

ABERDEEN CITY COUNCIL

COMMITTEE	Council
DATE	1 st March 2023
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Prevention and Early Intervention
REPORT NUMBER	CUS/23/064
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REPORT AUTHOR	Derek McGowan
TERMS OF REFERENCE	24.5

1. PURPOSE OF REPORT

- 1.1 To advise the Council on the approach taken to embed Prevention and Early Intervention into the Commissioning cycle and shape budget decisions to positively deliver on outcomes for Aberdeen.

2. RECOMMENDATIONS

That the Council:-

- 2.1 Notes the development to date of the Council's approach to resource allocation in aid of supporting the deliberate shift to prevention as advocated by the Council's Target Operating Model and agrees to further develop it by instructing the following corporate wide developments;
- a) Instructing the Chief Officer – Finance in consultation with the Chief Officer - Early Intervention and Community Empowerment to develop a new financial reporting template to capture the Prevention and Early Intervention tiered resource allocation model, and to include this in the annual Budget process, with effect from the 2024/25 budget cycle, to demonstrate the proposed allocation of resources per tier;
 - b) Instructing the Chief Officer – Finance, in consultation with the Chief Officer Governance and Head of Commercial and Procurement Services to work with the Group entities and Tier 1 ALEOs to prepare a statement of tiered resource allocation across the Aberdeen City Council family group, and to include this in the annual Budget process with effect from the 2024/25 budget cycle;
 - c) Instructing the Chief Officer – People and Organisational Development in consultation with the Chief Officer – Early Intervention and Community and Empowerment and Chief Officer – Finance to develop a training programme for staff and elected members on early intervention and prevention and report on delivery progress to the Staff Governance Committee;

- d) Instruct the Chief Officer – Governance to amend the Committee reporting template to include commentary on tiered resource allocation on prevention, early intervention and response services; and
 - e) Instruct the Chief Officer – Data & Insights to work through the Aberdeen Health Determinants Research Collaborative to ensure that the Council’s approach to resource allocation and the continued shift to prevention is supported by appropriate evidence, research and evaluation.
- 2.2 As part of the next stage of the development of the resource allocation approach to underpin the shift to prevention, agrees to instruct the following on-going spend analysis using the three tier intervention framework:
- a) Instruct the Chief Officer – Strategic Place Planning to include a tiered analysis of resource requirements in the refreshed Local Housing Strategy to be presented for approval to the Communities, Housing and Public Protection Committee noting the significance of housing as one of the key determinants of population health;
 - b) Instruct the Chief Education Officer and Chief Officer Integrated Children and Family Services to undertake tiered analysis of the resource requirements to support the refreshed Integrated Children’s Services Plan (2023-2026) and present the Integrated Children’s Services Plan to the Education and Children’s committee for approval noting the significance of early years interventions in population health; and
- 2.3 Note the Approved IJB Strategic Plan (2022-2025) and request the Chief Officer of Aberdeen City Health and Social Care Partnership to include tiered analysis on annual reporting against the Health and Social Care Partnership Strategic Plan 2022-25 as part of evidencing the shift to a preventative approach rather than a medical approach to ageing well; and
- 2.4 As part of demonstrating how the Council’s expenditure is driving achievement of better outcomes through co-ordination and collaborative working:
- a) Note the commitments contained in the Council Delivery Plan COM/23/074 which are aligned to the Local Outcome Improvement Plan outcomes,
 - b) Note the assessment of the Council Delivery Plan commitments using the tiered analysis detailed in this report, and
 - c) Instruct the Director of Commissioning, as Chair of the Community Planning Partnership Management Board, to encourage Community Planning Partners to adopt this approach to tiered analysis of organisational spend to support the development of a citywide perspective on resource allocation.

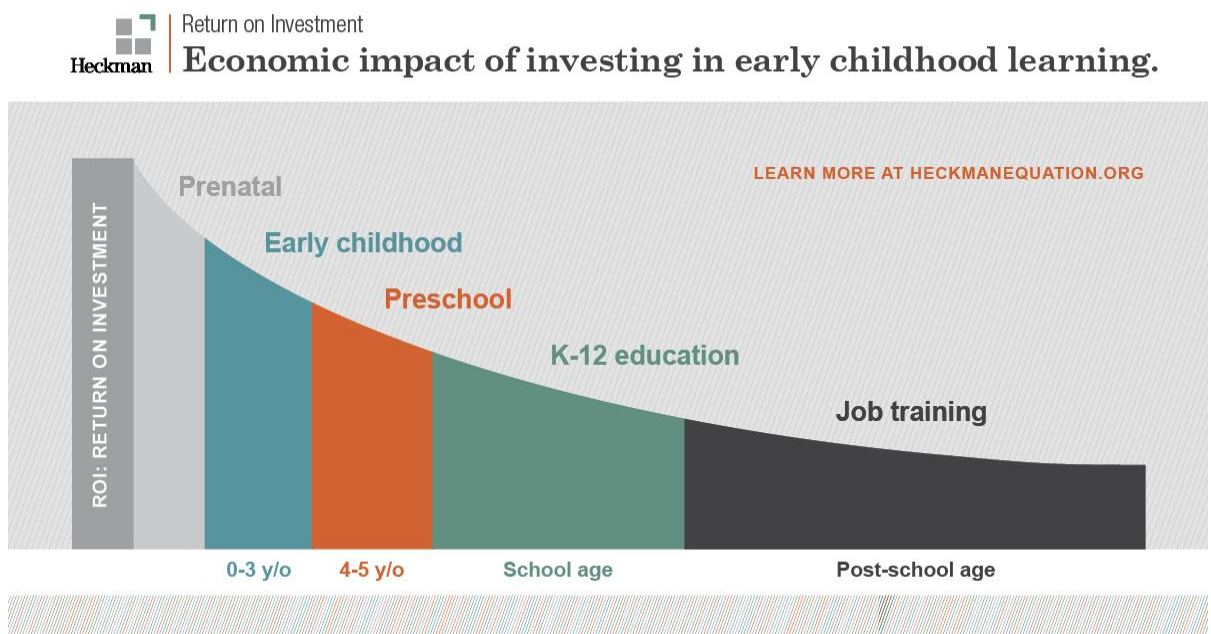
3. STRATEGIC CONTEXT

- 3.1 The [Commission on the Future Delivery of Public Services](#) (the Christie Commission) identified the importance of a deliberate shift to preventative services and spending based on the rising demand on public services, and the scale of reactive spending, specifically the targeting of resources at short term and immediate responses rather than long term planning to reduce demand and spend. This supports the findings of the [Marmot review](#) that identified health inequalities as a social justice issue, highlighting the links between socio-economic inequalities and poorer life outcomes. [The United Nations Convention on the Rights of the Child](#) sets out detailed rights for children, defined as being under 18 years old, and it is clear that the impending adoption of this into Scots Law will enhance the protective measures for children and young people, and lead to healthier adults over time.
- 3.2 The Christie Commission highlighted that almost half of public sector spend treated failure demand, and future projections are that around half of all future public expenditure will be on NHS services. This leaves the remainder of national public expenditure to be allocated across Police Scotland, the Scottish Fire and Rescue Service and the 32 Local Authorities amongst other agencies. In seeking to manage this fiscal environment in the years since the Christie Commission, Aberdeen City Council has developed and implemented preventative approaches and sought to reduce demand on services through increased use of data and insights.
- 3.3 Economics of prevention demonstrate that taking action to prevent harm occurring is more cost effective than treating the harm once it has occurred. The traditional focus of prevention and early intervention work has been on ages and stages of life and health related interventions, with a mix of targeted and whole population measures – both local and national. Examples include:
- Air quality
 - Child poverty
 - First 1000 days of life
 - Home safety for the young and elderly
 - Obesity
 - Road traffic measures
 - Smoking cessation
 - Substance use
 - Teenage pregnancy
- 3.4 This evidence and research base has meant that the collective focus on public health has increased, and partnership working through the Local Outcome Improvement Plan has been a priority – with excellent results so far across a range of economic, people and place based targets. Levers currently available in tackling demand and embedding a prevention and early intervention approach include legislation and policy such as:

- Bairns' Hoose
- Child Poverty (Scotland) Act 2017
- Climate emergency
- Community Justice (Scotland) Act 2016
- Council House building programme
- Covid recovery strategy
- Digital connectivity
- Drug Related Deaths Taskforce
- Free school meals
- Justice vision
- Proposed National Care Service
- Partnership statement
- Programme for Government
- The Promise
- Regional Economic Strategy
- Social Renewal Advisory Board
- United Nations Convention on the Rights of the Child (UNCRC)

4 PREVENTION AND EARLY INTERVENTION

- 4.1 The return on investment achievable through preventative spending is perhaps most easily demonstrated by the Heckman curve, which shows the benefits of Early Years and education spend:



- 4.2 This demonstrates that a child born and enjoying the full protections afforded by the United Nations Convention on the Rights of the Child will most likely allow the adult to flourish - but also that investment later in life does not afford the same protective factors. The conditions for healthy childhood development are well established – safe, secure and nurtured. However, the barriers to this are also well known – including domestic abuse, parental substance misuse, violence and poverty.
- 4.3 The most recent Population Needs Assessment for Aberdeen shows healthy life expectancy is up to 12 years greater in more affluent areas than in poorer ones; and that this mirrors educational attainment in those areas. Across the city this story is repeated, with the exception of alcohol and tobacco use. The poorer you are - and the poorer your environment - the poorer your life outcomes are predicted to be, and the shorter both your life expectancy and

healthy life expectancy are. People experiencing these factors are statistically more likely to suffer from diseases such as obesity, diabetes, heart disease or mental illness, will be more likely to have multiple contacts across public sector agencies, and will require greater resources from the public sector across their lifetime.

4.4 The concept of 'cumulative neglect' is important in this context. This encompasses:

- Physical neglect – basic needs such as food, clothing, housing, safety
- Educational neglect – where a parent doesn't ensure that their child is educated
- Emotional neglect – where a child doesn't receive the emotional support, nurturing and stimulation need
- Medical neglect – where a child doesn't receive medical support to ensure healthy development

The net effect of this cumulative neglect can be seen in adults, but is first experienced by children. Obesity, diabetes, cardiovascular morbidity and neuropsychiatric diseases can be considered paediatric diseases, with significant evidence demonstrating the impact of physical, social and environmental conditions on foetal and early years development, and life outcomes including health, employability and income. The deficit in the daily life of a community is also made clear through the number of people from a community that are in prison, who lack employment, who suffer from increasing inequality, and who lack fulfilment on a personal level. Cumulative neglect is addressed in the refreshed Children's Services Plan due to be agreed later this year.

4.5 The cost to the public sector of managing these lower health and social outcomes is vast, with some research suggesting this could be up to 10% of GDP. From a public health perspective, areas of multiple deprivation have a higher incidence of infectious and non-communicable diseases, including those caused or exacerbated by smoking, poor diet, mental health and violence – precisely the types of health challenges linked to adverse childhood experience, poverty and poor educational attainment. The Early Intervention Foundation identified the cost of intervening late in public health issues as £17billion annually (England and Wales figures 2016/17).

4.6 Looking at Return on Investment for specific interventions, evidence suggests that high returns and cost benefits can be found in public health measures such as:

- Preventing falls by the elderly
- Multisystemic therapy for juvenile offenders
- Intensive pre-school education for socioeconomically deprived families
- Road safety measures

4.7 While the case is clear for prevention and early intervention spending in public health terms, much organisational demand is still viewed independently and the consequences are not mapped across other clusters. An example of this would be the high level of internal demand placed on Customer Experience

due to complaints about services such as Waste and Cleansing or Housing. Our commissioning cycle must mature to identify how systematic prevention analysis can classify prevention activity, and then view that demand – and its reduction – at an institutional level while ensuring a link to multi-agency collaboration.

5 ORGANISATIONAL RESPONSE

- 5.1 Council has previously agreed an approach to demand management through the Commissioning cycle. This sets out the framework in which we develop our annual budget, and is now firmly embedded as the vehicle for identifying the annual Council Delivery Plan, commissioning intentions and service standards. In adopting this approach we have successfully introduced a demand data dashboard that provides Chief Officers with real time insight into demand on their services. This allows peer consultation and engagement, deep dives into specific areas of demand, and identification of single or multi service transformation projects to improve delivery and reduce demand.
- 5.2 Through this we have been able to interrogate key service data and identify demand management techniques. This approach helped us deliver the Target Operating Model and savings of £125m over the period 2017-2022. Prevention and Early Intervention analysis has been a factor throughout this, with consideration of national and local policy and legislation linking with understanding of demand to help identify new service delivery models.
- 5.3 Across Council services this has helped reduce external demand in areas such as:

a) Street lighting

The service has successfully responded to two aspects of demand. Firstly, the response to high numbers of street light faults and delays in fixing them. Changes made to processes, communication, contractor management, technology and staffing have helped to reduce the number of reported faults and improve our response times. Secondly, in terms of energy usage the Council is one of the leaders in adopting large-scale LED street lighting and has installed nearly 27,000 LED lights across the city. Street lighting is the biggest user of energy for most local authorities. Typically up to 75% of the energy used by high intensity discharge lamps can be saved by switching to LED streetlighting supported by a central management system, which allows lighting levels to be varied as the use of an area changes throughout the hours of darkness, as well as automatically reporting any issues.

b) Looked after children

Over the past three years there has been a steady reduction in the number of looked after children in Aberdeen City circa 15%. As of 30 September 2022, there were 485 children looked after by the local authority compared to 570 as of 1 April 2020. This decrease is across all care types and mirrors a trend at a national level. As we move to support more children in the community, utilising approaches that wherever possible mitigate the need for statutory measures of care, it is anticipated that the number of looked after children will continue to fall in the years to come. Efforts to bolster the support offer to

kinship carers, developing an integrated Family Support Model, and utilisation of the Whole Family Wellbeing Fund to enhance preventative and early intervention approaches continue to be moved forward at pace.

c) Homelessness

Interventions around homelessness over the last 3 years in Aberdeen have been developed in response to the Scottish Government request for all Local Authorities to develop a Rapid Rehousing Transition Plan. These 5 year plans (2019 to 2024) set out actions to reduce the amount of time that a household experiences homelessness, improve temporary accommodation and attempting to stop the cycle of homelessness re-occurring through projects such as Housing First. There has been significant success under the Rapid Rehousing Transition Plan with the homeless journey time reducing by 62 days, temporary accommodation stock reducing by 224 units and the gap between demand and supply, which causes the homeless backlog, reducing by 199 households.

- 5.4 The Council has established a series of internal governance boards to ensure a systematic approach to managing strategic outcomes, these are the Strategy Board, Performance Board, Transformation Board and Risk Board. The Strategy Board considers all internal and external factors to the Council to fully understand the current and future environment and its potential impact on the Council and the place of Aberdeen. In response to these internal and external factors, the Board ensures alignment of plans across the Council and it's group structure with the Council's strategic direction and the Local Outcome Improvement Plan, using the commissioning approach to support strategic resource allocation. This approach will help focus strategically on the three tiers of prevention identified in this report, which can be monitored and developed through the other three Boards identified.
- 5.5 The Net Zero strategy most recently exemplifies this approach, with the detail provided clearly showing the preventative and early intervention steps needed, along with the specialist response currently required to deal with climate change in the city. The IJB Strategic plan has been in place for one year and has a strong focus on prevention, including maintaining personal independence, reducing unscheduled care, intensive family support and preventing ill health. These are service areas where specialist spend is high but with great scope for achieving return on investment. The progress on developing the Integrated Children's Services Plan, which will be brought before Council later in the year for approval, and commencement of work on the new Local Housing Strategy mean we are at a crucial point in developing citywide strategies that we can undertake tiered analysis of to ensure we are able to allocate resource most effectively in the coming years, and continue to demonstrate we are operating within the legal requirements of continuous improvement and best value. The current strategy suite is included as Appendix A.
- 5.6 Following this process has enabled a richer understanding of the cross cluster *internal* demands placed on the system; and it is clear that in continuing to develop this approach more work is required to reduce and manage demand

created by failure demand on enabling services – for example Customer Experience, People and Organisation, and Finance. This will require the adoption of early intervention and prevention practices across all clusters, and greater understanding of the relationship between enabling services and operational services.

- 5.7 In identifying and projecting budgetary challenges the Council continues to face, the importance of the Christie Commission's direction to make a deliberate shift to preventative spend remains important context. In August 2022 Council agreed the adoption of Target Operating Model 1.2, to be delivered by 2027. A key aspect of this is the continuing adoption of a focus on Prevention and Early Intervention through one of four key enabling strategies. This seeks to build on the demand management approach introduced within TOM1.2, identifying key criteria to be applied across all budget areas to target where further work must be focussed, in order to alleviate pressure on budgets and ensure appropriate resource allocation.
- 5.8 In policy terms, this strategy will align with the key strategies identified to tackle both internal and external demand on the Council. This approach will further inform our commissioning cycle approach, ensuring enhanced demand analysis and elimination is a foundation of the medium term financial strategy.
- 5.9 Failure to tackle internal and external demand across all areas of the Council, may result in imbalanced and ineffective resource allocation and continuing cycles of annual response to failure demand being experienced. As stated earlier in this report, much evidence and research focuses on harm to individuals. It has been important therefore to identify set criteria for analysing the Council system as a whole. This will allow a full classification of services regarded as preventative, aggregate the resources allocated to preventing harm occurring, and resources required to intervene once harm is identified. This in turn will facilitate a more mature institutional understanding of the totality of risk around harm and its escalation, of risks faced when trying to prevent harm or intervene early once harm is identified; and present a coherent range of outcomes sought when commissioning services to prevent harm or intervene early.
- 5.10 At a city level, Community Planning Aberdeen has worked to tackle wicked issues such as poverty, environmental sustainability and employability through People, Place and Economic drivers. The Local Outcome Improvement Plan provides impetus and focus into how partners work together to tackle negative outcomes and adopt a more preventative approach. This allows the Council to tackle systemic problems and be part of sustainable solutions to infrastructure issues, resource management and household harm. The Local Outcome Improvement Plan is refreshed every two years to ensure we continue to adopt a data led approach to our improvement work in collaboration with partners. The Community Planning Partnership invites NHS Grampian's Director of Public Health to review the bi-annual refresh of the LOIP in order to confirm the emphasis on prevention within our proposed improvement activity.

- 5.11 Successful projects that improve the use of resources to improve outcomes, and cover the range of preventive, early intervention and specialist service delivery delivered through Community Planning over the last year include:
- [81% increase in unclaimed benefits](#)
 - [Accessing support on liberation from prison](#)
 - [Supporting unemployed people to start a business](#)
- 5.12 As part of this approach, there is a requirement to develop [Locality Plans](#), and these have recently been ratified by Community Planning Aberdeen Board. These help ensure a local focus by involving communities in identifying the outcomes and delivery where appropriate. The recent approval of a Community Empowerment Strategy and Outcome Improvement Group through Community Planning strengthens the multi-agency commitment to inclusion and lived experience in planning services.
- 5.13 This forensic assessment of demand across the Council, and developing approach in collaborative work, will result in a consistent approach to tackling demand and allocating resource across multiple service areas.

6 IMPLEMENTATION

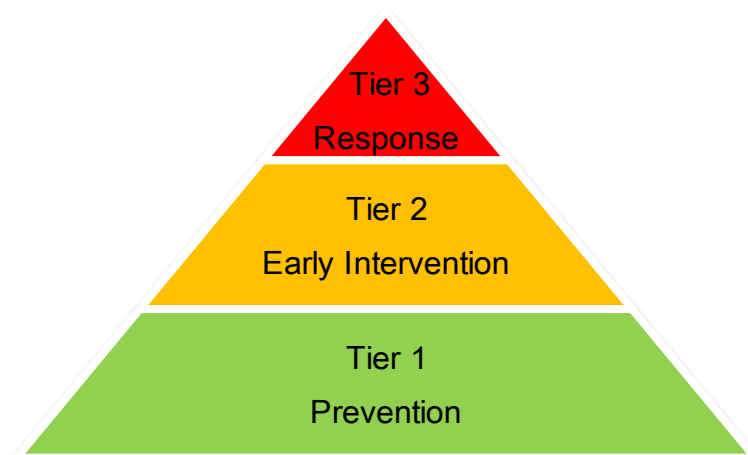
- 6.1 [Target Operating Model 1.2](#) was approved in August 2022, with a clear alignment with the Medium term Financial Strategy and four key enabling strategies:
- Customer, Digital and Data
 - Estates and Assets
 - Intervention and Prevention
 - Workforce
- 6.2 Target Operating Model 1.2 will support deeper and broader service redesign, with digital enablement, that will be required to contribute to the savings required for the next 5 years from 2023/24 to 2027/28 as set out in the Medium-Term Financial Strategy. The objectives are to:
1. Support the Council to address the 5-year funding gap of £134m as outlined in the Medium Term Financial Strategy.
 2. Continue to exploit digital technologies within the Council's Digital Transformation agenda to enable services to adopt technology for various activities and processes, thus enabling the Council to fully leverage technologies to accelerate their processes.
 3. Develop an organisational workforce that is flexible ensuring all staff have the necessary skills to work effectively within the Council's operating model.
- 6.3 With regard to prevention and early intervention strategy, our intention is to make tiered analysis of resource allocation an integral part of our budget cycle. Therefore it is recommended that the Council receives a report on prevention and early intervention as part of the budget options report each

year. This will help assure Council that the deliberate shift intended is being achieved.

- 6.4 To undertake the tiered analysis and achieve this deliberate shift, it is necessary to have a set of agreed definitions, for ‘prevention’; ‘early intervention’ and ‘harm’; and with an important distinction to be drawn between human harm and resource demand:

Category	Definition	Origin of demand
Prevention	Taking action to prevent the occurrence of harm through universal measures	Human and Resource
Early Intervention	Interventions that ward off the initial onset of harm and create empowered resilient communities and staff	Human demand
Early Intervention	Intervening before further harm takes place in a way that avoids the later costs in both human and financial terms of handling the consequences of that harm	Resource demand
Harm	A negative impact on humans, the institution or resources available	Human and Resource

- 6.5 The first step in responding to these identified factors is the adoption of a systematic evaluation of demand, resource allocation and risk. A tiered approach to identifying demand across each cluster is being embedded, following the model of tiered intervention illustrated below. Adopting this human harm based assessment criteria and applying it to general resource management allows the Council to build on an effective model, allowing a greater understanding of spend in categories of Primary, Early and Specialist Intervention across the organisation.



6.6 The tiered model has been applied to all clusters to identify demand and spend using 22/23 data as a baseline, with three year trend analysis behind that. It is vital that organisational risk is understood and managed, and embedding the prevention and early intervention approach to commissioning means that risks that are currently understood and mitigated may change or be removed; and new risks may emerge. We will have a much deeper understanding of the interdependencies of risks across the tiered model, which will support the identification of mitigations to de-escalate risks safely. Identifying the risk factors per Service and the aggregation of a risk register per tier with mitigations will be crucial in creating a prioritisation list of transformation and demand elimination projects. The Council Delivery Plan COM/23/074 contains an assessment of commitments using the three tier model explained at section 6.5.

6.7 Three key themes emerge when attempting to fully articulate the demand being experienced within the Council, its origin, and the interdependencies in the system:

- External demand on external facing services
- Internal demand created by external services
- External and internal demand created by partner agencies

6.8 Through a citywide lens, assessment of the 75 projects in the current Local Outcome Improvement Plan shows that they are spread across the three tiers as follows:

Prevention	Early Intervention	Response
27	18	30

6.9 It is recognised that specialist services normally deal in failure demand associated with significant human harm, and therefore are more expensive either specifically in the case of dedicated staff dealing with a specific issue; or generally where a number of staff have to deal with repeated lower level issues. Many of these specialist services are commissioned externally. It is possible therefore that external commissioning will reduce, and therefore an important aspect of this work will be to examine the role of commissioned services with an enhanced role for the Demand Management Control Board in looking at the Council's contract register across all services. This will help identify how the anticipated demand could be avoided thereby managing or even negating the need for the spend.

6.10 A significant development in this sphere is the Aberdeen Health Determinants Research Collaborative (AHDRC). This initiative, funded initially for 5 years by the National Institute for Healthcare Research, has the aim of supporting Aberdeen City Council to develop a research-led approach to help improve the health and well-being for Aberdeen's communities. We will do this by working together with our partners including the University of Aberdeen, Robert Gordon University, NHS-Grampian, Public Health Scotland, The James Hutton Institute and our community partners and members of the public. We are collaborating on a number of key workstreams including:

- Commissioning and generating research
- Curating and translating research evidence to help inform decision making which supports people to be healthy post pandemic and through the challenges of the cost of living
- Creating a supportive and sustainable research and data environment
- Enabling the spread of a research culture and skills
- Engaging with the people of Aberdeen to ensure they're always at the heart of research and decision making.

6.11 Through this collaboration we will identify the priorities which are most important to the people of Aberdeen, with the aim of reducing current and preventing future health inequalities. These might include food insecurity, fuel poverty, transport, education, housing or any of the other council responsibilities which can impact on people's health, and the Aberdeen Health Determinants Research Collaborative will therefore have a crucial role in ensuring that this is underpinned by the use of research and evidence, focussing particularly on improving the city's health and reducing inequalities. As such, this research is of great relevance to the prevention strategy discussed in this report.

PROGRESS SO FAR

6.12 Having completed the initial tiered analysis mentioned in 6.3, a first look at organisational spend within each Tier of the model is available, showing how this proportion of spend in each cluster has changed over a three year period.

6.13 This trend analysis has identified clusters where Prevention and Early Intervention spending needs more focussed attention, as shown in Appendix B. These are:

- Commercial and Procurement – elevated spend in specialist response commissioning
- Corporate Landlord – reducing spend in prevention and increased spend in response commissioning
- Customer Experience – the impact of internal demand on specialist response commissioning
- Digital and Technology – increasing spend in specialist response commissioning
- Early Intervention and Prevention – elevated spend in specialist response commissioning
- Governance – the impact of internal demand on specialist response commissioning
- Integrated Children's Services – elevated spend in specialist response
- Operations and Protective Services – increasing spend in early intervention commissioning
- People and Organisational Development – increased spend in early intervention

6.14 It is important to stress that a high spend in one Tier of the model may not be unexpected or be viewed as a problem, for example it would be expected that majority of spend in Education would be in Prevention, and the majority of spend in Children's Social Work in Specialist services. An important element

therefore is reaching an enhanced understanding of what should be expected in each cluster, and the interplay of demand across the organisation as a whole, including partners within the ACC group structure.

7 NEXT STEPS

7.1 To help manage the embedding of this approach into the commissioning cycle, a series of problem statements have been identified. These problem statements identify gaps in our organisational knowledge and understanding of how we continue to make an enhanced shift towards the prevention approach. There are key issues identified including risk escalation and de-escalation, entry points to the system and referral routes to and from different tiers for human demand, and classification of cross cluster internal demand from external failure. A programme plan to ensure consistency of delivery has been developed, with key strands led by identified Chief Officers. This is led by the Chief Officer – Early Intervention and Community Empowerment and reports to the Transformation Board. Key workstreams are:

- Commissioning – Chief Officer, Procurement and Commercial Services
- Community Engagement – Chief Officer, Customer Experience
- Data and Insights – Chief Officer, Data and Insights
- Financial modelling – Chief Officer, Finance
- Prevention and Early Intervention implementation – Chief Officer, Early Intervention and Community Empowerment
- Risk management – Chief Officer, Governance
- Workforce – Chief Officer, People and Organisational Development

7.2 Work will continue on the steps required to embed the prevention and early intervention strategy, linked to the medium term financial strategy. On this basis, it is recommended that progress on embedding this approach be reported to the Council as part of the annual budget process.

8 FINANCIAL IMPLICATIONS

8.1 There are no direct, immediate cost implications arising from this report. It is important in this context to stress the correlation between demand, prevention and early intervention and reducing organisational costs. Embedding this approach into the Commissioning cycle will mean that resources can be allocated and that operating costs will reduce, helping the Council to deliver a balanced budget corresponding with the medium term financial strategy.

9 LEGAL IMPLICATIONS

9.1 There are no direct legal implications arising from the recommendations of this report. However, as the report indicates, risk management and external commissioning are core aspects of the prevention and early intervention approach. The legal implications of commissioning and any other legal implications will be considered at the appropriate point in time.

10 ENVIRONMENTAL IMPLICATIONS

10.1 There are no direct environmental implications arising from the recommendations of this report.

11 RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
Strategic Risk	There is a risk that the Council fails to deliver on strategic requirements, for financial reasons or through not being able to respond to emerging policy and legislative levers.	Internal governance is already in place, and the adoption of the prevention and early intervention will include alignment with existing and emerging strategic requirements locally and nationally.	L	Yes
Compliance	There is a risk that as the prevention and early intervention approach is embedded, the Council fails to comply with contractual or legislative requirements.	The adoption of a programme approach to managing and implementing the strategy, led by Chief Officers, mitigates this risk.	L	Yes
Operational	There is a risk of operational failure as the prevention and early intervention is embedded, due to organisational and structural transformation requirements being identified.	Any significant changes to how the Council operates will be managed through appropriate internal governance routes as they occur.	L	Yes

Financial	There is a risk that the Council is unable to deliver a balanced budget in the medium term.	The adoption of the Prevention and Early Intervention strategy to complement the demand management strategy will help mitigate this risk.	L	Yes
Reputational	There is a risk that failing to move strategic resource allocation to a model based fully on demand, and potential resulting harm being experienced by individuals and the organisation, will leave the Council open to reputational damage.	The Council has existing internal governance routes including Performance, Risk, Strategy and Transformation boards.	L	Yes

12 OUTCOMES

<u>COUNCIL DELIVERY PLAN</u>	
	Impact of Report
Aberdeen City Council Policy Statement	The recommendations in this report align with the Partnership agreement with regard to the mitigation of poverty and inequality, and advancement of opportunity and healthy lives.
<u>Aberdeen City Local Outcome Improvement Plan</u>	
Local Outcome Improvement Plan	<p>The proposals in this paper impact on the four pillars of the Local Outcome Improvement Plan:</p> <p>Economy</p> <p>People (Children and Young People)</p> <p>People (Adults)</p> <p>Place</p>

Regional and City Strategies	Children's Services Plan Regional Economic Strategy Regional Skills Strategy Local Housing Strategy Customer, Digital and Data Strategy Asset Management Strategy
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13 IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Stage 1 IIA to be completed.
Data Protection Impact Assessment	Not required

14 BACKGROUND PAPERS

None.

15 APPENDICES

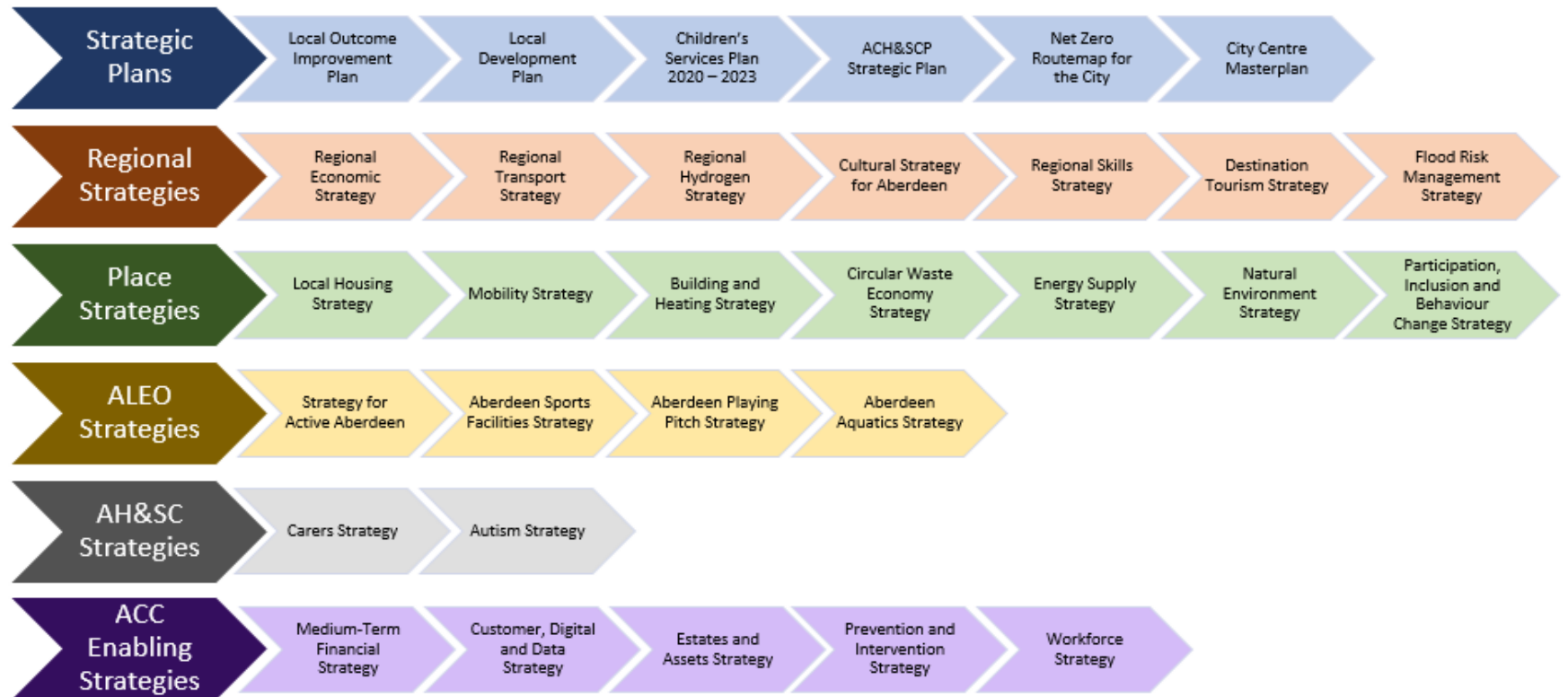
Appendix A – Current strategies

Appendix B – Trend analysis of Prevention and Early Intervention spend

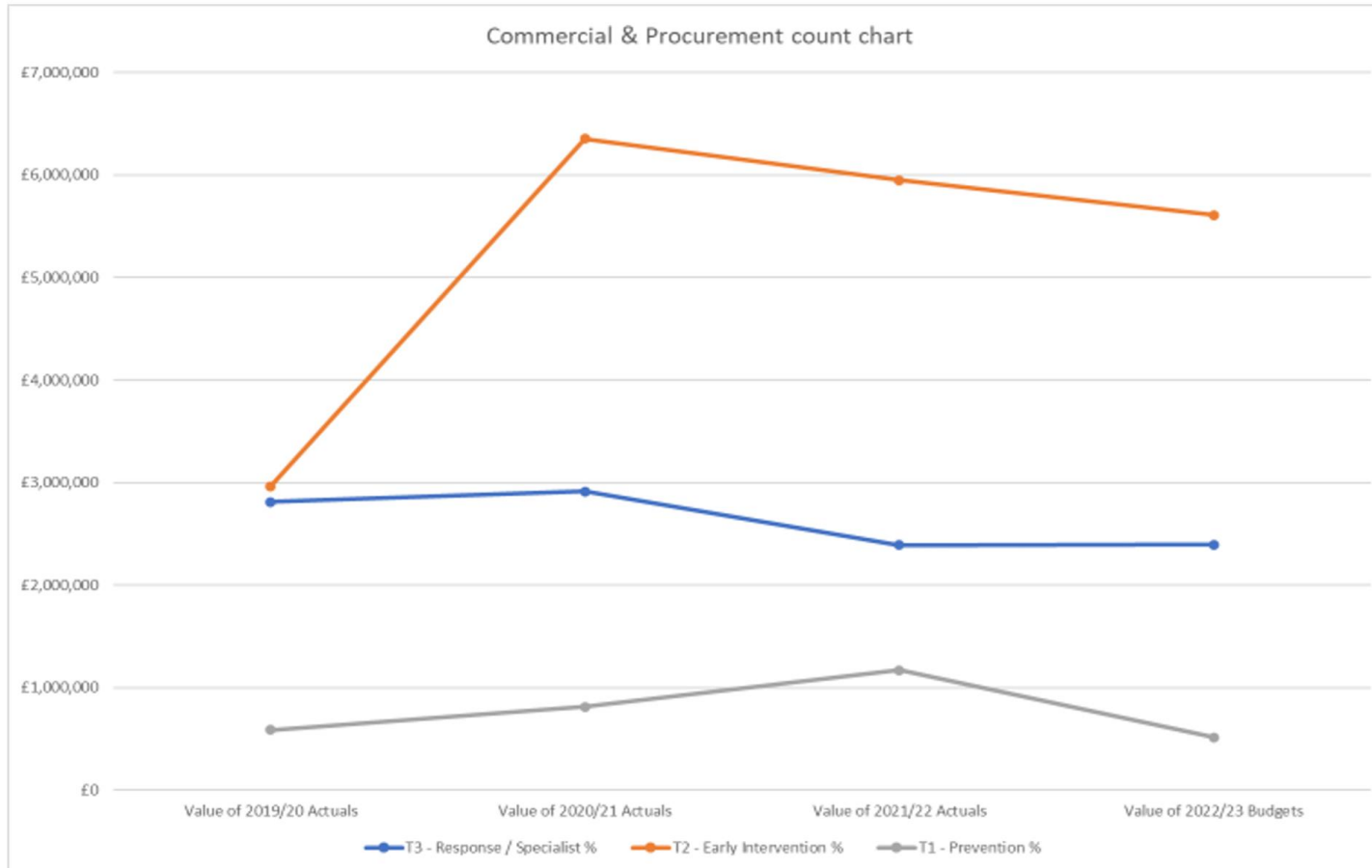
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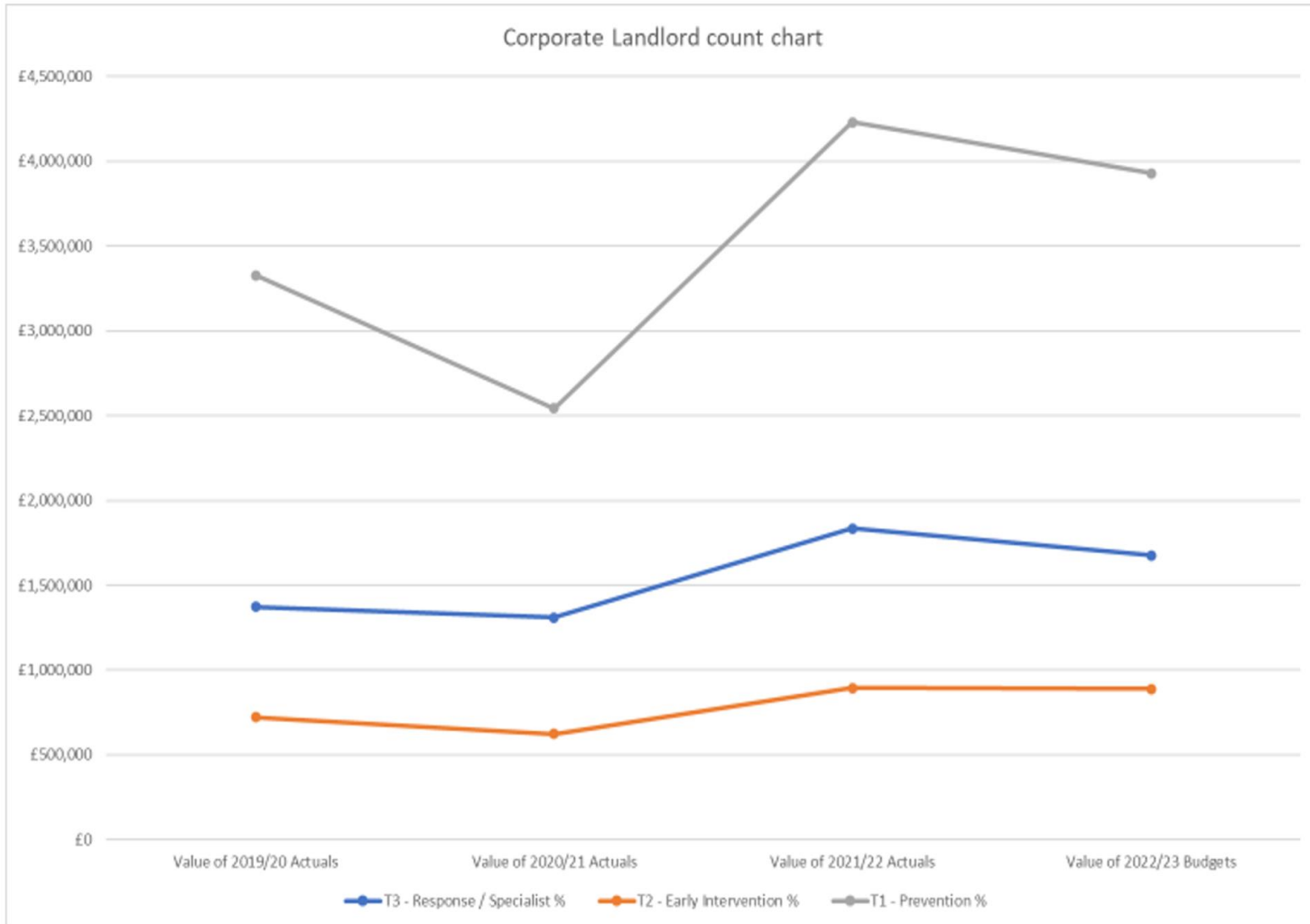
Strategy Framework



Appendix B



Corporate Landlord count chart



Customer Experience count chart

