

Feedback report of the Ageing Well Service recommission provider market engagement event – 6th June 2024

Introduction

Brighton and Hove City Council public health and NHS Sussex ICB Commissioners invited providers to attend a pre- tender engagement event on the 6th of June 2024. Representatives from 17 provide organisations (19 people) attended the event (details of the organisations are included in Appendix A).

Providers were given a presentation on the local context and the proposal to recommission the Ageing Well Service. This was supplemented by a presentation on the procurement process.

Tabletop discussion groups then took place to discuss any issues and questions arising from the presentation. The key points from those discussions are summarised in this report.

Comments on ageing well recommission proposal from table discussions:

- You can't have both – Integrated Community Teams (ICT) or central – you have to decide.
- Centre should be smaller – leadership can be local.
- Better connections with Health and Social Care to support the outreach mission, e.g. proactively connecting people on H & SC lists to direct to our services.
- We can piggyback on developing ICTs around frailty to do the proactive part, e.g. advice services offered to targeted communities such as COPD, or 65+ targeted with digital support to widen access.
- Outreach – specifically, get the strategic relationships at place with Adult Social Care (ASC) and Primary Care (PC).

- How realistic is this? Answer – not hugely because:
 - Increased need and complexity
 - No expectation taken out
 - Increasing numbers
 - Need to develop new ways of working at locality
 - Increasing inequality because of service and individual pressures.
- Balance between central and need for place-based ICT working with ASC and PC colleagues to proactively work with most vulnerable – wanting all of it costs more.
- Open access in targeted communities of interest and neighbourhood communities does reach right people without stigma – bit more specific
- Need to take some stuff out, e.g. nutrition could be part of MECC approach
- Drop conference perhaps, reduce festival perhaps, we need to focus on vulnerable

- Difficult to provide more with less, particularly when each individual often entails a myriad of needs/service requirements
 - Buddying system at risk of becoming casework without significant levels of management
 - Additional dementia partnership raises questions around which groups fall into which partnership
 - Digital exclusion is a big problem, particularly with parking, accessing groups, contacting GPs and getting face to face appointments
 - Travel is ongoing issue for service users that cannot access public transport
 - Older people receive less face-to-face contact with professionals, social care, GPs, and banks which can lead to them being more vulnerable and needs being missed
 - Would like a wider consultation on what the needs are for older people post-covid
 - Will cuts be delivered equally across services commissioned? Or could things like the festival and conference etc take larger cuts and direct services be more protected.
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- Role of lead provider?
 - Gaps:
 - Bereavement
 - Mental Health
 - Suicide Prevention
 - Housing
 - Safeguarding and safety
 - Joining up with other council services, e.g. nondigital
 - How is the tender meeting the needs of the most lonely and isolated without transport provision?
 - Outreach at home is more expensive
 - Outcome targets – behavioural change?
 - Need to be able to demonstrate reaching those most at risk
 - Evidencing:
 - Impact
 - Narrative
 - Quality vs quantity – save a life vs people did yoga
 - Trying to do too much with too little, tall order already, then to ask more!
 - Voluntary sector organisations are folding. Will those that come out survive?
 - Timescales disrespectful
 - Cost of infrastructure – be realistic
 - How much currently goes to partners and how are those decisions made? Transparency and accountability

- Good re: digital and intergenerational
- Where's safety and safeguarding? Domestic abuse?

- Together Co already run a buddy project
- Challenges of reaching ICTs, neighbourhoods on less funding
- Equitable access vs where older people are/deprivation

- Very isolated but higher income with health conditions vs low income – need data
- Transport reported by lots of older people as an issue, why is this not included
- Conference and the festival too much? Sponsorship needed?
- Added value of activities that meet multiple aims and areas

Appendix A: Full list of provider organisations that attended the workshop

1. Brighton and Hove LGBT Switchboard
2. Impact Initiatives
3. Age UK West Sussex & Brighton & Hove
4. Together Co
5. Hangleton and Knoll Project
6. Brighton and Hove Food Partnership
7. Brighton and Hove Music for Connection
8. Community Works
9. Trust for Developing Communities
10. Time to Talk Befriending
11. East Brighton Food Co-op
12. The Clare Project
13. Rise
14. ICE Creates
15. Citizens Advice Brighton and Hove
16. Wishing Well Music for Health
17. UOK Brighton & Hove