

**Enter and View report:  
Larch ward, mental health inpatient ward  
for older people in Hackney**

**21 April 2015**



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This report should be read with Healthwatch Hackney Tower Hamlets' report on its Enter and View visit to Leadenhall ward at Mile End Hospital.

## Introduction

### Place of visit:

Larch ward, The Lodge  
City and Hackney  
East London Foundation Trust  
2 Crozier Terrace  
Hackney, London E9 6AT

**Visit date:** 17 February 2015, 10am

**Provision type:** adult functional mental health ward for people aged 65 and over.

### Reason for visit

East London Foundation Trust (ELFT) has consulted on proposals to close Larch ward and move beds for older Hackney residents with mental health needs to Mile End Hospital, Tower Hamlets. The consultation ran for 13 weeks from 16 December 2014 to 16 March 2015 and set out three options for the older people's functional mental health service. The trust's preferred option, 'Option 3a & 3b', would result in an initial reduction of 4 beds each for Hackney and Tower Hamlets, leaving a total of 26 beds available at Mile End hospital serving both boroughs, followed by a further reduction to 19 beds overall after six months.

### Vesting team

Christine Compagnoni	authorised representative (HWH)
Terry Stewart	authorised representative (HWH)
Shamsur Choudhury	Tower Hamlets Healthwatch (visit co-ordinator)
Amanda Elliot	Healthwatch Hackney (staff)

The two authorised HWH representatives also joined a HW Tower Hamlets-led Enter & View visit to Leadenhall ward, the proposed destination ward for Hackney patients at Mile End Hospital, on 5 March. Observations and comments from the Leadenhall visit are included at the end of this report for the purpose of comparison.

## Recommendations

1. A fuller assessment should be made of the benefits of basing the combined wards within Larch Lodge. Hackney Enter and View representative who visited both Larch and Leadenhall wards found the former to be more a therapeutic environment and more conducive to recovery
2. People using this service should not lose access to the quality of occupational therapy space and structured activities programme available at Larch lodge under any restructure or relocation.
3. The transport needs of carers of patients who will have to travel further to visit loved ones and relatives as a result of any restructuring/ward relocation should be addressed, including proactive promotion of travel support via leaflet for carers outlining the help available and how to get that help
4. Under any ward/bed relocation, the specific needs of Charedi carers patients who wish to be with relatives on the Sabbath should be met through provision of a room onsite where they can stay overnight to avoid having to travel on the Sabbath

## Main report

### **The Lodge - external approach, access and local area**

Larch ward is situated within The Lodge, an older people's mental health unit which also accommodates Cedar ward, a continuing care ward for older people. Our visit focused on Larch ward. A dementia assessment ward, which was also situated in The Lodge, moved to Mile End Hospital two years ago. The Lodge is a short walk from Homerton Hospital and Homerton High Street. There are good transport links including buses and an over-ground station.

The Healthwatch Enter and View team struggled to find the entrance. A visiting therapist helped us access the site. Better signage would have helped. Inside the grounds, the initial approach through secure gates felt bleak. The Lodge is next to the trust's psychotherapy unit and close to the John Howard Medium Secure Forensic unit. A high, metal security fence separates the two.

The front of The Lodge is more inviting. The building is single story brick and timber built in the early 1980s with a pergola on one side along with a mature wisteria.

### **Entrance hall**

The Lodge entrance hall and function room, where some ward rounds take place, were light, airy, bright and clean. The building does not have an institutional or hospital ward feel. The entrance/layout is similar to a modern school reception. A comments box was situated on the wall inside the entrance doors.

### **Larch ward care environment**

Larch ward itself is clean, bright and airy with a homely atmosphere. The day room, kitchen, administration/reception office, bedroom and therapy rooms are situated off a spacious reception area. The hall has comfortable seating and walls are pleasantly decorated, including a Hope Tree where patients add a leaf carrying a positive message on discharge. Patients were free to move around the day area, hall and bedroom corridors. During our visit there were enough staff to support and supervise.

On arrival, one patient was in conversation with her advocate on a reception area sofa. Four patients were in the day room including a patient with her family who were helping to support her discharge. The day room has comfortable seating, a TV and music system. The day room is separated from the reception area by a long glass window so staff can supervise in a non-invasive way from the hall. There is a pleasant outside garden/terrace area where patients can sit out in good weather and take part in gardening as a part of the ward's therapeutic activities.

Men and women's rooms are on separate corridors at opposite ends of the large reception area. Staff said it was relatively easy to manage same sex requirements. Half the bedrooms on each corridor have en suite showers and toilets.

The overall impression was of a calm, homely, clean and purposeful atmosphere. Patients appeared content and well cared for during our visit.

The Manager highlighted that Larch ward lacked a secure area or onsite security to deal with patients who are aggressive or violent. The ward currently gets security back up from the nearby acute hospital. Leadenhall ward has onsite security support because it is located within Mile End Hospital

### **Interview with managers**

HWH had an initial conversation with Carmel Stevenson (CS), Lead Nurse and Deputy Director of Mental Healthcare for Older People for East London Foundation Trust and nurse manager Rosca Marange (RM) who answered questions about the

service prior to representatives visiting the ward and speaking to patients and carers. CS is leading the re-organisation of the MHCOP services for the trust.

### **Who is the ward is for?**

Larch ward is a 15 bed inpatient assessment ward for people aged 65 and over with mental illness including bipolar disorder, schizophrenia, depression and anxiety. Patients are admitted to the ward if they require assessment, support and treatment. Occupancy fluctuates. Seven beds were occupied on the day of our visit. The week prior to our visit there had been more patients. Patients are admitted when no longer able to cope or when experiencing an acute mental health episode, often with self-neglect. The nurse manager said: *'It's not unusual for us to have the same patients more than once.'*

Some patients need personal care. Planned referrals come via GPs or the Community Mental Health Team, while emergency referrals (around 40%) come from psychiatrists at the hospital often because police have taken patients in crisis to A&E.

### **Admission and discharge**

Stays average around 64 days. People are admitted and assessed by a multidisciplinary team to establish their mental and physical health. All clients receive a care plan which is reviewed weekly by a consultant-led multi-disciplinary team along with the client and family members/carers.

Multidisciplinary meetings and ward rounds always focus on discharge. RM said: *'We start their planning discharge as soon as they arrive.'* Care co-ordinators will always follow up discharge. Families are involved in ward rounds. Unless the patient is under a section, the hospital cannot force them to stay. Some beds have occasionally been used to give carers respite. Patients can attend a nurse-led 'reflective group' at the weekend to help them think ahead about coping with their discharge.

### **What happens on the ward - what treatment do patients receive?**

Consultants lead wards rounds twice a week and families are encouraged to take part in these. Clinical care often includes medication reviews. Therapeutic activities for people include gardening, music therapy, group psychotherapy and massage. All patients receive a care plan on admission and this is reviewed regularly to reflect recovery. Community psychiatric nurses or social workers follow up a client's discharge. Medical care forms a part of the ward's work due to the age of the patients 65 who often have other medical needs alongside their mental health condition.

### **Occupancy and future capacity**

Occupancy rates fluctuate. During our visit there were seven patients on the ward although sometimes all beds are occupied. The ward had more patients during the week prior to our visit. An additional seven patients were 'on leave' as part of the discharge process supported by occupational therapists and the intermediate care team. The manager said under-occupancy was an issue. HWH asked about the referral process and why they felt beds were underused given the high level of mental health need in Hackney. The manager said this may be due to more care being provided in the community. Community teams can now visit someone in their home up to 3-4 times a day if someone is very unwell to avoid admission.

The [Older People's intermediate care team](#) at 30 Felstead Street, Hackney Wick, works to prevent admissions by putting in extra support in the home. Around 40% of patients are admitted as emergency admissions through A&E, the rest are referred by their GP. The OT said the staggered discharge process was very important for preparing patients for a return home. The vast majority of patients returned home after a stay on the ward. ELFT plans to use Columbia Ward at Mile End hospital for back up during a surge in demand.

### **Staff morale**

CS said some staff felt worried and stressed about the proposals but they were ‘*continually talking to staff*’ about the changes. She expected some staff would leave, others would retire and some will be redeployed by the trust.

*‘I like Larch Lodge even though it is seen as not being cost effective. There is no direct link with other services or back up. This is a particular problem when clients become violent. There is no secure area for such episodes or security team on site to deal with it. Money would need to be spent on the Lodge to provide this backup.’*

CS said Larch ward ‘*looked lovely*’ but some rooms were not en suite and there was an issue with the heating (although the unit felt warm during the visit). See staff comments at end of this report.

HW asked what plans ELFT had for The Lodge if the ward was moved to Mile End Hospital. CS said that she did not know as no decisions had been made yet.

### **Carers and transport**

HWH asked about travel arrangements put in place for Hackney carers/families of dementia patients when the assessment ward moved in 2011. CS said taxis were offered but only one carer ever took up the offer. CS was unsure why uptake was low.

### **Staffing**

The ward uses very few agency staff. All staff are employed by the trust including bank staff. CS said the staff skill mix within the service was ‘*likely to be higher*’ if the move went ahead. CS said staff were anxious about the move but they had discussed it for some time. No jobs were lost when the dementia assessment ward was moved. Staff had access to support during this period and a company would be brought in to help them with preparing CVs etc. Staff may have to apply for their own jobs.

### **Consultation**

CS said patients were consulted. They were given a leaflet and a transport questionnaire to complete. This questionnaire will be also sent to those who have used the ward in the last year as well as existing patients. We did not see any displays about the consultation visible on ward notice boards. However there were lots of consultation brochures and leaflets placed around the ward and foyer.

## Patient and carer comments: Larch ward

### Patient 1, white British man, 70+

*'I like it here. This is my first time. I was at Orchard Lodge before. I have been here three days. I didn't sleep for two days. It is very good so far. The food is good. I had cornflakes and toast for breakfast. We get tea and biscuits. Staff are kind and helpful. The doctors and nurses are OK.... I have my own room with a toilet but not a shower. I have an advocate [from Mind]'*

Asked about the consultation, patient 1 said: *'No. It is all wrong. I am Hackney born. Shoreditch. I am under the hospital [Homerton] in Hackney. I don't want to go to hospital anywhere else. Yesterday I was out all day with medical appointments for my insulin. I also went to have my catheter changed. My brother comes to see me. He can visit Mile End.'*

The patient said he liked the staff at the Lodge. He said he had been on another ward that had closed down and worries the same will happen to Larch ward. The Lodge was only one bus trip which he was familiar with. Getting to Mile End would mean taking three buses and *'very distressing'*. He was unaware of transport services or taxi facilities.

### Patient 2, white British man, 70+

*'I like the food. I have my own room. The shower is outside. I was here four-and-a-half years ago. I have been here about two months. I feel comfortable. Staff treat me with respect.'*

Asked about the consultation, he said: *'Yes I was told. Someone mentioned it. It would be some way to go if I had to come in again. I was told this was a care home for over-65s. My support worker from Family Mosaic comes to see me. It will be a bit of a round trip for them.'* Patient 2 looked happy.

He could not stay to speak as he was on his way to a music therapy group which he said he enjoyed a lot.

**Patient 3, African-Caribbean woman, 73**

Patient 3 had just attended a multi-disciplinary ward round with her husband and son who were sat with her during this interview. She said she had been on the ward since January and was *'very unwell'* on admission. She was having a *'staggered discharge'* and had been home for a few days. She had just returned to hospital to discuss how she had got on at home. The care co-ordinator had visited her twice at home and she had just been discharged. The stay was *'enjoyable'* and she received *'a lot of help and attention'* and *'a lot of organised activities'* including music appreciation, cooking, soap making and basket weaving. She said for the past year she had been unable to cook due to *'pain & weakness in her arms.'*

Patient 3 described the ward as *'spacious and pleasant'* and staff as *'professional'* and *'knowledgeable'* and *'engaged so much with patients'*. She said there were *'too many empty beds'*. She *'enjoyed every meal'* on the ward. *'Food that is meant to be hot is hot and cold food is cold.'*

She knew about the consultation and had received and completed a questionnaire with her daughter. She said she did not know where Mile End hospital was or what it was like inside. *'How much space there would be for patients? When the move is made are we going to lose all that space?'*

**Carer 1, African Caribbean man, 20+,**

*My mum has been here...around 4-6 weeks. Staff here are very friendly and attentive; there is someone always with her and they always interact with her,*

*they know a lot about her and she is happy with them. Since she has been here, she has become more confident, they allow her to go home weekly, so she can adjust...they even take her out so she can gain confidence and adjust to normal life. It's a good service here; we like the fact that this place has lots of activities for her to take part in such as basket making, Tai chi. Staff are always encouraging her to take part in activities. This place is well staffed and the users to staff ratio is very good... the staff are also very accommodating, for example they let us park our car in their car park when we visit. As a carer I feel comfortable that my mum is getting looked after very well and also have confidence in the staff. She is always clean and she can get a cup of tea when she wants.*

*The physical environment is very clean and it's very warm here. The environment is also very calming; it's nice and bright...it does not feel like a mental health unit, there is a therapeutic feel to this place.*

*I heard about the proposal to move to Mile End Hospital (from a family member). If the proposal for the move goes ahead the staff to user ratio might not be the same as here, therefore staff will be less attentive and less supportive to users. Also this place is local for us for and it's easy to access...at Mile End I know there will be parking issues for us. Safety is also potentially an issue. Here men and women are kept separate and staff make sure that others don't come into other users' room...this makes me feel safe. I am not sure if that would be the case at Mile End Hospital as there would be more users and staff would be lot more busier. I really don't understand what the real benefit would be by moving, I say, if it's not broken, don't try to fix it... it's all about saving money!*

*It would be great if there are services in the community to support my mum, so in the future she does not have to come here. I would like for her to take part in more activities in the community, it makes her feel better and gives her confidence... there should be better promotion of services that are happening in the community. I would also prefer if healthcare professionals see people with*

*mental health issues on a regular or ongoing basis, this would ensure that they identify any potential issues early on and deal with it rather than send someone to a place like Larch ward for recovery as a last resort.'*

**Patient 4, woman, 60-70**

Patient 4 wanted her advocate to be involved in the conversation. She said there had been '*no real consultation*' for patients. She only knew about the plans because she '*overheard staff discussing the move*'. She said she was upset because she would lose her advocate who she trusted and who supported her well. She said they needed a full consultation although this '*may well open up a can of worms*'.

**Mental health advocate:** Her advocate said the move to Mile End would be a move into a new borough and for this reason she would not be able to work outside of her borough.

## Staff comments

### Housekeeper

*'I love it here. Staff are very caring. I lay out the dining room for meals though the meals are brought in. I have been here four years. There is very little restraint. It is very calm. It doesn't feel like a hospital ward. G4S don't have the contract at Mile End so I will not transfer. The patients do gardening and there's music.'*

### Occupational therapist:

*'I felt really lucky to have my rotation here. It is lovely to work here. There are lots of activities for patients to do.'*

### Student nurse

*'It is a very nice place to work. I am well supervised by senior nursing staff and the atmosphere is very relaxed and healing for the clients.'*

### Staff nurse

She started work on the ward as a student nurse and knew the client group very well and liked the unit's holistic approach. She would not be moving and will starting a new job in March. She said it was *'unsettling'* as she didn't know when the move would happen.

### Senior staff nurse

He has visited the Mile End ward. He said the Larch ward offered a relaxed respite space and was less institutional than other units he had worked in. *'There is no onsite crash team so we rely on security from the main hospital.'*

## Comparing wards: observations made by Hackney reps who visited to Leadenhall ward at Mile End Hospital on 5 March\*

### Getting to Mile End Hospital to from Hackney`

Mile End Hospital was initially hard to find. The TfL journey planner suggests it is at least a 40 minute walk from Stamford Hill station or a combined bus and walk journey of 1 hour seven minutes. Shorter journeys that can be done are more costly and involve several changes and walking.

### Ward including communal/day area

Communal day facilities on the ward appeared cramped in comparison with Larch ward even though there were only 11 patients on the 19-bedded ward during our visit.

The unit's day area comprised a long narrow corridor with dining facilities at one end and two seating areas at the other, giving an institutional and slightly claustrophobic feel.

During our visit, a group of male patients occupied the two seating areas and were sat around a large television watching a daytime reality TV show. The communal area felt like a corridor and did not feel relaxing, nurturing or therapeutic and provided no space for private conversation or thought. There was no suggestions box available and the notice board was largely obscured.

The ward provides a small room overlooking a small garden area for patients to use for privacy or a quiet space. The room was small and cold with a concrete floor which we were told was going to be replaced. The room contained two basic hospital chairs.

The ward also has a small and boxy occupational therapy/activity room which did not appear to have any windows and lacked natural light. Most of the ward and communal area is painted bright blue which felt very institutional. There was not much space for patients who wanted to walk around the ward and the corridors were narrow. It is unclear how the ward would cope if one or more patients using wheelchairs were admitted at the same time. It is also unclear where patients can be taken if they become aggressive and confrontational apart from their bedroom. Bedrooms are smaller than those on Larch ward and not all were en suite.

Our visit took place during the weekly ward round and there was a high staff presence. Staff were mainly involved in giving medication to patients. No therapeutic activities appeared to be taking place, an impression reinforced by some patient comments

*\*Please refer to the full Tower Hamlets Healthwatch Enter and View report for a comprehensive assessment of Leadenhall ward at Mile End Hospital*

## Patient and carer comments: Leadenhall ward

### Carer 1, white British woman, 70+

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

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

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

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

### Patient 1, male 70 +, white British

The patient said he had been to the ward twice before. He had only been in for three days and was already feeling a bit better. He said his room was *'comfortable'* and *'food ok'*. On previous occasions after discharge *'no-one visits me at home'*.

### Patient 2, white Canadian woman

The patient said she had only been in hospital for a couple of days. She felt she had been *'asked too many questions'*. There was: *'...repetition of the same*

*questions from lots of staff.'* She felt that a lot of the paper work could be cut. She said the soup was *'very good'* but that a lot of the food was *'too heavy'*. She said she felt the unit was *'very open'* and staff were *'helpful'*.

### **Patient 3, white British, 65**

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

### **Patient 4, white Jewish, 65**

Patient 4 was admitted to the ward after undergoing surgery. He complained about the food. He felt the quality had gone down since a new company had taken over the catering contract. He said there was *'nothing much happening'* on the ward.

### **Comparison between Larch and Leadenhall wards**

Overall, Healthwatch Hackney representatives felt Larch ward was more conducive to recovery, with plenty of natural light and with a less institutional lay-out. The Hackney ward had several places in the day areas where patients could chat with family or advocates or be private. There were more activity rooms including a music therapy room and more space for patients to walk around and more evidence of therapeutic interventions.

Leadenhall, by contrast, had a more clinical atmosphere. The gardens designated for patients at Leadenhall appeared more like smoking yards and did not appear relaxing for sitting out in good weather. One garden at Leadenhall was bordered on one side by a big metal fence with a secure gate so passing members of the public in the main hospital could view patients behind the security gate. While patients seemed happy overall with their care on Leadenhall, patients complained of being bored.

Hackney representatives did not visit the Columbia *'overspill ward'* during their visit to Mile End Hospital.

## Patient and carer comments: consultation drop-in events

Healthwatch Hackney attended two ELFT consultation drop-in events; at the Ideas Store in Tower Hamlets on 10 February 2015 and Hackney Museum on Monday 24 February 2015 where our representative recorded the views of carers and service users present. Turnout at the both events was low. Our representative counted four people who were not professionals at each event.

### Female carer, 60+, Orthodox Jewish [attended both drop in sessions]

Her husband had been an inpatient at Larch ward on several occasions. She said she was *'very concerned'* about the proposals. Larch ward was: *'Fantastic...can't praise it enough...people are so good...'*

She said she visited her husband every day while he was in hospital. She was very concerned about what the elderly Orthodox Jewish community carers and patients would do if the ward moved to Mile End. She said it would be too far for them to walk from Stamford Hill or Clapton to see relatives on the Sabbath.

At the Tower Hamlets drop-in, she said closing the ward was a *'fait accompli'* and the consultation was *'just a fig leaf'*. She asked what the trust was doing for the large Jewish population in Hackney and said they were not looking after their spiritual needs. Mile End hospital would need to provide places for families/ carers to stay overnight on the Sabbath.

### Female white British service user, 60, City of London

She said she did not see the information about the 13 January drop-in consultation meeting in the City. She did not like the idea of travelling to Mile End, an unfamiliar area, for treatment.

*'I used to go to Barts, just up the road'*. She said friends with dementia *'Wouldn't go to Mile End'*. It was too far away when they were feeling ill for family to visit. She said she felt like they were *'being treated like commodity...moved back and*

*forth.*' She said she needed hospital when she was unwell. The Home Team were 'lovely' but she didn't like having people in her home.

Marion Riley responded to her comments saying the aim of the move was to treat more people at home and that was why there were bed vacancies on Larch ward and at Mile End.

**Female, white British MH service users, 64, Hackney**

The service user said she suffered from anxiety that sometimes required treatment in hospital. She was very concerned about the proposals which she had heard nothing about. She said the proposals were '*already making me feel anxious*'. Because she is 64 it would affect her in the very near future. She wondered if the consultation had approached people in their 60s to get their views about the changes to their future services. When she is unwell she found using public transport impossible and she would not be able to get to Mile End. She had only heard about the consultation at her local patient participation group and had subsequently talked to her GP who knew nothing about the changes.

She said there should be some kind of central hub in Hackney where people go to get sympathy, advice and support about available mental health services as a lot of people, even professionals, do not know where to go to get help.

## Observations on ELFT consultation

- The 10 February in Tower Hamlets could have been better publicised- only four people attended including the HWH representative
- ELFT manager Michael McGee meant to attend the Tower Hamlets drop-in but unfortunately due to a mix up was unable to attend. He has subsequently apologised to attendees for this
- One service user thought the consultation publicity relied too much on the internet which was felt not to be appropriate for older people. Some people could not use it when they felt ill as they often wanted to talk to someone
- Consultation publicity should have clearly stated the day of the week the drop-in was occurring, not just the date
- The three month consultation started and partially took place over the Christmas/New Year period when people are often on holiday. This can often lead to a lower response rate
- The Hackney consultation drop in meeting was last to take place even though Hackney residents are going to be the most affected by the changes
- Members of the public attending the Hackney meeting said they had seen no evidence of the glossy brochure distributed by ELFT (attendees were provided with copies at the drop-in)

## East London Foundation Trust response

1. What happens to continuing care beds on Cedar Ward if Larch ward is closed? Will they be retained on site if Larch ward moves out? How long for?

*ELFT Response: Cedar Ward will continue to operate at the Lodge for the foreseeable future. The Trust would like to consider amalgamating it with continuing care in Tower Hamlets provided on the Mile End site but this has not yet been agreed by our commissioners.*

2. If Cedar ward is moved, will there be a consultation?

*ELFT response: If Cedar Ward moves there will be a consultation.*

3. What will happen to The Lodge building if both wards move out? Will it be sold, leased to another provider or used by ELFT for care/treatment?

*ELFT response: The Lodge is owned by the East London Foundation Trust and so far a decision has not yet been made by the Trust for its future use.*

4. Are there plans to change the location and work of the [Older People's intermediate care team](#)?

*ELFT response: At the moment there are no plans to change the location and work of Older Peoples Intermediate Care Team.*

5. Will transport support for Hackney carers be made available and actively publicised to them? Will carers receive a leaflet clearly explaining available transport support when a loved one is admitted?

*ELFT response: Yes, if carers have difficulty in getting to the Mile End site, then transport will be provided by using taxis. This information will be made known to carers at the time of admission and will be included in the welcome pack. This system is already in place on our centralised ward Columbia.*

6. How will ELFT address the access issue for elderly carers from the Charedi community who may wish to visit family at the Mile End ward? A carer from this community has told us it is too far for to walk from Stamford Hill and they cannot use transport on the Sabbath.

*ELFT response: Carers from the Charedi community who wish to visit the Mile End site on the Sabbath and holy days and are unable to walk will be assisted by the offer of accommodation. Each case will be looked at and discussed to assist with devising solution for the carer that will allow a visit to be undertaken.*

7. Will the Mile End unit have a specific music room and therapist available for music therapy? The current music room at Larch ward has a lot of musical instruments.

*ELFT response: The musical instruments from Larch Ward will transfer across to Leadenhall, and music therapy will be provided in the therapy room which is used for a variety of activities.*

8. Will there be respite beds at Mile End for Hackney patients? If so, how many?

*ELFT response: Respite beds will be provided on the Mile End site and the number will be dependent on the demand.*

9. How will the Mile End ward cope with a surge in demand for these types of beds for older Hackney residents with functional mental health needs ?

*ELFT response: In the unlikely event of a surge in demand for beds from Hackney residents, the need would be managed internally. Although MHCOP covers three boroughs across east London, inpatient services is managed by one lead nurse who oversees all three areas and rapport amongst matrons is good and managers work well together to ensure that service users' needs are addressed and are a top priority across all boroughs.*

*If demands increased higher than beds available in Mile End, consideration would be given to using vacant beds in Ivory ward in Newham. This is also a functional assessment ward for older adults and usually has a few vacant beds any given time.*

10. What is the bed vacancy trend over the past five years? When did vacancies start to increase? Please can you provide figures. Why do you think occupancy has dropped recently?

***ELFT response: Vacancy rates over the last five years***

	10/11	11/12	12/13	13/14	14/15
Leadenhall ward	22.00%	24.19%	29.00%	24.00%	41.25%
Larch ward	41.00%	46.00%	30.7%	27.72%	45.00%

*Reasons for the reduction in usage due to:*

- *Shorter length of stay for service users.*
- *Better community such as intermediate care team that enables service users to stay to be looked after in their own home for longer*
- *Previously they would have been admitted to hospital.*
- *More support provided following discharge.*

11. What are the criteria for referral to the unit? Please could you provide a copy of the referral form and criteria/protocol?

***ELFT response: Referral criteria to the unit to follow***

12. Have Hackney GPs been told about the proposed changes?

***ELFT response: Hackney GPs have been made aware of the proposed changes via the consultation process. It was also in the GP Bulletin***

*following the feedback from the Consultation Meeting - the Trust wrote to GPs and posters were distributed in GP surgeries.*

13. Do the bed occupancy numbers take into account patients in the process of staggered discharges home; weekend leave etc?

*ELFT response: Yes the vacancies include leave beds on the ward therefore when service users are at home on leave their bed is counted as a vacancy.*

14. Will Hackney patients be able to access their Mind Advocates from Hackney to provide continuity of support for the patient?

*ELFT response: Service users from Hackney will be able to access their Mind Advocates from Hackney if they are on the Mile End site. The Dementia assessment ward which is also based at Mile End is a centralised ward and service users have access to services from their respective boroughs.*

15. If money is saved by moving Hackney patients to Mile End hospital, what will the money be spent on?

*ELFT response: Money saved as a result of the amalgamation would be used as follows: £213,000k would be re-invested in Community Services to support discharges. A percentage would be offered as a CRESS (Cash Releasing Efficiency Savings Scheme).*

For more information about this report or the Enter & View programme in Hackney, please contact:

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