

Ageing Well: Championing the concept of age-friendly communities by making local services more accessible for residents aged 50+

David Brindley – public health programme manager

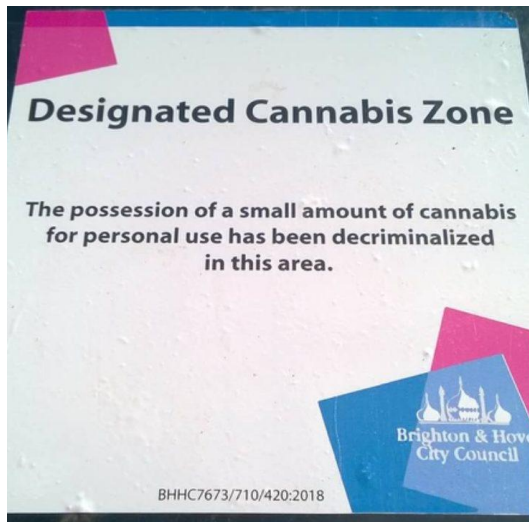


**Brighton & Hove
City Council**

The place to be?



Or helping police with their enquiries?



Our city

Our health and wellbeing is influenced by social, economic and environmental factors:

102nd most deprived local authority (of 326) (2015)



64 rough sleepers (street count 2018)



5.8% of adult mortality is attributable to particulate air pollution (2017)



Those on the lowest 25% of earnings need **12 times their earnings** to afford the lowest 25% of house prices (2017)



11% (14,600 people) are estimated to be in fuel poverty (2016)



56 per 100,000 people are killed or seriously injured on the roads in the city (2015 to 2017)



4.8% (7,700 people) in the city are unemployed (2017).



Employment rates are lower for those with: **long-term health conditions; a learning disability; and people in contact with secondary mental health services** (2017/18)

4% of 16-64 year olds are out of work due to long-term sickness (October 2017 to September 2018)

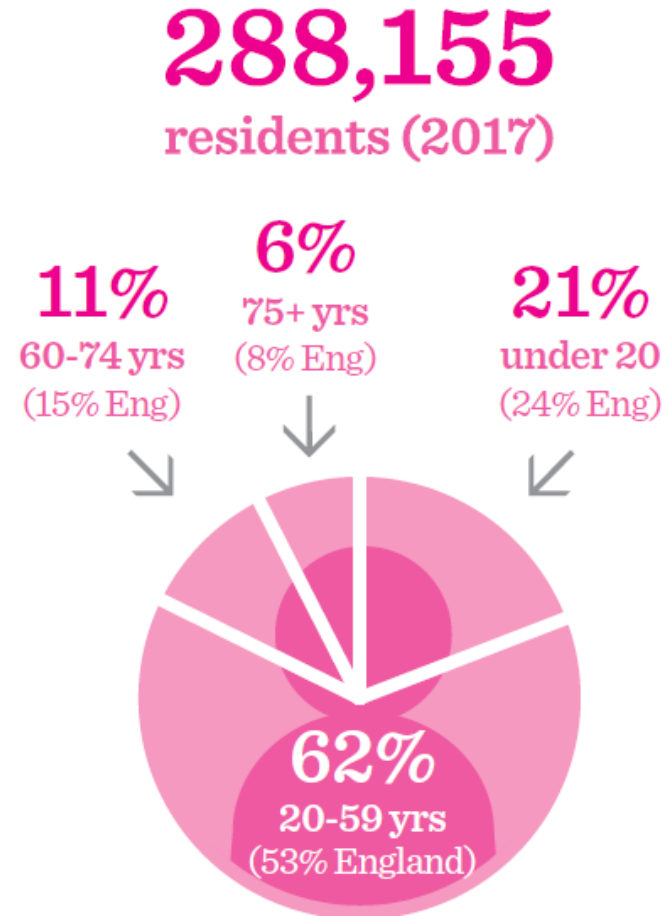


39 per 100,000 people are admitted to hospital due to violent crime (including sexual assault) (2015/16 to 2017/18)



A changing population

- By 2030, Brighton & Hove's age profile is predicted to get older
- There will be 29% more people aged 75 or older (5,200 people) compared with 2017
- Including 400 more people aged 90 or over



Ageing well

A relatively high proportion of older people live alone and a higher proportion of older people are income deprived:

58% of those surveyed receiving adult social care had good quality of life (2017/18)



Carers have a similar quality of life to the rest of England (2016/17)



The risk of loneliness for those 65+ in the city is in the top 20% in England (2011)



41% of people aged 65+ live alone (2011)



20.5% of older people are income deprived (2015)



104 in every 1,000 65+ year olds have age-related macular degeneration (preventable sight loss) (2017/18)



4.6% of 65+ year olds have a record of dementia (2018)



Flu immunisation uptake at **67.5%** in 65+ year olds (2017/18) is below the goal of 75%



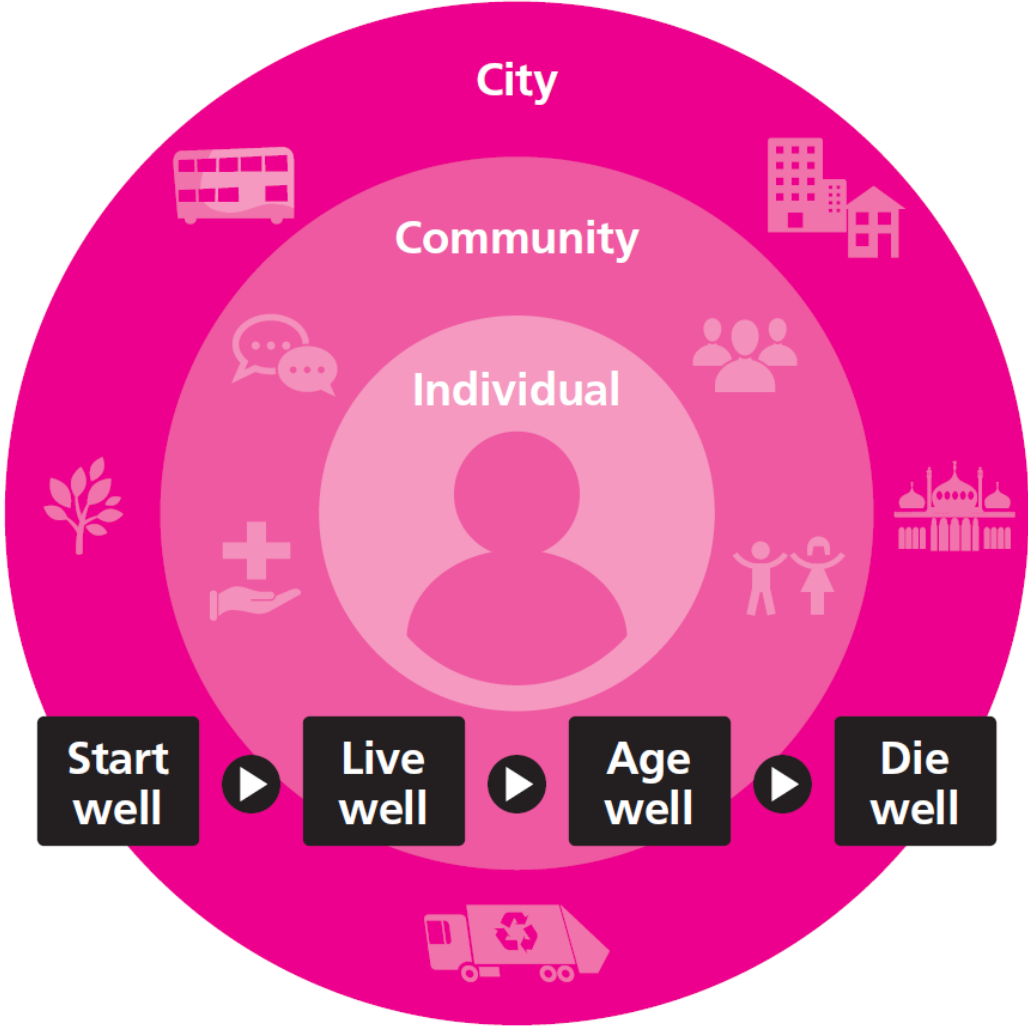
2,465 per 100,000 people aged 65+ were admitted as an emergency to hospital due to a fall (2017/18)



749 per 100,000 people aged 65+ were admitted to permanent residential or nursing care homes (2017/18)



Our approach: a city where health and wellbeing is everyone's business



What did we have to support ageing well?

- Since 2014 - Eight CVS organisations grant funded and working together in three locality areas to provide a mix of community based groups and 1:1 support for 50+
- We also had
 - CCG funded Befriending
 - Age UK Information and advice service
 - Community transport shopping trips
- Overall delivery was good with elements of excellent practice, **however**
- There were significant gaps and areas of the city where provision was mixed and support fragmented, **and**
- Funding model was unsustainable

Why did we need to change?

- Funding is reducing year on year – impacting disproportionately on smaller providers
- Rolling over non-recurrent grant funding made no sense
- Provision was often fragmented creating gaps and inequities in access across the city
- Multiple and varied services – confusing for referrers
- Public health issues are complex (wicked) issues
- Local evidence that prime contract/provider model is proving to be effective and a partnership under one contract can create economies of scale

A new vision for ageing well

- A citywide service to:
 - Reduce social isolation and loneliness
 - Promote good health and wellbeing,
 - Enable and support people to remain independent
- One front door and a consistent offer
- Open to anyone aged 50+ whilst targeting those most at risk of a decline in their independence and wellbeing
- Act as a catalyst to community participation
- Build on current good practice – two week festival
- Maximise existing assets and build community capacity
- Provide transport & outreach activity

Open doors **AND** targeted support

- LGBTQ older people
- BAME older people – 3.5%
- Older people aged 85 years and over – 15%
- Living in areas with higher levels of deprivation 18%
- Older people on low incomes
- Older people living alone – 41%

Inclusive and accessible :

- People living with dementia and their carers
- Older people who are blind or partially sighted
- Older people who are deaf or hearing impaired

Evidence based provision

- Music and singing
- Arts and crafts
- physical activity programmes
- Intergenerational activities
- Multicomponent activities
- Programmes to help develop and maintain friendships
- Hobbies and interests

NICE National Institute for
Health and Care Excellence



Older people: independence and mental
wellbeing

NICE guideline
Published: 17 December 2015
[nice.org.uk/guidance/ng32](https://www.nice.org.uk/guidance/ng32)

A new model for providers

- One contract with a lead provider
- Delivered by a partnership sub-contracted by lead – ‘hub and spokes’
- Contract not grants
- Long term – 4 + 2 years
- 25% social value
- Embedded service (entry point) within health and care pathways rather than local relationships with individuals GPs/social workers
- Cooperation not competition – pooled transport
- A shared identity

Ageing Well Service Partners





AGEING WELL

Things to do. Places to go. People to see.
For people aged 50+.

01273 322947

Centres | Befriending | Trips | Interest Groups



How did we do it?

- Joint commissioning NOT joint funding
- Early consultation with providers – ask **them** how provision could improve?
- Engage with the whole community and voluntary sector – it's not all about current providers
- Use existing consultation with older people where available – don't keep asking the same questions
- Brief and consult with elected members, and work with health and social care colleagues – promote the vision!
- Be proactive on savings...get in first!
- Work with procurement but remember - reducing loneliness not mending pot holes!

How did we do it?

- Moving from multiple to single contract – what others could be considered?
- Step onto the balcony
- Can we be a beacon of good practice nationally?
- Highlight the potential to reduce emergency admissions, GP visits, early entry to residential care etc. But only potential – don't over egg the pudding!
- Be clear on service aims – reduce loneliness and improve wellbeing (see above)
- Be firm on validated tools for above and tap into national trends
- Be transparent and honest with all partners – can't please everyone

HOME

2018 EVENTS

PHOTOGRAPHY PROJECT ▾

SPONSORS

PAST EVENTS ▾



A TWO WEEK FESTIVAL OF
CELEBRATIONS
& EVENTS FOR PEOPLE AGED
50+

https://www.youtube.com/watch?time_continue=5&v=v22jJ3U8-Ds

Thank you!