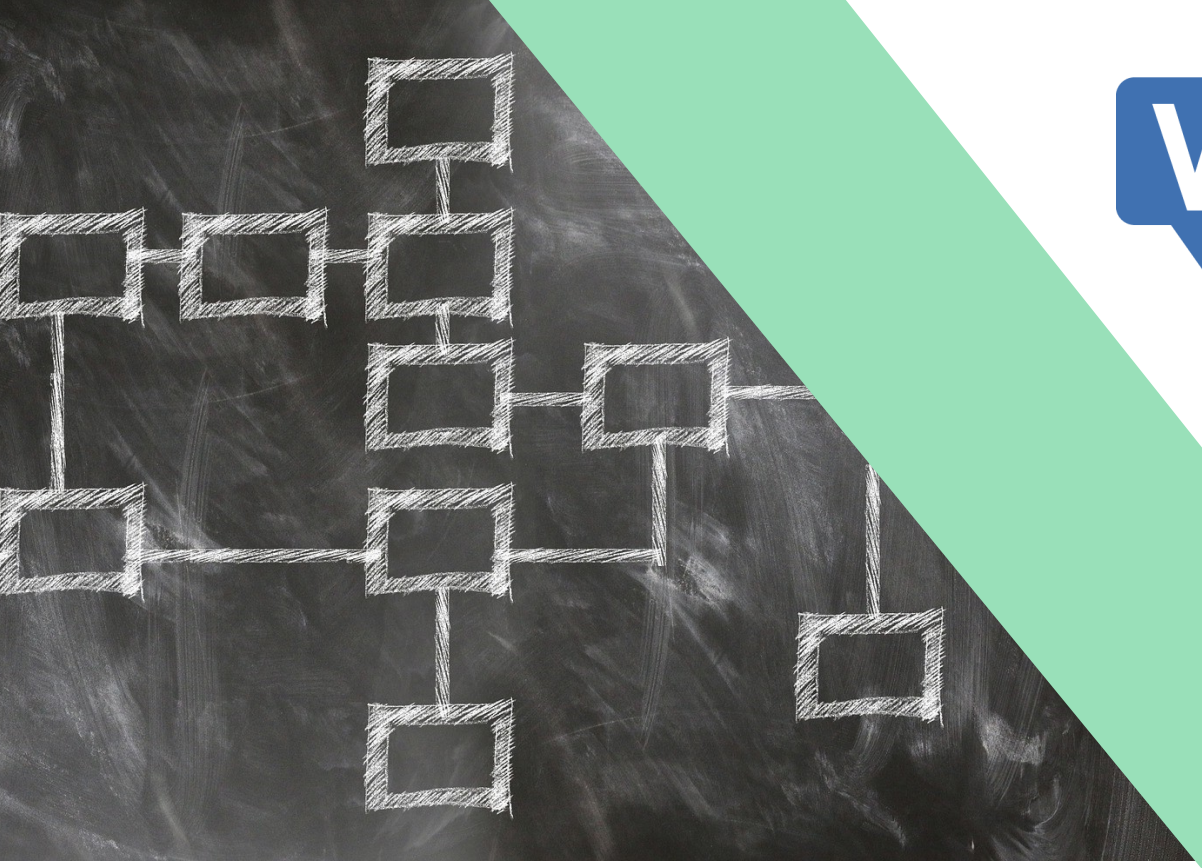


Voluntary and Community Sector

Prevention Report 2017

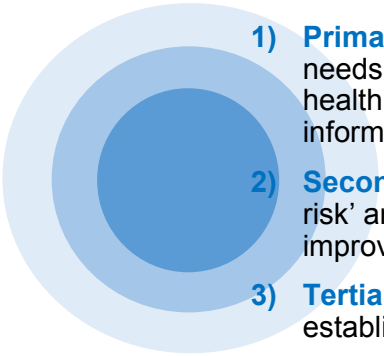
Shropshire Voluntary and Community Sector Assembly, September 2017

Contents

1. Introduction

This report has been prepared to provide an insight into the preventative work undertaken by Shropshire's Voluntary, Community and Social Enterprise (VCSE) sector. Preventative services and support is delivered by a large proportion of the VCSE sector but it is also an area of delivery that feels unstable and under threat. VCSE organisations are facing the same financial challenges as the public sector, many grant schemes have been lost, investment has moved into contracts, and competition to win contracts has grown. Investing in prevention is a challenge when health and social care services are struggling to meet demand. However, prevention is more important than ever as a way of limiting the escalation of health conditions and social problems and minimising cost by reducing the need for more acute and more expensive services.

The term 'prevention' covers a broad spectrum of activity from primary prevention (e.g. preventing falls in older people or targeting obesity), to secondary and tertiary interventions (such as re-ablement following hospital discharge or dementia cafes). The provision of services which aim to reduce social isolation and loneliness can also have a significant impact on mental and physical health and reduce the likelihood of demand on services such as adult social care and GPs.



1) **Primary prevention** is aimed at people who have no particular social care needs or symptoms of illness. The focus is on maintaining independence, good health and promoting wellbeing. Interventions could include access to good quality information, promoting health and active lifestyles.
2) **Secondary prevention** or early intervention, is aimed at people considered 'at risk' and the aims is to either slow down or stop any further deterioration, or make improvements.
3) **Tertiary prevention** is aimed at minimising disability or deterioration from established health conditions or complex social care needs.

Nationally we are seeing a greater overall demand for prevention as a result of[1]:

- People living longer (women are living longer than men but experiencing more chronic ill health).
- Increases in health conditions such as dementia and obesity.
- Increasing health inequalities—the 10% richest wards in the UK have 16.6 more years of healthy life expectancy than the poorest 10% of wards.

The UK and local health and social care systems are now spending a large proportion of budgets treating avoidable illness and avoidable problems such as debt and homelessness. If we fail to invest in prevention, we will see no real change over the longer term and the challenges we currently face will just become more severe. The importance of prevention is clear, however, sustaining and making any shift in investment to fund and develop preventative services is incredibly challenging. It has been an ambition of the NHS Better Care Fund[2] and some progress has been achieved.

Shropshire's VCSE organisations, through Shropshire VCS Assembly, are keen to work with local health and social care leads to make a stronger case for investment in prevention and improve understanding of the approaches that can be taken to maximise impact and make the best use of local resources.

This report considers:

- Types of prevention
- Current and forecast levels of need in Shropshire
- What Shropshire's VCSE sector looks like
- An insight into volunteering in Shropshire
- Risks to the delivery of preventative services
- The future of VCSE prevention in Shropshire

The Prevention Prospectus which accompanies this report includes partnership and service examples of preventative services including organisational case studies and beneficiary case studies. The Prevention Impact Assessment is summarised within this report (please see accompanying document for full details).

Sources:
1 https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now/
3 https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

2. Prevention

Investing early should delay and reduce and the need for crisis intervention later on but prevention isn't just about reducing the need for services, it also improves the health and wellbeing, and quality of life, of individuals and local communities.

Voluntary, Community and Social Enterprise (VCSE) sector groups and organisations operating in Shropshire provide a diverse range of preventative activity within the county (primary, secondary and tertiary). This report highlights some examples but it is impossible to do justice to the range of support and services on offer.

Prevention in its broadest sense can cover a diversity of support types and the list below provides just a few examples.

Type of support	Example
Social activities and meetings	Clubs, support groups, social groups etc.
Physical wellbeing activities	Walking groups, Extend classes etc.
Mindfulness/wellbeing	Therapy groups, relaxation classes etc.
Drop in sessions	Mental health drop-ins, market place information events.
Learning activities	IT classes, reading groups, courses (e.g. healthy eating).
Employment support	Job clubs, one to one advice, volunteering.
Information provision	Signposting, leaflets, guidance, events.
Advice provision	Benefits advice, financial support, housing advice.
Advocacy	One to one and group advocacy.
Support in the home	Shopping, basic DIY, gardening support, falls risk checks.
Accessibility support	Community transport, access community facilities/outreach
Health interventions	Chiropody, audiology
Health & wellbeing support	Diabetes groups, falls prevention, long term conditions
Safeguarding support	Financial abuse, elder abuse awareness, safe places etc.

Robust preventative services should contribute towards a number of outcomes and help achieve the following:

- Preventing and delaying ill health
- Keeping people fit and active
- Developing personal resilience
- Allowing people to maintain independence
- Reducing inequalities
- Improving wellbeing and quality of life
- Reducing the need for acute services
- Reducing isolation
- Allowing for more informed lifestyle choices and decision making

It is important to recognise that prevention can be important in avoiding long term decline in health or responding in a timely way once an individuals circumstances change (for example trigger factors such as being made redundant, becoming suddenly ill, having an accident, loss/ bereavement).

The goals listed above can only be achieved through an overall system of support. Only by multiple services and support groups working together will we be able to:

- Reduce the number of people needing social care support.
- Keep people living in their own homes for longer.

- Reduce use of GPs and more acute health services.
- Reduce numbers of people referred to services in crisis.
- Reduce admissions to emergency and residential accommodation.
- Reduce repeat use of services or readmissions to residential care and hospital.

The voluntary sector is particularly good at supporting individuals or families with multiple issues and providing longer term, holistic support on a range of issues and lifestyle factors. This focus on social support, wellbeing and quality of life can be very effective at reducing the levels of stress people experience when coping with daily hardship and disadvantage. This stress isn't just a mental health issue but actually affects the way the body reacts, impacting on people's physical health through higher cholesterol levels, blood pressure and heart disease. As a result the impact of this primary level prevention activity should not be underestimated despite being difficult, or sometimes impossible, to measure.

Find out more about the prevention activity delivered by Shropshire's Voluntary, Community and Social Enterprise (VCSE) sector groups and organisations in the VCS Prevention Prospectus and within the accompanying Impact Assessment report. (Use the contact details at the end of this document to request a copies).

3. Shropshire Facts and Figures

Reductions in public sector spending and well publicised challenges within the National Health Service and among local authorities are making investment in preventative services more challenging than ever. This is an issue across the country so why is Shropshire different?

- Shropshire's aging population is resulting in above average growth in demand and costs of adult social care. 23% of the population is aged 65+ compared to a national average of 18%.

- Older people are moving into Shropshire whilst employable young people leave the county. The population is also changing as a result of a below national average birth rate .

- Older people face higher living costs. A greater proportion of older people in rural areas experience fuel poverty, mostly due to the poor insulation of many homes and the fact that fewer homes have mains gas, thereby requiring more expensive forms of heating.

- The levels of Public Health funding in Shropshire is only 1/3rd of the funding received by London Boroughs and yet Shropshire is 10 times bigger that the area covered by the inner London Borough combined. Shropshire receives the lowest allocation in the West Midlands and one of the lowest allocations in England at £40 per head of population compared to the England average of £62.

- Cuts and service changes in the NHS increase demand on less acute support such as social care. That increase in demand, in turn, increases demand for voluntary sector prevention services. If voluntary sector services are not able to support those without the funds to pay for support are at risk of being left without support.

- The national formula used to calculate Government funding for local authorities does not adequately reflect rural problems such as the challenges accessing services, costs of housing, digital connectivity etc.

- Shropshire is a large county, 3,197 square kilometres in size, with 97 people per km^2 (Cornwall has 153 people per km^2).

- Shropshire's businesses are small (90% have fewer than 10 employees), many are agricultural and many do not pay business rates making the local generation of income more challenging than it is for many other areas of the county.

- Only 25% of Shropshire's bus routes operate on commercial basis (operating without subsidy) whereas 85% of Telford's routes are commercial.

- The costs of service provision increase as a result of rural sparsity. Travel time, travel costs and challenged accessing services result in few commercial opportunities and lack of competition and viability among service providers.

- The Dept. of Health identified that Shropshire was amongst the top ten councils with the longest travel times for delivering public health services such as Health Visiting. This was five times greater than Central London which had the lowest travel times for domiciliary visits. (Source DH Consultation on the 2016/17 Public Health Grants (2015)

- Shropshire has few areas with high scores of deprivation within the Index of Multiple Deprivation (IMD) but barriers to housing and services are not weighted as strongly as other categories such as income deprivation and employment deprivation. It is also important to recognise that there may be small numbers of people experiencing deprivation but living in otherwise affluent communities.

The following pages highlight some important facts and figures providing necessary contextual information when considering prevention in Shropshire. The pages highlight:

- Particular features of Shropshire such as its older population, higher than average levels of fuel poverty and winter deaths etc.
- Current levels of need and the health of the county.

Shropshire

Shropshire's population grew between the 2001 and 2011 censuses by…

8%

Mid-year population estimates (2015) suggest a further 1.7% growth since 2011

Shropshire has a higher percentage of over 65 year olds than the national average. The rate of under 25 year olds is lower than average.

23% **of Shropshire's population is made up of people over the age of 65**

Those aged 65+ will make up 27.42% of the population by 2025 (89,100 people).

18.6% of Shropshire's population have a **limiting long term illness** (census 2011)

65.2% of Shropshire's population are **overweight or obese** (similar to the 64.6% national average).

Social isolation and loneliness have a significant impact on health. National research highlights that 3 in 10 people aged 80 or over report feeling lonely. If applied to Shropshire that would total 1,930 people aged 80 or over.

34,260 people living in Shropshire provide unpaid care to a partner, family member or other person (11.2% of the population)

15.2% of households are home to someone **living alone** 2.9% are aged 65 or over.

In 2014/15 there were **370** excess **winter deaths** in Shropshire [i]

Life expectancy is **5.3 years** lower for men and **3.2 years** lower for women in the most deprived areas

i source: Excess winter mortality data, England and Wales, 2015/16 (provisional) and 2014/15 (final)

Shropshire Today

- Shropshire's population is 311,380 (2015 population estimates).
- The population growth was calculated at 8.1% between 2001 and 2011.
- Population density is 0.96 people per hectare (the national average is 4.09).
- The average age of Shropshire residents is 44.
- Shropshire's birth rate is lower than the national average and the 50+ population above the national average.

Population

- The index of Multiple Deprivation highlights that 9 of Shropshire's Lower Super Output Areas (LSOAs) fall into the 20% most deprived in England.
- The top ten most deprived LSOAs in Shropshire are located within Shropshire's main towns of Shrewsbury, Ludlow, Oswestry, Market Drayton and Whitchurch.
- Five of the top ten most deprived LSOAs (Lower layer Super Output Areas) in Shropshire are located within the Shrewsbury area. LSOAs allow for the reporting of data for smaller geographies and link to postcode areas.

Place

- More than 20% of Shropshire's population is made up of people over the age of 65.
- The 85+ age group makes up 3% of Shropshire's population
- Shropshire is home to more than 3,600 people over the age of 90.
- The population aged 65+ is projected to increase to 27.42% of the total population by 2025 (89,100 people).
- The areas of Shropshire with the greatest proportions of older people (aged 65+) are Church Stretton and Craven Arms, and the wards Bayston Hill, Column and Sutton in Shrewsbury.

Older people

- Life expectancy in Shropshire is above the national average.
- The percentage of adults classified as overweight or obese in Shropshire is similar to those for the West Midlands and England.
- Around 15,000 people aged 18-64 have a moderate physical disability.
- 34,000 people provide unpaid care to a partner, family member or other person.
- 56,000 Shropshire people on long-term sick. 29,000 are aged 65+. (NOMIS reports that 20% of the economically inactive population (16-64) in Shropshire are long term sick).

Health

- The census recorded 129,674 households in Shropshire in 2011.
- 15.2% of households are home to someone living alone (2.9% of those are aged 65 or over).
- In 2012 highlighted the proportion of Shropshire households living in fuel poverty was 13.2% (17,222 households). Fuel poverty in Shropshire is higher than the average for England. Fuel poverty is linked to excess winter deaths.

Housing

Data from www.poppi.org.uk version 9.0 and www.pansi.org.uk version 8.0 and ONS and https://www.nomisweb.co.uk

Shropshire in 2025

- Shropshire will be home to 324,900 people.
- 175,800 people will be aged 18-64.
- Shropshire will be home to over 89,100 people over the age of 65.
- 27% of the Shropshire's population will be aged 65 or over.
- 4.2% of Shropshire's population will be over the age of 85 (13,500).

Population

- 24,109 people over the age of 65 are predicted to have had a fall in the last 12 months.
- 2,038 people over the age of 65 are predicted to have been admitted to hospital as a result of a fall.
- 17,060 people aged 65 or over will be unable to manage at least one mobility activity on their own (e.g. walking down the road, getting up and down stairs, getting to the toilet, getting in and out of bed).
- 11,025 people aged 65 or over will have type 1 or 2 diabetes.
- 6,803 people over the age of 65 will have dementia.

Older people

- 4,215 people aged 18 or over will have a learning disability.
- 27% of those aged 65 or over (19,544 people) will have long term illness which limits their day-to-day activities a lot.
- 4,807 people over the age of 18 will have a serious physical disability.
- 9,552 people over the age of 18 will have a moderate or serious disability requiring personal care.
- 15,213 people aged 16 to 64 will have a moderate physical disability, and 4,907 a serious physical disability.
- 12,656 people aged 16 to 64 will have a common mental disorder.
- 17,695 people aged over 18 will have Type 1 or Type 2 diabetes.

Health

- If the rate of growth in number of households continues at the same rate it did between 2001 and 2011 (an 11% increase) Shropshire will be home to 143,938 households in 2021.
- In 2025 it is forecast that 23,597 people over the age of 75 will live alone and 10,360 people aged 65 to 74 are likely to be living alone.
- By 2025, of those people aged 85 or over, 72.41% are forecast to own their own homes, 17.30% will be in social rented accommodation (including Council) and 10.30% will be in private rented accommodation or living rent free.

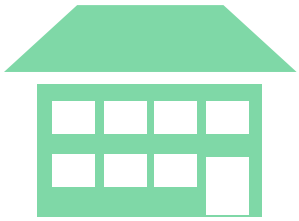
Housing

- 30,817 people aged 65 or over will be unable to manage at least one self-care activity on their own (e.g. wash themselves, dress/undress, feed, take medicine).
- 3,582 people over the age of 65 will live in a care home with or without nursing (of those 2,188 are predicted to be aged 85 or over).
- 12,955 people aged 65 or over will be providing unpaid care.

Care

Data from POPPI and PANSI www.poppi.org.uk version 9.0 and www.pansi.org.uk version 8.0 and ONS (July 2017)

4. Shropshire's Voluntary Sector



1,662

The number of registered charities in Shropshire. 8.9% of the West Midlands' Voluntary and Community Sector.

Over six out of ten employees in the voluntary sector are employed in health and social care. Two-thirds (68%) of the voluntary sector workforce are women, and the workforce is older compared to the public and private sectors.

6% of people in employment in Shropshire (approx.) are employed by Shropshire's Voluntary, Community and Social Enterprise Sector (VCSE).

National research highlights that the VCSE sector provides a skilled workforce. (NCVO)

49% of voluntary sector employees hold a degree level qualification or higher – similar to the Public Sector (50%) but more than the private sector (29%).

The VCSE sector offers a source of flexible employment for Shropshire with many employees employed part time. National research suggests as many as 40% of VCSE contracts are part time; more than any other sector).

21%

The proportion of Shropshire's VCSE groups and organisations describing their main aim as the provision of health and wellbeing services.

Only 5% of Shropshire's VCSE sector employ 11 or more people.

Approximately 69% of Shropshire's VCSE groups and organisations have 20 volunteers or less.

VCSE organisations based in Shropshire are predominantly small groups and organisations reliant on volunteer support.

65%

Of Shropshire's VCSE organisations have an annual income of £30,000 or less.

Sources: Shropshire VCS Assembly Evidence Base and NCVO Almanac 2017

The facts on the previous page highlight how Shropshire's Voluntary, Community and Social Enterprise (VCSE) sector is:

- A large sector with approximately 1,662 registered organisations and an estimated 1,127 small, informal community groups in addition to registered organisations.
- Like the business sector, the VCSE sector is comprised of very small groups and organisations (only 5% of registered VCSE organisations employ 11 or more people).
- An important employer: employing approximately 6% of the local workforce.
- A highly qualified sector, with significantly more employees educated to degree level than the private sector.
- 20% of organisations deliver health services but significantly more deliver prevention and services that indirectly deliver health benefits.
- Of the VCSE workforce, 60% are employed in health and care related services (suggesting that the health and care element of the sector includes some of the larger VCSE organisations).
- 65% of the VCSE sector in Shropshire has an income less than £30,000 per year.

Voluntary sector organisations working in Shropshire offer a diverse range of services and meet the needs of a wide range of different social groups and individuals. The voluntary sector contains both generic and highly specialist services and groups equipped to deal with many of the mental and physical needs, lifestyles and circumstances that can lead to social exclusion and ill health.

The table below highlights numbers of VCSE groups and organisations working with particular groups of individuals and contributing to preventative activity.

Shropshire VCSE organisations contributing to prevention	
Number of organisations	**Group Supported**
94	Older people
92	Children and young people
78	People with physical disabilities
75	People with mental health needs
76	People with health needs
40	People who are homeless
27	Faith communities
27	LGBT
100	People who are socially excluded
28	Victims of Crime
46	Offenders and Ex-offenders

The table highlights that Shropshire's VCSE sector reflects the nature of Shropshire's population with large numbers of organisations working with older people and those who are socially excluded.

When considering prevention services and support it is important to understand the work carried out by both paid VCSE employees and the contribution of volunteers. A survey of 446 of Shropshire's registered voluntary sector organisations suggested that 43% have between 1 and 10 volunteers, 26% have between 11 and 20 volunteers, 8% have between 21 and 30 volunteers, 13% have 31 or more volunteers. Volunteering is explored in more detail on the following pages.

5. Shropshire's Volunteers

One of Shropshire's unique strengths is its strong culture of volunteering. Living in a rural area, Shropshire's residents recognise the importance of supporting each other and ensuring support is available within their local communities.

Volunteering may be formal volunteering (giving unpaid help through groups, clubs or organisations to benefit other people or the environment) and informal volunteering (giving unpaid help as an individual to people who are not relatives). Formal volunteering is particularly important in helping to maintain preventative services and support in Shropshire.

Whereas in the past volunteers were more likely to be people who had taken early retirement but were keen to stay active and give something back to their communities, volunteers are now more evenly distributed across the age brackets with a mix of younger and older volunteers. National research by the Office for National Statistics published in 2017[1] highlighted:

- More people are volunteering but the average time volunteered has reduced.
- Younger people (under 24s) now volunteer more hours than any other age group.
- People from higher income brackets volunteer more than those on lower incomes.
- Female volunteers are more likely to volunteer more of their time per day than male volunteers.

[1] Changes in the value and division of unpaid volunteering in the UK: 2000 to 2015

88,878

The number of people living in Shropshire who informally volunteer on a regular basis (at least once a month).

107,176

The number of people living in Shropshire who formally volunteer at least once a year.

70,579

The number of people living in Shropshire who formally volunteer on a regular basis (at least once a month).

11.6 hours

The average number of hours a month provided by regular, formal volunteers.

818,716

The approximate number of hours volunteered each month in Shropshire.

£87

The average value of each formal volunteers' time per month.

£6.1 million

The monthly value of regular, formal volunteering in Shropshire.

£4.3 million

The value of all volunteering in Shropshire...per day! (informal and formal).

£261 million

The annual value of unpaid care provided in Shropshire.

Sources: Community Life Survey 2015 and Census 2011. Value calculated on the national living wage: £7.20 an hour.

Changes in volunteering

Members of Shropshire VCS Assembly have identified the following changes in local volunteering:

- More people are staying in work longer and/or caring for others rather than retiring early and becoming volunteers. National economic pressures are resulting in changes within the local profile of the volunteer workforce.
- Government policy requires those on benefits to volunteer. Often those individuals will volunteer for much shorter periods of time and need increased levels of support and management to develop the skills and confidence needed to volunteer effectively.
- As pressures on VCSE organsiations grow, volunteers are sometimes asked to deal with more complex cases and this has implications for volunteer recruitment and retention.
- Whilst demand for volunteering is growing, funding for volunteer recruitment and brokerage in Shropshire has been lost due to national changes in funding support. It has been recognised that a loss of the infrastructure needed to facilitate community activism and promote community resilience is likely to lead to a reduction in volunteer numbers over time.
- Volunteer management comes at a cost but it is needed to support volunteers and provide training and expenses. Income sources to cover these costs are very limited and increasingly difficult to access.
- VCS Assembly members report that volunteering is not always understood. There are real differences between formal and informal volunteering and the expectations of volunteers in different areas of service provision.

Volunteering as prevention

Volunteers contribute to the delivery of preventive services but volunteering can also be seen as a form of prevention. Volunteering can prevent people from becoming socially excluded and can have considerable health benefits as people spend more time being active. Benefits include:

- Social benefits: developing social networks through meeting new people and making friends.
- Community cohesiveness: enabling people to contribute to their community and feel part of it.
- Skills: gaining new skills and experience often leading to employment.Research shows that as many as 1 in 5 volunteers (22%) go on to find paid work after volunteering.

Volunteering: Shropshire's Citizen's Advice and Age UK

Citizen's Advice Shropshire (CAS) and Age UK Shropshire, Telford & Wrekin (AUSTW) have service models delivered by volunteers and supported by paid staff. This model enables the organisations to support over 21,000 people across a very rural county. The value of volunteering within these organisation is worth £1.7 million. But the value of volunteering is more than economic. Volunteering improves individuals' personal skills and abilities, and crucially develops the way that they feel about themselves, their capabilities and their community. Local research by highlights the following:

- All CAS volunteers gain at least one practical skill (such as problem solving, communication skills and team work) and 9 in 10 have an increased sense of purpose or self-esteem. Also, this can have a significant impact on individual lives. Local research highlights:
- 4 in 5 volunteers believe that they have increased their employability.
- 4 in 5 volunteers believe volunteering has a positive effect on their physical or mental health.
- Volunteering can reduce the barriers that prevent people moving into work - 9 in 10 agree that volunteering with Citizen's Advice is helping them to move into employment, education or training.
- Retired volunteers believe volunteering keeps them mentally active. Stopping work can have a detrimental impact on wellbeing, through reduced sense of purpose and structure, and loneliness.
- 3 in 4 Citizen's Advice volunteers feel better equipped to be an advocate for their community. This can lead to greater action on behalf of a community.
- CAB volunteers can also act as sources of advice, support and knowledge for their friends and families – with 4 in 5 saying that they have fulfilled this role. Overall, the informal networks of advice that stem from the CAB volunteering experience create resilient communities.
- Volunteering is also a cost effective way of supporting as many people as possible. AUSTW have the largest number of volunteers of any Age UK in the West Midlands, more than double the volunteer workforce of those in the regional group and one of the largest Age UK workforces in the country.
- In the last year Age UK Shropshire, Telford & Wrekin has increased our volunteer recruitment by 41%, enabling to support older people, especially in rural areas.

Volunteers need organisations to recruit, train and support them. Volunteers require as much support and infrastructure as paid staff. Many Age UK and Citizen's Advice volunteers are supporting vulnerable people with high levels of need. They need to meet Health & Safety requirements, be paid out of pocket expenses, organise rotas, have DBS checks, undertake safeguarding training and much more.

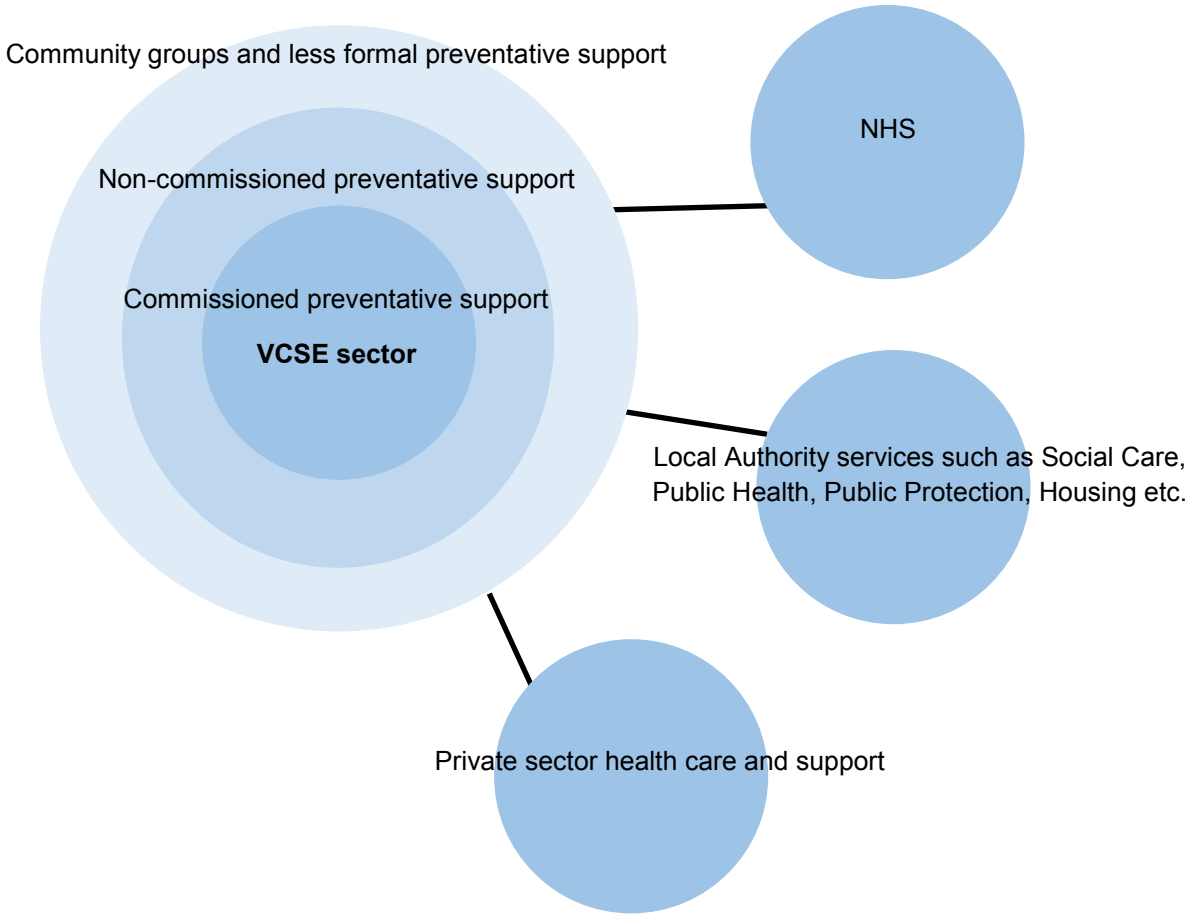
6. Voluntary Sector Prevention

Voluntary, Community and Social Enterprise (VCSE) prevention services and support is diverse, some services are delivered to the general public across the whole county, some support is offered to particular groups of the community such as those with more specific health and care needs, other services are provided in a specific geographical area.

Diversity also exists in the way services are provided, a great deal of support is provided by individual VCSE organisations but there are also many examples of partnership delivery models, consortia and robust referral and signposting mechanisms which allow local people to receive a more coordinated system of support.

In the same way methods of delivery vary, prevention can be delivered on a one to one basis with dedicated support for an individual and it can take the form of family and carer support, group support or less formal drop in support. This document includes case studies and the accompanying Prevention Impact Assessment covers some of the delivery methods, but neither do justice to the full range of prevention work delivered by the VCSE and only provide a fraction of the bigger picture.

VCSE prevention is part of a wider system of provision delivered by the public and private sectors. In particular the partnership with the public sector is essential, in commissioning and delivery.



The next section of this document considers the types of prevention support delivered by the voluntary and community sector and covers:

- Examples of the issues the VCSE works to address and references to available research
- Partnership delivery
- Service delivery by VCSE organisations

What does Shropshire's VCSE sector prevent?

Loneliness and Social Isolation The 2015 report 'Making the case for public health interventions' by The Kings Fund and Local Government Association[1] highlighted that for every £1 spent on befriending support, £3.75 was saved. The savings were generated by improving physical and mental health. The LGA's Combating Loneliness guide highlights the health risks of loneliness. The publication suggests loneliness can be more damaging than smoking 15 cigarettes a day, and quotes a study that found lonely people have a 64% increased chance of developing clinical dementia. Some VCSE services specifically offer befriending and social opportunities but others prevent social isolation and loneliness as added social value through other types of support. Most case studies highlight this type of prevention but particular examples include Age UK, Qube, North Shrewsbury Friendly Neighbours, Mayfair Community Centre and Through the Doorway to Healthy Living.

Escalation of health conditions is likely without support to improve management and prevent deterioration. For example a low calorie diet can put Type 2 Diabetes into remission, preventing the need for more expensive interventions. Case studies for the health conditions theme are included for Wise & Well at Shropshire RCC and the Alzheimer's Society.

Obesity and being overweight increases your risk of developing health problems including coronary heart disease, stroke, type 2 diabetes, osteoarthritis and some types of cancer. Although obesity in Shropshire is in line with national figures, it is estimated that, in the UK 1 in every 4 adults are obese (NHS). The VCS works to encourage physical exercise and healthy eating see case studies for Through the Doorway and Wise & Well.

Offending prevention by the VCSE significantly reduces costs within the Criminal Justice System. See YSS case study for more details.

Debt and Financial Difficulties Citizen's Advice reports that 5% of adults in the UK have unsecured debt equivalent to six months or more of their income[2]. Unmanageable debt has been shown to be related to financial exclusion, family breakdown and poor physical and mental health. Research also suggests that £1 spent on housing advice saves £2.34, £1 spent on benefits advice saves £8.8 and £1 spent on employment advice saves £7.13[3]. See Citizens Advice Shropshire case study.

Depression and poor mental health According to research by the House of Commons, people unable to work because of depression lose £8.97bn of potential earnings per year. The cost to the NHS is more than £520m a year (£237m for hospital care, £230m for antidepressant drugs, £46m for doctors' time and £9m for outpatient appointments).[5] Mental health prevention is an important investment.

Inequality appears to be increasing in the UK. Carers UK[3] suggest there are six million unpaid carers, set to rise to 9 million. A third have never worked; 20% have had to decline work; and many experience poverty in retirement. There is a 50% employment rate for disabled people and 20% for people with mental health problems[4]. Combating inequality is an important role for the VCS. For examples see Taking Part and Carers Trust 4 All.

Inactivity can lead to a greater risk of many chronic diseases, such as heart disease, type 2 diabetes, stroke, and some cancers. Physical activity can boost self esteem, mood, sleep quality and energy, as well as reducing risk of depression, stress, dementia and Alzheimer's disease. Many of the case studies include VCS led activity designed to promote active lifestyles. See Energize STW case study and Mayfair Community Centre.

1 https://www.local.gov.uk/combating-loneliness

2 https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/debt-and-money-policy-research/a-debt-effect/

3 Prof Graham Cookson and Dr Freda Mold (2014) *Social Welfare Advice Services: A Review*, University of Surrey

4 https://www.carersuk.org/news-and-campaigns/news/failure-to-invest-is-widening-inequality

5 http://www.independent.co.uk/life-style/health-and-families/health-news/escalating-depression-crisis-is-costing-britain-11bn-a-year-6282994.html

Loss of independence More people are afraid of losing their independence as they grow older (49%) than of dying (29%), according to research by the Disabled Living Foundation (DLF). Maintaining independence can involve having adequate financial resources, an active mind, good relationships with family and friends, fitness and health, and good self-esteem. See case studies including as Age UK, Mayfair Community Centre, North Shrewsbury Friendly Neighbours and Qube.

Falls Falling in older age can lead to increased anxiety and depression, reduced activity, mobility and social contact, higher use of medication and greater dependence on medical and social services and other forms of care. About a third of all people aged over 65 fall each year, with higher rates among those over 75. Falls represent over half of hospital admissions for accidental injury, particularly hip fracture.[1] In Shropshire, Age UK works with Help 2 Change to deliver falls prevention work. See Age UK case study.

Fuel Poverty and Excess Winter Deaths Keeping warm can significantly reduce illness such as colds, flu and health conditions such as heart attacks, strokes, pneumonia and depression. Shropshire is thought to have as many as 19,572 fuel poor households and there were 370 excess winter deaths in Shropshire in 2014/15. The Marches Energy Agency works with others (e.g. Age UK) to combat fuel poverty see case study.

Homelessness Ill health can be both a cause and consequence of homelessness. Ill health may contribute to job loss or relationship breakdown, which in turn can result in homelessness. The health and wellbeing of people who experience homelessness is poorer than that of the general population. The longer a person experiences homelessness the more likely their health and wellbeing will be at risk. The average age of death of a single homeless person is 30 years lower than the general population at 47 years, and even lower for homeless women (43 years).[6] Investment to prevent homelessness is essential, for examples see YSS and Citizen's Advice.

Carer breakdown Shropshire's 34,000 carers need support. Caring can be demanding and isolating. Support prevents carers' mental and physical health from deteriorating. See CarersTrust 4 All case study.

Food Poverty and Poor Diet Food insecurity is when an individual or household has insufficient or insecure access to food. The Food Foundation[2] reports that, in the last year, an estimated 8.4 million people, (equivalent to the population of London) lived in insecure households; and 17 times more people live in food insecure households than those who receive food from foodbanks. The number of foodbanks in Shropshire has grown in the last few years and they now feature as an important part of the county's VCSE sector.

Family breakdown and relationship problems VCSE support to maintain relationships is another important form of prevention, whether through more formal counselling or the provision of family focused activities. The Centre for Social Justice[5] reports that the annual cost of family breakdown in the UK is estimated at £47 billion. In 2015 the Government spent £7.5 million on prevention and national bodies argue this is too little. See Confide case study.

Unemployment Every £1 spent getting people into work saves £3 by reducing the costs of homelessness, crime and cost to the NHS[3]. Employment keeps people active, socially connected and economically secure. Research studies, including a UK Government commissioned study[4] highlight that there is a strong association between worklessness and poor health. See Building Better Opportunities partnership case study.

1 http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/
2 http://foodfoundation.org.uk/wp-content/uploads/2016/07/MeasuringHouseholdFoodInsecurity.pdf
3 The Kings Fund and Local Government Association (2015) *Making the case for public health interventions. Public Health Spending and return on investment*. LGA www.local.gov.uk
4 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf
5 http://www.familymatters.org.uk/researchpublications/The_Cost_Of_Family_Breakdown.pdf
6 https://www.gov.uk/government/publications/homelessness-applying-all-our-health/

7. Making a difference

Shropshire Rural Communities Charity

- Volunteers provided more than 4,275 hours of time in 2015/16 (worth £52,753).
- RCC brokeraged the purchase of 1,255,700 litres of oil and saved residents £37,671.
- Wheels to Work enabled 124 people to get to work (allowing the beneficiaries to earn an estimated £648,000).
- Care and Share (supporting isolated family carers) has been so successful in North Shropshire that it was expended to Albrighton during summer 2016.

Through the Doorway to Healthy Living

Feedback from exercise sessions in 2015/16:

- 86% of participants who attended felt that their health had improved.
- 82% report improvements in mobility and feeling more supple.
- 59% feel balance improved.
- 51% noticed improvements in breathing.

Feedback from all activities:

- 88% had fun.
- 70% made friends.
- 73% recognised the importance of the activities getting them out of the house and meeting people.
- 59% felt happier.

Other benefits reported included greater independence, establishing better routines, reduced anxiety and emotional problems and preparation for return to work.

Citizens Advice Shropshire

- In 2015/16 7,272 people were given support with 19,806 issues.
- 70 volunteers provided £381,600 worth of their time to provide services within Shropshire.
- Issues were complex and although 1,197 people were given benefit advice many also needed help with debt, employment and housing.

Alzheimer's Society

- Singing for the Brain is delivered by 7 employees and 19 volunteers to over 85 people. This support results in a reduction of social isolation, peer support, emotional support and support for carers.
- Dementia cafes are delivered by 2 members of staff and 10 volunteers, they provide practical support and information, facilitate access to other services and support and important peer support and social networks.
- The Advice service generates increased knowledge about dementia, information about practical support, independent living and gives people the confidence they need to plan for the future.

Mayfair Community Centre

- CoCo befriending service is supported by 51 volunteers delivering over 400 volunteer hours a month and supporting around 50 vulnerable people.
- MAYSI supports people to remain independent at home. It supports over 200 people a year.
- 11 exercise classes and walking for health support over 200 people a week. 40 volunteers support delivery.
- Ring and Ride supports over 232 people with 26 volunteers providing 1,083 hours a month and 3 staff members.

Taking Part

- 68 volunteers support Taking Part's delivery of advocacy and provide over 800 volunteer hours a month. This supports around 1,000 local people.
- 13 volunteers give 400 hours a month to deliver information.
- Approximately 100 people attend Taking Part's social activities each month.

Age UK Shropshire, Telford & Wrekin

- 23 OPEL day centres for frail older people and those with dementia have 340 beneficiaries. Delivery is supported by 220 volunteers, providing 6,160 volunteer hours each month.
- Health activities such as walking, Zumba etc. are delivered by 2 staff members and 8 volunteers. 573 people benefit from this support.
- 5 Diamond Drop Ins support 825 people and 22 volunteers give 1,428 hours of their time each month.

8. Changing Models of Care

Adult Social Care Operating Model
The Adult Social Care operating model was redesigned in 2014 in order to maintain care and support for those in need of services whilst managing financial challenges. It is now based on the following principles:

- Reducing dependence upon paid support and enabling and maximising individual independence.
- Be responsive with quick decision making.
- Facilitating key partnerships that maximise the use of community resources and natural support and develop resilient communities.
- Be determined on what the local community needs in relation to advice and information and direct intervention from adult social care.
- Focus on the use of volunteers and particularly those with experience of using services.
- Support and enable carers to continue with this vital role whilst establishing and maximising the use of peer support.
- Members of staff will play a key role, alongside individuals who use the service, in making decisions about how the service is delivered.
- Service needs to be mobile and flexibility operating within local areas.
- Focus on professional standards to enable improved outcomes for local people and give a sense of pride and ownership for the staff group.

The model is based on the principle that once Shropshire Council's First Point of Contact (FPOC) has taken a call it will signpost out where possible to voluntary or other forms of support before transferring to the Council's Let's Talk Local Team. This is necessary to prioritise services for those most in need of support but it means that increasing numbers of people are being signposted or referred to voluntary and community sector organisations at the same time as public sector investment in the voluntary sector is reducing. The result is that increasing numbers of voluntary sector services are operating waiting lists and raising concerns that some people with lower level needs may find themselves without any form of support.

Sustainability and Transformation Plan (STP)
One of the aims of the Sustainability and Transformation Plan (STP) for Shropshire, Telford & Wrekin is to 'build resilience and social capital'. Like Shropshire Council's Adult Social Care Operating Model the STP recognise the importance of community level support. The STP highlights that "there is an increasing recognition that non-clinical approaches have a crucial part to play in supporting people in the community and that voluntary and community organisations have an important role."

The Neighbourhood Working theme of the STP aims:
1. To build resilient communities and develop social action.
2. Develop whole population prevention by linking community and clinical work – involving identification of risk and social prescribing.
3. Implement neighbourhood care models including teams and hubs.

A focus is on securing the involvement of local communities in supporting people to lead healthier lives, making the most of the skills of local people and organisations, and promoting self-care. It recognised that there is a need to provide care and support in the lowest cost appropriate setting. However, with savings to be made, it is not yet clear how community level costs can be met and investment moved to achieve the ambitions and new model of working set out within the STP.

And others...
Other public sector bodies are also looking to the voluntary and community sector for support in achieving their objectives. For example the Police and Crime Commissioner, John Campion, in the Safer West Mercia Plan 2016- 2021 describes the following: "*For our communities, it will mean empowering people to play a more active role in identifying and tackling local issues. Active citizenship can and should have a major part in creating communities which are safer, stronger and more united. I want to ensure people have the opportunities and tools to make more positive contributions to their own communities, with appropriate backing from the police or other partners as required*."

The public sector's approach is to implement prevention within communities and VCSE groups and organisations are being encouraged to take on new responsibilities. Although these ambitions are supported and shared by the VCSE sector, work cannot be delivered without incurring costs (volunteering is not free and voluntary sector services may run more cost efficiently than other service models but they still require adequate resources to be sustainable). The challenges the voluntary sector faces in supporting the delivery of these Public Sector plans and strategies are significant and detailed on the following pages.

9. The Impact of Welfare Reform

The Voluntary, Community and Social Enterprise (VCSE) sector has been significantly effected by the impact of Welfare Reform. More people have needed support at a time when investment in the VCSE sector has reduced significantly. Government income to the voluntary sector fell by £1.9bn in real terms between 2009/10 and 2012/13. Voluntary sector organisations have found that Welfare Reforms have resulted in more people seeking support with complex and multi-faceted issues. This means that not only do more people need support but people require longer appointment times or more appointments. Some people have been affected not just by one reform but by multiple elements of the changes.

Universal Credit is a key element of Welfare Reform. This new single benefit replaces the six existing means-tested benefits: Jobseeker's Allowance; income-related Employment and Support Allowance; Income Support; Child Tax Credit; Working Tax Credit; and Housing Benefit. NCVO's report 'Welfare Reform: Voices from the Voluntary Sector[1]' sets out other key areas of change:

- replacing Disability Living Allowance with Personal Independence Payments
- restricting Housing Benefits for social tenants whose accommodation is larger than needed (removal of the spare room subsidy)
- setting the Local Housing Allowance by the Consumer Price Index
- limiting the payment of income-related Employment Support Allowance to a 12-month period
- capping the total amount of certain benefits you can get if you are working age
- introducing a tougher system of sanctions.

Beatty and Fothergill have calculated the average loss per person as a result of Welfare Reform in the West Midlands at £490 a year[2]. This is combined with an increase in the cost of living. Research by the Joseph Rowntree Foundation shows that, overall, the cost of a basket of essential items rose by 28% over six years, while the minimum wage increased by less than half of that.[3] Housing costs have also increased rapidly and more people are now in private rented accommodation (poverty in the private rented sector is a growing concern and an issue difficult to research at the local level).

Whilst people have been struggling to cope with these changes many voluntary organisations have been working hard to offer the advice, practical support and voice people need. Voluntary sector organisations have highlighted the following concerns:

- The impact on self-esteem of having to apply for a certain number of jobs each week (often including jobs people have little chance of securing leading to multiple rejections).
- The impact of a tougher sanctions regime, often requiring people to volunteer when the nature of volunteering means that volunteers need to be willing participants. VCSE organisations report that volunteering via sanctions produces volunteers needing high levels of support and encouragement.
- The impact of significant delays in payment. NCVO highlights that the process of migrating claimants from Disability Living Allowance to Employment Support Allowance resulted in significant and stressful delays in payment of support due to individuals, with 49% of appealed assessment decisions being upheld.

Whilst Welfare Reform has increased demand for VCS services, reductions in public spending have also limited the support local authorities can offer, creating gaps in provision that voluntary sector organisation have had no option but to fill. Expenditure by foodbanks increased from £1.2m to almost £6.4m between 2010 and 2014. The Trussell Trust has undertaken research and found that[4] :

- Foodbanks in areas of full Universal Credit rollout, have seen a 16.85% average increase in referrals for emergency food, more than double the national average of 6.64%.
- The effect of a six-plus week waiting period for a first Universal Credit payment can be serious, leading to foodbank referrals, debt, mental health issues, rent arrears and eviction. These effects can last even after people receive their Universal Credit payments.
- People in insecure or seasonal work are particularly affected.
- Navigating the online system can be difficult for people struggling with computers or unable to afford telephone helplines. In some cases, the system does not register people's claims correctly.

The Trussell Trust reports that 27.95% people give benefit delays as main reason for visiting a food bank (the top reason) and (13.50%) cite benefit changes (the third main reason for visiting a food bank).

1 Anjelica Finnegan, NCVO (2016) Welfare Reform: Voices from the Voluntary Sector, NCVO, London https://www.ncvo.org.uk/images/documents/about_us/media-centre/NC911-welfare-reform.pdf
2 Beatty, C and Fothergill S (2013). 'Hitting the Poorest Places Hardest: The local and regional impact of welfare reform'. www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/hitting-poorest-placeshardest_0.pdf
3 www.jrf.org.uk/publications/minimum-income-standard-2014
4 https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf

The Impact of Welfare Reform:
Age UK Shropshire, Telford & Wrekin

The demand for the Benefits Advice Service delivered by Age UK Shropshire, Telford & Wrekin is at a record high. The service is completing 24 benefits advice appointments a week and the wait for an appointment with an advisor has grown to 48 appointments ahead.

Referrals from other professionals have increased and in late July 2017 there were over 75 people waiting for advice from the service. The staff and volunteers pride themselves on delivering an efficient service but the demand for their support has meant that lower priority enquiries have had to wait a month for a return call (something that has never happened before in the history of the service).

The Benefits Advice Service helps older people to claim £2.4 million pounds worth of benefits per year in Shropshire, Telford & Wrekin. This is the highest number of all local Age UK's in the West Midlands network, it is over £1 million pounds more in revenue than Age UK Birmingham.

The demand can be attributed to a number of issues:

1) People born before 08/04/1948 who have Disability Living Allowance (DLA) are being moved to Personal Independence Payment. Research suggests that 25% of these people will have their benefit removed (including Severe Disability Premiums (SDPs) and everything linked. 80% of claimants are turned down at reconsideration stage. The appeals stage can be a challenge for people but if they chose to appeal, national data highlights that 65% of appeals are upheld (suggesting that DWP processes need further development).

2) Attendance Allowance renewals and supersessions and DLA Supersessions (for people born later than 08/04/1948) are taking over 5 months to decision. The impact of this means that more cases are open longer and more people are requesting the support from Age UK caseworkers to make complaints to the DWP about administrative delays.

3) The service has seen a 37% increase in workload compared to 5 years ago. Operational efficiencies have been introduced and additional volunteer work implemented but demand still outweighs available resources.

4) The combined impact of Welfare Reform, a growing population of older people and increases in the number of people with life-limiting illness has come at a time when public spending has reduced and the funding to provide information and advice services in Shropshire has been reduced.

5) Legal Aid for help with appeals was removed 4 years ago. This now means that voluntary organisations can only go as far as writing a submission for the client to help to steer them through the appeal process and many people are finding they are not able to access any support with the appeals process.

6) The "bedroom tax" (spare room subsidy) has been widely published in the national media and it is an issue many Registered Social Landlords have been considering. However, the impact of Welfare Reform on older people is not as well understood. Older people already have a form of "bedroom tax" through the Local Housing Allowance (LHA) and in 2019 the bedroom tax will apply to older people with a social landlord, including those in extra care and sheltered housing. The impact of this will be significant. Older people can do very little to increase their income.

7) Shropshire Council's budget pressures have lead to a reduction in front line benefits staff. This has also increased demand on the voluntary sector information and advice providers. Common forms of enquiry are from individuals who do not understand their award letters or hoping for some independent advice in responding to Shropshire Council's requests for information.

This case study highlights the need for more cross sector partnership working to explore the pressures on voluntary sector and social care services and the action that could be taken to manage these pressures and take early action to mitigate future risks. The voluntary sector has already identified some opportunities to make improvements but a joint approach is needed to agree opportunities and deliver change locally.

10.Prevention Under Pressure

The economic pressures being faced within the UK, particularly in relation to reduced public sector spending, coupled with Shropshire's ageing population presents severe challenges to providers of health and social care services. Prevention budgets have been put at risk and over the last few years the overall public spending on preventative services in Shropshire has reduced.

VCSE organisations working in Shropshire have been working on their business models, trying to diversify income streams, re-design services and reducing expenditure but despite these efforts some VCSE organisations have been lost to the county. Approximately 50 registered organisations were lost in 2015.

Shropshire's VCSE organisations are being lost at a rate of 3% a year.

If this rate continues...

279 VCSE organisations will be lost by 2021

484 VCSE organisations will be lost by 2025

The reasons VCSE organisations cease operations is mixed and varied but each year the Shropshire VCS Assembly asks its members to describe current issues and challenges (and collects more detailed evidence through a State of the Sector Survey). The VCS Assembly's research highlights the following main challenges:

Challenges faced by VCSE organisations in Shropshire

- **VCSE income is decreasing** Grants and funding for core activity have been lost.
- **Competition for contracts** Small groups and organisations are excluded from the bidding process. Contract sizes increase. Short timescales associated with opportunities—e.g. asset transfer. Increasing rate of VCSE closures.
- **Increased demand for support** Ageing population. More people presenting with more complex needs. Greater levels of vulnerability and social isolation.
- **Increasing service delivery costs** Increases in the cost of living, increased employer contributions, increased expenses rates etc.
- **Increasing requirements** VCSE groups and volunteers need to meet higher standards and fulfil safeguarding, legal and care requirements.
- **Harder to recruit volunteers** Loss of volunteer brokerage and infrastructure. People working longer.
- **Loss of free/pro bono support** Fewer affordable spaces and places to meet. Limited access to pro-bono advice.

Some common local concerns

I worry that we are seeing more people who at risk of harming themselves or others. We should be informed of these risks when a referral is made. When people reach crisis we find it difficult to get them the specialist support they need from more acute services.

The number of referrals has increased while the people we see have much more complex needs and require more support for longer.

Nobody will fund existing services, they all want something new and innovative. It doesn't matter that what we do now makes a difference .

We can't compete with large organisations with teams dedicated to winning contracts and writing bids. We are really good at what we do and believe passionately in making a difference, but it can be hard to get that across on a tender submission or grant form.

National Research

National research reflects and backs up local findings. The Office for Civil Society highlighted that in 2017 data shows:

- Statutory funding has dropped by 8% over 3 years.
- Income from individual donations has risen by 2%. (However donations tend to go to nationally recognised bodies rather than local VCSE organisations).
- Earned income has risen by 9%.
- Most VCSE funds now come from voluntary sources, either donations from the public or grants from foundations and trusts (e.g. Big Lottery and Children in Need).

Other sources of information suggest the VCSE will see ongoing reductions in funding. The Big Lottery is one of the largest VCSE funders. The 2016/17 Big Lottery Annual Report highlighted that the Big Lottery Fund receives investment income in addition to the Lottery proceeds and in the same shares as for proceeds from the National Lottery receipts (40 per cent). In 2016/17 this was £2.1 million a reduction from the 2015/16 total of £3.1 million. On 31st March 2017 the total National Lottery Distribution Fund was £399 million compared to £414 million on 31st March 2016. . Although there isn't any published evidence, local feedback also suggests that, in addition to a drop in income, competition for grants has increased significantly in the last 2 years.

The Lloyds Bank Foundation has completed some very valuable national research[1] surveying 1,650 charities and its findings highlight:

- Government income for small charities has fallen by 38%.
- 72% of small charities have experienced an increase in demand (many highlight the complexity of problems people are now experiencing).
- Funding is the most common challenge - 81% of charities say they are struggling to find funding.
- 38% of charities believe reductions in public services have impacted on their services.
- 49% of small charities find bidding for contracts difficult or impossible.

NCVO (the National Council for Voluntary Organisations), the Panel on the Independence of the Voluntary Sector and other national bodies have expressed concerns that there has been a movement towards price, efficiencies of scale and payment by results and that these have lead to a loss of public funding for many small, specialist, often locally based voluntary organisations, despite the social benefits they bring. There are widespread concerns that there has been damage to the 'eco-system' of independent support in communities.

Understanding Impact in Shropshire

In order to better understand the risk to local preventative services, during the summer of 2017 Shropshire VCS Assembly invited organisations to take part in the impact assessment through its weekly newsletter and targeted organisations working as part of the Health and Social Care Forum, the Disability Forum and the CAAN partnership. In total 16 organisations expressed an interest in the impact assessment and 14 organisations completed an impact assessment document.

The impact assessment considers different types/methods of delivering prevention and asks questions to establish:

1) Current provision and investment of staff and volunteer time
2) Risk of services being lost and the impact
3) Risk of services being reduced and the likely nature of any reductions

The key findings from the impact assessment are highlighted on the following page. Overall it is clear that:

- Investment in infrastructure and organisations generates significant added value –those organisations are then able to attract significant numbers of volunteers who work in partnership with paid staff to deliver a wide range of local services.
- Out of county funding, donations and other forms of income all contribute alongside contracts to allow services to be delivered.
- Public sector income provides a fraction of income for the VCSE sector to deliver preventative services but it is still an essential contribution, without which organisations feel services would be lost or significantly reduce in scope.
- Many organisations feel under risk as costs increase, income decreases, demand rises and people ask for help with increasingly complex problems.

[1] Expert Yet Undervalued and on the Front Line. Lloyds Bank Foundation for England and Wales, 2015

Impact Assessment Main Findings

1. The data provided, the Prevention Impact Assessment and the case studies within the Prevention Prospectus document highlight the diversity and breadth of support delivered by just a small proportion of Shropshire's VCSE sector.
2. Approximately 79 different services and activities are provided by the 15 organisations within the Prevention Impact Assessment.
3. 498 paid members of staff from the 15 VCSE organisations, support each of the 18 areas of prevention activity covered within the impact assessment.
4. In total, the 15 organisations provide 29,990 hours of staff time per month and the remainder of service provision is carried out by volunteers. This is just a fraction of VCSE support with 1,662 registered VCSE organisations in Shropshire.
5. The volunteer time contributed by the 15 organisations is worth £165,262 every month and approximately £1.98 million a year based on the national minimum wage.
6. 5 of the 17 VCSE leads involved in the project (2 provided organisation level data only) believe that it is very likely or likely their whole service could end in the next 12 months if just one contract is lost.
7. The 15 organisations support 41,339 beneficiaries (although some beneficiaries are likely to benefit from multiple services so double counting is likely).
8. The 15 organisations support 26,588 people living in Shropshire who are frail, vulnerable and considered at high risk. These organisations work with those with greater levels of need and provide many secondary and tertiary preventative services.
9. The ratio of paid staff to beneficiaries is 1:83, highlighting the demand VCSE services experience.
10. Interestingly, the 15 organisations consider that it is the social support they provide that has the greatest impact on individuals, cares, the wider community and public sector organisations.
11. The prevention work of the VCSE sector is well integrated in Shropshire. The 15 organisations are members of 23 delivery partnerships and forums (this would be more if organisations had included the partnerships they sit on to represent Shropshire's VCS Assembly).
12. The VCSE organisations recognise the impact they have upon strategic outcomes. All areas of prevention are thought to impact on Shropshire Council's 4 strategic outcomes. Social activities are considered to have the greatest impact across all 4 outcomes (Your Health, Your Life, Your Environment, Your Council).
13. Shropshire Council and Shropshire CCG are important sources of investment in prevention in Shropshire but it is rare that services are fully funded by the Public Sector. Most organisations are relying on other sources of investment to supplement public sector income such as grants from charitable trusts and national funders, fundraising activity and donations to a lesser degree.
14. 57% of all the preventative activities and services currently delivered (approximately 45 activities) are considered to be at risk or reduction or closure within the next 12 months. This could be a reflection of the uncertainty around public sector investment.
15. The types of prevention most at risk are social activities, advocacy and information provision.
16. If investment into the VCSE reduces, the 15 organisations believe 58 activities/services could see reduced opening times, 20 a reduction in range/scope and 15 a change in eligibility criteria.
17. The 15 VCSE organisations believe that the loss of social activities will have the most widespread impact in particular leading to social isolation, an impact on carers, an impact on the wider community and generating increased demand for public sector services.
18. Of all the different impacts considered should VCSE preventative services be lost, those with the highest scores across all service/activity types were: impact on carers, increased social isolation, impact on the wider community and increased demand for public sector services.
19. The Impact Assessment highlight the fact that VCSE organisations are embedded in the social fabric of Shropshire and if lost as a result of current challenges (see VCS Prevention Prospectus for details), the impact will be wide-ranging and affect individuals, carers, communities and the public sector.

11. Looking Ahead, Working Together

The local research used to generate the VCS Prevention Prospectus and Prevention Impact Assessment has highlighted that:

- The VCSE sector is large and diverse and embedded in our local communities. As a whole the sector is a significant employer, with a well qualified workforce. It contributes a significant amount to the local economy (e.g. through inward investment and volunteer time).
- The nature of VCSE services mean that they tend to offer holistic and person centred support, helping people with multiple lifestyle issues and problems, often in a flexible way.
- VCSE services and support often help people with nowhere else to go. They help those not eligible for statutory services and those who cannot afford to pay for services.
- Many of Shropshire's VCSE services are user led or delivered by volunteers and staff living within the communities they serve. Being embedded in the community allows VCSE organisations to gain trust and have the best understanding of the communities needs and local solutions. Small charities are run by passionate and motivated staff and volunteers who work day-in and day-out in difficult circumstances and with little reward.
- Volunteering is a form of prevention offering social networks, the development of new skills and ensuring people stay active.
- Local fundraising brings the community together empowering local people to make a difference and develop resilience.
- The VCSE sector is facing significant increases in demand as a result of social and economic issues, Welfare Reform, changing models of care and a reduction in public spending.
- The nature of problems people are seeking help from the VCSE sector with are increasingly complex in nature.
- A shift from grants to contracts has excluded some small VCSE organisations from participating in new opportunities. Some volunteer led organisations and groups do not have the skills to attract new sources of income.
- The VCSE has seen an overall reduction in investment at a time of growing employment costs, increasing cost of living and utility costs.
- Competition for contracts has grown and contracts are being awarded to large, sometimes out of area organisations, with specialist bid writing teams. Local organisations are focused on making a difference to people's lives but this doesn't always translate into tender documents.
- The VCSE is suffering from the accumulative pressure of many different impacts and loss of organisations suggest the sector is shrinking in size. Once organisations are lost the expertise and specialisms they develop are often lost permanently.

Therefore, if VCSE preventative services cannot be sustained the impact to Shropshire will be:

Fiscal – the sector brings in much more income into the county than is invested in it. Loss of preventative services will cause greater financial pressures in statutory services.

Community – the sector promotes and creates cohesive communities and infrastructure. Volunteering has a significant benefit to those who volunteer as well as the impact of the services they deliver.

Individual – the sector is supporting thousands of vulnerable people across a very rural county. Without this support many of those individuals will struggle to manage and some will tip into crisis.

Recognising the challenges the VCSE sector is facing in the delivery of preventative services is important in maintaining the robust cross sector relationships that exist in Shropshire. It is recommended that a number of key points are considered by the cross sector groups and partnerships in place, and by local health and social care commissioners.

- Demand is growing and population projections show that those increases will continue. It is important to act now to retain capacity within local services and support and to strengthen VCSE sector preventative services.
- Public sector funds continue to reduce and a focus on value for money will continue. We must continue to work across sectors to ensure the emphasis of all decision makers is on social value and not restricted to economic considerations.
- The demand on public sector health and social care services needs to be managed but nationally there is still relatively little evidence to support the movement of resources to invest in preventative services. Perhaps existing local providers (often delivering smaller scale activity in particular communities or with particular user groups) could be supported to build more evidence for the need to invest in prevention.
- Shropshire CCG and Shropshire Council are particularly important in sustaining VCSE services. Their investments sometimes fund a whole service but that is rare. It is common that their contributions alongside other income streams combine to finance a service. In making any financial decisions the potential loss of other income streams needs to be considered. There have been examples of good practice in commissioner and provider work to assess impact and it is hoped that work will continue.
- Welfare Reform is having a particular impact on local services and it is important that more detailed research and service specific conversations take place between Shropshire Council and others to identify where there is local action that can be taken to address current obstacles and challenges.
- Shropshire has implemented the same changes as other areas of the country. Commissioners have removed grants and brought funds together into larger contracts. Inflationary increases have not been made in line with rising costs and demand. It is now time to review those changes and understand whether this approach is sustainable or whether a more diverse and flexible commissioning and funding model can produce better results.
- National research suggests that small VCSE groups and organisations are reducing in number as a result of changes in both the profile of the volunteer workforce and the way in which investments are being made (loss of grants and smaller awards). It is recommended that local commissioners continue their work to understand and remove the barriers that prevent small organisations from participating in contract opportunities.
- Although some VCSE organisations are effective at demonstrating their impact, there still those whose focus on delivery prevents robust data collection and reporting. Public Sector bodies are encouraged to help build the capacity of the sector by working together to improve understanding of effectiveness and risk.
- The Prevention Impact Assessment identified how important Shropshire CCG and Shropshire Council's investment into the VCSE sector are and how they generate added value through attracting other sources of income and volunteer resources. It is becoming increasingly necessary for Shropshire CCG and Shropshire Council to work together to understand the impact of their investments and how working together may further strengthen VCSE provision within the county.
- The VCSE sector does need to be nurtured and supported. The loss of VCSE infrastructure resources within Shropshire is a great concern and has been for a number of years. Without ongoing investment support for small groups and organisations will continue to be lost, volunteer brokerage and management will continue to reduce and the social infrastructure and support in place now (as highlighted by the volunteer hours each service contributes and the county's volunteering figures) will diminish. It is recommended that public sector bodies work together to invest in VCSE infrastructure since it is likely to generate a good return on investment and provide greater sustainability over the longer term.
- Investing in VCSE infrastructure and in core costs could take place if it can be recognised that volunteering is a form of prevention. The emotional, physical and social benefits volunteers receive are significant and can prevent inactivity and social isolation.
- Overall it is essential that the pressures faced by the VCSE and Public Sector do not hinder partnership working. Increasing demand and current obstacles will only be overcome through sharing experiences and work together to find solutions.

Collated by Shropshire's Council's Feedback and Insight Team on behalf of Shropshire VCS Assembly

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