



CABINET

11 JUNE 2013

DIRECTOR OF ADULT SOCIAL CARE SERVICES: CAROLYN KUS

**CABINET MEMBER WITH RESPONSIBILITY FOR ADULT SOCIAL CARE:
CLLR SURESH PATEL**

Subject:	Prevention Strategy for Adult Social Care Services
Recommendations:	<p>Cabinet is asked to:</p> <ol style="list-style-type: none">1. Receive an update on process to date and development of implementation options for the Prevention and Demand Management Strategy in relation to adults2. Agree that the future implementation of the strategy should form part of the Council's overall strategy for Personalisation for Adult Social Care (para 4.10)3. Confirm agreement for the use of a fair and equitable funding methodology for Adult Social Care prevention commissioning, delegating authority to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to amend the formula in the context of the formula relating solely to adult social care and not children's services (para 5.3)4. Delegate authority to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to commence the procurement of locality based prevention support arrangements for adult social care, and to extend, vary or terminate contracts associated with adult social care prevention, as necessary to ensure appropriate continuity of support during the procurement of the new arrangements (paras 7.5 and 7.7)5. Agree the cessation of housing related support contracts as listed at Appendix Two (para 6.4) and delegate to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care the authority to commence any necessary targeted consultation activity (para 6.5)6. Delegate authority to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to commence the procurement of a personal budget support service for adult

	<p>social care (para 7.9)</p> <p>7. Agree the commencement of consultation as part of the decision making process by Cabinet for the provision of day opportunities for older people and the future incorporation of such opportunities into the locality based prevention support model (para 7.8)</p>
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1. Purpose of Report

- 1.1 At its 8th May 2012 meeting, the Cabinet agreed a Prevention and Demand Management Strategy in relation to all age groups supported by the country and covering all social care for which the Council has responsibility.
- 1.2 On 9th October 2012 Cabinet agreed not to implement a lead locality provider model in each locality for all ages, due to the impact of the medium term financial budget position, specifically uncertainty regarding national funding settlement and the consequent potential risks associated with the model. Cabinet also agreed that officers should consider alternative methods of implementing the Prevention and Demand Management Strategy, through working with partners, customers and stakeholders.
- 1.3 Further consultation has taken place to support the consideration of alternative methods of implementation. In addition, during the period since October the Council has restructured its Directorates, and created a specific Directorate for Adult Social Care Services. The Directorate will lead the implementation of the next stage of the Council's personalisation aspirations for adult social care, and the strategy for prevention also needs to be placed in the context of these next steps for personalisation.
- 1.4 This report therefore proposes changes to existing contracted services which have formed part of the lengthy consultation process undertaken in relation to the overall Council Prevention and Demand Management Strategy. It sets out the next steps for implementing a locality based approach to prevention and demand management. And it proposes that the future context for developing prevention arrangements for adult social care should be the Council's personalisation programme.

2. Relevant Priority Outcomes

- 2.1 As an organisation we have developed a set of principles which define what we are here for – our “core purpose”:
 - We are here to help you to help yourself
 - We are here to help you when you can't help yourself
 - We want you to see us as a trusted advocate
- 2.2 Our perspectives and priority outcomes show how we will go about achieving our vision: “Proud to make Northamptonshire a great place to live and work” The content of this report supports the delivery of the following corporate outcomes:

Perspective	Outcome
Customers & Community - to achieve our vision, what will our customers see?	<ul style="list-style-type: none"> • Active, safe and sustainable communities • Service users and carers feel in charge of their lives
Process - to satisfy our customers, what processes must we excel at?	<ul style="list-style-type: none"> • Contract & performance management • Developing local markets • Commissioning outcomes • Building social capital & community wellbeing • Devolving power & barrier removal • Shaping our growing county • Facilitating inward investment • Managing customer expectations • Using business intelligence to segment customers and predict demand
Learning and Growth - to achieve our vision what must we learn, develop and improve?	<ul style="list-style-type: none"> • Smarter Council • Innovative, empowered and accountable staff • Improve wellbeing • Target Operating Model
Finance – to finance our vision, what must we do efficiently, effectively and economically?	<ul style="list-style-type: none"> • Maximised income and new funding mechanisms • Exploited fixed assets • Targeted spend and investments • Sustainable social resourcing

3. Background

- 3.1 In June 2011 many funding streams were brought together to form the Council's overall Prevention and Demand Management budget. The largest pre-existing funding streams were for children's centres (for which the Council still has specific statutory responsibilities) and Supporting People (which was previously a specific national programme funding housing related support such as sheltered housing). Other funding streams included drug and alcohol services, interpersonal violence and carers services, as well as general support to the voluntary sector.
- 3.2 For the past 22 months the council has consulted on, developed and established a strategy for Prevention and Demand Management which is intended to help combat the county's demographic demands, reduce high cost placements and contribute to the reduction of Northamptonshire County Council's financial pressures.
- 3.3 In October 2012 Cabinet agreed not to implement the original model of a lead locality provider model for all ages in each locality, due to the impact of the medium term financial budget position, specifically uncertainty regarding national funding settlement and the consequent potential risks associated with the model. Cabinet agreed that officers should develop alternative implementation proposals under three broad headings:
- Children and Families
 - Vulnerable Adults
 - Frail Elderly
- 3.4 Since the October Cabinet paper the Council has reorganised its services for adults and children, with all children's services now the responsibility of the Children,

Customer and Education Directorate, and adult social care services the responsibility of the Adult Social Care Services Directorate.

- 3.5 The Council also underwent a Safeguarding Children's inspection during this period and received an Inadequate judgement in relation to those services. Consequently a great deal of emphasis has been placed on developing Early Help and Prevention Services for children and families. A parallel report for consideration at this Cabinet meeting is concerned only with the strand of work relating to children and families. This report concerns prevention developments for vulnerable adults and frail elderly people. Both reports take forward the Prevention and Demand Management Strategy, making recommendations informed by extensive consultation to date, and proposing further developments to contextualise next steps in the context of the new Directorates.
- 3.6 A summary of the overarching Prevention and Demand Management Strategy are proposed, and in the parallel report relating to children and young people's prevention, Cabinet is being asked to agree the amended Strategy. It is provided as part of this report at Appendix One for information.

4. Prevention and personalisation

- 4.1 Cabinet has previously agreed that adult social care services should be based on the principles of personalisation – for example, as set out in the national Putting People First concordat agreed. This includes concepts such as self directed support and personalisation.
- 4.2 Extensive consultation around the county underlined the importance of a locally agreed approach, utilising all relevant community resources and especially the voluntary sector so that prevention, early intervention and enablement become the norm, so that people are supported to remain in their own homes for as long as possible. The alleviation of loneliness and isolation is therefore a major priority. This approach recognises that citizens live independently but are not independent; they are interdependent on family members, work colleagues, friends and social networks.
- 4.3 Given the emphasis on local communities and social networks, it is entirely appropriate and sensible for there to be a strong locality based approach to delivering prevention. The proposed next steps in this regard are set out at section 7 of this report.
- 4.4 At a strategic level, therefore, the Council's overall approach to prevent and demand management is consistent with its ambitions for personalisation – summarised across all Council activity in the Core Purpose "Helping You to Help Yourself".
- 4.5 However, it is now important to operationalise the strategy by linking pathways and investments to the next steps in implementing personalisation. A Personalisation Programme Board has been established, including Portfolio Holder representation. In the context of the two new Directorates, it is intended that the governance of implementing personalisation for vulnerable adults and frail elderly people should now transfer from the Prevention Board to the Personalisation Programme Board. Should any future key decisions arise from the overall implementation of personalisation (including early intervention and prevention), these would of course be brought to Cabinet in the normal manner.

4.6 Key outcomes for adult social care are:

- Enhancing quality of life
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4.7 In the Prevention and Demand Strategy Cabinet paper considered in October 2012, apart from children and young people two other overarching categories of need were listed: vulnerable adults and frail elderly people. In the context of personalisation, where a person centred approach rather than a needs categorisation is fundamental, it is no longer proposed to separately identify two categories. Instead, both categories are combined in the remainder of this report.

4.8 The need to take forward the prevention strategy consulted on to date in relation to adult social care is clear:

- The population of Northamptonshire is growing and there are plans for many more households to enter Northamptonshire over the next twenty years, increasing the number of adults and older people in the county
- People are living longer. While this should be celebrated, it does mean that the number of older people, people with learning disabilities, people with physical and sensory impairments and people with mental health needs will grow at a faster rate than the overall population growth
- With a challenging national funding environment, providing ongoing care services pro rata to the growth in underlying need is not likely to be sustainable for the Council
- Recent changes to welfare reform and housing allocation policies have the potential to increase demand for social care services and homelessness

4.9 However, opportunities to develop prevention approaches do exist:

- The transfer of public health responsibilities to the local authority is a new opportunity to build evidence based approaches for health and wellbeing
- There are many providers of services which focus on prevention and maintaining people's independence, health and wellbeing. These are delivered by hundreds of organisations across the county but are very rarely joined up in a cohesive way
- Recent changes in other commissioning arrangements, e.g. the introduction of Clinical Commissioning Groups in the NHS, are leading to a greater focus on locality based solutions that compliment districts and boroughs

4.10 The overall strategy for Prevention and Demand Management, and the next steps of contextualising commissioning and delivery of prevention within the Personalisation Programme, build on these new and existing opportunities. Agree that the future implementation of the strategy should form part of the Council's overall strategy for Personalisation for Adult Social Care.

5. Fair and Equitable Funding Model

5.1 Under the consultation work carried out to date in relation to the Council wide Prevention and Demand Management Strategy, a principle was agreed by the Cabinet that resource allocation for services at a district level would be made through a formula which informed a Fair and Equitable Funding model.

- 5.2 Given that a local delivery of prevention services is entirely appropriate and consistent with the principles of personalisation for adult social care services, it is proposed that this principle is retained.
- 5.3 However, as many of the factors informing the formula specifically relate to children and young people, and the next steps for prevention covered in this report relate to vulnerable adults and frail elderly people, it is proposed that the formula is amended to remove items specifically related to children and young people. It is not proposed that any new data items should be added into the formula, as the data items have been subject to widespread consultation. Cabinet is asked to delegate agreement of the formula, once amended on the basis of the principle set out in this paragraph, to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care, taking advice from the Personalisation Programme Board.

6. Housing related support services

- 6.1 Following the request from Cabinet to consider alternative methods of implementing the Prevention and Demand Management Strategy, further consultation has taken place, and considerable engagement with providers of existing services which support people who are not eligible for adult social care, as the level of budget reductions required mean that current contractual arrangements are unsustainable.
- 6.2 For adults, the majority of these services are Housing Related Support Services (formerly funded through the Supporting People programme). These include services such as sheltered housing, homelessness hostels or contributions to existing (eligible care) support packages. Full details are set out at Appendix Two. A new countywide forum for shared learning and planning has been in place for six months. There has been shared learning in developing a sustainable model and during this time housing providers have completed assessments of thousands of individuals in sheltered housing, regarding the implementation of a charging policy, particularly in sheltered housing complexes. Officers have delivered workshops, facilitated presentations and individual meetings with stakeholders within this area in order to explore alternative models of delivery and/or funding. All providers have been asked to undertake equality impact assessments regarding any change in funding arrangements by the County Council.
- 6.3 Officers have undertaken extensive work specifically regarding the status of these services being exempt from certain restrictions contained within the Welfare Reform Act. Where exemption status can be confirmed, districts and boroughs are able to pursue the opportunity to replace funding lost due to cessation of County Council contracts by application through local district and borough councils and the Department of Work and Pensions. Officers have facilitated two events with approximately 150 attendees to enable housing support providers to understand how alternative funding streams can be accessed. Appendix Three summarises these opportunities in an Exempt Accommodation Report. Housing support contractors have been encouraged to consider the alternative funding opportunities
- 6.4 Currently Northamptonshire County Council contracts for housing related support run until the end of September 2013. Cabinet is asked to agree a strategic decision that these contracts as current configured should not be renewed, in the context of the work summarised above. However, this decision also needs to be linked with the

delegation of authority for transitional arrangements into a new locality prevention model, as set out as paragraph 7.7 below.

- 6.5 Where providers cannot transition into the new funding arrangements or other sustainable solutions, as set out above, it may be necessary to carry out targeted consultation relating to these changes with people directly affected by them. Cabinet is therefore asked to delegate to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care the authority to commence any such targeted consultations. The request for the delegation of authority relating to transitional arrangements, set out in para 7.7 below, will ensure that no inappropriate changes will take place before the conclusion of targeted consultation, and that any such targeted consultation is taken into account before subsequent decisions are made.
- 6.6 It is, of course, the case that any individuals who have eligible social care needs are entitled to an assessment and for their needs to be met in a personalised manner, and this will remain the case for people currently supported in these services. Where the assessments and analysis undertaken have shown that people with eligible social care needs are receiving support, the funding will remain with the Directorate and form part of the normal personal budget allocation and support planning process. In the case of services relating to people with mental health needs, the Directorate's funding is administered through the local Clinical Commissioning Groups through an existing partnership agreement with the NHS made under the National Health Service Act 2006.

7. Locality based prevention

- 7.1 During the development of and consultation on the Council's Prevention and Demand Management Strategy, officers have engaged with many stakeholders and providers to explore how outcomes for adults can be supported through transforming the Council's approach – from contracts with specific services or client group definitions to support arrangements that are locality based. The level of risk in this approach compared to a lead provider model which includes children and young people's services (and the statutory children's centre function) is greatly reduced by focusing on adults. It is, however, recognised that the needs of children and young people will be considered where a related adult seeks support, specifically in relation to safeguarding.
- 7.2 It is proposed to invest (alongside other funding streams) in a model of support in each district and borough area, with the following design principles:
- People can access appropriately targeted services to help them to help themselves
 - Local areas will have developed a platform for all local customers to be able to use as their access point to services, whether that be to self-serve, receive immediate crisis point short-term help or access longer term solutions
 - Local areas will have implemented a range of solutions accessible through their 'platform' which, where appropriate, will enable customers to purchase their support via self-funding or the utilisation of personal budgets
 - Local area services from all stakeholders and the voluntary sector are co-ordinated to create an easily identifiable access point that enables early intervention and a single assessment of need to take place
 - All areas of local provision have information sharing protocols that enhance the

ability of multi-agency/discipline working

- Shared systems, assessment tools, and service level outcomes are developed to enable customers, regardless of need or age, to tell their story once and receive timely, appropriate support
- The Council can receive evidence of the outcomes achieved for people benefitting from the support
- Third sector funding from stakeholders is centrally coordinated within each locality to enable funding to support agreed local pathways, remove duplication or uncoordinated funding applications which do not support the agreed local outcomes, and supports a higher quality of external funding bids
- Localities have agreed business planning in place to co-ordinate the above, harness community resources and social capital, and to develop a programme of transition to remove the duplication of operational/back office costs within the voluntary and not for profit sector. Business planning should take into consideration the opportunities available for local services to engage with the changing commissioning needs of the Council (including Public Health), Clinical Commissioning Groups, Probation Services, district and borough Councils and other relevant commissioners

- 7.3 It is anticipated that the support arrangements set out above will be funded through multiple funding streams with the Council one funding contributor, and the procurement approach will be implemented in this context.
- 7.4 It is also proposed to develop a model of Local Area Co-ordinators to improve the development of and access to local community resources. This proposal would form part of the work plan for the Personalisation Board.
- 7.5 Cabinet is asked to delegate authority to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to commence the procurement of locality based prevention support arrangements for adult social care, taking advice from the Personalisation Programme Board.
- 7.6 It is recognised that the timescales for implementing these arrangements will be affected by a range of factors, including the extent to which viable local proposals have already been considered by providers. Hence there may be significant variation in implementation area by area. Where areas appear to require the most support, a model of "local area co-ordinators" may be used. This model is not appropriate for whole county roll-out, but can be piloted in smaller geographic areas, and would involve the Council providing local co-ordinators to develop local community capacity, access to that capacity and to build effective networks.
- 7.7 In addition, to mitigate the potential risks where these locality arrangements are not delivered before existing prevention contracts elapse, Cabinet is asked to delegate authority to the the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to extend, vary or terminate contracts associated with adult social care prevention, as necessary to ensure appropriate continuity of support during the procurement of the new arrangements.
- 7.8 Currently the Council contracts with a number of providers for services that offer day opportunities for older people. These contracts are due to end on 31st March 2014. The previous Cabinet report on the Prevention and Demand Management Strategy recommended that these contracts should be considered as a specific service area countywide. The existing contracts were, however, procured on the basis of lots, area

by area, to ensure equitable coverage. It is therefore proposed that the future provision of such support should form part of the locality based prevention model. However, as these services were not considered as part of the previous lead provider model, it will be necessary to carry out consultation in relation to these services before making this decision. Cabinet is asked to agree the commencement of this consultation. The contracted services affected are listed in Appendix Four.

- 7.9 The Council's current support mechanisms for personalisation include a contract arrangement for the provision of a Direct Payment Support Service within the arrangements for providing Centres for Independent Living, with an annual contract value of £428,066. These services have recently been granted a one year extension to the original three year contract, up to end of March 2014. Cabinet is asked to delegate authority to the Director of Adult Social Care Services in consultation with the Cabinet Member with Responsibility for Adult Social Care to commence the procurement of a personal budget support service for adult social care.

8. Consultation and Scrutiny

- 8.1 The development of the Strategy and the proposed commissioning of services and the Fair and Equitable Funding model have been consulted upon during the development of the Prevention and Demand Management Strategy. There are a number of background consultation reports that can be accessed online (at <http://www.northamptonshire.gov.uk/en/councilservices/social-care/plans/prevent/Pages/default.aspx>) which give more detailed information.

- 8.2 The latest consultation builds on the work previously undertaken and was primarily concerned with ensuring that the Council had interpreted previous consultation responses correctly.

- 8.3 There has been regular involvement of Scrutiny Councillors in the overall development of this Prevention and Demand Management Strategy. The most recent scrutiny session relating to prevention was held on the 29th May. While most of the key points made by the Councillors related to matters covered in the parallel Cabinet report for children and families, the potential impact of changes in housing related support was noted as a key issue for the adults' prevention strategy. This report has taken these concerns into account in its recommendations on requests to delegate authority to enact transitional arrangements and targeted consultation as necessary.

9. Alternative Options Considered

- 9.1 A number of options have been considered as part of this process. The original decision to for deliver Prevention and Demand Management through a Locality Lead Provider was paused at Cabinet in October 2012 due to budget constraints and thought that uncertainty the consequent risks associated with the model.

- 9.2 However, the underlying rationale – of avoiding duplication, of moving away from client group specific services, and of building on local community assets – remains persuasive for gaining as much impact as possible from reduced resources.

- 9.3 The option of continuing with separate programmes was therefore considered but is not recommended.

- 9.4 The option of continuing with existing contractual arrangements, but seeking to

reduce their costs to meet the budget target, was also considered but rejected. This approach would impact on the support received by people but without the opportunity to gain greater impact from available resources, which is the advantage of the proposed model. Existing providers have already undergone reductions of funding, typically in the region of 10% in each of the last two years, and reshaped their services or identified efficiencies accordingly. It is not likely that further efficiencies can be continually gained in this manner.

10. Financial Implications

10.1 The overall Prevention and Demand Management budget was set by the Council during its 2011-12 budget setting process. Table 1 below shows the overall budget and the savings that were identified for each financial year in the current Medium Term Financial Plan (MTFP), which is also shown in the parallel report to Cabinet relating to children and young people's Prevention and Demand Management.

10.2 The reduction in the MTFP of £4.5m in 2014/15 will be met within the adults services element of the prevention approach. In 2013/14 the adults' contribution to the savings required is £1.2m.

	2011/12 £m	2012/13 £m	2013/14 £m	2014/15 £m
Starting Budget	£47.4	£43.3	*£40.6	£38.1
MTFP Proposal Reduction	(£4.1)	(£4.0)	(£2.5)	(£4.5)
Revised Total	£43.3	£39.3	£38.1	£33.6

10.3 The budget increase noted by the asterisk above between 2012/13 and 2013/14 is due to the identification and inclusion of further prevention budgets funding specific arrangements described in the children and young people's prevention report.

10.4 As a consequence of the Council's introduction of distinct Directorates for Adult Social Care Services and for Children, Customers and Education, as well as a new Directorate for Public Health and Wellbeing, it is being proposed that the collective budget should be divided between the three Directorates as shown in Table 2 below. Cabinet is being asked to agree this budget allocation across the Directorates in the parallel Cabinet report relating to children and young people's Prevention and Demand management.

2013/14 Budget (from Table 1) £m	Children and Families £m	Adults £m	Public Health and Wellbeing £m	Customers and Communities £m
£38.1	£16.9	£12.7	£7.4	£1.1

What benefits will the proposal deliver?	The investment being made is in services that will seek to help people with adult social care needs to help themselves in building on assets, strengths and community opportunities to improve their health and wellbeing.
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	<p>The services are intended to reduce the demand for adult social care services provided as a consequence of individuals developing levels of care needs that meet the Council eligibility criteria.</p> <p>Commissioning these services will enable the Council to ask potential providers what added value they can bring to the delivery of services. It is envisaged in many cases that third sector providers may respond to these opportunities and they will identify what other funding or resources they will bring to these services within their bids.</p>
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11. Risk and Business Continuity Management

a) Risk(s) associated with the proposal

Risk	Mitigation	Residual Risk
Removal or reduction in service could impact other NCC services	Services that support children and young people's services have been linked to commissioning for children's services - e.g. interpersonal violence services, support for teenage parents	Green
Removal or reduction in service delivery could mean that customers' needs escalate and that they consequently become FACS eligible thus increasing the financial pressure upon NCC budgets	Many services aimed at supporting customers with potentially eligible needs have been placed out of scope for this work.	Amber
Ceasing the funding of housing related support for accommodation based services may mean that some services may no longer be sustainable for landlords. Removal of this support could place individuals at risk of losing their accommodation.	<p>Officers have worked with providers to explore additional sources of revenue that may allow scaled down services to be maintained. Providers have been encouraged to explore, where appropriate, opportunities to develop charging policies for services</p> <p>The delegation of authority to vary or extend contracts, given to the Director and Portfolio Holder in the context of the Personalisation Programme, allows this risk to be managed during transition to locality based support services</p>	Amber

b) Risk(s) associated with not undertaking the proposal

Risk	Risk Rating
Maintaining existing services with significantly reduced funding would make the delivery of many services unsustainable and consequently there could be inequity across the County in terms of accessibility.	Red
Savings required to achieve the Council's plan for a balanced budget would have to be reviewed.	Red
Customers and stakeholders will have been consulted over a 2 year period and no actions taken	Amber

List of Appendices

Appendix One: Summary of Prevention and Demand Management Strategy

Appendix Two: List of housing related support contracts

Appendix Three: Exempt accommodation report

Appendix Four: List of contracts for day services for older people

Author:	Name: Andrew Jepps Team: Health Partnerships and Strategy
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Background Papers:	
Does the report propose a key decision is taken?	YES
If yes, is the decision in the Forward Plan?	YES
Will further decisions be required? If so, please outline the timetable here	NO
Is this report proposing an amendment to the budget and/or policy framework?	YES
Have the financial implications been cleared by the Strategic Finance Manager (SFM)?	YES Name of SFM: Yalini Gunarajah
Have any capital spend implications been cleared by the Operational Management Team (OMT)	N/A
Has the report been cleared by the relevant Corporate Director or ACE?	YES Name of Director: Carolyn Kus
Has the relevant Cabinet Member been consulted?	YES Cabinet Member: Cllr Suresh Patel
Has the relevant scrutiny committee been consulted?	YES Scrutiny Committee:
Has the report been cleared by Legal Services?	YES Name of solicitor: Laurie Gould
	Solicitor's comments:
Have any communications issues been cleared by Communications and Marketing?	YES Name of officer: Annalee Bougourd
Have any property issues been cleared by Property and Asset Management?	N/A Name of officer:
Has an Equalities Impact Assessment	PLEASE INCLUDE LINK HERE

been carried out in relation to this report?	
Are there any community safety implications?	<p>The proposed approach to prevention has direct implications for community safety within the county.</p> <p>The services commissioned through this process need to ensure that they have considered the support requirements for those who are offending or at risk of offending, alongside those who are the victims of crime and anti-social behaviour.</p> <p>The council has a statutory duty to ensure that tackling crime and disorder becomes an everyday consideration and has the same importance as equal opportunity or health and safety, becoming part of our core business.</p>
Are there any environmental implications:	None known
Are there any Health & Safety Implications:	NO
Are there any Human Resources Implications:	NO.
Are there any human rights implications:	NO
Constituency Interest:	Countywide

