APPENDIX 3

Case studies

This section sets out case studies of good practice to support our recommendations for prevention and early action. They are drawn from Southwark and Lambeth individually, from projects shared by the two boroughs, and from further afield. They show that things can be done differently to help achieve early action and prevent harm. Few have been fully evaluated: we indicate where this has happened. Together, they should be seen as an illustration of what is possible, rather than as a definitive evidence base. .

Southwark Case studies

Case study 1: Community development by Pembroke House in Walworth

Pembroke House is a community centre in Walworth that has recently adopted an innovative asset based community development approach to engaging local residents. In an attempt to reach deeper into, and activate, the local community, Pembroke House complemented asset-mapping exercises by hiring a trained community organiser. Resourced by United St Saviour's Charity and a government grant, this community organiser is tasked with building 'face to face' relationships with local residents and, in turn, providing opportunities for these residents to build relationships with one another. In the first few months, the organiser held more than 300 individual conversations with local residents, exploring their needs, priorities and concerns with a view to supporting them to take action with others who have similar ideas. This produced some swift results. An individual living opposite the community centre initiated a new Co-Dependents Anonymous meeting, while residents who were concerned that there was not enough local youth provision took it upon themselves to establish a bi-weekly "community fun club" for young people and their families to eat, talk and play together. This was born out of a series of meetings of local residents. Firstly, parents and other concerned adults met to discuss options for new local youth programmes. Recognising

that there were no young people at the meeting, however, they invited their children to join the discussion. And this second meeting the families enjoyed the opportunity to be together so much that they began meeting on a regular basis. Between sessions a core group of volunteers—young and old— would meet to plan the following week's activities.

Organisers at Pembroke House see this approach to community development as a first step in strengthening the local social fabric to develop local residents' resourcefulness and ability to organise and engage in collective action. They show that asset based community development has potential to improve the lives of people, and how the public sector can play an enabling and supportive role.

Case study 2: Southwark Healthy High Streets (SHHS)

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

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

the regulatory power of local bodies (e.g. in restricting certain shops) and creativity of the community through funding local initiatives.

Lambeth Case studies

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

The Big Lottery's 'A Better Start' programme offers £215m for distribution to applicants wanting to develop innovative approaches to early action. The programme aims to improve child development in three areas - communication and language development, social and emotional development and diet, nutrition, and systems change - and to encourage partnership working to design early years interventions that deliver over a 10 year timeframe. Last year (2014), a Lambeth-based partnership, including representatives from health, local government and the voluntary sector, was awarded £36m to improve the lives of 10,000 babies projected to be born between 2015 and 2025.[1] At the heart of the bid was an asset-based approach that aimed to use existing resources and energy within local communities, as well as the experience and expertise of parents in Lambeth, to empower other families and parents to give their children a better start in life. Funded initiatives must achieve a 'systems change' in the way that local health, public services and voluntary sector work together in the long-term to improve outcomes for children across these areas. In their guidance, Big Lottery outlines examples of short term (3 years), medium term (7 years) and long term (10 years) outcomes.

The theory is that the projects undertaken as part of LEAP will offer sufficient value to release cash savings from "acute" services which can then be used to mainstream the funding for the LEAP projects. Given the financial pressures this means the total project has

[1] The partnership is ambitious in its scope, including Lambeth Council, the CCG, Kings Health, The Children's Bureau, the Police, local schools and nurseries, the Young Lambeth Co-operative and a range of community groups.

to become self-funding over ten years and also generate additional cash savings. All projects are subject to evaluation and monitoring to determine whether they deliver their projected outcomes – and are closed down if they fail to do so after a period of time. This drives systemic change and depends on two things in particular: investment of funds with which to experiment, take risks and evaluate; and a process for closing down unsuccessful projects.

Case study 4: Lambeth Living Well Partnership

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

Case study 5: Lambeth Food Partnership

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

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

Case study 6: Paxton Green Time Bank

Paxton Green is one of the largest GP practices in South East London, which has used time banking as a way to complement clinical services with peer support and skill sharing. People who live in the area, whether they are registered patients or not, can get involved in the

mutual exchange of activities that are delivered by members of the time bank. These range from simply providing transport to health and other services, to a variety of social and cultural activities – all depending on the skills and desires of members. Time banking generates connections between residents and help to enrich the social fabric of a community, so that people become less isolated and less dependent on state services. The approach is no panacea: it relies on people's participation and people can let each other down – sometimes seriously. But when successful, it can transform people's lives for the better and in doing so prevents problems from arising. There is much evidence suggesting that community based approaches such as time banking improve people's self-confidence and wellbeing – thus avoiding ill health and social harm.[2]

Case study 7: Mosaic clubhouse

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

[2] See A Guide to Community-centred Approaches to Health and Wellbeing – Public Health England https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402889/A_guide_to_community-centred_approaches_for_health_and_wellbeing__briefi___.pdf

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

Case study 8: Coproduced commissioning

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

Southwark and Lambeth Case studies

Case study 9: Southwark and Lambeth Integrated Care

The Southwark and Lambeth Integrated Care Programme (SLIC) aims to join up care services and agencies in ways that help to improve the health of people in Lambeth and Southwark. Launched in 2014, SLIC was one of the first major schemes of integrated care in the UK. The programme includes general practices, community healthcare services, mental healthcare services, local hospitals and social services, and aims to integrate and co-

ordinate the services offered by each in person-centred ways, enabling people to take a more active role in their own health. SLIC also aims to enable joint commissioning through pooling health and social care budgets, and forms an important part of Southwark and Lambeth's 'Better Care Fund' plan – the NHS's national programme to integrate health and social care. SLIC works with Lambeth's Citizens Board to mobilise a 'citizens' movement' to raise awareness about why services need to change; to get more people involved in co-designing better local services; and to play a central role in co-producing better outcomes.

Case study 10: Safe and Independent Living

In Lambeth and Southwark, Safe and Independent Living (SAIL) is a social prescribing scheme that is being delivered in partnership with Age UK, and aims to build and maintain a list of activities and services offered by the local VCS. SAIL works through a simple yes-or-no questionnaire, whicht acts as a guide for anyone working in the community to quickly identify an older person's needs. Each question is associated with a partner agency, so a 'yes' to any question operates as a flag to bring that person to the attention of that particular organisation. All partner agencies have agreed to accept all referrals through SAIL and to contact the client within two weeks of being notified. Age UK acts as the hub for the scheme across both Boroughs**,** receiving completed SAIL questionnaires, forwarding them to the appropriate partner agency within 24 hours of receipt and following up the referral with the older person to ensure their needs are met. In this way, SAIL integrates health activities and services offered by the public and voluntary sectors. It is a good example of how partnership working can contribute to early action through signposting and communication.

Case study 11: Local Care Networks

Local care networks (LCN) integrate health and wellbeing services and activities provided by the public and voluntary sectors in order to shift from a clinical to a more holistic and person-centred approach to local health. At the time of writing, LCN's are being implemented in Lambeth and Southwark. They encourage greater collaboration between GP practices and form the basis for integration between primary care and other services - particularly community nursing and social care and elderly and early years services. LCNs are an

example of ambitions for improved asset-based and partnership working in health. They also aim to embed approaches recommended in this report within their service delivery such as 'every contact counts', social prescribing, pooled budgeting across public agencies, and co-production. The networks are expected to increase personal resilience and reduce dependency on downstream services. Much energy across both boroughs is being focussed upon developing LCNs. It is too early for evidence of success they hold out real promise as a vehicle for early action.

Case study 12: Local Area Co-ordination

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

The process was pioneered in Australia, where it was focused on people with disabilities and special needs. In the UK it has been most fully developed in Middlesbrough, where it has included people with lower-level needs.[3] Because it seeks to build upon people's strengths

[3] Other areas that are using, or beginning to use LAC include Derby City, Thurrock, Isle of Wight, Swansea, Neath Port Talbot, Derbyshire, Gloucestershire, Cumbria Suffolk

and to develop community capacity, it can help to prevent people from developing more complex needs. The LAC model yielded impressive results in Australia, where it was seen to have delivered a 30% reduction in costs by keeping people from using more acute services.[4] The greater universality of coverage in Middlesbrough could multiply these savings, by picking up a wider range of people with multiple low-level challenges before they trigger demand for acute services.[5] It has been recommended that Local Area Co-ordination be rolled out throughout the UK.[6]

Case study 13: Knee High Design Challenge

The Knee High Design Challenge is a partnership between Guy's and St Thomas' charity and Lambeth and Southwark Councils. It sets out to find, fund and support people with new ideas for raising the health and wellbeing of children under five. The programme aims to address problems that public health has failed to address by reducing inequalities in children's development when they start school. It offers an opportunity for local people, whether residents, social workers, parents or others, to propose ideas and provides support to turn these into investable ventures. Children and families are involved at every stage in the development and testing of new products, services and initiatives that are beginning to be used throughout Southwark and Lambeth. Launched in 2013, the initiative received 190 initial applications, out of which 25 'design teams' were funded with £1000 pounds each to further develop their ideas. After testing ideas with families, 6 teams receive a larger grant (£41,000) to deliver the project and develop a sustainable business model. Since the autumn of 2014 six project teams have been developing projects. One example is the 'pop up parks' project, which arose from the Design Challenge. This seeks to engage local communities in the creative use open public spaces to design and install temporary park facilities where children and families can spend time playing. Although 'pop-ups' usually last for one day, the

[4] Review of the Local Area Coordination Program Western Australia (2003) http://www.disability.wa.gov.au/dscwr/_assets/main/report/documents/pdf/final_report_lac_review1_ per cent28id_369_ver_1.0.2 per cent29.pdf

[5] http://www.nesta.org.uk/sites/default/files/co-production_catalogue.pdf - p 46

[6] file:///C:/Users/adrian.bua/Downloads/97543996-Local-Area-Coordination.pdf

aim of the initiative is to transform attitudes to urban public spaces and make greater use of them.

Case studies outside Lambeth and Southwark

Case study 14: Key Ring

The KeyRing initiative is a peer support network for vulnerable adults. The UK has 105 local networks, each made up of nine members and one dedicated volunteer, all living within a 10-15 minute walk from each other. Members of the network and the volunteer navigator offer mutual support and link each other with other networks and activities.[7] The volunteer acts as the main hub for the network and follows principles of community development which seek to build and enhance the relationships and resources within a community. Peer support networks like KeyRing have existed for a while and 'soft' evidence (based on user surveys and interviews) suggests that they have a significant positive impact on people's quality of life. Research by the Department of Health also suggests that KeyRing can deliver savings for the public purse by avoiding reliance on acute services.[8]

Case study 15: Richmond users independent living scheme (RUILS)

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

[7] http://www.nesta.org.uk/sites/default/files/co-production_catalogue.pdf

[8] CSED Case study (2009), Keyring: Living Support Networks, HM Department of Health.

pool them, to increase their purchasing power. It helps them to expand and strengthen social networks by bringing people together around activities that they enjoy.

Case study 16: Social Prescribing in the UK

Social prescribing provides non-medical treatments for illnesses, based on activities and amenities that are on offer in local communities. There is increasing evidence, especially in mental health, that this approach provides an early and effective response to mental distress.[i] For this reason, social prescribing is increasingly adopted by GP practices across the UK. Recent evaluations in Rotherham suggest that social prescribing has great potential to reduce admissions to emergency services, and that social outcomes are also significantly improved.[9] In Rotherham patients are referred by their GPs to a small team of 5 people (from the voluntary sector), which works with the individual to identify their needs and then refers them to local services, including community based activities, information and advice services, befriending and community transport. The programme also gives grants to build capacity by supporting community based activity (social prescription services) amongst local CVS groups.

Case study 17: Making Every Contact Count (MECC)

MECC is a cross-agency initiative that trains staff to inform users about problems and services that fall within the remit of other agencies. Thousands of frontline staff working across all services meet residents every day, and can act as early signallers of issues that are beyond the scope of the service they provide. For example, staff talk to the people who use their services about issues such as smoking, healthy eating, parenting, debt, or employment; they then provide basic advice or refer people to appropriate agencies for support. By sharing this kind of information between public and voluntary agencies, problems can be picked up a lot earlier and action taken that can avoid needs becoming

[9] See http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-summary.pdf, and http://www.dundeepartnership.co.uk/sites/default/files/Social%20prescribing%20evaluation%20report.pdf

more complex. An evaluation is underway in Salford, where the local MECC scheme has been opened to include the local NHS and the council as well as the third sector. This approach has also been adopted in Croydon, helping community development workers to draw in and develop local assets.

Case study 18: Lancashire early action policing

Lancashire constabulary has recently formed an 'early action response' service that aims to identify 'at risk' individuals and mobilise appropriate services to pre-empt harm. The initiative consists of 'early action response teams' comprising staff with professional backgrounds in areas ranging from social work, youth work, parenting support and mental health. One integrated team has covered East Lancashire, and is being rolled out to other deprived areas including Preston and Burnley. The model targets intensive users of police and emergency services for assessment and referral to a multi-agency panel, which then develops person-centred solutions. Deputy Chief Constable Andy Rhodes has been a strong advocate of tthis approach, driving the early action agenda locally.[10]

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

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

POPPs were established in 2005. They aim to increase partnership working between local authorities, the NHS and the third sector in order to improve health and wellbeing, and to reduce levels of admissions to emergency services and institutional care. It is an example of

[10] See 'Moving Beyond Enforcement: Early Action Policing', available at http://www.community-links.org/linksuk/?tag=andy-rhodes

an early attempt at prevention through greater collaboration. Evidence from 29 pilot sites showed that for every extra £1 spent on the POPP services, there was approximately a £1.20 additional benefit in savings through reduced use of emergency beds. Overnight hospital stays were reduced by 47 per cent and use of Accident and Emergency Departments by 29 per cent. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person. Evidence also showed that when people received 'well-being or emotional' interventions, such as befriending and peer-based initiatives, fewer reported being depressed or anxious following the intervention. Looking at quality of life improvements as a result of better mental health – using evidence from some of the POPPs pilots – the monetary value would be approximately £300 per person per year.[11]

Case study 20: Fast Food Fix, Waltham Forest

When local residents expressed concerns that the proliferation of hot food takeaway establishments (HFTs) in the borough presented a danger to child health, Waltham Forest used its place shaping powers to take preventative action. It established a corporate steering group to ensure that existing HFT businesses operated as responsibly as possible and develop strategies to tackle the wider social, environmental and economic issues associated with HFTs. Supplementary planning documents (SPDs) were developed that restricted the opening of new HFT stores in areas frequented by children, such as schools, youth facilities and parks. The initiative was based on research by the London Metropolitan University which revealed the negative impact these establishments had on children's health. Since March 2009 no new planning applications for hot food takeaways have been permitted by Waltham Forest. By March 2010, the council had refused five new applications, including

[11] See National Evaluation: Partnerships for Older People's Projects (2009): http://www.pssru.ac.uk/pdf/rs053.pdf, see also NDTi (2014) the Economic Value of Older People's Community Based Preventative Services - http://www.ndti.org.uk/uploads/files/The_economic_value_of_older_peoples_community_based_preventative_services_final.pdf

one that went to a planning appeal and was upheld. The council has also increased enforcement of environmental health and waste regulations relating to hot food takeaways. [12]

Case study 21: Community Wealth building in Preston

Preston City Council, working closely with the Centre for Local Economic Strategies (CLES), is spearheading a new approach to community wealth through fostering a diversity of local enterprise and ownership. They are drawing inspiration from the Evergreen Cooperative initiative in Cleveland Ohio, which successfully catalysed a network of green new businesses that are owned by their employees. The Council has worked with a group of anchor institutions (big public sector organisations such as the NHS and Universities) in Preston to develop a shared commitment to supporting local businesses when they purchase resources and services. Along with Preston City Council this group spent an estimated £750 million on goods and services in 2012-13. They are working to support the establishment of local co-operatives to fill the remaining gaps in supply for the biggest contracts. A local 'Guild Co-operative Network' has been established to bring together members of existing and prospective co-operatives to provide mutual support and advice. Currently development of new co-ops focuses on particular 'gap' sectors in the local economy as identified by anchor institutions: these include catering, building, cleaning and maintenance. This is a positive example of local public bodies partnering up to develop a strategic approach to building a more healthy and sustainable economy locally. The establishment of worker co-operatives can bring experience of control to individuals in their workplaces, and create more opportunities for local employment and training.

Case study 22: Greater Manchester Fire and Rescue

In an innovative approach to early action taken by emergency services, Greater Manchester Fire and Rescue Service has redefined aspects of its role, adding to its acute emergency functions a strategic approach that involves working more closely with other public sector

[12] See http://www.local.gov.uk/health/-/journal_content/56/10180/3511421/ARTICLE

bodies as well as with the communities it serves. For example, the service developed a programme of community safety apprenticeships which can potentially reduce demand on emergency services, whilst offering valuable skills to young people entering the labour market. As part of its participation in a pooled budget, the service has also worked across public sector silos by sharing information relating to sixty thousand homes that are deemed most at risk of fire. These homes are often the same as those which require other public services, so sharing this information enables other public agencies to get a better grasp of need and risk and therefore act earlier. This is an example of how effective partnership and information sharing can allow governance systems to act earlier.

Case study 23: Scottish Early Action Fund

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

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

Results have been mixed. The change funds have had great symbolic importance, establishing the importance of prevention and leading to some innovative and successful

projects. The care for older people's fund has contributed to the development of joint commissioning strategies as part of the drive to integrate health and social care. Orkney stands out as a site of best practice – where coproduction with health professionals and third sector representatives was used to draft a change fund investment strategy aimed at proactive, preventive and anticipatory care provided at home.[13] However, there is little evidence that the funds have led to systemic change. Research suggests that this is down to many of the barriers that we have highlighted in this report, such as difficulties in overcoming disincentives to collaborate, working in departmental silos and failing to engage in genuine partnership with the third sector. [14]

Case study 24: Joint Strategic Asset Assessments in Wakefield

Local authorities and public health departments in the UK are required to produce a joint strategic needs assessment (JSNA) every three years. This is a detailed report of the different problems facing the local population and is intended to inform the development of strategies and priorities to meet local needs. In 2010, Wakefield Council took a different approach based on the recognition that communities should not simply be seen as bundles of needs and liabilities, but also as possessing assets that can help to overcome local problems. It piloted a 'strategic assets assessment', as a first step towards connecting assets more clearly to public services and local needs. This became a resource for commissioners, heling to support community development and capacity building. A report on the pilot argued that the exercise provided a new and deeper understanding of both needs and assets, which had the potential to develop a different commissioning framework, to promote co-production and to build and strengthen community assets.[15] The JSNA and the Asset Assessment should not be seen as separate, but as complementary processes

[13] See: http://www.orkney.gov.uk/Files/Council/Consultations/2013/Appendix_1_-_JCS.pdf
[14] Horwitz, W. (2013). The Scottish Prevention Drive: What can we learn?, Community Links – available at http://www.community-links.org/uploads/documents/Scotland_learning.pdf, accessed 09/07/2015
[15] 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

that produce a richer more intelligent and better informed basis for addressing and preventing local problems.

Case study 25: Social Impact Bond in Peterborough

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

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

Case study 26: Commissioning of Youth Services in Surrey

From 2009-2012 Surrey County Council embarked on an ambitious programme to radically improve outcomes for young people, despite a 25% budget cut, by fundamentally

redesigning the commissioning and delivery of young people's services. They did this by commissioning for outcomes and co-production, working with young people and their families.[16] The outcomes frameworks developed had a strong focus on prevention, co-production and the integration of services, and won an award for 'Best Public Procurement' in 2012 from the Chartered Institute of Purchasing and Supply. The reforms delivered outstanding results. An independent academic evaluation identified a number of positive impacts, including a 60% reduction in the NEET population (not in education, employment or training).[17] This serves as an example of what can be achieved despite austerity and cuts, through a creative, long term and co-produced approach to service design and delivery.

Case study 27: Pooled budgets and fuel poverty in Oldham

Warm Homes Oldham is an initiative funded through a pooled budget between the local Clinical Commissioning Group, Public Health and local housing associations to tackle the problem of fuel poverty through measures such as increasing energy efficiency and providing advice about fuel providers and debt. The partners have agreed that the savings generated will be reinvested to expand the scheme, resulting in more than £1.1 million being invested locally to solve fuel poverty within the first six months. [18] Apart from the initial £200,000 investment made by the partner agencies, most subsequent finance has been generated through 'ECO Grants' – money that is provided through a statutory duty for utility companies to provide energy efficiency reforms for those living in eligible areas, or residents on eligible benefits. By tackling fuel poverty in this way substantial savings are expected to be made in other areas such as health and social care services. As the main beneficiary of savings, the CCG pays a greater proportion than other partners for every person bought out

[16] See Slay, J. (2011). An Opportunity to transform Youth Services in Surrey, Blog Post - http://www.neweconomics.org/blog/entry/an-opportunity-to-transform-services-for-young-people

[17] See Bovaird, T. and Loeffler, E. (2014). *The New Model for Commissioning Services for Young People in Surrey: Evaluation of Achievements and Implications.* INLOGOV - http://www.surreycc.gov.uk/__data/assets/pdf_file/0012/865587/Surrey-Report-2014-Executive-Summary.pdf.

[18] http://www.oldham.gov.uk/press/article/637/residents_to_benefit_as_warm_homes_oldham_continues

of fuel poverty. The scheme is a good example of how collaboration and budget pooling can serve to encourage more holistic approaches that are more effective in delivering broad outcomes, such as increased health and well-being, which cut across service silos.

Case study 28: Happy City Bristol

Happy City (HC) is an international initiative that plans to promote happiness and wellbeing, It works across all levels – from small community groups, to national strategists. The organisation campaigns to promote wellbeing, delivers training and works to develop better measures of success. In the UK, Happy City is currently most active in Bristol, where the initiative originated, and which is regarded as a pilot. It working to develop a survey instrument that can be used to measure the impact of policy and practice on the wellbeing of residents.[19]

Case study 29: Participatory budgeting in the UK

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

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

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

Case Study 30: Early Action Funder's Alliance

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

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[i] See, for example, the NICE's page on social prescribing: https://www.evidence.nhs.uk/search?q=%22social+prescribing%22

[ii] See HM Homes and Communities Agency (No Date), Udecide – Newcastle City Council – available at http://udc.homesandcommunities.co.uk/u-decide-newcastle-city-council

[iii] Hall, J. (2013) Section 106 Funding in East Devon – available at http://participedia.net/en/cases/section-106-funding-east-devon