

HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

Tuesday, 26 October 2021 at 6.30 p.m.
Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London,
E14 2BG
Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the <https://towerhamlets.public-i.tv/core/portal/home> site

Members:

Chair: Councillor Gabriela Salva Macallan
Vice-Chair: Councillor Shah Ameen

Councillor Faroque Ahmed, Councillor Shah Ameen, Councillor Denise Jones, Councillor Puru Miah and Councillor Andrew Wood

Substitutes:

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

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**PAGE
NUMBER(S)**

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF INTERESTS

5 - 6

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

2. MINUTES OF THE PREVIOUS MEETINGS

2 .1 8th June 2021 7 - 14

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Sub-Committee held on 08/06/2021

2 .2 16th September 2021 15 - 22

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Sub-Committee held on 16/09/2021

3. CHAIRS UPDATE

4. REPORTS FOR CONSIDERATION

4 .1 Inpatient dementia assessment services 23 - 82

4 .2 Adult Social Care Strategy 2021

4 .3 Contain Outbreak Management Fund (COMF)

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Next Meeting of the Sub-Committee

The next meeting of the Health Scrutiny Sub-Committee will be held on Thursday, 16 December 2021 at 6.30 p.m. in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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Agenda Item 1

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Janet Fasan Head of Legal Services and Monitoring Officer, Tel: 0207 364 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. 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— (a) under which goods or services are to be provided or works are to be executed; and (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)— (a) the landlord is the relevant authority; and (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— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.32 P.M. ON TUESDAY, 8 JUNE 2021

[ONLINE 'VIRTUAL' MEETING - HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)

Members Present:

Councillor Gabriela Salva Macallan (**Chair**)
Councillor Shah Ameen(**Vice-Chair**)
Councillor Faroque Ahmed
Councillor Denise Jones
Councillor Puru Miah
Councillor Andrew Wood

Co-opted Members Present:

David Burbidge
Sue Kenten

Officers Present:

Dr Somen Banerjee	– (Director of Public Health)
Chris Banks	– (Chief Executive Tower Hamlets GP Care Group)
Rayah Feldman	– (Hackney Migrant Centre)
Tyrone Josephine	– (Tower Hamlets GP Care Group CIC)
Jack Kerr	– (Strategy & Policy Manager)
David Knight	– (Democratic Services Officer, Committees, Governance)
Bethan Lant	– (Praxis)
Tracey St Hill	– (Principal RSL Partnerships Officer)
David Tolley	– (Head of Environmental Health and Trading Standards)
Wendy Pettifer	– Hackney Migrant Centre
Isabelle Pereira	– Care4Calais
Jamal Uddin	– (Strategy Policy & Performance Officer)
Nicola Mutale	– (Equalities & Parental Engagement - Integrated Youth and Community Services)
Georgia Ramirez	– (Public Health Programme Manager)

1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

2. MINUTES OF THE PREVIOUS MEETING(S)

The Sub-Committee confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 29th April 2021 and the Chair was authorised to sign.

3. CHAIRS UPDATE

The Chair informed the Sub-Committee that she would be attending the main Overview and Scrutiny Committee on the 28th June 2021 and it is her intention to improve the dialogue with the main scrutiny committee this year (e.g. facilitating access to the main committee papers and meetings for information and comment).

The Sub-Committee also noted that the Chair is a member of the Borough's Health and Well-Being and the Inner North East London Joint Health Overview and Scrutiny Committee and that she would also be happy to arrange for the circulation of agenda papers to Members of the Sub-Committee.

4. ELECTION FOR NEW VICE CHAIR

The Sub-Committee **elected** Councillor Shah Ameen for the current year.

5. HEALTH & ADULTS SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, MEMBERSHIP AND DATES OF MEETINGS 2021/22

The Sub-Committee received and noted a report that outlined the Terms of Reference, Quorum, Membership and Dates of Meetings for the Municipal Year 2021/22. Accordingly the Sub-Committee

1. **Noted** its Terms of Reference, Quorum, Membership, and Dates of future meetings as set out in the appendices of the report.

6. INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (INEL JHOSC) NOMINATIONS AND UPDATE

The Sub-Committee **agreed** to nominate the following Members as to the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

- Councillor Gabriela Salva Macallan.
- Councillor Shah Ameen; and
- Councillor Faroque Ahmed

7. REPORTS FOR CONSIDERATION

7.1 HASC FORWARD PLAN 2021/22 DISCUSSION

The Sub-Committee was reminded that it's role is to hold commissioners and providers of publicly funded health and social care to account for the quality of their services in accordance with the Health & Social Care Act 2001. The Sub-Committee operates through statutory powers to obtain information, ask questions, and make recommendations.

Accordingly the Sub-Committee noted that the had been liaising with key stakeholders and partners to identify key priorities for health and social care. As a result, several agenda ideas were suggested for the forward plan.

Subsequent to the meeting and the Scrutiny Away Day the Overview and Scrutiny Committee on 26th July 2021 considered and **agreed** the Forward Plan attached as an appendix to these minutes.

7.2 TOWER HAMLETS PRIMARY CARE NETWORKS (PCN)

The Sub-Committee received a report that provided an overview of Tower Hamlets Primary Care Networks, together with more detailed information about the excellent work undertaken by the Networks to improve the health and wellbeing of the population. The main points of the discussion and the questions arising from that discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Noted** that the Networks in Tower Hamlets was first formed in 2010. Tower Hamlets and has been cited as an example of best practice that is now being replicated nationally, through the introduction of PCNs. In 2010 the then Primary Care Trust (now Tower Hamlets, Newham, and Waltham Forrest (TNW) Integrated Care Partnership), Local Medical Council and GP surgeries in Tower Hamlets set up eight Networks composed of member practices.
- ❖ Was **advised** that the reason for establishing the Tower Hamlets Networks was due to the high levels of deprivation in the Borough and the chronic underfunding of primary care.
- ❖ **Expressed** concerns regarding the adequacy of provision for general practitioner services in the Borough, in response it was noted that general practices in tower hamlets do provide effective provision although it was noted that there was some concern at the quality of provision for those practices in the more deprived areas of tower hamlets.
- ❖ **Noted** that Tower Hamlets continues to be one of the fastest growing, youngest, and most diverse populations in England, with a quarter of the whole population aged 0 to 19 years old and therefore a significant percentage of the population are only now receiving their vaccinations whereas the older population are now safer as there have been vaccinated.

- ❖ Expressed **concern** that four Whitechapel GP surgeries had been taken over by a new provider these surgeries had previously been owned by a GP-led company called AT Medics who had established a chain of surgeries by taking over failing practices.
- ❖ **Noted** how the bringing GP of surgeries together at scale can allow for the focus on delivery (**e.g.** Inter-practice referral scheme, for specific procedures/services and more recently creating centralised flu clinics; they work on improving the long-term health and multidiscipline and multi-organisational teams including Social Prescribers, Health Visitors and Midwifery services). Also that it is vital that there is active patient participation in the planning and the development of such services.

1. The Sub-Committee noted the contents of the report and presentation and agreed to incorporate the above-mentioned comments as appropriate within the HASC forward plan 2021-22.

7.3 OPERATION OAK - DEPARTMENTAL AND VOLUNTARY AGENCY SUPPORT FOR ASYLUM SEEKERS

The Sub-Committee noted that in early December 2020 that the Home Office had placed in excess of 400 asylum seekers in 3 hotels in the Borough as part of an initiative called Operation Oak which was a programme designed to disperse asylum seekers around the country between December 2020 and June 2021. The arrival of this group had been unexpected, and therefore unplanned and required intensive input from Council Departments and voluntary agencies to provide appropriate support in order to meet the borough's statutory obligations.

In addition, the Sub-Committee noted a briefing note that provided (i) details of the context and background to Operation Oak, (ii) information on how the Council is responding to the arrival of the asylum seekers, where funding gaps exist, and the structures in place for communication and reporting to ensure efforts are properly co-ordinated. The main points highlighted in the discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Was** informed that (i) the majority of asylum-seekers do not have the right to work in the United Kingdom and so must rely on state support; (ii) housing is provided, but asylum-seekers cannot choose where it is, and it is often 'hard to let' properties which renters do not want to live in; and (iii) support is available for secondary language education.
- ❖ **Noted** that the Home Office has contracted management of this accommodation in the Borough to Clearsprings and both the asylum seekers housed there and local agencies have been speaking out about the issues associated in housing people in such temporary accommodation **e.g.** the huge strain on accommodation; quality and quantity of food and drink provided to the asylum seekers and that they are not getting access to the services that they are entitled to.

- ❖ **Indicated** that it wanted to know what the Council could do to help these asylum seekers with regards to mental health; help for schools in terms of uniform grants; where these individuals will be housed and what access would they have to primary care.
 - ❖ **Commented** that with regards to access to primary care they wanted to see the establishment of Care Navigators as in Newham to work to facilitate integrated working across the Primary Care Teams, GP's, and other relevant Health; Education and Social Care Professionals to ensure care delivery is of a high quality.
 - ❖ **Noted** the extra support being provided by the Borough's Early Help Hub (EHH) works with asylum seekers and their families, the EHH checks if an asylum seeker is already receiving assistance by another agency, what support is being provided.
 - ❖ Agreed that whilst the Government has stated that asylum seekers children are entitled to the same local authority support as any other children for example to (i) receive the care that they need to thrive; (ii) receive the support they need to fulfil their educational and other outcomes; and (iii) have access to the care, services and support they need. It is important to ensure that the Home Office maintains its commitment to safeguarding and promoting the welfare of asylum seekers children.
 - ❖ **Noted** that under Section 98 of the Immigration and Asylum Act 1999, if an individual can show they are destitute when they first apply for asylum, they will be provided with 'Initial Accommodation' (IA) while the Home Office assesses their eligibility for longer-term (Section 95) support. The providers of IA are contractually obliged to offer three meals a day, supply toiletries and bedding and provide transport to medical and related appointments.
 - ❖ **Noted** the need to work on solutions around safeguarding and the need to work on supporting these individuals through an established process especially for single men as there a significant number of such individuals currently amongst the asylum seekers.
 - ❖ Whilst **expressing concern** that there had been outbreaks of Covid-19 asylum seekers housed in the temporary accommodation was pleased to **note** that **(i)** most asylum seekers are registered with their general practitioner services and are able to access care; **(ii)** the vaccine will be available for asylum seekers under 40; and **(iii)** the Councils Environmental Health Team has worked on ensure that the accommodation was Covid Secure.
 - ❖ **Commented** that there was a need to assess all new arrivals and to agree what further support can be offered **e.g.** education support; access to mental health services and provision for 16- to 19-year-olds.
1. Accordingly the Sub-Committee noted the contents of the briefing note and agreed to consider the issue's raised in more detail at a future meeting.

7.4 COVID 19 UPDATE

The Sub-Committee noted that the Council and its partners are working hard to prevent and minimise further infections of Covid and reduce risk of future restrictions and lockdown measures. The Council it was noted will continue to work with its partners and ensure the local population and the most vulnerable in Tower Hamlets are protected from transmission of Covid 19 and continue to receive the health and care services they need. The main points highlighted in the discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Noted** that the latest update on Covid 19 from Public Health and its partners on tackling the pandemic. The focus will be on:
 - a. Updates to Tower Hamlets Outbreak Management Plan.
 - b. Latest trends on the local vaccination programme; and
 - c. Variants of Concern and surge testing.
 - ❖ **Noted** the surge testing figures and indicated they would like to see more of such data presented a future meeting.
 - ❖ **Noted** the partnership with the Jesuit Refugee Service to vaccinate people who are no connected to a GP practice.
 - ❖ **Noted** the work being done on street outreach in the Borough to ensure to COVID-19 vaccines are provided to undocumented persons, homeless individuals, and other vulnerable people.
 - ❖ **Noted** commissioning Doctors of the World Doctors at the Refugee Clinic so that they can not only be vaccinated but also be provided with advocacy support so they can navigate the system so that they can register at a GP practice and access more primary care.
1. Accordingly the Sub-Committee agreed that it wished to receive the (i) surge testing figures; (ii) the Covid recovery action plan; and (iii) covid data so as to enable Members to remain up to date and to be able to feed in informed comments to the Health and Well-Being Board.

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Agreed that violent crime is a public health issue because violence is a major cause of ill health and poor wellbeing and is strongly related to inequalities. The poorest people have hospital admission rates for violence higher than those of the most affluent. Violence affects individuals and communities and requires interventions to (i) prevent violence; (ii) improve educational outcomes, employment prospects and long-term health outcomes.

In addition, regarding the Government's 'levelling up' agenda people living in socioeconomically deprived areas of the Borough have the greatest health needs. Action to improve health and reduce inequalities therefore needs to

be a core component of any levelling up approach in Tower Hamlets to target funding and assess progress.

Therefore, it was important that these issues should be considered as a matter for consideration by scrutiny.

The meeting ended at 8.33 p.m.

**Chair, Councillor Gabriela Salva Macallan
Health & Adults Scrutiny Sub-Committee**

**Appendix 1: HEALTH & ADULTS SCRUTINY SUB-COMMITTEE
FORWARD PLAN 2021/22**

Meeting	Type of Scrutiny	Item	Outcome		
Wednesday, 1 Sep 2021	Spotlight	Food provision in the borough			
	Spotlight	Adults Mental Health Provision	<ul style="list-style-type: none"> Review annual report and joint presentation from East London Foundation Trust (ELFT) highlighting challenges in the system Impact of permanent move of Columbia and Cazaboun Ward in East Ham 	•	•
Tuesday, 26 October 2021	Spotlight	Access to primary care	Equality of access to primary care by BAME communities		
	Spotlight	Better Care Fund (BCF) programme	How it is supporting integration and details of the new governance framework		
	Spotlight	Public Health Annual Report and Public Health Budget	Transparency around how funds are being utilised		
Tuesday, 16 November 2021	Deep dive	Review of Council Budget Proposals	Review of specific proposals (tbc) and assess potential impact on community		

Meeting	Type of Scrutiny	Item	Outcome		
			via equality analysis		
	Spotlight	Restoring health provision	<ul style="list-style-type: none"> Restoring elective care and addressing backlog Urgent response to dental provision in the borough 	•	•
	Spotlight	Impact of Long Covid	How is NHS addressing the issue of Long Covid		
Tuesday, 8 th March 2022	Spotlight	Adults Learning Disability Scrutiny Action Plan	<ul style="list-style-type: none"> Update on scrutiny recommendations Update on LD provision focusing on health outcomes, employment, and accommodation 	•	•

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

HELD AT 6.31 P.M. ON THURSDAY, 16 SEPTEMBER 2021

**COMMITTEE ROOM ONE - TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Gabriela Salva Macallan (Chair)
Councillor Shah Ameen (Vice-Chair)
Councillor Faroque Ahmed
Councillor Denise Jones
Councillor Andrew Wood

Co-opted Members Present:

David Burbidge – Healthwatch Tower Hamlets
Representative

Other Councillors Present:

Councillor Mufeedah Bustin

Apologies:

Sue Kenten
Councillor Puru Miah

Officers Present:

Liam Crosby – Associate Director of Public Health
(Acting)
Lisa Harris – Public Health Programme Officer for
Healthy Environments
Dominic Hinde – (National Management Trainee,
Public Health)
Alia HUSSAIN – East London NHS Foundation Trust
Ellie Kershaw – (Tackling Poverty Programme
Manager, Benefits)
Carrie Kilpatrick – Deputy Director for Mental Health and
Joint Commissioning
Katie O'Driscoll – Principal Social Worker
Justin Phillips – NHS North East London CCG
David Knight – (Democratic Services Officer,
Committees, Governance)
Sharon Noonan-Gunning – City University
Denise Radley – (Corporate Director, Health, Adults &
Community)

Warwick Tomsett

– Joint Director, Integrated Commissioning

Jamal Uddin

– Strategy Policy & Performance Officer

Jo Wilson

– Tower Hamlets Food Partnership

1. DECLARATIONS OF INTERESTS

No declarations of interest were received at the meeting.

2. MINUTES OF THE PREVIOUS MEETING

The Chair advised the Sub-Committee that due to unforeseen circumstances and consequent exceptionally busy demands Members are joining online which means that according to the current formal terms of reference the meeting is not formally quorate and as a result the status of this meeting will be recorded as advisory. Nevertheless, it was noted that since the Sub-Committee has no executive decisions to take it would not affect the determination of any of the business to be transacted at this hybrid meeting.

Therefore, it was decided that the unrestricted minutes of the meeting of the Board held on 8th June 2021 should be agreed subject to formal ratification at the next meeting.

3. REPORTS FOR CONSIDERATION

3.1 Impact of Covid-19 on Mental Health and Mental Health Services

The Sub-Committee received a report that summarised what food poverty is and who is affected by it in the London Borough of Tower Hamlets (LBTH). It specifically highlighted the food poverty needs of older people and low-income families and showcased which food provision is in place for these vulnerable groups.

The Sub-Committee then heard from Dr Sharon Noonan-Gunning on the Right to Food campaign. The main points arising from the questioning of the report maybe summarised as follows:

The Sub-Committee:

- ❖ **Noted** that LBTH works collaboratively with stakeholders including the Food Partnership to lead the Food Poverty agenda.
- ❖ **Asked** what provisions had been put in place to support people who used to use Meals on Wheels (MOW). In response it was noted that there was a range of approaches help with the transition of previous MOW users to alternative options as part of the transitions work that was done in Winter 2019-20 (pre-pandemic). This included (i) Reablement short term support/intervention to support users with independently managing meal preparation/use alternative options; (ii) Support network assistance via neighbours/family; (iii) Frozen meal/ready meal options via local supermarket / community meal providers **e.g.** Wiltshire Farm Foods; (iv)

Lunch clubs and other community-based meal providers **e.g.** church groups; and (v) Local restaurant/café/meal delivery options **e.g.** Deliveroo, Just Eat

- ❖ **Asked** if there was an information pack for practitioners to use to support older people to look for alternative options. In response it was noted that as part of the MOW closure project a 'basic' information pack was created to assist practitioners in exploring the range of alternative provision and support, this information pack was very much 'work in progress' and one of the outstanding outcomes from the project was to explore, with Public Health colleagues, the option to further develop this information pack and look at options to create an online information source for both practitioners and residents – some of this 'online' work has already been done in Summer 2021 (delayed due to Covid priorities) and is part of the Community Portal offer in LBTH.
- ❖ **Questioned** if LBTH supported people who used Meals on Wheels with one off payments for white goods? In response it was noted that as part of the Care Act assessment and strengths-based approaches and LBTH has the option to support residents with 'one off' purchases for micro-waves, fridges, freezers where it is felt that this will support the residents to be more independent with meal provision and/or give them greater flexibility with alternatives; this can be done in a range of ways and in some cases can be easier facilitated via the use of a pre-paid one-off card.
- ❖ **Noted** that the recommendations within the report have been collectively identified from the Joint Strategic Needs Assessment (JSNA) and subsequent engagement and prioritisation from the Food Partnership. The proposed recommendations will be delivered by Tower Hamlets Food which is a partnership of organisations and individuals taking action for "good" food for everyone in the London Borough of Tower Hamlets.
- ❖ **Noted** that by "good" it means that food in Tower Hamlets is available and celebrated - neighbourhoods are brimming with opportunities to buy, sell, grow, share, and celebrate tasty, culturally appropriate food.
- ❖ Was **informed** that Tower Hamlets Food is working so that all local people can access nutritious, culturally appropriate, and affordable food with dignity. Their Keep Growing campaign has helped people to grow their own food during the first Covid lockdown. Anyone can access the resources developed, including videos and blogs on all stages of organic growing, and working with communities on a transition to an environmentally sustainable local food system.
- ❖ **Indicated** that it felt it was beneficial to have communities that are inspired and empowered to develop good food knowledge, skills, resources, better welfare standards as well as reducing greenhouse gas emissions.
- ❖ **Noted** that the Covid-19 crisis made life even harder for many after thousands were made redundant, lost income on the furlough scheme and faced higher living costs in lockdown. In addition, with the planned benefit cuts and soaring fuel prices, people on low incomes will be facing a difficult winter. This means that many will struggle to afford the food they need and will be forced to rely on food banks. Whilst some will find it difficult to pay for household bills, transport, or internet connections.
- ❖ **Agreed** that the problem however is not exclusive to unemployed people. In-work poverty hit a record high just before the pandemic, with experts

citing low pay, expensive rent, and meagre benefit payments for the number of families trapped in poverty despite having jobs. Whilst those families relying on benefits will face an annual £1,040 income cut in September 2021 when the planned Universal Credit decrease goes ahead.

- ❖ **Questioned** how people that are vulnerable to food insecurity and malnutrition are identified
- ❖ Were **keen** to see Tower Hamlets become somewhere that those residents facing or at risk of food poverty have easy and affordable access to healthy food within walking distance of their home.
- ❖ **Wished** to see the maximisation of the potential of school catering contractual arrangements to improve child health and educational attainment.
- ❖ **Considered** that Food pantries with their weekly support network through a membership scheme that provides a longer-term option when compared to food banks by giving people a choice of fresh fruit, vegetables, and meat. As opposed to Food banks which are only able to provide short term, occasional support to those families suffering from food poverty.
- ❖ **Wanted** to see Food pantries providing culturally appropriate and sustaining food.
- ❖ **Noted** that while food pantries share the aim of helping people on low incomes, the approach is very different to food banks. It is not a supplier of emergency food parcels like a food bank; instead, it strives to offer longer-term support, based on the idea that for many in the age of austerity and falling living standards, poverty and food insecurity are chronic or reoccurring, rather than a temporary problem.
- ❖ **Agreed** that with food pantries there is a dignity in paying, rather than being given to and the food offer is better in terms of quality, variety, and freshness – and people have choice, within constraints.
- ❖ **Noted** that food boxes provided by food pantries are built around recipes, booklets, and information on healthy food.
- ❖ **Agreed** that it: (i) wanted more information on the local food pantry's and kitchens **e.g.** the viability of accessing school kitchens once having addressed the issue of those schools who had been redeveloped through the private finance initiative (PFI); and (ii) the aspirations and preferences of the former MOW users now entering the social care system.

Following a full and wide-ranging discussion, the Chair thanked all those in attendance for their contributions to a very useful discussions on this critical issue.

Accordingly, the Committee resolved to **note** that the key points for the Committee are to receive:

1. More information on the local food pantry model and proposed placements in the Borough, as well as to understand how they may factor in community kitchens (**Inc** the viability of accessing school kitchens once having addressed the issue of those schools who had been redeveloped through the private finance initiative (PFI); and

2. Details on how the aspirations and preferences of the former MOW users now entering the social care system are being fully addressed

3.2 Food poverty for older people and low-income families

The Sub-Committee received a presentation that provided a high-level summary of the impact of the pandemic on the mental health of LBTH residents alongside the experience of local mental health services as they have rapidly adapted and developed new ways of working to address the various emerging pandemic trends and look to transform services going forward to meet the ongoing demands and opportunities. Members then participated in open discussion on the challenges and opportunities the Covid-19 pandemic has had on local mental health service provision, including the new ways of working to support the wellbeing of local residents and the future strategic approach to address the forecasted ongoing increasing demand. The questioning on the presentation maybe summarised as follows:

The Sub-Committee

- ❖ **Noted** that the presentation had a specific focus on local community, crisis and talking therapies services, which demonstrate the impact across the full spectrum of mental health experiences from common mental health disorders to severe mental illness.
- ❖ Were concerned to **note** that the combination of social isolation, health fears and financial concerns are causing new mental health problems for many of whilst making existing ones worse. There are significant levels of mental health need in the Borough across the whole pathway from serious mental illness (SMI) to common mental health disorders (CMD), such as anxiety and depression and general mental wellbeing. With (i) self-reported levels of anxiety and depression are the highest in London; (ii) the rate of diagnosis for all mental health conditions is significantly higher for residents in the most deprived groups compared to the least deprived, particularly for post-natal depression and SMI; (iii) the rate of diagnosis for schizophrenia, is three times higher than for residents in the least deprived group; (iv) women in Tower Hamlets are twice as likely to be diagnosed with clinical depression than men, and this risk increases when factors such as low-income and social housing are considered. The rates of SMI are at least twice as high for BAME residents; (v) children and young people are estimated as having a higher prevalence of mental health problems than in London or England; (vi) Tower Hamlets has the lowest proportion in London of residents over 65. Mental health problems in older adults are common and often undiagnosed.
- ❖ **Noted** with concern that this significant increase is believed to have been caused by factors including people returning to work; schools re-opening; the negative impact of lockdown measures on the mental well-being of local populations; increased public awareness of crisis lines; and reduced opportunities for community mental teams to engage face to face with all service users during the lockdown.

- ❖ **Noted** that Covid-19 could leave the Borough with an epidemic of mental ill-health that will last much longer than the virus itself **e.g.** Community Mental Health Teams report that they have noticed an increase in complexity of people being referred and that people are often presenting with multiple social issues such as debt, risk of losing their jobs and home, relationship problems.
- ❖ Was concerned to **note** that as an alternative to A&E (i) the Crisis Line had, had to set up an extra line to respond to increase demand; (ii) a Crisis Café had been established by Hestia to support for those support people in crisis out of hours across the Borough. Hestia it was noted is working in collaboration with LBTH and partner agencies to ensure that everyone within their care is equipped with the tools necessary for a life beyond this crisis.
- ❖ It was **noted** that the Crisis Café was unable to provide a “drop in” offer, however, referrals are triaged via the Crisis Line and it provides an alternative space for people in crisis, with access to clinicians, therapists and support staff at evenings and weekends. Finally it was noted that the Crisis Line and Café will be maintained after the pandemic.
- ❖ **Agreed** that given the above-mentioned it is really important for residents to take care of their mental wellbeing and there are lots of simple steps they can take to stay positive and build resilience. For example: (i) stay connected with others and talk about how they feel rather than bottle things up; (ii) undertake physical activity as it can play an important role in regulating mood; and by eating well and getting enough sleep as feeling tired and run down will affect mental health.

- ❖ **Commented** that they wished appropriate support for those Afghan families who have fled to the UK to escape the Taliban and that health centres need to be prepared with sufficient mental health counselling support.

Following a full and detailed debate, the Chair thanked all those in attendance for their contributions to a very useful deliberations on this important matter.

Accordingly, the Sub-Committee resolved to **note** that the key points for the Committee are to receive more information on the:

- 1) recruitment and retention of mental health service staff.
- 2) development of the community mental health services and the referral pathways.
- 3) work being undertaken to tackle loneliness and social isolation during the COVID-19 outbreak and beyond that will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery; and
- 4) work being done to improve the safety of refugees during the COVID-19 pandemic.


4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

With no other business to discuss the Chair called this meeting to a close; thanked all those attending for their contributions and informed the Committee that the next meeting would be on 26th October 2021 in Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

The meeting ended at 7.29 p.m.

**Chair, Councillor Gabriela Salva Macallan
Health & Adults Scrutiny Sub-Committee**

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<p>Health & Adults Scrutiny Sub-Committee</p> <p>Tuesday 26 October 2021</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Eugene Jones, Director Service Transformation, East London Foundation Trust</p>	<p>Classification: Unrestricted</p>
<p>A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre</p>	

Originating Officer(s)	Eugene Jones, Director Service Transformation, East London Foundation Trust
Wards affected	ALL

Summary

The move of Columbia ward from Mile End Hospital to Cazaubon ward at East Ham Care Centre has provided the opportunity, to create a critical mass of expertise, resources and support for dementia care and the frail elderly. Whilst protecting clinically extremely vulnerable patients by creating a safe 'green zone' covid free area at Mile End Hospital.

The Cazaubon ward environment supports recovery and the interim move has already seen improvements in patient outcomes for residents of the City of London, Hackney, Newham, and Tower Hamlets. With an increased range of social and clinical interventions and greater stimulation through the activities programme at the centre, staff are able to identify with the patient the type of support they need to return home or in some cases consider residential care arrangements.

This is an important opportunity to sustain the improvements that have been made in the health and care for people with dementia and make a positive impact on their mental/physical health and overall well-being.

Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. To note the plans and proposed approach and invite feedback
2. To note the questions, we are intending to have answered in the public consultation, and are contained in our report, and invite feedback upon those questions

1 REASONS FOR THE DECISIONS

1.1 There is no specific decision requested, this is primarily for feedback.

2 ALTERNATIVE OPTIONS

2.1 There is no specific decision requested, this is primarily for feedback.

3 DETAILS OF THE REPORT

3.1 Strategic Objectives this paper supports

- Delivering proactive community-based care closer to home and outside of institutional settings, reducing hospital Length of Stay – from 98 to 82 days. Patients are being discharged from hospital returning home or into other community support settings on average 16 days earlier.
- Delivering integrated care which meets the physical, mental health and social needs of our diverse communities, a focus of expertise in one place with a bespoke centre of excellence model for the dementia assessment function, within the overall function for frail elderly and dementia services located at East Ham Care Centre.
- The continued safe provision and infection prevention and control for patients who are clinically extremely vulnerable at Mile End Hospital

3.2 Specific implications for Tower Hamlets residents

- Increased travel and distance for residents compared to the previous location at Mile End Hospital, Travel Analysis is detailed in Appendix 2.

3.3 Patient and Carer Co-production and Public Involvement

- This change will specifically affect older people with dementia who require admission into hospital and reside within the City of London, and the London boroughs of Tower Hamlets, Hackney, Newham, and their families.
- A people participation lead (someone with lived experience), working 1 day per week to ensure these proposals are co-produced, with the people directly impacted, service users (people with a diagnosis of dementia) their carers and family members. We will enable people with dementia, their family, and carers to have a shared ownership and influence of these plans, to create clear and transparent decision-making.
- Carers questionnaire has been developed to establish carers views on the current arrangements within Cazaubon ward and their views of our proposal to make this a permanent arrangement.

3.4 Stakeholder engagement

- We have begun a series of engagement events with stakeholders and our proposals have/will be presented at the respective reference and interest groups, that relate to care of the elderly and dementia to create

a dialogue that ensures the decisions that we make will benefit patients, carers, and family members.

- Dementia Alliance Board to consider and feedback - 8th September
- Older Persons Reference Group to consider and feedback - 22nd September
- People and Place Group to consider and feedback - 6th October
- Health in Hackney (Scrutiny) - 11th October
- TNW Delivery Group and Area Committee - 14th October
- Integrated Care Partnership Board - 14th October
- Tower Hamlets Health Scrutiny - 26th October
- NEL Quality Committee - 10th November
- City of London Health Scrutiny - 10th November

- In addition a visit has been conducted by Healthwatch Hackney on the 3rd September to East Ham Care Centre including Cazaubon ward.

3.5 **Feedback** - incorporated in our 'Frequently asked questions' which is attached as Appendix 3.

3.6 **Public consultation** - In addition 'our case for change' will be made widely available through our public consultation and we have posed 3 questions to understand and receive feedback on our proposed change, along with commentary. We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The questions we are intending to have answered in the public consultation, are contained in our report and are also below

1. To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?

Agree fully Agree partly Disagree partly Disagree fully

2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient's carers and their families?

Agree fully Agree partly Disagree partly Disagree fully

3. Do you feel the transport support arrangements are sufficient

Agree fully Agree partly Disagree partly Disagree fully

3.7 **Clinical/practitioner input and engagement**

- Clinicians have been involved in the development of this proposal and are fully supportive of the benefits these new clinical adjacencies provide. Clinicians are fully engaged in the environmental development to further improve the ward design and layout to maximise its full potential. The co-located wards and staff (not separate from other

specialist older adult and frailty services) provide a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care.

- These services are supported by clinical experts from medical, psychological, therapeutic, and nursing professions on the one site. This provides further opportunities to consolidate shared learning, quality improvements and reduce variation leading to better patient outcomes and higher quality care. Extending the range of therapeutic activities (such as counselling; art and music therapy; will help patients relearn everyday living skills) without which it can take longer for patients to recover and return home.
- The new service configuration will enable staff to provide the best care possible, with skills and expertise that are of the highest standards. With flexible rotas, that are able to respond to cover during busy times and a working environment that makes it a pleasure to work in, enabling staff to do their best and provide the care to patients of a standard we know they strive for.

3.8 Communications and engagement plan

- A draft communications plan has been developed and is detailed in the main report as an Appendix 1.

3.9 Equalities implications and impact on priority groups

- We intend to conduct a full Equality Impact Analysis as part of our case for change to understand how these proposals impact – either positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

3.10 Safeguarding implications

- There are no safeguarding issues identified at present.

3.11 Impact on / Overlap with Existing Services

- The current arrangements have not created any impacts on existing service provision, they have allowed the safe operation of the COVID – 19 free ‘Green Zone’ at Mile End Hospital.
- The existing arrangements for community and primary care responsibility are retained by the respective local teams based within the patient’s area of origin and communication and interface between teams over the last 12 months has been unproblematic.

3.12 Benefits

- The permanent move of these services will enable further development and investment to progress to enhance the already exceptional environment, to fulfil the ambition to create a centre of excellence, this proposal does not identify any new issues in terms of the impact between services and inter-relations.

4 EQUALITIES IMPLICATIONS

- 4.1 In preparation for our Public consultation we will also conduct an Equality Impact Assessment as part of our case for change to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.
-

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- **APPENDIX 1** – Report: A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre
- **APPENDIX 2** – Presentation: A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

Eugene Jones,
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A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre

**A report for the Tower Hamlets, Health
and Adults committee.**

26th October 2021

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- i. Draft Communication and Engagement Plan**
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- iv. Images of East Ham Care Centre and Cazaubon Ward**

1. Executive Summary

Our proposal

To make permanent the move of Dementia inpatient admission services to Cazaubon ward, East Ham Care Centre; these services moved on an interim basis from Columbia ward, Mile End Hospital in August 2020.

The move of Columbia ward to East Ham Care Centre has provided this opportunity, to create a critical mass of expertise, resources and support for dementia care and the frail elderly.

The Cazaubon ward environment supports recovery and the interim move has already seen improvements in patient outcomes for residents of the City of London, Hackney, Newham and Tower Hamlets. With an increased range of social and clinical interventions and greater stimulation through the activities programme at the centre, staff are able to identify with the patient the type of support they need to return home or in some cases consider residential care arrangements.

We have noted a reduced length of stay in hospital since the provision was moved to Cazaubon ward. This is an important opportunity to sustain the improvements that have been made in the health and care for people with dementia and make a positive impact on their mental/physical health and overall well-being.

We intend to engage and consult with service users, carers and stakeholders initially on our plans to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre.

We are developing our case for change describing the proposed model and have developed a draft communications plan (**Appendix 1**) in support of this.

We will also conduct an Equality Impact Assessment as part of our case for change to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The 2 questions we are intending to have answered in the public consultation, are contained in our report and are also below, we would welcome feedback on our plans, proposed approach and the questions.

1. To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?

Agree fully Agree partly Disagree partly Disagree fully

2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient's carers and their families?

Agree fully Agree partly Disagree partly Disagree fully

Strategic Objectives this paper supports

Delivering proactive community based care closer to home and outside of institutional settings where appropriate

Cazaubon ward average Length of Stay –has reduced from 98 to 82 days, patients are being discharged from hospital safely and returning home or into other community support settings on average 16 days earlier, reducing risk and the need for hospital based care and treatment.

Delivering integrated care which meets the physical, mental health and social needs of our diverse communities

To create a focus of expertise in one place to develop a bespoke centre of excellence model for the dementia assessment function, within the overall function for frail elderly and dementia services located at East Ham Care Centre that can offer a better therapeutic experience for local people.

Specific implications for Tower Hamlets residents

Increased travel and distance for residents compared to the previous location at Mile End Hospital, Travel Analysis is detailed in **Appendix 2**.

Patient and Carer Co-production and Public Involvement

This change will specifically affect older people with dementia who require admission into hospital and reside within the City of London, and the London boroughs of Tower Hamlets, Hackney, Newham and their families.

A people participation lead (someone with lived experience), working 1 day per week to ensure these proposals are co-produced, with the people directly impacted, service users (people with a diagnosis of dementia) their carers and family members. We will enable people with dementia, their family and carers to have a shared ownership and influence of these plans, to create clear and transparent decision-making.

We are actively working with Healthwatch and public representatives to develop a travel and support protocol that will assist carers, friends and family with accessing support with travel, for example pre booked/paid taxi's.

We have also begun a series of engagement events with stakeholders and our proposals have/will be presented at the respective reference and interest groups, that relate to care of the elderly and dementia to create a dialogue that ensures the decisions that we make will benefit patients, carers and family members.

Health watch Hackney have visited East Ham Care Centre on the 3rd September 2021 and have provided a report.

The following stakeholder forums and committees have/will be receiving this proposal and are being asked to feedback their views which will be incorporated prior to the proposed public consultation.

- Dementia Alliance Board to consider and feedback - 8th September
- Older Persons Reference Group to consider and feedback - 22nd September
- People and Place Group to consider and feedback - 6th October
- Health in Hackney (Scrutiny) - 11th October
- TNW Delivery Group and Area Committee - 14th October
- Integrated Care Partnership Board - 14th October
- Tower Hamlets Health Scrutiny - 26th October
- NEL Quality Committee - 10th November
- City of London Health Scrutiny - 10th November

In addition a visit has been conducted by Healthwatch Hackney on the 3rd September to East Ham Care Centre including Cazaubon ward.

Areas of feedback received thus far are incorporated in our 'Frequently asked questions' which is attached as Appendix 3.

We have also launched a carers questionnaire to establish carers views on the current arrangements within Cazaubon ward and their views of our proposal to make this a permanent arrangement.

In addition 'our case for change' will be made widely available through our public consultation and we have posed 2 questions to understand and receive feedback on our proposed change.

Clinical/practitioner input and engagement

Clinicians have been involved in the development of this proposal and are fully supportive of the benefits these new clinical adjacencies provide. Clinicians are fully engaged in the environmental development to further improve the ward design and layout to maximise its full potential. The co-located wards and staff (not separate from other specialist older adult and frailty services) provide a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care.

These services are supported by clinical experts from medical, psychological, therapeutic, and nursing professions on the one site. This provides further opportunities to consolidate shared learning, quality improvements and reduce variation leading to better patient outcomes and higher quality care. Extending the range of therapeutic activities (such as counselling; art and music therapy; will help patients relearn everyday living skills) without which it can take longer for patients to recover and return home.

The new service configuration will enable staff to provide the best care possible, with skills and expertise that are of the highest standards. With flexible rotas, that are able to respond to cover during busy times and a working environment that makes it a pleasure to work in, enabling staff to do their best and provide the care to patients of a standard we know they strive for.

Communications and engagement plan

A draft communications plan has been developed and is detailed in the main report as an **Appendix 1**.

Equalities implications and impact on priority groups

We intend to conduct a full Equality Impact Analysis as part of our case for change to understand how these proposals impact – either positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

Safeguarding implications

There are no safeguarding issues identified at present.

Impact on / Overlap with Existing Services:

The current arrangements have not created any impacts on existing service provision, they have allowed the safe operation of the COVID – 19 free ‘Green Zone’ at Mile End Hospital.

The existing arrangements for community and primary care responsibility are retained by the respective local teams based within the patient’s area of origin and communication and interface between teams over the last 12 months has been unproblematic.

The permanent move of these services will enable further development and investment to progress to enhance the already exceptional environment, to fulfil the ambition to create a centre of excellence, this proposal does not identify any new issues in terms of the impact between services and inter-relations.

2. Introduction

The response to Covid-19, has created the need for emergency transformation of Healthcare services to protect patients and the public.

In response to the Covid -19 pandemic a covid-free, 'green' zone was created on the Mile End Hospital site. The Green Zone ensures that those people in the clinically extremely vulnerable groups (see below) can continue to access and receive treatment from the NHS services at Mile End Hospital. It has been designed to keep patients, staff and family/carers safe, reducing the risk of cross infection.

The cohort of patients at risk 'clinically extremely vulnerable' is described by NHS England as:

- Those undergoing active treatment for specific cancers
- Those with an underlying haematological malignancy or inherited blood disorder
- Those living with a solid organ transplant
- Those on current immunosuppression at a level thought to engender risk
- Pregnant women with associated cardiac disease

Columbia ward, a 21 bed, Organic (Dementia) Assessment unit, located at Mile End Hospital, had entry and exit routes accessed through the 'green' zone, it was therefore not possible for Columbia ward to remain in situ.

East London NHS Foundation Trust and partners reviewed the options available to relocate Columbia Ward, seeking a suitable ward environment, to provide, safe and effective care for patients with complex Dementia.

Cazaubon, a vacant ward, situated within East Ham Care Centre, was identified, it had the capacity and adequate space with an improved environment, it also provided greater clinical adjacencies, as all the wards for Dementia and frail elderly would now be located at East Ham Care Centre.

The emergency transformation and urgent service change of location of Columbia ward was approved on an interim basis in June 2020.

Columbia ward moved from Mile End Hospital to Cazaubon ward at East Ham Care Centre in August 2020 on an interim basis.

We are now wishing to progress the interim move of Columbia ward to Cazaubon ward and make this a permanent move.

3. Columbia Ward at Mile End

Columbia ward design and layout is no longer compliant with modern mental health building expectations. Whilst single rooms were available there was only 1 bedroom with en-suite facilities. Patients who require admission to hospital because of a mental health problem especially Dementia are extremely vulnerable, can be confused and dis-orientated and are typically admitted for several weeks, they need an environment that will offer privacy and dignity to support their recovery.

Further environmental issues

- Poor natural light leading to a very dark environment
- Space and capacity issues for patients and carers/ and families visiting
- No direct access to outdoor space (all patients required to be escorted into the garden area by staff, limiting access as the ward is based on the top floor,
- Exceptionally hot in the summer due to its top floor position with inadequate insulation

4. East Ham Care Centre

The vast majority of care we provide takes place in the community, in or near to people's homes, our aim is for care as much as possible to be delivered in these community settings by community and mental health teams. In some cases care cannot be provided in the community, this maybe because a thorough assessment needs to be undertaken, a crisis has occurred or a relapse of an illness. We have two older adult mental health inpatient wards and one physical health inpatient ward located at the East Ham Care Centre, serving a population across North East London CCG, serving residents of City & Hackney, Tower Hamlets and Newham.

- Fothergill Ward – 32 beds, providing physical health and end of life care
- Sally Sherman Ward – beds, providing Dementia and complex/challenging behaviour
- Cazaubon Ward – 21 Beds, providing organic (Dementia) admission and assessment function (replaced Columbia ward)

East Ham Care Centre has extensive gardens and unlike the Mile End Hospital site, the gardens are private and for the sole use of East Ham Care Centre residents and their carers, the gardens are well maintained with adequate private and seating space and are used frequently.

There is an activity centre at East Ham Care Centre which runs from Monday to Friday every week and includes weekly music therapy and dance therapy sessions. Patients also have access to faith and fellowship services, including multi-faith prayer meetings each week, and a sensory room.

5. Columbia and Cazaubon wards comparative data over the last year

Admission Profile

The community services have developed over recent years to provide a fully functioning offer for people who would have previously been admitted to hospital, the charts below identify the reducing trend in admission profile across all areas from 2018. The need for hospital based care, even for those people with severe mental illness and Dementia has reduced over time, with more care now being delivered in the community. There is still however a requirement for acute and crisis admissions of people with Dementia, especially where the individuals are, for example, a danger to themselves and require a period of admission in a safe environment.

Columbia Ward Admissions	2018	2019	Up to August 2020 closure
CITY AND HACKNEY	20	26	18
NEWHAM	15	16	6
TOWER HAMLETS	19	17	17
Total	54	59	41

Admissions to Columbia ward up to its closure in August 2020

Cazaubon Ward Admissions/Transfers	Transfers following Columbia closure	Admissions August 2020 to date	Total patients cared for since opening
CITY AND HACKNEY	3	7	10
NEWHAM	2	6	8
TOWER HAMLETS	7	7	14
Total	12	20	32

Admissions to Cazaubon ward from August 2020 to date.

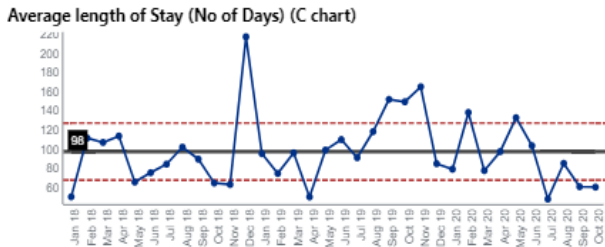
Length of Stay

Length of Stay (the number of inpatient days spent in hospital) is an important indicator, linked to service function, efficiency and quality. Optimising the period of care provided in hospital by reducing the length of stay, aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay.

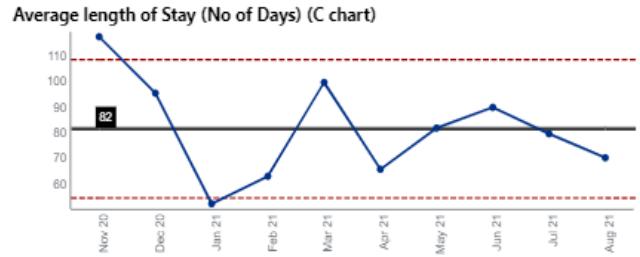
Spending a long time in hospital can lead to increased risk, especially for those who are frail or elderly. These risks can include; Infection - hospital acquired, and other, Falls - unfamiliar hospital surroundings, furniture and fittings, Poor sleep patterns – that can impact on overall health and well being and Cognitive loss - hospital admission creates disorientation, sometimes this is not recoverable.

By ensuring patients return to their usual place of residence, or another care setting, as soon as it's safe to do so following hospital admission we reduce these potential risks.

Columbia Ward – Average Length of Stay (No of days) Jan-18 to Oct 2020



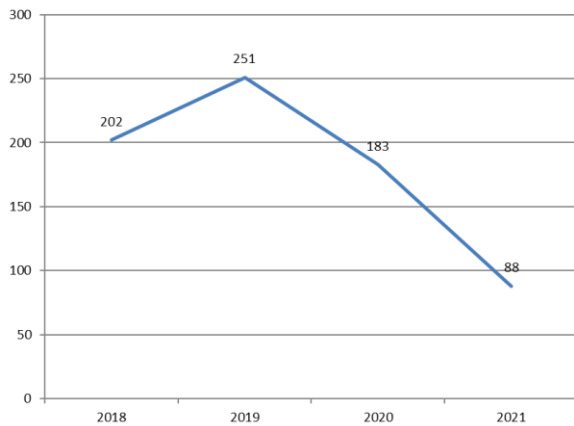
Cazaubon Ward – Average Length of Stay (No from Nov 2020 to date)



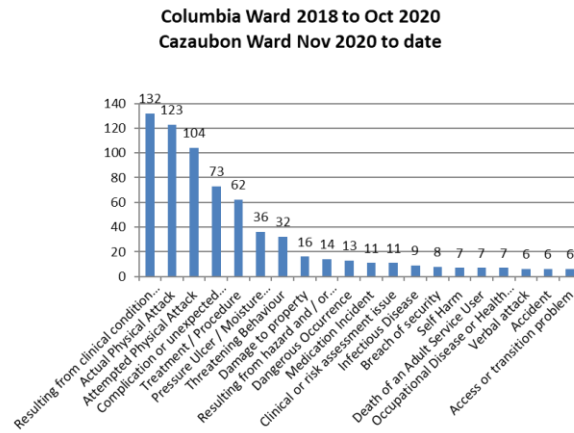
*Cazaubon ward Length of Stay (LOS) – Average LOS has reduced from 98 to 82 days, patients being discharged from hospital returning home or into other community support settings **16 days earlier** on average.*

Incidents from 2018 to date – Columbia and Cazaubon wards

Total Incidents Columbia Ward Jan-2018 to Oct 2020
Cazaubon Ward Nov 2020 to date



Top 20 Themes Incident Categories Number of Incidents



Cazaubon ward has seen a reduction of incidents since opening in 2020/21

6. Feedback over the last 12 months Listening to patients, carers and our staff - What people have said

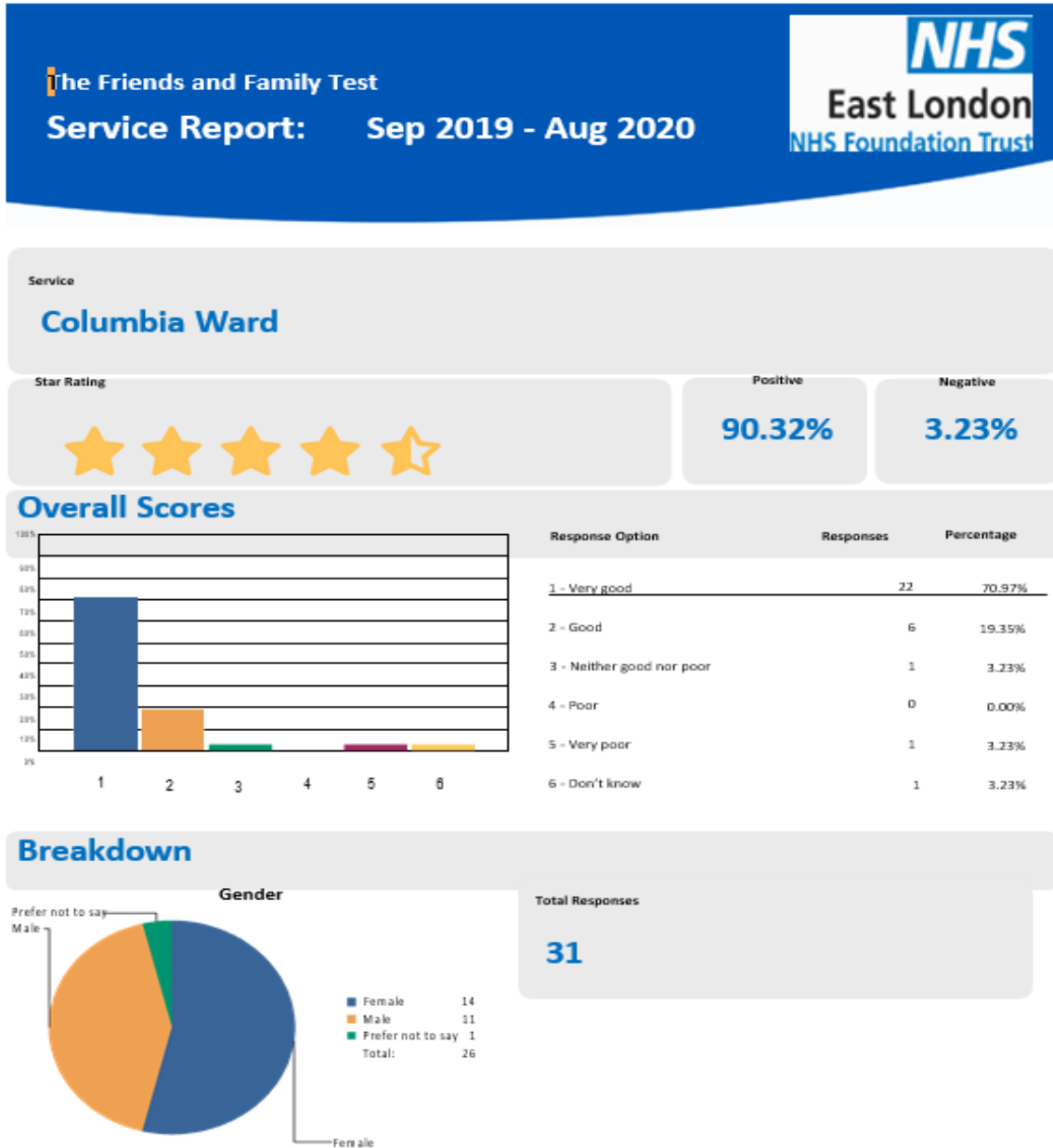
What is the Friends and Family Test (FFT) and comparative data Columbia and Cazaubon wards

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We use it alongside other experience measures to give us a good overall understanding of what is working well, and what needs improving for service users and their families.

Service users and carers have helped design the questions.

Friends and Family Test overall results - Columbia Ward 2019- 20



Friends and Family Test overall results – Cazaubon Ward 2020- 21

The Friends and Family Test
Service Report: Sept 2020 - Aug 2021



Service

Cazaubon Ward

Star Rating



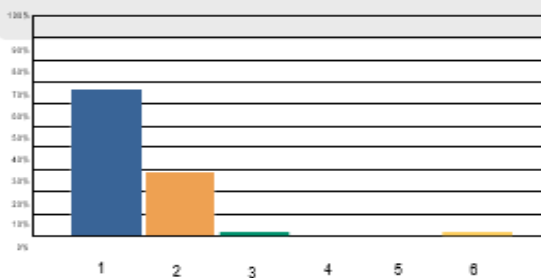
Positive

95.56%

Negative

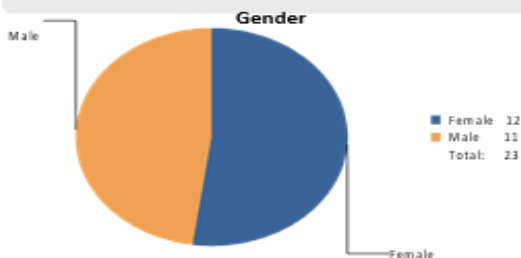
0.00%

Overall Scores



Response Option	Responses	Percentage
1 - Very good	30	66.67%
2 - Good	13	28.89%
3 - Neither good nor poor	1	2.22%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	1	2.22%

Breakdown



Total Responses

45

The friends and family results whilst very positive within Columbia ward in 2019-20 have increased by a further 5% in 2020-21 based on the experience of patients and in some cases their carers of Cazaubon ward over the last 12 months.

Carers and family

East London NHS Foundation Trust recognises the importance of providing accessible services for patients and the continued contact of family and carers. Support from loved ones whilst someone is an inpatient is a key component in their journey of recovery.

We appreciate that for residents and family members of Tower Hamlets and City & Hackney the move of services to East Ham care Centre will for some increase the travel distance and for others the journey will decrease. We also understand that Carers and family members may themselves be elderly and/or frail and we wish to reduce the impact of travel for them. There is free visitor car parking at East Ham Care Centre, this is not available on the Mile End Hospital site. We also have available travel assistance to support carers with the journey to East Ham Care Centre.

The criteria for travel support is assessed against the ability of individuals to use their own or public transport to visit. It is an informal process and based on a discussion with the carer/family member themselves. It is not means tested, there is no additional paper work involved and may include the provision of taxis, payment towards parking or provision of hospital transport.

A Carers story

Mrs A was admitted to Cazaubon ward in the summer of 2021, and was a resident from City & Hackney.

Shortly after the admission the ward matron saw Mrs. A with her husband, Mr. A, he appeared frailer and physically less able. He had arranged a taxi to return home that day and whilst waiting at the reception area it was obvious that Mrs. A was worried about him. She was encouraged to wait with him until the taxi arrived.

The following day the ward matron asked Mrs. A if her partner was due to visit. She said that he was only able to use taxi's to visit. A decision was made automatically to fund the cost of future taxi journeys. An agreement was made that Mrs A or her husband would inform the ward administrator when they wished to visit, and a taxi would be booked both ways, paid through the Cazaubon ward account.

They were advised that this service could be provided daily for as long as Mrs A was a patient on the ward.

Happily Mrs A has now been discharged home with follow up support from the community health team.

For the Charadi and Hasidic Jewish communities who cannot use public transport during Shabbat, we are looking into the possibility of overnight accommodation to enable them to visit family members on Fridays and Saturdays on foot.

We have been talking with families seeking their views on behalf of their loved one and we have established a **carer's questionnaire**, this will be provided during September to receive feedback directly from family and carers, in addition to any individual discussions.

We have also reached out and engaged with **Health watch Hackney** to create a further channel to receive feedback on behalf of patients, carers and families on their experience. Health watch Hackney have visited the East Ham Care Centre and wards during September 2021 and have provided a report of their recent visit.

Our Staff

The staff team transferred from Columbia ward to Cazaubon ward to maintain care continuity, we have engaged staff and their representatives regarding this proposal, these discussions have provided an open and honest dialogue, this has been received positively by staff, who are receptive and understanding of the need to agree a permanent arrangement.

Clinical staff have been fully engaged in a series of discussions to enhance the environment within Cazaubon ward and the quality of patient care provided.

There has been no material change in either staff absence or staff turnover.

We intend to engage staff formally through a consultation process to understand their needs, wishes and future aspirations in terms of clinical settings and workplace.

7. Co-production

A people participation lead (someone with lived experience), working 1 day per week with us to ensure these proposals are co-produced, with the people directly impacted, service users (people with a diagnosis of dementia) their carers and family members. We will enable people with dementia, their family and carers to have a shared ownership and influence of these plans, to create clear and transparent decision-making.

We are actively working with Healthwatch and public representatives to develop a travel and support protocol that will assist carers, friends and family with accessing support with travel, for example pre booked/paid taxi's.

We will also engage with the respective expert reference groups and forums to create a dialogue that ensures the decisions that we make will benefit patients, carers and family members.

8. Financial

There are no direct staffing financial savings expected as a result of this change, the staff team have moved from Columbia ward to Cazaubon ward, with an equivalent staffing model, which not only provides continuity of care, it has also reduced the need for recruitment and ensures a safe staffing model.

There is however a system benefit in terms of costs

- The vacant ward space within East Ham Care Centre placed a considerable revenue cost on the overall Health and Social Care system, who remained liable for the previously vacant (void costs) and unused ward space.

We intend to invest in the environment at Cazaubon ward, East Ham Care Centre to improve this even further with a focus on optimising the ward's full potential, to create the very best of ward environments, the capital cost for this has been estimated at £850,000.

9. Our proposal

To make permanent the move of Dementia inpatient admission services to Cazaubon ward, East Ham Care Centre; the services moved on an interim basis from Mile End Hospital in August 2020.

We are not proposing any significant changes to the way care is provided on Cazaubon Ward but we expect that we will continue to develop further quality improvement in the new unit to enhance care with more therapeutic activities available in a fit for purpose unit.

East Ham Care Centre is a purpose-built environment, providing a dementia-friendly layout. Cazaubon ward provides an improved environment (a step up from Columbia Ward), with large en-suite bedrooms, throughout, offering natural light. It is dementia friendly, there is a restaurant on site, there is therapy space and private secluded gardens and activity areas, the environment uses effective colour and design with dementia patients in mind.

The move of Columbia ward to East Ham Care Centre has provided the opportunity to maximise the benefit and consolidate the different clinical and care streams of the older adult inpatient pathway. These new clinical adjacencies, achieved through the colocation of the dementia and frail elderly inpatients on one site, allow for smooth transition between settings for a patient group for whom change can be unsettling.

This proposal also creates a critical mass of expertise, resources and support of the care of the elderly and frail at this location. Patients can transition from the day hospital to the continuing care ward and if required, transition to the end of life ward within the one site at East Ham Care Centre providing a seamless pathway of care.

The interim move of services to Cazaubon ward from Mile End Hospital has already seen improvements that need to be sustained and made permanent to fulfil our ambition to create a centre of excellence. We are already seeing the benefit this environment has on patients' recovery meaning they are well enough to go home sooner.

This is an important opportunity to improve the health and care of older adults who may require admission into hospital and live in City, Hackney, Newham and Tower Hamlets, to make a difference to the mental and physical health of residents.

10. Potential impact of our proposals

Overall, we believe that the proposal have many more advantages than disadvantages.

Advantages of the permanent location of services at Cazaubon ward

Fantastic built environment

The ward has been designed with the care of older persons and frailty in mind and is light, airy and spacious, the circular design provides opportunity to explore and wander safely without creating feelings of frustration.

- Every patient that requires admission will have their own individual bedroom, single bedrooms, designed specially around care needs, providing privacy and dignity and allowing for mixed sex accommodation in line with national standards and priorities for mental health care.
- Therapeutic and rehabilitation areas (to practice daily living activities such as using a kitchen safely) and dedicated space for visitors.
- Ground floor, single storey accommodation with attractive, easily accessible garden areas designed to provide patients with places for relaxation, socialising and activities
- En-suite bathrooms as well as larger assisted bathroom areas for patients with additional needs or disabilities.
- Dedicated indoor and outdoor space for visitors, and a restaurant that visitors and patients can use, serving cooked food for patients, family and carers.
- Designed to ensure optimal lines of sight for staff, reduce blind spots, and have anti-ligature (ligature light) features to help keep patients safe.
- Designed to put in place infection control measures with ease

Improved clinical care delivered co-located in one place

Expected to help people recover faster and get home sooner. The length of stay has reduced already in Cazaubon ward by 16 days with the aim to reduce the average length of stay even further.

- Co-located wards and staff (not separate from other specialist older adult and frailty services) providing a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care and treatment with support from clinical experts, medical, psychological, therapeutic, and nursing professions on one site.

- Opportunities to consolidate shared learning, quality improvements and reduce variation leading to better patient outcomes and higher quality care
- Develop further research and innovation in this specialist area
- Improved Care and Treatment pathways (a holistic approach to Mental Health and Physical Health) within the comprehensive East Ham Care Centre model
- Increased range of services- that can flex and are responsive to need, delivering a sustainable, high quality, cost effective model going forward
- Therapies - Providing high quality therapies, including arts, physio, speech and language and occupational therapies across depts.
- Joined up and integrated services, working in harmony (Mental & Physical Health services) complementing community care across our area.
- Providing a range of therapeutic activities (such as counselling; art and music therapy; and help with relearning everyday living skills) without which it can take longer for patients to recover and return home.

Staffing, Retention and Recruitment

Staff working in unison to provide the best care possible, with skills and expertise that are of the highest standards.

- Flexible rotas, that are able to respond to cover during busy times
- A working environment that makes it a pleasure to work in (poor environments are harder to attract and retain staff) with high job satisfaction, opportunities to train and develop and increase staff morale
- Enabling staff to do their best and provide the care to patients of a standard we know they strive for.

A Centre of Excellence - Making best use of Buildings and NHS estate

This model has already been adopted in relation to physical health services, with the acceptance that not every borough needs its own renal unit, or cardiac unit. The NHS Long Term Plan has called on all NHS trusts to make better use of clinical space and where possible consolidate services to gain benefits through having one set of running costs.

- To create a focus of expertise in one place to develop a bespoke centre of excellence model for the dementia assessment function, within the overall service

model for frail elderly and dementia services located at East Ham Care Centre, that can offer a better therapeutic experience for local people.

COVID 19 – Green Zone

- Continued safe service delivery at Mile End Hospital to support those who are clinically extremely vulnerable to COVID- 19 infection across the North East London CCG

Disadvantages of the permanent location of services at Cazaubon ward

- Our proposal would mean longer journeys for some visitors, although for others, it will mean shorter journey times. (Travel Analysis in Appendix 2).

Actions in place to reduce impact of disadvantages

- Continue to improve care in a way that reduces the need for hospital admissions in the first place, enhancing care capacity in existing community mental health services.
- Provide information about transport and travel options for carers and family visitors and the financial support and assistance that is available
- Continue to support the use of technology and ‘virtual visiting’ in addition to face-to-face visits

11. Evaluation - Service Monitoring and Governance

We will continue to work together with service users and carers to ensure that our proposals, as they develop, are in line with their ambitions and hopes.

In order to understand the impact of the change and mitigate/respond to any unintended consequences we intend to continually review and consider the views of patients and their families, feedback from health and social care partners including adult social care over the coming months. We intend to continue working with partners, local healthwatch’s, service users and carers to review this change to evaluate 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 and Friends & Family responses
- Staff experience
- Travel assistance monitoring/provided
- Reviewing any delays in discharge and identifying causation

12. Stakeholder and Public Consultation – Feedback and Sharing views

We intend to engage and consult with stakeholders initially on our plans to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre.

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The 2 questions we are intending to have answered in the public consultation, are below, we would welcome feedback on our plans, proposed approach and the questions.

The service change questions we are proposing to include within the public consultation are summarised below

- 1. To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?**

Agree fully Agree partly Disagree partly Disagree fully

- 2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient’s carers and their families?**

Agree fully Agree partly Disagree partly Disagree fully

13. Equalities and Impact

We are developing our case for change describing the proposed model and have developed a draft communications plan (See Appendix 1) in support of this. We will also conduct a full Equality Impact Assessment as part of our case for change to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

14. Next steps

After the consultation closes, we will provide a report for the stakeholder and health and scrutiny committees, to formally review our plans and the feedback we have received from the public consultation.

We expect that the timeframe to provide this feedback will be from March 2022.

Appendix 1

Communication and Engagement Plan

DRAFT

Proposal to Permanently Locate the East London Inpatient Dementia Assessment Unit at East Ham Care Centre, Newham

The Cazaubon Unit has been the temporary home of the Inpatient Dementia Assessment Unit formerly based at Columbia Ward, Tower Hamlets. This is a short-stay unit for people who cannot be fully assessed in a community setting.

Audience

This change will specifically affect older people in The City of London, and the London boroughs of Tower Hamlets and Hackney, and their families so information about the change needs to reach older people interest and voluntary groups, the wider public who may need this service in the future, and health and social care staff who will need to liaise with the unit at the point of discharge.

This cohort of the population may not be high users of digital platforms but this should not be assumed so the communication channels employed should be broad and varied. It is also hard to predict if face-to-face engagement will be the safest option towards the end of the year so any meetings envisaged will need to take this into account.

Content/Key Messages

- Explanation of the reason for the move and location
- Explanation of what the unit offers and the benefits and synergies of being co-located with other services for older people
- Highlight that support for carers and families is a strength of the Centre as demonstrated in feedback
- Strong emphasis on the social needs of patients, stimulation and activities
- Culturally sensitive care provided supporting religious and cultural needs

- Steps that the centre can take to support travel, parking and continuous contact between the patient and their family and friends
- Emphasis on rehabilitation and aftercare to ensure patients feel safe and confident when they return home to where they live

Channels

Online

ELFT website – intro, context, Q&As, online questionnaire, contact us information

Social media – highlight consultation is underway and how to have your say

Stakeholder bulletins

Council platforms

ICS website

Printed Information

Consultation document

Summary of consultation document - easy read, Turkish, Somali, Bengali

Questionnaire – printed version and online

ELFT's quarterly magazine, Trusttalk

City Resident Newsletter

Hackney Gazette – press release and information about how to participate

Hackney Citizen – press release and information about how to participate

East London Advertiser

Tower Hamlets Residents News channels

Newham Recorder

Newham Voices

Face to Face Communication – if COVID appropriate

Be guided by Healthwatch and Age UK. Provide a speaker and join existing meetings to discuss

> Hackney Older People's Reference Group

> Tower Hamlets Older People's Reference Group

> Newham Older People's Reference Group

> Age UK

> Mind in Hackney, and Tower Hamlets and Newham

> Connect Hackney

> CVS – Lunch Clubs

> Carers Groups

> Alzheimers Association

> ELFT older peoples patient and carers groups

Public Meeting/Drop-in – if COVID appropriate

Day time as will be dark in the evenings
Central accessible borough locations

ELFT Community Mental Health staff

Encourage conversations with existing patients and carers
Staff to share summary document and questionnaire

These channels are not exhaustive but an outline of the ways ELFT will engage with older people and their representatives. We would value the input of partners to assist us in reaching the broadest audience.

Appendix 2

Travel Analysis – Tower Hamlets Residents

Tower Hamlets travel to Mile End/ East Ham	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

Travel Analysis - City & Hackney Residents

City & Hackney travel to Mile End/ East Ham Care Centre	Current Travel to Mile End Hospital	Current Travel to Mile End Hospital	Future Travel to East Ham C.C	Future Travel to East Ham C.C
	Driving	Public Transport	Driving	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

Travel Analysis – Newham Residents

Newham travel to Mile End/ East Ham	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
Stratford & New Town	14 mins	25 mins	12 mins	31 mins
Little Ilford	25 mins	51 mins	11 mins	22 mins
Royal Docks	17mins	45 mins	14 mins	38 mins
Beckton	23 mins	58 mins	15 mins	40 mins
Canning Town North	17 mins	30 mins	11 mins	30 mins

A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre

Creating a Centre of Excellence

FREQUENTLY ASKED QUESTIONS

Here we have listed some questions and answers received through stakeholder engagement regarding the change of location for the East London Inpatient Dementia Assessment Unit formerly located at Columbia Ward, Mile End Hospital, (Tower Hamlets) and now based at Cazaubon ward, East Ham Care Centre (Newham).

When and Why did Columbia ward move?

Columbia ward moved from Mile End Hospital in August 2020, this was in response to the Covid -19 pandemic. An urgent requirement for a covid-free, 'green' zone was needed on the Mile End Hospital site. The Green Zone ensures that those people in the clinically extremely vulnerable groups can continue to access and receive treatment from the NHS services at Mile End Hospital. It has been designed to keep patients, staff and family/carers safe, reducing the risk of COVID – 19 infection.

What types of patients are admitted to Cazaubon Ward?

The Ward provides assessment and treatment for people experiencing complex mental health problems associated with degenerative brain disorders such as dementia from Tower Hamlets, City and Hackney and Newham. Each patient receives a thorough assessment of their needs from a wide range of health professionals. Along with input from families, the aim is to provide person centred care by building an understanding of a person's life history in order to meet their individual needs.

How long do people stay on the ward?

It varies but on average, around twelve weeks.

How will the ward cater for male and female patients?

Cazaubon ward has designated male and female areas, and all of the bedrooms are single and have en-suite facilities to promote privacy and dignity.

Why can't each borough have it's own ward?

This is specialist inpatient unit, the number of people admitted at any one time from City & Hackney, Newham and Tower Hamlets is comparatively small (averaging 5 or 6 patients) it is not possible to staff a ward at borough level for such a small number of patients. Cazaubon ward serves all three boroughs and we have in the Trust other specialist units that provide care and support for a wider geographical area such as; Leadenhall Ward for older people with a functional mental illness, the Coborn Adolescent Mental Health Unit, Rosebank ward, Female Psychiatric Intensive Care.

What other examples are there of specialist services centrally located?

A number of other NHS inpatient specialist services (not provided by ELFT) that serve all of east London also operate in this way. Eg. Specialist eye care (Moorfields), renal unit (Tower Hamlets), cardiology (St Bartholomews, City of London) – all holding outpatient clinics locally - but with inpatient facilities located in one of the east London boroughs to make the best use of resources.

What is the overall impact of this move on patients care and their perception of care provided which Columbia ward couldn't provide?

We are providing equivalent care at ward level in Cazaubon ward, the staff team have transferred with the ward, the main differences are the proximity to colleagues providing specialist and complex dementia care (Sally Sherman ward) and physical healthcare (Fothergill Ward) for the frail elderly all based in the same building providing opportunities for greater seamless working. In addition the improved physical environment, based on the ground floor, access to natural light via the atrium design with access to private gardens, a design specific to older persons care.

What has Cazaubon provided differently from Columbia ward to make this move impactful- how has this impacted on patients' outcomes?

We are continuing to collect relevant data, with a number of outcomes yet to be fully evaluated to measure overall impact but from a patient perspective both the Patient Reported Experience Measures (PREMs), & Friends and Family Test (FFT) have both seen improvements in rating.

Could reduced admissions and Length of Stay be related to COVID -19

While the pandemic had impacted on hospital admissions across all areas, the improved pathway in Cazaubon ward has led to reduced hospital Length of Stay. We are continuing to strive to reduce any unnecessary delay in discharge from hospital

Will all older people's mental health wards be at East Ham Care Centre?

No. Older people with a functional mental illness, such as depression, who need to be cared for in hospital will continue to be cared for on Leadenhall Ward in the Tower Hamlets Centre for Mental Health at Mile End Hospital.

Will all staff transfer to the Cazaubon Ward? Are there to be any job losses?

All staff have transferred to Cazaubon ward. We value all our skilled staff and do not anticipate any reduction in staff.

Is travel support provided for service users, carers and relatives travelling to Cazaubon ward and at what point do carers have information about the travel assistance programme?

When we admit anyone to the ward, we discuss the visiting arrangements and transport needs with carers and family members at the beginning. The criteria for travel support is assessed against the ability of individuals to use their own or public transport to visit. It is an informal process and based on a discussion with the carer/family member themselves. It is not means tested, there is no additional paper work involved and may include the provision of taxis, payment towards parking or provision of hospital transport.

What about parking at East ham Care Centre?

There is Free parking available on site at East ham care Centre.

What about the impact on carers who are frail and will have additional journey time?

We are aware that travelling further could add to the stress of carers who are frail themselves when visiting their loved one. The ward organises the taxis which includes the use of black cabs for wheelchair users and by offering private transport and on-site parking, we hope visits will happen smoothly and without undue stress. During the coronavirus pandemic, we have learned to be creative in enabling carers and patients to stay in touch by using technology too, such as I-pads.

How will you gather feedback on carers experience of travelling to East Ham

When we admit someone, we know we are not just caring for one person; we are caring sometimes for two or more. Our staff come to know carers very well and check-in with them to ensure they feel supported. We have established a carers questionnaire to specifically focus and gather feedback on the new location and travel impact for carers.

What arrangements are in place for the Chardi Jewish Community in north Hackney who cannot travel on the Sabbath?

We are aware of the specific needs of this community, we have identified hotels in the vicinity of East Ham Care Centre that can be walked to on Shabbat to enable visits of their loved one.

Travel Assistance - how many people have actually made use of that and how many have actually been funded?

We are currently gathering transport analysis in terms of usage, we anticipate that because of visiting restrictions in place due to COVID -19 this is likely due to be lower than expected.

How do you know what service users people experiencing dementia and their families want?

We will work with a people participation lead (someone with lived experience), working 1 day per week to ensure these proposals are co-produced, with the people directly impacted, service users (people with a diagnosis of dementia) their carers and family members. We will enable people with dementia, their family and carers to make clear their hopes and wishes for this service and have a shared ownership and influence of these plans, to create clear and transparent decision-making.

What will the additional funding for the environment at Cazaubon ward be used for, how will it enhance the environment?

Additional funding will be used to create clinical areas to receive direct admissions safely in order to respond to infection control measures, environment developments to improve safety; ligature assessment and review, a new therapy room, digital upgrades, including Wi-Fi, space for visitors to be received onto the ward.

Will there be a reduction in the current number of beds?

There are no proposals to reduce beds.

Is this proposal saving money?

This proposal is about improving quality and access to the best care possible. There are no direct savings as result of this change, there are however potential indirect savings through the more effective use of the available estate and buildings.

How will the Cazaubon ward services connect with mental health, community and primary care services?

The inpatient services located at East Ham Care Centre would form part of our comprehensive offer, and be supported by, and complement, the local borough based community mental health and community health provision across City & Hackney, Tower Hamlets and Newham as well as the local Primary Care and G.P services.

When will the decision be made regarding Cazaubon and the permanent arrangements?

We will be receiving initial feedback through stakeholder engagement up to November 2021, this will then be incorporated into a wider public consultation that we intend to launch in December. We are anticipating that a decision can be made on future arrangements on or around March 2022 after all the engagement processes have been fulfilled.

What are the next steps?

We intend to engage and consult with stakeholders initially on our plans to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre.

We are developing our case for change describing the proposed model and have developed a draft communications plan. We will also conduct an Equality Impact Assessment as part of our case for change to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude.

After the consultation closes, we will provide a further report to formally review our plans and the feedback we have received from the public consultation.

We expect that the timeframe to provide this feedback will be from early March 2022.

How can I get involved?

Involvement from all stakeholders is welcomed.

Opportunities to share insight, ideas and opinions will be shared and promoted through social media, the media, partner organisations, open invitations and through a dedicated section on the ELFT website which will include a portal to submit questions and queries.

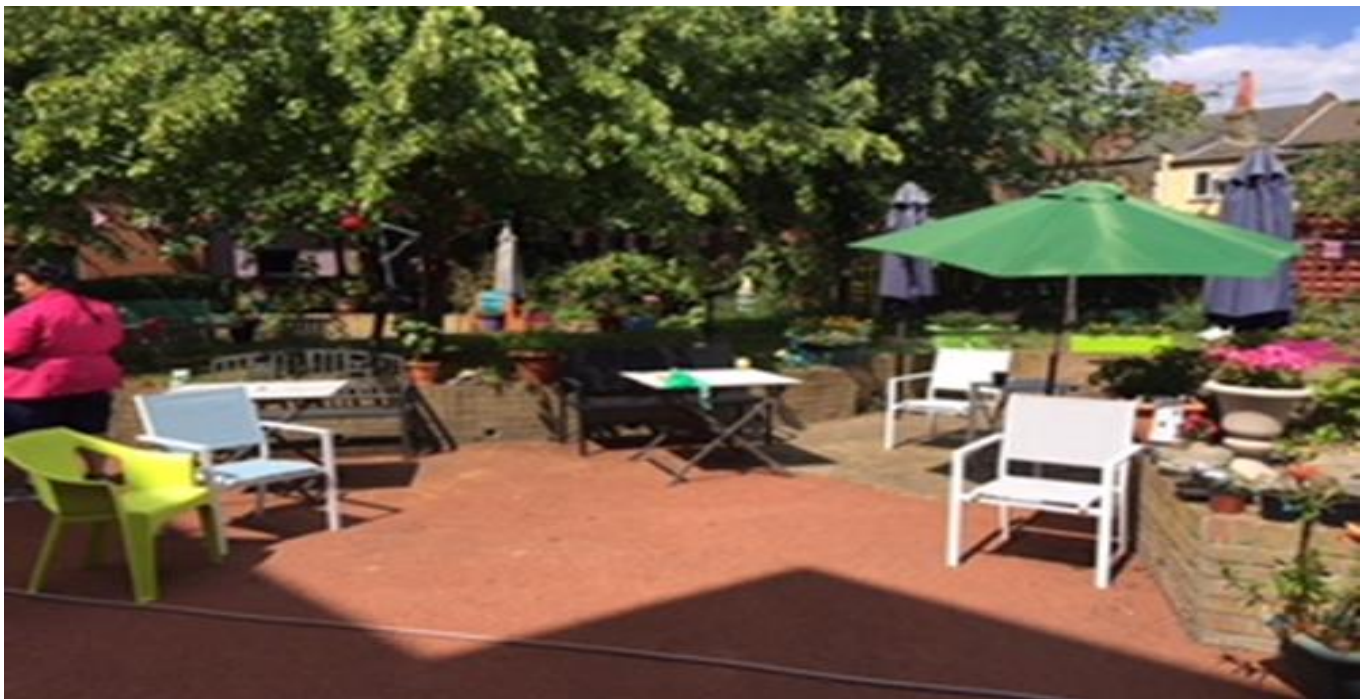
Appendix 4

Images of East Ham Care Centre

Main Entrance



Activity Room and access to outside space East Ham Care Centre



Sensory Room and ward layout East Ham Care Centre



A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre

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Report for the Tower Hamlets, Health and Adults committee,
East Ham Care Centre Cazaubon ward

26th October 2021

Eugene Jones

Director Service Transformation

Purpose of the Report

To provide the Tower Hamlets, Health and Adults committee, with a report on

- Our proposal - to permanently locate the inpatient dementia assessment services at East Ham Care Centre
- Page 66 The experience of service users and carers over the last 12 months following the interim move of the Dementia Assessment Unit, formerly provided within Columbia Ward, Mile End Hospital (MEH).
- The COVID – 19 ‘green’ zone arrangements within Mile End Hospital
- The future plans and next steps for these sites/services and to receive feedback on these proposals.

During 2020, in response to the Covid -19 pandemic a covid free 'green' zone was created on the MEH site, designed to keep patients, staff and family/carers safe, reducing the risk of cross infection.

Columbia ward, a 21 bed, Organic (Dementia) Assessment unit, located at MEH, had entry and exit routes accessed through the 'green' zone, it was therefore not possible for Columbia ward to remain insitu.

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ELFT and partners reviewed the options available to relocate Columbia Ward, seeking a suitable ward environment, to provide, safe & effective care for patients with Dementia

Cazaubon, a vacant ward, situated within East Ham Care Centre (EHCC), was identified, it had the capacity and adequate space with an improved environment, it also provided greater clinical adjacencies, as all the wards for Dementia and frail elderly would now be located at EHCC.

Our proposal

The move of Columbia ward to East Ham Care Centre has provided the opportunity for more effective clinical adjacencies, achieved through the colocation of the dementia and frail elderly inpatients on one site.

This creates a critical mass of expertise, resources and support of the care of the elderly and frail at this location. Patients can transition from the day hospital to the continuing care ward and if required, transition to the end of life ward within the one site at East Ham Care Centre providing a seamless pathway of care for a patient group for whom change can be unsettling.

We are already seeing the benefit this environment has on patients' recovery meaning they are well enough to go home sooner. This is an important opportunity to improve the health and care of older adults to make a positive difference to the mental and physical health of residents.

We now wish to make this a permanent arrangement with all Dementia inpatient admission services to Cazaubon ward, East Ham Care Centre

About the previous service - Columbia ward, Mile End hospital

Columbia ward design and layout is no longer compliant with modern mental health building expectations. Whilst single rooms were available there was only 1 bedroom with en-suite facilities. Patients who require admission to hospital because of a mental health problem especially Dementia are extremely vulnerable, can be confused and dis-orientated and are typically admitted for several weeks, they need an environment that will offer privacy and dignity to support their recovery.

Further environmental issues

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- Poor natural light leading to a very dark environment
- Space and capacity issues for patients and carers/ and families visiting
- No direct access to outdoor space (all patients required to be escorted into the garden area by staff, limiting access as the ward is based on the top floor,
- Exceptionally hot in the summer due to its top floor position with inadequate insulation

About East Ham Care Centre

East Ham Care Centre is a purpose-built environment, providing a dementia-friendly layout. Cazaubon ward provides an improved environment (a step up from Columbia Ward), with large en-suite bedrooms, throughout, offering natural light. There is a restaurant on site, free visitor parking and therapy space and private secluded gardens.

The vast majority of care we provide takes place in the community, in or near to people's homes. In some cases care needs to be in hospital, this maybe because a thorough assessment is required, or a crisis has occurred.

In terms of the primary care pathway (including G. P, medical cover) this is unaffected by admission, the arrangements previously in place (within the Borough of origin) resume at the point of hospital discharge.

We have two older adult mental health inpatient wards and one physical health inpatient ward located at the East Ham Care Centre, serving residents of City & Hackney, Tower Hamlets and Newham.

- Fothergill Ward – 32 beds, providing physical health and end of life care
- Sally Sherman Ward – beds, providing Dementia and complex/challenging behaviour
- Cazaubon Ward – 21 Beds, providing organic (Dementia) admission and assessment function (replaced Columbia ward)

The experience of the past 12 months of the Cazaubon ward provision

- Admissions profile
- Pt Length of Stay
- Incidents number and themes
- Friends & Family Test

Columbia and Cazaubon wards comparative admission data



The need for hospital based care, even for those people with severe mental illness and Dementia has reduced over time, with more care now being delivered in the community. There is still however a requirement for acute and crisis admissions of people with Dementia, especially where the individuals require a period of admission in a safe environment.

The respective admissions profile

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Columbia Ward Admissions	2018	2019	Up to August 2020 closure
CITY AND HACKNEY	20	26	18
NEWHAM	15	16	6
TOWER HAMLETS	19	17	17
Total	54	59	41

Cazaubon Ward Admissions/Transfers	Transfers following Columbia closure	Admissions August 2020 to date	Total patients cared for since opening
CITY AND HACKNEY	3	7	10
NEWHAM	2	6	8
TOWER HAMLETS	7	7	14
Total	12	20	32

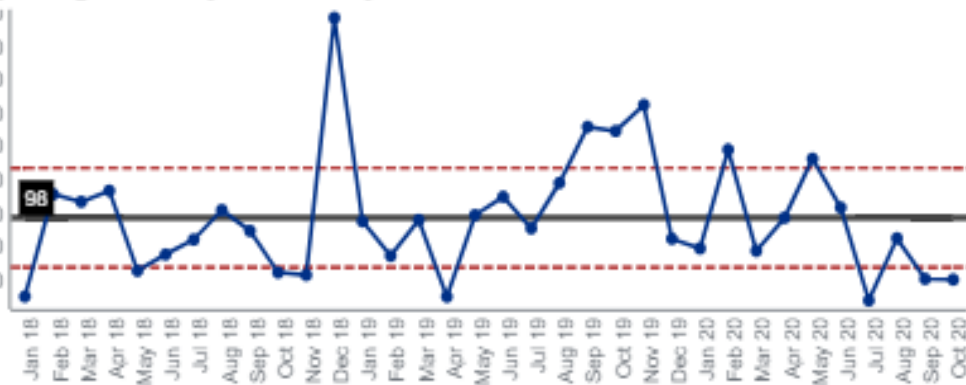
Columbia and Cazaubon Wards – Length of Stay

Length of Stay (the number of inpatient days spent in hospital) is linked to service function, efficiency and quality. Reducing the length of stay in hospital, aims to provide patients with a better care experience and can reduce risk, especially for those who are frail or elderly. Risks can include; Infection - hospital acquired, and other, Falls - unfamiliar hospital surroundings, furniture and fittings, and Cognitive loss - hospital admission disorientation, sometimes not recoverable.

Columbia Ward – Average Length of Stay (No of days) Jan-18 to Oct 2020

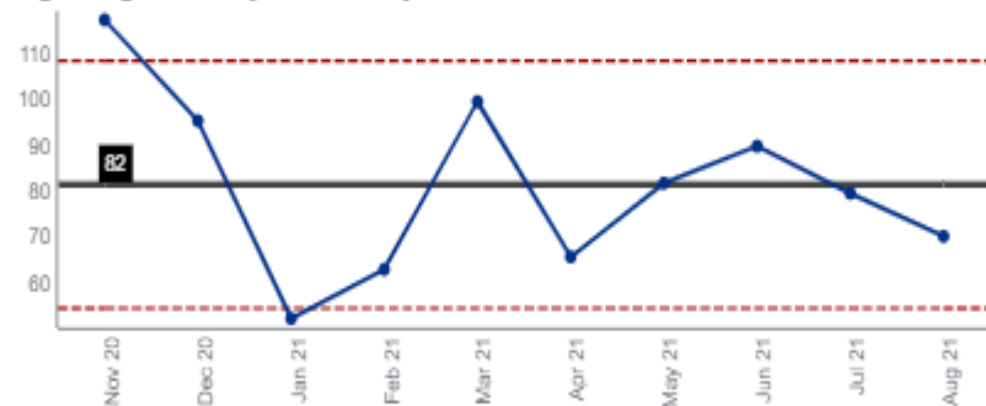
Average length of Stay (No of Days) (C chart)

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Cazaubon Ward – Average Length of Stay (No of days) from Nov 2020 to Aug 21

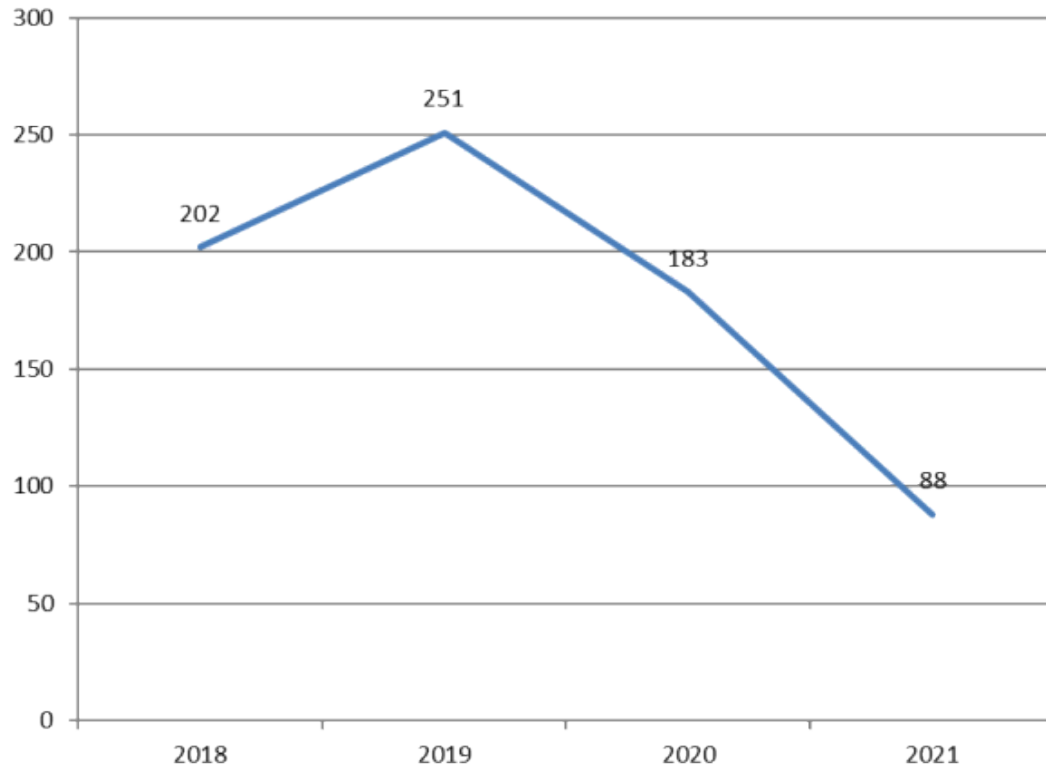
Average length of Stay (No of Days) (C chart)



Cazaubon ward Length of Stay – Average has reduced from 98 to 82 days

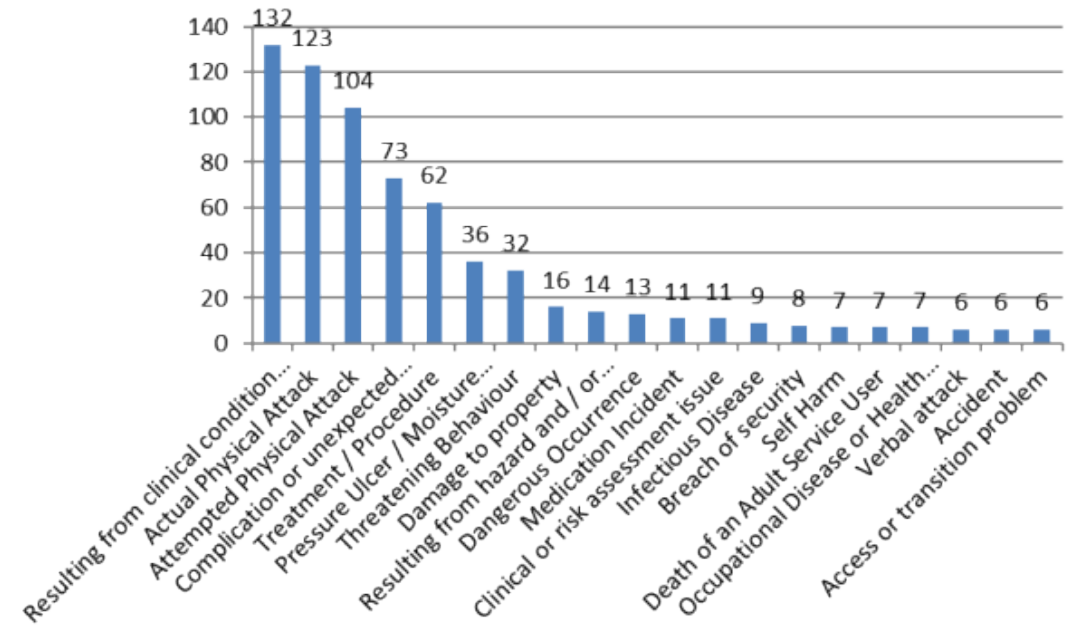
Columbia and Cazaubon Wards – Incidents and Themes

**Total Incidents Columbia Ward Jan-2018 to Oct 2020
Cazaubon Ward Nov 2020 to date**



Top 20 Themes Incident Categories Number of Incidents

**Columbia Ward 2018 to Oct 2020
Cazaubon Ward Nov 2020 to date**



Cazaubon ward has seen a reduction incidents 2020/21

Friends and Family Test results - Columbia and Cazaubon Wards

The Friends and Family Test (FFT) provides feedback from the people who use our services and their experience. This is used alongside other measures to provide a good overall understanding of what is working well, and what needs improving for service users and their families.

The Friends and Family Test
Service Report: Sep 2019 - Aug 2020

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Service: Columbia Ward

Star Rating: 5 stars (4.5 average)

Positive: 90.32% Negative: 3.23%

Overall Scores

Response Option	Responses	Percentage
1 - Very good	22	70.97%
2 - Good	6	19.35%
3 - Neither good nor poor	1	3.23%
4 - Poor	0	0.00%
5 - Very poor	1	3.23%
6 - Don't know	1	3.23%

Breakdown

Gender

Total Responses: 31

- Female: 14
- Male: 11
- Prefer not to say: 1
- Total: 26

The Friends and Family Test
Service Report: Sept 2020 - Aug 2021

Service: Cazaubon Ward

Star Rating: 5 stars (4.7 average)

Positive: 95.56% Negative: 0.00%

Overall Scores

Response Option	Responses	Percentage
1 - Very good	30	66.67%
2 - Good	13	28.89%
3 - Neither good nor poor	1	2.22%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	1	2.22%

Breakdown

Gender

Total Responses: 45

- Female: 12
- Male: 11
- Total: 23

Travel & Assistance

We appreciate that for residents and family members of Tower Hamlets and City & Hackney the move of services to EHCC will for some increase the travel distance.

We also understand that Carers and family members may themselves be elderly and/or frail and we wish to reduce the impact of travel for them.

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There is free visitor car parking at EHCC, this is not available on the MEH site.

We also have available travel assistance to support carers friends and family with their journey to EHCC and we are working with Healthwatch and public representatives to develop a protocol, key principles that have been agreed

- Information will be prominently displayed within the ward/reception and available in the welcome pack
- It will be easy to access
- It is an informal process
- It will not be means tested, no additional paper work will be involved.

Travel Assistance - A carers story

Mrs A was admitted to Cazaubon ward in the summer of 2021, and was a resident from City & Hackney.

Shortly after the admission the ward matron saw Mrs. A with her husband, Mr. A, he appeared frailer and physically less able. He had arranged a taxi to return home that day and whilst waiting at the reception area it was obvious that Mrs. A was worried about him. She was encouraged to wait with him until the taxi arrived.

The following day the ward matron asked Mrs. A if her partner was due to visit. She said that he was only able to use taxi's to visit. A decision was made automatically to fund the cost of future taxi journeys. An agreement was made that Mrs A or her husband would inform the ward administrator when they wished to visit, and a taxi would be booked both ways, paid through the Cazaubon ward account.

They were advised that this service could be provided daily for as long as Mrs A was a patient on the ward. Happily Mrs A has now been discharged home with follow up support from the community health team.

There are no direct staffing financial savings expected as a result of this change, the staff team have moved from Columbia ward to Cazaubon ward, with an equivalent staffing model, which not only provides continuity of care, it has also reduced the need for recruitment and ensures a safe staffing model.

There is however a system benefit in terms of costs

- The vacant ward space within East Ham Care Centre placed a considerable revenue cost on the overall Health and Social Care system, who remained liable for the previously vacant (void costs) and unused ward space.

We intend to invest in the environment at Cazaubon ward, East Ham Care Centre to improve this even further with a focus on optimising the ward's full potential, to create the very best of ward environments, the capital cost for this has been estimated at £850,000.

Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

Fantastic built environment - *The ward has been designed with the care of older persons and frailty in mind and is light, airy and spacious.*

Improved clinical care - *to help people recover faster and get home sooner. The length of stay has reduced already in Cazaubon ward by 16 days.*

Co-located wards and staff - *(not separate from other specialist older adult and frailty services) providing a critical mass of Cognitive Impairment, Specialist Dementia and Frailty inpatient care and treatment, supported by clinical experts.*

Staffing, Retention and Recruitment - *Enabling staff to do their best and provide the care to patients of a standard we know they strive for, of the highest standards.*

Making best use of Buildings and NHS estate - *The NHS Long Term Plan has called on all NHS trusts to make better use of clinical space and where possible consolidate services to gain benefits*

COVID 19 – Green Zone - *Continued safe service delivery at Mile End Hospital to support those who are clinically extremely vulnerable to COVID- 19 infection across the North East London CCG.*

Potential Impact of our proposals - we believe that the proposal has many more advantages than disadvantages.

Our proposal would mean longer journeys for some visitors, although for others, it will mean shorter journey times.

Actions in place to reduce impact of disadvantages

- ✓ Continue to improve care in a way that reduces the need for hospital admissions in the first place, enhancing care capacity in existing community mental health services.
- ✓ Provide information about transport and travel options for carers and family visitors and the financial support and assistance that is available
- ✓ Continue to support the use of technology and ‘virtual visiting’ in addition to face-to-face visits

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Stakeholder and Public Engagement - Feedback and Sharing views

We intend to engage and consult with stakeholders initially on our plans to make permanent the move of the Dementia inpatient admission services to East Ham Care Centre.

We are developing our case for change describing the proposed model and have developed a draft communications plan (See Appendix 1) in support of this. We will also conduct an **Equality Impact Assessment** as part of our case for change to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The 2 questions we are intending to have answered in the public consultation, are below, we would welcome feedback on our plans, proposed approach and the questions.

1. To what extent do you think the co-location of older persons physical and mental health inpatient services at East Ham Care Centre will provide an improvement to care and treatment for patients with Dementia?

Agree fully

Agree partly

Disagree partly

Disagree fully

2. To what extent do you agree or disagree that this proposal will enhance the overall care and support for patient's carers and their families?

Agree fully

Agree partly

Disagree partly

Disagree fully

We would value your feedback and specifically on our plan and proposals and the 2 questions we are proposing for the public consultation

Further opportunity to feedback on our proposals, via email please forward to Eugene.jones2@nhs.net.