



Health and Social Care Scrutiny Committee

Date: WEDNESDAY, 10 NOVEMBER 2021
Time: 11.00 am
Venue: COMMITTEE ROOM 3 - 2ND FLOOR WEST WING, GUILDHALL

Members: Michael Hudson (Chairman)
Vivienne Littlechild
Andrew Mayer
Wendy Mead (Deputy Chairman)
Deputy Barbara Newman
Steve Stevenson

Enquiries: Ben Dunleavy
ben.dunleavy@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at the rising of the Committee

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. **MINUTES**

To agree the public minutes and non-public summary of the meeting held on 30 June 2021.

For Decision
(Pages 5 - 12)

4. **HEALTHWATCH CITY ANNUAL REPORT**

Report of the Director of Community and Children's Services.

For Information
(Pages 13 - 40)

5. **WARD RELOCATIONS - EAST LONDON FOUNDATION TRUST**

Report of the Director of Service Transformation, East London NHS Foundation Trust.

For Information
(Pages 41 - 100)

6. **ST BART'S MINOR INJURIES UNIT REOPENING**

Update from the Divisional Manager of Emergency Care and Trauma, St Bart's.

For Information

7. **RECOVERY OF PLANNED/ELECTIVE CARE POST COVID-19**

Presentation from the Director of Planned Care, North East London ICS and Acute Alliance.

For Information

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

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

10. **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 the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

11. **NON-PUBLIC MINUTES**

There was not a non-public session at the meeting on 30 June 2021.

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

13. **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 COMMITTEE Wednesday, 30 June 2021

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Wednesday, 30 June 2021 at 11.00 am

Present

Members:

Michael Hudson (Chairman)
Vivienne Littlechild
Wendy Mead (Deputy Chairman)
Deputy Barbara Newman
Steve Stevenson
Andrien Meyer

Officers:

Ben Dunleavy	- Town Clerk's Department
Gemma Stokley	- Town Clerk's Department
Bukola Soyombo	- Chamberlain's Department
Simon Cribbens	- Community & Children's Services
Chris Lovitt	- Community & Children's Services
Xenia Koumi	- Community & Children's Services
Annie Roy	- Community & Children's Services
Ellie Ward	- Community & Children's Services

Also in attendance:

Larissa Howells	- City Connections
Kevin Jones	- City Connections
Dr Chuan Chor	- Neaman Practice
Dr Paul Ugwu	- Neaman Practice

1. APOLOGIES

There were no apologies.

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

The following declarations were made:

- Barbara Newman;
- Vivienne Littlechild;
- Steve Stevenson;

all declared they were resident in the City and patients of the Neaman Practice.

3. ORDER OF THE COURT OF COMMON COUNCIL

The Committee received the Order of the Court of Common Council of Thursday 15 April 2021, appointing the Committee and approving its Terms of Reference.

4. **ELECTION OF CHAIRMAN**

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. Michael Hudson being the only Member expressing willingness to serve, was duly elected Chairman for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No.30. Wendy Mead, being the only Member who expressed a willingness to serve, was duly elected as Deputy Chairman of the Committee for the ensuing year.

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

The Committee proceeded to elect a Health Watch Representative. Steve Stevenson, being the only Member expressing a willingness to serve, was duly elected to the position for the ensuing year.

7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

RESOLVED – That the Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee with the Deputy Chairman appointed as his substitute.

8. **MINUTES**

RESOLVED – That the public minutes of the meeting held on 10 February 2021 be agreed as a correct record.

MATTERS ARISING

Members were concerned about further incidents relating to hospital discharges, particularly at evenings and weekends. It was agreed that there should be a formal request for investigation. The Director of Community and Children's Services agreed to invite the Head of Adult Care to address the next Committee meeting on this matter and also undertook to discuss with individual Members, their difficulties and concerns to date.

9. **SEXUAL HEALTH & REPRODUCTIVE HEALTH SERVICES AND COVID**

The Committee received a joint report of the Director of Community and Children's Services and the Director of Public Health. The report provided an update on sexual and reproductive health services in the City of London during the COVID-19 pandemic.

Members expressed concern about users of sexual health services providing their office addresses instead of home addresses and asked what was being done to recover the cost of using the services from those who worked in the City but were not residents. In reply, an Officer said that sexual health clinics are open access and therefore anyone living in England has the right to access a sexual health clinic anywhere in the country. The use of work addresses is a

known issue, however, and the clinics did ask for correct home addresses to be provided as much as possible, but that unfortunately there would always be some users who did not follow this, and that this can be for a variety of reasons.

A Member questioned whether service users could be asked to provide details of the health authority where they reside as opposed to their home address so that the money could be reclaimed. In response, an Officer underlined that sexual health data is kept in a confidential way and is not linked to primary care records. This means there are restrictions in terms of how the data can be used. When a user does provide an address outside the City of London, it is billed to the relevant local health authority. Previous investigations have shown that it is only a small number of users who provide office addresses.

The Chairman said there should be provision for collecting a home address and an address for communication, and that it was particularly important to be able to get the address of users from overseas, so that any costs could be charged back to their home country. An Officer reiterated that users are asked for their home address, and those who give an office address instead did so knowingly. The Officer added that there may not be provision for international recharging. The Officer concluded by stating that the importance of treating infectious diseases as early as possible outweighed that of reclaiming costs associated with a very small number of foreign nationals attending sexual health services, for whom these costs cannot be recharged.

A Member asked what the costs involved are. In reply, an Officer underlined that sexual health and substance abuse treatment services made up the largest portion of money spent from the Public Health grant.

An Officer also agreed that the issues raised about cross-charging could be discussed with the local specialist sexual health service and a formal response provided to this committee.

The Public Health team said that a sexual and reproductive health Needs Assessment is in development and can be brought back to the Committee when ready.

RESOLVED – That, the report be noted.

10. **CITY CARERS UPDATE REPORT**

The Committee received an oral update from the Director of Community and Children's Services on work being done to support informal carers, following feedback from carers and the Member COVID-19 Working Party on the support provided prior to and during the COVID-19 pandemic.

The Officer reported on the work being done to address this feedback and to look at areas where support for carers could be strengthened. Examples of this work included redoing the Strategy Action Plan, which has been started through a workshop with involved carers. There has been specific engagement with carers to look at how a more enhanced level of support for carers might be piloted. Other work includes

RESOLVED – that, the oral update be received.

11. SUPPORT FOR CITY CARERS

The Committee received a presentation from City Connections, a service providing support for carers in the City of London. The presentation covered the roles within City Connections, the range of services that are provided, and the development of the organisation since it took over from the previous service in April 2019.

A Member said that she had received a letter from a former carer with various questions about the service. The first question was on what services City Connection provided, with the Member stating that she was satisfied that this had been covered in the presentation. The Member went on to question whether there were really only 45 carers across the City. In response, the representative from City Connections explained that these 45 were those carers who had been known to the previous care agency, and that City Connections suspects there are more and are trying to actively engage with them. The Member also queried when the Carer Support Plans will be reviewed. In response, the Head of Adult Social Care reported that there will be a new quality assurance framework in September.

The Chairman questioned the number of carers accessing the service. In response, the representative said that there were around 350 known residents using the service, one third of whom are carers. Within this group, 40% attend carer-specific activities, with the remaining majority choosing to engage with more generic services.

A Member asked if the discharge coordinator works on a 24-hour shift rota. In response, the representative said that the member of staff in question worked Monday-Friday during normal working hours, and is a care navigator, not a discharge coordinator.

It was agreed that the remaining questions that had been received by Members would be sent in writing to City Connections.

RESOLVED – that, the oral update be received.

12. NEAMAN PRACTICE

The Committee heard from two doctors from the Neaman Practice. The doctors had been invited to attend the Committee following a letter sent to the Clinic by Healthwatch with several complaints against the Practice.

The doctors presented the complaints received and set out the actions they had taken and were continuing to take to resolve the issues raised.

The first complaint concerned rudeness of non-GP staff in the Practice. The doctors confirmed that they have spoken to staff about communication skills and were also looking into formal training.

The second complaint concerned reception staff being rude to each other in front of patients. Members were informed that the Practice has held an emergency staff meeting to remind all staff of what behaviour is expected of them, and, again, are looking into formal training. Managers were also spending time at reception to monitor staff behaviour, with the Practice also holding more frequent support meetings for staff.

The third complaint was that reception staff seemed to be unaware of dates for clinics, in particular for the podiatry clinic. The Neaman Practice hosts a foot health clinic provided by the Homerton Podiatry service. The doctors said that communication with the Homerton Podiatry had been poor, and that this had caused the issue. They accepted that they should have been more proactive in chasing the Homerton service. The Neaman practice has had an urgent meeting with the manager of the foot health clinic and were told that the Foot Health service only provides foot health care to those with 'high risk' feet, and could not justify running additional services. The Practice has agreed to improve communication with Foot Health and had also contacted the Foot Health service at Hoxton Health to arrange care for 'non at risk' feet.

The fourth complaint was that staff were not always wearing name badges. Staff have been told that they should wear these badges and Managers would be conducting spot-checks. Any repeated failures to wear the badges would result in disciplinary action being taken.

The fifth complaint was that the website was not being updated. The managers accept that the website has been neglected due to the pressures of the COVID-19 pandemic.

The sixth complaint concerned the telephone system. Telephone calls were not being answered, and messages were not being responded to. The doctors explained that they had recently switched to a new provider, and that this had caused several difficulties, on top of challenges with administration and staff. They are exploring solutions to the issues with the new provider and are working on systems to help staff with answering telephone calls.

The seventh complaint referred to poor attendance at the PPG, and a data breach where the email addresses of PPG Members were cc'd instead of bcc'd. The management have apologised to those involved and reviewed their processes. They reported the issue to NRLS, who had responded to state that they considered this to be a data incident but not a breach.

The final complaint was that staff were not wearing face masks appropriately, and that there was a lack of hand gel in hand sanitiser dispensers. The management explained that staff are allowed to pull down masks when answering the phone to improve communication. The lack of hand gel in one hand sanitiser dispenser was an oversight, but management admit that it was in a crucial location. They will work with the cleaning staff to make sure no dispensers are missed.

A Member spoke to state that she was concerned about the Practice's approach when she had had to obtain a death certificate for a neighbour who died in January 2021. The Member said that no doctor would come to examine the body, and the Member's husband had to deal with the doctor over the telephone to verify the death. The Member said it was a very distressing experience. The doctors from the Practice apologised to the Member for this experience and explained that the British Medical Association had issued guidance that examinations of bodies should be carried out remotely where possible during the COVID-19 pandemic. They agreed that in future they would make it an internal policy for doctors to check with carers that they are comfortable with carrying out this inspection remotely.

A Member thanked the doctors for their reply to Healthwatch's letter and asked if the City of London Corporation could assist in terms of resolving the issues with the Practices phone system. One of the doctors said that the Department for Community and Children's Services had offered to contact the supplier to help resolve the issue.

A Member expressed concern that, when creating an online account with the Neaman Practice, she was sent a list of several different organisations as possible places to sign up to. She was worried that data could be shared across so many organisations.

RESOLVED – that, the oral update be received.

13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

The Chairman updated the Committee on his attendance of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC).

The Chairman reported that INEL JHOSC had presentations regarding waiting lists for non-urgent care. The waiting lists are over-subscribed, and some have waiting lists to get on the waiting list. The Chairman felt that INEL JHOSC should write a letter to Barts Health stating that this was unacceptable. Members were in agreement with the Chairman and asked that the Chairman write on behalf of this Committee to express this view.

The Chairman also referred to a report INEL JHOSC had received regarding, among other items, the transfer of holdings from AT Medics to Operose Health Ltd. The Chairman said that there were, apparently, no provisions in standard NHS contracts allowing for termination of the contract on change of control of the company. The Chairman added that it was unclear whether such a provision would be permissible or not. The Chairman felt that INEL JHOSC should contact all relevant local MPs, and those in other areas of London, to seek to change the law in relation to this. A Member said that the Committee should also contact Healthwatch. It was agreed that a letter from the Health and Social Care Scrutiny Committee to MPs would be drafted on the matter.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no other business.

The meeting ended at 12.54 pm

Chairman

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Committee	Dated:
Health and Social Care Scrutiny Committee	
Subject: Healthwatch City of London Annual report	Public 10 November 2021
Report of: Diretor of Community and Children's Services	For Information
Report author: Sarah Greenwood	

Summary

This reports gives an overview of Healthwatch City of London's Annual report including its achievements in 2020-21 during the start of the pandemic, financial standing, staffing and priorities for the forthcoming year. The annual report is submitted to Healthwatch England in June each year as part of its statutory duty.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.
2. A Healthwatch service for the City of London has been funded by the City of London Corporation since 2013. The current contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCoL). HWCoL was entered on the Charities Commission register of charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.
3. HWCoL's vision is for a Health and Social Care system truly responsive to the needs of the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

Current Position

4. HWCoL is represented on the Health and Wellbeing Board and submits an annual report to HWE at the end June each year reporting on achievements, priorities, finances and future priorities.
5. The annual report for 2020 – 21 includes highlights from the year including engaging with service users, responding to the pandemic with support to city residents with comprehensive advice and information and recommendations for improvements to health and social care service.
6. The report also covers four key themes: dentistry, podiatry, St Leonards' hospital redevelopment and GP access and the work HWCoL have done in these areas. It also outlines the grants HWCoL have received to lead on several projects including the COVID-19 Information and neighbourhood conversations and forums projects.
7. The report concludes with information on staffing, finances and its priorities for the forthcoming year, which have been expanded upon further in the recent business plan.

Sarah Greenwood

Commissioning Manager

Department of Community and Children's Services.

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Appendices:

Healthwatch City of London Annual report 2020-21

Global pandemic. Local Focus.

Working for you

Healthwatch City of London Annual Report 2020-21



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Message from our Chair



I am extremely proud of what we at Healthwatch City of London have achieved over the past, highly unusual, year.

You will recall in our last annual report we had just set up as a Healthwatch run for and by the people who make up the City of London, be they residents, people who work here or those studying here. We now have more Board members, more staff and more volunteers working tirelessly to improve services and influence change and decision making in Health and Social Care provision. Working for you to make a difference.

Over the past year the landscape of health and social services has changed here in the City. The City and Hackney Clinical Commissioning Group (CCG) has now merged with the six other North East London CCGs – Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge – becoming a single organisation called North East London CCG (NELCCG). The health and social care system in the City of London will be managed by the Integrated Care Partnership Board (ICP) on behalf of the new CCG. We continue to work closely with the NELCCG and the ICP to make sure that your voice counts, and that City people's views are taken into account.

Getting all of the latest information to you on the pandemic has been our main priority this year: we increased our communications to a weekly bulletin, ensured the latest updates were published on our dedicated COVID information pages on our website, and daily social media posts were in place. Our communication however has been two way: we've held events for our carer's community, mental health and wellbeing groups and drop-in sessions for anyone to join to ask questions.

Aside from COVID, we are working on several projects that impact on us here in the City: supporting public engagement in the redevelopment of St Leonard's hospital, exploring audiology provision post COVID, reviewing Patient Advice and Liaison Service (PALS) advice across local NHS trusts and assessing pharmacy provision during COVID to name a few. We've had recent successes working with the Neaman Practice improving patient experience, and the resumption of the locally provided podiatry clinic.

We continue to work with partner organisations to influence and shape what matters to you. In these unusual times, it is imperative that all your voices are heard. How health and social care are delivered to us is changing, and at speed, our commitment to you is that we'll make sure you are consulted with and heard.

Finally, I would like to extend my thanks to the Board, our staff and volunteers, who have delivered on our vision 'For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London'.

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in the City of London: we’re here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing health and social care environment and restrictions limiting people’s access to health and social care services.

Our goals



1 City Focussed

Relentlessly championing the voice of the user and would-be user in the health and social care system, ensuring that we give an opportunity for all voices from our diverse populations to be heard.



2 Connected

Help our populations to access high quality information about how their health and social care is delivered



3 Networked

Recognise that the unique position of the City requires collaboration with other organisations, working with partners openly, constructively, and inclusively to support our shared purpose of improving health and social care services.



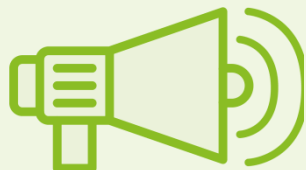
“Our focus is on scrutinising Health and Social care services as they return to normal. We will be concentrating our efforts on making sure that you are able to access these services when you want to, and that face-to-face appointments are available alongside digital appointments, ensuring that all members of the community have equal access.”

Gail Beer, Chair City of London Healthwatch

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

502 people

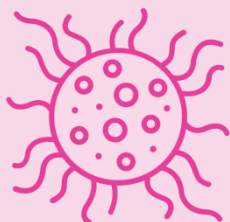
this year about their experiences of health and social care in our focus groups, drop in sessions, surveys and attendance at Public Board Meetings.

We provided advice and information to

284 people

this year.

Responding to the pandemic



We reached **1846 people** via our newsletters and bulletins

Provided **152 people** with advice and information

20 people attended our COVID vaccination webinar

9414 people visited our dedicated COVID website pages

670 people viewed our social media posts

Making a difference to care



We published

3 reports

about the improvements people would like to see to health and social care services.

From these, we made

7 recommendations for improvement.

Health and care that works for you



10 volunteers

helped us to carry out our work. In total, they contributed 426 hours of voluntary work.

We employ 4 staff

Our four members of staff work part time and equate to 1.8% full time equivalent, which is an 0.4% increase from the previous year.

We received

£66,722.04 in funding

from our local authority in 2020-21.



Theme one: Access to Dentistry

(May – June 2020)

Dental practices not identified as part of the urgent care dental system were told by the Chief Dental Officer and relevant professional bodies to cease face-to-face contact with patients from 25 March 2020. Afterwards, there was little information about what dental services were being provided by NHS and private dentists, as well as hospital dental departments, causing distress for those in need.

In May 2020, Stuart MacKenzie, a Board Associate, tried to get a better understanding of the situation by contacting 23 dental service providers, mainly in the City of London and Hackney areas. In-depth discussions took place with 15 of them, providing useful feedback and highlighting concerns, such as communication issues.

Stuart conducted follow-up research on 9 June, the day after the Chief Dental Officer asked all dental practices to open again, provided they had adequate Personal Protection Equipment and Infection Protection and Control measures in place. Responses from a representative sample of NHS, private and mixed practices revealed no practices were open for routine appointments and treatment but were doing their best to help patients in pain and/or needing urgent care.

Healthwatch City of London believes these published reports were useful in getting information on local dental services where there had been none. The full report is available on our website <https://www.healthwatchcityoflondon.org.uk/media/2020-06-16/update-services-offered-dentists-carried-out-9th-june>



Theme two: Podiatry/Foot Health Service Provision

During the pandemic, getting podiatry and foot health appointments, especially nail cutting, at the Neaman practice and St Leonard's Hospital, has been very difficult, even for those already referred and registered. Services had been delivered at these locations on a regular basis for many years by Homerton University Hospital but were drastically reduced from March 2020.

Problems worsened early this year, which were not just due to staff shortages. Healthwatch City of London (HWCOL) contacted administrators at Homerton and St Leonard's, who commissioned and managed podiatry, including the appointments booking process. It seems there had been an 'unidentified system issue', and that the eligibility criteria for treatment had changed. As so few people turned up for appointments at the Neaman, it was wrongly assumed the service was not needed, and nearly withdrawn!

Our General Manager and a Board Associate felt this was an unacceptable situation, so have worked hard to ensure the necessary changes are made. The local service at the Neaman practice has recently started again with appointments on a six-weekly basis. HWCOL is still questioning the latest criteria, and if previous patients, currently excluded, might be reinstated. Also, the Neaman is talking to the Hoxton Health charity about offering a regular low-cost nail cutting service at the practice.



Theme three: St Leonard's Hospital redevelopment

Healthwatch City of London is working with Healthwatch Hackney to ensure that City and Hackney residents are fully involved in shaping plans for the redevelopment of St Leonard's Hospital. Working with Healthwatch Hackney we have put together a public engagement programme that is designed to give residents the opportunity to have their say in creating a new community hospital that will meet the needs of local people well into the future.

We plan to hold an initial public meeting in July 2021, at which local people will be able to hear a presentation on the redevelopment process, ask questions and express their views on the future of the hospital. The current intention is that the meeting will be followed by a survey of City and Hackney residents and a series of focus groups following which the two Healthwatches will draw together the views expressed by local people and integrate them into a People's Plan for the future of St Leonard's Hospital.

We and our colleagues at Healthwatch Hackney are determined to do all we can to ensure that residents have a proper opportunity to express their aspirations for the services and facilities that should be provided at a redeveloped St Leonard's.



Theme four: Accessing your local GP

We have been working very closely with the Neaman Practice this year following some of the concerns you have raised with us. These issues included access to services, especially the podiatry clinic; the availability of appointments and the process by which these are booked; the telephone system and lack of information on the advertising and involvement in the Patient Participation Group.

We are really encouraged by the progress that is being made by the Practice. It is clear the matters we raised with them have been taken extremely seriously. All the issues raised are being responded to and have an appropriate action plan in place for resolution. The telephone system does still remain an issue, but the Practice is working with their supplier to reach a satisfactory solution.

The Patient Participation Group is now attended by the Neaman Practice Management, Dr Chor and Dr Ugwu (two of the GPs working at the Practice) and Members of our Board. We also hold a regular meeting between us and the Practice to monitor and review any issues. We continue to support the Practice to ensure that this progress is continued.

Working in Partnership

The first step to change is speaking up about your experiences of health and social care services. We work in partnership with local Health and Social care providers to ensure that your voice is heard.

It is imperative that the City has a voice at the heart of decision making, and we ensure that speak up for what the City needs. During 2020-21 we represented you on the following boards and committees, and also attend meetings on your behalf:

City and Hackney Integrated Commissioning Board

This board is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration.

(The former) City and Hackney CCG Governing Body

This body aimed to govern effectively by building local public and stakeholder confidence that their health and healthcare is in safe hands

Neaman Practice Patient Participation Group

The group discuss the services delivered by the Practice, and how improvements can be made for the benefit of patients.

North East London CCG Governing Body in Common Meeting

This body was established by all seven NEL CCGs – City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge – to discuss common issues and, in a limited number of areas, take decisions on services that are commissioned across NEL.

City of London Health and Wellbeing Board

This board aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework through improving the integration of services - positively influencing the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.

City and Hackney Patient and Public Involvement Committee

The committee gains the views and voices of patients and the public during the clinical commissioning cycle.

Health and Social Care Scrutiny Committee

This committee fulfils the City's health and social care scrutiny role in proactively seeking information about the performance of local health and care services and institutions, challenging the information provided to it by commissioners and providers of services for the health service and testing this information by drawing on different sources of intelligence.

Integrated Care Communications and Engagement Enabler Group

This group supports and facilitates effective engagement with key stakeholders in the development of the Integrated Care System (ICS) in the City of London and Hackney.

City of London Adult Safeguarding Sub-Committee

This committee oversees the discharge of the City of London's responsibilities for safeguarding those adults who have been identified as requiring support and protection.

Healthwatch in London Network Meeting

This network aims to share updates on issues from across London, enable project working on areas that affect people across boroughs and the sharing of best practice.

Neaman Practice Quarterly Meeting


The group discuss any issues raised via Healthwatch City of London regarding delivery of services by the Practice, and how improvements can be made for the benefit of patients.



Want to get involved?

If you'd like to represent HWCoL at these meetings, and are interested in volunteering, please get in touch at info@healthwatchcityoflondon.org.uk.

You can read more about our volunteer opportunities here <https://www.healthwatchcityoflondon.org.uk/volunteer>

 **We are here to make sure that those managing and delivering services put people at the heart of care and this, more than ever, is vitally important during times of uncertainty.**

Gail Beer, Chair Healthwatch City of London

Reaching out

We use a wide range of approaches to ensure that as many of you as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, setting up listening forums for unpaid city carers and for people experiencing mental health issues.

This year we have produced 12 newsletters and 40 bulletins, including a Christmas Services special. We've increased our presence on social media and set up dedicated Covid 19 information pages on our website.

We have held 7 Listening to City Carers events, 5 Board Meetings in Public, including our AGM, 2 Mental Health Forums, a Vaccination Programme Update webinar and a Covid 19 Drop In Session.

Feedback

“Thank you again very informative and very helpful.”

Matthew, attendee at the Vaccination event

“it is the first time anyone has ever asked for my views about the NHS (and I am 70!).”

Michael, Primary Care Network Focus Group Participant

“A colleague of mine has just forwarded your newsletter which I found a very good read with really useful information.”

Annie Roy, Project Manager Integration, Department of Community & Children's Services, City of London Corporation

“Healthwatch City of London, is one of the focal points in getting our voices heard. The Listening to Carers event, does exactly that. Success this year from Healthwatch in my view, are monthly sessions which are open and honest, each person is valued and has an equal voice and feels comfortable enough to say how it is for them. Healthwatch have enabled vaccinations to be delivered to housebound carers, feedback on the challenges of GP appointments and facilitated the delivery of temperature controlled medicines where the City's road system hindered medicines to be delivered directly. All of these conversations have those of us that care in mind.”

Shirley, Founder, City Carers Connections





Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped 12,102 people by:

- Providing up to date advice on the COVID-19 response locally.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out.
- Supporting the community volunteer response.
- Publishing weekly newsletters and creating dedicated pages on our website.

Top four areas that people have contacted us about:



3.5% on GP services



10% on Dentistry



34.5% on General Enquiries



52% on Vaccines

Providing information



In the pandemic, we heard from 152 people about the lack of clear information and often inaccurate information. Our role became much more focused on providing people with clear, consistent and concise advice and information articles on our website to help address people’s concerns.

The key questions people were asking included:

- Where can I get my vaccination?
- When will I get my vaccination?
- How can I find an NHS dentist?



Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don’t struggle alone. Healthwatch is here for you.



www.healthwatchcityoflondon.org.uk

0203745 9563

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Grants and Projects

Healthwatch City of London have received grants to undertake work on several projects, the outcomes of which will inform service providers on the requirements of our community.



Shoreditch Park and City: Primary Care Network Engagement

Healthwatch City of London and Healthwatch Hackney partnered on patient engagement via an online survey (with telephone support) and follow up focus groups.

The project will identify the services patients would like to see available in their GP Practices, the wider determinants to healthy living, priorities of patients and understanding impact of Covid and key health challenges for patients.

The COVID-19 Information Grants programme

To support Public Health and the national test and trace system to ensure as many communities as possible can engage with the process and the vaccination programme.

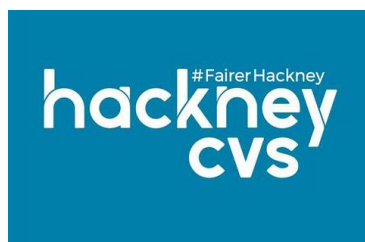
Healthwatch City of London are a contact point for residents to raise questions or concerns about the vaccination programme or the test and trace system, to provide up to date information on the vaccination programme, to ensure that messages around the ongoing coronavirus pandemic are reaching all of the City of London communities and to provide feedback and community insight to Public Health.



Neighbourhood Conversations and Forums: City Outreach Project

Neighbourhood Conversations & Forums are part of wider change underway to improve the health of local people through strengthened systems of local collaboration between NHS, the City Corporation and the Voluntary, Community and Social Enterprise (VCSE) sector.

The project aims to undertake research across the City of London voluntary organisations, Health and Social Care providers and make recommendations for their involvement in the developing Neighbourhood structures.



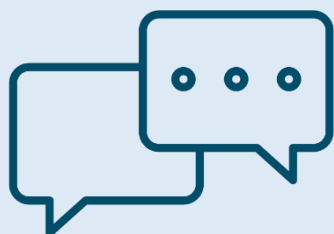
Impact of Covid 19 on people living with disabilities in North East London

North East London Clinical Commissioning Group have funded the eight Healthwatches covering North East London to identify the impact of COVID 19 on people living with disabilities, including physical, sensory and communities with special educational needs (SEND) communities. So far a survey (with support to aid people to complete) has been carried out and is being analysed. The next stage of the project are in depth focus groups. The project is due to be completed by Sept 2021.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch City of London is here for you.



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Our Board

Our Board is made up of volunteers who bring a wide range of experience and expertise to guide the organisation

Gail Beer – Chair

Gail has over 40 years' experience in healthcare.

A Bart's trained nurse, her association with the City goes back a long way.

After working extensively in London Hospitals, including the Royal London, Gail moved into management, becoming an executive director on the board of Barts and the London. Leaving Barts, Gail worked as an independent consultant before moving into 2020health, a Westminster-based think tank. She has returned to the NHS and is currently at Guy's and St Thomas' as a director working on special projects.

As a long term City resident, she feels strongly that the voice of local residents and workers must be heard and that holding health and social care providers to account is an essential part of the Healthwatch role.





Steve Stevenson, Trustee

Steve has been a City resident since 1988. He was a member of the City of London's Common Council from 1994 to 2009, serving on the community services committee covering housing, social services and health. Steve has considerable experience of patient engagement and involvement first as a member of the Community Health Council and then at Links. He has been a member of the City of London's health and social care scrutiny committee since 2012. Steve was the sole carer for his wife who had Alzheimer's from 2000 to 2014. Steve joined the board in October 2014.

Lynn Strother, Trustee

Lynn managed the first Healthwatch City of London contract and offers a wealth of knowledge and understanding of Healthwatch. She also has experience and knowledge of the NHS, Social Services and Older Peoples Charities, having worked in these sectors for several years. Lynn has been part of the London Ambulance Service Patients Forum for many years and is a member of the Executive Committee and on the End-of-Life Care Steering Group. She is also a member of the Patient Involvement Collaborative at Kingston Hospital.



Malcom Waters, Trustee

Malcolm retired in 2019 after 41 years in practice at the Chancery Bar in London. He was appointed a QC in 1997. In his professional life, he specialised in retail financial services and mutual institutions, taking a particular interest in the law relating to unfair contract terms and the various ways in which consumers can obtain redress if they have been treated unfairly by financial institutions. He has a flat in the Barbican and joined the Board in 2019.

Sean Lee, Trustee

Sean Lee has lived in the City since 2012. Sean is a qualified accountant who trained in London. His professional experience is in accounting and finance, project management, internal audit, and external audit, encompassing the UK, Singapore, Malaysia, Hong Kong and China, across various industries and commerce. He lives on the Middlesex Street Estate where he is a member of the Middlesex Street Residents Association and the Petticoat Square Leaseholders' Association. Sean became a Trustee at Healthwatch City of London in February 2021.



Board Associates



Cynthia White, Board Associate

Cynthia joined Healthwatch City of London as an Associate Board Member in January 2019. She chairs the City & Hackney Older People’s Reference Group, sits on the City of London Adult Safeguarding Sub-Committee, and represents the Neaman Practice on the CCG's Patient and Public Involvement Committee. Cynthia is a Barbican resident who is well known across the City for her voluntary work, dedication, and commitment in the improvement of Health and Social Care provision in the City.



Janet Porter, Board Associate

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs the editorial board of the shipping publication Lloyd’s List, as well as continuing to write about the maritime industry. Janet was born in London and has an economics degree from London University. As a resident of the City of London, she is keen to ensure that health and social care services in the Square Mile are world class and meet the needs of the local community. Janet is an authorised Enter and View representative.



Stuart Mackenzie, Board Associate

Stuart is retired, and a Barbican resident since 2005. He held principal consultant and senior European marketing roles in leading UK and US management, high technology, and product design consultancies. He is interested in improving the user/service provider interface and the quality of communications in the NHS and social care. Stuart is an authorised Enter and View representative.

Our Staff

Paul Coles, General Manager

Paul has over 30 years management experience in the Voluntary sector. Paul previously worked as Chief Executive at Age UK Maidstone for 12 years. His volunteering roles include Chair of Fusion Maidstone, a Healthy living centre where he was the Chair for five years, Treasurer at Hearing Concern for six years and Board Member for Black Roof Housing for four years, and is currently a Parish Councillor for Chartham, Kent since 2015.

Rachel Cleave, Engagement and Communications Coordinator

Rachel has over 20 years' experience in Communications. Her experience spans a range of areas, including event management, internal communications, website management, production and design of publications, budget control and project management. She has worked in the public and private sector. Rachel is a Governor at her local Primary School, and the Secretary of the Parents Association

Teri Anderson, Communications Assistant

Teri has previously worked in voluntary roles in Communications and Marketing for various charities including Healthwatch Central West London. Her role involves assisting with the distribution of e-newsletters and e-bulletins as well as managing the social media channels. She performs general administration duties which includes conducting research, producing databases, supporting meetings and recording experiences that the public have had with the NHS and health and social care.

Salma Khatun, Administrative Assistant

Salma has 12 years of volunteering and facilitating experience alongside 8 years of journalism experience. Her time outside of work is utilised in doing charity work for different organisations both locally and internationally. Her role here is to provide secretariat support to the Board, administrative support to the Engagement and Communications Co-ordinator in the management of volunteers and administration of projects.





Volunteers

At Healthwatch City of London we are supported by 10 volunteers to help us find out what people think is working, and what improvements people would like to make to services. Our Board is also made up entirely of volunteers.

This year our volunteers:

- Carried out mystery shops into the provision of dental services during the COVID pandemic and the availability of the vaccination across the City.
- Devised online surveys to help us obtain the views of our community on a number of issues including provision of services through the pandemic, access to GP surgeries and experiences of using NHS111.
- Attended meetings and produced reports on local issues including the establishment of the Shoreditch Park and City Neighbourhood.
- Drove the agenda for Healthwatch City of London



Student volunteer - Marlize

"During lockdown I wanted something to fill my extra free time. I contacted Healthwatch City of London to volunteer. I undertook a project on the Shoreditch Park and City Primary Care Network. I analysed the data resulting from the survey and subsequent focus groups. I produced a report which has been presented back to the PCN and will be published soon"

Board Associate – Stuart

"I have been on the Healthwatch Board for three years now. When the pandemic hit it came to light that dentistry provision across the City was severely affected. I carried out an extensive telephone survey to understand the services available to residents and the procedures in place to ensure their safety."



Current volunteer projects

City Outreach Project

Neighbourhood Conversations & Forums are part of wider change underway to improve the health of local people through strengthened systems of local collaboration between NHS, the City Corporation and the VCSE sector. The project aims to undertake research across the City of London voluntary organisations, Health and Social Care providers and make recommendations for their involvement in the developing Neighbourhood structures.

Disability awareness in the City

This project will ascertain the numbers of the disabled population of the City of London, and their disabilities. This includes physical, sensory and SEND disabilities. Research will also identify the charities who provide support to the population.

Once this research has been carried out we will run a focus group to understand the needs of the population, the issues they face, how digitalisation of services are affecting them, and if they feel isolated. Also to understand if they feel engaged in consultations in such projects as Neighbourhoods, PCN resilience programme, Health and social care provision changes during COVID.

Audiology provision

Research is being carried out to understand the provision and availability of hearing aids, hearing aid batteries and service across the City. Understand the audiology services available in the City and the current service provision post COVID.

Sexual Health and Family planning

A team of three volunteers is researching the provision of sexual health and family planning services and education across the City. The project is being undertaken in three phases, the first to understand the services currently available, the second to identify gaps in the provision of the services and the third to produce an awareness campaign.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at info@healthwatchcityoflondon.org.uk.



www.healthwatchcityoflondon.org.uk



020 3745 9563



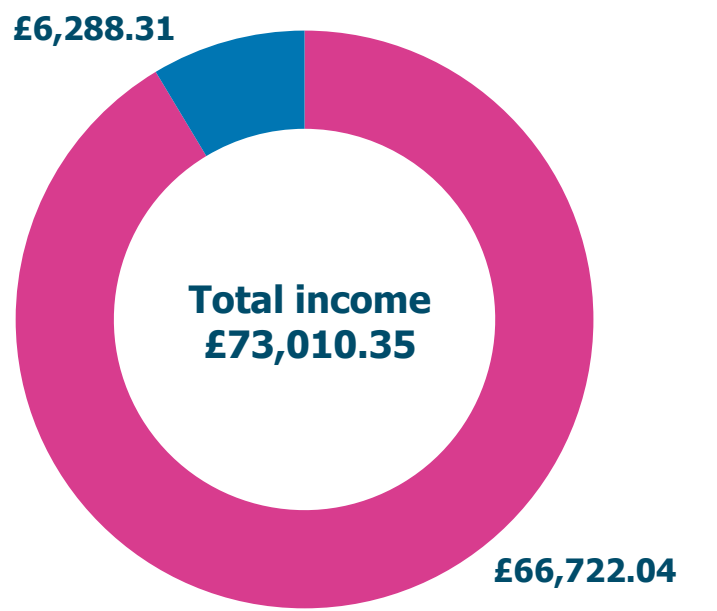
info@healthwatchcityoflondon.org.uk

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

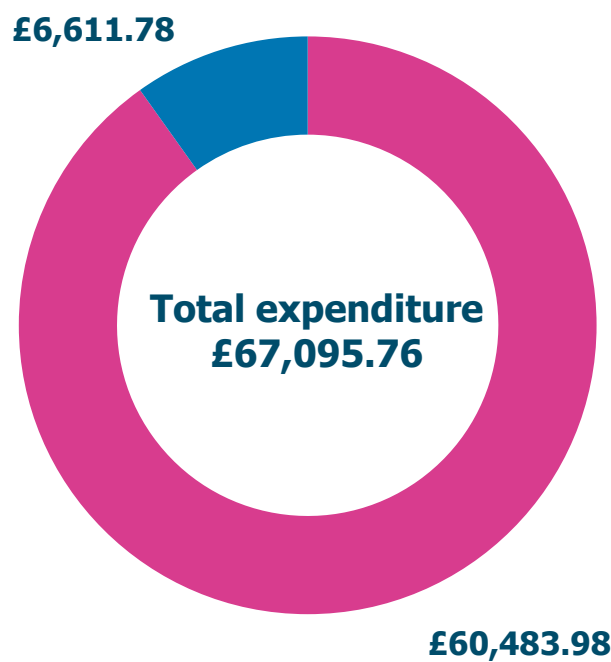
Income

- Funding received from the City of London Corporation
- Other income



Expenditure

- Staff costs
- Operational costs



Next steps

Top seven priorities for 2021-22

- Reflect the diversity of the population of the City of London to ensure that every voice is heard.
- Encourage our GP services to deliver good care in their practices, the services they commission and those commissioned by their primary care network.
- Campaign for the 'new normal' in health services to be responsive to the requirements of residents, students, and workers.
- Ensure City residents' needs remain at the heart of the new Shoreditch Park and City Neighbourhood.
- Scrutinise the development of a single North East London CCG (NEL CCG) for primary care.
- Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents.
- Act as a critical friend to the City of London and participate in any decision-making on health and social care issues.

Achieving these priorities

- Plan engagement activity, including drop-in surgeries, in locations that cover the geography of the City
- We will be a critical friend to the Neaman Practice and the Goodman's Fields Health Centre, supporting City residents by working to ensure that both practices meet residents' expectations. We will develop our plans around our commitment to equality and diversity and to meeting the needs of seldom heard communities
- We will analyse waiting times for Diagnostics, Elective and Urgent care, and Out-Patient Appointments on behalf of City residents, raising these with City and Hackney Integrated Care Partnership Board and seeking assurance that actions are being taken to reduce them.
- During 2021 HWCOL will work with the City of London to organise and deliver a conference for City residents on the City and Hackney Integrated Care Board Neighbourhoods model
- We will participate in engagement opportunities as the NEL CCG develops, scrutinising the emerging governance structure and championing the needs of City residents
- Co-produce a People's Plan for the St Leonard's redevelopment that meets the aspirations of City residents.
- HWCOL will scrutinise delivery of City of London Corporation care services



"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."



Statutory statements

About us

Healthwatch City of London uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work - Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 11 times and made decisions on matters such as our communications strategy, our budget, objectives as an organisation and the values by which we deliver our service and our business plan.

We ensure wider public involvement in deciding our work priorities.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch City of London is represented on the City of London Health and Wellbeing Board by Gail Beer, Chair. During 2020/21 our representative has effectively carried out this role by providing written update reports on our activities, attending all meetings and feeding back to the Board.



Healthwatch City of London
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 @HealthwatchCoL

 [Facebook.com/CoLHealthwatch](https://www.facebook.com/CoLHealthwatch)

<p>Committee(s):</p> <p>The following stakeholder forums and committees have received this proposal and have been invited to comment their views, feedback will be incorporated prior to the proposed public consultation.</p> <p>In addition a visit has been conducted by Healthwatch Hackney to East Ham Care Centre including Cazaubon ward.</p> <p>Dementia Alliance Board and feedback</p> <p>Older Persons Reference Group to consider and feedback</p> <p>People and Place Group to consider and feedback</p> <p>Health in Hackney (Scrutiny)</p> <p>TNW Delivery Group and Area Committee</p> <p>Integrated Care Partnership Board</p> <p>Tower Hamlets Health (Scrutiny)</p> <p>Neighbourhood Health and Care Board</p> <p>City of London Health (Scrutiny)</p>	<p>Dated:</p> <p>3rd September 2021</p> <p>8th September 2021</p> <p>22nd September 2021</p> <p>6th October 2021</p> <p>11th October 2021</p> <p>14th October 2021</p> <p>14th October 2021</p> <p>26th October 2021</p> <p>26th October 2021</p> <p>10th November 2021</p>
<p>Subject: A proposal to permanently locate the inpatient dementia assessment services at East Ham Care Centre</p>	<p>Public</p>
<p>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</p>	<p>1 and 2</p>
<p>Does this proposal require extra revenue and/or capital spending?</p>	<p>Y</p>
<p>If so, how much?</p>	<p>Circa £850,000</p>
<p>What is the source of Funding?</p>	<p>ELFT internal funding</p>
<p>Has this Funding Source been agreed with the Chamberlain's Department?</p>	<p>N/A</p>
<p>Report of: Eugene Jones, Director Service Transformation, East London NHS Foundation Trust</p> <p>Report author: Eugene Jones, Director Service Transformation, East London NHS Foundation Trust</p>	<p>For Information</p>

Summary

The move of Columbia ward from Mile End Hospital in August 2020 to Cazaubon ward at East Ham Care Centre has created significant opportunities to improve the care for people with Dementia. We now have a critical mass of expertise, resources and support for dementia care and the frail elderly in one location. We have also been able to provide the ongoing provision for those who are clinically extremely vulnerable within the safe 'green zone' covid free area at Mile End Hospital.

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

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

We intend to engage and consult with stakeholders initially throughout October and November 2021 on our plans to permanently move the Dementia inpatient admission services to East Ham Care Centre.

We are developing our case for change describing the proposed model and a draft communications plan (See Appendix 1) in support of this. We intend to begin a public consultation in early December 2021, we will also conduct an Equality Impact Assessment at this time as part of the case for change and invite feedback upon this.

Recommendation(s)

The City of London Health and Social Care Committee, is asked:

To CONSIDER and provide feedback on our plans, proposed approach and the 3 questions that are intended to be used in the public consultation.

Main Report

1. Background

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

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

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

There were further environmental issues such as

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

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

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

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

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

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

2. Current Position

The move of Columbia ward to East Ham Care Centre in August 2020 has provided the opportunity for more effective clinical adjacencies, achieved through the

colocation of the dementia and frail elderly inpatients on one site.

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

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

3. Options

We intend to begin a public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The 3 questions we are intending to have answered in the public consultation, are contained in our report and are also below, we would welcome feedback on our plans, proposed approach and the questions.

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

Agree fully Agree partly Disagree partly Disagree fully

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

Agree fully Agree partly Disagree partly Disagree fully

3. Do you feel the transport support arrangements are sufficient

Agree fully Agree partly Disagree partly Disagree fully

4. Proposals

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

It will also ensure we deliver integrated care which meets the physical, mental health and social care needs of our diverse communities. The co-location of clinical expertise in one place at East Ham Care Centre creates a bespoke centre of excellence model for the assessment and treatment of dementia. This will enable improved clinical outcomes, patients discharged from hospital safely, with reduced

risk and need for hospital admission care and treatment provided through the continuation of community based care closer to home and outside of institutional settings.

5. Key Data

Comparative data over the last 12 months has identified the following improvements

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

Incidents - have reduced significantly in Cazaubon ward from that of the previous service.

Friends and Family Test – Positive feedback of the experience of Cazuabon ward more so than the previous services with no negative commentary received.

6. Corporate & Strategic Implications

Financial implications **none**

Resource implications **none**

Legal implications **none**

Risk implications **none**

Equalities implications –**We will be conducting an Equality Impact Assessment as part of the public consultation process, to help reviewers understand how these proposals impact- positively or negatively on certain protected groups and to estimate whether such impacts disproportionately affect such groups.**

Climate implications **none**

Security implications **none**

7. Conclusion

This proposal has many advantages over the previous services offered at Mile End Hospital and include the

Fantastic built environment - a ward designed with the care of older persons and frailty in mind.

Improved clinical care - enabling people to recover more quickly and home sooner, the length of stay has reduced already in Cazaubon ward by 16 days.

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

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

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

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

Travel - Our proposal would mean longer journeys for some visitors, although for others, it will mean shorter journey times, we have put in a range of actions to reduce any adverse impact such as

- Community care - Continuing to reduce the need for hospital admissions in the first place, enhancing care in community mental health services.
- Financial support and assistance - support with travel for example, directly book and pay for journeys to and from hospital by taxi for carers and family members
- Information - Provide information about transport options for carers and family
- Technology - Continue to support 'virtual visiting' in addition to face-to-face visits

8. Appendices

Appendix 1 – Case for Change including, frequently asked questions and EHCC imagery

Appendix 2 –Slidedeck summary

Background Papers

Eugene Jones

Director Service Transformation

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E: Eugene.jones2@nhs.net

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

Draft Proposal

October 2021

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- 1. Executive Summary**
- 2. Introduction**
- 3. About the previous service, Columbia Ward**
- 4. About the new service (Cazaubon Ward) East Ham Care Centre**
- 5. Cazaubon ward and Columbia comparative data over the last 12 months**
- 6. Feedback over the last 12 months - Listening to patients, carers and our staff , what people have said**
- 7. Co-production – People experiencing Dementia, their carers and family**
- 8. Financial impact and considerations**
- 9. Our proposal: Continuing to provide effective care within Cazaubon Ward**
- 10. Potential impact of our proposals - advantages/disadvantages**
- 11. Evaluation - Service Monitoring and Governance**
- 12. Engagement & Public Consultation – Process, Feedback and Sharing views**
- 13. Next steps**

14. Appendices

- i. Draft Communication and Engagement Plan**
- ii. Travel Analysis**
- iii. Frequently asked questions**
- iv. Images of East Ham Care Centre and Cazaubon Ward**

DRAFT

1. Executive Summary

Our proposal

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

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

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

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

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

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

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

We intend to begin the public consultation in early December 2021 and for this to be open and available for feedback for a period of 12 weeks after which it will then conclude. The 2 questions we

are intending to have answered in the public consultation, are contained in our report and are also below, we would welcome feedback on our plans, proposed approach and the questions.

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

Agree fully Agree partly Disagree partly Disagree fully

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

Agree fully Agree partly Disagree partly Disagree fully

3. Do you feel the transport support arrangements are sufficient

Agree fully Agree partly Disagree partly Disagree fully

Strategic Objectives this paper supports

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

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

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

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

Patient and Carer Co-production and Public Involvement

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

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

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

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

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

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

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

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

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

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

Clinical/practitioner input and engagement

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

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

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

Communications and engagement plan

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

Equalities implications and impact on priority groups

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

Safeguarding implications

There are no safeguarding issues identified at present.

Impact on / Overlap with Existing Services:

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

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

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

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2. Introduction

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

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

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

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

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

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

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

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

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

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

3. Columbia Ward at Mile End

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

Further environmental issues

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

4. East Ham Care Centre

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

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

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

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

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

Admission Profile

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

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

Admissions to Columbia ward up to its closure in August 2020

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

Admissions to Cazaubon ward from August 2020 to date.

Length of Stay

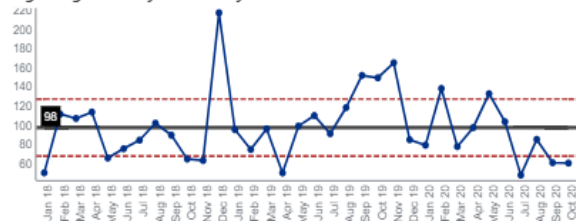
Length of Stay (the number of inpatient days spent in hospital) is an important indicator, linked to service function, efficiency and quality. Optimising the period of care provided in hospital by reducing the length of stay, aims to provide patients with a better care experience by ensuring they are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

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

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

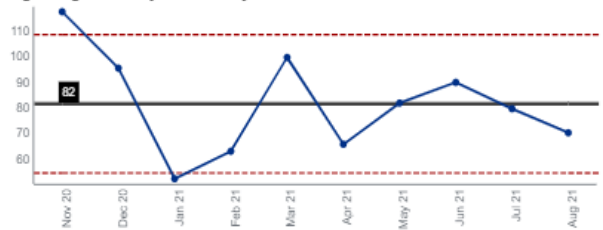
Columbia Ward – Average Length of Stay (No of days) Jan-18 to Oct 2020

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



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

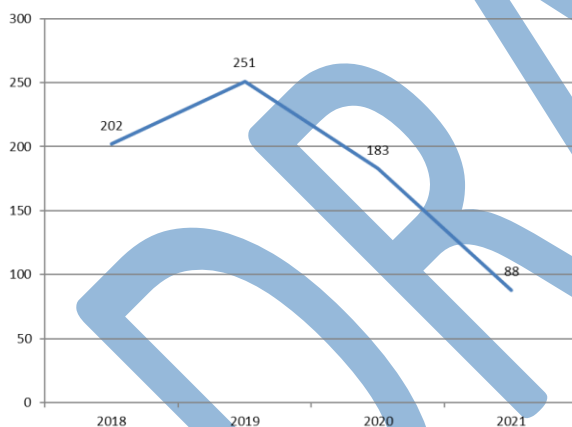
Average length of Stay (No of Days) (C chart)



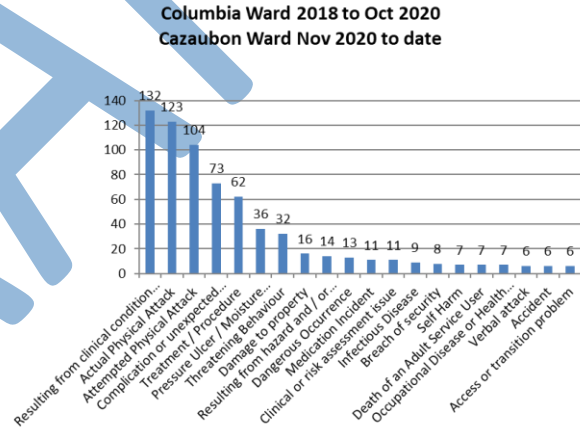
*Cazaubon ward Length of Stay (LOS) – Average LOS has reduced from 98 to 82 days, patients being discharged from hospital returning home or into other community support settings **16 days earlier** on average.*

Incidents from 2018 to date – Columbia and Cazaubon wards

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



Top 20 Themes Incident Categories Number of Incidents
Columbia Ward 2018 to Oct 2020
Cazaubon Ward Nov 2020 to date



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

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

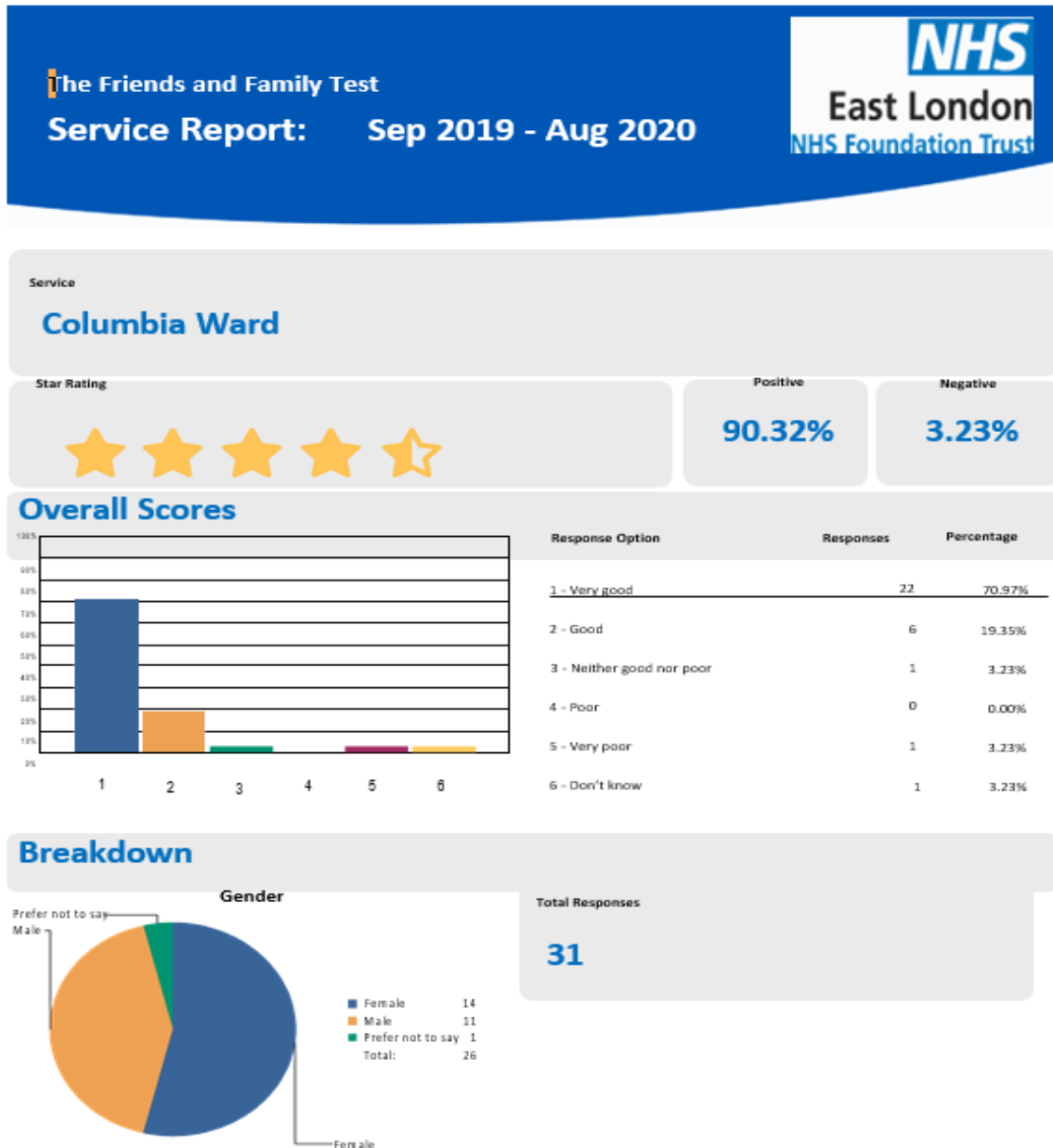
What is the Friends and Family Test (FFT) and comparative data Columbia and Cazaubon wards

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

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

Service users and carers have helped design the questions.

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



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

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

Service

Cazaubon Ward

Star Rating



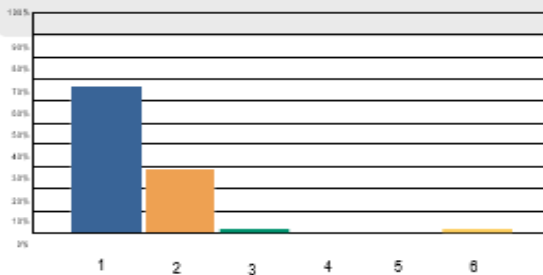
Positive

95.56%

Negative

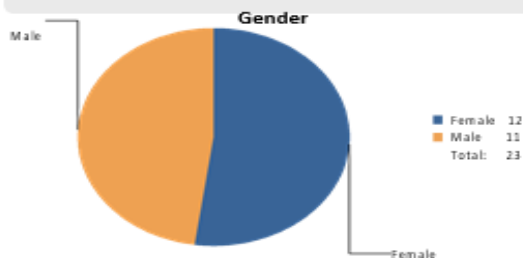
0.00%

Overall Scores



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

Breakdown



Total Responses

45

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

Carers and family

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

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

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

A Carers story

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

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

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

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

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

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

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

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

Our Staff

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

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

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

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

7. Co-production

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

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

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

8. Financial

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

There is however a system benefit in terms of costs

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

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

9. Our proposal

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

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

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

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

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

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

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

10. Potential impact of our proposals

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

Advantages of the permanent location of services at Cazaubon ward

Fantastic built environment

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

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

Improved clinical care delivered co-located in one place

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

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

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

Staffing, Retention and Recruitment

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

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

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

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

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

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

COVID 19 – Green Zone

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

Disadvantages of the permanent location of services at Cazaubon ward

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

Actions in place to reduce impact of disadvantages

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

11. Evaluation - Service Monitoring and Governance

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

In order to understand the impact of the change and mitigate/respond to any unintended consequences we intend to continually review and consider the views of patients and their families, feedback from health and social care partners including adult social care over the coming months. We intend to continue working with partners, local healthwatch's, service users and carers to review this change to evaluate the following measures to understand over time.

- Length of Stay (Trend)
- Staff turnover (monthly – 12 month rolling)
- Staff absence rate (monthly)
- Incidents number and themes (trend)
- Patient experience and Friends & Family responses
- Staff experience
- Travel assistance monitoring/provided
- Reviewing any delays in discharge and identifying causation

12. Stakeholder and Public Consultation – Feedback and Sharing views

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

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

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

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

Agree fully Agree partly Disagree partly Disagree fully

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

Agree fully Agree partly Disagree partly Disagree fully

13. Equalities and Impact

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

14. Next steps

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

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

Appendix 1

Communication and Engagement Plan

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

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

Audience

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

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

Content/Key Messages

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

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

Channels

Online

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

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

Stakeholder bulletins

Council platforms

ICS website

Printed Information

Consultation document

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

Questionnaire – printed version and online

ELFT's quarterly magazine, Trusttalk

City Resident Newsletter

Hackney Gazette – press release and information about how to participate

Hackney Citizen – press release and information about how to participate

East London Advertiser

Tower Hamlets Residents News channels

Newham Recorder

Newham Voices

Face to Face Communication – if COVID appropriate

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

> Hackney Older People's Reference Group

> Tower Hamlets Older People's Reference Group

> Newham Older People's Reference Group

> Age UK

> Mind in Hackney, and Tower Hamlets and Newham

> Connect Hackney

> CVS – Lunch Clubs

> Carers Groups

> Alzheimers Association

> ELFT older peoples patient and carers groups

Public Meeting/Drop-in – if COVID appropriate

Day time as will be dark in the evenings

Central accessible borough locations

ELFT Community Mental Health staff

Encourage conversations with existing patients and carers

Staff to share summary document and questionnaire

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

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Appendix 2

Travel Analysis – Tower Hamlets Residents

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

Travel Analysis - City & Hackney Residents

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

Travel Analysis – Newham Residents

Newham travel to Mile End/ East Ham	Current Travel to Mile End Hospital Driving	Current Travel to Mile End Hospital Public Transport	Future Travel to East Ham C.C Driving	Future Travel to East Ham C.C Public Transport
Stratford & New Town	14 mins	25 mins	12 mins	31 mins
Little Ilford	25 mins	51 mins	11 mins	22 mins
Royal Docks	17mins	45 mins	14 mins	38 mins
Beckton	23 mins	58 mins	15 mins	40 mins
	17 mins	30 mins	11 mins	30 mins
Canning Town North				

**A proposal to permanently locate the inpatient dementia
assessment services at East Ham Care Centre**
Creating a Centre of Excellence
FREQUENTLY ASKED QUESTIONS

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

When and Why did Columbia ward move?

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

What types of patients are admitted to Cazaubon Ward?

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

How long do people stay on the ward?

It varies but on average, around twelve weeks.

How will the ward cater for male and female patients?

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

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

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

What other examples are there of specialist services centrally located?

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

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

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

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

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

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

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

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

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

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

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

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

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

What about parking at East ham Care Centre?

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

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

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

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

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

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

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

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

We are currently gathering transport analysis in terms of usage, we anticipate that because of visiting restrictions in place due to COVID -10 this is likely due to be lower than expected.

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

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

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

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

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

There are no proposals to reduce beds.

Is this proposal saving money?

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

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

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

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

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

What are the next steps?

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

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

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

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

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

How can I get involved?

Involvement from all stakeholders is welcomed.

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

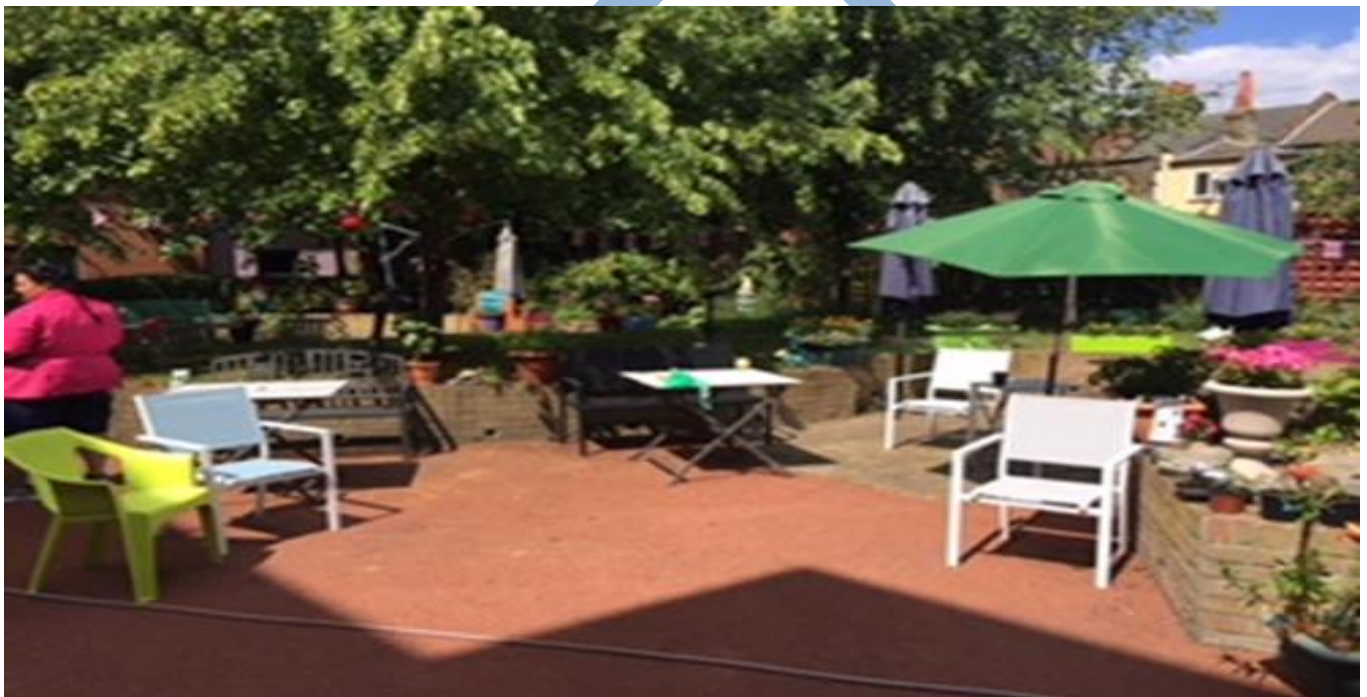
Appendix 4

Images of East Ham Care Centre

Main Entrance



Activity Room and access to outside space East Ham Care Centre



Sensory Room and ward layout East Ham Care Centre



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

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Report for the City of London Health and Social Care Committee, East Ham Care Centre, Cazaubon ward

10th November 2021

Eugene Jones

Director Service Transformation

Purpose of the Report

To provide the City of London Health and Social Care Committee, with a report on

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

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

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

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

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

Our proposal

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

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

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

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

About the previous service - Columbia ward, Mile End hospital

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

Further environmental issues

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

About East Ham Care Centre

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

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

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

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

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

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

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

Columbia and Cazaubon wards comparative admission data

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

The respective admissions profile

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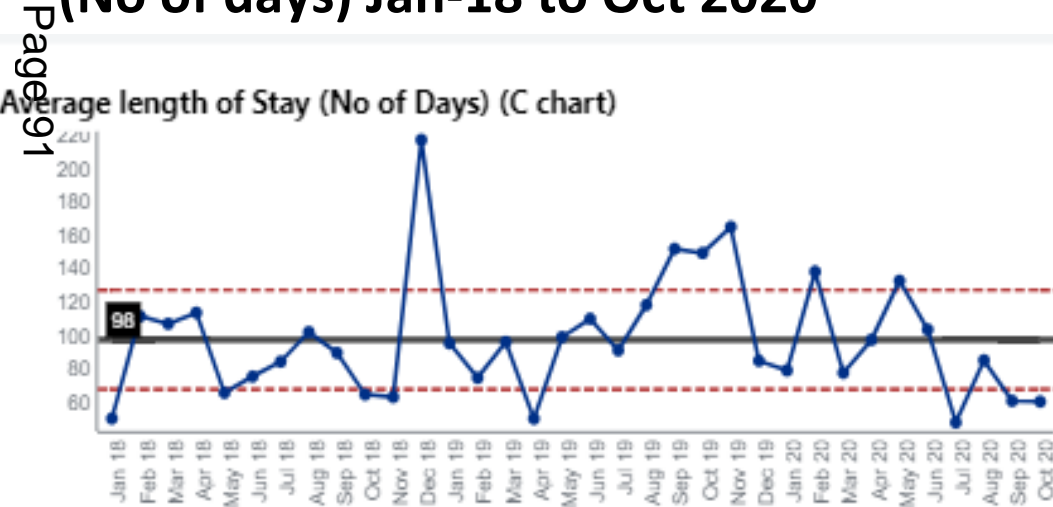
Columbia Ward Admissions	2018	2019	Up to August 2020 closure
CITY AND HACKNEY	20	26	18
NEWHAM	15	16	6
TOWER HAMLETS	19	17	17
Total	54	59	41

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

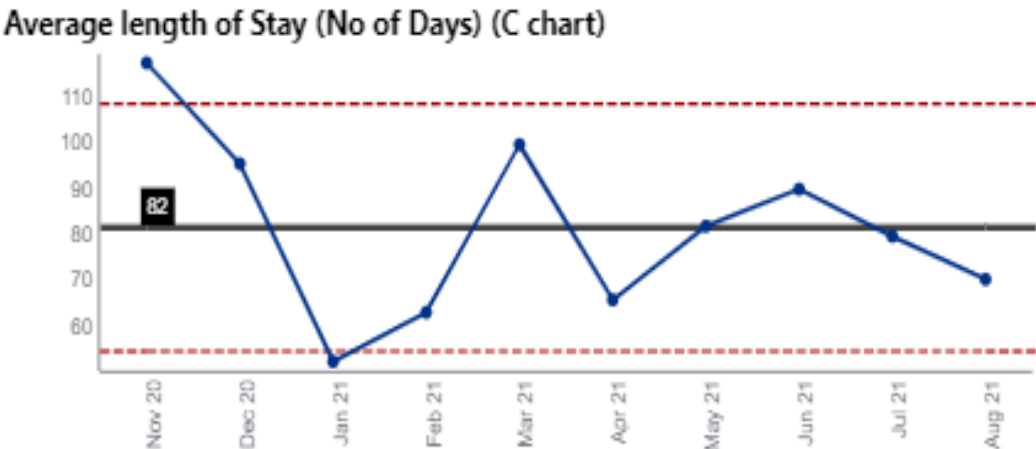
Columbia and Cazaubon Wards – Length of Stay

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

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



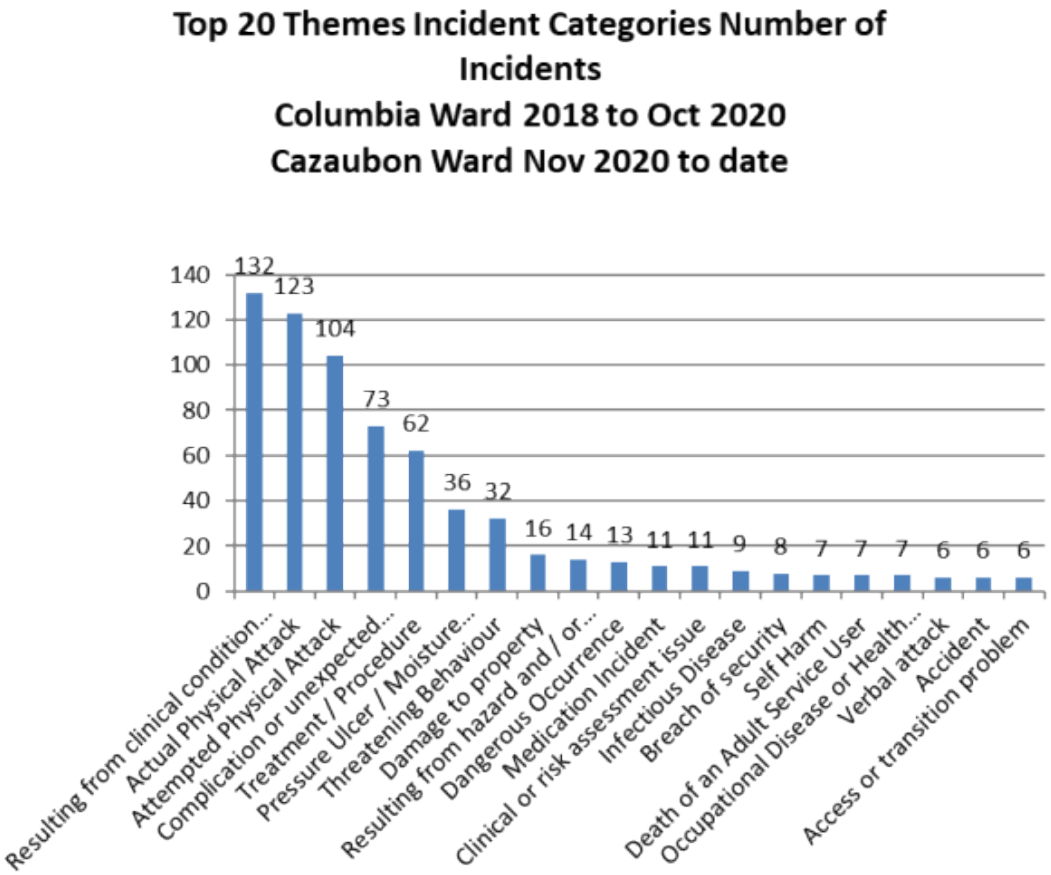
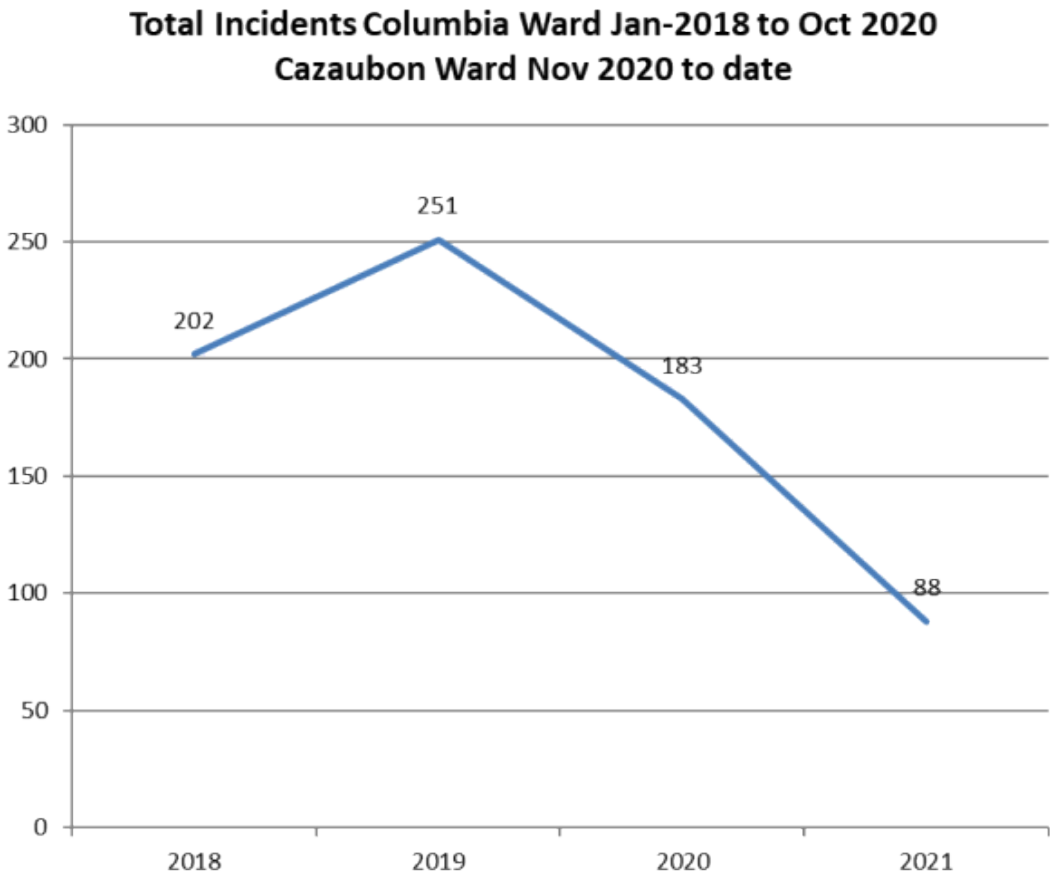
Cazaubon Ward – Average Length of Stay (No of days) from Nov 2020 to Aug 21



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

Columbia and Cazaubon Wards – Incidents and Themes

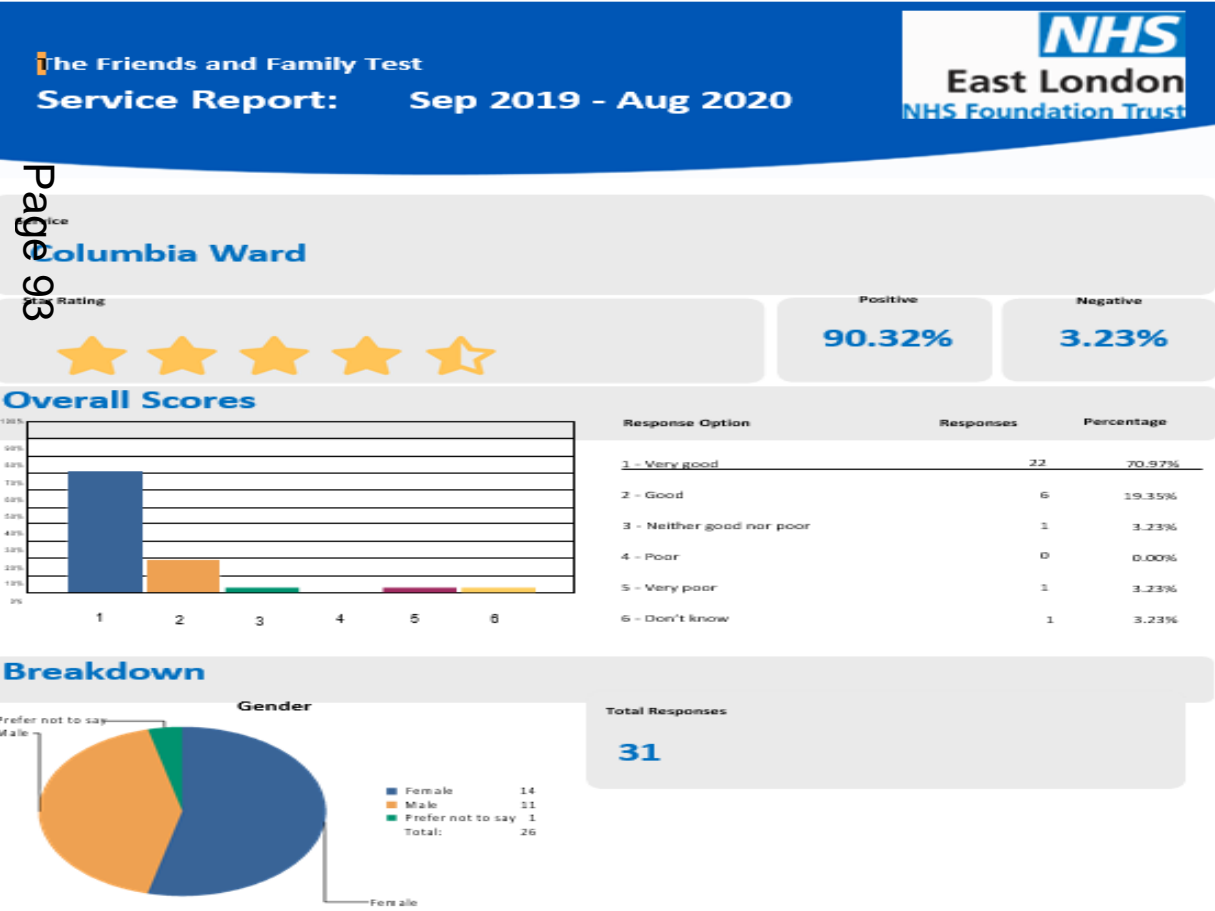
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Cazaubon ward has seen a reduction incidents 2020/21

Friends and Family Test results - Columbia and Cazaubon Wards

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



Travel & Assistance

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

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

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

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

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

Travel Assistance - A carers story

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

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

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

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

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

There is however a system benefit in terms of costs

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

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

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

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

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

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

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

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

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

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

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

Actions in place to reduce impact of disadvantages

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

Stakeholder and Public Engagement - Feedback and Sharing views

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

We intend to begin the public consultation in early December 2021 for a period of 12 weeks. The 3 questions we are intending to have answered in the public consultation, are below, we would welcome feedback on our plans, approach and questions.

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

Agree fully Agree partly Disagree partly Disagree fully

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

Agree fully Agree partly Disagree partly Disagree fully

3. Do you feel the transport support arrangements are sufficient?

Agree fully Agree partly Disagree partly Disagree fully

We would value your feedback and specifically on our plan and proposals and the 3 questions we are proposing for the public consultation

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