

Assignment Title Page

Recommissioning of the Community Prevention Service in The Shire

Project Rationale

Prevention and early intervention are a key priority for Adult Social Care (ASC). The Care Act 2014 makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support (Legislation, 2014).

The Shire Health and Wellbeing Strategy - *Happier, Healthier Lives – A plan for The Shire* (2021), recognises the pressures the health and care system in The Shire is under with an increased need for community and local services. The strategy confirms the commitment to continue to work with such communities and organisations to ensure that the positive developments in response to Covid-19 are embedded into business as usual.

Additionally, *The Shire Council's Corporate Plan (2020-2025)* outlines its key priorities for ensuring that The Shire will be the best place to live, raise a family, work and do business by 2050. The plan focuses on the following 4 key areas: Strengthening our communities, improving our environment, increasing prosperity and protecting the vulnerable. The plan recognises the vital role the voluntary and community sector has to play in strengthening and supporting local communities.

The Shire Council commission a countywide Community Prevention Service (CPS). This service is not statutory but supports the Council to deliver these responsibilities. The service provides support to residents, 18 years and over, to remain independent and active within their own communities for as long as possible, reducing or delaying the need for ASC. Eligible service users are primarily individuals who are approaching the threshold for ASC services who, without intervention, may require more intensive health and social care support in the near future.

The current contract commenced on 2nd July 2018 for an initial term of 3 years with options to extend for up to 2 years. These extension options have both been utilised and the contract is due to expire on 1st July 2023. Demand for the service has been lower than anticipated, further suppressed due to the impact of COVID-19 leading to a high cost per service user. The provider has been proactively working to increase referrals over the life of the contract and adapted their approach to service delivery during the pandemic.

The CPS supports The Shire Council's *Better Lives Strategy (2022-2025)* and the *Prevention, Early Help and supporting people at a community level Market Position Statement (2018-2022)*, by providing access to support that promotes independence, prevents social isolation, and delays or prevents the need for more intensive health and/or social care interventions.

The UK population is growing, this is also reflected in The Shire; with the reported population expected to rise from 545,925 in 2020 to 564,319 in 2030. Growth is most noticeable in the older population, where projections predict a 159% increase in residents over 60 years old during the same period (*JSNA Data Profile Protected Characteristics, 2022*); this age group are currently the most predominant demographic accessing the CPS. Population increase is expected to result in augmented pressure on the Adult Health and Social Care systems as well as other services.

POPPI - Projecting Older People Population Information System (2020) estimates that 34,056 people aged 65 and over are living alone in The Shire which is projected to rise to 44,051 by 2035. Similarly, those with a long-term illness whose day-to-day activities are limited is thought to be 24,369 and those requiring support with at least one domestic task is reported to be 30,567. Data from PANSI - Projecting Adult Needs

and Service Information (2020), reports that 18,268 people under 65 have impaired mobility and have difficulty with certain activities, this equates to 6% of The Shire population under 65 years old.

The pressures on Adult Health and Social Care are further evidenced through findings by the National Audit Office (2021). This projects a 57% increase in adults aged 65 and over requiring care by 2038 compared with 2018 in England, this is in addition to reports already recording high levels of unpaid care and unmet need.

The Shire Joint Strategic Needs Assessment (JSNA), (2016-2020) reports that one third of the population live within the main towns of Town A and Town B and most of the population growth is set to take place in these urban areas, meaning rural areas are likely to continue facing geographical access issues. 13% of The Shire residents do not have access to a car. Due to the rural location of The Shire and limited public transport this can lead to isolation and loneliness, a known cause of health deterioration, resulting in more people seeking support from ASC.

The Covid 19 pandemic has also had a profound impact on many, due to shielding, physical social distancing, and lockdown measures, resulting in prolonged periods of isolation, inactivity, and reduced access to services (ONS, 2021). This has led to increased loneliness, decreased mobility, and decreased happiness levels seen both nationally and at local level (ONS, 2021).

The outbreak has affected all parts of the population but has been particularly detrimental to members of those social groups in the most vulnerable situations including people living in poverty, older persons, persons with disabilities, youth, and hard to reach groups. For individuals, particularly the elderly or those with pre-existing medical conditions this has led, for some, to a decline in their physical and mental health and an increase in need for support and interventions (UN, 2022). Thus, showing the need for preventative services to better support individuals and promote independence.

The CPS currently focusses on primary prevention, delaying and preventing the need for formal services and support. It was initially planned that the service offer would be expanded to include those residents also in receipt of ASC services to prevent or delay the escalation of needs and better align the service with a recent ASC restructure. It was also envisaged that befriending would also be integrated within the new CPS contract in line with the Council's corporate direction of travel towards redirecting grant funding to commissioned services. However, following the launch of The Social Care Reforms (SCRs) by the Government in December 2021 in its white paper *People at the Heart of Care*, work on the recommission was halted. The decision was taken that considering the work being undertaken by ASC to support these reforms, further work was needed to understand how the new CPS would align with and support these changes.

Commentary on key activities carried out:

Needs assessment

I was responsible for the development of the prevention needs assessment to understand the current and future needs of the local population to inform and shape the requirements and model of delivery for the new service (Appendix 1). I supported and delegated activities to a commissioning officer, who I line manage within our team to complete desk-based research, stakeholder engagement, asset mapping and benchmarking with other local authorities. We met weekly to discuss and agree what information was required, to identify sources of this information and to keep up to date on progress to ensure that key milestones were met.

I compiled a survey to capture the views of residents to better understand what helps people in The Shire to live independently in their own homes and communities and what support is needed (Appendix 2). This method was chosen as a survey could be developed quickly, be conducted remotely for greater reach and was most cost effective (DeFranzo S, 2022). I worked collaboratively with our internal communications team to develop an online survey which was promoted via the Councils social media channels, partners and key stakeholders such as local voluntary and community sector (VCS) organisations. The survey was also available in paper format to enable those unable to access the internet to participate. The survey was tailored to capture the views of both community and care home residents as it was recognised that both would be able to provide valuable feedback on their experiences.

The survey ran for 4-weeks and 105 responses were received. 50 responses from residents in the community and 55 responses from care home residents, with ages ranging from 23-99 years old. This feedback was incorporated into the needs assessment and used to direct and shape subsequent provider webinars (Appendix 3).

I supported the benchmarking activity by identifying key contacts within other local authorities and compiling a list of questions to understand their prevention offers. This helped to identify best practice, compare performance and understand lessons learned to improve performance (RICS, 2013). The main areas we wanted to understand were the provider, model of delivery, contract value and term and funding arrangements. We also explored opportunities and challenges experienced across the delivery of these services.

Stakeholder engagement

The importance of co-production cannot be underestimated in the development of public services. So much so that co-production is included in the Care Act 2014 statutory guidance, particularly to be used in the development of preventative services (Scie, 2022). The Local Government Association (2022) defines co-production as the process of developing more equal partnerships between people who use services, carers and commissioners to shape and inform commissioner's decision making.

To further support the development of the needs assessment and shaping the requirements of the new service model, a series of stakeholder webinars with local VCS providers were scheduled. It was decided that webinars would enable more organisations to attend, as this has been an issue in the past due to the size of the county and that the sessions could be recorded to share with others unable to attend (Appendix 4).

The webinars covered the following topics: Needs assessment, Outcomes and Service modelling and the Service Offer and were planned to take place at specific points in the timeline to support different elements of the recommission. I was responsible for compiling the agenda and content for the presentations as well as identifying invitees. Attendees included larger organisations providing countywide services as well as smaller organisations such as lunch clubs and day centre providers. It was important to undertake this activity to utilise the strong community relationships, knowledge and non-statutory position of these VCS organisations who work daily with residents in local communities (Baird *et al.* (2018). This was to ensure that the new service would meet the needs of residents, address any challenges or opportunities and reduce the potential for duplication.

Feedback from the resident survey was triangulated with the webinars and was central to the workshop discussions, ensuring that the service users voice was heard and considered. The webinars consisted of a

presentation and two workshops sessions, which I co-delivered, to explore specific questions relevant to the particular webinar.

Another key aim of the workshops was to encourage and facilitate improved partnership working as it was recognised that the best outcomes and service user experience would be achieved through a collaborative approach to service delivery (IVAR, 2016). We were also aware from previous engagement with the sector that smaller organisations find bidding on large contracts challenging due to their size and available resource and therefore often do not partake in competitive tender processes. However, the valuable contribution they provide to local communities through their services is recognised (NIHR, 2021) and therefore we wanted to understand how they could be supported to be involved in delivering the new service.

As a result of feedback from the first and second webinars and to support market shaping, a separate meeting was organised to further support discussions and explore opportunities for VCS providers to collaboratively deliver the new service and encourage innovation (Department of Health and Social Care, 2017). I worked closely with our infrastructure provider to organise the meeting to ensure that the aim was clear and that the feedback would enable us as commissioners to procure the new service in a way that would support the market to deliver more collaboratively, particularly involving smaller providers (Appendix 5). The meeting was facilitated by the infrastructure provider without commissioners present to encourage open and honest discussions. The overall finding was that there was an appetite to work in partnership but that timescales for procurement would limit opportunities for this. Smaller organisations overall had reservations as to whether they could participate due to legalities and the responsibilities they may have to deliver against key performance measures. Organisations felt that they would need more information with regards to specific service requirements and the financial envelope before being able to progress with formal partnership arrangements.

A report was compiled based on the feedback which enabled us, alongside procurement, to identify the best route for procuring the new service. As such, a lead provider model with subcontracting arrangements was deemed to be the most suitable approach given the timescales involved.

Business Case and options appraisal development

Once the needs assessment was completed and the stakeholder engagement had commenced, I began to draft the business case and options appraisal, incorporating the findings from these activities to inform their development (Appendix 6).

The Local Government Group (2011) defines that an options appraisal should support identification and evaluation of the different available ways of delivering services, considering the resources available, advantages and disadvantages of each option and risk. I undertook a cost benefit analysis approach to completing the options appraisal considering other important factors alongside the financial analysis such as the broader social, environmental and economic impacts (NOA, 2011). In total, four options were identified highlighting the positive and negatives of each and risks and mitigations for the preferred option.

Due to issues with suppressed demand, it was important to articulate within the business case why the service was needed and how this would be addressed if the service were to be recommissioned. Qualitative feedback from users of the service, referrers and other partners demonstrates the benefits of the service and the range and level of support provided. However, quantitative data is not as readily available or robust so demonstrating cost effectiveness and value for money was more challenging. Evidence sources to demonstrate impact on cost and outcomes to support investment decisions for preventative services are limited (Marczak et al. 2019) and a lack of data and resources also makes the development of evaluation frameworks challenging (Miller et al, 2015 quoted in Marczak et al, 2019).

To seek to address this issue in the new contract, I am involved in discussions with the Councils systems team to support increased reporting directly onto the ASC system (LAS). It is anticipated that this will provide clearer and more accessible oversight of the outcomes and impact of the service at both an individual and service level, over the life of the new contract. This will also allow for visibility of provision across ASC, supporting a 'tell us once' approach. It is also anticipated that the proposed extension of the service remit and improved alignment to ASC will increase the reach of the new service and subsequently support reduction in costs per user.

Whilst in the process of drafting the business case, an interdependent workstream was subject to Medium Term Financial Planning savings (MTFP). The Community Engagement and Development Officers (CEDOs) are funded by The Shire Adults and Health to support community groups and organisations that aim to promote independence, prevent social isolation, and delay or prevent the need for more intensive health and/or social care interventions.

MTFP savings were allocated to the CEDOs of £100k for the financial year 23/24. As a result, I was involved in several meetings with the CEO management team to draft an options appraisal for the service. The recommended option proposed that this function was incorporated into the new CPS contract as part of the extended remit. The reasoning was that this would ensure continuity of the service, realign the two functions and prevent loss of this community asset. The CPS options appraisal and business case were also reviewed and updated accordingly.

Interdependencies were also considered as part of the business case. In The Shire, there are approximately 4,750 VCS organisations across the county providing a range of services to the residents of The Shire which are not commissioned directly by the Council. Most of these can be deemed as preventative provision in respect of reducing ASC demand.

Social prescribing is the most comparable service to the existing CPS within the county. The CPS operates alongside the social prescribers providing a complementary community-based offer across the county. Discussions are underway to better align these services in the future, reducing duplication, enhancing and maximising positive outcomes for residents and the Council. This aligns with the vision of the SCRs with organisations working collaboratively to ensure greater choice, control and independence for users of services (Department of Health and Social Care, 2022). A workshop to draw together the offers will be held in November 2022 to ensure that residents are seen by one service and supported in the most appropriate way.

Waiver development

The business case was taken through governance and presented at the Councils Adult and Health board in July 2022. Decision makers felt that further discussions needed to take place with regards to the

incorporation of the CEDO function and how the new CPS would support the SCRs before this could be signed off.

The SCRs will have a significant impact on the current delivery of ASC services due to the parameter changes relating to the lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support (Department of Health and Social Care, 2022). This is expected to increase financial pressure on local authorities. The proposed CPS is projected to support with the rise in demand and pressures by preventing people from requiring social care or an escalation of their needs.

As this approach needs to be fully investigated and the development of the Council's approach to the SCRs is ongoing, this impacted on the ability to recommission the CPS by July 2023. As the available contract extension options had both been utilised, conversations took place with Procurement to understand options available to further extend the contract. It was advised that a Waiver to Procedure and Contract Procedure Rules would be required to allow us to bypass a competitive procurement process and adhere to Public Contracts Regulations 2015 (Legislation, 2015).

A waiver report was developed to request a 9-month extension, clearly evidencing why the waiver was needed. The rationale explained that the extension would enable the continuation of the existing contract using the same specification beyond the originally intended expiry date. This will enable alignment with the SCRs, providing time for working arrangements between providers to be developed, a concern raised during the stakeholder engagement webinars. It will also ensure that the organisations are able to deliver the full-service requirements which will benefit The Shire residents and bring the contract in line with the new 2024 financial year.

Evaluation

Throughout this project certain activities have been done well to date in line with good commissioning practice and others could be improved upon. The rationale for recommissioning the CPS is in line with local and national policies and strategies.

A needs assessment was undertaken to provide a clear understanding of the needs of the local population and future demand, to ensure that the new service model would be fit for purpose to meet local needs and achieve positive outcomes for residents and the council. Obtaining relevant and up to date information and data was at times challenging. Data from the 2021 Census was not available, The Shire JSNA was in the process of being updated and benchmarking information from other local authorities was not forthcoming, therefore information was not as complete as it could have been. Accessing data to understand the potential impact of opening the service remit to include ASC clients also proved challenging due to restricted access to systems and pre-set reports. This meant that some assumptions had to be made based on the available data and therefore may not be reflective of current or future need. The service that is procured and associated performance targets will be based on projections within the needs assessment, this could therefore adversely impact on the effectiveness of and outcomes that can be achieved by the service i.e., demand could outstrip capacity.

Positively, stakeholder engagement was considered a key component of the recommission from the outset. Engagement with residents was identified as a key requirement and as such the resident survey was completed. Though this yielded 105 responses, the quality of these varied considerably and was often dependent on how and who had completed them. For example, surveys for care home residents were

dependent on care home staff completing these with their residents. Others were completed with support from existing prevention services which narrowed respondents focus to that provision only and may have prevented them from being as open as they could have been about current challenges in delivery. Input from residents was not as comprehensive or representative of the local population as it could have been and therefore may not address all gaps and issues. Ideally, a wider range of engagement methods would have been used to broaden the responses received. Time was a key determinant as to the level of engagement that could be undertaken, however, unless time is invested at this stage there is a risk of tokenism and poor delivery of outcomes.

Engagement with VCS providers was another key cohort. A staged approach supported the development of key commissioning documents. The webinars were reasonably well attended by key organisations delivering preventative services within the community. Conducting these online rather than face to face appeared to work well, enabling a range of organisations from across the county to attend. Overall, the sessions generated good conversation and ideas, however, previous experiences of bidding on Council contracts and changes to approach caused some cynicism amongst providers which did filter into the discussions and at times prevented these from progressing productively. It was clear from the discussions that providers felt that the timeline for the recommission was restrictive and would not act to facilitate partnership working or joint bids. In the future, if the Council wishes to receive partnership or consortium bids then additional time will need to be factored into the recommissioning timeline to enable this.

Though conversations have taken place over the past 4 years with several of the VCS organisations that were present in relation to improved partnership working, clearly more needs to be done to support the local market with these arrangements. Baird *et al.* (2018) highlights that effective co-production requires strong and mature relationships both within the sector and between the sector and commissioners. These relationships require time and attention to develop and maintain, and leaders of commissioning organisations need to be clearer about the need to invest in relationship-building.

Moreover, though effort was made to involve smaller providers in discussions and encourage bidding on the new contract, issues remain that prevent these providers from feeling able to bid through a competitive tender process. The Council therefore needs to consider how they engage with and support VCS providers to ensure there is a diverse market able to respond to future commissioning intentions in The Shire. Engagement with the sector needs to move from transactional to one of a strategic partner, otherwise the market will be monopolised by the same organisations. This will limit innovation and the *'full potential of the VCS sector and the community's wider assets in achieving healthy communities will not be realised'* (Charles *et al*, quoted in Baird *et al*, 2018, p.14).

Throughout the development of the business case and options appraisal, the service director for ASC was made aware of the planned approach for the CPS. ASC input was not consistent though regular updates were provided by commissioning. The business case and options appraisal were developed in line with feedback from residents, the VCS providers who engaged in the webinar sessions and the findings of the needs assessment. However, information was later received from ASC, close to the paper being presented at board, in relation to the SCRs. This resulted in a decision being halted, the timeline having to be reworked and a waiver being drafted to extend the existing contract by 9 months. Though this delay was based on a strong rationale, the lateness in receiving this information had a significant impact on the timeline. If this information had been received sooner, proper consideration could have taken place potentially enabling the original timeline to stand. It will be vital to ensure that there continues to be clear and effective communication and engagement with the VCS, to prevent any breakdown in relationships and

momentum to ensure that the work to explore partnership opportunities will continue to progress in the meantime and the sector remains engaged in the process. Otherwise, there is a risk that no partnership bids will be received which will impact on the ability of the service to effectively deliver the range of support and interventions needed.

Personal development and learning

I have been involved in the commissioning of prevention services at the Council since 2018. Over this time, I have supported and led on key prevention projects and as a result have fostered good working relationships with several of the local VCS providers. This is both a positive and a negative. I am aware of the challenges that the sector and certain providers are facing, particularly following the Covid-19 pandemic and can use this knowledge to tailor my approach to discussions, pre-empting concerns before they arise. However, this can also cause some personal frustration, particularly when reoccurring issues arise that I have previously attempted to address such as not having enough time to develop improved partnership working arrangements. In these instances, I have learned that seeking to understand what the issue is and trying to work collaboratively towards a solution, such as setting up a separate meeting to discuss in a more focussed way, can be helpful. I also remind myself that there is a limitation to what I can do professionally to effect change within the scope of my current role.

This project has re-emphasised for me the importance of stakeholder engagement and the need to conduct this in a timely and collaborative manner. I recognise that though I may feel that I understand what is required, true co-production can only be effective if all parties are willing to listen, put aside preconceived ideas and work together to identify solutions (LGA, 2017). This should not be a tick box exercise which unfortunately, from experience, due to time pressures and competing priorities does happen. As a result of delivering the webinars, I have also reflected that I am more comfortable presenting pre-prepared presentations and though I may know the subject area well I can tend to question my thought process when challenged in a workshop setting. Though being open to change can be a good quality, I recognise that I also need to have the confidence in my own decision making and ability.

I observed through this process that having a variety of ways to engage with stakeholders will yield the best outcomes. I feel that this would have increased the level of engagement, especially from residents, as it would have allowed for more in-depth discussions and enabled more people to feed in their views, especially those who may need additional support to do so i.e., those with dementia, who are a key cohort that would potentially access the new service. In the future, I would endeavour to invest more time in planning and considering the best approaches to gathering meaningful feedback, setting clear expectations from the outset with decision makers about what is achievable and the potential risks of not completing this task thoroughly.

In light of savings the Council needs to make annually, prevention services are often some of the first services to be affected by reductions or removal of funding (LGA, 2015). I am used to priorities and approaches changing quickly and this project has been no different. It has felt frustrating and disempowering at times, especially as this project has been in the pipeline since 2018. After being involved in a couple of failed attempts to restructure our prevention offer since this time, I was hopeful that on this occasion we would be able to progress and see it through to completion. However, I do acknowledge that the delays to the recommission will have several positives that in the longer term will be beneficial for residents, providers and the Council which encourages me to drive forward this project. This workstream has developed and improved my resilience and adaptability, I feel that I am able to flex, find solutions and respond more quickly to change because of these experiences.

I have also become aware that being involved in a specific area of work for several years, though it provides a level of consistency and continuity, there is a greater risk of becoming desensitised which can impact on objectivity and creativity. I have identified that input from other commissioners that are more removed or have little to no involvement in the workstream can help to provide a fresh perspective, acting as a check and challenge and offering an alternative point of view.

In summary, although this project has not reached the stage that I had planned or expected due to decisions outside of my control, I am pleased with the progress made so far. I have been able to refresh my knowledge and experience in certain areas after a lengthy delay in recommissioning activity due to the Covid-19 pandemic and I have been able to support a new member of my team through the process. I have been reminded of the importance of conducting meaningful stakeholder engagement and the need to maintain good communication to support effective co-production. This project has tested my resilience at times but has shown me that I am able to adapt and refocus when changes are made at short notice. I look forward to continuing with this project, implementing what I have learnt and seeing it through to completion.

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Appendices

Appendix 1 – Needs assessment

Appendix 2 - Resident Survey

Appendix 3 - Resident Survey responses

Appendix 4 – Provider Webinars

Appendix 5 – Provider collaboration meeting aims

Appendix 6 – Business Case and Options Appraisal