

Summary Addendum

Health in Hackney

Thames Ward (Mile End Hospital) consolidation within Sally Sherman ward (East Ham Care Centre)

Consolidating Dementia and Challenging Behaviour Inpatient Wards

Engagement

- **City & Hackney Older Person Reference Group - 17th October**
- **Hackney Governing Body - 20th December (endorsed subject to travel clarification)**
- **Planned Care Core Leadership Group - 19th November (endorsed)**
- **Clinical Effectiveness Committee - 13th November (endorsed)**
- **Mental Health Centres of Excellence Working Group - Newham, Tower Hamlets and City & Hackney CCG (endorsed)**
- **Tower Hamlets Promoting Independence - 3rd December (endorsed)**
- **Individual discussions and visits with family's/carers and patients of Thames Ward regarding move to East Ham.**

Overview and Scrutiny Committees

City - Health & Social Care Committee - 30th October

Summary/Issues

The Corporation of the City of London Health and Social Care Scrutiny Committee endorsed the proposal. **No further action required.**

Tower Hamlets Overview and Scrutiny - 5th November

Summary/Issues

Supportive of the plan, have requested written confirmation of the arrangements for relatives and friends to visit patients at the new ward in East Ham, especially for those who may find the journey longer or more complicated. The revised offer is included in the updated presentation.

Health in Hackney Scrutiny Commission - 4 Nov

Summary/Issues

Bed Capacity and Sufficiency

Bed capacity numbers for the 3 boroughs would be 19 beds (flexed to 23 when needed), Sally Sherman ward currently has capacity for 19 beds, Thames Ward currently has capacity for 18 beds. The capacity within the system in the new design would reduce the bed base by 14 beds from the current 37 capacity to 23 (including flexed beds).

The analysis of 12 months from August 2018 - August 2019 has identified that there was only 1 occasion when more than 19 patients (20) were in hospital across the 2 wards, the flex beds would have provided sufficient capacity, whilst leaving an additional surplus of 3 vacant beds.

Capacity projections were based on the current bed utilisation, for Thames ward this is within the expected demand and capacity requirements and need for both City & Hackney and Tower Hamlets.

Sally Sherman ward projections are skewed by the current usage of Newham residents and the length of stay profile, this is significantly longer than Thames ward. Sally Sherman ward profile of admissions identified admission dates for some residents dating from 2013. This long length of stay was an issue previously within Cedar Lodge where significantly longer lengths of stay were also the norm, this long length of stay was addressed through the cultural shift that the Thames ward move provided.

3 residents in Sally Sherman ward had been admitted from 2013 and one resident since 2015. The average length of stay by contrast in Thames ward is 12 months with no current patients having been admitted earlier than 2018.

The length of stay,(Sally Sherman Length of stay reduced) would be harmonised in the new arrangements and will draw from the good practice examples of the Thames ward culture and ethos to reduce hospital admissions, this would provide a reduction in overall bed utilisation and make available capacity to mitigate the increased demand, forecast and bed projections arising from 2024 to provide sufficient capacity having also regard for the population increase in the three boroughs.

The historic under-utilisation of the wards has allowed a loosening of admission criteria and for the wards to be used for other patients outside this particular clinical cohort and in some cases patients from other CCG areas whose episode of care would be financed by their host CCG.

Environment

Thames Ward provided an improved environment (a stepup from Cedar Lodge), Sally Sherman ward is a further improvement on the current provision within Thames ward, with en suite bedrooms, natural light, dementia friendly, a restaurant on site, with therapy space and private secluded garden and activity areas, an environment using effective colour and design with dementia patients in mind, a feeling of space, clear lines of sight, with provision for privacy and dignity and the benefits that adjacency of other services configured for Older/Frail persons provide on the site.

Transport and Assistance

Transport times are outlined in the report and represent average journey times (routeplanner), some journey will be shorter others longer depending on a number of factors including traffic conditions and peak hours. We appreciate the increased distance moving the services East Ham, family members may themselves be elderly and/or frail and we would wish to reduce the impact of this on families.

In acknowledgment of the longer journey time, compared to Mile End Hospital via public transport (driving distance is negligible difference) this would be addressed through alternative transport arrangements.

The offer of travel assistance will be made available to all City & Hackney and Tower Hamlets residents this will not be means tested and will be offered to all residents from those respective Boroughs to support visits and family connections whilst their loved one is an inpatient within Sally Sherman ward.

Care Closer to Home

It is not possible to provide this scale and type of inpatient care at a place based level, the demand is not present in sufficient numbers for this, for example City & Hackney residents average 4 inpatients at any one time, such small bed numbers make a local unit unviable both from a governance and a value for money perspective.

The drive to provide care closer to home is very much at the heart of this proposal and whilst this cannot be provided in local inpatient units it can be delivered through local and enhanced community services, part of the reinvestment of savings from Thames ward would be to enhance the older persons community pathway. An example of this from previous schemes is the recently launched Enhanced Dementia Service in East London, supported through reinvestment of savings from previous inpatient consolidations, providing greater care in peoples own homes, to obviate where possible the need for inpatient hospital based care or at the very least reduce the duration of an admission.

The voice of Service Users and their Families

Service Users have been engaged in discussions and have had the opportunity to view the new unit at Sally Sherman ward and meet with the staff. The feedback has been very positive from families/carers.