

Southwark and Lambeth Early Action Commission

Appendix: Working Methods

Structure of the Commission

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

Members of the Commission

Chair

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

Commissioners

Dr Jonty Heaversedge, Chair of the Southwark Clinical Commissioning Group

Helen Charlesworth-May, Strategic Director of Commissioning, Lambeth Borough Council

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

Dr David Colin Thome OBE, Honorary Visiting Professor, Centre for Public Policy and Health, University of Durham

Carey Oppenheim, Chief Executive, Early Intervention Foundation

Dr Sue Goss, Principal, Office for Public Management

Ex officio

Gordon McCulloch, Chief Executive, Community Action Southwark

Valerie Dinsmore, Head of Policy, Research and Customer Relations, Lambeth Borough Council

Implementation Advisory Group

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

Research and Engagement

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

- Consultation of official local statistics
- Engagement with professional stakeholders across Lambeth and Southwark
- Engagement with residents and local community activists
- Review of initiatives illustrating early action
- A review of council strategies, initiatives, services and activities across both Boroughs
- Iterative consultation with the Commission, and 'Implementation Advisory Group' (IAG).

Identifying persistent problems: analysis of official statistics

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

- Social isolation (esp. high levels of admissions to institutionalised care)
- Long term unemployment, and employment security
- Child obesity

- Violent crime

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

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

Engagement with professional stakeholders and residents

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

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

- What are the ‘upstream’ causes of these problems locally?
- What is being done locally to prevent these problems?
- What are the barriers and opportunities to maximise the impact of and build upon this kind of local action?

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

- **Building resourceful communities** through capacity building the empowerment of people
- **Creating preventive environments** by mobilising the ‘place-shaping’ powers of the local public sector
- **Gearing systems to early action** so that they drive and sustain a long term systemic shift in culture, policy and practice towards early action and prevention
- **Building strong collaborative partnerships** amongst and between residents, local VCOs and the public sector
- **Finding additional resources** to initiate and sustain a shift towards early action

Review of local initiatives

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

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

The initiative review has not been exhaustive. The initiatives were reviewed according to the following criteria

- At what ‘level’ (upstream, midstream, downstream) are the initiatives operating?
- Are resources, or ‘assets’, within communities being mobilised or enhanced?
- What forms of partnership are present?
- How do the initiatives influence place, if at all?
- How do the initiatives influence systems change?

Gathering case studies of good practice

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

Consultation with Commission and Implementation Advisory Group

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