The Highland Community Planning Partnership

Board meeting 5.6.14

Agenda Item	**8**
Report No	

Annual Report on the Partnership Prevention Plan

Report by the Head of Policy and Reform

Summary

This report advises the Board of the standing of the current Partnership Prevention Plan, confirms the new £3.38m of investment in 2013/14 was committed and that work is needed to begin to understand the impacts of that investment as well as the new resources for 2014/15. A new partnership priority of joint resourcing is proposed by the Chief Officers Group and that group can be tasked with developing options for extending preventative work across the partnership and how best to measure its impact.

1.	**Background**
1.1	The SOA guidance required CPPs to provide a plan for prevention including preventative spend, with prevention regarded as a key element of public service reform. The short guidance, including a definition of prevention, is attached at Appendix 1.
1.2	A partnership prevention plan was included in the SOA. It is attached at Appendix 2. It was regarded as good practice nationally with only a minority of CPPs providing this information at that time. The Highland CPP was viewed positively also from its submission on joint resourcing to the Spring meeting of COHI. To share good practice one of the workshops at the national Community Planning event in Edinburgh on 5th June 2014 is focusing on the different approaches to prevention plans.
1.3	Four aspects of the CPP's Board's remit are relevant to prevention, namely: • Ensuring and challenging whether the partnership's work across all groups is reducing inequalities at the pace required; • Ensuring and challenging whether the partnership's work across all the groups is making the decisive shift to prevention required; and • Supporting the thematic groups by removing any barriers to reform that arise from current partnership arrangements, resources and behaviours. • Promoting the on-going development of the SOA as a means of achieving public service reform. Also, as part of the SOA Improvement Plan we committed to an annual review of progress with the Partnership Prevention Plan, with the first report to the Board in June 2014.
1.4	A renewed focus on prevention is proposed by the Chief Officers Group, and

	as reported separately to this meeting of the Board, includes a proposal to: Maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between CPP members where this represents best value.
1.5	SOLACE has asked the Improvement Service to gather some information on the work that councils and CPPs are undertaking in support of the broad prevention agenda and in particular how prevention approaches/ interventions are being used to address issues of outcome inequality. All CPPs were asked recently to provide information by 20th June 2014 about their prevention approach and to provide details on: • The area being addressed; • Project name and overview; • Details of the project – purpose, key priorities, objectives and key activities; • The outcomes the project supports from the SOA; • The scope of the project – localities, client groups, thematic areas targeted or whole CPP area and why that approach; • Project timescale; • The level of funding and who is providing it; • The partners involved; • How performance is being measured and the impacts to date; • Who the project reports to; and • Lead officer contact details. The findings will be reported to SOLACE and the National Group for Community Planning (NGCP). The Highland response will have to reflect the mainstreaming approach we have taken rather than a project-based approach.
2.	**The Highland Prevention Plan 2013/14**
2.1	The Prevention Plan for 2013/14 focused on older people (for shifting the balance of care and enhancing community based services), early years and tackling deprivation; each with new Council funding of £1m and building on prevention resources made available in 2012/13. Responsibility for delivery of the plan sat with the Council, NHSH, Highlife Highland, and third sector organisations (CABs and Barnardos). In addition to the £3m of prevention funds the Plan included: new Council funding to support people affected by welfare reform (£250k) and people in need of support into employment (£2m); and SFRS funding to prevent fire risk among vulnerable groups (£240k). The Prevention Plan can be shown to support our SOA outcomes for older people, early years and reducing health inequalities.
2.2	All funding allocated for 2013/14 has been deployed for older people, early years and tackling deprivation (including welfare reform and employability support); although there was some adjustment to some specific activities set out in the Plan for older people and early years. Most has governance through Council committees and NHS Highland.

2.3	Work needs to be done to begin to understand what difference the funding and approach has made, or the difference it is expected to make (where there are longer lead-in times or where impact may not be immediate). Ideas on how this might be quantified were set out in the prevention plan but direct attribution of achievement to the prevention funding is difficult because: • Other mainstream activity and resources also support outcomes for older people, early years and reducing deprivation; • The external environment, out with our control, can affect progress, e.g. efforts to reduce deprivation will be affected by policy changes such as welfare reform and changes in employment and incomes of people.
2.4	Nevertheless as a partnership we should agree how we will try to measure impact of our prevention approach and report against it to the Board and contribute to national policy development and good practice. No other CPP at this time is clear about how they intend to do this and this has been flagged to the Scottish Government as an area of work worth supporting and with potential efficiencies if co-ordinated nationally.
3.	**The Highland Prevention Plan 2014/15 onwards**
3.1	The £3m of Council prevention funding for 2013/14 continues into 2014/15. In addition the Council has committed: • a further £2m for older people to be added to the NHSH base budget to assist them to shift resources into community-based and preventative services. This is described in NHS Highland's Change and Improvement Plan; and • a further £1m for early years, with this enhanced funding committed on additional posts and services to support young families as part of new integrated family teams.
3.2	To tackle deprivation (over the £1m committed in 2013/14 and continuing in 2014/15), the Council has created a Welfare Fund, drawing on underspend in external funding amounting to £1.167m. This is to be targeted mainly at enhanced support to vulnerable people as well as other preventative work, including building financial capability, and it will be considered alongside partnership approaches to helping people into work and improving digital inclusion for the most vulnerable, especially in rural communities. Specific services to be funded are being developed by the end of June 2014 and partners will be involved. The impacts of welfare reform are also being considered by the CPP's Health inequalities Group.
3.3	The preventative funding above and the impacts it is expected to achieve needs to be presented to enable scrutiny and to satisfy the requirements of the Government through SOA reporting as well as the new requirement for reporting progress to SOLACE. In addition the CPP needs to consider how the current approach can be widened to include all partners and additional resources if we are to demonstrate a decisive shift to prevention. It is recommended that the Chief Officers' Group is tasked with this work for a future report to be presented to the Board.

4. Recommendation

4.1 Board members are asked to note the status of the Partnership Prevention Plan and how it is perceived nationally and that investment was made to support it in 2013/14 and is available again in 2014/15.

4.2 Board members are asked to agree that the Chief Officers Group is tasked to present the partnership approach to prevention going forward, how this might be expanded and monitored for impact, with a report back to a future Board meeting.

Author: Carron McDiarmid, Head of Policy and Reform, Highland Council

27.5.14

APPENDIX 1

SOA GUIDANCE FOR CPPS DECEMBER 2012
EXTRACT ON PREVENTION

CPPs are central to driving and delivering public service reform and should reflect the action they are taking in their new SOA. In particular, new SOAs should promote early intervention and preventative approaches in reducing outcome inequalities. The National Group noted that the pace and scope of such approaches must increase sharply if we are to achieve improvements in local outcomes and financial sustainability and agreed a definition of preventative approaches, supported by preventative spend, as:

> *"Actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money".*

It also agreed that new SOAs should include a specific plan for prevention which demonstrates commitment to the approach extending beyond the Change Funds for Early Years, Reducing Reoffending and Reshaping Care into mainstream services; quantifies the resources allocated to prevention and commits to increasing them over time; and provides clarity on the preventative actions to be taken and the impact they will have.

Each new SOA should therefore:

- Set out the CPP's understanding of what partners are collectively doing and spending on prevention across all services including, but not only, particular detail in relation to the six policy priorities and considering the following key questions:
  - Are we as a partnership clear about what activities will improve outcomes and reduce future demand in our communities?
  - Are we evidencing success in improving outcomes and reducing future need?
  - Are we controlling costs and releasing savings?
- Describe how the CPP intends to make a decisive shift to prevention. This could include, for example, structures and activities aimed at driving a shift in resources and culture such as joint strategic commissioning plans or support for managers and frontline staff to work collaboratively with service users and across organisations in developing and delivering preventative approaches; and
- Describe how the partnership intends to evidence progress in improving outcomes, reducing future need, controlling costs and releasing savings.

In doing this it will be important for the CPP to engage with the third and independent sectors and organisations like Community Justice Authorities who are not necessarily core members of the CPP but can play an important role in prevention.

10. SOA Partnership Prevention Plan

10.1 Each of the sections above identifies preventative action. This section identifies how resources are shifting to support prevention in the CPP. This includes the new £3m annual resource the Council has allocated for new prevention work[1] , additional resources targeted to mitigate against negative impacts of welfare reform and resources freed up by changing practice.

10.2 The guidance for CPPs published in December 2012 defines prevention as 'Actions which prevent problems and ease future demand on services by intervening early, thereby, delivering better outcomes and value for money.' This was defined further for the use of the £3m annual resource to be invested by the Council with the following criteria applied for the funding:

1. to involve new developments or achieve new additionality and not be about funding existing commitments;
2. to involve greater or earlier intervention to prevent negative health and social outcomes, and generate positive health and social outcomes;
3. to be evidence-based;
4. to be likely to reduce future public expenditure; and
5. to involve measures of improved outcomes that are tangible.

10.3 The evidence in support of preventative spending in three areas is summarised below and aligns with the relevant sections of the SOA. This also includes the negative outcomes to avoid by spending preventatively and the positive outcomes to be supported.

10.4 <u>Evidence for further preventative spend for older people</u>

The negative outcomes that can be avoided by further preventative spend for older people include:

- Reduction in the percentage of hospital beds in Highland occupied by over 65years (70% for Highland in 2012);
- Prevent the decline in the mental and physical health of older people by reducing their feelings of social isolation and constraints on their ability or capacity to realise their potential (based on what older people say);
- Reduce rates of falls, obesity, heart disease and early death among people aged 65 years and over by encouraging them to be less sedentary, and more active (reducing inactive time –currently on average 10 hours or more each day is spent sitting or lying down).
- Prevent falls so that:
    - Levels of confidence are not reduced
    - Avoid major surgery, inpatient care and support at home for treating and recuperation from hip fractures
    - Avoid early entry to a care home from hip fractures (around 15% of early entry to care homes arises from hip fractures).

[1] The £3m allocation was considered by the Council in 2012 in two tranches; the first to defer or delay older people needing longer-term health and social care services (October 2012) and the second for early years and deprivation in December 2012.

10.5 The CPP is aware that people who do regular physical activity have far lower risks of developing illness and long term condition (LTCs) as set out below:

- up to a 35% lower risk of coronary heart disease and stroke
- up to a 50% lower risk of type 2 diabetes
- up to a 50% lower risk of colon cancer
- up to a 20% lower risk of breast cancer
- up to an 83% lower risk of osteoarthritis
- up to a 68% lower risk of hip fracture
- a 30% lower risk of falls (among older adults)
- up to a 30% lower risk of depression
- up to a 30% lower risk of dementia.

10.6 The preventative approach for older people means focussing and targeting supports aimed at preventing unscheduled admissions to hospital, promoting early hospital discharge and supporting older people to be more active. This should help to maintain cognitive function; reduce cardiovascular risk; maintain ability to carry out daily living activities; improve mood and self-esteem; and reduce the risk of falls.

10.7 <u>Evidence for further preventative spend for early years</u>

The CPP is aware that high-risk behaviour such as substance misuse, smoking and poor diet during pregnancy and the early years can have a serious impact on a child's health and development. From the child's perspective, there is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children whose parents face such stresses and those being brought up in less stressful households. These gaps continue through life.

10.8 At age 3, children at higher risk of poor outcomes can be identified on the basis of:

- their chaotic home circumstances;
- their emotional behaviour;
- their negativity; and
- poor development.

10.9 These children face many risks and improving early years support is key to improving child protection. By the time such children reach adulthood, these children are more likely to have:

- poor health outcomes;
- be unemployed;
- have criminal convictions;
- have substance misuse problems; and
- have experienced teenage pregnancy.

10.10 As noted in Section 5 above on Early Years, a child's brain achieves 90% of the adult size by the age of 3 years. The parts of the brain which control vision, hearing and language development, all start developing and peak before the child reaches 18 months. Scotland's Chief Medical Officer has set out the evidence of the connection between early years and a range of physical and mental health outcomes. Of particular importance in defining outcomes is Pregnancy and parenting. Parents' interaction with children in

the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. A strong foundation in the early years is more likely to lead to a well adjusted, happy and fulfilled child and adult.

10.11 Evidence for further preventative spend for tackling deprivation

Inequalities in Highland have been widening over the last 10 years, with a 14 year gap in life expectancy between the most affluent and poorest areas. These health inequalities reflect: poor health outcomes; social isolation; lack of confidence and engagement of individuals and communities; unhealthy behaviours; and the greater impact of universal health improvement initiatives on those who are least deprived.

10.12 By taking an assets-based approach to tackling deprivation, individuals and communities should be enabled to create and sustain wellbeing as well as resist the impact of adverse circumstances, including healthy lifestyles. Empowering people and engaging communities in this way should promote greater participation in services, increase confidence and skills, be more inclusive and reduce ill-health. One example is the Hi-Fires and Firesetters programme which works to improve pro-social behaviour and citizenship and reduce fire related antisocial behaviour.

10.13 As noted in Sections 4 and 7 on employment and health inequalities, being in employment can be good for health. For unemployed people, changes to the welfare system mean that further financial hardship can be expected. For these reasons, the additional funding allocated to employability services and welfare reform are included in the prevention plan.

10.14 The Prevention Plan set out below identifies the current shift to prevention. Over the period of the SOA further partnership contributions to prevention should be included.

10.15 The CPP has sought through the SOA quality assurance panel, further clarity nationally on the scope and definition of prevention. It has also sought further work done nationally to understand and measure the impacts of preventative work, including how to quantify the financial benefits of early intervention.

Table 19: Partnership Prevention Plan Showing Preventative Spend

Type of prevention	Purpose	Funding		Lead agency
Older people		2012/13	2013/14 & recurring	
8 fieldwork posts for integrated early intervention.	Speed up assessments, focus on early intervention, aligned to community development activities and community groups.	£240,000	£240,000	Council funding NHS implementation
Preventing falls.	Dedicated falls prevention work to high risk known service users receiving care at home or in care homes. Aids, materials, other measures and awareness raising.	£185,000	£85,000	Council funding NHS implementation
4 Community Development Officers for community wellbeing services.	To stimulate further local developments from those identified by former 3 temporary posts.		£150,000	Council funding NHS implementation
Reablement care at home services	Skills for daily living to enable people to live more independently and reduce their need for on-going homecare support. Complementing the work of intermediate care services. Minimising the whole life cost of care. Support to recover from illness or hospital admission.	£400,000	£400,000	Council funding NHS implementation
Leisure and learning for older people	Likely to include tailored: sports, exercise programmes, postural stability classes, aerobics and dance, outdoor activities, adult	£175,000[2]	£125,000	Council funding and implementation (ECS Service)

[2] It is likely that these proposals would involve additional 'set up' costs for training and materials, in the first year.

Type of prevention	Purpose	Funding		Lead agency
	learning classes, genealogy and local history sessions. Build into current infrastructure of libraries, leisure centres and community groups. Officers enter into commissioning discussions with organisations and groups, and bring proposals to the Adult & Children's Services Committee, about the detail for delivery across the authority.			
Early years prevention – step change via family team approach		2012/13	2013/14 +	
Parenting support	Strengthening supports from universal and targeted services, rolling out parenting programmes. To stretch other programmes (Incredible years and Triple P) to all age ranges based on local profiles and to build on the Family Nurse Partnership Programme after 3 years.		£200,000	Council funding and implementation (H&SC Service)
Public Health Nurses/Health Visitors and Community Midwives Additional staff resource	Given pressures arising from substance misuse, poverty and more complex conditions, more staffing is needed to ensure robust universal services, as well as necessary resources to support those families with greatest needs. This would also support the roll out of parenting across the authority.		£350,000	Council funding and implementation (H&SC Service)
Additional support needs in early years – 2 additional pre-school	To ensure equity and a consistent process for assessing additional		£250,000	Council funding and implementation (H&SC Service)

Type of prevention	Purpose	Funding		Lead agency
visiting teachers, Psychological support and Pupil Support Assistants	needs across the authority. To reduce the likelihood of these children falling out with mainstream care and education.			
Family support - additional Early Years Workers (working with Health Visitors) or external provider equivalents, plus training and oversight from psychological services.	Comprehensive provision of family support across Highland to access information, advice and support, whenever needed.		£200,000	Council funding and implementation (H&SC Service)
Drug and alcohol education with young people.	For P7 and S2 pupils; Social Marketing with 15 year olds; and enhanced Staff Training and Development	0	£60,000	Highland Alcohol and Drug Partnership (HADP) funding and implementation
Early intervention and respite for families with children affected by disability with a review of support work to maximise the effectiveness of this service.	To be implemented as part of the new integrated team model in children's services. This will support earlier intervention for families with children with disabilities. May require additional resource in year two from the deprivation spend below.	0	0	Not additional resource at this time. Highland Council implementation.
Personalised services - Funding is to be directed from existing resources to enable a direct payment to be put in place, subject to agreement from the Adult & Children's Services Committee.	The introduction of self-directed support will enable children and families to receive personalised services that they directly control.	0	0	Not additional resource – incremental switch of resource from traditional to direct payments. Highland Council implementation.
Tackling deprivation		2012/13	2013/14 +	
4 Community Health Co-ordinator	To address the wider determinants		£240,000	Council funding

Type of prevention	Purpose	Funding		Lead agency
posts – based in Easter Ross, Fort William and Kinlochleven, Merkinch, Inverness and Wick.	of health, encouraging community engagement and social connectedness, the participation of local people in the development and delivery of services & support other local health promotion activities. To ensure a joined up approach to health promotion. A co-ordinated and more targeted approach, where health and social care professionals enable access to exercise, mental health and socialising activities.			NHS implementation
Healthy weight – x 4 Community Dieticians to develop and deliver HAES groups in 4 areas (Merkinch and other parts of Inverness; Easter Ross; Caithness and Fort William) Phase 2 - Facilitators recruited, trained and mentored.	Community Dieticians to work with community organisations to enhance access to affordable good food, physical activity opportunities and other weight management interventions. Phase 2 - to support enhanced capacity to deliver group sessions to the wider community. To include High Life Highland, voluntary and social organisations, volunteers, health, social and education professionals, community coordinators.		£200,000	Council funding NHS implementation
Services to support looked after children in Highland. Develop existing capacity in hostel and school provision in identified locations, for young	Enhanced care and educational facilities to reduce the number and cost of out of authority placements (45 in 2012 costing £10m p.a.).		£70,000[3]	Council funding and implementation (ECS and H&SC Services)

[3] This is for project management costs in the short term. It is intended that new facilities are established over a three year period.

Type of prevention	Purpose	Funding		Lead agency
people with particular needs, who could be supported together on a group basis.				
Preventing Violence against women and support for their families	Rolling out new joint working arrangements for survivors of abuse piloted in Inverness and Dingwall to the rest of Highland.		£90,000	Council funding. Partnership implementation through the Violence Against Women group.
Enhanced support for carers and young carers	Roll out of connecting carers programme via schools to enable better take up of the course for young carers and to raise awareness among school staff. Develop a Young Carers Forum. Preparing to Care in Highland Toolkit for adult carers to plan and manage their caring role.		£100,000	Council funding and implementation in partnership with Highland Community Care Forum
Community Employment, Action and Access to IT. Part–time IT trainers in 10 locations plus hardware.	Developing the 11 work clubs further across the Highlands to promote digital inclusion for job searching and benefit claims, providing mentoring, IT skills, and help with transport costs for those attending interviews.		£140,000	Council funding and implementation (P&D Service)
Work skills for young people – providing mentors for young people facing barriers when leaving school	Mentoring support during the year before leaving school for those identified through the Activity Agreement process to benefit from extra support.		£120,000	Council funding and implementation (P&D and ECS Services) – service tendered.
Employment of looked after children, care leavers and children in the criminal justice system – enhanced support for the Family Firm scheme	To contribute to a funding package for a new partnership costing £650k over 3 years to provide focussed support to looked after children, care leavers and young people in the Criminal Justice		£40,000	Council part funding a bid from Barnardos to the Lottery.

Type of prevention	Purpose	Funding		Lead agency
	system, to be better prepared for, find and sustain employment.			
Welfare reform			**2013/14 +**	
Additional resource for money advice, welfare rights advice and housing advice	Cope better with increasing demand for money, welfare rights and housing advice. To increase staffing and contact time for people seeking advice.		**£250,000** **£70,000**	Council funding of £250k. £150k for internal housing and finance services and £100k for CAB provision (Council funding for CAB is £1.1m per annum). £70,000 from Housing Revenue Account to support tenants with advice.
Total New Partnership Preventative Resource		**£1,000,000**	**£3,380,000**	
Other employability resources TBC				
Include deprived area funds, EU funding and other.	TBC	**2,000,000**	**2,000,000**	Highland Council employability fund
Support for account managed social enterprises TBC				HIE
Other partner resources TBC				
6 Community Safety Advocates 2 Community Fire fighters (pending) to delivery home fire safety advice and education, referrals to other agencies, install smoke detectors, delivery fire setter intervention programme to prevent wilful fire raising, deliver youth engagement HI-Fires youth fire fighter programme to promote teambuilding, fire safety skills and citizenship	Support for older people as a high risk vulnerable group, target intervention among young people as high risk fire setters.	£180,000 £23,000	£180,000 £60,000	Scottish Fire and Rescue Service
NHS Highland Health preventative funding	TBC			
Scottish Police Service	TBC			

Type of prevention	Purpose	Funding		Lead agency
SNH	TBC			
UHI	TBC			
Third sector Interface funding	TBC			

10.15 Measuring the impact of the partnership prevention plan

Improvements in outcomes

A number of indicators to use have been proposed but are still to be confirmed. Partly this confirmation includes a partnership understanding of any data limitations (availability and validity issues) and their inclusion in the performance framework for integration (NHS Highland and Highland Council). For the groups targeted for preventative spend, the indicators under consideration are listed below.

10.16 Indicators for improved outcomes for older people

The indicators under consideration are:

1. More people receiving reablement interventions do not require on-going care after the initial 6 weeks.
2. An increased age at which older people are received into long term residential and nursing care.
3. A reduction in the percentage of older people in institutional care settings.
4. Reduced long term and increased short term/intermediate care placements.
5. A reduction in the number of A&E admissions as a result of falls.
6. Reduced emergency admissions and reduced rate of emergency inpatient bed days for over 75s.
7. Increased numbers of people receiving care at home in the evenings and weekends.
8. Public health measures and self-reporting of improved health across the elderly population.
9. Increased number of community-based well-being activities in each area.
10. Older people report reduced social isolation.

10.17 Indicators for improved outcomes for early years

The indicators under consideration are:

1. Public health targets for young children, including breastfeeding rates.
2. Health plan indicators within 6-8 weeks of birth.
3. Health weight interventions and outcomes for young children.
4. Reduced numbers of children and young people misusing substances.
5. Reduced numbers of children looked after away from home.
6. Improved educational attainment.
7. Reduced youth offending.

10.18 Indicators for reducing deprivation

The indicators under consideration are:

1. supporting young people into employment;
2. helping looked after children achieve their potential, and play an active part in Highland life;
3. achieving public health targets for healthy weight, and to address smoking and substance misuse;
4. increasing number of people undertaking regular physical activity;
5. increasing numbers of community-run health promotion and social inclusion activities;
6. reducing the number of women and families who experience domestic violence;
7. enhancing support to Carers.

10.19 Other indicators

For the fire and rescue service these might include reduced demand on operational intervention, resources and operating costs; reductions in reported dwelling house fires and related casualties and fatalities; reduction in fire relates antisocial behaviour; and increased delivery of home fire safety visits to those identified as high and very high risk.

10.20 **Reducing future public expenditure**

The CPP partners engaged in the prevention plan to date have given some consideration to how the partnership will reduce future need, control costs and release savings through its prevention plan, and as required in the guidance on SOAs to Community Planning Partnerships.

10.21 However quantifying any reductions in funding is not straightforward, not only in the short term, but also because the savings may be more likely to be costs avoided. Further work is needed on whether to apply modelling and assumptions from national studies to provide notional cost savings or costs avoided or whether it is possible to capture real cost savings or costs avoided.

10.22 The information under consideration in Highland for older people includes:

1. Quantifiable reduction in the total hours of care for people receiving reablement services

2. Quantifiable reduction to NHS and social care budgets by reducing the number or percentage of hip fractures. The additional direct cost (per person) is estimated to be £10,000 to the NHS and £5,400 to social care during the first two years of treatment and care.

3. It is estimated that inactive people over the age of 50, generate a cost of £750 per annum in additional public care costs. By supporting greater activity in the older population these costs should be avoided.

10.23 The information under consideration in Highland for early years includes:

1. £1 invested in preventative measures for early years can save £9 on more acute services in later life[4].

2. £1 invested in Action for Children's targeted services produced between £7.60 and £9.20 in benefits to society. (Action for Children in 2009).

3. £1 invested in intensive tuition programmes for those with the lowest level of ability in literacy would save £12 - £19 in the future.(Oxfam)

4. For every £1 spent on early years education, we would have to spend £7 to have the same impact in adolescence. Children in the early years are 'programmed' to learn and respond. By adolescence, many behaviours have become learned and entrenched, and are significantly more difficult to modify.

[4] Economic modelling work published by Scottish Government in November 2010

5. Expanding free childcare and early education would result in a 1-2% increase in GDP through higher rates of maternal employment and the employment of young people. (Price-Waterhouse-Coopers, 2004).

6. By increasing exclusive breastfeeding to 65% at four months, around £27m could be saved annually across the UK by avoiding the costs of treating the four main acute diseases in infants. (NHS)

7. A further £28 million would be saved from the costs of treating breast cancer over the lifetime of each annual cohort of first-time mothers, if 32% of women breastfed for 18+ months in their lifetime. (NHS)

8. The cost of obesity and related conditions to the NHS in the UK is estimated to be in excess of £4bn. The Foresight report (2007) estimates that current trends in obesity, if not arrested, would cost the UK economy £50bn by 2050.

10.24 As stated in Section 5 on early years, savings or costs avoided need to be considered as gains to the public purse overall and not to individual partner agencies.