

February 2014

Communities Directorate

Commissioning Intensions 2014-15

Lou Williams
VERSION 1.3

2014/15 Commissioning Intentions for Communities

Introduction

This document sets out the principal commissioning intentions for the Communities Directorate of the Council for the financial year 2014/15. It is intended to assist internal and external partners and organisations in understanding our commissioning priorities and to shape their business planning processes accordingly.

The Council's approach to commissioning for its residents has changed. Previously commissioning took place in four different Council departments - Adult Social Care, Neighbourhood Services within the former Operations department, Children's Services and Public Health. However, following the re-organisation of the council, all of the council's commissioning activity as this affects people is now managed within a single Council Department – The Communities Directorate.

Commissioning is the process by which councils decide how to spend their money to get the best possible results for individuals and communities, based on local needs. It is about assessing the needs of residents of all ages and deciding how best to use the limited resources available to meet those needs and tackle local issues and problems to support local people to reach their full potential and lead happy and healthy lives.

The Communities Directorate aims to achieve the following by its' integrated approach to the commissioning of services:

- Enabling the council to commission and provide services that reflect how people really live;
- Improving access to services for residents of all ages;
- Providing a common assessment framework for assessing need to reduce the number of assessments residents need to have in order to access services that they need;
- Making savings through greater buying power by bringing together all functions into one department instead of four;
- Reduction in duplication of tasks;

In order to ensure the benefits set out above are achieved the new department will focus upon:

- Achieving better value for money;
- Addressing increasing demand for services [Growing numbers of children and older people, Inward migration, health inequalities, and the impact of welfare reform];
- Ensuring services are safe and meeting needs;
- Ensuring the right services, are offered to the right people, in the right place, at the right time and at the right cost.

Overarching Aspirations

Peterborough City Council has the highest aspirations for its citizens and wants them to be safe, healthy, happy and fulfilled. We want them to enjoy and benefit from educational, training and social opportunities that maximise their skills and develop their abilities so that they can realise their ambitions in terms of employment opportunities and general life chances. We believe that citizens are best nurtured and developed within strong families and communities.

We will continue to develop preventative approaches and early intervention to help and support communities, coordinating the support of the voluntary, private, independent and public sectors and ensuring that delivery of services is joined up. We will collaborate with communities to help them find their own solutions so that problems and difficulties do not escalate, and where additional support is required we will engage with other agencies and organisations to commission or deliver and secure this help locally. We will adopt an approach that sees prevention and intervention as a continuum so that it is never deemed too late to positively intervene and prevent the deterioration in an individual's circumstances.

We will ensure that our citizens can access a wide choice of services delivered close to home and focused on maximising independence. On the rare occasions when people need more specialist provision that cannot be offered within their communities, we will ensure this can be accessed in a timely way and is of the highest quality. We will make sure that people only access specialist provision for as long as absolutely necessary and will focus our attention on speedy and safe returns to their home and community or seek the best possible permanent alternative.

Where people are not safe to live at home we will provide them with high quality placements preferably in city, stability, excellent health and social care services and the ability to access education, employment and leisure pursuits.

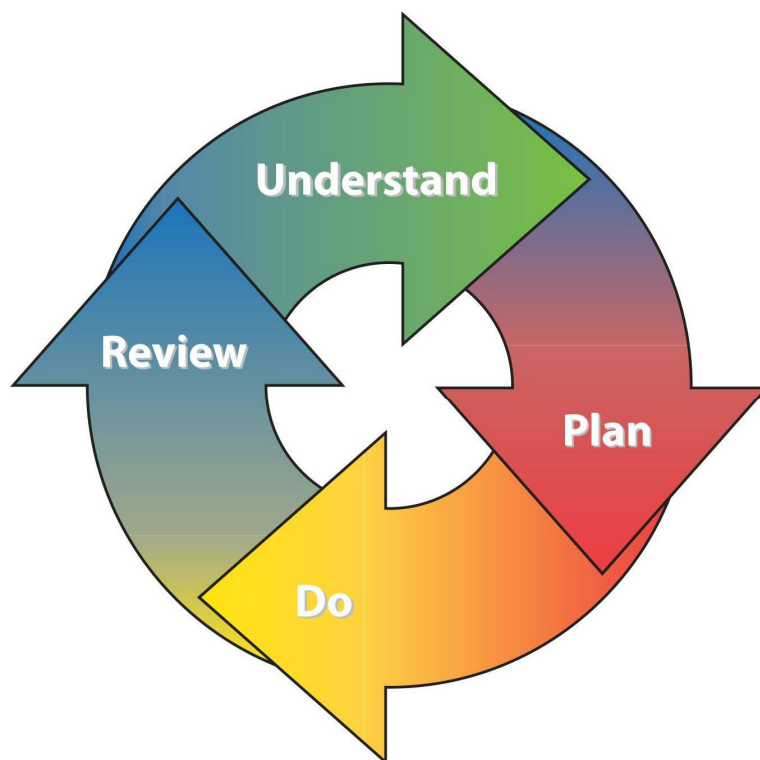
Our staff are at the core of delivering excellent services and we are committed to engaging with our workforce through clear communications, inspirational leadership and creation of a culture which values excellence, innovation and trust.

We will continue to develop the capability and sustainability of our workforce through effective recruitment, retention, talent management and succession planning activities combined with strong performance management and a focus on creating targeted training and development.

As commissioners we need to ensure that we make best use of the public money we have available to us, and we will work hard to achieve an appropriate balance between price and quality in our contractual arrangements with the market. We will seek opportunities to bolster public funds by the use of contracts that enable the drawing down of other funds or operate on a payment by result basis or where additional social capital can be evidenced. We will consider opportunities to support social enterprises and charitable trusts and other community models of delivery. We see this as being central to our vision of having a sustainable competitive market that encourages new and innovative ways of delivering services.

Overarching Approach to Commissioning

At its' simplest, the process of Commissioning is as represented below:



In the above, 'Understand' is about really knowing the needs of the communities in Peterborough. This means that any description of commissioning intentions needs to be supported by a robust analysis of need.

'Planning' is encapsulated in this paper; it is the stage at which, having analysed the needs, we set out how we plan to meet these and how we can do this in partnership with other key commissioners and existing providers of services.

As well as actually delivering services – commissioned and provided – it is essential that the effectiveness of those services in delivering improved **outcomes** for the communities of Peterborough is kept under continuous review.

We are working with a range of providers and potential providers locally and regionally to inform them of the current and future needs of our Communities. The key outcomes that we are seeking to achieve include:

- Enabling citizens to access a system of support that makes sense to them through the provision of quality Information, Advice and Guidance;
- Enabling citizens of all ages to live at home and in their local communities, supported by evidence based interventions that build resilience, promote self-help and independence;

- Ensuring people have the choice of a range of high quality and safe specialist interventions that are close to home and which are provided only for as long as necessary.

In order that these outcomes are delivered, we know that we need to be developing our local market of providers, enabling local providers to expand their portfolio of services in line with the outcomes of our commissioning intentions wherever we can.

On some occasions we also know that we may need to encourage new providers to become established locally, where there is a lack of existing capacity to meet specific local needs.

While we are committed to supporting and sustaining local providers, we also have an obligation to local tax payers to ensure that we enable the market to provide both choice and value for money.

As a major commissioner of services locally, we are also committed to use our commissioning processes to encourage local providers to develop business practices that are beneficial to them as organisations as well as the local community. We will therefore work with providers to ensure that where possible, local providers offer:

- Employment opportunities that target vulnerable groups including the long term unemployed and, where appropriate, those with learning or other disabilities;
- Apprenticeships and similar opportunities to some of our most vulnerable groups including young people who are in care or who have left care, the long term unemployed and those with learning or other disabilities.

High Level Needs Analysis: Children, Families and Communities

An extensive analysis of needs was undertaken for the Prevention and Early Intervention Strategy in 2012; this needs analysis has been kept under continuous review. Key areas identified included:

- A rapidly increasing 0-19 population that is becoming increasingly diverse;
- Some of the highest levels of child poverty and housing need in the Eastern Region;
- Significant numbers of children and young people affected by parental mental health, substance misuse and Domestic Abuse issues;
- Many maternal indicators of child health are poor, including rates of smoking in pregnancy, rates of breastfeeding, and very high child mortality rates for children and young people aged 0-17;
- There are high rates of teenage pregnancies in the city compared to statistical neighbour and national averages;
- Overall attainment levels are low, and there is too much of a gap between achievement of all children and young people and those who are disadvantaged at all levels from foundation to Key Stage 4;
- There is a considerable gap in attainment at all levels among students who have English as an Additional Language;
- The adult population in Peterborough has much lower levels of educational attainment than UK averages with the likelihood that this feeds through to lower levels of aspiration for children and young people in general;

- Although the direction of travel is positive, Peterborough has levels of young people who are Not in Education, Employment or Training [NEET] that are higher than we would wish, particularly among certain groups – notably young people with learning difficulties;
- Increasing numbers of children and young people with disabilities and high numbers of children and young people with statements of special educational needs who are educated outside of the City;
- Significant numbers of children and young people who have emotional and behavioural difficulties – often as a result of parental difficulties such as substance misuse and domestic abuse, and who struggle to access the support that they need.

Increasing Population and Diversity

Peterborough has one of the fastest rising populations in the country. This is in line with our determination to be a dynamic and high achieving City; Peterborough currently has the highest rate of job creation in the Country. Nevertheless, an increasing population of children and young people implies an increasing demand for services at a time when public sector resources are reducing.

The table below indicates the projected population increase among children and young people in the City:

Age	2001	2010	2011	2013	2016	2021	2026	2031
0-4	10300	13800	14300		15900	17500	17300	17100
5-10	13200	13400	13800		17600	19800	21000	20800
11-15	10800	11000	10800		11300	14500	16000	17000
16-17	3950	4200	4100		4250	4500	5700	6200
Total 0-18	38250	42400	43000	46,500	49050	56300	60000	61100
% change from 2013	N/A	N/A	N/A	0%	+ 5.7%	+21.1%	+29.2%	+31%

At the same time, the community we serve is becoming increasingly diverse and the rate of demographic change is fastest among the child population.

The combination of rapidly increasing population size with a fast changing demographic mix has the potential to place significant strains on infrastructure. As a City, we are experiencing some of the biggest pressures on the availability of school places, for example, while there is also significant pressure on availability of suitable and affordable good quality housing.

Pressures on the availability of these essential resources can in turn negatively impact on overall community cohesion.

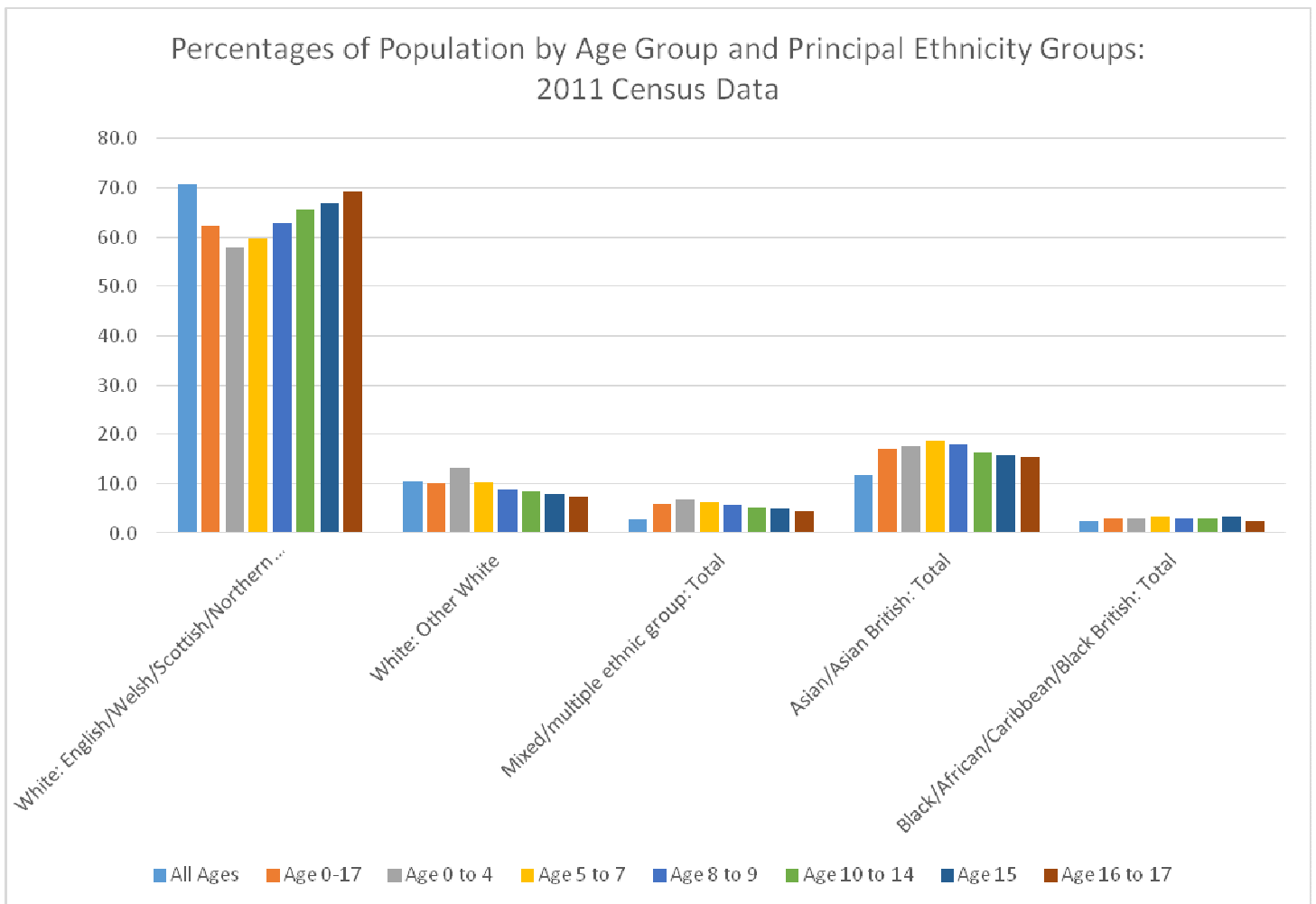
In order to help meet increasing demand on resources resulting from an increasing population, we are keen to help communities to help themselves as far as we can; enabling communities in this way has a number of advantages, including:

- Providing pathways into employment among those volunteering to support others;
- Improving accessibility to support, reducing stigmatisation and building community resilience and relations;

- Reducing levels of dependency.

We are also seeking to engage with the community and voluntary sectors more broadly and in particular with the local CVS to both harness the commitment of the sector in meeting need and where we can, to support its' continuing growth and development.

The chart below summarises the changes taking place within the City's Population of children and young people:

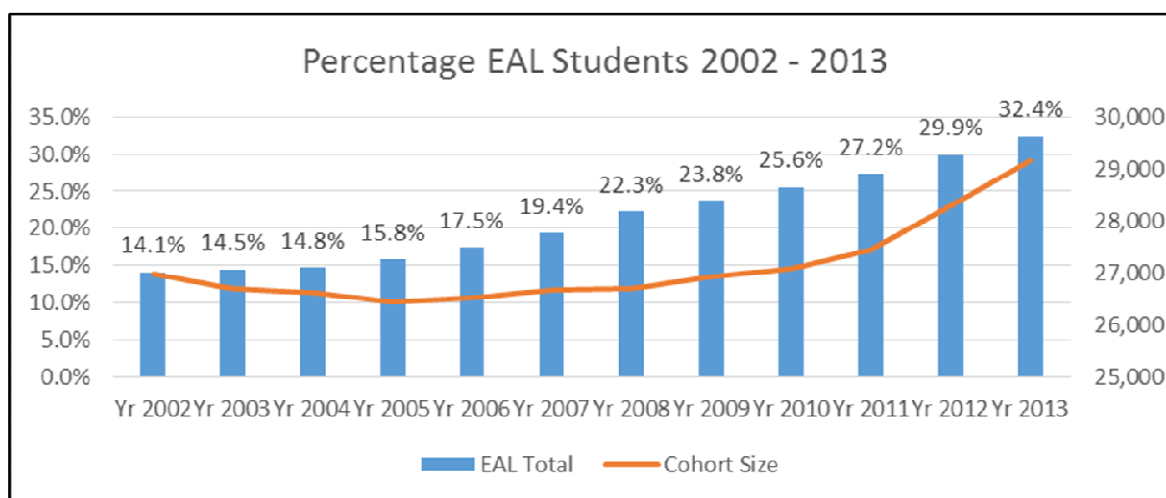


The chart above illustrates how the proportion of people from White British backgrounds is smallest among the 0-4 age group while this same age group has the highest proportion of people from 'Other White' backgrounds.

The proportions of children coming from mixed cultural heritages is also higher among the younger age groups, whereas the distribution among the age groups within the 0-17 age range remains broadly flat among the Asian/Asian British and Black/Black British populations.

The overall pace of change can be seen by the change among the White British population by age group. Of 16 and 17 year olds, 69% are from White British backgrounds – broadly the same proportion as the whole population where 71% are from white British backgrounds. Among the 0-4 age group, the proportion from White British backgrounds falls to 58%.

Increasing proportions of the population have English as an Additional Language, as is illustrated by the chart below which shows the rapidly increasing proportion of students in our schools who come from homes where English is not the language spoken:



This changing demography means that commissioned and provided services must be able to demonstrate their ability to reach all sections of the communities and in particular those who are at risk of poorer outcomes.

Other Factors Impacting Outcomes

There are a number of needs across the City that are associated with significant proportions of our population of children and families achieving less than their full potential. These include:

Securing the Best Start to Life

Many maternal and child health indicators within the City are poor, with higher rates of smoking in pregnancy and lower rates of breastfeeding.

Child Poverty

Just under a quarter of the children and young people living in Peterborough live in poverty. In a City as diverse as this one, this overall rate masks significant variations. Within the more deprived areas of the City, ward level child poverty in some wards is as high as 35% and in some smaller areas of the City, the rate reaches almost 50%.

The long-term impacts of child poverty are well documented and we are committed to seeing a reduction in the number of children and young people affected by this issue. Supporting a return to employment, particularly among workless families, is therefore a high priority.

Educational Attainment

One of the best ways of securing a route out of poverty and other poor outcomes is for children and young people to achieve their full potential in education.

Overall educational attainment in the city – and particularly that among the most vulnerable groups – remains below where we would like.

Achieving sustained improvements means ensuring that as many young children from vulnerable groups as possible access free childcare in order that they begin to learn social skills and language skills and so arrive at school ready to learn.

The 'Attainment Gap' among pupils with English as a Additional Language is particularly wide in Peterborough and though we have a number of programmes in place to support children and families we need to continue to find new ways of supporting pupils from these groups to ensure that they achieve the full potential.

Increasing Numbers of Children and Young People with Disabilities

In part related to the overall increase in the child population, a growing number of children and young people in the City have complex disabilities. The services that we commission and provide therefore need to respond to this increase if we are to ensure that this group of children and young people are able to remain living with their families and access local schools in accordance with their expressed wishes and their right to a family life.

Children Experiencing Emotional and Behavioural Difficulties

There is considerable evidence of significant numbers of children and young people in the City who have emotional and behavioural difficulties. These difficulties are often the result of deep-rooted issues affecting family functioning, including the impact of:

- Deficits and gaps in parenting skills;
- Parental ill health and/or disabilities, mental ill health, substance or alcohol misuse difficulties;
- High levels of Domestic Abuse in the City;
- High levels of homelessness, overcrowding and poor quality housing in the City.

Children affected by these issues are likely to achieve poorer social, health and educational outcomes making it a key priority to tackle the root causes of these difficulties while building resilience among those children and young people affected by them.

Children with Special Educational Needs

Historically, Peterborough has had significantly higher proportions of children and young people who have identified special educational needs. A higher proportion of these pupils are educated outside of the City than is the case among our statistical neighbours. Such education is not only at a much higher cost than mainstream education, it also means that too many of our more vulnerable children and young people face long journeys to and from school, and frequently become isolated from local friendship groups.

We want to change this by working with schools and independent sector providers to enhance the range of local provision available for children and young people with additional educational needs.

Other sources of information

The above represents only a high level description of the needs analysis relating to children, families and their communities. More in-depth analysis is available within the Prevention and Early Intervention Needs Assessment and the Children and Families Commissioning Board Annual Report 2012-2013.

Commissioning Intentions: Children and Families

Maternal and Child Health

A variety of interventions to support improved maternal and child health outcomes has been commissioned recently. These include:

- The Family Nurse Partnership, which supports vulnerable teenage first time parents;

- The Healthy Child Programme, which focuses on early identification of vulnerable parents and a more joined up approach to maternal and child health.

Responsibility for the commissioning of School Nursing services has recently transferred to the local authority. Responsibility for the commissioning of Health Visiting services will transfer in 2015.

The council will be exploring the re-commissioning of these services in due course. And re-commissioning of the School Nursing Service will take place in 2015. It is likely that service specifications for both services will emphasise:

- An ability to reach the most excluded populations;
- An ability to work with parents in their first language.

For Health Visiting, any specification is likely to emphasise improved outcomes in relation to:

- Attachment and infant mental health;
- Breastfeeding rates;
- Rate of take-up of free childcare places among vulnerable parents;
- Immunisation rates;
- Smoking cessation rates among parents.

For school nursing, any specification is likely to emphasise improved outcomes in relation to:

- Reductions in child obesity;
- Provision of support that improves behavioural, emotional and mental wellbeing;
- Enuresis management and support;
- Smoking prevention and cessation among young people;
- Contribution to reduced teenage pregnancy rates;
- Reduced levels of substance misuse.

Early Years

Changes in funding arrangements by Central Government mean that there is no longer any specific amount of funding earmarked for the provision of children's centres. This means that the Council is having to make difficult decisions in relation to reducing the number of children's centres that will continue to operate. Remaining children's centres will focus on meeting the needs of the most vulnerable children and their families.

However, the Government has significantly increased the level of funding to enable access to 15 hours free child care for children in low-income homes, and to guarantee 15 hours free child care for all children aged 3 and 4 years of age.

As of September 2013 the most disadvantaged two year olds became entitled to free, part time, early education based on free school meals criteria as part of governments drive to improve the quality of childcare provision and give those children a good start in life. From September 2014 more 2 year olds will be eligible for free early education, as well as the current rules, a child will then also be eligible if any of the following apply:

- In receipt of Working Tax Credits and earn no more than £16,190 a year;

- Have a current statement of special educational needs (SEN) or an education, health and care plan;
- In receipt of a Disability Living Allowance;
- Have left care through special guardianship or an adoption or residence order.

The new criteria, applied from September 2014, will see an increase of approximately 150% of those eligible for free places in Peterborough. This significant increase in numbers will impact the local market and will require well planned and targeted market development.

We will be publishing a revised market position statement to give providers the opportunity to make informed investments and the confidence in likely demand and occupancy levels. We are committed to developing a high quality market and in order to do so there will be training and quality improvement support made available from the Council's Early Years team.

There is also additional funding being provided for schools through the pupil premium to enable them to provide additional support to children who need more help to achieve their educational potential. This may include before and after school activities and this may also provide opportunities for local providers to develop creative provision to meet growing demand in this area.

Children with Behavioural and Emotional Difficulties

Significant numbers of children – particularly at primary school age – are being identified as being affected by emotional and behavioral difficulties which are impacting significantly on their capacity to achieve their full potential. As detailed above, these difficulties are often related to problems they are experiencing at home such as a lack of parenting skills, poor quality interaction between parents and their children, low parental aspirations for their children, together with more complex difficulties such as parental ill-health, substance misuse and Domestic Abuse.

We will be working with schools in the coming 12 months to develop a home to school behavior support service that focuses on supporting parenting skills and difficulties in the relationship between parent and child and parent and school, with the expectation that there is a significant reduction in the numbers of children affected by emotional and behavioural difficulties.

Outcomes required of any behavior support service will include:

- Reductions in fixed term and permanent exclusions;
- Reductions in part time school timetables;
- Confirmation through the Outcomes Star measure of distance travelled that at least 80% of interventions have been effective in reducing levels of challenging behavior and/or emotional distress exhibited by those children engaged with the new service;
- Reductions in the use of Learning Support Assistants in school to support pupils who do not have statements of special educational need or an Education, Care and Health Plan;
- Reductions in the numbers of pupils who are assessed under the category of emotional, behavioural and social difficulties;
- Reduced referrals for specialist assessment through Child and Adolescent Mental Health Services;

We will also want to see evidence of:

- A fast response to referrals to the service, and;
- Effective joint working across the home and school boundary to ensure that approaches to behavior management are consistent.

See also the next section – ‘Child and Adolescent Mental Health Services’.

Child and Adolescent Mental Health Services

The key challenges in relation to delivery of effective Child and Adolescent Mental Health [CAMH] services in Peterborough relate to the delivery of a comprehensive service that can meet mental health and emotional wellbeing needs of all children and young people in the City, and help to ensure that those with less serious difficulties get the help and support that they need so their problems do not get more severe. This overall ambition is set out in the Emotional Health and Wellbeing Strategy, which is available separately.

We are therefore committed to developing, coordinating and enhancing the range of early intervention services available to support children and young people’s mental health and emotional wellbeing. A central pillar of this approach will be to increase the level of training and support so that universal services are more able to meet lower level emotional wellbeing and mental health needs without referring children on to new services. This training and support will also be aimed at supporting those working in these settings to better recognise where symptoms are potentially indicative of the early on-set of more serious difficulties, and where early referral to specialist services is required.

As well as providing training and support to universal services, we recognise that targeted services at Tier 2 have an essential role to play in preventing identified mental health and emotional well-being issues from becoming more entrenched. These services have been under considerable pressure in terms of demand, and we will work with our partners to do what we can to identify additional resources to enable us to invest further in services at Tier 2.

Development of a comprehensive CAMH Service will take time, and so our commissioning intentions are broken down into short term and longer term as follows:

Short Term CAMH Commissioning Intentions:

Outcome 1: Staff working in universal settings are better able to address low level mental health and emotional wellbeing needs, avoiding onward referral, while being able to recognise early symptoms indicative of more serious problems.

Training and support provided to practitioners within universal settings will result in:

- Increased emotional literacy and resilience among children as measured by emotional health and wellbeing surveys;
- Improved ability of staff to manage challenging behaviour through addressing emotional wellbeing and mental health causes;

- Increased knowledge of the care pathways in relation to emotional wellbeing and mental health, and of how to support those children who require more specialist support as indicated by reduced levels of failed appointments.

Outcome 2: Continued development of evidence-based early intervention services at Tier 2.

We will seek to work with partners to Jointly Commission a range of evidence based interventions that prevent or address emerging mild to moderate mental health issues as part of a whole life-course care-pathway.

Outcomes to be achieved through this approach include:

- Increased emotional literacy and resilience among children as measured by emotional health and wellbeing surveys;
- Reduced referral rates to Tier 3 Specialist Mental Health Services because needs are being successfully met at an earlier stage;
- Reduced rates of referrals into Tier 3 Specialist Mental Health Services that do not meet criteria for these services;
- Parents and especially young or otherwise vulnerable parents are better supported so that their children form secure attachments with them;
- Parents are better supported to enable them to address the needs of children who have early onset behavioural problems or emerging health needs;
- Parents and their teenage children are able to access sources of support that reduce levels of family tension and the possibility of a breakdown in family relationships at this often challenging developmental period;
- Children and young people who require psychological and/or talking therapies are able to access these without delay.

In all of the above, providers of services will be required to demonstrate impact using an agreed clinical outcomes or other appropriate outcomes measure such as the 'Outcomes Star' in order to evidence improvement.

Wherever possible, services delivered at Tier 2 will avoid stigmatisation through being delivered in community settings such as schools, colleges, early years' settings. They will be required to meet the 'Your Welcome' criteria, which provides a benchmark for ensuring the accessibility of services to children and young people.

A review of capacity of current Tier 2 services will be undertaken in 2014/15 to explore whether there is potential to identify additional resources in order that the services can meet increasing demand.

Overall services to be offered at Tier 2 will be re-commissioned against the above outcomes with the aim that they be ready for implementation from 2015.

Longer Term CAMH Commissioning Intentions:

By 2016, we aim to have a fully comprehensive CAMH service available to the children, young people and their families of Peterborough.

Building on the improved outcomes at prevention and targeted levels as described above, CAMH services in the City will operate as part of a life-course care-pathway that adopts a 'whole family' approach to improving mental health through pregnancy, infancy, childhood, adolescence and parenthood. This will be achieved through:

- A balanced approach to delivery of evidence-based prevention, early intervention and treatment services through a stepped care model;
- The provision of user-led services that are accessible and non-stigmatising, moving away from traditional clinic-based approaches to services being delivered in community settings wherever possible and appropriate;
- A rigorous approach to performance monitoring that requires all services to demonstrate the outcomes that they have achieved in terms of securing improvements in mental health and emotional wellbeing.

We will work with colleagues in Adult Mental Health commissioning to seek to address what many young people with significant mental health difficulties experience as a 'cliff-edge' between the services they are able to access as a 'child' under 18 and as an adult post 18. This point of transition can lead to some of our most vulnerable young people being lost to the system as they become adults, with significant detrimental consequences for their long term outcomes.

Children with Special Educational Needs and/or who have Disabilities

Children and Young People with Special Educational Needs: The Children and Families Bill

The Children and Families Bill will receive Royal Assent during 2014 and many of the central aspects of it will begin implementation by September 2014. This new legislation will have far-reaching implications for the way that children and young people with special educational needs and/or who have disabilities will be supported to achieve their potential.

The legislation is underpinned by a number of fundamental principles, including:

- That every child should be given the best chance to succeed in life;
- Professionals who work with the fifth of children and young people who have a special educational need [SEN] should strive to enable them to achieve at school and college, and make a successful transition to adulthood, including finding paid work, living independently and participating in their community;
- That children and young people are placed at the heart of the system.

The Children and Families Bill and associated regulations take forward wide-ranging reform of the system for identifying, assessing and supporting children and young people with special educational needs and their families. Those reforms make provision for:

- Close cooperation between all the services that support children and their families through the joint planning and commissioning of services;
- Early identification of children and young people with SEN;
- A clear and easy way to understand the 'local offer' of education, health and social care services to support children and young people with SEN and their families;
- For children and young people with more complex needs, a coordinated assessment of needs and a new 0 to 25 Education, Health and Care plan (EHC plan), for the first time giving new rights and protections to 16-25 year olds in further education and training comparable to those in school;
- A clear focus on outcomes for children and young people with Education, Health and Care Plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment, living independently and participating in their community;
- Increased choice, opportunity and control for parents and young people including a greater range of schools and colleges for which they can express a preference and the offer of a personal budget for those with an EHC plan.

Successful implementation of these changes will take some time to achieve. However it is clear from the above that, together with our partners in health commissioning and commissioning of services for adults with disabilities, the outcomes that will be required from commissioning activities will include:

- Greater choice of provision to meet the needs of pupils with special educational needs, ensuring that as many pupils as possible are able to have their needs met within local provision;
- A greater emphasis on securing eventual employment and increased independence for all children and young people, including those with some of the most complex needs;
- The potential remodelling of service delivery and commissioning frameworks to ensure that we are fully able to deliver the 0-25 agenda.

This is a complex and fast developing area that will inevitably lead to significant changes in the outcomes against which services will be commissioned in this area in the future.

A high level delivery group has been established with a number of work-streams including one that focuses on enabling independence through the commissioning of services. As the output of the work streams develop, more detailed commissioning intentions and time-frames will be published.

Support to Children with Disabilities

A number of preventative short breaks to families with children and young people with learning and physical disabilities and complex needs including behavioural and health needs are currently provided by The Manor and Cherry Lodge, operated by Peterborough City Council, and the Otters Retreat, operated by the Cambridgeshire and Peterborough Foundation Trust [CPFT].

Family based short breaks are available through our link care scheme, enabling children and young people with disabilities to be linked to carers who are able to offer support to them and provide breaks from caring responsibilities to their families.

We have also commissioned a wide range of 'wrap-around' and flexible community based short break services that include a range of clubs and activities.

Our health partners alongside ourselves are currently considering services offered by The Otters, in line with our commitment to improve the flexibility of short break services and increase their reach to enable them to support an increased number of families. This is essential given the projected increase in the numbers of children and young people who have disabilities in the City.

The potential re-commissioning of services currently provided by the Otters will take place within the context of a comprehensive review of the whole short break offer against the evidence within the Joint Strategic Needs Assessment of the current and future needs of children and young people with disabilities and their families in Peterborough.

The continuing development of flexible short breaks services also needs to enable us to deliver our new responsibilities within the new Children and Families Bill by in particular, working much more closely with Adult Services to develop an integrated offer covering the age range 0-25.

Specific areas of commissioning activity include:

- A city-wide sleep management programme for children with complex needs and associated difficulties in developing a regular sleeping routine to be in place by October 2014;
- Re-commissioning of the current community short breaks services by 2016.

The re-commissioning of the community short breaks services will be informed by a 'mini-review' during 2015 that includes evaluation of the usage of the current schemes and consultation with parents, children and young people about their views of the future of the services, given the increasing emphasis on the use of direct payments and individual budgets in order to meet needs.

Overall, the outcomes required of all commissioned services in this area is to enable children and young people with disabilities to:

- Be supported to enable them to remain living with their families throughout their childhood and adolescence wherever possible;
- To develop independent living skills so that they are prepared to live as independently as possible as adults, able to exercise free will and choice in line with their rights and responsibilities as citizens;

- To be able to access the world of employment and so achieve economic self-determination wherever possible.

Support to Carers

Before 2014, services for children and for adults have been commissioned separately and while the results have been positive, we are determined to promote a more joined up approach in order to promote 'whole family' approaches and make services easier to access. This approach brings together services and focuses on shared outcomes while recognising the clear differences in needs of carers of all ages who will use the service.

The council will commission a high quality, city wide carers' service, which delivers support to carers of all ages. The service will improve outcomes for carers by:

- Increasing awareness of carers across the city, ensuring all relevant agencies and the general public can recognise carers and understand the issues which carers face;
- Identifying carers early in order to provide appropriate support and advice, including signposting on where relevant;
- Enabling carers to access the information they need, when they need it and where they need it;
- Providing personalised support;
- Supporting carers to stay physically well and experience emotional well-being;
- Ensure that young carers and vulnerable adults are safeguarded;
- Promoting choice, control and independence for carers;
- Supporting carers to have equal access as their peers to education, employment, training and leisure opportunities;
- Providing access to short breaks/respite for carers;
- Ensuring carers influence the design and running of their services in Peterborough.

Alternative Education

A number of pupils find accessing the traditional school curriculum difficult. They may struggle with some of the more academic subjects or with rules relating to behaviour standards and expectations. Often, this group of pupils will be among the more vulnerable of our children and young people.

These pupils need particular care and support if they are to achieve their potential and avoid the risk of being unable to access the labour market as adults. This is where alternative education provision of high quality that is carefully matched to the child or young person's skills, abilities, interests and aspirations can make a significant difference to their lifelong chances.

There is already a wide range of this type of provision available in the City, and much of this is accessed directly by schools, who retain responsibility for their pupils who attend the provision on, whether they do so on a temporary, permanent, full or part time basis.

However, much of the knowledge of the provision that does exist is somewhat ad hoc, and we have an obligation to ensure that provision offers a quality service that results in recognised educational and/or vocational outcomes.

Over the course of the coming year, we will therefore be seeking to engage with the current providers and explore with schools whether there are any particular areas of unmet needs in relation to this type of provision. We will then seek to develop a rolling framework agreement. Providers of this type of provision will be able to enter the framework having satisfied a number of quality assurance and safeguarding requirements.

Schools will then be able to access the provision through the framework, confident that the quality of the provision has been assessed. New providers will be able to join the framework agreement, ensuring that any changes in need can be responded to without delay.

Pupils who have English as an Additional Language

As noted above, there is a rapidly increasing population of pupils who have English as an Additional Language. Outcomes for this group of students are significantly poorer than their peers who have English as their first language. This is the case both for those who join school in this country having moved with their families from abroad as well as for those groups who have been in the UK for longer and who join school in Reception.

We are determined to narrow this gap in performance. We are therefore intending to commission an organisation to enable schools to respond to the needs of EAL pupils. The service will be commissioned and in place prior to the end of the 2013/14 academic year to enable an effective start to the 2014/15 academic year.

We are also interested in commissioning smaller community-based organisations that can engage with the newly arrived communities and improve take up of free childcare places for 2 and 3 year old children, so that children for these communities have a better opportunities to develop their English Language skills and so arrive in school better equipped to learn.

Family Support

Last year's plan identified the need to spot purchase Family Support services at a range of intervention levels, use of this service has been valuable and referral data from Multi-agency support groups (MASG) would evidence a steady and successful use of Family Support to safely step-down support from Children's Social Care to support offered at a targeted level. Therefore the intention for the coming year will seek to develop a framework for Family Support which is functional at all the necessary levels, from Crisis Response through to continuing support via a Family Aide. This work will focus on developing the market to improve flexibility, increase the range of type of intervention, whilst improving the price by undertaking a competitive commissioning exercise. The framework will provide:

- **Crisis Response:** services able to operate out of hours and which can help families deal with a crisis that might otherwise lead to family breakdown. The service should then work with the family to support them into accessing less intensive community-based services and/or formalised parenting/family support programmes as appropriate but it should be recognised that some families are characterised by an on-going pattern of crisis flare-ups and so may not be possible to safely de-escalate to lower level services;
- **Domiciliary Care/on-going Family-Aide Support:** for those families where a low level of support is likely to be needed on a long term basis, for example to stop home conditions deteriorating to an unacceptable level: services to be monitored through the MASG where

cases closed to children's social care. However, rather than looking to commission service providers in this area, we will begin by discussing with providers who have been recently commissioned by adult services to provide domiciliary care whether they are able to offer this type of support;

- **On-going as and when support to families as appropriate:** Offering families a telephone-based crisis response service including out of hours for when family relationships seem to be deteriorating once more – most likely to be most effectively provided as part of the crisis support service above.

Children in Care and/or subject to legal interventions

An increasing population of children and young people in the City implies that it is likely that there will be an increasing number of children and young people who will need to become looked after. This means that the Council will continue to focus on recruiting our own foster carers over the coming year.

However, we will continue to remain reliant on foster carers provided by Independent Fostering Agencies and in particular when it comes to identifying foster carers who are able to meet the needs of young people who display some challenging behaviour and those who are able to care for sibling groups.

The increasing numbers of children and young people from Eastern European countries means that we need foster carers from these communities who can provide high quality care while maintaining continuity of language and cultural expectations.

We are also committed to ensuring that as far as possible, children who need to become looked after are placed as close to their home communities as possible and so we are particularly keen to see the number of foster carers available within or close to the City continue to increase.

We have a number of children who are placed a considerable distance from the City in foster placements that are supported by integrated specialist school provision and therapeutic support. We are confident that similar locally available and high quality care placements based on this model of provision would be used by Peterborough children and young people in care.

Semi-Independent Accommodation for Young People aged 16 and 17

Peterborough led a scoping exercise in the region to see if a regional approach to market development would be beneficial. The scoping exercise led to the development of the 'Other Arrangements' document, the document provides a framework for placing children looked after and care leavers aged 16 and 17 in accommodation or placements which are not registered under the Care Standards Act 2000.

This development will be embedded in work which is currently taking place with the market to increase semi-independent living options for 16 and 17 year olds who are looked after, focusing around the availability of providers able to source a range of accommodation and supply flexible support packages that range from 24/7 on-site support to minimal non-resident floating support.

We expect to begin the formal tender for providers to join a framework agreement for the provision of this type of accommodation early in the financial year 2014/15. Outcomes that providers will be expected to be able to demonstrate that they can achieve will include:

- Securing employment, education or training for the young people using the schemes;
- Developing independent living skills so that young people are able to assume responsibility for their own tenancy by the age of 18;
- Ability to work with young people so that they are able to make better informed choices around such issues as:
 - Friendships;
 - Sex and relationships;
 - Alcohol and substance misuse.
- Ability to support mental health and emotional wellbeing issues directly when these are at a low level and to work with specialist services in this area where necessary;
- Ability to promote and enable family contact where this in the long term interest of the young person concerned.

Advocacy Services

It is essential that children and young people have a voice and their views and opinions are heard; this is especially the case where decisions are being taken that have the potential to have a significant impact on their lives, including:

- Whether a child protection plan is needed in order to ensure their safety and wellbeing;
- When they are about to come into care or are already looked after.

In 2012, the Council jointly commissioned an advocacy service for children and young people in the city, including a visiting advocacy service for the three residential facilities in the city. This service continues to be successful and the contract has a further two years to run during which we will continue to actively monitor the performance and outcomes of this contract in 2014/15.

Transport Arrangements for Children in Care

The relative shortage of care placements available within the City boundary has meant that the cost of providing transport to ensure that children and young people are able to attend school, have contact with their families and so on is much higher than we would wish.

Enhancing the number of in-city placements as described above is clearly the best way of achieving a reduced spend on transport costs as this is also better for children for other reasons. However, the priorities for 2014/15 in relation to this area of spend are:

- To embed the current transport policy which emphasises the use of public transport wherever possible;
- To undertake a scoping exercise to establish whether there are other models of sourcing transport for children and young people who are in care that result in savings for the local authority.

Expert Assessments

There is a range of assessments commissioned for families, children and young people with regard to determining the most appropriate arrangements for their long term care.

We wish to continue to develop the market for these assessments to ensure high quality, timely assessments continue to be delivered and act as an evidence base for decisions. In some instances,

such as cognitive functioning tests, assessments need to be undertaken at an early stage of the case to avoid the potential for the case to go beyond 26 weeks. The following assessments will continue to be commissioned:

- Viability assessments, whereby family/friends are identified and assessed as potential carers for child at risk of being removed/coming into care;
- Parenting assessments are commissioned for complex cases cannot be catered for in the social workers capacity;
- Psychological assessments, psychiatric assessments and cognitive functioning tests will be commissioned, following advice from the court, where at the earliest stage in the case to prevent cases going over 26 weeks;
- Risk assessments will be commissioned where sexually harmful and inappropriate behaviours are presented;
- Residential parent and child assessment will continue to be commissioned to provide the necessary information on whether a child can safely remain in the care of their parents;
- Overseas assessment When a family member identified as a potential carer for a child in care, the significant proportion of these assessments are undertaken in Eastern Europe as a result of the increase of eastern European migrants;
- Age assessments, the preliminary and Merton compliant assessments will continue to be commissioned for asylum seeking young people for whom we need to assess age.

We may consider developing framework contracts for some or all of the above types of assessment but the development of any such framework contracts is unlikely in the financial year 2014/15.

Commissioning Intentions: Communities

Harnessing and Building Community Capacity

At the heart of our work is the commitment to working with and supporting communities and community leaders to build their own capacity and resilience. Communities have always been best placed to know what will or won't work to address the challenges they face in their own neighbourhoods, and, alongside reducing public resources, achieving this principle has never been more important.

We have seen some significant examples of community capacity being developed to new levels, including the responses made to social and cohesion challenges in our city and the increase of formal groups willing and able to take over the running of community assets. In 2013/14 we diversified the role of our then-Cohesion Board to take on the broader remit of Communities and Cohesion, with a view to supporting our strategy to develop and harness greater levels of community capacity.

In 2014/15 therefore we will develop a new strategy that formalises our approach to identifying, nurturing, supporting and growing capacity amongst communities and potential and existing community leaders, be it communities of place or communities of interest. This strategy will encompass our approach to delivering the principles of a council committed to Localism, and will draw together the currently disparate programmes that support community asset transfer, volunteering, working with faith communities and civil society sector organisations, and parishing.

The strategy will identify the learning and developmental needs of communities and community leaders to ensure they are best placed to take on new challenges, and will be aligned to the evidenced needs of our city, both existing and emerging, to ensure our focus is on supporting capacity building where it is most needed.

This strategy and way of working will be embedded at the heart of a new delivery model being developed for 2014/15 which will bring together, under single leadership, a place-based and multi-agency approach to addressing the needs of our citizens and delivering an ambitious, creative and holistic preventative approach.

Through this approach we aim to support the continuing successful development of the Community and Voluntary sectors in engaging in particular with those communities who are at risk of poorer outcomes, including those communities that are newly arrived in our City.

Information, Advice and Guidance

If individuals and communities are to be better enabled to support themselves, they need access to high quality Information, advice and guidance services.

Information, advice and guidance services are commissioned by 3 departments across the council all of which relate to benefit advice and/or guidance in some form, ranging from the welfare reform to specialist advice for families with children who have disabilities.

The contracts for these services are all due to expire at the end of this financial year and therefore, Children's Services, Adults Social Care and Neighbourhoods will undertake a joint exercise to

transform these services using the Peterborough and Serco Strategic Partnership and align these services with the new Customer Strategy, where the council will provide a single point of contact for each client.

We are seeking to develop this new service in partnership with key agencies in the City, including those from the community and voluntary sectors. The service will be in place for September 2014.

Developing Opportunities for Volunteering

Volunteers are already playing a key role in supporting communities in Peterborough. Currently, a number of organisations operating independently of one another recruit and support volunteers across the city.

We are keen to build capacity in this area as well as ensure that volunteering is targeted at those areas in most need. In addition, the Department of Health's Health and Social Care Volunteering Fund is likely to bring additional money to the city to support voluntary organisations to build capacity and develop volunteer led services.

In order to achieve a dedicated service to recruit, train and once they are active, support volunteers across the city, a clear, needs analysis and options appraisal is required and work is being undertaken to achieve this and ultimately produce a targeted service specification for a city wide volunteering service to be in place by the late summer of 2014.

In developing such an approach, we will be seeking to enable communities to develop better ways of being able to support themselves while also creating pathways into employment for those volunteering. Ultimately, this approach should result in the overall workforce being more closely aligned to the community being served as opportunities first to volunteer and then to gain employment reach marginalised and newly arrived communities in particular.

Housing and Homelessness

Access to safe, warm, affordable and secure housing for everyone is a fundamental right. Without this, individuals and families cannot maintain a stable lifestyle which directly impacts on health and wellbeing and, in turn, on employability, educational attainment, social exclusion and poverty. Households in Peterborough, as in many areas of the country, will continue to be affected by financial austerity and we want to do all we can to help families to manage the impacts of welfare reform and poverty.

The Housing Needs team receive around 15,000 calls for assistance each year. Although we are currently successfully controlling the levels of homelessness and rough sleeping through our intensive and creative preventative programmes, we anticipate this position being challenged as a result of continued social and financial pressure.

The most effective way to tackle homelessness is to prevent it happening in the first place. Working in partnership with a range of other organisations, we seek to prevent homelessness in a number of ways, including:

- Helping people who may have been victims of Domestic Abuse to find temporary accommodation;
- Helping people struggling with housing costs to find more affordable accommodation;

- Supporting people to enhance their training or find employment in order to increase their earning potential;
- Finding high quality and appropriate housing for young people leaving care.

In the year March 2012 to April 2013 the Housing Needs team prevented homelessness in 335 cases. We are on target to increase this by 10% this year and are hopeful that continued investment in homelessness prevention initiatives will enable us to increase this further in coming years.

We want to build on our already strong preventative position by launching a new Housing Partnership to bring together service providers, support agencies and commissioners to better plan for and achieve a fully integrated and holistic housing and homelessness prevention service. During the first part of 2014/15 we will conduct a detailed needs analysis across the full housing spectrum – from mixed tenure housing supply through to the prevention of rough sleeping – leading to a single delivery and commissioning framework for Peterborough.

The Housing Related Support Programme

As part of the work we do to align all of our housing and homelessness strategies and functions, we need to make sure that our Housing Related Support Programme is best meeting the needs of the people that need our help most of all. The programme provides housing-related support to vulnerable groups and individuals, thereby helping to ensure people can remain living independently and in their own homes so preventing homelessness.

The Programme has supported 668 individuals in the first three quarters of 2013/14, preventing them from becoming homeless and avoiding potentially much higher care costs.

The programme is currently commissioning housing-related support targeted towards:

- Young People and young people at risk;
- Young offenders;
- Teenage parents;
- Prolific and persistent offenders;
- Single homeless people with support needs;
- Homeless families;
- Victims of domestic abuse;
- People with mental health problems.

As a result of the work of the new Housing Partnership described above, together with the opportunities provided via the new single commissioning approach across the council, we will develop a new commissioning strategy for the Housing Related Support programme during 2014/15 which best meets the housing-related needs of people who are the most vulnerable.

Care and Repair Home Improvement Agency

The Care and Repair Home Improvement Agency commissions adaptations to the homes of some of Peterborough's most vulnerable citizens to ensure they can remain independent and less reliant of health or social care services. The agency typically offers support to some 6000 vulnerable adults and children each year.

The Agency commissions work that meets the council's statutory functions as part of the Disabled Facilities and Repairs Assistance legislation, and uses a network of local contractors and specialists to deliver the right solutions to an individual's specific needs. Data made available via DCLG shows that the average Disabled Facility Grant in Peterborough is approx. £5,525, over 20% cheaper than National comparators, which are also delivered and achieved in less than half the national average time.

In the financial year 2013/14 up to and including January 2014, Peterborough's Disabled Facilities Grant activity shows:

- 138 disabled facility grants have been awarded and completed totalling £800,000;
- 68 disabled facility grants have been approved and are on site or work is due to commence shortly, totalling £337,501;
- Currently the Care and Repair team is working on a further 45 disabled facility grant cases with a potential value of almost £250,000.

Care & Repairs deliver a Repairs Assistance and Central Heating installations Service for very vulnerable people. On average 150 jobs are completed each year at a cost of around £600,000. This work is for vulnerable owner occupiers who live in properties that have serious building faults which are likely to cause them harm. Using the British Research Establishment Housing Health Cost Calculator 2013 the savings for Health & Social Care in Peterborough, in respect of this work, exceed £3 million.

Our ageing population is having a marked impact on the work of the Agency and is placing a greater pressure on the finances that are available to fund this work. Although we have already enjoyed significant success with transformation programmes, more could be done to maximise value for money from the work of the Agency to ensure that the funding is reaching as many households as possible. The opportunities presented through the council's restructure will therefore be harnessed to ensure that the Care and Repair Agency is truly meeting its fullest potential.

Tackling Poverty

The definition that is most commonly used for poverty is the proportion of households who have an equivalised household income that is less than 60% of the median household equivalised income.

Almost one in four children live in poverty in Peterborough, which is significantly higher than the national average, and the full cost of poverty in our city has recently been estimated to be £120M. We know that Peterborough is ranked 71st most deprived local authority out of a total 326 nationally with 13 of Peterborough's 104 Lower Super Output Areas (LSOAs) in the most deprived 10% in the country, with part of Dogsthorpe remaining in the most deprived 5%.

We also know that there are clear relationships between levels of poverty and educational attainment, for the school year of 2011/12, Peterborough had the lowest percentage of pupils known to be eligible for free school meals achieve 5+ A*-C grades including English and Maths GCSEs in the country at 18.6%. This was almost half the national average of 36.4% and also significantly below the regional average of 31.8%.

Tackling and preventing poverty is therefore an essential part of our strategy to develop community capacity. Good progress has already been made to understand and mitigate against some of the

impacts of welfare reform, but the national programme of reform will continue for a number of years. The latest estimates of when Universal Credit will arrive in Peterborough suggest that it will be 2017. Alongside this work, we have developed a strategy and action plan to Tackle Poverty in Peterborough and to meet Government targets by 2020. This strategy still needs to be formally adopted by the council, and during 2014/15 we need to develop commissioning intentions that help meet the challenging targets that we need to.

Connecting Families

The programme is entering its third and final year in its current form, therefore we will continue with the implementation of the Connecting Families Programme and evaluating the cost savings and improved outcomes for families. However, we also need to develop our learning from our experience to date, and seek to extend the principles from the Connecting Families programme across other aspects of our work where earlier intervention and investment will lead to significant financial and other savings in the medium to longer term.

Supporting the Victims of Crime

Experiencing crime is often both distressing and confusing for victims. With this in mind we have been strengthening our focus on supporting victims of crime.

Numbers of Victims of crime are routinely monitored within the Safer Peterborough Partnership. In the last 12 months there have been almost 13,000 reported victims of crimes of varying severity. Although this is a reduction of about 20% compared with the previous year, too many people continue to be impacted by the criminal behaviour of others.

We have supported the Office of the Police and Crime Commissioner who have developed a Victims Strategy for Cambridgeshire and Peterborough, and our own Safer Peterborough Partnership and Communities and Cohesion Board have committed to developing practical support strategies and mechanisms for victims.

In this context, we are keen to support victims of all crime types, including acquisitive crime, domestic abuse and sexual violence, anti-social behaviour, and hate crime. In 2014/15 this work needs to become formalised and agreed, based on needs assessments and evidence, so that appropriate support series can be appropriately commissioned. This work will also support and influence our strategies to target perpetrators of crime, target harden hotspot locations, and develop robust and practical preventative strategies.

Domestic Abuse and Sexual Violence

It is estimated that during 2012-2013 abuse in an area the size of Peterborough, based on regional data by the British Crime Survey would impact:

- 4,731¹ Women and girls aged 16-59 being victims of domestic abuse;
- 1,484² Women and girls aged 16-59 being victims of sexual assault;
- 6,513³ Women and girls aged 16-59 being victims of stalking.

¹ Margin of error +/- 1,142

² Margin of error +/- 923

³ Margin of error +/- 1,260

We know that there are clear links between Mental Health, Substance Misuse, Poverty, Deprivation levels and Domestic Abuse. In Peterborough, those areas which score highly on the Index of Multiple Deprivation and those recording high levels of domestic abuse show a clear correlation.

The costs of Domestic Abuse are difficult to quantify, particularly due to the under reporting that is inherent in domestic abuse. The bulk of the cost is met by victims, principally through emotional and physical costs, though the costs to agencies in an area the size of Peterborough⁴ amounts to over £17 million.

Prior to 2014, the provision of support to people impacted by domestic abuse and sexual violence were disaggregated. This stemmed from traditional service boundaries and funding streams but is clearly not in the best interest of service users. Therefore, this commissioning exercise proposes integrating the Independent Sexual Violence Advocates and the Independent Domestic Violence Advocates along with an additional counselling service for young people suffering either directly or indirectly from domestic abuse and/or sexual violence.

The overarching aim of the service will be to provide accessible and appropriate interventions to improve safety and reduce risk and harm to victims of domestic abuse and/or sexual violence and their dependents that meet the requirements of relevant national and emerging local guidance.

The service will be delivered as an independent, specialist support service for victims of domestic abuse and/or sexual violence which caters for male and female victims of all ages, sexuality and relationship status.

The service will be effective as of April 2014 following a three month mobilisation period.

Services commissioned as part of this initiative do not work with perpetrators. In order to ensure that there are services preventing abuse we will continue to commission behaviour change programmes to help abusers to stop being violent and abusive.

Anti-Social Behaviour

Anti-Social Behaviour [ASB] blights the lives of many individuals and families across Peterborough, with disproportionate effects felt in some households and communities.

It is acknowledged that there is likely under reporting of ASB, particularly in some areas of the city. However, there were still over 10,000 reported incidents to the police alone – a figure that does not include those instances which are reported to Registered Social Landlords and the councils' Environment teams.

ASB can lead to poor physical and mental health and social isolation, impacting on victims' ability to work or to care for themselves and their families. In 2013/14 good progress was made to bring together the disjointed ASB services and support provided by different agencies, most notably the Police, council and social landlords. The introduction of a common reporting framework and monitoring tool has helped to ensure a fully joined-up response with reduced risk of victims and perpetrators falling through the gaps. However, more needs to be done to fully harness all available

⁴ The figures do not include additional costs from stalking, female genital mutilation, 'honour' based violence, and forced marriage.

resource, capacity and capability across the council and its partners to tackle ASB and best support victims, and this will be our focus in 2014/15.

Hate Crime

Although tackling hate crime is a priority of both the Safer Peterborough Partnership and the Communities and Cohesion Board, there is little in place at the moment to support victims to report hate crime and to address the issues it creates.

There were 142 Hate Crimes recorded in the 12 months to July 2013; these crimes comes in many forms, and are classified in Peterborough by Race, which is the most prominent with nearly 90%, as well as Religion, Disability, Sexual Orientation, Gender, Honour Based Violence, Islamaphobia and Age. However, we know that crimes of this nature are consistently under-reported.

Detection rates of reported incidents are currently around 50% across the city. The council deals with hate crime in an ad hoc fashion, often as a result of a specific incident or series of incidents, but this approach does not enable trend analysis to be undertaken and appropriate measures to be developed to manage hate crime.

A full needs analysis will therefore be undertaken during the first part of 2014/15 leading to the development of a detailed set of actions that ensure victims can easily and safely report hate crime and that perpetrators can be brought to justice.

Alcohol and Drug Misuse

Alcohol and drug misuse are common in Peterborough, with some of the highest proportional rates in the country for opiate and crack usage (nearly 15 in every 1000 population, compared to a national rate of 9 per 1000 population).

The 2013 School Health Education Unit survey showed a 34% increase in the number of young people who had consumed alcohol in the last 7 days and 10% of girls and 17% of boys in year 10 had taken at least one of the substances listed. It has been recently observed that the city is noticing a change in demographics in that there is an aging population of the clients accessing treatment for substance misuse. Meanwhile hospital admission rates indicate that Peterborough has significantly higher rates of hospital admissions for alcohol related reasons than the national average.

The costs of substance misuse to society are incurred through drug related crime, health problems, children being placed in care, unemployment and many other areas. The National Treatment Agency [now Public Health England] provides a value for money tool.

Key information contained within the Value for money tool covering the Spending Review 2010 Period (2011-12 - 2014-15)

- The total estimated **spend** in this area during the Spending Review Period in real terms (discounted and adjusted for market forces) is **£7.7m**;
- The estimated total amount of harm (costs to public services) during the Spending Review Period if no problem drug users were treated for their addiction in real terms (2010-11 baseline year) would **£147.5m**;
- Crime and health benefits:
 - Estimated **crime** cost savings and natural benefits of **£27.9m**;

- Estimated **health** cost savings and natural benefits of **£26.8m**;
- Cost savings and natural benefits:
 - Estimated **cost savings** in real terms **£26.3m**;
 - Estimated **natural benefits** in real terms **£28.3m**;

These figures imply that the total net benefit of investing in treatment and prevention is £47M and that for every £1 spent in the local treatment service, there is a net benefit of £7.

The existing services to support this continue to raise awareness, drive prevention and provide treatment for those misusing.

A needs analysis for these services will need to be undertaken in 2014 with a view to re-balancing the service outcomes for alcohol and drug misuse. Following this a commissioning strategy will be developed and the subsequent service specification will be widely consulted upon to ensure the future service meets the needs of the city, by reducing crime and lowering the hospital admissions, and meet the needs of the service users by offering preventative services as well as treatment.

The future service will be commissioned and in operation for April 2015.

2.2.8 Sexual Health

Peterborough City Council is mid-way through a retender process to bring together our community based contraceptive service and our hospital based Genito-Urinary Medicine (GUM) service to provide a complete and integrated community sexual health service to our residents. It will offer a 'one stop shop' in which patients can have their contraceptive and sexual health needs addressed at the same time. Linking sexual health with contraception is key as the prevalence of STIs in the city is increasing and we have above average rates of teenage pregnancy. Nationally, abortion rates amongst older women and rates of repeat abortions have also increased.

Prevention is key and the new service will be instrumental in driving down rates of STIs, HIV and unintended pregnancies. It will deliver against the objectives and ambitions set out in the Framework for Sexual Health Improvement in England and the 3 sexual health indicators from the Public Health Outcomes Framework. The new service will offer the highest standards of care in a way that is rapidly and easily accessible to all service users. This means open access services and assertive outreach to target groups at high risk of sexual ill health and/or unwanted pregnancy. In addition to this clinical work, the service will deliver sexual health promotion across the city and facilitate a Peterborough Sexual Health Forum to drive strategic partnership work on sexual health.

The new commissioned service should be in place from July 2014.

Public Health Live Healthy Service

The Live Healthy Service forms part of the Communities and Targeted Services department, and has responsibility for meeting a range of Public Health targets. The service focuses on improving the health and wellbeing of the population, reducing health inequalities and supporting people to make healthy lifestyle choices, all achieved through both direct delivery and commissioning arrangements. Following the transfer of Public Health responsibilities to the council in 2013, much work has been

done to identify synergies between the Live Healthy Service and other existing council functions leading to some good examples of integrated service provision.

NHS Health Checks

The NHS Health Check target for this year is to undertake checks for 6,059 registered patients aged 40-74. To date a total of 5000 patients have been assessed. Of these, 609 have been identified as having a risk of developing Cardiovascular Disease while 354 assessed patients have been prescribed statins to lower cholesterol.

Stop Smoking Services

Targeted activity continues to reduce 'Smoking status at time of delivery and this remains a key priority for the Live Healthy service, which has delivered nearly 1,000 quits already.

Weight Management referral services

The child weight management programme (MoreLife) continues to be delivered with excellent standards of delivery and a reduction in BMI's for both children and their parents attending this programme. Three programmes commenced in January 2014 including a pilot in a local primary school following a review of National Child Measurement Programme data that demonstrated a high prevalence of overweight and obese children.

However, Peterborough remains challenged by significant health and wellbeing inequalities, and we must ensure we are maximising the impact that needs to be made by the Live Healthy Service to reduce these gaps. Ahead of 2014/15 we will design services that better integrate the Live Healthy functions in anticipation of further strengthening the role and impact of the service alongside our partners during 2014/15.

Youth Services

The council's restructure places the 0-19 Service alongside other services that build community capacity, provide diverse and creative preventative programmes, and deliver key direct services to the wider population. A key aspect of the 0-19 Service is the work it does to support and engage with adolescent aged young people. This presents a unique opportunity to develop a lifetime pathway of support and intervention that meets the evidenced needs of our citizens and the existing and emerging priorities we face as a city and society. We will spend the first part of 2014/15 developing our collective understanding of the connections and the potential offered through the alignment of youth services in this way, leading to the creation of a needs analysis that ensures we meet our youth engagement, NEET and intervention targets.

Adult Social Care Commissioning Intentions

Commissioning Council: How Personalisation Affects our Commissioning Practice

Despite already having one of the largest populations in the East of England regions, changes from the 2001 to 2011 census revealed that Peterborough also has the fastest growing population having experienced a 16.6% increase during the period; the majority of which took place between 2004 and 2009. (Source: 2011 Census Migration, Peterborough Unitary Authority Headlines). This is double the increase for England as a whole and some 3% more than the East of England as a whole for the years 2004 to 2009. Key to this population growth has been migration from EU countries, specifically those who joined the EU in 2004, collectively known as the EU8.

An older population:

An ageing population also presents a major challenge, not just for Peterborough, but to the UK as a whole. However, in Peterborough there are some very distinct challenges, for example, the population of people aged 70-74 is set to increase by 40% between 2012 and 2020 and those aged over 90 by 44% (Source: 2011-based Sub national Population Projections by age, Population Projections Unit, ONS, 2013).

Despite the tough road ahead, Peterborough ASC are embracing these challenges and have embarked on an exciting new programme aimed at transforming the level and types of care provided to adults across Peterborough.

Peterborough's Demographic and Social Landscape:

Peterborough expects to see significant increases in its ageing population going forward. By the time of the next census in 2021, Peterborough's population is expected to have grown by a further 13% from 2011 to 2021. Within this, it is expected that the older proportion of the population will increase at a faster rate than the younger.

Evidence taken from a recent survey by The Office for National Statistics (ONS) looking at local authority-level data from the 2011 Census in December 2012 covering the topics of general health status, long-term health problems and disability, and provision of unpaid care, highlighted some serious areas for concern:

- 16.3% of household residents in Peterborough, reported a long-term activity-limiting illness (all extents of limitation), of which 84% are aged 85 or over!
- 51% of people with a long-term illness in Peterborough (15,137) are of working age (16-64);
- 45.2% of people reporting a long-term illness described their illness as limiting their day-to-day activities a lot;
- Percentages with a long-term illness were consistently higher in Peterborough across all age groups compared to the ONS New and Growing Towns cluster and England averages;
- After adjusting for age, the percentage in Peterborough was statistically significantly higher than the ONS New and Growing Towns cluster and England averages.

Economic Trends:

Adult social care is one of the largest spend areas for local authorities and budgets have not kept pace with the growing demand for social care services. The Local Government Association has found that social care is absorbing a rising proportion of resources available to local authorities.

The recent economic recession has many implications on adult social care. Firstly, the demand of social care can increase, directly or indirectly, from high unemployment, reduced household incomes, stresses in work, family and personal relationships that result in heightened ill health, especially mental ill health. Secondly, local authorities are experiencing falling incomes and rising costs as a result of the recession, which increases the pressures on local authority budgets. Thirdly, planned and future levels of government spending, not only on adult social care, but on closely related areas such as the NHS, is set to fall. The government's deficit reduction plan involves significant cuts in public spending. The 2010 Spending Review set out plans to reduce government funding for councils by around 26% from 2011/12 to 2014/15.

In December 2013, the Local Government Finance Settlement for 2014/15 and 2015/16 was announced by the Department for Communities and Local Government. It showed that the council will receive £21.6 million less from Government over a two year-period and that in the five years from 2011/12 to 2015/16.

Peterborough will have seen the grant they receive from Central Government reduced by 40% - £44 million.

The budget for Adult Social Care for 2013/14 is £47.9M. There have been pressures on the budget within this year predominantly arising from increased demand for services and in particular, as a result of transition from Children's Services.

Peterborough City Council is therefore redefining how it commissions services to ensure positive outcomes for customers within the context of a diminishing financial envelope and increasing demographic demand.

In order to ensure people's choice in deciding what they need and want in terms of support, we must expand our offer. We will be doing this by reviewing how we currently commission internal and external services and work in partnership with providers from the voluntary and commercial sectors to develop person-centred support options that will increase people's independence, skills and well-being.

The new commissioning arrangements will be outcome-based and people will be able to go direct to provider with their own personal budgets. Managed accounts by the Council will only be offered after all other options have been explored.

We are improving our approach to supporting people so it is consistent with the personalisation agenda and this will inform the development of all new personalised services.

The aim is to move away as much as possible from traditional and institutional models of residential care and day centres to ensure people receive reablement and transitional support and are given the opportunity to develop independent living skills and have the opportunity for employment related services.

Government Policy and Legislation:

In July 2012, the government published a suite of documents that, together, outline its position on care and support reform. The main documents included:

- The White Paper, 'Caring for our future: reforming care and support';
- A draft Care and Support Bill;
- A progress report on funding reform [The Government's response to the Dilnot Recommendations].

There are two central themes to the White Paper: first, changing the focus of care and support towards the promotion of wellbeing and independence, through prevention and early intervention (and away from a system characterised by crisis response); and second, improving people's experience of care by improving quality, developing services that are responsive to individuals' different needs, and giving people choice and control via their own budgets and care plans.

The aim of the draft care and support bill is to:

- Modernise care and support law so that the system is built around the needs of the individual;
- Clarify entitlements so that people are better aware of what is on offer and are able to better plan for their future;
- support the broader needs of local communities by improving access to information and promoting prevention;
- simplify the care and support system;
- consolidate existing legislation into a single, clear statute.

Better Care Fund – Formerly the (Integrated Transformation Fund):

The Government recently announced a £3.8 billion pooled budget for health and social care to deliver more integrated services will be in place for 2015/16. The fund has a number of performance indicators attached which will impact upon how services are commissioned and delivered within Peterborough and work is underway with health colleagues to ensure that these services are best placed to achieve the outcome requirements set out within the guidance.

Implications of government legislation changes:

These proposed changes will have significant financial implications for councils. For example, the proposed change in the draft care and support bill will have the following implications:

- The right to an assessment for self-funders;
- Setting a cap on care costs that people will pay;
- Giving carers and their needs increased focus;
- Introducing national eligibility criteria and greater consistency in charges for social care;
- New duties on councils to provide information to help people make informed choices about their care and support and to build and manage the local market of care and support services.

In short, the changes set out in the Bill would increase the number of people who become entitled to council support, including some who are currently funding their own care. Key Implications include:

- A shift to prevention and early intervention, to promote wellbeing and independence, requiring a change in working practices, organisational culture and service user expectations;
- Access to universal information and advice for all – regardless of funding status or eligibility, opening up a broader cohort of service users;
- A new model of self-directed support, driven by self-assessment and person-centred planning;
- The promotion of personal budgets for all entitled to publicly funded care, as one of the means of delivering personalisation and giving service users more control over their services;
- A new leadership role for councils and their Directors of Adult Services to achieve whole system change with partner organisations.

The Digital Strategy

This year, the council started work on a digital vision for Peterborough, aligned with the wider ambition of Central Government's 'digital first' or a digital by default strategy.

It sets out a boldly ambitious vision for Peterborough that can only truly be realised through transformational change.

Aligned to the Council's strategic priorities, the Digital Strategy illustrates how an e-enabled organisation can deliver significant advantages for both the Council and residents, from tackling inequalities through to helping build strong sustainable communities

The plan for the ASC transformation programme is to spearhead where necessary and leverage when possible the capabilities outlined in the Digital Strategy to deliver better frontline services to those simply seeking information or advice and better facilitate inter-working relationships amongst ASC staff and external organisations involved in delivering care services.

Current Services

Adult Social Care (ASC) occupies a significant part within the council's services and budgets. Changes within the external environment in the area of Government policy and legislation, as well as financial constraints, have made the need for internal transformation a necessity, not just within ASC, but across the council. The current ASC service currently includes:

- Assessments (including Community Care, MCA and CHC), support planning and reviews;
- Safeguarding;
- Learning disability services;
- Services for older people;
- Mental Health Services;
- Services for people with physical disabilities and sensory needs;
- Support for carers;
- Financial support (assessment and advice);
- Support for people returning home after a stay in hospital.

Summary of Key activities and Issues within current services: Learning Disabilities and Autism

There are approximately 2,650 people with a learning difficulty in Peterborough, almost 40% of whom are thought to have an autistic spectrum disorder and 28% of these possess a moderate to severe learning disability requiring varying needs of support.

Peterborough spends around 1/3 of its ASC budget on Learning Disabilities Services and possesses quite traditional models of day service and residential care.

Key areas for development over the next three years are:

Accommodation:

- To improve the planning of future housing need to support the delivery accommodation requirements through the Learning Disability Landlords forum;
- To ensure a range of independent living options are available to meet the needs and aspirations of people with a learning disability through working with private and social housing landlords in identifying and accessing a range of housing types;
- To improve the support offered to people with a learning disability who bid for social housing through Choice Based Letting.

Employment:

- Promote the use of personal budgets for employment support to ensure services are person centred and outcome focused;
- Develop the current range of micro-enterprises into social enterprises as a means to promote employment and self-employment;
- Encourage more supported employment organisations to operate within Peterborough as a means of offering more choice of support provider and paid work opportunities employing the 'Fulfilling Lives' sub group;
- Improve referral pathways into supported employment service from care management teams;
- Promote joint working and co-ordination of supported employment opportunities within the city through the establishment of an employment co-ordination group.

Day Services/activity:

- Promote the use of personal budgets within day opportunities;
- To undertake a comprehensive review of day opportunities following agreement by Cabinet on the 16th December 2013 to enter into consultation about the future shape of services;
- Link day centre activities support with employment provision, both internally and externally to promote joint working and work experience placements and paid work for people with learning disabilities.

Health:

- To improve the equality and annual take-up of annual health checks, registering and attending annual eye checks;
- Annual Health Day to raise awareness of local health and adult social care services;
- Improve the pathways into primary and secondary healthcare through population of E-Track system at PSHFT and agreed sharing of patient data between health partners.

Transitions:

- To work in partnership with children’s services to develop a comprehensive database of all young people known to services from the age of 14 onwards and to establish transition plans in partnership with stakeholders;
- To evaluate and implement with stakeholders the strategic requirements of the SEND initiatives within The Children’s Act, ensuring that commissioners are able to map and respond to the demands of the transitioning community within Peterborough.

Winterbourne:

- To maintain and develop the work around the strategic requirements and outcomes of the Winterbourne Concordat and to continue to ensure appropriate outcomes are achieved for those individuals identified within the resettlement programme arising for Peterborough clients.

Autism Strategy:

- To ensure that the strategy and self-evaluation are recognised within the JSNA and actions signed off by the HWBB;
- To take forward the 5 key themes within the Autism Strategy for Peterborough:
 1. Increase awareness and understanding;
 2. Develop a clear and consistent pathway for diagnosis;
 3. Improve access for adults with autism to the services and support they need to live independently;
 4. Help adults with autism into work;
 5. Enable local partners to develop services for adults with autism to meet identified needs and priorities.

Older People, Physical Disabilities, Sensory Impairment and Carers:

Peterborough has a growing population of elderly residents. This population is expected to grow by 11% between 2010 and 2021. The number aged 85+ will grow by 52% during this period. Currently it is estimated that around 1700 of the Peterborough population suffer with dementia.

Dementia Strategy:

- The strategy is nearing completion and implementation work already underway in the following areas: Dementia cafes, Dementia Action Alliance and the Dementia Friends programme
- Dementia Resource Centre – The creation of a Dementia Support Hub in partnership with The Alzheimer’s Society to develop 441 Lincoln Road with co-location of health and social care.

Prevention Strategy:

- A prevention Strategy working Group has been established to review existing preventative services in line with the new Target Operating Model and Better Care Fund initiatives
- The key aims of the strategy are the following:
 1. The development of whole life prevention across health, social care, housing, education and beyond;
 2. Bringing commissioners and citizens together;
 3. Getting the right support at the right time in the right place to the right person;
 4. Empowering and enabling people to have choice and control in their support;
 5. People, families and communities feel empowered and able to take control and maximise their health and well-being;
 6. To minimise dependency upon professional services.

Carers Strategy:

- A carers strategy has been published and an implementation group established. The next phase of this development is an integrated model with Children's services and Health partners.

Market Position Statement MPS:

- Market Position Statements have been completed for Older Persons, Physical Disabilities and Sensory Impairment. The Older Persons has been supported by IPC as part of a national programme. Further data is still sought as to the broader market within Peterborough where associated stakeholders i.e. health and housing play a major role and who will contribute to a more holistic understanding of existing need and future development.

Extra Care Housing:

- There are currently five extra care housing schemes in Peterborough with another due to come on stream through Cross Keys in July. A review is being undertaken of current models against national best practise and other models of care, and consultations have commenced with RSL partner agencies. Procurement of care services will be undertaken shortly as a result of a recently tendered framework agreement for domiciliary care services.

ICES Contract:

- The current contract expires on the 31st March 2014, jointly commissioned with Cambridgeshire Council. The tender process has been completed and a preferred provider has been identified.

Transport:

- A draft policy has gone through consultation and awaits final approval. Agreement has been reached for the development of an integrated and flexible model of ASC transport between PCC transport and Enterprise. Work is underway to map service user needs.

Residential and Nursing Care:

- The residential and nursing care market will be subject to a full review through 2014/15. The Council currently procures only 30% of available beds and needs to determine the amount of interim and respite it requires as a result of demographic growth and changes within its operating model.
- Contract and procurement activities were transferred to Serco in July 2013 and work is required to deliver rigorous quality assurance and monitoring models within the ADASS guidelines going forward.

Older Persons Day Services Review:

- A review will be undertaken during the first half of 2014 to examine day services options in line with the broader ASC Transformation agenda and the review of day opportunities for Learning Disabilities. The key outcomes are to move away from building based day services towards community based activities.

Direct payments/Personal assistants:

- ASC is seeking to increase Direct payments through a number of strategies and is in consultation with the existing Direct Payments support services and service users.

Third Sector Review:

- A significant number of contracts cease in March 2014 that are under review and will be subject to a number of outcomes from rolling over and updating to being decommissioned. Discussions are taking place with providers to examine the efficacy of what is currently being delivered and the future needs of the Council based upon its Operating Model and demographic demands.

Mental Health Services:

Peterborough City Council works in partnership with Cambridgeshire and Peterborough NHS Foundation Trust to provide services to people within Peterborough who suffer from some kind of mental disorder in their lives. A Section 75 partnership agreement was signed between the two parties in 2013 for a three year period for the provision of assessment and care management services to support the delivery of care. Key priorities are:

Mental Health Strategy:

- To complete the strategy for mental health services around the model of care, Employment, Accommodation, and working alongside Forensic services.

Development of the 3rd Sector:

- To deliver employment opportunities, health and wellbeing programmes and advocacy services.

Employment:

- Discussions are taking place with 3rd sector providers to further develop this area of activity to add to the services currently being provided by PCC through the Shaw Trust.

Accommodation:

- A needs analysis is being undertaken of people currently being supported both within and outside of Peterborough to enable alternatives to be provided to hospital admissions and to repatriate out of borough placements where lack of suitable accommodation within Peterborough has been the main reason for the placement.

Local Area Co-ordination and Asset Based Communities:

As part of the new operating model, Peterborough Council is investing in a programme of developing local communities to support people to be engaged within their community and to develop skills both for leisure and employment. Pump priming monies have been agreed to facilitate this model and a Leadership Group will be established to pilot the first wave within Peterborough.

Scope of Transformation Programme and Next Steps

The Council is moving towards a support system that

- Is dedicated to Personalisation, individual choice, greater independence and less reliance on ongoing statutory support wherever possible;
- Supports individuals to maximize their potential to live as independently as possible through Reablement and transitional support;
- Enables individuals, families and carers to be able to use our new front facing customer service which will provide information and advice, low level support and our preventative offer;
- Delivers Personalisation by enabling people to have personal budgets;
- Enables the council to become a commissioning organisation that builds capacity, quality, service choice and the ability to offer personal assistance with social enterprises, commercial, NHS and statutory providers and voluntary and community groups.

To be successful in embedding Personalisation in Peterborough it is critical that residents' voices are heard and incorporated into the modernisation process.

To this end we are actively working together with Peterborough people to gather their views on what how we can incorporate their voice into the transformation programme

In order to achieve this, the transformation programme is employing a method which favours the development of a service which is focused on the values of its customers as opposed to a 'cost cutting' exercise; which often creates unsustainable and sub-standard results. A number of key organisation design components are being analysed and re-shaped to deliver better services, which align to the changing current and future environment for Adult Social Care.

The Transformation Programme is underway, and is developing a full and Detailed Business Case that will be presented to the Transformation Board on 9 December 2013. This report will identify a number of future operating models, and their associated cost saving potential. Following acceptance of a preferred model, Adult Social Care will move into the final stages of planning and implementation; with a target date of 1st April 2014 for go-live.

Key Issues to be addressed in Detailed Business Case

- To enable the transformation programmes full cost saving potential the Council will be required to make an investment in IT enablement for the benefit of this and other future transformation programmes;
- Culture change within the support planning process;
- Managing expectations and change for users and carers;
- Developing community capital and capacity;
- Improved compliance and monitoring of existing contracts and alignment of personalisation;
- Potential impact on staff i.e. change of roles, working differently.

These components are:

- Resolving the customer's issue as early as possible in the journey;
- Making the best use of existing external services that are relevant to the customer's needs;
- Maximising the skill-set of colleagues from within the council, as well as professional providers, to provide integrated solutions and not hand-overs;
- To be outcome focussed. Goal setting and goal management with the view to promoting regained independence;
- An experienced and knowledgeable information and advice service that does not merely take calls and pass the information on, but solves and prioritises incoming queries;
- Multi-channel communication with a proactive 'push' to front door as a first point of contact and not to defined areas of the service.

A new customer pathway:

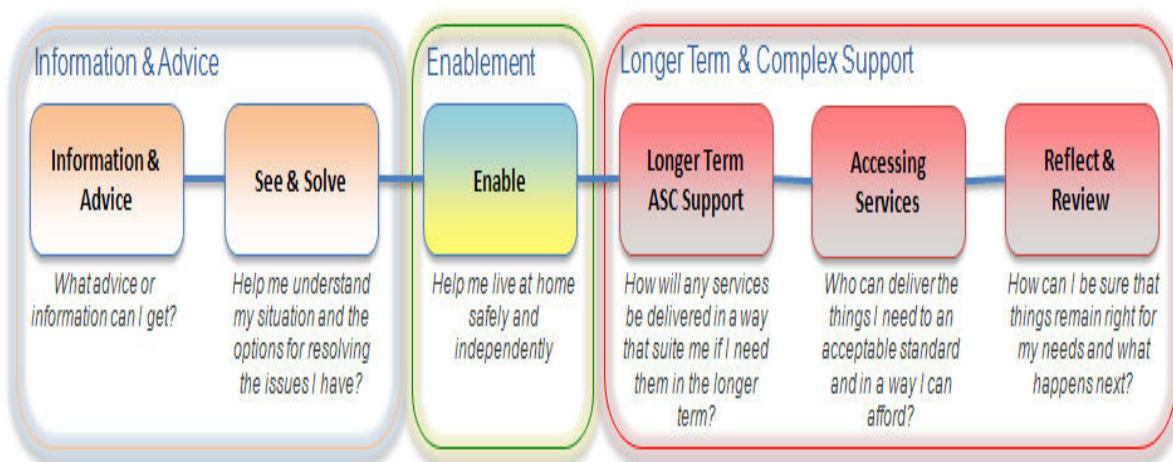
The Personalisation programme, which sits within the wider transformation of the Council is key to realising efficiencies and savings simply by way of how services will be accessed going forward – therefore the customer journey needs to be transformed to ensure the right level of access and use of other services that are undergoing transformation.

Current issues New Pathway solution

- One size fits all – all service users that are eligible;
- Low complexity issues resolved earlier in the customer journey with a focus on issue resolution at the 'front door';
- Limited to no use of self-service for easily resolved matters;
- Implementation of a web enabled solution consisting of eMarketplace and care directory;
- Improved information and advice service to manage a higher volume of queries of varying nature and complexity;
- Signposting service that maximises solutions that are non-council based;

- Limited (or no) exits in the current pathway resulting in what we now term as tier 3 of the organisation – i.e. back office, highly skilled functions;
- Actively seeks out and promotes solutions that can be provided outside of the council from an increasingly growing marketplace of solutions;
- Each stage in the pathway assesses whether needs can be met outside of the council.

The following figure depicts how this new pathway may look:



- Implementation of self-service utilising eServices, deflecting demand for council services where citizens are capable to help themselves and purchase solutions;
- A more skilled information and advice team able to resolve a greater number of queries at first point of contact;
- Better signposting to non-council based services through what is known as the ‘courtyard’;
- Implementation of a rapid intervention and crisis management function – reducing the time it takes to resolve an issue that can be resolved in a short time-frame, reducing the risk of escalation;
- The creation of multi-disciplinary teams where expertise can be shared and integrated solutions offered to the customer.

Building Community Capacity:

In common with colleagues elsewhere within the Communities Directorate, ASC are also striving to build community capacity and to fund and develop Local Area Coordination (LAC) and an Asset Based Community (ABC) approach which will support the new TOM.

LAC is an approach to support people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a ‘good life’, to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable.

It builds relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities.

ABC emphasises the need to readdress the balance between meeting needs and nurturing strengths and resources of people and communities.

The identification and mobilisation of an individuals or communities assets can help them overcome a challenge they face and also reduce demand for, or dependence on, more expensive services.

This work will support the work commissioners are undertaking to stimulate a thriving and viable third sector which has a key role in relation to the adult social care preventative agenda.

This page is intentionally left blank