Children's Services
222 Upper Street, London N1 1XR

Report of: Director of Strategy and Commissioning, Children's Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 July 2014		All

SUBJECT: Early Intervention and Prevention: from rhetoric to long-term reality in Islington

1. Synopsis

1.1. There is widespread consensus on the principle of early intervention and prevention to prevent bigger and more costly problems occurring. However, in practice a culture of late intervention occurs. In areas such as long term health problems, isolation among older people, families with multiple problems, unemployment and offending, problems can reach crisis point where then expensive institutional responses from hospitals, care homes, prisons and children's social care have to rescue and 'treat' the issues.

1.2. Early intervention and prevention is key plank for children's partnerships. Health and Wellbeing Boards (HWBs) provide significant potential for embedding improved outcomes for children, young people and families too as well as opportunities for greater integration. However, meeting children and families' needs through early intervention will require health and wellbeing partners to look beyond the national frameworks for co-ordinating and managing health and care such as inspection and political/funding cycles. Health and wellbeing partners will need to take a risk and embrace a local long-term strategic shift towards securing wellness and building resilience in the Islington population.

2. Recommendations

2.1. Together with the Children and Families Board, to commit to a long-term focus on early intervention and prevention in Islington.

2.2. To hold an initial summit, jointly with the Children and Families Board, in November about children, young people and parent/families that considers:

a. how smart investment can be applied to make a culture shift from late intervention to early intervention that results in local savings
b. how the culture change required for early intervention can be achieved in the following areas:
    - balancing acute/complex/severe needs and early intervention
    - individual and collective leadership
    - funding early intervention
    - commissioning for early intervention and prevention, which includes
        - innovation and building local evidence – how we diversify our local evidence base on prevention and early intervention
    - collaboration and shared goals with external partners such as schools and the third sector

2.3. To hold a further summit to consider how the early intervention and prevention approach could be applied to the rest of the life course i.e. adults and older people.

3. Background

3.1. Economic recovery and its impact still seem far away. Families have less to live on and there may be more stress within them. Our children may find it harder to get work, buy their own home and face a higher cost of living than their parents. Some may need a little more support, some a lot more. This not only affects poorer families but people on middle and other incomes too. As needs grow, there will be fewer local resources to support those needs.

3.2. In early 2013, Islington was designated as one of 20 '**Early Intervention Pioneer Places**' by the Early Intervention Foundation. This shows that our national profile as a leader in this area is strong. Together, with the Early Intervention Foundation and the other EIF Places, Islington will continue to make a step change so that early intervention supports children, young people and their families. It means that we are trying to make early intervention a reality through all levels of local activity, from our governance structures and commissioning, development of strategies and business cases through to reviewing programmes and practice on the ground. However, this is not a new approach for Islington's Children and Families Partnership: the early intervention and prevention agenda has been a key strand of work with strong leadership for just over 10 years.

3.3. 'Early intervention and prevention' has become a term used in various reports and approaches across central government and other policy-making institutions. It is not just confined to a single department but cuts across children, young people, parents/carers/adults and older people. However, there is growing recognition that what you do with children and young people will generate impact and savings for the adult population and the community:

- The Chief Medical Officer (CMO) used her 2012 annual report to focus on children and young people's health and wellbeing outcomes. It included a crucial chapter on the economic case for early intervention and recommendations to shift from a reactive to proactive approach. The CMO emphasised the theme of early intervention and prevention throughout the report to highlight that:
    a. what happens in childhood has a major effect on health and wellbeing outcomes in later life; and
    b. there is a significant cost of not intervening to improve health such as the cost of obesity (circa £588 – 686 million per annum) and mental health issues (circa £2.35 billion) to the health system, families and society as a whole.

- The Department for Communities and Local Government (DCLG) attributed a commitment to early intervention by setting up the 'Troubled Families' programme, born out of the Community Budget for Families with Multiple Needs to provide an early intervention approach to support families.

- Both the Independent Commission on Youth Crime and the new Chair of the Youth Justice Board (YJB) emphasise the need for a higher profile and use of funding given to early intervention so that local areas tackle crime and anti-social behaviour. The Independent Commission focused on the 'wider determinants' of crime to secure less involvement in crime. The YJB Chair has committed to influencing Police and Crime Commissioners to spend early intervention money well and signalled that early intervention should not be lost because changes to the source of funding.

- The Department of Health (DH) spoke of a new direction for health and social care services on prevention and health promotion that required "a shift in the centre of gravity of spending". This was in recognition of the challenge to meet future demographic changes faced nationally and by local areas.

3.4. There are plenty of commitments to early intervention and prevention, even in Islington. However, there can be a difference to what's said and done in its name (see Table 1).

Table 1: Examples of national Government commitments and spend on early intervention and prevention

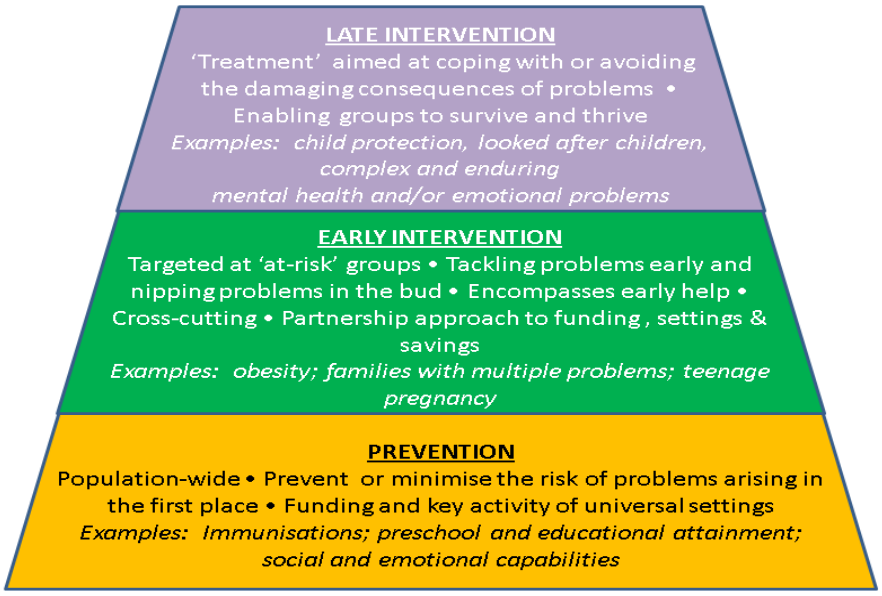
National Government Department	Commitment to early intervention and prevention	Spend on early intervention and prevention
Health	"We need a paradigm shift in health – away from 'diagnose and treat' towards 'predict and prevent'." (DoH, 2009)	4% spending on prevention in England Spending on mental health is greater for adults than children even though half of adult problems emerge before age 15.
Work and Pensions	"We need a new approach to multiple disadvantages which is based on tackling the root causes of [these] social issues, and not just dealing with the symptoms…to prevent problems arising and tack issues before they become embedded." (DWP, 2012)	Overall prevention spend not known. Contributed part of the £3.5m to the Early Intervention Foundation (with DfE, DCLG and DH)
Ministry of Justice	" The overall goal of the youth justice system is to preen offending by young people" (MOJ, 2010)	The Youth Justice Board spends 10% of its budget on prevention. Over 30% of budget is spent on custody for 3% of offenders.

Adapted from: New Philanthropy Capital. (2012). Prevention and Early Intervention: A scoping study for the Big Lottery Fund.

Early intervention, early action or early help?

3.5. The aim of early intervention and prevention is to **build resilience in individuals and communities** so that they become more self-sustaining, there is **less reliance on public services** but that there is a focus on those that need direction and support and we, as an area, **identify needs early and nip problems in the bud**.

Figure 1: Prevention, early intervention and late intervention



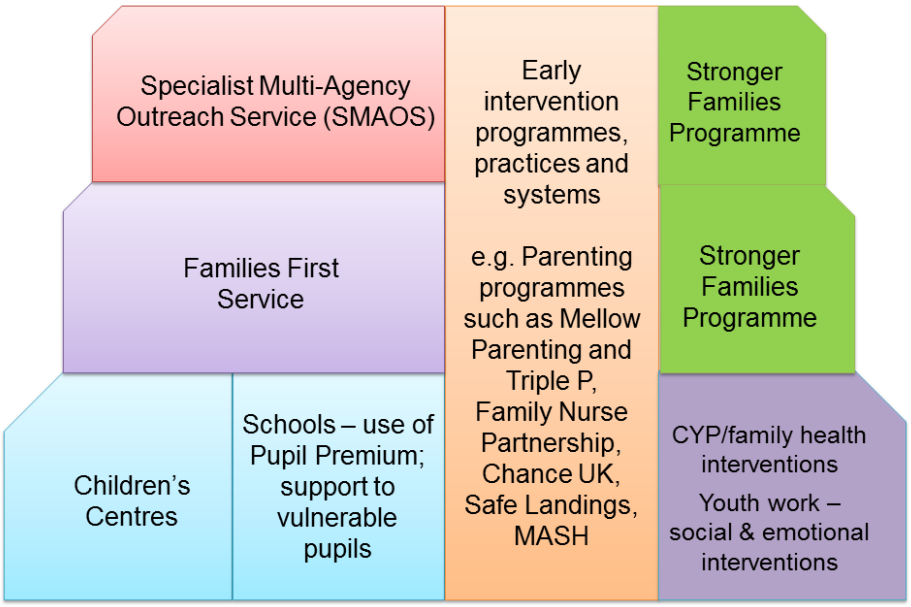
3.6. There are also clear financial benefits to this approach such as savings generated from less frequent use of 'treatment' or specialist services. Early intervention can bring about a range of short and long-term economic benefits. Short term costs can be accrued over electoral or budget cycles whilst long-term costs are just as important to ensure that the health, social and economic benefits are sustained.

Table 2: The estimated public sector costs of dealing with a range of health and social care problems[1]

Health and social problems	Costs
Youth unemployment	£133 million per week
Youth crime	£1.2 billion per year
Educational underachievement	£22 billion per generation
One year in a children's residential home	£149, 240
One year in foster care	£35,152
Admission to inpatient child and adolescent mental health services	£24,482
Child in care low-cost — with no evidence of additional support needs	Over 9 months: • To local authority: £65,438 • To others: £17,057

3.7. Early action, early help and early intervention tend to be used interchangeably. **Early help** focuses on the interventions, portfolio of evidence-based programmes, multi-agency systems and workforce to support families. The Working Together 2013 statutory guidance makes early help a statutory responsibility that cuts across partners with an aim to reduce safeguarding risks and action. In Islington, early help means pro-actively reaching out to families at risk, preventing problems from arising and building resilience in families so that problems do not become serious. Early help tends to be associated with support and outcomes for children and families that can result in the reduced use and cost of specialist services such as children's social care.

Figure 2: Children and Families Early Help



3.8. **Early intervention** encompasses early help but also goes broader as an approach. It is a partnership approach towards early action that results in better outcomes, value for money and reduces costs in the long-term across the different partners. As an Early Intervention Pioneer Place, there should be a shift in culture across Islington as a place that influences opportunities everywhere. For example, housing interventions to avoid costs and improve health and care such as the N19 project and outside insulation of housing estates or debt advice interventions to alleviate financial debt and reduce mental health problems.

[1] Taken from: *Strelitz, J. (2013). Chapter 3: The economic case for a shift to prevention* In *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays; PSSRU. (2013). Unit Costs of Health and Social Care.*

Early intervention challenges to the health and wellbeing of children, young people and families in Islington

3.9. Using early intervention approaches with children, young people and families can bring about the dividends of thriving lives and costing less for the future. For example, social and emotional foundations in the early years, capable and confident parenting amongst vulnerable families, healthy lifestyles and good education habits set during the primary and secondary school years can determine positive outcomes throughout the life course. It can also tackle the costly consequences of issues such as school exclusions and unemployment in later years. There is also a case for early intervention measures in later life. An adult or older person can have a smooth transition with the good foundations of a healthy lifestyle, good education and social networks; however, this does not mean that the onset of new problems cannot be sparked by ill-health, unemployment, bereavement or other issues that can affect a person's resilience.

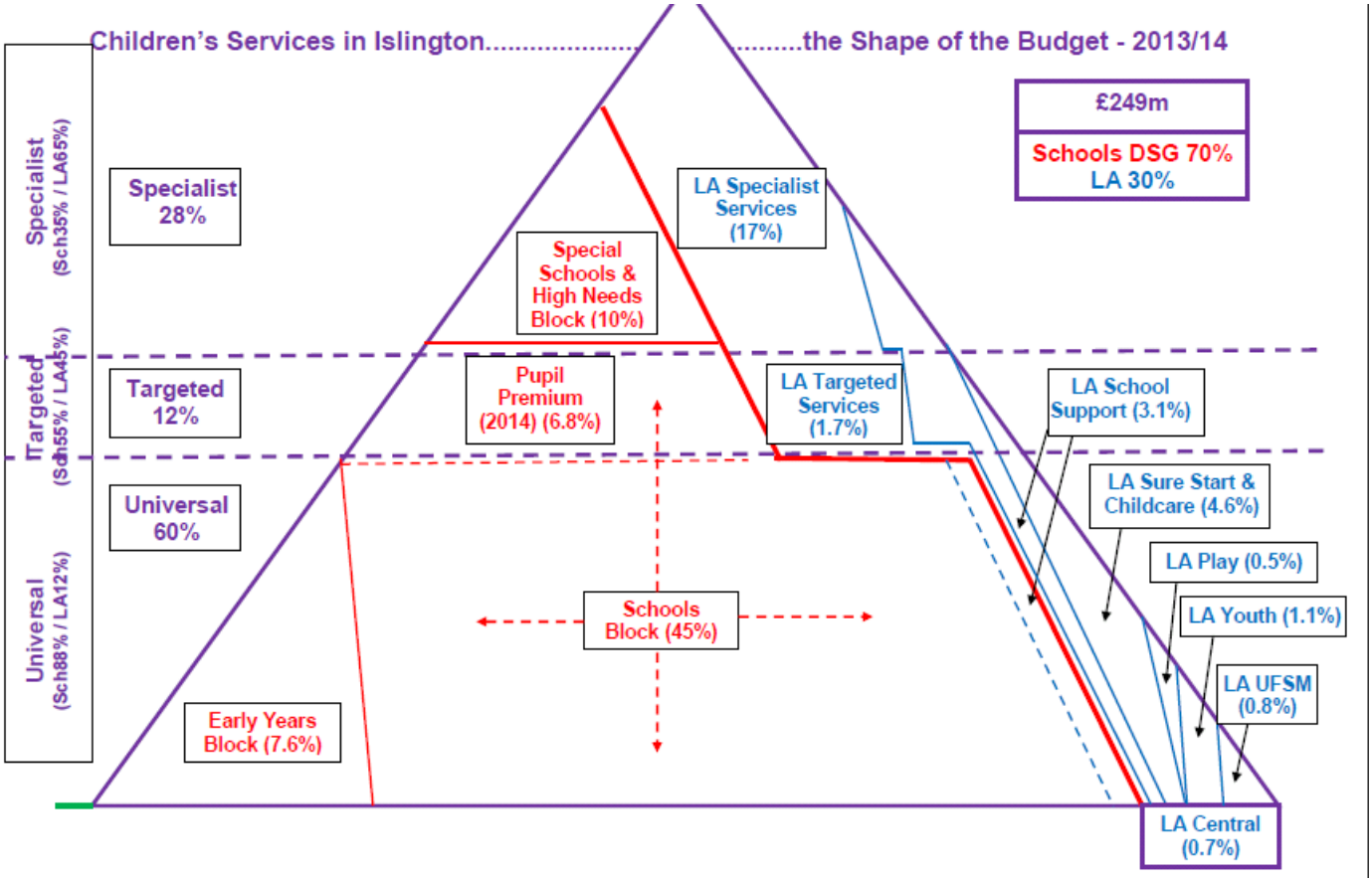
3.10. Using published literature, an analysis of evidence and cost calculation techniques, Strelitz (2013) identified a range of short and long-term costs for issues that form the major burden of disease in children and young people such as pre-term birth, unintentional injury, child obesity and child mental health problems. These costs are connected to societal and public service impacts are not confined to one public sector organisation and can deliver potential savings to a range of bodies (*Appendix A*).

3.11. During good economic times, policy makers put in place the social and physical infrastructure for early intervention. For example, following years of disinvestment in public services, the early to mid-2000s saw initiatives such as the opening of children's centres, the Every Child Matters agenda, the setup of Youth Offending Teams and early intervention funding streams such as the Children's Fund, CAMHS funding and the Teenage Pregnancy Grant. Austerity tends to result in falling levels of funding for early intervention initiatives which interferes with their intended impact. Several funding streams were combined to form a ring-fenced Early Intervention Grant which was then substantially cut with the ring-fence removed. However, as the population grows and the effects of austerity and financial savings embed, the risk of doing nothing mean that problems can be stored up for the future. This can be at a risk of greater cost and need for expensive multiple statutory 'late intervention' services.

3.12. Figure 3 outlines the 2013/14 shape of the budget for children's services providing a visual snapshot of the balance of expenditure on universal, targeted and specialist services. It also provides a snapshot of the balance between the quantum of LA controlled budgets compared with the budgets under the control of the Schools Forum. As can be seen, 70% of all funding is within the schools sector (rising to 73% in 2014/15). This diagram can also be used to stimulate further focused analysis on how funding is moving between sectors and as a reference point for the balance of expenditure on early intervention, i.e not just early years but also targeted services when budget decisions are taken. A similar exercise within the children's health budget would be complex but helpful to the debate. Due to the direction of travel set by the current national government, it is likely that the local authority funding for targeted/early intervention will continue to be most at risk.

3.13. Financing early intervention and prevention depends on three things. **First**, whether it is possible to find money to invest into early intervention and prevention from existing activities. The preferable option is use upfront investment rather than payment-by-results or social impact costs which can be costly due to the transfer of risk. **Second**, whether the expected better outcomes will materialise particularly if the risk involved is high due to no or little evidence to support the new way of doing things. However, risk even exists for evidence-based approaches. **Third**, the length of time to realise the financial benefits. It can be difficult to justify using funding from existing budgets for upfront investment in early intervention and prevention if it takes a long time to realise the financial benefits.

Figure 3: Children's Services - the shape of the budget in 2013/14



3.14. There are a number of barriers to implementing a locally effective early intervention approach. These include:

a. **Evidence** – Evidencing impact, demonstrating promised outcomes and encouraging examples of successfully reducing demand for 'late intervention' services takes time to accrue. There can be an absence of adequate data to understand the costs of existing approaches and therefore the real costs of inaction. It also requires investment in sufficient skills for evaluation and impact measurement including having a clear logic model, cost, knowing what to measure and attribution. Even where there is some evidence, early intervention can be constrained by the following other factors.

b. **Funding** –The approach can be limited by pressures to direct spending at addressing acute needs or disinvesting in things that may not be working effectively but are part of the accepted landscape that needs to react to ongoing acute needs and manage risks in the community. To invest in early intervention, this means shifting spending away from reactive interventions; to invest in reactive interventions could mean a larger cost to the public purse as well enabling poor outcomes to continue or escalate.

   Organisations often want to see an immediate return on their investment sometimes accrued directly to them. The time lag between investment and benefit means that savings are not likely to be realised within current financial or political cycles. Budget holders can be unwilling to commit their resources upon the realisation that the investments from one budget, department, organisation or commissioner may bring about benefits to another. Similarly, pooling or aligning budgets does not provide enough incentives.

c. **Targeting** – It is difficult to identify who is most at risk of developing problems in the future and there is a risk of funding people who would have been without the early intervention.

d. **Structural issues** – Short political and local funding cycles act as a disincentive to investing in interventions which are unlikely to bring short-term returns. There can be little incentive to work

on cross-cutting approaches if cost savings will accrue to a different department or organisation. For example, where the local authority funds crime prevention with the savings from reduced custody accruing to central government.

a. **Culture and leadership** - A lack of strong leadership to challenge and transform the culture of late reaction across organisations and multi-agency partnerships.

4. Early intervention and prevention: making it real in Islington

4.1. Creating a culture change in Islington and taking a risk

We haven't yet capitalised on moving the balance in our children's and families' system as decisively towards early intervention as is necessary and desirable. Engineering a strategic shift of this kind when the pressures on public funding are intense is challenging. For the benefit of children, families and a thriving community, it is a long-term challenge we must invest in.

Early intervention is cross-cutting and innovative by nature. A strategic shift to early intervention needs to be embedded in **long-term political priorities as well as inter-agency and inter-departmental initiatives**. Senior managers will need to 'Think Early Intervention' when developing future budgets or projects to secure improved outcomes for population groups. It also requires making use of levers such as community budgeting for issues where there needs to be shared goals and savings.

There would also need to be consideration of a clear **early intervention investment element** to forthcoming financial discussions taking place across all partners. This could involve the engagement of partners such as schools, the third sector and businesses to harness inward investment opportunities for shared goals. This could involve consideration of invest/spend to save or using a 1% for early intervention approach where you cut an existing budget by 1% extra and channel that 1% to an early intervention pot or initiative.

4.2. Leadership

A successful early intervention approach requires sustainability and a long-term view. The early intervention agenda spans party political lines. For a genuine commitment, it requires **strong leadership individually and collectively** for this agenda to move it from rhetoric to reality. It requires strong leadership from a collective of organisations, not just Children's Services, to drive, innovate and fund a long-term approach to early intervention.

Most importantly, the leadership will need to hold its nerve on our progress with implementing an early intervention approach and be brave to prevent the gains we have made from being lost. We have made great strides with developing an integrated early years model between health and children's centres. A recent Deep Dive conducted by the Early Intervention Foundation indicated that the sustained approach and leadership contributed to a good integrated model and way of working. The First 21 Months initiative is likely to build on and embed this further. Similarly, due to a sustained approach and focus on family support with partners such as the voluntary and community sector for ten years, we have used several levers such as Think Family and a Community Budget to establish an early intervention service and model for families with multiple needs. The impact and accrued benefits to Islington are promising.

4.3. Commissioning for prevention and early intervention

Commissioners will need to implement a **commissioning for prevention and early intervention approach for reducing specialist and acute activity** in the medium term. This is already happening in areas such as public health, children's health and children's social care. It may require commissioners to come together and pool or align budgets to fund programmes or initiatives that focus on early intervention.

Attention tends to focus on evidence-based programmes and packages of interventions proven to work by experimental evaluation. Programmes lend themselves well to this research design. However, there are other evidence-based options such practices – the things that frontline professionals do different to improve outcomes – or matching needs to services using processes which indirectly lead to good outcomes.

Programmes and services are not evidence-based overnight. We need to be ambitious by using innovations through the evidence pipeline so they become evidence-based. We need to think about how we move innovations up the 'evidence pipeline' so they become evidence–based. This means a journey where innovation is based on a clear idea of what the outcomes and theory of change will be produced, to monitoring outcomes before, during and after an intervention to proof of impact using evaluation techniques.

Commissioners will need to generate useful evidence about what works in improving children's outcomes. It will require commissioners and how we structure commissioning support to be skilled, think very differently and be clear about the logic model for early intervention initiatives and make good use of evaluation, evidencing what works, the costs and use of resources. Our own Evidence Hub and our involvement with the Early Intervention Foundation will assist greatly with this.

5. Implications

5.1. **Financial implications**
There are no direct financial implications arising from the recommendations of this report.

5.2. **Legal Implications**
There are no legal implications arising from the recommendations of this report.

5.3. **Equalities Impact Assessment** .
Early intervention seeks to address a range of inequalities in the general population to help them thrive and build resilience to factors that may disadvantage them.

5.4. **Environmental Implications**
There are no environmental implications arising from the recommendations of this report

6. Conclusion and reasons for recommendations

6.1. An effective early intervention approach is beneficial for the health and wellbeing of Islington people. Making a strategic shift to early intervention will require:

- Taking a long-term approach
- Strong 'whole-place' leadership to prevent the gains made through early intervention are not lost to national or local funding, management or political cycles;
- Taking a risk in funding prevention and early intervention approaches;
- Commissioning for early intervention and prevention across all health, education/employment, social care and other commissioning portfolios; and
- 'In-practice' activities to maintain a legacy that prevents problems and/or doesn't store up problems for the future such as collaboration with external partners such as schools and the third sector, and innovation and building the evidence.

Final Report Clearance

Signed by Thanos Morphitis 07 July 2014

Received by …… ……
Head of Democratic Services Date

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Appendix A

Reducing impact and costs

Issue	Estimated annual cost per child		Short-term savings generated from:	Long-term savings generated from:
Pre-term births	£25,920	Public sector cost per child aged 0-18	Death *Healthcare costs*: Neonatal intensive care Hospital readmissions up to age 2 years Service use relating to infections and complications *Impact on parents / carers:* Quality of life Psychological wellbeing Reduced productivity/employment Financial/out of pocket expenses	*Health and social care costs:* Cost of special education Social care Long-term health-related costs Productivity loss Parental expenses *Cost of disability:* Mild Moderate Severe
	£51,656	Societal cost per preterm birth		
Unintentional injury	£2,494 – 14,000	Short term health costs of treating severe injury	*Healthcare costs:* Accident and Emergency treatments Treating injury Occupational therapy Primary care *Other costs:* Poor social functioning Impact on physical and emotional development Days off school Psychological wellbeing of carers and families	*Healthcare costs:* Occupational therapy Primary care Social care Disability benefits *Other costs:* Poor social functioning Impact on physical and emotional development *Economic costs:* Lifelong loss of productivity Impact on parents' productivity
	£1.43 – 4.955 million	Potential long term societal costs of childhood traumatic brain injury		
Child obesity	£35	Short-term costs of treating child obesity per obese child	*Healthcare costs:* Cost of treating obesity (i.e. hospitalisation, GP, pharmaceutical costs) Cost of surgical intervention Outpatient costs (mental health) – impact on: *Non health costs:* Social integration and development	*Long-term costs:* Lower educational attainment leading to *Economic costs:* Employment and lower annual earnings *Societal costs:* Unpaid caregivers Healthcare and economic costs associated with severe obesity in adulthood Premature morbidity in adulthood
	£585 – 683	Long-term health costs per obese child growing up to be an obese adult		

Issue	Estimated annual cost per child		Short-term savings generated from:	Long-term savings generated from:
Child mental health problems	£2,220	Short term health, social care and education costs per child	Risk of suicide *Healthcare costs:* Cost of treating depression Increased physical illness Increased risk of substance abuse *Educational costs:* Extra time with teaching staff Special educational needs Special school status *Quality of life:* Poor social functioning Impact on physical, emotional and social development *Impact on parents/carers:* Quality of life Psychological wellbeing Reduced employment *Criminal justice system:* Police contacts Time in prison Court attendances Probation service contacts	*Healthcare costs:* Increased lifelong morbidity Increased depressive episodes and recurrent major depressive episodes *Economic costs:* Employment Lower annual earnings Social welfare costs *Quality of life:* Poor social functioning Impact on physical, emotional and social development *Criminal justice system:* Police contacts Time in prison Court attendances Probation service contacts
	£3,310	Long-term societal costs per child		

Source: Strelitz, J. (2013). Chapter 3: The economic case for a shift to prevention In *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays*