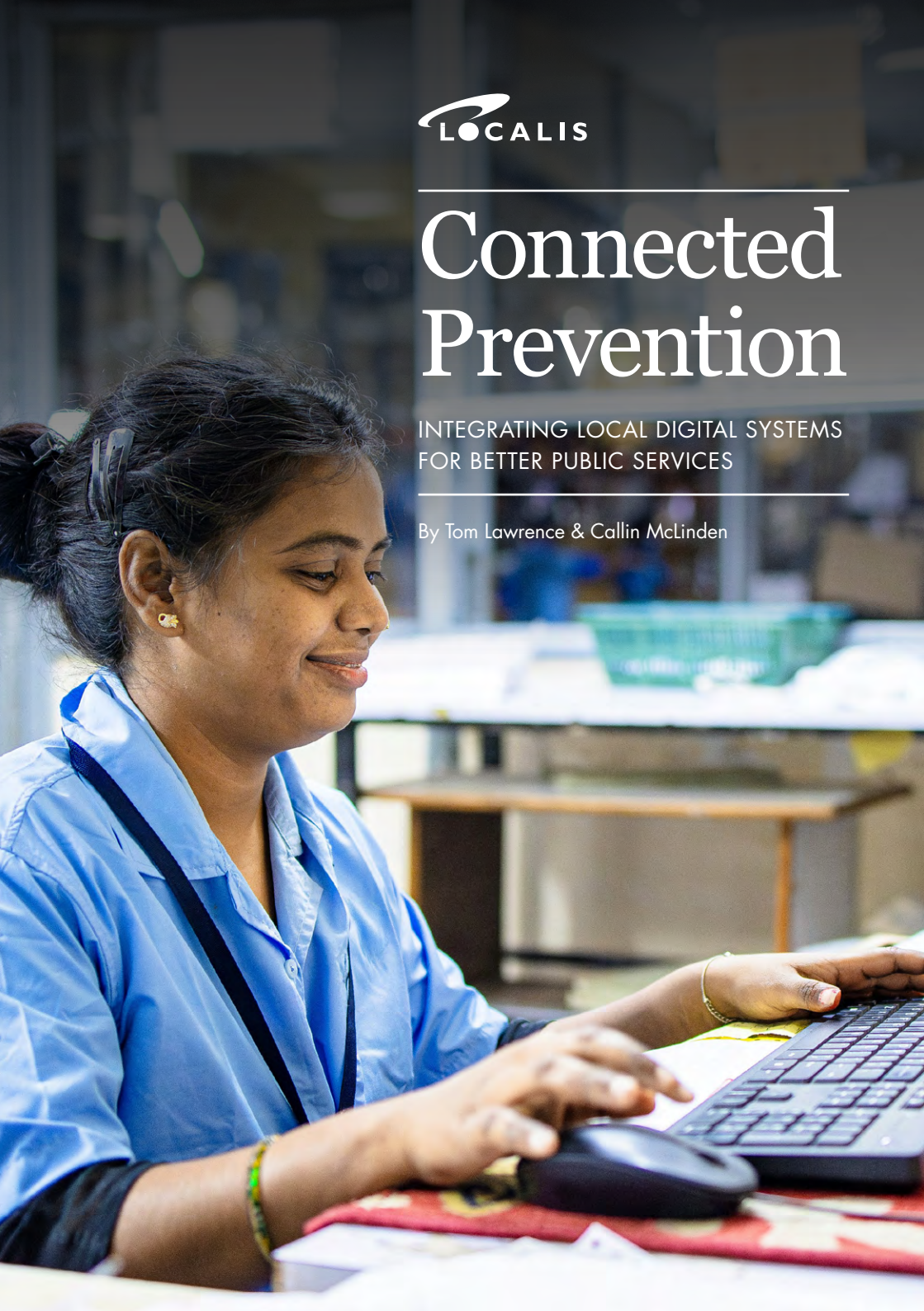


LOCALIS

Connected Prevention

INTEGRATING LOCAL DIGITAL SYSTEMS FOR BETTER PUBLIC SERVICES

By Tom Lawrence & Callin McLinden

About Localis

Who we are

We are a leading, independent think tank that was established in 2001. Our work promotes neo-localist ideas through research, events and commentary, covering a range of local and national domestic policy issues.

Neo-localism

Our research and policy programme is guided by the concept of neo-localism. Neo-localism is about giving places and people more control over the effects of globalisation. It is positive about promoting economic prosperity, but also enhancing other aspects of people's lives such as family and culture. It is not anti-globalisation, but wants to bend the mainstream of social and economic policy so that place is put at the centre of political thinking.

In particular our work is focused on four areas:

- **Decentralising political economy.** Developing and differentiating regional economies and an accompanying devolution of democratic leadership.
- **Empowering local leadership.** Elevating the role and responsibilities of local leaders in shaping and directing their place.
- **Extending local civil capacity.** The mission of the strategic authority as a convener of civil society; from private to charity sector, household to community.
- **Reforming public services.** Ideas to help save the public services and institutions upon which many in society depend.

What we do

We publish research throughout the year, from extensive reports to shorter pamphlets, on a diverse range of policy areas. We run a broad events programme, including roundtable discussions, panel events and an extensive party conference programme. We also run a membership network of local authorities and corporate fellows.

Contents

	Acknowledgements	2
	Research participants	2
	Executive summary	3
	Summary of recommendations	6
1	Introduction	8
2	The challenge of delivering prevention when the local state is being reconfigured	14
	2.1 From Connected Devolution to Connected Prevention	15
	2.2 What prevention means in practice	15
	2.3 The prevention gap	16
	2.4 The changing world of local and subregional government	26
	2.5 The changing world of health governance	30
	2.6 The national view of digital local government	34
	2.7 A quick recap of the context	36
3	Designing systems for shared intelligence	37
	3.1 Existing data records and the value of joining them up	38
	3.2 Data architecture – the overall structure	39
	3.3 Data architecture – resources for achieving integration	45
	3.4 Data quality and security and maintaining public trust	48
	3.5 Governance and capacity	49
	3.6 Prioritisation	51
	3.7 Contract requirements and resilience	53
4	Implementing and using data systems for prevention	55
	4.1 Setting outcomes and how they are to be evaluated	56
	4.2 Public input and transparency	58
	4.3 Equalities and digital inclusion	59
	4.4 Refinements and going beyond what was planned	66
	4.5 The use of AI	66
5	Recommendations and suggested framework for implementation	71
	5.1 Councils and local partnerships	72
	5.2 Suggested framework for implementation	73
	5.3 Strategic authorities	79
	5.4 Central government	79
G	Glossary	80

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Tom Lawrence and Callin McLinden

Research participants

- Amy Low, Chief Executive, AbilityNet
- Mavis Machirori, Senior Researcher, Ada Lovelace Institute
- Yogita Popat, Programme Director – Strategy, Culture & Sustainability, London Borough of Barnet
- Iain Murray, Director of Public Financial Management, CIPFA
- Elizabeth Anderson, Chief Executive Officer, Digital Poverty Alliance
- Phil Rumens, Principal Technologist, GDS Local, Government Digital Service
- Theo Blackwell, Chief Digital Officer for London, Greater London Authority
- Cara Afzal, Programme Director for Digital and Data, Health Innovation Manchester
- Mark Edmunds, Digital and IT Project Manager, London Borough of Hounslow
- Nick Kelly, Principal Consultant, PPL
- Gerard Crofton-Martin, Interim Chief Executive, SCIE
- Tom Rintoul, Director – UK Team, Social Finance
- Harry Angus, Manager, Social Finance
- Nadira Hussain, CEO, Socitm
- Georgina Maratheftis, Associate Director, Local Public Services, techUK
- Gerry Stoker, Professor of Governance, University of Southampton
- Alison McKenzie-Folan, Chief Executive, Wigan Council

Executive summary

Society has been changing very fast in recent decades. Part of this is the rapid rise in the number of datasets being generated, our abilities to manipulate them and the number of modes we can use to access them.

Alongside this increase in digital capabilities, there is currently considerable upheaval in England's local and subregional public services. A new tier of strategic authorities is emerging, while many shire and surrounding areas have well-developed plans for the restructuring of the sets of principal authorities that govern them. Local integration between health and social care is continuing at pace, while health services are being tilted towards neighbourhood-level provision.

Most local public agencies have gone through many lean years – driving down costs, bringing in or increasing charges, reducing eligibility and ending some services altogether. Faced with rising demand continuing to outstrip budget growth, they are now looking at how increased digital capabilities and shared intelligence can allow them to change how services are delivered. In particular, through switching from crisis management to tackling problems before they become crises – or even preventing the problems emerging in the first place. We call this connected prevention. This holds out the promise of delivering better services to the public, preventing vulnerable people from slipping into a downward spiral, and improving the finances of our local public services.

In the course of this research, involving three evidence sessions and numerous one-to-one interviews, we have come across many examples of good practice.

Getting data right for residents

One thing we have heard repeatedly through all of our evidence is the importance of focusing on both frontline practitioners and residents, service users and data subjects, from the start and throughout the life cycle of reforms. The role of the senior leadership of public institutions is not in coming up with detailed ideas, but rather in coordinating changes, fixing the methods used for prioritising and sequencing, giving an overall sense of direction, inspiring their organisations and demonstrating high-level buy-in. Citizens and practitioners can help to identify the "low hanging fruit of prevention" and the real "no-brainers" and give a sense of where to look for further innovations. Data subjects can identify how they would like their personal data to be used differently, helping to reveal where data needs to be better connected. This avoids staff trying to second guess them and being unnecessarily over-cautious (and thereby contributing to choke points which can lead to frustrations and delays).

We have also heard the importance of working across operational boundaries at the local level, joining up the ambitions of core partners at both the strategic and operational levels. This can bring in strategic authorities, principal authorities, neighbourhood-level governance, health services, education and housing providers, the voluntary and community sector and a range of others.

A staged public service reform platform for a prevention agenda

Naturally, it is best not to attempt radical reform of every service at once. Rather, a small number of priority transformation projects should be balanced with a more ambitious long-term direction of travel. This can be set out in a strategy which provides a clear, systematic basis for selecting future projects. As a preventive approach can bring about both service improvements and financial benefits, outcomes sought are likely to be a mix of cost/time savings and public value measures. Again, these are likely to be informed by input from the public and frontline staff.

The demands of such a prevention programme, together with the wishes of data subjects and service users, will set the basic parameters for the optimum data architecture. Resources provided by the Government Digital Service (GDS) can be used in mapping the current data architecture of local authorities. We also heard of models for an improved data architecture based on the concept of shared control of data between citizens and state, such as the Open Data Institute's Solid platform and the Universal Care Plan. In designing such a system, it can be helpful to incorporate established data standards and common identifiers.

As all services use data, all citizens will be affected by its use. It is therefore vital to consider how all citizens will interact with it – for example, to make corrections or submit queries – when designing a new system. This includes those with language barriers, disabilities and/or intermittent, little or no digital connectivity at present. It is also important to consider how poor data quality can lead to mistakes being made, and how problems with this or data security can lose public trust.

AI and the role of shared intelligence

Many of the points above are even more important for the use of artificial intelligence (AI) and/or automated processing. Using AI opens up a whole new range of possibilities with a potential for almost boundless benefits, but these may not be realised, and public trust may be lost, if insufficient thought is given to implementation. It is wise to proceed cautiously and systematically, taking into account the full range of benefits and costs of the technology and the support needs that go with using it, to ensure that the full benefits are achieved.

A shared intelligence system is not just composed of interoperable technology and datasets. It also requires agreed procedures for administering and overseeing the datasets and their usage, and integrated governance. In addition to deciding on decision rights, it may be prudent to create a body of experts to advise on the legality and ethics (which are overlapping but not the same) of new or changing data uses.

Architecture and capacity to underpin prevention

In all of the above, it is vital to take account of organisational capacity – to install, run and curate new data architecture and analytics, and to implement service transformation projects.

Once the existing architecture has been mapped and the optimum system design has been determined, the differences between these form a robust basis for procurement. Particular thought needs to be given to resilience over time, transparency and the information needed for effective governance. Working with as broad a coalition as possible to draw up requirements can result in efficient use of staff time and help to avoid the excessive customisation which could drive up costs.

If connected prevention is implemented prudently, the range of potential improvements and benefits is almost limitless – we provide just a small sample of these in the case studies in this report. Furthermore, during their implementation, refinements may be made and new data use cases identified. New use cases should not be rushed into, but should be subjected to the systematic and rigorous processes already agreed. Monitoring, evaluation and scaling up prevention projects should be carried out according to best practice in the public sector.

In this report, we have undertaken an in-depth study of how integrated local digital systems can support preventative, place-based public service reform. We use case studies of places already attempting aspects of this well to identify transferable lessons. The report examines how connected prevention can operate across the reorganised local state, including local authorities, strategic authorities, health bodies, housing associations and community-facing institutions. Based on this analysis, we set out a suite of place-based, evidence-led recommendations, alongside a practical framework for place leaders on shared intelligence, governance design, service prioritisation and delivery sequencing over the medium term.

Summary of recommendations

The focus of this report is on local delivery of connected prevention. Most of the recommendations are, therefore, for councils and the partnerships they are working with. This includes both strategic authorities and locally-based sections of central government, such as Jobcentre Plus, and regional departmental offices in their roles as anchor institutions.

We set out a suggested framework for implementation of these recommendations in Section 5.2, which takes the form of two workflows, running largely in parallel and feeding into each other.

We also provide specific recommendations for strategic authorities and central government.

	Recommendations
Councils & partnerships	Ensure they have a thorough understanding of what data they hold, where it is already joined up, and crucially, where it is currently fragmented across systems.
	Engage with citizens and design data processing and analysis around their needs and preferences. At each point and through each channel that they interact with the shared intelligence systems of local services, keep everything simple for them.
	Focus on those who have little, no or sporadic digital access. Ensure that difficulties interacting with services and citizens' concerns about data usage are catered for – particularly when it comes to using AI.
	Develop their priorities and strategy for using shared data together, and with the public and frontline staff. Rather than trying to do too much initially, focus on a small set of priority uses, alongside a longer-term direction of travel.

	Take careful account of organisational capacity when considering proposals for preventative action.
	Base procurement on a clear understanding of existing architecture and the requirements of proposed service reforms, taking into account resilience over time, transparency and the information needed for effective governance.
	Draw on best practice in the public sector when reviewing and monitoring prevention practices, and in considering new uses for shared data.
Strategic authorities	Participate actively as a partner in connected prevention.
	Work closely with central government staff where they are based in the strategic authority's subregion, engaging with them on connected prevention.
	Help to coordinate the emerging requirements of local authorities – for example, by helping to establish common operating procedures and procurement demands.
Central government	Continue to support the creation and development of data standards and build these further.
	Ensure GDS Local is resourced sufficiently to provide more comprehensive guidance and assistance to local authorities as they go through reorganisation and the implementation of the reforms described in this report. (For example, with a platform for assessing existing architecture and support to develop common sets of requirements for commissioning.)
	Ensure that where they have a local presence, staff engage enthusiastically with strategic authorities, local authorities and other local partners on connected prevention.

CHAPTER ONE

Introduction

In this report, we study how to achieve a digital and managerial framework for prevention. We consider the practical requirements of such a system, for implementation by new and existing principal and strategic authorities and their partners.

"Prevention" has become an umbrella term for:

- early intervention to limit escalation, recurrence or loss of independence after a problem has materialised;
- action based on identifying emerging risk or need; and
- taking action on underlying conditions and population-wide risks.

Whether or not a particular action is considered "preventative" depends on context such as the default way of delivering a service. It is more helpful to think of prevention as a change: tackling an issue further upstream than it has been to date, as described in Section 2.2.

As we shall see, a preventative approach to service redesign can save money, improve citizens' satisfaction with public services and improve measurable outcomes.

Consequently, the importance of investing in such a preventative approach has moved up the national agenda in recent years. Where the Government has often churned out many pilots and short-term initiatives previously, there is a new focus on longer-term funding settlements focused on prevention, and a practice of "Test, Learn and Grow"[1]. Nonetheless, data and learning from previous pilots and short-term initiatives can still be useful in redesigning services to operate with a preventative ethos, utilising digital technologies.

The new Prime Minister, Rt Hon Andy Burham MP, has stressed the focus he will be giving to devolution, based on his experience in Greater Manchester. As Mayor, he took the Combined Authority into an agreement with the Government to be the country's first "prevention demonstrator" and moved it into its current delivery phase.

While there are many examples of strong practice in connected prevention, these are pioneers, and best practice has yet to be adopted across most localities. Data relating to local services is currently highly fragmented, making its use for connected prevention highly challenging. Meanwhile, governance structures are going through a period of intense flux.

Recent decades have seen increasing trends towards the unitarisation of local authorities and the establishment of combined authorities, with bespoke devolution deals. The incoming Labour government from 2024 has tried to systematise this in particular in two ways, set out in more detail in Section 2.4:

- The creation and categorisation of strategic authorities.
- The launch of a process of local government reorganisation (LGR).

1 Cabinet Office – Test, Learn and Grow

For most areas of the country, the LGR process has been paused, but in many of them, the transition is already well developed. It seems likely that it will go ahead in some form in at least some parts of the country, as explained in Section 2.4.

For healthcare, the system is also evolving. There has been substantial progress in joining up services, pooling budgets and connecting data at a local level, and extensive further changes are planned.

As we will describe in Section 2.5, statutory bodies exist for joint working between local authorities and local health agencies, and the Better Care Fund is a shared budget for addressing priorities in adult social care.

Simple digitisation of patient records has been eclipsed by the development of Shared Care Records, and now the Government plans to introduce Single Patient Records.

The NHS itself is becoming more local, with the Health Bill due to increase local commissioning of services, and significant plans to shift it from being "hospital-centric" to "neighbourhood-centric".

More widely, interest is growing in place-based budgeting. Five schemes are being piloted in which Mayoral Strategic Authorities work in partnership with their constituent local authorities, service providers, the voluntary and community sector, and local service users. (These are described further in Section 2.4)

And central government itself is changing – and in some ways becoming more "local". Many government departments and agencies already had a significant local presence. For example, Jobcentre Plus is a part of the Department for Work and Pensions (DWP). Jobcentres begun co-locating with other organisations – particularly local authorities – many years ago, and in 2023, DWP carried out a review of six such co-locations[2]. In July this year, DWP announced that it would "build on the success of existing outreach and co-location, including through expanding Youth Hubs to over 360 areas across Great Britain"[3]. Services "will range from universal digital support to more in-depth, in-person appointments from work coaches and, in England, from qualified careers advisers, when needed. We will embed our services within local communities by increasing our outreach in venues such as leisure centres, shopping centres and GP surgeries. We will also expand mobile delivery and flexible provision that is available to everyone and responds to local needs".

2 DWP (2024) – Jobcentre co-location research: qualitative study

3 DWP (2026) – Get Britain Working: an update on the Jobs and Careers Service

Also, in some parts of the country, departments such as the Ministry of Defence are anchor institutions – major employers and landowners. This is expanding. Last year, the Cabinet Office announced that thousands of civil servants, including senior leaders, "would be relocated to 13 locations across the UK to develop and deliver policy closer to communities"[4]. This has continued under the new Prime Minister, Rt Hon Andy Burnham MP, who has set up "Number 10 North".

Indeed, on taking office, he immediately signalled his intention to put devolution of powers and tax revenues to local areas at the heart of his premiership, with the statement "Rewiring the State"[5]. (It is partly to ensure compliance with this that the pause was put on many LGR plans.) This states that the Government has "agreed to adopt an operating principle of devolving by default – meaning that where policies or services are being designed or altered, Secretaries of State will need to justify holding them at the level of central government".

This will result in a smaller central state, with the civil service adapting and learning through "greater interchange with regional and local government, becoming more porous and working together to deliver better outcomes for the citizens we serve". And arm's length bodies will be scrutinised as to whether to transfer their responsibilities and funding to local leaders or return them to ministerial departments.

Previous Localis work has looked at how to make a success of devolution and the current reform of sub-national governance. For example:

- **Connected Devolution** described how devolution and local government reorganisation provided an opportunity for stronger digital integration, delivering a "digital dividend"[6].
- **Everything in its Right Place** explained how place-based policy could, within this context of governance reform, drive regional growth[7].

Connected Prevention builds on these, examining the optimum digital framework and associated human resources to get the best results from a preventative approach.

With so many new authorities and structures emerging, there is an urgency in determining a framework that can be widely adopted, to build it into planning for what it is to come.

4 Cabinet Office (2025) – Thousands of Civil Service roles moved out of London in latest reform to the state
5 Cabinet Office (2026) – Rewiring the State – Cabinet Statement
6 Localis (2025) – Connected Devolution
7 Localis (2026) – Everything in its Right Place

Preventative activity usually incurs visible expenditure now while delivering benefits later – often to another service, tier of government or local agency. It can therefore only succeed with efficient coordination and partnership working between agencies. Typically, these may include:

- Principal authorities
- Strategic authorities
- Town/parish/community/neighbourhood councils
- Providers of health, social care, education and skills services
- Housing providers
- Emergency services
- Voluntary and community sector organisations
- Benefits and employment agencies
- Anchor institutions.

Such coordination includes the main subjects of this briefing: data and software infrastructure, and teams who have the capacity and capability to use it effectively – and planning for such a system in advance of software procurement and decisions on staff structures. However, appropriate financial and governance structures are also important, including pooled budgets, cross-sector cost-benefit analysis and shared accountability.

Taking a step back, it is clear that the complexity and technological capabilities of the public sector have grown considerably in recent decades. Citizens are looking to the public sector to solve increasingly complicated problems, and the growth in datasets and the means of analysing them – most recently, including AI – theoretically make this possible.

The remainder of this report is structured as follows.

In Section 2, we set the context for Sections 3 and 4. We look at the meaning of prevention, the political emphasis on it, why it has so often failed to take root, and an example of good practice in strategic thinking on prevention. We then cast an eye over current changes and trends in local and subregional government, health and digital reforms in the public sector.

In Sections 3 and 4, we set our findings on how connected prevention can be implemented in practice, pointing out what to focus on and what to guard against.

Section 3 looks at how to set up shared intelligence systems which will enable connected prevention. Rooting the narrative in an understanding of the value of linking up data records, we consider the ideal features of the overall architecture and resources to help construct it. We see that crucial factors in a healthy system are governance, capacity and the maintenance of public trust, including through strong data security and ensuring sufficient data quality. We look at how to select priority use cases for this shared intelligence, and how these issues, and the importance of system resilience, feed through into commissioning.

In Section 4, we look at how these systems may be used and a preventative approach may be implemented. We point out the crucial role of the public and practitioners in shaping this, including the targeted outcomes of service reforms. As a sizeable proportion of the public has no digital access or has significant barriers to access, this needs very careful planning. We briefly discuss how connected prevention may evolve after initial implementation, before closing with a look at how to handle the implementation of AI – the need to do it carefully and strategically, and the benefits that can follow.

Finally, in Section 5, we draw out our conclusions from the study. First, we provide recommendations for a core local partnership implementing such an approach. We suggest a framework for implementing it, then we end with specific recommendations for strategic authorities and central government.

CHAPTER TWO

The challenge of delivering prevention when the local state is being reconfigured

The importance of moving from a reactive to a preventative way of delivering public services is widely understood. But a number of barriers have stopped this being done in any comprehensive way until now. Significant changes are currently underway to the operating models for English governance and the health service. Together with increasing digital capabilities, these provide both an opportunity and an immediate pressure to take a bold step forward on this agenda.

In Connected Devolution, we argued that the next phase of English devolution and local government reorganisation (LGR) cannot be simply understood as a purely constitutional or administrative exercise. The creation of new unitary and strategic authorities is also a systems problem: one of avoiding new authorities inheriting fragmented digital estates, uneven organisational capability, divergent contracts, inconsistent data standards and varying degrees of supplier dependencies. If integration is handled well, it can support productivity, resilience and the delivery of public value. On the other hand, if handled badly, it risks merely rearranging legacy fragmentation across a more regionalised, institutional map.

2.1 From Connected Devolution to Connected Prevention

This argument remains the starting point for this report. But this digital restructuring should not be thought of as purely a technical matter, aimed at lower administrative friction, cleaner back-office consolidation or even safe vesting. The purposes of the new authorities should be the starting point, with the central question being how integration can enable the new authorities to deliver public services more effectively and help improve the lives of their citizens.

In Connected Devolution, the immediate focus was on how new authorities could avoid being dragged under by inherited systems, contract risks and complexities, and uneven capability. For Connected Prevention, the focus now shifts to what can be achieved when data is connected up across previous organisational boundaries. Namely, the redesign of public services to allow the earlier identification of risk, better coordination of support and a means of tackling problems at an earlier stage, before they have become crises.

2.2 What prevention means in practice

Prevention may be defined as action that reduces the likelihood, severity or duration of harmful outcomes.

It is often categorised into primordial, primary, secondary and tertiary prevention. The exact description of these categories varies, but they may broadly be paraphrased as[8]:

- Primordial and primary activity acts on underlying conditions and population-wide risks.
- Secondary prevention identifies emerging risk or need.
- Tertiary prevention limits escalation, recurrence or loss of independence after a problem has materialised.

However, this should not be seen as a rigid classification; most local services operate across several levels at once. Indeed, the boundary between preventative and acute provision is rarely neat: an intervention can prevent deterioration while also responding to an existing need.

8 For example, see CIPFA (2024) – Exploring levels of preventative investment in local government in England; DHSC (2025) – Care and support statutory guidance; The King's Fund (2025) – What is prevention in health?. LB Barnet used a categorisation based on CIPFA's categorisation in its cost drivers analysis (described below), as does the Scottish Government Prevention Unit (see Preventative budgeting tool: guidance, 2026).

Prevention can include building individual and community resilience, reducing exposure to environmental or economic risks, identifying deteriorating circumstances, stabilising households and preventing an initial crisis from becoming repeated demand. It may also include both interventions at the level of individuals and families and changes to the way a service is delivered to a whole population or cohort.

The title of this report, Connected Prevention, refers to the following concept: the use of shared intelligence, coordinated governance and integrated service pathways to identify and reduce risk before it develops into more severe, persistent or costly harm.

The test of this is not whether information has been shared or contact made earlier, but whether the institutional response changes and produces a credible reduction in risk, escalation or recurrence.

2.3 The prevention gap

As pointed out by the Institute for Government[9], the idea of improving public services with a preventative approach is far from a new one. Benjamin Franklin was discussing Philadelphia's fire service when he coined the phrase "an ounce of prevention is worth a pound of cure" in 1736[10].

In recent decades, many politicians of all political stripes and many influential reports have professed the importance of this approach. Some examples are given below.

> *"improved public health, through health promotion and disease prevention, could therefore have a significant impact on health status and ultimately the demand for health services and the resulting cost"*
>
> — DEREK WANLESS, SECURING OUR FUTURE HEALTH: TAKING A LONG-TERM VIEW: FINAL REPORT (2002)[11]

9 Institute for Government (2024) – A preventative approach to public services
10 University of Cambridge (2012) – Ounce of prevention, pound of cure
11 Institute for Government (2024) – A preventative approach to public services

"The features of this new relationship will include:

- *Freedoms from central performance and financial controls;*
- *Freedoms and incentives for local collaboration;*
- *Freedoms to invest in prevention; and*
- *Freedoms to drive growth."*

— HM TREASURY/COMMUNITIES AND LOCAL GOVERNMENT, TOTAL PLACE: A WHOLE AREA APPROACH TO PUBLIC SERVICES (2010)[12]

"The importance of investing in the early years is key to preventing ill health later in life, as is investing in healthy schools and healthy employment as well as more traditional forms of ill-health prevention such as drug treatment and smoking cessation programmes ... Prevention of ill health has traditionally been the responsibility of the NHS, but we put prevention in the context of the social determinants of health"

– SIR MICHAEL MARMOT, FAIR SOCIETY, HEALTHY LIVES: THE MARMOT REVIEW (2010)[13]

12 HM Treasury/Communities and Local Government (2010) – Total place: a whole area approach to public services

13 Foreign, Commonwealth & Development Office (2010) – Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010

> *"Each of the areas in the Whole-Place Community Budgets scheme has identified potential benefits from taking a more integrated approach to frontline services, focusing on outcomes like preventing avoidable hospital admissions or reducing reoffending"*
>
> — NATIONAL AUDIT OFFICE (NAO), CASE STUDY ON INTEGRATION: MEASURING THE COSTS AND BENEFITS OF WHOLE-PLACE COMMUNITY BUDGETS (2013)[14]

> *"Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse"*
>
> — SUPPORTING FAMILIES: EARLY HELP SYSTEM GUIDE, DEPARTMENT FOR LEVELLING UP, HOUSING AND COMMUNITIES/DEPARTMENT FOR EDUCATION (2022)[15]

The Institute for Government has helpfully summarised the evidence of impact and lessons that could be learned from a handful of national programmes which took a preventative approach[16], including:

- Sure Start
- The NHS Diabetes Prevention Programme (NDPP)
- The Supporting Families Programme
- Project CARA (Conditioning and Relationship Abuse).

However, on the whole, inculcating a preventative approach in the public services remains patchy and sporadic, rather than widespread and strategic. There are many reasons for this, including the following:

- Acute demand crowding it out: immediate pressures have greater urgency and there are often statutory duties to fulfil. Crisis intervention produces visible activity

14 NAO (2013) – Case study on integration: Measuring the costs and benefits of Whole-Place Community Budgets
15 DLUHC/DfE (2022) – Supporting Families: Early Help System guide
16 Institute for Government (2024) – A preventative approach to public services (Annex A)

and can be linked to immediate targets, whereas it is difficult to identify avoided harm and apportion credit for it appropriately.

- Lack of institutional capacity: there are many ingredients required for prevention to succeed, such as:
  - analytical capability;
  - commissioning skills;
  - stable relationships;
  - professional judgement; and
  - frontline capacity to act on identified need.

  If any of these are spread too thin, this might hinder preventative interventions being implemented.
- Political pressure from above: ministers and local leaders are themselves subject to pressure to appear in control, and this can encourage central prescription. Prevention, on the other hand, requires discretion, experimentation and shared authority.
- A difficulty delineating what is prevention: given its contextual nature, and the different operating models of local agencies, there may be challenges in partners agreeing what constitutes a preventative intervention and deciding how to measure its impact.
- Conflicting objectives: between those of preventative programmes and existing institutional objectives/strategies.
- Timescale: benefits may take many years (or even decades) to accrue. Preventative programmes may be shelved or comprehensively redesigned during this time, due to changes to structures, leadership and/or priorities.
- Fragmentation of the system: investment by one organisation may result in benefits accruing to another. However, organisations may have distinct accountabilities and funding rules. Often, no single body possesses the authority, data or incentives to manage the whole pathway.
- Difficulties in evidencing a programme: it may be difficult to assess financial and/or social impact of these benefits. Attribution is complicated by multiple services and wider social conditions. Comparing interventions may be difficult, due to evaluations having to consider different outcomes and timescales.

Nonetheless, there are some good examples of strategic thinking on prevention at a local level. One such example can be found in the London Borough of Barnet.

Barnet – cost drivers analysis and pipeline of prevention

In 2025/26, LB Barnet sought and received Exceptional Financial Support and used approximately £10m less than had been approved by Government. Under current circumstances, its expenditure is forecast to rise by £209m by 2029/30, while its income is forecast to rise by only £83m. Of its 2026/27 expenditure of £544m, 96.7% is either required by law or is otherwise essential (much of which is preventative in nature).

It has already strengthened financial controls, restructured its budget, and improved savings delivery, delivering 95.8% of planned savings in 2025/26. It has also reduced adult social care costs below the national average per adult.

It has therefore recently carried out a whole-system analysis and decomposition of need across its three largest areas of entitlement-based expenditure in 2025/26: adult social care (£160.5m of entitlement-based expenditure), children and family services (£33.8m) and temporary accommodation (£36.1m). More specifically, it has examined the causes that are behind rising demand for these services.

This analysis sits within a methodical "theory of change". This sets out five channels through which costs can be reduced, called "Delivery blocks":

- Prevention
- Progression
- Productivity
- Service & Asset Review
- Income.

The delivery of savings through these channels will be supported by building up three "enabling blocks": sound financial governance, change management and prediction.

All of this is set out in a recent report to Barnet's Cabinet, Our Plan for Financial Sustainability 2026-2029[17].

17 LB Barnet (12 October 2026) – Our Plan for Financial Sustainability 2026-2029

The analysis of need and its cost drivers sets out four broad goals for residents:

- Good quality affordable homes
- Strong resilient families at all ages
- Meaningful engagement, happiness and civic value
- Increased healthy, independent life expectancy.

It has identified 13 cost drivers for these four, which are grouped into seven risk factors. These include, for example:

- Reduced independence – the largest driver of spend, associated with approximately £90m of expenditure across the three services, approximately 40% of the total analysed
- Unsafe homes
- Family breakdown/caregiver withdrawal
- Job insecurity
- Domestic abuse and neglect.

It has also identified more than 40 "trigger events" associated with these, including, for example:

- Higher dementia rates
- Damp and mould
- Adults no longer willing/able to care for an adult relative
- Leaving care
- Obesity.

The analysis also mapped the council's prevention activity finding that reduced independence was ranked only fourth by mapped prevention expenditure among the prevention themes reviewed[18].

18 LB Barnet – Our Plan for Financial Sustainability 2026-2029, Appendix 1: Analysis of Cost Drivers

This analysis itself does not contain savings targets and/or generate any in its own right. Instead, it provides a framework for prioritisation: a consistent way of assessing whether a proposed activity addresses a significant driver of need, how it is expected to influence that driver and what evidence would indicate success.

Barnet's officers have identified a pipeline of opportunities which they believe will deliver around £200m–£250m of recurring financial benefits when fully realised; they are targeting £200m by 2029/30. Within this, they have prioritised £84m of "Wave 1 opportunities", which have now been "identified, valued and assigned to a responsible owner". A significant proportion of the £84m identified related to Council Tax. Of the rest, an estimated £2.5m is expected to come from four prevention measures, categorised into three scales of financial benefit:

- Expanding Adult Social Care Prevention and Wellbeing Services (high: over £1m)
- Engaging vulnerable households at risk of future service need (psychological vulnerability) (medium: £250k–£1m)
- Assisted bin collection early intervention pilot (low: under £250k)
- Employment and economic resilience initiatives (low: under £250k).

For each of these measures, the council has identified the service budget expected to receive the financial benefit, and ownership of the measure has been assigned to an appropriate executive director. These four are currently at the "idea" or "hypothesis" stage of development; when they reach the "proof of concept" stage, the value of the benefits will be estimated[19].

Beyond this first wave, proposals are developed through a five-stage "investment process", with a specified set of requirements for each stage:

- Idea
- Hypothesis
- Proof of concept

19 LB Barnet – Our Plan for Financial Sustainability 2026-2029, Appendix 2: Wave 1 In-flight portfolio opportunities

- Proof of value and scale
- Budgeted saving.

At Stage 2, each proposal must define the conditions under which testing will cease. Where a proposal fails to demonstrate the expected outcome, it is closed and the results recorded. Lessons learned are reviewed by relevant governance forums and incorporated into future opportunity design and investment decisions.

Given that the council does not have the capacity to take forward every proposal, there is a need to direct resources to only the most promising. This is decided by applying three weighted criteria:

- Strategic alignment and evidence: Does it support the council's priorities? Is there evidence of the chain of causality? Does it address a named cost driver?
- Deliverability: Does the council have, or can it secure, the people, information and partnerships required to deliver? Will benefits be realised within the timeframe required by the profile?
- Potential scale of recurring financial benefit: What is the level of spend on this currently and therefore what is the potential scale of recurring benefit? What is the potential payback period? Does it release capacity that can be redirected towards activities addressing major cost drivers or reduce reliance on high-cost roles?

Barnet is also applying these principles to existing preventative spend: if an intervention cannot demonstrate a measurable effect on one or more named cost drivers, it "is a candidate for redesign, replacement or discontinuation".

Benefits resulting from the interventions are identified and monitored by named individuals and recorded in a Benefits Tracker, following the council's Benefits Management Framework.

In Barnet, demand rising much more rapidly than income has made an increase in preventative spend a matter of urgency. This situation is repeated in local authority areas across the country. And the Government is increasingly recognising this and trying hard to facilitate it. Prevention has become a common thread running through many of the strategies and documents produced by the current Government. Examples of this are shown in Figure 1.

Figure 1. Prevention in Labour and Government documents in and since General Election 2024[20]

2024 Labour party manifesto	• Preventing people getting drawn into crime, including through "local prevention partnerships", preventing reoffending and preventing crime from happening through visible neighbourhood policing; and • Prevention in health, including cancer and dentistry, and preventing people getting ill.
Spending review 2025	Connected prevention a major theme, with the government's approach to public sector reform "guided by three principles": • To integrate services, so that they are organised around people's lives; • To improve long-term outcomes for people through a focus on prevention, relying less on expensive crisis management; and • To devolve power to local areas that understand the needs of their communities best, with services that are designed with and for people, in partnership with civil society and the impact economy.
Local government finance policy statement 2025 to 2026	• "Reform and prevention are critical if we are to turn around the cycle of system failure and cost escalation", with particular focus on reforming children's social care, homelessness and rough sleeping, SEND and adult social care services. "We need to focus on prevention, early intervention, and reforms to markets." Benefits listed as: improve outcomes for vulnerable residents; reducing costs of services (creating savings for the taxpayer); ensuring that demand-led pressures do not overwhelm councils' budgets; and • 2025-26 settlement to include new £250m Children's Social Care Prevention Grant to "lay the groundwork for children's social care reform, enabling investment in additional prevention activity through Family Help".
English Devolution White Paper	• "We urgently need to reform public services to focus on prevention, with programmes built more closely around people and the places they live". • "We want to make reform and prevention the default setting in Local Authorities across England, supported by Strategic Authorities. We want to see the cycle of system failure ended, with better aligned public services delivering better outcomes".

20 Labour Party (2024) – Change; HM Treasury (2025) – Spending Review 2025; Ministry of Housing, Communities & Local Government (MHCLG) (2024) – Local government finance policy statement 2025 to 2026; MHCLG (2024) – English Devolution White Paper

This attitude to prevention has survived the change of prime minister. As mentioned in Section 1, Andy Burnham has experience of taking a preventative approach from his time as Mayor of Greater Manchester. (We will see more examples of what the city region has achieved below.) The policy paper "Rewiring the State"[21], published in his second week in office, states.

> *We will also enable greater alignment and pooling of funding for preventative services by devolving funding, where possible, allowing strategic authorities and constituent local authorities to invest in joint support, as long as national standards are being met. This will enable a place-based approach to budgeting that better meets local priorities.*

Indeed, in Budget 2026, the Government has given the go-ahead to introducing a new category of ringfenced spending at the spending review in 2027, preventative DEL (PDEL). This is designed to help the Government budget for programmes that generate benefits over the longer term[22].

Other factors are also converging to provide both a golden opportunity for, and a sense of urgency to, connected prevention, as we shall see in the subsections following this one:

- Local government reorganisation and the emergence of a tier of strategic authorities.
- The 10 Year Health Plan for England (Fit for the Future) and allied changes in the health sector.
- An improved understanding of local data needs and central government support for them.

21 Cabinet Office (2026) – Rewiring the State – Cabinet Statement
22 HM Treasury (2026) – Budget 2026

2.4 The changing world of local and subregional government

Over the last two years, the Government has embarked on a programme of trying to systematise and rationalise English devolution and local government. This is being implemented through strategic authorities and through LGR.

The English Devolution and Community Empowerment Act 2026[23] appends the label of "strategic authority" to the Greater London Authority and to current and future combined authorities and combined county authorities, categorises them and systematises their powers. The White Paper announced an aim for universal coverage of England with strategic authorities and a Devolution Priority Programme to deliver further "mayoral devolution at pace" in new areas.

The English Devolution White Paper[24] states that "Devolution policy is currently ad hoc and inconsistent. It is unclear to places what they can access, when they can access it, and under what conditions". The Act replaces this "ad hoc" set of arrangements with a systematic framework in which each type of strategic authority has a specified set of powers. More powers will be added to these sets over time. Strategic authorities with mayors have a greater range of powers than those without, and "wherever possible" voting on them will be moved to simple majority voting. (The Government wishes to end the situation where a constituent authority can have a veto over a mayor's proposal.)

23 Legislation.gov.uk (2026) – English Devolution and Community Empowerment Act 2026
24 MHCLG (2024) – English Devolution White Paper

Figure 2. Types of strategic authority

Foundation Strategic Authorities	• Include non-mayoral combined authorities and combined county authorities automatically, and any local authority designated as a Strategic Authority without a Mayor.
Mayoral Strategic Authorities	• The Greater London Authority (GLA), all Mayoral Combined Authorities and all Mayoral Combined County Authorities will automatically begin as Mayoral Strategic Authorities.
Established Mayoral Strategic Authorities	• Mayoral Strategic Authorities which meet specified eligibility criteria.

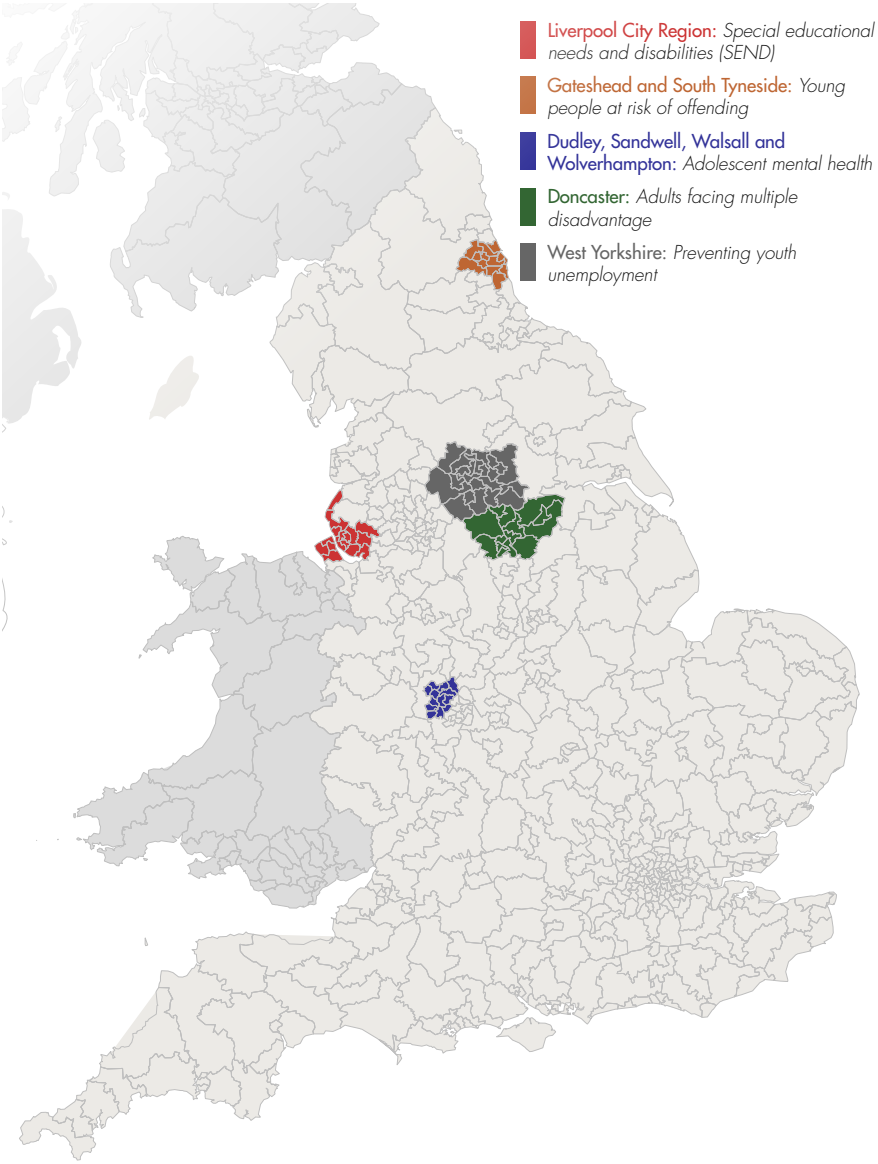
Importantly for this report, the White Paper views strategic authorities as the "convenors on public service reform, working in partnership with Local Authorities, to bring partners together to drive forward public service reform and prevention".

Budgets for individual service areas are being replaced by Integrated Settlements. This is starting with "Greater Manchester, Liverpool City Region, North East, South Yorkshire, West Midlands and West Yorkshire Combined Authorities receiving a consolidated budget across housing, regeneration, local growth, local transport, skills, retrofit, and employment support".

Five Mayoral Strategic Authority (MSA) areas are piloting Place Based Budgets. This means MSAs and their local partners will "test how pooling budgets, aligning governance, and redesigning services around a defined cohort or challenge can be made to work in practice, and whether doing so leads to better outcomes over time"[25]. This programme is seen as part of Test, Learn and Grow and builds on "over 2 decades of thinking and practice around place-based reform, including Total Place and similar initiatives".

25 Ministry of Housing, Communities & Local Government (2026) – Place Based Budgets: programme (guidance)

Figure 3. Place Based Budget pilots



The Government has set out the objectives, principles and timings of this programme, as well as providing commentary on many practical aspects of it. MSAs will receive funding from the Government for increasing their capacity to fulfil this work. There is a strong focus on evaluation, so that the lessons can be shared in an authoritative manner with the wider sector.

Alongside these changes to the strategic level of English governance, the government has embarked on a process of rationalising principal authorities.

Again, much of this was trailed in the White Paper in December 2024, which contained a page-long box setting out the Government's case for LGR. The White Paper stated that "We will expect all two-tier areas and smaller or failing unitaries to develop proposals for reorganisation". Regarding unitary councils that would be created, it said that these "must be the right size to achieve efficiencies, improve capacity and withstand financial shocks. For most areas this will mean creating councils with a population of 500,000 or more, but there may be exceptions to ensure new structures make sense for an area, including for devolution, and decisions will be on a case-by-case basis".

Less than two months later, Minister of State for Local Government and English Devolution Jim McMahon MP, wrote to all councils in two-tier areas and small neighbouring unitary authorities to formally invite proposals for LGR[26]. A deadline of 21 March 2025 was set for interim LGR proposals from all 20 areas. A further letter from the Minister in July 2025 was accompanied by information on:

- the process for local government reorganisation;
- financial decision-making before local government reorganisation; and
- partnership working in social care.

A final decision on reorganisation in Surrey was made in October 2025. For all but two of the other areas, statements were made to Parliament on the decisions in either March or July 2026.

26 Local Government Association (LGA) (2026) – Local government reorganisation (LGR)

Consequently, proposals were developed and many areas had started to transition to the structures, when the Government made a statement in September 2026 on this programme. This stated that LGR would be paused and reviewed for most areas, and in some areas the proposals had been withdrawn, to "ensure it is robust and aligns with new government priorities"[27].

The transitional process had advanced further in Surrey, though: elections to the two new councils had taken place in May 2026, ahead of vesting day on 1 April 2027. LGR there was to go ahead.

Finally, it is worth noting that the Act places a requirement on principal authorities to have effective neighbourhood governance arrangements (to be specified by regulation). Many areas already have these, either across the entire principal authority area, or across part of it – for example, part of a district might be parished. However, for some areas, this will result in new neighbourhood-level governance structures.

2.5 The changing world of health governance

Similarly, there is considerable flux in the governance of health. Existing trends towards greater data sharing, an emphasis on prevention and more local governance based on partnership working, are all accelerating.

In the integration of health and social care, an important structural change was the creation of Integrated Care Systems (ICS). Each ICS has two component bodies[28]: an Integrated Care Board (ICB) drawn from NHS trusts and foundation trusts, general practice and local authorities, and an Integrated Care Partnership (ICP), which is a statutory joint committee of the ICB and the local authorities in the area. These have pooled budgets and a dedicated funding mechanism, the Better Care Fund.

Health and Wellbeing Boards (HWBs) are also important bodies in the relationship between local authorities and local health services[29]. Legally, these are committees of the local authority, established under the Health and Social Care Act 2012. However, they may have members who are not representatives of the local authority. In some cases where they are coterminous with an ICP, they may have the same membership. They set a strategic direction to improve health and wellbeing of an area, and build sense of place, partnership and common purpose on public health. They have a duty

27 Ministry of Housing, Communities and Local Government (2026) – Review of local government reorganisation launched

28 The King's Fund (2022) – Integrated care systems explained

29 The King's Fund (2016) – Health and wellbeing boards (HWBs) explained

to assess the health and wellbeing needs of their population, which they publish in a Joint Strategic Needs Assessment (JSNA), and determine how these needs and health inequalities will be addressed, which is published in a Joint Local Health and Wellbeing Strategy (JLHWS). They also have a duty to develop a pharmaceutical needs assessment (PNA) for their area.

By the time of the COVID pandemic, digitisation of patient records was well established, with Electronic Patient Records in widespread but inconsistent use across the NHS. Joining them up between health (and care) bodies was less developed, but shared care records had been created in some areas.

Guidance was issued to ICSs in 2020[30] which set out a vision for health and care based on joined-up place-based working, taking advantage of data sharing and digital capabilities. It set out a need

"to devolve more functions and resources from national and regional levels to local systems, to develop effective models for joined-up working at "place", ensure we are taking advantage of the transformative potential of digital and data, and to embed a central role for providers collaborating across bigger footprints for better and more efficient outcomes. The aim is a progressively deepening relationship between the NHS and local authorities, including on health improvement and wellbeing".

It set out intentions regarding leadership and governance of local health services, and to "increasingly organise the finances of the NHS at ICS level and put allocative decisions in the hands of local leaders".

On data and digital technology, it stated that ICSs will need to:

- Build smart digital and data foundations
- Connect health and care services
- Use digital and data to transform care
- Put the citizen at the centre of their care.

Each ICS was required to "develop or join a shared care record joining data safely across all health and social care settings".

30 NHS England (2020) – Integrating care – Next steps to building strong and effective integrated care systems across England

The Government's 10 Year Health Plan for England[31], published in July 2025, started with three key changes the Government wanted to see:

- From hospital to community – making the NHS less "hospital-centric", for example by establish a Neighbourhood Health Centre (NHC) in every community, open at least 12 hours a day and 6 days a week.
- From analogue to digital – for example, giving patients "real control over a single, secure and authoritative account of their data – a single patient record – to enable more co-ordinated, personalised and predictive care", and by transforming the NHS App "into a world-leading tool for patient access, empowerment and care planning".
- From sickness to prevention – mainly through public health measures such as on tobacco and vapes, junk food and soft drinks, school food standards and weight loss medication.

Among other things, the plan also set out a new "devolved and diverse" operating model for the NHS. This included setting out how ICBs would become the main strategic commissioners in the NHS.

Measures were introduced in the Health Bill 2026[32] which will support ICBs in this role. (At the time of writing, the Bill has completed its passage through the House of Commons and is currently in its Committee Stage in the House of Lords.) In the reformed system, around 93% of NHS healthcare commissioning budgets will be under the control of ICBs[33], taking over the commissioning of primary care and some specialist services from NHS England, which is being abolished.

The other primary motivation for the Bill is to lay the ground for the introduction of the Single Patient Record (SPR), promised in the 10 year Plan[34]. It will "provide the framework that will enable patients' health and social care records to be brought together in one place". Following this, it is intended that for some specialties, the SPR will be available to clinicians from mid-2027, while a core set of data will be available to all patients from 2028. This goes wider than Shared Care Records (SCRs), which are created by one or more ICBs working with local or subregional partners: the intention here is that this should hold records which contain data from

31 Department of Health and Social Care (2025) – 10 Year Health Plan for England: fit for the future
32 UK Parliament (2026) – Parliamentary Bills: Health Bill
33 Department of Health and Social Care (2026) – Health Bill: ICBs as strategic commissioners – fact sheet
34 Department of Health and Social Care (2026) – Health Bill: summary – fact sheet

across the country. (This would particularly affect those who have moved from one area of the country to another or travelled out-of-area for care.)

There are also provisions in the Bill to:

- give HWBs a key role in developing neighbourhood health plans;
- change the regulation of medical devices (these were introduced during the committee and report stages of the Bill);[35]
- change how patients have an input, by abolishing Healthwatch England and creating new patient experience directorate in the Department of Health and Social Care (DHSC); and
- allow mayoral strategic authorities to nominate a member to ICBs (there was a proposal to remove the requirement to have local authority members on ICBs, but this was deleted during the report stage of the Bill).

In the months preceding the introduction of the Bill, the Government published the Neighbourhood Health Framework[36]. This provides considerable detail on how the "hospital to community" ambition of the 10 Year Health Plan will be put into action, including:

- setting out the principles of the approach;
- setting an ambition to building and upgrading 250 NHCs and describing what they will do;
- setting goals, objectives and metrics for implementing neighbourhood health, for both the NHS and for HWBs/local authorities and their partners; and
- structures for coordinating services, that sit between the ICB and the individual GP practices.

Once again, there are emphases on data sharing, digital solutions and prevention.

35 UK Parliament (House of Commons Library) (2026) – Health Bill 2026-27: Progress of the bill
36 Department of Health and Social Care (2026) – Neighbourhood health framework

2.6 The national view of digital local government

The State of Digital Government Review was published at the beginning of 2025 and was drawn on throughout Connected Devolution. It identified a public sector in which technology, services and data remain fragmented across organisational boundaries[37]. The diagnosis of the review was blunt:

- most public institutions continue to build and maintain their own technology estates;
- fragmentation inhibits standardisation, interoperability and reuse; and
- residents are often left to join up public services themselves.

The same review found that data remains underused and poorly coordinated. Only 27% of respondents believed that their current data infrastructure enables a comprehensive view of operations or transactions, and 70% said their data landscape is not well coordinated, interoperable or able to provide a unified source of truth.

The LGA's 2025 State of Digital Local Government review rightly places councils at the centre of public sector digital reform. But it warns that local government's context, service mix and democratic mandate are too often poorly reflected in centrally designed digital programmes[38]. It identifies many challenges:

- Market concentration
- Fragmented purchasing
- High Application Programming Interface (API) costs
- Vendor lock-in
- Barriers to interoperability.

This reinforces the central finding of Connected Devolution: that the local state's digital problem is not a shortage of clever tools. Rather, it is a lack of common foundations, collective leverage and operating models capable of using data to inform coordinated action.

37 DSIT & GDS (2025) – State of digital government review
38 LGA (2025) – State of Digital Local Government

A message consistent with this can be found in further work by the LGA on cyber, digital, data and technology considerations, which is more specifically focused on the context of LGR[39]. The findings of this work "highlight how councils can take advantage of necessitated change to remain 'safe and legal' and position the new council for continuous change and transformation during and beyond LGR".

For the councils studied by the LGA, the following observation can be made. They were most able to think beyond vesting day risks where digital leaders were empowered, governance was effective and digital thinking was treated as part of the corporate operating model rather than a parallel, siloed IT workstream.

So, the first task – as described in Connected Devolution – is to keep services running. But there is also a second task, the subject of this report: to build local and regional institutions capable of intervening earlier and acting more intelligently across service boundaries.

While the Government's 2025 diagnosis of fragmented services, technology and data remains valid, it has since developed a more concrete implementation programme.

The Roadmap for Modern Digital Government[40] and GDS Local provide the broader cross-government direction, including common services, interoperability and shared standards.

Within local government, MHCLG's Local Digital programme has begun to translate this direction into practical support through the LGR Digital and Cyber Playbook[41]. The Playbook seeks to lay foundations for long-term transformation while also focusing on the immediate requirements of reorganisation, including:

- safe and legal day-one operation;
- collaboration and baselining;
- cyber readiness;
- leadership;
- service and data disaggregation; and
- commercial decision-making.

39 LGA (2025) – Local Government Reorganisation: Cyber, Digital, Data and Technology Considerations

40 Government Digital Service (2026) – Our roadmap for modern digital government

41 Ministry of Housing, Communities and Local Government (2026) – Local Government Reorganisation Digital and Cyber Playbook

The government's Blueprint for Modern Digital Government also points in this direction[42]. Its six-point plan emphasises:

- joining up public sector services;
- strengthening digital and data infrastructure;
- elevating digital leadership;
- funding for outcomes; and
- improving transparency and accountability.

Finally, with regard to the use of AI at local level, it is worth noting that Budget 2026 states that £15m will be provided for "Local AI partnerships to pioneer place-based approaches to AI adoption" from 2026-27 to 2029-30.[43]

2.7 A quick recap of the context

In this section, we have had a glimpse into the urgent pressure on local public agencies to shift from largely being reactive providers of services to preventing demand growing. We have seen that they must do this at a time of intense change for local government, health and care services. The new system is likely to be more joined up at the strategic level, but also more focused on action at the neighbourhood level. However, a time of major change can also be an opportunity to rethink things from first principles. And indeed, wherever LGR ends up going ahead, such a rethink may be unavoidable, as new digital and managerial systems will need to be created.

As we saw in the last subsection, thinking on this has already begun. In the next section, we look at how joining up data can allow things to be done in a new way, tackling root causes rather than symptoms – and we will explore best practice on achieving this.

42 DSIT & GDS (2025) – A blueprint for modern digital government
43 HM Treasury (2026) – Budget 2026

CHAPTER THREE

Designing systems for shared intelligence

Data on individuals can be spread across datasets on different systems held by many local agencies. Even an individual's health records can be held on many systems: electronic patient records (EPRs) may be held by primary and secondary care providers, mental health and ambulance systems and community health providers, while other data may be held in relation to prescriptions, tests/specialist departments (e.g. cardiology), social care, and so on.

Linking up data records can bring great benefit to the lives of citizens. In this section, we look at how to set up shared intelligence systems which will enable connected prevention. We consider the ideal features of the overall architecture and resources to help construct it. We see that crucial factors in a healthy system are governance, capacity and the maintenance of public trust, including through strong data security and ensuring sufficient data quality. We look at how to select priority use cases for this shared intelligence, and how these issues, and the importance of system resilience, feed through into commissioning.

3.1 Existing data records and the value of joining them up

The nature of datasets held by local agencies can vary widely in their contents. Possible content includes (but is not limited to):

- Data on individuals, which may or may not include contact details, demographic information, and/or health data and other sensitive personal data
- Data on volumes of people, such as caseloads or pupil numbers
- Data on assets
- Financial data.

At one of our evidence sessions, we heard an estimate in relation to child safeguarding, that information relevant to a local authority's enquiry under Section 47 of the Children Act 1989 might be contained in any one of about 30,000 instances of 47 products bought by separate organisations (including, for example, separate GP practices).

Joining up such datasets can help prevention in many ways. Population-level or strategic intelligence can identify patterns, cohorts and service gaps. Operational intelligence can support resource planning and multi-agency coordination. Individual-level intelligence can inform referrals, casework and care decisions.

And it is not always a case of having to start from scratch. Councils should be able to make use of resident data captured in the sort of pilot projects supported by the Local Digital Fund[44], and use it as a platform from which to develop and improve, for instance, how they measure and monitor social progress in a locality.

Cardiff, Vale of Glamorgan and NHS Single View Project[45]

Cardiff Council, Vale of Glamorgan Council and the local health board have developed a tool for child safeguarding. It collates children's records from sources such as schools, children's services, youth justice and housing. Social workers and other practitioners can access an aggregate view of service provision to identify trends and pressure points. They can also see a Single View of a Child, showing professional contacts with the child and a cross-service chronology containing significant events. Staff believe this will improve safeguarding, save time and potentially save lives.

44 MHCLG – Local Digital Fund

45 Cooperative Councils' Innovation Network (2026) – Cooperative Case Studies 2026

Wigan and NHS shared visibility tool[46]

Wigan Council has worked with the NHS and ICBs to create a shared visibility tool. This presents real time data on people's hospital journeys – numbers arriving and from where, how they are progressing with the hospital, numbers awaiting discharge and numbers leaving the hospital. This provides a common viewpoint on discharges to social care, enabling the partners to agree collective action. It also highlights stress points in the hospital (e.g. arrivals, A&E) at a given moment. This common understanding has been used in allocating the Better Care Fund to drive best outcomes for patients/care users.

3.2 Data architecture – the overall structure

Connected prevention requires an intelligence spine rather than an indiscriminate central data lake. The spine might combine federated access, shared records, data exchanges, analytical environments and links into existing case-management systems. The correct design will vary by use case, sensitivity and operational need. The common requirement is that information can move or be queried securely across boundaries without making every partner adopt the same application.

Indeed, NHS Digital has developed a service simply called 'Spine', on which many types of patient data are held[47].

Greater Manchester Care Record[48]

As described in Section 2.5, ICSs are now required to develop or join a shared care record. Greater Manchester's shared care record, the GM Care Record (GMCR), is a leader in this field – its digital maturity is in the top 20% of ICSs nationally and it has the highest utilisation across all national Graphnet clients.

It was launched in 2020 and has been developed further since then to include additional data. It now integrates information from primary care, hospitals, mental health, community services, social care and voluntary sector partners to create a single, secure view of a patient's health and care journey.

46 From evidence gathered in course of research
47 NHS Digital – Spine
48 From evidence gathered in course of research

The system earned Health Innovation Manchester and NHS Greater Manchester the award for Digital Team of the Year 2026 at the HSJ Digital Awards[49]. They have built it with their partners and Graphnet.

The idea for this grew out of pre-COVID public consultation exercises and citizens' juries, which helped clarify what the public want to see. It emerged that many of the public thought that a lot of the data was being shared when it wasn't – such as assuming that their hospital and GP could each see all relevant data.

GMCR is now one of the largest and most advanced shared care records in the UK, connecting data from 500+ organisations and supporting three million residents. The record is actively used by 28,000+ professionals, with more than 460,000 patient records viewed each month – an 83% increase in patient records accessed over two years.

To secure participation from GPs, Health Innovation Manchester has engaged in a structured and constructive process with them, providing additional details about the scheme where it has been requested. As of Quarter 1 of 2026/27, it contains data from 411 GP practices. 32% of community pharmacies had access to GMCR by the end of 2025/26.

A patient's record contains information on:

- Medications
- Allergies
- Test results
- Care plans
- Social care
- Mental health.

This has many advantages to both patients and staff:

- Patients do not need to repeat their medical history.

49 Health Innovation Manchester (2026) – Health Innovation Manchester and NHS Greater Manchester win Digital Team of the Year at HSJ Digital Awards

- Clinicians will be better equipped to identify patterns and plan care more effectively to meet the patients' needs.
- Frontline staff can see care, medication history and agreed ways of treating patients.
- A&E can see existing conditions and other vital information.
- Community pharmacies can see patient information such as allergies, current medication and additional health conditions.
- Information can be shared and updated with everyone involved in a patient's care, including the patients – who can view and contribute using the "My GM Care" app.

Usage has been increasing year-on-year at a steady rate, with 30,176 unique users in June 2026. Benefits are modelled by "benefits leads" in Health Innovation Manchester. They estimate 18 minutes are saved per user, based on a five-day week. Using a 2.1% inflation rate for the cost of clinical time and applying a 40% optimism bias, they have calculated the annual savings since 2022/23. In 2025/26, the total savings on this basis were £18.8m. As the scheme cost was just £5.4m, taking inflation into account, this represents a 3.7:1 return on investment from productivity savings alone. (This year, this is expected to increase to over 4:1.)

For end-of-life care, people's discussions about their care can be captured and shared using Electronic Palliative Care Coordination Systems (EPaCCS). These can be connected to their GMCR. Health Innovation Manchester has found that among a sample of patients (1,033) with an EPaCCS record on the GMCR, around 76.9% died in their preferred place of death. This is substantially higher than the 54% reported nationally for those patients without an EPaCCS record. They estimate this to have delivered up to £8.8m in net NHS system savings for the 17,600 plans published up until March 2026.

Health Innovation Manchester is now thinking about how the GMCR can support and be used in the proposed neighbourhood model for health services (see Section 2.5).

Where data being shared includes the personal data of individuals, it is worth being aware of both the minimum legal standards and the existing best practice.

Data protection regulations are designed not to be overly onerous; the General Data

Protection Regulation (GDPR)[50] was developed on the basis of how a reasonable person would want their data to be shared. Consequently, not all sharing of personal data requires consent – other statutory bases are often more appropriate. The bases are more restrictive for "special category" data (sensitive personal data). There are duties to provide clear, accessible information about how data is used and to inform data subjects of a specified set of legal rights.

There are further requirements under GDPR when automated decision-making occurs. Where algorithmic tools materially influence decisions with public effect, authorities should document their purpose, data, performance, human role and risk controls. The Algorithmic Transparency Recording Standard (ATRS) is recommended across the public sector, although it is currently mandatory only for government departments and specified arm's-length bodies[51].

Health and care information may also engage the common-law duty of confidentiality and the Caldicott Principles[52].

Data protection compliance is necessary but does not settle whether a system is fair, proportionate or publicly acceptable.

Indeed, individuals often expect their data to be shared where it is in their interests, and may be surprised and frustrated when they find it is not. A way to ensure that data travels between users most efficiently while earning the greatest trust from data subjects is to start with the principle of shared control. This idea is that rather than thinking of a record as being held by the state about a citizen, you think about that record as being shared by the state and the citizen. The citizen has access to their data, control over who views it and knowledge of why and when it is being viewed. We heard at one of our evidence sessions that if you can demonstrate that you are taking the attitude that personal data belongs to citizen, other problems will start to disappear. Simply asking people means that time and money is not wasted by trying to second guess them.

This is perhaps in its purest form in the Solid platform, now under the stewardship of the Open Data Institute (ODI)[53]. The ODI describes this as "a bit like carrying all your data in a rucksack with lots of pockets. To access the data, different apps can only open the pocket you allow them to open, rather than taking the whole rucksack. The rest stays private".

50 GDPR.EU – General Data Protection Regulation (GDPR)
51 GDS – Algorithmic Transparency Recording Standard - guidance for public sector bodies
52 National Data Guardian (2020) – The Caldicott Principles
53 ODI – Solid: Your data, your choice

It is also the principle on which the Universal Care Plan was constructed, which supports carers and those receiving care for many long-term limiting conditions, end-of-life and palliative care, in London[54].

The London Office of Technology and Innovation (LOTI) and Information Governance for London (IGfL)

LOTI is a collaboration between the London authorities – the Greater London Authority (GLA), 27 London Boroughs and London Councils – on digital, data and innovation matters[55]. It is supported by a team based at London Councils. They have three "communities of practice": Data Leaders (Heads of Data or equivalent roles), Data Practitioners and Data Scientists.

LOTI takes on projects that require its constituent authorities to work together on data sharing.

A leading example of this is sharing police data. Instead, LOTI, the Mayor's Office for Police and Crime (MOPAC) and the Metropolitan Police have collectively invested in a Pan-London Information Governance Lead, who is an Information Governance Manager and works as part of the LOTI team. She works with IGfL, which is a network of Information Governance leads in the boroughs[56]. This avoids the Metropolitan Police and the boroughs having to write 32 individual Data Protection Impact Assessments (DPIAs) or Data Sharing Agreements for pan-London work. Instead, IGfLwrites a single one which is used for all the boroughs.

The working practice that has emerged is for three to five of the boroughs to lead scrutiny of the proposal and draft the documents through a working group. By using pre-agreed templates and approaches, the working group structure allows the other boroughs to trust that everything produced is fit for purpose.

This has cut the time to create and approve new agreements by 90%. They have now cleared the backlog of police data-sharing problems and moved on to other areas. For example, they have been part of a collaboration designing a Strategic Insights Tool (SIT) to help better understand homelessness and rough

54 One London – Universal Care Plan
55 LOTI(2020) – The London Office of Technology and Innovation; About LOTI; Our Communities of Practice
56 LOTI (2020) – How good information governance allows big things to happen in London

sleeping in London and support those experiencing these issues[57].

Another of LOTI's innovations has been to perform a wider evaluation of a sensor technology which had already been in operation in some areas, such Kingston upon Thames[58]. The council there installed sensors in homes to collect continuous data on temperature and humidity, which can affect damp and mould[59]. They were installed in properties with registered damp complaints, void properties and a broader stock sample. They allowed the council's housing teams to identify properties with critical cold and potential for mould, so that officers could approach residents proactively, offering support before a formal complaint was raised.

During 2024 and 2025, LOTI partnered with 20 boroughs to test the local use and potential of this technology further[60]. Sensors were provided to 16 of the boroughs and four supplied information about their independent deployment of sensors. They performed a structured evaluation of these tests in late 2024[61], with a follow-up in early 2025, looking at patterns and trends from the winter period[62], benefits from the use of the sensors, learning from the process, resident engagement and the boroughs' plans for their future use.

Other data analyst communities

In one of our interviews, we heard that Greater Manchester has an active data analyst community. There is a lot of enthusiasm in the community for peer-to-peer support. They have built working groups and networks, but have also developed on-the-job training (Continuing Professional Development – CPD) on topics such as data visualisation and machine learning. They also run "data camps" and collaborate to work through problems together.

Local authorities in the city region can draw on this community for projects to build future talent, for example through apprenticeships. Having this strength also makes it easier to build skills and confidence in using AI and data tools in

57 LOTI (2020) – Rough Sleeping Insights Project
58 LOTI (2024) – Pan London IoT Damp and Mould Project, Project Kick Off Meeting; London Councils (2025) – Case studies in Prevention
59 IOT Solutions Group (2026) – Kingston Council's proactive approach to damp & mould
60 LOTI (2025) – Pan London IoT Damp and Mould Project
61 LOTI (2025) – IoT Sensors for Damp and Mould Project: A Comprehensive Review
62 LOTI (2025) – IoT Sensors for Damp and Mould Project: Winter Follow-Up

the wider workforce.

In this regard, it is worth being aware of national organisations which support data analysis. For example, LARIA – the Local Area Research & Intelligence Association – is a membership body largely run by volunteers working in the public sector[63]. It promotes continuous improvements in the quality and impact of local research and intelligence by helping to share best practice and creating networking opportunities for members.

Similarly, Socitm – the Society of Innovation, Technology and Modernisation is a professional network which promotes best practice in IT and digital technology in the public and third sectors and suppliers to these sectors[64]. They provide a range of resources and services to help public service organisations and communities deploy technologies and data for public value, and help members to develop professionally.

It should be remembered that citizens' access will be spread across different devices – a survey by the Digital Poverty Alliance (DPA) found that 54% of the respondents find a phone to be the easiest device to use for accessing digital government services, while 37% find a laptop or desktop easier, and 8% selected a tablet[65].

3.3 Data architecture – resources for achieving integration

There are many challenges in integrating datasets and usage applications. Developing common terminologies and identifiers is a key part of this.

Some data standards have been and are being developed to facilitate integration. For example, the NHS has developed SNOMED CT a structured clinical vocabulary for use in electronic health records[66]. Open Referral UK (ORUK) is an open data standard, supported by MHCLG, that provides local agencies with a consistent way to publish and describe information about available community and public services[67]. A 'Scalable Approach to Vulnerability via Interoperability', or SAVVI, has been developed with MHCLG funding[68]. This programme is hosted by Tameside Council, and as part of this, iStandUK has developed the Vulnerabilities Data Standards, for using data from multiple organisations to

63 LARIA – About us
64 Socitm – About us
65 Digital Poverty Alliance (2026) – Accessibility of Government Services
66 NHS – SNOMED CT
67 ORUK – About ORUK
68 MHCLG – Scalable Approach to Vulnerability Via Interoperability (SAVVI)

identify vulnerability, currently in Alpha release form. Combined use of these standards and ORUK is being piloted by Greater Manchester and Bournemouth, Christchurch and Poole[69].

These standards reduce translation costs, make supplier systems more substitutable and allow information to be reused across services and boundaries – rather than, in a metaphor we heard, "requiring every taxi driver to build their own roads".

The SAVVI method and standards can be of great benefit to local authorities. For example, Wigan has used the method to look at vulnerability to severe weather. They have also used it to identify households experiencing the greatest financial hardship and help them increase their supported income and decrease household expenditure.

We also heard that data standards allow pooling of data between local authorities, and the resulting larger sample sizes can make it easier to spot patterns relating to vulnerability.

Wigan – using the SAVVI approach[70]

Wigan has used the SAVVI approach with GIS (geospatial) data for civil contingencies, such as flooding events. When these occur, some residents will have additional needs, such as a needing for sign language or support with mobility issues. Working with a SAVVI coach and information governance expert, they have managed to ensure that they are no longer spending time identifying the worst-affected residents at the moment that the incident occurs. Consequently, first responders go into the situation with a much clearer idea of what they will find.

They have also used the SAVVI approach for their 'Here For You' campaign. This project aims to improve financial resilience, increase welfare benefit take-up and reduce the impact of poverty on residents and public services. The council recognised that poverty is a significant driver of demand across public services, including adult social care, children's services and health services. The campaign therefore has direct benefits to households but also potentially longer-term reductions in service demand.

69 Local Digital (2026) – New pilot to help councils identify and support residents at risk to vulnerability earlier

70 From evidence gathered in course of research

The council already held extensive data on factors affecting household income. They used Council Tax records as a "spine" against which data sources could be combined, including Free School Meals eligibility, Council Tax Reduction records, records relating to income support funds, and housing rent account information. More than one million records from over 153,000 households were integrated into a SQL-based model that refreshed automatically every day. It generated a prioritised list of households most likely to benefit from an offer of income maximisation support. Such support was provided through bespoke appointments and events held in libraries, community venues and family hubs.

This support resulted in 6,487 awards for household welfare benefits, raising residents' income by £26m, plus reductions in household expenditure.

Going from the current architecture to one optimised for prevention naturally requires a full understanding of the current situation. Local authorities and other local agencies differ in the extent to which they have mapped this out comprehensively. The GDS Local team in the Government Digital Service (GDS) has put together a Local Government Architecture Model which provides a consistent way of visualising the architecture used by local authorities[71].

This categorises:

- the channels through which service users interact with councils;
- the interfaces through which councils deliver information and content on their services;
- tools and other capabilities used by councils' interfaces to help them service users' needs;
- the services provided by councils to the public and to councillors for fulfilling their duties;
- councils' corporate functions;
- technology platforms and capabilities that underpin council service delivery;
- security capabilities, tools, and practices; and

They are now exploring the idea of providing a platform for councils to use this model to map their technical architecture[72].

71 GDS Local – Local Government Architecture Model

72 Government Digital Service (2026) – GDS Local: building the foundations for digital collaboration

3.4 Data quality and security and maintaining public trust

Service redesign which involves extensive data sharing will only be effective when it carries the trust of the public.

However, preferences concerning data sharing are strongly influenced by trust in the organisations involved. They will need to demonstrate competence, integrity, openness, responsiveness and accountability. Other relevant factors are the sensitivity of the data, the proposed benefit and the possibility of misuse. Trust is formed through ordinary experiences: whether information is correct, whether staff can explain decisions, whether residents are sent repeatedly between agencies, whether promised contact occurs and mistakes are repaired. Shared intelligence may therefore improve trust where it reduces repetition and produces coordinated support. Data sharing must be open and transparent, with easy-to-use channels for data subjects to contest its operation.

Consequently, security and institutional competence are vital to maintaining public trust. A serious breach does more than create a technical or regulatory failure; it may expose vulnerable residents, inhibit future engagement and undermine confidence in other data-sharing initiatives. Transparency over breaches and effective redress are hence also vital.

Digitally disengaged people report lower trust across data actors, while groups with prior experience of surveillance, enforcement, discrimination or administrative error may interpret data linkage differently from organisations designing it. Use of automated processing and/or AI can also affect levels of trust.

Distrust and scepticism itself can provide useful intelligence: it can provide evidence about unequal exposure to error, gaps in accountability, or perceived unfairness or unreliability.

Data is rarely fully complete and accurate. Analysis must therefore be able to handle gaps and inaccuracies. Quality requirements, though, are use-dependent: data adequate for estimating population demand may be unsafe for deciding whether an individual needs intervention. Data quality is, therefore, an operational risk – for example, information describing a household several months ago may be actively misleading.

3.5 Governance and capacity

The greatest difficulties around effective data sharing are generally not legal ones, but rather are governance and capacity issues. We heard at one of our evidence sessions that the integration between data teams and frontline teams varies widely between areas. Technology cannot create common priorities, institutional trust, service capacity or political agreement. A technically competent platform placed into a fragmented operating model will generally reproduce that fragmentation more quickly.

Important factors in successful information-sharing initiatives include:

- alignment on organisational practice and political and technical conditions;
- ensuring that the resources required do not exceed existing capacity;
- ensuring that everyone involved is genuinely motivated and disincentives to completion are removed; and
- teams working with common data models that can provide new insights.

Governance should be appropriate and proportionate to the task in hand. The essential test is whether it can settle priorities, allocate resources, resolve disputes and stop or change activity – not whether every organisation has acquired another seat around another table.

Appropriate governance – in terms of both structures and procedure – can also help to ensure that residents' data is used ethically. A particularly comprehensive, methodical example of this has been adopted in the London Borough of Hackney, as described below.

Hackney – the ethical use of data[73]

To ensure that residents' data is used transparently, ethically and fairly, the London Borough of Hackney has created both a Data Management Strategy for the whole organisation and a Data Ethics Advisory Board.

The borough takes the attitude that everybody in the organisation works with data, so staff should therefore be familiar with the strategy.

As they looked at the ways they used resident data, they came to the conclusion that having a board of experts to advise on ethical use would be very helpful. To determine how the board should operate, Hackney consulted with various bodies that had already done considerable work on data ethics, such as foundations and the NHS. They drew heavily on the ODI's Data Ethics Framework to develop a framework governing how issues would be taken to the Board and how ethical issues in working with resident data would be handled. They also consulted with the ODI on staff training around the use of the framework. The framework they developed involves answering a series of questions about a use case and is simple for staff to use.

Board members bring together expertise on topics such as ethical use of data, AI and communications and legal expertise. It is chaired by Hackney's Chief Executive, to ensure that its seniority is respected. It has members who are representatives of the NHS, Socitm and other partner organisations, as well as an academic researcher. The Board does not have a decision-making role; it is purely advisory, but that advice carries authority. While it can advise on legal matters, it also advises on purely ethical ones – such as deciding which residents will receive priority support when new analysis provides additional insights.

Staff training is updated regularly (every two years), as the field is changing so rapidly; Hackney is planning to create a mandatory course for all staff on data ethics. The borough is also planning to create a resident-facing version of its Data Management Strategy – it would like a "Data Charter" for the borough.

Hackney is keen to share its learning: officers can supply other authorities with materials about their structure, but also officers from other authorities can attend a meeting of the Board. Indeed, they can even bring a use case for the Board to advise on, by way of demonstration.

73 Socitm (2026) – E12 – Putting data ethics into practice: Hackney Council's story

3.6 Prioritisation

Sharing intelligence can open up a host of possibilities for preventative work. In choosing what to do, it is important to set both short-term goals and long-term ambitions. Select a small number of "quick wins", but also decide the direction for a more ambitious, strategic path of change. Signalling that this is your intention provides clarity and hope to practitioners and the public – and is more likely to engage hearts and minds. (This is exactly the approach that LB Barnet took in the case study in Section 2.3, choosing their "Wave 1" priorities at the same time as setting out a process for selecting proposals from a longer-term pipeline of opportunities. This process takes account of organisational capacity.)

There are things to bear in mind when selecting immediate priorities. The records kept by public services record individuals' and families' contact with institutions, eligibility decisions and professional classifications; they do not provide a neutral census of underlying need. People who avoid services, face access barriers or receive informal support may appear less vulnerable than those with extensive records. Joining up data may preserve a distorted account of the population; however, it may also identify more unmet need than local services can address. It is, therefore, important to consider both possible data biases and administrative and service capacity when selecting priorities.

Choosing immediate priorities is best done with a core group of partners – as, for example, has been done in Bristol.

Bristol One City

Bristol's 'One City' initiative[74] has made use of seven thematic boards, which have assembled broad coalitions of actors, experts, leaders and decisions makers within and across their specific expertise in the following areas:

- Children and young people
- Environment
- Health and wellbeing
- Transport
- Homes and communities
- Culture
- Economy and skills.

74 Bristol One City (2025) – The One City Approach

They have taken a mission-based approach[75], agreeing four missions:

- Creating an inclusive, sustainable and equitable economy that provides good work and addresses structural inequalities.
- Ensuring that the circumstances that people grow up in will not determine their chances in life.
- Creating the conditions for communities to be connected and cohesive with trust in institutions and in each other.
- Collaborating to create a climate-resilient city where everyone is empowered to act on climate and nature recovery.

In deciding on these missions, they devised a set of principles to decide what is most important and what is specific to the One City approach; these include "Acting early: it should focus on preventing problems occurring or getting worse".

The process should draw on the experience and priorities of practitioners, service users and residents; this could be, for example, to create a longlist of initial use cases. However, be aware that some ideas they raise may be the pet peeves of individuals, rather than acute needs. It helps to be clear about your criteria, including that you are looking for a strongly evidenced cost benefit from prevention policies. This helps to guard against those who shout loudest being the ones who are heard most. It is also worth being aware that not everyone will get want they want – and pointing this out to the residents and practitioners you are engaging with. There may be disagreements among them, but even if not, the immediate priorities will be limited in number. However, the benefits of well-chosen priorities being implemented successfully are likely to significantly outweigh the costs of some people feeling a little unfulfilled.

Through this process, the core group should select a small number of "low hanging fruit" use cases – preferably just one or two, but up to five or six may be achievable. To do so, they should take into account quality/maturity of the data, organisational hurdles (such as existing data sharing issues) and the scale and certainty of benefits. For these cases, it is best to focus on dealing with current caseloads, rather than identifying unmet need. For each use case, partners should agree a specified cohort,

75 Bristol One City (2025) – One City Plan 2025 – A Plan for Bristol

harm or service pathway for which the intervention will apply, its geographical scale and the outcomes sought (see Section 4.1).

In deciding how to implement the service reforms, the partners should consider how the changes may test new ways of operating and be scaled up and/or applied to other cases. This could follow the principles of the Cabinet Office's "Test, Learn and Grow" approach[76]. In doing this, the partners should be aware of their appetites for risk, as not everything will work.

3.7 Contract requirements and resilience

The procurement of the digital services and technologies needed in support of a place-based shared intelligence and prevention programme should be treated as a coherent portfolio of tenders – and not acquired on a contract-by-contract basis. The commissioning of requirements should be undertaken as a part of the strategic development of a wider local public service reform programme.

Key considerations will include

- Desired outcomes (see Section 3.1 below)
- Service standards
- Data quality
- Security
- Accessibility
- Portability, interoperability and integration
- Reporting
- Continuous improvement
- Configuration records, interface documentation and audit rights.

Such contracts should secure access to the information needed for effective local governance – such as system documentation, data, performance evidence, audit facilities, change histories and resident-facing explanations – and be provisioned with built-in capabilities for conducting equalities assessments.

Particular thought also needs to be given to transparency, public input and resilience.

76 Cabinet Office – Test, Learn and Grow

We discuss transparency and public input in detail in Section 4.2 below, but here it is worth remarking that councils remain accountable for public functions performed through procured platforms. Commercial confidentiality cannot become a general answer to democratic scrutiny or individual challenge. Requirements should be specified before purchase, when the public body still possesses bargaining power. (This might include data acquired through innovative devices, such as wearable technology.) Similarly, how the public will be able to participate must be planned before consequential design choices have hardened into procurement specifications.

In terms of resilience, shared intelligence creates dependencies on data flows, supplier services, identity systems and cyber controls. Places need fallback procedures, tested recovery arrangements and the ability to continue essential work when information is unavailable.

Also, with a preventative approach, timescales may be longer than authorities are used to thinking about. There is, therefore, a need for longer-term resilience of data systems. Councils need enough data engineering, analytical, information-governance, service-design and evaluation capacity to maintain shared intelligence after a pilot ends. Thought should be given to where data is resident and how to ensure continuity at the natural or unexpected end of a contract.

However, excessive customisation can increase costs and make future upgrades or exits more difficult. Besides, staff are often focused on day-to-day pressures and have little time to plan innovations. Consequently, it can make sense to work on requirements with neighbouring areas, pooling knowledge and expertise, to develop a common set of requirements.

This pooling of knowledge and expertise is already happening in London and in Greater Manchester, as described above in Section 3.2. However, the best results can perhaps be achieved in setting common standards across the sector by local government working in partnership with central government – as we saw for ORUK and SAVVI and the Local Government Architecture Model of GDS Local in Section 3.3 above. The GDS Local team is fairly new, having been set up in November 2025, "to connect central and local government and help local authorities deliver better digital services"[77]. It is to be hoped, then, that as it grows, it will provide increasing assistance to groups of local authorities wishing to develop propositions to take to the market for the digital infrastructure to support shared intelligence.

77 GDS – Joining up public services through stronger local and central government collaboration

CHAPTER FOUR

Implementing and using data systems for prevention

A service redesign should be based on the principle that the organisation's aim is to provide better public services and help citizens to have a better life. This feeds through into the outcomes that are being sought. This is what motivates practitioners – those working directly with the public – not balancing budgets or delivering administrative Key Performance Indicators (KPIs).

In this section, we look at how these shared intelligence systems may be used to implement a preventative approach. This study considers the role of practitioners and the public - including those with little or no digital access, how connected prevention may evolve after initial implementation, and how to handle the use of AI.

4.1 Setting outcomes and how they are to be evaluated

Usually, if services are delivered more effectively, then they will also be delivered more efficiently – improving value for money. When this is translated into specific outcomes, these are therefore likely to be a mix of quality measures and financial or time savings. If the outcomes that are targeted include saving money, be honest about this with practitioners, but this should not be the primary motivation if you want to win hearts and minds.

Just as the inputs of practitioners/frontline staff and service users are important in setting priorities, so they are for determining how success will be evaluated and public value measured. For preventative actions, these will involve comparison between the upstream inputs needed and the downstream benefits over the existing way of providing the services. Establishing a robust counterfactual can therefore be an important part of this, which will involve considering how current outcomes would be affected by external changes in the absence of the service redesign.

Note that the mix of quality measures and financial ones is in keeping with public sector best practice. There is a legal duty to provide public value in procurement, and the Treasury's 2026 Green Book[78] defines social or public value in terms of the full benefits, costs and risks affecting wellbeing including health, justice, security, prosperity, the environment and distributional effects. It also specifies that value-for-money judgements should include monetisable and un-monetisable effects, public-sector financial impacts, uncertainty and the distribution of outcomes between groups and places.

However, public value outcomes may often be more difficult to measure than existing KPIs/outcomes, so there is a balance to be found – how much to improve the relevance of the measures when it makes the system more complicated. While you do not want to "count widgets", trying to completely overturn the whole system and "shoot for the moon" is also unwise.

Research on the public value of e-government identifies value through improved services, administrative efficiency, openness, participation, trust, social wellbeing and the quality of public institutions.

Distinguish carefully between cashable savings, avoided expenditure, released capacity, cost displacement and wider social benefit. Some financial/time benefits may get automatically recycled – save time, and the team use it for something else; avoid costs, and the saved budget goes on something else. Similarly, improvements in service quality can lead to greater savings or other benefits indirectly – for example,

78 HM Treasury (2026) – The Green Book (2026)

if an intervention allows social care workers to spend more time with clients, they can identify problems earlier. An intervention may benefit the NHS while being funded by a council or housing provider. And be aware that apparent savings may also result from shifting work to residents, families or voluntary organisations.

When evaluating the outcomes achieved, all of these factors need to be taken into account. In addition, it may be necessary to establish the causal link between the preventative measures and the outcomes, so that the results are not misattributed. It is important to demonstrate this public value back to service users and residents – whose sense of public value will be more subjective than that of senior staff.

Indeed, outcomes sought could include a rise in one or more measures of service user/resident satisfaction. Perhaps an unusual example of this can be seen in the case of the GMCR, in Section 3.2, where Health Innovation Manchester has considered the proportion of people with end-of-life care plans who died in their preferred place of death.

Norfolk County Council case study: driving public service prevention via Public-Sector IoT[79]

To shift public service delivery from reactive intervention to proactive prevention, Norfolk County Council established the UK's largest free-to-use public sector Internet of Things (IoT) Network. Spanning all 1,930 square miles of Norfolk and supported by over 110 gateways, the infrastructure underpinning the Long Range Wide Area Network (LoRaWAN) provides low-power, long-range connectivity across rural and urban communities.

By deploying low-cost sensors, Norfolk is embedding data-driven prevention across core public services, including:

- Adult social care and fall prevention: Non-intrusive sensors monitor room temperature and daily activity patterns for elderly residents in their homes. Detecting abnormal inactivity or sudden temperature drops triggers automated alerts for family and social care teams before a crisis occurs. Because repeated falls dramatically increase hospital admissions and care home entry, early intervention enables independent living while reducing acute pressures on social care budgets.

79 From evidence gathered in course of research

- Road safety and environmental risk: Council teams replaced £30,000 weather stations with £150 road surface sensors to track icing conditions. Granular data ensures roads are gritted only when necessary, preventing vehicular accidents while avoiding harmful salt runoff into local ecosystems. Additionally, automated sensors deployed at flood-prone sites like Welney Wash help manage critical infrastructure and automate road closures during hazardous conditions.

To unify these varied efforts, Norfolk established SensorConnect as an in-house platform which consolidates real-time data, powers operational dashboards and facilitates remote controls across multiple departments. This transferable, open-access model highlights how digital infrastructure empowers local authorities to change service delivery, cut operational costs and protect communities ahead of need. Ultimately, this comprehensive technological expansion has established a scalable foundation for data-driven governance and improved public services throughout the region.

4.2 Public input and transparency

As noted in Section 3.6, where citizens may be helped by a preventative approach, these same citizens are ideally placed to identify the exact solutions that will help most. But they can also contribute very significantly to the implementation. This will be most effective when there is an ongoing dialogue between the public and service providers. An approach which has the appearance of a tick-box exercise (for example, using close-question forms), or is clearly simply done to claim that an organisation is contacting hard-to-reach groups, is likely to lose the interest and engagement of the public. Instead, it has to be done from a genuine desire for citizen input, and this intention has to be reflected in channels for gathering this input.

There has to be scope for genuine two-way engagement on a human level. Carefully planning public engagement can mitigate the risk of obtaining biased data and the risk of groups/individuals being left feeling unsatisfied. This can include participatory stewardship, residents' panels and structured engagement with affected communities. Councillors interact with the public regularly as part of their role and can sometimes be exceptionally talented at making this human connection.

Such citizen input can assist with service design, provide relevant context and identify unforeseen side effects and knock-on problems. Citizens can also help

to identify appropriate channels of access, correct and supplement data, correct misunderstandings, provide constructive challenge, suggest new uses of data and interpret outcomes.

When personal data is used, it is even more important that citizens have opportunities and the ability to meaningfully challenge and correct data. A nominal right buried in a privacy notice or general complaints page will rarely be usable by somebody facing homelessness, debt or a safeguarding intervention.

But for any public policy measure based on data, there is a need for a variety of forms of transparency – particularly, but not exclusively, when there is automated decision-making. Residents need a clear account of purpose and consequences, as well as understanding the evidence, criteria, institutional reasoning and route to challenge a decision. Councillors and scrutiny bodies require governance and performance information. Specialist auditors may require deeper access, including technical documentation, data provenance and validation evidence.

4.3 Equalities and digital inclusion

When public agencies are redesigning services using technology, it is very easy for those leading the transformation to be captivated by the "shiny new things". Rather than focusing on the technology, it is important to focus on the problems it is intended to solve, and the residents who it is designed to help.

At its best, a joined-up service may remove repeated form filling and allow residents to resolve an issue quickly. A poorly designed service, on the other hand, can transfer learning, compliance and psychological costs from organisations to residents, particularly where they must navigate several portals, maintain accounts, provide evidence repeatedly or correct errors without direct help. What appears to be an improvement in efficiency of a delivery team or service may therefore in reality be the public bearing more of the administrative burden.

Thus, it is prudent to start by thinking of the citizen's experience and the "pathways" they need their data to take. Identify the choke points in these pathways – where data is currently not being shared – and address these. Where users make repeated requests for help, this can be helpful evidence – it might be highlighting defects in the digital service, institutional language or underlying policy.

It is vital to pay attention to universal access for all those who need to access the services. Those most in need of a preventative approach are often those most excluded from engagement in society and experiencing other forms of disadvantage. As explained below, these groups more often struggle to access digital services than

the general population. Adopting digital-by-default provision can therefore cut off the very people you most want to help. Indeed, it could affect a large proportion of your resident population: according to the DPA, one in seven adults lack the devices, skills, or connectivity needed to navigate today's digital world[80].

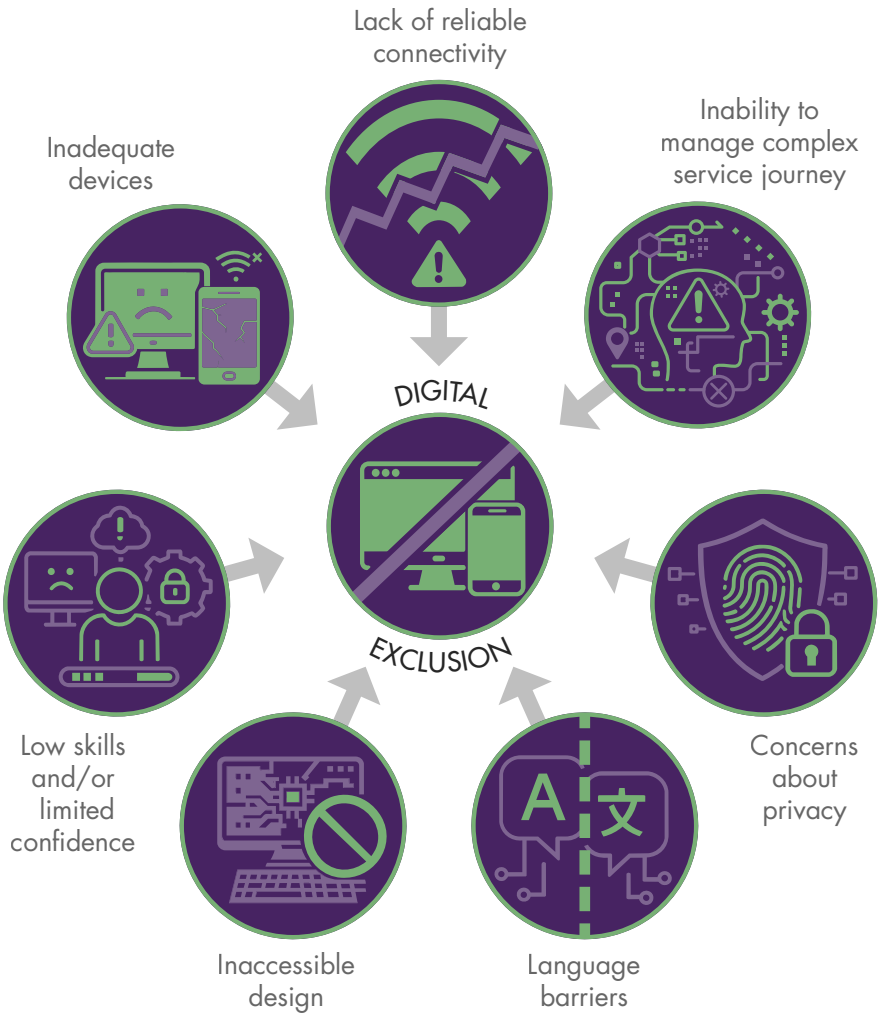
It is worth bearing in mind here that all services rely on data, and where that data relates to individuals, they need to be able to have meaningful input into how it is used. Citizens should not be feeling that things are being done to them or that someone is watching them and they have no power over any of it.

The extent of the necessary input will depend somewhat on the service. For example, if a record relates to an individual's health conditions and physical fitness, optimising that record might require regular and complex access by the individual. But even where it is limited to their name and postal address, for example, there is a need for this to be kept up to date.

Digital exclusion can have many different causes, as shown in Figure 4. The survey by the DPA[81] found that about one in seven (15%) of the respondents did not have the digital confidence to access digital government services. Participants in their focus group "mentioned skill atrophy, different skill levels, feelings of embarrassment and fragile confidence when things go wrong". 12% of respondents reported not having a suitable device. "Focus group participants noted lack of equipment as a concern, as well as worrying about having to use a phone to access digital government services when they need a keyboarded device instead". 11% of respondents lacked reliable internet connectivity. Participants reported "relying on mobile data and running out, not having service inside the house, feeling uncomfortable using the services outside the house, or relying on a neighbour's Wi-Fi". And 38% of people whose first language is not English frequently experience problems engaging with digital government services, compared with 24% of those whose first language is English.

80 Digital Poverty Alliance (2026) – Community Circle
81 Digital Poverty Alliance (2026) – Accessibility of Government Services

Figure 4. Causes of digital exclusion



People may move in and out of exclusion because of income shocks, lost devices, poor health, disability, bereavement, language needs, unstable housing or the stress associated with the decision in question. Even confident users can require support where a process is unfamiliar or carries serious consequences.

Indeed, a resident may be online every day and still be unable to use a lengthy application, upload evidence or understand an automated notification. The DPA survey found that a huge 58% of respondents experience problems at least occasionally when using digital government services, including 26% who experience problems frequently. Participants in their focus group highlighted the range of issues they frequently run into, such as passwords, forms, attachments, site crashes, language barriers and disability barriers.

Groups with existing disadvantage are more likely to be affected. The Government's Digital Inclusion Action Plan[82], drawing from a range of sources, reported that:

- Low-income households are more likely to struggle to afford broadband and data.
- Older people are less likely to use the internet.
- Disabled people are more likely to be impacted by the digital skills gap and struggle with accessibility.
- People experiencing unemployment and seeking work are more likely to be unable to afford broadband, data and devices.
- Young people (including those not in education, employment or training) are most likely to perceive a lack of digital skills as a barrier to future work.

Meanwhile, the DPA survey found that residents with a disability have higher rates than those without disabilities for a range of issues: experiencing problems accessing and using digital government services frequently, finding the login process challenging/difficult/inaccessible and needing support from other people to access services. People whose first language is not English are less likely to feel digitally confident, to have a suitable device or to have reliable internet connectivity, and more likely to need help to access services.

82 Department for Science, Innovation and Technology (2025) – Digital Inclusion Action Plan: First Steps

However, needs vary within all of these groups, and local patterns will reflect connectivity, housing, transport, language and the local voluntary sector infrastructure.

Public bodies must consider foreseeable differential effects before adopting a system. As we heard in one of our evidence sessions, rather than planning for the average, it can be wise to design your system for the outliers "and get the middle for free". This includes differentials in any target outcomes, as discussed in Section 4.1. It also includes access, routes to redress and metrics for interaction, such as:

- Successful completion
- Abandonment
- Errors
- Repeat contact
- Waiting time
- Use of assisted channels after contact.

Naturally, all of these should be monitored after deployment. However, as the DPA found, qualitative data can give a far more detailed picture – and potentially a less favourable one – of people's experiences than quantitative data alone.

Consideration should be given to periodic review, routes for correction and challenge, how issues will be explained to residents and the authority to suspend a use case.

In working through these issues, it can be very helpful to engage with organisations that work on digital exclusion. Some areas of the country, such as Manchester and Leeds, have been proactive in doing this. However, many areas have not done so thus far, including areas where connectivity is poorest, such as some rural areas. It is also important to ensure that services meet current accessibility standards and incorporate common assistive technologies. Places should also test assumptions around smartphones, email addresses, stable telephone numbers, document scanning, identity verification and English literacy. A channel may be technically accessible while the complete service remains unusable.

Again, digital exclusion organisations can assist with this and with "assisted access" provision (see Figure 5), but it is also important to engage with local disabled service users in research and testing.

Figure 5. Some types of assisted access provision



Trusted local intermediaries also have an important role in this. Libraries, housing organisations, advice agencies, community groups and voluntary organisations often provide the practical foundation through which residents access digital public services. These do not just provide occasional help – often people only find out about services through them and rely on them for access[83]. Reliance on these bodies should be planned, funded and governed rather than treated as free capacity. Partners need training, suitable premises, secure processes and clear boundaries around handling personal information.

83 Digital Poverty Alliance (2026) – Accessibility of Government Services

AbilityNet – assisting digital inclusion

AbilityNet is a UK charity which seeks to build a digital world that is accessible to all[84]. It supports a wide range of users, from older or disabled people looking for help with their technology, to digital professionals advocating for accessibility and inclusion best practices within their organisation.

It has found that people in marginalised communities have a huge range of problems they are trying to deal with, and digital engagement feels like one more thing on their to-do list. They help these individuals understand how digital services can help them save money and resolve other problems. They provide a range of practical help, including:

- Distributing devices and data.
- Signposting ways to get free SIM cards and free devices.
- Helping people understand what is available to them, such as social tariffs.

Other organisations also provide such services, and often it can be done for relatively low cost.

Where helplines are available, citizens are likely to make use of them, as long as they are sufficiently publicised. However, they must be arranged to avoid common frustrations with digital government helplines:

- Long wait times
- Poorly designed/unhelpful automated systems
- Support being offered that does not actually help to resolve the problem
- The caller being redirected back to the online process that had caused the original problem.

When automated decision-making is involved, accountability remains with the public authority even when the model or platform is supplied externally. Under GDPR, there is an explicit right for data subjects not to be subject to a decision based solely on automated processing, including profiling, "which produces legal effects concerning him or her or similarly significantly affects him or her"[85]. While it is important to ensure

84 AbilityNet – A digital world accessible to all

85 GDPR.EU (2026) – Art. 22 GDPR: Automated individual decision-making, including profiling

that there is always an option for a "human in the loop", this must be more than ceremonial approval of an opaque recommendation. It is meaningful only where the practitioner has the knowledge, authority and time to question the output. Staff should be able to inspect relevant evidence, recognise uncertainty, add contextual knowledge and reject or escalate the system's suggestion.

4.4 Refinements and going beyond what was planned

Standardised data and technology to analyse it can help practitioners see patterns and reduce avoidable inconsistency. Frontline workers can add substantial extra value, checking records, translating system categories, finding missing context and deciding when a case is too complex for the standard pathway. Where they have objections to the way a new system is working, this should be treated as valuable feedback which can be used to improve it further. Such further refinements should be anticipated and resourced.

Linking datasets and providing them to practitioners can reveal unexpected benefits. New uses may be found for this data, perhaps involving new analysis. However, legal constraints and trust issues must be considered when contemplating such new uses, as it can change the relationship between resident and state. Purpose limitation, minimisation and transparent governance should be observed carefully, and thought should be given to the impact on participation.

4.5 The use of AI

AI is a technology which is developing extraordinarily fast. Its capacity for good and for ill is arguably unprecedented. For both of these reasons, it is currently receiving vast publicity. Some people are enthused about its potential; some are extremely wary of it – and some feel both of these sentiments.

While many UK workers have used AI, local public agencies are just beginning to explore its potential, with a small number of them playing the role of pioneers. There are many considerations that need to be worked through carefully when adopting this technology.

A survey of UK workers carried out by Deloitte in May and June 2026 found that 63% of the 25,000 respondents had used generative AI (GenAI – AI that generates new content) at work[86]. Unsurprisingly, the proportion varies between sectors: in the information and communication sector, 88% had used it, while in healthcare and social work, it was only 56%. Of the workers who had used it, one in three had done

86 Deloitte (2026) – GenAI Workforce Survey

so without their employer's knowledge, while less than half had had any training. Its "use is currently widespread, but still shallow": "Most use it for familiar tasks, primarily writing emails, searching for information and creating summaries, rather than rethinking how work gets done".

Nearly half of those who had used it reported that it had not saved them time. On the other hand, 7% of respondents claimed it has saved them more than five hours per week and a further 5% claimed it has saved them three to five hours per week.

Deloitte therefore takes the view that "technology investment alone does not create value", and that "Leaders should help their people use AI responsibly, with a clearly articulated and well-understood goal"[87].

Public agencies may therefore find it prudent to proceed systematically, developing a carefully thought-through strategy for the use of AI. This should include planning for training staff and assessing your capability to deliver the solutions alighted on.

It should also include consideration of return on investment to the agency. Large language models (LLMs) may be accessed through APIs, and these are nearly always charged per token (the basic unit of text processed by the AI)[88]. Thought therefore needs to be given to token costs, as well as how to assess the benefits gained from usage accurately.

But a fuller assessment of costs and benefits will include the energy usage and hence carbon generated in training the AI, which can be considerable[89]. As many local public agencies have declared a climate emergency – including over 300 local authorities[90] – they will recognise this as an important consideration, and may wish to consider calculating a share of this carbon usage and offsetting it.

Data subjects may have particular concerns about the use of their data by AI. The greatest concerns will be around the use of predictive analytics. But whether or not predictive analytics are used, it is worth being aware that AI used internally by staff and public-facing AI can both affect citizens – in the former case, especially if it has an impact on decision-making. And the output of an AI depends on how it is trained and the queries put to it, so thought must be given to how it can be ensured that there is no bias creeping into these, and the level of inaccuracy in data it is receiving.

87 Deloitte (2026) – British workers spend nearly £1bn of their own money on GenAI for work, landmark Deloitte research finds

88 Decagon (2026) – AI tokens

89 Climate Impact Partners (2025) – The Carbon Footprint of AI

90 Local Government Association (2026) – Delivering local net zero

Citizens' concerns should be respected and ensuring transparency in how AI is used is crucial – the considerations set out in earlier sections regarding public trust, public input and data subjects' rights are even more important for AI. It pays to be aware of what other authorities and organisations are already doing in this space, and to try to follow best practice – such as the Hackney Data Ethics Advisory Board, described in Section 3.5 above. Indeed, consider not just what has worked, but also what aspects have not worked so well, and the extent to which a solution in one locality may apply or not to your area.

If local public bodies approach the use of AI carefully, cautiously and strategically, and give consideration to all of these points, it can bring considerable benefits. If these benefits are appropriately explained to data subjects and it is demonstrated that data ethics are being carefully considered, many will consent to take part in such innovations.

The funding for local AI partnerships promised in Budget 2026, as mentioned in Section 2.6, could help with introducing new uses of AI at the local level.

For example, we heard that AI can be used for "deep listening", going through qualitative, textual data, such as case notes, complaints and other feedback. Three other examples are given below.

East Riding of Yorkshire Council: traffic data and streetlighting[91]

The council's AI system has analysed anonymised data on speeds, braking, trajectories and interactions between road users – but not personal data, facial images or identifiable information – to inform decisions to redesign lighting infrastructure. This has allowed them to reduce carbon while maintaining safety.

They have:

- replaced 12m lighting columns with lower carbon 3m columns providing more uniform lighting, easier maintenance and 90% reduced operational cost;
- achieved average whole-life carbon reductions of 50%;
- provided calmer night-time environments with less glare and light intrusion, supporting wellbeing and sleep; and
- reduced light pollution with positive effects on biodiversity.

91 From evidence gathered in course of research

St Helens Borough Council: low-cost AI innovation for maximum return[92]

Opened in October 2024, St Helens Borough Council's Technology Enabled Care (TEC) Hub shows how local government can combine AI, data and connected devices to deliver more preventative, person-centred adult social care. Based in a 30-bed intermediate care unit, the Hub lets residents and families trial technologies before returning home, from falls monitoring and medication dispensers to sensors, smart speakers and companion pets. Residents and families also help shape the offer through a co-production group.

The council prioritised automated medication dispensers because every 20 users can avoid up to £145,000 a year in domiciliary care costs. Early savings helped fund the Hub and the rollout of AI Magic Notes, reducing staff administration and creating more time for meaningful conversations. Real-time sensor data can also flag risks earlier – for example, combining fluid-intake and toilet-use data to indicate potential urinary tract infections before they escalate.

Strong governance underpins the model: device identifiers and outputs are held securely and linked to client records, while personal data is not stored on devices. The wider council platform integrates systems, data modelling, AI and connectivity. The Digital One Front Door platform, which offers a single route into services and supports AI-driven signposting and automated customer journeys that feed structured data directly into back-office systems, was itself built in-house using Microsoft Copilot Studio for under £5,000 per year, a fraction of the cost of commercial alternatives.

Developed and opened in seven months, the Hub is helping residents return home sooner, supporting staff capacity and giving St Helens a scalable route from reactive care towards earlier intervention and prevention. The next phase of the programme will focus on integrating technology into a data-driven early intervention and prevention model, giving staff access to real-time monitoring to identify patterns and act sooner. For example, combining fluid intake data with toilet flush counts can indicate early signs of urinary tract infection risk, allowing intervention before symptoms escalate and reducing the likelihood of hospital admission.

92 From evidence gathered in course of research

Derby City Council: AI as an engine for prevention[93]

Derby City Council is moving beyond isolated AI pilots to build a unified operating model that supports earlier intervention, manages demand and improves access to services. Working with ICS.AI, the council has deployed a single platform spanning a 24/7 resident "front door", staff copilots and process automation.

The model's preventative potential lies in joining up intelligence, access and action. The resident-facing AI gives clear guidance across phone and web, recognises indicators of distress or vulnerability and triggers human escalation where appropriate.

In adult social care, accessible step-by-step support can help residents navigate services more independently, while planned AI transcription will release practitioners from note-taking so they can focus on assessment and human interaction. In debt management, a consolidated dashboard is intended to identify problems earlier, helping residents avoid arrears and costly recovery action.

Derby has combined this service innovation with universal staff access and systematic discovery. 44 cross-department workshops involving more than 100 staff identified 261 opportunities and prioritised 54 use cases. The council reports £7.5m of identified savings, including £2m in adult social care and £1m through the AI contact centre as well as £900,000 in income and debt management.

Governance is embedded in the platform rather than treated as a separate compliance exercise. Safeguarding rules, bias detection, data-protection controls and audit trails operate consistently across services, overseen by an AI Compliance and Ethics Board.

Derby's experience suggests that AI can support prevention only when it is organisation-wide, outcome-led and governed by design. Its strongest lesson for local government is that technology should connect early signals to timely action and free council staff to focus on complex, sensitive cases where human expertise matters most.

93 From evidence gathered in course of research

CHAPTER FIVE

Recommendations and suggested framework for implementation

In gathering evidence for this report, we have focused on local delivery by local authorities and their partners. The recommendations that follow therefore have a different flavour from those of Connected Devolution. Instead, they are aligned with the notion in the English Devolution White Paper, of prevention being "the default setting in Local Authorities across England, supported by Strategic Authorities".

We have looked into how integrated local digital systems can support preventative, place-based public service reform, and the evidence we have heard reflects this. Consequently, most of our recommendations are aimed to provide advice to local authorities and those with whom they are working in partnership. This includes both strategic authorities and locally based sections of central government, such as Jobcentre Plus, and regional departmental offices in their roles as anchor institutions.

We set out these recommendations in the next subsection, which we follow with a practical framework for place leaders on how they may be implemented. We then close with particular recommendations for strategic authorities and central government.

5.1 Councils and local partnerships

Councils and their partners should:

- Ensure they have a thorough understanding of what data they hold, where it is already joined up, and crucially, where it is currently fragmented across systems.
- Work in genuine partnership, including shared governance and shared ownership of procedures.
- Engage with citizens and design data processing and analysis around their needs and preferences. At each point and through each channel that they interact with the shared intelligence systems of local services, keep everything simple for them.
- Focus on those who have little, no or sporadic digital access. Ensure that difficulties interacting with services and citizens' concerns about data usage are catered for – particularly when it comes to using AI.
- Develop their priorities and strategy for using shared data together, and with the public and frontline staff. Rather than trying to do too much initially, focus on a small set of priority uses, alongside a longer-term direction of travel.
- Take careful account of organisational capacity when considering proposals for preventative action.
- Base procurement on a clear understanding of existing architecture and the requirements of proposed service reforms, taking into account resilience over time, transparency and the information needed for effective governance.
- Draw on best practice in the public sector when reviewing and monitoring prevention practices, and in considering new uses for shared data.

5.2 Suggested framework for implementation

The story narrated in this report can be seen as two workflows, running largely in parallel and feeding into each other – see Figure 6. The "Structures" workflow consists of mapping data, architecture, procedures and governance structures, planning out how it should be reformed, and implementing, monitoring and adapting these changes. The "Practices" workflow does the same for service delivery, frontline practices and implementation of policy.

For those areas with the possibility (or certainty) of LGR looming, there is plenty of this to prepare for vesting day, so the programme of these two workflows will need to be started at pace and carried out systematically. If an area later finds that LGR has been cancelled, then the plans will need to change. Where LGR is not occurring, there may be more flexibility. However, budget pressures, changes in health and care services and expectations of local service improvement are likely to still require a very significant and fairly rapid shift in how things are done. All of the steps below may be adapted and tailored to suit local needs and cultures.

Our recommendations for the two workflows and the interactions between them follow Figure 6, numbered to correspond to the diagram.

Figure 6. reforms of structures and practices

Structures		Practices
1. Establish core group of local partners.		
2. Map out existing architecture and use of data of core group. 3. Build analyst networks & support.	1	1. Map out: services provided and existing uses of data by core group; local organisations assisting digital inclusion.
4. Research most suitable models for shared control. 5. Reach out to data subjects and citizens regarding use of data.	2	2. Reach out to service users and frontline staff regarding what could be done better with preventative approach.
6. Co-design new data architecture with partners, data subjects & citizens, and neighbouring areas. Work through issues of data sharing, citizen interaction, legality, ethics and governance. 7. Draw up requirements for procurement with partners, considering resilience and organisational needs.	3	3. Select priority use cases for shared data, and determine long-term direction. Set target outcomes and how these will be evaluated and monitored. 4. Design public engagement for running services/interventions. 5. Determine and plan for support needs of local organisations assisting digital inclusion.
8. Procurement – based on above assessments – integration, testing, implementation.		6. Implementation of priority use cases.
9. Review and monitoring of shared intelligence systems. Address issues with data teams and/or suppliers.		7. Review, monitoring and evaluation and adaption of priority use cases. Expansion & further reforms from pipeline.

Structures

1. Determine the core local partners – typically, these may include those given in the list in Section 1.
2. Use the latest resources from GDS Local to map out the data architecture of the local authority/authorities and their core partners. Map out the organisational capacity to handle shared intelligence and service reform.
3. Working with partners and neighbouring areas, foster networking between data analysts. Work with them to build optimum peer-to-peer and external support (for example, from LARIA and/or Socitm). Foster exchanges of information and ideas between data teams and the service and policy teams they support. Learn from areas of the country where these networks and practices are already mature.
4. Research the most suitable models for shared control, such as Solid and the Universal Care Plan.
5. Reach out to residents, service users and data subjects. Ask them about how they want their data to be handled and engage with them on designing the new data infrastructure.
6. A) Design the structure to be an intelligence spine rather than an indiscriminate central data lake. Where possible, work with other areas and share capacity on the design, and draw on the expertise of those areas who have gone through this and organisations that can provide specialist knowledge (such as GDS Local and the Open Data Institute).

   B) Work through data sharing issues. Consider how the new structure will link into existing case-management systems, who will have access to which records under what conditions – including where shared records are appropriate and how it will be used for analysis. Ensure that there is sufficient portability between systems, without requiring every partner to adopt the same application. This might involve building in common identifiers (such as NHS number and Unique Property Reference Number, although these are not infallible, as they may be missing/outdated in some data or inconsistent across sets). Data standards (such as ORUK and the Vulnerabilities Data Standards) might also help. Decide procedures for agreeing data sharing agreements and DPIAs – consider LOTI as a model.

C) Consider how citizens will interact with the system, including use of passwords, forms, attachments, different devices and site stability. Work with them on such issues, as well as challenge, correction and control of their data and transparency. Avoid digital-by-default provision and consider language and disability barriers, building in current accessibility standards and incorporate common assistive technologies. Ensure service users will have access to a human and that they are sufficiently trained to provide meaningful help, as set out in Section 4.3.

D) Go through legal requirements, ethical oversight and governance. People involved in the governance might include an accountable senior owner, information-governance and legal expertise, data owners and stewards, service leads, analysts, cyber professionals, frontline representation and, where relevant, Caldicott Guardians. Those with decision-making roles will govern matters such as access to data, new use cases and reviews to existing ones. It could help to establish an ethical advisory board, as LB Hackney has done. Legal and ethical requirements will include general data protection compliance, but also client confidentiality and the Caldicott Principles for health and social care services. Where automated processing is involved, consider using the ATRS. If any partners are intending to use AI, develop a strategy for it, including training staff, and assess all associated costs. Build in strong security and work through other issues that can affect public trust, as set out in Section 3.4.

7. A) While going through these issues, draw up requirements for any systems and equipment that will need to be purchased. Ideally, build a broad coalition of local authorities and, where relevant, other organisations to provide a common set of asks of the market. Avoid too many add-on features that would incur extra costs.

   B) Consider the timescales the data may be needed for, as well as for analysis capabilities, evaluation and other requirements. Also consider resilience to outages, changes of regulation, organisational structures and data collection.

   C) Consider organisational needs for documentation, configurations records, performance information (for operation, evaluation and reporting) and other matters described in Sections 3.7 and 4.3.

8. Base your procurement processes on this comprehensive analysis of whole-system needs. After purchase, integrate with existing systems and test the new setup extensively before full implementation.

9. Keep the system under review. Maintain a dialogue with the public and frontline staff to ensure any emerging problems are tackled, and to make improvements in line with policies. Address issues with data teams and suppliers as necessary.

Practices

1. A) Map out existing data; both sets that are continually used and sets that were developed in pilot schemes.

   B) Contact and map out local organisations which assist residents to access digital public services.

2. Reach out to service users and frontline staff regarding what could be done better with a preventative approach.

3. A) Work with core partners to set both short-term goals ("quick wins") and long-term strategic direction.

   - **Priority use cases.** Decide criteria for selecting one to six priority use cases for the shared data – these should include the need for evidence, quality/maturity of the data, organisational hurdles (such as existing data sharing issues), organisational capacity, the scale and certainty of benefits and its alignment with strategic direction of the core partnership. Draw on the experience and priorities of practitioners, service users and residents to draw up a longlist. Be aware of biases in existing data and focus on existing caseloads. For each use case, agree a specified cohort, harm or service pathway for which the intervention will apply, its geographical scale and the outcomes sought. Produce a business case incorporating a short theory of change.
   - **Long-term strategic direction**. Decide criteria for developing a pipeline of future projects and selecting from it. Most of the same considerations apply; capacity will be an even more important factor. Understand appetites for risk. When looking to expand an existing project, use a "Test, Learn and Grow" approach.

   B) In setting objectives for individual use cases, seek to root these in the core aims and objectives of the partners and the desire to improve services and lives, while drawing on the expertise of frontline staff and service users. Use sector best practices on setting target outcomes and monitoring and evaluating them, such as the Green Book and Magenta Book. Consider both financial/time saving measures and public value, as set out in Section 4.1 – and whether the latter could include measures of resident/service user satisfaction.

4. Design public engagement for running new service configurations/interventions – consider participatory stewardship, panels of residents/service users and the role of councillors.
5. Work with local organisations which assist residents to access digital public services to determine how they will be supported and maintained in these roles.
6. Ensure systems are sufficiently robust before implementing the priority use cases.
7. Keep the practices under review, using the monitoring and evaluation methods agreed previously. Adapt these as appropriate, expand them using "Test, Learn and Grow" and bring further interventions forward through the pipeline. Keep a dialogue going with the public and frontline staff to ensure any emerging problems are tackled, and to make improvements in line with policies.

Interaction between structures and practices

1. Working with the public, map out ideal pathways for citizens' data to take. Include those with low or no existing digital access. Explore users' current experience of the system – using qualitative data as well as quantitative data. Identify existing choke points.
2. Reach out to organisations that work on digital exclusion (such as AbilityNet and the Digital Poverty Alliance) and draw on their expertise.
3. A) When deciding what to do with data, consider whether a SAVVI approach could be helpful. Also consider the data quality (completeness, accuracy and portability); if it is insufficient for a particular potential use, can it be improved sufficiently to make this use viable?

   B) When drawing up requirements for systems and equipment that will need to be purchased, consider whether it will provide the analysis required to produce/evaluate your desired outcomes.

5.3 Strategic authorities

As mentioned in Section 2.4, the White Paper views strategic authorities as "convenors on public service reform, working in partnership with Local Authorities, to bring partners together to drive forward public service reform and prevention".

They will clearly have an important role to play, both as partners in the actions mapped out above, and in their interactions with central government.

The balance between strategic and principal local authorities in the leadership of these reforms will vary from place to place, depending on local conditions including the maturity of the strategic authority. But at the very least, they should:

- Help to coordinate the emerging requirements of local authorities – for example, by helping to establish common operating procedures and procurement demands.
- Work closely with central government staff where they are based in the strategic authority's subregion, engaging with them on connected prevention.

5.4 Central government

As described in Sections 2.6 and 3.3, in recent years, the support given by central government to the wider public sector on digital matters has grown significantly. This includes both the support for the creation and development of data standards and the work of GDS Local.

Central government departments and agencies are also important players in local communities, for example as anchor institutions and benefit agencies.

We recommend that they should:

- Continue to support the creation and development of data standards and build these further.
- Ensure GDS Local is resourced sufficiently to provide more comprehensive guidance and assistance to local authorities as they go through reorganisation and the implementation of the reforms described in this report. (For example, with a platform for assessing existing architecture and support to develop common sets of requirements for commissioning.)
- Ensure that where they have a local presence, these teams engage enthusiastically with strategic authorities, local authorities and other local partners on connected prevention.

Glossary

Term	Definition
Algorithmic transparency recording standard (ATRS)	Government standard and template for publishing clear, publicly available records about the use of algorithmic tools in decision-making. Consists of a two-tier record (summaries for general readers and detailed technical reports), both published to a central GOV.UK repository.
Analytical environment	A secure, self-contained space which is pre-loaded with statistical software and database tools, and any data and/or outputs entering or leaving are subject to controls and approval.
Application programming interface (API)	A documented interface that allows systems to exchange data and trigger actions programmatically.
Caldicott Guardian	A senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. The Guardian oversees the upholding of the Caldicott principles at organisational level.
Caldicott Principles	A set of eight good practice guidelines for using and keeping people's health and care data safe. They were first introduced in 1997 and have since been expanded.
Data exchange layer	A standardised, secure, audited mechanism for machine-to-machine data sharing.
Data subject	The identified or identifiable living individual to whom personal data relates.

Exceptional Financial Support (EFS)	Permission from central government for a council to capitalise certain revenue spend, that is, to treat it as capital spend. This allows them to meet the costs from borrowing and the sale of assets. It is typically used to help a council meet its financial obligations, continue to deliver essential services and avoid the need to issue a Section 114 notice (that it is unable to set a balanced budget).
Federated access	A form of single sign-on that allows users to use a single credential to be authenticated across multiple organisations' systems.
Interoperability	The ability of systems/organisations to exchange and meaningfully use information via shared standards and models.
Large language model (LLM)	A category of artificial intelligence. It is a deep learning model trained on immense amounts of data, making it capable of understanding and generating natural language and other types of content. LLMs are built on a type of neural network architecture called a transformer which excels at handling sequences of words and capturing patterns in text.
Portability	The contractual and technical ability to export data in open, non-proprietary formats with sufficient metadata to recreate functionality elsewhere.
Vesting	The point at which new a new council formally takes over all legal powers, duties and assets from the councils it replaces. The day on which this occurs is known as 'vesting day'.






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Localis
Vox Studios, V.311
1-45 Durham St
London, SE11 5JH

0870 448 1530
info@localis.org.uk

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