



Health and Wellbeing Board Meeting Date

Item Title

Responsible Officer

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1. Summary

This paper is to advise the Board on Adult Social Care's procurement of a Wellbeing and Independence service for adults. This service is to amalgamate and replace funding arrangements for a range of existing grants and contracts within the preventative sector. The Council's aim is to procure a single contract encompassing a range of solutions and activities for all adults using funding currently allocated by Adult Services.

The headline outcomes required of all preventative services commissioned by the Council are:

- 1. People's need for long-term formal care and support is delayed and/or reduced
- 2. People are enabled to live in a healthy and resilient community and are supported to build strong community networks
- 3. People are able to access appropriate information, advice and support regardless of their 'entry point' and location
- 4. Services are enabled to support complementary programmes such as Social Prescribing and 'out of hospital' support, such as the Shropshire Care Closer to Home programme

In support of these outcomes and of particular relevance to the Health & Wellbeing Board are the activities undertaken by preventative services providers in support of health and wellbeing outcomes which include (but aren't limited to):

- a. Helping people to address loneliness through befriending schemes and encouraging participation in social activities, leading to improved mental health and wellbeing
- b. Helping people to improve and maintain their mobility, gait and balance, thus reducing risk of falls and associated hospital admissions through participation in walking groups, exercise classes and other physical activity
- c. Helping people to continue carrying out their activities of daily living, for example cooking skills and dietary choices, in order to prevent deterioration in a range of health conditions.

Shropshire Council-funded preventative services can be broadly described by the type of activity or target group. These are general prevention; information, advice and advocacy; carers services; equipment, assistive technology and telecare; and housing-related services. Whilst it is essential that links are made and maintained across all types of activity, this procurement exercise will concentrate on 3 key themes:

Practical help to remain independent (wellbeing and independence)

- 2. Advice, advocacy and benefits
- 3. Housing-related support

The first on these 3 themes to be procured is the Wellbeing and Independence Service. It is unlikely that any one organisation would have the breadth of experience and range of activity to deliver this, so the Council is looking to commission a solution which brings together a number of organisations. This may be a formal or informal partnership, a consortium, a lead provider / subcontractors arrangement or similar. Additionally, the Council recognises the importance of a strong brand, identity and recognition that various organisations have, and a solution which retains choice for people within the contracting arrangement is required.

The Wellbeing and Independence service will continue to help people to remain in their own home with access to opportunities to socialise and to stay healthy with the aim of reducing the likelihood of becoming unwell, using health services and/or needing to receive long term formal care and support. The service will improve people's sense of wellbeing and help to improve their confidence in dealing with everyday life.

Support will be practical and will have a primary focus on providing enough support for people to be able to live as independently as possible within their own home and to get out and about within their community. These services will include practical support aimed at helping people to develop or maintain daily living skills, manage health conditions, reduce vulnerability and enabling people to develop the confidence to engage with their local community and social, physical activity and creative activities.

This procurement is also linked to the re-procurement of Housing Support services and Advice, Advocacy and Benefits Support, as mentioned above theme 2 and 3. However, they will remain 3 separate contracts.

2. Recommendations

That the Board notes this update for information

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Identified risks and mitigating factors:

Highlighted below are the possible risks that have been identified and the measures put in place to mitigate these risks:

a. Structure of tender drives out smaller organisations leading to reduction in choice for customers.

This is mitigated by retention of a small grants fund with the potential opportunity for the lead provider to provide the small grants from year 2. During year 1, there will be a piece of engagement work carried out with these smaller organisations to ensure that the transferring of the grants to the new provider is in the best interests of those organisations and to identify measures to be put in place through the contract to support those organisations. It will also provide the time to enable Shropshire Council to ensure that all audit requirements can be met going forward.

Access to preventative services will continue to be available at any physical contact point or through a range of media so existing signposting arrangements should continue. There will be an expectation with the contract for the lead provider to demonstrate how they are working closely with these smaller organisations

b. Inability of potential tenderers to form consortiums / partnerships within required timescales.

This has been mitigated by the commissioning process involving the provider market and has encouraged collaboration across the sector through regular consultation engagement events and additional meetings with those organisations directly affected. A process of detailed information gathering from the sector to identify the strengths of their organisations and challenges they face, including the gaps in service delivery and any possible duplication, has been completed and this information has been used to inform the development of the service specification.

c. Consortium / lead contractor structure builds in additional cost and bureaucracy.

To address this reporting requirements will be based on established validated models and further work will be done with the council's Intelligence and Insight team to develop reporting. Work with FPOC and digital transformation will help to develop the approach. This will also be mitigated by holding quarterly contract review meetings to address any concerns and allow for any contract amendments to support future service delivery

d. Challenge from the public as a result of any changes in the services they receive.

This has been mitigated by detailed engagement in both the design and delivery of the Wellbeing and Independence Service with all stake holders including: Service users, carers, providers, social care staff, Clinical commissioning Group, Health and other Shropshire Council Colleagues.

Opportunities Appraisal

Options for procuring preventative services have been considered by Adult Services DMT. It was agreed to procure the Wellbeing and Independence service in the format described in this paper.

Throughout the engagement process with all stake holders a number of themes were identified along with a variety of procurement options. The 3 themes described in this paper were arrived at collectively and have been developed as they are the most effective to deliver the required outcomes for Adult Social Care preventative services and meet the health needs of individuals preventing or reducing their reliance on health services.

4. Financial Implications

The council currently funds a number of organisations to deliver the types of activity which will be incorporated in this procurement.

The current budget has been set based on the current funding arrangements and it is proposed that this budget remains unchanged. The 'core' contract will be for £816,300 per annum. With effect from 1st April 2020 we propose that these small grants may be provided by the lead contractor, potentially adding a further £32,200 to the contract value in year 2 following further engagement with those organisations directly affected.

In total, over the proposed maximum 5 years of the contract the contract value will be £4,210,300

5. Background

'Preventative Services' can be described as those which help to delay or reduce the need for unplanned or crisis (and more expensive) health and care interventions later on. Additionally, the types of interventions delivered as Preventative Services can also have a positive impact on the quality of life, health and wellbeing of individuals and communities.

Prevention can happen at any stage in a person's involvement with services and can be tailored to current and expected future circumstances. Preventative services should aim to 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 including A&E, hospital admissions, residential care, etc
- Reducing isolation
- Allowing for more informed lifestyle choices and decision making
- Preventing homelessness

An impact assessment undertaken by the VCS in Shropshire identified the high volume of support that is provided through the voluntary sector and a significant proportion of this advice and support is provided by volunteers. If funding for these services is lost or reduced around one third of organisations are at risk of total closure if one funding stream (e.g. grant / contract) is lost with the subsequent reduction in volunteer numbers. The assessment also identified a combination of changes to eligibility, reduced opening hours, reduction in the range of activities and loss of community venues which would significantly reduce the preventative support offered by the VCS.

Preventative service providers utilise large numbers of volunteers to deliver services. Prevention saves money - for example research shows that befriending services save £3.75 for every £1 spent and benefits advice saves £8.80 for every £1 spent. By offering security in the provision of longer term preventative services Adult Social Care (ASC) and health are avoiding the increased costs that would be associated with a significant number of those individuals if they were no longer supported in this way by these organisations for a fraction of the cost. This prevents significant pressure to the ASC future purchasing budget, and potential demand placed on health service, reducing pressure on NHS as a result of reduced hospitals admissions and reduced primary care interventions.

Preventative services can be defined at three 'levels' of prevention. Taking the example of helping people to avoid problems associated with falls in later life the preventative response could include:

Level 1 Universal / primary prevention – information, social marketing aimed at the whole population giving advice on how keeping active reduces risk in later life

Level 2 Secondary prevention – targeted at those people who are more at risk of falling, e.g. older people, and provide access to exercise classes, etc

Level 3 Tertiary prevention – where someone has fallen already provide additional interventions to reduce the risk of falling again

This project is focussed on commissioning prevention at levels 2 and 3, whilst heeding the overarching need to provide access to good quality information for the population.

The Council has a responsibility under the Care Act to provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support. Local and national research has shown that investment in preventative services and housing support clearly helps to avoid much higher costs further 'downstream' in areas such as social care, admissions to hospital and homelessness.

Current Position

Shropshire Council's Adult Services commissions a number of different organisations to deliver preventative services, many of which are Voluntary, Community or Social Enterprises (VCSEs). Providers range in nature and size from very small, very local groups formed in response to a particular local need or specialist type of provision through to local housing providers and branches of national VCSEs. Providers are funded through a mixture of grants and/or contracts, a number of which have been in place for some time, although they have all been regularly reviewed through annual grant reviews or periodic procurement activity.

Some providers have formed themselves into consortia with the aim of delivering a consistent and joined-up response to a particular set of issues. Two examples of these are the CAAN consortium delivering information, advice and advocacy and the Sustain consortium delivering housing-related support.

In addition, and highly important to the range of choice available to people in need of support, there are many more VCSEs operating in Shropshire which provide preventative outcomes for people in need and which are not funded through the Council's Adult Services. It is important that these organisations have the right conditions to be able to continue to be sustainable and be given every opportunity to make mutually beneficial and complementary links with Adult Services-funded providers.

As described earlier in this document a significant amount of work has been done with the sector and a range of other stakeholders to identify a way of offering sustainability to the Voluntary and Community Sector whilst carrying out Shropshire Council's duties under the Care Act and continuing to develop resilient communities, increasing the independence of local people and preventing and reducing the amount of long term care and supported required as set out in Shropshire Council's Adult Social Care Strategy. As a result of this work and these priorities it has been decided to commission a Wellbeing and Independence service to meet the requirements of theme 1.

6. Additional Information

Please see additional papers for further information. Copies of the service specification can be made available to members of the HWBB on request.

7. Conclusions

The model of delivery for Adult Social Care is predicated on early intervention and prevention. By offering sustainability to the voluntary sector and providing a longer-term contract, this

activity will continue to prevent an increase in required package costs and demand placed on health services.

Therefore, we will procure a Wellbeing and Independence service based on the model described above.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

- Preventative services Commissioning Intentions document
- Shropshire Council Equality and Social Inclusion Impact Assessment (ESIIA)

Cabinet Member (Portfolio Holder)

Lee chapman

Local Member

Appendices

Appendix 1

Preventative Services Commissioning Intentions document

Appendix 2

Shropshire Council Equality and Social Inclusion Impact Assessment