



**Commissioning Alliance**

Brighton and Hove CCG

Crawley CCG

High Weald Lewes Havens CCG

Horsham and Mid Sussex CCG

# An Ageing Well Service for Brighton & Hove

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**Brighton & Hove  
City Council**

# Agenda

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- ▶ **10.10 Introduction**
- ▶ **10:15 Brighton & Hove Ageing Well Service proposal – presentation from commissioners**
- ▶ **10.45 Procurement**
- ▶ **11.00 Break**
- ▶ **11.10 Table top discussions**
- ▶ **11.40 Feedback**
- ▶ **12.00 Close**



# Context 1

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- The 65 years and over population is expected to increase from approx. 38,396 in 2018 to 50,100 people by 2030
- The highest proportion of older people aged 65 years and over in the city are living in Rottingdean Coastal (24%), Woodingdean (21%), and Patcham (19%)
- The lowest proportions are in St Peters and North Laine (6%), Hanover and Elm Grove (6%), Brunswick and Adelaide (8%), and Regency (8%)
- The highest proportion of pensioners living alone are found in Rottingdean Coastal and H &K wards (16%) and Queens Park (15%)
- Rottingdean Coastal (27.9%), Withdean (24%) and Hove Park (23.3%) have the highest proportion of carers aged 65 and over

## Context 2

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- In 2015 20.3% of older people were living in income deprivation which is higher than both England and the South East
- The highest proportions of older people living in poverty are in Queens Park, East Brighton, and Brunswick and Adelaide - the lowest in Hove Park, Withdean, and Rottingdean Coastal
- In 2017 there were 9,835 people aged 65 and over with a limiting long term illness whose day to day activities were limited a little; this number is projected to increase by 3,000 by 2030
- Health related quality of life is poorer for older people in the city than in any of our neighboring authorities
- Growing old is not the same as growing infirm and people can take some control over their ageing

## Current provision

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- Since 2014 eight local organisations have been working together in locality areas; providing a mix of community and home based activities & interests, and building based day services for older people
- An additional programme was commissioned alongside to support and develop locality based working & engage wider partners

We also have.....

- Information & Advice
- Befriending partnership
- Community transport

All contracts expire on March 31<sup>st</sup> 2019

# **We are proposing a new model of delivery, and will tender for an integrated 'Ageing Well Service'**

The service will:

- Offer health promotion & wellbeing support
- Be delivered citywide proportionate to need
- Focus on reducing social isolation and loneliness, promoting good health and wellbeing, preventing ill health, and enabling people to remain independent for as long as possible.
- Be open to anyone aged 50+ but will target older people identified as being most at risk of a decline in their independence and wellbeing
- Act as a catalyst to community participation
- Maximise existing community assets including use of green and outdoor spaces

# Ageing Well Service

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The service will:

- Be delivered by a partnership with a lead provider/contractor working under a single contract
- Have one front door for a consistent offer across the city
- Provide transport provision & outreach activity
- Provide information & advice
- Provide routine identification of vulnerable older people – falls, fuel poverty, malnutrition & carers
- Build strong links with primary, secondary, and social care linking with the above
- Support action on the broader determinants of health
- Build community capacity

# The Ageing Well Service

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The service will offer:

- Opportunities for genuine co-production
- Arts and cultural activities
- Tailored physical activity programmes - including strength and balance to reduce the risk of falling
- Intergenerational activities
- Multicomponent activities - such as lunch with the opportunity to socialise and learn a new craft or skill
- An all ages (adult) befriending service
- Peer mentoring
- Volunteering opportunities





# Drivers

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- There is less funding available – the public health ring fenced grant is £0.5m less in 19/20
- Public health issues are ‘wicked’ issues – they cannot easily be solved by one organisation or partner alone
- Current provision is sometimes fragmented creating gaps in provision – aiming for a more integrated and ‘joined up’ service
- Local evidence that prime contract/provider model is proving to be effective
- A partnership under one contract can create economies of scale



# Evidence

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- Joint Strategic Needs Assessment  
<http://www.bhconnected.org.uk/content/needs-assessments>
- Equality Impact Assessment – being refreshed
- National Institute of Health and Care Excellence  
<https://www.nice.org.uk/guidance/ng32>



# Engagement

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- Independent engagement as part of JSNA
- Early engagement with the current providers
- Engagement with current and potential providers today
- BHCC & CCG Integration Board
- BHCC Procurement Advisory Board
- Brighton & Hove Caring Together
- Public Health England South East Network



# Procurement timetable

Task	Length	Date(s)
Health & Wellbeing Board	n/a	12/06/18
Tender out	1 month	04/09/18
Tender back	n/a	03/10/18
Evaluation (individual)	2 weeks	18/10/18
Moderation and clarification	1 month	21/11/18
Contract award and standstill period	2 weeks	November - December
Mobilisation	3 months	January - March
Contract start	n/a	01/04/19



# Budget

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- In order to offer stability both to service provider(s) and service recipients we would like the contract duration to be six years (4 years + 2 years)
- The maximum value of the new contract therefore will be £3,580,000 over a six year period (£598k pa)
- The quality/cost split for scoring will be 80/20
- Commissioners believe this proposal can offer a high level of social value and this is reflected in 25% of the 'quality' scoring being for social value



## **Table top discussion**

Q1. Single point of contact– how do we provide a one stop shop without losing specialist provision & identity?

Q2.

Q4. Single provider v partnership with lead provider?

## Table top discussion

<b>Widowed older homeowners living alone with long-term health conditions</b>	<b>Unmarried, middle-agers, with long-term health conditions</b>
<p>Older widowed homeowners who live alone and have long-term health conditions were particularly likely to report feeling lonely more frequently.</p> <p>On further examination, people in this group were predominantly:</p> <ul style="list-style-type: none"><li>• female</li><li>• not in paid work and economically inactive; given their age likely to be retired</li><li>• better-off financially than the sample average;</li><li>• as well as being homeowners, 62% of this group live in the 50% least deprived areas</li></ul>	<p>At even greater risk of feeling lonely more often were unmarried middle-agers also with long-term health conditions.</p> <p>Further examination of this group showed that they tended to be:</p> <ul style="list-style-type: none"><li>• less likely to be in paid work</li><li>• more likely to be unemployed or economically inactive</li><li>• much more likely to report a long-term illness or disability described as “limiting”</li><li>• worse off financially than the sample average; 69% of this group live in the 50% most deprived areas</li></ul>

