# Redbridge Place based Partnership Sub-committee meeting

Thursday 17 October 2024, 1230-1300 on MS Teams

Chair: Adrian Loades, Place Partnership Lead (also Corporate Director of People, London Borough of Redbridge)

| | Item | Time | Lead | Attached / verbal | Action required |
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| **Redbridge Sub-Committee meeting in public** | | | | | |
| **1.** | **Welcome, introductions and apologies:**<br>1. Declaration of conflicts of interest<br>2. Minutes of the meeting held on 19 September 2024<br>3. Action log | 1230 (5 mins) | Chair | Verbal<br><br>Paper | Discuss<br>Approve<br>Update |
| **2.** | **Questions from the public** | 1235 (5 mins) | Chair | Verbal | Discuss |
| **3.** | **Redbridge Age Well Business Case** | 1240 (20 mins) | Pete McDonnell | Paper Pages | Approve |
| Date of next meeting: tbc | | | | | |

- Declared Interests as at 08/10/2024

| Name | Position/Relationship with ICB | Committees | Declared Interest | Name of the organisation/business | Nature of interest | Valid From | Valid To | Action taken to mitigate risk |
|---|---|---|---|---|---|---|---|---|
| Amanjit Jhund | Member of Redbridge Place based Partnership | Redbridge ICB Sub-committee<br>Redbridge Partnership Board<br>Waltham Forest Health and Care Partnership Board | Non-Financial Professional Interest | Faculty of Public Health | Board Member of the Faculty of Public Health | 2022-10-01 | | |
| | | | Non-Financial Professional Interest | University of East London | Board member of the University of East London | 2022-08-01 | | |
| | | | Non-Financial Personal Interest | Wanstead Place Surgery | Patient at Wanstead Place Surgery | 2018-11-01 | | |
| | | | Indirect Interest | UK Labour Party | Member of the UK Labour Party and former parliamentary candidate at 2010 and 2015 general elections | 2008-08-01 | | |
| Brid Johnson | Member of sub-committee (representative of NELFT) | Barking & Dagenham ICB Sub-committee<br>Barking & Dagenham Partnership Board<br>Community Health Collaborative sub-committee<br>Havering ICB Sub-committee<br>Havering Partnership Board<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board<br>Waltham Forest Health and Care Partnership Board<br>Waltham Forest ICB Sub-committee | Indirect Interest | Mid and South Essex ICB | My Partner is a Non-Executive Director at MSE ICB | 2022-08-25 | | |
| Chetan Vyas | Director of Quality | Barking & Dagenham ICB Sub-committee<br>Barking & Dagenham Partnership Board<br>City & Hackney ICB Sub-committee<br>City & Hackney Partnership Board<br>Clinical Advisory Group<br>Havering ICB Sub-committee<br>Havering Partnership Board<br>ICB Quality, Safety & Improvement Committee<br>Newham Health and Care Partnership<br>Newham ICB Sub-committee<br>Patient Choice Panel<br>Procurement Group | Indirect Interest | Some GP practices across NEL | Family members are registered patients - all practices not known nor are their registration dates | 2014-04-01 | | Declarations to be made at the beginning of meetings |

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| | | Redbridge ICB Sub-committee<br>Redbridge Partnership Board<br>Tower Hamlets ICB Sub-committee<br>Tower Hamlets Together Board<br>Waltham Forest Health and Care Partnership Board<br>Waltham Forest ICB Sub-committee | | | | | | |
| | | | Indirect Interest | Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge | Family member is a Committee member. | 2014-04-01 | | Declarations to be made at the beginning of meetings |
| Dr Humaira Bhatti | Cranbrook PCN CD | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Non-Financial Professional Interest | Healthbridge direct - GP Federation | Board member - as being the Cranbrook PCN CD | 2022-04-01 | | |
| Jenny Ellis | Member of Redbridge Partnership Board and ICB Sub-committee, ICP Committee and NEL VCSE Collaborative Leadership Group | ICP Committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Financial Interest | Redbridge Council for Voluntary Service (RedbridgeCVS) | Some RedbridgeCVS services are funded by NEL ICB and Redbridge Place-based Partnership. | 2020-01-19 | | Declarations to be made at the beginning of meetings |
| | | | Financial Interest | Odd Eyes Theatre Company | Trustee of a charity that may be eligible for some NEL ICB and partnership committee funding streams. | 2018-05-24 | | Declarations to be made at the beginning of meetings |
| Julia Summers | Head of Finance | Barking & Dagenham ICB Sub-committee<br>Barking & Dagenham Partnership Board<br>Community Health Collaborative sub-committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indirect Interest | Camden and Islington Mental Heath Trust | Husband is a director of the Trust. | 2016-02-08 | | |
| Mark Santos | Redbridge Cllr & Cabinet Member Adult Services & Public Health | ICP Committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Financial Interest | Positive East | I am the Executive Director of the HIV Charity Positive East. Positive East receives statutory income via NEL Local Authorities & NHS via London HIV Fast Track Cities & via ICB supporting opt out HIV testing in Emergency Departments | 2022-04-01 | | Declarations to be made at the beginning of meetings |

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| | | | Indirect Interest | Bart's Health | My sister is a Finance Manager at Barts Health | 2022-04-01 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | North East London Foundation Trust (NELFT) | I am an LA Governor for NELFT | 2023-08-02 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | Redbridge Rainbow Community | Trustee Redbridge Rainbow Community previously received funding from Redbridge Council | 2023-07-02 | | Declarations to be made at the beginning of meetings |
| Richard Pontin | member of a committee | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indirect Interest | Havering Place Based Partnership | Clinical director of Havering is family relation (brother -in-law) | 2020-01-01 | | |
| Sangeetha Pazhanisami | GP; PCN Clinical Director | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Financial Interest | Clayhall Group Practice | GP Partner | 2014-01-01 | | Declarations to be made at the beginning of meetings |
| | | | Financial Interest | Healthbridge Direct | Shareholder | | | Declarations to be made at the beginning of meetings |
| | | | Financial Interest | NHS England | GP Appraiser | | | Declarations to be made at the beginning of meetings |
| Sivashanmugarajan Ramakrishnan | not applicable | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Financial Interest | Clayhall Group Practice and Wanstead & Woodford PCN | GP partner and PCN member | 2022-10-20 | | Declarations to be made at the beginning of meetings |
| | | | Financial Interest | Healthbridge Direct | Federation co-chair | 2016-04-01 | | Declarations to be made at the beginning of meetings |
| | | | Indirect Interest | Global A2 Partners ltd | Director - provide locum services | 2021-12-01 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | PELC | non executive director | 2021-06-15 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | Redbridge LMC | member | 2021-09-10 | | Declarations to be made at the beginning of meetings |
| Stephen Rubery | Member of a Partnership Board | Havering Partnership Board<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Non-Financial Personal Interest | | My wife is Borough Director for Redbridge | 2022-05-01 | | |
| | | | Indirect Interest | Fullwell Cross Medical Centre | I am a patient of Fullwell Cross Medical Centre | 2022-05-01 | | |
| Tayvanie Nagendran | Redbridge Pathway Lead for Social Care Provision | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indirect Interest | Care Providers' Voice | Care Providers' Voice is funded by local authorities (including LBR), training hubs and | 2022-03-01 | | |

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| | | | | | HEE Anchor funding. I am the Co-Chair and LBR Care Provider Lead. | | | |
| | | | Indirect Interest | Cambridge Nursing Home | Cambridge Nursing Home host authority is LBR. Placing authority for some of our residents is LBR. | 2003-09-01 | | |
| | | | Indirect Interest | Age UK Redbridge, Barking & Dagenham, Havering | Trustee | 2020-09-01 | | |
| Tracy Rubery | Director of Partnership, Impact and Delivery: Redbridge | ICB Audit and Risk Committee<br>Procurement Group<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indirect Interest | PELC | Husband is CEO of PELC, who provider urgent care and out of hours services within BHR footprint | 2022-05-02 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Personal Interest | Fulwell Cross Medical Centre | Registered as a patient with Fulwell Cross Medical Centre | 2018-04-01 | | |
| jyoti sood | clinical lead | Barking & Dagenham Partnership Board<br>Havering Partnership Board<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Financial Interest | Newbury Park health center and Newcross PCN | GP partner PCN member | 2003-04-01 | | Declarations to be made at the beginning of meetings |
| | | | Financial Interest | NEL Training HUB and BHR Training Hub clinical lead | Clinical lead for NEL TH that are delivering on various workstreams commissioned by HEE and ICS | 2020-12-07 | | Declarations to be made at the beginning of meetings |
| | | | Indirect Interest | soods limited | Locum company and deals with property | 2000-07-01 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | AD , HEE | Director of training n BHR area | 2018-02-01 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | GP assessor BAD | assessor for GP with special interest portfolio | 2021-04-01 | | Declarations to be made at the beginning of meetings |
| | | | Non-Financial Professional Interest | CQC inspector | inspection of practices | 2021-12-23 | | Declarations to be made at the beginning of meetings |

- Nil Interests Declared as of 08/10/2024

| Name | Position/Relationship with ICB | Committees | Declared Interest |
|---|---|---|---|
| Adrian Loades | Corporate Director of People; London Borough of Redbridge | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Sunil Thakker | Director of Finance and Partnership Services | Barking & Dagenham ICB Sub-committee<br>Barking & Dagenham Partnership Board<br>City & Hackney ICB Sub-committee<br>City & Hackney Partnership Board<br>Havering ICB Sub-committee<br>Havering Partnership Board<br>ICB Audit and Risk Committee<br>ICB Finance, Performance & Investment Committee<br>Newham Health and Care Partnership<br>Newham ICB Sub-committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board<br>Tower Hamlets ICB Sub-committee<br>Tower Hamlets Together Board<br>Waltham Forest Health and Care Partnership Board<br>Waltham Forest ICB Sub-committee | Indicated No Conflicts To Declare. |
| Gladys Xavier | Director of Public Health and Commissioning; London Borough of Redbridge | Clinical Advisory Group<br>ICS Executive Committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Peter McDonnell | Head of Ageing Well, Redbridge Place | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Charlotte Pomery | Chief Participation and Place Officer | Barking & Dagenham ICB Sub-committee<br>Barking & Dagenham Partnership Board<br>City & Hackney ICB Sub-committee<br>City & Hackney Partnership Board<br>Community Health Collaborative sub-committee<br>Havering ICB Sub-committee<br>Havering Partnership Board<br>ICB Audit and Risk Committee<br>ICB Board<br>ICB Population, Health & Integration Committee<br>ICB Quality, Safety & Improvement Committee<br>ICP Committee<br>ICS Executive Committee<br>Newham Health and Care Partnership<br>Newham ICB Sub-committee<br>Patient Choice Panel<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board<br>Tower Hamlets ICB Sub-committee<br>Tower Hamlets Together Board<br>Waltham Forest Health and Care Partnership Board<br>Waltham Forest ICB Sub-committee | Indicated No Conflicts To Declare. |
| Cathy Turland | Member of a committee | ICP Committee<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Najib seedat | Committee member | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |

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| Dalveer Johal | NEL LPC | Barking & Dagenham Partnership Board<br>Havering Partnership Board<br>Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |
| Amanda Frances | Member of the Redbridge Placed Based Partnership / committee | Redbridge ICB Sub-committee<br>Redbridge Partnership Board | Indicated No Conflicts To Declare. |

# Redbridge Place Partnership Board (Sub Committee)

17 October 2024

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|---|---|
| **Title of report** | Ageing Well Better Care Fund Section 75 – 2024-27 Spending Plan & Business Case |
| **Author** | Pete McDonnell, Head of Ageing Well, Redbridge Place |
| **Presented by** | Pete McDonnell, Head of Ageing Well, Redbridge Place |
| **Contact for further information** | Pete McDonnell, |
| **Executive summary** | This report is to update the SPFG on the Ageing Well *Non- Recurrent* funding held by LB Redbridge on behalf of Redbridge Place. This will include:<br>• New Schemes for 24/25, 25/26 and 26/27<br>• Continuation of schemes into 25/26<br>• Development ideas 2025-2027<br><br>Overview of proposals & pipeline schemes 2024-27:<br><br>*Getting people back to the Place they call Home with the right care, time and place:*<br><br>• **Ward based exercise programmes at KGH** - this includes small sessions with a physio on wards linked to the ward enablement pilot<br>• **Dementia advice cards** for acute ward staff<br><br>*Supporting People to Keep Well in a Place they call home:*<br><br>• **Proactive Care Pilots and next steps** - there is £450,000 allocated to PCNs to develop proactive care related to frailty. Wanstead and Woodford, NCA and Loxford PCNs have put forward proposals. (Some projects pipeline)<br>• **Small Health Grants** - the idea was put forward by the Place Board to enable innovative ideas to be trialled on a short-term basis by the voluntary sector<br>• **End of Life Navigator pilot** in PCNs (Pipeline)<br>• **Grief Cafes** – in partnership with Redbridge Libraries this run one a month to support people who are bereaved<br>• **All Age Bereavement Service** (Pipeline)<br>• **Dementia Respite services** - Day facilities and breaks at people's own home<br>• Extension of **Falls Prevention Classes and Care Navigators additional capacity**<br><br>*Other:*<br><br>• **RNID community services**<br><br>*Health events:*<br><br>• **Health Promotion events - Positive Ageing Week** and **Diabetes week** **(for noting)** |

<table>
<tr><td>Action required</td><td>SPFG is asked to:<ul><li>Review the report</li><li>Note and Endorse the proposed continuation of schemes</li><li>Note and Endorse the new schemes proposed</li><li>Note schemes in development (Pipeline)</li><li>Agree to report can be submitted to Redbridge Place Board Sub-Committee for approval</li></ul></td></tr>
<tr><td>Previous reporting</td><td><ul><li>Ageing Well spending plan, Redbridge Place Board – April 2023</li><li>Age Well Spending Plan 2024/25, Redbridge Place Board – March 2024</li></ul></td></tr>
<tr><td>Next steps/ onward reporting</td><td><ul><li>Business case simultaneously going through ICB Investment Review Group</li><li>Formal agreement for investments will be via the Redbridge Place Board Sub Committee</li></ul></td></tr>
<tr><td>Conflicts of interest</td><td>Some SPFG members (organisations) are discussed in the report and there are funding proposals related to the services.</td></tr>
<tr><td>Strategic fit</td><td><ul><li>Making Redbridge a Great Place to Grow Old</li><li>Keeping People well an</li><li>Getting people back to the place they call home</li></ul></td></tr>
<tr><td>Impact on local people, health inequalities and sustainability</td><td><ul><li>Reducing local older residents time in hospital</li><li>Maximising peoples rehab potential</li><li>Supporting people to be independent at home</li><li>Reducing the need for long term care packages or care home placements</li><li>Supporting good end of life care</li><li>The services are likely to most benefit older people, people with long term conditions and people with disabilities</li></ul></td></tr>
<tr><td>Impact on finance, performance and quality</td><td>Budget is Non-Recurrent in the Redbridge BCF sec 75 (Pooled Health and Social care budget) held by the Council.<br><br>
<table>
<tr><td>Historical Budget</td><td></td></tr>
<tr><td>Total</td><td>£1,642,874</td></tr>
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<table>
<tr><td>Spend 23/24</td><td>£348,235</td></tr>
<tr><td>Carry Over 24/25 BCF</td><td>£1,294,639</td></tr>
<tr><td>Spend 24/25 allocated from March report</td><td>£279,118</td></tr>
<tr><td>Unallocated 24/27</td><td>£1,015,521</td></tr>
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<br>
Budget available 2024-2027
<table>
<tr><th>24/25</th><th>25/26</th><th>26/27</th></tr>
<tr><td>404,739</td><td>522,156</td><td>88,626</td></tr>
</table>
<br>
Proposed Allocations 2024-27
<table>
<tr><th>24/25</th><th>25/26</th><th>26/27</th></tr>
<tr><td>403,205</td><td>522,156</td><td>88,626</td></tr>
</table>
<br>
Includes an 5% ICB Efficiency Saving: £50,776 for 24/25</td></tr>
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|---|---|
| **Risks** | • Funding is non-recurrent, so there are risks to the longer-term funding of successful schemes.<br>• Mitigations - 1 stretch money from 24-27 and 2 utilise other funding streams like annual ICB discharge funds to assume future investment |

## 1.0 Purpose of the report

1.1 The purpose of the report is for the Strategy, Performance and Finance Group to be updated on the Ageing Well Non-Recurrent funding including budgets, spend to date and the updated proposals for 2024-2027.

## 2.0 Background

2.1 RPB (Redbridge Place Partnership Board) agreed a set of proposals to spend a non - recurrent ageing well budget in April 2023 and March 2024. This report is the next iteration to discuss the spending plans for the rest of 2024/25 to 2027.

2.2 The current budget available from the Ageing Well section 75 is £1m non-recurrent.

## 3.0 Schemes to be extended 2025-27

3.1

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|---|---|
| Falls Additional – 288 extra sessions | £26,000 (25-27) |
| Navigator to support up to 80-100 people | £20,000 (25/26) |

## 4.0 2024-27 Proposals

| Scheme | Provider | 2024/25 £ | 2025/26 £ | 2026/27 £ |
|---|---|---|---|---|
| Ward Exercises | BHRUT/KGH | 66,444 | | |
| Bereavement (to be commissioned jointly with CYP) | To be procured | | 30,000 | 30,000 |
| Bereavement | Creating Conversations | 3,000 | 6,000 | 6,000 |
| PCN/INT projects | Small grants | 0 | 25,000 | |
| Dementia Respite 1-1 (Planned) | Redbridge Respite Assoc | 19,904 | 45,000 | 45,000 |
| Emergency Respite | Tuvida | | £20,000 | |
| Dementia Saturday Carers Group | Redbridge Respite Assoc | 3,813 | 7,626 | 7,626 |
| Proactive Care | Wanstead & Woodford PCN | 115,250 | 33,500 | |
| *Proactive Care* | Loxford PCN | 40,247 | 40,247 | |
| *Proactive Care (Pipeline)* | Cranbrook PCN | 17,596 | 52,789 | |
| *Proactive Care* | NCA PCN | 25,611 | 25,611 | |
| *Proactive Care (Pipeline)* | Seven Kings PCN | 20,383 | 61,149 | |
| *Proactive Care (Pipeline)* | Fairlop PCN | 19,245 | 57,734 | |
| Community Audiology | RNID Support Services | 11,500 | 11,500 | |
| Dementia Info Cards | BHRUT/WX | 3,000 | | |
| Diabetes Week | PCNs | 1,100 | | |
| Positive Ageing Week | LBR and Age UK | 5,336 | | |
| Navigator/Link Worker | Saint Francis Hospice | | 60,000 | |
| System Effiiency (5%) | ICB | 50,776 | | |

### 4.1 Schemes in development

4.2.1 These schemes have a notional budget, however, will need to be developed further and taken through the appropriate governance.

4.2.2 These include:

| Scheme | Description |
|---|---|
| EOL Navigator/Link worker | To work across the system as part of the hospice offer |
| Proactive care and Neighbourhoods | Seven Kings, Fairlop and Cranbrook to develop in quarter 4 (24/25) and into 25/26. |
| Small Grants (Voluntary Sector & community) | Linked to the development of proactive care and integrated neighbourhoods and working with local communities to support health prevention. |

## 5.0 Risks and mitigations

5.1 This is non-recurrent funding as stated throughout this report for a period. There is a risk to some schemes post the funding ceasing. Mitigations include stretching funding over a number of years, utilising other funding streams in the future and services form part of larger reviews of themed areas to review resources available.

## 6.0 Recommendations

6.1 RPB sub-committee is asked to:

- To review and agree schemes
- Formally approve investment proposed

## 7.0 End

7.1 Contact: Pete McDonnell

peter.mcdonell1@nhs.net

Date: 17 October 2024

NHS
North East London

# 2. Short business case

| | |
|---|---|
| **Author of this paper / job title and email address** | Pete McDonnell – Head of Ageing Well, Redbridge Place |
| **Title of scheme** | Ageing Well Funding Proposals (Redbridge Place) 2024/25 Q3/4 and 25/26/27 |
| **Finance detail** | Please complete this with support from your finance lead in order to secure their endorsement.<br><br>Worksheet AW Final 25 Sept 24.xlsx |
| **Summary of Finance information, based on the above spreadsheet:** | |
| **Funding Value:** | Identified allocations:<br>**24/25**: 403,205 \| **25/26**: 522,156 \| **26/27**: 88,626<br><br>5% ICB Efficiency Saving: £50,776 for 24/25 |
| **Confirmed funding source (title):** | Ageing Well N/R – Redbridge BCF sec 75. Funding available:<br>**24/25**: 404,739 \| **25/26**: 522,156 \| **26/27**: 88,626<br><br>**Total Budget Available: £1,015,521**<br><br>N.B. To note Ageing Well funding is held by the London Borough of Redbridge (LBR) on behalf of Place using the BCF section 75 agreement. Agreement to release funding wether to the Council or ICB is through a business case to the Redbridge Place Strategy, Planning and Finance Group (SPFG) and IRG. Any funding coming back to the ICB is done through the Council issuing a PO for agreed values and the ICB issuing an invoice. Agreed funding to be used by LBR to support social care services that assists health priorities, remains with LBR. The Section 75 also enables funding to forward into the next financial if formally agreed by all parties. |
| **Is service nationally mandated? Yes / No** | No. Ageing Well funding was allocated to all ICBs and places, as a recurrent fund and an SDF (Service Development Fund) Non -Recurrent, which this BC relates to. |
| **Project resource identified? Yes/No** | Head of Ageing Well & Unplanned and Age Well managers, Redbridge Place and LB Redbridge commissioners (BCF and Older People). |
| **Executive Summary:** *(1 page maximum)* | **Ageing Well- Redbridge Place**<br><br>The Place Based Partnership approved a workstream called **Ageing Well** in 23/24. This includes making *Redbridge a great place to grow old, keeping people well and getting people back to a place they call home*, whilst providing choice and flexibility within care.<br><br>Key priorities include moving to a proactive care approach, upstreaming care away from unplanned care episodes and supporting people at a local level in their communities.<br><br>This is the third business case to allocate further Ageing Well *Non-Recurrent* funding from the Redbridge Place Better Care Fund section 75 agreement.<br><br>*Maximising the use of the fund*<br><br>Given the current financial pressures, one of main principles in this paper is to maximise the utilisation of the funding over 2-3 years with some projects. The the funding is held in the BCF section 75 with Council giving more flexibility to move funding around between financial years, |

Additionally funding the voluntary sector may enable access to other non-statutory sources that charitable organisations can access, thus enable the NHS to access other sources of funding through these arrangements not normally available to ICBs.

**New schemes proposed:**

*Getting people back to the Place they call Home with the right care, time and place:*

- **Ward based exercise programmes at KGH** - this includes small sessions with a physio on wards linked to the ward enablement pilot
- **Dementia advice cards** for acute ward staff

*Supporting People to Keep Well in a Place they call home:*

- **Proactive Care Pilots and next steps** - there is £450,000 allocated to PCNs to develop proactive care related to frailty. Wanstead and Woodford, NCA and Loxford PCNs have put forward proposals. (Some projects pipeline)
- **Small Health Grants** - the idea was put forward by the Place Board to enable innovative ideas to be trialled on a short-term basis by the voluntary sector
- **End of Life Navigator pilot** in PCNs (Pipeline)
- **Grief Cafes** – in partnership with Redbridge Libraries this run one a month to support people who are bereaved
- **Dementia Respite services** - Day facilities and breaks into people's own homes
- **RNID community services**

**Extensions:**

*Supporting People to Keep Well in a Place they call home:*

- Extension of **Falls Prevention Classes and Care Navigators additional capacity**

**Health Promotion events:**

- **Positive Ageing Week** and **Diabetes week** **(for noting)**

## Confirmation of endorsement

Please add details of the leads from each area below, including sponsoring chief officer and senior responsible officer, once they have **endorsed** this paper. Include date of endorsement.

| Role | Name | Job title | Email address | Date of endorsement |
|---|---|---|---|---|
| Chief Officer | Charlotte Pomery | CO Participation and Place | charlotte.pomery@nhs.net | With Charlotte for comments. |
| SRO | Tracy Rubery | Director of Partnerships, Impact and Delivery: Redbridge (Place Director) | tracy.rubery@nhs.net | 23.9.24 @ the Redbridge Strategy, Performance and Finance Group. |
| Finance | Laurence Dalton | Redbridge Place Finance Lead | lawrence.dalton@nhs.net | 25.9.24 |
| Quality | Corinne Linton | Quality Lead Redbridge Place | Corinne.Linton2@nhs.net | 14.9.24 |
| Comms | Melissa Hoskins | Head of Comms & Participation | melissa.hoskins@nhs.net | No comments. |

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| ICB Contracting | Clare Wood | Deputy Head of Commissioning & Contract Management | clare.wood5@nhs.net | No Comments. |
| Procurement | Shaju Jose | Head of Procurement | shaju.jose@nhs.net | 14.9.24 |
| Estates | Louise Phillips | ICB Estates | louise.phillips11@nhs.net | NA |
| IT | Simon Midlane | ICB IT | simon.midlane@nhs.net | NA |

## Confirmation of additional governance and approvals to date

In addition to above, please add details of forums where the proposal has been endorsed/approved.

| Forum name | Date of meeting | Outcome |
|---|---|---|
| UEC and Ageing Well Steering Group<br>Strategy, Performance and Finance Group | Via email September 2024 via email<br>23 September 2024 via email | No formal comments.<br>Approved. |

## Section 1: SCHEMES OVERVIEW

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|---|---|
| **Title of the scheme** | **Ageing Well Funding 2024-25 Q3/4 Funding and 2024/25** |
| **A brief overview of the scheme(s)**<br>Include:<br>• the purpose and objectives of the scheme, including benefits to residents<br>• how it will deliver the objective, plus any interdependencies<br>• consideration of any impact on other existing service providers<br>• implementation timelines | **Reablement Approaches (Ward Enablement)**<br><br>The exercise programme is working alongside the Ward Enablement pilot, also funded through Ageing Well until 31 March 2024. |

| Scheme | KGH exercise programme/Reablement |
|---|---|
| Purpose, Objectives and benefits to residents | -To reduce LOS in hospital<br>-Get patients mobile quicker and increase mobility functioning for discharge from the acute ward<br>- Promote self-management<br>- Reduce the likelihood of readmission<br><br>Local residents can leave hospital a few days earlier and have better mobility on discharge.<br><br>KGH ran their own pilot in 23/24 which showed a reduced LOS of 2 days. |
| How it will be delivered | Small exercise programmes on 2 care of elderly wards (Ferne & Gentian @ King George Hospital). The service involves triage, assessment, exercise sessions in bays and a booklet of self exercises for patients to do themselves linked to the patients need and functionality.<br><br>Exercise can be standing, chair and bed based<br><br>To note the exercise programme can work with tandem with the Ward Enablement pilot run by the Reablement |

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|---|---|
| | team that is also reducing LOS by 3 days.<br><br>1 x Band 4 and 1 x Band 3 for each ward to work F/T Monday to Friday. |
| Impact | • Reduce LOS by 2 days<br>• An additional 20% go home with the same care package<br>• And additional 10% achieve preadmission mobility levels |
| Impact on existing services | Frees up acute bed space<br>Reduces LOS in reablement - working in tandem with reablement reduces LOS in the community reablement by 2 weeks. |
| Timelines | To commence 21 Oct 2024 until 31 Mar 2025. |
| Cost | 2024-25 Q3/4 £66, 444 (21 October). |
| Estates Impact | No impact. Delivered on site at KGH hospital on ward bays. |
| Procurement & contracting route | CV |
| Why not NEL | Targeted BHRUT development.<br>Learning to be shared with NEL via UEC and Age Well leads group. |
| Future service and funding | If the pilot continues to deliver and increase impact on LOS and reduced impact on services post discharge, 25/26 Discharge funding would be considered for this service alongside Ward Enablement. |
| Potential Longer-Term Funding | ICB Annual Discharge Funding Allocation |

**End of Life (EOL) services and Bereavement**

Strategically the pilots and services proposed support meeting the palliative and end of life offer statutory requirements of ICBs published 2022 linked to national palliative ambitions and Long-Term Plan. Key elements of a service include a single point access, beds, hospice at home, specialist nurses, day facilities and bereavement support. Redbridge also has the NEL EOL strategy and the developing WX hospital EOL across Redbridge and Waltham Forest.

| **Scheme** | **Grief Cafes - Creating Conversations** |
|---|---|
| Purpose, Objectives and benefits to residents | Redbridge has a very limited Bereavement offer, with hospice users accessing support, some 1-1 counselling via grant to the voluntary sector.<br><br>The cafes offer group bereavement support via a co-ordinator and trained volunteers at an accessible community venue. |

| | |
|---|---|
| How it will be delivered | A co-ordinator/Volunteers offer the café at Wanstead library for ½ day monthly with refreshments etc. Cost to deliver is £500 per session for room hire, co-od time, volunteers' costs and refreshments. ICB to fully fund and ask. This is a partnership between libraries and the provider Creating Conversations. |
| Impact | Reduces the impact on carers/relatives who are bereaving. This includes on physical and MH. |
| Impact on existing services | Offers a bereavement support in Redbridge for services to refer to e.g. community palliative team, GPs. |
| Timelines | October 2024 – until 31 March 2027. |
| Cost | 2024-25 £3,000<br>2025 -26 £6,000<br>2026-27 £6,000<br>Total £15,000<br><br>NB the provider will also seek other funding to offer additional cafés in Redbridge. |
| Estates Impact | N/A. |
| Procurement & contracting route | Grant. |
| Why not NEL | Places have different arrangements in place and Redbridge has a service gap for Bereavement. Learning from the cafes would be shared with the NEL Improvement network. |
| Potential Longer-Term Funding | Funding is allocated over 2.5 years |

Pipeline Projects for 25/26

*Hospice Link Worker*
Further to local planned system workshops in Q3, there will be proposals in Q4 for a pilot in 25/26 for link work/navigation functions across Acute, Hospice, community and PCNs. An indicative figure of £60,000 has been allocated from 1 April 2025 for 12 months.

*All Age Bereavement Service*
From 2025/26 Redbridge looking at an all-age bereavement service joint funded across CYP and adults. Details to be worked up in Q3/4. A total of £60,000 for 25-27 has been allocated to fund this scheme.

## Dementia

Dementia respite is key to support not just the carer to maintain their caring Role and stops the breakdown of the situation particularly at home. 88% of ED presentation is from home and 61% of carers say they feel unsupported. Costs for an admission for someone with dementia are 15-20% higher than Inpatients with additional support needed and longer LOS.

| **Scheme** | **Dementia Carers Group** |
|---|---|

| | |
|---|---|
| Purpose, Objectives and benefits to residents | Offer a weekend service for carers to have a break and support. Support for carers of people with dementia ceases Friday with carers then left to manage for the whole weekend |
| How it will be delivered | 1 x Monthly Saturday Morning session at the centre for |
| Impact | Reduces burden on carers |
| Impact on existing services | Supports Admiral Nurses and Dementia Advisors to have services to refer carers onto. |
| Timelines | Start 1 October 2024 for 2.5 years |
| Cost | 2024-27 £19,065 |
| Estates Impact | Uses centre already in place |
| Procurement & contracting route | Via LA or STW |
| Why not NEL | Any learning would be shared through the Dementia Improvement Network. |
| Potential Longer-Term Funding | Funding allocated over a number of years and place discussions are required to prioritise funding in the future if impact is evidenced. |

| **Scheme** | **Dementia Respite Outreach** |
|---|---|
| Purpose, Objectives and benefits to residents | Where patients require support at home and their carer needs a short break. There is a 12-month waiting list for new patients/carers, so the additional hours will reduce the waiting list. |
| How it will be delivered | Increased staff hours with outreach befrienders 2.5 hours per week to support additional 20 carers/people living with dementia. |
| Impact | Increased respite hours and reducing the burden on carers |
| Impact on existing services | Supports Admiral Nurses and Dementia Advisors to have services to refer onto |
| Timelines | Start 21 October 2024 for 2.5 years. |
| Cost | 2024-27 £109,904 |
| Estates Impact | N/A as delivered inpatients/Carers homes. |
| Procurement & contracting route | Via LA or STW |
| Why not NEL | Any learning would be shared through the Dementia Improvement Network. |
| Potential Longer-Term Funding | Funding allocated over a number of years and place discussions are required to prioritise funding in the future if impact is evidenced. |

| **Scheme** | **Emergency Respite Hours** |
|---|---|
| Purpose, Objectives and benefits to residents | Increase capacity to offer urgent care to step to help manage either carer breakdown situation or where person with dementia has |

| | |
|---|---|
| | behaviour management issues. Care is offered within half a day if not quicker and provides up to a day of care support. |
| How it will be delivered | Am additional 645 hours in 25/26 CQC registered care worker trained in supporting and managing dementia. The provider is TUVIDA. |
| Impact | Reduce: Care situation breakdowns, ED presentation and admission. |
| Impact on existing services | Offers dementia services local a rapid response care support facility. Reduced pressure on UEC |
| Timelines | services. |
| Cost | 2025/26 £20,000 |
| Estates Impact | N/A |
| Procurement & contracting route | Spot purchased via LBR |
| Why not NEL | Redbridge specific service in partnership with LBR. |
| Potential Longer-Term Funding | Funding allocated over a number of years and place discussions are required to prioritise funding in the future if impact is evidenced. |

| **Scheme** | **Dementia Cards** |
|---|---|
| Purpose, Objectives and benefits to residents | To support staff on the wards to have on the go knowledge of dementia and delirium, when working with older patients on the wards. The benefit to local residents is a better-informed workforce in acute settings. BHRUT in Q1 supported 710 patients with dementia and 400 with delirium, including some of those with dementia. |
| How it will be delivered | A small card will be carried by staff will advise on symptoms and how to support patients. One side dementia and the other delirium to provide on the spot guidance.<br><br>This is part of a tier 2 training framework for acute staff.<br><br>This will be a one off purchase. |
| Impact | A better-quality service for people with dementia/delirium and their families in acute settings |
| Impact on existing services | Better informed workforce |
| Timelines | Q3 24/25 |
| Cost | 2024-26 £3,000 (one-off) |
| Estates Impact | N/A. |
| Procurement & contracting route | NCA. |

| | |
|---|---|
| Why not NEL | Learning from the project will be shared with he NEL Dementia Improvement Network. |

**Proactive Care and Integrated Neighbourhood Teams**

£450,000 (N/R) was allocated to PCNs in Redbridge to develop proactive care based care models, based on 50+ population. Some proof-of-concept pilots are live and will utilise some funding for the initial stages and for roll out within the PCN. Other PCNs will come develop in Q3/4 24/25 and then in 25/26. Proactive Care is also seen as vehicle to develop INTs, so PCNs may also utilise some funding developments for this. PCNs have been using funding for project resources, backfill or actual roles e.g. ARRS paramedic capacity.

| **Scheme** | **Wanstead & Woodford PCN** |
|---|---|
| Purpose, Objectives and benefits to residents | Supported piloting and developing proactive care. The benefit is a reduction in the need for local people to need unplanned GP appts or presenting at ED and requiring an inpatient stay. |
| How it will be delivered | Project management, Clinical support, backfill of posts, training. |
| Impact | Initial pilot supported 20 patients at risk of a fall. |
| Impact on existing services | Referral to Age UK falls classes and to the NELFT falls team. |
| Timelines | Pilot commenced in |
| Cost | Total allocation £148,753<br>24/25: £115,250<br>25/26: £33,500 |
| Estates Impact | N/A. |
| Procurement & contracting route | Through PCN |
| Why not NEL | All Places developing local Proactive Care approaches. |

| **Scheme** | **Loxford PCN** |
|---|---|
| Purpose, Objectives and benefits to residents | Supports the development of proactive care pilots and longer term planning for proactive care. Focus on Heart Failure. |
| How it will be delivered | 2 days per week paramedic time to dedicated to PHM, contacts, assessments, MDT and arranging interventions. |
| Impact | Initially take 15 patients through the proactive care process in Q3 24/25 |
| Impact on existing services | Referral onto ARRs roles and CHS services. |
| Timelines | Start Q3 |
| Cost | Total allocation: £80,493<br>24/25: £40,247 |

| | |
|---|---|
| | 25/26: £40,247 |
| Estates Impact | N/A |
| Procurement & contracting route | Through PCN |
| Why not NEL | This work feeds into a NEL wide proactive care assurance group. |

| **Scheme** | **New Cross Alliance PCN** |
|---|---|
| Purpose, Objectives and benefits to residents | Supports the development of proactive care pilots and longer-term planning for proactive care. Pilot triaged 20 patients with COPD/diabetes and assessed 10. |
| How it will be delivered | Paramedic and Social Prescriber time allocated to complete the pro care process. Lead GP and PCN Manager also involved. 20 patients reviewed and 10 take through pro care process. |
| Impact | Initially take 10 patients went through the proactive care process in Q3 24/25 |
| Impact on existing services | Referral onto ARRs roles and CHS services and Age UK. |
| Timelines | Started Q1 24/25 |
| Cost | Total allocation: £51,222<br>24/25: £25,611<br>25/26: £25,611 |
| Estates Impact | N/A. |
| Procurement & contracting route | Through PCN |
| Why not NEL | This work feeds into a NEL wide proactive care assurance group. |

Pilots to develop in Q3/4 24/25 and into 25/26

| PCN | Allocated budget based on 50+ cohort @ PCN | 24/25 Q4 |
|---|---|---|
| Fairlop | £76,929 | £19,232 |
| Cranbrook | £70,385 | £17,596 |
| Seven Kings | £81,532 | £20,383 |

*Integrated Neighbourhood Teams*
Local community organisations/groups will bid to deliver a targeted offer to a PCN in partnership.

| **Scheme** | **Small Health Grants** |
|---|---|
| Purpose, Objectives and benefits to residents | Fund innovative VCS pilot projects to support PCNs/INTs to manage frailty/LTCs at GP practice level e.g. building community assets. |
| How it will be delivered | Small grants advertised bidding process with the VCS and PCNs developing partnerships approaches. |
| Impact | Upstream care away from hospital and manage this in PCNs. |
| Impact on existing services | Reduce pressures. |
| Timelines | Grants process Q4 2024/25 and pilots to start 1 April 2025. |
| Cost | 25/26 Total £25,000 |

| | |
|---|---|
| Estates Impact | N/A. |
| Procurement & contracting route | Grant to fund infrastructure of the service |
| Why not NEL | Places have different arrangement in place and Redbridge has a service gap for Bereavement. Learning from the cafes would be shared with the NEL Improvement network. |

**Other**

| **Scheme** | **RNID**<br>*To note a NEL wise Business Case will come to IRG from Planned Care.*<br>*NB £23k spend in this BC.* |
|---|---|
| Purpose, Objectives and benefits to residents | After Care Service for people who have hearing loss. |
| How it will be delivered | Royal National Institute of the Deaf partner with the local audiology services (communitas/WX and BHRUT).The service will work into PCNs and offer advice, support, tech support ie hearing aid batteries etc via a FT community support offer, clinics at GPs |
| Impact | 88% said they are more confident communicating with others.<br>88% said they are less isolated.<br>87% have an improved understanding of their hearing aid and how it works.<br>85% have an increased awareness of local services.<br>84% are using their hearing aids more |
| Impact on existing services | Reduce GP time on hearing issues and on other hearing services |
| Timelines | Commence Oct 2024 for 12 months |
| Cost | 2024/25 £11,500<br>2025/26 £11,500 |
| Estates Impact | NA |
| Procurement & contracting route | New contract |
| Why not NEL | This the Redbridge element of NEL wide contract. |

**Extension of current Ageing Well funded serviced**

**Age UK**
*Navigator:*
This service has been funded for the previous 2 years. The funding provides an additional 0.5wte, which is also funded for the other 0.5 wte by non-statutory funding. The role provides a holistic care co-ordination approach across health and social care issues e.g. referring to benefits advice to falls classes. 100 additional patients are supported per year. The extension will focus on proactive care, INTs and supporting Whipps Cross.

Cost is 0.5wte £20,000
*Additional Falls classes:*
288 additional classes provided as the service is 40% oversubscribed.
Classes are 10-12 people

Cost is £26,000 per year.

**Health Events – One off payment (for noting)**

Positive Ageing Week: This is the national and international week to celebrate older people. £5,336 has been utilised to support various events across the borough to promote health and well-being, services (and winter alternatives to ED) and positive aspects of old age. This is also starting the campaign to make Redbridge a great place to grow old.

Diabetes day with PCNs: promoting diabetes health literacy with local residents and professionals £1,100.

**ICB Financial Recovery:**

A proposed 5% saving has been allocated against the £1m budget available, £50,776.

| **Strategic Fit** | |
|---|---|
| Mark an X against the following national and local system priorities that this proposal paper supports which you will be required to expand on in section 2 below: | |
| **National:** | |
| • improving outcomes in population health and healthcare; | x |
| • tackling inequalities in outcomes, experience and access; | x |
| • enhancing productivity and value for money; and | x |
| • helping the NHS to support broader social and economic development | x |
| **North East London:** | |
| • To work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity; | x |
| • Children and young people – to make NEL the best place to grow up; | |
| • Mental health – to improve the mental health and well-being of the people of NEL | x |
| • Employment and workforce – to create meaningful work opportunities for people in NEL | |
| • Long-term conditions – to support everyone living with a long-term condition in NEL to live a longer, healthier life | x |
| **Other**<br>Supporting keeping people well in a place they call home<br>Support reduced LOS in hospital | x |

## Section 2: SCHEME INFORMATION

The information entered below should be concise – one to three sentences per point is sufficient. The aim is to support the meeting members to conclude/recommend that the proposal should be taken forward to approval stage.

## Strategic

Please summarise:

- the rationale for this proposal and how it supports NHS NEL to deliver its priorities and strategic objectives (this should underpin the strategic fit indicated above)

***National -***
***improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS to support broader social and economic development***

All the proposals are intended to improve health outcomes and reduced inequalities, this by offering a range of services to support patients and carers to be well at home through respite for carers to proactive care with PCNs to identify people at risk of needing unplaneed care with LTCs, or at risk of a fall for example, a range of services to support people living with dementia to have some targted activites and their carers a break or localised after care for people with hearing loss.

The concpet with most of the schemes, particularly in the voluntary sector is to maximise capacity and resourcse to support more patioents and their families, whilst tapping the non-statutory funding already in the voluntary sector, so the NHS maximsies the funding we spend.

Proposals also link the developing Integrated Neighbourhood Teams (INTs) and how we develop local community asset at PCN level.

***NEL -***
***To work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity; Mental health – to improve the mental health and well-being of the people of NEL; Long-term conditions – to support everyone living with a long-term condition in NEL to live a longer, healthier life: Reducing Hospital LOS; Supporting keeping people well in a place they call home***

There is overlap with the National strategic direction, more locally the schemes supporting bereavement and dementia link to improving mental health and well-being and the hospital exercise programme supports a reduced LOS in acute and better outcomes around improved mobility and independence on discharge. PCN initiative and utilising the voluntary sector

- the health, wellbeing, and equity benefits expected as a result of this proposal quality and equality impact assessments undertaken (see appendix A – EIA screening tool)

See screening tool.

- discussions with partner organisations and other stakeholders in the development of the proposal, and feedback received.

Partner organisations have been involved with developing ideas for schemes, as members of the place partnership and as requested by the ICB and LBR to develop ideas. Monitoring of the schemes will be via the Redbridge Place Ageing Well and UEC steering group

- if the proposal is not NEL-wide, the reasons for this

Proposal is for Place Based initiatives, Any key learning will be shared with NEL forums, networks or other groups.

- any impact on other existing service providers

The impacts will be positive with increased capacity, new services to refer onto and PCN based initiatives. The community services will all support reduction in unplanned GP appts and potential ED presentation.

- risks or issues if this proposal was not to progress

No major risks, although some schemes linked to increase service capacity, promoting keeping people well at home and reduced LOS in acute beds.

## Economic

Please summarise:

- how this proposal offers optimum value for money, which might include financial return on investment or qualitative benefits

Use the voluntary sectors is a cost effective service provision and enables providers to seek non- statutory funding to increase capacity or develop other services alongside these schemes. The proposals also discuss utilising N/R funding over a number of years, again seeking to extend the use of the money over a longer period.

- the social and economic benefits to the wider ICS (for example, relating to community development, environment, employment)

The PCN initiatives are about developing very local community approaches, building community assets and developing the local community around a PCN (INT) to support health and social care needs.
It would be anticipated that most the schemes will employ local staff.

- any other options considered to meet the need to which this proposal responds and why they have been discounted

The report presents a range of schemes, some are pilots/proof of concept, so will influence future commissioning.

## Commercial (Contracts)

Please summarise:

- where relevant, if there are existing suppliers (including NHS Providers) of services within NEL that can deliver this proposal

There will be a range of approaches used from grants, CVs, STW and direct award.

- where relevant, the procurement route being considered (if known at this stage)

- where relevant, current contracts affected by this proposal

- BHRUT

- Council contracts with VCS
- PCN contracts
- Saint Francis Hospice contract
- Age UK

## Financial

Please summarise:

- the estimated financial investment value including all corporate programme overheads and costs

  Total for all the projects

- any estimated contributions from system partners, either financial or in-kind

  - LBR fund dementia respite services and are the prime funder.
  - Saint Francis hospice are 70% funded by non-statutory sources
  - Grief Cafes fund various options across the borough additional to the Wanstead Library Café
  -

- any workforce changes or requirements expected from this proposal

Various depending on the organisation.

- any estimated direct and indirect system financial impacts expected from this proposal

As above

- any other financial impact expected from this proposal at this stage – n/a.

Note: the financial analysis informing the answers to the above points should be embedded / submitted with this template

## Management

Please summarise:

- how residents will be involved in the further development of the proposal

- the timeline for this proposal (subject to the approval of a full business case) going live

  See timelines for individual schemes.

- expected KPIs and key outcomes for this proposal once implemented, as the basis for measuring success

  Reduction in unplanned primary care presentations
  Reduction in ED presentation and admissions
  Reduction in LOS by 2 days

If you have identified any Conflicts of interest in relation to this proposal paper, please list below, including mitigations:

| Name and role | Conflicts | Mitigating actions |
|---|---|---|
| All | **N/A** | **N/A** |

| **Document version control** (for use by SRO) | | | |
|---|---|---|---|
| Version # | Status | Date | Notes |
| 1 | Draft | 7 August 2024 | Rough Draft for IAG to comment on layout. |
| 2 | Draft | 11 -24 September 2024 | Updated version circulated for comments and endorsement to ICB authorisers, Redbridge Ageing Well Steering Group and Redbridge Strategy Performance and Finance Group. |
| 3 | Final Version | 25 September | With various assurer and consulted groups comments added. |

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## Appendix A – Quality, Equality and Inequalities Impact Assessment

Guidance on how to complete the Quality, Equality and Inequalities Impact Assessment can be accessed on the intranet.

| Quality Impact Assessment – | |
|---|---|
| Please summarise what impact this project will have on each of the quality pillars below, and describe how you will monitor this through the life of the project. | |
| **Patient Safety** | • All the services in this report promote patient safety and carer safety through community service provision or carer support.<br>• This will be monitored through the service provider and reported back to the relevant commissioner at the ICB or LBR.<br>• Key themes will be reduced LAS call outs, ED presentation and admission.<br>• The services will also support managing conditions more safely at home, including post discharge |
| **Patient Experience** | • This will be monitored through patient surveys 2 x yearly and reported back to the relevant commissioner. An overview of this will be presented by to the Ageing Well Steering Group at the same intervals.<br>• Key themes will be impact on physical and health well-being (improving) and carers feeling like they have responsive and supportive services. |
| **Staff Experience** | • The additional services and capacity will support staff and organisations to have 1. a wider range of services to refer to 2. greater capacity in services to refer to manage demand with shorter service response timelines. |
| **Patient Outcomes** | • People who are frail and or with dementia are supported to supported to staff safe at home.<br>• People are supported to self-manage their conditions<br>• People have their mobility and independence maximised post an episode in an acute bed.<br>• Carers do not end up in crisis and continue to support and manage the person they care for.<br>• Carers have time for themselves. |
| **Integrated Care** | • The Proactive Care and Integrated Neighbourhood Team projects will support the move to a more integrated offer with primary care, community health services, acute trusts and the voluntary sector and the wider local community as an asset.<br>• This will be monitored via the Primary Care Development Group for Redbridge |

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## Equality Impact Assessment

Please summarise the potential/expected impact on patients, staff and carers based on their protected characteristics.

| | |
|---|---|
| **Age** | These services are designed for all adults over the age of 18, with a focus on those over 65+ targeting those who have long term conditions, frailty and dementia. The impact on local older people will be positive with additional service capacity in the community to enable people remain in their home or being discharged home quicker and safer. |
| **Disability** | The services in this business case support increased mobility post a stay in hospital i.e. promoting independence. |
| **Ethnicity** | All people groups can access and engage with the service regardless of their ethnicity. The service will ensure staff are aware of the diverse needs of different ethnic groups, The service will ensure verbal and written information is appropriate for each patient and provide interpreting services where appropriate. |
| **Gender reassignment** | The services will be offered to all people over the age of 18 including those who have had gender reassignment. All organisations will operate under equalities policies. |
| **Marriage and civil partnership** | There will be no impact on our population with this protected characteristic. The services stated in this report will be offered to people are single, living apart, living together, married or in a civil partnership. |
| **Pregnancy and maternity** | There will be no impact on our population with this protected characteristic. |
| **Religion or belief** | There will be no impact on our population with this protected characteristic. The service will be designed and developed ensuring culturally appropriate provision is available and the service is delivered in an inclusive manner. It is recognised that some people will not access the service due to their religious beliefs. |
| **Sex** | No negative impact. All services will be available to all sexes if over the age of 18. |
| **Sexual orientation** | There will be no impact on our populations with this protected characteristic, who are able to access and engage with the service regardless of their sexual orientation |
| **Vulnerable groups** | **Potential impact on patients or staff based on their potential for health inequalities** |
| **Refugees and recent migrant communities** | Refugees and recent migrant communities will be less likely to be able to access this service as they are less likely to be registered to a general practitioner. Many refugees or recent migrant populations who are registered with a GP may also be unable to equitably engage with services due to language barriers, or a lack of culturally supportive provision. |
| **People who are homeless or in vulnerable housing** | All services if appropriate should be available to homeless people and those in vulnerable housing if appropriate and can be delivered from the street, temp accommodation or in vulnerable housing. A digital offer may also be made if that is more suitable e.g. telephone or video support. |
| **Looked after children and care leavers** | The service is available to anyone over the age of 18. Appropriate safeguarding policies will be in place. This service should have no negative impact on LAC children or Care Leavers. |
| **Sex workers** | The service is designed to be welcoming and appropriate for all patients. The service will have appropriate safeguarding policies in place to ensure there is no coercion involved in choosing this service. Service should be offered to all appropriate to utilise the services. |

| | |
|---|---|
| **People with drug or alcohol dependence** | Active dependence on alcohol or drugs will exclude our populations from being able to access this service due to the level of clinical need. |
| **Victims of exploitation** | Victims of exploitation may be in contexts in which they struggle to be able to access the service or engage fully due to a lack of control over their own movement. |
| **People living in more deprived areas and/or those on low incomes** | The service will be locally embedded and easily accessible to public transport. Some services are also provided into people's homes and at other accessible sites across the borough. |
| **Ex-offenders** | Ex-offenders are more likely to be male and from a lower socio-economic background. They may also be living in temporary housing when released. Patients will be supported to register with a GP to access the service and can access services in this BC if appropriate to meet their needs. |
| **Those with caring responsibilities** | Those with caring responsibilities will be supported to have respite through the dementia services proposed in this report. This will be to give them targeted breaks including at short-notice if in crisis. |
| **Those who are digitally excluded** | Written communications advertising the service will be available. Services in this BC will be available both via phone, at home and at various venues across the borough. |

## Appendix B – Supporting Financial Analysis

Please embed here or include as an attachment when sharing this document.