Re:State

Newton

BUILDING THE PREVENTATIVE STATE

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ABOUT RE:STATE

Re:State is established as the leading Westminster think tank for public service reform. We believe that the State has a fundamental role to play in enabling individuals, families, and communities to thrive. But our vision is one in which the State delivers only the services that it is best placed to deliver, within sound public finances, and where both decision-making and delivery is devolved to the most appropriate level. We are committed to driving systemic change that will deliver better outcomes for all.

We are determinedly independent and strictly non-party in our approach. This is reflected in our cross-party Advisory Board and our events programme which seeks to convene likeminded reformers from across the political spectrum.

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ABOUT RE:IMAGINING THE STATE

After a decade of disruption, the country faces a moment of national reflection. For too long, Britain has been papering over the cracks in an outdated social and economic model, but while this may bring temporary respite, it doesn't fix the foundations. In 1942 Beveridge stated: "a revolutionary moment in the world's history is a time for revolutions, not for patching." 80 years on, and in the wake of a devastating national crisis, that statement once again rings true. Now is the time to fix Britain's foundations.

Re:State's programme, 'Re:Imagining the State', puts forward a bold new vision for the role and shape of the State. One that can create the conditions for strong, confident communities, dynamic, innovative markets, and transformative, sustainable public services.

ACKNOWLEDGEMENTS

Re:State would like to thank Newton for kindly supporting this paper and the series of six roundtables and one workshop which informed it. We would also like to thank all attendees at these events, in particular the lead speakers:

- 'Preventing illness: shifting upstream from the NHS' with Tom Riordan CBE, Second Permanent Secretary, Department for Health and Social Care
- 'Preventing reoffending: community-based approaches' with Matt Grey, Executive Director, Rehabilitation, HM Prison and Probation Service
- 'Preventing disengagement: keeping vulnerable students in education' with Susan Acland-Hood, Permanent Secretary, Department for Education
- 'Place-based prevention: empowering local leaders' with Nick Kimber, Director, Public Service Reform, Cabinet Office
- 'Data for prevention: learning what works' with Hugh Stickland, Chief Data Officer, Ministry of Justice
- 'Preventative policymaking: from theory to practice' with Emily Braid, Director, Public Service Reform and Management, Cabinet Office
- 'Preventing inactivity: health, skills and good work' with Angus Gray, Director, Pathways to Work, Connect to Work, Localism & Employment Support, Department for Work and Pensions. (A separate write up of this workshop has already been published but insights from it are included in this paper as well).

The arguments and any errors in this paper are the author's and the author's alone.

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Ideas for building the preventative State

Idea 1: Public service leaders should all have an objective in their performance appraisal focused on improving cross-cutting outcomes which overlap with other services – encouraging partnership.

Idea 2: Central government programmes delivered through local partners should minimise reporting and business case requirements through de-duplicating data reporting.

Idea 3: The What Works Centres should collaboratively organise a national seminar series for frontline public service leaders on the best evidence for preventative programmes which work, and how to change their local approaches to integrate those lessons.

Idea 4: Where evaluations of people-delivered public services show a substantial positive impact, further research of the exact delivery model should be commissioned by the Evaluation Taskforce centrally, including the guidance and training used for staff, with the aim of replicating and open-sourcing it for others to use.

Idea 5: The Cabinet Office should develop a core training programme for leaders delivering service transformation projects focused on preventative public services, in partnership with the Local Government Association.

Idea 6: Preventative programmes which rely on business and third-sector engagement should have dedicated account managers for each organisation, who streamline communications and engagement to prevent duplication.

Idea 7: HM Treasury should encourage bottom-up 'spend to save' prevention bids which show payback within spending review cycles, alongside longer-term multi-Spending Review bids.

Idea 8: In the next Spending Review, HM Treasury should work with departments to design and invest a Prevention Transformation Fund, to build the capacity to deliver preventative projects in frontline services including for funding core staff time and workforce engagement.

1. Introduction

Successive governments have attempted to shift public service delivery from managing demand for public services to preventing it in the first place – aiming to improve outcomes for the public and reduce costs to the Exchequer.

In some public services there is already a 'burning platform' – demand is already growing faster than the capacity to meet it; particularly in public services like health and adult social care where need is closely tied to an ageing population. In other areas, the long-term impact of recent crises like the Covid-19 pandemic on school absences and economic inactivity is still being felt, creating new challenges.

New technologies and a growing evidence base are creating new opportunities for earlier intervention in many areas of public service. And in every case, the challenges of an increasingly constrained fiscal environment, with low growth and limited spending headroom, means difficult decisions will be required to meet future demands without radical transformation.

But while many of the challenges are new, the arguments for a more preventative State are familiar and long-standing.

Since the Wanless Report was first published in 2002, governments have accepted that the long-term sustainability of the NHS depends on moving away from a system focused mainly on treating illness toward preventative care and public health, and that without doing so NHS costs would rise sharply and outcomes would worsen. A similar logic has been applied in multiple government programmes and policies since then, including in:

- **Preventing the need for specific services** (such as the treatment response to drug misuse, or housing-first approaches to homelessness);
- **Preventing re-engagement or worsening outcomes** for people already engaged with services (such as reducing reoffending, reducing homelessness to prevent associated challenges with drugs and alcohol addition, preventing falls in the elderly population which lead to worsening conditions and care needs, or the Troubled Families programme);
- **Taking whole-population approaches** to help prevent worse life outcomes for a significant proportion of the public (such as smoking bans, raising awareness about mental health conditions, or early-years interventions like Sure Start).

The same arguments are at the heart of many policies adopted by the current Government, including the shift from sickness to prevention being one of the three big shifts behind their *10 Year Health Plan*,[1] and in their relaunched and expanded Best Start family hubs.

But to deliver these objectives and more, the Government should learn the lessons from previous attempts to build a truly preventative State. Because despite the strength of the

[1] Department of Health and Social Care, *10 Year Health Plan for England: Fit for the Future* (GOV.UK, 2025).

argument for prevention, and it being the stated policy of several governments, the shift to prevention has not been felt in day-to-day service delivery.

There have been successful preventative programmes, and some failed and inconclusive ones. Some are still being delivered, others never made it beyond the pilot stage. But the fundamental operating model of the State has not shifted towards prevention. The challenge is fundamentally one of scale: how to achieve a broad shift to prevention which goes beyond individual programmes and is systematised in every public service. As one roundtable attendee said:

> "Every [preventative] project or programme feels like a real battle to get off the ground and keep going. We won't succeed if we keep making it that hard"

Many of the challenges to preventative policy at scale are bureaucratic. The systems and processes used to govern the State, often created in Whitehall far from the frontlines of public service delivery, are not set up to enable radical transformation.

But the challenges preventative policies have had should also be a cause for introspection about the idea itself. The strength of the policy consensus in favour of a shift to prevention has meant that some important assumptions about how to deliver it have gone without proper scrutiny – scrutiny which would shape more effective policy.

This paper is informed by a series of roundtable discussions with senior figures in central government, local government, and frontline public services about the challenges and opportunities from better prevention. It discusses their experiences and reflections about what good looks like, and how to work together to build a preventative State.

These discussions identified four cross-cutting opportunities, which are discussed in more detail in this paper:

- **Systems leadership**: prevention cuts across many of the siloes in which public services are organised, and different levels of national, regional, and local government. The right structures and processes will help leaders deliver through this complex landscape.
- **Evidence, monitoring and evaluation:** following the evidence base for targeting preventative activity and working out the right interventions to support service users at the point of need.
- **Transformation capacity:** like all programmes, prevention needs dedicated capacity to deliver the changes which will improve outcomes.
- **Investment**: identifying where preventative approaches can deliver better outcomes or save the taxpayer money, and where investment represents the best value for money.

The scope of this paper includes all three categories of prevention:

- **Primary prevention**: stopping problems from happening in the first place, i.e. the prevention of need.
- **Secondary prevention**: early detection of problems to support earlier intervention, reduce the level of overall harm and improve wellbeing, i.e. the prevention of severity.
- **Tertiary prevention:** minimising the harm caused by a problem through ongoing intervention, i.e. the prevention of recurrence.

2. Systems leadership

Like all significant organisational transformations, building the preventative State requires leadership. But the kind of leadership that prevention needs to succeed in transforming public services is unique. At every level, prevention demands a new approach from leaders – one where they can collaborate across organisational boundaries on common goals, embrace new ways of working to test, learn and innovate, and to take frontline public services on the journey with them: leveraging their deep knowledge and expertise to design preventative approaches which will have the greatest impact.

2.1 Working across government

Participants were unanimous that the siloes of public service delivery, including central government departments and frontline services like schools, police, social services and the NHS, all held organisations back from designing and delivering better preventative services. The costs of preventative services are 'local' to parts of the State, but the benefits of delivering them are felt widely: as one roundtable attendee said, "everyone's upstream is someone else's downstream".

For example, the long-run impact of the early years of a child's life can affect not just future education outcomes, but health and justice outcomes as well – but the way those services are organised doesn't incentivise public servants from redirecting more work towards early years to help alleviate the pressure on other services in the decades to come.

Similarly, offenders who are already in the justice system are likely to reoffend, and reducing reoffending as a form of tertiary prevention has benefits to the Ministry of Justice and Home Office. But it can also reduce the long-term costs on social housing, treatment and addiction services, and the wider social costs to families and victims. In many cases, by the time demand has already manifested, it is too late to do anything other than manage the level of harm that can be caused.

Public services will always be, to some extent, siloed – one roundtable attendee pointed out that changes in the structures of public services are common, and there's little consensus that a single model alleviates all co-ordination and leadership issues. So, leaders need to work across organisational boundaries to make preventative shifts in public services, move resources and investment, and share data and insights to have the biggest impact.

Participants felt this challenge was particularly important to overcome when the relationships between services were imbalanced. The subject of "power dynamics" came up in several discussions, with participants expressing a feeling that leaders had an uphill battle to invest in transformation because of the 'burning bridge' of needing to prioritise current services. As one official put it in the context of health policy:

> "The way the health system has operated over many, many years, despite attempts to change it, is that the power dynamics all rest with the big acute trusts".

Leaders need to prioritise prevention across whole systems, even when the incentives are only to focus on their own immediate business priorities. Prevention cannot keep being a job for their colleagues in other services, or their successor, or a future Spending Review bid – but a top priority in their day-to-day work.

At the same time, the discussions showed how in many areas, there are preventative interventions that can be pursued without working across government. Several attendees agreed that often policymakers assumed prevention couldn't be done without widespread cross-government agreement, and working between many different services, but that clearly there were areas where earlier intervention with the cohorts they already serve could deliver big benefits – such as later-life care users having falls which could have been prevented, but instead compound the severity of their care needs and worsen their quality of life.

Working across government is challenging, and while public servants should work to lower those barriers, it should not be an excuse for ignoring ways that individual organisations and teams can still pursue best practice in their own domain.

2.2 Local and regional delivery

Devolution and the shift to empower regions is an important structural change in the landscape of public service delivery. It is the most significant transformation that subnational government has undergone in decades. The introduction of a new regional tier across England, unitarisation of councils and the realignment of boundaries can all pave the way for larger, more capable and better resourced place-based government bodies which can coordinate public services in their area.

Of all structural shifts underpinning better prevention, attendees of events across the series were most optimistic about the power of localism. Integrated settlements, budgets for combined authorities which allow them flexibility to move funding between different areas; bringing services like housing closer together with other frontline public services to give better visibility of service users' needs – all of these could be game-changing for enabling investment and prevention. As one attendee said:

> "So much of all of our [different agencies] time is spent dealing with the same cohorts of people with several different challenges. Local areas are the best way for services to collaborate to identify these cohorts, and intervene earlier".

Some of the most successful attempts at prevention in public services have focused on local service collaboration. For example the Troubled Families programme used key workers to coordinate services around families, but with regional variation in the exact delivery model.

Case study 1: The Troubled Families programme

The Troubled Families (otherwise known as Supporting Families) programme was a locally-managed programme run by the Ministry of Housing, Communities, and Local Government. It aimed to identify families with complex issues and provide them with tailored support. Although delivered differently in different regions, the Troubled Families programme variants were unified through their whole-family, multi-agency, and early intervention approaches. A key worker was partnered with a family to assess its various needs, from unemployment to anti-social behaviour, and work with them towards a holistic improvement plan.

The most recent national evaluation of this programme has found that, compared to other families with similar backgrounds, supported families saw significant reductions across crime in adults and juveniles, the proportion of Looked After Children, and the proportion of adults claiming Jobseeker's Allowance.

Early intervention and support from the programme has been modelled as generating up to £1.2 billion in savings, compared to direct costs of £8 billion from supporting families later on without addressing those problems early.

Sources: National Audit Office, The Troubled Families Programme: Update, 2016; National Audit Office; UK Government, National Evaluation of the Troubled Families Programme 2015–2020: Findings, 2021; Ministry of Housing, Communities and Local Government; UK Parliament, Troubled Families Programme, 2021; House of Commons Library.

Local and regional approaches don't just allow public services to better coordinate, they are also an opportunity for leaders to innovate. New approaches to prevention and early intervention can be trialled locally, with the aim of rolling them out more widely if they prove successful. The Test, Learn and Grow programme is partnering with ten different areas to trial place-based innovations which can be quickly tested and iterated, backed by £100 million of new government funding. The Future of Prevention programme has also designed a toolkit for local authorities and their partner organisations to use in designing and delivering interventions.[2] And in Greater Manchester, the Integrated Care Partnership and the Combined Authority are working together on creating the first "prevention demonstrator", starting from the principle of shifting resources from across different organisations to neighbourhood-level prevention programmes.[3]

One thing attendees cautioned against was a kind of "false localism" – where central government looks to deliver through local authorities but through models which are still highly centralised and don't allow for the benefits of localism: cross-service collaboration, innovation and understanding the local context. Examples included programmes delivered by local government which were still based on extensive bidding processes to access central funding, time-limited funding which suits the Spending Review cycle but doesn't enable genuine local capacity building, and excessive oversight and reporting to force areas to conform to a central delivery model. Looking to innovate solely through the objectives a preventative programme targets, without changing the "how" and ways of working it uses, misses an important role for

[2] Local Government Association and Association of Directors of Adult Social Services, *The Future of Prevention: A Toolkit* (n.d.).
[3] Cabinet Office and Georgia Gould, *Communities across the Country to Benefit from 'Innovation Squads' to Re-Build Public Services* (2025).

pilot projects. These approaches can represent the worst of all options and be just as disempowering to local leaders as their absence would have been.[4]

Policymakers must resist the urge to force homogenous approaches from central government, but attendees were also clear that local variation could sometimes become an excuse for avoiding the evidence base on what works, and not replicating best practice. Particularly in the context of economic inactivity, participants discussed how "all areas are different, but some are more different than others", and that clustering similar kinds of places (e.g. inner city, urban and rural geographies) would show similar problems and solutions.[5]

The true test of whether the Government believes local and regional delivery can underpin prevention is whether it will commit the largest public service to be more devolved – the NHS. At present, regional and local delivery organisations deliver most NHS services, but their leadership ultimately report into the Department of Health and Social Care (DHSC). The real opportunity of abolishing NHS England is the chance to devolve many of its responsibilities to the regions,[6] alongside building Neighbourhood Health Services which are co-designed with local government leaders.[7]

Local, regional and national delivery are not the only models. Prevention can be delivered through a spectrum of organisations at different levels, underpinned by different models of partnership – including organisations in the private and third sectors. The task for leaders is to navigate this complexity to find the right fit for the outcomes they need to deliver, and to be able to build lasting partnerships across organisations amidst the backdrop of ongoing re-organisation of public services.

Preventative programmes will often work best when actors at different levels of public services can work together in integrated teams, with clear accountability and high levels of trust, and the newly expanded role of regional government can provide an important bridge that has largely been absent until now.

Idea 1: Public service leaders should all have an objective in their performance appraisal focused on improving cross-cutting outcomes which overlap with other services – encouraging partnership.

Idea 2: Central government programmes delivered through local partners should minimise reporting and business case requirements through de-duplicating data reporting.

[4] NHS Greater Manchester and Greater Manchester Combined Authority, *Prevention, Health and Good Growth: Realising Our Prevention Ambitions*.
[5] Re:State, *Preventing Economic Inactivity: Health, Skills and Good Work* (2025).
[6] Rosie Beacon, *Close Enough to Care: A New Structure for the English Health and Care System* (Reform, 2024).
[7] Patrick King and Florence Conway, *Designing a Neighbourhood Health Service* (2025).

3. Evidence, monitoring and evaluation

The shift to prevention is a theory built on a broad and well-catalogued evidence base – but the evidence of specific interventions which can deliver good results is much sparser.

Across most public services, there is evidence that demands are either growing in volume or in complexity, requiring a significant change in how public services are delivered. Growth is stagnant, limiting the amount that public spending can continue to grow to meet the needs of a changing population.

Transformation of services is the only answer, and prevention has a clear evidence base. Studies show that investing in areas like public health can prevent illness and improve longevity by a quarter of the cost of other kinds of healthcare spending (i.e. spending in more acute settings).[8] Through every pound spent in preventative support councils can save £3.17 in future adult social care costs by reducing hospital admissions, delaying the need for long-term care, and supporting people to live independently.[9]

Similarly, once people are in the criminal justice system, the likelihood of them continuing to offend and return to jail increases dramatically, supporting the case for earlier diversion and prevention before people commit a crime. One example participants used was the Home Office's Violence Reduction Units programme which aimed to repeat a model that was previously effective in Scotland in 2006 to reduce serious youth offending. With evidence of significant reductions in violent crime, it shows how strong evidence from one project has gone on to influence future policy and programme design of another.

Case study 2: Violence Reduction Units

Violence Reduction Units (VRUs) are groups of local leaders from across public services, funded by the Home Office, working together to identify and address the local drivers of serious violence. Bringing together police, local authorities, health professionals, schools, and other community leaders, VRUs adopt a whole-system approach to prevent violent crime.

In Scotland, the VRU was established nationally in 2006. This model involved measures to address criminal justice enforcement, short and long-term prevention, and attitudes to violence in Scottish society. Since its implementation, violent crime trends in Scotland fell dramatically compared to the trends in England and Wales. By 2015, homicide rates, police recorded serious assault rates, robberies, and knife possession had halved; common assaults quartered; and hospital admissions for assault with a sharp object fell by nearly a third.

Signs of similar trends are emerging across evaluations of the VRU programme in England and Wales, with expectations that these trends will become statistically significant over time.

Source: UK Government, Violence Reduction Units: Evaluation Report (Year Ending March 2024), 2024; Home Office; Home Office, Process Evaluation of the Violence Reduction Units Programme, 2020; Home Office; Home Office, Violence Reduction Units Interim Guidance, 2020; Home Office;

[8] Stephen Martin et al., 'Is an Ounce of Prevention Worth a Pound of Cure? A Cross-Sectional Study of the Impact of English Public Health Grant on Mortality and Morbidity', *BMJ Open* 10, no. 10 (2010).
[9] Local Government Association, *Earlier Action and Support: The Case for Prevention in Adult Social Care and Beyond* (2024).

But applying that evidence base in practice comes with complex questions for policymakers. How should interventions be targeted, at which cohorts, and what tools and techniques can support that? And how can they track the impact of preventative projects to improve the evidence base for future policy?

3.1 Targeting interventions

A key part of successful prevention is going 'upstream' of demand – targeting likely cases before they reach public services, or before the point where they increase in severity and complexity. One of the questions which was a key theme throughout the series was how far upstream of demand policies should be targeted.

Much of the evidence base for prevention comes from 'universal', or population-wide interventions. For example, policies which reduce smoking to cut cancer, increase vaccination rates to reduce disease instances, or improve access to a school education to improve employment rates.

Improved policy research, and better-quality population-level data in areas like health and education, has built a much stronger base of evidence on the early warning signs which contribute to many of the worst outcomes for people and families. Attendees at one event highlighted the strong evidence that Adverse Childhood Experiences are a predictor of worse outcomes in health, education, justice and employment later in life. ACEs include maltreatment of the child, or family instances of mental illness, domestic violence, drugs and alcohol. Many ACEs can create cycles of interaction with public services and dependence on the State which last across generations.[10]

But the further 'upstream' interventions are targeted, the broader the base of people who need to receive them – without better ways to target interventions, the number of people who need to be eligible to guarantee a broad preventative effect can be in the millions. At that scale interventions need to demonstrate significant benefits in terms of harm and cost reduction to represent good value for money.

Some kinds of interventions are suitable for wide use across the population. Vaccines, for example, are expensive to develop but quickly deliver good economies of scale in manufacturing[11] – immunisation and other health protection treatments have an average return on investment of £34 for every £1 spent.[12]

In contrast, one attendee pointed out that preventative programmes based on individual public servants delivering an intervention (be it in a classroom, a prison or a community health setting) don't scale as well and are more costly to deliver across very large groups of the population.

At the other end of the spectrum, there are interventions targeted at cohorts who are much 'closer' to the public services they are likely to interact with. Several of the examples of best practice that attendees shared during the series were based on examples of secondary or tertiary prevention – cases where people already involved with public services could be

[10] NHS Wales, *Adverse Childhood Experiences* (2016).
[11] Patrick King and Florence Conway, *The Power of Prevention: Boosting Vaccine Uptake for Better Outcomes* (2024).
[12] ABPI, 'Economic and Societal Impacts of Vaccines', Webpage, 2024.

prevented from worse outcomes manifesting later on through better targeted early support. For example, local authorities and NHS trusts are piloting different kinds of projects to reduce the risk of falls by older and more frail members of the community because fractures become more debilitating and significantly harder to manage with age[13].

Targeting isn't the only key part of the evidence base. One participant from the education sector highlighted that the other part of crucial evidence for designing programmes is the effectiveness of a given intervention:

> "Schools know who the kids are who are going to go on to commit crimes, that's nothing new... the evidence we need by that stage isn't what will happen if they stay on course, but what's the thing we can do to divert them most effectively".

The challenge of cohort segmentation was featured in many of the discussions. Being able to target marginal cases, and nudge those away from becoming harmful or costly, is crucial. Here, big data and new technologies like AI may prove very effective – used properly on assets like the Longitudinal Educational Outcomes (LEO) dataset, maintained by the Department for Education, they could help segment the cohorts most likely to drop out of education, training and employment later in life, and provide frontline services with a better picture of who was most at risk.

Connecting data across different public services can give a more holistic view of individual service users, making it easier for public services to spot risks in advance. Targeting interventions is often hard to do operationally because local data is incomplete, and services don't share key information in real-time. Attendees in a workshop about economic inactivity talked about a practice one called "swivel-chair data sharing" – relying on physically co-locating different teams and services so staff could look over each other's shoulders at case notes about different at-risk individuals. Clearly, this is not an approach that can scale beyond the immediate relationships within a locality.

Workarounds like this are highly impractical, but reflect the realities of working in a system with extreme risk-aversion to data sharing. Attendees were almost unanimous in their view that this risk aversion went too far and prevented good early intervention by limiting the information available to frontline services about people who might be vulnerable – a far greater risk than the risk to data protection.

3.2 Evaluation plans

Some of the gaps in the evidence base for prevention come from poor monitoring and evaluation of preventative approaches. Across government, evaluation is often poor – the Evaluation Taskforce in the Cabinet Office has begun tracking the number of projects in central government which have monitoring and evaluation plans in place, but most preventative programmes are led by frontline public services not Whitehall. Some attendees believed that organisations didn't understand which of their own programmes were contributing to preventative goals, and that it would be impossible for central government to effectively track all preventative initiatives.

[13] London Borough of Redbridge, *Redbridge Council Leads the Way to Reduce Falls among Elderly Residents* (2024); Local Government Association, *Proactive Prevention in Action: Preventing Falls in Norfolk: Norfolk County Council* (2025).

Guidance published by the Chartered Institute of Public Finance and Accountancy (CIPFA) on tracking preventative investments was mentioned in more than one part of the programme, but participants felt that uptake of the guidance was low. The What Works Centres funded by government collect lots of evidence on the best models for delivering preventative projects, but similarly some attendees had not heard of them.[14]

The Test, Learn and Grow programme, and other initiatives driven by central Government like the eight "trailblazer" areas for economic inactivity, are an opportunity to reset monitoring and evaluation plans, and show best practice – collecting data in real-time, mapping benefits and iterating quickly to identify what works. One attendee felt that "the "test and learn model coming out of the Cabinet Office is a great opportunity to scale up" prevention strategies which are working well, but that the fear of failure was still a barrier.

Evaluating prevention can be challenging – one participant characterised it as "working out why something didn't happen in the first place". But others were more optimistic about the suite of tools that analysts have at their disposal to evaluate preventative policies – such as forecasting demand and mapping actuals against it, looking at "difference in differences" models comparing areas which have different programmes in place, and using leading indicators as a measure of outcomes which often lag them significantly.

Idea 3: The What Works Centres should collaboratively organise a national seminar series for frontline public service leaders on the best evidence for preventative programmes which work, and how to change their local approaches to integrate those lessons.

Idea 4: Where evaluations of people-delivered public services show a substantial positive impact, further research of the exact delivery model should be commissioned by the Evaluation Taskforce centrally, including the guidance and training used for staff, with the aim of replicating and open-sourcing it for others to use.

[14] Chartered Institute of Public Finance and Accountancy, *Understanding Preventative Investment: A Practical Approach to Map and Measure Spend* (2025).

4. Transformation capacity

The appetite for shifting to preventative approaches is high among leaders, policymakers and the public. But capacity to deliver that transformation is often critically scarce. The pressure to protect frontline services from budget cuts has often meant budget holders have cut change management resources as an example of what one participant said was called a "back-office efficiency saving", but in reality often meant scaling back critical transformation projects without thought for the long-term consequences.

Many services don't have the staff they need to deliver change. The NHS spent less than half the OECD average for healthcare administration and management staff in 2014.[15] In policing, the cuts to non-officer headcount under the Coalition Government were significant, in part to protect frontline officer numbers, and have recovered more slowly since then.[16]

Building a preventative State means reckoning with this capacity gap and reversing the trend of under-resourcing critical transformation projects like prevention.

4.1 Leading transformation

In one session, participants discussed how, at a senior level, transformation roles were not commonly a full-time job. Instead, many leaders were also the Senior Responsible Officer (SRO) for preventative programmes as a 'side of desk' or 'part-time' responsibility. Not all preventative projects will require senior leaders to work on them full-time, but many felt that this was the most critical gap. Because transforming services to work in preventative ways involves changing existing delivery models, it requires leadership which can overcome risk-aversion, partners who work in siloes, and navigate complex funding structures – all activities which senior leaders are best placed to unlock for their organisations.

Alongside the capacity gap, some participants felt there was a capability gap for senior leaders in understanding how to manage the delivery of preventative programmes. Most training, information and guidance focused on the evidence base and benefits case – not on applying these in live services in practice. As one participant put it "there's no equivalent of the MPLA [Major Projects Leadership Academy, a Cabinet Office-led programme] for prevention" – and others agreed that more generally, government transformation training was too focused on the delivery of large projects with a defined end-goal (the examples they used were infrastructure projects), rather than service transformation projects.

4.2 Working with the frontline

Beyond the core leadership and staffing, it is essential that transformation projects take their key stakeholders with them. In almost all cases, designing, commissioning and implementing new services requires capacity from the very same frontline staff who are responsible for delivering the existing service today.

[15] Sam Freedman and Rachel Wolf, *The NHS Productivity Puzzle: Why Has Hospital Activity Not Increased in Line with Funding and Staffing?* (Institute for Government, 2023).
[16] National Audit Office, *The Police Uplift Programme* (2022).

Participants highlighted three key areas for input:

1. Collecting and validating evidence.
2. Designing new services.
3. Training and integration of services with current practice.

Different participants argued for different balances of transformation projects which are almost entirely led by those with a background in frontline service delivery, and projects led by professional transformation experts. The 'right' answer is likely to vary depending on the project and the service, but there was widespread agreement on the importance of cross-functional teams as a way of bringing together complementary skills from different parts of the preventative workforce.

In some areas of prevention, the key stakeholders to take along the transformation journey won't just be frontline public services, but businesses, users, third sector and community groups. In economic inactivity for example, the importance of building strong, three-part relationships between the employer, employee and employment support services is crucial, but participants in a workshop reported businesses suffered from "consultation fatigue" – a frustration at the number of different preventative approaches they had been asked to engage with over the years, and the complexity that came with partnering with government to deliver the best support. One attendee felt this meant many had "checked out of [Jobcentre Plus] engagement" as a result, undermining the three-part relationship which was so vital to getting people back into the labour market.

Idea 5: The Cabinet Office should develop a core training programme for leaders delivering service transformation projects focused on preventative public services, in partnership with the Local Government Association.

Idea 6: Preventative programmes which rely on business and third-sector engagement should have dedicated account managers for each organisation, who streamline communications and engagement to prevent duplication.

5. Investment

Leaders and policymakers who ignore the importance of prevention risk signing their organisations up to ever-growing costs down the line. Particularly in services linked to demographic changes due to an ageing population, the long-term trend of costs is dangerous. On current trends, the rise in age-related expenditures is projected to push borrowing above 20 per cent and debt above 270 per cent of GDP by the early 2070s.[17]

5.1 The economic case and budgeting

But the investment case for preventative approaches has not driven a significant shift in public spending. In the health system, for example, the acute services (which manage the most complex demand for healthcare) have taken up a larger fraction of health spending, whereas preventative areas like public health have been squeezed. Across other services many preventative initiatives have only been temporary pilots or time-limited programmes, which have been deprioritised in later Spending Reviews rather than grown.

This is unsustainable. As one participant said “the fundamental point is that if we don’t change something, we cannot go on and the model will break, permanently”. Getting projects to a sustainable footing, where they can be implemented and led over successive governments to deliver outcomes for many years to come, requires a different financial approach.

Even when the economic case for prevention is strong, in a contested budgeting environment it struggles to cut through to decision-makers. Attendees discussed the prospect of ringfencing spending for preventative services, to provide a level of protection against budget cuts, but ultimately felt this was open to too much “gaming” of the system by budget holders, and that ringfences would still be raided to pay for other programmes – in a similar way to how some departments were accused of “mission-washing” to protect their programmes from cuts in the 2025 Spending Review. [18] Reputationally, participants felt that ministers and the Treasury did not believe they could be seen to cut ‘frontline’ public services to pay for transformation programmes targeted at prevention. As one attendee characterised the challenge:

> “[The Treasury] can’t afford to start borrowing billions of pounds a year more to fund a whole parallel public service focused on prevention. We need to be more realistic than that”

5.2 Targeting and prioritisation

If policymakers accept that better prevention will have to be funded within a limited envelope, then different choices emerge about how to do that. Particularly when it comes to the kind of programmes which are prioritised, the groups targeted, and the delivery model that implies.

In some cases, the focus on very long-term preventative programmes, often universally targeted, has been funded as through discreet services. Sure Start, a New Labour initiative

[17] Office for Budget Responsibility, *Fiscal Risks and Sustainability Report* (2025).
[18] Kiran Stacey and Jessica Elgot, ‘Ministers “Mission-Washing” Spending Plans in Effort to Avoid Cuts’, *The Guardian*, 14 February 2025.

to improve early-years outcomes, ran in parallel to existing health and support services, with a strong evidence base for having delivered clear benefits and savings for other public services.

Case study 3: Sure Start

Sure Start, a network of early childhood support centres, was rolled out over the early 2000s. Bringing together educational, health, parental, and support services, Sure Start was the first area-based and holistic centre available to families with young children. Geared to addressing the importance of early years development and problems of multiple disadvantage, these 'one-stop shops' offered multifaced support for parents of children under five years of age.

The preventative benefits of Sure Start have become evident with time. Children who grew up within 2.5 kilometres of a Sure Start centre performed significantly better in assessments. This effect was sustained up until GCSEs, with these children being one percentage point more likely to achieve five good results compared to the baseline. Similarly, Sure Start prevented 13,150 hospital admissions of 11 to 15-year-olds each year.

Although the programme had more ambiguous results across behavioural and more sever needs, it is estimated that every £1 of upfront spending on Sure Start generated £2.05 across government and individual benefits over the long term. Research has concluded that the Sure Start initiative has generated widespread, long-lasting benefits for children.

Source: Institute for Fiscal Studies, *The Short- and Medium-Term Effects of Sure Start on Children's Outcomes*, 2019; Institute for Fiscal Studies; Institute for Fiscal Studies, *Sure Start's Wide-Ranging and Long-Lasting Benefits Highlight Impact of Integrated Early Years Services*, 2024; Institute for Fiscal Studies.

But in other cases preventative projects can be funded and delivered to a shorter timescale, with benefits which emerge within Spending Review cycles, making the case for 'spend to save' easier for the Government to budget for. Particularly with interventions targeted at those who are 'closer' to interfacing with public services (for example, the groups discussed in section 3.1), the payoff from reduced demand is much quicker – a saving which could be reinvested in more, well-designed preventative services. Attendees felt that often the payoffs of these kinds of interventions were less significant than larger, longer-term and broader-targeted preventative programmes, but they were more realistic and achievable – and that leaders "shouldn't let the perfect be the enemy of the good, when we have business cases which we can get off the ground today".

Idea 7: HM Treasury should encourage bottom-up 'spend to save' prevention bids which show payback within spending review cycles, alongside longer-term multi-Spending Review bids.

Idea 8: In the next Spending Review, HM Treasury should work with departments to design and invest a Prevention Transformation Fund, to build the capacity to deliver preventative projects in frontline services including for funding core staff time and workforce engagement.

6. Conclusion

Re:State and Newton launched this programme to determine how to deliver a systemic shift – convening policymakers, frontline public service leaders and industry experts to leverage their unique perspectives and test new ideas:

> "'Prevention' has become the default answer to most of the big policy challenges facing public services. How can we put the NHS and social care on a sustainable footing? Prevent people from getting ill. How can we relieve pressure on the justice system? Prevent people from reoffending, or even better, prevent them from offending in the first place. How can we stem the ever rising welfare bill? Prevent people from falling out of work, and prevent young people leaving education and becoming NEET.
>
> All noble goals. All things we've heard for decades."[19]

It is a lot harder to practice prevention than it is to preach it. Because putting it into practice requires engaging with capacity constraints, risk aversion, a poor track record of transformation, and areas where the evidence base for prevention is not as strong as it seems (or can't be developed and shared in the first place because the data isn't accessible).

But the only sustainable route out of the current challenge for public services is to move prevention from a theory practiced in isolation to a whole-of-government transformation – where services reduce and divert demand at scale.

The picture these discussions painted is of a long road ahead to build a preventative State, where government organisations must overcome the systemic barriers which have stopped them collaborating and prioritising effectively in the past.

The prize of prevention is well understood. A healthier, happier, more productive population. It means fewer children in care and better lifetime outcomes, reductions in homelessness and more people in stable homes; as well as increased capacity in hospitals and social care, courts and prisons, and employment services and more people living fulfilling safe lives. All of which require public services that are tailored, accessible and act as far as possible upstream; and public finances that are stable and sustainable for the long-term.

But the focus of preventative policymaking on top-down structural reforms, or significant new investment from central government, has been myopic and counter-productive, distracting attention from the challenges of transforming existing services and the lessons we can learn about leadership, design, delivery and evaluation.

The route to a preventative State needs to be built incrementally from the ground up, based on clear evidence and case studies of what works and how it works. In the current fiscal climate, significant levels of additional investment for new preventative programmes are unrealistic on top of existing spending. Services need to transform instead, focused on the best-in-class examples of preventative initiatives which have worked at scale, reforming the processes which support better prevention, and prioritising those areas with clear payoffs. Together, these ideas form a plan for building a preventative State, not just in theory but in practice.

[19] Charlotte Pickles and Richard Lum, *Building the Preventative State* (2025).

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