Community Action Southwark's (CAS) Response the Southwark and Lambeth Early Action Report

Local Early Action: how to make it happen

1. Overview

1.1 We warmly welcome the opportunity to respond to the Southwark and Lambeth Early Action Commission (SLEAC) on behalf of Southwark's voluntary and community sector. Community Action Southwark (CAS) was the catalyst for the Southwark and Lambeth Early Action Commission[1], kick-starting its inception through our '*Value the VCS'* campaign. The campaign sought to highlight, amongst other things, the preventative power of the voluntary and community sector (VCS) in the borough. One of the key asks of the campaign was the establishment of an independent commission to look at how early action principles could be embedded into policy and practice across the borough. We believed that it was important to consider how early action, as a needs reduction strategy, could promote greater individual and community readiness, lessen future liabilities for statutory services, generate long-term savings across traditional service boundaries and foster greater multi-agency working.

1.2 We were clear from the beginning that the focus of the Commission should have not been limited to the voluntary and community sector. Nevertheless the sector is a champion of early action and we welcome the important role the voluntary and community sector has been given in delivering the recommendations of the Commission.

1.3 We welcome the report produced by the Commission and we would encourage Southwark Council, NHS Southwark CCG and Southwark's VCS to be real, motivated agents of change and not just tweaking existing practice. From CAS's perspective the role of Commission has shown how the voice of the voluntary and community sector has grown from an 'outsider' perspective to being increasingly embedded in core business and providing solutions to large scale social problems. We believe the Commission, through its recommendations, has laid the ground work for a new settlement between the local authority, the NHS and the voluntary and community sector in relation to early action and preventative work.

[1] Although we recognise that the Southwark and Lambeth Early Action Commission (SLEAC) was a cross-borough initiative, this response is focused primarily on how the recommendations should be implemented in Southwark, as that is our main area of operation.

2. Recommendations

2.1 We welcome and agree with many of the recommendations in the report but we have focused on giving our views, potential solutions and challenge with respect to the four main areas identified by the Commission.

2.2 We strongly endorse and support the Commission's main goal of building resourceful communities. We believe that this offers a new opportunity to give residents more control over their own circumstances which has been shown to impact positively on a person's quality of life and addressing wider social determinants of health.

3. Prepare the ground (stage 1)

3.1 It is clear that for change to occur there needs to be **senior leadership and commitment** to delivering the recommendations of the Commission. The Health and Wellbeing Board (HWBB) has been a vital sponsor of the SLEAC, and will need to continue to push the early action agenda forward. Members of the HWBB will need to play a leadership role in ensuring the implementation of preventative working. We would encourage the HWBB to develop a small implementation team, drawn from partners, to help oversee and drive forward the recommendations detailed in the report.

3.2 We fully endorse the recommendation around **mapping assets**, and agree that recognising assets and strengths, rather than just focusing on problems, is a positive way forward when identifying need and designing services. We believe that the Commission's focus on building resourceful communities where local people are agents, not victims, of change and are able to shape the course of their own lives is of fundamental importance.

3.3 We believe this ambition of the Commission is a key component in creating a new way of approaching current problems whilst managing demand on the system in the future. However, we feel the ambition and scale the Commission articulated could have gone further and made a more explicit challenge to the local system about giving people more control and agency over their lives and where they live. There are programmes that focus on self-management and peer support but none that deal with the wider social context; an important factor in enabling people to become more in control of their health and wellbeing[2]. There is increasing evidence that community cohesion, resilience and social capital can contribute to improving health and wellbeing, reducing rates of depression and preventing falls, as well as enhancing life-skills, increasing rates of employment and higher education and improving social relationships[3,4].These factors largely lie outside the control of any one part of the system, so the challenge is how can the world of

[2] NESTA (2016) 'At the heart of health Realising the value of people and communities'. Available from: http://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf
[3] Marmot Review (2010) 'Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010.' Available from: www. instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[4] Aked, J. et al. 'Five Ways to Wellbeing: the evidence'. London: New Economics Foundation. Available at: www.fivewaystowellbeing.org

formal care and provision align to build stronger communities. The answer does not necessarily lie in just mapping community assets. We believe that putting people and communities genuinely in control of their lives requires a wider shift that will bring about the change hoped for by the Commission.

3.4 We would ask the Health and Wellbeing Board to consider the behavioural, cultural and systemic change needed to achieve person- and community-centred approaches. Research[5] has shown that these approaches can and do lead to significant benefits for individuals, services and communities. They can improve individuals' health and wellbeing; reduce demand on formal services such as reducing unplanned hospital admissions, and address health inequalities by contributing to wider social outcomes such as employment and school attendance.

3.5 There is emerging research that demonstrates that engaging individuals and their communities in health and wellbeing can contribute to reducing the burden of preventable disease and ease the pressures of increased demand on the health service by developing people's knowledge, skills and confidence to manage their own care. There is a range of development approaches that are relevant to working with communities for health and wellbeing. For example, asset-based community development (ABCD) is a specific framework used to steer processes for community building. It starts by making visible and explicitly valuing the skills, knowledge, connections and potential in communities and neighbourhoods. The aim is to mobilise local people to act on the things they care about and want to change. The asset-based approach places high value on promoting a sense of belonging, a capacity to control and finding meaning and self-worth, not specifically to promote individual wellbeing and health, but rather to connect individuals and enable flourishing communities. By way of illustration, research conducted by the New Economics Forum estimated, using the Social Return on Investment model, that for every £1 a local authority invests in community development activity, £15 of value is created[6].

3.6 We believe this recommendation goes beyond integrating VCS activities with statutory provision and we would urge all partners around the Health and Wellbeing Board to consider carefully how we develop this asset-based community approach in relation to early action.

4. Find resources (stage 2)

4.1 We fully support the recommendation that **independent funders should be brought together to share knowledge about early action** and offer grants in a more systematic way. Local independent funders have a very important role to play in the prevention agenda, particularly at a time when public sector funding is being squeezed. At the moment, co-ordination of charitable

[5] NESTA (2016) 'At the heart of health Realising the value of people and communities'. Available from: http://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf

[6] Nef (2010) 'Catalysts for Community Action and Investment: A Social Return on Investment analysis of community development work based on a common outcomes framework.' London: Nef. Available from: www.cdf.org.uk/wp-content/uploads/2011/12/SROI-ReportFINAL1.pdf

funding is not joined up and it could be more logical, in order to reduce duplication and focus on where the return on investment will be greatest. CAS currently chairs a group of Southwark Funders and will endeavour to discuss strategy, emerging need and where grant giving can take a more co-ordinated approach to tackle a problem holistically.

4.2 We would welcome the introduction of a **Change Fund to support system change**. The Change Fund should be used to kick-start systems change across both the public sector and the VCS. The Change Fund should test new approaches to public social partnerships designed to test and review prevention and early action activities. We believe applications should be led by the voluntary sector in partnership with the public sector. The development of the Change Fund should be informed by the experiences and outcomes achieved by the Scottish Early Action Change fund. We will be proactive in seeking out external funding sources to support the creation of a Southwark and Lambeth Early Action Change fund.

4.3 However, it must be pointed out that the benefits of preventative working can only be reaped over the long-term, and systems change is an ongoing process –it cannot be done quickly, and ways of working are continually evolving. If the Change Fund is used to fund innovation to embed early action – funded through charitable or philanthropic sources - it must be recognised that ongoing funding may be needed to keep these initiatives going.

4.4 In relation to **making strategic use of social finance models, including Social Impact Bonds we acknowledge the use of different models of finance but we would offer a world of caution.** It should be recognised that social impact bonds (SIBs) have very limited application especially where cashable savings and a return on investment can be clearly articulated. Our experience of new social finance models often transfers significant risk to the voluntary sector provider and the estimated returns on the initial investment are not always achieved thereby creating significant liabilities for the provider.

5. Change systems (stage 3)

5.1 We would encourage the **classification of spending to distinguish early action from downstream coping** within statutory services and VCS organisations. We would like to see an assessment of preventative spend analysis built into the annual budget challenge process as a means to embed this classification into normal practice.

5.2 What is important is to distinguish what is truly meant by ‘upstream, midstream and downstream’ spending. There needs to be a shared understanding of this across the council, CCG, and VCS in order for any spending classification exercise to be truly useful. This is because savings from early action are generally spread across more than one partner – for example, investment by the council in early action may have a positive effect on the CCG’s budget in future years.

5.3 We agree with the importance of **establishing a long-term plan, across 5-10 years, with specific milestones.** The difficulty of implementing this recommendation lies in the fact that funding cycles, are in general, a maximum of three years. It is difficult to agree long-term plans without being sure that the corresponding investment will be available to put plans into place. This logic applies to both the public sector and the VCS.

5.4 However we would support the creation of high level strategic documents which lay out long-term plans for moving towards early action, both within the statutory sector and the VCS. We would recommend that a cross-sector 'early action' strategy, outlining steps to be taken by all partners with expected outcomes, so that high-level outcomes can be monitored and measured. This strategy would hold all partners to account and drive forward early action in a high-level strategic way.

5.5 We welcome the recommendation to **establish clear oversight arrangements, with regular monitoring reporting.** We believe this role should lie with the HWBB, in order to give strategic leadership to early action.

5.6 We welcome the recommendation to **transform the commissioning process to support early action.** The commitment of the council and CCG to develop a Commissioning Partnership Team provides a significant opportunity to build in early action to commissioning processes. We believe the commissioning process should be transformed, where possible, in order to incentivise preventative work, and to understand the holistic nature of many of the services the VCS provides.

5.7 **A shared evaluation framework** for prevention and early action would be very welcome if it were possible. However, we question its applicability and feel that the idea of one evaluation framework to measure success rates for the whole of 'prevention' is too conceptual and unrealistic. The question we would ask is – prevention of what? If we do not identify what social problem we are preventing, it is hard to devise an evaluation framework to measure how successful its prevention has been.

5.8 For example, one evaluation framework to measure the success of prevention initiatives for youth crime, for example, would have different indicators than a framework to measure child obesity. It may be difficult for the frameworks to be closely aligned, given the different types of data which will need to be measured, the different time-frames for the two problems, and the different outcomes we want to see. Additionally, evaluation frameworks will need to be proportional to the piece of work being carried out, and may need to be tailored if they involve more than one partner, for example, if the framework was to be applied to an alliance contract.

5.9 We would encourage the joint creation of specific evaluation frameworks for preventative work whenever a programme is being commissioned or grant funding is awarded. Evaluation frameworks should be co-produced to ensure a good understanding by all parties of what is expected. However, the

creation of a ‘standardised’ framework, as described by the Commission, seems unrealistic.

6. Change practice (stage 4)

6.1 We found the recommendation to **improve connections, co-ordination and knowledge sharing** to be a little simplistic, and would like to offer some practical recommendations as to how organisations should form better links around their service users to deliver holistic services.

6.2 For example, we would like to suggest the idea of ‘living noticeboards’ – volunteers in each area, people with a strong base of local knowledge, who would be willing to take time to sit in local places such as doctor’s surgeries, post offices etc. and chat to people about what is available on going on in their local area. These people could be identified during the asset-based community development process and would build on the community navigators programme delivered by Age UK’s SAIL programme.

6.3 There also needs to be stronger engagement with local people who might not be seen as the typical contributors to wellbeing, but who have the best relationships with some of the most vulnerable in our society – pub landlords, staff in gambling shops, receptionists in doctor’s surgeries. If they are willing to engage, these people should be informed about the assets that exist around them, so they can spread this knowledge to those they interact with and increase resourcefulness in the community. CAS is developing a borough wide Community Action Network that has building resourcefulness in communities as a long-term ambition.

6.4 In order to improve knowledge sharing between VCS organisations, we are establishing Provider Led Groups for a range of policy areas (children’s services, safeguarding, communities etc.). These groups will be independent of the council and the CCG and will allow VCS organisations to discuss issues they are facing and to develop solutions to emerging need. This is a new way of working which should raise awareness amongst groups of the services they are offering, and lends itself to improved signposting, partnership working and collaboration.

6.5 There needs to be a joint understanding across both the council and the VCS of what **‘co-production’** actually means and what it looks like in action. At present, it seems that it can be used to mean engagement and consultation – when in truth; co-production means the actual co-design of policies, right from the beginning, with partners. It should not be done when there is already a predetermined notion in mind of the outcome that needs to be achieved. This is just enhanced consultation. All partners should be permitted to have ideas that will be genuinely considered, regardless of how much change they may represent. We hope that the forthcoming Voluntary Sector Strategy will be underpinned by co-production principles.

6.6 In relation to strengthening the focus and funding of the VCS in Southwark and Lambeth, we would disagree with the idea that promoting 'inclusive' VCS services through funding decisions is the best way forward. VCS organisations may have different ways of working and different models of service delivery – but this does not always make a difference to the quality of their services, or their success in improving outcomes for service users. Essentially, just because a service is 'inclusive', it does not necessarily follow that it is high quality, meets local need and is well run.

7. Conclusion

7.1 The work of the Commission focussed on processes, structures and cultural changes that could enhance upstream working. Although the Commission took a whole system approach it is our contention that the voluntary and community sector is at the centre of the report and will act as a key partner in delivering many of the recommendations in the report. Many of the recommendations in the report require buy-in and leadership from the VCS in order to get them off the ground; they will require a commitment and genuine partnership working with the VCS at every step of the way. We particularly welcome the Commission's focus on empowering residents and communities to have greater control over their lives.

7.2 We welcome the recommendations of the SLEAC and we look forward to working closely with our partners to transform how we work together with the shared aim of supporting and empowering people to take more care of themselves and to prevent problems from escalating to a level at which statutory services have to intervene.