Positive Ageing Associates

Promoting positive approaches to later life

Making a strategic shift towards early action:

Summary

June 2014

About the author

Guy Robertson is Director of *Positive Ageing Associates*, an organisation specialising in promoting positive approaches to the later life agenda at both the personal and organisational level. Guy headed up the Local Government Association's Ageing Well Programme which supported councils across England to prepare for an ageing society. Prior to that, Guy led work on prevention and early intervention within the Older People and Dementia division of the Department of Health (DH), and in particular, led the support to the Partnerships for Older People Projects (POPP) programme.

Guy has worked as head of strategic planning for older and disabled people's services in Adult Social Care and as strategic commissioning manager in a large urban unitary authority. He led work on the implementation of various modernisation themes, including joint working between health and social care. This involved improving support for people with complex needs and the development of a corporate approach to raise the quality of life of older people. As well as his significant change management experience Guy also has an academic background, having been a lecturer on local government and social care policy.

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Introduction and Overview

The Early Action Funder's Alliance

The Early Action Funders' Alliance is a network of funding organisations who believe in the importance of early action to prevent problems arising. The Alliance comprises Comic Relief, Big Lottery Fund, Esmee Fairbairn Foundation, UBS, Barrow Cadbury Foundation, Legal Education Foundation, Calouste Gulbenkian Foundation, Business in the Community, and The Royal Foundation.

This Report

The Alliance has commissioned this literature review of early action initiatives, both past and present across the UK. The review is designed to enable the Alliance to learn from best practice and remain informed of existing and emerging schemes which may be of relevance to its work.

In essence this report reviews learning from past early action schemes and analyses this information in order to understand the issues involved in trying to bring about such a transformation, in particular:-

- The common success factors
- The common barriers
- The elements which are common to those schemes that fail

Programmes

The programmes and initiatives analysed include:- Partnerships for Older People Projects (POPP); Total Place; Whole Place Community Budgets; Neighbourhood Community Budget Pilot Programme / Our Place; Health Empowerment Leverage Project (HELP); Innovation Forum – Improving the Future of Older People; Supporting People Health Pilots; Local Area Coordination; Health Action Zones; Family Intervention Projects; Every Child a Reader; Family Nurse Practitioner; Improving Futures Programme; Realising Ambition; Sure Start Children's Centres; The Incredible Years; The Life Programme; Nottingham Early Intervention City Programme; Big Lottery Wellbeing Programme; Reshaping Care for Older People: Change Fund

It also assesses three tools for change – Social Impact Bonds; Local Integrated Services Trusts; and System Modelling.

Interviews

In addition, a number of commentators on early intervention were interviewed:-

- **Lucy de Groot**, Chief Executive, Community Service Volunteers
- **Sue Goss**, Principal in Local Government, Office for Public Management
- **Hilary Cottam**, Chief Executive, Participle (by correspondence)
- **Donna Molloy**, Head of Implementation, The Early Intervention Foundation
- **Professor Martin Knapp**, London School of Economics
- **Alex Fox**, Chief Executive, Shared Lives
- **Dr David Oliver**, Visiting Fellow, Kings Fund

The outcome of these interviews is incorporated within the key learning points outlined in this report.
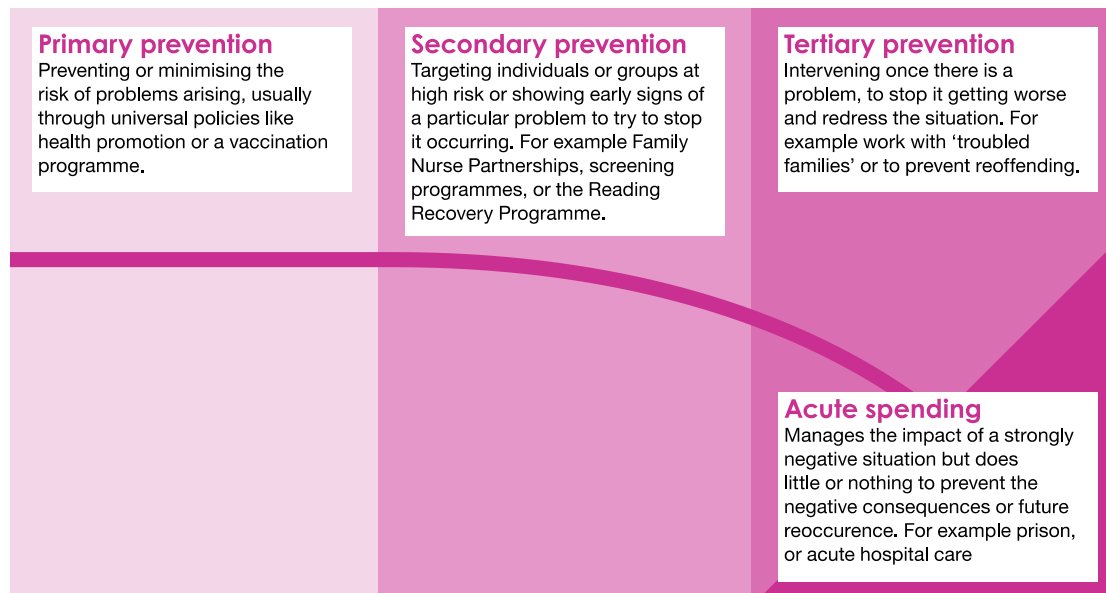
Definitions

There are a number of different terms used in debates about early action. It is important that we start of with some clarity about these terms.

> *The concepts of 'prevention', 'early intervention' and 'early action' are gaining increasing prominence in UK policy, yet no strict definitions exists. Broadly, the terms are used interchangeably and imprecisely to refer to a focus on tackling the roots of social problems: pre-empting their occurrence, rather than treating their consequences. Definitions tend to be broad and conceptual — 'streams' and 'cliff-tops' are common metaphors — rather than technical[7]*

The Early Action Task Force propose[8] a four-tier classification spanning early to late action:

- **Primary Prevention / building readiness:** preventing, or minimising the risk, of problems arising – usually through universal policies like health promotion or a vaccination programme. [Some call this 'prevention'].
- **Secondary Prevention:** targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occurring. For example Family Nurse Partnerships, health screening programmes for older people. [Some call this 'Early Intervention'].
- **Tertiary Prevention:** intervening once there is a problem, to stop it getting worse and redress the situation. For example work with 'troubled families' or to prevent reoffending, or rehabilitation after a fall. [Some call this 'early remedial treatment'].
- **Acute:** interventions which act to manage the impact of a strongly negative situation but does little or nothing to prevent negative consequences or it reoccurring in future. For example prison, or acute hospital care.

Primary prevention
Preventing or minimising the risk of problems arising, usually through universal policies like health promotion or a vaccination programme.

Secondary prevention
Targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occurring. For example Family Nurse Partnerships, screening programmes, or the Reading Recovery Programme.

Tertiary prevention
Intervening once there is a problem, to stop it getting worse and redress the situation. For example work with 'troubled families' or to prevent reoffending.

Acute spending
Manages the impact of a strongly negative situation but does little or nothing to prevent the negative consequences or future reoccurence. For example prison, or acute hospital care

Source: Early Action Task Force [8]

For the sake of simplicity it is useful to think of early action as setting out to answer the question: "*how do we build a society that prevents problems from occurring rather than one that, as now, copes with the consequences?*"[9]

Key Learning

This section seeks to extract the common learning points from all the programmes and initiatives analysed. Seven key domains have been found to be associated with successful action to promote early action approaches and they have formed the structure for the analysis:-

- **Structures** – the 'architecture' of local statutory and voluntary sector organisations which comprise the whole system

- **Strategies** – the content and focus of strategic plans and agreements to foster an approach which is more aligned towards early action

- **Systems** – the policy and practice which drives the shift towards early action

- **Skills** – the competences that key stakeholders within a system need to have in order to make a shift to early action

- **Culture** – the 'custom and practice' which tends to encourage early action approaches

- **Leadership** - the behaviours and beliefs of key decision makers within the system

- **Evidence** - the rigour or otherwise of the data used to support the case for an early action approach and the business planning processes used to implement it

Big Lottery Well-being Programme

The Big Lottery Fund's Well-being Programme was a £165 million programme supporting projects across England, focusing primarily on three themes or strands of wellbeing:
- healthy eating;
- physical activity;
- mental health.

Well being was defined as - '*A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.*'[2] In this sense, promoting wellbeing is a critical early action initiative. Enhanced wellbeing by definition means that there will be less demand on reactive and crisis services.

The programme as whole was found[3] to have significant impact on all three strands of well-being; mental health, physical activity and healthy eating as well as on participants' social well-being and personal well-being. The improvements to participants' well-being were found to continue beyond participation in the programme.

Structures – *the 'architecture' of local statutory and voluntary sector organisations which comprise the whole system*

Partnership philosophy

People's lives do not fit into neat organisational boundaries; they are more complex and diffuse and no single organization can provide all that is required. So successful early action can only flourish where there is a clear realisation of the necessity of partnership working.

Models

Partnership working has to take place at both operational and strategic levels. Joint working is unlikely to be effective if those working at an operational level did not understand why they needed to work together. Similarly, without the support of those working at a strategic level, joint working at an operational level is unlikely to be successful.

> *Involvement of the voluntary sector in commissioning conversations is a critical success factor.*
>
> Sue Goss, Principal in Local Government, Office for Public Management

Governance

Joint working needs to be based on clear joint governance and management arrangements. At the same time these need to respect the need for independent partners to take their own decisions in accordance with their own governance arrangements.

Mainstreaming

Early intervention programmes do best where their actions are integrated into broader mainstream local priorities.

Other Success factors

As well as those covered above, a number of common success factors for developing partnership working were identified:-

> *Half of ill health in old age is entirely preventable by change of lifestyle –Public Health strategy needs to look properly at the mature life course.*
>
> Dr David Oliver, Visiting Fellow, Kings Fund

- *Trust:* Partnership working has to be built on a feeling of trust.
- *Shared learning*: joint training and shared learning can be very effective at breaking down potential barriers between agencies.
- *Partnership development workshops*: can be particularly helpful in identifying which partners are working with the same people on similar issues.
- *Co-location of staff*: can, where appropriate, be effective, especially where they are integrated into universal services such as schools or GP surgeries.
- *Functional understanding*: It is essential that the role and function of any new teams or processes are fully understood by the rest of the system
- *Streamlined referral pathways* it is especially important for referral pathways to be joined up and streamlined.
- *Involvement of the third sector*: this sector has an important role to play, including offering a different and often new perspective on issues and acting as a critical friend for statutory colleagues

Strategies – *the content and focus of strategic plans and agreements to foster an approach which is more aligned towards early action*

No significant shift towards early action is likely to be achieved without a strategic approach. Approaches need to be strategic in terms of timescale (i.e. planning for the medium to longer term), but they also need to be strategic in terms of the 'breadth' of their approach. In other words, approaches should be 'whole system' or joint strategic approaches. And the most successful programmes also recognised that implementing a strategic shift to early action was best achieved through a commissioning framework and all the discipline that that entails.

Understand need
Understanding need is a prerequisite of any strategic approach. The Joint Strategic Needs Assessment is therefore a fundamental building block.

Community engagement and asset mapping
Needs analysis is not a purely 'technical' exercise; it needs to involve discussion with local communities so that a picture of their priorities can be established.

Most successful early action programmes understand the importance of also assessing the strengths within a community – i.e their assets. An assessment of assets allows early action strategies to develop ways of supporting and developing what already exists, rather than injecting new professional services.

> *Need to recognise that the system is not just services; it is the whole resources of the community and individuals.*
>
> Alex Fox, Chief Executive, Shared Lives

Mapping current activity and spend
Understanding how the system is currently responding to need is crucial to working out how to re-engineer it to produce better outcomes. It is important to draw on existing statistical and consultation data about problems, issues, and priorities in the neighbourhood, including data on indicative spend. This is fundamental to getting an understanding of what is being spent, who controls that money whether better use can be made of it.

Mapping activity and spend in this way can be an onerous task, however, as many of the early action programmes found, it can be a useful way of engaging partners.

Joint outcomes
The development of a small number of shared outcomes is critical. This allows organisations to see how their service delivery can contribute to improving people's lives. Focusing on outcomes and selecting the interventions that best deliver them avoids the risk of being limited by existing organizational responsibilities.

Joint Vision and Narrative
It is important to develop a shared narrative and vision about the outcomes and how the programme is proposing to set about achieving them.

Prioritise the areas for change
It is important to recognise what areas need to be prioritised. There are tools which can help local partnerships to recognise their strengths and areas for development.

Invest rather than spend

The commitment of resources is best thought of in terms of an 'investment'. Different investments produce different outcomes – some will produce net savings, some will produce improvements in quality of life, and others will improve service quality and/or efficiency. A broad 'investment portfolio' is required, and many of the investments can be undertaken jointly with other partners.

Rigorous medium to long term business planning

Making a strategic shift requires rigorous business planning over a 3 to 5 year horizon.

Scrutinise the core spend

Mainstream expenditure warrants the same kind of scrutiny as that which is often demanded of preventative initiatives. There are large budgets in any local system and there should usually be potential efficiencies and re-prioritisation which can release resources for new approaches.

Developing a joint commissioning plan – to deliver the change programme.

It will be important to incorporate within a joint commissioning plan an explicit agreement about the sharing of any financial risks and benefits associated with shifting resources towards early action alternatives. Commissioning capacity and expertise is required to do this.

The Life Programme

The Life Programme was developed and delivered by Participle. It addresses the needs of families in entrenched social, economic and emotional crisis. Life is focused on supporting families to independence (as opposed to managing immediate crises). The programme's approach is developmental: sustained, high trust relationships with the Life team support the development of new capabilities within each family to lead the independent lives they truly want. Families are offered support to foster a core set of capabilities that will support them on the road to the lives they want to lead. The programme is based around four broad stages:-

- *Invitation* – opening families to change;
- *Aspirations* – building a plan of what a better life might look like;
- *Activities* – developing and practising core capabilities around relationships, working and learning, health and living in community;
- *Opportunities* – sustaining independence and exiting the programme.

The families involved in this programme are characterised by complex inter-generational issues of neglect and deprivation. Many of those who are now parents grew up in crisis themselves and have no role models of their own to follow. The current mainstream services on offer are unlikely to deliver the radically different approach that Particple believe is needed. They say that, a family that has never lived in any other way cannot change on command, and what is needed is a developmental approach based on sustained, trusted relationships. The programme aims to support a shift from intensive involvement with re-active, costly, enforcement based interventions to pro-active use of universal and preventative services.

Systems – the policy and practice which drives the shift towards early action
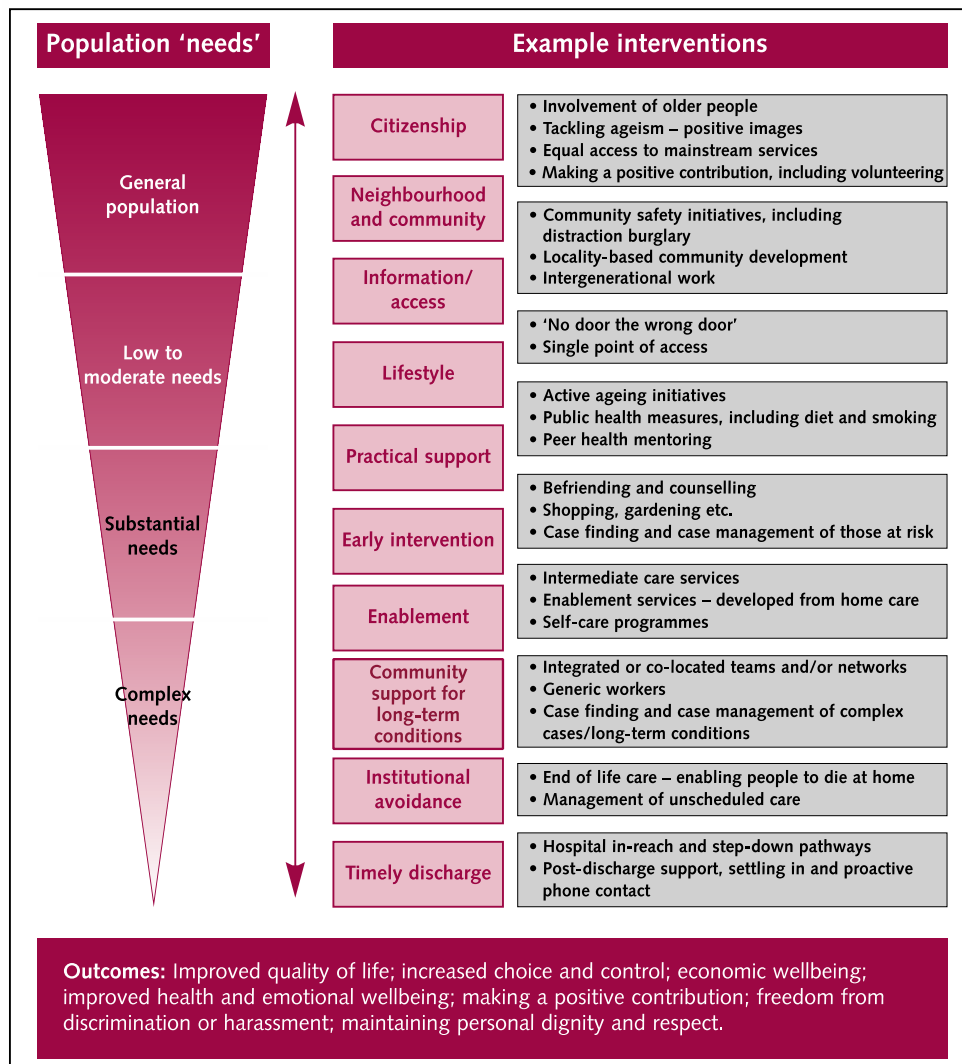
Interventions

A systemic shift to early action requires a coherent framework of interventions.

Early action in relation to children appears to be much more focussed on the psychological/emotional development of the child and behaviour change within their parents. In other words the focus is on 'primary' and 'secondary' prevention. An overview of early action for children and young people is encapsulated well in the following diagram.
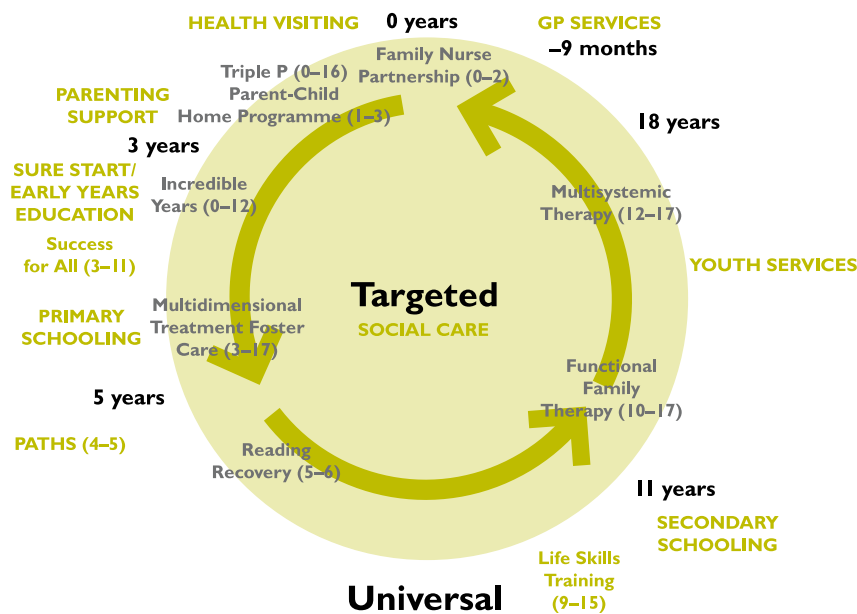
Source: Allen G [10]

When it comes to older people however there is very little focus on psychological, emotional or behavioural issues. Early action in relation to older people is increasingly focussed on 'tertiary prevention' as austerity budget cuts bite. In other words it is largely becoming about the reallocation of services and interventions to shift older people into less costly parts of the system. An overview of what a more comprehensive approach to early action for older people could be is encapsulated well in the following diagram.

Population 'needs'	Example interventions	
General population	Citizenship	• Involvement of older people • Tackling ageism – positive images • Equal access to mainstream services • Making a positive contribution, including volunteering
	Neighbourhood and community	• Community safety initiatives, including distraction burglary • Locality-based community development • Intergenerational work
Low to moderate needs	Information/access	• 'No door the wrong door' • Single point of access
	Lifestyle	• Active ageing initiatives • Public health measures, including diet and smoking • Peer health mentoring
	Practical support	• Befriending and counselling • Shopping, gardening etc. • Case finding and case management of those at risk
Substantial needs	Early intervention	• Intermediate care services • Enablement services – developed from home care • Self-care programmes
	Enablement	
Complex needs	Community support for long-term conditions	• Integrated or co-located teams and/or networks • Generic workers • Case finding and case management of complex cases/long-term conditions
	Institutional avoidance	• End of life care – enabling people to die at home • Management of unscheduled care
	Timely discharge	• Hospital in-reach and step-down pathways • Post-discharge support, settling in and proactive phone contact

Outcomes: Improved quality of life; increased choice and control; economic wellbeing; improved health and emotional wellbeing; making a positive contribution; freedom from discrimination or harassment; maintaining personal dignity and respect.

Source: Robertson [11]

Data sharing

Early action initiatives which are seeking to shift resources 'upstream' require good data on how shared outcomes are being achieved. At a strategic level agencies, particularly statutory agencies, need to be able to share data across organisational boundaries in order to evaluate the effectiveness of joint working and develop future plans and commissioning strategies. Data sharing is also required at an operational level. This is particularly important when services are supporting people with complex needs and often chaotic lifestyles

Referral pathways

Successful early action projects generally take a holistic approach to improving participants' well-being. This requires referral and assessment pathways to be well structured, simplified and able to draw in the necessary support from different organisations without the person being pushed from 'pillar to post'. Single points of access are often key to this.

Early action projects also need to able to proactively identify people at risk and intervene early to diminish or avoid the risk completely. Early action initiatives therefore require mechanisms which can seek out people who can be helped by the intervention.

There is a need to build 'getting in early approaches' into the design of the programme from the beginning. This is a critical success factor.

Lucy de Groot, Chief Executive, Community Service Volunteers

Shifting resources

Shifting resources from acute to preventative or early intervention initiatives is highly desired by those who subscribe to the early action narrative. However it is very difficult to achieve, particularly where budgets are the responsibility of more than one organization. Shifting of resources will only be possible where there is:-

- An early agreement on how to share the benefits and risks of commissioning decisions is in place
- A good understanding of how resources are being used within the system
- Clarity about the effectiveness of early action initiatives and what they will deliver in terms of cost and activity
- A clear plan about what resources will move and when this will happen
- Good engagement with front line staff and managers

Sifting resources will be facilitated or hindered by many other factors including culture, leadership, structures etc. History, or perceptions of history between organisations can significantly undermine the capacity for open dialogue about moving one budget stream to another.

Belief

People have to believe that change is possible. Without the belief that early action is effective it will be difficult to make any change happen.

There is a need for some national leadership on this issue. There should be a dialogue around potential longer-term and systemic reforms to the way local services are funded, including financial incentives or funding arrangements that encourage partners to invest across organisational boundaries and in favour of early intervention.

Bringing about a belief change is a critical success factor. Currently acute sector clinicians and GPs don't believe any of the claims about the effectiveness of prevention.

Sue Goss, Principal in Local Government, Office of Public Management

Skills – *the competences that key stakeholders within a system need to have in order to make a shift to early action*

The early action agenda requires new skills to be acquired by both practitioners and 'back office' staff. It has to be remembered that training has to be realistically costed.

Culture change
Developing the skills required for the early action agenda is closely related to cultural change. There is therefore a need to support staff to understand the importance of joint working, re-ablement, personalisation and asset based philosophies, etc. In many programmes there is a need for practitioners to develop a different kind of relationship with the people they are working with, towards a more supportive kind of relationship.

Practitioners
For practitioners the required skill sets differ depending on different aspects of the life course. Early action with children, young people and families requires the ability to develop therapeutic relationships, deliver educational programmes and bring about behavioural change. Early action with older people requires a rehabilitative approach where the practitioner is focused on 'doing with' rather than 'doing for' the other person.

Asset based approaches to community development require particular facilitation and asset mapping skills.

Back office staff
There is a need for back office staff to have skills around data management, business planning and cost benefit analysis.

Family Intervention Projects

A national network of Family Intervention Projects (FIPs) was set up as part of the Respect Action Plan, launched in January 2006. FIPs aim to reduce ASB perpetrated by families, prevent cycles of homelessness and achieve better outcomes for children and young people. A number of core features distinguish the FIP approach:

- A focus on the most problematic families persistently perpetrating ASB and who are at risk of losing their homes.
- A whole family approach which recognises the inter-connectedness between problems faced by different family members.
- A dedicated key worker with a small caseload of families. Their role is to manage or 'grip' the family's problems, co-ordinate the delivery of services and - using a combination of support and sanctions, as well as an assertive and persistent style of working – motivate the family to change their behaviour.

Culture – *the 'custom and practice' which tends to encourage early action approaches*

Cultural change is fundamental to achieving a shift toward early action. There are a number of key areas of culture change that need to be addressed.

> *Achieving a fundamental culture shift is a critical success factor. It is also the hardest part of the process.*
>
> Hilary Cottam, Chief Executive, Participle

Narrative

Finding a metaphor or narrative that sets out the early action agenda clearly can be one of the most important drivers for cultural change. A graphical image can be very powerful.

Relationship with users

In most cases early action requires the development of a different kind of relationship with the users of services. As a minimum, there needs to be a shift away from trying to 'do things for' people, towards 'doing things with' them. Ideally, there is a need for a more fundamental shift in how members of the public / service users are viewed. With regard to children, young people and families the culture needs to move away from a supervisory and punitive one towards a therapeutic relationship which seeks to empower and support people.

Asset Based philosophy

An asset based philosophy is fundamental to many early action approaches. It seeks to build on people's strengths rather than trying to fix their deficits through the provision of professional services. As such it is closely tied up with community development type approaches.

> *Getting professionals to believe in the value of an asset based approach is a critical success factor.*
>
> Lucy de Groot, Chief Executive, Community Service Volunteers

User involvement

Involving users in the planning and delivery of early action programmes is vital. There are various levels and ways in which people can be involved.

Whole systems philosophy

A whole systems philosophy needs to be reflected in the cultures of the various organisations involved. This can be a challenge, especially in times of austerity, where organisations can prefer to foster an insular and defensive culture.

Business like approach

Early action requires the adoption of a business like philosophy and culture. The setting and measurement of outcomes, along with business planning and cost benefit analyses all need to be supported by an organisational culture which values these approaches.

Leadership - the behaviours and beliefs of key decision makers within the system

Strong visionary leadership which seeks to proactively develop partnership approaches to addressing shared outcomes is critical to achieving success with early action initiatives. The culture change which is required by successful early action programmes needs to be led from the top.

Vision
There needs to be a clear vision about the desirability of a shift to early action and the possibilities that this could achieve in terms of better outcomes for people. Developing and pursuing such a vision requires leadership.

Levels of leadership
Leadership is required at all levels. Firstly, it is required at a national level. This can be so powerful in bringing about widespread change across a range of public sector systems.

> *Leadership is a critical success factor. You need powerful advocates locally and nationally*
>
> Donna Molloy, Head of Implementation, The Early Intervention Foundation

Within individual organisations, leadership at chief officer level is critical. They need to set the direction and champion the early action agenda against the pressures of reactive demand.

Further down the organisational hierarchy, team leadership can be an essential driver for success. The nature of the work and the sometimes difficult relationships with other agencies, make the role of team leadership absolutely critical.

Partnership working
Leadership is required to break down the silo mentality in many organisations. If this isn't challenged at the top of the organisation it is very difficult for those at an operational level to work successfully with the partners they need to engage with. It is important that leaders in each organisation articulate the same early action vision and their organisation's role in delivering it.

> *You need top level 'buy in', even if the evidence base is strong.*
>
> Professor Martin Knapp, London School of Economics

Strong leadership is crucial to getting the right people around the table and ensuring that decisions are made.

Training
Training in leadership can be important and can lead to stronger visions and strategies being developed.

Evidence - *the rigour or otherwise of the data used to support the case for an early action approach and the business planning processes used to implement it*

No shift in the balance of resources towards early action will be achieved without a strong evidence base. Any intervention needs to be based on sound research. For it to be commissioned and for resources to be shifted towards early action it requires a clear business plan with cost benefit analysis and accompanying monitoring of outcomes achieved.

> *Measurement is a critical success factor. You need to be able to show what outcomes have been delivered and make a strong case for how the impact on other services has been reduced.*
>
> Donna Molloy, Head of Implementation, The Early Intervention Foundation

Research
There is a growing body of research evidence on the effectiveness of early action initiatives. But care needs to be taken in assessing the strength of the evidence base. Randomised control trials are clearly the gold standard, where they are feasible and relevant. It is important to take a balanced approach to the use of the evidence. In reality there is a continuum of evidence

'Regression to the Mean'
It is important to be very careful of 'before and after' studies which don't have any control group comparisons. Such studies can fail to take account of the concept of 'regression to the mean'. Without a robust control group such before and after studies can be misleading. Where one selects individuals at high risk of experiencing an adverse outcome (e.g. admission to hospital), there is a natural tendency for subsequent measurements of those individuals to show a reduction in their experience of that outcome. This is a statistical phenomenon called 'regression to the mean'.

So when one looks at the data for a typical early action intervention, the data can often show something like the following:-
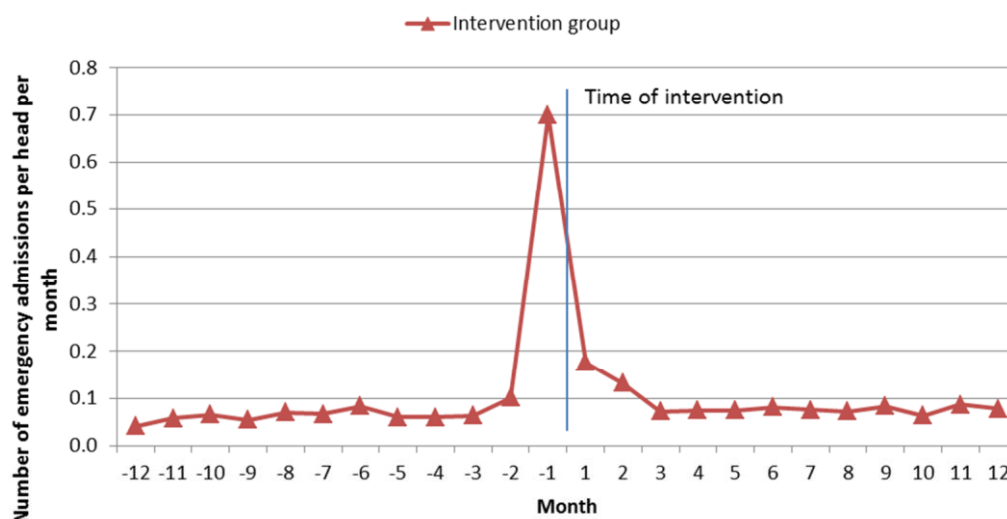
Source: Steventon [12]

To most lay people this would be conclusive proof that the intervention had had a dramatic effect on tackling the issue (in this case hospital admissions). It would be claimed that this demonstrated the efficacy of the preventative initiative.

However, when the data from a control group is mapped on, a very different picture emerges. It can be seen that the intervention has had no impact whatsoever.
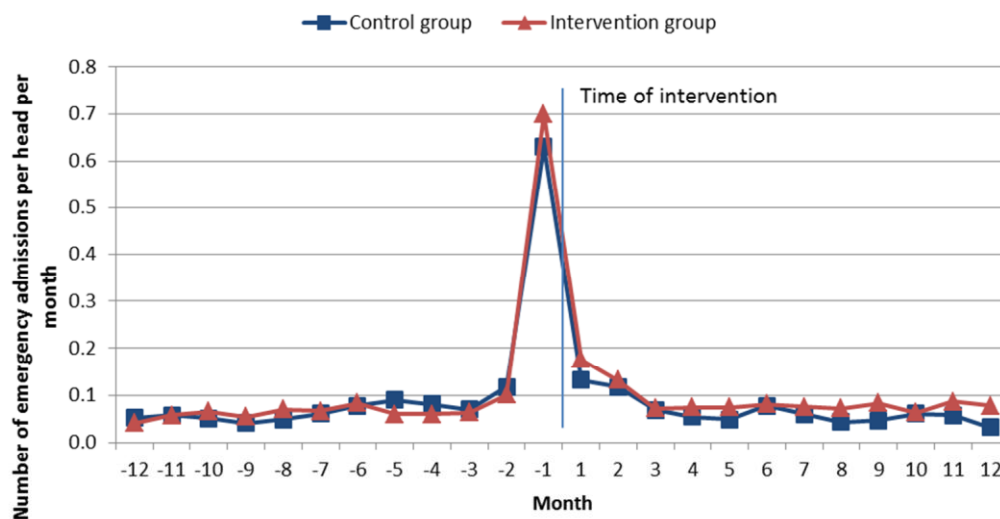
Source: Steventon [12]

Taking account of regression to the mean is a critical point of learning that needs to be incorporated into all evaluations of early action initiatives.

Business Case
Strong research evidence is the first step, but it is not in itself a justification for commissioning. The intervention may be effective, but one has to question whether the cost outweighs the benefit. This question has to be answered through the development of a business case.

An early action business case will set out the anticipated costs of the programme along with the expected benefits (financial and social) that it will achieve. It is the business case which commissioners of funders will require to guide their investment decisions.

Cost Benefit Analysis
As part of the business planning process it is important to establish whether the early action programme will generate sufficient benefits (outcomes) to justify the level of investment. In other words there is a need for a cost benefit analysis.

Taking account of the economic case is a critical success factor. There is hesitation is some areas because the economic case is somehow seen to jar with some of the principles of early action programmes. This needs to change.

Professor Martin Knapp, London School of Economics

Theory of Change
The development of a theory of change or logic model is very useful, particularly as part of the evaluation process. It shows the path from needs to activities to outcomes to impact. It describes the desired change and the steps involved in making that change happen. Theories of change also depict the assumptions that lie behind the reasons; a discipline that is helpful as it can prompt the search for evidence to substantiate or change the assumptions.

A theory of change is a crucial basis for measurement because it provides a theoretical framework that can be used to assess whether an intervention is working as planned and how it can be improved. If measurement is not based on a theory of change it risks not measuring the most important things. It can also help one to understand *how* change is happening as well as *whether* it is happening.

Monitoring performance

It is extremely important to monitor activity and use this data to evaluate effectiveness. It is vital to:

- develop evaluation frameworks which set out what outcomes are expected
- establish baselines
- undertake regular monitoring of performance indicators and other deliverables

This approach requires investment in performance management and the capacity to monitor outcomes. This kind of capacity is essential and should not be underestimated, particularly if 'savings' are to be generated for re-investment in other parts of the system.

Local Area Co-ordination

Local Area Coordination (LAC)is a model which has been in existence in Australia for a number of years[1]. The Local Area Coordinator supports 50-65 individuals and their families who live in a defined local area. They provide a local, accessible and single point of contact for people of all ages who may be vulnerable due to age, disability or mental illness. They are the "front end" of the service system. They begin by helping people to be as strong and as connected as soon as possible - preventing problems and crises. They work by helping people to identify their own vision for a good life and ways to achieve it. Building on a real relationship and a real presence within the local community the Local Area Coordinator will:

- help people identify their strengths and capacities to solve their own problems
- provide practical assistance to ensure crises are overcome or avoided
- help ensure people achieve their legitimate entitlements
- support people to maximise their contribution as citizens

Local area coordination claims that it is a preventative approach that can divert people from statutory services, increase independence, improve informal networks and community links and support people to achieve better outcomes. "*Without early intervention of the kind that local area coordinators can provide, crises will develop in people's lives that will require more expensive intervention, individuals may experience barriers in accessing appropriate support and more people will require statutory services*".[4]

There have been over 20 evaluations across Australia and internationally, including an independent review of previous literature and evaluations[5]. Generally evaluations have showed that, where fully implemented, there has been strong evidence of a range of consistent and positive outcomes for individuals and families.[6]

Mind Map

The following 'mind map' sets out the key learning points covered in this section.
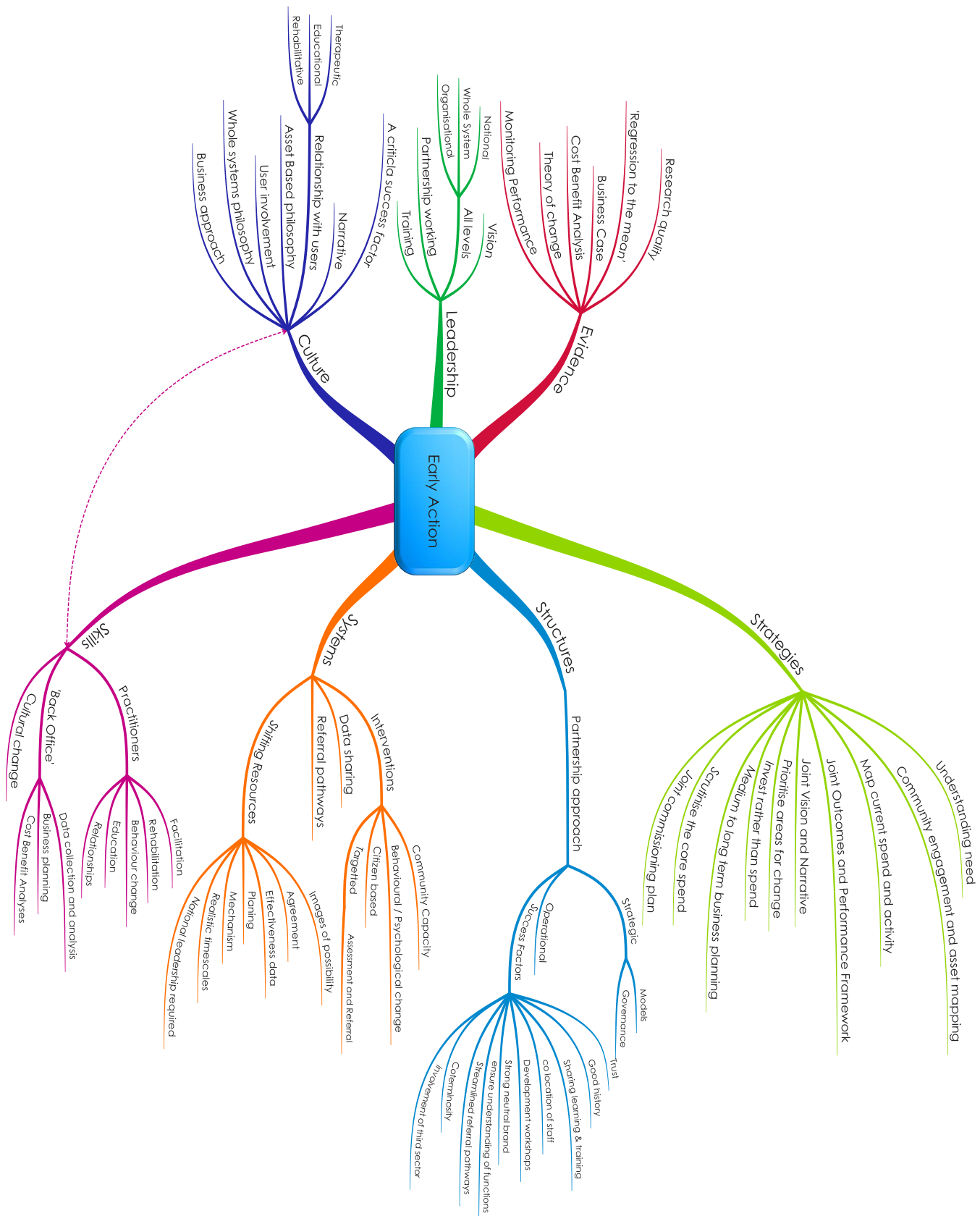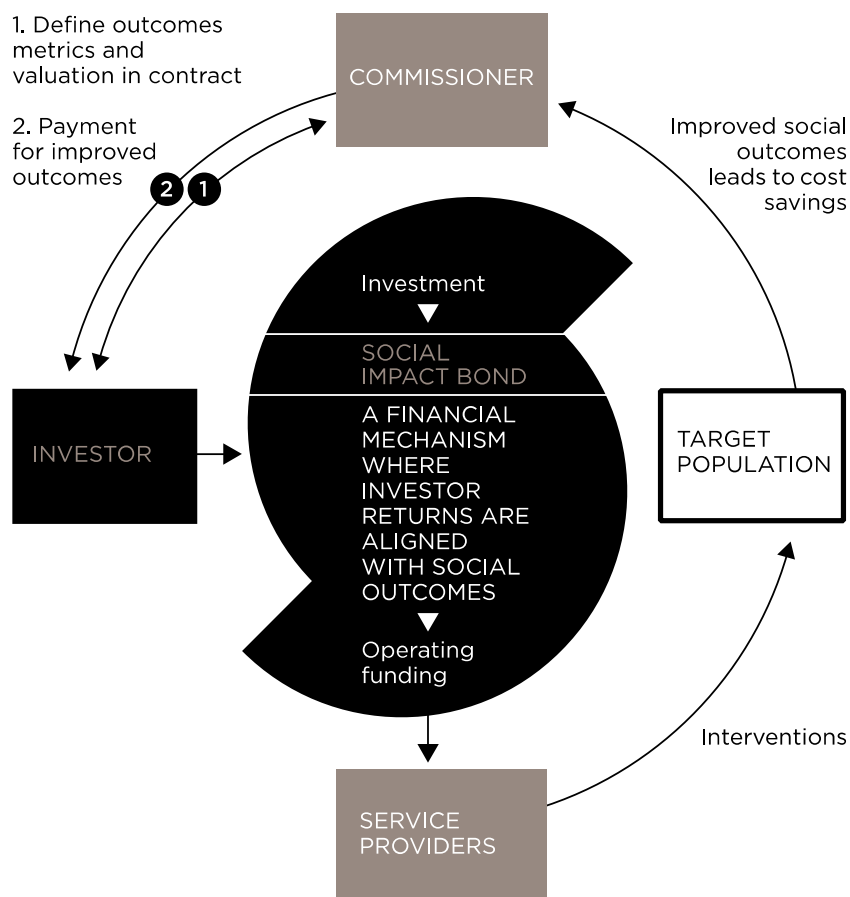
Tools for change

There are a number of tools or mechanisms which can support a strategic shift to early action.

Social Impact Bonds

Social Impact Bonds have the potential to be a very effective mechanism for facilitating the shift in resources towards early action.

Under a Social Impact Bond (SIB), investors provide new, up-front funding for preventative services and manage the delivery of these services. Commissioners only pay when and if these outcomes improve, incentivising effective management and avoiding the need to potentially pay for failure. Often, but not always, payments are made from the associated savings.

The Social Impact Bond Model

1. Define outcomes metrics and valuation in contract

2. Payment for improved outcomes

COMMISSIONER

Improved social outcomes leads to cost savings

Investment

SOCIAL IMPACT BOND

A FINANCIAL MECHANISM WHERE INVESTOR RETURNS ARE ALIGNED WITH SOCIAL OUTCOMES

Operating funding

INVESTOR

TARGET POPULATION

Interventions

SERVICE PROVIDERS

Taken from Social Finance [13]

Because of the nature of the SIB contract, several things need to be very clearly established in the agreement between the different parties. These things affect what it is viable to consider funding through SIB mechanisms.

The most important of these are:

1. *Target Population*: The SIB contract needs to very precisely specify who the recipients of the contracted services are. A defined and measurable cohort is essential both for the purpose of measuring the impact the service has and as a method of ensuring that the service is provided to the people who need it rather than the people who are most likely to ensure that a payment is triggered.

2. *Target Outcomes*: the success criteria must be precise, objective, clear, and easily measured. Ideally, they will be externally validated. The likelihood of achieving these outcomes, and the importance and value of the impact of these, are fundamental elements of the development and success of a social investment mechanism.

3. *Pay-out Mechanism*: The mapping from the achievement of outcomes to pay- outs for investors' needs to be agreed and documented unequivocally in the SIB contract.

Local Integrated Services Trust

The incentives for investing in a real shift towards early intervention can be inadequate: either because the benefits will accrue disproportionately to organisations that are not making the investment or because the change requires investment that will need time to deliver pay- back. In-year investment for out-of-year payback is not easy to deliver in times of extreme austerity.

The purpose of a Local Integrated Services Trust is to provide an opportunity to bridge this gap by creating a local social enterprise; one owned by the local public sector stakeholders that can broker the change, backed by social investment funds where necessary, including bonds.

In this model the social enterprise (the LIST) is owned by as many local public bodies as possible to ease the position of procuring services from it, designated as a public body in its own right and the ability to act on behalf of various local public authorities. The role of the LIST is to[14]:

- *Identify projects where investment in service change would provide an overall benefit in reducing waste or cost or making quality improvements for users. The outcomes of Total Place pilots would provide the starting point for many localities.*
- *Broker the change, transferring the risk of delivery away from individual organisations, pooling the opportunities and benefits, supported by social investment funds where necessary.*
- *In its brokerage role, the LIST will be principally a facilitator, extending to supply chain manager, but it could also assume a role as part commissioner and that commissioning role could expand over time, building on past successes with the encouragement and support of its member organisations.*
- *Keeping it simple means that this list should pick up easy targets to start with but over time and where there is local ambition to do so, it could develop into a procurement hub for services more generically.*
- *Profits over time can be re-invested in projects that meet local priorities, some of which may have higher risks or longer term payback.*

The Local Integrated Services Trust can act as a vehicle to broker a pooled budget within an area where there are common and joint desired outcomes. The LIST aggregates funding and acts as a public body that can commission services and manage contractual obligations. This form of integrated commissioning focuses on the desired outcomes to be achieved, and, hence uses a Payment by Results (PbR) mechanism to realise cashable savings upon successfully delivered outcomes. Once the LIST is created, it could act as a flexible entity, ready to take advantage of more opportunities for social investment, without the need to start from scratch:

The structure of a LIST is illustrated overleaf:-

Local Integrated Services Trust (LIST) structure diagram

Source: Bevan Brittan [14]

System modelling

(Diagrams and original thinking are drawn from Whole Systems Partnership http://www.thewholesystem.co.uk/default.aspx) This is based on pilot work undertaken as part of the POPP programme and is for illustrative purposes only.

Planning a systemic shift to early action can be greatly assisted by using 'system modelling' or 'decision support' tools. These tools enable complex systems to be mapped in a dynamic way and different scenarios to be projected on the basis of different assumptions about demand and service performance.

System modelling tools can:-

- Demonstrate the impact on levels of needs, and therefore the shift between care sectors effected by optimised prevention and well-being services within a specific locality;
- Reflect needs at a locality or neighbourhood level with key parameters being scalable;
- Enable local assumptions and priorities to be applied, based on but not reliant on findings from service evaluation studies and research outputs;
- Explore the impact of different strategies for investing 'upstream' – which interventions have the most significant impact and over what timescales?

Undertaking a system modelling exercise can provide insight into:-

1. How care needs would change into the future – the 'do nothing' scenario that identifies the extent of challenge in terms of performance and resources.
2. The redesign necessary to achieve an alternative future – what would the system look like and what key redesign initiatives are needed to effect this change and deliver efficiencies.
3. How planned interventions might impact on the system – will they deliver the desired change in performance, outcomes and efficiency?
4. What are the implications in terms of partnership working, investment and leadership?

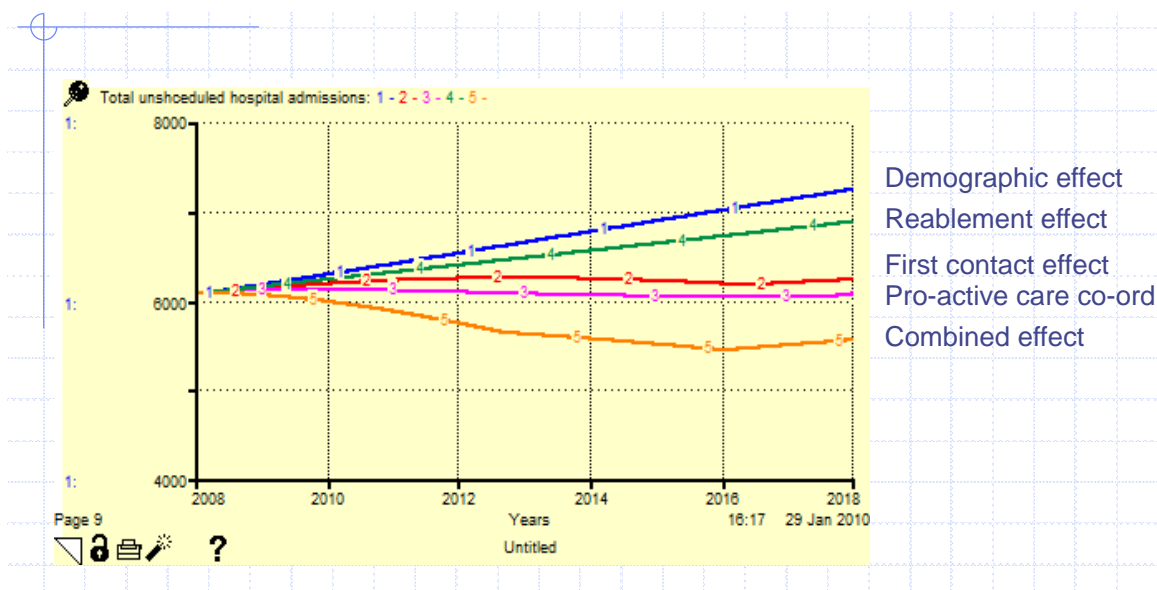The system modelling approach can be illustrated as follows:-

Population needs analysis feeds the baseline assumptions about demand.

Interventions targeted at slower or reversing progression from top to the bottom of the matrix
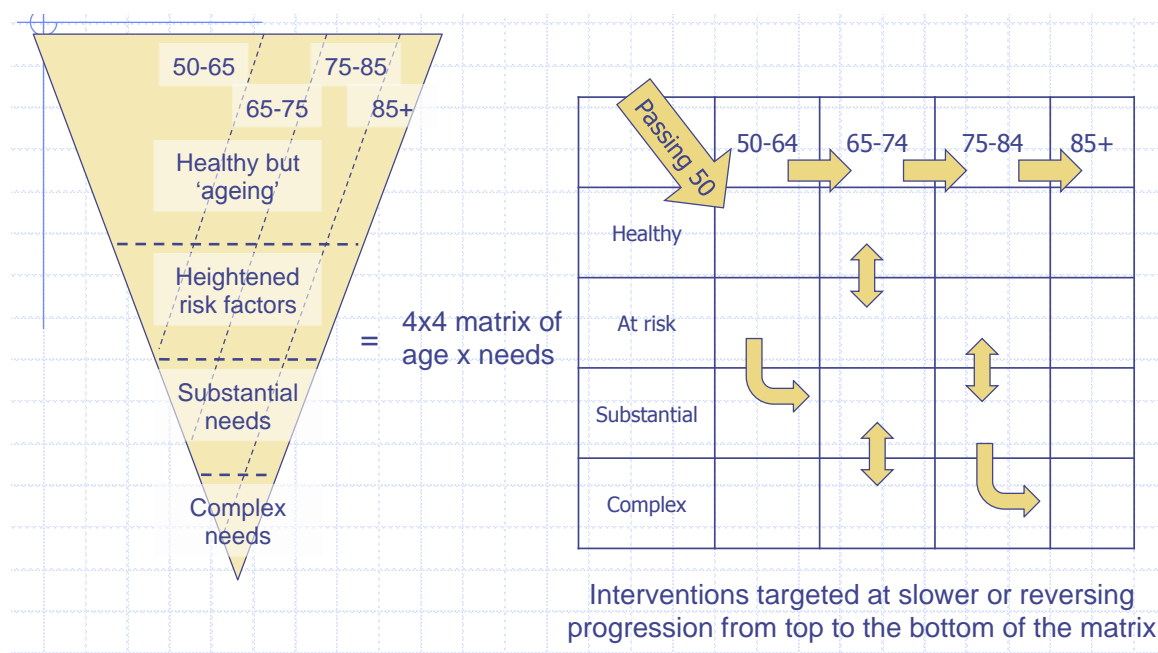
These assumptions are then incorporated into a complex system model which begins to set out the interrelationships between different population characteristics.
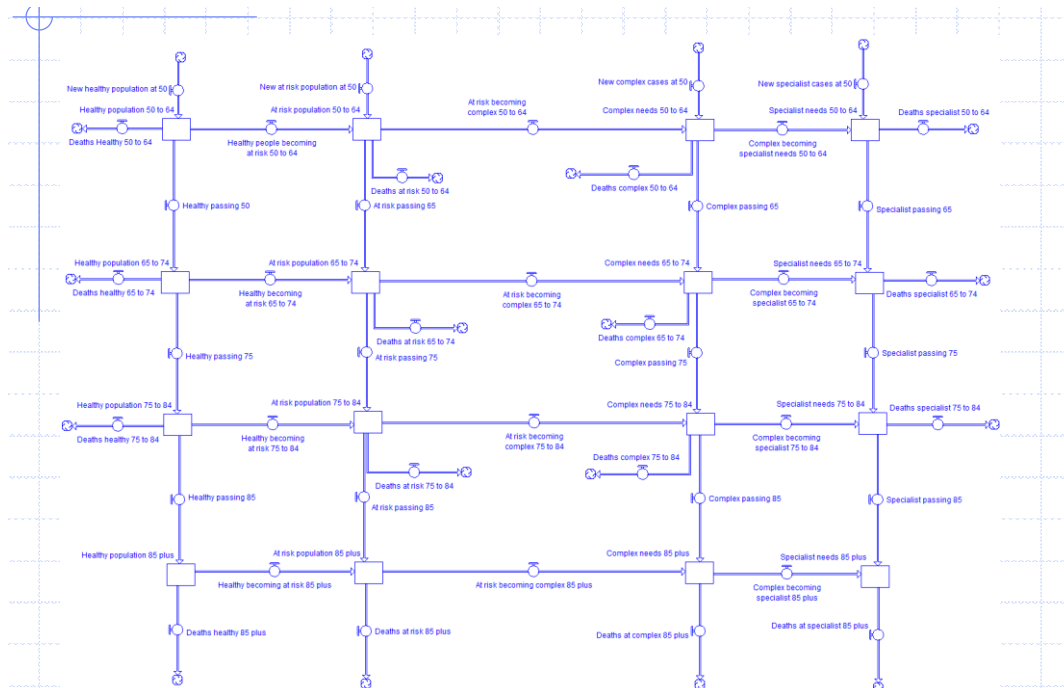
A map of the system is then built up. This differs from a simple spreadsheet model in that it incorporates dynamic relationships between the different elements which more closely replicate some of the complexity in real systems. Having done this, the model can then run various scenarios based on the assumptions about demand and service outcomes that are applied to the model.

Demographic effect
Reablement effect
First contact effect
Pro-active care co-ord.
Combined effect

Top Tips for a Systemic Shift to Early Action: a guide for third sector and community organisations

1. Engage with the target population or community in order to work out the outcomes which they think are most important. Develop arrangements for ensuring their ongoing involvement in the development and delivery of your early action initiative

2. Develop a 'theory of change'. In other words clarify your ultimate goal and intermediate outcomes and the assumptions about how your interventions will promote them.

3. Identify the key partners to work with and start to engage with them early on in the process.

4. Develop a joint vision with your partners. Convey the aim of the initiative in a narrative and/or represent it graphically.

5. Brand it. Give the initiative a positive identity

6. Clarify the values and principles which underpin your desired approach. In particular, set out clearly how you view the people who will benefit from your imitative and what sort of relationship you want to develop with them. Be clear about to what extent you will seek to support and build on people's strengths and abilities, rather than to concentrate on their needs and deficits.

7. If possible, map out how money is currently being spent and what activities and outcomes it is producing.

8. Develop a rigorous business plan, including a cost benefit analysis. Consider the use of system modelling techniques as part of this.

9. Survey all the relevant research and evaluation data for guidelines and pointers to effective implementation.

10. Develop a mechanism and written agreement about how to share the costs, risks and potential savings.

11. Build data collection arrangements into the initiative from the beginning.

12. Be clear about the required staff competencies and only recruit those who display the right philosophy and understanding of how to work in an early action environment.

13. Identify and cultivate 'leadership champions' – i.e people with power and influence who can effectively promote the initiative and what it is trying to achieve.

14. Collect case studies and stories that illustrate what is being achieved.

15. Explain; explain; explain; explain – what the initiative is about until you are 'blue in the face'! People in the mainstream system can take a long time to really 'hear' what early action initiatives are doing and how they could best work with them.

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