


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

<b>Originating Officer(s)</b>	Eugene Jones, Director Service Transformation, East London Foundation Trust
<b>Wards affected</b>	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.
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### **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,  
Director Service Transformation, East London Foundation Trust  
[eugene.jones2@nhs.net](mailto:eugene.jones2@nhs.net)