

Item No. 21.	Classification: Open	Date: 9 February 2016	Meeting Name: Cabinet
Report title:		Response to the Lambeth and Southwark Early Action Commission	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Michael Situ, Communities and Safety	

FOREWORD - COUNCILLOR MICHAEL SITU, CABINET MEMBER FOR COMMUNITIES AND SAFETY

The *Local Early Action: how to make it happen* report provides a welcome contribution to thinking and planning on how all those involved in delivering services can make the most of current resources. It sets out a number of challenges to the council.

This report responds to these challenges in two ways. It lists a great number of initiatives in which the council is working with other public bodies and partner organisations at a local level, to find new ways of working that will prevent problems from developing and will improve health and wellbeing in Southwark. These are drawn from across a wide range of service areas and demonstrate the richness of ideas, energy and commitment that is driving a shared desire to improve public health and to reduce preventable problems.

The report also sets out a number of changes that will improve the coordination of how services are delivered at a time of diminishing resources. Planned changes to commissioning are intended to ensure that the impact of these services achieves their full potential for the benefit of our residents especially those who are most vulnerable.

Getting residents more involved with local decisions, being more accountable to local people and taking residents' views into account when making decisions: all of this will help to create a fairer borough where everyone takes part and where every resident can make the most of their potential. This report not only recognises the important recommendations from the commission but also sets out how we plan to use our collective resources to achieve its aims.

RECOMMENDATIONS

That Cabinet:

1. Notes the recommendations of the Lambeth & Southwark Early Action Commission, thanks the Commission for its work and welcomes the opportunity that the report has given us to put prevention at the heart of what we do across the council including Public Health and the NHS Clinical Commissioning Group.
2. Notes the significant investment (£25 million) that the council currently makes to the Voluntary & Community Sector (VCS) and that a substantial part of this can be categorised as preventative spend.
3. Instructs officers to work with the NHS Clinical Commissioning Group (CCG) and the VCS to co-design a new tri-partite voluntary sector strategy to be approved by cabinet in October 2016 that follows these basic principles:

- A recognition of the significant financial challenges across the partners meaning that we must reduce duplication between services, commission efficiently and reduce demand on more intensive interventions such as hospital based services and care homes. The approach is to invest in enabling people to remain healthy and independent in their own homes and communities.
 - The need to focus on outcomes for our residents and work that integrates services to improve the quality and experience for users. The need to work together across the council (including Public Health), the CCG and the VCS on services that best support our residents and communities and provide services that offer all residents support appropriate to their needs in their local area so that Southwark is a fairer place where everyone is able to fulfil their potential and access the opportunities that living in Southwark presents.
 - The need to work with the VCS to provide innovative solutions and high quality services that improve outcomes for people affected by complex social issues such as, mental health, domestic violence, and long-term health conditions. We need the sector to develop its work with particular population groups such as young people and elderly residents.
 - The need for a thriving VCS that mobilises community action and makes best use of community resources, skills, knowledge and spaces and improves residents access to opportunities, services and buildings that meet their needs and ensure no-one is left behind, maximising our collective impact.
 - The need to work strategically across the partnership and wider community to build the capacity of the partners, promote volunteering and support fundraising.
4. Notes the ongoing work on co-ordination of Commissioning both across the council and with the CCG and instructs officers to bring a report back to Cabinet for decision on the way forward in October 2016.
 5. Agrees the proposal to extend the current Community Support Services grant programme totaling £660,900, subject to agreement of the council's budget to allow it to be brought into scope of the work on joint commissioning; and instructs officers to take the necessary actions to put this in place.
 6. Notes the ongoing work in developing a Southwark Giving Scheme to maximize and co-ordinate business engagement with the VCS.
 7. Notes the work that officers are undertaking to explore innovative models of social investment such as DERIC (Developing and Empowering Resources in Communities).
 8. Notes the work that CCG officers are carrying out on a proposal to establish a VCS research challenge fund that aims to improve the way that statutory associations in Southwark engage with the VCS and improve pathways and use of VCS services in the borough.
 9. Notes the good practice examples of early action across the council, CCG and VCS that are outlined in paragraphs 61 to 91 of this report and form a sound basis for

future action that meets the early action/preventative agenda.

BACKGROUND INFORMATION

10. The Southwark & Lambeth Early Action Commission responded to a commitment in the Council Plan to establish a commission to enhance the vital work of the voluntary and community sector.
11. In July 2014 the Southwark Health and Wellbeing Board approved the creation of an independent Early Action Commission. The broad aim of the Commission was to make a series of recommendations about how organisations such as the local council, NHS, police and voluntary sector can work together to prevent problems that damage people's lives and trigger future demand for services.
12. The commission was chaired by the Rt. Hon. Margaret Hodge MP and was composed of a range of experts in early action and intervention across a range of policy areas. The commissioners were Dr. Sue Goss (Office for Public Management); Carey Oppenheim (Chief Executive, Early Intervention Foundation); Dr. Jonty Heaversedge (Chair, Southwark CCG); Prof. David Colin-Thome (Trustee, Guy's and St Thomas' Charity); Helen Charlesworth-May (Strategic Director of Commissioning, Lambeth Council); and, David Robinson (Community Links).
13. On 21 October 2015 the Health & Wellbeing Board received the final report of the Commission. The Board agreed to note the report and to prepare a response for a future meeting in 2016.
14. The report (Local early action: how to make it happen) was formally launched on 16th November 2015 at the Coin Street Conference Centre and the speaker for Southwark was Dr Jonty Heversedge who was Vice Chair of the Commission.
15. The VCS in Southwark has been advocating for a stronger role and voice in the development of policy and strategy. As well as the request for the EAC, there has been the approach made to the Overview and Scrutiny Committee to examine commissioning, and the recent tender from Community Action Southwark (CAS) which set out desired areas for improvement in how engagement between the council and the VCS takes place.
16. There also appears to be a desire for greater recognition at a strategic level of the contribution the sector makes to meeting the needs of residents in the borough.
17. This perception is also prevalent at a London wide level. A recent report "The Change Ahead, Creating a new future for civil society in London" funded by the Corporation of London's Charity, City Bridge Trust, stated that civil society is not part of a strategic plan for London. "At a local level there is a patchwork of approaches to involving and working with civil society organisations which fails to grasp the real potential of civil society to address many of London's entrenched problems and issues."
18. The report also states that "civil society is not consistent in how it "connects" with the communities it serves, which leaves it open to challenge in terms of the legitimacy of what it says and does."
19. The report also highlights the lack of a consistent up to date, single source of data on the most basic of issues: the size, nature and structure of the civil society sector

in London and how this maps against need and notes that this is an impediment to strategic planning.

20. In Southwark, the council has a very strong and visible commitment to the VCS. The level and structure of engagement is well established and the confidence with which demands are articulated indicates that there is a strong relationship. The level of financial investment in the infrastructure organisation demonstrates the council's recognition of the key role that a strong leadership body can make to the economic wellbeing of Southwark by fostering a vibrant VCS.

KEY ISSUES FOR CONSIDERATION

21. The Commission identified four goals for early action in Southwark and Lambeth. These were designed to reverse the balance of spending and to address problems as far upstream as possible. They focused on what can be done locally in the context of extreme budgetary constraints. They interact with dynamic effect and are intended to be mutually reinforcing and sustainable over time.
 - **Resourceful communities** where residents and groups are agents of change, ready to shape the course of their own lives. To achieve this people need actual resources (but in the broadest sense), connections and control.
 - **Preventative places** where material conditions have a positive impact how people feel and enable them to lead fulfilling lives and to help themselves and each other.
 - **Strong, collaborative partnerships** where organisations work together and share knowledge and power, fostering respectful, high-trust relationships based on a shared purpose.
 - **Systems geared to early action**, where the culture, values, priorities and practices of local institutions support early action as the new 'normal' way of working.
22. The Commission noted that effective early action depends on changing whole systems, not just launching new initiatives. The Commission pointed out that these recommendations build on good practice already underway in Southwark, Lambeth and elsewhere. To make a real difference, they must be placed at the heart of policy and practice in both boroughs and pursued forcefully and consistently over time. Taken together, they contribute to the four goals as stated above: resourceful communities, preventative places, strong, collaborative partnerships and systems geared to early action. Action to change systems should not wait until resources are found, nor should changes in practice wait for systems to be geared to early action.
23. The Commission's Summary and key recommendations are set out in Appendix 1.
24. The report concluded that the local VCS should be encouraged and supported to strengthen its focus on upstream measures, and to adopt an inclusive and participative approach to their activities. Funding should be better co-ordinated and directed at early action.
25. The council has a significant commitment to a partnership approach with the VCS and to maximising the use of all community resources to improve the borough.

Having said this, the context in which the council works has shifted radically not least because of the current resource constraints imposed by reductions in central government funding. These changes have necessitated a transformation in the way that the council and its statutory partners are able to go about their business but also demand a new relationship with our residents, and with the VCS.

26. A harsher financial climate has meant the council and other partners being forced to reduce spending dramatically. Within this context we need to continue to meet our statutory obligations, protect essential frontline services and respond to the changing and in some areas increasing needs of residents. This makes the voluntary sector an even more significant partner in making a real difference in areas that are most important for local people. Budget reductions on the level we have seen inevitably mean reductions in grants and procurement opportunities.
27. The VCS continues to have an essential role to play in Southwark and VCS organisations are a key partner in working with the council to ensure that our most vulnerable residents and communities are protected. In facing the challenges of the financial climate, the council, the CCG and the VCS will continue to have to change and modernise the way we work becoming more efficient, reducing costs and diversifying our income sources.
28. Despite the resource constraints the council investment in the VCS is £25million in the current financial year. Further funding in the form of personal budgets is also channelled to the VCS to meet the needs of residents eligible for care.
29. A significant part of these resources (£4m) is in the form of grant funding. The grant funding is for services which are more flexible in responding to community needs and are less tightly defined.
30. These services, broadly speaking, fall within a social action/preventative definition in that they seek to enable service providers within the VCS to respond to the needs of communities.
31. The council also supports the VCS in a range of other ways including the use of mandatory and discretionary rate relief, use of council premises and partnership working with local organisations to develop and deliver new services.
32. Establishing evaluation frameworks that could track the impact of preventative spending over time might help build a stronger evidence base but would reinforce a top-down approach to service provision and meeting community needs. It would mean that resources are spent on monitoring and evaluation rather than on enabling resident empowerment and independence.
33. A more productive use of resources would see the council and the VCS focus on projects that enable and empower residents who are economically disadvantaged or reliant on council and VCS services to track and monitor their own well-being, particularly for health. The Healthy High Streets initiative is one such project that supports this approach.
34. It is recognised that of the £25 million, £6m is for Anchor Trust for older people residential care and £11 million for Supporting People services. Given that these services are for specific identified needs the remaining pot shared amongst the VCS is £8m.

35. Many of the commissioned services even in the form of contracts are not meeting a statutory requirement – some exceptions include Healthwatch and advocacy services relating to mental health issues. Each council department currently commissions services that support a thriving VCS in Southwark but as the resources are diminishing then there is a strategic challenge for the sector to respond to.
36. It is welcome that the EAC report highlights many examples of good practice across Southwark and Lambeth. The report however gives less attention to ways in which the VCS itself can address the current challenges and what the sector itself needs to make this a reality. One of the recommendations is for a dedicated Change Fund to support systems change. The council has already fulfilled this recommendation by funding 5 rounds of a VCS Transition Fund for the sector to change and modernise. The challenge for the sector is to continue to modernise, reduce duplication and ensure that organisations are evolving to meet the changing needs of communities and the changing face of the borough. Southwark has gone from being the 17th most deprived borough in England in 2001, to the 26th most deprived in 2007, to the 41st most deprived in 2015. To what extent has the VCS considered what this means and what new fresh challenges this poses?
37. There are many examples of successful partnerships and pooling of resources both across the council and with our partners, including neighbouring boroughs. This includes the work across Lambeth, Lewisham and Southwark councils on the Better Placed project which helps people who are struggling to find employment get into sustainable jobs.
38. The south London community budget is one of several projects around the country being supported by the Public Sector Transformation Network, a government programme which encourages organisations to work together to deliver place-based services. Ultimately the projects should reduce the cost of services to the public purse by spending money more effectively; in this case, getting people into sustained employment will reduce the need for benefits, as well as helping the individual and their family.
39. A number of key headline changes are already underway or in development that address key recommendations. These are set out in paragraphs 40 to 63.
40. The prime development is that council officers, CCG officers and representatives of the VCS locally have expressed a strong interest in developing more joined up services and better integration of VCS activities with statutory provision to improve the quality of life of local communities. This provides an opportunity to work together on a new joint voluntary sector strategy that sets out the vision and direction of travel for the partnership going forward. The key principles on which to build this strategy could be:
 - A recognition of the significant financial challenges across the partners meaning that we must reduce duplication between services, commission efficiently and reduce demand on more intensive interventions such as hospital based services and care homes. The approach is to invest in enabling people to remain healthy and independent in their own homes and communities.
 - The need to focus on outcomes for our residents and work that integrates services to improve the quality and experience for users. The need to work

together across the council, CCG and VCS on services that best support our residents and communities and provide services that offer all residents support appropriate to their needs in their local area so that Southwark is a fairer place where everyone is able to fulfil their potential and access the opportunities that living in Southwark presents.

- The need to work with the VCS to provide innovative solutions and high quality services that improve outcomes for people affected by complex social issues such as, mental health, domestic violence, and long-term health conditions. We need the sector to develop its work with particular population groups such as young people and elderly residents.
 - The need for a thriving VCS that mobilises community action and makes best use of community resources, skills, knowledge and spaces and improves residents access to opportunities, services and buildings that meet their needs and ensure no-one is left behind maximizing, our collective impact.
 - The need to work strategically across the partnership and wider community to build the capacity of the partners, promote volunteering and support fundraising.
41. As noted in paragraph 31 above there are many other ways in which the council and its partners support the VCS. A key part of a new modernised relationship is to take an approach that strengthens the resilience of the sector by finding new or better ways of supporting our local VCS that go beyond financial support. These other forms of support need to be within the scope of the strategy including reviewing the VCS premises strategy to look at how we use our property portfolio to support the VCS to achieve self-sustainability and take advantage of regeneration and development opportunities to find new ways of improving and providing community spaces that are efficient and fit for purpose.
42. The council also supports preventative activity through its procurement activities and the work on the procurement strategy includes a focus on ensuring social value and community benefits through our commissioning, taking into account the Public Services (Social Value) Act 2012.
43. To ensure a co-ordinated and more strategic whole council and CCG approach to the VCS, officers have been exploring the potential of bringing together commissioning from across the council into a single unit to include a significant part of services currently commissioned by the Clinical Commissioning Group. The intention is that it will result in improved co-ordination, reducing duplication and transactional costs and give a better understanding of the totality of services that are provided both statutory and discretionary. The intention is that this informs the 2017/2018 budget round.
44. This makes 2016/2017 a transitional year. A number of actions are being taken to prepare the ground for this initiative, for example the current proposal to extend advice service commissioning within the Communities Division so that the current contract expires at the same time as the advice and advocacy that is commissioned by Children's & Adults Services so that officers and the sector can then explore the opportunity to bring these two together where it makes sense. We need a sector that can combine its capacity to reach more vulnerable residents to link them with professional advice services and mainstream provision.

45. Within Children's & Adults Services the current grant funded model that is known as Community Support Services was established in April 2012 to support older people and people with disabilities with the objectives of maintaining independence, health and wellbeing and effective personalised services. The programme currently funds the following 9 organisations as follows:

Information, access and advice	
Leonard Cheshire Disability	£90,000
SDA	£47,500
Age UK	£40,000
Southwark Pensioners Centre	£40,000
TOTAL	£217,500

Wellbeing	
Lambeth Mencap	£41,000
Lambeth Family Link	£28,300
Blackfriars Settlement	£28,300
Age UK	£28,300
Southwark Pensioners Centre	£28,300
Age UK – Yalding	£110,000
TOTAL	£264,200

Social Interaction Support	
SDA	£32,500
Lambeth Family Links	£16,700
Dulwich Helpline and Southwark Churches Care (now known as LinkAge Southwark)	£65,000
Time and Talents	£32,500
Blackfriars Settlement	£32,500
TOTAL	£179,200

OVERALL TOTAL	£660,900
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46. The services within the community support structure generally were developed as a response to the challenges faced by Adult Social Care in terms of personalisation and budget reductions. The model was developed to respond to these twin challenges and to support the council's efforts to improve the resilience and support networks of residents of the borough.
47. The services have been in operation for almost 4 years and are due to cease at the end of March 2016. All current funding for these services sits within the Better Care Fund (BCF).
48. There is recognition that future services must take account of and complement the wider prevention offer commissioned by the council and the NHS Clinical Commissioning Group and therefore are part of the work in consolidating and co-ordinating commissioning.
49. There are other potential sources of funding that could be pooled into this budget. All sources are listed in the table below. Final agreement on the total amount for this grant process will be determined prior to launch. These are set out in the table below:

Source of funding		Lead Commissioner	Amount (per annum)
Community Support Services Grant	BCF	LBS	£780,000
Prevention and Inclusion budget	ASC	LBS	£500,000
Mental Health budget	CCG	SCCG	£55,471
	ASC	LBS	£44,529
Carers Support Services	BCF	LBS	£660,000
Self Management	BCF	SCCG	TBC
Other Preventative services	CCG	SCCG	TBC
TOTAL			£2,040,000

50. The inclusion of the budgets assigned to the two contracts that were not successfully awarded through the Carers Support Services tender allow the inclusion of support for Carers to be included in the broader preventative services programme.
51. There are a number of projects that fit under the banner of community based preventative services that are not funded through recurrent budgets and would benefit from being brought into a more secure funding process (see table below).

Services funded from time limited budgets that could be aligned	Lead Commissioner	Amount (per annum)
SAIL	LA / CCG	£100,000
Weathering Well	CCG / LA	£75,000
SWiSH	LA	£260,000

52. The SAIL (Safe and Independent Living) project is delivered by AGE UK Southwark and Lewisham as part of the COPSIN Collaboration. This project was funded through a two year grant from the Council ending at the end of March 2015, and has recently been supported by the Council and Southwark CCG by receiving a one off payment of £48,000 from the BCF allocation.
53. The SWiSH (Southwark wellbeing at home service) is a pilot project funded through the Prevention and Inclusion budget (historic Supporting People floating support funding) for 1 year to support people at risk of admission into hospital without a low level of support to support them to remain at home.
54. Aligning all of these budgets and funding sources creates a pooled budget in the region of £2,000,000 per annum. This fits within the remit of the work on co-ordination of commissioning and it is therefore recommended that the Cabinet agree to continue the current grant provision for one year as set out in paragraph 45 above to allow these services to be brought within the scope of the commissioning review so that it can be considered alongside the wider prevention offer commissioned by the council and the NHS Clinical Commissioning Group. The finance and governance arrangements for future pooling will be decided at a later date in a separate report.
55. The council is working in partnership with Southwark Funders which brings together local charitable funders in the borough to identify and deal with common issues and ensure that our respective funding stream priorities reflect local understanding of

the greatest needs. Building on this initiative, officers are now meeting with VCS representatives to consider the establishment of a Southwark Giving scheme similar to those in operation in other boroughs like Islington. These schemes aim to maximise resources and increase business engagement and community connectivity. Southwark is well placed to make this an effective initiative with its major business hub in the north of the borough and is also home to a thriving SME business sector. While there are already some examples of good practice, there is considerable potential in developing relationships between SMEs and community organisations to benefit local residents.

56. In October 2015 the Health & Wellbeing Board received a presentation on a draft council and CCG five year plan (Southwark Five Year Forward View) to be presented to the January 2016 meeting of the Board. The Plan relates to a shared approach to transforming the commissioning of health and social care services.
57. The Board endorsed the following key messages for this new plan which among other things aims to create a much stronger emphasis on early action:
 - Commissioners in Southwark are committed to improving the health and wellbeing of local people. The experience of staff, service users and carers suggests that the existing system does not consistently deliver the best outcomes for people, and that there could be significant improvements if we worked together in new ways.
 - This is a quality and value argument, it is not about cuts: if funding wasn't an issue we would still want to radically improve the system.
 - This will mean commissioning based on people's holistic needs rather than traditional approaches which result in provider silos and historic service models. Our local ambition is to create a much stronger emphasis on early action as well as stronger integration across health and social care, and wider council services (including education).
 - To support this transformation we will increasingly bring together commissioning budgets and contracting arrangements that incentivise system changes, focusing on assets and outcomes over inputs or activity.
 - In addition, we will increasingly move away from contracting with lots of different institutions for specific services and towards inclusive contracts which cover funding for the total health and care needs of a population (or a specific cohort of people with similar needs).
 - These contracts will be made available to providers that can demonstrate that they can bring together the various skills needed to meet the needs of the population, for example by working together as a network or consortium. Our aim is to support the development of multi-specialty community providers serving populations of 100,000-150,000 people.
58. Council, CCG and VCS officers are currently scoping models for social investment such as DERIC (Developing and Empowering Resources in Communities) which has a focus on developing, incentivising and empowering communities – building towards investment in a variety of platforms for collaboration and partnership. This model involves identifying cashable savings through new partnerships and commissioning processes. DERIC is a community interest company that operates as a Social Investment Finance Intermediary raising funding from a variety of public and private sources and investing these to achieve:
 - The development of new and innovative forms of community owned social enterprises

- Deliver outcomes that improve peoples' lives and enhance community control and engagement
 - Better use of public funding
 - Innovative use of commercial funding.
59. DERIC is currently working in Leeds (4 programmes), Belfast (1 programme) and Sandwell (1 programme) on a programme called Combining Personalisation and Community Empowerment (CPCE) that provides incentives for communities to deliver support to vulnerable people, delivering an enhanced quality of support, over time reducing the cost of providing social support that enables some savings to be reinvested in communities and reduces reliance on statutory services commissioned by local authorities and the NHS. The Leeds Local Links initiative has been in place since 1994 and established 37 Neighbourhood Networks supported by the City Council and NHS. The Networks are run and owned by local people and add extra services using community volunteering and other resources. Through CPCE Leeds has been able to develop this model gaining national recognition and developing a wide range of community support initiatives. While DERIC may not turn out to be the right model, officers will continue to explore the potential offered by initiatives of this kind.
60. CCG officers are currently working on a VCS Research Challenge Fund that awards small grants of between £5,000 and £20,000 per year to support targeted research that enhances understanding of informal care provision in Southwark with the intention of stimulating innovative work with local communities, improve engagement between statutory and community sectors and inform future commissioning strategy.
61. The Public Health Directorate is working with partners to carry out a council housing health needs assessment (CHNA) to identify key health issues among Southwark's tenants. The CHNA will inform the implementation of principle 4 of the Southwark housing strategy which states that Southwark wants to be more than a landlord by better connecting residents to the services they need to lead independent lives. Different data sources, for example, the housing database Iworld, information from tenancy management organisations, and yearly returns to the DWP on newly signed leasers (core data) will be combined and used to create a picture of the tenant's health. Engagement with tenants will round off this picture, and the results of the analysis will then inform the development of a range of services to better support people with housing health needs.
62. This initiative is one example of how the transition of public health responsibilities to local government in 2012-2013 can contribute to more integrated working across professional boundaries that aligns with local priorities and seeks better outcomes for our residents. Public Health staff will inform and support commissioners in putting the principles of early action into practice.
63. On 20 October 2015 the Cabinet agreed a response to the Healthy Communities Scrutiny Sub-Committee's report on the Health of the Borough and noted the progress in taking forward the recommendations. This report concerned how the partnership between the council, NHS and voluntary and community sector is addressing the issue of health inequalities and improving the health of residents. The scrutiny review and responses covered financial health, environmental health and physical health and focused on actions relating to Public health that are part of the early action/preventative agenda.

64. The key areas of action for the partnership that were included in this response were:

- Working with the VCS on supporting financial health including access to good quality advice on financial management.
- Giving eleven year olds in Southwark a helping hand with their finances with the council Smart Savers initiative.
- Agreeing an action plan for working with the CCG, local GP practices and CAB services to provide financial health services in health centres in Southwark.
- Continuing to invest in our Parks and Green Spaces.
- Putting pressure on TfL to reconsider the scope for the ultra-low emission zone to include Southwark.
- Working to stop adults smoking in any of the 68 playgrounds in Southwark.
- Working on a major cycling marketing campaign that will be promoting the priorities in the cycling strategy.
- Promoting walking, cycling and more use of green spaces.
- Actively encouraging developers to consider interim use projects that contribute to improving the environment for Southwark residents during their schemes.
- Developing outdoor gyms in parks and open spaces throughout the borough.
- Extending the play street scheme that provides an ideal opportunity for engaging children in safe play near their homes.
- Review of the Statement of Licensing Policy to consider incorporation of public health related issues for example the sale of low cost high strength alcohol. Consulting Public Health on licensing applications and use by Public Health of a data tool that allows the geographical location of licensing applications to be assessed in relation to alcohol related violence and crime, hospital admissions, A&E attendances and ambulance call outs.
- Development of a Southwark Tobacco Control strategy. The strategy is being informed by local intelligence that is being gathered through data analysis, engagement with partners including the CCG, as well as deep dive community insights with residents. The strategy will also identify commissioning priorities for the council as well as the NHS. The Lambeth and Southwark Tobacco Control Alliance facilitated by Public Health continues to promote an evidence based tobacco control approach locally.
- A review of smoking across Southwark led by Public Health.
- Work with schools to discourage young people from taking up smoking.
- Tackling illegal tobacco in partnership with Lambeth, Lewisham, Greenwich, Bexley and Bromley including the launch of a joint South East London illegal tobacco campaign, "Keep It Out".
- The commitment to the London Living Wage and the Southwark Ethical Care Charter for homecare workers and their positive impact on the health and wellbeing of staff.
- Encouraging local employers including the voluntary sector to sign up to the Workplace Health Charter. The Charter provides a systematic process to improve the health of staff. This has also been negotiated with Public Health input into the tendering specifications for Southwark's leisure centres.
- Work on health impact assessments and mental health and wellbeing assessments as part of decision making.

65. The Troubled Families initiative is incorporated within the Families Matter approach to service delivery with vulnerable children and families. The Department for Communities and Local Government has given Southwark a target of working with

over 3,000 families between 2015-2020. This could potentially bring in funding of £7.2million to support service delivery and service transformation. Currently this programme commissions approximately £600,000 per annum from the Voluntary Sector to support families.

66. In spring 2014 the council selected the Multi-Agency Working and Alternative Delivery Models initiative as one of four projects for a Strategic Savings Programme which will contribute to meeting the council's significant target for budget reductions in 2015/16 onwards. The proposed Multi-Agency Working (MAW) team is part of the work stream for the corporate Strategic Savings Programme. Senior officers across a wide range of council services have now established a multi disciplinary team which aims to prevent individuals from ending up in high cost social care due to a lack of joined up working. From October 2015- October 2016 the pilot will work with 50 people who have been assessed as being on the fringe of high care cost with potential significant costs to the council, CCG and partner agencies. The cohort is drawn from council tenants who have a range of complex needs including: antisocial behaviour, mental health, substance misuse, disrepair, hoarding, high rent arrears. The pilot is exploring alternative therapeutic interventions which can be delivered through voluntary sector or community health care services. This aims to reduce costs via early intervention, bringing coordinating partnership responses to clients with complex needs and provide the council with an opportunity to evaluate the impact of tailored local interventions.
67. In July 2014 Cabinet adopted the Southwark Ethical Care Charter, and the council commenced negotiations with current homecare providers to, as of 1st August 2014, pay homecare workers for their travel time and, as of the end of October, to offer all home care workers a guaranteed level of working hours each week as an alternative to zero hours contracts.
68. By treating care workers in an ethical manner, care workers themselves are better equipped to provide the quality, personalised services and help which, in turn, enables those in receipt of care to live more independent lives.
69. In March 2015 Cabinet agreed a Gateway 1 report to procure all Home Care services in line with the Southwark Ethical Care Charter. In addition, the intention is to move towards locality working with health, through Local Care Network arrangements, to deliver better outcomes.
70. The council is currently concluding an extensive engagement programme (in partnership with Healthwatch and the VCS) which has included both care workers and people who use the service.
71. There is considerable support for the objectives of the council and a shared understanding of the need to distinguish Southwark's unique approach from traditional home care and work towards "care@home" being a kite mark to good quality and responsive support for an increasingly frail user group.
72. The council is seeing an improvement in quality since the Ethical Care Charter has been introduced in the directly contracted services and the engagement work undertaken to date has enhanced the council's relationship with the spot provider sector.
73. The council will soon be advertising for new home care contracts that will ensure that all spot purchased and children home care is fully covered by the SECC by the end of the next financial year.

74. The CCG have also been working to set up Local Care Networks (LCNs) within Southwark. LCNs bring together providers from across health and social care (including the VCS), to work together to address common challenges. By coming together, providers can look at the range of services that they provide for our populations and see how they can work better together to improve and integrate them.
75. Working as part of LCNs represents a culture shift in the way that providers collaborate. Traditionally providers have been paid to deliver services by commissioners and have been rewarded for the amount of activity (e.g. appointments, operations, home visits) they have undertaken. Whilst this approach has advantages, it does not reward providers for working together and can unintentionally lead to a situation where providers concentrate on the individual's immediate needs, without seeking to understand the underlying health and social issues that may be impacting on their wellbeing. Instead of paying for activity, commissioners would like to move to a model where providers are paid on the basis of the outcomes. This means that they will be rewarded for helping people to live happier, healthier and more independent lives – and this can only be achieved by working more closely together with each other and our local populations.
76. By having the VCS as a core member of LCNs, it will help facilitate improved working between the statutory and the voluntary sector, and ensuring that VCS services are integrated as part of patient and customer pathways.
77. Through LCN meetings, CAS have been exploring potential options regarding asset mapping and simple points of access to the VCS (building on the experience of the SAIL model) to make it easier for both statutory providers and for citizens to find out about, and make use of, the range of VCS services available in the community. This work will continue through 2016/17 and help inform the Voluntary Sector Strategy.
78. As part of its new approach to domestic abuse (DA), the council is expanding its prevention work. The overall aim is to promote healthy relationships and ensuring that potential victims, abusers and their family and friends are able to spot early warning signs of abusive behaviours and seek support before it escalates. There will also be a strand around abusers, talking about their behaviour, impact on others, the consequences and how they sought help.
79. This approach takes into account the fact that psychological and emotional abuse, as well as controlling and coercive behaviours, are more prevalent than, and usually precede, physical violence.
80. There are three strands to the prevention work currently being undertaken by the council:
 - a) Building community leadership
 - b) Work in schools
 - c) Building survivors' resilience.
81. In terms of building community leadership the council and partners have embarked in a DA awareness campaign branded #oktotalk.
82. This campaign taps into the idea that most people have experienced difficult relationships, whether directly or through a friend or family member, and it is by

talking to people they trust that they can find the strength and support they need to identify potentially damaging relationships before the risk escalates.

83. It also emphasises that DA can happen to anyone and that it is not necessarily physical. Officers have identified survivors to act as case studies and talk about their experiences, for example of being with a coercive partner or watching a friend treating their partner badly.
84. The campaign will use a combination of social media, council media and face to face community engagement to get these messages across, engaging with community leaders to spread these messages and advocate them as their own within their communities.
85. A domestic abuse strategy launch event was held in October 2015. A wide range of community leaders and representatives who reflected Southwark's diverse population attended. The subject was explored through a play and workshops. This ended with a call for action to sign up to a DA community champions programme. These volunteers will receive training in the coming months to become DA champions in their communities so that they can:
 - Recognise members of their community experiencing abuse or at risk of experiencing abuse
 - Give the right advice and signpost to specialist services for those who disclose experiencing abuse
 - Challenge cultural norms in their communities which may condone abusive behaviours
 - Increase chance of early intervention
 - Increase awareness of support available
 - Signpost individuals displaying abusive behaviours to the perpetrator programme and encourage change.
86. With regard to work in schools the council funds Insight to deliver the SHER (Safe Equal and Healthy Relationships) programme in Southwark secondary schools.
87. SHER is an educational toolkit to promote awareness of healthy relationships and combat domestic and dating abuse. It was developed by the council alongside with international partners as part of an EU funded project.
88. The pilot evaluation showed that SHER:
 - Increased awareness of what is and isn't a healthy relationship and that dating
 - violence is not acceptable
 - Prevented young people from becoming victims or perpetrators of DA in the future
 - Enabled self-assessment/examination of their relationships
 - Promoted understanding that they have choices about making positive changes and how to access advice on how to do it
 - Provided help and support if they are in abusive relationships or witnessing DA at home.
89. This year, the programme is on track to deliver target outputs and outcomes, with 117 pupils having already participated in the programme a further 200 pupils planned by the end of 2015/16.

90. The third strand of preventative work focuses on building survivors' resilience and takes the form of empowerment structured workshops and peer support groups which the SASS service offers to its clients. These programmes come under the banner WRAP (Women's Resilience Awareness Programme). The aim is to improve their understanding of domestic and sexual abuse and provide longer term practical and emotional support in order to build resilience. It also aims to prevent clients from having abusive partners in the future and prevent repeat victimisation.
91. The EAC report gives a number of examples of good practice working across the VCS, council and CCG partnership in both boroughs. The Southwark examples are set out in Appendix 2 of this report and demonstrate how the sectors are putting early action into practice. The case studies include:
- Community development by Pembroke House in Walworth
 - Southwark Healthy High Streets (SHHS)
 - Paxton Green Time Bank
 - Southwark and Lambeth Integrated Care
 - Safe and Independent Living
 - Local care networks
 - Local Area Co-ordination
 - Knee High Design Challenge.
92. As these initiatives progress and are evaluated they form a strong basis for work on Early Action across the partnership moving forward.

Policy implications

93. In addition to the policy initiatives set out above, the recommendations of this report support a number of council policies and strategies, including:
- Health and Wellbeing Strategy
 - Public Sector Equality Duty
 - Economic Wellbeing Strategy
 - Children and Young People's Plan
 - Homelessness Action Plan and Homelessness Prevention Protocol.

Community impact statement

94. The initiatives and recommendations of this report have a significant positive impact on the community and are intended to raise standards of community support across the three partners.
95. A full community impact assessment will be carried out on the development of the new VCS strategy which is a key recommendation of this report.

Resource implications

96. There are no additional resource requirements arising from the implementation of the recommendations within this report.

Financial implications

97. This document is a strategy and as such does not carry any immediate cost or

savings implications. However, it introduces future initiatives that form part of Multi-Agency Working and Alternative Delivery Models work stream as one of four projects for the Strategic Savings Programme which will contribute to meeting the council's significant target for budget reductions in 2015/16 onwards.

Consultation

98. One of the key recommendations of this report is the creation of a Joint VCS Strategy that will be “co-produced” by the council, CCG and VCS partners.
99. The Early Action Commission conducted research and consultation that included dialogue with local residents and community-based organisations, through a series of workshops, to tap into their wisdom and experience; interviews with experts working with local authorities and with VCS organisations, to explore ways of turning ideas for change into practical local action; and discussions of emerging findings with Health and Wellbeing Board members.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

100. The decision maker should consider section 149 Equality Act 2010, which requires the council, in exercising its functions, to have due regard to the need to eliminate discrimination and other prohibited conduct and advance equality of opportunity and foster good relations between people who share a relevant protected characteristic and those who do not.
101. A full community impact assessment will be conducted on the development of the VCS strategy.

Strategic Director of Finance and Governance

102. The Strategic Director of Finance and Governance notes the strategy set out in this report, and the financial implications set out in paragraph 97.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Local early action: how to make it happen – report of the Southwark & Lambeth Early Action Commission	Housing & Modernisation, Communities Division, 160 Tooley Street	Stephen Douglass 020 7525 0886
Link: http://b.3cdn.net/nefoundation/a5845188d1801a18bc_3nm6bkn3b.pdf		
Response to Recommendations from the Scrutiny of the Health of the Borough	Housing & Modernisation, Communities Division, 160 Tooley Street	Stephen Douglass 020 7525 0886
Link: http://moderngov.southwark.gov.uk/ielistDocuments.aspx?Cid=302&Mid=5140&Ver=4		
Southwark Council and Clinical Commissioning Group - Joint Five Year Strategic Plan: Key Messages	Housing & Modernisation, Communities Division, 160 Tooley Street	Stephen Douglass 020 7525 0886
Link: Five Year Plan - Key Messages		

APPENDICES

No.	Title
Appendix 1	Local early action: how to make it happen – Summary and Key Recommendations from the report of the Southwark & Lambeth Early Action Commission
Appendix 2	Southwark Good Practice Examples from the Early Action Commission Report.

AUDIT TRAIL

Cabinet Member	Councillor Michael Situ, Communities and Safety	
Lead Officer	Gerri Scott, Strategic Director of Housing & Modernisation	
Report Author	Stephen Douglass, Director of Communities	
Version	Final	
Dated	28 January 2015	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	Yes	Yes
Strategic Director of Finance and Governance	Yes	Yes
Strategic Director of Children's and Adults Services	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team		28 January 2016

Early Action Commission Summary and Key Recommendations

5 Local early action: how to make it happen

Summary

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

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

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

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

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

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

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

- *Resourceful communities*, where residents and groups are agents of change, ready to shape the course of their own lives. To achieve this people need actual resources (but in the broadest sense), connections, and control.
- *Preventative places*, where the quality of neighbourhoods has a positive impact on how people feel and enables them to lead fulfilling lives and to help themselves and each other.
- *Strong, collaborative partnerships*, where organisations work together and share knowledge and power, fostering respectful, high-trust relationships based on a shared purpose.
- *Systems geared to early action*, where the culture, values, priorities, and practices of local institutions support early action as the new 'normal' way of working.

Recommendations

Effective early action depends on changing whole systems over a sustained period of time. To make a real difference, these recommendations must be pursued together and placed at the heart of policy and practice in both boroughs, building on the good practice that's already taking place.

We hope they are useful not only for Southwark and Lambeth but also for others trying to move towards local early action.

Stage 1: Prepare the ground

- *Establish senior leadership and commitment.*

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

- *Map assets across both boroughs.*

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

Stage 2: Find resources

- *Co-ordinate charitable funding for early action.*

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

- *Set up a dedicated Change Fund to support systems change.*

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

- *Review and strengthen community returns from regeneration.*

Opportunities to generate funds through the sale of redevelopment sites, Section 106 negotiations and the Community Infrastructure Levy should be maximised, with funds used to prevent problems, for example through housing and spatial planning.

- *Pool budgets between organisations and departments.*

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

- *Tap in to community-based assets.*

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

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

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

Stage 3: Change systems

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

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

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

To avoid local systems defaulting to downstream coping, leading decision-makers and budget holders in Southwark and Lambeth should commit to a step-by-step transition to early action, over the longer term, with specific milestones.

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

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

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

Health and Wellbeing Boards should oversee the shift to early action, supported by Public Health, with a shared evaluation framework and regular progress reports, with the first no later than November 2016.

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

Decisions about what services and other activities are required should be taken in partnership with local people, with commissioning focused on assets, on how to prevent problems and on outcomes, and encouraging collaboration.

- *Develop a shared evaluation framework.*

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

- *Assess community assets alongside needs.*

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

Stage 4: Change practice

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

This involves linking people and organisations, improving communications between them, and enabling them to exchange information, build a shared sense of purpose and complement rather than duplicate each other's efforts.

- *Forge stronger partnerships and more integrated working.*

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

- *Create and support more spaces for people to get together.*

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

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

Councils should use their powers to create the conditions that help to prevent problems, working with local people and building on existing good practice in the two boroughs.

- *Devolve more power to neighbourhoods.*

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

- *Promote and support local early action.*

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

- *Increase participatory budgeting.*

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

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

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

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

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

APPENDIX 2

Early Action Commission Southwark Case Studies

Case Study 1: Community development by Pembroke House in Walworth

Pembroke House is a community centre in Walworth that has recently adopted an innovative asset-based community development approach to engaging local residents. In an attempt to reach deeper into, and activate, the local community, Pembroke House complemented asset-mapping exercises by hiring a trained community organiser. Resourced by United St Saviour's Charity and a government grant, this community organiser is tasked with building 'face-to-face' relationships with local residents and, in turn, providing opportunities for these residents to build relationships with one another. In the first few months, the organiser held more than 300 individual conversations with local residents, exploring their needs, priorities, and concerns with a view to supporting them to take action with others who have similar ideas. This produced some swift results.

An individual living opposite the community centre initiated a new Co-Dependents Anonymous meeting, while residents who were concerned that there was not enough local youth provision took it upon themselves to establish a bi-weekly 'community fun club' for young people and their families to eat, talk, and play together. This was born out of a series of meetings of local residents. First, parents and other concerned adults met to discuss options for new local youth programmes. Recognising that there were no young people at the meeting, however, they invited their children to join the discussion. At this second meeting, the families enjoyed the opportunity to be together so much that they began meeting on a regular basis. Between sessions a core group of volunteers young and old – meet to plan the following week's activities.

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

Case Study 2: Southwark Healthy High Streets (SHHS)

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

These work-streams are a good example of upstream ambitions because they look at the high street holistically. SHHS illustrates place-shaping ambitions in that it moves beyond an understanding of problems arising from decisions of

individuals, to the local conditions that shape their behaviours and choices. It is also an example of partnership working and building on assets: the initiative brings together and co-ordinates people and organisations from different sectors and provides funds for community organisations to develop and implement ideas for healthy high streets.

As such, SHHS place-shapes by bringing together the regulatory power of local bodies (e.g. in restricting certain shops) and creativity of the community through funding local initiatives.

Case Study 6: Paxton Green Time Bank

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

Case Study 9: Southwark and Lambeth Integrated Care

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

Case Study 10: Safe and Independent Living

In Lambeth and Southwark, Safe and Independent Living (SAIL) is a social prescribing scheme delivered in partnership with Age UK. It aims to build and maintain a list of activities and services offered by the local voluntary and community sector (VCS). SAIL works through a simple yes-or-no questionnaire, which acts as a guide for anyone working in the community to quickly identify an older person's needs. Each question is associated with a partner agency, so a

'yes' to any question operates as a flag to bring that person to the attention of that particular organisation.

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

Case Study 11: Local care networks

Local care networks (LCNs) integrate health and wellbeing services and activities provided by the public and voluntary sectors in order to shift from a clinical to a more holistic and person-centred approach to local health.

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

Case Study 12: Local Area Co-ordination

Local Area Co-ordination (LAC) is an asset-based approach to empowering people with disabilities and other needs, improving their lives, and preventing them from developing worsened conditions. Local workers – known as Local Area Coordinators – act as a single point of contact for people with disabilities and their families in a defined area.

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

The process was pioneered in Australia, where it focused on people with disabilities and special needs. In the UK it has been most fully developed in Middlesbrough, where it has included people with lower-level needs. Because it seeks to build on people's strengths and to develop community capacity, it can help to prevent people from developing more complex needs. The LAC model yielded impressive results in Australia, where it was seen to have delivered a 30% reduction in costs by keeping people from using more acute services. 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. It has been recommended that Local Area Co-ordination is rolled out throughout the UK.

Case Study 13: Knee High Design Challenge

The Knee High Design Challenge is a partnership between Guy's and St Thomas' charity and Lambeth and Southwark Councils. It sets out to find, fund, and support people with new ideas for raising the health and wellbeing of children under five. The programme aims to address problems that public health has failed to address by reducing inequalities in children's development when they start school. It offers an opportunity for local people, whether residents, social workers, parents or others, to propose ideas and provides support to turn these into investable ventures.

Children and families are involved at every stage in the development and testing of new products, services, and initiatives that are beginning to be used throughout Southwark and Lambeth. Launched in 2013, the initiative received 190 initial applications, out of which 25 'design teams' were funded with £1000 each to further develop their ideas. After testing ideas with families, six teams receive a larger grant (£41,000) to deliver the project and develop a sustainable business model. Since the autumn of 2014 these six project teams have been developing projects.

One example is the 'pop up parks' project, which arose from the Design Challenge. This seeks to engage local communities in the creative use of open public spaces to design and install temporary park facilities where children and families can spend time playing. Although 'pop-ups' usually last for one day, the aim of the initiative is to transform attitudes to urban public spaces and make greater use of them.