

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.

Pre-consultation engagement

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:

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

Option 1 No change (34 beds)

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.

| | Respondent | Total |
|---|--------------------|--------------|
| <i>Borough or area</i> | City of London | 3% |
| | Hackney | 66% |
| | Tower Hamlets | 28% |
| | Other | 3% |
| <i>Gender</i> | Female | 48% |
| | Male | 35% |
| | Other term | 0% |
| <i>Gender different to the sex you were assumed at birth?</i> | It's different | 3% |
| | It's the same | 64% |
| <i>Age</i> | Under 16 | 0% |
| | 16-25 | 0% |
| | 26-40 | 1% |
| | 41-64 | 6% |
| | 65-80 | 65% |
| | 81+ | 6% |
| <i>Ethnic background</i> (Results have been aggregated from the sub-categories) | Asian | 0% |
| | Black | 19% |
| | Mixed | 3% |
| | White | 71% |
| | Chinese | 0% |
| | Other ethnic group | 0% |
| <i>Capacity in which you are responding</i> | Local resident | 17% |
| | Service user | 47% |
| | Carer | 7% |
| | NHS employee | 8% |
| | Other | 3% |
| <i>Do you have a disability?</i> | 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

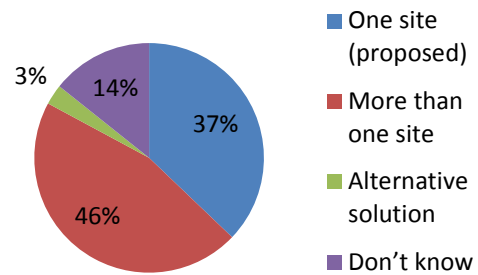
('Don't know' responses are included in percentages but not shown in the columns below).

| | | | | |
|--|--|---|--------------------------------------|------------------------------------|
| Q2. Older inpatients with MH problems in Tower Hamlets and City and Hackney should be cared for at: | One site 37% | More than one site 46% | Other suggestion 3% | |
| Q3. Inpatient services for older people with MH problems should be at: | Mile End 33% | Mile End and The Lodge 55% | Somewhere else 12% | |
| Q4. Inpatient services at Mile End should be on: | One ward (19 beds) 3% | Two wards (26 beds) 34% | Not at Mile End 15% | None of these 27% |
| 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? | Yes 53% | No 3% | Other 23% | |

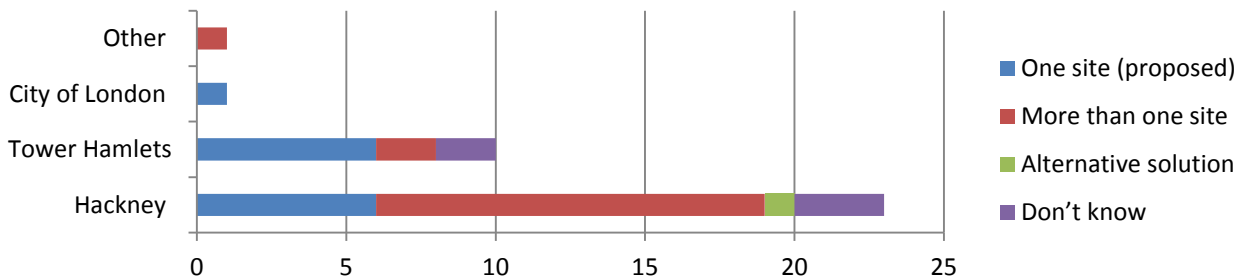
Question 2¹

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.

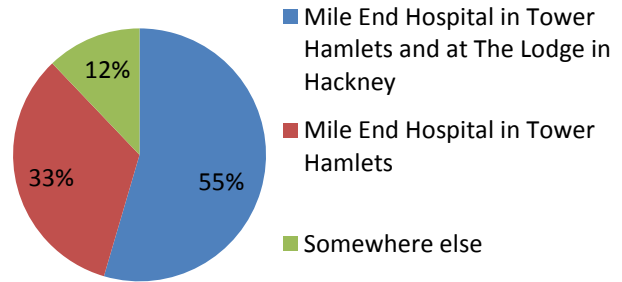
Female carer, Hackney, aged over 65

¹ Question 1 asked respondents which borough they were from

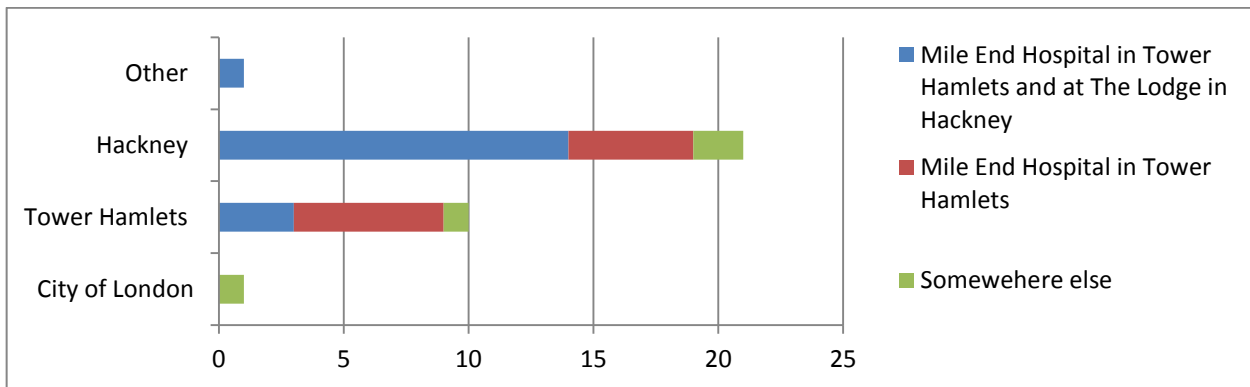
Question 3

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.

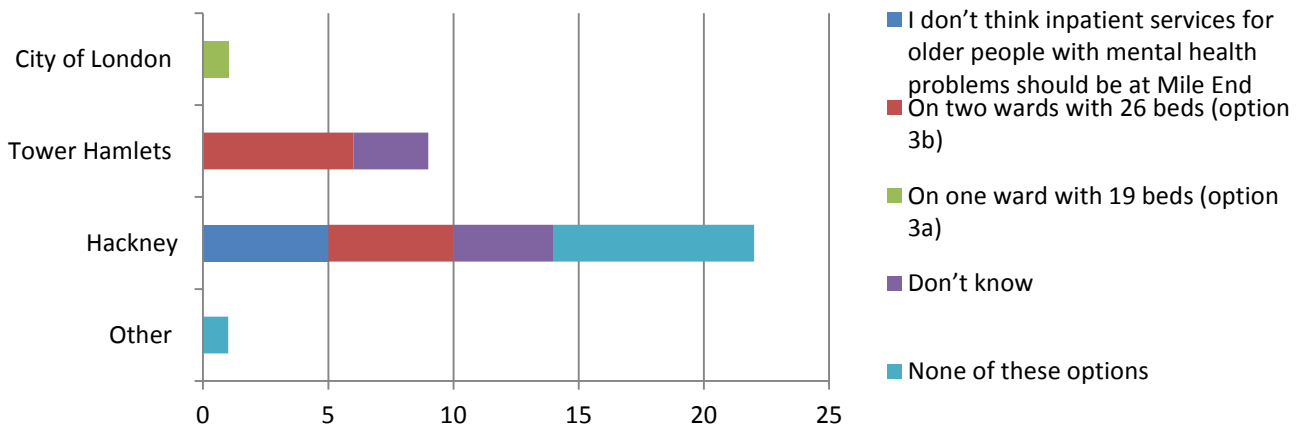
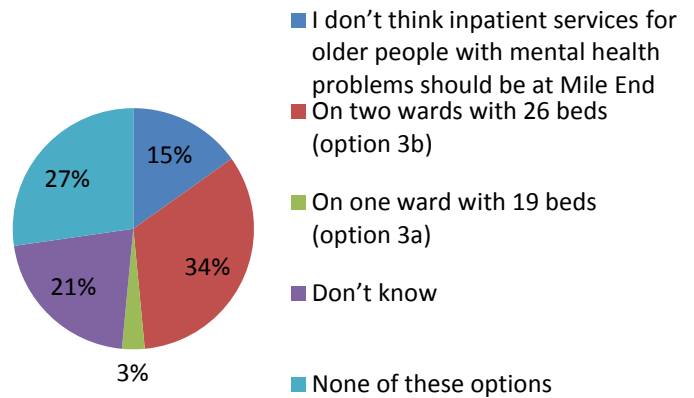
Female, NHS employee, aged 26-40

... 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

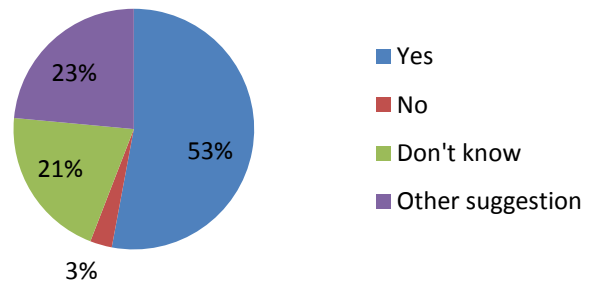
The arguments against two wards with 26 beds centred around the opposition to one site (transport issues) and the belief that each borough should have its own facility, rather than a judgement between one or two wards.

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

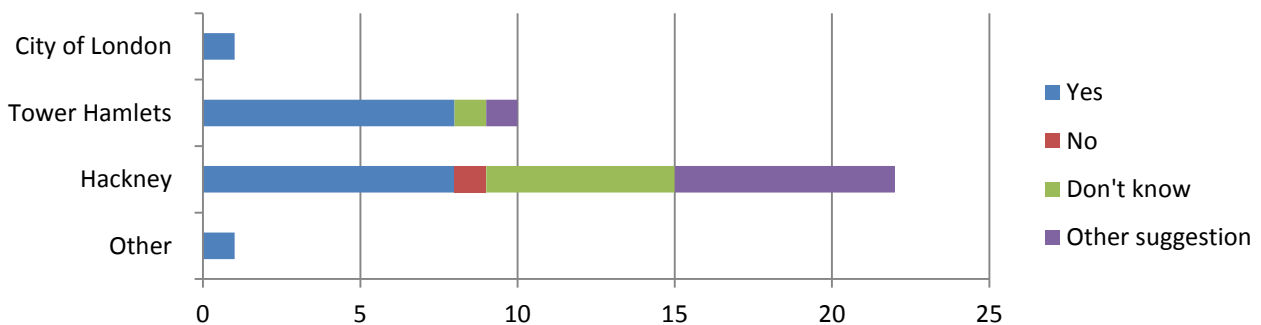
Male service user, Hackney, aged 65-80

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 there 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.