations, and made easy to use for small organisations as well as others. Contracted organisations should be trained and supported, so that evaluation is not simply a burden (especially where smaller VCS organisations are concerned), and instead becomes a positive experience that helps them learn and improve the quality of their work.

Wellbeing indicators can be used to assess the impact of early action initiatives across the boroughs, steering local activity towards promoting wellbeing rather than fixing problems. The Local Government Association

has published a useful guide to developing wellbeing measures, which public authorities in Lambeth and Southwark could use to evaluate impact.[33] The Happy City initiative is currently working with cities such as Bristol in the UK to develop a survey instrument that can be used to measure the impact of initiatives and policies on the wellbeing of users and residents.[34] Similar projects are underway in Mannheim in Germany and Santa Monica in California, USA.

Goals: Change systems; strong, collaborative partnerships

Action by: Led by Public Health with relevant councillors and officials across the public sector

Timing: Year One and continuing

- **Assess community assets alongside needs**

We recommend integrating asset assessment with the Joint Strategic Needs Assessment (JSNA). This involves changing the focus of data collection, which currently relates chiefly to immediate causes of illness, such as smoking and the use of alcohol. An upstream, asset-based approach would also collect data relating to the causes of health and wellbeing, to include (for example) questions about social networks and control. This would generate a more rounded view of the local community and help to give higher priority to early action. Wakefield Council has piloted such an approach, and found it a positive first step towards mobilising and connecting local assets to needs, and developing richer and more intelligent commissioning.

Goals: Change systems; strong, collaborative partnerships; preventative places; resourceful communities

Action by: Led by Public Health with support from Health and Wellbeing Boards, local authority community engagement teams and VCS

Timing: Year One and continuing

Example 10: Assessing assets, not just needs

Wakefield Council in Yorkshire carried out a strategic assets assessment in 2010. This complemented its JSNA, which every local authority is required to produce every three years. The council saw this as a way of connecting assets more clearly to local needs and public services. It was seen to provide 'an innovative and rich understanding of both needs and assets' with the potential to develop a more appropriate commissioning framework. (*Case Study 24*)

Stage 4: Change practice

With changed systems, it becomes possible to initiate and sustain changes in the way organisations behave and how they work with residents and with each other. Our recommendations focus on improving connectivity, strengthening partnerships, making places more preventative, and devolving more power to communities.

- **Improve connections, co-ordination, and knowledge-sharing**

This involves linking up people and organisations, improving communications between them, and enabling them to exchange information, to build a shared sense of purpose and to complement rather than duplicate each other's efforts. A strong theme that emerged from our engagement with local people was they know little or nothing about what is going on that could help to improve their lives.[35] They want better ways of finding out what is happening and what different organisations are doing locally, and to let others know what they are doing, so that they can work together more effectively. Noticeboards, newsletters, and online channels for sharing information can all help to address this. In addition, VCS organisations and public sector professionals should co-

Example 11: Social prescribing

Social prescribing is increasingly popular with GPs across the country, including in Southwark and Lambeth. It links patients in primary care with non-medical sources of support available through the VCS. It aims to prevent problems getting worse, improve outcomes for patients, and reduce take up of NHS and social care services. In a Rotherham pilot scheme, for example, patients are referred by their GPs to a small team of five people from the voluntary sector, who work with the individual to identify their needs and then refer them on for further help, with options including: community based activities; information and advice services; befriending; and community transport. Social prescribing schemes in Rotherham and Dundee have been evaluated in their early stages and both have shown promising results. (*Case Study 16*)

Example 12: Making every contact count

Making Every Contact Count is a scheme that trains frontline staff to talk to people in their care about problems and services that fall beyond their remit. Staff meet residents every day, and can act as early signallers of issues where other agencies can help. For example, when making a routine contact, nurses can also talk to patients about issues such as smoking, healthy eating, parenting, debt, or employment, and provide basic advice or refer people to appropriate agencies for support. This approach is used by Safe and Independent Living (SAIL) in Southwark and Lambeth. Delivered in partnership with Age UK, the scheme has a list of activities and services offered by the local VCS. It works through a simple yes-or-no questionnaire which can identify an older person's needs. Each question is associated with a partner agency, so a 'yes' to any question operates as a flag to bring that person to the attention of the relevant organisation. (*Case Studies 10 and 17*)

ordinate and signpost their activities, so that people who may need help can be identified and directed between sectors, to services and/or other activities that can prevent problems getting worse. Examples of how this contributes to early action include social prescribing by GP practices and a scheme called Making Every Contact Count (Examples 11 and 12).

Goals: Change systems; strong, collaborative partnerships; resourceful communities

Action by: Led by Health and Wellbeing Boards with relevant councillors and officials across the public sector and VCS

Timing: Current and continuing

- **Forge stronger partnerships and more integrated working**

Stronger partnerships – one of the four goals for early action identified by this Commission – can be promoted through improved information-sharing and through the commissioning process, as well as by the financial benefits of pooling budgets (see earlier recommendations). Integrated working between health and social care, now government policy, should be an important stimulus for early action, and is already underway in Southwark and Lambeth. Schools and childcare centres also have a crucial contribution to make as partners in early action. This is because they often act as community hubs, where people coalesce and also have a variety of amenities such as playing fields, room-space as well as highly qualified staff. We recommend closer collaboration between the two boroughs, in these and other sectors, to strengthen the momentum towards early action.

Goals: Strong, collaborative partnerships

Action by: Led by Health and Wellbeing Board with relevant bodies and officials across the public sector

Timing: Current and continuing

Example 13: Integrated working

The SLIC programme aims to join up care provision services and agencies to improve the health of people in Lambeth and Southwark. Launched in 2014, SLIC was one of the first major schemes of integrated care in the UK. It includes general practices, community healthcare services, mental healthcare services, local hospitals, and social services, and aims to integrate and co-ordinate services in person-centred ways, in order to allow people to take a more active role in their own health. SLIC also aims to enable joint commissioning through pooling health and social care budgets, and forms an important part of Southwark and Lambeth's 'Better Care Fund' plan – the NHS's national programme to integrate health and social care. SLIC works with Lambeth's Citizens Board to activate a 'citizens' movement' to support change and co-produce better outcomes. (*Case Study 9*)

• Create and support more spaces for people to get together

People in Southwark and Lambeth told us they wanted more opportunities to use parks, open spaces, schools, underused public buildings, and empty properties for meeting each other, building networks, and doing things together. Hubs and meeting spaces that are inviting and accessible – often at a very local level – are a crucial means for people to take more control in their communities. Local councils and their partners should take stock of existing places and spaces to find out how they are used, how often they are used, and by whom, and link up with local residents and groups to explore what could make them more accessible, inclusive and useful. They should review rules and regulations to remove unnecessary barriers to local activities and use of public spaces by VCS organisations. As far as possible, they should enable local people to take control over such spaces.

Goals: Strong, collaborative partnerships; preventive places; resourceful communities

Action by: Local public sector bodies and VCS

Timing: Current and continuing

Example 14: Encouraging more use of public spaces

Pop up Parks creates vibrant spaces in urban environments that encourage children and families to spend more time being playful, creative, and active outside the home. It also influences permanent change of outdoor spaces. Working with designers and architects, Pop up Parks is working to change how the city is planned to support play and interaction. In 2015, it was a winner of the Knee High Design Challenge, a partnership between Guy's and Thomas' Charity and Lambeth and Southwark councils, which supports organisations with new ideas for improving the health and wellbeing of children under five. It received a grant of £41,000 to use public spaces for pop-up parks where children and families can spend more time playing out of doors. Although such spaces are temporary, the initiative has the broader aim of encouraging communities to use public spaces more creatively. (*Case Study 13*)

• Make more use of 'place-shaping' powers to support early action

The quality of local places can be highly influential in causing or preventing harm, by the impact they have on people's day-to-day experience and by how far they offer opportunities for people to help themselves and each other. Local authorities and their partners can use their powers and influence – their place-shaping role – to considerable effect, determining whether and how far local places contribute to early action and prevention (Box 2).[36]

Box 2: Place-shaping

Place-shaping means 'using powers and influence creatively to promote the well-being of a community and its citizens'. It is a central role of local government and includes building and shaping local identity; representing the community; regulating harmful and disruptive behaviours; maintaining the cohesiveness of the community and supporting debate within it, ensuring smaller voices are heard; helping to resolve disagreements; working to make the local economy more successful while being sensitive to pressures on the environment; understanding local needs and preferences and making sure that the right services are provided to local people; and working with other bodies to response to complex challenges such as natural disasters and other emergencies. *Lyons Inquiry into Local Government, 2007*

Public bodies in Southwark and Lambeth should take stock of their place-shaping powers and make the best possible use of them – transparently and consistently over time – to create local conditions that help to prevent problems arising. This should be done in partnership with residents and VCS organisations, building on existing good practice in the two boroughs. As we have noted (p.28), councils should press for more ambitious returns from private development, using Section 106 powers and the Community Infrastructure Levy. It should also be possible to engage local residents more closely and consistently in decisions about community returns, and how affordable housing, infrastructure improvements, and other benefits are allocated to communities. These funds should be directed to improving the quality of neighbourhoods and increasing affordable homes, to prevent problems (such as homelessness, lack of exercise and social isolation) that would otherwise trigger demand for curative services. In addition, more concerted use should be made of licensing powers, through such means as cumulative impact policies, supplementary planning documents, and choice editing controls, to restrict the number and clustering of establishments deemed bad for public health – such as fast food takeaways, gambling establishments, and licensed premises (Examples 15 and 16).

Example 15: Making high streets healthier

Southwark Healthy High Streets was a scheme that brought together a group of local government departments including public health, planning, licensing, trading standards, and transport, which worked with local communities to consider how Southwark's high streets could help make people's lives healthier. It imposed restrictions on fast food and licensed outlets, betting shops, and pay-day loan companies; promoted active travel through high street design, including good cycling infrastructure, bike hire, and walking opportunities; and helped local residents to make more use of underused public spaces. (*Case Study 2*)

Goals: Preventive places; Resourceful communities

Action by: Local authorities, VCS

Timing: Current and continuing

Example 16: Restricting hot food takeaways

Local residents in Waltham Forest, north London, expressed concerns that proliferating hot food takeaway (HFT) outlets were endangering children's health. Waltham Forest council used its place shaping powers to take preventive action, drawing on research by London Metropolitan University which confirmed the negative impact on children's health. It established a corporate steering group to ensure existing HFT businesses operated as responsibly as possible and imposed restrictions on opening new outlets in areas frequented by children (schools, youth facilities, or parks), refusing new planning applications. The council has also increased enforcement of environmental health and waste regulations relating to hot food takeaways. (*Case Study 20*)

Example 17: Residents increase control of the local food economy

The Lambeth Food Partnership promotes the production and consumption of healthy and sustainable local food. Its vision is for 'all Lambeth residents to have the knowledge, passion and skills to grow, buy, cook and enjoy food with their family, friends and community'. The partnership, supported by the council, develops programmes to meet the aims of the Lambeth Food strategy, including improving access to good food, encouraging healthier diets, supporting participation in food communities, eating more sustainably, tackling food waste, growing more food, and supporting food businesses. It aims to build on local assets, encourage wide participation, and give residents more control over the local food economy, with the capacity to transform it. (*Case Study 5*)

• Devolve more power to neighbourhoods

Residents are often best placed to decide what would improve the quality of their lives and stop things going wrong; they always have useful knowledge to contribute. So enabling them to take more control over what happens locally is likely to lead to more effective measures and better outcomes for residents.[37] It is well established by public health research that feeling in control is also a factor that contributes directly to wellbeing and reduces risks to health.[38]

A major issue identified through our engagement with local people was a sense of powerlessness in the face of change. Individuals seldom had experience of controlling decisions or actions that affected their own lives. When nothing they say or do makes any difference, they have little motivation to try to change things for the better. Conversely, having some

positive experience of making changes (in the private or public sphere) can give people a sense of control and self-worth, which in turn generates hope, determination and efficacy. Communities are resourceful if they are full of people who are able to exercise control – as individuals and with others – over what happens to them.

One way to enable residents to feel more in control is to ensure that they participate fully in decisions and actions that affect their lives. Local councils and their partners should look for ways of devolving more power and resources to communities and community groups, and for transferring community assets to residents, realising the ideal of 'double devolution', where power 'goes from local government down to local people, providing a critical role for individuals and neighbourhoods, often through the voluntary sector'.[39] This is not about abandoning communities to look after themselves, but about devolving power to where it can be exercised most effectively and recognising the preventative benefits of enhancing local control.

Goals: Resourceful communities

Action by: Health and Wellbeing Boards with councils and officials

Timing: Year One and continuing

• Promote and support local early action

Devolving power and resources (and participatory budgeting) will enable local groups and residents to identify specific ways in which early action can be taken locally to prevent problems occurring or getting worse. There is an important role for Health and Wellbeing Boards and their constituent bodies to support local initiatives and to draw out lessons (based on a shared evaluation framework) that can stimulate similar action elsewhere and contribute to wider, systemic changes. Some of our case studies show what could be achieved by applying this 'social acupuncture' approach to local early action. For example, the integration of asset mapping into JSNAs by Wakefield Council (Case Study 24) has the potential to deliver a series of positive effects in terms of changing broader systems and culture.[40] By raising awareness of local assets amongst commissioners these were attuned to opportunities to develop and deepen co-production. Moreover, asset mapping and engagement with communities also opened up opportunities for residents to connect and learn from each other, in ways that build resourcefulness. Other examples include: Community development by Pembroke House in Walworth (Case Study 1); Lambeth Early Action Partnership (Case Study 3); Knee High Design Challenge (Case Study 13); Community wealth building in Preston (Case Study 21); and Commissioning of youth services in Surrey (Case Study 26.)

Goals: Strong, collaborative partnerships; preventive places; resourceful communities

Action by: Health and Wellbeing Boards with associated organisations and officials; VCS

Timing: Current and continuing

Example 18: Participatory budgeting (1)

Udecide gives people in Newcastle the power to decide how to spend a pot of money so it can make the biggest difference to their lives. It engages communities in identifying their needs, discussing and agreeing priorities, and deciding about granting funding to address those needs. In each case, a steering group is recruited which plans and prepares the later phases. People who are expected to benefit from the money being spent are engaged to define issues and explore solutions, which are converted into costed project proposals, which are then voted on by the communities involved. Projects are monitored and evaluated, with learning fed back to inform new initiatives. (*Case Study 29*)

Example 19: Participatory budgeting (2)

Since 2010, East Devon District Council has adopted a policy of using participatory budgeting to spend funds raised as community returns from private development (Recommendation 5). To date, more than £1,000,000 of public funds has been allocated for sports and play facilities in new developments throughout the District. For the future, East Devon council aims to allocate these resources to a broader range of facilities such as community buildings, roads and hospitals. (*Case Study 29*)

- **Increase participatory budgeting**

Participatory budgeting (PB) is one way of enabling people to feel more in control. It aims to deepen public engagement in government by devolving control over how public funds are spent. Although PB can be designed in many ways, a central feature is that it engages and empowers citizens in democratic deliberation and decision-making about how public money should be spent. Following the first PB in Porto Alegre, Brazil, which was regarded as successful in reducing corruption and redressing local poverty,[41] the PB process has been adopted in more than 1,500 localities around the world.[42] In the UK, PB initiatives have handled relatively small budgets and have been limited to marginal issues, although there are some examples of good practice.[43]

Goals: Strong, collaborative partnerships; preventative places; resourceful communities

Action by: Health and Wellbeing Boards with associated organisations and VCS

Timing: Year One and continuing

- **Promote and apply the principles of co-production**

This embodies the idea of asset-based development and translates it into practical ways of preventing problems and meeting local needs (Box 3).[44] Co-production values people and enables them to contribute, rather than having things done to or for them. There is a wealth of evidence, especially in the area of health and wellbeing, showing the effectiveness of co-production in identifying and tackling problems at an early stage, in tapping into assets in the community and in generating resourcefulness among people involved in the process.[45,46]

Box 3: Principles of co-production

Co-production is a model of public service design and/or delivery that is based on collaboration between public officials and community representatives. NEF has defined it as consisting of six elements:

1. **Building on people's existing capabilities:** altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these abilities to use at an individual and community level.

2. **Reciprocity and mutuality:** offering people a range of incentives to engage which enable them to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations.

3. **Peer support networks:** engaging peer and personal networks alongside professionals as the best way of transferring knowledge.

4. **Blurring distinctions:** removing the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.

5. **Facilitating rather than delivering:** enabling public service agencies to become catalysts and facilitators rather than central providers themselves.

6. **Assets:** transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.

The principles of co-production are already applied in a number of programmes and initiatives and feature in the forward planning of both local authorities. We recommend that co-production becomes the standard way of getting things done. It can be introduced through the commissioning process (p33) or adopted through choice by voluntary and community organisations and public sector bodies. Positive local

examples include the Paxton Green Time Bank in Southwark and young people's services in Lambeth.

Goals: System change; strong, collaborative partnerships; resourceful communities

Action by: Health and Wellbeing Boards with associated organisations and officials across the public and voluntary sectors

Timing: Current and continuing

Example 20: Time-banking

Paxton Green, a large GP practice in Lambeth, set up a time bank in 2008, which embodies the principles of co-production. It aims to help people to help themselves and each other, to generate and support social networks, and to meet non-clinical needs that could otherwise lead to mental or physical ill-health. It now has more than 200 active members, who help each other out with everything from making phone calls to sharing meals and giving lifts to the shops. The currency is not money but time and everyone's time is equally valued: one hour is worth one time credit that can be exchanged through the time bank. (*Case Study 6*)

Example 21: Co-producing services for young people

In 2013, the youth services team in Lambeth worked with a group of young people to co-produce a service for young offenders, with a budget of £20,000. They used a method of appreciative inquiry to identify young people's abilities and aspirations for the future, which then informed a set of outcomes against which a service would be commissioned. The winning bid was for a talent show, which young people would be a part of organising and delivering across Lambeth. This was not the commissioning manager's first choice, but was selected because of the leadership space it created for young people. This approach to commissioning can contribute to prevention because by including service users as well as professionals in defining service aims it can pick up and address existing or incipient problems and needs that might be missed otherwise. (*Case Study 8; see also p29*)

- **Strengthen the focus and funding of the VCS in Southwark and Lambeth**

As one of our four main goals we recommend building strong, collaborative partnerships between organisations and sectors across the boroughs – and the strength of these partnerships depends on a secure, vibrant, and inventive voluntary and community sector. In the current economic climate, however, as public funds are increasingly scarce, many VCS organisations are under severe financial pressure, which leads them to narrow their focus to coping with acute problems and undermines their

Example 22: Inclusion and participation in the voluntary and community sector

Lambeth's Mosaic Clubhouse is a co-operative organisation that aims to provide support and opportunities for people living with mental health problems. Staff and members work together, doing everything from administration to preparing meals and gardening. This helps members to develop new skills, develop friendships and networks, and find employment. In 2012, Lambeth Council contracted the Clubhouse, in collaboration with Southwark MIND, to provide a mental health information centre, accessible via walk-in, email and telephone. This has allowed Mosaic to build its inclusive, participatory approach and to strengthen partnerships. (*Case Study 7*)

creative potential. Strengthening their focus on upstream measures and building better access to non-government funding is therefore a vital part of the early action agenda.

A number of the recommendations we have set out will, if followed, help to strengthen the VCS in Southwark and Lambeth. These include co-ordinating charitable funding for early action; more support for smaller VCS organisations to tender for local contracts; better co-ordination and more sharing of information, and more spaces for people to get together. In addition we recommend promoting inclusion and participation in the VCS. Some local groups are more inclined than others to take an inclusive and participatory approach to their work, while others adopt a more traditional approach by delivering services to people in need. We recommend encouraging and supporting all VCS organisations to be inclusive and participatory, even if their main activity is service delivery. Commissioning (p.33) is one vehicle for this. It is also possible to encourage inclusion and participation through relationships built around hubs and through events that bring VCS organisations together to share knowledge and experience, and to learn from each other.

Goals: Strong, collaborative partnerships; resourceful communities

Action by: Health and Wellbeing board with public organisations and officials across the public and voluntary sector

Timing: Current and continuing

Summary of recommendations and goals

Table 2 summarises our recommendations and indicates in each case how – approximately – they can help achieve one or more of our four goals.

Table 2. Summary of recommendations and goals

Recommendations	Goals			
	Change systems	Strong, collaborative partnerships	Preventative places	Resourceful communities
Stage 1: Prepare the ground				
Establish leadership and commitment	●	●		
Map assets across both boroughs	●	●	●	●
Stage 2: Find resources				
Co-ordinate charitable funding for early action	●	●		●
Set up a dedicated Change Fund	●			
Maximise community returns from regeneration	●		●	●
Pool budgets between organisations and departments	●	●		
Tap into community assets	●	●	●	●
Strategic use of social impact bonds		●		
Stage 3: Change systems				
Classify spending to distinguish early action	●			
Establish a long-term plan with specific milestones	●			
Commit to a yearly budget shift towards early action	●			
Establish regular monitoring and reporting	●			
Transform the commissioning process	●	●		●
Develop a shared evaluation framework	●	●		
Assess community assets alongside needs	●	●	●	●
Stage 4: Change practice				
Improve connections, co-ordination, and knowledge-sharing	●	●		●
Form stronger partnerships, more integrated working		●		
Dedicate more spaces for people to get together		●	●	●
Use place-shaping to support early action			●	●
Devolve more power to neighbourhoods		●	●	●
Promote and support local early action		●	●	●
Increase participatory budgeting		●	●	●
Promote and apply the principles of co-production	●	●	●	●
Strengthen the focus and funding of the VCS		●		●

Conclusion

Early action matters because it helps to improve the quality of people's lives and because it delivers better results without demanding more public money.

————

We have drawn up recommendations that we believe will help Southwark and Lambeth to make a significant shift towards early action. But to make sure that happens, the recommendations must be pursued together and consistently over time. It is all about changing systems, not just adopting one-off initiatives.

Building on the work of the Early Action Task Force, we have set out a local agenda for early action. We hope the approach we have outlined will be helpful to not only to Southwark and Lambeth but to other councils and Health and Wellbeing Boards who want to move in this direction.

As a Commission we will take a close interest in what happens next in Southwark and Lambeth – and we hope to return to review progress after the first year.

Case studies

This section sets out case studies of good practice to support our recommendations for prevention and early action.

They are drawn from Southwark and Lambeth individually, from projects shared by the two boroughs, and from further afield. They show that things can be done differently to help achieve early action and prevent harm. Not many have been fully evaluated: we indicate where this has happened. Together, they should be seen as an illustration of what is possible, rather than as a definitive evidence base.

Southwark case studies

Case Study 1: Community development by Pembroke House in Walworth

Pembroke House is a community centre in Walworth that has recently adopted an innovative asset-based community development approach to engaging local residents. In an attempt to reach deeper into, and activate, the local community, Pembroke House complemented asset-mapping exercises by hiring a trained community organiser. Resourced by United St Saviour's Charity and a government grant, this community organiser is tasked with building 'face-to-face' relationships with local residents and, in turn, providing opportunities for these residents to build relationships with one another. In the first few months, the organiser held more than 300 individual conversations with local residents, exploring their needs, priorities, and concerns with a view to supporting them to take action with others who have similar ideas. This produced some swift results. An individual living opposite the community centre initiated a new Co-Dependents Anonymous meeting, while residents who were concerned that there was not enough local youth provision took it upon themselves to establish a bi-weekly ' community fun club' for young people and their families to eat, talk, and play together. This was born out of a series of meetings of local residents. First, parents and other concerned adults met to discuss options for new local youth programmes. Recognising that there were no young people at the meeting, however, they invited their children to join the discussion. At this second meeting, the families enjoyed the opportunity to be together so much that they began meeting on a regular basis. Between sessions a core group of volunteers young and old – meet to plan the following week's activities.

Organisers at Pembroke House see this approach to community development as a first step in strengthening the local social fabric to develop local residents' resourcefulness and ability to organise and

engage in collective action. They show that asset-based community development has potential to improve the lives of people, and how the public sector can play an enabling and supportive role.

Case Study 2: Southwark Healthy High Streets (SHHS)

SHHS aims to bring together public health, planning, licensing, trading standards, and transport, as well as work with local communities, to explore ways of changing Southwark's high streets to help make people's lives healthier. Its key objectives include promoting a healthier eating and living environment through restrictions on the number and distribution of fast food and licensed outlets, betting shops, and pay day loan companies; promoting active travel through high street design – including a good cycling infrastructure, bike hire, and walking opportunities; supporting communities to make use of underused public spaces; and supporting the high street revitalisation programme in Southwark.

These work-streams are a good example of upstream ambitions because they look at the high street holistically. SHHS illustrates place-shaping ambitions in that it moves beyond an understanding of problems arising from decisions of individuals, to the local conditions that shape their behaviours and choices. It is also an example of partnership working and building on assets: the initiative brings together and co-ordinates people and organisations from different sectors and provides funds for community organisations to develop and implement ideas for healthy high streets. As such, SHHS place-shapes by bringing together the regulatory power of local bodies (e.g. in restricting certain shops) and creativity of the community through funding local initiatives.

Lambeth case studies

Case Study 3: Big Lottery's 'A Better Start' Funding Model and the Lambeth Early Action Partnership

The Big Lottery's 'A Better Start' programme offers £215 million for distribution to applicants wanting to develop innovative approaches to early action. The programme aims to improve child development in three areas – communication and language development, social and emotional development and diet, nutrition, and systems change – and to encourage partnership working to design early years interventions that deliver over a 10-year timeframe. Last year (2014), a Lambeth-based partnership, including representatives from health, local government, and the voluntary sector, was awarded £36 million to improve the lives of 10,000 babies projected to be born between 2015 and 2025.[47] At the heart of the bid was an asset-based approach that aimed to use existing resources and energy within local communities, as well as the experience and expertise of parents in Lambeth, to empower other families and parents to give their children a better start in life. Funded initiatives must achieve a 'systems change' in the way that local health, public services, and the voluntary sector work together in the long term to improve outcomes for children across these areas. In their guidance, The Big Lottery outlines examples of short-term (3 years), medium-term (7 years) and long-term (10 years) outcomes.

The theory is that the projects undertaken as part of LEAP will offer sufficient value to release cash savings from 'acute' services which can then be used to mainstream the funding for the LEAP projects. Given the financial pressures this means the total project has to become self-funding over ten years and also generate additional cash savings. All projects are subject to evaluation and monitoring to determine whether they deliver their projected outcomes – and are closed down if they fail to do so after a period of time. This drives systemic change and depends on two things in particular: investment of funds with which to experiment, take risks, and evaluate; and a process for closing down unsuccessful projects.

Case Study 4: Lambeth Living Well Partnership

The Lambeth Living Well Partnership is a collaborative formed to radically improve the outcomes experienced by people with severe and enduring mental health problems. It is made up of people who use services, carers, commissioners across NHS Lambeth Clinical Commissioning Group and Lambeth Council, the voluntary and community sector, and secondary care and primary care. It aims to deliver services that avoid reliance on acute services by improving physical and mental health, and increasing autonomy and participation in community life. Commissioning is focused on coproduction and outcomes, with services users, providers, and commissioners defining needs and priorities for services to address. A process known as 'alliance contracting' has been used to pool the capabilities of small local providers, forming an alliance to deliver an evolving service offer defined by people with relevant lived experience. The use of alliance contracting has been important in moving beyond competition by enabling commissioners to incentivise collaboration between providers, each of whom has a unique contribution to make. The project has resulted in a 50% per month average reduction in referrals to secondary care, as well as a 60% increase in people being supported who were not known to secondary services – meaning that previously unmet need is being tackled. The success of this approach is inspiring replication to other service areas.

Case Study 5: Lambeth Food Partnership

The Lambeth Food Partnership works towards promoting the production and consumption of healthy and sustainable local food, and includes the council, GP food coops, an organisation known as Incredible Edible, and a range of community groups and individual residents. These are incentivised and supported to establish local food enterprises, and especially food cooperatives. The partnership develops a series of work programmes intended to meet outcomes of the Lambeth Food Strategy, including improving access to good food, encouraging healthier diets, supporting participation in food communities; eating more sustainably, tackling food waste, growing more food, and supporting food businesses

The partnership runs a series of projects aligned to these objectives. One is the Lambeth Food Flagship, funded by the Greater London Authority (GLA), which aims to address obesity and diabetes, engender

a 'systematic shift towards prevention', develop a community-led food growing infrastructure, and promote a vibrant local food culture to improve general health and well-being. Another is the CREATE project, which aims to encourage the development of local food-start-ups. The initiative as a whole is an example of positive multi-sector collaboration, as well as asset-based working. It takes a whole-systems approach that not only looks at individual nutrition but also at wider determinants of health. Many of the activities and community groups involved seek to create links between food and other areas such as nature, sport, mental health, the local economy, and education. The partnerships explicitly aim to build upon local assets and the capacities of residents in ways that can generate social capital and resilience. By seeking to fashion an alternative local food economy, it has an important influence on place.

Case Study 6: Paxton Green Time Bank

Paxton Green is one of the largest GP practices in South East London, which uses time banking as a way to complement clinical services with peer support and skill sharing. People who live in the area, whether they are registered patients or not, can get involved in the mutual exchange of activities that are delivered by members of the time bank. These range from simply providing transport to health and other services, to a variety of social and cultural activities – all depending on the skills and desires of members. Time banking generates connections between residents and helps to enrich the social fabric of a community, so that people become less isolated and less dependent on state services. The approach is no panacea: it relies on people's participation and people can let each other down – sometimes seriously. But when successful, it can transform people's lives for the better and in doing so prevent problems from arising. There is much evidence suggesting that community-based approaches such as time banking improve people's self-confidence and wellbeing – thus avoiding ill health and social harm.[48]

Case Study 7: Mosaic Clubhouse

Lambeth's Mosaic Clubhouse is a co-operative organisation that aims to provide support and opportunities for people living with mental health problems. Professional staff work alongside members to run all aspects of the organisation, from administration to preparing meals and gardening. In this way, the Mosaic Clubhouse takes an asset-based approach to working with members, which seeks to unlock their capacity and enable them to develop new skills that can lead to a fuller and more independent life. The aim is to help people with mental health problems to re-integrate in society and employment through participating in the Club, develop friendships and enhance family connections. Mosaic is part of a world-wide network of clubhouses and is evaluated every two years by members and staff from the network to continue its clubhouse status – which it has maintained since 1996. In 2012, Lambeth Council contracted the clubhouse, in collaboration with Southwark MIND, to provide a mental health information centre, accessible via walk-in, email, and telephone. This has allowed Mosaic to develop connections with public sector agencies and increase its partnership working. Local

education providers now allow the clubhouse to run range of courses and offer supported employment opportunities to members.

Case Study 8: Co-produced commissioning

In 2013, Lambeth decided to use a co-produced approach to commissioning a service for young offenders. This was a response to criticisms that commissioning processes did not involve service users sufficiently and therefore missed out on a valuable source of expertise. A group of young people and commissioners was assembled and, following a method of appreciative inquiry, the aspirations and abilities of both groups were explored. The process began by considering individual aspirations and abstracting from these in group discussions to develop a vision of what an improved Lambeth would look like in five years' time and how this could be achieved. This was used to develop a set of outcomes against which a £20,000 service was commissioned. The young people then interviewed the organisations which had responded to the service specification and shortlisted preferred providers. The winning bid was for a talent show that the young people would help to organise and deliver across Lambeth. This was not the commissioning manager's first choice, but was selected because of the leadership space it created for young people. This co-produced approach to commissioning combines the professional knowledge of commissioners with the experiential knowledge of service users. This means commissioning is better-informed and able to address a wider range of existing or incipient problems.

Southwark and Lambeth case studies

Case Study 9: Southwark and Lambeth Integrated Care

The Southwark and Lambeth Integrated Care (SLIC) programme aims to join up care services and agencies in ways that help to improve the health of people in Lambeth and Southwark. Launched in 2014, SLIC was one of the first major integrated care schemes in the UK. The programme includes general practices, community healthcare services, mental healthcare services, local hospitals, and social services, and aims to integrate and co-ordinate the services offered by each in person-centred ways, enabling people to take a more active role in their own health. SLIC also aims to enable joint commissioning through pooling health and social care budgets, and forms an important part of Southwark and Lambeth's 'Better Care Fund' plan – the NHS's national programme to integrate health and social care. SLIC works with Lambeth's Citizens Board to mobilise a 'citizens' movement' to raise awareness about why services need to change, to get more people involved in co-designing better local services, and to play a central role in co-producing better outcomes.

Case Study 10: Safe and Independent Living

In Lambeth and Southwark, Safe and Independent Living (SAIL) is a social prescribing scheme delivered in partnership with Age UK. It aims to build and maintain a list of activities and services offered by the local voluntary and community sector (VCS). SAIL works through a simple yes-or-no questionnaire, which acts as a guide for anyone working in the

community to quickly identify an older person's needs. Each question is associated with a partner agency, so a 'yes' to any question operates as a flag to bring that person to the attention of that particular organisation. All partner agencies have agreed to accept all referrals through SAIL and to contact the client within two weeks of being notified. Age UK acts as the hub for the scheme across both boroughs, receiving completed SAIL questionnaires, forwarding them to the appropriate partner agency within 24 hours of receipt, and following up the referral with the older person to ensure their needs are met. In this way, SAIL integrates health activities and services offered by the public and voluntary sectors. It is a good example of how partnership working can contribute to early action through signposting and communication.

Case Study 11: Local care networks

Local care networks (LCNs) integrate health and wellbeing services and activities provided by the public and voluntary sectors in order to shift from a clinical to a more holistic and person-centred approach to local health. At the time of writing, LCNs are being implemented in Lambeth and Southwark. They encourage greater collaboration between GP practices and form the basis for integration between primary care and other services – particularly community nursing and social care and elderly and early years services. LCNs are an example of ambitions for improved asset-based and partnership working in health. They also aim to embed approaches recommended in this report within their service delivery such as 'every contact counts', social prescribing, pooled budgeting across public agencies, and co-production. The networks are expected to increase personal resilience and reduce dependency on downstream services. Much energy across both boroughs is being focused on developing LCNs. Although it is too early for evidence of success, they have real promise as a vehicle for early action.

Case Study 12: Local Area Co-ordination

Local Area Co-ordination (LAC) is an asset-based approach to empowering people with disabilities and other needs, improving their lives, and preventing them from developing worsened conditions. Local workers – known as Local Area Coordinators – act as a single point of contact for people with disabilities and their families in a defined area. Their role is to enable people to develop their own skills and capabilities, to help them access existing local resources and networks and, where these do not exist, work to build them. Co-ordinators work as capacity builders and sign-posters, and help to integrate public services with voluntary and community activity in ways that are shaped around the needs and aspirations of people who use these services. Crucially, the starting point is to identify with the individual what they can do to improve their own wellbeing and achieve their own aspirations with support from within their local community. In Lambeth, the model already forms part of the Living Well Partnership's plans to personalise recovery and support plans for those suffering from mental and physical disability. This approach is an important feature of plans to develop Local Care Networks (Case Study 11) in both boroughs.

The process was pioneered in Australia, where it focused on people with disabilities and special needs. In the UK it has been most fully developed in Middlesbrough, where it has included people with lower-level needs.[49] Because it seeks to build on people's strengths and to develop community capacity, it can help to prevent people from developing more complex needs. The LAC model yielded impressive results in Australia, where it was seen to have delivered a 30% reduction in costs by keeping people from using more acute services.[50] The greater universality of coverage in Middlesbrough could multiply these savings, by picking up a wider range of people with multiple low-level challenges before they trigger demand for acute services.[51] It has been recommended that Local Area Co-ordination be rolled out throughout the UK.

Case Study 13: Knee High Design Challenge

The Knee High Design Challenge is a partnership between Guy's and St Thomas' charity and Lambeth and Southwark Councils. It sets out to find, fund, and support people with new ideas for raising the health and wellbeing of children under five. The programme aims to address problems that public health has failed to address by reducing inequalities in children's development when they start school. It offers an opportunity for local people, whether residents, social workers, parents or others, to propose ideas and provides support to turn these into investable ventures. Children and families are involved at every stage in the development and testing of new products, services, and initiatives that are beginning to be used throughout Southwark and Lambeth. Launched in 2013, the initiative received 190 initial applications, out of which 25 'design teams' were funded with £1000 each to further develop their ideas. After testing ideas with families, six teams receive a larger grant (£41,000) to deliver the project and develop a sustainable business model. Since the autumn of 2014 these six project teams have been developing projects. One example is the 'pop up parks' project, which arose from the Design Challenge. This seeks to engage local communities in the creative use of open public spaces to design and install temporary park facilities where children and families can spend time playing. Although 'pop-ups' usually last for one day, the aim of the initiative is to transform attitudes to urban public spaces and make greater use of them.

Case studies outside Lambeth and Southwark

Case Study 14: KeyRing

The KeyRing initiative is a peer support network for vulnerable adults. The UK has 105 local networks, each made up of nine members and one dedicated volunteer, all living within a 10-15 minute walk of each other. Members of the network and the volunteer navigator offer mutual support and link each other with other networks and activities.[52] The volunteer acts as the main hub for the network and follows principles of community development which seek to build and enhance the relationships and resources within a community. Peer support networks like KeyRing have existed for a while and 'soft' evidence (based on user surveys and interviews) suggests that they have a significant positive impact

on people's quality of life. Research by the Department of Health also suggests that KeyRing can deliver savings for the public purse by avoiding reliance on acute services.[53]

Case Study 15: Richmond Users Independent Living Scheme (RUILS)

RUILS is a peer-to-peer support network for older people, as well as those with learning difficulties and mental health challenges. It was set up to increase users' involvement in running services – tapping into the skills, knowledge and expertise of their members. In the peer-to-peer scheme, buddies act as one-to-one coaches, helping the person they support to overcome challenges and/or achieve a goal that is important to them. RUILS makes it clear that peer supporters are not there to take over or act as advocates; their role is facilitative. Where members of the network have personal budgets, RUILS helps them to pool them, to increase their purchasing power. It helps them to expand and strengthen social networks by bringing people together around activities that they enjoy.

Case Study 16: Social Prescribing in the UK

Social prescribing provides non-medical treatments for illnesses, based on activities and amenities that are on offer in local communities. There is increasing evidence, especially in mental health, that this approach provides an early and effective response to mental distress.[54] For this reason, social prescribing is being increasingly adopted by GP practices across the UK. Recent evaluations in Rotherham suggest that social prescribing has great potential to reduce admissions to emergency services, and that social outcomes are also significantly improved.[55,56] In Rotherham, patients are referred by their GPs to a small team of five people (from the voluntary sector), which works with the individual to identify their needs and then refers them to local services, including community-based activities, information and advice services, befriending, and community transport. The programme also gives grants to build capacity by supporting community-based activity (social prescription services) amongst local CVS groups.

Case Study 17: Making Every Contact Count (MECC)

MECC is a cross-agency initiative that trains staff to inform users about problems and services that fall within the remit of other agencies. Thousands of frontline staff working across all services meet residents every day, and can act as early signallers of issues that are beyond the scope of the service they provide. For example, staff talk to the people who use their services about issues such as smoking, healthy eating, parenting, debt, or employment; they then provide basic advice or refer people to appropriate agencies for support. By sharing this kind of information between public and voluntary agencies, problems can be picked up a lot earlier and action taken that can avoid needs becoming more complex. An evaluation is underway in Salford, where the local MECC scheme has been opened to include the local NHS and the council as well as the third sector. This approach has also been adopted in Croydon, helping community development workers to draw in and develop local assets.

Case Study 18: Lancashire early action policing

Lancashire constabulary has recently formed an 'early action response' service that aims to identify 'at risk' individuals and mobilise appropriate services to pre-empt harm. The initiative consists of 'early action response teams' comprising staff members with a professional background in areas ranging from social work, youth work, parenting support, and mental health. One integrated team covers East Lancashire, and is being rolled out to other deprived areas including Preston and Burnley. The model targets intensive users of police and emergency services for assessment and referral to a multi-agency panel, which then develops person-centred solutions. Deputy Chief Constable Andy Rhodes has been a strong advocate of this approach, driving the early action agenda locally.[57]

Early action policing in Lancashire is a good example of mid-to-downstream prevention, where acute costs are saved by developing person-centred interventions that can stop individuals from entering the system through acute services – usually in emergency health or the policing system. It also seems to be a positive example of how action can be moved upstream through innovative thinking and collaboration between different agencies. Lancashire Constabulary has commissioned a two-year cost-benefit analysis from the University of Central Lancashire to evaluate the programme.

Case Study 19: Partnerships for Older People's Projects (POPPs)

POPPs was established in 2005. It aims to increase partnership working between local authorities, the NHS, and the third sector in order to improve health and wellbeing, and to reduce levels of admissions to emergency services and institutional care. It is an example of an early attempt at prevention through greater collaboration. Evidence from 29 pilot sites showed that for every additional £1 spent on POPP services, there was approximately a £1.20 additional benefit in savings through reduced use of emergency beds. Overnight hospital stays were reduced by 47% and use of Accident and Emergency Departments by 29%. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person. Evidence also showed that when people received 'wellbeing or emotional' interventions, such as befriending and peer-based initiatives, fewer reported being depressed or anxious following the intervention. Looking at quality of life improvements as a result of better mental health – using evidence from some of the POPPs pilots – the monetary value would be approximately £300 per person per year.[58,59]

Case Study 20: Fast Food Fix, Waltham Forest

When local residents expressed concerns that the proliferation of hot food takeaway establishments (HFTs) in the borough presented a danger to child health, Waltham Forest used its place-shaping powers to take preventative action. It established a corporate steering group to ensure that existing HFTs operated as responsibly as possible and to develop strategies to tackle the wider social, environmental, and economic issues associated with HFTs. Supplementary planning documents (SPDs) were

developed that restricted the opening of new HFTs in areas frequented by children, such as schools, youth facilities, and parks. The initiative was based on research by the London Metropolitan University which revealed the negative impact these establishments had on children's health. Since March 2009, no new planning applications for HFTs have been permitted by Waltham Forest. By March 2010, the council had refused five new applications, including one that went to a planning appeal and was upheld. The council has also increased enforcement of environmental health and waste regulations relating to HFTs.[60]

Case Study 21: Community wealth building in Preston

Preston City Council, working closely with the Centre for Local Economic Strategies (CLES), is spearheading a new approach to community wealth through fostering a diversity of local enterprise and ownership. It is drawing inspiration from the Evergreen Cooperative initiative in Cleveland, Ohio, USA, which successfully catalysed a network of green new businesses that are owned by their employees. The council has worked with a group of anchor institutions (big public sector organisations such as the NHS and universities) in Preston to develop a shared commitment to supporting local businesses when they purchase resources and services. Along with Preston City Council this group spent an estimated £750 million on goods and services in 2012–2013. They are working to support the establishment of local co-operatives to fill the remaining gaps in supply for the biggest contracts. A local 'Guild Co-operative Network' has been established to bring together members of existing and prospective co-operatives to provide mutual support and advice. Currently development of new co-ops focuses on particular 'gap' sectors in the local economy as identified by anchor institutions: these include catering, building, cleaning, and maintenance. This is a positive example of local public bodies partnering up to develop a strategic approach to building a more healthy and sustainable economy locally. The establishment of worker co-operatives can bring experience of control to individuals in their workplaces, and create more opportunities for local employment and training.

Case Study 22: Greater Manchester Fire and Rescue

In an innovative approach to early action taken by emergency services, Greater Manchester Fire and Rescue Service has redefined aspects of its role, adding to its acute emergency functions a strategic approach that involves working more closely with other public sector bodies as well as with the communities it serves. For example, the service developed a programme of community safety apprenticeships which can potentially reduce demand on emergency services, whilst offering valuable skills to young people entering the labour market. As part of its participation in a pooled budget, the service has also worked across public sector silos by sharing information relating to 60,000 homes that are deemed most at risk of fire. These homes are often the same as those which require other public services, so sharing this information enables other public agencies to get a better grasp of need and risk and therefore act earlier. This is an example of how effective partnership and information sharing can allow governance systems to act earlier.

Case Study 23: Scottish Early Action Fund
In 2012, the Scottish government followed the advice of the Christie Commission to make prevention a fundamental pillar of public service reform. As a result, it assigned £500 million of public sector spending for prevention over the parliamentary term. The pot was mostly made up of contributions from central government funds and local authority and health spend, and was distributed through three funds, one each for early years, reoffending, and older people's care.

The early year's fund is overseen by a dedicated taskforce whose overarching aim is to improve delivery of three outcomes of the national performance framework: to provide children with the best start in life, to improve the chances of children and families at risk, and to develop confident and responsible young citizens. The care for older people's fund is the largest, with £300 million distributed to 32 Change Fund Partnerships made up of NHS Boards, local authorities, and third sector agencies. Reoffending prevention is relatively small with just £7.5 million over three years. It funds evidence-based mentoring schemes delivered by third-sector-led partnerships.

Results have been mixed. The change funds have had great symbolic importance, establishing the importance of prevention and leading to some innovative and successful projects. The care for older people's fund has contributed to the development of joint commissioning strategies as part of the drive to integrate health and social care. Orkney stands out as a site of best practice – where co-production with health professionals and third-sector representatives was used to draft a change fund investment strategy aimed at proactive, preventive, and anticipatory care provided at home.[61] However, there is little evidence that the funds have led to systemic change. Research suggests that this is down to many of the barriers that we have highlighted in this report, such as difficulties in overcoming disincentives to collaborate, working in departmental silos and failing to engage in genuine partnership with the third sector.[62]

Case Study 24: Joint Strategic Asset Assessments in Wakefield
Local authorities and public health departments in the UK are required to produce a joint strategic needs assessment (JSNA) every three years. This is a detailed report of the different problems facing the local population and is intended to inform the development of strategies and priorities to meet local needs. In 2010, Wakefield Council took a different approach based on the recognition that communities should not simply be seen as bundles of needs and liabilities, but also as possessing assets that can help to overcome local problems. It piloted a 'strategic assets assessment', as a first step towards connecting assets more clearly to public services and local needs. This became a resource for commissioners, helping to support community development and capacity building. A report on the pilot argued that the exercise provided a new and deeper understanding of both needs and assets, which had the potential to develop a different commissioning framework, to promote

co-production and to build and strengthen community assets.[63] The JSNA and the asset assessment should not be seen as separate, but as complementary processes that produce a richer, more intelligent, and better informed basis for addressing and preventing local problems.

Case Study 25: Social Impact Bond in Peterborough

Peterborough Prison Service was one of the first in the world to use a Social Impact Bond (SIB) to fund a service. A SIB is a form of payment by results (PBR), where funding is raised from private, non-government investors and used to pay for interventions to improve social outcomes. In Peterborough, however, the SIB was sponsored by the Ministry of Justice and the Big Lottery Fund to prove the concept. The pilot was co-ordinated by Social Finance – a not-for-profit financial intermediary – and as part of the SIB the government agreed to pay back a proportion of savings to investors.

The investment was used to fund an intervention called One Service – a voluntary scheme offering 'through the gate' support to reduce reoffending. The scheme itself was relatively successful and led to a marked reduction in reoffending rates. However, it remains doubtful whether this financing model offers real value for money, or how far it could be for prevention. Setting up a SIB is a complex process, requiring extensive expertise in identifying target populations and measures, as well as a third party to oversee the contract. This generates transaction costs that could be avoided through traditional financing. Also, the whole point of PBR mechanisms is that they transfer risk out of the public sector, but there is still significant risk involved in project failure. Finally, SIBs have little to offer in terms of upstream prevention because they require a clear target population – a 'problem' or a 'risk' must be clearly identifiable and measurable. All in all, SIBs remain a model with some potential for experimentation in midstream and downstream prevention, and may best be limited to transitional projects to broaden knowledge of what works.

Case Study 26: Commissioning of youth services in Surrey

From 2009 to 2012 Surrey County Council embarked on an ambitious programme to radically improve outcomes for young people, despite a 25% budget cut, by fundamentally redesigning the commissioning and delivery of young people's services. It did this by commissioning for outcomes and co-production, working with young people and their families.[64] The outcomes frameworks developed had a strong focus on prevention, co-production, and the integration of services, and won an award for 'Best Public Procurement' in 2012 from the Chartered Institute of Purchasing and Supply. The reforms delivered outstanding results. An independent academic evaluation identified a number of positive impacts, including a 60% reduction in the NEET (not in education, employment or training) population.[65] This serves as an example of what can be achieved despite austerity and cuts, through a creative, long-term, co-produced approach to service design and delivery.

Case Study 27: Pooled budgets and fuel poverty in Oldham

Warm Homes Oldham is an initiative funded through a pooled budget between the local Clinical Commissioning Group (CCG), Public Health, and local housing associations to tackle the problem of fuel poverty through measures such as increasing energy efficiency and providing advice about fuel providers and debt. The partners have agreed that the savings generated will be reinvested to expand the scheme, resulting in more than £1.1 million being invested locally to solve fuel poverty within the first six months.[66] Apart from the initial £200,000 investment made by the partner agencies, most subsequent finance has been generated through ECO grants – money that is provided through a statutory duty for utility companies to provide energy efficiency reforms for those living in eligible areas, or residents on eligible benefits. By tackling fuel poverty in this way, substantial savings are expected to be made in other areas such as health and social care services. As the main beneficiary of savings, the CCG pays a greater proportion than other partners for every person bought out of fuel poverty. The scheme is a good example of how collaboration and budget pooling can serve to encourage more holistic approaches that are more effective in delivering broad outcomes, such as increased health and wellbeing, which cut across service silos.

Case Study 28: Happy City Bristol

Happy City (HC) is an international initiative that plans to promote happiness and wellbeing. It works across all levels – from small community groups, to national strategists. The organisation campaigns to promote wellbeing, delivers training, and works to develop better measures of success. In the UK, Happy City is currently most active in Bristol, where the initiative originated, and which is regarded as a pilot. It is working to develop a survey instrument that can be used to measure the impact of policy and practice on the wellbeing of residents.[67]

Case Study 29: Participatory budgeting in the UK

Participatory budgeting (PB) engages citizens in democratic deliberation and decision-making about how public money should be spent. Following the impressive successes of the first PB in Porto Alegre (Brazil), the PB process has spread to more than 1,500 localities around the world – including many places in the UK. The implementation of PB in the UK has been piecemeal, however. Many processes have been quite tokenistic – handling tiny budgets relating to policy agendas that are limited to marginal issues. There are, however, examples of good practice that reveal the potential of PB. Since Udecide was set up in 2006, residents in Newcastle have been able to participate in decisions on the allocation of £3.8 million worth of investment in a wide variety of projects, often affecting the most disadvantaged.[68] Residents in East Devon have benefitted from participating in allocating Section 106 funds, totalling £200,000 by 2013.[69] At its best, participatory budgeting can advance prevention because it develops social and human capital and builds resourcefulness for people and communities to act on their

own behalf. Because PB draws on the knowledge of local residents, it becomes possible to identify problems at an early stage and direct investment to them before they require acute action.

Case Study 30: Early Action Funder's Alliance
Prompted by the Early Action Task Force, the Early Action Funders Alliance has brought together a group of major donors to generate funding streams for preventative initiatives. A key aim of the Alliance is to provide proof of concept for the prevention agenda, advocate for greater prevention, and ultimately influence other grant givers and the public sector. The Alliance aims to steadily increase its membership and funds committed to early action. One outcome has been the Early Action Neighbourhood Fund, which is composed of £5.3 million provided by the Big Lottery, Comic Relief, and the Esmée Fairbairn Foundation. The Fund aims to provide resources to initiatives that can change local systems and structures, affect the future commissioning of services, and demonstrate the wider case for early action. Three projects have been funded so far – in Coventry, Norwich and Hartlepool – two of which are aimed at children and young people and the other at providing legal help and training for disadvantaged members of the community. All involve partnership between the public and voluntary sectors.

Appendix: Working methods

Structure of the Commission

The Early Action Commission was set up and funded by the Health and Wellbeing Boards of Southwark and Lambeth. It has been supported by the New Economics Foundation (NEF), which provided the secretariat and conducted the research and engagement, as well as by an Implementation Advisory Group composed of local professionals with relevant expertise.

Members of the Commission

Chair
Rt Hon Dame Margaret Hodge MP, Chair of the Public Accounts Committee of the House of Commons from 2010 to 2015

Commissioners
Helen Charlesworth-May, Strategic Director for Children, Adults and Health

Dr David Colin Thomé OBE, Honorary Visiting Professor, Manchester Business School, Manchester University

Dr Sue Goss, Principal in Systems Leadership, Office for Public Management

Dr Jonty Heaversedge, Chair of the Southwark Clinical Commissioning Group

Carey Oppenheim, Chief Executive, Early Intervention Foundation

David Robinson OBE, Chair of the Early Action Task Force and Senior Advisor to Community Links

Ex officio
Gordon McCulloch, Chief Executive, Community Action Southwark

Valerie Dinsmore, Integrated Lead for Customer Engagement and Health and Wellbeing Board, Lambeth Borough Council

Implementation Advisory Group

The Implementation Advisory Group (IAG) served as a sounding board for the Commission by scrutinising emerging recommendations. The group consisted of 24 members, including senior public sector officers and leaders of civil society organisations across Lambeth and Southwark. Organisations represented on the IAG include Southwark and Lambeth Public Health, Lambeth Clinical Commissioning Group, Southwark and Lambeth Borough Councils, Age UK, Healthwatch, Blackfriars Advice Centre, the Metropolitan Police, InSpire, and Refuge.

Research and engagement

This section explains the Commission's methods of research and engagement as well as our approach to developing recommendations. It is based on the following work-streams:

- Consultation of official local statistics

- Engagement with professional stakeholders across Lambeth and Southwark

- Engagement with residents and local community activists

- Review of initiatives illustrating early action

- Review of council strategies, initiatives, services, and activities across both Boroughs

- Iterative consultation with the Commission, and the IAG.

Identifying persistent problems: analysis of official statistics

Research initially focused on gathering statistical data, mainly from Joint Strategic Needs Assessment (JSNA) data, to identify pertinent local problems and their proximate causes. This was a useful starting point to identify policy areas that require urgent action, and where a more preventive approach could lead to the most notable benefits. These were:

- Social isolation
  (especially high levels of admissions to institutionalised care)

- Long-term unemployment, and employment security

- Child obesity

- Violent crime

JSNA data were further consulted to gather insights as to the possible causes of these problems. Through the analysis of official statistics, patterns and correlations were identified that offered opportunities to make plausible claims regarding the immediate causes of these issues, especially in terms of conditions leading to system entry such as incontinence or dementia in the case of care services. However, this information is limited for two reasons. First, identifying the immediate causes of problems does not explain why such problems are not prevented more effectively. For example, the data showed a clear association between social isolation, incontinence, and dementia. This suggested a plausible hypothesis regarding cause and effect, but offered a poor basis upon which to develop insights as to how to prevent isolation. This is because isolation is a social phenomenon that is not reducible to clinical causes – and its drivers can be expected to vary across different contexts. Second, official statistics are gathered when people enter systems because they have already developed problems. They therefore provide a narrow view of local issues that leads to downstream or, at best, midstream interventions.

To develop a more complete preventative strategy, analysis of official statistics was complemented by a more qualitative approach that shed a different, more contextualised and synoptic, light upon the underlying causes of problems such as isolation.

Engagement with professional stakeholders and residents

Local knowledge was drawn from dialogue between a range of local stakeholders across both boroughs in six sessions. Two of these engaged professional stakeholders, and four engaged local residents and activists across four wards in Lambeth and Southwark.

Participants took part in facilitated deliberations that explored some over-arching questions:

• What are the upstream causes of these problems locally?

• What is being done locally to prevent these problems?

• What are the barriers and opportunities to maximise the impact of and build on this kind of local action?

It was from this engagement that we derived our approach to prevention based on

• Building resourceful communities through capacity building the empowerment of people

• Creating preventive environments by mobilising the place-shaping powers of the local public sector

• Gearing systems to early action so that they drive and sustain a long-term systemic shift in culture, policy, and practice towards early action and prevention

• Building strong collaborative partnerships amongst and between residents, local voluntary and community organisations (VCOs) and the public sector

• Finding additional resources to initiate and sustain a shift towards early action

Review of local initiatives

Finally, we carried out a review of strategies, policies, and practices (henceforth referred to as 'initiatives' for ease of reference). The goal of this part of the research was to gain an understanding of existing practice and the direction of travel in both boroughs. The overall picture we gathered was an approach to prevention which had some notable successes and promising features, but was overall piecemeal and disjointed. An important starting point in catalysing a systemic shift to early action is to map out existing practice, and to identify gaps to fill and activity to build upon.

Researchers began to populate a list of relevant initiatives in both boroughs through consultation with Early Action Commissioners, members of the IAG, policy officials across both councils, and through Internet searches. They included examples of local, national, and international practice. Initially, the selection of initiatives for review was informed by their relevance to the four policy areas identified as being particularly problematic. However, as the review progressed, more general and key strategic developments in terms of policy and practice were included. These were then assessed according to the four themes of the preventive framework.

The initiative review was not exhaustive. The initiatives were reviewed according to the following criteria:

- At what 'level' (upstream, midstream, downstream) are the initiatives operating?

- Are resources, or 'assets', within communities being mobilised or enhanced?

- What forms of partnership are present?

- How do the initiatives influence place, if at all?

- How do the initiatives influence systems change, if at all?

Gathering case studies of good practice

Throughout our engagement with the Commissioners, the IAG, local residents, and policy experts across Lambeth and Southwark, researchers also focused on gathering information on case study examples of good practice of early action from the UK and abroad. These case studies are referred to throughout the text, in support of the recommendations we make. It should be noted that not all case studies have been fully evaluated; where they have, we consulted the research and included the results in our accounts. However, many of the cases are currently being implemented or under development and have therefore not been rigorously evaluated. These should be taken as illustrations of potential and possibility, rather than a definitive evidence base.

Consultation with the Commission and the Implementation Advisory Group

As the work-streams progressed, the research team consulted the Early Action Commissioners, members of the IAG and a broad range of UK policy literature on prevention and early action. This was an iterative process whereby Commissioners set the broad strategic direction of the project while IAG members advised on the practicalities of implementation. The resulting recommendations were developed by combining insights gained from research and engagement with responses from the IAG and the Commissioners.

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15   Our engagement with local residents revealed a sense of residents' low connectivity with activities, groups,
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Europe –Abdallah, S., Stoll, L. & Eiffe, F. (2013). Quality of Life in Europe: Subjective Wellbeing. Retrieved
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16   An unpublished literature review by NEF has found a positive relationship between individual health and
an individual's sense of control over the developments that affect them – report available on request –
contact adrian.bua@neweconomics.org

17   Survey research by NEF demonstrates that independent businesses and local amenities are dwindling
throughout the UK, researchers argue this is due to policies favouring large enterprise – see NEF's
'Ghost Town' and 'Clone Town' reports – available at http://www.neweconomics.org/publications/entry/
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