Item No	Classification:	Date:	Meeting Name:
9.	Open	28 July 2014	Health and Wellbeing Board
Report title:		Early Action Commission	
Wards or groups affected:		All	
From:		Gordon McCullough, Chief Executive, Community Action Southwark (CAS)	

RECOMMENDATIONS

1. That the establishment of an independent Early Action Commission for Southwark be approved.

2. Note that the Commission will formally commence work in September 2014 and report back to the Health and Wellbeing Board in March 2015.

BACKGROUND INFORMATION

3. It is widely accepted that we face a paradox in the delivery of public services; there are fewer resources but levels of need and dependency on these services are increasing. The emerging view is that all those involved in 'the system' need to work together to provide support to help people to take more care of themselves and to prevent problems from escalating to a level at which statutory services have to intervene.

4. At the last Health and Wellbeing Board meeting it was proposed, by Community Action Southwark (CAS), that one response to this paradox is to develop ways that the system (voluntary, public and private sectors) can work together to circumvent that dependency before it becomes entrenched. This will require new thinking on how to act earlier and to prevent people becoming 'owned' by the system. It was proposed the Commission explores 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.

KEY ISSUES FOR CONSIDERATION

Defining early action

5. The rationale behind early action in public policy involves the use of resources to tackle causes rather than symptoms. The term 'early action' covers all forms of early intervention. It is not only concerned with the earliest stages of social and personal development, which many think of as 'early action', but with earlier action at all critical life stages where many individuals can benefit from and welcome extra support to achieve their full potential.

6. In the context of the Commission, the term will be used to describe any activity which is deliberately forestalling a more serious problem. Thus it might cover a

spectrum of prompt interventions from, for instance, crime prevention measures, to rehabilitation work with offenders.

7. Where the Commission will vary from other prevention programmes and initiatives is that it will focus on individuals before they are 'owned' by the system. The Commission will not attempt to duplicate or cut across other early intervention or prevention initiatives but look to develop strategies and recommendations that could prevent future dependencies and how the system can work together to achieve this outcome.

An independent Early Action Commission

8. An independent Early Action Commission would fulfil the requirement of delivering a sound, challenging and innovative set of recommendations to bring about the change required to empower people to become more ready to deal with difficulties in their lives; thereby reducing dependency on the current system.

9. An independent and neutral view of how programmes, structures and cultures across the system can be changed - to act earlier together - is required if the longer term ambition of reducing dependency on the system is to be realised.

10. The Commission will have an independent chair who is currently being identified. The individual will have a strong track record in public service delivery and be of sufficient standing to be able to deliver challenging messages and drive forward innovative recommendations.

11. It is proposed that the Commission is made up of 10 commissioners. A hybrid model will be developed that will have 6 'expert' commissioners that are not part of the system in Southwark. The remaining 4 commissioners will be strategic leads drawn of the main partners of the Health and Wellbeing board. It is proposed that these commissioners are drawn from Southwark Council, Southwark Clinical Commissioning Group and the voluntary sector.

12. The issue of ownership and control is an important one as it will ensure that material presented to the Commission is considered independently, whilst ensuring there is sufficient leverage within the system to change budgets and programmes.

13. It is proposed that the Commission is supported by an independent think tank/academic institution – a number of which are currently being approached before a competitive procurement process can be started. The successful organisation will act as the secretariat for the Commission as well as providing a research and engagement function. A requirement will be the need to conduct a rapid evidence review of early action and what works; this will inform the local focus for the Commission.

14. The successful agency will use its professional networks to identify and secure suitable experienced, qualified and respected individuals for appointment as members of the Commission to support the chair. The members will operate independently, taking evidence from key stakeholders and undertaking research and analysis to inform their findings.

15. The Commission will be directly accountable for delivery to the Health and Wellbeing Board and it will report progress and findings to the board.

Terms of reference

16. The Commission will receive evidence based on a number of key lines of inquiry, and it will also undertake primary research to inform its recommendations.

17. The Commission will also assess available data that will aid predictive risk profiling of communities and populations that are more likely – or at a higher risk –of entering the system. As part of the data gathering exercises, views will be sought from the wider community and users of services and all those agencies and organisations involved in public service delivery.

18. It is suggested that the Commission uses, as a broad focus, the social determinants of health to help organise its focus and act as a lens through which it can be aligned to the Joint Health and Wellbeing Strategy priorities. Using wider health determinants the Commission will explore, using a whole systems approach, the impact of various trigger points that affect individuals; these include employment; well-being and socialisation; and, housing and social spaces.

19. The Commission will not develop an overall prevention strategy or delve into the granular detail of existing activities; nor will it deal with reassessing activities that are at the high end of statutory provision.

20. The Commission will develop a set of recommendations aimed at how partners can realign, flex or bend resources and activities towards early action activities. This could relate to building better relationships with the voluntary sector, realigning commissioning processes (such as the Prevention and Inclusion Framework) to address current need as well as reducing them, or linking to future work on integrating care and self management.

21. The Commission will present a set of strategic recommendations that deal with early action at a programme, structural and cultural level. The Commission will consider all key issues (at these three levels) that prevent early action from happening and what linkages or initiatives that may be developed and sustained to foster early action.

Timescales and key success measures

22. This report acts as the launch mechanism for the Commission in anticipation of work commencing in September 2014. The Commission will report back to the Health and Wellbeing Board in March 2015 (an additional report will be produced that aggregates the learning and experiences of the Commission to help influence and shape practice at a national level). It is anticipated that the Commission will meet between 5 and 6 times during its lifetime.

23. A staged reporting schedule will be developed to present early findings and recommendations in order influence and inform budget setting processes for 2015/16 (and planned for commissioning processes); with a firmer focus on shaping 2016/17 budgets. This will allow time for testing and establishing proof of concept for early action initiatives. Depending on the Health and Wellbeing meeting schedule there will be interim/progress reports presented to the board in November 2014, March 2015 (and June 2015).

24. The success of the Commission will be measured against the following:

- An increased focus on the systems and individuals that create a shift in the way people are supported to look after themselves, become more resilient and to seek care and support when they need it.
- Support for a 'culture leap' that encourages and enables an infrastructure and linkages that focuses on preventing/forestalling an individual's or communities need for acute/crisis services.
- Practical recommendations that are acknowledged as professional, independent and that provide incremental change across the system towards early action
- A set of recommendations that have no additional resource or budgetary implications for the current system and that in the medium to long term will deliver savings across the system – however recommendations may require budgets to be re-profiled and resources allocated across different parts of the system.
- A position on supporting early action for other funders outside of the public sector (such as the Early Action Funders Alliance).

Benefits of the Early Action Commission

25. It is anticipated that the work of the Commission will ultimately provide the partners on the Health and Wellbeing a set of recommendations and strategies that will lessen future liabilities and foster greater multi-agency working with respect to early action. In addition the recommendations of the Commission will act as an enabling factor in helping the Health and Wellbeing Board achieve its specific priorities around prevention and resilience. The likely outcomes of this are:

- A clear direction of travel and recommendations for bending resources and activities towards early action.
- A reduced dependency on expensive statutory services whilst developing a clearer understanding of how the system could be joined up to prevent problems from getting worse (or occurring at all).
- A drive to join up parts of the system so they dovetail better and make more use of the voluntary sector and community assets.
- The opportunity to provide a proof of concept about the impact over five to ten years of acting earlier to reduce needs and dependency and recommendations around how to continually assess, evidence and review the anticipated impact.

26. This is a unique opportunity for the voluntary and public sectors to consider how future liabilities are reduced and how, by acting earlier, people can be more resilient and ready to cope with changes in their lives.

Community impact statement

27. The Commission will undertake an open call for evidence and information from across the communities of Southwark. The work of the Commission and the findings it produces will be crucially important as a strategy for managing reducing funding in the system over the next five to ten years. The partners on the Health and Wellbeing Board provide services for a diverse population and the Commission will need to be mindful of the circumstances of current community, in order to appropriately inform its analysis and findings.

28. It is important that the Commission takes direct evidence from services users and considers Southwark's demography so that bias does not occur detrimentally against individual or groups of residents on the grounds of age, disability, faith/religion, gender, race and ethnicity and sexual orientation as a result of the Commission's work.

Resources implications

29. A budget of £60,000-£70,000 has been identified for this work. This includes the cost of core activities and undertaking data and evidence gathering, engagement exercises, secretariat functions and commissioner remuneration.

30. It was agreed at the last Health and Wellbeing Board meeting that each partner would make a contribution towards the costs of the Commission.

BACKGROUND PAPERS

Background papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead	Gordon McCullough, Chief Executive, Community Action Southwark (CAS)
Report Author	Gordon McCullough, Chief Executive, Community Action Southwark (CAS)
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
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