

Strategic Outline Case: Early Intervention and Prevention

Author:	Linda Spiers
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Service / Dept:	One Barnet Programme

Approvals

By signing this document, the signatories below are confirming that they have fully reviewed the Project Brief and Strategic Outline Case for the Early Intervention and Prevention project and confirm their acceptance of the completed document.

Name	Role	Signature	Date
Council Directors' Group (CDG)	One Barnet Programme Board	Minutes	7 Aug 2012

DOCUMENT CONTROL

Version History

Version	Date	Author(s)	Summary of Changes
1.0	07/09/12	L Spiers	All comments from Project Board, Programme Board and CRC officer circulation incorporated.
1.1	17/09/12	L Spiers	Workstream 3 Objective 5 as added by Strategic Finance as part of report clearance missing from original version sent to Democratic Services.

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Strategic Context

The Wider Picture

There are compelling reasons for Barnet to explore the best ways of developing early intervention and prevention provision across the borough. Reported results from national and international programmes show the potential for a significant reduction in distress for individuals and communities if problems are caught early. In addition, savings to the public sector of intervening before a problem becomes critical can be very significant.

The recent publication of a range of government reports including the reviews by Graham Allen MP into the benefits of intervening early with vulnerable children¹, the Marmot review², and the Department of Health's public health outcomes framework³ reflect a shift in government thinking towards "prevention is cheaper and better than cure". This is perceived to be true for both health and social outcomes.

Barnet's Corporate Priorities

The table below shows how improving early intervention and prevention provision within Barnet fits with the Council's corporate objectives:

Better services with less money	<ul style="list-style-type: none">• Potential for significant reductions in spend, particularly in Adult Social Care and Health (ASCH) and Children's Service, without withdrawing support for residents.• Intervening earlier or preventing people from spiralling towards chaos is less traumatic for individuals, communities and the public sector• Supports, and does not duplicate the work done in both the safeguarding of vulnerable children and adults, and the investment in early intervention and prevention for children and families discussed in the corporate plan.• Should support our ability to respond to the changing needs of residents.
Sharing opportunities, sharing responsibilities	<ul style="list-style-type: none">• The project places a heavy emphasis on partnership working across the public sector in the borough. This includes the voluntary sector as well as residents and other local organisations.• Includes activity to support residents to live

¹ Allen, Graham MP. Early Intervention: The Next Steps. HM Government, January 2011
Allen, Graham MP. Early Intervention: Smart Investment, Massive Savings. HM Government, July 2012

² Marmot, Michael. Fair Society, Healthy Lives. HM Government, 2011

³ Department of Health. Improving outcomes and supporting transparency. A public health outcomes framework for England, 2013-2016.

	<p>healthy and independent lives</p> <ul style="list-style-type: none"> • Aims to eventually support all children attending a school in Barnet
A successful London suburb	<ul style="list-style-type: none"> • The project seeks to support the regeneration and development of the borough by improving the council's ability to undertake predictive modelling of future need.

Other Corporate Strategies and Plans

Barnet Children and Young People Plan

The Children and Young People Plan 2012 Update includes a range of early intervention and preventative measures across social, physical and mental/emotional health outcomes in order to support its key priorities:

- Ensuring the safety of all Barnet's children
- Narrowing the gap for children at risk of not achieving their potential
- Preventing ill health and unhealthy lifestyles

The project will support Children's Service to achieve its plan, without duplicating the work of its core functions. In particular, workstream 2 will focus on wider outcomes for children in order to support them to achieve their full potential.

Keeping Well, Keeping Independent

The "Keeping Well, Keeping Independent" strategy for health and wellbeing 2012-2015 aims to reduce health inequalities across the borough by tackling both the social determinants of poorer health and the delivery of integrated health and social care services. It states that it believes that "prevention is better than cure" and aims to help people help themselves lead healthy and independent lives.

The project will support the Health and Wellbeing board to achieve its objectives by improving partnership working and information sharing in the borough. It will also examine what can be done to support positive outcomes across the lifespan whilst making financial savings for Children's Service and Adult Social Care and Health (ASCH) during 2015-18.

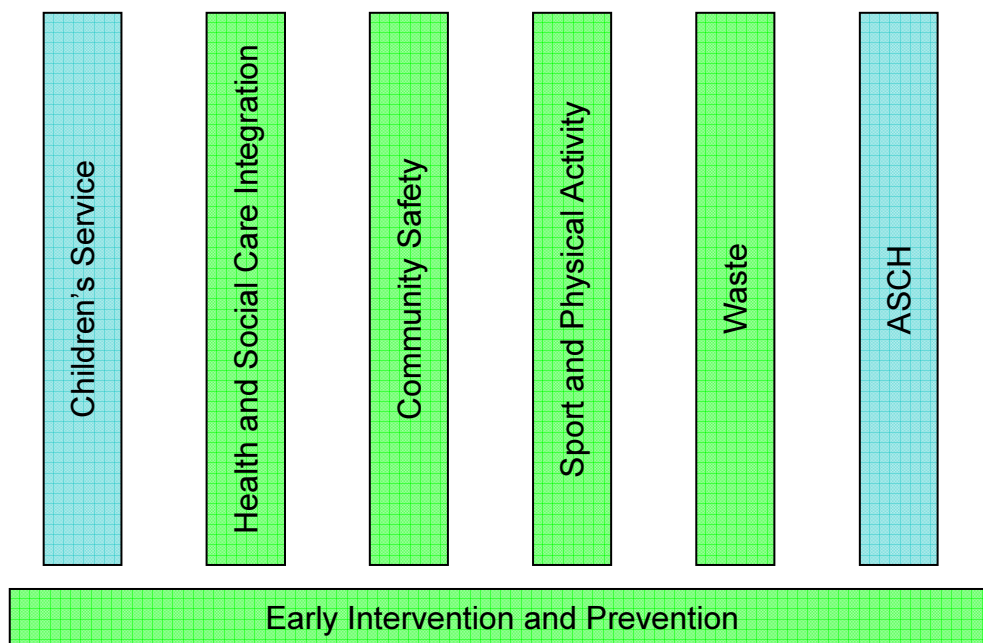
One Barnet Wave 2

The Early Intervention and Prevention (EI&P) project forms part of the One Barnet Wave 2 programme of projects:

- Early Intervention and Prevention
- Community Safety
- Sport and Physical Activity
- Waste
- Health and Social Care Integration

The Wave 2 projects all contain some element of early intervention and prevention. For example, the Sport and Physical Activity project aims improve levels of physical activity in the borough, in order to improve health and wellbeing. Health and social care integration aims to develop a more rounded and effective service that will prevent issues escalating into expensive crises.

The Early Intervention and Prevention project is significantly different from its peers in that it is the only one of the Wave 2 projects to examine the delivery of outcomes from a cross-cutting perspective, rather than a topic-based one. It therefore underpins the other Wave 2 projects as well as supporting the work of ASCH and Children's Services.



Rationale

Introduction

The strategic outline case stage has four workstreams. It is proposed that work be undertaken to establish whether or not they can be converted into a full One Barnet project. The workstreams are:

- Workstream 1: Innovation Framework
- Workstream 2: School as Local Delivery Unit
- Workstream 3: Whole of Life Outcomes
- Workstream 4: Assets and Deficits Toolkit

It is not true that all early intervention and prevention initiatives are effective. The council needs to guard against well-intentioned but badly targeted or thought through pieces of work which achieve little for individuals, communities or the public sector.

In addition, the council must avoid duplicating effective work carried out by other public bodies in order not to waste its or its partners' resources. Most successful provision involves close working with partners and this will bring its own opportunities and challenges which the project will need to explore.

The next stage of the Early Intervention and Prevention project will explore what can be done to improve and develop early intervention and prevention in the borough in an effective way with a view to developing an outline business case.

Defining Early Intervention and Prevention (EI&P)

The project has a working definition of EI&P activity that can be used to determine whether or not any proposed initiative will be in scope. We reviewed EI&P documentation from a range of different agencies, and talked to practitioners from Children's Services. We have developed the concept of the "order and happiness boundary".

Broadly speaking, most of us live within an "order and happiness" boundary, in which we are reasonably content, secure and well-behaved. We cost the public sector little and pose only a small risk to ourselves or others. However, things can go wrong in our lives and we can travel across the border into chaos. As we cross the boundary and travel away from it, our lives become less structured, more risky and (for the public sector) more expensive.

An EI&P activity is anything that has as its main objective:

- **Primary** (Children's Service level 0-1): Preventing someone within the boundary travelling across it into chaos and expense (e.g. the work of children's centres, DH "don't start smoking" campaigns).
- **Secondary** (Children's Service level 2-3): Seeking to empower someone to move off the boundary away from chaos and expense and towards greater levels of order and happiness as well as lower cost to the public sector. E.g. the work of Family Focus, the Enablement service).
- **Tertiary** (Children's Service level 4): Seeking to empower someone in chaos to move across the boundary towards order and happiness as well as lower cost to the public sector. E.g. Troubled Families, open heart surgery, possibly end of life care.

Findings to Date

A high level review of some of the planned and existing activity within the borough discovered that there is an enormous amount of effort already directed at prevention with a very wide range of client groups. Much of this involves partnership working with and by the Police, Barnet Homes, ASCH, Children's Services, Schools, GPs, Public Health, Barnet Enfield and Haringey Mental Health Trust, JobCentre+, environmental services and the voluntary sector.

Given that so much prevention work is multi agency, certain underlying themes emerge. We need to ensure that there is a strong *cultural commitment* to prevention across Barnet. There obviously needs to be a willingness to *work in partnership*. Lastly, high-quality *data and information flows* are critical if we want to get the most out of our prevention activity.

The review covered a wide range of providers, including LBB staff, schools, health, the Police and Barnet Homes. It emerged that, broadly, people working in prevention are culturally committed, willing to work in partnership and share data, but they perceive themselves to be hampered in their efforts by the organic nature of provision and by the patchy nature of attitudes towards partnership working, data sharing and cultural commitment across the public sector. This means that both public sector workers and citizens struggle to find the right person to help them, and information is not reaching those who need it or would find it useful.

There is also a strong belief that more could and should be delivered by universal services, and that schools could play a key role. Their managerial and strategic capacity could be harnessed to support their children and associated families to achieve positive life outcomes beyond educational attainment. The project does recognise the critical importance of a good academic education in equipping young people for adult life, and will not sacrifice that in pursuit of other outcomes.

Although we know there are some excellent initiatives in place, there is no overview of “who’s doing what”. This means it is not always clear that Barnet residents have access to best practice or even schemes that meet their real needs at the critical points in their lives.

Lastly, we do not know if we are, in all cases, commissioning and accessing the most cost-effective schemes or if we are really utilising the financial support these could bring to the council. In addition, we have no way of modelling what we might need to provide as our demographic changes.

Workstream 1: Innovation Framework

Workstream 1’s hypothesis is that there are significant problems related to the “infrastructure” within which prevention activity is taking place. It will test whether or not this hypothesis is correct and/or if there are other overarching problems with the delivery of prevention, such as a major gap in provision for a proven need.

Workstream 2: School as Local Delivery Unit

Workstream 2 will explore whether or not LBB can commission a broader range of outcomes for children and families from schools beyond educational attainment, in order to prevent or reduce the chances of children turning into adults with chaotic and unhealthy lives.

Workstream 3: Whole of Life Outcomes

Workstream 3 will look at how LBB could support its residents to achieve positive outcomes, achievements or “states” throughout the whole of their lives by establishing the predictors and inhibitors of success in life at key life stages. It will

also seek to make significant savings for Children’s Service and ASCH in the MTFS period of 2015-2018.

Workstream 4: Assets and Deficits Toolkit

Workstream 4 will develop a blueprint for an evaluation toolkit that can measure and show the borough’s assets, strengths and deficits that support or hinder residents’ achievement of positive outcomes or “states” across the course of their lives.

Benefits to be Achieved

The benefits table below outlines the benefits that could be accrued if the workstreams develop into full projects.

Workstream 1	<p>The Barnet public sector works more efficiently as a “whole system”.</p> <p>This allows us to maximise the effectiveness of new and existing early intervention and prevention initiatives. This should increase their value for money.</p> <p>Partnership working, information sharing and cultural commitment to early intervention and prevention increases across all key partner organisations within the Barnet public sector</p>
Workstream 2	<p>Schools are empowered to offer financially sustainable, proven programmes that will support children to become happy, healthy and well-adjusted adults.</p> <p>Future financial burdens for the public sector caused by dysfunction or poor health are reduced.</p> <p>Earlier intervention and prevention will result in lower levels of stress for the children and their families.</p> <p>Partnership working and information sharing between schools and other key agencies will be strengthened.</p>
Workstream 3	<p>Residents continue to receive appropriate support.</p> <p>Significant savings are identified for Children’s Service and ASCH for the MTFS period 2015-18.</p>
Workstream 4	<p>LBB and its key partners are able to understand, at any point in time, the assets and deficits in the borough that help or hinder residents to achieve a happy and rewarding life.</p> <p>LBB and its key partners are able to understand what’s required to support a changing population and commission accordingly.</p> <p>Commissioned initiatives are effective in both financial and non-financial terms.</p>

Expected Financial Benefits

This strategic outline case stage of the project will investigate and provide estimates of the financial benefits of implementing particular programmes of work.

We will look for programmes and activities that deliver positive financial benefits across the workstreams and expect that we will be able to deliver them. There is strong evidence that early intervention and prevention activity is more than cost effective. For example, the current MTFs shows that Children’s Service expects to save over £2m in social care costs as a result of investment in work undertaken by the Troubled Families and Family Focus teams.

The following are offered by way of illustration and are taken from *Early Intervention: The Next Steps* by Graham Allen, MP⁴:

Programme	Description	Age of Children Involved	Measured examples of impact, outcomes and cost-effectiveness
Reading recovery	A school-based, short-term intervention designed for children who are the lowest literacy achievers after their first year of school.	5-6 years	The benefit-to-cost ratio of delivering Reading Recovery, as part of the Every Child a Reader campaign, has been estimated in the range of around 15:1 to 17:1 over the period 2006–39. This estimate is based on a range of outcomes, including special educational needs provision, crime and health costs.
Life Skills Training	A school-based intervention aimed at developing social skills in order to prevent alcohol and substance misuse, behavioural problems and risky sexual behaviour.	9-15 years	A US economic appraisal of LST estimated the benefit-to-cost ratio of 25:1. A review of alcohol interventions by NICE noted the impact of LST on long-term drinking behaviour. Noted outcomes include reductions in the use of tobacco, drugs and alcohol.
Functional Family Therapy	A structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. It is aimed at young people displaying antisocial behaviour	10-17 years	FFT has been estimated to have a benefit-to- cost ratio of around 7.5:1 to 13:1. Clinical trials have demonstrated impacts in terms of: <ul style="list-style-type: none"> • treating adolescents with conduct disorder,

⁴ Allen, Graham. *Early Intervention and Prevention: The Next Steps. An Independent Report to Her Majesty’s Government.* HM Government, January 2011.

Programme	Description	Age of Children Involved	Measured examples of impact, outcomes and cost-effectiveness
	and/or offending.		oppositional defiant disorder or disruptive behaviour disorder <ul style="list-style-type: none"> • treating adolescents with alcohol and other drug misuse disorders, and who are delinquent and/or violent; • reducing crime; and • reducing likelihood of entry into the care system

Estimated Costs for this Stage

The estimated costs for this stage are as follows. CRC is asked to approve these as its budget.

Staff costs	£36,701.36
Workpackage costs	£189,675.00
Grand Total	£226,376.36

Project Definition

Resources Required for This Stage

Project Board

Name	Role	Description
Jay Mercer Deputy Director of Children's Service	Operational Lead	<ul style="list-style-type: none"> • Key decision maker, supported by the senior users and senior suppliers • Ensures project achieves its objectives and delivers outputs that will realise the required benefits – i.e. is responsible for the business case • Ensures value for money • Balances the needs of the council, our partners, our residents
Angela Trigg London Academy Head Teacher	Senior User (Workstream 2 only)	<ul style="list-style-type: none"> • Responsible for specifying the needs of those who will use the products produced by the project: partner organisations,

Andrew Burnett Director of Public Health	Senior User	internal council departments and residents in this case.
Bill Murphy Assistant Director Chief Executive's Service	Senior User	
Ed Gowan Assistant Director, One Barnet	Senior Supplier	<ul style="list-style-type: none"> Responsible for ensuring the quality of products delivered by internal and external suppliers, and representing their interests where necessary.
Stephen Evans Assistant Director, Strategy	Senior Supplier	
Hayley Woolard Senior Management Accountant	Senior Supplier	

Timelines

Workstream 1

	3 Sept	17 Sept	1 Oct	15 Oct	29 Oct	12 Nov	26 Nov	10 Dec	24 Dec	7 Jan	21 Jan	4 Feb	18 Feb
Framework developed and approved	3 Sep	17 Sept											
Interviews		18 Sept		12 Oct									
Results analysed and report drafted				15-26 Oct									
Report reviewed					27Oct 9 Nov								
Report amended and signed off					9 Nov	15 Nov							
CDG							27 Nov						
Budget and Performance OSC							6 Dec						
Cabinet Briefing							TBC						
CRC								17 Dec					

Workstream 2

	6 Aug	20 Aug	3 Sept	17 Sept	1 Oct	15 Oct	29 Oct	12 Nov	26 Nov	10 Dec	24 Dec	7 Jan	21 Jan	4 Feb	18 Feb
Documentation and evidence review	8 Aug	21 Aug													
Outcomes agreed		22 Aug													
Programme review		23 Aug		21 Sept											
Approach developed			3 Sept			19 Oct									
Financial appraisal		27 Aug				19 Oct									
Report written						22 Oct	2 Nov								
Report reviewed by Board							8 Nov								
Report amended and signed off								15 Nov							
CDG									27 Nov						
Budget and Performance OSC									6 Dec						
Cabinet Briefing									TBC						
CRC										17 Dec					

Workstream 3

The scope of this workstream has just been confirmed. The timeline will be compiled once a resource is confirmed as available but it is hoped we will be able to report on this workstream to Business Management OSC along with Workstreams 1 and 2.

Workstream 4

The scope of this workstream has just been confirmed. The timeline will be compiled once the partner or partners required, and associated costs, are identified. If we need to follow the council's procurement process in order to get our partners in place it is unlikely that we will be able to report on this workstream with the others. However, we will at least report status to the member meetings in January and February 2013.

Risks

The project will use the Corporate Programmes risk and issue management methodology.

Risks will be logged in the JCAD database.

The current risks on the project are as follows:

Rating	Risk Description	Cause/Consequence	Controls in Place
9/25	<p>Workstream 1 We cannot find any GP practices willing to take part.</p> <p>SUMMARY OF STATUS: So far, it has not been possible to find GP practices willing to take part.</p>	<p>Cause: Unknown, but potentially due to the high level of change taking place in the NHS.</p> <p>Consequence: We cannot include their point of view and understand why they may have difficulty taking part in the wider prevention agenda.</p>	<p>A meeting has been booked with NC London to see if they can help.</p> <p>If no GPs are available, the project could try to engage other primary healthcare workers such as health visitors or midwives.</p>
6/25	<p>Workstream 1 No commonality of response in terms of problems or opportunities emerges from the review.</p>	<p>Cause: EITHER agencies' issues and problems are so disparate that there is genuinely no common set of problems OR the framework is not adequate for the task.</p> <p>Consequence: Workstream 1 will close at the end of this stage.</p>	<p>The framework developed will be checked by the project manager and the board before it is signed off by the Operational Lead.</p> <p>It is not possible to mitigate against agencies' issues being genuinely disparate.</p>
5/25	<p>Workstream 2 Work will not be completed in time to report to Cabinet Briefing in January 2013, particularly if there are no obvious existing suitable programmes of work that the school wants to explore.</p>	<p>Cause: summer holidays, programme process, other work for Angela Trigg</p> <p>Consequence: This workstream may need to report separately.</p>	<p>Project manager to monitor progress closely and report any slippage.</p> <p>Angela Trigg has confirmed she has good availability over the summer but she will be managing a new build at the school.</p>
6/25	<p>Workstream 4 We are unable to find credible sources for the development of the</p>	<p>Cause: Unknown but could be due to a lack of staff, not a profitable activity, not core</p>	<p>Project Manager is arranging a meeting with the Institute for Health Equality in the</p>

Rating	Risk Description	Cause/Consequence	Controls in Place
	evaluation toolkit's blueprint.	business etc. Consequence: Delay to this workstream.	first instance. She is liaising with the Strategy Team and other internal experts in order to identify and investigate providers.

Dependencies and Relationships

This project has a close relationship with:

- Community Safety Project
- Leisure Review
- Health and Wellbeing Strategy and associated programmes of work
- Ageing Well Strategy and associated programmes of work
- Early Intervention and Prevention Division in Children's Service
- Community Coaches
- Finchley Memorial Hospital
- Customer Service Transformation

It may develop a relationship with:

- The NSCSO provider

Appendix 1: Workstream Aims, Objectives and Scope

Workstream 1: Innovation Framework

Aims

1. Identify ways in which we could significantly improve the environment within which EI&P initiatives occur across the Barnet public sector in order to give them the maximum chance of success, and in order to leverage the greatest amount of benefit from them.
2. Identify ways in which we could strengthen cultural commitment, partnership working and effective information flows between the major players in the Barnet public sector beyond those individuals and teams already involved in EI&P.
3. Identify and propose ways to fill any major or significant gaps in provision.

Objectives

1. Compile a representative sample of EI&P activity across the borough, which can be reviewed in order to establish what major problems with delivery exist. Ensure that primary, secondary and tertiary activity is represented and that the following sectors are included:
 - Health: Mental Health, Public Health and GPs or other front-line primary service
 - Education: Primary and Secondary or Academy Schools
 - Metropolitan Police
 - Voluntary sector
 - Adult Social Care and Health (ASCH) Directorate
 - Children's Directorate
 - Environmental Services
 - Housing
 - Employment
2. Develop a framework that can be used to establish an "analysable" response from diverse sectors and organisations.
3. Test the hypothesis that there are significant problems related to the "infrastructure" within which EI&P activity is taking place.
4. Establish whether there are other overarching problems with the delivery of EI&P, such as a major gap in provision for a proven need.
5. Provide a coherent analysis of the results and make appropriate recommendations for a full project, if it emerges that further work is required.

Scope

This section defines the scope of the project. It describes items that are in scope and any exclusions.

Work in scope includes:

1. The development of the framework to analyse problems with existing provision across the Barnet public sector as a whole.
2. Investigation of the possibility of grant funding any subsequent piece of work.
3. Interviewing practitioners, team managers, strategists and commissioners / senior managers (depending on the organisation) in order to elicit entrenched, pan-Barnet problems with delivery.
4. Interviews will be carried out with the following organisations on the specified pieces of work:

Agency	Initiative	Interviewees
ASCH and Housing 21	Enablement	H21 Front line staff ASCH & H21 Team managers ASCH Commissioners
ASCH and RSVP	RSVP Knitting Clubs Active Volunteering for Disabled People	ASCH Commissioners RSVP Front line staff and managers
Barnet Homes	Housing Officers day to day activity	Housing officers and team managers
Community Barnet	Community Parenting Consortium Volunteer Centre	Front line staff and managers
Children's Service	Safer Families BEAM (Autism) Adolescent Resource Team	Front line staff and team managers EI&P senior manager (commissioner)
Children's Service and Homestart Barnet	2 year old offer	HSB Front line staff and team manager Children's EI&P Senior Manager (commissioner)
Secondary Education: - Totteridge Academy - The Compton	Day to day pastoral activity Support and Enrichment team at the Compton	Front line staff Head teacher
Primary Education: - Woodcroft Primary - Manorside Primary	Day to day pastoral activity	Front line staff Head teacher
JobCentre Plus, Regeneration, Renaisi, Genesis, Barnet Homes	Workfinder	Front line staff: Genesis, Barnet Homes and team managers Regeneration (commissioner)
Mental Health (ASCH with Barnet Enfield and Haringey Mental Health Trust)	The Network IAPT	Front line staff and team manager ASCH Commissioner
Metropolitan Police	Schools Unit and	Police officers and sergeant

Agency	Initiative	Interviewees
	Junior Citizen's Scheme	
GPs: - Practice 1 (TBC) - Practice 2 (TBC)	Day to day activity	GPs
Public Health	Winter Well Programme LA Staff Smoking Cessation Clinics	Front line staff and managers
Regeneration, Church of England	Stonegrove Youth Project	Front line staff Vicar of Stonegrove Regeneration (commissioner)
Chief Executive Service Insight Team	Insight	Head of Insight Business Intelligence staff

5. Analysis and reporting of the results of the interview.
6. Sufficient investigation of any potential solutions together with their high level cost benefit analyses to inform an outline business case for a subsequent project.
7. Review of problems and potential solutions against other existing workstreams within the council generally and the One Barnet programme in particular in order to see if there is already a 'fit', or if it is necessary to start a separate project.
8. An outline business case.

Exclusions include:

1. Fully or partially mapping EI&P provision across the borough.
2. The implementation of any solution. The SOC will also not try to solve any individuals' or organisation's problems "on the hoof".
3. Provision of detailed solutions or detailed cost benefit analysis.

Approach

As the development of the framework, interview process and subsequent results analysis requires a level of business analysis skill that the council does not possess in house, the project will commission the One Barnet implementation partners, Impower and Agilisys, to carry out workstream 1 on its behalf.

Workstream 2: School as Local Delivery Unit

Aims

1. Identify practical and achievable ways that schools could improve the life chances of all children attending a school in Barnet.

2. Establish whether schools could be commissioned to deliver additional EI&P initiatives, aimed at children and their families, in addition to the pastoral care and support they already provide.

Objectives

1. LBB has an evidence-based understanding of what wider outcomes or measures during childhood predict an ordered, happy and healthy adulthood.
2. A pilot school has been identified.
3. We have an evidenced-based list of any successful programmes targeting the wider outcomes that could be developed or delivered in Barnet with the pilot school. As part of this work we are clear what information, resources and tools schools would need to deliver such a programme or programmes.
4. If there is insufficient evidence from existing programmes of work, we have a grasp of the latest academic thinking on achieving the wider outcomes and how these findings could be turned into practical, workable programmes.
5. The “mechanics” of how such schemes could be funded and made sustainable over the longer term are described and evaluated.

Scope

This section defines the scope of the project. It describes items that are in scope and any exclusions.

Work in scope includes:

1. Review of evidence on wider (non-academic) outcomes or measures during childhood. The review should include:
 - The Treasury Report on Education (2009)
 - Graham Allen’s two reports on early intervention and prevention
 - The Marmot Review (2008 + recent updates)
 - LBB Future Shape Vehicle and Assessment Report (2009)
2. Investigation into and identification of effective programmes of work (possibly international examples) targeted at significant outcomes, that could be delivered by a school. Consultation with the pilot school and others as to whether these programmes might be adapted to work in Barnet.
3. If it is established that there are no effective programmes that could work in Barnet, consultation with academics and the pilot school on whether or not the evidence gained from qualitative and quantitative experimental academic work could translate into a practical programme and how that programme might be designed.
4. A description of the options available for funding an amended or new pilot scheme.

5. Exploration with the pilot school and others of options that could fund school-led EI&P activity sustainably. This work to include at least evaluating the possible use of the payment by results mechanism and the disadvantaged pupil premium.
6. A high-level cost benefit analysis sufficient to inform an outline business case.
7. An outline business case.

Exclusions include:

1. The implementation of any solution.

Approach

Workstream 2 needs thorough knowledge of the education, early intervention and prevention and academic sectors. Although the council has this expertise in house, resources do not have the capacity to undertake the intensive work required by this workstream over the next few months. It has therefore been decided to commission Impower, who have extensive experience in these areas, to undertake the work.

The pilot school will be LBB's equal partner in developing this workstream. Along with the project board it will therefore co-choose and be part of the sign off for: 1) the outcomes to focus on and 2) any programmes to develop and implement.

Beyond initial discussions and thoughts, no new delivery programme will be proposed until we are sure that there are no existing initiatives that could be adapted or implemented in the pilot school.

Workstream 3: Whole of Life Prevention Outcomes

Aims

1. Find ways in which LBB could support its residents to achieve positive outcomes, achievements or "states" throughout the whole of their lives, where they need help to do so.
2. Support ASCH and Children's Service to significantly reduce their spend during the MTFs period of 2015-2018.

Objectives

1. Identification of critical or major predictors and inhibitors of success or failure across the lifespan at key life stages, based on available evidence.
2. An understanding of whether all of the predictors and inhibitors are supported by significant effort across Barnet and if not, where the gaps in provision are.
3. A shortlist of existing successful programmes that tackle these gaps, based on empirical evidence of financial and non-financial benefits for individuals and organisations.

4. Where no such programmes exist, LBB has workable ideas for new solutions based on sound research, design and thinking, along with the relevant contacts and projected financial and non-financial benefits for individuals and organisations.
5. This workstream should inform current provision of early intervention services in Barnet. So where new solutions are demonstrated to be more effective than current provision, this data needs to be used systematically to inform commissioning decisions over the period 2015-2018.

Scope

This section defines the scope of the project. It describes items that are in scope and any exclusions.

Work in scope includes:

1. Review of the evidence to include:
 - The Treasury Report on Education (2009)
 - Graham Allen's reports on Early Intervention and Prevention
 - The Marmot Review (2008 and recent updates)
 - LBB Future Shape Vehicle and Assessment Report (2009)
 - Identification of and consultation with leading academics working in this field
 - Any other significant evidenced-based reports deemed by the Operational Lead to be relevant to this workstream
2. Review of scope of work carried out or commissioned by ASCH, Public Health, Children's Service and EPR in particular against the main predictors and inhibitors. Identification of where the gaps in provision are.
3. Identification of practical, proven options that will both save LBB significant sums and improve provision. This will be achieved through examination of existing programmes of work. Where no programmes exist discussions with leading academics should lead to proposals for new initiatives based on sound research.
4. Analysis of potential financial and non-financial benefits to individuals and to public sector organisations, particularly ASCH and Children's Service. To include the degree or proportion to which organisations are likely to benefit.
5. An outline business case.

Exclusions include:

1. A complete map of all early intervention and prevention activity in Barnet.
2. The implementation of any solution.

Approach

The project intends to resource workstream 3 internally as it is likely that appropriate resources can soon be made available.

Workstream 4: Assets and Deficits Toolkit

Aims

1. LBB and its partners are able to understand at any point in time the assets, strengths and deficits in the borough that support or hinder residents to achieve all that they can in their lives; i.e. how well does Barnet as a totality meet the prerequisites for residents' achievement?
2. LBB and its partners are able to track the borough's progress as a whole over time against supporting its residents to achieve positive life outcomes.
3. LBB and its partners is able to model what will be required to support residents against hypothetical future scenarios, in order to improve predictive modelling and better inform commissioning across the local public sector.

Objectives

1. Confirmation of what would be required to create a "whole picture" evaluation toolkit. The toolkit will be designed to measure assets, strengths and deficits in the borough that support or hinder residents' achievement of workstream 3's outcomes. The toolkit will allow us to be clear how well the borough currently supports residents against recognised prerequisites at any given point in time.
2. Confirmation of how we could measure how successful provision is against defined and agreed measures across the borough at any point in time, against financial and non-financial benefits.
3. Confirmation of how we could undertake predictive modelling of requirements given demographic changes in the borough, and achieve an understanding of how well placed the borough is to deliver against them.

Scope

This section defines the scope of the project. It describes items that are in scope and any exclusions.

Work in scope includes:

1. Investigation of possible solutions for the creation of the toolkit.
2. If required, cost estimates obtained for partner input and the procurement of a supplier or suppliers, following approval of this route.
3. Development of the blueprint for the evaluation toolkit. This should include:

- An understanding of what national and local demographic data sets might form the basis of the toolkit – and how these could be harvested and kept current
- An understanding of what the critical factors determining how well the borough supports its residents are, and how they interrelate
- What tools already exist that could be adapted to form the toolkit. If there are no suitable tools, how one could be developed
- How the included data could be turned into relevant calculations, in order to inform predictive modelling and the commissioning of relevant services

4. An outline business case.

Exclusions include:

1. A complete map of all early intervention and prevention activity in Barnet.
2. Development of the toolkit.

Approach

The development of the toolkit needs a thorough understanding of the major prevention outcomes across the whole of the lifespan as well as the strategic ability to create something that can be used to measure factors across the borough. We intend to talk to specialists to establish what forms the toolkit could possibly take, and the probable cost of development.

Once this is established we will seek approval to proceed.

We will look to utilise the GLA funded days for local authorities at the Institute of Health Equality, if it is possible to do so.

Resourcing the investigation, development and population of the toolkit, will be discussed with Planning, Regeneration, Strategy and Customer Services in the first instance.