

ACTIVE AGEING ALLIANCE



A model of person-centred support for people over 50 with long term conditions

- Contracting and service delivery from a supply chain of Voluntary, Community and Faith organisations
 - Development of community assets and community capital
 - Simplified commissioning and procurement through a lead contractor
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INTRODUCTION TO THE ACTIVE AGEING ALLIANCE

Formed in 2016 from VCF
organisations in Lancashire

Has developed a model of co-
operative working based on a lead
contractor and supply chain
arrangement

Will provide person centred
support

The AAA vision is:

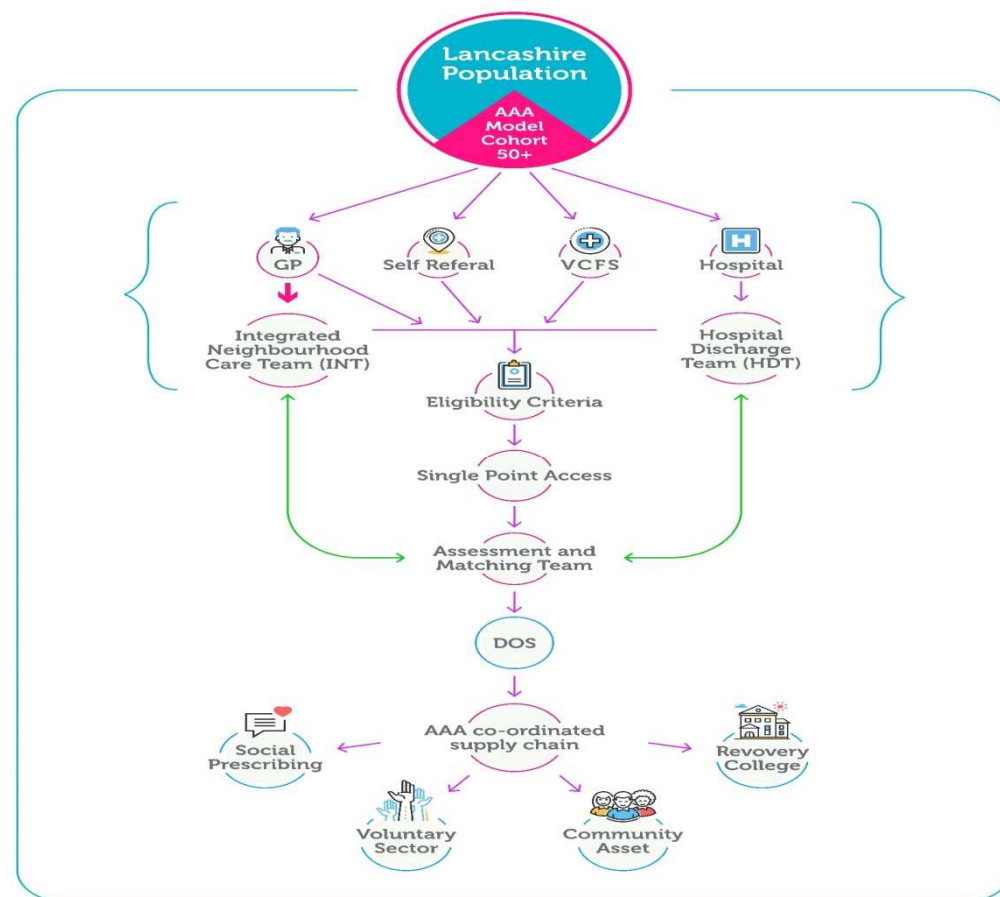
*A far greater role for the Voluntary
Community and Faith (VCF) sector in
meeting the needs to people over 50 for
non-medical support*

*A more efficient approach to
commissioning, procurement and supply
of services through a lead contractor
and co-ordinated supply chain*

*Target of growth to investment of £10
million per year in 5 years time
supporting 17,500 people per year*

How does the AAA work for the customer (1)?

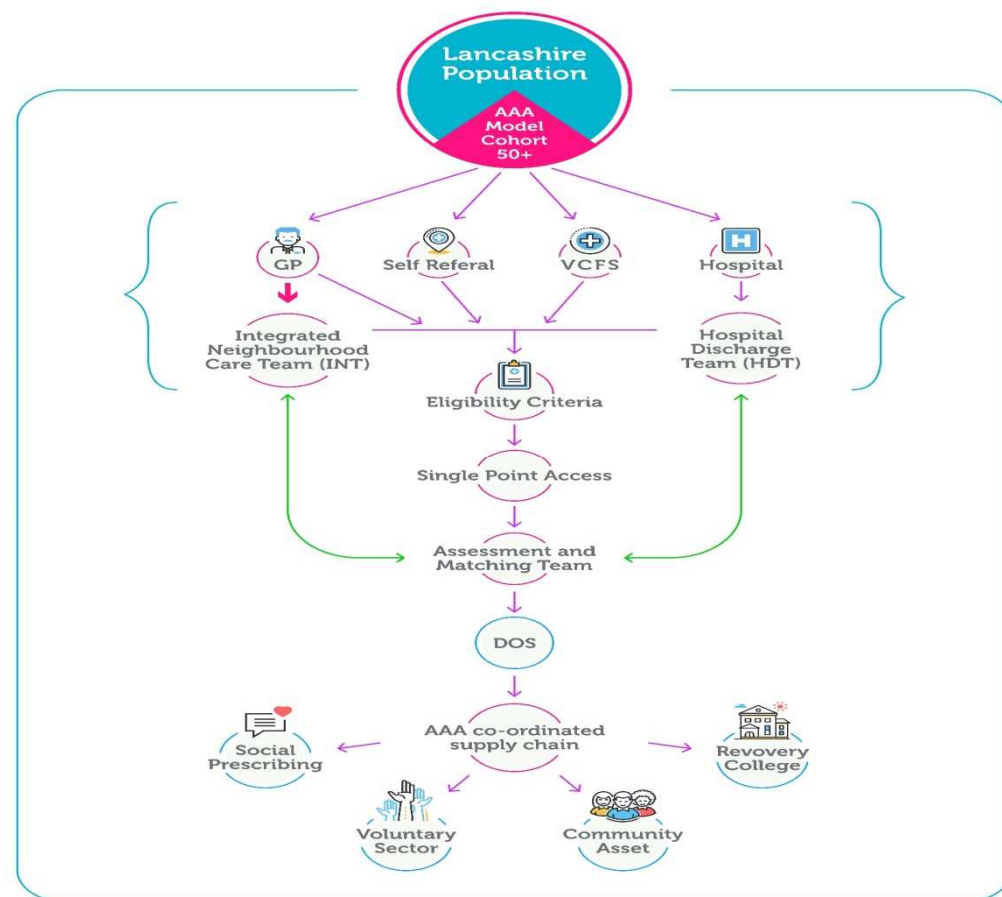
- Person 50+ with LTC has non-medical need for support
- Identified/referred by self, GP, INT, VCF organisation
- Assessment and matching team works with customer to identify VCF support using Directory of Services
- Locality VCF provider works with others and community assets to deliver support by co-ordinated supply chain



How does the AAA work for the customer (2)?

For patient in hospital awaiting discharge, where non-medical support required, AAA works with Hospital Discharge Team to co-ordinate care from VCF to prevent DTOC

Flexibility of VCF provides tailored support not available from statutory services



How does the model work for commissioners and providers?

- A single VCF organisation for commissioners to work with
 - A co-ordinated supply chain to provide a person-centred tailored package of support
 - Up to date Directory of Services supporting matching services to needs
 - Multiple providers involved in a single client's support
 - Involvement of micro organisations (community assets), with funding, and development support from established VCF providers
 - Locality co-ordination undertaken by VCF organisation or consortium with local knowledge
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The benefits of the AAA model

- Person centred support
 - Preventative and enabling
 - Harnesses the flexibility of the third sector
 - Uses volunteer support where effective and appropriate
 - Cost effective
 - Commissioners manage one key relationship with VCF, reducing their workload
 - Co-operative working ensures investment, development and support for community assets
 - Reduces time and cost for VCF organisations which can focus on delivery not competing for contracts
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Key outcomes that support delivery of BCF, ICS and national priorities

- ✓ Reduction use of Primary Care
 - ✓ Reduction in Prescribing
 - ✓ Reduction in A&E attendances
 - ✓ Reduction in hospital admissions
 - ✓ Reduction in DTOCs
 - ✓ Reduction in residential care
 - ✓ Reduction in community social care
 - ✓ Increased confidence
 - ✓ Reduced isolation
 - ✓ Beneficial behaviour change
 - ✓ Increased wellbeing
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Progress to date



- Development project supported and funded by BCF Steering Group
 - Model developed by VCFs in Lancashire with input from NHS and local authority stakeholders
 - Business case developed setting out costs and benefits
 - A commitment from West Lancashire CCG to fund a pilot for 12 months
 - Fylde & Wyre and Lancaster & Morecambe Bay CCGs are exploring the possibility of extending the pilot into their geographies.
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Recommendation



The Health and Wellbeing Board is requested to express its support for the approach being undertaken by the Active Ageing Alliance; and to support the Lancashire BCF Steering Group to include the AAA model in the BCF plans for 2019/20 and beyond.

To fund the services to be provided under the AAA model would depend upon additional funding that has not been previously committed becoming available through the spending review process; or from changes to current commissioning of services.

Summary of the Active Ageing Alliance model



- Preventative in nature with money saving and social impacts
 - Cost effective and able to be sustained in the community
 - Able to provide consistency, scale and a quality experience
 - TRANSFORMATIONAL
 - Voluntary, Community and Faith Sector (VCF) co-ordinated and mobilised to support people with Long Term Conditions
 - Alternative to multiple visits to GPs and A&E
 - Reducing hospital admissions and DTOCs
 - Supporting people to return home rather than to residential and nursing care
 - Developing community assets and capacity to provide person centred care
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