

**MEMORANDUM OF UNDERSTANDING TO EMBED PREVENTION / WELLBEING IN SHROPSHIRE SERVICES**

This Memorandum of Understanding is between Housing, Fuel Poverty provided by Shropshire Council to support embedding prevention and wellbeing into services. The embedding of prevention and wellbeing is in line with the Health and Wellbeing Strategy. It provides corporate and Public Health England assurance of delivery of the Shropshire Council statutory responsibilities to deliver public health services to residents of Shropshire.

Memorandum of Understanding between:

<b>SERVICES:</b>	<b>GRANT FUNDING:</b>
Homelessness prevention (line 10060)	<b>£102,100</b>
Homelessness Team (line 10058)	<b>£400,000</b>
Supporting people (housing prevention) (line 10065)	<b>£666,020</b>
	<b>£1,168,120 Total</b>
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<b>START DATE:</b>
<b>END DATE:</b>

**PUBLIC HEALTH ENDORSEMENT:**

<b>DATE:</b>	
<b>NAME:</b>	
<b>SIGNATURE:</b>	

**Laura Fisher (*Homelessness Prevention*) ENDORSEMENT:**

<b>DATE:</b>	
<b>NAME:</b>	
<b>SIGNATURE:</b>	

## MEMORANDUM OF UNDERSTANDING TO EMBED PREVENTION / WELLBEING IN SHROPSHIRE SERVICES

### REVIEW DATES

September 2020

### SERVICE DESCRIPTION

***Overview of service and summary of contribution to health and wellbeing (to include background, objectives and targets)***

The Homelessness service is – please add a description of the service.

Homelessness is the most acute form of housing need. A person can be legally classed as homeless if they're living on the street, sleeping on a friend's sofa, staying in a hostel or suffering from overcrowding. To prevent homelessness, the Housing Options team work with you using a range of options to try to keep you in your current home or assist you to find alternative accommodation.

Your enquiry will be taken by a trained customer services operator, who will complete an initial contact referral form on behalf of the Housing Options team. If your enquiry requires housing advice, you'll receive a phone call within five working days of contacting us (contact details are at the bottom of this page). For homelessness enquiries you'll be contacted the same day.

If you're homeless we'll take a homelessness application from you. This will help us decide if we have a duty to rehouse you. If so, we'll also be able to offer you temporary accommodation whilst more secure accommodation is found.

Not everyone is entitled to be rehoused. Before reaching a decision, we must consider these five questions:

- Are you [legally considered to be homeless](#)?
- Do you have a right to live in the UK and are you [eligible for assistance](#)?
- Can you be classified as being in [priority need of help](#)?
- Are you homeless through no fault of your own? You can be disqualified from long-term help if the council decides you made yourself [intentionally homeless](#).
- Do you have a [local connection](#) with the local authority area?

We'll look at each of these in detail, make enquiries and ask for evidence to help us make a decision. Once a decision has been made, you'll be provided with a letter outlining the decision and the reasons the decision was arrived

### **3. Opportunities to further embed prevention in regulatory services**

Opportunities to further embed prevention into the homelessness prevention services are:

1. To further embed wellbeing and prevention into all homelessness prevention work practices, services and policies.
2. To embed wellbeing and prevention into practices by embedding knowledge and skills into team job descriptions and reviewing during professional appraisal.

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3. To enhance practices by requiring staff to maintain and update knowledge and skills in wellbeing and prevention so that staff have knowledge of wellbeing, mental and physical, e.g. Healthy Conversations, Making Every Contact Count + & Mental Health First Aid.
4. To further embed wellbeing and prevention into homelessness prevention services by enabling staff to:
  - a. support residents and communities through other integrated health and social care programmes e.g. the social prescribing programme.
5. To further embed wellbeing and prevention into homelessness prevention policies. The updates will be in line with the Shropshire Council health impact assessment approach.
6. Measure public health outcomes to determine the impact on residents of the substitutions process.

### 4. SUMMARY IMPACT EMBEDDING PREVENTION / WELLBEING

The outcome of embedding prevention and wellbeing into homelessness prevention services will be to deliver Health and Wellbeing outcomes for the residents of Shropshire<sup>1</sup>. Shropshire Health and Wellbeing Board have agreed that prevention and sustainability are priorities:

The following 3 objectives are to be delivered through services

1. Health promotion and resilience
2. Promoting independence at home
3. Promoting easy to access and joined-up care.

### 5. PROGRESS MEASURES TO DELIVER EMBEDDED PREVENTION / WELLBEING

*(to include outcomes agreed – aligned with Health and Wellbeing Strategy, workforce development, health improvement (mental health, physical health, lifestyle), health protection, wider determinants)*

- Public Health will receive a completed trajectory identifying individual strands of work for each team linked to the agreed public health outcomes, national and local, and expected numbers (trajectory).
- Quarterly reports on progress and updates related to outputs against trajectory and outcomes. Outcomes will also measure the extent to which wellbeing and prevention is embedded into the services delivered by teams - through staff development, work practices and policies.
- Quarterly reporting should include progress on work practices, services and policies, financial reporting, and case study information – one case studies per team.
- End of year reporting should identify outcomes, where possible mapped to the PH Outcomes (section 6) Framework, along with quarter four and annualised data sets (see above).

### 6. HEALTH & WELLBEING OUTCOMES FOR STAFF AND/OR RESIDENTS

*(to include public health outcomes agreed – workforce development, health improvement (mental health, physical health, lifestyle, health protection, wider determinants)*

<sup>1</sup> Shropshire Council (2016) Shropshire Health and Wellbeing Strategy 2016-2021  
<http://www.shropshiretogether.org.uk/wp-content/uploads/2016/05/FINAL-HWBB-Strategy-2016.pdf>

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### **6.1 Service outcomes**

Outcomes will be measured using:

The homeless service impacts public health outcomes:

I have included the 2 national public health indicators for homelessness. Can you please add any local homelessness indicators that are used locally and would add value to the MOU.

#### **6.1.1 National outcomes**

##### **Public health outcomes:**

1.15i Statutory homelessness – eligible homeless people not in priority need

1.15ii Statutory homelessness – households in temporary accommodation

#### **6.1.2 Local outcomes**

To be added – this is a link to a document detailing all we gather for HCLIC which is our quarterly government return - [https://gss.civilservice.gov.uk/wp-content/uploads/2017/11/HCLIC-Data-Specification\\_v1.1.pdf](https://gss.civilservice.gov.uk/wp-content/uploads/2017/11/HCLIC-Data-Specification_v1.1.pdf)

##### 4. Prevention & relief

i. Numbers of homelessness preventions

ii. Numbers of homelessness episodes of relief

6.2 Assistance with support needs

### **6.2 Health in All Policies outcomes**

#### **Staff outcomes**

Process outcomes:

6.2.1: Number of job descriptions updated to embed wellbeing and prevention practices

6.2.2: Number of staff completing MECC+ training

6.2.3: Number of staff completing Mental Health First Aid training

#### **Resident outcomes**

6.2.4: Number of residents referred to social prescribing hubs

6.2.5. Case study example of work across agencies to build resilience

#### **Policy outcomes**

6.2.6: Number of policies refreshed

6.2.7: Number of policies refreshed to include wellbeing and prevention measures

### **7. ADDITIONAL INFORMATION**

**Include in here a note on data sources and monitoring. Any other additional information that support smooth execution of the MOU.**

Add as necessary

### **8.FINANCIAL MONITORING AND EVALUATION**

**The funding to be provided through the PH grant to be added.**

The net expenditure budget (before the application of Public Health grant funding) for the homelessness prevention service (line 10060) is £102,100 2019/20. The Public Health grant funding of £102,10 is therefore approximately 100% of the total net expenditure budget for the service.

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The net expenditure budget (before the application of Public Health grant funding) for the homelessness team (line 10058) is £1.028m in 2019/20. The Public Health grant funding of £400,000 is therefore approximately 40% of the total net expenditure budget for the service.

The net expenditure budget (before the application of Public Health grant funding) for the supporting people (housing prevention) service (line 10065) is £2.2m 2019/20. The Public Health grant funding of £666,020 is therefore approximately 30% of the total net expenditure budget for the service.

Budget monitoring is undertaken monthly by the service in collaboration with Finance Business Partners; review and challenge of the financial information, including the continued suitability of Public Health grant funding allocated to support Public Health outcomes, is intended to be inherent within this monthly process.

### 9. HEADLINE FINANCES AND FINANCIAL HANDLING

At the end of the project/end of the financial year, a statement of the costs incurred will be submitted to Public Health. Evidence to support any significant items of cost (such as copy invoices) will be provided upon request.

The completion of regular budget forecasts on Business World is required to provide Public Health clear oversight of current performance and any potential underspends that may arise from the project.

Whilst the funding detailed above has been specifically allocated to this service the funds may be put at risk if the Members decide to use this allocation to fund other activities or support the bottom line financial position. Public Health will endeavour to inform of any such risks as soon as possible should they arise.

***Support to embed prevention is provided by the Public Health Team. The team can be contacted via email.***