# HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

**Tuesday, 5 November 2019 at 6.30 p.m.**

**MP701 - Town Hall Mulberry Place**

**This meeting is open to the public to attend.**

**Members:**
Chair: Councillor Kahar Chowdhury
Vice-Chair**:** Councillor Marc Francis

Councillor Shad Chowdhury, Councillor Denise Jones, Councillor Gabriela Salva Macallan and Councillor Andrew Wood

**Substitutes:**
Councillor Shah Ameen, Councillor Zenith Rahman and Councillor Helal Uddin

**Co-opted Members:**

| | |
|---|---|
| David Burbidge | Healthwatch Tower Hamlets Representative |
| Sue Kenten | Health & Adults Scrutiny Sub-Committee Co-optee |

[The quorum for this body is 3 voting Members]

**Contact for further enquiries:**
Democratic Services
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Web: http://www.towerhamlets.gov.uk/committee

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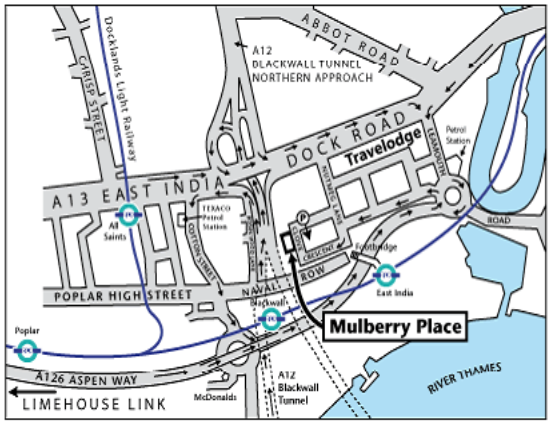


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| | **APOLOGIES FOR ABSENCE** | |
| **1.** | **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** | **5 - 8** |
| | To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer. | |
| **2.** | **MINUTES OF THE PREVIOUS MEETING** | **9 - 20** |
| | To confirm as a correct record the minutes of the meeting held on 2 September 2019, discuss actions and matters arising. | |
| **3.** | **SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018-19** | **21 - 50** |
| **4.** | **REVIEW OF HOMELESSNESS ACTION PLAN** | **51 - 62** |
| **5.** | **CONSOLIDATING DEMENTIA AND CHALLENGING BEHAVIOUR INPATIENT WARDS** | **63 - 86** |
| | Report of East London Foundation Trust for information and discussion. | |
| **6.** | **PROPOSED CHANGES TO WELFARE MEALS** | |
| | This will be a verbal discussion relating to proposed changes to welfare meals. It was added to the Forward Plan for the 5 November 2019 meeting of the Health and Adults Overview and Scrutiny Sub-committee due to time sensitivity. | |
| **7.** | **ANY OTHER BUSINESS** | |

**Next Meeting of the Sub-Committee**
The next meeting of the Health Scrutiny Sub-Committee will be held on Thursday, 12 March 2020 at 6.30 p.m. in MP701 - Town Hall Mulberry Place

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## DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

### Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

### Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

**Further advice**

For further advice please contact:

Asmat Hussain, Corporate Director of Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

**APPENDIX A: Definition of a Disclosable Pecuniary Interest**

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

| Subject | Prescribed description |
|---|---|
| Employment, office, trade, profession or vacation | Any employment, office, trade, profession or vocation carried on for profit or gain. |
| Sponsorship | Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.<br>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992. |
| Contracts | Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—<br>(a) under which goods or services are to be provided or works are to be executed; and<br>(b) which has not been fully discharged. |
| Land | Any beneficial interest in land which is within the area of the relevant authority. |
| Licences | Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer. |
| Corporate tenancies | Any tenancy where (to the Member's knowledge)—<br>(a) the landlord is the relevant authority; and<br>(b) the tenant is a body in which the relevant person has a beneficial interest. |
| Securities | Any beneficial interest in securities of a body where—<br>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and<br>(b) either—<br><br>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or<br><br>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class. |

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**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE**

**HELD AT 6.30 P.M. ON MONDAY, 2 SEPTEMBER 2019**

**MP701 - TOWN HALL MULBERRY PLACE**

**Members Present:**
Councillor Kahar Chowdhury (Chair)

Councillor Marc Francis (Vice-Chair)
Councillor Gabriela Salva Macallan
Councillor Denise Jones
Councillor Andrew Wood

**Co-opted Members Present:**

| | |
|---|---|
| David Burbidge | Healthwatch Tower Hamlets Representative |
| Sue Kenten | Health & Adults Scrutiny Sub-Committee Co-optee |

**Other Councillors Present:**
None

**Apologies:**

Councillor Shad Chowdhury

**Others Present:**

| | |
|---|---|
| Florence Johnson | Diabetes UK |

**Officers Present:**

| | |
|---|---|
| Somen Banerjee | Director of Public Health |
| Ibrahim Khan | Diabetes Programme Lead |
| Chris Lovitt | Associate Director Public Health |
| Rushena Miah | Committee Officer- Democratic Services |
| Lisa Pottinger | Head of Sport & Physical Activity |
| Denise Radley | Corporate Director Health Adults Community |
| Katy Scammell | Associate Director Public Health |
| Ashton West | Strategy & Policy Officer HAC |

**1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of pecuniary interests.

**2. MINUTES OF THE PREVIOUS MEETING**

The Committee reviewed the minutes and actions of the previous meeting held on 8 July 2019.

The following actions remained OPEN with the following comments:

| | |
|---|---|
| **HASSC 08.07.19 Item 2** | *Officers to provide the Committee the Framework for the Charging Waver Panel, details of the support provided to help people avoid debt and county court judgements.*<br>**2 Sep update:** The committee clarified that they requested the numbers of people involved and more information on the support provided prior to CCJs. |
| **HASSC 08.07.19 Item 2** | *Officers to provide the Committee with the number of people claiming Attendance Allowance and Personal Independence Payments.*<br>**2 Sep update**: Actual numbers of people getting attendance allowance prior to and after charging requested. |
| **HASSC 08.07.19 Item 2** | *Officers to provide the Committee with the survey results from REAL.* |
| **HASSC 08.07.19 Item 2** | *Officers to provide the Committee with the financial data showing the amount being raised from charging and the amount being spent to administer charging since the inception of the charging policy.*<br>**2 Sep update:** The Committee requested a further breakdown of figures to show where the costs of charging are coming from and the number of people paying what amounts. |
| **HASSC 08.07.19 Item 2** | *For Members to inform Officers which additional measures they wish to scrutinise.*<br>**2 Sep update**: The Committee requested that the Lead Member attend the next meeting to discuss charging-related issues with scrutiny members. |

**RESOLVED:**

1. The minutes of the meeting held on 8 July 2019 we approved as an accurate record and signed by the Chair.
2. For officers to follow up on open actions.

**3. REPORTS FOR CONSIDERATION:**

**4. ADDRESSING CHILDHOOD OBESITY IN TOWER HAMLETS**

The Committee received the report of Katy Scammell (Associate Director of Public Health), on addressing childhood obesity in Tower Hamlets.

Discussion following the presentation:

- Councillor Wood made an observation that physical activity was not encouraged enough in the Borough and that the borough lacked 'quality' play spaces. Officers said that there was an ongoing programme targeted at refurbishing public play spaces. Councillor Wood said he was aware of the programme but it looked to be replacing old equipment rather than reimagining the spaces.
- Members acknowledged that it was important for the council to intervene to improve young people's weight management early on as research had shown untreated childhood obesity could result in lasting irreversible damage in adulthood.
- Officers confirmed that there was not a specific programme targeted to children with special educational needs but this was something that was raised during engagement activities and some support would be included in the 2020 Action Plan.
- Public Health was funding a Healthy Families programme and a Holiday Hunger Programme.
- Members asked for clarification on why children were having six meals a day. Officers explained that community insight research had found that children were often consuming their regular meals during the day, then fast food after school, then a high calorie 'snack' at their after school faith lesson or club and then a final meal at home. They also said research needed to be conducted to find out why children felt so hungry after school.
- It was noted that Tower Hamlets was relatively late in tackling the proliferation of fast food outlets which had resulted in young people forming a habit of buying fried chicken after school. Members asked whether the council would consider financial incentives to help catering business make a switch to healthier ingredients.
- Officers said Public Health funded a healthy food scheme that worked with caterers to produce healthier food. One recommendation from the evaluation of the programme was to target the scheme at fast food outlets. Officers said they were not aware of research from other local authorities that showed financial incentives were effective but they had learned from the scheme that business could save money by changing way they prepared food and by reducing portion sizes.
- It was suggested that the uptake of fast food amongst school children could be linked to the amount of pocket money they received. A Member said that if on average a child received around £10 pocket money a week, their options were limited to fast food.
- It was noted that there was a school meals working group and discussions from the meeting would be taken back to that group.
- Officers explained that the programmes were not ready to be mapped to certain wards as they were still in the early development phase.
- It was noted that the logic models would form the basis of the action plan. Members were invited to get in touch with officers if they had further input into the action plan being developed.
- Members requested that the action plan be presented to the committee once complete.

**RESOLVED:**

1. To note the report.

**ACTION:**

1. For the Childhood Obesity Action Plan to be presented to the Committee once complete.

## 5. DEVELOPMENT OF A PHYSICAL ACTIVITY AND SPORT STRATEGY

The Committee received the briefing note of Lisa Pottinger (Head of Sport & Physical Activity), on the development of the Physical Activity and Sports Strategy.

- Ms Pottinger summarised the local picture and steps to be taken in the next six months. She emphasised that the new plan would work alongside existing strategies and plans such as the addressing childhood obesity action plan.
- Engagement activity had taken place with the Mayor, Lead Member, voluntary sector organisations, online and via community workshops.
- She said officers were in the process of finalising the first draft of the strategy. Key drivers behind the strategy included driving health change, shaping places and the environment and developing youth interest in sport.
- A draft of the Strategy was due to be completed in October and there would be an accompanying Action Plan alongside the strategy.

Members made the following comments:

- Cllr Andrew Wood said that the strategy did not look like a strategy document in that it did not have an executable plan with outcomes and deliverable objectives. He suggested council officers should look at the strategy documents of other London Boroughs for a comparison. Ms Pottinger explained that colleagues from Waltham Forest and Westminster Councils had consulted on the document but she would note the comment.
- A Member asked whether the strategy would emphasise the use of sport and activity in community cohesion. Officers confirmed that this would be incorporated into the strategy.
- It was confirmed that the borough employed a sports development officer whose role included providing sports provision for disabled residents.
- Members said that the GLL contract needed to be reviewed because users were reporting difficulties in accessing the system or booking swim classes.
- Members welcomed the opportunity for the strategy to come back to the Committee for comment before its formal publication. However in order to effectively scrutinise, Members requested a benchmarking exercise take place between Tower Hamlets and other neighbouring boroughs to find out levels of inactivity and how much is spent on sport

and physical activity. Officers agreed to investigate and offered that the CIPFA on sports spend could be shared.

- Members queried whether private leisure centres could be used by school groups during the daytime at reduced rates because schools had reported that their budgets were stretched in this area. Officers acknowledged that it was a challenge for schools to access facilities but schools had already been provided with school rates for provision. Officers said the new strategy could explore this but Council Members would have to provide a steer on whether they wanted provision to be completely commercial or completely subsidised which may impact council revenue.
- It was noted that there should be more water sport activities in the strategy given the location and existing facilities in the borough.
- It was noted the council paid a levy towards Lee Valley Park. Members advised that the borough was therefore entitled to use Lee Valley facilities and this should be negotiated for and included in the strategy.

**RESOLVED:**

1. To note the development of the Physical Activity and Sports Strategy.

**ACTION:**

1. Officers to provide comparative data from other London councils on physical inactivity rates and spend on physical activity and sport.
2. For the Physical Activity and Sports Strategy to come back to the Committee for review prior to its publication.

## 6. TYPE 2 DIABETES - UPDATE FROM CHALLENGE SESSION

The Committee received the report and presentation of Chris Lovitt (associate director public health) and Ibrahim Khan (Programme Lead) regarding an update to the type 2 diabetes challenge session.

In response to Member questions Officers provided the following:

- The recommendation for a one year follow-up for patients with gestational diabetes or who are pre-diabetic was not met but officers were hoping to introduce this in the next 6 months – 1 year.
- With regard to engagement with the Bangladeshi community in particular, officers reported that there was already an early detection and communication plan in place to address this. The Community Champions team were also responsible for providing different community groups with advice and information. Their work would help improve early detection rates.
- In response to the recommendation to get more women only leisure provision, officers explained that the Physical Activity and Sports Strategy would address this.
- A Member commented that there was confusion over terms such as ‘pre-diabetic’ or ‘insulin resistant’ in the community and that there needed to be better dietary advice on how to manage the condition. Officers explained that there were community targeted healthy cooking

classes delivered by public health that were available to those who were diabetic, though these were only available post diagnosis. Officers noted the need to have a similar scheme pre-diagnosis.

- There was a discussion around the procurement of the tier 2 weight management programme and contracting status. Officers explained that public health would look to first address the outcomes and then decide an approach. There would be an update on the framework and approach in January 2020. The Committee requested to receive a briefing on this and officers agreed to the request.

**RESOLVED:**

1. To note the work underway on type 2 diabetes.

**ACTION:**

1. For officers to provide an update on the procurement of the tier 2 weight management procurement framework.
2. Officers to show where the recommendations from the Challenge Session are being covered in the Diabetes work programme.
3. For officers to provide an update on progress of the Diabetes Action Plan before the next meeting.

## 7. HEALTH AND WELLBEING STRATEGY 2020

The Committee received the report of Somen Banerjee (Director of Public Health) on the Health and Wellbeing Strategy 2020.

In response to Member questions officers provided the following:

- That the 'I' statements were co-produced with the community with the aim of identifying emergent themes.
- A Member asked whether the strategy had taken into account the high density of the borough as a result of new taller tower blocks. Officers said the strategy was targeted at a local level and would be responsive to local needs. It was noted that Healthwatch had significantly contributed towards the development of the strategy.
- Members queried why public health felt the strategy required a fundamental change of approach and whether previous targets had fallen off the agenda or would be incorporated into the new strategy.
  Officers explained that the health and care landscape had changed significantly since 2016/17 for example the Tower Hamlets Together partnership did not exist, co-production was at an early phase and intelligence systems were disjointed. The new strategy would be a more cohesive and co-produced strategy. It was noted that several of the former public health programmes would continue under the new strategy.
- Members requested that the Strategy be brought back to the Committee when complete.

**RESOLVED:**

1. To note the development of the Health and Wellbeing Strategy 2020.

**ACTION:**

1. For the Health and Wellbeing Strategy to be brought back to the committee when complete.

**8. ANY OTHER BUSINESS**

There was no other business.

The meeting ended at 8.55 p.m.
Chair, Councillor Kahar Chowdhury
Health & Adults Scrutiny Sub-Committee

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# HEALTH & ADULTS SCRUTINY SUB-COMMITTEE 2019/20

## Open Actions

| No. | Reference | Action | Assigned to: | Due Date | Response |
|---|---|---|---|---|---|
| **1** | **HASSC 08.07.19 Item 2** | Officers to provide the Committee the Framework for the Charging Waver Panel, details of the support provided to help people avoid debt and county court judgements.<br><br>2 Sep update: Numbers of people involved and more information on the support provided prior to CCJs requested. | Joanne Starkie | 5 Nov 2019 | Initial response provided in 2.3 of Briefing Note |
| **2** | **HASSC 08.07.19 Item 2** | Officers to provide the Committee with the number of people claiming Attendance Allowance and Personal Independence Payments.<br><br>2 Sep update: Actual numbers of people getting attendance allowance prior to and after charging requested. | Joanne Starkie | 5 Nov 2019 | Initial response provided in 2.4 of Briefing Note |

| | | | | | |
|---|---|---|---|---|---|
| **3** | **HASSC 08.07.19 Item 2** | Officers to provide the Committee with the survey results from REAL.<br><br>2 Sep update: Request REAL chased on providing this. | Joanne Starkie/REAL | 5 Nov 2019 | REAL have been contacted in relation to this, but no response has yet been received<br><br>See 2.5 of Briefing Note |
| **4** | **HASSC 08.07.19 Item 2** | Officers to provide the Committee with the financial data showing the amount being raised from charging and the amount being spent to administer charging since the inception of the charging policy.<br><br>2 Sep update: Further breakdown of figures to show where the costs of charging are coming from and the number of people paying what amounts requested. | Denise Radley/ Joanne Starkie | 2 Sept 2019 | Initial response provided in 2.7 of Briefing Note |
| **5** | **HASSC 08.07.19 Item 2** | For Members to inform Officers which additional measures they wish to scrutinise.<br><br>2 Sep update: Requested that the Lead Member attend the next meeting to discuss charging-related issues with scrutiny members. | Members | 2 Sept 2019 | Members to decide this once they have reviewed the information requested and now provided |
| **6** | **HASSC 02.09.19** | Officers to provide timetable and action plan for Child | Katy Scammell | When ready | |

| | | | | | |
|---|---|---|---|---|---|
| | **Item 1** | Obesity work programme when ready. | | | |
| **7** | **HASSC 02.09.19 Item 4** | Officers to bring completed Physical Activity and Sport Strategy back to scrutiny. | Lisa Pottinger | When completed | |
| **8** | **HASSC 02.09.19 Item 5** | Officers to provide comparative data from other London councils on physical inactivity rates and spend on physical activity and sport. | Lisa Pottinger | 5 Nov 2019 | |
| **9** | **HASSC 02.09.19 Item 6** | Officers to show where the recommendations from the Challenge Session are being covered in the Diabetes work programme. | Chris Lovitt & Ibrahim Khan | 5 Nov 2019 | |
| **10** | **HASSC 02.09.19 Item 6** | Officers to provide an update on progress of the Diabetes Action Plan before the next meeting. | Chris Lovitt & Ibrahim Khan | 5 Nov 2019 | |
| **11** | **HASSC 02.09.19 Item 7** | Health and Wellbeing Strategy to be brought back to the committee when completed. | Somen Banerjee | When completed | |

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| Non-Executive Report of the:<br><br>**Health and Adults Overview and Scrutiny Committee**<br><br>5 November 2019 | TOWER HAMLETS |
|---|---|
| **Report of:** Denise Radley – Corporate Director Health, Adults and Communities Directorate | **Classification:** Unrestricted |
| **Title:** Safeguarding Adults Board Annual Report 2018-19 | |

| | |
|---|---|
| **Originating Officer(s)** | Shohel Ahmed (Adults Safeguarding Governance and Strategy Manager)d Officer |
| **Wards affected** | All wards |

**Executive Summary**

Every year, the Safeguarding Adults Board publishes an Annual Report to set out progress, achievements and learning over the previous year. The attached Annual Report for 2018-19 was agreed at the 12th September Safeguarding Adults Board.

**Recommendations:**

The Health and Adults Overview and Scrutiny Committee is recommended to:

1. To note the Safeguarding Adults Board Annual Report 2018-19

## 1. REASONS FOR THE DECISIONS

1.1 It is a statutory requirement to publish a Safeguarding Adults Board annual report. 2014 Care Act statutory guidance states that one of the three core duties of a Safeguarding Adults Board is:

"It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action ".

1.2 The content of the Annual Report was agreed by the Tower Hamlets Safeguarding Adults Board on the 12th of September 2019.

## 2. ALTERNATIVE OPTIONS

2.1 The content and format of the Safeguarding Annual Report can be revised in line with feedback received.

## 3. DETAILS OF THE REPORT

3.1 The Safeguarding Annual Report sets out the progress, achievements and learning over the previous year. It follows the same format of last year's Annual Report, which was well received. It begins with an "infographic" summary of local demographics, achievements, performance and priorities. It goes on to describe:

- Performance data for 2018-19
- Key achievements from partners over the previous year
- Progress against last years' priorities
- Information on Safeguarding Adult Reviews carried out in 2018-19
- Priorities for 2019-20
- Background information on the governance, structure and membership of the Board
- Links to other strategic boards

3.2 Two new sections were added in comparison to last year's report; this includes performance data for Deprivation of Liberty Safeguards (DoLS), as well as information regarding Learning Disability Mortality Reviews (LeDeR).

## 4. EQUALITIES IMPLICATIONS

4.1 The Annual Report includes a detailed analysis of 2018-19 referrals according to gender, ethnic background, age and disability on page 5 and 6. Compared to the borough profile, there is an overrepresentation of women, people over the age of 65, people of a white ethnic background and people with physical support needs. The profile of people being referred is more in line with the profile of adult social care users.

## 5. OTHER STATUTORY IMPLICATIONS

5.1 None.

## 6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 The gross expenditure for the administration of the Safeguarding Adults Board in 2018-19 was £144,750. Partner agencies contributed £16,500 towards costs, and the council funded the remaining £128,250. There are no direct financial implications arising from the annual report.

## 7. COMMENTS OF LEGAL SERVICES

7.1 The Care Act 2014 places the Council's duties in respect of safeguarding adults with care needs who are at risk of abuse or neglect on a statutory basis. The requirements in respect of establishing a Safeguarding Adults Board (SAB) are set out in Sections 43-45 and Schedule 2 of the 2014 Act. As with all of the Council's duties under the Act, the duty to promote wellbeing applies to the Council's safeguarding duties.

7.2 The Care and Support Statutory Guidance sets out further detail in respect of the requirement to publish the SAB strategic plan and annual reports, at paragraphs 14.155-14.161 of the Guidance. The appended annual report complies with those requirements.

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**Linked Reports, Appendices and Background Documents**

**Linked Report**

- None.

**Appendices**

- Appendix 1 – SAB Annual Report 2018-19

**Local Government Act, 1972 Section 100D (As amended)**
**List of "Background Papers" used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- None.

**Officer contact details for documents:**

Shohel Ahmed (Adults Safeguarding Governance and Strategy Manager)
Shohel.ahmed@towerhamlets.gov.uk / 020 7364 7139

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Safeguarding Adults Board
Making Safeguarding Personal

TOWER HAMLETS

# Safeguarding Adults Board Annual Report 2018-19

## Safeguarding is everyone's responsibility

EQUALITY FRAMEWORK FOR LOCAL GOVERNMENT EXCELLENT

POSITIVE ABOUT DISABLED PEOPLE

London Living Wage Employer

INVESTORS IN PEOPLE | Silver

METROPOLITAN POLICE TOTAL POLICING

NHS Tower Hamlets Clinical Commissioning Group

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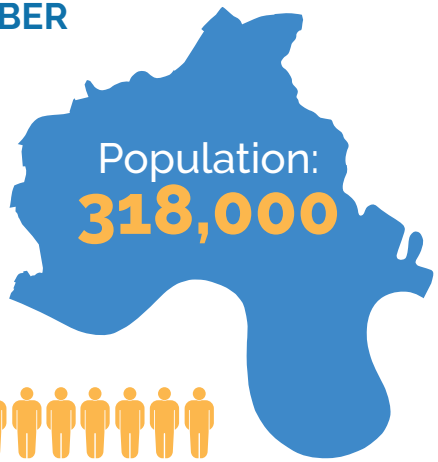
# Local demographics

## NUMBER



Population:
**318,000**

## GROWTH

One of the fastest growing local authorities - population increased by **3.2%** between 2017-18, compared to national increase of 0.6%

## AGE

**73%** of people in Tower Hamlets are aged between **16 and 64** compared to the London average of 67%, making it one of the youngest boroughs in the country, with a median age of 31.

## DIVERSITY

The borough is increasingly diverse - **69%** belong to minority ethnic groups (i.e. not White British), **43%** of the boroughs population are born outside of the UK.

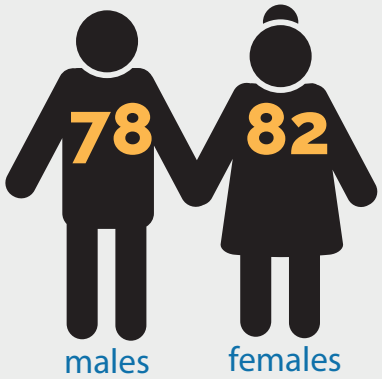
## DEMENTIA

Dementia prevalence in older people is the second highest in London at **5.2%** and is significantly higher than the London average of 4.5%

## POVERTY

Tower Hamlets has the **highest rate** of poverty in London

## LIFE EXPECTANCY




Lowest disability-free life expectancy rates in London; 56.9 years for men, 59.4 years for women

# Safeguarding adults summary

## CONCERNS AND ENQUIRIES

**662** safeguarding enquiries were conducted by adult social care teams to establish whether abuse occurred. In total, 1102 safeguarding concerns were raised

In **70%** of cases risks to the person were reduced and in 20% of cases the risk was completely removed

**72%** of safeguarding issues occur in the adult's own home

**9%** of safeguarding issues occurred in care homes

## ACHIEVEMENTS

- Advocacy was provided in 90% of investigations where a person lacked mental capacity
- 64% of social care users said they feel as safe as they wanted to – compared to 63.5% last year
- 88% of social care users said care and support services help them to feel safe; improved from last year's 86%
- Over 90 staff attended a conference to raise awareness of financial scamming, modern slavery and hoarding in July 2018
- The Safeguarding Adults Board Strategy 2019-24 was developed in partnership with residents, articulating our priorities over the next 5 years

## PRIORITIES

We will:

- Focus awareness raising activity on self-neglect and preventing abuse
- Analyse underrepresented groups in the borough, in order to focus relevant safeguarding campaigns towards them
- Continue to analyse all Safeguarding Adult Reviews and Learning Disability Mortality Reviews in order to ensure that learning is actioned and embedded efficiently
- Develop the council website as a better resource for staff and residents on safeguarding
- Develop a new multi-agency dashboard to better identify trends and monitor outcomes
- We will continue to focus on making safeguarding personal

# Foreword by Christabel Shawcross (Independent Chair)

I am pleased to introduce the London Borough of Tower Hamlets Safeguarding Adults Board (SAB) Annual Report for 2018-19, which highlights the achievements, progress and learning from the past year as well as the priorities for 2019-20.

The SAB recognised in March 2018 the need to review and develop a new strategy from April 2019. The ambition was to have a 5 year strategic approach adaptable annually, taking into account the emergence of new issues and challenges.

We consulted on key priorities especially with residents, service users and ethnic minority groups, as well as a wide range of partners. Promoting awareness of safeguarding and 'prevention' came out with high support, as well as recognising new and complex safeguarding concerns such as modern slavery and self-neglect. The strategy was also developed to build on interlinking strategies of Health and Wellbeing, Community Safety and Prevent. We also had the benefit of the Lead Member for Health and Adult Services for Tower Hamlets on the SAB, promoting a focus on combating social isolation as a preventive factor for safeguarding.

Improving understanding and interrogation of performance data and the development of a multi-agency dashboard was a challenge for the SAB, but progress was made in time to inform decisions on our priorities for 2019-20.

The quality of data is only as good as the details of cases being analysed and Adult Social Care made progress in quality audits and highlighting significant quality issues and consistency of approach to work on; alongside areas of good practise. Learning from SARs also informed the need for change.

National comparison of data and within London resulted in work on understanding the reasons for safeguarding concerns becoming section 42 enquiries; more work will be done once the new framework is issued.

Health and police contributed to understanding the impact of mental health, drugs, alcohol and homelessness; issues which are of growing concerns for adults at risk. The SAB supported the proposal to have a mental health worker based in Multi Agency Safeguarding Hubs (MASH), to help with appropriate and proportionate responses.

Learning from Safeguarding Adult Reviews was a key responsibility for the Board. The annual conference saw over 100 staff from multi agency partners learn more on key issues such as financial abuse and domestic abuse, two areas which are both underrepresented in safeguarding referrals.

The development of multi-agency training has been a weakness but strategies are being put into place through the Tower Hamlets Together programme for integrating health and social team teams and involving key voluntary sector partners.

Care providers, whether through domiciliary support, residential and nursing care homes or supported living, are vital to maintain the safety of people living in their own homes. The Care Quality Commission and Tower Hamlets commissioning teams work closely with providers where there may be issues, and help with improvements where needed. Leadership and consistency with quality staff are key factors which are highlighted in good provision locally.



The SAB was concerned at the impact BREXIT might have on recruitment and retention of staff, but were assured that this would be minimal.

Significant changes to local statutory agencies took place within Tower Hamlets; this includes the merger of Tower Hamlets Police unit with the Hackney Police unit, creating the Central East Command Unit. In addition, Clinical Commissioning Groups (CCG) in London created larger entities, resulting in changes to commissioning arrangements.

To sum up, the key multi-agency priorities for 2019/20 focus on:

- Better engagement with residents and service users on raising awareness and prevention
- Reliable and consistent multi-agency performance data to challenge variances
- Multi-agency quality audits to promote learning
- Effective assurance on learning from Safeguarding Adult Reviews (SARs) locally.

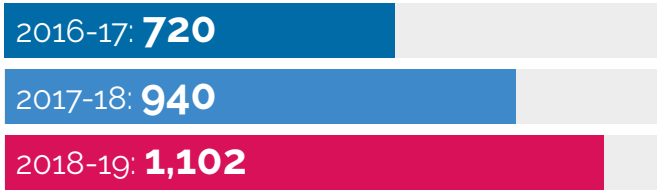
I would like to thank all partners and frontline staff for their huge commitment to safeguarding adults in Tower Hamlets.

# Safeguarding adult's performance data

The report presents information for 2018-19 in relation to safeguarding adults. It gives an overview of the number of safeguarding concerns that have been received, and the number and type of enquiries (i.e. investigations) that have been concluded. The council in its lead role for safeguarding has an overview of all safeguarding concerns received within the area. As such, data from the council's system has been used to inform this section.



## Number of safeguarding concerns




In 2018-19, 1102 safeguarding concerns were raised in Tower Hamlets, which is a 17% increase on the number of concerns received the year before. This has continuously been increasing in Tower Hamlets over the past 3 years, which we believe is reflective of the increased awareness of adult abuse and neglect amongst staff and residents in the borough, rather than an actual increase in the level of abuse.

## Who is being referred?

Although the number of concerns received has increased, the proportion of those referrals that relate to women and older people aged 65 years of over has remained similar at 55% and 48% respectively.

53% of referrals relate to people from people with a 'white' ethnic background. 24% of referrals relate to people from an 'Asian' ethnic background, who make up over 40% of the total population in Tower Hamlets. Although this is a complex issue and the figures may be impacted by the age profile of the borough, the Safeguarding Adults Board is committed to understanding the reasons why this is the case.

48% of 2018-19 safeguarding concerns related to people who need physical support, down from 52% last year. 11% related to people with a learning disability, which is also down from 17% last year. 12% related to individuals with a mental health issue – also down from last year's 19%. However, the picture is slightly less clear given that the increase in concerns from the previous year is contained within the 'not known' category; these are where the primary support reason for concerns raised have not been noted.

## Safeguarding adult's enquiries

Safeguarding adult's enquiries are concerns received that have proceeded to a safeguarding investigation.

433 safeguarding adults' enquiries were undertaken in 2018-19, which is 14% lower than the 501 enquiries which were undertaken the year before. The 'conversion rate' from referrals to enquiries therefore is 39%, compared to last year's 53%, which represents a significant decrease. We believe this is down to staff being better trained and able to recognise and escalate risk where appropriate, as well as having more robust

safeguarding protocols and procedures in place over the last couple of years. This also brings us closer to the national average conversion rate of 42%, which means we are safeguarding people without necessarily going through a resource intensive section 42 enquiry. It is important to note that there is a large variation in the national average conversion rate from region to region, which is being examined by The Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA).

Overall, there were 662 concluded safeguarding adults' enquiries, down from 699 last year.

## Where the abuse takes place

Based on concluded safeguarding investigations, the majority of safeguarding issues take place in the alleged victim's own home. The figure is 72% in Tower Hamlets – up from 61% last year and 58% the year before. 9% of enquiries related to people in care homes, which is down from 13% last year.

The low proportion of enquiries from care homes has historically been much lower than the national average, which we think reflects the small number of residential and nursing care homes in the borough.

The Board have looked at detailed information on the commissioning and inspection of care services by the Care Quality Commission, as well as the systems which are currently in place to safeguarding people receiving support. Of the care homes inspected in Tower Hamlets, one is rated as 'outstanding'. Detailed information on the quality of adult social care over the last year

is available in the 'How Are We Doing?' local account, which is available to view on the council website.

## Types of abuse

Neglect and acts of omission was the largest single type of abuse investigated in Tower Hamlets in 2018-19 at 30%. This is similar to last year's figure of 32%. Financial abuse accounted for 20% of investigations, slightly down from 22% last year. Physical abuse accounted for 15%, down from 18% last year. Psychological abuse increased from 12% to 15%, as well as sexual abuse which went from 3% to 6%, There were also a marginal increase in domestic abuse.



**30%**
**Neglect**
down from 32%

**20%**
**Financial**
down from 22%

**15%**
**Physical**
down from 18%

**15%**
**Psychological**
up from 12%

**6%**
**Sexual**
up from 3%

## Safeguarding enquiries outcomes -managing risk

Safeguarding can be a complex process with a number of factors that will render a person or situation being at risk. Where risk cannot be completely removed, strategies are in place to monitor and inform the individual of what services are available to support them.

In 70% of safeguarding enquiries the risk to the individual was reduced. This is higher than last year's figure of 63%. The risk was removed from 20% of enquiries, whilst it remained for the remaining 10%. This year we are planning to carry out more in-depth analysis to try and understand any learning in the cases where the risk remains.

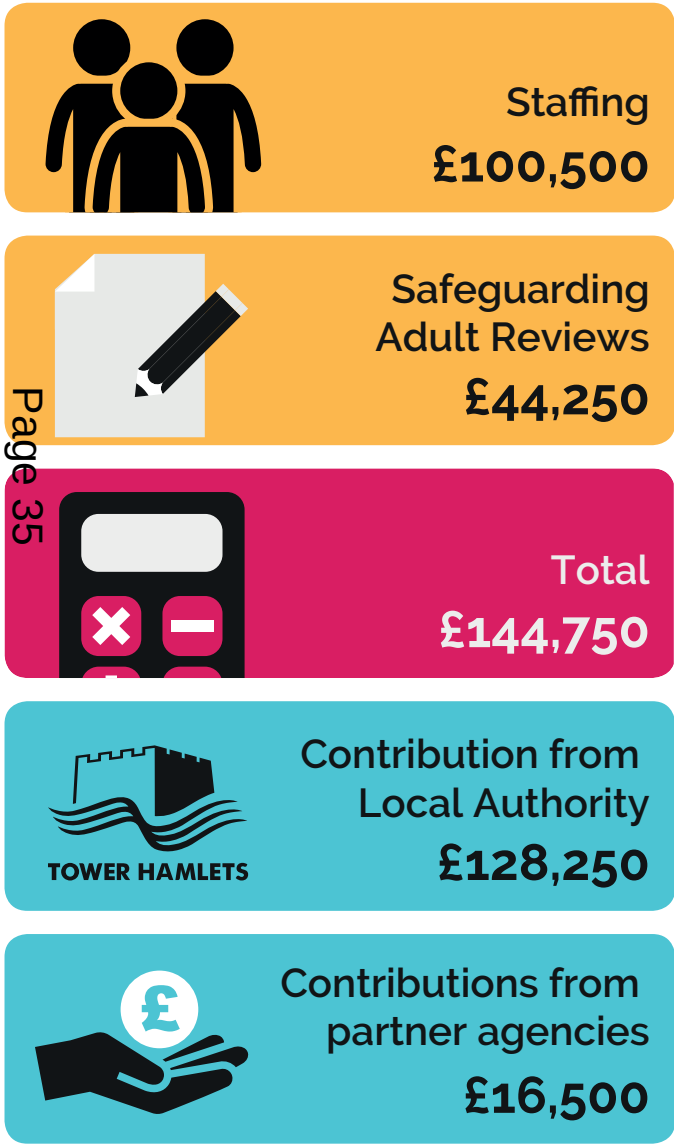
## Deprivation of Liberty Safeguards (DoLS) performance data

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 (amended in 2007). The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests and they lack capacity to make decisions about their care or treatment. The Deprivation of Liberty Safeguards (DoLS) can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.

Since 2016-17, the total requests received for DoLS have been continuously decreasing. We believe this is because of a combination of factors, namely the closure of a care home in the borough, the closure of rehabilitation wards in the Royal London Hospital as well as a court ruling in 2017 which stated that patients in intensive care should not be assessed.

| | 2018-19 | 2017-18 | 2016-17 |
|---|---|---|---|
| Total DoLS request received | 630 | 741 | 1,076 |
| DoLS authorised | 213 | 191 | 660 |
| DoLS not authorised | 30 | 40 | 106 |
| DoLS withdrawn | 302 | 341 | 247 |

# Funding arrangements for SAB






Funding of Tower Hamlets Safeguarding Adults Board is received both in monetary terms and in kind. It is acknowledged that every organisation faces financial challenges each year; therefore it is with appreciation that partner members give their time and resources to support the functioning of the board.

The following table sets out the expenditure and income for 2018/19.

## Learning and Development - Adults Safeguarding

Tower Hamlets provides a range of safeguarding adults training for staff at all levels. It ranges from basic awareness raising training to training for managers of staff undertaking investigations. Bespoke training is provided on topics including domestic abuse, hoarding, human trafficking and female genital mutilation.

Partner agencies also provide a range of training for their staff. Safeguarding adult's basic awareness e-learning is a web based training portal and is available to all Tower Hamlets staff and those working in the private, independent sectors, carers and volunteers working with adults. Training is provided free of cost to the recipient.

In November 2018, as part of safeguarding month, a training event was run entitled 'Safeguarding – it's all our business'. Almost 80 people from different staff members from multi-disciplinary frontline health and care attended the event with the aim of raising awareness, sharing best practices and exchanging ideas around various different safeguarding topics. The main focus of the event was youth and adult violence, and the impact it has on our local community. Participants found the event the event useful, with lots of new contacts created and ideas shared.

The priorities for 2018-19 came from the Safeguarding Adults Strategy of 2015-19. Each priority was built into the business plan relating to the six principles of safeguarding.

# Tower Hamlets Safeguarding Adults Board Achievements over 2018-19

The importance of supporting people in a personalised way runs throughout these principle, in order to promote 'Making Safeguarding Personal'. This is monitored by the Safeguarding Adults Board, whilst the work is undertaken via the sub groups. Each partner agency has worked to ensure their organisation continues to provide a service and that the workforce receives safeguarding training and understands how to recognise abuse respond to it. Here is a summary of the work carried out.

## Empowerment

### Our goals

**People being supported and encouraged to make their own decisions and give informed consent.**

### What we achieved

**Tower Hamlets Council:** "Our social care staff members have received strength-based practice training to enable them to better identify opportunities for service user empowerment and supporting service user strengths to stay safe and achieve outcomes that are important to them."

**Tower Hamlets Clinical Commissioning Group:** "We have involved service users, carers and families in our Quality Assurance visits to provider health services. This has provided a very helpful source of feedback and as a result raises opportunities for ongoing improvements."

**East London Foundation Trust:** "We ensure that the voice of the service user is at the centre of all the work that is undertaken in the trust."

**Barts Health NHS Trust:** "Our safeguarding adults training consistently achieved 90% compliance and the Preventing Radicalisation training achieved 77% compliance trust wide, this is an increase of 50% since November 2018."

## Prevention

### Our goals

**It is better to take action before harm occurs.**

### What we achieved

**Tower Hamlets Council for Voluntary Services:** "We reviewed and updated our safeguarding policy ensuring all staff, volunteers and THCVS Trustees are up to date on the policy and how this affects them in their role."

**East London Foundation Trust:** "We ensured that our staff received training and supervision to enable them to work with and support service users who may be subject to safeguarding adult's procedures."

**Tower Hamlets Council:** "We have continued to make plans to work jointly with the CCG around the implementation of the Liberty Protection Safeguards via the multi-agency Deprivation of Liberty Improvement group. Such work will involve scoping out the number of cases affected and putting in place clear policies and procedures in line with national guidance."

**Barts Health NHS Trust:** "We held two awareness raising events around modern slavery in Whipps Cross and Newham University Hospital which were very well attended and well received by all. We have also implemented a trust wide intranet page for modern slavery and the development of resource folders for wards to promote and raise awareness."

## Proportionality

### Our goals

**The least intrusive response appropriate to the risk presented.**

### What we achieved

**Tower Hamlets Clinical Commissioning Group:** "We worked with adult social care to conduct a deep dive audit into 26 safeguarding enquiries using a Making Safeguarding Personal Audit toolkit. Central to this work was the assessment of proportionate responses to safeguarding situations. The audit showed improvement from the previous audit held six months previously."

**Tower Hamlets Council:** "We delivered critical thinking workshops with adult social care staff members, addressing the practice of weighing different evidence and thinking through the issues of proportionality in safeguarding situations."



## Protection

### Our goals

**Support and representation for those in greatest need.**

### What we achieved

**Tower Hamlets Council:** "We have improved the performance information we report to the monthly Safeguarding Practice and Performance Quality Review Group in adult social care."

**Police:** "In the past year we have introduced the 'Herbert Protocol', which involves recording details of significant people and places for vulnerable adults suffering from dementia who have previously been reported missing. This information is invaluable should the person go missing again."

**Tower Hamlets Clinical Commissioning Group:** "We have worked with partners in the local authority to continue to participate in the adult social care safeguarding Practice and Performance Quality Review Group comprising of managers and senior practitioners, flagging the importance of engaging with health partners like GPs."

## Partnership

### Our goals

**Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.**

### What we achieved

**Police:** "We developed training around Making Safeguarding Personal, which was rolled out to local officers, up to and including inspectors, investigating input around capacity and the role of partner agencies."

**Tower Hamlets Council for Voluntary Services:** "Through our bulletins and briefings, we share information on safeguarding issues with the community and voluntary sector, and ensure staff and volunteers from organisations we support are referred to relevant safeguarding leads, where appropriate."

**Tower Hamlets Clinical Commissioning Group:** "The joint safeguarding lead in the CCG and council continues to work with safeguarding colleagues across both the Waltham Forest and East London (WEL) and across North East London increasing opportunities for joint working across the health economy."

**National Probation Service:** "We worked closely and effectively with the Adult Social Care Central Safeguarding team in Tower Hamlets via the Multi-Agency Public Protection Panel Arrangements (MAPPPA) to ensure vulnerable offenders with physical and mental health problems in housing and care homes can meet their health needs, supporting their rehabilitation into the community by addressing their offending behaviour, whilst also ensuring that offender management is in place to ensure public safety."



## Accountability

### Our goals

**Accountability and transparency in delivering safeguarding.**

### What we achieved

**Police:** "We held Professional Development Days, stressing the importance of completing Merlins, which is the sole mechanism by which partner agencies are formally notified that a vulnerable adult has come to notice."

**East London NHS Foundation Trust:** "We have a robust safeguarding adult's policy. All staff receive safeguarding adult training commensurate with their role, developing an organisational culture where all staff are aware of their professional responsibilities to report safeguarding concerns."

**Tower Hamlets Clinical Commissioning Group:** "We monitor the robustness of our internal and provider safeguarding arrangements via bi monthly safeguarding adults committee, providing assurance that the CCG has discharged its statutory duty to safeguard adults across commissioned health services."

# Summary of achievements by the Safeguarding Adults Board and partner agencies

| Our priorities last year | What we have done |
|---|---|
| We will focus awareness-raising activity on financial scamming and modern slavery. | The Safeguarding Adults Board arranged a conference in July 2018, focusing on financial scams, human trafficking, modern slavery and hoarding. Over 90 people from partner agencies attended, exploring different ways in which safeguarding risks can be identified and reduced, as well as strengthening partnerships and learning from best practise. |
| We will learn from Safeguarding Adult Reviews at a national and regional level to understand local implications | The Safeguarding Adults Board has signed up to quality markers for Safeguarding Adult Reviews (SARs) – a national tool which ensures a robust and consistent approach to undertaking and learning. The Board has input into the Social Care Institute of Excellence national SAR library, which will help us analyse learning throughout the country. Locally, we have agreed a system to robustly monitor action plans arising from reviews, and are currently collating and analysing action plans to identify common themes. |
| Minimise repeat safeguarding issues. | 17% of people had a repeat safeguarding concern in 2018-19; this is lower than last year's figure of 19.1%. |
| We will learn from health reviews (LeDeRs) in relation to the death of individuals with a learning disability. | The Safeguarding Adults Board were given an update on the Learning Disability Mortality Reviews in Tower Hamlets in May 2019. One of the key areas of learning to come from the reviews in Tower Hamlets revolved around the lack of understanding around Mental Capacity Assessments. As a result, training session were organised for staff members working within adult social care. |

| Our priorities last year | What we have done |
| --- | --- |
| We will continue to focus on making safeguarding personal. | A detailed audit using a Making Safeguarding Personal Audit tool was undertaken throughout the summer of 2018, exploring the assessment of proportionate responses to safeguarding situations. The audit showed improvement from the previous audit which was undertaken six months before. |
| We will continue to ensure effective holding to account of agencies. | Board partners completed self-audits, identifying areas of strength and areas to improve upon. Key learning arising from this was the need to learn from Safeguarding Adult Reviews more efficiently and communicate this to staff members. As a result, we have undertaken two thematic Safeguarding Adults Reviews, exploring key learning themes and tackling complex issues in a more resource appropriate and efficient manner. |

# Safeguarding Adults Reviews

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR), in cases where an adult has died or experienced significant harm or neglect. The purpose is to ensure learning form the lessons and to prevent situations occurring again. Over 2018-19, four SARs started or were ongoing and one SAR was published.

On conclusion of the SAR, an action plan will be drawn up to ensure the recommendations of the findings are implemented.

The executive summary of each SAR will be available on the council webpage and a full report is available on request from the Safeguarding Adults Board Coordinator.

The purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

**In 2018-19, one Safeguarding Adult Review was published**

The Safeguarding Adults Board completed a review of Ms L in July 2018. The review investigated the circumstances and events which led to a young adult taking their own life in April 2015. The review found that there could have been better sharing and coordination of information at key points, as well as children's social care and adults social care working together in a 'think family' approach. This is where services working with both adults and children take into account family circumstances and responsibilities, and coordinate interventions and responses based on the whole family. A key finding of the review was the absence of a self-harm and suicide prevention strategy, which meant that there wasn't a strategic framework in place for frontline staff to use when assessing these risks and deciding how to respond. This was quickly noted by the Safeguarding Adults Board, who initiated the production of the Suicide Prevention Strategy and influenced its development by public health. Other recommendations were also noted and progressed through an action plan. Further details of the review can be found on the Tower Hamlets website.

## Learning Disability Mortality Review (LeDeR)

The National Learning Disability Mortality Review seeks to review all deaths of people who have a learning disability aged 4 years upwards. The programme has been running since 2015. The programme was set up to review all deaths, review practice, identify where care delivery can be improved, share good practice and replicate it wherever possible.



### LeDeR in Tower Hamlets

In Tower Hamlets, there have been 28 deaths reported to date for people with a learning disability, of which 18 reviews have been completed.

| | 2016-17 | 2017-18 | 2018-19 |
|---|---|---|---|
| Number of deaths | 5 | 14 | 9 |
| Completed reviews | 0 | 3 | 15 |

60% of all LeDeR cases in Tower Hamlets related to people under the age of 50. 70% of all deaths in Tower Hamlets were as a result of respiratory and cardiac arrest. This is consistent with national findings.

### Themes from reviews

There have been a few consistent themes emerging from the reviews:

- **Care coordination:** The importance of having a care coordinator for individuals with complex care needs has been highlighted
- **Consultation:** Patients, their families and carers should be included and consulted in all health care decisions, and we need to ensure this happens every time.
- **Learning and Development:** Primary care staff would benefit from better training related to learning disabilities, dementia and other challenging behaviour. The importance of mental health capacity training is also a common theme.
- **Advocacy:** Independent advocacy is important for people with a learning disability and should be a routine offer to families and individuals.

At a strategic level, we have worked to ensure the views and experiences of service users drive out plans: A number of resident service user groups, many of whom with experience of adult social care, contributed to the Safeguarding Adults Board Strategy 2019-24, including the Older Peoples Reference Group, Carers Centre and the Learning Disabilities Partnership Board.

The Board also organised an away day in March 2018, whereby partners discussed and explored the priorities of the Safeguarding Adults Board, as well as discussing how we can successfully deliver those priorities.

## Our priorities revolve around the 6 principles of safeguarding

| | |
|---|---|
| **Empowerment** | People being supported and encouraged to make their own decisions and give informed consent. |
| **Prevention** | It is better to take action before harm occurs |
| **Proportionality** | The least intrusive response appropriate to the risk presented |
| **Partnership** | Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. |
| **Protection** | Support and representation for those in greatest need. |
| **Accountability** | Accountability and transparency in delivering safeguarding. |

These principles are drawn from 'Making Safeguarding Personal', which is a nationally recognised approach to tackling adult abuse and neglect built around the individual at risk. What this means is that individuals at risk of abuse are at the centre of initiatives to develop awareness of what abuse is, how to get help, and have protection that meets with their wishes and situations.

# Our Priorities for 2019-20

Our priorities are articulated further within the Safeguarding Adults Board Strategy 2019-24, a copy of which can be found in the Tower Hamlets website.

## Learning and communication

- Hold a Staff Conference in July 2019, focusing on preventing abuse and self-neglect
- Agree how and when to pool budgets across partners in order to commission joint staff training on safeguarding
- Develop the council website as a better resource for staff and residents on safeguarding
- Use auditing to evaluate the impact of straff training related to safeguarding
- Undertake a review of the governance of the Safeguarding Adults Board

## Quality assurance and performance

- Develop a new, comprehensive, multi-agency dashboard and audit programme that has a clear focus on outcomes
- Carry out analysis to further understand cases where people in safeguarding enquiries do not achieve the outcomes they want
- Analyse findings from audits, performance data and feedback
- Each partner will carry out an annual assessment looking at their safeguarding practices, focused on the Making Safeguarding Personal principles

## Community engagement

- Carry out market-style research on where residents would go if they were worried about abuse
- Carry out a detailed programme of public awareness-raising activity over November 2019
- Carry out new and in-depth analysis to better understand who our underrepresented, 'seldom heard' and 'easy to ignore' groups are, so that this information can be utilised in awareness-raising activity the following year

## Safeguarding Adult Reviews and other key activity

- Continue to commission Safeguarding Adult Reviews, ensuring that learning is actioned and implemented as a result
- Conduct a review of the multi-disciplinary high risk transition panel – including gathering insights from service users - to identify how the panel and transition process can be improved
- Analyse local, regional and national Safeguarding Adult Reviews and Learning Disabilities Mortality Reviews
- Identify learning from themed reviews and ensure that partners action this swiftly

# Tower Hamlets Safeguarding Adults Board Governance and Accountability

The Care Act 2014, requires all local authorities to set up a Safeguarding Adults Board (SAB) with other statutory partners: the Police and Clinical Commissioning Group (CCG). Tower Hamlets Safeguarding Adults Board continues to work with partners to embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred.

The Safeguarding Adults Board is chaired by an Independent Chair.

The legal framework for the Care Act 2014 is supported by statutory guidance which provides information and guidance on how the Care Act works in practice. The guidance has statutory status which means there is a legal duty to have regard to it when working with adults with care and support needs and carers.

The SAB takes the lead for adult safeguarding across Tower Hamlets to oversee and co-ordinate the effectiveness of the safeguarding work of its members and partner organisations.

The SAB concerns itself with a range of matters which can contribute to the prevention of abuse and neglect such as:

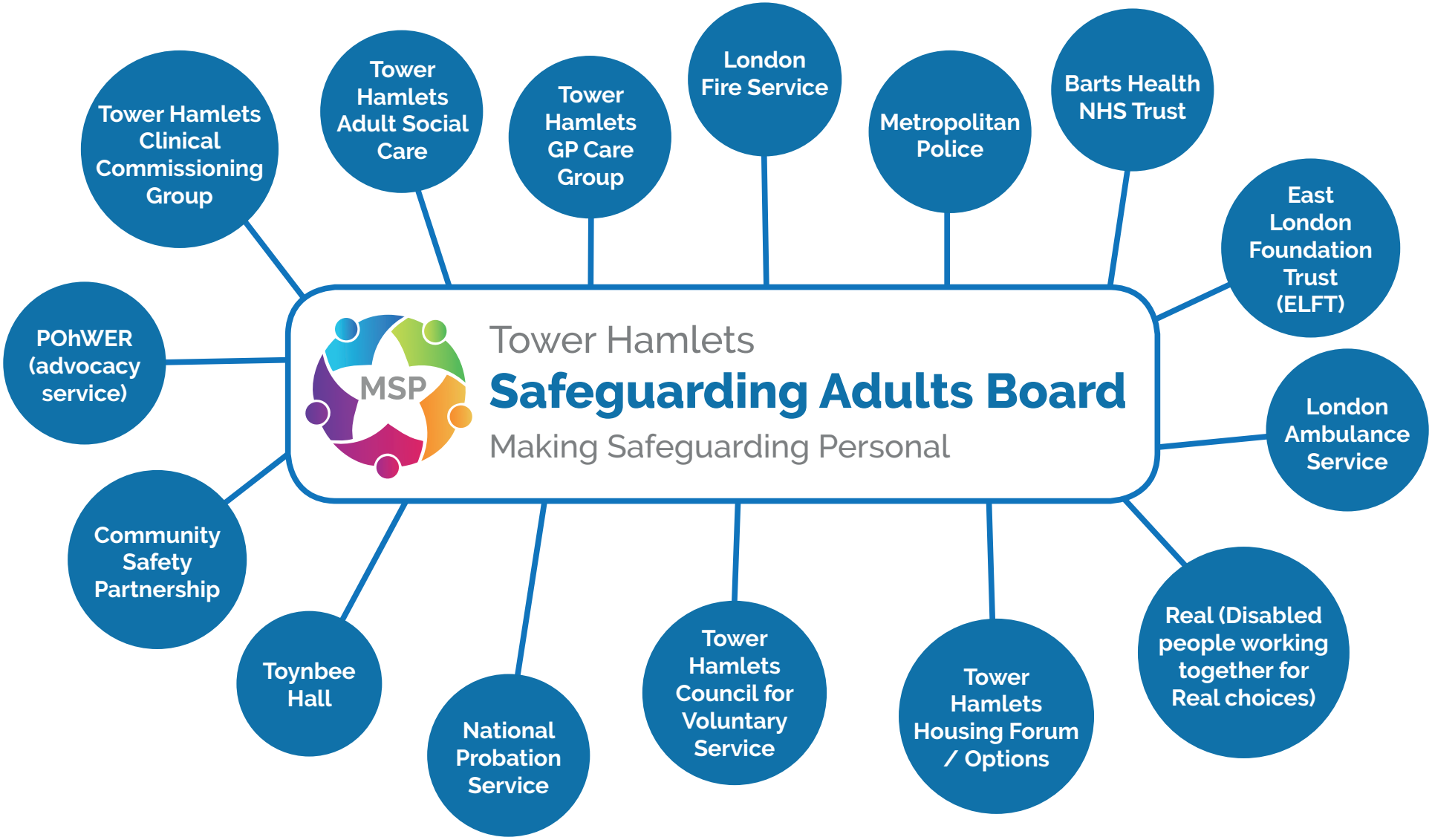
- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders and approved premises
- Awareness and responsiveness of further education services

Safeguarding Adults Boards have three core duties, they must:

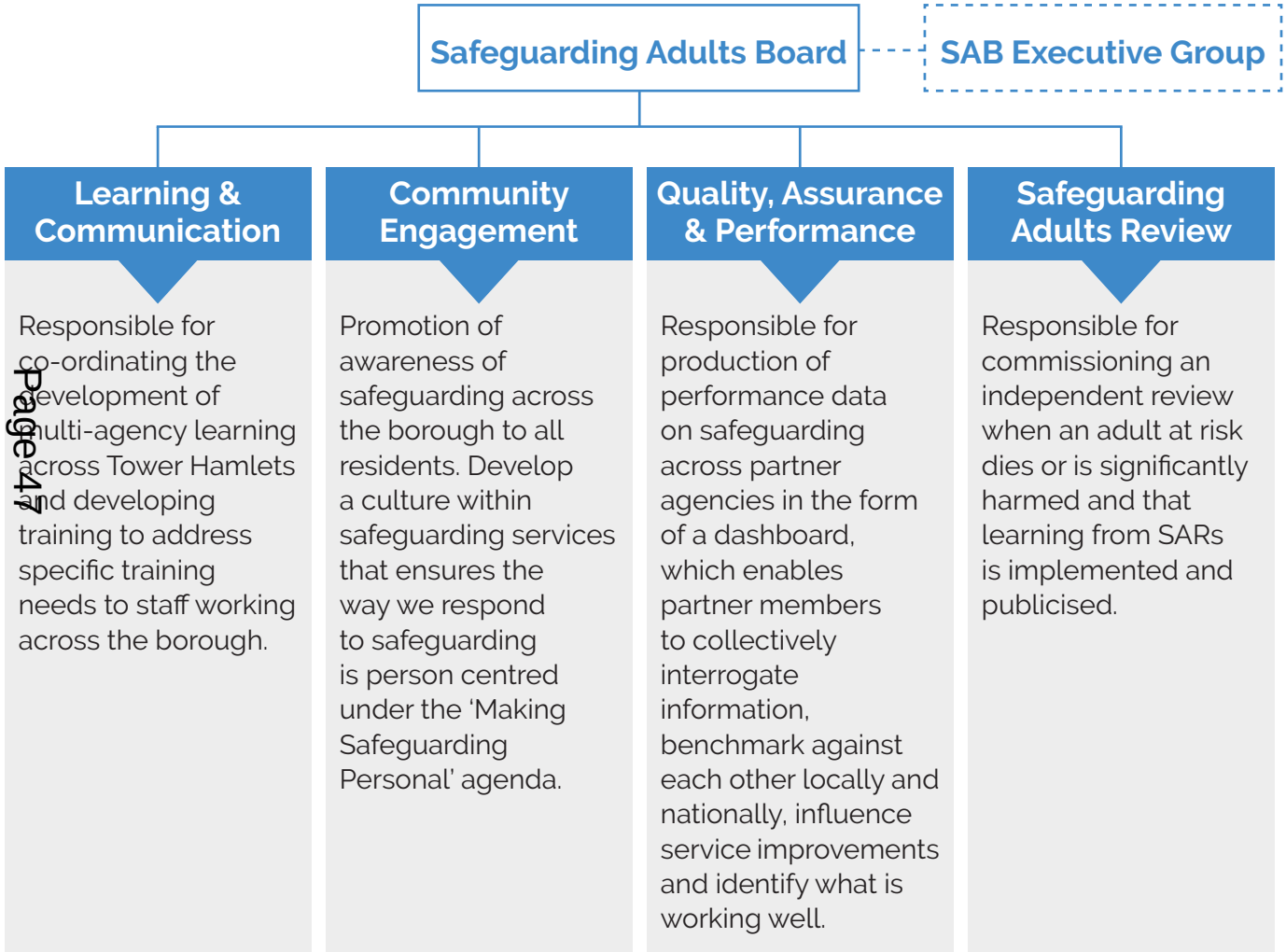
- Develop and publish an Annual Strategic Plan setting out how they will meet their strategic objectives and how their members and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Arrange safeguarding audit reviews for any cases which meet the criteria for such enquires, detailing the findings of any safeguarding adult review and subsequent action, (in accordance with Section 44 of the Act).

The Safeguarding Adults Board monitors and mitigates risk via a shared risk register. The risk register is updated frequently and discussed at the Safeguarding Adults Board when appropriate.

# Tower Hamlets Safeguarding Adults Board partner members



# Safeguarding Adults Board Structure




The Tower Hamlets Safeguarding Adults Board (SAB) has four sub groups that assist the board in meeting its obligations as set out in the Tower Hamlets Safeguarding Adults Board Strategy 2019-24. The sub groups are chaired by partners from agencies which represent the SAB, and meet on either a bi-monthly or quarterly basis. The sub groups each have their own work programme, the monitoring of which is undertaken by the Adults Safeguarding Governance and Strategy Manager.

# These are the strategic boards linked to the Safeguarding Adults Board

The Safeguarding Adults Board has strengthened its relationship with other partnership boards – the Chair of the Board sits on the Community Safety Partnership and Prevent Board to ensure integration of safeguarding issues.



## The Health and Wellbeing Board

Having a Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the local authority and Health Watch to jointly plan how best to meet local health and care needs, to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

## Tower Hamlets Safeguarding Children Partnership

The Children and Social Work Act 2017 introduced significant changes to the safeguarding landscape in England, including the replacement of Local Safeguarding Children Boards with new local safeguarding partnerships led by three safeguarding partners – the Local Authority, Clinical Commissioning Group and Police. The vision of the partnership is that the statutory partners, wider relevant agencies, community and voluntary sector and residents work together to ensure that everyone does everything they can to ensure that all Tower Hamlets children and young people are safe, supported and successful.

There has been more focus on the Safeguarding Adults Board and Safeguarding Children Partnership to work more closely together and this has resulted in shared areas being developed to improve responses to both children and adults safeguarding.

## Community Safety Partnership Board

The Community Safety Partnership Board is required by law to conduct and consult on an annual strategic assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough and the findings are then used to produce the partnership's Community Safety Plan. There is a strong link between the Safeguarding Adults Board and the Community Safety Partnership Board; the Violence against Women strategy was refreshed in 2019, reflecting a Safeguarding Adults Board priority to prevent domestic abuse and increase the awareness and reporting of it.

## Prevent Board

The Counter Terrorism & Security Act 2015 places a legal duty on specified authorities (including the local authority) to consider the Prevent Strategy when delivering their services. The legislation contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty.

The Prevent Board is responsible for the statutory oversight of the delivery of the Prevent Strategy by the local authority. The board also has oversight of the functions of the Channel Panel and the multi-agency arrangements for the safeguarding of vulnerable individuals from radicalisation.



## Learning Disability Partnership Board & Mental Health Partnership Board

These two boards lead on work to drive strategic improvements for adults with a learning disability or mental health issue in Tower Hamlets. The views and experiences of adults with a learning disability or mental health issue are fed into the work of the board. The action plans that result from concluded Safeguarding Adults Reviews for people with learning disabilities are overseen by the LDPB.

**Tower Hamlets Safeguarding Adults Board**
**Shohel Ahmed**
Adults Safeguarding Governance and Strategy Manager
Email: **shohel.ahmed@towerhamlets.gov.uk**

**Safeguarding Adults Board**
Making Safeguarding Personal

| Non-Executive Report of the:<br><br>**Health and Adults Overview and Scrutiny Committee**<br><br>5 November 2019 | TOWER HAMLETS |
|---|---|
| **Report of:** Denise Radley, Corporate Director of Health, Adults and Community | **Classification:**<br>Unrestricted |
| **Review of Homelessness Action Plan** | |

| | |
|---|---|
| **Originating Officer(s)** | Warwick Tomsett, Divisional Director: Integrated Commissioning |
| **Wards affected** | All |


**Executive Summary**

In 2018 a Scrutiny Review was undertaken by the Health and Adults Overview and Scrutiny Sub-committee into the health and social care provision for homeless residents in Tower Hamlets. An action plan with recommendations was agreed by the Sub-committee and submitted to Cabinet for implementation in December 2018.

This review of the Homelessness Action Plan seeks to provide an update on progress to date.


**Recommendations:**

The Health and Adults Overview and Scrutiny Sub-committee is recommended to:

1. Note and comment on the progress made in responding to the recommendations raised by the Committee during its previous deliberations, in February 2018, on meeting the health care needs of the homeless population including those living in hostels.

## 1. REASONS FOR THE DECISIONS

1.1 The report is for noting only.

## 2. ALTERNATIVE OPTIONS

2.1 The Committee could choose to make further recommendations in respect of any additional actions it felt were necessary in respect of this matter.

## 3. DETAILS OF THE REPORT

3.1 The Health and Adults Overview and Scrutiny Committee considered the provision of health care for people who are homeless, including those living in hostels in the borough, at two meetings held in February 2018. As a result of its deliberations, the Committee made fourteen recommendations for action by the Council, NHS organisations and voluntary sector partners.

3.2 One of those recommendations was for the Health, Adults and Community Directorate to convene a multi-agency group to consider how best to responds to the recommendations made. This group was duly constituted and met for the first time in April 2018 and has met approximately quarterly since then. An action plan was developed by the multi-agency group, which continues to oversee progress in implementing the various actions.

3.3 The document appended to this report provides an update on progress in responding to the Committee's recommendations.

## 4. EQUALITIES IMPLICATIONS

4.1 There are no new proposals contained in this report that generate any equalities implications.

## 5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

5.2 The action plan was developed in the wider context of the Council's statutory responsibilities in relation to homelessness, including those conferred by the Homelessness Reduction Act 2017.

## 6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This paper sets out an update on the progress made on delivering the recommendations to meet the health care needs of the homeless population including those living in hostels.

6.2 There are no direct financial implications of this update report. Where the further implementation of recommendations may result in the commissioning of new service provision, the relevant governance arrangements will need to be followed, which will include consideration of the financial implications of individual proposals.

## 7. COMMENTS OF LEGAL SERVICES

7.1 Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function, which gives the Council the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the area and to make recommendations and require a response from NHS bodies. This report seeks to update on the progress of the recommendations.

7.2 Under Sections 1-7 of the Care Act 2014, the Council has a number of general duties, including a duty to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support, and to promote the wellbeing of individuals in the borough. Further, there is a general duty to prevent needs for care and support from developing.

7.3 These duties, and the Council's duties in respect of assessing and meeting the eligible care and support needs for individuals, apply to equally to people who may currently be homeless, but are physically in the Council's area. The recommendations from Health Scrutiny Sub-Committee to improve the access of homeless people to effective health and social care provision are consistent with these duties.

7.4 The Homelessness Reduction Act 2017 ("HRA") introduced with effect from 3 April 2018, places additional duties on housing authorities, requiring earlier intervention and for steps to be taken to 'prevent' homelessness and to provide 'relief' from homelessness. Homeless applicants are entitled to assistance to avoid becoming homeless, those already experiencing homelessness will be able to access assistance regardless of whether they have a priority need.

7.5 When considering the recommendations regard must be given to the public sector equalities duty to eliminate unlawful conduct under Section 149 Equality Act 2010. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and

indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic. The recommendations are consistent with these duties.

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**Linked Reports, Appendices and Background Documents**

**Linked Report**

- NONE

**Appendices**

- Homelessness Action Plan status as at October 2018

**Local Government Act, 1972 Section 100D (As amended)**
**List of "Background Papers" used in the preparation of this report**
List any background documents not already in the public domain including officer contact information.

- NONE

**Officer contact details for documents:**
N/A

| Action | | Status update October 2019 |
|---|---|---|
| **Recommendation 1:** That the CCG provides training to staff in GP surgeries and for other health professionals to support them to deal with some of the behaviours which may be encountered when engaging with homeless people. | | **Completed** |
| **How has this recommendation been responded to:**<br><br>• The requirement to provide training to staff in GP surgeries and for other health professionals was included in the service specification for the recently recommissioned Specialist Primary Care service for homeless people (the service which is known as HealthE1). The new specification took effect in April 2019 and a programme of training is beign developed for delivery on an ongoing basis from later this year. | | |
| **Recommendation 2:** That LBTH Adult Social Care and the CCG explore the possibility of providing all frontline workers and auxiliary staff (i.e. staff in ideas stores, parks service) with training and awareness raising sessions to help them identify and signpost the hidden homeless, and how to ask the appropriate questions without offending them. Information on provision for homeless people should be made available at all public facing council services. | | **Completed** |
| **How has this recommendation been responded to:**<br><br>• The Council has delivered a range fo training programmes to front line staff in the context of the introduction of the Homelessness Reduction Act 2017.<br>• The Council's website has also been refreshed to include more content on the Council's responsibilities under the Homelessness Reduction Act 2017 and this information is available to both individuals and to public facing services that may be in contact with individuals who are homeless.<br>• The East London Housing Partnership has also developed and delivered training on the Homelessness | | |

| | |
|---|---|
| Reduction Act and in particular the 'duty to refer' to a broad range of statutory and voluntary organisations across east London. | |
| **Recommendation 3:** That the council explores the possibility of commissioning specialist provision to accommodate individuals with challenging behaviour (older people, substance misuse issues) who can no longer remain in mainstream provision for their safety or the safety of others. Many of these individuals are beyond the point where traditional treatment programmes are appropriate. | **Work in progress** |
| **How has this recommendation been responded to:**<br><br>• The Council has commissioned a specialist external consultancy to undertake an appraisal of the options for developing more specialist provision. A number of those options require financial investment. The options appraisal has been completed and the final report has been provided to the Council. Consideration of the findings from the report will be take forward over the next six months. | |
| **Recommendation 4**: That the council and CCG review how palliative care is provided to people living in hostels and temporary accommodation. | **Work in progress** |
| **How has this recommendation been responded to:**<br><br>• Providence Row Housing Association are engaged in a pilot programme with St Joseph's Hospice to improve palliative and end of life care for individuals living in the hostel sector. The learning from this pilot will be rolled out to the wider hostel and temorray accommodation sector over coming months. | |
| **Recommendation 5:** That the CCG explore the possibility of commissioning a peripatetic team consisting of a paramedic and advanced care practitioner in mental health to provide a visiting service to very difficult to manage and violent patients. | **Work in progress** |
| **How has this recommendation been responded to:** | |

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| • This was considered as part of the Commissioning Intentions process for 2019/20.<br>• There are a number of programmes of service development work that are intended to deliver a more holistic response to individuals who are difficult to engage with. These include programmes beign developed jointly across Mental Health and drug and alcohol services. Once the new Reset (drug treatment) provider have mobilised the new service further work will be undertaken with them and with Mental Health services to develop a more integrated response to individuals with a dual-diagnosis. | |
| **Recommendation 6:** That a person's housing issues are identified and addressed as part of the social prescribing programme in the borough. | **Completed** |
| **How has this recommendation been responded to:**<br><br>• Follow up work with the commissioners and providers of the social prescribing service have confirmed that where a housing issue is part of an individual's presenting issues this will be addressed by referring the individual on to the relevant group or agency that can provide the necessary support. | |
| **Recommendation 7**: That Bart's Health Trust reviews its discharge planning process to ensure that staff routinely ask all patients on admission if they have somewhere safe to be discharged to. Where a housing issue is identified a referral should be made as soon as possible to the Pathway Homeless team so that appropriate support is put in place before discharge. Where patients who are homeless or in insecure accommodation had a package of care in place prior to the admission ward staff should notify social services on admission so they are aware and again on discharge so that the care can be restarted. | **Completed** |
| **How has this recommendation been responded to:**<br><br>• The Complex Discharge Team at the Royal London Hospital have undertaken a project to ensure that a person's housing situation is identified and captured as soon after admission as possible, and that the | |

| | |
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| necessary information is made available to the Complex Discharge Team.<br>• The Hospital Social Work service is now undertaking more proactive 'case finding' on the wards at the Royal London in order to identify vulnerable individuals who will require ongoing support following discharge and to ensure that the necessary support is planned and ready for discharge.<br>• There are standard processes in place for suspending and restarting existing packages of care at the points of admission and discharge. Such packages will also be reviewed prior to discharge to take account of any change in need.<br>• Referral routes to both the Pathway Homeless Team and to the Routes to Roots service (for people with a connection to another borough) are in place. | |
| **Recommendation 8:** That the council and the CCG review the way services share information and consider if the introduction of GDPR and the review of systems that follows will allow for more information to be shared between services to support the way homeless residents access and engage with services. | **Work in progress** |
| **How has this recommendation been responded to:**<br><br>• There are a range of programmes of work in progress to improve information sharing across the health and care system that will benefit homeless residents as well as the wider population.<br>• 'Virtual Ward Rounds' have been introduced as an element of the new contractual arrangements for Specialist Primary Care for homeless residents (Health E1) so that hostels have regular opportunities to discuss individuals whose health needs are giving cause for concern.<br>• The Council is planning to upgrade its information system for social care,from Frameworki to Mosaic in early 2020. Once this implementation is complete it will be possible for the new system to integrate with the East London Electronic Patient Register project, which in turn will allow a broader information share across health and social care practitioners for the benefit of vulnerable patients. | |
| **Recommendation 9:** That the Housing Options service works with organisations involved in this Review, and with individuals who present at Housing Options, to find out what they consider to be a safe offer of temporary | **Work in progress** |

| | |
|---|---|
| accommodation and provide insight into what they value and how they would feel better supported upon approach. | |
| **How has this recommendation been responded to:**<br><br>• The Council's temporary accommodation offer continues to be developed as part of the wider response to the Homelessness Reduction Act 2017.<br>• Reviews of the accommodation pathways for homeless residents, including the pathways for access to, and move on from, hostel provision are underway led by the Housing Options service.<br>• Where capacity is available in the hsotel sector this is being utilised to provide safer forms of temporary accommodation for residents with low support needs.<br>• A 'Housing First' pilot has been initiated to provide a safer temporary accommodation and support offer for individuals with particularly complex needs who have been unable to sustain other forms of temporary accommodation. | |
| **Recommendation 10:** That the council performs further research on the impact homelessness has on the health needs of women who are rough sleeping, in Temporary Accommodation, or hostels. | **Work in progress** |
| **How has this recommendation been responded to:**<br><br>• The Council's Community Insights team is undertaking this research, which is due to be completed by the end of 2019. Progress and emerging findings have been reported regularly to the multi-agency partnership group set up in response to recommendation 12 below. | |
| **Recommendation 11:** That the council performs further research into the relationship between homelessness and VAWG with a view to updating the VAWG strategy to include a stronger consideration of violence against homeless women. | **Completed** |
| **How has this recommendation been responded to:** | |

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|---|---|
| • This was addressed as part of the refresh of the VAWG strategy that took place in early 2019.<br>• The refreshed VAWG strategy maintains commitments to both the provision of refuge spaces and the Sanctuary Scheme (to enable victims to remain in their own homes) as well as placing greater emphasis on trauma informed practice and working with individuals with multiuple and complex needs. | |
| **Recommendation 12:** That LBTH Adult Social Care explores the possibility of establishing a partnership forum with Corporate Director as a business sponsor (including commissioners, providers, third sector) to discuss the health and social care issues, provision, and cases of homeless residents in LBTH. | **Completed** |
| **How has this recommendation been responded to:**<br><br>• The partnership group was consitituted in April 2018 and has met quarterly since then to overseen progress in implementing this action plan.<br>• The future purpose of the group will be reviewed following on from the Health and Adults Overview and Scrutiny Committee's review of progress in November 2019. | |
| **Recommendation 13:** That Healthwatch Tower Hamlets reach out to the organisations involved in this Review and establish a link to share the information they collect on homeless people's experiences of using health and social care services in the borough. | **Completed** |
| **How has this recommendation been responded to:**<br><br>• Healthwatch have been an active member of the multi-agency partnership group and findings from engagement with homeless residents have been fed into releavant work programmes and strategy development processes. | |
| **Recommendation 14:** That Healthwatch Tower Hamlets work with Groundswell to disseminate 'My Right to Healthcare' cards across the borough and ensure they are available in all GP surgeries. | **Completed** |
| **How has this recommendation been responded to:** | |

| | |
|---|---|
| • Healthwatch and Groundswell have worked together to disseminate the cards and to ensure their availability inb GP practices. | |

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East London NHS
NHS Foundation Trust

Health Overview and Scrutiny Committee
Tower Hamlets

5th November 2019

Centre of Excellence Model

Consolidating Dementia and Challenging Behaviour Inpatient Wards

## 1. Summary

1.1 The purpose of this document is to outline the next stages of the Trust's proposed continued strategy and commitment to improve the care and outcomes for Older Adults within East London.

1.2 It is proposed that the future care of Thames Ward patients (Mile End Hospital), will be consolidated within Sally Sherman Ward (East Ham Care Centre), this proposal will build upon and compliment previous successful Older Persons ward consolidations such as

- Consolidation Dementia Assessment for the 3 CCG's within Columbia Ward (2012)
- Consolidation Functional Assessment for the 3 CCG's within Leadenhall Ward (2015)
- Consolidation of Cedar Lodge into Thames Ward (2018)

1.3 Sally Sherman is a 19 bedded ward with the provision to flex to 23 beds, it provides holistic care for older adults serving Newham CCG, the service supports people with cognitive impairment (specifically dementia), who require specialist nursing care to support their complex and challenging behaviour.

1.4 Thames Ward is an 18 bedded ward providing holistic care for older adults serving Tower Hamlets and City & Hackney CCG, the service supports people with cognitive impairment (specifically dementia), who require specialist nursing care to support their complex and challenging behaviour.

1.5 In total are 37 (including flex beds 41) complex and challenging behaviour beds for Newham, City & Hackney and Tower Hamlets.

1.6 A run chart (Table 1) identifies Sally Sherman ward occupancy from January 2017. When looking at the last 12 months, from Sept 18, 59.8% through to (peak of 71.8% July 19) Sept 19, 63.2%, the ward has been carrying significant bed vacancies for considerable time.

1.7 A run chart (Table 1) identifies Thames ward occupancy from January 2017. When looking at the last 12 months, from Aug 18, 11.3% through to Aug 19, 32.9% the ward has been carrying significant bed vacancies for considerable time. This is despite the closure of Cedar Lodge and the consolidation of that service within Thames ward from April 2018.

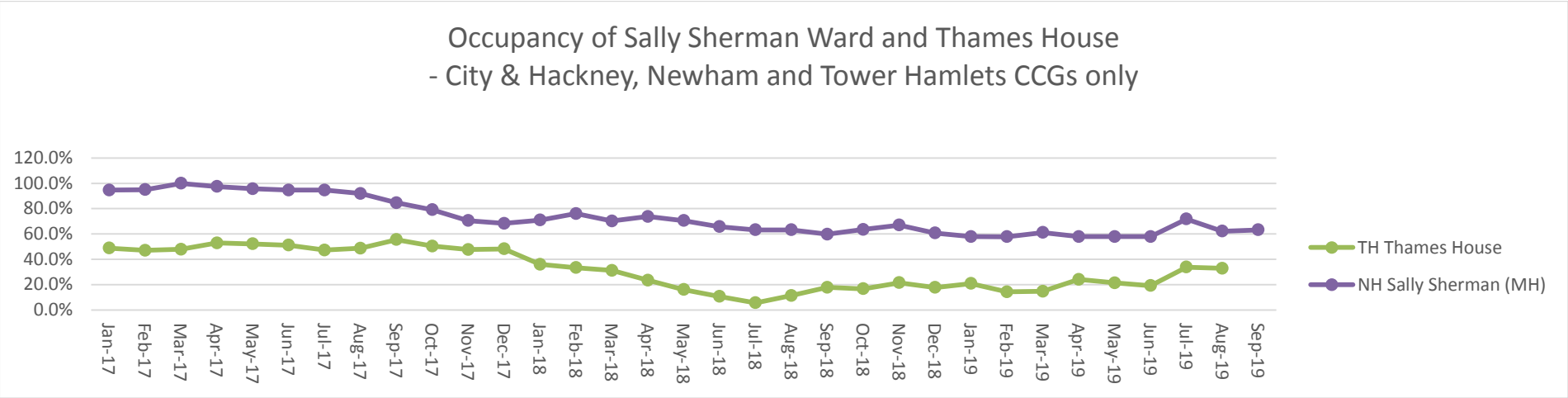



Table 1- Sally Sherman and Thames Ward occupancy as a % Jan 2017 – Sept 2019

1.8 A run chart identifies the available bed days (vacant beds) from January 2017 for both wards (Table 2)

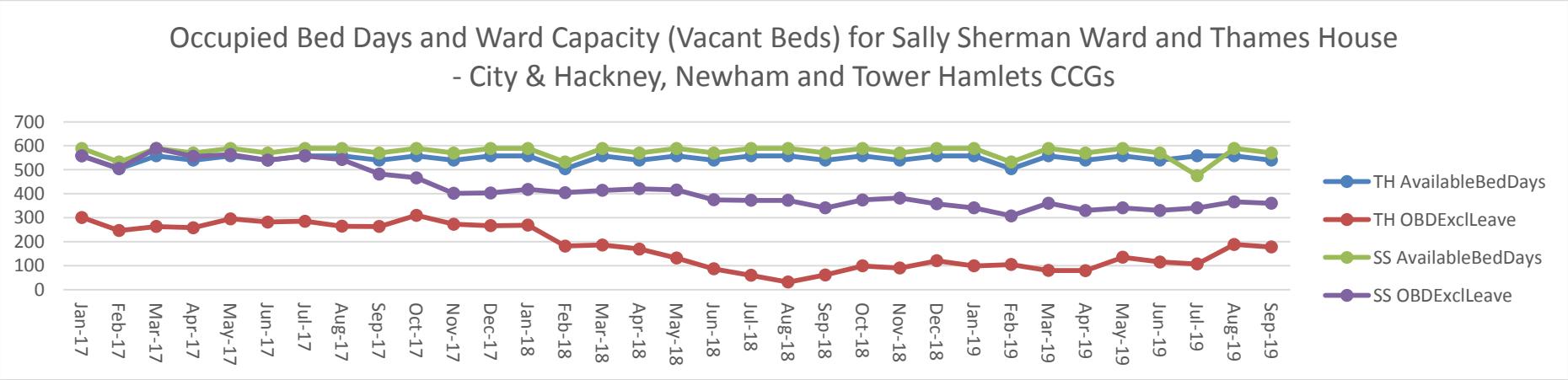



Table 2 – Sally Sherman and Thames Ward occupied bed days against capacity Jan 2017 – Sept 2019

1.9 Locating the complex care and challenging behaviour services together at East Ham Care Centre will provide a vast

improvement to the environment currently provided in Thames Ward, with improved lighting and access to natural light through a central atrium, an environment using effective colour and design with dementia patients in mind, a feeling of space, clear lines of sight, with provision for privacy and dignity. Clinically this will improve access to a wide range of healthcare services, activities and support, and a more joined up approach to care delivery maximising the benefits the adjacency of other services configured for Older Persons on site.

1.10 The clinical scoping of these changes suggests this proposal could take place and be implemented incrementally, providing a safe and planned transition to Sally Sherman ward from November through to early December 2019.

| TASK | Sept - 19 | Oct - 19 | Nov - 19 | Dec - 19 | Jan -20 |
|---|---|---|---|---|---|
| Agreement of Business Case with CCG's | | | | | |
| Quality Impact Assessment | | | | | |
| Local Stakeholder Events | | | | | |
| Staff Consultation | | | | | |
| Further Engagement with individual patients and carers | | | | | |
| Transfer of patients out of ward | | | | | |
| Closure of Ward | | | | | |



## 2. Background

2.1 Dementia is a syndrome characterised by an insidious but ultimately catastrophic progressive global deterioration in intellectual function and is a main cause of late-life disability. **The prevalence of dementia increases with age and is estimated to be approximately 7 per cent in those over 65.**

2.2 The risk of dementia, Alzheimer's type rises incrementally with age, the prevalence is higher in women than in men due to the longer lifespan of women.

2.3 The configuration of Older Adult complex care and challenging behaviour services is not currently optimised; the activity and bed occupancy is underutilised within Thames and Sally Sherman wards.

2.4 The opportunity to build on previous successful consolidations within Older Adult Mental Health would not only improve the quality of patient care, and reduce variation it would also provide better value and use of the available estate and resources.

## 2 National Guidance

3.1 ***NHS Long Term Plan*** - NHS will need to make better use of capital investment and its existing assets to drive transformation, as well as maximising productivity through improving utilisation of clinical space, and as an enabler to support transformation. This proposal in consolidating the available estate resource in one place rather than across 2 wards responds to this key driver.

3.2 ***Royal College of Psychiatrists*** - The Quality Network for Older Adults Mental Health Services (formally known as AIMS-OP) works with inpatient services to improve the quality of the care that they provide through peer review and accreditation processes. The ELFT Older Adult service has undertaken an initial review of the standards and deemed it would be difficult to reach compliance within Thames ward as a number of the criteria are environment related. Sally Sherman ward however provides a much-improved environment and the service would wish to register and apply for accreditation of the new consolidated service. **(Appendix 2 pictures of environment)**

3.3 The ***Prime Minister's Challenge on Dementia 2020*** - Highlights the need to ensure that every person diagnosed with dementia receives meaningful care and recommends that care settings ensure consistency of access, care and standards and reduce variation. The environment within Sally Sherman ward is far superior to Thames ward in terms of design and flow, use of space, colour, lighting and sound. The consolidation of Thames ward will respond to these issues and also reduce variation in what is a specialist area of psychiatry, supporting very complex inpatient Mental Health care. **(Appendix 2 pictures of environment)**

3.4 ***NHS England's Dementia: Good Care Planning (2017)*** further highlights the need for a standardised approach: "reducing unwarranted local variation in process or outcomes, promoting equality and tackling health inequalities, ensuring alignment with relevant cross condition care plans such as diabetes; and drawing on examples of good practice around the country". Sally Sherman ward has the benefit of having hospital status and is also located in the heart of the community, having direct and easy access to the full range of community services, Health and Social Care.

3.5 The Kings Fund ***Enhancing the Healing Environment*** Programme highlights the importance of providing visual clues and prompts, including accent colours and artworks, to help dementia patients find their way around a ward. Sally Sherman ward has won a number of awards and acknowledgments for its design, artwork and overall environment, related to Dementia provision. **(Appendix 2 pictures**

**of environment)**

## 4.0 Service Proposal

4.1 It is proposed to locate all older adult inpatients with behavioural and complex psychiatric symptoms of dementia, across East London consolidated into one site, Sally Sherman Ward, East Ham Care Centre. An analysis of the options has been considered, **(Appendix 1)**

4.2 This represents a comparatively small-scale service change; this proposal would see the transfer of 7 inpatients. However, the benefits in terms of improved quality are significant.

4.3 There are currently 7 patients on Thames Ward (Table 3) who have been clinically assessed as suitable for transfer to Sally Sherman Ward. Sally Sherman Ward has 8 vacancies

| Borough | Male | Suitability for Sally Sherman | Female | Suitability for Sally Sherman | Total |
|---|---|---|---|---|---|
| **City & Hackney** | 3 | Yes | 1 | Yes | 4 |
| **Tower Hamlets** | 0 | N/A | 3 | Yes | 3 |
| **Total** | 3 | | 4 | | 7 |

Table 3– Thames Ward Occupancy & Gender Mix – (Sept 2019)

## 5.0 Benefits

5.1 The East London NHS Foundation NHS Trust and working with local Commissioners are committed to ensuring ongoing access to high quality care, the merger of Thames Ward and Sally Sherman is part of this process of improvement and will deliver a number of quality benefits.

5.2 East Ham Care Centre is purpose-built, patients would be accommodated in a dementia-friendly unit, which has recently been refurbished, designed specifically for the older adult population and provides the full range of holistic care to older adult patients including the following wards and services:

- **Sally Sherman Ward** – 19 bed ward, providing specialist and continuing care for people with cognitive impairment and challenging behaviour

- **Fothergill Ward** - 27 bed intermediate care ward, providing, rehabilitation and end of life care

- **Day Hospital incorporating the Falls Prevention Clinic (FPC)** – providing intervention from two or more health specialists to help support chronic or long-term condition, FPC a multidisciplinary service including Occupational and Physiotherapy working together to investigate the causes of falls, reduce incidence and minimise injury following falling.

- **Activity Centre** - includes weekly music therapy sessions; a music therapist has recently commenced working at East Ham Care Centre. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room

- **Cazaboun Ward** – 23 bed vacant wad

5.3 The co-location of the different streams of the older adult inpatient pathway allows for a smooth transition between them for a patient group for whom change can be unsettling and also creates a critical mass of expertise, resources and support in the care of the elderly and frail at this location. Patients can transition from the day hospital to our continuing care ward and if required, transition to our end of life ward providing seamless care.

5.4 Sally Sherman Ward operates a treatment model based on delivering person-centred care, as recommended by the Alzheimer's Society:

- Treating the person with dignity and respect
- Understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests
- Looking at situations from the point of view of the person with dementia
- Providing opportunities for the person to have conversations and relationships with other people
- Ensuring the person has the chance to try new things or take part in activities they enjoy.
- Family, carers and the person with dementia (where possible) should always be involved in developing a care plan based on person-centred care.
- Their knowledge and understanding of the person is extremely valuable to make sure the care plan is right for them.

5.5 The ward is dementia-friendly, providing a bright spacious environment for patients. Every bedroom has en-suite facilities and are spacious enough to be equipped to support patients with disabilities. The ward is built around a central atrium, which not only renders an abundance of space and natural light it also provides a dementia-friendly natural loop, which patients can move around when they want to take some exercise but in a safe environment where they cannot get lost. There is seating

areas spaced around this loop where service users can sit, to relax or rest if they get tired.

5.6 The ward maintains exceptional levels of cleanliness, is pleasant, friendly and inviting.

5.7 East Ham Care Centre also benefits from lovely gardens, which are used frequently by service users. Every service user has a tailored activity programme and is allocated an activity worker. The Activity Centre runs from Monday to Friday every week and includes weekly music therapy sessions; a music therapist has recently commenced working at East Ham Care Centre. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room.

5.8 Staff on Sally Sherman Ward encourage orientation and involvement of the service users. Annual celebrations and events are marked and service users are involved in art projects to create decoration for the ward at key points of the year, e.g. Easter, Christmas.

5.9 Staff work with the service users to create a 'memory book' features photographs of their family, items from their childhood or people and places that have a special meaning to them. These books are regularly shown to and discussed with service users and this can help with orientation and reduce stress in isolation.

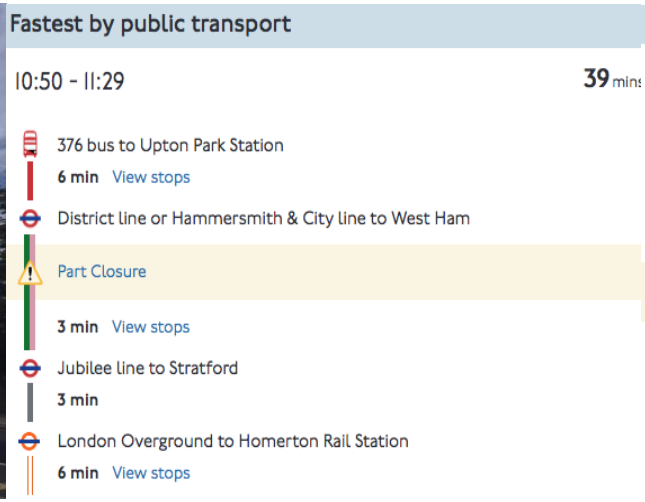
5.10 The ward encourages the use of small tables at mealtimes to create conversation and interaction between service users and staff, to minimise any distractions and to ensure that service users aren't sat in one place all day and are stimulated by a change of scenery.

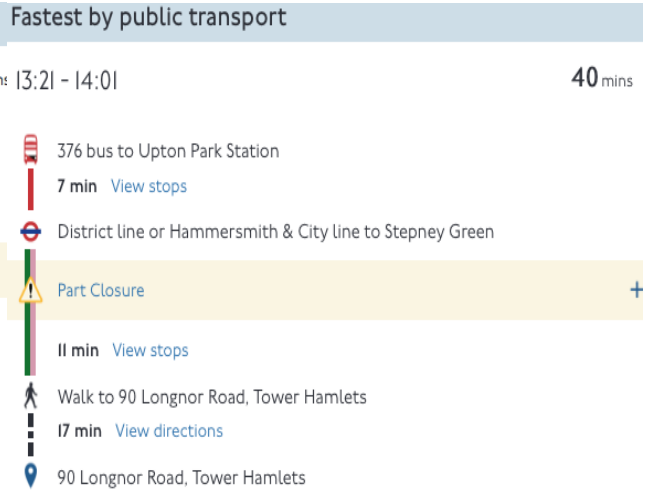
5.11 Patients based at Sally Sherman Ward also benefit from a wide range of health care and treatment approaches which are either based on site or visit the site on a regular basis, as follows:

| | | | | |
|---|---|---|---|---|
| Speech & language therapists | Physiotherapists | Diabetic nurses | Dieticians | Tissue viability nurses |
| Falls clinic | Podiatry | Optician | Dental service (provided by local practice) | Hairdresser on site |
| Liaison with local Bereavement Service | Sensory Room | Welfare Team | Physical health nurses | Therapy Room |
| Therapeutic Gardens | Mental Health Nurses | Medical Psychiatry and General Physicians | Activity Centre | Restaurant |

5.12 East Ham Care Centre has good transport connections for families and carers visiting patients based at Sally Sherman Ward, as follows:

- Car park with visitor parking
- Cycle bays
- East Ham tube station is a 10-minute walk away on the District and Hammersmith & City lines
- Nearby bus stop in Shrewsbury Road offering access (376) to public transport routes to Hackney and Tower Hamlets.




5.13 Service users, families, carers and other visitors have access to an on-site canteen at East Ham Care Centre. A good support mechanism is also in place for relatives, with a designated area where families and carers can chat and offer informal support to each other. The multi-disciplinary team works closely with families and carers who are engaged at every step of their loved one's journey.

A relative recently wrote: "The level of care that patients receive here is extraordinary. Compassion, commitment and dedication are the order of the day. The staff bring hope and happiness to those in need. The atmosphere is calm and relaxed and promotes a much better quality of life than many had before. The confidence and contentment I had a as relative was priceless."

5.14 Sally Sherman Ward has participated in and achieved the following:

- Successful QI Project to reduce violence & aggression on continuing care wards
- Older Peoples Positive Mental Health (positive practice improvement). Ward shortlisted for QI Project on including carers in the care of older adults
- Oral health QI Project about to commence with aim of improving oral hygiene and responding early to dental decay and associated problems
- Won Nursing Times award for their work on reducing violence by 50%; sickness levels also reduced as a consequence of this
- The ward reached the final three in the Older People's National Awards in Bristol and although they did not win the award, they were 'highly commended' and received a certificate for the excellent work they undertake with Carers.
- Strategies to reduce antipsychotic and benzodiazepine
- Carers took part in a charity Memory Walk in Olympic Park
- Ward Housekeeper won Ancillary Leader of the Year at the National Unsung Hero Awards for her work around patient nutrition and developing diet plans
- Ward nominated for Improvement Team of the Year at ELFT Staff Awards
- As part of an International Quality Conference, the ward was visited by health staff from a number of countries around the world, including Canada, Australia, Scotland, Sweden, Norway and other parts of the UK, who all gave very positive feedback about Sally Sherman and said that they would be happy to have their family members placed in such a facility.



5.15 Sally Sherman successfully secured funding through the Prime Minister's Challenge on Dementia used the funds to make changes to the ward, including the décor, lighting, flooring and colours. The team also created lots of seating areas around the ward, including one particular alcove transformed from a dull unused area into a bright, inviting area, now used by many service users and their families. The alcove seating blends beautifully with a lovely view overlooking the beautiful gardens.

5.16 Staff on Sally Sherman Ward have undertaken a number of particularly successful interventions with challenging patients **(Appendix 3).**

## 6. Current, Future Activity and Demand

6.1 The demand capacity forecasting of Dementia diagnosis over the next 10 years has been based upon the baselines and profile of the ageing population within the Boroughs. All 4 Boroughs are regarded as young in terms of the population age range in comparison to the rest of the country and indeed London.

6.2 The number of people with Dementia in 2013 according to Local Authorities

CITY of LONDON – 86

HACKNEY – 1293

TOWER HAMLETS – 1209

NEWHAM - 1540

6.3 Life expectancy for older people is increasing, older people are most at risk of suffering dementia, the largest increases in the number of people with dementia will occur in those areas with oldest age groups within their population (see Table 4), this risk rises incrementally with increasing age.

Table A: The consensus estimates of the population prevalence (%) of late-onset dementia

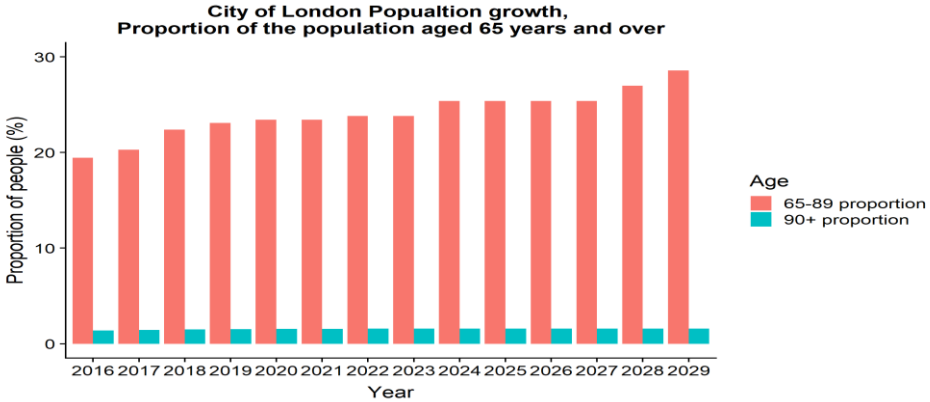
| | Previous estimates (Dementia UK 2007) | | | Current estimates (Dementia UK 2014) | | |
|---|---|---|---|---|---|---|
| Age in years | Female | Male | Total | Female | Male | Total |
| 60–64 | (0.1)* | (0.2)* | (0.2)* | 0.9 | 0.9 | 0.9 |
| 65–69 | 1.0 | 1.5 | 1.3 | 1.8 | 1.5 | 1.7 |
| 70–74 | 2.4 | 3.1 | 2.9 | 3.0 | 3.1 | 3.0 |
| 75–79 | 6.5 | 5.1 | 5.9 | 6.6 | 5.3 | 6.0 |
| 80–84 | 13.3 | 10.2 | 12.2 | 11.7 | 10.3 | 11.1 |
| 85–89 | 22.2 | 16.7 | 20.3 | 20.2 | 15.1 | 18.3 |
| 90–94 | 29.6 | 27.5 | 28.6 | 33.0 | 22.6 | 29.9 |
| 95+ | 34.4 | 30.0 | 32.5 | 44.2 | 28.8 | 41.1 |

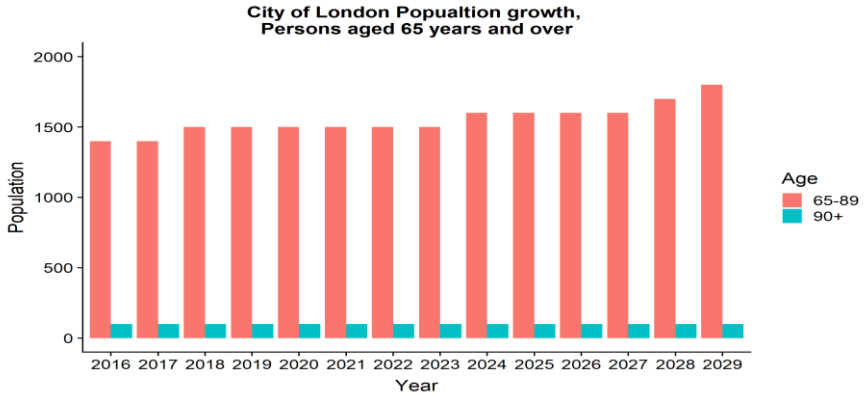
Table 4 – Population prevalence of late onset dementia

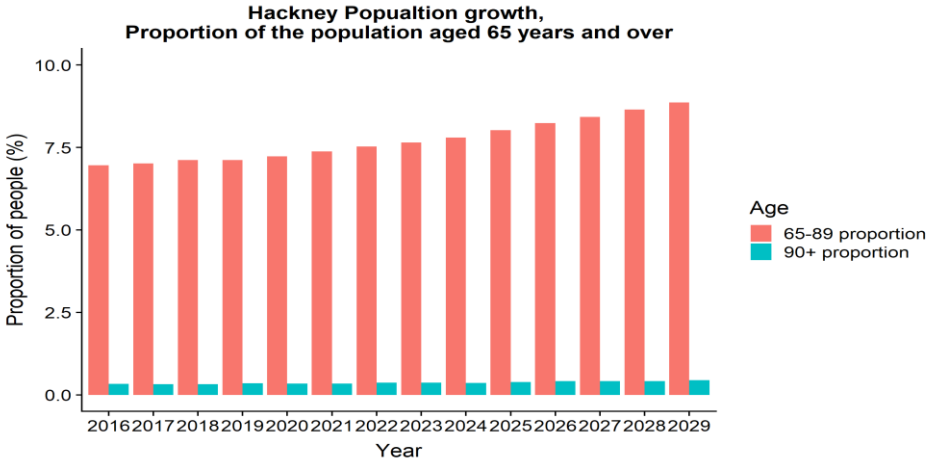
6.4 The tables below provide the forecast in terms of the general population age profile for the 4 Boroughs over the next 10 years.

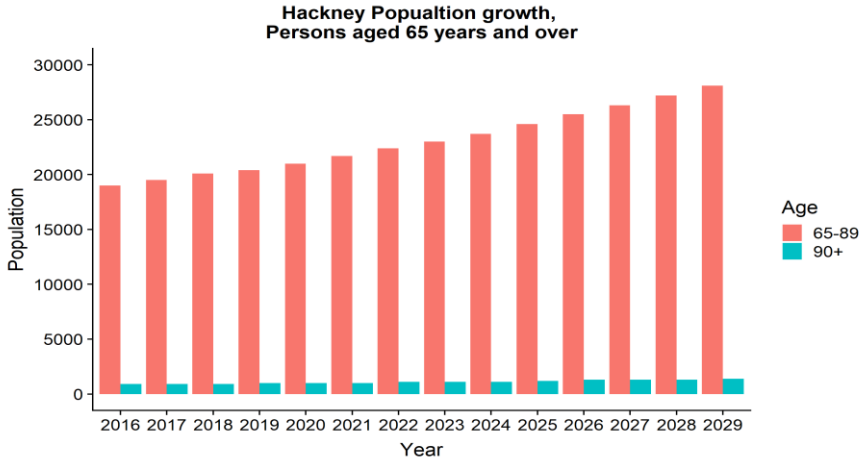
6.5 Using the population profile as a means to assess future demand and capacity requirements for Dementia we can establish that

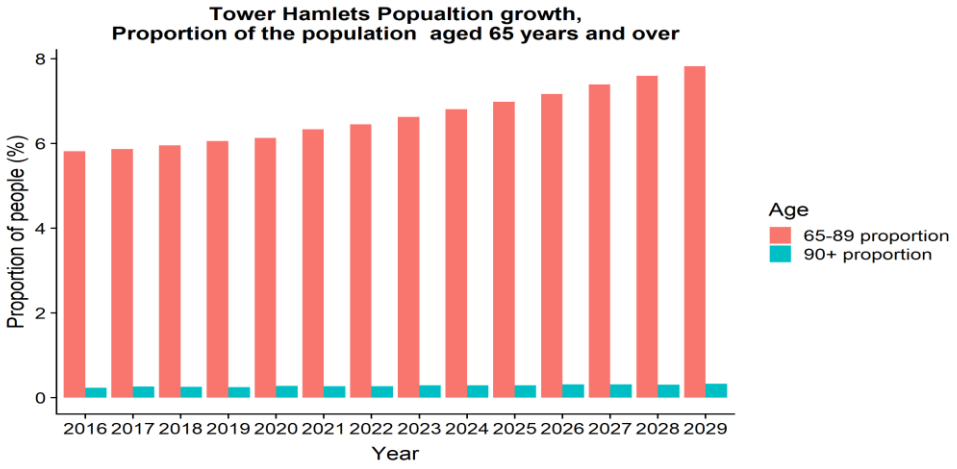
increasing age, increases risk, those people who are in the 90+ age group remains largely static within the Boroughs (life expectancy is lower than UK national average), whereas the 65 – 89 age range increases.
profile increases within each of the Boroughs.

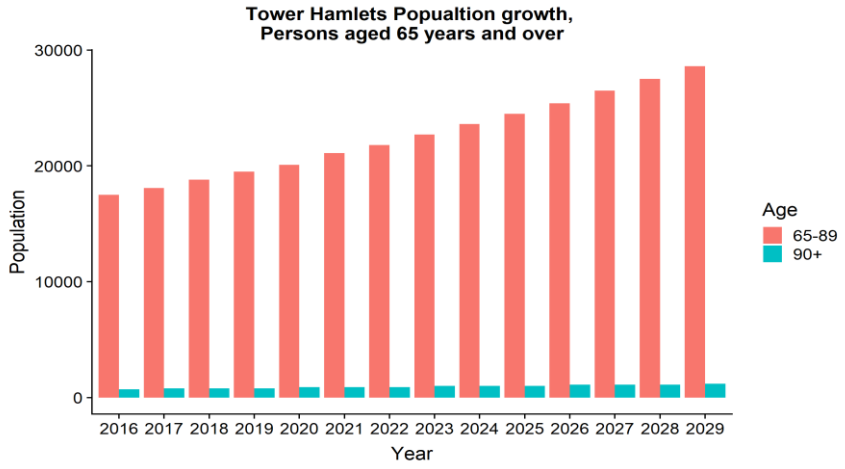


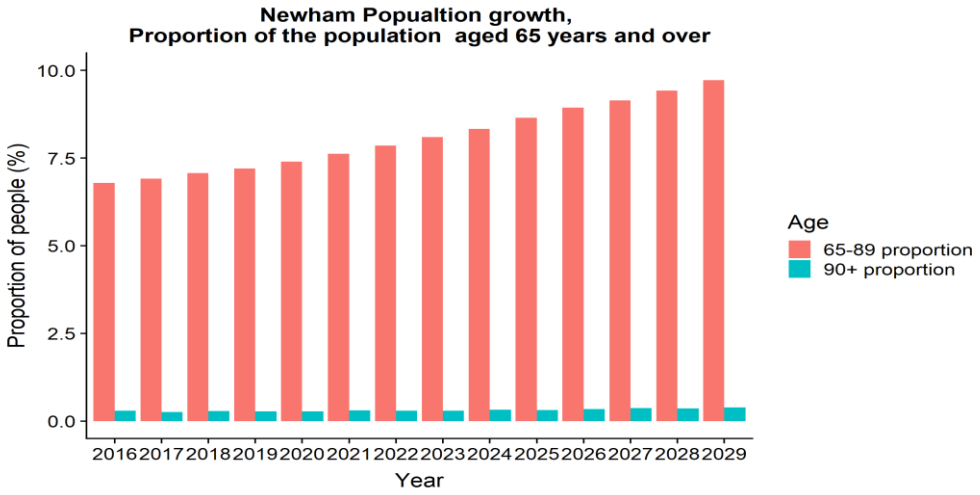



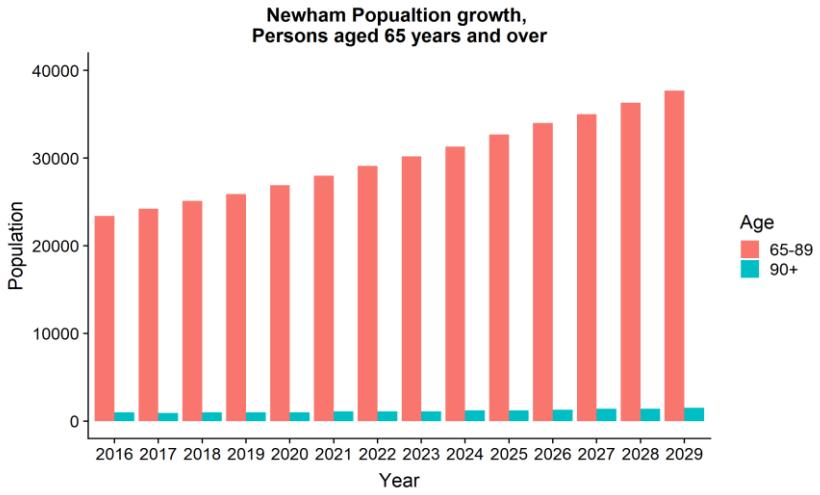






6.6 In terms of inpatient bed requirements for those with complex care and/or challenging behaviour the following growth assumptions have

been made using the formula, current population and age profile 65 – 89 and 90+, compared with current usage of Inpatients beds as an % of that population segment. Projecting forward the forecast Inpatient need based on the increased growth of those aged 65 and over within the Boroughs. (Table 5 below)

| Area | Measure | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| City of London | OBD 65 years and over | 164.1 | 164.1 | 164.1 | 164.1 | 164.1 | 174.3 | 174.3 | 174.3 | 174.3 | 184.6 | 194.8 |
| Hackney | OBD 65 years and over | 2194.4 | 2255.9 | 2327.7 | 2409.7 | 2471.2 | 2543.0 | 2645.5 | 2748.1 | 2830.1 | 2922.4 | 3024.9 |
| Newham | OBD 65 years and over | 2758.3 | 2860.9 | 2983.9 | 3096.7 | 3209.5 | 3332.6 | 3476.1 | 3619.7 | 3732.5 | 3865.8 | 4019.6 |
| Tower Hamlets | OBD 65 years and over | 2081.6 | 2153.3 | 2255.9 | 2327.7 | 2430.2 | 2522.5 | 2614.8 | 2717.3 | 2830.1 | 2932.7 | 3055.7 |
| City of London | Occupancy 65 years and over (%) | 1.2% | 1.2% | 1.2% | 1.2% | 1.2% | 1.3% | 1.3% | 1.3% | 1.3% | 1.4% | 1.4% |
| Hackney | Occupancy 65 years and over (%) | 16.2% | 16.7% | 17.2% | 17.8% | 18.3% | 18.8% | 19.6% | 20.3% | 21.0% | 21.6% | 22.4% |
| Newham | Occupancy 65 years and over (%) | 20.4% | 21.2% | 22.1% | 22.9% | 23.8% | 24.7% | 25.7% | 26.8% | 27.6% | 28.6% | 29.8% |
| Tower Hamlets | Occupancy 65 years and over (%) | 15.4% | 15.9% | 16.7% | 17.2% | 18.0% | 18.7% | 19.4% | 20.1% | 21.0% | 21.7% | 22.6% |

Table 5 – Projected bed requirements forecast over next 10 years

6.7 In term of future forecasting and capacity from our bed modelling the capacity within Sally Sherman ward will meet future demand over the next 4 years, in 2024 demand will begin to outstrip bed availability.

6.8 In order to effectively plan for this forecasting and mitigate demand pressures we will be investing as phase 2 of this development in community orientated, upstream interventions to support more effective support and upskill the sector, developing increased expertise within nursing homes to help manage greater degrees of complexity, educational and supportive in reach for carers.

## 7.0 Staffing

7.1 It is proposed that all staff on Thames House are met with and redeployment plans are agreed and put into place in advance of patient transfer and ward closure.

7.2 Suitable Trust-wide vacancies have now been frozen and will be used to redeploy Thames House.

*Medical Cover Current*

7.3 Thames House is currently allocated 3 PAs of older adult consultant psychiatry input per week, Junior doctor cover to supplement the medical care is currently provided as required.

7.4 G.P input is provided by a local practice, to which all the patients would be temporarily registered whilst they are an inpatient

7.5 Sally Sherman is currently allocated 2 PAs of older adult consultant psychiatry input per week; only one of these is funded, the unfunded PA to be supported through this consolidation.

7.6 There is nominal duty doctor cover

7.7 G.P cover is one session per week; however, it is limited in its scope.

*Medical Cover New Model*

7.8 Sherman Ward consultant psychiatry sessions increased to 4 PAs per week. The current Sally Sherman consultant has the capacity to accommodate this increase and a new job description will be developed for this role. In addition, a middle grade doctor will provide cover for the Sally Sherman consultant's leave and other absence, providing much needed continuity of care and senior medical oversight.

7.9 The GP model (Thames House) will be replicated at Sally Sherman Ward to address current limitations.

## 8.0 Impact of Changes for City & Hackney and Tower Hamlets Service Users

8.1 It is recognised that that the move to Sally Sherman ward will be unsettling for the individual patients, who would transfer from

Thames Ward, Mile End Hospital, and for their families. In each of these cases the Consultant Psychiatrist and nursing staff, who know and are currently caring for the patients, will work closely with them and their family to re-assess their specific needs, agree individualised transfer plans and prepare them for the move. Family and carers will also be given the opportunity to visit Sally Sherman prior to change taking place.

8.2 The Trust recognises the importance in providing accessible services for Family & Carers to care and support older people in hospital of being able to be visited regularly by their family and carers. Therefore, additional travel assistance will be offered to carers where the journey to Sally Sherman is significantly more complex than the journey would have been to the Thames Ward. In coming to this determination the care co-ordinators will take into account:

- Mobility issues.
- Journey time.
- Number of transport changes needed to complete the journey.
- Physical, sensory or mental health problems that make travelling by public transport difficult.
- Personal safety considerations, including travelling after dark.

8.3 In situations where a journey is agreed as significantly more complex, **a total journey time of 45 minutes or more the** care co-coordinator will determine with the carer how the Trust might support the individual to maintain their visiting arrangements to Sally Sherman ward. This might include the provision of taxis, payment towards parking costs or provision of hospital transport. The transport arrangements will be reviewed regularly by the ward team and the carer throughout the patients stay.

8.4 Appraisals of travel times (Table 6) for Tower Hamlets and (Table 7) City & Hackney residents to East Ham Care Centre have shown that the potential impact on patient and carer travel time would not be excessive as there are a number of public transport routes. There are specific locations where the journey time is in excess of 45 minutes marked in red. An analysis undertaken shows the following differences in travel times for Tower Hamlets and Hackney residents.

Table 6 Tower Hamlets travel to Mile End/ East Ham Care Centre

| **Tower Hamlets** | Current Travel to Mile End Hospital **Driving** | Current Travel to Mile End Hospital **Public Transport** | Future Travel to East Ham C.C **Driving** | Future Travel to East Ham C.C **Public Transport** |
|---|---|---|---|---|
| Stouts Place | 13 mins | 24 mins | 34 mins | 41 mins |
| St. Katherines Dock | 16 mins | 24 mins | 32 mins | 38 mins |
| Docklands | 15 mins | 36 mins | 28 mins | 56 mins |
| Island | 13 mins | 37 mins | 25 mins | 52 mins |
| Aberfeldy | 14 mins | 30 mins | 24 mins | 36 mins |
| Strudley Walk | 12 mins | 16 mins | 21 mins | 25 mins |
| Ruston Street | 10 mins | 23 mins | 27 mins | 37 mins |
| Spitalfields | 12 mins | 17 mins | 43 mins | 33 mins |

Table 7 Hackney travel to Mile End/ East Ham Care Centre

| **Hackney** | Current Travel to Mile End Hospital **Driving** | Current Travel to Mile End Hospital **Public Transport** | Future Travel to East Ham C.C **Driving** | Future Travel to East Ham C.C **Public Transport** |
|---|---|---|---|---|
| Abney House | 25 mins | 45 mins | 38 mins | 60mins |
| Green Lanes | 32 mins | 50 mins | 45 mins | 60mins |
| Southgate Road | 19 mins | 40mins | 50 mins | 55 mins |
| Half Moon Court | 25 mins | 30 mins | 40 mins | 52 mins |
| Broadway Market | 12 mins | 30 mins | 36 mins | 48 mins |
| Lower Clapton Road | 23 mins | 40 mins | 31 mins | 60 mins |
| Wick Road | 15 mins | 40 mins | 30 mins | 49 mins |
| Mandeville Street | 31 mins | 49 mins | 35 mins | 64 mins |
| Egerton Road | 30 mins | 45 mins | 43 mins | 57 mins |

## 9.0 Financial costs and Value for Money

9.1 It is not financially viable to run wards with such significant bed vacancies over a long period of time. The staffing costs remain disproportionate with the ratio of patients, the consolidation of the wards will address these financial imbalances whilst providing the opportunity to achieve greater value for money and use of resources.

9.2 This scheme will enhance the current inpatient service through a remodelled and full multi-disciplinary team and support through reinvestment further improvements in the community pathway for Older Adults, including greater accessibility, early intervention and in reach to nursing home providers.

## 10. New Service Monitoring and Governance

10.1 In order to understand the impact of the change and mitigate/respond to any unintended consequences we propose to use the following measures to understand over time

- Length of Stay (Trend)
- Staff turnover (monthly – 12 month rolling)
- Staff absence rate (monthly)
- Incidents number and themes (trend)
- Patient experience & F&F responses
- Staff experience
- Eligibility for travel assistance identified vs's Travel assistance provided

## 11. Conclusion & Recommendations

- Sally Sherman is a modern, purpose built Older Person's ward located within East Ham Care Centre with sufficient capacity to meet the future requirements of complex and challenging behaviour for Older People from Tower Hamlets, City & Hackney and Newham.

- Family and carers of City and Hackney and Tower Hamlets residents in Thames Ward will be able to access assistance where travel time is an issue to enable them to regularly visit the ward in East Ham.

- The Tower Hamlets Health Overview & Scrutiny Committee are therefore asked to support this proposal to merge Thames Ward with Sally Sherman, and in so doing deliver more cost effective, higher quality inpatient care, and improve the overall utilisation of estates at both East Ham Care Centre and Mile End Hospital enabling further exploration of various options to repurpose the future use of Thames Ward.

## 12. Horizon scanning and future plans

12.1 We are about to embark on a review of the Older Persons Organic Inpatient Assessment service (Columbia Ward 21 beds) which is currently located at Mile End Hospital, Columbia provides a function on behalf of all 3 CCG's. There is opportunity to utilise further the available space and accommodation at East Ham Care Centre to greater effect, as there is a vacant ward (Cazaboun 23 beds) which will
provide sufficient bed mass for the relocation of Columbia ward.

12.2 Discussions are at a very early stage, but we feel it important to signal at this stage this exciting opportunity to bring together all of the frail elderly and Dementia wards together on one site to provide a Centre of Excellence for this care group.

**APPENDIX 1**

| No | Option Description | Positive Impact | Negative Impact |
|---|---|---|---|
| 1 | Do nothing; Trust provides two separate Continuing Care Wards: Thames House and Sally Sherman Ward | Service users do not have to be moved | Service users will not benefit from being located in the best possible environment and what this enhancement will mean to their daily lives |
| | | Staff do not have to be redeployed | The Trust is not offering good value for money in operating two wards which are underutilised. |
| | | Families and carers who are residents of the City of London, Hackney and Tower Hamlets will not need to source alternative travel to visit loved ones. | Thames House is not a fully dementia-friendly ward and does not offer the same level of environment as Sally Sherman Ward, e.g. large ensuite bedrooms, colour, light and space |
| 2 | Consolidate the location of all older adult inpatients with behavioural and complex psychiatric symptoms of dementia into one site, Sally Sherman Ward, East Ham Care Centre. | Service users will benefit from being located in the best possible environment. This will enhance their daily lives, as highlighted above. | Service users will need to be moved; continuing care service users sometimes find change difficult |
| | | Sally Sherman Ward has led on many exciting projects, including violence reduction, involving families and carers and implementing innovative ways of working with service users | Families and carers who are residents of the City of London, Hackney and Tower Hamlets will need to travel further to visit loved ones. However, Trust can provide free transport for this where required |
| | | The Trust will provide a high quality service to all Continuing Care residents of the East London boroughs it serves. There is currently inequity in the service provided for people with behavioural and complex psychiatric symptoms of dementia | Staff will need to be redeployed. However, the Trust has identified a number of suitable vacancies and Sally Sherman Ward will also need to be enhanced when operating at full capacity |
| | | The Trust will be able to generate efficiency savings as a result of creating a consolidated unit and will therefore offer better value for money | |
| **No** | **Option Description** | **Positive Impact** | **Negative Impact** |

| | | | |
|---|---|---|---|
| 3 | Close Thames House and replace with an enhanced community Continuing Care Service | Service users can be managed in their own home or in alternative community settings | Service users will need to be moved; service users sometimes find change difficult |
| | | Care closer to home where possible is considered to be best practice | Staff will need to be redeployed |
| | | | This service user group, patients with behavioural and complex psychiatric symptoms of dementia are not deemed suitable to be managed in the community; most display challenging behaviour and many require 1:1 care |

**APPENDIX 2**

## Sally Sherman Environment

**APPENDIX 3**

## Sally Sherman Patient Stories

A service user was placed in eight different care homes but did not settle; staff were unable to manage her care and she was subsequently readmitted to Columbia Ward at Mile End Hospital. She exhibited challenging and often aggressive behaviour. She was then transferred to Sally Sherman and the team used their person-centred care model to great effect, getting to know her over the long-term. She did not have any family visiting her and so ward staff set up a befriending system. They also arranged for her to leave the ward a couple of times a week and this opportunity enhanced her experience and reduced her aggressive behaviour.

Another challenging man had refused to leave the ward for many years, even refusing to go downstairs to the garden. Sally Sherman's Housekeeper developed a relationship with him and managed to get him out of the ward, into a taxi and took him shopping. This significantly reduced his aggression. This led to staff considering every service user on the ward, why they were aggressive and what we could do for them and was developed into a very successful QI Project.