

Preventative Services in Shropshire Commissioning Intentions 2019 – 2024

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

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, eg 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 as a whole. This project incorporates the preventative outcomes provided through housing-related floating support.

Preventative services funding is an area of discretionary spend by the Council, although the Council does have 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. In any event, 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.

Many statutory services and many programmes depend on a sustainable and effective suite of preventative services. For example, the Social Prescribing programme in Shropshire relies on the availability of preventative solutions to be able to 'prescribe' for their clients.

Preventative services are valued by customers, partners, stakeholders and the Council itself. Services achieve this through focussing on those things which have an impact on an individual's ability to be able to live independently in a home of their own and then helping those individuals to overcome them.

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.

People needing support are able to access preventative services through a number of routes. These include:

- Signposting – from the Council's First Point of Contact (FPOC) team, Let's Talk Local sessions, other public sector partners or other VCSEs
- Referral – where direct referral arrangements have been put in place
- Direct access by contacting the appropriate organisation either in person, by phone, by email or online

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 project will concentrate on 3 key themes:

1. Practical help to remain independent (wellbeing and independence)
2. Advice, advocacy and benefits
3. Housing-related support

The provision of good quality information is a common requirement across all services, as is the aim to help people to develop or sustain their own networks of friendships and/or support. There are also a small number of specialist preventative services in place.

Practical Help to Remain Independent

Commissioned services under this theme 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 may include, for example, help with cleaning, laundry and vacuuming, gardening, shopping, collecting prescriptions, befriending and social and creative activities.

Advice, Advocacy and Benefits

The primary aim of these services is to give people the tools and the confidence to make their own choices based on good advice. Linked very closely to this is the support available to help people to navigate the benefits system and to ensure that they are accessing the correct benefits.

By far the largest single area that people seek advice about is around benefits and tax credits. In terms of advocacy, the most frequent issues people are seeking the support of an advocate for are around social care and health & community care, followed by financial capability, housing and benefits.

Advice and advocacy services bring in a lot of additional money to the Shropshire economy through helping people to access the correct benefits. For example, in 2016/17 the CAAN partners secured financial assistance for their clients of nearly £2.5m.

Housing Support

Housing support is preventative in nature. It provides support to people with a number of issues, all of which may compromise or inhibit their ability to be able to maintain a tenancy or a home of their own. There are many reasons why somebody may struggle to continue to live independently in a house of their choice. If these are left unaddressed, they may result in the need to move into residential or higher cost care, hospital admission or eviction or loss of home for other reasons.

The main reasons why people are referred, or refer themselves, to housing support are:

- Deteriorating financial position (all age ranges but particularly under-65s)
- Risk of tenancy failure (all age ranges) – for a variety of reasons
- Risk of statutory homelessness (particularly, but not exclusively, under 65s)
- Long-term worklessness (under 65s with a focus on under 25s)

- Risk of unplanned hospital admissions (older people in particular)
- Risk of Accident & Emergency visits, for example through falls (older people in particular)
- Risk of residential care or increased care costs (older people)

Housing support is very successful in helping people to avoid these risks and services are currently configured to provide a flexible mix of time-limited crisis support, time-limited higher-level support and low-intensity occasional support.

In addition, housing support services, particularly the support hubs around sheltered housing, provide significant benefit to the wider communities they operate in and to other voluntary and community organisations making use of these facilities. These hubs provide a physical venue for activities to take place, without which those activities would cease. Activities include lunch clubs, bingo, day centres, leisure and exercise and information & advice sessions such as falls avoidance and home safety. These help to tackle social isolation that many older and vulnerable people experience, promote health & wellbeing and reduce demand on other services. Around 3,000 people attend activities at support hubs.

Context for Commissioning Preventative Services

The Financial Challenge

The Council has been dealing with a sustained period of financial challenge due to a combination of inflationary pressures and ongoing cuts in government grants. The significant financial savings the Council has made, and will continue to make over the next 3 years, coupled with income generated through commercial activity, will put the Council's finances onto a sustainable footing.

The impact of austerity on preventative services in Shropshire can be seen in a number of different ways. Funding reductions or ending of funding for programmes or services does not mean that the need for that support goes away. The need may be displaced and create additional demand on remaining services; or people cope without support for a while before seeking support again or reach a point of crisis resulting in a more intensive period of assistance to resolve issues that have built up.

Examples include the ending of Legal Aid funding for support at benefits tribunals which means that it is difficult or impossible for people to be supported to make their case; and the ending of funding for benefits advisors within mental health teams which has resulted in increased demand on advice agencies with the added effect of advisors and volunteers having to respond to the presenting individual's mental health issues as well as the benefits issue.

The Population Challenge

The population of Shropshire is projected to increase over the coming years and, more importantly, the make-up of the population is set to change. Shropshire (excluding Telford & Wrekin) had a population of 306,129 at the 2011 census (an increase of 8.1% from the 2001 census).

Projections made in 2016 point to a population of 337,800 by 2041. There are currently 76,000 people living in Shropshire aged 65 or more. This is projected to increase by over 50% to 114,600 by 2041, equivalent to 33.5% of the county's population (against a projected national average of 24%). In addition the number of people aged 85 and over is projected to increase by 137% (13,300 people) from 9,700 in 2016 to 23,000 in 2041.

There are currently 56,826 people who have long-term sickness, of whom 29,000 are aged 65+. Around 15,200 people aged 18-64 have a moderate physical disability and around 28,700 people are estimated to have a common mental health disorder.

Therefore the inflationary pressures referred to above take into account not only cost of living / cost of operating expenses, but also the cost pressures of accommodating, supporting and caring for those who need it and of an increasingly ageing population.

Legislation

Of particular relevance to preventative and housing support services, the **Care Act 2014** is the key piece of legislation covering social care services for adults. Particular parts of the legislation to note include:

- Introduction of the wellbeing principle. Section 1 of the Care Act sets out the 'wellbeing principle'. Local authorities will be under a general duty to promote an individual's wellbeing; this applies when they are making any decisions under the Care Act and will relate in part to the suitability of an individual's living accommodation. The well-being principle should be imbedded in all aspects of the local authority's decision making, and applies equally to people who are not eligible for care and support. For example, the local authority must have regard to the well-being principle through the provision of universal services.
- Prevention. Under section 2 of the Care Act, a local authority must provide services or take steps which it considers will contribute towards preventing or delaying the development by adults or carers of the need for care or support, and it must try to reduce the need for care and support by adults or carers in its area. This duty applies to all adults in the local authority's area. This includes access to good quality information, reducing loneliness or isolation and a range of early interventions such as fall prevention clinics, adaptations to housing, handyperson services, and short-term provision of wheelchairs or telecare services.
- Integration of care and support
- Information and advice – including all aspects relating to individuals' wellbeing such as Housing

The **Homelessness Reduction Act 2017** places additional duties on the Council in respect of people who are, or are at risk of, homelessness. These include:

- an extension of the period when someone is considered to be threatened with homelessness from 28 days to 56 days
- a duty to provide advisory services for anyone who is threatened with homelessness, regardless of whether they might be considered to be in priority need
- a requirement to issue a personalised plan for each eligible applicant
- a new duty to relieve homelessness by supporting the applicant to find alternative accommodation

The government is committed to a programme of **Welfare Reforms** which seeks to reduce the total welfare bill. Older and vulnerable people and people on low incomes, who have most contact with the welfare benefits system, will experience the most change. As these reforms roll out, the impacts of these changes will become clearer. Feedback from the Shropshire Housing Support Group indicates that vulnerable people increasingly need more help with navigating the system and that these changes are causing 'much stress'. Additionally, feedback from providers engaged in supporting, advising and advocating for people in contact with the welfare benefits system are reporting that the changes are resulting in increased pressure on advice and advocacy services.

The Public Services (**Social Value**) Act 2012 requires the Council to ensure that it considers how it can maximise social, economic and environmental benefits in the way that it commissions. Shropshire Council has a Social Value framework and Charter which it has developed with partners from Shropshire Clinical Commissioning Group (CCG), the Voluntary & Community Sector, Police & Crime Commissioner and Housing.

Strategic

Shropshire Council's Corporate Plan 2018/19 sets out four high-level outcomes which provide the focus of the work of the Council and underpin what we are trying to achieve over the coming years. These outcomes are:

- Healthy People – supporting people to take responsibility to look after themselves, increasing their quality of life and reducing ill health to minimise demand and dependency on public services.
- Resilient Communities – communities which are self-sufficient and have the resources and capabilities to meet their collective needs and to flourish. Communities which are safe, sustainable and help each other and supporting vulnerable adults to remain in their communities.
- Prosperous Economy – for example working with our older population profile and promoting Shropshire as a place to develop technologies that enable people's independence, improve health outcomes and contribute to health and social care..
- A Commercial Council – being innovative and resourceful; being as efficient as we can be and identifying and pursuing opportunities to generate income which can be invested into services. We will operate in a way that promotes the best use of local resources.

The four key priorities set out in our Vision and Strategy for Adult Social Care 2018/19 – 2020/21 are:

- Creating resilient communities and helping you to continue to live independently. This will be achieved through ensuring that everyone has access to information and advice that supports their wellbeing, either through the council's First Point of Contact team, Shropshire Choices portal or through the VCSE.
- Helping you to prevent or reduce needs. Working with partners, including the VCSE, we can identify, target and intervene with people who are at risk of developing needs.

- Delaying the impact of your needs. Services will be aimed at enabling people to gain or regain skills to help them live as independently as possible. This means that we will aim to support people in the short-term whilst expecting that, wherever possible, they support themselves long-term.
- Meeting your needs through a creative approach to care that is value for money. Support will be easy to access and services will be flexible and open to change.

The priorities for Shropshire's Health and Wellbeing Strategy are focused on Prevention (Health Promotion and Resilience) and Sustainability (Promoting Independence at Home).

The Better Care Fund Plan for Shropshire identifies its main areas of focus as:

- Prevention
- Early Intervention
- Supporting People in Crisis
- Supporting people to live independently for longer

Identification of need / Gaps in Provision

Survey of people who use preventative services

People who use services have been asked to contribute their experiences of preventative services through a combination of feedback from meetings (Making it Real), an online questionnaire and supported questionnaires. Over 160 responses were received. Findings from the survey include:

1. **How people benefit** – improved wellbeing; more confident; help with benefits; help with debt, money; social interaction / meeting others with similar issues; practical assistance – cleaning, gardening
2. **What keeps people independent** – regular contact / ongoing support; access to information / knowing how to find it – important; good transport; social contact; help with paperwork and form-filling; adequate capacity at high demand services
3. **How people find out about services** – support worker; Citizens Advice; current provider; libraries and information points; GP / surgery
4. **What helps people to decide whether or not to use a service** – the most common factor which helps people to decide is whether the service is easy to get to or access. This is followed by what others say about the service and recommendation from a professional. A smaller proportion said they use the internet, although some actively said they wouldn't
5. **What people would like to access but can't** – help with PIP / appeals; transport; household help; help with IT; finding friends; social contact outside of people with similar issues
6. **What are the blockers to accessing support (from the customer's point of view):**
 - a. unaware of services
 - b. not knowing who to talk to
 - c. cost / affordability
 - d. transport - availability
 - e. waiting times
 - f. service cuts / lack of funding

- g. not enough coordination between services
- h. personal issues /condition
- i. finding it difficult to ask
- j. IT – either not having access or not comfortable using it

Survey / Feedback from providers

Commissioned providers and other providers of preventative services who are not funded by the Council have been involved since the beginning of this review and have contributed through provider events, subject-specific working groups and a survey. Feedback includes:

- More customers are presenting with more acute, multiple and complex issues which require more support. This can be challenging for volunteers
- Reductions in services elsewhere have increased demand on remaining services
- People don't know how to navigate the system in order to self-refer or to support signposting
- People have difficulty in accessing the right service at the right time due to:
 - Availability
 - Difficulty in arranging transport
- Waiting times for support are increasing
- People with mental health issues accessing advice and advocacy present a challenge in terms of capability of dealing with the individual (not the issue)
- Form filling – online and paper – is becoming more complex and takes longer

Stakeholders

Stakeholders, particularly colleagues in mental health teams, safeguarding teams and the Healthy Lives programme have been involved and kept informed of this review. Stakeholder feedback includes:

- It can be difficult for professionals to access advice and advocacy for their clients
- Difficult to access services immediately when required
- Reductions in services elsewhere have increased demand on their services
- No support for people who need to attend a benefits tribunal (following the ending of Legal Aid funding)

In summary of this section there are some general issues which will need to be addressed as well as specific issues for particular areas of need.

Commissioning Principles

In commissioning preventative services we want to ensure that the following principles are understood and adopted:

- Preventative services help people to keep well, live well and to feel enabled to do things for themselves
- The services that are available to people should feel joined-up, with multiple access points, and all providing good quality information about how the 'system' works

- Preventative services will support complementary programmes such as Social Prescribing and 'out of hospital' initiatives
- Shropshire is a large and rural county with a dispersed population. Approaches that work in one part of the county may not necessarily work as well in others. Providers will understand the importance of 'Place' and the Shropshire 'landscape' as it relates to support and care in communities and will apply a locally tailored approach to the work they do with vulnerable people.
- In these challenging financial times it is vital that prevention is targeted at those areas which make the biggest difference. Providers will therefore work very closely with the Council to ensure that resources and support are allocated according to priority.
- Providers will aim to maximise income from alternative funding streams to complement Shropshire Council funding
- Providers will need to be able to maximise the value of all available resources in the communities in which they operate. This will include their own staff, buildings, technology, expertise, volunteer capability and other infrastructure as well as all of these owned or operated by other partners and stakeholders. This will make best use of resources without unnecessary duplication of effort.
- Meaningful and productive partnerships will be developed and sustained between commissioned services and non-commissioned activity as well as the public and private sectors.
- Providers will adopt the principles of 'Making Every Contact Count' which is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
- Providers will need to be flexible and able to adapt to changing priorities
- Providers will need to demonstrate that they are committed to maximising the social, economic and environmental benefits gained through the way that they organise themselves. Providers will work with the Council to develop and deliver Social Value outcomes as described in the Council's Social Value Framework

Outcomes

The key outcomes from preventative services in Shropshire will be:

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

In support of these outcomes 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 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

More detailed outcomes will be developed for each of the commissioned themes and incorporated in service specifications.

Social Value

In addition, VCSEs are able to generate significant Social Value through the way that they operate. The following Social Value outcomes will be delivered:

1. Employment opportunities for local people through:
 - a. The number of local people (FTE) employed on the contract for at least one year
 - b. The number of employees (FTE) taken on who are long-term unemployed
 - c. The number of employees (FTE) taken on who are NEET
 - d. The number of jobs (FTE) created for people with disabilities
2. Developing education, skills and training opportunities within Shropshire through:
 - a. The number of apprenticeships that have been completed or will continue to be supported
 - b. The number of weeks spent on meaningful work placements
 - c. The number of hours dedicated to supporting people into work by providing career mentoring, mock interviews, CV advice, etc
 - d. The number of volunteers supported
3. Supporting the local supply chain through:
 - a. Total amount spent in the local supply chain
 - b. In-kind expert support to small enterprises / community organisations, eg legal, financial expertise
4. A green and sustainable county through:
 - a. A reduction in car miles spent on delivering services
 - b. Use of clean transport technologies, eg low- or no-emission vehicles

Financial

Investment in preventative services provides financial benefits to the statutory sector and to the wider economy. Helping someone to remain in their own home with access to opportunities to socialise and to stay healthy reduces the likelihood of becoming unwell, using health services and / or needing to move into funded residential care. Helping someone to better manage their finances or debts will reduce the likelihood of a deterioration in mental health and of putting their tenancy at risk. Helping someone to

maintain a tenancy helps to avoid a presentation for homelessness which is distressing for the individual and expensive for the Council. Providing someone with the means to get out and about and spend money in local shops supports the local economy.

For example, an impact assessment on 1,750 current housing support customers was undertaken by providers during summer 2016. An estimate of the financial impact of identified risks using locally available figures and data from New Economy Manchester found that current housing support funding of £1.8m per annum in Shropshire results in:

1. Overall – avoidance of costs to the public purse of £12.5m, including:
 - a. Avoided additional costs to Shropshire Council of £8.6m, made up of:
 - i. £6.0m to Adult Services
 - ii. £2.5m to Housing Services
 - iii. £91,000 to Leaving Care Team (this ignores longer term costs of children becoming looked after)
 - b. Avoided additional costs to Health of £2.6m
 - c. Avoided additional costs to DWP £850k
 - d. Avoided additional Costs to Criminal Justice £400k

The financial constraints on the Council mean that there will continue to be uncertainty over future levels of funding for preventative services, so there is therefore a need for services wherever possible to be increasingly sustainable beyond core public funding. Providers should aim to maximise revenue from a range of sources to complement the funding provided by Shropshire Council. Providers will also need to establish whether there are elements of their current services or developments of them which may provide a commercial income in future which will sustain some level of service.

Proposed Commissioning Model

Having taken account of feedback from users of preventative services, providers and stakeholders it is proposed that services are commissioned under three main themes:

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

Key to the success of this approach, however, and taking into account feedback from users of services, will be that services are of a consistent quality, 'joined-up', easy to access and easy to find out about. Good, accurate information will be available to people, regardless of their entry point, whether that is to a Shropshire Council information point or to a local provider organisation and all points in between. Additionally, all providers will aim to support people to make connections and links within their communities so that they are self-reliant as far as possible. Commissioned services should aim to provide just enough support to enable or maintain independence.

In commissioning these three themes the Council wishes to simplify the funding arrangements and, wherever possible, commission a single contract for each theme. However, the council does recognise the strong brand, identity and recognition that many

local organisations have and solutions will be sought which retains choice for people within these contracting arrangements.

There are also a small number of specific grant funding arrangements which would not benefit from being incorporated into any one of the themes above. These will be reviewed prior to determining the funding arrangements.

Theme 1 – Wellbeing and independence

This theme will deliver a range of practical solutions for people to help them stay healthy and well at home and also to be able to access other activities. 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 may include, for example, help with cleaning, laundry and vacuuming, gardening, shopping, collecting prescriptions, befriending and social and creative activities.

By its nature a lot of this support will be on a one-to-one basis but it will also incorporate organised group activities and the development of self-reliant peer networks. Support is not envisaged to be long-term in nature, but is about enabling people to do things for themselves. However, people have told us that they value the ability to be able to contact a trusted individual or organisation from time to time so services will need to be flexible enough to cater for this.

Our aim is to have a single contract encompassing a range of solutions and activities for all adults. It is unlikely that any one organisation would have the breadth of experience and range of activity to deliver this, so we are 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 / sub-contractors arrangement or similar.

We recognise that this is likely to take time to achieve so would be interested in hearing from the provider market how this could happen smoothly and with little or no disruption to service delivery and the end users. We would, for example, be happy to consider a two-stage approach which secures provision from day one and sets out the plan to move towards a single contract.

Theme 2 – Advice, advocacy and benefits

This theme will deliver advice and advocacy across a range of issues which impact on people's wellbeing and will incorporate support for people engaged with the welfare benefits system. The theme acknowledges that whilst advice and advocacy are distinct disciplines they are closely linked and should remain so. Additionally, as advice around welfare benefits accounts for approximately 50% of all advice issues dealt with through the CAAN consortium it makes good sense to link benefits support into this theme.

This commissioned service is one part of a network of advice and benefits support which is delivered across the statutory and voluntary sectors and will complement all other activity in this area. This will require close working with commissioners, the statutory sector and other community organisations operating in this area. For example, Shropshire Council's

First Point of Contact and Customer Services will provide advice and support for customers and will refer or signpost people to more specialist provision where necessary.

General (non-statutory) advocacy and advocacy under the Care Act will be commissioned together as part of this theme as it will allow providers to flex their resources according to need. Consideration will be given to other statutory advocacy (eg IMCA) being commissioned as part of this theme as well although that is yet to be finalised.

Access to advice, advocacy and benefits support can be through one of two routes:

1. For the general public either by direct access to the commissioned service, or
2. For professionals, eg social work teams, mental health teams, by a referral system giving quicker access

It is important that a balance is maintained between professional referrals and general access so that people are still able to access advice directly.

As it has been demonstrated through the CAAN consortium in Shropshire, a consortium approach to delivery can be very successful and we aim to commission a single contract incorporating advice, advocacy and specialist benefits support.

Theme 3 – Housing-related support

This theme will support people whose needs are such that their ability to maintain a tenancy or remain independent in their home would be compromised without that support. The focus of housing-related support will be on ensuring that people have access to appropriate and settled accommodation according to their circumstances and have the support networks in place to help them sustain that accommodation. This theme will incorporate 'floating' support as currently commissioned but not the separately commissioned supported housing schemes.

Housing-related support will have two principal areas of focus:

1. Helping people to prevent, delay or reduce the need for long-term formal care and support, including healthcare services
2. Helping to prevent homelessness and/or to support people who have been homeless into settled accommodation

Housing-related support will therefore help the council to meet its statutory prevention duties under the Homelessness Reduction Act and will also help to prevent or delay the need for people to progress into residential or nursing care.

Housing-related support complements other activity through, for example, making resources available to other agencies to run activities or providing drop-ins and 'surgeries' at other agencies' premises.

Where eligible we will expect social landlords to maximise other income streams, such as the Intensive Housing Management charge for additional tenancy-related assistance for vulnerable clients. This will ensure that housing-related support funding is targeted at the support needs of vulnerable clients and will help to cushion the planned reduction in

funding for housing-related support as set out in the Council's Financial Strategy 2018/19 – 2022/23 (Shropshire Council Cabinet 14th Feb 2018).

As has been demonstrated by the success of the Sustain consortium in Shropshire, a consortium approach to delivery of housing-related support works well and we aim to commission a single contract.

Small grants

The council currently funds a number of organisations to support their delivery of specific or specialist activities through a programme of small grants. Given their nature, we propose to continue provision of these small grants, subject to regular reviews of need and effectiveness. Given that these small grants complement and enhance the overall effectiveness of the Theme 1 Wellbeing and Independence service we propose that the responsibility for making and reviewing the small grant payments sits with Theme 1, with the budget transferred accordingly.

Procurement / Timescales

This is a complex commissioning programme and will be done in 3 main stages. The outline / provisional timescales are as follows:

Theme	Actions	By when
Wellbeing and independence	Commence procurement	End-October 2018
	Tenders returned	Early December 2018
	Contract Award	Early January 2019
	Contract commences	April 2019
Small grants	Awarded	TBC – in accordance with the Wellbeing and Independence theme
Advice, advocacy and benefits	Commence procurement	April 2019
	Tenders returned	June 2019
	Contract Award	July 2019
	Contract commences	October 2019
Housing-related support	Commence procurement	December 2018
	Tenders returned	January 2019
	Contract Award	February 2019
	Contract commences	April 2019

**APPENDIX 1 – CURRENT CONTRACT AND GRANTS BY COMMISSIONING THEME –
PROPOSED – UPDATED 18th October 2018**

Theme 1 – Wellbeing and Independence

Organisation Name	Name of Service / Description
Age UK	Core Services including day centres
Age UK	Help at Home (partial)
Qube	Core Grant
Royal Voluntary Service	Good Neighbour Service
Shropshire RCC	Universal Prevention
North Shrewsbury Friendly Neighbours	Friendly Neighbour Service

Small Grants – Administered by Theme 1

Organisation Name	Name of Service / Description
A4U	Autism Hub additional grant
Alzheimers Society	Dementia support groups
Designs in Mind	Creative and practical skills
Move On Club	Social club – learning disabilities
Remap Shropshire	One-off engineering solutions
Shifnal Live at Home	Bathing and support services in Shifnal
Working Together (Ludlow)	Community café in Ludlow

Theme 2 – Advice, Advocacy and Benefits

Organisation Name	Name of Service / Description
A4U (as part of the CAAN Consortium)	Autism Hub (element of CAAN contract)
Age UK	Help at Home (part)
CAAN	General Advocacy
CAAN	Information & Advice
CAAN	Care Act Advocacy

Theme 3 – Housing-Related Support

Organisation Name	Name of Service / Description
Sevenside Housing (Housing Plus)	Central Shropshire Floating Support
Shropshire Housing Group (Connexus)	South West Shropshire Floating Support
Shropshire Housing Group (Connexus)	North East Shropshire Floating Support
STaR Housing	South East Shropshire Floating Support
STaR Housing	North West Shropshire Floating Support
Bromford Housing	Acquired Brain Injury Floating Support

Specialist / Standalone Funding – NB Sight Loss Services to be reviewed separately

Pohwer	IMCA – consider incorporating in Theme 2
Shropshire RCC	Sight and Hearing Loss Service
Shropshire Mind	Mental health centre & drop-in – aim to include in Theme 1/small grants after yr 1
SIAS	IMHA

Sight Loss Shropshire	Mobile van, info etc
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