Southwark and Lambeth Early Action Commission

Final Draft of the Commission's Report

Contents

Introduction

The Southwark and Lambeth Early Action Commission was set up to find ways of tackling early action at local level to prevent problems that reduce people's quality of life and generate needs 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's more, most people agree that it's far better to invest in early action to prevent problems, 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 2013-16*
>
> "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 2014/5to 2016/7*

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 p5.*
>
> "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." *PAC Early Action Landscape Review, Second Report p7.*

Many policies and initiatives that are already active in Southwark and Lambeth are trying to prevent problems from happening or getting worse. Examples include Current examples of early action include Southwark's promise to build 1,500 new homes by 2018,[i] and to provide free swimming and gyms for all residents,[ii] 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.[iii] Nevertheless, both boroughs know they must do more to make a real impact on residents' lives and on patterns of public spending.

The funding imperative

Public resources are extremely constrained. Unprecedented cuts in local authorities' 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 it will have to find an additional £62m savings, bringing total savings found since 2010 to £238m. 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.[1] 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 line with projected inflation (currently 2% per annum) and will have to use these resources to meet additional demand generated by a population that is expected to increase by 21% between 2011 and 2021, with the proportion over 60 rising by more than 17% during that period.[2] 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.[3]

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

---

[1] http://moderngov.southwark.gov.uk/documents/s56454/Report%20and%20appendices%202016-17%20PR%20Scene%20setting.pdf
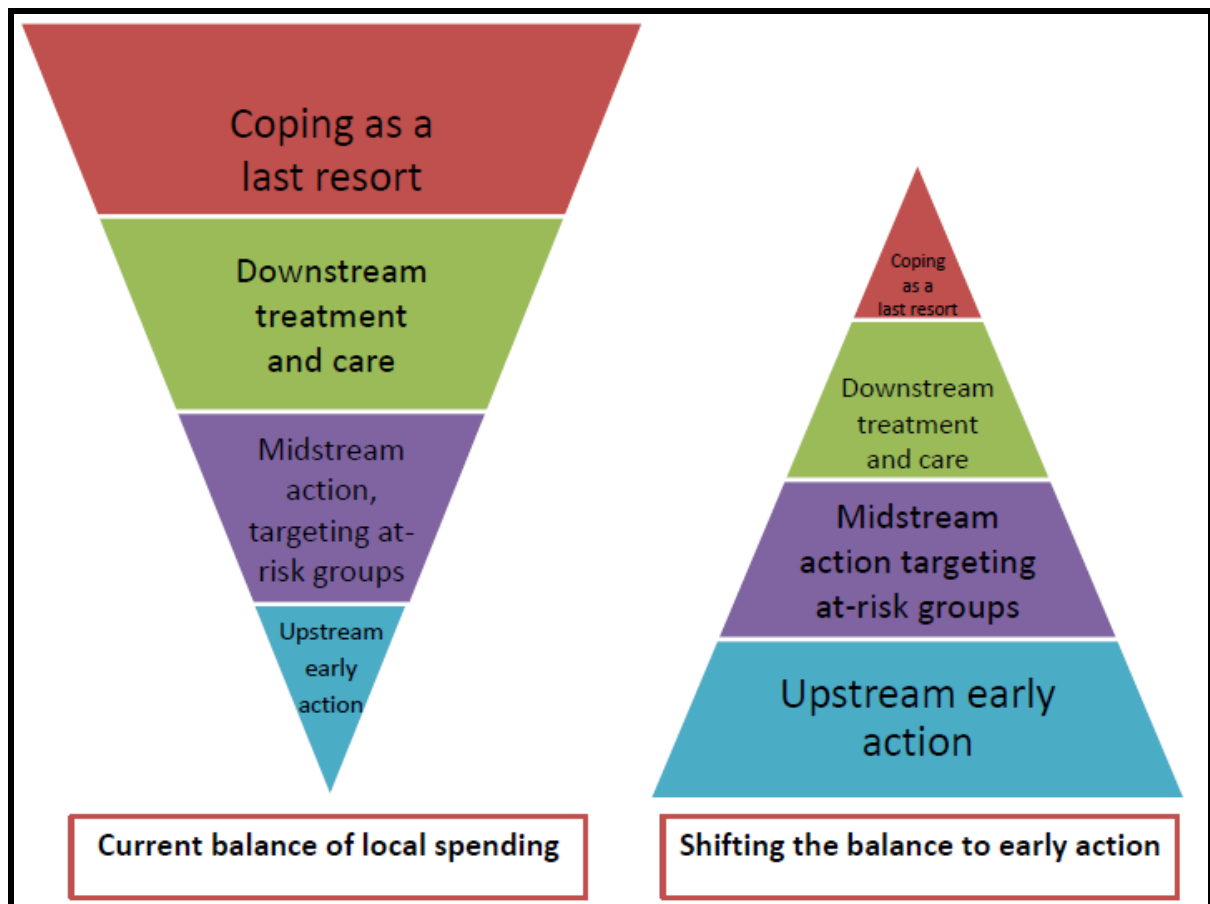[2] Southwark Demography Factsheet, May 2014
[3] See, for example, Southwark's Primary and Community Care Strategy

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.

The vision: shifting the balance of needs and public spending

The diagram below, based on analysis of population needs by Southwark Clinical Commissioning Group,[iv] shows in simple terms what has to change: 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 "mid-stream" action, targeting at-risk groups, to prevent problems from getting worse.[4] Realising the vision would transform the quality of life for people in Southwark and Lambeth by reducing needs 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 good 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.

---

[4] The diagram on page 7 below sets out these distinctions in terms of 'enabling services' (i.e. upstream) and 'prompt interventions' (i.e. midstream), downstream approaches are described as 'acute services' and 'containment'.

Current balance of local spending

Shifting the balance to early action

Coping as a last resort

Downstream treatment and care

Midstream action, targeting at-risk groups

Upstream early action

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 in the way of taking early action at local level, and find ways of overcoming those barriers.

We explain below how we have gone about our work. In the follow 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.

How the Commission has carried out its work

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

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.

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.[v] This is always costly and very often avoidable. It accentuates the negative, not the positive, and it is not the best way to improve 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, reducing demand for costly services and creating the conditions for a prosperous economy.[vi] 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, mid-stream 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 the diagram below, the Early Action Task Force sets out differences between early and late action.[vii] 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 'mid-stream' action) can stop people already considered 'at risk' from developing a more serious problem. Early action (longer-term '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 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.
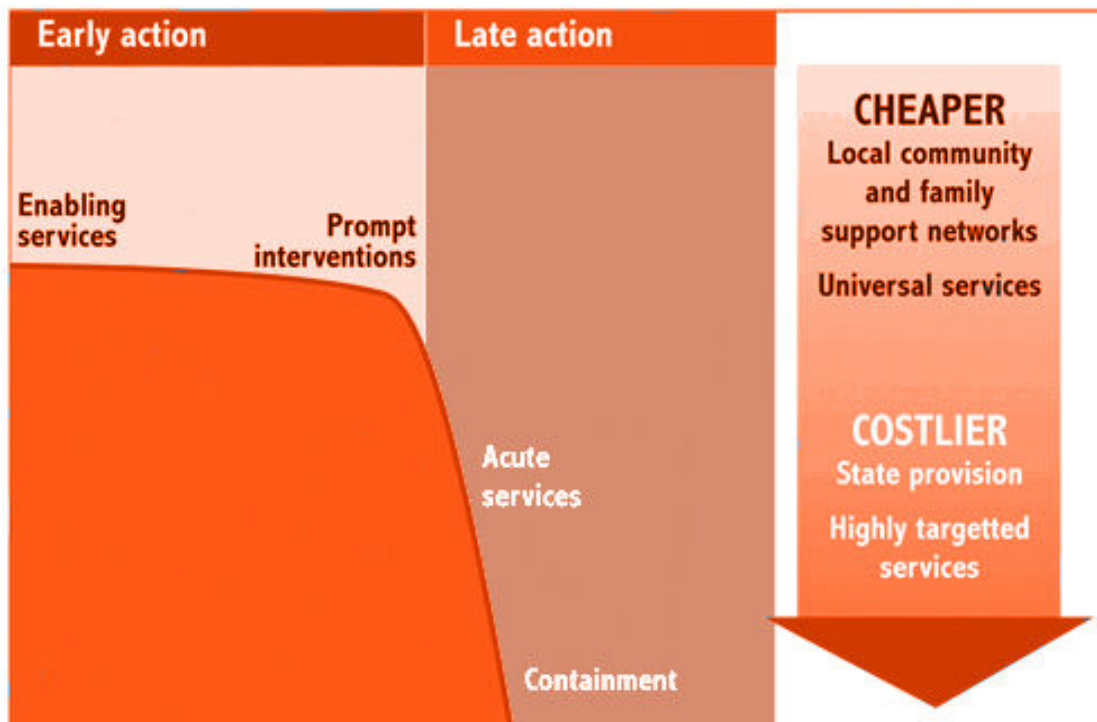
Focusing solely on downstream and mid-stream measures can be costly and ineffective because if nothing is done to tackle the upstream causes of a problem those causes will very likely make that problem happen again. The aim must be to take all possible early action to tackle the upstream causes and at 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 the table below shows, the further upstream you look, the more convergence there is between measures needed to tackle the underlying causes of problems.

				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 a more serious problem	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, 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 NEETs and others with few or no qualifications	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: non-violence and anger-management as part of school curriculum for all children and parents	

Some measures identified in the table appear to be 'issue-specific', such as nutritious free school meals for all as a way of preventing 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.[viii]

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 problem 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.
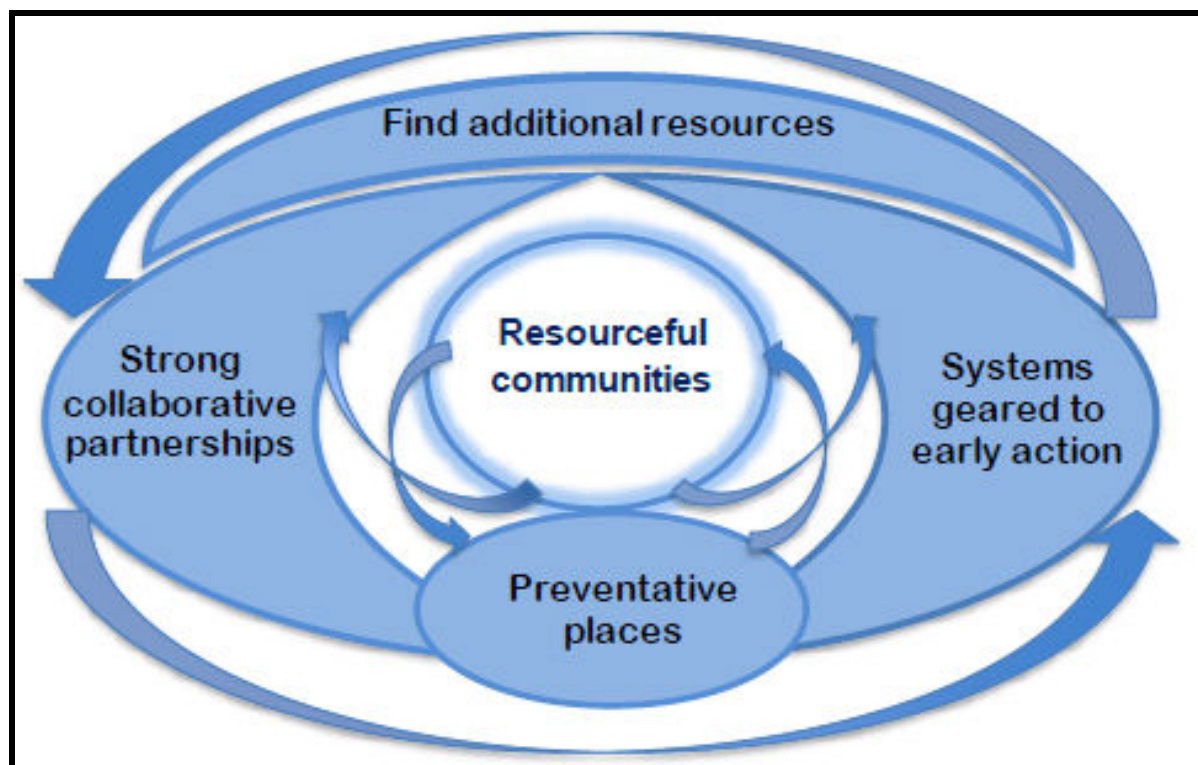
Goals for early action

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. 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 the diagram below indicates. Partnerships and systems can strengthen each other, as well as helping to 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. Finding additional resources is a vital first step; achieving the goals will help to release additional resources to sustain the process over time.

A dynamic model of early action

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.

We briefly explain below 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.[ix] 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*; they also need 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's going on, connect with others, work in partnerships, and participate in local activities.[x] '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.[xi] 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.[xii] 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.[xiii]

Create strong, collaborative partnerships

This refers 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.[xiv] 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 Change 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. 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's 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.[xv]

Find additional resources for early action

As we have noted, spending cuts act as a barrier 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 uncommodified human and social assets in the community.

Recommendations for change

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

The diagram below suggests a sequence in which each stage facilitates the next. However, our recommendations cannot be followed strict in 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.

Theory of change: achieving early action in Southwark and Lambeth

Prepare the ground → **Find resources** → **Change systems** → **Change practice** → **Outcomes**

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 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

18

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 toward 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. The Public Health department, 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

- ### *Map assets across both boroughs.*
  Mapping assets involves identifying unpriced and unpaid-for human and social resources, which are abundant in every locality (see box below[16]), so that they can play their part in meeting needs and improving residents' quality of life.

Assets in the community
These are physical, human and social resources that are embedded in the everyday lives of every individual (for example, public amenities such as schools and parks, as well as the wisdom, experience, knowledge and skills of individuals) and in the relationships among them (for example, 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.

Recognising and valuing people as assets, not just treating them problems, has a preventative effect by drawing on their knowledge about what's 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 are their needs and problems. 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 upon 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. We recommend supporting this kind of mapping across both boroughs.

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

> **Example: 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)*

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 uncommodified 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. 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

> **Example: Co-ordinating funds for early action**
> In 2011, prompted by the Early Action Task Force, 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 Esmée Fairbairn Foundation announced up to £5.3m 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)*

- *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's 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. It could do this by, for example, supporting staff training and spending classification exercises (see below), and 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 (see box below). 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

> **Example: 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)*

- *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 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 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.

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 into community-based assets.***

  There are significant opportunities to respond to budgetary constraints by unlocking human and social assets in the community (see asset mapping above), 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.

  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

Example: tapping into community resources
Surrey County Council decided in 2010 to change the way youth services were delivered. They redesigned their approach to young people's services, by commissioning for outcomes and co-production, working with young people and their families.[1] This was found to have delivered 'outstanding' results.[1] 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. x)

- ***Strategic use of Social Impact Bonds***.

  These can generate funding for early action in the right circumstances. Social Impact Bonds (SIBs) involve raising investment from the private sector to finance

service provision (usually by the VCS). The investor receives returns and payment upon the condition of 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: occasional

Example: 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.
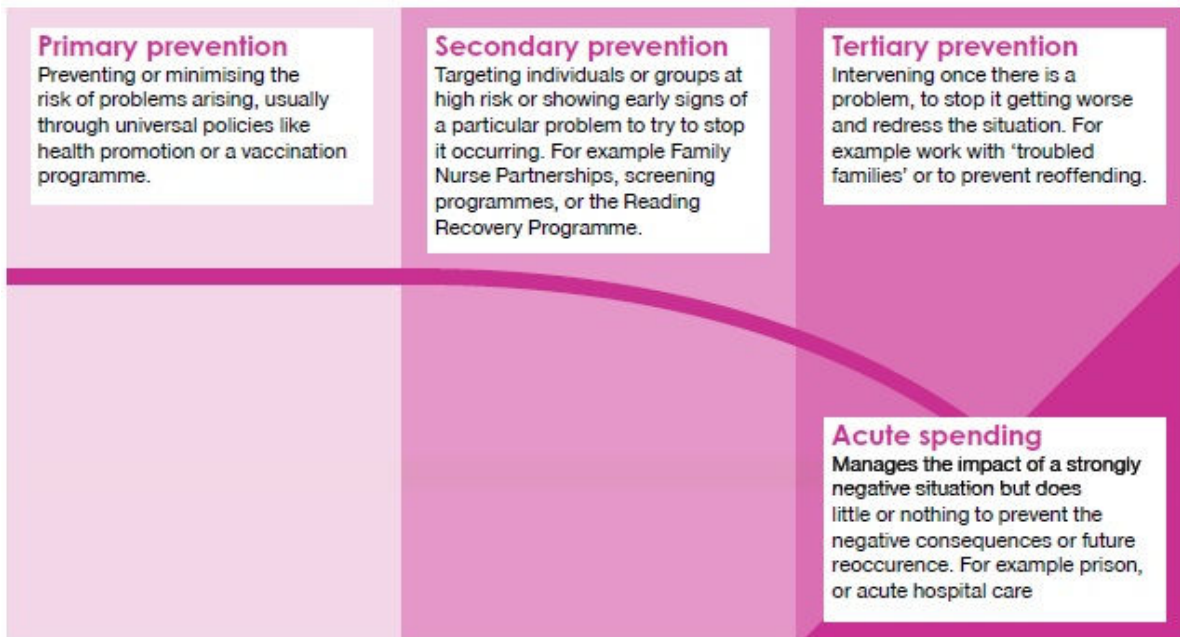*(Case Study 25)*

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, Clinical Commissioning Groups 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 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 shifting a proportion of spending each year to early action (see
  below).[17] The distinctions between spending on early and late action are 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 Early Action Task
  Force 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.[18] It sets out four
  approximate categories of spending, as illustrated below, 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".[19] Once completed, it can help to inform commissioning,
  grant allocation and other budgetary decisions, including the budget challenge
  process. As the EATF argue, "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." [20]

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 occurring. 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

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 setting out specific milestones. Inertia is the biggest barrier to preventing harm. Local systems too easily default to downstream coping.[21] 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 Early Action Task Force 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.[22]

  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 mid-stream action from downstream coping (described above), 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 (see below) and quarterly reporting to the HWB, with an annual stock-taking where the HWB reports back to a reconvened meeting of 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 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 pxx). This helps to focus commissioning on assets rather than needs, and on how to prevent problems rather than how to fix them. [23] 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.[24]

The commissioning process can be adapted to encourage collaboration, for example through alliance contracting, [25] 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

> **Example: fostering collaboration through commissioning.**
> The Lambeth Living Well Partnership is made up of people who use services, carers, commissioners across NHS Lambeth Clinical Commissioning Group 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-produced 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: 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. x)*

- *Develop a shared evaluation framework.*

  This is for use by VCS grant-holders and contractors, as well as public sector bodies. It would establish a theory 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 (five to ten years) as well as over one to three years. It would provide a shared set of criteria for monitoring early action across the two boroughs. The LEAP initiative (see example above) 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 by small organisations as well as by 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 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.[26] 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.[27] Similar projects are underway in Mannheim in Germany and Santa Monica in the US.

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 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 is 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

Stage 4: Change practice

With Change 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's going on that could help to improve their lives.[28] They want better ways of finding out what's 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-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 (see boxes below).

  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

Example: 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 voluntary and community sector. 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: 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)*

- ***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 recommendations above). 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. 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: integrated working
The Southwark and Lambeth Integrated Care Programme (SLIC) 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 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: 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's 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. [29]

Place-shaping means "using powers and influence creatively to promote the well-being of a community and its citizens". It is 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 (x ref), 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 – as the examples below illustrate.

Goals: Preventive places; Resourceful communities

Action by: Local authorities, VCS

Timing: Current and continuing

Example: 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)

> **Example: 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)*

- ***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.[30] 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.[31]

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".[32] 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

<div style="border:1px solid black; background-color:#f5c99a; padding:10px;">

Example: 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)

</div>

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, see below) 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, see above) 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. [i] For example, 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 builds 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)
- 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

- ***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,[33] the PB process has been adopted in more than 1,500 localities around the world.[34] 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. [35]

  Goals: Strong, collaborative partnerships, Preventive places, Resourceful communities

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

  Timing: Year One and continuing

> **Example: 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: 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 (see recommendation 5). To date, more than £1,000,000 of public funds have 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)*

- *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 (see box for details).[36] Co-production values people and enables people 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.[37]

> **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 them to use at an individual and community level.
> 2. Reciprocity and mutuality: offering people a range of incentives to engage which enable us 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 (see p x) 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: Time-banking**
> Paxton Green, a large GP practice in Southwark, 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: 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 wasn't 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 px)*

- *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 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 recommendations set out above 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 (see p x) 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.

> **Example: 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)*

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

The table overleaf summarises our recommendations and indicates in each case how – approximately - they can help achieve one or more of our four 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 dedicated Change Fund	●			
Maximise community returns from regeneration	●		●	●
Pool budgets between orgs and departments	●	●		
Tap into community assets	●	●	●	●
Strategic use of social impact bonds		●		
Stage 3: change systems				
Classify spending to distinguish early action	●			
Establish long term plan with specific milestones	●			
Commit to 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	●	●		●
Stronger partnerships, more integrated working		●		
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 principles of co-production	●		●	●
Strengthen focus and funding of the VCS		●		●

In 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's all about changing systems, not just adopting one-off initiatives.

Building on the work of the Early Action Task Force, we have tried to 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.

---

[i] see Southwark Council Press Release, "11,000 New Homes", available at http://www.southwark.gov.uk/info/200537/11000_new_council_homes
[ii] See Southwark Council Press Release, "Free Sim and Gym" http://www.southwark.gov.uk/info/200087/sports_and_leisure/3689/free_swim_and_gym
[iii] See Lambeth Council Community Plan 2013-16, available at http://www.lambeth.gov.uk/sites/default/files/ec-lambeth-councils-community-plan-2013-16.pdf
[iv] See Smith, D. (2015) 'Engagement in Developing Local Care Networks', available at http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/governing-body-sub-committees/Engagement%20and%20Patient%20Experience%20Committee%20Meetin/ENC%20Bi%20-%20Engagement%20in%20Developing%20Local%20Care%20Networks.pdf
[v] Coote, A. (2012) The Wisdom of Prevention: http://www.neweconomics.org/publications/entry/the-wisdom-of-prevention
[vi] See EATF (2011) The Triple Dividend, available at http://www.community-links.org/earlyaction/the-triple-dividend/
[vii] See EATF (2012). The Deciding Time, available at http://www.community-links.org/earlyaction/the-deciding-time/
[viii] Marmot, M. (2010). Fair Society, Healthy Lives, available at http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[ix] See. e.g. MacKinnon, D. and Dreickson, K.D. (2013) "From Resilience to Resourcefulness: A Critique of Resilience Policy and Activism", *Progress in Human Geography,* Vol. 37, (2), pp. 253-270.
[x] Our engagement with local residents revealed a sense of resident's low connectivity with activities, groups and people in their local area. Using data from the European Quality of Life Survey Wellbeing

researchers measured the similar concept of 'neighbourhood belonging' and found that the UK scores lowest in Europe – see Abdallah, S. Stoll, L. and Eiffe, F. (2013), Quality of life in Europe: Subjective Wellbeing", available at https://www.eurofound.europa.eu/publications/report/2013/quality-of-life-social-policies/quality-of-life-in-europe-subjective-well-being

[xi] An unpublished literature review by NEF commissioned by the People's Health Trust 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.

[xii] 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/reimagining-the-high-street

[xiii] For an account of the 'place shaping' potential of local government see the Lyons Inquiry into Local Government - Lyons, M. (2007) "Place-shaping: a Shared Ambition for the Future of Local Government", available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/229035/9780119898552.pdf

[xiv] The case for a move towards more collaborative forms of public administration at local level is a strong theme in contemporary political science research both in the UK and internationally, see, for example, Ansell, C. and Gash, A. (2007). "Collaborative Governance in Theory and Practice", *Journal of Public Administration Research and Theory,* Vol. 18, (4), pp. 543-571.

[xv] For an account of the opportunities, and challenges, involved in generating social and political change through institutional reform see John, P. (2012). *Making Policy Work.* London: Routledge

[16] Coote, A. (2010) *The Great Transition: Social Justice and the Core Economy*, p.3. retrieved from http://b.3cdn.net/nefoundation/82c90c4bb4d6147dc3_1fm6bxppl.pdf

[17] EATF (2012). The Deciding Time, p 16, available at http://www.community-links.org/uploads/documents/Deciding_Timefinal.pdf

[18] See 'How to Classify early Action Spend: A Report by the Early Action Task Force', Community Links, http://www.community-links.org/downloads/ClassifyingEA.pdf

[19] Ibid. p 3

[20] "The Early Action Task Force made an initial attempt to classify Treasury spending data on an early action spectrum developed by Community Links, finding that 20% was spent on early action and 40% falling under 'acute' spending. Classification problems meant that a further 40% could not clearly classified according to Community Link's criteria [see EATF (2012) The Deciding time, page 17-18. Available at http://socialwelfare.bl.uk/subject-areas/services-activity/community-development/communitylinks/1515772012_deciding_time.pdf]. It is necessary to develop a more robust approach. There is a wealth of data available on government spending to do this, appropriate classification is the remaining technical challenge.

[21] See Gough, I. (2015). "The Political Economy of Prevention". *British Journal of Political Science,* Vol 45, (2), pp. 307-327.

[22] See Early Action Task Force (2012), *The Deciding Time,* Community Links - http://www.community-links.org/uploads/documents/Deciding_Timefinal.pdf

[23] See e.g. IDEA (2010). *A Glass Half Full: How an Asset-Based Approach can Improve Community Health and Wellbeing*. London: Local Government Association.

[24] See NEF (2014). *Commissioning for outcomes and coproduction.* Available at http://b.3cdn.net/nefoundation/974bfd0fd635a9ffcd_j2m6b04bs.pdf

[25] See e.g. ACEVO (2015). *Alliance Contracting: Building New Collaborations to Deliver Better Healthcare.* Available at https://www.acevo.org.uk/sites/default/files/ACEVO%20alliance%20contracting%20report%202015%20web.pdf

[26] See 'The Role of Local Government in Promoting Wellbeing', LGA, NEF and National Mental Health Development Unit - http://www.local.gov.uk/c/document_library/get_file?uuid=bcd27d1b-8feb-41e5-a1ce-48f9e70ccc3b&groupId=10180

[27] See http://www.happycityindex.org/long-survey

[28] See endnote 10 above.

[29] see the Lyons Inquiry into Local Government - Lyons, M. (2007) "Place-shaping: a Shared Ambition for the Future of Local Government", available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/229035/9780119898552.pdf

[30] See, for example, Sirianni, C. (2009). *Investing in Democracy: Engaging Citizens in Collaborative Governance.* Brookings Press

[31] Marmot, M.G. Stansfeld, S. Patel, C. North, F. Head, J. White, I. Brunner, E. Feeney, A. Davey Smith, G. (1991). Health inequalities among British civil servants: the Whitehall II Study, *the Lancet,* Vol. 337, (8754), pp. 1387-1393.

[32] http://www.theguardian.com/society/2006/feb/21/localgovernment.politics

[i] Greetham, J. (2010). *Growing Communities Inside Out: piloting an asset-based approach to JSNAs within the Wakefiled District.* Available at http://www.local.gov.uk/c/document_library/get_file?uuid=679e8e67-6d41-49a9-a8e1-452959f4f564&groupId=10180

[33] See. e.g. Smith, G. (2009). *Democratic Innovations.* Cambridge: Cambridge University Press.

[34] See Participatory Budgeting Project (2014) "Where has it Worked", available at http://www.participatorybudgeting.org/about-participatory-budgeting/where-has-it-worked/

[35] See Participatory Budgeting Network - http://pbnetwork.org.uk/

[36] See the Co-production Practitioners Network Webpage, 'About Co-production', available at http://coproductionnetwork.com/page/about-coproduction#The%20Elements/Principles%20of%20co-production

[37] See, for example, NA. (2012) *People powered health co-production catalogue*, NESTA, Innovation Unit and NEF – available at http://www.nesta.org.uk/sites/default/files/co-production_catalogue.pdf; see also Boyle, D. and Harris, M. (2009). *The Challenge of Coproduction: how equal Partnerships between Professionals and the Public are Crucial to Improving Public Services*. NESTA, Innovation Unit, NEF, availabe at http://centerforborgerdialog.dk/sites/default/files/CFB_images/bannere/The_Challenge_of_Co-production.pdf