**Eligible Needs**

* To have a prescriptive offer, that is tailored individually.
* Pen pictures for reoccurring and fixed core group specialist needs.
* To know what is on offer and make this accessible.
* To have a clear audit of what is currently on offer.
* Define the eligibility criteria.

**Non – eligible Needs**

* The Universal offer to enable people to self-refer (Choice in what they want).
* Normalising this and having the understanding that they do need the support.

**Technology**

* Not everyone will want to utilise technology if available.
* This enables step down, resilience and empowering people.
* Possible Barriers around technology include: Needing to be able to share the information; use to speed up providers in moving on, but really they are at a standstill. Not everyone has Wi-Fi/access to internet.
* Matching need to meet face to face/interact
* Online Chat and using of internet tools.
* Training programmes; modules and E-learning
* More of a Social Media presence.

**Transition**

* Call off (i.e. off the Framework) – how long does this need to be completed, to work through to reduce and minimise disruption.
* We need to be clear on what the service is there for; move through, permanent service.
* Clear timescales for what is to be delivered.

**Pathway**

* Preventative & escalation
* Risk; open up and there is more demand than provision/funding.
* We need to clear on the outcomes we want/outcome focused.
* Experts by experience
* Opening this up to Third Sector providers which maybe more interested.
* Mersey Care is working with people with health and care needs, relating also to sustaining tenancies.
* Referral pathway to be identified
* Resettlement support (Individuals identified within the YMCA possibly)
* Outcome based focus for services.
* Care leavers at 18+
* Outcomes for offenders, personality disorders etc.
* Day opportunities for support development and also employment opportunities.
* Protected Hours and separation of duties.

**Challenges (Market Awareness)**

* Staff knowing what is out there.
* Working in partnership with providers.
* Housing tends to be the ones who allocate and the care providers are not always included.
* The title of the Soft Market day on The Chest was a bit closed. Feel this didn’t open up for any other providers to come along (this may also have put some off coming).They could have brought something else to the table/ something different.
* Look to plan longer than continuous extensions.
* Staff going to the same providers could be missing new and innovative ideas.
* We need to have a clear differentiation between the prevention/social care eligibility
* Doesn’t fit with supported living providers
* The Scope is broad and needs to be defined
* Skills of workforce to deliver.
* Registered social landlords/providers of housing provide structured support to tenants.
* Impact on equality
* There could be a variety of ranges/groups to include but not inclusive to issues with capacity and individuals in crisis.

**Misc**

Life Rooms Model – Walton Community Centre (Funded and run by Mersey Care); for mental health support. Money management, brief intervention, tenancy support for individuals and/or families (hub). Time limited intervention. Does CWP have anything similar?

Café – Social enterprise

Lots of providers currently offer tenancy management as part of their core offer.

Development partner for; Supported living, health, provider housing. To develop a programme to roll out across the wider provision:

* Tenancy management
* Domiciliary care
* Social Care

Possible pilot of the new system or include a clause in the existing contract, on how to implement any adaptions?