



## **Health and Social Care Scrutiny Sub (Community and Children's Services) Committee**

**Date:** TUESDAY, 16 JUNE 2015  
**Time:** 1.45 pm  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL

**Members:** Randall Anderson  
Ann Holmes  
Wendy Mead  
Emma Price  
Philip Woodhouse

**Enquiries:** Philippa Sewell  
tel. no.: 020 7332 1426  
[philippa.sewell@cityoflondon.gov.uk](mailto:philippa.sewell@cityoflondon.gov.uk)

**Lunch will be served in the Guildhall Club at 1pm**  
**NB: Part of this meeting could be the subject of audio or video recording**

**John Barradell**  
**Town Clerk and Chief Executive**

# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ELECTION OF CHAIRMAN**  
To elect a Chairman in accordance with Standing Order 29.  
**For Decision**
4. **ELECTION OF DEPUTY CHAIRMAN**  
To elect a Chairman in accordance with Standing Order 30.  
**For Decision**
5. **ELECTION OF AN INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE**  
To elect one INEL JHOSC representative.  
**For Decision**
6. **TO CO-OPT HEALTHWATCH REPRESENTATIVES TO THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**  
To co-opt two representatives from Healthwatch in line with the Sub Committee's terms of reference.  
**For Decision**
7. **MINUTES**  
To agree the public minutes and non-public summary of the meeting held on 5 May 2015.  
**For Decision**  
(Pages 1 - 4)
8. **INEL JHOSC UPDATE**  
Update of the Director of Community & Children's Services.  
**For Information**  
(Pages 5 - 8)
9. **REVIEW OF HEALTH OVERVIEW AND SCRUTINY FUNCTIONS**  
Verbal update of the Town Clerk.  
**For Information**
10. **PRIMARY MEDICAL SERVICES FROM PORTSOKEN SITE**  
Report of NHS England.  
**For Information**  
(Pages 9 - 10)
11. **FUNCTIONAL OLDER ADULTS INPATIENT SERVICE**  
Report of the City and Hackney CCG.  
**For Discussion**  
(Pages 11 - 54)

12. **THE CARE ACT 2014 AND THE BETTER CARE FUND**  
Report of the Director of Community & Children's Services.  
**For Information**  
(Pages 55 - 60)
13. **HEALTHWATCH CITY OF LONDON UPDATE**  
Report of Healthwatch City of London.  
**For Information**  
(Pages 61 - 70)
14. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
16. **EXCLUSION OF THE PUBLIC**  
MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Local Government Act.

#### **Part 2 - Non-Public Reports**

17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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**HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE**  
**Tuesday, 5 May 2015**

Minutes of the meeting of the Health and Social Care Scrutiny Sub (Community and Children's Services) Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 5 May 2015 at 1.45 pm

**Present**

**Members:**

Wendy Mead (Chairman)  
Dhruv Patel (Deputy Chairman)  
Judith Pleasance  
Ann Holmes  
Philip Woodhouse  
Steve Stevenson

**Officers:**

Philippa Sewell	Town Clerk's Department
Neal Hounsell	Community & Children's Services
Nina Bhakri	Community & Children's Services

1. **APOLOGIES**

Apologies were received from Emma Price, Adam Richardson and Tom Sleigh.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

There were no declarations.

3. **MINUTES**

**RESOLVED** – That the minutes of the meeting held on 2 February 2015 be approved as correct record.

**Matters Arising**

Defibrillators in Pharmacies

The Assistant Director, Commissioning and Partnerships reported that the Community & Children's Services Department held four defibrillators, and the Director was contacting the other Chief Officers promote the LAS scheme. Members asked that defibrillator training be extended to Members.

He also reported that the letter had been sent to, and a response received from, Mark Field MP regarding the need for statutory defibrillator guidance from the government. The Sub Committee asked for a follow-up letter to be sent asking for details on how the issue would be pursued.

Members noted that Boots did not have defibrillators in their pharmacies, and requested a letter be sent to the owner of Boots expressing Members' concern and asking them to explain their rationale for not having defibrillators in their pharmacies.

**RESOLVED – That:**

- (a) A follow-up letter be sent to Mark Field MP asking for details on how the issue of statutory defibrillator guidance from the government would be pursued;
- (b) A letter be sent to Boots expressing Members' concern and asking them to explain their rationale for not having defibrillators in their pharmacies; and
- (c) The report be noted.

**4. INEL JHOSC MINUTES**

Members discussed and noted the minutes of the Inner North East London Joint Health Overview and Scrutiny Committee meeting held on 12 February 2015.

**5. BARTS HEALTH VERBAL UPDATE**

The Sub Committee received a verbal report of the Assistant Director, Commissioning and Partnerships, regarding the Barts Health Trust going into special measures because of their report on Whipps Cross Hospital. Members noted that further reports on Newham and the London Hospital were being released following the election, and the INEL JHOSC would be scrutinising the Trust and the CQC in detail on the 27<sup>th</sup> May. Assistant Director, Commissioning and Partnerships reported on the significant staff and culture changes, and advised that there were no City-specific issues for Members to be aware of at this stage.

**RESOLVED –** That the verbal report be noted, and a follow up report be given at the Sub Committee's next meeting.

**6. PRIMARY MEDICAL SERVICES FROM PORTSOKEN SITE**

Members noted that NHS England were unable to attend the meeting owing to an emergency meeting that had arisen. This item was therefore being deferred to the next meeting, scheduled for 16<sup>th</sup> June 2015, with the agreement that NHS England be formally contacted on behalf of Members to ensure their attendance.

**RESOLVED –** That the item be deferred, and a letter be sent to NHS England expressing Members' concern about their failure to attend this meeting.

**7. HEALTHWATCH CITY OF LONDON UPDATE**

The Sub Committee received a report from Steve Stevenson from Healthwatch. Members discussed the patient-led assessments of the care environment (PLACE) Healthwatch had attended with Barts Health NHS Trust at Newham University Hospital, Mile End Hospital and the Royal London, noting 16 wards had been assessed in total. Mr Stevenson reported positively on the Newham University Hospital assessments, and less favourably for Mile End Hospital.

Members also discussed the requirement for TV cards to be purchased at the Royal London Hospital which many patients could not afford. It was noted that Healthwatch were pursuing the issue, which was part of the PFI contract. Mr

Stevenson advised that two areas at Newham University Hospital had been recommended for free television provision: elderly care and post-natal maternity wards.

**RESOLVED** – That the report be noted.

8. **REVIEW OF HEALTH OVERVIEW AND SCRUTINY FUNCTIONS**

Members received a report of the Director of Community & Children's Services reviewing the scrutiny functions of the Committee, and discussed and considered the recommendations in turn.

**RESOLVED** - That:

- (a) The report be noted;
- (b) The conclusions and recommendations from the working group of Health and Social Care Scrutiny Sub Committee be endorsed;
- (c) The indicative work programme 2015 – 16 be endorsed; and
- (d) A follow-up report to evaluate the resource and governance implications be submitted to the next meeting of the Sub Committee.

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

The Assistant Director, Commissioning and Partnerships reported that a joint response to the Barts Quality Account was being sent from the INEL JHOSC.

**The meeting ended at 2.45 pm**

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Chairman

**Contact Officer: Philippa Sewell**  
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## Inner North East London Joint Health Overview & Scrutiny Committee

c/o O&S Team  
Hackney Council  
Area K, 2<sup>nd</sup> Floor  
Hackney Service Centre  
1 Hillman St  
London, E8 1DY

Reply to: jarlath.oconnell@hackney.gov.uk

18 May 2015

Ms Jo Carter  
Stakeholder Manager  
Barts Health NHS Trust

*by email to jo.carter2@bartshealth.nhs.uk*

Dear Jo

### **Response to Barts Health NHS Trust's Draft Quality Account 2014/5**

Further to the request dated 24 April from your Deputy Chief Nurse, I am replying on behalf of Health in Hackney Scrutiny Commission to provide comments on your draft Quality Account for 2014/15.

The Report is an accurate description of the Trust's performance against your quality indicators and we would like to thank the engagement team and senior officers for their continued positive engagement with scrutiny.

The Report is read in the light of Barts Health being recently placed in special measures by the NHS Trust Development Authority, due to the results of the CQC inspection at Whipps Cross, the trust-wide challenges in meeting national waiting time standards and the financial position at Barts Health.

However we also note that the Trust has maintained its position in the top 10 NHS organisations with the lowest mortality rates (SHMI rates) and has created the world class Barts Heart Centre, as well as there being a number of important innovations by you using new devices and techniques in medical treatment.

We note the evidence that you provided the Newham HOSC (15 April) in regards to local site leadership and we are pleased that you are now addressing this and taking on board feedback from staff and other stakeholders. We are keen to see strong local leadership at all of the Trust's sites and we are keen that significant progress is made in this area. We also note that the Account does not explore in any great depth the future

recruitment strategies of the Trust, and we will be keen to explore this area during the coming year.

As you are aware, during the past year, we had a number of items at INEL JHOSC meetings on scrutinising the quality of your services. Arising from those discussions and having considered your Draft Quality Account we would like to raise the issues below:

**a) Response to CQC inspections**

We look forward to hearing from your senior officers at the INEL meeting on 27 May on the action plan you will be implementing arising from the forthcoming CQC inspection reports on Newham and the Royal London and on what progress has been made at Whipps Cross since Barts Health was placed under special measures on 17 March. Additionally, Tower Hamlets HOSC has expressed concerns about the CQC's initial verbal feedback on these inspections and the common themes across all the hospital sites.

**b) Failing administrative and support systems**

In our previous two Quality Account submissions we raised the issue of IT integration following on from your merger. We also note the letter of concern which City and Hackney CCG sent to you last summer raising serious concerns about quality. Three years on we continue to be concerned particularly in relation to the failure last summer of Cerner Millennium electronic health record system and the impact this had on patient safety and in particular on your ability to manage outpatient appointments and health records. Furthermore, Tower Hamlets HOSC is still concerned about the administration of the patient transport system and issues surrounding punctuality and attempts to pick up patients from the wrong address.

**c) Clarity of reporting**

On p. 35 you present tables on 'Priority 3: Clinical effectiveness – reliable care' and it would have helped here to be presented also with absolute numbers to better understand the surge in demand. Could you also please clarify what a "Type 1 breach" is?

**d) Data quality issues preventing national reporting on Referral to Treatment targets**

Linked to (b) we noted with concern (p. 38) that because of the failure of the Cerner Millennium system, the corruption of your RTT data validation database and the incompatible methods of transferring patient data into waiting lists, you had insufficient confidence in your underlying data and therefore you had to temporarily cease national reporting on your performance against this important national treatment standard in Sept 2014.

**e) Cancer care referral and treatment standards**

We note with concern (p.39) that of the 8 different national waiting time standards for patients referred with suspected cancer, that you are only on track to deliver only on 2 of these. The NHS National Cancer Patient Experience Survey published in September ranked you last in England. We note you have a clinically-led working group responding to this and we look forward to hearing what improvements are being made.

#### **f) Focus of your safeguarding team - FGM**

We appreciate the work your Safeguarding officers have been doing (p. 47) with other agencies to protect people who have become victims of modern day slavery or trafficking as well as those who may be at risk of being radicalised, but we are surprised that no mention is made in your Report about what you are doing in relation to Female Genital Mutilation. A scrutiny review here in Hackney has highlight the key role which front-line NHS staff have in driving up the reporting of FGM, in referring victims or at-risk girls to Children's Social Care services and in educating at-risk communities about the issue.

#### **g) Safeguarding investigations relating to care provided by Barts – low substantiation rate**

We note with some concern that only 3 of 25 safeguarding incidents investigated last year were substantiated and that a relatively small number of the incidents which are reported end up being substantiated. We noted that many of these issues relate to the quality of discharge from hospital and concerns about care whilst using hospital transport and we hope there will be an increased focus on correcting these in the coming year.

#### **h) Electronic reporting systems to document staff training**

Allied to the IT issues, we noted the concern (p. 52) that there is currently no central electronic reporting system to document staff compliance with important statutory and mandatory training requirements, particularly in relation to training for safeguarding children

#### **i) National performance on Patient Experience**

We note (p. 55) that you are committed to being in the top 20% of high performing Trusts nationally for patient experience by 2017. While this is an important aspiration is it realistic considering the situation at Whipps Cross? Also on p. 57 you say “there are no areas where patients reported lower levels of satisfaction than in the 2013 survey, with the remaining 59 showing no significant difference”. It is not clear out of how many?

#### **j) Managing and learning from complaints**

We note (p. 67) that only 57% of complaints were responded to within the 25 working days target. It is clear that as problems accumulate, as they have

done this year, there will be a knock-on increase in complaints overall, but we hope that trend can be reversed.

### **k) Staff experience**

We note (p.82) how the Trust's performance in the NHS Staff Survey on issues such as bullying and harassment and on equal opportunities has deteriorated. We note also that a culture of bullying and harassment, low morale and the impact of the 2013 re-organisation had on staff morale were key findings of the CQC inspection of Whipps Cross. No doubt the increased pressure staff are under in delivering cost savings is a factor here. While we are pleased that Barts Health is putting a considerable amount of resource into recruiting permanent staff, we are concerned that there is no reference to recruiting locally.

Overall there are key themes which recur in the report: staffing levels, leadership, data quality, poor change management in the introduction of new systems and an increase in demand for treatment. We do hope however that with new management teams in place and a new Chief Executive we will begin to see improvements.

We look forward to hearing more about the Trusts action plans.

Yours sincerely

Cllr Ann Munn  
**Chair**  
**Health in Hackney Scrutiny Commission**

cc Members of INEL JHOSC

## **PRIMARY MEDICAL SERVICES FROM PORTSOKEN SITE 1<sup>st</sup> April 2015**

### **Introduction**

In April 2010 a service level agreement was signed by City Wellbeing practice to deliver Primary Medical Services from the Portsoken site on two sessions per week. Registration from this site covers residents from the east of City of London (Portsoken) ward. The population of the surrounding areas were covered primarily by practices within the South West Locality of Tower Hamlets which result in the lack of primary care provision for the Portsoken ward. The opening of the Portsoken site provided access to primary care for these residents.

The aim of this service is to provide primary medical services for the residents; it is not intended as a walk in centre.

With the absence of primary and secondary care services, the Portsoken had co-location with other services from Bart's Health namely; foot services, women's Health and diabetes specialist nurse sessions from the onset of this contract.

The Primary Medical Service provider was also responsible for the operational management of the site via the receptionists and practice manager during the sessions that the practice is operating. This includes receiving deliveries, contributing to the development of the operational policy for the premises, managing communications and liaising with the facilities management services.

Within the Tower Hamlets CCG Estates strategy both City Wellbeing, the previous provider of services at Portsoken and the new provider, Whitechapel Health Centre, will in 3-5 years relocate to the new health centre at Goodman's Field. Upon completion, Portsoken will cease to exist as a separate entity; the new health centre will absorb all the patients within the east of City of London.

### **Contract Management**

In December 2014 City Wellbeing gave notice to NHS England (London Region) of its intention to relinquish the contract for the Portsoken site. NHS England (London Region) did not initially accept this notice; it gave the practice an opportunity to discuss the service contract and consider options for continuing. However, the practice opted to proceed and confirmation was received by NHS England (London Region) from the practice at the end of December 2014 of their stated position to withdraw from the contract. It was agreed that the end date would be 31 March 2015.

### **Re-provision of services**

NHS England was concerned to ensure that there was no loss of or reduced access to primary care for people living in the Portsoken ward. Due to the requirements of the Tower Hamlets CCG Estates strategy the Portsoken service could not be re-procured through a single tender waiver. NHS England (London Region) therefore made an approach to Whitechapel Health Centre to seek their agreement to provide primary medical services from the Portsoken site. Whitechapel Health Centre accepted the offer and agreed to commence

provision of service at Portsoken from 1<sup>st</sup> April 2015. Whitechapel Health Centre is run by AT Medics and is located at a similar distance from Portsoken (0.6miles) as the Whitechapel practice (0.7 miles).

In early March a letter was sent to all City patients registered at Whitechapel to advise them of the new GP provider arrangements taking effect from 1st April.

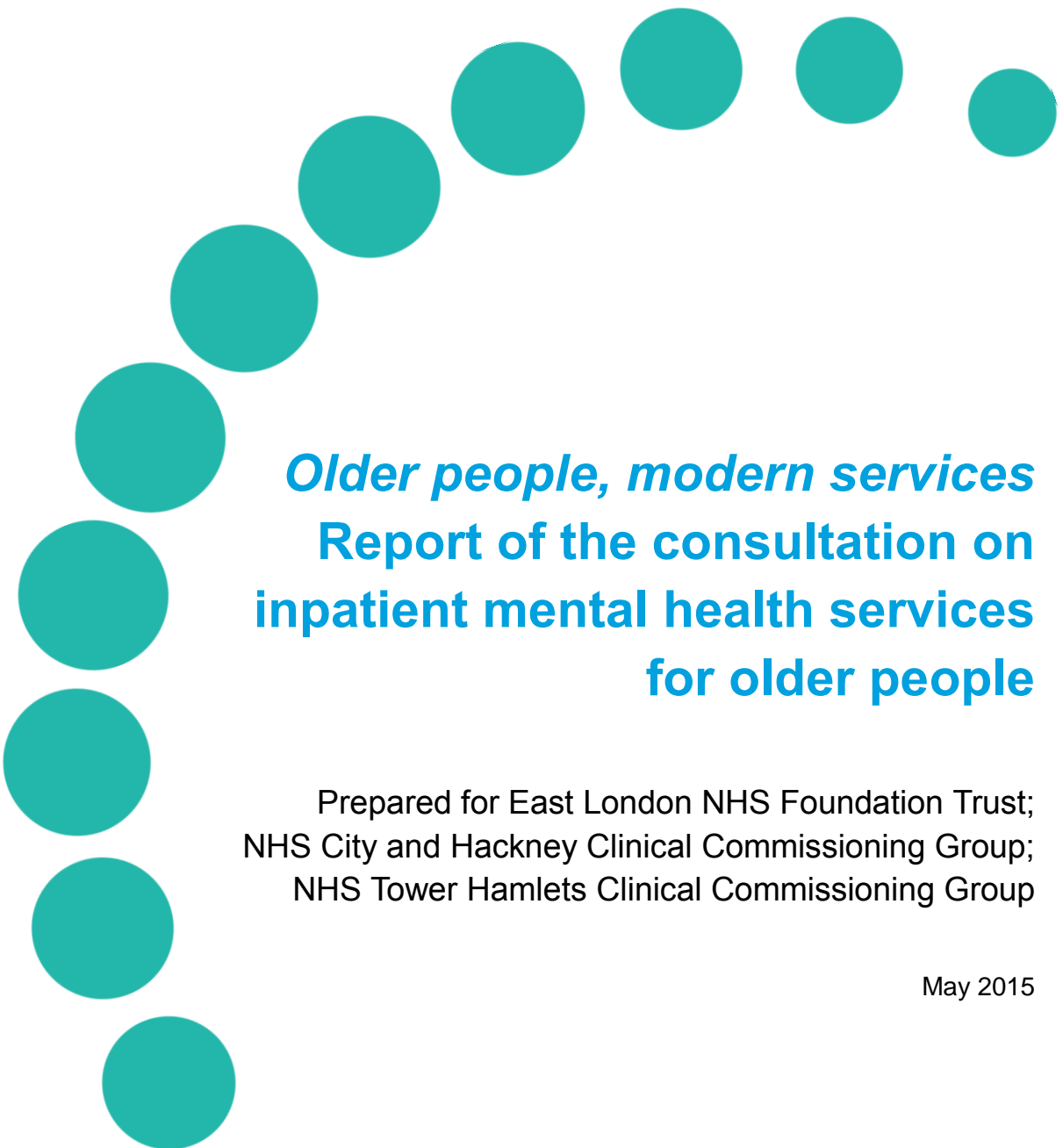
Patients were informed that their registration would automatically transfer to the new practice on 1st April 2015 and that they would continue to be able to use Portsoken. For patients wishing to go back to being registered with City Wellbeing Practice or wishing to register with a different practice, information was provided in the letter explaining what they needed to do.

NHS England (London Region) has agreed an improved service specification for the Portsoken centre with the new incoming provider. This includes an initial deep clean of the premises and implementation of an ongoing cleaning schedule to meet NHS England (London Region's) infection control toolkit best practice.

Patients at the centre will have access to the full range of essential and enhanced primary medical services provided by Whitechapel Health and can access appointments from both their main practice location and the Portsoken Centre. The service will include care for people with long term conditions, diagnosis, prevention, immunisations and screening. Patients will need to register with the providing practice in order to receive care at the Portsoken Centre.

Patients will have access to Out of Hours services and home visits, as clinically necessary. Out of hours service provision will be arranged in the same way as for all other patients registered with the practice.

Attracta Asika  
NHS England (London Region)



***Older people, modern services***  
**Report of the consultation on**  
**inpatient mental health services**  
**for older people**

Prepared for East London NHS Foundation Trust;  
NHS City and Hackney Clinical Commissioning Group;  
NHS Tower Hamlets Clinical Commissioning Group

May 2015

## Executive summary

East London NHS Foundation Trust (ELFT) provides specialist mental and community health services to people across East London and the City. The Trust has invested resources in helping older people with mental health problems to live in their own homes or as close to home as possible. As a result, the current inpatient wards in Hackney and Tower Hamlets now admit fewer patients and often have a high number of empty beds. The Trust has proposed to change the way services are provided and to reinvest money in other health services, as well as make savings.

City and Hackney, and Tower Hamlets Clinical Commissioning Groups in partnership with East London NHS Foundation Trust conducted a 13 week consultation on proposed changes to inpatient services for older residents with mental health problems aged 65 and over.

The proposals looked at various options, with the preference to merge two inpatient wards onto one site at Mile End Hospital. The consultation focused on services for people who have serious mental illness caused by conditions such as depression, schizophrenia, mood disorders or anxiety.

The consultation started on 16 December 2014. It was intended to conclude on 16 March 2015 but was extended until 27 March 2015 to allow further time for people to participate.

At least 250,000 people had the opportunity to see the publicity of the consultation (local newspapers, emails to Trust members, GP and patient letters, posters, websites etc). Over 70 people **positively engaged** with the consultation, attending one of the six public meetings or nine other meetings, or visiting the websites or making their views known by post or email.

Approximately 70 people **responded** to the consultation. 37 people responded to the questionnaire (66% were from Hackney; 28% were from Tower Hamlets and 3% from the City of London); approximately 40 people made their views known at one of the meetings, and Healthwatch Tower Hamlets and Healthwatch Hackney submitted responses.

## Key findings

- There was concern from Hackney residents regarding the difficulty in travelling to Mile End if selected. Jewish respondents highlighted the difficulty this would cause on the Sabbath. Hackney residents generally supported a two site solution.
- Tower Hamlets residents generally supported the proposals and the preferred solutions (two wards based at Mile End).
- Of those that responded to the questionnaire, fewer people (37%) preferred a single site solution compared with 46% who preferred a solution with more than one site. Over half (55%) of respondents to the questionnaire thought services should be at Mile End and The Lodge.
- Two wards (for additional capacity) were preferred to one ward by those who supported a single site solution.
- Solutions to mitigate problems caused by a single site solution included improving parking; providing accommodation for visitors and carers (particularly on the Sabbath); providing transport; better security, and improving the Mile End facilities.
- There were concerns about continuity and integration of care if people were treated outside their borough.
- There was support for investing savings back into community and home services for older people with mental health problems (53% of respondents) - particularly in Hackney where there was a perceived downgrading of existing services and the Felstead site was considered not well known and in a somewhat remote location.

## Background

City and Hackney, and Tower Hamlets Clinical Commissioning Groups in partnership with East London NHS Foundation Trust conducted a 13 week consultation on proposed changes to inpatient services for older people with mental health problems aged 65 and over, who live in City and Hackney and Tower Hamlets.



The proposals were discussed at the Tower Hamlets Health Scrutiny Panel on 16 September 2014 and the City of London Health Scrutiny Panel on 29 October 2014.

A further paper went to the City and Hackney Health Scrutiny Committees in September 2014 called 'Addressing the concerns of the Patient and Public Involvement Sub-Committee about the Functional Older Adult Inpatient Proposals.' This paper addressed the key issues raised in earlier meetings by the Patient and Public Involvement Sub-Committee and, on the basis of this, asked the PPI Sub-Committee to approve that the proposal proceeded to a full public consultation.

Staff from ELFT Mental Health Care of Older People (MHCOP) attended two voluntary sector meetings to test the proposed presentation. They attended a meeting of Kurdish and Turkish elders run by the charity, Derman on 2 October 2014. Nineteen people attended and an interpreter was present to facilitate the discussion. Questions asked included if people could self-refer to MHCOP service; if interpreting services would be available at Mile End; if services at Hackney Wick would continue; when the changes would happen; how people could contact services; and questions about dementia. Other questions related to more general mental health issues. This feedback enabled ELFT staff to refine their presentation to achieve greater clarity when speaking to the public at future meetings.

The ELFT team also attended the City and Hackney Older People's Reference Group annual event held on 28 October 2014. Staff participated in a general workshop seeking views on mental health services.

On 29 October, The Deputy Director of ELFT and the MHCOP Director attended a Healthwatch City of London AGM meeting. People generally felt well informed about the changes.

The CCGs wrote to MPs and local authority corporate directors for all areas to inform them of the consultation proposals and start dates.

Additionally, meetings took place with staff based at The Lodge and Leadenhall Ward on 17 November 2014 and 15 December 2014 to update them and respond to any queries prior to consultation.

In City and Hackney, the proposals were approved by:

<b>Mental Health Programme Board sign-off</b>	<b>10<sup>th</sup> March 2014</b>	<b>Agreed to proceed to full public consultation</b>
<b>Clinical Commissioning Forum</b>	3 <sup>rd</sup> April 2014	Agreed to proceed to public consultation
<b>Clinical Executive Committee</b>	9 <sup>th</sup> April 2014	Agreed to proceed to full public consultation
<b>MHPB Service User Advisory Group</b>	28 <sup>th</sup> May 2014	Agreed to proceed to full public consultation
<b>CCG PPI Committee</b>	29 <sup>th</sup> May 2014	Further clarification on issues required.
<b>CCG Governing Body</b>	30 <sup>th</sup> May 2014	On the basis of PPI concerns, further clarification on issues required
<b>CCG PPI Committee</b>	26 <sup>th</sup> June 2014	Concerns clarified and agreed to proceed to full public consultation
<b>CCG Governing Body</b>	25 <sup>th</sup> July	Agreement to proceed to full public consultation sought

## Policy overview

There are two main relevant legal requirements:

### **For the NHS to promote public involvement and consultation**

(Section 14Z2, Health and Social Care Act 2012, as amended)

This duty applies where there are changes proposed in the way in which services are delivered, or in the range of services available. The duty applies to health services commissioned by clinical commissioning groups, which are responsible for involving or consulting the people who are or may be using the service.

### **For the local authority to review and scrutinise the NHS**

(Part 4, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)

Under the Local Authority Regulations 2013, local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in their area.

### **The Secretary of State's guidance**

In addition to the statutory duties outlined above, the NHS must also have regard to the guidance published by the Secretary of State, including the four tests for reconfiguration introduced in 2010:

- GP commissioning support
- Patient and public engagement
- Clinical evidence base
- Choice and competition

Evidence of how the service change meets the four tests is required ahead of any consultation on reconfiguring services. An initial review of the four tests was prepared before the launch of the consultation, and a more detailed review, incorporating the consultation-related public and patient engagement, will form part of the evidence for the decision-making business case.

## The proposals

The proposals looked at merging two inpatient wards, with the preferred option to merge onto one site at Mile End Hospital. The consultation focused on inpatient services for older people who have conditions with a psychological cause such as depression, schizophrenia, mood disorders or anxiety.

The rationale for the preferred option was that:

- The trust could then develop a specialist inpatient unit at Mile End with a multi-disciplinary team of experts to focus on a high quality rehabilitation and recovery service.
- Mental health inpatients would have greater support with their physical health needs as Mile End Hospital can offer a range of other services on the same site.
- Inpatients would have increased access to medical assessment and emergency assistance as medical staff are based on the Mile End Hospital site. There are no medical staff at The Lodge.
- More of the rooms would have ensuite facilities to support the privacy and dignity needs of inpatients.
- The Trust could use some of the savings made to develop more community services to support people in their home for longer and avoid the need for hospital admission.

The consultation described four options (1, 2, 3a and 3b) described below

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**Option 1    No change (34 beds)**

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**Option 2    28 beds**

- Create two separate 14 bed fully ensuite wards at the Bancroft Unit on the Mile End Hospital site
  - A reduction of three beds in each borough
- 

**Option 3a    19 beds**

- Retain Leadenhall Ward (on the Mile End Hospital site) to have one 19 bedded ward
  - A reduction of 7.5 beds in each borough
- 

**Option 3b    26 beds**

- Retain Leadenhall Ward (on the Mile End Hospital site) and increase bed capacity by the use of Columbia Ward annex which has seven beds
  - A reduction of 4 beds in each borough
  - The preferred option
-

## Questions

**Q1.** Do you live or work in: Hackney, Tower Hamlets, The City of London or somewhere else

**Q2.** Please tell us which of these statements best describes your views about our proposal about the number of inpatient sites we should have for older people with mental health problems in Tower Hamlets and City and Hackney.

I think older inpatients with mental health problems in Tower Hamlets and City and Hackney should be cared for at:

- One site (this is our proposed solution)
- More than one site
- I have an alternative solution (please explain your alternative below)
- Don't know.

Please explain why you make this choice

**Q3.** Please tell us which of these statements best describes your views about the proposed site of inpatient services for older people in Tower Hamlets and City and Hackney, who have mental health problems. Tick one box only.

I think inpatient services for older people with mental health problems should be at:

- Mile End Hospital in Tower Hamlets
- Mile End Hospital in Tower Hamlets and at The Lodge in Hackney
- Somewhere else (please state your alternative below)

**Q4.** If we locate the inpatient services at Mile End, do you think this should be on one 19 bedded ward (Option 3a) on Leadenhall Ward OR do you think inpatient services should be provided on two wards providing 26 beds. That is Leadenhall Ward and a smaller high needs unit in the annex of Columbia Ward in The Bancroft Unit at Mile End Hospital (Option 3b, our preferred option). Tick one box only.

- On one ward with 19 beds (Option 3a)
- One two wards with 26 beds (Option 3b)
- I don't think inpatient services for older people with mental health problems should be at Mile End
- None of these options
- Don't know

Please explain why you made this choice

**Q5.** If we reduce the number of inpatient beds and make savings, do you think some of this money should be used to further develop community services to support older people with mental health problems in their own homes?

- Yes
- No
- Don't know
- Other suggestion

**Q6,** Please add any other comments or suggestions that you would like

## Structure of the consultation

The consultation started on 16 December 2014. It was intended to conclude on 16 March but was extended until 27 March 2015 to allow further time for people to participate.

## Consultation document, questionnaire and materials

500 **consultation booklets** were produced setting out the context for the consultation and the various ways people could contribute their view. Additional copies were printed towards the end of the consultation. Feedback about the documents was sought from communication leads and the Hackney Council public consultation expert. The project officer for the patient and public involvement sub-committee commented on behalf of the committee and felt the issues raised by the committee were addressed in the materials.

1,000 **summary leaflets** were produced summarising the key consultation points and publicising the public meetings that had been arranged and how people could contribute their views. The leaflet summary was translated into six of the most spoken languages in Tower Hamlets, The City of London and Hackney: Somali, Bengali, Hebrew, Polish, Kurdish and Turkish. These were available online to be printed. Derman requested Turkish and Kurdish copies to be emailed to them which they sent to their members with other meeting information. There were no other requests to print copies or translate into other languages.

100 **posters** were produced publicising the public meetings and how people could contribute their views.

Information was also offered in large print and Braille and people were encouraged to phone ELFT if they needed someone to interpret the information for them over the phone.

These items were all uploaded onto the ELFT website and were available online on 16 December 2014.

## The questionnaire

The consultation sought views through a questionnaire aimed at understanding the opinions of respondents in relation to how many mental health inpatient units there should be; where unit(s) should be and how many beds they could contain. Respondents were also given the opportunity to comment in general.

The questionnaire was produced in hard copy, as part of the consultation document, which could be returned via a Freepost address; and online, accessed through the websites of the CCGs' and ELFT.

## Other consultation materials

A standard set of slides was developed for the CCGs and the Trust to present the proposals to meetings in a consistent way

## Consultation activities

### Distribution

Printed information wasn't immediately available due to last minute changes and the holiday period. The deliveries were undertaken by FDM and were distributed by 13 January 2015

The printed items were distributed to libraries, Healthwatch centres, carers centres and community and inpatient bases throughout the City of London and the two boroughs.

The Trust wrote (25 February) to all service users of community mental health services for older people to advise them of the consultation and publicise the dates of the public meetings in March.

Consultation documents were distributed at every event attended to discuss the consultation proposals, with encouragement to fill in the questionnaire.

At the Hackney meeting on 23 February, one attendee said that she thought staff at mental health services for people of working age in Hackney should be aware of the consultation as some adult service users could be nearing the age when they would move to MHCOP services. In response to this, the Trust arranged for leaflets to be hand delivered to the two Community Mental Health Trusts in the borough. Staff in adult mental health services would have been aware of the consultation via ELFT's eBulletin and Trusttalk, the Trust's magazine.

The consultation information was a fixed item on the homepage of the ELFT website for the 15 weeks of the consultation (with links from other organisations – see below). All the printed materials were available to be downloaded. Members of the public could also call the communication office to have printed materials posted to them.

### Public meetings

**City of London:** 13 January 2015. 10.30am-midday. Artizan Library. Two attendees

**Tower Hamlets:** 10 February 2015. 10.30am-midday. Idea Store Whitechapel. Eight attendees. Whilst this meeting went ahead, the Mental Health Care of Older People (MHCOP) Director was unable to attend due to unforeseen circumstances. Other ELFT staff were in attendance. Five members of the public came to the meeting and their feedback recorded. A new meeting date was set. The MHCOP Director personally wrote to all five members of the public to apologise for not being able to attend, informing them of the new meeting date but also inviting them to meet with him personally. One person took up the offer of a meeting and two people contacted the communications team to thank him for the offer.

**Tower Hamlets (rescheduled meeting):** 5 March 2015. 12-2pm. Idea Store Whitechapel. Eight attendees including representative from MIND and from the Tower Hamlets Carers Centre

**Hackney:** 23 February 2015. 11.00-1.00pm. Hackney Museum. Six attendees including representative from Hackney Healthwatch and from One Hackney.

Some additional steps were taken in response to some of the feedback at the Hackney meeting including the setting up of two extra meetings. For instance a member of the public made the point that working age carers might find it difficult to attend a day time meeting so an additional evening meeting was arranged for carers in both Hackney and Tower Hamlets. These additional meetings were specifically publicised through posters distributed to all GP surgeries, pharmacies, libraries and community centres in City and Hackney.

**Hackney:** 10 March 2015. 5.00-7.00pm. Hackney Museum. Four attendees

**Hackney:** 11 March 2015. 2.00pm-4.00pm. Hackney Museum. Six attendees

## Patient, stakeholder and community meetings

In addition to the public meetings, ELFT contacted a range of organisations to request space on their agendas or in their meetings to talk about the proposals. Six stakeholder and community meetings were arranged as well as three for service users and carers:

### Hackney

<i>Date and time</i>	<i>Meeting Name</i>	<i>Host/ Audience</i>
January 2015		
15/01/15 10.30 – 12.30	Older People's Committee	Age UK
March 2015		
3/3/15 2-3.30pm	Hackney Caribbean Elderly Organisation	Caribbean elderly
3/3/15	Meeting with user of service	
12/03/15 11-1pm	Working Together Group	MHCOP service users and carers

### Tower Hamlets

<i>Date and time</i>	<i>Meeting Name</i>	<i>Host/ Audience</i>
January 2015		
08/01/15 11am – 2pm	Working Together Group	MHCOP service users and carers
28/01/15 1pm – 3.30pm	Healthwatch Tower Hamlets	Representative local voluntary organisations
March 2015		
02/03/15 2pm	Older People's Committee	Age UK
05/03/15 11am	Vietnamese luncheon	
12/03/15 11-1pm	Working Together Group	MHCOP service users and carers

## Staff

Staff were able to attend public and other meetings. There was also a meeting with the Joint Staff Committee (22 January 2015) and a meeting with Larch staff on 23 March 2015.

## Correspondence

Throughout the consultation period, the CCGs responded to correspondence with community organisations and members of the public.

## Media activity

The Trust sent media releases (24 Dec 2014) which were featured in two newspapers:

- Hackney Today – 12 January 2015 (The council's magazine which is circulated to 108,000 homes and is available on the council website)
- East End Life – 2 February 2015 (Tower Hamlets council's newspaper circulated to over 100,000 homes in the borough, plus some businesses. Copies are also available in all libraries, One Stop Shops and Idea Stores, and a version of the paper is available on the website. They also publicised the public meetings.

## Publicising the consultation

The Trust has two versions of its main publication and the consultation featured in both:



- eTrusttalk: December 2014. Distributed to 6,500 staff and members
- Trusttalk: January 2015. Distributed to 9,300 addresses

The trust also publicised the consultation to 3,700 staff:

- What's New weekly eBulletin

The consultation featured in:

- Hackney Today 12 – 26 January 2015. This is distributed free, door to door to 108,000 households, and bulk drops are made to public access points across Hackney.

The consultation was publicised to GPs in a letter (23 March 2015) and in:

- City and Hackney GP Bulletin – February 2015
- Tower Hamlets GP Bulletin – February 2015

Information was sent to following organisations for inclusion in their newsletters or bulletins:

- Community Options – circulation of 770 people. This is a network of Tower Hamlets key voluntary sector organisations
- Healthwatch City; Healthwatch Tower Hamlets; and Healthwatch Hackney
- Friends of St Clements (now disbanded)

Information was posted on/included in:

- City and Hackney and Tower Hamlets CCG; Tower Hamlets Council, Hackney Council and City of London websites – all with links to the ELFT website for further and fuller information

Posters were sent to GP surgeries, chemists, Felstead Street, CMHT bases for adults and older adults, Mind, Carers Centres, etc.

Leaflets were available at outpatient appointments.

## Stakeholder groups

(N.B. some of the activity described above is repeated in this section)

### Public/general

The Trust distributed information to the media, to local organisations, to Healthwatches, libraries, carers centres, community and inpatient bases, in council magazines; it held meetings and distributed information to its 9,500 members.

The Trust had difficulty engaging with some target audiences:

- Local Jewish organisations. Talking Matters, a voluntary organisation based in Stamford Hill, lost its funding and was unable to host any meetings or events. A carer who attended several public meeting suggested an organisation called JAMI – Jewish Association of Mental Illness. However despite several calls and emails, they did not respond. ELFT has since had further contact with JAMI. However feedback from the Jewish community was given through carers meetings in The Lodge, the public meetings and via the feedback forms.
- The Turkish voluntary group, Derman. The Trust had met with the group on 2 October 2014 in advance of the consultation. However during the consultation, due to personal reasons, the co-ordinator was unavailable for several months and the group was unable to accommodate a request to meet. However Selma from Derman reported that the group felt informed from the initial pre-consultation meeting.
- The Trust contacted Hackney Mind about meeting with some of the groups co-ordinated by them. Hackney Mind requested that information be available in their reception area (delivered on 13 January 2015) and suggested some of the organisations that the Trust met with.



## Councils, health scrutiny committees and health and wellbeing boards

Information was made available on all council websites and in the council public newspapers and various staff e-bulletins.

## Staff, carers and service users

The Trust wrote to all service users (9 Feb 2015) currently using community mental health services for older people to advise them of the consultation, publicise the dates of the public meetings and signpost them to the ELFT website for more information.

A meeting was held on 22 January 2015 with the Joint Staff Committee and with Larch staff on 23 March 2015.

As well as the three 'Working Together Group' meetings, the director for MHCOP held two meetings for carers, service users and staff at The Lodge to talk to those directly affected by the proposals and provide a forum for discussion and questions:

- 19 March: 7-8pm. No one attended.
- 20 March: 2-3pm. Attended by one carer and one service user

## GPs

The February GP Bulletin had details about the consultation. This is an eBulletin issued four times a year.

An attendee at one of the public meetings in Hackney said her GP appeared unaware of the proposals when she spoke to them about this. So additionally, the Trust wrote to GPs (23 March 2015) to ensure they were aware of the proposals. The Trust offered to attend GP meetings but struggled to get time on agendas. Presentations at meetings have continued after the official close of consultation to ensure on-going dialogue.

- 18 March 2015: The Rainbow & Sunshine meeting at Clapton Surgery.
- 25 March 2015: The Well Consortium Meeting (C&H) attended by Dr Fawsi

Planned meetings after the official end of consultation:

- 8 April 2015: Tower Hamlets SE Consortium Meeting
- 6 May 2015: KLEAR Consortium Meeting (C&H)
- 12 May: South West Consortium Meeting. Dr Fawsi to attend.
- Attending Tower Hamlets 'cluster' meetings with TH GPs

Posters publicising the second round of meetings were distributed to GP surgeries and chemists.

## Opportunities to engage

Please note, there will be an element of 'double counting' in the following figures

Taking account of the readership of the council newspapers, the posters, publicity, letters, website views etc we estimate that at least **250,000 people could have read about the consultation.**

Taking account of the staff, public and GP meetings, we estimate that over **80 people will have positively engaged with the consultation.**

## Responses to the consultation

### Feedback mechanisms

The consultation booklets had a tear-off page at the back for people to complete and return using the freepost envelope supplied: Older People, Modern Services, East London NHS Foundation Trust, FREEPOST RTKB-ESXB- HYYX, 9 Alie Street, London, E1 8DE

Information sent out (e.g. posters and letters) stated that the Trust was keen to attend meetings of older people's interest groups and mental health interest groups.

All materials provided an email address and a phone number for people to call to give their feedback in the way they wished to.

The PALS team were briefed about the consultation and were a contact point for queries.

Discussions at all the meetings attended were recorded.

### Who responded to the consultation?

**Responses to the questionnaire: 37 individuals**

**Responses as letters or emails: 2 from Healthwatch**

**Responses as part of a meeting: 40+ individuals**

## Analysis of questionnaires returned

A consultation exercise is a very valuable way to gather opinions about a wide-ranging topic. However when interpreting the responses, it is important to note that whilst the consultation was open to everyone the respondents were self-selecting, and certain types of people may have been more likely to contribute than others. The responses therefore cannot be assumed to be representative of the population as a whole.

Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals.

We looked at all the responses to the consultation to see if there were multiple responses from the same respondent. Whilst a number of responses were in the same handwriting, we believe this is because someone was providing assistance to people (perhaps at a meeting) rather than with the intention of submitting multiple responses for themselves.

In the following analysis the comments given in letters or responses that covered more than one question have been attributed to the most relevant statement.

The demographic information below relates to individuals who completed the questionnaire, as those who sent in letters or emails did not give us these details about themselves. The total number of questionnaires was 37. Percentages do not add up to 100% as some people did not respond to the questions.

	<b>Respondent</b>	<b>Total</b>
<b><i>Borough or area</i></b>	City of London	3%
	Hackney	66%
	Tower Hamlets	28%
	Other	3%
<b><i>Gender</i></b>	Female	48%
	Male	35%
	Other term	0%
<b><i>Gender different to the sex you were assumed at birth?</i></b>	It's different	3%
	It's the same	64%
<b><i>Age</i></b>	Under 16	0%
	16-25	0%
	26-40	1%
	41-64	6%
	65-80	65%
	81+	6%
<b><i>Ethnic background</i></b> (Results have been aggregated from the sub-categories)	Asian	0%
	Black	19%
	Mixed	3%
	White	71%
	Chinese	0%
	Other ethnic group	0%
<b><i>Capacity in which you are responding</i></b>	Local resident	17%
	Service user	47%
	Carer	7%
	NHS employee	8%
	Other	3%
<b><i>Do you have a disability?</i></b>	Yes	5%
	No	56%

It should be noted that all the numbers are too small to be statistically significant representations of the population.

One respondent said they were responding on behalf of a group (rather than as an individual) but did not indicate what that group was.

In the analysis of responses to each questionnaire, the pie charts show the overall breakdown of responses to the questionnaire and the bar charts show the breakdown by borough.

## Headlines from the questionnaire

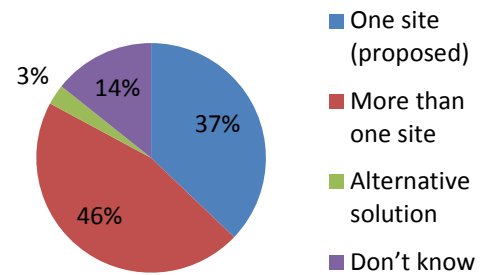
('Don't know' responses are included in percentages but not shown in the columns below).

Q2. Older inpatients with MH problems in Tower Hamlets and City and Hackney should be cared for at:	<b>One site</b> <b>37%</b>	<b>More than one site</b> <b>46%</b>	<b>Other suggestion</b> <b>3%</b>	
Q3. Inpatient services for older people with MH problems should be at:	<b>Mile End</b> <b>33%</b>	<b>Mile End and The Lodge</b> <b>55%</b>	<b>Somewhere else</b> <b>12%</b>	
Q4. Inpatient services at Mile End should be on:	<b>One ward (19 beds)</b> <b>3%</b>	<b>Two wards (26 beds)</b> <b>34%</b>	<b>Not at Mile End</b> <b>15%</b>	<b>None of these</b> <b>27%</b>
Q5. If we reduce the inpatient beds and make savings, should some of this money be used to further develop community services to support older people with MH problems in their own homes?	<b>Yes</b> <b>53%</b>	<b>No</b> <b>3%</b>	<b>Other</b> <b>23%</b>	

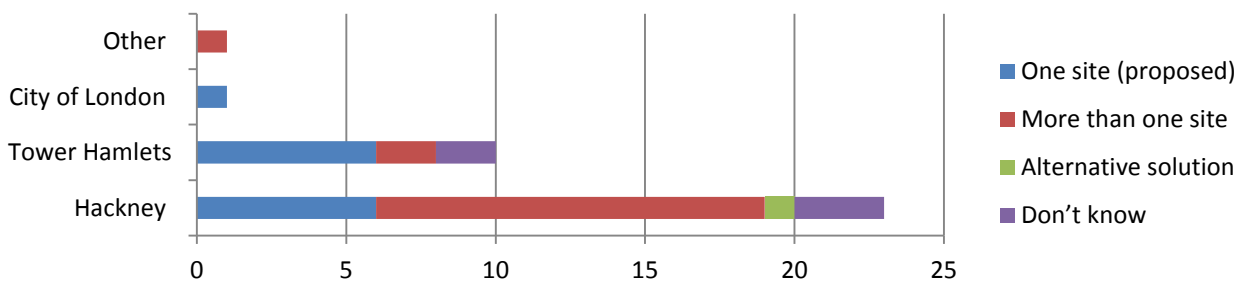
## Question 2<sup>1</sup>

Please tell us which of these statements best describes your views about our proposal about the number of inpatient sites we should have for older people with mental health problems in Tower Hamlets and City and Hackney.

**“I think older inpatients with mental health problems in Tower Hamlets and City and Hackney should be cared for at...:**



In Tower Hamlets 60% of respondents supported the proposed solution of one site. However in Hackney, 54% support the proposal of providing inpatient services on more than one site.



35 people responded to this question.

### Reasons for supporting the proposed one site solution

The key reason for support was in order to have all the additional facilities in one place.

*...Mile End has all the facilities i.e blood test, x-rays etc. So I think it's a very good idea. The part in the booklet about the patients having private room with showers and toilets is very heartwarming and very nice to hear. Why shouldn't they have this?*

Female, Tower Hamlets

### Reasons for opposition

In commenting on their opposition to this proposal, Hackney residents in particular felt that Mile End was too far to travel, that residents should be treated in their own borough and that one site/ward would be too big.

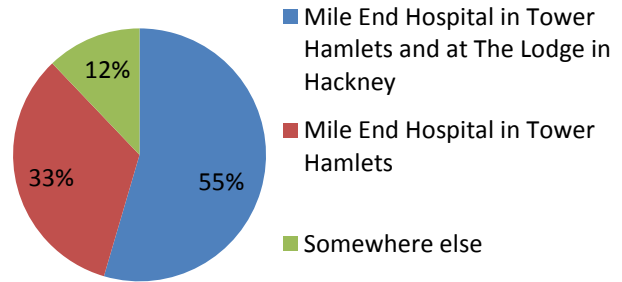
*I believe the situation that exists now is the best situation for older inpatients with mental health problems in Hackney. Larch Lodge is located in Hackney and near patients friends and families. It is also a very secure and safe environment which is the best environment for patients to be treated in. Because the Lodge is small patients have very special care and feel very safe.*

Female carer, Hackney, aged over 65

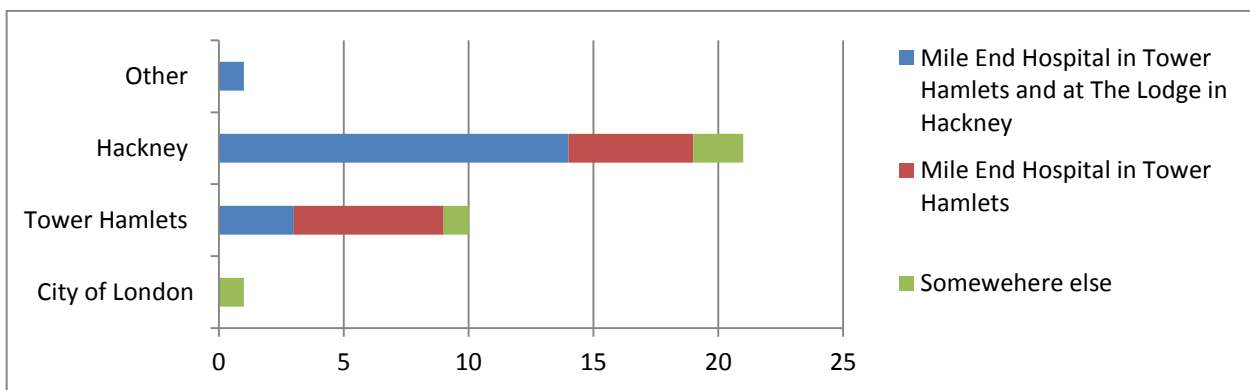
### Question 3

Please tell us which of these statements best describes your views about the proposed site of inpatient services for older people in Tower Hamlets and City and Hackney, who have mental health problems.

**“I think inpatient services for older people with mental health problems should be at...:**



Over half the respondents (55%) thought that mental health problems should be at Mile End Hospital and at The Lodge in Hackney, including a number of people who had responded that inpatient services should be on one site. The only proposed alternatives to these sites were at Barts or home care.



33 people responded to this question.

#### Reasons for supporting the option of a site at Mile End

There was little commentary on the support for Mile End, although one respondent said:

*Because as I have understood the services are good.*

Female, Hackney, aged 65-80

#### Reasons for opposition

In opposition to this proposal, respondents cited their opposition to travelling and concerns regarding the friendliness and staffing at Mile End.

*The ward at Mile End Hospital is not as attractive or as welcoming as the ward at The Lodge. Also, if all services are at Mile End many patients, their carers and their families and friends will have to travel further.*

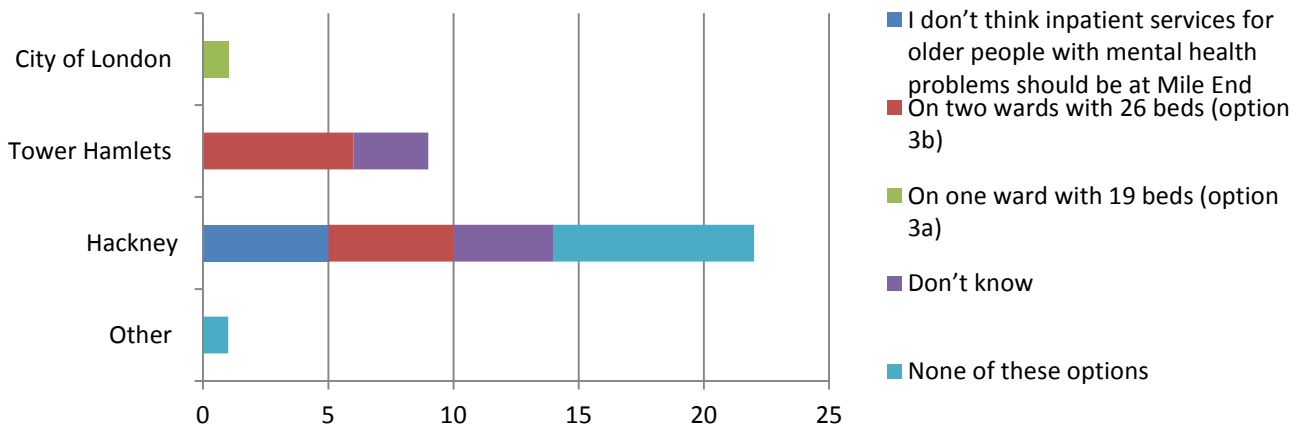
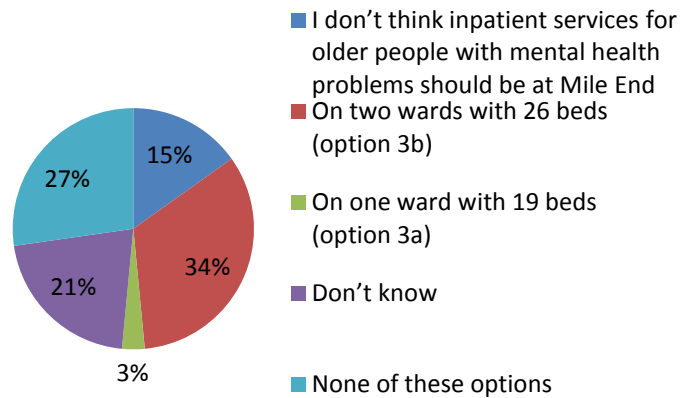
Female, NHS employee, aged 26-40

*... patients are better being near their friends and families and are visited more frequently. This also means that the patients are often return to their homes in the community sooner. The Lodge is a small nursing home and the staff have worked there long term and they are very familiar with their patients. Also there are few bank staff so the staff are very familiar with the patients. When my husband was at Columbia Ward, there were often bank staff who did not really know the patients.*

Female carer, Hackney, aged 65-80

## Question 4

If we locate the inpatient services at Mile End, do you think this should be on one 19 bedded ward (option 3a) on Leadenhall Ward OR do you think inpatient services should be provided on two wards providing 26 beds. That is Leadenhall Ward and a smaller high needs unit in the annex of Columbia Ward in The Bancroft Unit at Mile End Hospital (option 3b, our preferred option). Tick one box only.



33 people responded to this question.

27% said they didn't want any of the proposed options. All of these respondents were from Hackney (where a borough of origin was stated) and all had previously stated that they wished to see a two site solution.

15% of respondents said they didn't want to see inpatient services at Mile End. All of these respondents were from Hackney but not all had previously stated opposition to a two site solution.

34% respondents said they preferred to see two wards with 26 beds (option 3b). Residents from both Hackney and Tower Hamlets selected this option.

### Reasons for supporting option 3b (the preferred option)

The arguments for supporting option 3b focused on the perceived advantage of two wards with extra capacity over one ward with more limited capacity. Only one person selected option 3a.

*Demand and needs can vary - it is good to have a choice and extra beds and care.*

Service user, Hackney, 65-80

### Reasons for opposition

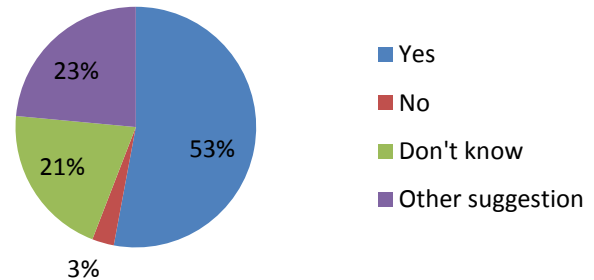
The arguments against two wards with 26 beds centred around the opposition to one site (transport issues) and the belief that each borough should have its own facility, rather than a judgement between one or two wards.

*I believe that people in Hackney should be staying in Hackney and treated in their borough.*

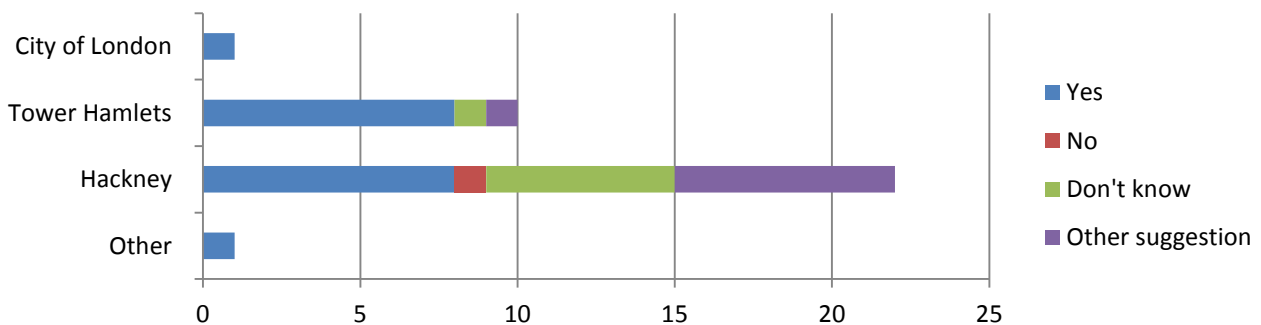
Male service user, Hackney, aged 65-80

## Question 5

**If we reduce the number of inpatient beds and make savings, do you think some of this money should be used to further develop community services to support older people with mental health problems in their own homes?**



Just over half the respondents (53%) supported the use of any savings to further develop community services. Only one person responded 'no'. This question did not ask respondents to clarify why they made their choice, however a number used question six to give their reasons.



33 people responded to this question.

## Question 6

**Please add any other comments or suggestions that you would like**

a) A number of people used this question to explain their reasoning regarding question 5. Some, who had responded 'other suggestion' then proposed that funds should go towards home care which is effectively the same response as 'Yes'.

*Home treatment would be ideal, but doesn't always work. Home is not always safe to stay in if one is unwell. Home treatment is not always consistent. Needs much improvement and resourcing better.*

Female service user, Hackney, aged 65-80

Other respondents provided detail of the community services that they thought would be beneficial.

*Hackney needs some alternative form of drop in café/ resource center with workers available to tell people where and what services are currently available in Hackney as there currently appears to be some confusion amongst the public of where to go for help and advice. This resource need to be in the center of Hackney easily accessible - friendly environment. NB Felsted St is difficult for many to get to - almost out of the borough.*

Female local resident, Hackney

And there was some call for more investment in existing/proposed mental health centres

*Or in centres funding. How does the MHCOP centre at Hackney Wick relate?*

Details not provided, Hackney

*If Mile End is retained there needs to be additional facilities for example rehab facilities.*

Male, City of London, aged 85+

A further respondent felt that the plan was trying to cut services and save money.



*I believe this is all about money and not at all about patient care so I don't really think the money saving is appropriate with these patients. I believe this is another case where mental health patients are the poor relations in the NHS. I also believe this is because many of the patients cannot make their feelings known and because there is still a stigma associated with mental illness and relatives are often not comfortable making their complaints made public. We have more people needing mental health care and this plan is trying to cut services and save money.*

Female carer, Hackney, aged 65-80

Other respondents commented on improvements that should be made (suggesting that they were clarifying their response to question 5):

*Just parking to be promised.*

Male service user, Hackney, aged 65-80

*More physical healthcare chiropody. Had alcohol issues in the past so useful to have these for others.*

Male service user, Hackney, aged 65-80

b) Others used the closing question to summarise their views:

*Services are ok. The home team is good. I get depressed/suicidal. They are very nice so making services like that would be good.*

Female service user, Hackney, aged 65-80

*The Hackney site is close by and I am able to visit regularly. The care is outstanding and it would be a shame to close it.*

Male carer, Hackney, aged 65-80

c) There were very few additional points made

*While it is obvious that savings feature in these plans, I feel some overview of the situation with regard to future use of the lodge facility is warranted. I would not be happy to see this site taken over by developers, and any money gained should be ringfenced into future care for the elderly. My personal experience of social care/mental health provision in Tower Hamlets has been a catalogue of cut backs and failures going back to the late and unlamented 'care in the community fiasco' so I will watch this space with interest for the future.*

Male local residents, Tower Hamlets, aged 65-80

## Analysis of correspondence (e.g. letters, email responses)

### **Healthwatch Tower Hamlets 'Enter and View Report' on Leadenhall Ward: 5 March 2015.**

The visit gathered patient experience of the current service, suggestions about how the service could be improved, and thoughts about the consultation proposals. The report is attached. This analysis summarises the key points pertinent to the consultation (rather than report on suggested improvements to the existing service).

- The majority of patients did not know there was a consultation taking place
- Representatives were impressed with the quality of the facility although the ward lacked space and felt crowded even with 11 patients.
- One patient felt there were too many different types of patients but also felt that more people could help the situation by providing more opportunity to interact.
- The food, accommodation and treatment was generally felt to be satisfactory or good, although there were suggestions on how things could be improved.
- One resident (from Hackney) had complained about Larch Ward and been moved to Leadenhall – which he liked.
- There is onsite security.
- Generally patients feel safe and feel the ward is important for their recovery although there were complaints of boredom.

### **Healthwatch Hackney 'Enter and View Report' on Larch Ward: 21 April 2015.**

The visit gathered patient experience of the current service, suggestions about how the service could be improved, and thoughts about the consultation proposals. The report is attached. This analysis summarises the key points pertinent to the consultation (rather than report on suggested improvements to the existing service).

- The Hackney representative who visited both Leadenhall and Larch Wards found the latter to be a more therapeutic environment and more conducive to recovery with a quality occupational therapy space, a music therapy room and more space for patients. Healthwatch Hackney recommend a fuller assessment of the benefits of basing the combined wards in Larch Lodge.
- The entrance to the facility is difficult to find.
- Transport needs that may be a challenge after any restructuring need to be addressed.
- Healthwatch Hackney recommend that the needs of Charedi carers who wish to visit relatives on the Sabbath (when car and taxi transport must be avoided) should be met through provision of a room onsite at Leadenhall.
- The ward was considered to be clean, bright and airy with a pleasant garden.
- The ward gets security from the nearby acute hospital if required – this was seen as a particular problem.
- Taxis were offered for carers/families of dementia patients (when the assessment ward moved in 2011) but this offer was only taken up by one person.
- One patient said the consultation was 'all wrong'. He wanted to stay in the area, be treated at Homerton and have a local facility.
- One patient felt it would be quite a long journey to get to Mile End.
- One patient had completed the questionnaire with her daughter. She liked the food, staff, activities and the ward in general, although she did say there were 'too many empty beds'.
- There were some concerns from patients that if the move goes ahead, the staff:patient ratio might reduce.
- A carer was concerned that safety could be worse at Mile End if there were more people and couldn't see the benefit of the proposals.
- One patient was upset as she would lose her advocate (as the advocate would not be able to work outside the borough) and felt that the process was 'no real consultation' for patients.

- Staff were positive about Larch Ward, the staff and environment.

Healthwatch Hackney also attended two consultation drop-in events (10 February at the Idea Store in Tower Hamlets and 24 February at Hackney Museum), recorded and supplied the views of attendees to the consultation. These views accord with the notes taken by the ELFT team (see below).

## Analysis of meetings

Approximately 70 people attended one of a dozen meetings about the proposals. Overall, attendees echoed the views expressed by respondents to the questionnaire. There was:

- understanding of the proposals and the benefits that these would bring
- concern from Hackney residents about travel to another borough – particularly for the Jewish community on the Sabbath
- concern regarding how care would be integrated and continuity of care, with people having general and mental health care being provided in different boroughs
- discussion around the ability of existing community services to cope – and a plea for the NHS to not make the assumption that everyone wants care at home
- a preference amongst some existing patients that wards are not of mixed gender
- a suggestion that Larch ward should be reconsidered either as a second unit or instead of Leadenhall – or look at moving Larch ward to East Wing
- a belief by some existing patients that the decision has effectively already been made.

## Public meetings

**City of London:** 13 January 2015. Artizan Library

Attendees understood that there would be travel difficulties for some people, but acknowledged the good reasons for the proposal to move the services onto one site.

**Tower Hamlets:** 10 February 2015. Idea Store Whitechapel

Attendees asked whether inpatients at Mile End (Tower Hamlets) who ordinarily lived in Hackney would have their general medical treatment in Hackney or Tower Hamlets. There could be logistical problems and the two CCGs will need to work together.

Concerns:

- Attendees (local residents) said that previous experience has shown the **Mile End site** is not fully secure – the safety of local residents must not be compromised. Also concerns from service users that the mental health reception was not easy to find and that reception staff were rude.
- That **the logistical and spiritual needs of the Jewish community are not compatible** with the proposed changes e.g. the Jewish Sabbath is a weekly day of rest that begins at nightfall on Friday and lasts until nightfall on Saturday. Car (inc taxi) travel is prohibited on the Sabbath. An attendee explained that the Sabbath is a holy day and that it is important to share this day with all members of the community, including those who may be in inpatient facilities. The attendee stated that Hackney has the largest Orthodox Jewish community in London and there would be 'no Jewish support for the move'. The attendee suggested that the Trust should arrange for Jewish families and carers to stay overnight in Tower Hamlets to ensure that they did not miss out on visiting loved ones on the Sabbath.
- **How care in the community for older residents would be supported** given the closure of four community sites for older people in Hackney.

- **Travel** for older residents and carers in the Hackney some of whom are unused to travel out of the borough.
- **Consultation process and use of finances:** Lack of consultation with carers and service users; a shortage of consultation booklets in Homerton Hospital; a lack of transparency on how the savings would be used. The attendee would like the savings used on adults with functional mental health problems including better access to counselling, peer support, a greater focus on anxiety and stress as well as integrated work with GPs. There was a belief that the decision to merge has been taken already.

**Tower Hamlets (rescheduled meeting):** 5 March 2015. 12-2pm. Idea Store Whitechapel

During the session, booklets and leaflets were handed out and the group had a chance to read through. In all there were eight individuals who attended that day who were interested in continuity of care, when the changes could occur, whether the changes would affect Newham residents, the future of any redundant buildings and how savings would be used:

Concerns:

- **Continuity (and integration) of care.** Attendees spoke of poor communications between A&E and being admitted to a mental health ward; and a problem in the consistency of community care. There was also a discussion about whether these services would be merged with community services.
- **Capacity.** E.g. has an assessment been carried out to ensure there is sufficient capacity in future.
- **Staffing.** Whether staff would be sufficiently experienced in being able to cope with both the physical and mental health issues of inpatients.
- **Consultation process.** We were informed that no booklets were available at Homerton Row in Homerton Hospital.

**Hackney:** 23 February 2015. Hackney Museum

Concerns:

- **The need for a Hackney focus for services e.g. a hub.** Presenters explained that clinics, appointments and groups would continue at the community base in Hackney Wick.
- **Continuity of care.** People in Hackney have their GPs in Hackney and their hospital – so why should people with mental health issues be seen and treated in Tower Hamlets and how will the NHS ensure good continuity.
- **The challenge of transport was mentioned,** but there was also an acknowledgement that most people would prefer to receive care at home.
- **The consultation process.** It was suggested that in future, posters detailed the day of the week that meetings were on (this was noted and remedied in the next poster design for the consultation). A service user at Anita House said that she had not heard of the consultation and, whilst she was under adult care, she would be moving to the care of MHCOP at some point so it was relevant to patients of these services. This was acknowledged as an important point, to be followed up and acted on after the meeting. Attendees also added that not everyone had access to the Internet and that other ways to communicate with people should be employed such as noticeboards.

**Hackney:** 10 March 2015. Hackney Museum

There was some support for the changes and acknowledgement that there is sense in having services on one site.

Concerns:

- **Transport.** Specifically the lack of parking
- A female carer said it was difficult for patients at the Lodge if they deteriorated physically and needed an ambulance to go to the Homerton. She said her father had been embarrassed when this had happened to him.

**Hackney:** 11 March 2015. 2.00pm-4.00pm. Hackney Museum

There was some support for the proposals, particularly i) recognising that empty beds (as is currently the case) are wasteful ii) that access to other services on the Mile End site would be beneficial. iii) that the Lodge is too small and confusing.

Concerns:

- **Staffing** – whether people would lose their jobs.
- **Capacity.** The Trust needs to recognise that if someone is really ill, they can't be looked after at home if they lived alone. Not 24 hours a day. Even if someone lives with them, families and carers get tired and need a break. And there are benefits of interacting with other service users and staff.
- A lot of the day centres are closing. This doesn't support **care closer to home.**
- The **consultation process:** Need to publicise the changes through the Intranet and make better use of noticeboards.

## Patient, stakeholder and community meetings

**Older People's Committee, Age UK Hackney:** 15 January 2015

Attendees recognised the advantage of single sex accommodation and pointed out that the existing Columbia Ward accommodation is not conducive to people's dignity and privacy. Attendees asked about eligibility, capacity (and whether population projections had been taken into account), provision of services at home, psychology and psychiatry services, staff training and highlighted a need to support people taking medication at home.

Concerns:

- Staff who provide a service in patients' homes need to recognise the sensitivity of being invited into a home – people don't want 'do-gooders'. **The NHS shouldn't assume that everyone wants to be treated at home. There needs to be choice.**
- The **outpatient service at Felstead St in Hackney Wick is difficult to get to.**
- That **mental health is still a poor relation compared to physical health.**
- Proposed **new services should be stated in a forward plan.**
- **Travel.** However the presenters explained that people would spend less time on the wards so visitors would not be required to support the person for long periods and confirmed there was financial provision to support travel arrangements for those travelling long distances or who had awkward journeys.

**Healthwatch Tower Hamlets:** 28 January 2015

Over 20 people attended this meeting and discussed the mental health and physical health needs of older people – with representatives of a number of local community and health organisations present. The consultation was highlighted and attendees were given the opportunity to ask questions. However the group felt that previous discussions (Richard Fradgley had spoken at a previous meeting) were sufficient.

**Older People's Committee, Age UK, Tower Hamlets:** 2 March 2015

Given the diminishing need for beds (and general recognition that units could not be simply reduced in size ad infinitum), participants were interested in discussing whether there were alternatives to centralising services. The response was that the other key option was dispensing with specialist older adult wards altogether – participants were not keen on this idea.

Concerns:

- The group recognised the perceived concerns of some people in City and Hackney e.g. members of the Jewish community in Stamford Hill who would find that travel is difficult on religious holiday days.
- There was a strong preference that wards were not of **mixed gender**, despite reassurance that wards were all compliant with the requirements around privacy and dignity.
- The **consultation process and benefits**. There was a view that ‘the decision is already made’, and scepticism that any new unit will actually offer an ‘enhanced’ service in any way.
- **Capacity / model of care**. There was concern that some elderly people on medical wards at Mile End are in need of mental health care, and should be offered admission instead of bed numbers being reduced. Dr Faire explained that people can have input from mental health services when in hospital without the need to transfer to a mental health ward, and that this is happening through the active liaison service.

**Meeting with service user:** 3 March 2015

This meeting was arranged at the request of a user of the service who took the opportunity to ask questions which focused around issues also raised by others e.g. ‘Larch is a good facility, why are you closing it?’ Orthodox Jewish people will not be able to get to Mile End on the Sabbath. Will there be transport for relatives? What will happen to Hackney patients who have their physical care in Hackney? Will savings be reinvested?

**Vietnamese lunch, Tower Hamlets:** 5 March 2015

The meeting was generally to raise awareness of the proposals in the Vietnamese community. Participants were informed that the leaflets had been translated into Vietnamese. There was discussion about whether the changes would affect inpatient services for younger people, or community services.

- **Choice**. It was noted that some elderly people who are lonely at home may benefit from a longer stay in hospital.

**Working Together Group:** 12 March 2015

Most input was from a Jewish lady who had sent in feedback and participated in other events. She repeated her concern that Jewish people in Stamford Hill, who normally walk to the Homerton on the Sabbath, because they can’t travel in a motorised vehicle, won’t be able to get to Mile End. She would like the hospital to provide accommodation so that someone e.g. a spouse/elderly carer/family, could stay nearby the night before.

Concerns:

- **Capacity**. The Trust should ensure avoidance of a situation where someone was not able to be provided with a bed. Some attendees thought there was a plan to sell MHCOP beds to neighbouring Trusts as well as Luton and Bedfordshire. Dr Faire said she thought there had been a misunderstanding because there were no such plans, nor any demand.

**Meeting with service users and relatives at the Lodge:** 20 March 2015

The meeting was attended by one user and one carer. There was some discussion around the proposals, for instance the reinvestment of savings; how the reduction in beds would be managed; and what would happen with the empty ward. There were some concerns expressed:

- This feels like a done deal
- **Travel:** The Orthodox Jewish population will be disadvantaged if the ward moves to Mile End as this is too far to walk on the Sabbath. People from North Hackney will have further to travel to Mile End.
- Would it not be possible to integrate the wards on the Lodge site?



**Meeting with Larch staff:** 23 March 2015

The notes of this meeting do not record a view of individual or the group. Six staff attended and asked a number of questions. There were some questions around process and some issues raised:

- Staff felt they would need enhanced MAPPA training
- Could the organisation move Larch ward to East Wing (where there are bigger wards)
- With the Government committing more money to mental health services, could this prevent the closure of Larch ward?

**Meeting with Leadenhall staff:** 23 March 2015

The notes of this meeting do not record a view of individual or the group although there was some anxiety expressed. Five staff attended and asked a number of questions. There were some questions around process and job security (e.g. assistance for interview preparation).

## GP meetings

The only issue noted from GP meetings is:

- Whether the proposed unit would provide respite care. Response: No, Columbia Ward provides respite in Tower Hamlets. Columbia Ward also provides assessment and treatment for City and Hackney residents but respite in these boroughs is provided through adult social care.

## Mental Health Programme Board Recommendations:

It is acknowledged that, in the main, respondents from City & Hackney supported the status quo whilst those from Tower Hamlets were in favour of the proposed change. However subject to questions and assurances sought in specific areas such as carer transport, the particular travel requirements of members of the Jewish community and in-patient rehabilitation services, it is suggested that proposal proceeds as outline in Option 3b.

The board is therefore asked to **endorse** the proposed Option 3b, to retain Leadenhall Ward (on the Mile End Hospital site) and increase bed capacity by the use of Columbia Ward annex which has seven beds with the following condition:

1. The Trust work with City and Hackney Healthwatch to establish an Implementation Group who will oversee the development of the facilities at Mile End Hospital. This will ensure any concerns raised by Healthwatch at the consultation stage are addressed throughout the implementation stage.
2. The CCG Board will receive a report back from Healthwatch in October 2015 confirming that their concerns have been addressed and agreeing that Phase 1 can formally proceed.

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### Overview of proposal

Modernisation of East London NHS Foundation Trust (ELFT) services for older people with functional mental illness in City & Hackney and Tower Hamlets through:

- Consolidation of inpatient services to create a single new centralised inpatient unit at Mile End Hospital;
- Quality improvement in inpatient services (improved clinical management of mental and physical health, improved care processes, and improved environment)
- Quality improvement in community services, improved clinical leadership and increased capacity in line with CCG priorities.

### Background

2010 – 2013: Commissioning Strategy for People with Dementia and their Carers led to significant redesign of community services for people with dementia, and older adults with a functional mental health problem; centralisation of inpatient beds for people with dementia across Tower Hamlets, City and Hackney and Newham in 2012

2013/14: Integrated Care projects launched, with focus on promoting community based services to prevent admission to hospital through integrated physical and mental health and social care support

2014: Mental Health Programme Board commissioning intentions included commitment to "review in-patient services for older adults with functional mental health problems... in the context of current occupancy across East London wards" and to "review the current arrangements for community services for older people with functional mental health problems"

ELFT required to deliver 1.8% efficiency savings in 2014/15 (approximately £10m across the Trust)

### Current bed usage

	Ward Name	Beds	En-suite Rooms
City & Hackney	Larch	15	0
Tower Hamlets	Leadenhall	19	14
<b>Total</b>		<b>34</b>	<b>14</b>

### Quality challenges

- Larch Ward on the edge of John Howard Centre; has estate issues and access to allied health professionals etc. not optimal
- Length of stay some way below best in class
- Focus of inpatient services on high quality clinical management can be improved
- Care processes can be improved
- Access to crisis support and community alternatives for older people, for example Home Treatment Teams

### Options appraisal

Option 1 34 beds	Option 2 28 beds	Option 3a 19 beds	Option 3b 26 beds
No Change	Create two separate 14-bed fully en-suite wards at the Bancroft Unit on the Mile End Hospital Site, Bancroft Road;	Retain Leadenhall Ward (on the Mile End Hospital site)	Retain Leadenhall Ward (on the Mile End Hospital site) AND increase bed capacity by the use of Columbia ward annex (7 beds).
	Net bed reduction of 3 beds per CCG.	Net bed reduction of 7.5 beds per CCG	Net bed reduction of 4 beds per CCG.
Not recommended: does not promote efficiency	Not recommended: would require significant capital investment	Recommended: two phase approach: Phase One Option 3b, with Phase Two to follow in 6 months	

## Commissioner resource for reinvestment


Resource for commissioner reinvestment will be released in line with the proposed phases of the project.

1. Reapportionment of the clinical inpatient time - liberated through centralisation (as outlined in the business case) - to enhance the older adult mental health community services, in line with both TH and C&H's integrated care strategies.

The value of this resource is £211k and could, subject to achieving joint plan for the service, be realised in the latter part of 2014/15, ie Phase One of the business case.

2. An additional £120k to be released in 2015/16, subject to achievement of Phase Two of the business case, ie moving from 1 1/2 wards to 1 ward.

The total resource released from this proposal for C&H and TH commissioners is therefore £331k, ie 2/3rds of the original £500k agreed for the tri-borough initiative.



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7

## Benefits

**For in-patients:**


- Higher staff to patient ratio
- Focussed expertise, with professional development available for staff
- Improved access to other mental health specialists (e.g. dementia) and allied health professionals for physical health
- Improved out of hours support
- Improved access to Improved care processes, modelled on dementia ward, e.g. focus on discharge planning
- Improved estate

**For community patients:**

- Improved clinical leadership and care processes within community mental health teams for older people
- Improved offer from Home Treatment Teams for older people

**For health economy:**

- Delivers significant efficiencies for ELFT whilst improving quality (phase one £357k, phase two £853k)
- Promotes opportunity for redesign of community services to drive CCG priority for integrated care and development of primary care mental health services.



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## Risks and mitigations

**Impact on journey times for patients and carers travelling to a centralised ward**


*There will be an impact for some City & Hackney patients, however ELFT have committed to implementing their transport assistance policy through which some carers will be eligible for payments to support taxi travel*

**Management of care processes to deliver phase two and achieve full benefits realisation**

*ELFT have set out management and governance process to oversee delivery and performance in the business case. The East London Mental Health Consortium will monitor and hold ELFT to account for delivery via the joint Transformation Board and will only approve progression to Phase Two when it is clinically appropriate*



**Older adult population growth**

*ELFT have established that service is able to address increased demand from ageing population up until 2021, through continuing to deliver improvements in care pathway management and achieving reductions in ALOS in line with national best practice.*



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## Consultation Outcomes


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## Pre consultation engagement

The proposals were shared with MPs and local authority corporate directors, at the Healthwatch City of London AGM meeting and Hackney Older People's reference group; Tower Hamlets Health Scrutiny Panels; City of London Scrutiny Panels and staff from The Lodge, Leadenhall Ward and ELFT Mental Health Care of Older People (MHCOP).

**In City and Hackney, the proposals were approved by:**


Mental Health Programme Board sign-off	10 <sup>th</sup> March 2014	Agreed to proceed to full public consultation
Clinical Commissioning Forum	3 <sup>rd</sup> April 2014	Agreed to proceed to public consultation
Clinical Executive Committee	9 <sup>th</sup> April 2014	Agreed to proceed to full public consultation
MHRB Service User Advisory Group	28 <sup>th</sup> May 2014	Agreed to proceed to full public consultation
CCG PPI Committee	29 <sup>th</sup> May 2014	Further clarification on issues required.
CCG Governing Body	30 <sup>th</sup> May 2014	On the basis of PPI concerns, further clarification on issues required
CCG PPI Committee	26 <sup>th</sup> June 2014	Concerns clarified and agreed to proceed to full public consultation
CCG Governing Body	25 <sup>th</sup> July	Agreement to proceed to full public consultation sought



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## Who engaged in the consultation?

- The consultation started on 16 December 2014. It was intended to conclude on 16 March 2015 but was extended until 27 March 2015 to allow further time for people to participate. The NEL Commissioning Support Unit were engaged to support the consultation to ensure it was independent of both ELFT and CCG bias. Their report is appended.
- At least 250,000 people had the opportunity to see the publicity of the consultation (local newspapers, emails to trust members, GP and patient letters, posters, websites etc).
- Over 70 people positively engaged with the consultation, attending one of the six public meetings or nine other meetings, or visiting the websites or making their views known by post or email.
- Approximately 80 people responded to the consultation.
- 37 people responded to the questionnaire (66% were from Hackney; 28% from Tower Hamlets and 3% from the City of London).
- Approximately 40 people made their views known at one of the meetings and Healthwatch Tower Hamlets and Healthwatch Hackney submitted responses.



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### Key findings and concerns

- Of those that responded to the questionnaire fewer people (37%) preferred a single site solution compared with 46% who preferred a solution with more than one site.
- 55% of respondents to the questionnaire thought services should be at Mile End and The Lodge.
- The majority of Tower Hamlets residents supported the preferred solution (two wards based at Mile End).
- The majority of Hackney residents supported a two site solution.
- Two wards (for additional capacity) were preferred to one ward by those who supported a single site.
- There was concern from Hackney residents regarding the difficulty in travelling to Mile End. Some respondents highlighted the difficulty this would cause on the Sabbath. Respondents felt that there must be mitigations to issues caused by a single site solution including improving parking; providing accommodation for visitors and carers; providing transport; better security and improving the Mile End facilities.
- There was support for investing savings back into community and home services for older people with mental health problems (53% of respondents) – particularly in Hackney where there was a perceived downgrading of existing services and the Felstead site was considered not well known and in a somewhat remote location.
- There were concerns about continuity and integration of care for people treated outside their borough.

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### Q2. Please tell us which of these statements best describes your views about our proposal about the number of inpatient sites we should have for older people with mental health problems in Tower Hamlets and City and Hackney?

In Tower Hamlets 60% of respondents supported the proposed solution of one site. However in Hackney, 54% support the proposal of providing inpatient services on more than one site.

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### The results

Q3. I think inpatient services for older people with mental health problems should be at...

Tower Hamlets residents generally supported the proposals and the preferred solution (two wards based at Mile End). City and Hackney residents generally supported the 2 site option.

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### What patients said

Reasons for supporting the option of a site at Mile End  
There was little commentary on the support for Mile End, although one respondent said:

*Because as I have understood the services are good.*  
Female, Hackney, aged 65-80

Reasons for opposition  
In opposition to this proposal, respondents cited their opposition to travelling and concerns regarding the friendliness and staffing at Mile End.

*The ward at Mile End Hospital is not as attractive or as welcoming as the ward at The Lodge. Also, if all services are at Mile End many patients, their carers and their families and friends will have to travel further.*  
Female, NHS employee, aged 26-40

*... patients are better being near their friends and families and are visited more frequently. This also means that the patients are often return to their homes in the community sooner. The Lodge is a small nursing home and the staff have worked there long term and they are very familiar with their patients. Also there are few bank staff so the staff are very familiar with the patients. When my husband was at Columbia Ward, there were often bank staff who did not really know the patients.*  
Female carer, Hackney, aged 65-80

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### The results

Q4. If we locate the inpatient services at Mile End, do you think this should be on one 19 bedded ward (option 3a) on Leadenhall Ward OR do you think inpatient services should be provided on two wards providing 26 beds. That is Leadenhall Ward and a smaller high needs unit in the annex of Columbia Ward in The Bancroft Unit at Mile End Hospital (option 3b, our preferred option).

Two wards (for additional capacity) were preferred to one ward by those who supported a single site solution.

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### What patients said

Reasons for supporting option 3b (the preferred option)  
The arguments for supporting option 3b focused on the perceived advantage of two wards with extra capacity over one ward with more limited capacity. Only one person selected option 3a.

*Demand and needs can vary - it is good to have a choice and extra beds and care.*  
Service user, Hackney, 65-80

Reasons for opposition  
The arguments against two wards with 26 beds centred around the opposition to one site (transport issues) and the belief that each borough should have its own facility, rather than a judgement between one or two wards.

*I believe that people in Hackney should be staying in Hackney and treated in their borough.*  
Male service user, Hackney, aged 65-80

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## Concerns from Healthwatch 1

Healthwatch published an Enter and View report on the proposed ward at Mile End. There report raised a Number of concerns which have been clarified below:

- How will management ensure staff that have 'good patient interaction skills' are retained in employment? We had some positive feedback about staff at Larch Ward and slightly less positive feedback of staff (and observation) at Leadenhall Ward.

*Staff will be interviewed for the post and good patient interaction will be a priority. The ward will operate under the 6Cs to ensure good and positive interaction with service users and carers (Compassion, Care, Communication, Competencies, Commitment, Courage).*

- Representative feel space might be an issue once Leadenhall Ward is at full capacity, on the day of our visit even with 11 patients the communal space seemed slightly crowded. Have management given due consideration to the potential space issue once the ward is at full capacity?

*Consideration has been given by management regarding space on Leadenhall and a bid has already been submitted to capital works for an extension of a conservatory to the ward. This would be built outside the dining room area and would provide extra space on the ward.*

*On Leadenhall there is also a small sitting room (which is being fitted out with carpet) a therapy room a group/ multi-function room and another small room that service users have use of other than their rooms and the communal lounge/dining area.*



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## Concerns from Healthwatch 2

- What 'respite care' is there for mental patients in the community? (Hackney and Tower Hamlets) & under the new proposal will respite care still be provided at Leadenhall Ward? If not where will these provisions be provided?

*Respite care is provided by the local authority and is not provided on Leadenhall ward. When respite care is required for service users with dementia it is provide on Thames House/ Columbia which are both on the Mile End site. For Hackney residents respite would be provided on Cedar ward which is a continuing care ward at the Lodge.*

- How much money will be spent in the community? And where is the money being reinvested (which services)?

*The money spent in the community is £213k for Phase 1, the funding is split equally across both localities and will fund additional clinician time. This is in the context of significant new investment in community services over the past 5 years and further additional investment in memory and integrated care services this year.*



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## Concerns from Healthwatch 3

- What are future plans for Larch Lodge?

*At present there are no definite plans for the Lodge, the building is owned by the trust but a decision has not yet been made with regards to its use.*

- How do ELFT intend to promote the taxi service for Hackney residents (under the proposed changes) and how will this be administered?

*The promotion of the taxi service will be in the format of a flyer which will be included in the welcome pack for service users and the flyers will be given to carers on admission. The service will be administered directly from the ward and the administrator will make the bookings. We already have this service on Columbia and relatives occasionally use it.*



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## Programme Board recommendations

**The Mental Health Programme board recognises the following patient benefits to this reconfiguration:**

- Community services strengthened through redeployment of ward resources
- Higher staff to patient ratios on inpatient ward, with expertise centralised on the Mile End site to deliver better outcomes
- Opportunity to modernise functioning of teams and specifically refocusing consultants' roles as clinical leaders
- Improvements in management and referral to physical health services at Mile End site
- Improved environment, particularly for City & Hackney residents.

**The Mental Health Programme Board recommends that the City and Hackney OSC endorse the proposals prior to submission to the CCG Governing Body for review & sign off. The Mental Health Programme Board makes this recommendation on the basis that the East London Foundation Trust:**

- Work with City and Hackney Healthwatch to establish an Implementation Group who will oversee the development of the facilities at Mile End Hospital. This will ensure any concerns raised by Healthwatch at the consultation stage are addressed through the implementation stage.
- The CCG Board will receive a report back from Healthwatch in October 2015 confirming that their concerns have been addressed and agreeing that Phase 1 can formally proceed.

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## Leadenhall Ward - Enter and View Report

**Service Visited:** Leadenhall Ward (Older People Mental Health Ward; Managed by East London Foundation Trust)

**Date / Time:** 5<sup>th</sup> March 2015 / 10.30am -1.00pm

**Healthwatch Tower Hamlets Members:** Terry Stewart; Christine Compagnoni, Sybil Yates, Ana Figueiredo

**Healthwatch Tower Hamlets Staff:** Shamsur Choudhury

**Lead contact at Leadenhall Ward:** Carmel Stevenson (MHCOP Lead Nurse/Deputy Service Director)

**Address:** Centre for Mental Health, Mile End Hospital, Bancroft Road, London E1 4DG

## Background

East London NHS Foundation Trust proposes to merge the Larch Ward based at the Lodge in Homerton, with the Leadenhall Ward at Mile End Hospital to provide a single inpatient service for Older People on one site (Mile End).

## Purpose of visit:

The purpose of the visit was to feed into East London NHS Foundation Trust's consultation on improving older people mental health services. We aimed to:

1. Gather patient experience of the current service (views on staff, activities, environment, etc), and how they think the service could be better (suggestions for improving service).
2. Gather patient feedback on the proposed changes on the Mile End site, i.e. if they know about the proposed changes to the older people's inpatient services; how do you feel about the changes.

## Key Information/Facts

- Leadenhall Ward is an older people's (adult) '**Functional**' mental health ward. **Functional mental illness** has a predominantly psychological cause; it includes conditions such as depression, bipolar, schizophrenia, mood disorders or anxiety. Leadenhall Ward is the 'last resort' for older patients/service user that need extra support and care to recover from their current (i.e. feeling suicidal) mental health state.
- The Ward has 19 beds and is a mixed sex ward. There are 10 female beds and 9 male beds and majority (13) of the rooms are en-suite. Currently there are 11 beds occupied and which management said is the average bed

occupancy for the ward, therefore the ward is currently being underused from their perspective.

- Referrals to Leadenhall Ward come from Community Mental Health Teams (directly); GP's that refer patients to Community Mental Health Teams and A&E.
- The number of days patients stay at Leadenhall Ward depends on individual circumstances, some patients can stay for a few days, but on the whole most patients stay on average of 6-7 weeks. However patients that need long term support are not discharged until they recover fully.
- Leadenhall Ward operates a tapered discharge system; patients are given the opportunity to readjust to normal life by staying at home and going out with staff. The Community Mental Health Teams are involved in the whole process of discharge and look after the wellbeing and monitoring of the patient in the community. The management highlighted that all future Hackney residents will be discharged back into Hackney Community Mental Health Team and their care and recovery will not be affected by the proposed changes.
- The management highlighted the following as advantages of Leadenhall Ward (in comparison to Larch Ward): Access to a 24 hour duty doctor; GP's visits the ward, Rapid Response Team (in emergency or case of violence); access to all Community Health Services at the Mile End Hospital (i.e. Foot Health, Diabetes Centre, Physio), access to PICU (Psychiatric Intensive Care Unit).

## Observations

- Representatives were impressed with the 'Wall of Hope'; this was an inspirational display of patient stories about how Leadenhall Ward has helped them in their recovery process.
- One of the representative felt that it was the best mental health facility she had visited in years.
- The environment at Leadenhall Ward seems highly clinical and institutionalised compared to Larch Ward (in Hackney), for example Leadenhall Ward is based in a locked environment.
- The activities information board is placed in a low position on the wall and is not visible as it was hidden / covered by a chair; however there was an A-Board which had the day's activities written on it and it was displayed prominently next to the TV (communal sitting area).
- There are no comments or suggestion box for patients or carers.
- The complaints procedure was not visible as it was covered over by another sheet of paper.
- There appeared to be lots of staff around but representatives did not know what they were doing apart from giving medication to patients.
- There did not appear to be any activities happening at the time of our visit, possibly this was attributed to 'Ward Round' on that morning?

- Generally the ward seemed to lack space; the corridors are narrow and felt a bit claustrophobic, some of the representatives are not convinced that the ward could cope if one or more wheelchair users were admitted. Also it must be very difficult if any of the patients become aggressive and confrontational as there is nowhere for them to really go apart from their small bedrooms. The unit, although just less than half full, appeared quite crowded as the space in the day area (lunch and social area) did not seem to be spacious enough for the current patients and staff.
- There was only one A4 size poster near the dining area promoting the 'Older People, Modern Services' consultation.

## Challenges

- It was difficult to engage in conversation with the substantial majority of patients on the day of the visit. This was mainly because they were not feeling well and did not want to talk to us and also the patients that did speak to us could only provide limited information.
- Majority of the patients were not able to comment on the consultation as they did not know that it was taking place.

## Patient Comments/Feedback

### Patient 1

I have been on this ward on and off for the past four weeks (been back and forth to the Royal London for other health issues)...this place has too many different types of patients with differing mental health needs... it's not ideal to have so many different types of patient under one roof...I am self sufficient and pretty sane compared to others here, some of the other patients are very dependent or seem crazy...one patient grabbed my throat the other day whilst I was sitting down... this dynamic of differing patients has not helped with my recovery, which can be frustrating.

Most of the staff try their best, Psychiatrist are not very empathetic, it can be pointless talking to them as they don't seem to listen, you have to keep saying the same things to different people to get the message across. In the night time it seems as though they have less staffing...Tim is very helpful, if you want something or need something done then you need to ask him...the biggest problem is lack of communication; for example wrong medication was given to me...in the environment of nursing this should not be happening!!

Activities do not happen; we call the activities board the 'Joke Board'...if it's a nice day staff should take us out, I would suggest that they have a structured programme of activities and more group activities...the library is badly stocked, they should have better partnership with the local Idea Store or even take patients to the library...generally there is no stimulation here...all we do is just watch TV. I am bored of being here now, I have asked to be discharged...enough is enough.

I was suicidal before being admitted here...being here has helped...you feel safe here and you don't have to worry about what is going on in the outside world...you

feel protected...at home families don't understand, they think you can just get over your problem...this place has supported me at my lowest ebb.

***Feedback on the 'Older People, Modern Services' consultation:***

I guess if they had more people here you could interact more, so this could be potentially beneficial for people like me. The proposed changes I guess will not have a profound impact on residents of Tower Hamlets; however it might make a difference to people that live in Hackney, and everyone likes to have a service closer to where they live.

Male/ mid 60's/ White British

**Patient 2 (feedback provided by carer, patients wife)**

The carer said her husband had been on the ward almost a year and was *'worse than when he came in...he had tried to strangle some of the other patients and staff'*. She visits several times a week, *'I want to know what's going on'*. It is *'not a very stimulating atmosphere'* on the unit, she feels *'staff could do more with them [patients]'* but she knew staff could not force patients to join in with activities. She noted that one of the windows overlooking a garden was dirty.

Communication on the ward and with her was not always good and *'only some staff'* kept her informed. Her husband told her he had been taken out of the unit for a medical appointment but staff had not told her. If she had known, she would have accompanied him.

She said her husband sometimes needed one to one care when very unwell. She was often able to persuade her husband to do things when staff couldn't. Her husband had a few falls and spent a lot of time on his bed and refused to take exercise. She is going to ask for the unit to refer her husband to a physiotherapist. She said husband came home for day and weekend leave sometimes.

She said *'food is good'* and that overall she was satisfied with the care her husband got and if it was not good, she would tell staff.

Male /70's/ White British

**Patient 3**

Patients said that he had been at the ward twice before, he has only been in for 3 days and was already feeling a bit better. Patient said that he feels the room is comfortable and the food is ok. He said that on previous occasions when he had been discharged no-one visited him at his home.

Male /70 /White British

**Patient 4**

Patient said that she has only been in hospital a couple of days and feels that she had been asked *'too many questions'* and repetition of the same questions *'from*



lots' of members of staff, she feels that a lot of the paper work could be cut. In relation to the food she said that the 'soup was very good' but that a lot of the food was 'too heavy'. She said she feels the unit was 'very open' and staff are helpful.

Female/ White Other

#### Patient 5

This patient was a Hackney resident who said he had been moved from Larch Ward after he had complained about the ward. He said he liked Leadenhall but he disliked the food and added '*I'm bored*'.

Female/ 65, White British

#### Feedback Summary (based on resident feedback and representative observations)

- All of the patients that agreed to speak to the representative were not aware of the consultation that was taking place and when asked if they had any views (after explaining what the consultation involved) only one patient gave his view and he said that the proposed changes were not important for residents of Tower Hamlets as it will not affect them much, but he said the changes would affect residents of Hackney, as people like to have services close to where they live.
- Generally patients feel the ward is important for their recovery and that they feel safe there, one of the patients said '*I was suicidal before being admitted here...being here has helped...you feel safe here and you don't have to worry about what is going on in the outside world...you feel protected...*' another mentioned that he had only been at the ward for three days and was feeling slightly better.
- There was mixed feedback on the staff, one of the patients mentioned that staff are 'helpful' and one particular staff member was mentioned (Tim) as he was cited as the only person that would listen to the patient and get things done when requested, this particular patients feels other staff don't listen to him, especially the Psychiatrist. The same patient also mentioned that staff do not communicate properly with each other as one of the nursing staff offered him medication he had already taken in the morning (this happened in front of the Healthwatch Representative). However on the whole a lot of patients were complaining of boredom and lack of stimulation and this could be attributed to staff and their lack of engagement with patients.
- A common concern that was highlighted in the majority of patient feedback is patients feeling that there is nothing happening on the ward, therefore boredom and lack of stimulation is cited as issue. A carer for one of the patients said that '*It is 'not a very stimulating atmosphere' on the unit*'. Another patient said '*Activities do not happen; we call the activities board the 'Joke Board'...if it's a nice day staff should take us out, I would suggest that they have a structured programme of activities and more group*

*activities... generally there is no stimulation here...all we do is just watch TV'.*

### **Recommendations/ Suggestions**

- Staff should be more proactive in interacting with patients and should try to give patients more on one to one time (based on observational and patient feedback).
- The activities board should be prominently placed and activities should take place as per timetable. (based on observation and patient feedback)
- More structured and person centred activities should be provided. A few patients have highlighted that lack of stimulation and lack of activities is a problem therefore this suggests that they are not engaged much or do not get involved in many structured activities.

### **Questions for Management**

- If the proposal to merge the two ward goes ahead what are the projected staffing numbers (and roles)?
- How will management ensure staff that have **'good patient interaction skills'** are retained in employment? We had some positive feedback about staff at Larch Ward and slightly less positive feedback of staff (and observation) at Leadenhall Ward.
- Representative feel space might be an issue once Leadenhall Ward is at full capacity, on the day of our visit even with 11 patients the communal space seemed slightly crowded. Have management given due consideration to the potential space issue once the ward is at full capacity?
- What **'respite care'** is there for mental patients in the community? (Hackney and Tower Hamlets) & under the new proposal will respite care still be provided at Leadenhall Ward? If not where will these provisions be provided?
- How much money will be spent in the community? And where is the money being reinvested (which services)?
- What are future plans for Larch Lodge?
- How do ELFT intend to promote the taxi service for Hackney residents (under the proposed changes) and how will this be administered?

### **Important Information for Management:**

- We expect management to provide an **'Action Plan'** on the raised issues under the **'Recommendations and Suggestions'** heading.
- Copies of this report will be circulated to Tower Hamlets Mental Health Commissioning Team, East London Foundation Trust Management; CQC and will also be available on Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Carmel Stevenson (MHCOP Lead Nurse/Deputy Service Director) and Alan X (Ward Matron) for making all the necessary arrangements in organising the visits and for helping us during our visits.

**DISCLAIMER:**

1. The observations made in this report relate only to the visit carried out at Leadenhall Ward on the 5<sup>th</sup> March 2015, which lasted for a total of two and half hours.
2. This report is not representative of all the patients at Leadenhall Ward on the day of the visit. It only represents the views of those who were able to contribute within the restricted time available.

## ELFT response to Healthwatch Tower Hamlets questions

### Leadenhall Ward Healthwatch Tower Hamlets Questions:

- If the proposal to merge the two ward goes ahead what are the projected staffing numbers (and roles)?

*If the proposal goes ahead the projected staffing levels will be as follows,*

*Band 8a - wte .50*

*Band 7 - wte x1*

*Band 6 - wte x2*

*Band 5 - wte x 9*

*Band 3 - wte x 8*

*Administrator - wte x 1*

*O/ T - wte Band 7*

*O/T - wte Band 6*

*O/T - Assistant x 2*

*Psychology - wte . 50 / sessional*

*Art Psychotherapist - wte/weekly session*

*Music Therapist - wte /weekly session*

*The ward will be funded to cover as a 19 bed ward.*

- How will management ensure staff that have ‘**good patient interaction skills**’ are retained in employment? We had some positive feedback about staff at Larch Ward and slightly less positive feedback of staff (and observation) at Leadenhall Ward.

*Staff will be interviewed for the post and good patient interaction will be a priority. The ward will operate under the 6Cs to ensure good and positive interaction with service users and carers (Compassion, Care, Communication, Competencies, Commitment, Courage).*

- Representative feel space might be an issue once Leadenhall Ward is at full capacity, on the day of our visit even with 11 patients the communal space seemed slightly crowded. Have management given due consideration to the potential space issue once the ward is at full capacity?

*Consideration has been given by management regarding space on Leadenhall and a bid has already been submitted to capital works for an extension of a conservatory to the ward. This would be built outside the dining room area and would provide extra space on the ward.*

*On Leadenhall there is also a small sitting room (which is being fitted out with carpet) a therapy room a group/ multi-function room and another*

*small room that service users have use of other than their rooms and the communal lounge/dining area.*

- What 'respite care' is there for mental patients in the community? (Hackney and Tower Hamlets) & under the new proposal will respite care still be provided at Leadenhall Ward? If not where will these provisions be provided?

*Respite care is provided by the local authority and is not provided on Leadehnall ward. When respite care is required for service users with dementia it is provided on Thames House/ Columbia which are both on the Mile End site. For Hackney residents respite would be provided on Cedar ward which is a continuing care ward at the Lodge.*

- How much money will be spent in the community? And where is the money being reinvested (which services)?

*The money spent in the community is £213k for Phase 1, the funding is split equally across both localities and will fund additional clinician time. This is in the context of significant new investment in community services over the past 5 years and further additional investment in memory and integrated care services this year.*

- What are future plans for Larch Lodge?

*At present there are no definite plans for the Lodge, the building is owned by the trust but a decision has not yet been made with regards to its use.*

- How do ELFT intend to promote the taxi service for Hackney residents (under the proposed changes) and how will this be administered?

*The promotion of the taxi service will be in the format of a flyer which will be included in the welcome pack for service users and the flyers will be given to carers on admission. The service will be administered directly from the ward and the administrator will make the bookings.*

*We already have this service on Columbia and relatives occasionally use it.*

## **EIFT Response to Healthwatch visit to Leadenhall**

It was good to hear that the inspecting team were impressed with the 'wall of hope' displayed on Leadenhall and which has been compiled by service users and assisted by staff mainly the band 3s on the ward. The wall provides encouragement and hope to new service users being admitted who may feel very low on admission.

One of the observations made was around the environment of Leadenhall and that in comparison to Larch ward it is clinical and institutionalised, the ward is part of the Mental Health Unit which is Tower Hamlets inpatient provision and is a purpose built unit which was built about ten years ago. The ward is indeed clinical as it is an acute admission ward whereas Larch ward is currently based in the Lodge which was originally purpose-built as a nursing home for continuing care. Therefore the environment is more homely than a ward but not necessarily the most suitable environment for an acute assessment setting and service users length of stay should be short.

Also reference was made to the fact that Leadenhall operate within a locked environment, this is the case it uses a swipe card system for access and Larch ward has the very same system in place.

The activity board is placed low to allow service users to be able to see and read what is on the programme unfortunately on the day of the visit a chair had been placed near it and was blocking the board. The chair has been wheeled away from the board as it had only been placed there temporarily and is not covering the board permanently.

There is no comment or suggestion box on the ward however there is a daily community meeting whereby service users have the opportunity and are encouraged to make suggestions or complaints etc.

The ward will address this issue to ensure that a suggestion box is prominently placed on the ward and will encourage service users/carers to use it.

At the time of the visit the complaints procedure was not visible as it was covered over by another sheet of paper on the notice board, this has since been rectified so that the complaints procedure is now plainly visible.

It was commented that there were no activities at the time of the visit and it was presumed that this was the case because of ward round. Structured ward activities are programmed to take place twice a day and take place regardless of ward round taking place; it just means that some service users may miss an activity if they are being seen in ward round. On the day of the visit a group activity had taken place earlier on and a number of service users attended this group. It would be exhausting for service users to engage them in activities all day.

The lay-out of the ward is narrow and both the lounge and dining area are all in the same room. In order to address this we have been considering putting a divider in the room to separate the two areas. Also a capital bid has been submitted to have a conservatory built attached to the dining area which will allow for more space and another room on the ward.

Apart from the communal area there are other rooms that service users can use such as the activity room and the computer is often used by service users, a small lounge (the flooring is being replaced with carpet which will help to create a warmer and more welcoming atmosphere) there is a larger activity room where the musical instruments are kept and a variety of games and activities.

It was observed that there was only one poster in the dining area regarding the consultation.

There have been lots of booklets placed around the ward for service users to read, the proposed consultation was discussed openly with service users in the community meetings however the proposed changes will have less of an impact on the residents of Tower Hamlets and service user are not as interested in discussing it. Also as was noted by representatives when asking service users their response was 'it might make a difference to people that live in Hackney and everyone likes to have a service closer to where they live'.

#### **Feedback from service users and carers.**

There were eleven service users on the ward on the morning of the visit.

Many of the service users were unwell and decline to be interviewed. Out of the eleven four service users were seen, one of the service users is a Hackney resident who said that he had been moved from Larch ward after he complained about the ward and the other three service users were Tower Hamlets residents. One service user's wife met with Healthwatch.

The comments from service user varied and some felt that the ward was safe and that this is important for their recovery. One service user described being suicidal prior to admission but that being on the ward helped a lot he felt protected and not having to worry about the outside world.

There was concerns expressed that there is not enough activities taking place on the ward and one service user stated that the activities on the board do not happen. This will be addressed by the team.

Some service users found the staff helpful but one service user said that staff do not communicate properly with one another. The feedback states that a lot of service users were complaining about boredom however this was feedback from four out of eleven service users.

There was suggestion made by one service user that on sunny days service users should be taken out and that there should be a programme of structured activities on the ward.

Service users have access to the garden any time they wish, there are a number of structured gardening groups taking place on a regular basis. Service users who are preparing for discharge or who are well enough are taken to the Robinson centre for group activities and often continue with these groups after discharge, returning on their own to participate in activities. Some of these sessions are also held in the garden in the Robinson centre and it a joy to observe the fruits of their labour which can be seen from the main corridor of the hospital.

Please see appendix of weekly activity programme.

It is worth noting that two of the service users who were seen by representatives had only been on the ward for a few days.

Also regarding activities there was evidence on the ward of both art and creative writing groups which were displayed on the wall outside the resource room. The beautiful and colourful art work and the poetry and creative writing displayed are from recent sessions.



## Vacancy Levels for Past Five Years

	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>
<b>Leadenhall Ward</b>	22%	24.19%	29%	24%	41.25%
<b>Larch Ward</b>	41%	46%	30.7%	27.72%	45%

## Action Plan for Leadenhall

<b>ACTION</b>	<b>WHO BY</b>	<b>TIMESCALE</b>
1. Ward staff have regular daily slots to meet with their service users for a one to one. This is presently the case but service users may not be aware of this.	All staff	End of April 2015
2. One to one sessions will be made known to service users and will be displayed on service user notice board to ensure all service users are aware of these sessions.	Ward Manager	End of April 2015
3. The activities board is prominently displayed near the sitting area in the lounge but staff will ensure that it is always visible and not covered up by a chair as was the case on the day of the visit.	All Staff	Ongoing
4. Staff (Nursing/O/T) will review the existing programme of activities on the ward in conjunction with service users in the community meetings to ensure that service users are more engaged with the activities programme on the ward.	Lead O/T and CPLs (Band 6 Nurses)	Within the next two weeks

<b>Committee</b> Health and Social Care Scrutiny Sub Committee	<b>Date:</b> <b>16 June 2015</b>
<b>Subject:</b> The Care Act 2014 and the Better Care Fund	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>

## Summary

The purpose of this report is to update the Committee on the implementation of the new Care Act and the current position of the Better Care Fund.

The Care Act 2014 introduces wide-ranging and significant reform to the adult social care system. It aims to create a modern system that can keep pace with the demands of a growing older population and is clear to people about what kind of care they can expect. It is designed to focus on people's strengths and capabilities, supporting them to live independently for as long as possible. The Act also introduces significant funding reform with the introduction of a cap on the amount people have to spend on their care, regardless of how much they have in savings or assets.

Many of the provisions of the Act came into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.

The Care Act has significant implications for local authorities around practice, finance and systems. A specific project was set up to ensure that the City of London is compliant with the Act with an Implementation Group meeting monthly.

In June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level. The City of London submitted a bid to the fund in September 2014 and this received full approval from NHS England in January 2015. Better Care Fund plans will begin to be implemented from April 2015.

## Recommendation

Members are asked to note the report.

## Main Report

### Background

#### Adult Social Care and Support

1. Care and support is the term used to describe the assistance some adults need to live as independently as possible with any illness or disability they may have.

2. It can include help with things like getting out of bed, washing and dressing, getting to work, cooking meals and eating, seeing friends and being part of the community. This can be provided through a range of services including home based services, services in the community and residential care.
3. Local authorities are primarily responsible for providing Adult Social Care services but in limited situations, the NHS is also responsible for meeting some care needs. 4. The Adult Social Care Team at the City of London includes reablement staff that assist people to regain their independence and confidence after a period of illness or hospitalisation, an occupational therapist and social workers. The Team currently has around 200 cases including reablement and occupational therapy clients and those receiving home care, community based services and residential care, arranged through the City of London.
5. The majority of service users receive care and support within their own homes or through community based services which are typically commissioned by the City of London. There are no care homes within the City of London's boundaries and therefore residents requiring residential care are placed outside of the Square Mile.
6. The provision of chargeable care services in the home or residential care are subject to a financial assessment. People may have to pay something towards their own care and some will have to pay all of the costs.

### **The Care Act 2014**

7. The Care Act received Royal Assent in May 2014 and introduces wide-ranging and significant reform to the adult social care system. The Act introduces duties that are new in law and practice and duties that put into law ways of working that are existing practice for the City of London. It also consolidates and modernises a range of existing laws.
8. The Care Act includes the following duties and requirements for local authorities:
  - to promote people's wellbeing and to prevent the need for care and support
  - to provide an information and advice service about care and support
  - to facilitate a vibrant, diverse and sustainable market of care and to meet people's needs if a provider of care fails
  - to carry out an assessment of both individuals and carers wherever they have needs, including people who will be self-funders who meet their own care costs
  - to assess needs against a national minimum eligibility threshold for support, and to offer a universal deferred payment scheme, where people can set the costs of residential care against the value of a home they own.
9. The provisions of the Act also introduce financial reform which will come into force in April 2016. This includes the introduction of a cap on the amount that

anyone will be required to pay for their eligible care and support needs in their lifetime. From April 2016, this will be set at £72,000.

## **The Better Care Fund**

10. The Better Care Fund (BCF) is a national £3.8bn single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. A total of £1bn of the funding is performance related focused on reducing admissions to hospital.
11. The City of London submitted its BCF plans in September 2015 and these were fully approved by NHS England in January 2015. The City of London and CCG pooled budget is £777,000 and is a one off budget. Part of this funding contributes to joint City of London and LB Hackney integrated care schemes and the remainder is for projects that will be commissioned by the City.

## **Current Position**

### **Care Act**

#### *Delivering the Care Act*

12. In order to ensure that the City of London undertakes all the changes necessary to be legally compliant with the Care Act a specific project was established. This included:
  - establishment of a Care Act Implementation Group. The group meets monthly, overseeing implementation of the Act and monitoring its impact. Consisting of a number of relevant officers from across the organisation, it is chaired by the Assistant Director for People in the Department of Community and Children's Services and is accountable to the Adult Wellbeing Partnership
  - establishment of twelve workstreams, focussed on different areas of work with a specific action plan each led by an individual officer. Work included reviewing existing policy, practice and systems such as IT and identifying areas of work required. Progress on these workstreams was reported back to the Care Act Implementation Group.
13. The first part of the Act is now in place but the Care Act Implementation Group will be monitoring its impact and further work is underway to build on work the City of London was already doing in some areas. The Group is now focussed on preparing for the second part of the Act.

#### *Engagement*

14. Engagement with providers, partners, service users and residents has been a key element of the Care Act Implementation Project. Examples include:
  - a number of specific events held in partnership with Healthwatch. These brought residents together to discuss ageing well in the City and delivering

some elements of the Act such as prevention, wellbeing and information and advice

- Care Act awareness and training sessions with specific community groups such as the Carers' and 50+ groups, residents at Tudor Rose Court, the Neaman Practice and City Advice
  - a workshop for providers raising awareness of the Care Act and gathering their views for a Market Position Statement
  - articles in the City Resident magazine, estate newsletters and Healthwatch newsletters
15. Further awareness raising events are planned including specific sessions with residents on the financial reforms and sessions with library staff.
16. An extensive training programme around the Care Act was also delivered, including over 25 training sessions. Individuals from a range of Departments and organisations including the Adult Social Care Team, Housing Department and community support organisations attended. Further training around the financial reforms will take place later this year.
17. Four Members of the DCCS Grand Committee (Ann Holmes, Professor John Lumley, Philip Woodhouse and Virginia Rounding) act as Care Act Champions which involves receiving regular updates on Care Act implementation at the City of London, representing the City of London at member-level meetings on the Care Act as required, being consulted by and giving feedback to officers on plans for implementation, and providing political representation on the Care Act at service user forums where applicable.
18. Resident Care Act Champions will also be trained to be able to signpost their neighbours and peers to information and advice about social care and support.

### *Challenges*

19. Many of the Act's reforms put into law ways of working that are already normal practice for the City of London or consolidate existing laws. Challenges include:
- identifying and raising awareness of financial reform amongst people who currently pay for their own care (self-funders). A specific communication and engagement campaign is being developed to address this
  - making sure there is enough choice for people given the size of the market in the City of London
  - ensuring people understand charging structures for social care and what is included in the £72,000 cap in order to be able to plan for the future.

## **Better Care Fund**

20. A City of London BCF plan was submitted to NHS England in September 2014 following approval by the Health and Wellbeing Board. This received full approval from NHS England in January 2015 with a view to implementation being rolled out from April 2015.
21. The pooled budget for the City of London and City and Hackney CCG is £777,000. This is one off funding and clarification is awaited about future funding for integrated health and social care. In order to pool funds from the two organisations, a legal agreement called a Section 75 agreement has to be put in place. This is currently in progress and will be in place shortly, at which point the funding will be released and projects will be commissioned.
22. The projects in the plan consist of some that are joint with LB Hackney and commissioned by the CCG, an integrated care pilot and some mental health services. Other services in the plan, which will be commissioned directly by the City of London, include expansion of existing services such as care navigators and reablement.

### *Engagement*

23. A specific engagement event was held in December 2013 to engage with City of London residents on priorities for the City of London BCF plan.

### *Challenges*

24. The City's size, position and service boundaries contribute to the current challenge and complexity to be addressed in delivering integrated health and social care.
25. The City's one GP practice (the Neaman practice) is a member of the City and Hackney CCG and serves three quarters of City of London residents registered with a GP. Some City of London residents are registered with GPs in other CCGs – primarily Tower Hamlets. The City has no acute hospital dedicated to its geography with the Royal London (Tower Hamlets CCG) and University College Hospital (Camden CCG) being the closest and most frequently used major providers – particularly for acute emergency admissions.
26. The Homerton Hospital commissioned by City and Hackney CCG is less frequently used by City residents than these other hospital settings. The Homerton is technically the provider of community health services to the City but in reality residents registered with GP practices other than the Neaman Practice will receive community services from the provider aligned to their nearest acute hospital.
27. The BCF has been developed in this context and the City recently held a workshop, bringing together a range of CCGs and providers together to ensure integrated health and social care services are provided to City residents. Further work is ongoing and a follow up workshop will be held in September.

28. Care navigators have also been appointed to work for the City of London to help signpost people being discharged from hospitals to the correct follow on services that they need.

### **Corporate & Strategic Implications**

29. The City Together Strategy seeks a world class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.
30. KPP4 of the Corporate Plan aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.

### **Implications**

31. The City of London will need to ensure that it is fully compliant with the second part of the Act by April 2016 and the Care Act Implementation Project is designed to ensure this. Not being compliant with the Act creates the possibility of central government attention, reputational risk and judicial review.
32. There are potential financial implications associated with the implementation of the Care Act and ongoing costs including the impact of the cap on care costs and the resultant financial burden on local authorities. This is being kept under review pending clarification of government funding.
33. There are also potential workforce implications depending on the number of self-funders who come forward for assessments. This will be monitored.
34. The Government have published a range of impact assessments on the Care Act and Equality Impact Assessments at a local level have been carried out as part of the Care Act implementation project.

### **Conclusion**

35. The Care Act and BCF offer opportunities for the City of London to build on some of the work it was already doing.
36. A robust project management approach is being taken to implementing the Act and the BCF and engagement has been a key element of this.

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<b>Committee:</b>	<b>Date:</b>
Health and Social Care Scrutiny Sub Committee	16 June 2015
<b>Subject:</b>	<b>Public</b>
Healthwatch City of London Update	
<b>Report of:</b>	<b>For Information</b>
Healthwatch City of London	
<b>Summary</b>	
<p>The following is Healthwatch City of London's update report to the Health and Social Care Scrutiny Sub Committee.</p> <p>This report covers the following points:</p> <ul style="list-style-type: none"> <li>• Barts NHS Trust</li> <li>• Healthwatch involvement with procurement of warfarin service for City and Hackney</li> <li>• Dementia awareness day with City of London Corporation</li> <li>• Care Act workshops</li> </ul>	
<b>Recommendation(s)</b>	
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note this report, which is for information only.</li> </ul>	

## Main Report

### Background

#### Current Position

- **Barts NHS Trust**

Representatives from Healthwatch City of London have attended PLACE assessments with Barts Health NHS Trust at St Bartholomew's Hospital, Newham University Hospital, Mile End Hospital and the Royal London and have fed into the final assessments that have been sent to the Department of Health. Many city residents receive their care to the west in the hospitals of UCLH Foundation Trust. We have participated in PLACE inspections at the National Hospital for Neurology and Neurosurgery and will be doing so at University College Hospital.

Following the recent assessment at St Bartholomew's Hospital, the Healthwatch representatives raised concerns about the food and the meals on the Haemato-Oncology wards:

- Patients and the nursing staff complained that people often do not get the meals they had ordered
- Some patients were not aware that food can be ordered out of hours
- Communication of menu options was not good which meant that people were not aware if a particular option was not available
- Comments on the food itself included raw potatoes and overcooked broccoli
- Long term patients were not aware of the 'vive' option for meals that provides a more varied menu for those that may be experiencing 'menu fatigue'.

As a result of our input, the catering department have arranged, with Healthwatch, a patient dining working group to look at the patient experience of meals. So far, the changes introduced have included:

- The 'Vive' menu will be more readily available to Haemato-oncology patients as currently it is only used as per catering and dietitians assessments
- The 'Vive' menu will contain more 'comfort foods' and therefore adding omelette to the options. Jacket potato and fish and chips are already on the menu. Foods that will help with taste change such as Chicken Tikka Curry, Vegetarian curries are already on the menu.
- Introduction of a snacks menu where patients will have 24/7 access to snacks. These menus will be printed, laminated and placed on the walls of EACH room on the ward.
- A breakfast club will be held every Wednesday for patients. This will act much like a social event for the patients. Croissants will be provided to patients on top of normal breakfast offerings.
- Re-introduction of ICE CHIPS made from supplements.
- High Energy Soups to be introduced for oncology wards.

Healthwatch has also provided comments from service users to the CQC ahead of the CQC inspections on Barts hospitals and Healthwatch is mentioned in the opening pages of the recently published CQC reports.

The Chair and a Healthwatch board member attended the Trust Development Authority meeting at Barts Health NHS Trust to look at recruitment of the new Chair for Barts. The TDA wanted to engage the Trust's stakeholders in this important exercise. The Healthwatch representatives met the short listed candidates and gave feedback on their impressions.

- **Healthwatch involvement with procurement of warfarin service for City and Hackney**

Healthwatch City of London was invited to be a member of the procurement panel for the warfarin service in City and Hackney – the Healthwatch Officer has scored the submitted bids and taken part in a moderation meeting. The interviews took place on 26 May and a report and recommendations will be made to the CCG board

- **Dementia awareness day with City of London Corporation**

Healthwatch has taken part in the dementia awareness day on Monday 18 May at the Artizan Street Library organised by the Adult Social Care department of the City of London Corporation. Stalls and information were presented in the morning with a sensory session and workshop with the memory group in the afternoon.

- **Care Act workshops**

Two workshops have been held on the Care Act organised by Healthwatch City of London in partnership with the City of London Corporation. The aim of the workshops was to raise awareness of the Care Act, the first part of which came into force on 1 April 2015. Attendees at the workshops included City residents, users of social care and health services and staff from local care and advice services - with staff from the City.

Events have taken place at the Artizan Street Library and Community Centre on 30 March 2015 where there were 24 attendees and on 13 April 2015 at the Sir Ralph Perring Club where there were 38 attendees.

The full summary of the workshops held so far is attached as an appendix to this report.

## **Appendices**

### **Appendix 1 – summary of Care Act workshops**

#### **Conclusion**

The Healthwatch City of London representative will provide an update on the areas raised in this report at the next meeting.

Healthwatch City of London

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## **The Care Act – workshop summary and feedback**

### **Introduction**

Two workshops have been held on the Care Act organised by Healthwatch City of London in partnership with the City of London Corporation. The aim of the workshops was to raise awareness of the Care Act, the first part of which came into force on 1 April 2015. Attendees at the workshops included City residents, users of social care and health services and staff from local care and advice services - with staff from the City.

Events have taken place at the Artizan Street Library and Community Centre on 30 March 2015 where there were 24 attendees and on 13 April 2015 at the Sir Ralph Perring Club where there were 38 attendees.

Feedback from discussion groups:

### **1 What information and advice is useful for people to be able to plan for their future?**

- More information about the £72,000 cap on care costs and what is included. What is included in 'hotel costs' and what costs are covered by NHS? 'Hotel costs' and care costs should be itemised
- Access to an advocate is needed to access information and advice?
- A clear A-Z of what the Care Act is and a simple hand out so that people know where to go for what information - mailed to relevant City households
- Knowing whether carers from organisations are accredited.
- What help is available for informal carers? Information for carers needed
- Knowing which websites to access and who to contact at organisations. A flow chart showing service providers so people know where to go and who to talk to about concerns would be useful. There is a role for charities and the voluntary sector to play and be signposted to
- Advice and clarity on the financial aspects, the £72,000 cap and how it will work in the future.
- Information and advice on preventative healthcare and mental exercises
- Housing options
- Lasting power of attorney and benefit claimants
- Access to specialised care
- Information on out of hours services

## Where/how would it be useful to access some of this information?

- Through GPs, surgery waiting rooms and walk in centres
- Hard copy information, not all online
- Through offices, places of work and libraries
- Through language that is lay person friendly
- A City helpline and local advice services
- At schools for parents
- Use neighbourhood groups that already exist to spread the word
- City newsletters such as Healthwatch newsletter
- Online forms should be printable and the user should be able to save whilst completing
- Some stories, pictures and case studies provided to make the scenarios real
- A dedicated directory (this does already exist)
- At carers centres with speakers on particular issues
- Noticeboards at estates

## 2 If we think about 'wellbeing' what different factors might be important for people to consider in terms of their quality of life?

### Information and Communication

- Information and advice days
- Look at the care section of model of needs – physical, mental/emotional and social – then build on these core areas
- Protection from abuse and scams
- Those carrying out assessments need to understand your wellbeing needs
- Access to and information on services – chiropody, eye care, foot clinics

### Isolation

- Avoiding loneliness and social isolation
- How do we reach those that don't want help? How do we help those that don't want to admit to being isolated?
- Privacy and independence
- Befriending

### Environment and keeping fit

- Healthy eating, nutrition and regular exercise
- Good quality sleep
- Air, visual and noise pollution

#### **Community activities**

- Safer neighbourhoods and good neighbourhood schemes
- Social activities and mental stimulation – U3A and volunteering examples using Time Credits
- Participating in community activities, being able to connect with your community
- Intergenerational activities and groups
- Mental wellbeing

#### **Financial Aspects**

- Economic wellbeing and fuel poverty
- Warmth, fuel poverty and the cost of keeping your home warm
- Properly adapted homes and relevant equipment

#### **Carers and Caring**

- Ability to stay in your own home and area
- Being in control of decisions within the home
- Happiness and quality of life – pain free
- Involvement in family life – families need to be supported more. Conflict within families can lead to poor wellbeing and this needs to be addressed
- Nursing and care homes can mean people are cut off and lonely – how do we avoid this? Care homes also need to be more specialised so that the needs can be met
- Carers need to be better trained with more continuity of care. Caring needs to be seen as a more prestigious career
- Long term respite
- Specific appointments rather than day long time slots for appointments

### **3 What different things can we start to think about in terms of needs developing and progressing?**

#### **Information and Communication**

- Ensuring information is available before people need it so they can plan in advance whilst well
- Early intervention and screening services

#### **Isolation**

- Community responsibility – can be difficult in a big City
- Find out who is isolated whilst respecting privacy
- Homeshare - encourage older people to live with younger people

- Privacy is important – information should be given and then people can decide themselves if they want to take part

#### **Community activities**

- Local community groups with speakers that reach all cultures. Groups could look at dehydration, healthy living and should be fun
- Activities organised by the community health nurses
- Breaking down cultural barriers
- Communities can be transient and support in the community can suffer
- Education – U3A, courses at local colleges
- City walks
- Digital inclusion – used constructively to keep people engaged

#### **Financial Aspects**

- Home adaptations to enable people to stay in their homes as long as possible
- Handyperson service

#### **Carers and Caring**

- Emotional and respite services for carers to assist with stress and emotional support
- Floating support and home visits, befriending schemes

## **Comments on the events**

General comments were that the events were clear and well structured with informative content and engaged discussion. The point was made that the acoustics in the Sir Ralph Perring Club room were poor. The discussion was very stimulating and the feedback from the three groups was useful.

#### **Requests for future topics at events:**

Funding of care – how to ensure funding follows need  
The Financial side – how much is care going to cost us?  
The cap of £72,000  
Specific care for people with dementia  
Better qualified carers  
Housing  
Poverty  
What ‘hotel costs’ are  
Use of pharmacists in health care  
More detail on the financial aspects of the Care Act  
Example of an assessment questionnaire





Breaking down elements of the Act

Finance is a priority

Exploring innovative housing solutions

Communication and cooperation between organisations

Co design of services

Integration of volunteers and professionals

Social isolation

Dementia

How to promote and advertise events and activities in the area

**Further comments:**

Pressure on the Neaman Practice as it is difficult to get appointments

A City digital wellbeing innovation hub involving City University and City companies could be a good step

**What next?**

We will be running some further workshops to inform residents on what the Care Act will mean for them and to raise awareness of the elements of the Act. These will be at different locations and times to ensure we capture views from a variety of sections of the population. Our final report will be sent to the scrutiny committee, the health and wellbeing board and also will be featured in our newsletter.

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