

Notice of KEY Executive Decision

Subject Heading:	Permission to procure an Ageing Well Community Wellness & Empowerment Service
Decision Maker:	Councillor Gillian Ford, Cabinet for Health and Adult Care Services
Cabinet Member:	Councillor Gillian Ford, Cabinet for Health and Adult Care Services
ELT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Sophie Barron sophie.barron@havering.gov.uk
Policy context:	The Adult Social Care and Support Planning Policy states that Havering's vision is: 'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'.
Financial summary:	Total Cost for 3 years + 2 years Contract: £1,061,826.00. The cost will be split funded with health as follows: Year 1 - £200,000.00 (£160,000 LBH / £40,000 ICB) Year 2 - £206,000.00 (£164,800 LBH / £41,200 ICB) Year 3 - £212,180.00 (£169,744 LBH / £42,436 ICB) Year 4 - £218,545.00 (£174,836 LBH / £43,709 ICB) Year 5 - £225,101.00 (£180,081 LBH / £45,020 ICB)

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Reason decision is Key	Yes (a) Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	20 December 2024
Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Sub Committee
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well **X**

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This decision paper is seeking permission to procure an Ageing Well Community Wellness & Empowerment Service. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years at a total value of £1,061,826.00. Officers intend to undertake an open tender to appoint a provider to deliver the Ageing Well Community Wellness & Empowerment Service.

AUTHORITY UNDER WHICH DECISION IS MADE

The Havering Constitution:

Part 3: Responsibility for Functions, Article 2 – Executive Functions

Each Cabinet Member, as appropriate, may be delegated one or more of the following functions, within the portfolio allocated to him or her by the Leader. If a Cabinet Member is unable to act, the Leader may act on his or her behalf, or may authorise another Cabinet Member to do so. Matters delegated to individual Cabinet Members under this section give them individual decision making powers. Where any paragraph refers to 'in conjunction with' or 'in consultation with' the decision remains that of the Cabinet Member.

3.8 - To approve the commencement of the tender process, to award contracts, agree extensions of contract terms where the value of such matter is between £1,000,000 and £2,000,000 subject to consultation with the Strategic Director of Resources. (Note: Pension Committee has powers to invite tenders and award contracts for investment matters within their terms of reference).

STATEMENT OF THE REASONS FOR THE DECISION

The Havering Safe at Home, Home Settle and Support Service and Older Frail Prevention Service all end on the 31st January 2026.

This paper is seeking a permission to procure an Ageing Well Community Wellness & Empowerment Service which will combine the elements of the current services to establish a single prevention contract. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years at a total value of £1,061,826.00.

With the projected increase in our 65+ community, from 50,300 in 2023 to 61,400 by 2033, there will be a significant impact on health and social care services due to the growing demand for support. We want to take this opportunity to adapt and improve our support for residents by considering a collaborative approach to commissioning prevention services to enhance community health and wellbeing. We aim to establish future services as community-based initiatives, utilising venues across the borough and collaborating with various organisations to offer holistic and coordinated support to our residents.

Our vision is to create an integrated and holistic approach to adult social care that prioritizes the well-being of individuals and communities alike. By championing proactive health measures and fostering a culture of collective responsibility, we aim to empower every individual to achieve their fullest potential in health and life.

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We envision a future where preventative services are at the heart of adult social care, promoting not only the physical health but also the emotional, social, and mental well-being of all adults. Our dedication to community well-being means working collaboratively with individuals, families, organizations, residents, voluntary sector, and community providers to build supportive environments that nurture and sustain health across all life stages.

Through education, innovation, and compassionate care, we strive to inspire a sense of empowerment and self-determination in those we serve. Our services will be designed with input from residents, ensuring that the care we provide truly meets their needs and preferences. By partnering with voluntary sector and community providers, we aim to deliver services across the borough effectively. Together, we can create a resilient and thriving community where everyone has the opportunity to live a healthy, fulfilling life.

Background

LBH currently commission a range of prevention services for older adults including The Older Frail Prevention Service, Home Settle and Support and Having Safe at Home.

The Older Frail Prevention Service, provided by Age UK BHR, includes two key components. Care Navigation supports at least 150 older people annually with higher support needs, such as those with long-term conditions or mobility issues, through personalized care plans and coordination with health services. This proactive approach prevents health deterioration and reduces hospital admissions. Outcomes for residents include better health management, fewer hospital visits, and enhanced independence. Di's Diamonds builds peer support networks, reaching over 500 older individuals facing barriers to services due to frailty, promoting social engagement and reducing isolation. By fostering community support, it helps delay the need for formal care services. Benefits for residents include increased social connections, reduced feelings of loneliness, and improved mental wellbeing.

The British Red Cross delivers the Home, Settle, and Support Service, which is a BHR wide offer that Havering are lead commissioners for. The service provides practical and emotional support for individuals returning home following a stay in hospital. Individuals can receive support for up to 4 weeks, including help with shopping, filling out forms, liaising with other professionals, companionship, and light household tasks, ensuring a smooth transition and preventing re-admissions. This service helps to stabilize patients post-discharge and reduces the likelihood of readmission, delaying the need for long-term care. Outcomes for residents include smoother hospital transitions, reduced readmission rates, and improved recovery experiences.

The Having Safe at Home service, delivered by Age UK East London, provides a Minor Adaptations Without Delay service that prevents hospital admissions by identifying and implementing a range of home adaptations. This service ensures a safe and supportive living environment for individuals returning home from the hospital. By making necessary home adaptations, it prevents accidents and supports independent living, reducing the need for care services. Benefits for residents include safer home environments, reduced risk of accidents, and increased independence.

Since the creation of the Havering Place Based Partnership and the Havering Integrated Team in 2024, we have identified several separately commissioned services that are delivering the same support. For example, the NHS has a contract with Age UK BHR for Care Navigation services and falls prevention support. As part of this recommissioning exercise, we now aim to leverage these joint resources to deliver better services, ensuring better value for money for our Havering residents.

Challenges with the current service offer

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The current service offering presents several significant challenges that hinder its effectiveness and accessibility. These challenges not only impact the residents who rely on these services but also strain the overall system, leading to inefficiencies and reduced quality of support. The following points outline some of the key issues with the current service offer:

- **Fragmented support:** Residents struggle to navigate through the multiple, similar offers delivered by different organisations which causes confusion and frustration. It also leads to inconsistent support as different providers have varying approaches and standards, making it difficult to ensure a cohesive and coordinated support system.
- **Fixed based services:** This approach disproportionately affects vulnerable populations, such as the elderly, disabled or low-income individuals who may already face additional barriers to accessing support. Having services based in a specific location can limit the services effectiveness, preventing them from reaching and adequately serving the entire community.
- **Inefficient use of resources:** Duplication of services and support results in inefficient use of resources.
- **Reduced quality of services:** Strain on individual services independently to address complex needs and without adequate knowledge, support and coordination, leads to a reduction in the quality of services offered.
- **Delays in support:** Lack of coordination between services causes delays in receiving timely support, which can be particularly detrimental in urgent situations or crisis's.

Joint Strategic Needs Assessment

In addition to these issues our recent Joint Strategic Needs Assessment (JSNA) has highlighted several areas for improvement for our older population. Falls, social isolation and cognitive impairment are a few of the potentially preventable or modifiable risk factors that contribute to the development of frailty; others include alcohol excess; functional impairment, hearing problems, mood problems, nutritional compromise, physical inactivity, polypharmacy, smoking, and vision problems.

UK based surveys show that people can feel lonely at any stage of life, but that the experience is most severe among older people. Social networks shrink with retirement and the associated reduction in income may limit social activities. Additional contributory factors for loneliness in old age include: the loss of a loved one; health conditions that precipitate disability and loss of mobility; and caring responsibilities. According to census 2021, about 12.7% (12,838) of the Havering population aged 66 years and above were living in one-person households, occupying almost half (48%) of all one-person households in Havering. This is the highest proportion among London boroughs (London average 9.1%) alongside Bexley (12.8%).

Projecting Older People Population Information (POPPI) projected a higher number (16,108) of Population aged 65 and over in Havering predicted to live alone for 2023 and 17,451 for 2030.

Population aged 65 and over in Havering predicted to live alone, 2023-2040					
	2023	2025	2030	2035	2040
Total population aged 65-74 predicted to live alone	5,758	5,916	6,611	7,030	6,943
Total population aged 75 and over predicted to live alone	10,350	10,516	10,840	11,638	12,815
Total	16,108	16,432	17,451	18,668	19,758

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With the increasing number of older individuals predicted to live alone, local community-based services will provide a convenient and effective means for them to engage with preventive measures and receive holistic support close to where they live. This approach ensures that essential services are readily accessible, reducing barriers to care and enhancing the well-being of our ageing population.

Benefits of a Collaborative Community Service

- Improved accessibility: Residents can access multiple services in locations across the borough, reducing barriers to support.
- Equity and Inclusion: An collaborative approach can help address disparities and ensure that all residents have equitable access to support services. This is especially important for marginalised and vulnerable populations who may face additional barriers to accessing help.
- Enhanced coordination: Services can better share information and collaborate on cases, ensuring holistic and consistent support.
- Better outcomes: Addressing multiple needs simultaneously leads to more effective and sustainable results for residents and families.
- Cost-efficiency: Combining resources, knowledge and infrastructure will lower costs for providers and make more funds available for resident services.
- Flexibility and Responsiveness: Services provided within local communities can be more flexible and responsive to the specific needs of the population. Being closer to the community, providers can quickly identify emerging issues and adapt their support accordingly.
- Building Trust and Engagement: Localised services help to build trust between service providers and community members. When support is provided by familiar faces within the community, residents are more likely to seek help and engage with the services offered.
- Opportunities for relationships: When residents receive services close to where they live, they have more opportunities to engage with their neighbours and participate in community activities. This helps to break down social isolation and foster stronger, more connected communities.
- Strengthening Social Fabric: When residents feel supported and connected, they are more likely to contribute positively to their community, such as volunteering and participating in local initiatives.

Planning for procurement

We recognise that this shift in the way we currently commission prevention services mark a significant change. To navigate this transition smoothly, we have developed a communications plan aimed at ensuring our new service specification is informed and co-designed in partnership with our current providers and residents.

February 2025	Thursday 6 th	Email is sent to all commissioned providers inviting them to an online session on the 13 th
	Thursday 13 th	Presentation is shared with providers in session and feedback is gathered
	Friday 14 th	Resident survey is published
	Monday 17 th – Friday 7 th March	Visits/focus group and calls are undertaken to gather feedback from service users and put into their respective service reviews. Commissioners investigate potential venues for new services
March	Monday 10 th – Friday 14 th	1 st draft of specification is completed using initial early feedback from service users and

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		providers, is shared with providers for feedback
	Friday 14 th	Resident survey is closed
	Monday 17 th – Friday 21 st	Analysis of survey results and combining with wider feedback findings
	Monday 24 th – Friday 28 th	Second specification is drafted and shared with providers for feedback
April	Monday 31 st March – Friday 4 th	Tender pack is completed and specification is finalised
	Thursday 10 th	Gateway to procure is undertaken and procurement starts

The Council has a duty, when undertaking procurements, to ensure it is transparent, treating providers equally and any decision/action is proportionate. We are proposing an open tender with bids will be evaluated 70/30 for price and quality.

Haverling currently spends £288,000 per year on the current contracts, with a large proportion of this money being allocated to overheads. The proposed new single contract to be jointly funded by Haverling Council and the ICB with a maximum value of £200,000 per year, will ensure that a higher proportion of the contract value will go to providing service to residents rather than on overheads. Given the Council's current financial position, which is under strain due to the prevailing economic conditions and a lack of government funding to meet demand, it would be prudent to concentrate on identifying efficiencies and opportunities for savings.

Conclusion

The Ageing Well Community Wellness & Empowerment Service in Haverling aims to enhance the quality of life for senior residents by addressing their physical, social, and environmental needs. With tailored exercise programs, various social engagement events, and a focus on falls prevention and home adaptations, the service promotes overall wellness and combats loneliness and isolation. Educational workshops on health literacy, financial planning, and technology use empower residents with the knowledge and skills necessary for independent living.

The initiative is expected to lead to significant positive outcomes, including increased life satisfaction and happiness, reduced healthcare costs, and prolonged independent living for residents. By preventing chronic illnesses, reducing fall risks, and providing early intervention, the service alleviates the burden on the healthcare system and ensures that residents receive the appropriate level of care and support. Furthermore, intergenerational activities and community events foster a sense of community cohesion and mutual support among residents.

In conclusion, the establishment of this service in Haverling is a strategic investment in the community's future, promoting health, happiness, and empowerment among the ageing population. By enhancing individual lives and strengthening the community as a whole, the Ageing Well Community Wellness & Empowerment Service promises to create a thriving, cohesive, and resilient community.

OTHER OPTIONS CONSIDERED AND REJECTED

Option 1 - Do nothing

There is the option to do nothing and stop providing preventative services when the contracts end on the 31st January 2026. This option is not advised as preventative services in social care are essential for promoting the well-being and quality of life of residents and social benefits include improved quality of life, greater health equity, and stronger community bonds.

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Option 2 – Continue as is

Although it is possible to extend the current contract in line with the built in extensions, this option is not recommended at this time. While extending the contracts would ensure continuity of services and pose no immediate risks, this approach will not address the current inefficiencies or enhance the over quality and integration of the services provided. There is a pressing need to recommission a service that is more efficient and holistic.

PRE-DECISION CONSULTATION

None

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Sophie Barron

Designation: Senior Commissioner Age Well

Signature:



Date: 12/03/2025

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do subject to any statutory limitations. The Council has the power under this section to agree to the proposals in the recommendations.

The value of the proposed contract is £1,061,826 over 5 years, which is above the threshold for light touch services. Therefore, any procurement activity must comply with the Procurement Act 2023. Officers intend to undertake an open procurement which is in compliance with Section 20(2)(a) of the Procurement Act 2023.

The proposed open tender is compliant with the requirements of both the Procurement Act 2023 and the Council's Contracts Procedure Rules for contracts of this nature.

FINANCIAL IMPLICATIONS AND RISKS

This paper is seeking a permission to procure an Ageing Well Community Wellness & Empowerment Service. The contract will run from the 1st February 2026 to 31st January 2029 with the option to extend for a further 2 years with an estimated total value of £1,061,826.

The annual estimated costs of the service are detailed below:

Year 1 - £200,000.00 (£160,000 LBH / £40,000 ICB)
Year 2 - £206,000.00 (£164,800 LBH / £41,200 ICB)
Year 3 - £212,180.00 (£169,744 LBH / £42,436 ICB)
Year 4 - £218,545.00 (£174,836 LBH / £43,709 ICB)
Year 5 - £225,101.00 (£180,081 LBH / £45,020 ICB)

LBH currently commission a range of prevention services for older adults including The Older Frail Prevention Service, Home Settle and Support and Havering Safe at Home. These contracts are due to end on 31st March 2025. The ICB also commission prevention services. Under the place based working, a more joined up approach to commissioning services is now being identified. There will be a pooling of resources from LBH and from the ICB to commission one service which will be more efficient and effective. The contract will be funded from LBH resources and from ICB resources, the breakdown of the split is shown above.

The total commitment over the life of the contract for LBH is estimated to be £859,461.00.

The relevant governance processes should be enacted to ensure the ICB funding is forthcoming before going out to tender.

The LBH funding for the above will come from the following contracts not being continued beyond 31st March 2025.

- Havering Safe at Home £40,765
- Home, Settle and Support £64,711
- Older Frail Prevention £78,490

The Havering Safe at Home and Home, Settle Support contracts have been recently extended and varied to reduce the contract values, the values above are the new varied contract amounts and for the 25-26 financial year.

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The total annual amount available from these three contracts is £183,876, this is sufficient to meet the annual LBH contributions for the new service and will even make a small saving each year.

The total of these contracts amounts to £849,461 this is sufficient to meet the LBH element of the new service. This is funded from a mix of Better Care Funding and LBH general Fund.

The annual increases in costs proposed under the new contract will need to be covered by annual inflationary growth bids.

A review is currently being undertaken to establish what needs to be included within the new service. A request has been made by finance to review the service specification alongside the KPIs before going out to tender to ensure this contract is value for money. Due to this being unavailable pending the service review, no assurance can be given on the value for money of the contract at this time.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion this isn't required.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

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There are not equalities and social inclusion implications and risks associated with this decision.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any identifiable Health and Wellbeing implications or risks. The combined provision of Ageing Well Community Wellness & Empowerment Service could offer an opportunity for the better coordination of the services for older people that enable them to stay at their home for longer, thus could improve the quality of life for the service users.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any Environmental or Climate Change implications or risks.

BACKGROUND PAPERS

None

APPENDICES

None

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Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____