

**Specification and Supporting Information**

***Dementia, social isolation and loneliness in Winsford and Chester***

Response deadline:

5:00pm on Friday 23rd February 2018



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5. **Introduction to Brightlife**

Brightlife is a cross-sector partnership, funded by the Big Lottery’s Ageing Better Programme until March 2020. We are one of 14 similar projects across the country. Our purpose is to test and learn from innovative approaches to reducing isolation and loneliness for people aged over 50 in Cheshire West and Chester.

Brightlife will leave a legacy of sustainable services and activities within local communities, an increased awareness of social isolation and how to address it and more positive attitudes towards older people as assets within their communities. It will also provide evidence for local and national policy makers and commissioners with regards to what works when it comes to reducing levels of isolation and loneliness.

***Definitions of isolation and loneliness***

Isolation describes the absence of social contact with friends, family or the community. It’s an objective state that can be measured by the number of contacts a person has.

Loneliness is different from social isolation because it’s a subjective state. Different people experience loneliness in different ways. Someone can feel lonely even if they have regular contact with friends and family, while others may have few contacts but not feel lonely at all. There are two types of loneliness: emotional and social loneliness. Emotional loneliness is the absence of a significant other to whom a close emotional bond is formed. Social loneliness is the lack of a social network or group of friends.

**Brightlife’s Vision:**

Brightlife works with people over fifty to inspire and enable individuals and communities to understand and take action to reduce social isolation.

**Brightlife’s Aims & Objectives:**

1. Identify, understand and reduce social isolation amongst people over fifty.
2. Enable people over fifty to become more actively involved in activities which support them within their communities.
3. Support communities to recognise, value and utilise the positive contributions of people over fifty.
4. Understand how services can be improved to provide greater choice and support for people over fifty experiencing social isolation.

**Brightlife is using two methods for testing approaches to loneliness and isolation. The first is through pilot social prescribing services in Malpas, Winsford and some areas of Chester. Our Social Prescribing Co-ordinators work with people who are experiencing isolation and/or loneliness to re-connect them with their communities.**

**The second method is the commissioning of services and activities to provide community based solutions to isolation and loneliness. Many of these commissions support the work of our Social Prescribing Co-ordinators by providing new social opportunities for their clients. The dementia commission will, in part, support the work of our Co-ordinators in Winsford and Chester.**

All our commissions are underpinned by the following principles:

* 1. **Test and Learn**

Brightlife and the projects it commissions all follow a test and learn approach. This means trying things out, learning from what works and what doesn’t and making changes as a result. We expect all our commissioned providers to adopt this approach, which means being prepared and flexible enough to make adaptations to the project methodology throughout its life. Providers are expected to welcome and value feedback, ideas and insights from the Brightlife team, their own staff, the project participants and volunteers.

**1.2 Co-production**

Brightlife and all the projects it funds are co-produced with older people.  
Co-production is more than consultation. It means fully involving the people you work with or will potentially work with in the planning and delivery of your service or activity. Co-production is about doing something ‘with’ people, not ‘to’ people.

You can find a useful introduction to co-production here:

<https://vimeo.com/42332617>

**1.3 Sustainability**

All the projects that Brightlife funds must have a commitment to being sustainable. That means being able to continue in some form once our funding finishes to maintain the outcomes for socially isolated older people.

Sustainability options include:

* Encouraging and supporting project participants to maintain the service or activity as volunteers. This has worked well with other projects Brightlife has funded. It allows the work to be sustained, whilst also giving your participants the opportunity to use their skills and experience in a meaningful way.
* Charging participants to use the service. This has also worked well with other projects. People are often very happy to contribute to the cost of running a service or activity that they value.
* Seek further funding from alternative sources.
* A contribution from the provider’s own funds, e.g. reserves.

**1.4 Evaluation**

In order to provide evidence about what has worked and what hasn’t, Brightlife is being evaluated at a national level, as part of a wider evaluation that includes the other Big Lottery’s Ageing Better projects. The national evaluation is being undertaken by an organisation called Ecorys. Brightlife is also working closely with the University of Chester’s Centre for Ageing Studies to evaluate the programme at a local level.

The results from these two evaluations will provide robust evidence about the successful and less successful approaches that have been tested and, importantly, the reasons for their success or lack thereof. Brightlife’s commissioned services and activities must be fully committed to taking part in the evaluation and providing all required data. This is closely monitored as part of the contract management process.

**1.5 Innovative Engagement**

Brightlife funding is for projects that will test approaches to isolation and loneliness for groups of people who are not currently being engaged with. Brightlife does not provide funding for groups or organisations to continue running existing projects for people they are already working with.

People who are at risk of or are experiencing social isolation and loneliness can require more time, resources and encouragement to engage than other groups. Our providers must recognise this and be prepared to go beyond traditional engagement methods in order to facilitate participation.

1. **Specification Background**

People living with dementia and their carers are more likely to report feeling lonely or isolated than the general population. This can be due to a wide variety of factors, including loss of confidence, losing friends, lack of access to transport, no longer feeling able to take part in activities or a fear of being judged.

As part of a wider initiative looking at the links between long term conditions, isolation and loneliness, Brightlife is focussing on dementia in Winsford and some areas of Chester.

In order to develop the specification, current and potential providers attended a co-design workshop. Co-design activities also took place with people living with dementia and their carers. In addition, we gathered intelligence from our Social Prescribing Co-ordinators about the barriers faced by the clients they work with who live with dementia.

These groups were able to identify a range of factors that contribute to an increased risk of experiencing isolation and loneliness for people living with dementia and their carers. They were also able to identify a list of initiatives that might help mitigate these risks, as outlined in the following table. This list is not exhaustive and it is expected that additional risks and actions will be identified during the life of the project.

|  |  |
| --- | --- |
| **Risk factor** | **Action** |
| Few opportunities for people living with dementia and carers to socialise with others in similar situation | Co-design new social opportunities that encourage the development of friendships and support networks. |
| Existing dementia specific groups not suitable for all stages of dementia/all ages/all areas of interest | Co-design groups for people at different stages of their dementia journey/at different ages/with different interests |
| Few opportunities for carers to socialise/support each other without the person they are caring for being present | Co-design opportunities for people living with dementia and their carers to socialise separately |
| No longer able to attend groups/activities previously enjoyed | Train and support mainstream groups and activities to become dementia inclusive. Create a way of easily identifying these (e.g. a ‘badge’) |
| Lack of knowledge/understanding/ support in wider community. Feeling judged when out and about. Loss of confidence using shops, banks etc. | Public education initiatives. Training for local services and businesses to become dementia inclusive. Create a way of easily identifying these (e.g. a ‘badge’) |
| Loss of friends | Public education initiatives. Friends and family information pack. |
| Loss of confidence using public transport | Training and support for transport providers to become dementia inclusive. Create a way of easily identifying these (e.g. a ‘badge’) |

1. **Specification**

**3.1 Aim**

To test, learn from and provide evidence about initiatives to reduce isolation and loneliness for people living with dementia and their carers in Winsford and areas of Chester.

* 1. **Contract Length and Value**

The contract will commence in April 2018 and last until the end of March 2020, subject to a review at the end of the first year. Continuation after the first year will be dependent upon satisfactory performance.

The total value of the contract will be a maximum of £350,000. The payment schedule will be quarterly in advance, subject to satisfactory quarterly monitoring reports being received by Brightlife.

* 1. **Project Scope and Description**

There are **five key elements** to the commission:

1. **Social activity specifically for people living with dementia and their carers**  
     
   The primary purpose of this aspect of the project is to provide new opportunities for people living with dementia and their carers to engage in social activity that is tailored towards their needs and desires. To this end, there should be a variety of groups to cater for the different interests and levels of support required.

It should include opportunities for people living with dementia to engage in meaningful activity with or without a carer present, as well as opportunities for carers to enjoy social activity with or without the person they are caring for.

All activities should provide safe, welcoming and supportive environments where people have the opportunity to build lasting connections with others as well as access information and signposting to support services.

1. **Training and support for mainstream social activities to become dementia inclusive**

This aspect focuses on enabling non-dementia specific social activities to become dementia inclusive. This means creating a culture and environment in which dementia is understood and people living with dementia are encouraged to attend, are made welcome and their needs accommodated.

It will include branding for these activities to enable their dementia inclusive status to be easily recognised.

1. **Training and support for local services and businesses to become dementia inclusive**

This element will focus on those services and businesses that are most likely to have an impact on the reduction of loneliness and isolation. This will include bus companies, taxi services, shops, restaurants, leisure centres and housing associations.

Training should be tailored to ensure it is relevant to the potential barriers that a person living with dementia or their carer might face when attempting to access that particular service or business.

It will include branding for these services and businesses to enable any member of the public to easily recognise their dementia inclusive status.

1. **Dementia & social isolation awareness and action within communities**

This part of the project is designed to wrap around the previous three elements by providing an awareness of dementia related social isolation within the wider community. It will include public education, attendance at community events, social media and engaging with education establishments and community venues including places of worship.

The purpose of this activity will be to create communities in which the impact that dementia can have on social isolation and loneliness is understood and where people know how they can take action to help reduce it.

1. **Bespoke Evaluation Design and Implementation**

The project must be able to comply with Brightlife’s current evaluation requirements. All participants (where appropriate) should be invited to give their consent to take part in the evaluation. Data is then gathered via the following methods:

* The Common Measurement Framework (CMF) questionnaire  
  Participants complete an entry CMF as early in their participation with the project as possible. A follow-up questionnaire must also be completed with them before they leave the project.
* Interview with the University of Chester

The University of Chester conduct interviews with participants to provide qualitative data. Consenting participants are invited to be interviewed by the University of Chester whether or not they chose to complete the CMF.

However, these methods alone will not be sufficient to evaluate this project. This is due, in part, to the nature of the project scope, in so far as it seeks to have an impact on the wider community as well as on individuals. The realities of living with dementia also mean that the methods currently being used will not be suitable for all participants on this project.

The lead organisation will therefore be required to work closely with Brightlife, Ecorys and the University of Chester to design and implement a bespoke evaluation for this project.

* 1. **Locations**

The project will operate in Winsford and in the following areas within Chester: Lache, Blacon, Hoole, Boughton, Upton and Handbridge.

* 1. **Delivery Model**

Due to the diverse scope of the project, we are looking for collaborate bids that bring together organisations with a range of skills and expertise. A lead organisation will be responsible for the overall management and delivery of the project, working with a number of partners to deliver specific aspects of it.

The bid must clearly set out the parts of the project that each delivery partner will be responsible for and how much of the overall funding will be allocated to each organisation.

The lead organisation will attend contract meetings with Brightlife and take responsibility for managing and monitoring the delivery partners. The lead organisation will also be responsible for managing the evaluation data and ensuring all reports are delivered to Brightlife on time.

* 1. **Project Outcomes**

The outcomes that are expected to be achieved through the delivery of this project are:

* Increased opportunities for people over 50 living with dementia and their carers to attend social activities specific to their needs
* Increased opportunities for people over 50 living with dementia and their carers to attend non-dementia specific social activities
* Improved access to services and businesses for people over 50 living with dementia and their carers
* Reduced social isolation for people over 50 living with dementia and their carers
* Increased awareness within the community about dementia and social isolation
* Increased awareness within the community about the support available to reduce social isolation for people living with dementia and their carers
* Increased number of people over 50 living with dementia who feel more valued in their community
* Increased evidence about how to reduce social isolation for people over 50 living with dementia and their carers
* Increased evidence about how to improve access to services, activities and businesses for people over 50 living with dementia and their carers.
  1. **Key Performance Indicators**

The following table shows the key performance indicators for the contract. It also indicates which of the five project elements each KPI relates to (see section 3.3).

|  |  |  |
| --- | --- | --- |
| **Key Performance Indicator (KPI)** | **Minimum Target** | **Project Element(s)** |
| Number of people living with dementia or their carers engaged in the project | 350 | 1 & 2 |
| % of participants consenting to take part in the evaluation | 55% | 5 |
| % of participants completing an entry and  follow-up CMF | 30% | 5 |
| Number of new social activity opportunities specifically for people living with dementia and their carers | 15 | 1 |
| Number of mainstream social activities trained and supported to become dementia inclusive | 40 | 2 |
| Number of local services and businesses trained and supported to become dementia inclusive | 30 | 3 |
| Number of interventions delivered to raise community awareness about dementia and social isolation and encourage action | 20 | 4 |

The KPIs will be subject to test and learn as the project progresses. Quarterly targets towards the achievement of each KPI will be agreed on award of the contract.

* 1. **Monitoring and Contract Management**

Initially, contract management meetings will take place each month between Brightlife and the lead organisation. Subject to satisfactory performance, this will be reduced to quarterly meetings. Should performance decline, monthly meetings will be reinstated.

The lead organisation will provide the following information to Brightlife at least one week before each contract meeting:

* Performance against quarterly KPI targets
* Spend to date against budget and forecast
* Test and learn log
* Progress against sustainability plan

Monitoring templates will be provided for each of these.

The lead organisation will also complete and return a Brightlife Provider Spreadsheet to the Brightlife Data Coordinator at the beginning of each month.

* 1. **Sustainability**

All providers must have a sustainability plan in place at the beginning of their project and progress against this is monitored as part of the contract management process. The plan will be a live document, subject to test and learn.

1. **Tender Process, Timescales and Support**

Responses to this specification must be made on the Brightlife Dementia Project Tender Response Form. Responses received in any other format will not be accepted. The lead organisation must also complete a Dementia Project Pre-Qualifying Questionnaire (PQQ). Both forms will be available from 24th November 2017 on the Brightlife website at <http://www.brightlifecheshire.org.uk/get-funded/current-tenders/>

Tenders will be assessed by the Brightlife Older People’s Alliance. Potential providers will be invited to present at the tender panel meeting.

The tender process and timescales are set out in the following table.

|  |  |
| --- | --- |
| **Process Stage** | **Date** |
| Specification released | 21st November 2017 |
| Tender period opens | 9:00am on 24th November 2017 |
| Tender period closes | 5:00pm on 23rd February 2018 |
| Tender panel meeting | w/c 12th March 2018 |
| Contract awarded | w/c 19th March 2018 |
| Contract commences | By 20th April 2018 |

Brightlife has a contract with Chester Voluntary Action (CVA) to support providers through the tendering process and beyond. Please contact Joanne Stanton at CVA on 01244 401272 or [joanne.stanton@chesterva.org.uk](mailto:joanne.stanton@chesterva.org.uk)