



City of Westminster

Committee Agenda

Title: **Adults and Public Health Policy and Scrutiny Committee**

Meeting Date: **Thursday 15th July, 2021**

Time: **7.00 pm**

Venue: **18th floor, City Hall, 64 Victoria Street, London, SW1E 6QP**

Members: **Councillors:**

Iain Bott (Chairman)	Maggie Carman
Margot Bright	Angela Harvey
Ruth Bush	Eoghain Murphy
Nafsika Butler-Thalassis	Selina Short

Members of the press and public are welcome to attend the meeting and listen to the discussion of Part 1 of the Agenda.

[Link to live meeting](#)

Part 2 of the Agenda concerns matters under Section 100 (A) (4) and Part 1 of Schedule 12A to the Local Government Act 1972 (as amended). The public and press will be excluded from the meeting for this item of business because it involves the likely disclosure of exempt information.

If you require any further information, please contact the Committee Officer, Artemis Kassi.

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Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions, they should contact the Head of Governance and Councillor Liaison in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

3. MINUTES

To approve the minutes of the Committee's meeting held on Wednesday 28th April 2021.

(Pages 5 - 10)

4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT

Update to the Committee by the Cabinet Member for Adult Social Care and Public Health on current and forthcoming issues in this portfolio.

(Pages 11 - 14)

5. HEALTHWATCH REPORT

To receive a report from Healthwatch Central West London.

(Pages 15 - 28)

6. UPDATE ON THE GORDON HOSPITAL

To receive an update on the Gordon Hospital.

(Pages 29 - 34)

7. REPORT ON MENTAL HEALTH PROVISION IN WESTMINSTER

To receive a report from CNWL on mental health provision in Westminster.

(Pages 35 - 44)

8. WORK PROGRAMME

(Pages 45 - 48)

To consider a report on the Committee's work programme for the municipal year 2021 – 2022.

PART 2 (IN PRIVATE)

9. BEACHCROFT CARE HOME

That under Section 100 (A) (4) and Part 1 of Schedule 12A to the Local Government Act 1972 (as amended), the public and press be excluded from the meeting for this item of business because it involves the likely disclosure of exempt information on the grounds shown below and it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**Stuart Love
Chief Executive
6 July 2021**

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CITY OF WESTMINSTER

MINUTES

Adults and Public Health Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a virtual meeting of the **Adults and Public Health Policy & Scrutiny Committee** held on **Wednesday 28 April 2021**.

Members Present: Councillors Iain Bott (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Maggie Carman, Angela Harvey, Eoghain Murphy and Selina Short

Also Present: Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health)

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Margot Bright.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. MINUTES

RESOLVED:

3.1 That the minutes of the Adults and Public Health Policy and Scrutiny Committee held on 17 February 2021 be agreed as a correct record of proceedings.

4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH – UPDATE

4.1 Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), provided a briefing on key issues within his portfolio. The Committee also heard from Gareth Wall (Bi-Borough Director of Integrated Commissioning).

- 4.2 Councillor Mitchell advised that he would cover non Covid-19 items in his Cabinet Member Update and Covid-19 related issued under Item 8.
- 4.3 The Committee noted that the North West London (NWL) area was moving to an Integrated Care System (ICS) commencing on 1 April 2021. The local Central London CCG had been dissolved on the 31 March 2021 and had been replaced by a Borough Committee.
- 4.4 Members were interested to learn more about the work undertaken with PA Consulting to build on the existing digital offer in developing a roadmap to enable WCC to be at the forefront of digital delivery in adult social care. The Committee discussed the planned use of Automated Contact Services and Smart Speakers and the potential for any GDPR issues to arise. It was explained that any products identified as a potential assistive technology would go through a thorough data protection and information protection testing process. Members were advised that where data was processed for Council uses any data stored and used would be strictly controlled under the Council's GDPR processes. Concern was expressed that it was important that the use of such technologies would not replace human contact. In response the Committee was advised that the use of such technology was to eliminate any administrative issues patients had. The technology would not replace human to human contact and was being piloted to try and ensure any face to face contact was high quality and related to the patients care and support.

5 HEALTHWATCH REPORT: RESIDENTS EXPERIENCES OF USING PRIMARY CARE SERVICES

- 5.1 Olivia Clymer (CEO, Healthwatch Central West London) presented a report detailing residents experiences of accessing primary care information, support and services subsequent to the first wave of Covid-19.
- 5.2 The Committee welcomed the report and thanked Healthwatch for producing such a comprehensive overview of patients' experiences. Members echoed concerns raised in the report over online access and the use of online consultation apps such as Dr IQ. Whilst it was acknowledged some patients found these services useful others found them difficult to use with no alternative options available. Limitations had also been experienced when patients with low literacy or English language skills had attempted to use such online applications. In terms of telephone access concerns were raised over long waiting times, patients becoming anxious over missing GP call backs and some patients receiving excessive amounts of text messages.
- 5.3 The importance of ensuring patients still had access to face to face contact with their GP was highlighted by the Committee. As such it was requested that the local CCGs provide an update to the Committee on what actions they were undertaking to assist those residents experiencing issues with accessing

meaningful engagement with their GP in addition to ensuring any online or telephone access was appropriate for their needs.

6. UPDATE ON THE GORDON HOSPITAL

- 6.1 Ela Pathak-Sen (CNWL, Director for Mental Health Services, Westminster) provided an update to the Committee on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster.
- 6.2 The Committee was informed that engagement continued to take place with patients, families, communities, and partners to work collaboratively to ensure the right inpatient service was in place to meet the mental health needs of Westminster residents. It was explained CNWL planned to formally consult on the future of the Gordon hospital in the summer, provided National Emergency regulations allowed. In response to a question it was confirmed that the consultation would include options on how the current bed base in Westminster would be utilised, including St Charles Hospital, and also how a site in the south of the borough on Woodfield Road could be potentially developed. It was confirmed however that there currently was no plan to build a new hospital in Westminster.
- 6.3 Concern was expressed that the closure of the Gordon Hospital was resulting in some residents having to travel long distances to access health provision. The Committee was informed that if patients were placed outside of Westminster systems were in place to assist family members in visiting these patients.
- 6.4 In response to questions regarding the reasoning behind the closure of the inpatient wards due to Covid-19 Members were informed that this was because it was not possible to provide adequate ensuite facilities, there was a lack of outdoor space and the current toilet facilities were not suitable with current Covid-19 guidelines in place. Following discussions, the Committee was advised that a site visit to the Hospital could be arranged to view the facilities currently available.
- 6.5 In terms of the effect the planned closure would have on Westminster's mental health provision further questions were asked on what support was provided to patients discharged into the community. It was explained that a number of pathways had been developed to support patients, including:
- Therapeutic interventions where a patient had a trial leave period in the community allowing them to be assessed on how they are integrating back into society;
 - For those at high risk the Home Treatment Service was available, and they treated people who were at high risk but who would benefit from being back at home and in the community;

- The use of step-down beds located within a house in Westminster supported by a care worker to help transition people back into the community; and
- The Coves service providing patients with 1:1 support, signposting, practical advice and coping techniques when discharged back into the community.

6.6 Following discussions the Committee strongly advised of the importance that there was adequate in-patient provision within Westminster. It was requested that when the formal consultation process on the Gordon Hospital commenced the Committee and Cabinet Member be formally notified to allow Members to inform residents and ensure a representative picture of residents feelings and views on the closure were captured. Finally, the offer of visiting the Gordon Hospital was welcomed to view the facilities on site and it was hoped a date would be arranged shortly to allow this.

7. UPDATE FROM NHS NORTH WEST LONDON INTEGRATED CARE SYSTEM

7.1 Professor Tim Orchard (CEO, Imperial College Healthcare Trust) updated the Committee on the impact the Covid-19 pandemic had on elective surgery activity in Westminster.

7.2 The Committee was pleased to note that North West London had maintained a greater level of elective activity in wave 2 of the pandemic compared with wave 1 due to the work of NHS staff and improved Covid-19 protected pathways, which had enabled many more planned procedures to continue. It was recognised that although waiting times for elective care had not increased at the same rate in wave 2 as wave 1 there was still a significant number of patients waiting for planned care, some over 52 weeks.

7.3 The Committee was interested to learn what steps were being taken to address the issues identified and was advised that robust processes had been put in place for systematic “harm reviews” to understand whether anyone waiting for care was likely to be suffering, or had suffered, any harm as a result of the delay to their treatment and then to identify remedial action. It was noted that clinicians were also continuing to review each patient on the waiting list to ensure those who had the highest clinical need were treated first.

7.4 The Members held a detailed discussion on the remedial actions and interventions outlined in the paper including:

- The development of a single view of waits across their hospitals, to offer patients who had been waiting for treatment the opportunity to transfer to a hospital with more capacity;

- The re-starting of 'fast-track surgical hubs';
- Putting in processes to enable GPs to get advice and guidance quickly and easily from specialist colleagues in the acute trusts when needed; and
- Moving some outpatient consultations to telephone or video during the pandemic to minimise the risk of Covid-19 infections.

7.5 Following detailed discussions the Committee noted that work continued to try and return rates of elective surgery to at least 80 per cent of pre-pandemic activity by June 2021. It was expected however that more people would join the waiting list as the country emerged from the second Covid-19 wave, with long waits expected to continue to climb for a period of time.

7.6 The Committee expressed its thanks to Imperial College for all its hard work and dedication in caring for Westminster residents during such an incredibly challenging period.

8. UPDATE ON COVID IMPACTS

8.1 Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), provided a briefing on the impact of Covid-19 in Westminster. The Committee also heard from Russell Styles (Deputy Director of Public Health).

8.2 Councillor Mitchell provided an update on the following areas:

- Cases/Epidemiology - An update on the number of Covid-19 cases reported within Westminster was provided.
- Local Contact Tracing – It was explained this was supplementary to the national scheme which passed details of those who tested positive but have not been contactable within 24 hours to the local authority for intervention. Local teams were phoning or visiting persons at home to encourage self-isolation and provide necessary support. The Committee was pleased to note that the NHS and local teams were now regularly achieving 80% of necessary contacts.
- Vaccinations - An update on the local vaccination programme was provided. It was noted that residents in all care homes had been offered the vaccine via an initial round of visits from NHS teams. In priority groups 1 to 9 (adults over 50 and at clinical risk) 51,185 of first doses had been administered as of 20 April 2021, representing 65.05% of that population.

8.3 The Committee was interested to learn how £3 million of the grant received from Public Health was being invested into local Covid-19 recovery programmes. It

was explained that it would be utilised on various projects including helping to assess why some communities were disproportionately impacted by the pandemic. It would also look at methods of addressing health inequality in the City and improve residents' chances of living a healthy and happy life. The Committee highlighted the importance of this work and recommended an item be placed on the work programme to receive a regular update on this area.

- 8.4 Members also discussed the methods being utilised to communicate messaging around the Covid-19 vaccine. Localised communications were being used to address local vaccination hesitancy in addition to working close with the NHS to amplify national NHS campaigns. Ongoing work was also being undertaken with community champions to encourage residents to feel confident in taking up the vaccine when they were offered it.
- 8.5 The Chair expressed the Committee's thanks to the Cabinet Member and all those staff who were providing valuable assistance in helping respond to the challenges faced by the Covid-19 pandemic.

9 WORK PROGRAMME FOR 2020/21

- 9.1 Artemis Kassi, Lead Scrutiny Officer, presented the Committee's 2020/21 Work Programme and suggested future topics for the next municipal year's work programme.
- 9.2 The Committee reviewed the draft list of items and also suggested the following potential future topics:
- Core Drugs and Alcohol Treatment Service
 - A regular update on assessing why certain sectors of the community were disproportionately affected by Covid-19 and the work being undertaken to address this.

RESOLVED:

That the Work Programme be noted.

The Meeting ended at 9:03pm.

CHAIRMAN: _____

DATE: _____



Adults and Public Health Policy and Scrutiny Committee

Date: 15 July 2021

Report of: Councillor Tim Mitchell

Portfolio: Deputy Leader and Cabinet Member for Adult Social Care & Public Health

Report Author and Contact Details: Alexandra Severino (adseverino@westminster.gov.uk)

1. City for All Vision and Strategy (2021 – 2022) – Adult Social Care & Public Health Priorities

1.1 Vibrant Communities

1.1.1 Addressing the Impacts of COVID-19 on Residents

Work is progressing to address the impacts of COVID-19 on residents. Initial analysis shows that overall, there has been a higher rate of death among people from a BAME background as compared to those who are from a white ethnic background. We continue to work with NHS colleagues to reduce the risk of COVID-19 by pressing to identify cardiovascular risk factors and rapidly responding to unmet health needs that have exacerbated over the course of several lockdowns. We continue to work with colleagues to help other impacted groups such as children and young adults unable to go to school or socialize with their peers, unpaid care leavers, and those with frontline occupations who are unable to work from home.

1.1.2 Supporting People Living with Dementia and Autism

The formal launch of the Dementia Plan took place during Dementia Action Week (w/c 17th May 2021) and can now be found online. Internal council dementia training for staff has continued during the pandemic and the training made accessible online. A partnership group is driving implementation of the all-age Autism Strategy across the Bi-Borough led jointly with the NHS and co-chaired by an autistic resident. Further development and implementation of the strategy will focus on support for independent living in appropriate housing and enhancing support for those autistic adults without a co-occurring learning disability.

1.2 Smart City

1.2.1 Trialling Smart City Assistive Technologies

This project is progressing well, and two pilots to test smart speakers and an automatic calling system are underway. A 'Leadership Squad' has been created to bring together a multidisciplinary team to oversee and implement cross cutting digital projects in Adult Social Care & Public Health. The service continues to work with Service Leads and IT colleagues to identify further areas to pilot projects.

2. Cabinet Member Decisions (May – June 2021)

Since my last report to the Committee, I have approved the following major decisions:

- Granted a direct award of a care contract and a lease extension to the 17 June 2022 (with provision for 3+3-month extensions) to GCH (Alan Morkill) LTD in relation to the Beachcroft House Care Home. This decision is now subject to a call-in by this Committee.

3. Areas of Focus – COVID 19

3.1 Current Epidemiology – Cases & Vaccines

Cases nationally and locally have been increasing due to the phased approach of reopening combined with spread of variants of concern. As of the week ending June 26th, positive cases in Westminster are averaging 151.9 per 100,000 compared to the London average of 131.6. Testing continues to be provided across the borough with an average testing rate of 1906 per day and a positivity rate of 3.0%.

On Friday June 18th vaccine bookings opened to all adults aged 18+. As of July 1st 92%, of residents in our care homes and 81.6% of staff have received both doses of their vaccines. The largest 7 day increase of vaccinations is occurring in priority group 9 (those aged 18-49). At the time of writing data suggests that 53.1% of the Westminster population have received at least one dose of a Covid vaccine and 34.4% have received two. This compares to 62.3% and 40.8% respectively for London as a whole.

The lowest vaccination uptake is in Queensway, Bayswater East, Knightsbridge, Belgravia, and Hyde Park. To increase local access and uptake of vaccines teams across Westminster, we have worked with the NHS on delivering community pop-up clinics, the NHS is pursuing 5 applications for pharmacy rollout of vaccinations across Westminster and, following phone calls to all unvaccinated residents over age 50 by Westminster Connects, letters were sent by the NHS in the week ending June 13th to follow up those not reached by phone. Door knocking will commence this month.

3.2 Outbreak Management / Local Testing Strategy

Westminster City Council revised its Outbreak Management Plan in April 2021 in line with the revised Contain Framework from Department for Health and Social Care (DHSC). It has also more recently engaged with DHSC and Public Health England on an enhancement plan for surge testing activity required as case numbers of new variants rise throughout London. The actions for Westminster focus mainly on enhanced vaccination uptake and enhanced PCR testing.

Public Health with Adult Social Care Commissioners have worked intensively with adult social care providers to ensure rigorous testing regimes of staff and residents are in place in line with national guidance. Furthermore, they have supported vaccination uptake in staff via webinars, provision of advice and by working with CCG colleagues on provision of vaccinations.

Universities and Higher Education providers are being supported with advice and guidance to prevent outbreaks through briefings that occur every two weeks, as well as in the management of any outbreaks or situations.

Public Health is working with the Events and Filming Teams to ensure that mass events in the borough are planned in a COVID secure manner, examples include the Euro 2020 Fan Zone in Trafalgar Square, Taste of London, Vitality London and the London Landmarks Half Marathon.

3.3 Supporting the CCG with the Rollout of Vaccinations

The importance of prioritising second vaccinations rates has been raised, as there is clear evidence that this reduces the severity of infection as well as transmission. Multi-agency meetings have been held to coordinate the local authority support of the NHS vaccination programme.

A significant proportion of those unvaccinated have been uncontactable. Efforts are underway to confirm the status of these individuals and to ensure follow up or where appropriate their removal from the denominator of individuals eligible for vaccination in the borough.

Explorations are underway to understand the potential for collaboration to use council and NHS data to support residents. In partnership with leading software provider, Palantir, the department have been exploring the potential for matching NHS data, wider council data and open-source data sets to better understand our population, it's needs and to provide targeted intervention. This pilot is in the scoping phase and further progress will depend on appropriate data sharing agreements being in place.

3.4 Response to Variants of Concern

We continue to enhance efforts to protect vulnerable residents. Our key objectives are to protect our residents by increasing vaccine coverage, testing and infection control. We are working to reduce community spread particularly in school age children and those in higher education. We aim to increase compliance with self-isolation and infection prevention by providing support to hospitality and workplaces and increase communications and community engagement with residents, so they are informed and support public health guidance.

3.5 Vaccine Bus Pilot

The Vaccine Bus Pilot is running in conjunction with The Royal Borough of Kensington and Chelsea has been well received since the start of the launch of the project on May 27th. This service travels to several locations across both boroughs' multiple times a week. It initially offered the AstraZeneca vaccine to those aged 40+ but from July has also offered the Pfizer vaccine.

3.6 Communicating with Residents

The Public Health Community Resilience Team continues to work with local communities to address vaccine hesitancy and encourage take-up. To date several initiatives are ongoing including vaccine Q&A workshops with service users in the local voluntary community and faith sectors, working with our communications team to share regular information and updates with 90 community champions, delivering community-based vaccine pop-ups (i.e. the Vaccine Bus), delivering online community conversations with several local GPs, and issuing small grant funding to local voluntary sector programs.

3.7 GP Performance

Since the start of the pandemic GP practices and other primary care services have remained open with a majority of consultations being held digitally over the phone. Residents have reported that they have found it difficult to arrange appointments, and some have felt that phone consultations are not appropriate to meet their needs. There are concerns that GPs are missing signs of ill health as appointments are taking place virtually.

As we move into the next phase of Government guidelines on COVID-19 restrictions we will be working with practices to ensure they are offering more than 50% of consultations face-to-face. On average GP practices in North West London were offering 61% face-to-face consultation in March 2021, the last available figure.

AGENDA ITEM No:



Health and Social Care Policy and Scrutiny Committee

Date:	July 2021
Classification:	General Release / Confidential
Title:	Adult experiences of mental health in Westminster
Report of:	Olivia Clymer
Cabinet Member Portfolio	Cllr Tim Mitchell
Wards Involved:	All / Specific
Policy Context:	Health and Social Care
Report Author and Contact Details:	Carena.Rogers@Healthwatchcentralwestlondon.org Olivia.Clymer@healthwatchcentralwestlondon.org



Executive Summary

This document outlines what Healthwatch Central West London (HWCWL) has been hearing from local people through our community engagement in Westminster.

The report provides Councillors with evidence on the experiences of local people in regard to their mental health.

1. Introduction

This document outlines what Healthwatch Central West London has been hearing from local people through our community engagement in Westminster.

Following the outbreak of COVID-19, all local Healthwatch were advised by the Chair of Healthwatch England, under the powers set out within section 45A of the Health and Social Care Act 2008, to provide advice and assistance in response to COVID-19.

In line with this directive from Healthwatch England we continue to prioritise:

- a) providing clear and accurate information and advice to local people and
- b) gathering feedback from local people about their needs and experiences in relation to COVID-19 and other services.

Since March 2020 we have been carrying out extensive community engagement, hearing from our residents about their experiences of information, support and services subsequent to the first wave of COVID-19. This has been through focused discussion groups and both digital and paper surveys. We sought to understand the indirect, wider health determinant impact of lockdown and social distancing on residents.

This paper presents some of the key themes relating to mental health and wellbeing that have emerged from our surveys, discussion groups, and wider community engagement activity.

1.1 Methods for engagement

Surveys

We use open, free answer survey questions to find out about the lived experience of local people. We do this so that we can better understand common themes in people's experiences or identify exceptions that might otherwise be missed.

Discussion groups

Our group discussions bring together small groups of people who come from similar backgrounds or who have common experiences to discuss specific topics of interest. This is a form of qualitative research.

We ask group members about their lived experience; this might be in relation to things like using a specific type of service or what it is like to live with a particular health condition. We base our questions on what people have already told us through our general engagement on health and care services locally, or from what we are hearing through one of our surveys.

In the discussions, we encourage group members to reflect together on the experiences that they are sharing with each other as well as respond to the questions that the facilitator asks.

Across both surveys and discussion groups, looking at 'what' people tell us (the content), helps us see the breadth of their experiences.

Noticing 'how' they talk about their experiences (emotive language for example), helps us better understand what this has been like for them and often uncovers hidden nuances that might not otherwise have been apparent.

This type of research can help us understand more about why people make the choices they make, how they prefer to get support, and where there might be gaps. It can also enable us to identify groups of people with shared characteristics, for example age or ethnicity, who are finding it more difficult to get support.

This can help organisations that commission or provide services, such as the NHS or local councils, to better plan, design and run services that are good quality and meet the needs of local people.

2. Coronavirus - Your Experience Matters Surveys

Healthwatch Central West London conducted two surveys on the local experience of accessing services, and of life in general, during the Coronavirus / COVID-19 restrictions.

The first part of this section focuses on what we heard through our most recent survey, based on the feedback of 61 Westminster residents, who completed the survey from November 2020 to March 2021.

The second part of this section offers a comparison between the first survey findings from 121 residents from Westminster told us in April - July 2020 and our most survey.

2.1 Coronavirus - Your Experience Matters Survey 2 (Nov 2020 – Mar 2021)

We asked open questions about residents' experiences of shielding, access to services and support, testing and vaccinations, emotional and mental wellbeing, personal and family relationships, environment, finances, information and technology.

We look closely at age, gender, ethnic background and existing conditions, including mental health conditions, to establish any findings that may be especially relevant to certain groups. There will be overlaps across these groups and this is not accounted for in the data presented.

2.2 Mental wellbeing

A clear majority of respondents (92%) told us that their mental wellbeing had been impacted by COVID-19 and lockdown restrictions. Commonly we heard accounts of anxiety, stress and depression, with lack of human contact and future uncertainty among the issues cited. Those residents with hobbies and routines felt best able to cope. Residents with pre-existing mental health conditions were significantly least able to remain indoors without difficulty.

2.3 Personal and Family Relationships

Residents told us that lockdown had increased levels of stress and tension within their households. A significant number of respondents told us that they missed regular contact with others. Social isolation was widespread, with 'extreme loneliness' largely reported. Online meetings (Zoom, Teams, WhatsApp) were increasingly popular and were used to keep in touch with friends and family and to access supportive services.

2.4 Information about GP services

Those with mental health conditions, along with people from minority ethnic backgrounds in general, disabled people, and carers were the least well informed about services at their GP practice.

All respondents (baseline)	77%
Aged 75+	74%
Aged 55-64	63%
Long Term Conditions	57%
Minority ethnic	50%
Mental Health Conditions	50%
Disabled	50%
Carers	50%

Survey question: Would you say you have enough information about services at your GP practice during the Coronavirus/COVID-19 outbreak, and how to access it?

2.5 Booking a GP appointment

Respondents with mental health conditions, along with people from minority ethnic backgrounds in general, and those aged 55-64 were most likely to experience difficulty when booking a GP appointment.

All respondents (baseline)	17%
Minority ethnic	25%
Aged 55-64	25%

Mental Health Conditions	26%
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Survey question: If you had to contact your GP since the second wave of the Coronavirus/COVID-19 outbreak, how easy or difficult has it been to make an appointment?

2.6 Delayed seeking help with health concerns

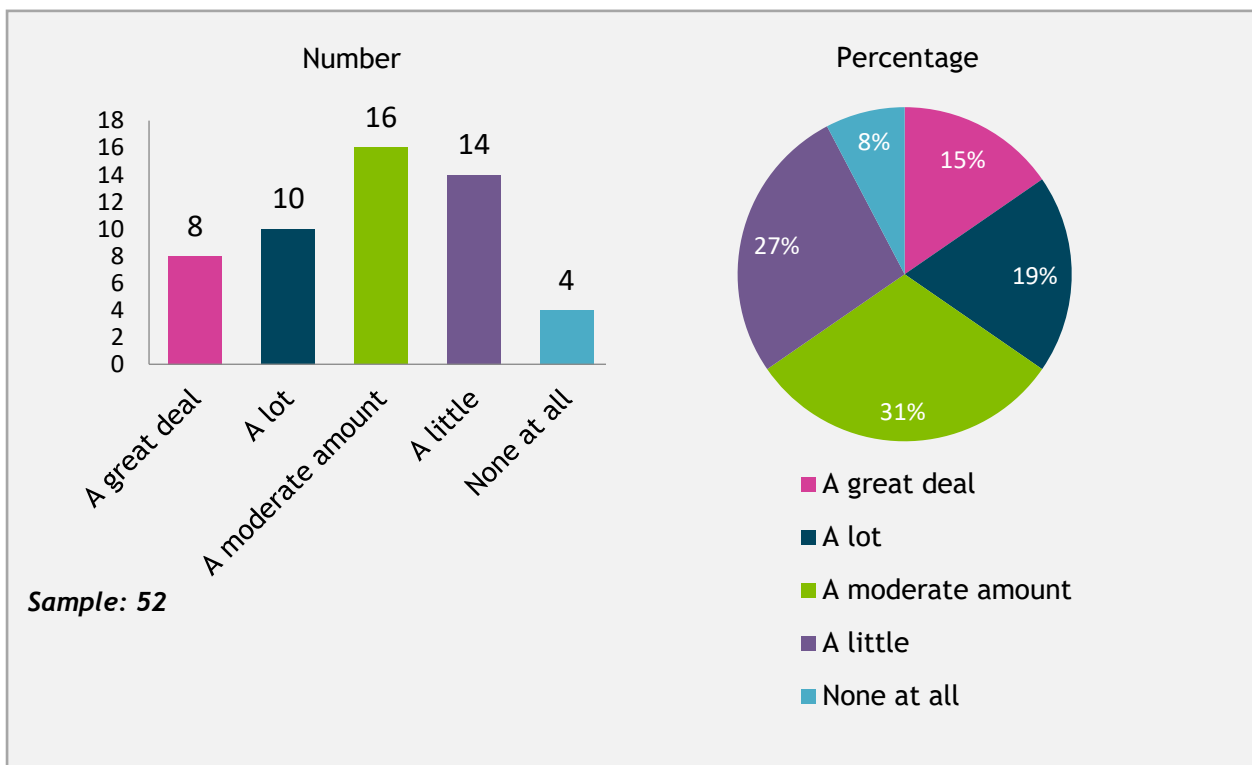
Those with mental health conditions were significantly most likely to delay seeking help or treatment.

All respondents (baseline)	29%
Minority ethnic	38%
Aged 55-64	38%
Aged 65-74	42%
Long Term Conditions	43%
Mental Health Conditions	63%

Survey question: Have you delayed seeking help with your health concerns during the second wave of the outbreak?

2.7 Emotional and mental wellbeing

We asked people to what extent, ongoing changes to their daily lives have impacted on their emotional or mental wellbeing. A third of respondents (34%) told us that their mental wellbeing had been impacted 'a great deal' or 'a lot', with a further 58% feeling some impact. Just 8% felt no impact.



“For a long time I felt I wasn't particularly affected by it all, but I've been recognising more recently that the ongoing low-level stress I feel isn't just due to work but also due to the background of the pandemic. I wouldn't say it has a major impact on me, but I expect my long-term psychological or emotional health has been affected in ways I'm not fully aware of.”

Those with mental health conditions or aged 55-64 were most likely to have experienced a negative impact on their emotional and mental wellbeing.

All respondents (baseline)	34%
Minority ethnic	38%
Disabled	57%
Long Term Conditions	57%
Aged 55-64	63%
Mental Health Conditions	63%

Survey question: To what extent do you feel that the ongoing changes to how you are living your life as a result of Coronavirus/COVID-19 have had an impact on your emotional or mental wellbeing?

2.8 Loneliness

We heard accounts of anxiety, stress and depression, with some people concerned about the longer-term consequences for their mental health. Uncertainty, about the length of lockdown and future prospects were also highlighted.

“Initially I missed the human contact and I felt trapped at home. I don't worry about this now, which in a way is worrying.”

“I've suffered from bouts of depression for many years. They've become a little more severe, which happens from time to time, and is always difficult, but I know to hang on till the clouds lift.”

“Since the lockdown started life changed. First lockdown was ok, but during the second I started getting anxious, nervous, stressed and eventually depressed. There's no other option but to seek help from my GP.”

“Not knowing how long measures need to be in place makes planning and looking forward difficult and uncertain which adds to strain as an older person each year is very important.”

“Exhausted, depressed, stressed. Do not know how long it will last but also have no job security so could lose income any time.”

2.9 Comparison of data from April – May 2020 and November 2020 – March 2021

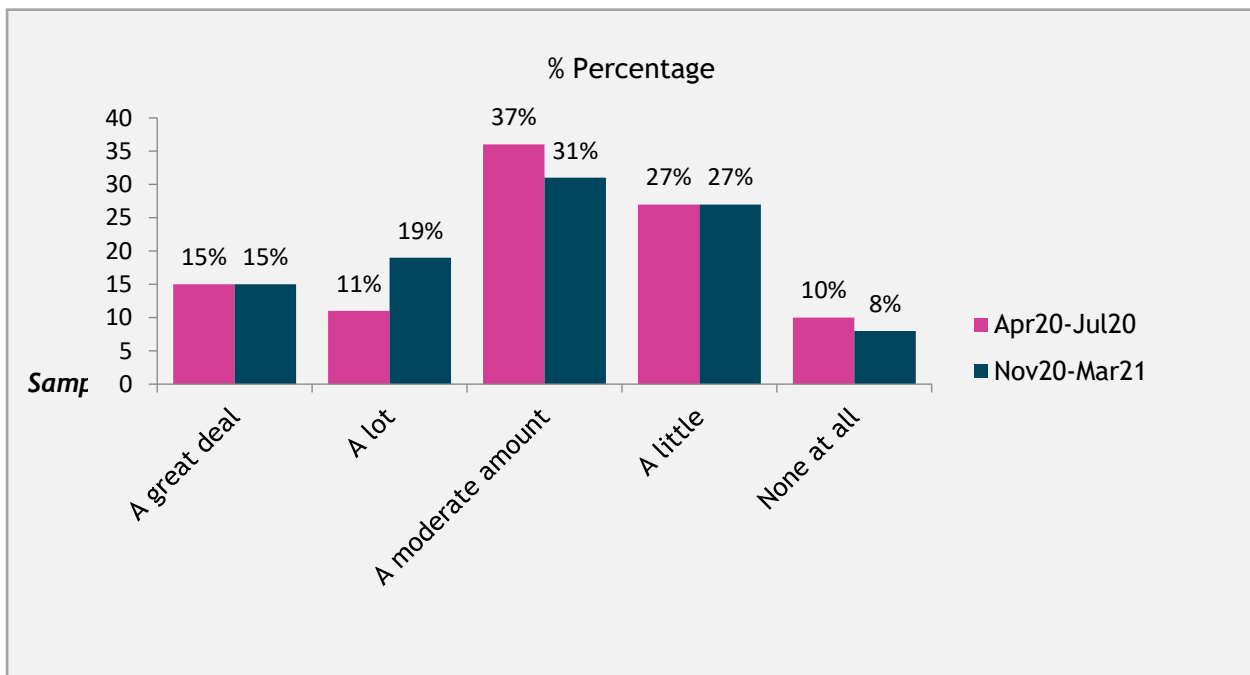
As HWCWL started speaking to residents early on, in the first lockdown restrictions and just as we were all becoming aware of the seriousness of the situation and then again through a large part of the most recent lockdown, we are able to identify where there have been changes in residents' mental health and wellbeing over time. We are also able to see if there are any groups that have been consistently badly affected across the year April 2020 to March 2021.

When we look at what people who identified as having a pre-existing mental health condition told us about their experiences, we notice that they remain the most impacted group across a range of areas.

2.10 Impact on emotional or mental wellbeing – all respondents

“I live in one bedroom flat with my husband, my daughter and my grandchildren age 17 and 15. I have mental health issues. During the first lockdown I had psychologist to talk to every week, but this time I have no one.”

In Westminster, respondents as a whole, were 8% more likely to have experienced a negative impact on mental wellbeing in our second survey.



Survey question: To what extent do you feel that the ongoing changes to how you are living your life as a result of Coronavirus/COVID-19 have had an impact on your emotional or mental wellbeing?

2.11 Delayed seeking help with health concerns

With the exception of those aged 55-74, all groups are recently less likely to have delayed seeking help for health concerns. Those with mental health conditions remain the most impacted, by a considerable margin.

April 2020 – July 2020

All respondents (baseline)	31%
Aged 45-54	41%
Minority ethnic	50%
Long Term Conditions	50%
Carers	55%
Disabled	64%
Mental Health Conditions	100%

November 2020 – March 2021

All respondents (baseline)	29%
Minority ethnic	38%
Aged 55-64	38%
Aged 65-74	42%
Long Term Conditions	43%
Mental Health Conditions	63%

Survey question: Have you delayed seeking help with your health concerns during the second wave of the outbreak?

2.12 Impact on emotional and mental wellbeing

Respondents with long term conditions or aged 55-64 are noticeably more likely to have experienced a recent impact on their mental and emotional wellbeing. While those with mental health conditions are significantly less likely, they remain among the most impacted as a group.

April 2020 – July 2020

All respondents (baseline)	26%
Minority ethnic	35%
Carers	35%
Aged 45-54	36%
Long Term Conditions	45%
Disabled	57%
Mental Health Conditions	80%

November 2020 – March 2021

All respondents (baseline)	34%
Minority ethnic	38%
Disabled	57%
Long Term Conditions	57%
Aged 55-64	63%
Mental Health Conditions	63%

Survey question: To what extent do you feel that the ongoing changes to how you are living your life as a result of Coronavirus/COVID-19 have had an impact on your emotional or mental wellbeing?

2.13 Ability to stay indoors

Respondents who identified as disabled or who had long term conditions are notably more likely recently to have found it difficult, to remain indoors. However, although those with mental health conditions are marginally less likely to have found it difficult recently, they clearly remain as the most impacted group.

April 2020 – July 2020

All respondents (baseline)	22%
Aged 45-54	23%
Long Term Conditions	27%
Minority ethnic	30%
Disabled	36%
Carers	45%
Mental Health Conditions	80%

November 2020 – March 2021

All respondents (baseline)	25%
Aged 75+	26%
Aged 55-64	38%
Long Term Conditions	50%
Disabled	50%
Mental Health Conditions	75%

Survey question: How easy or difficult is it for you to stay indoors since the second wave of Coronavirus/COVID-19 outbreak restrictions were introduced?

2.14 Impact on finances or regular income

Respondents from the majority of groups are recently less likely to have experienced a reduction in finances or income, including those who identified as having a mental health condition. Those of later working age (55-64) remain the most financially impacted group and this is an area to take note. We cannot yet know what the longer term impact of this may be on mental and physical health and wellbeing of people in the later working age group but as we saw above, people in this age group increasingly also felt that their emotional and mental wellbeing had been impacted.

April 2020 – July 2020

All respondents (baseline)	27%
Minority ethnic	35%
Carers	35%
Long Term Conditions	36%
Mental Health Conditions	40%

November 2020 – March 2021

All respondents (baseline)	18%
White (non-minority ethnic)	20%
Mental Health Conditions	25%
Aged 45-54	25%
Carers	25%

Disabled	43%
Aged 55-64	44%

Aged 55-64	38%
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Survey question: Please tell us how the ongoing Coronavirus/COVID-19 restrictions have affected your finances or regular income.

2.15 Understanding information to stay safe

Whilst respondents of later working age (55-64) are considerably more confused recently over information, communication and messaging, Carers, those with mental health conditions or from minority ethnic communities are also feeling less well informed than other groups.

April 2020 – July 2020

All respondents (baseline)	72%
Long Term Conditions	64%
Aged 55-64	61%
Carers	60%
Disabled	50%
Minority ethnic	40%
Mental Health Conditions	20%

November 2020 – March 2021

All respondents (baseline)	63%
Aged 65-74	58%
Long Term Conditions	57%
Carers	50%
Mental Health Conditions	50%
Aged 55-64	38%
Minority ethnic	38%

Survey question: How easy have you found it to understand the information about how to keep yourself and others safe since the second wave of Coronavirus/COVID-19 outbreak.

2.15 Reflections on comparisons of the impact of COVID-19 and lockdown restrictions experienced by residents in Westminster

People who identified as having a mental health condition have been impacted by COVID-19 and lockdown restrictions consistently across the time period analysed.

Of particular note is the delay to seeking help with health concerns reported by people who identified as having a mental health condition. Residents with mental health conditions told us through our survey and wider community engagement that they felt disadvantaged by telephone consultations. Some said that they would delay or not seek health care at all because they found communication on the phone very difficult. Patients felt that in some cases, they should have been offered a face-to-face appointment without telephone consultation first.

As we already know that people with long term mental health needs generally have shorter life expectancy by 20 years, our finding suggests that this group should be targeted by clinicians for health and wellbeing checks.

3. Discussion groups

Since April 2020 we have held 18 focus groups, talking to just over 100 residents. We partnered with groups including amongst others: Make It Happen, FAWA (French African Welfare Association), Church Street Library Multi-Lingual Group, and Breathe Easy Westminster. We asked people about how they have been affected by COVID-19 and lockdown restrictions across a range of areas including mental wellbeing, their home and local area environment and financial security; access to health and care services, including by using digital technology; and access to information about support and services.

Almost everyone we have spoken to has told us their mental health had been affected during the period of lockdown. We have heard about feelings of loneliness, anxiety, fear and panic. People have told us they worried that this period would have long-term effects for their mental health and their relationships with others.

One person told us that they felt frightened as they live alone and that although they had two siblings in the UK, both live outside London. The individual said listening to the news made them fear for their life. The situation had brought back memories of previous losses and they constantly thought about their child, who had died 14 years ago.

Another person told us that self-isolation affected them badly; they found themselves sometimes screaming at home because of the anxiety, often for no reason at all. They were waiting for an appointment with a psychiatrist but did not know how long they would need to wait.

We heard that, in many cases, technological solutions did not provide an adequate replacement for existing arrangements. Unfamiliarity with technology, or a lack of access to it, can have knock-on effects. Feelings of stress, isolation and uncertainty were frequently reported by participants when asked about their use of technology during this period.

We heard similar messages across our engagement work. Fear of catching the virus has been the major worry of most of the people we have spoken to. The difficulties of isolating, and fear over money, have been other recurring issues. What has really stood out in what we are hearing from residents is how many people have noted minor deteriorations in their mental health. This is going to have an impact in the present time but will potentially also have longer term impacts on residents' wellbeing into the future.

Focus groups participants also told us about their worries over leaving lockdown and the safety of leaving the house as the country begins to open up. There was a lot of anxiety about knowing how safe it was to be with other people again. Some people, who are in clinically vulnerable groups, have told us that they are unsure whether they will ever trust that they can have the types of relationships or freedom to live their lives as before the pandemic.

As we are continuing to organise discussion groups with groups and residents, there is varied interest in attending in person meetings, with most saying that they prefer to stay at home. This is an area that we are only just beginning to explore but we are increasing aware of cohorts of people that includes older people, those with long term health conditions and from minority ethnic backgrounds, who feel both isolated and also fearful of going out. The impact on mental wellbeing cannot yet be known but it is possible that we will see increased anxiety and depression emerging amongst these groups.

In planning for how to meet future needs mental health support needs, the following observations from focus group participants are helpful.

3.1 Prevention

We heard that there is not a 'prevention culture' in place to provide support before things get bad. Discussion group participants told us that when people try to get support, they feel like they are fighting with the institution, which is deflating and discourages people from seeking help.

The perception across the groups we have spoken to was that there is not enough non-clinical mental health support to help people develop and sustain coping mechanisms to manage their stress, anxiety, and depression. They would like supportive services, that are easily accessible and easy to navigate.

3.2 Culturally sensitive services and accessible information

All communication about which support services are available, and all services that provide emotional and mental health wellbeing support need to be culturally sensitive support. For example, in some cultures there are no words for anxiety and depression; our discussion group participants told us how these feelings / emotions are expressed and understood differently in different communities.

In addition, we continue to hear of the need for support and information in different languages, suggesting that this is still an area that needs improvement. We also heard that there is not enough information about how to access interpreting services for health appointments, with participants telling us that that they did not know that this was available for mental health appointments also.

We were also hearing that a lot of people do not know where to get support. There is confusion about which services are open for face to face appointments, including GPs who are residents primary source of support for mental health wellbeing.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Olivia Clymer or Carena Rogers at Healthwatch Central West London.

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Westminster Policy & Scrutiny Committee: CNWL Update on the Gordon Hospital June 2021

Lead Director: Robyn Doran

Author: Christina Santana-Smith

Purpose:

To provide a routine factual update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This is a standing agenda item as requested by the Committee, which updates the information in papers presented to the Committee in October 2020 and April 2021.

Current Position:

In March 2020, the inpatient wards at the Gordon Hospital were temporarily closed as part of CNWL's COVID-19 response. Due to the level 4 emergency status caused by COVID-19 and its impact, CNWL was not able to consult, only inform local partners at the time. CNWL remains committed to providing high-quality inpatient and community services for the residents of Westminster. CNWL plans to formally consult on the future of the Gordon hospital towards the end of summer, provided National Emergency and wider NHS regulations allow.

We have a Strategic Outline Case going to our executive board at the end of July looking at the option of a proposed new facility at Woodfield Road designed to provide inpatient beds in Westminster and flexible, collaborative space for inpatient and community services. This case is subject to gaining capital funds from within the wider NHS System and both locally and within NWL ICS, from circa £50 to £70 million. The project is at an early stage and the Strategic Outline Case. If approval is gained at this stage it will move to the Full Business Case stage which will be submitted for approval at the end of 2021, again subject to capital approval.

Stakeholder Engagement:

In this period before formal consultation, we are keen to continue informing, listening, and responding to questions, feedback and concerns. We are committed to working with our patients, families, communities, staff, and partners to work collaboratively to plan for the right inpatient service to meet the mental health needs of Westminster residents. To enable this, we have taken and committed to the following actions (further to all previous activities detailed in previous papers) since our last update in April:

- Scheduled in-person visits for interested Scrutiny Committee Councillors in June to both the Gordon Hospital and St Charles Hospital.
- Held internal engagement sessions with Westminster staff members to discuss our current and future service provision.
- Planning an additional set of open public stakeholder engagement sessions, re-running what we offered in February this year, in early summer to ensure continued open dialogue between CNWL and our community while we await the start of the formal consultation process.
- Our partnered Healthwatch citizen's advisory panel, called **The Voice Exchange** (see Addendum for more detail), continues which aims to help us deliver our inpatient strategy in Westminster, with local engagement, meaningful consultation, and true co-production.
 - As outlined in previous papers for context: The Voice Exchange launched in January 2021 to advise on the future of inpatient mental health provision in Westminster. The project is made up of a Citizen's Advisory panel, a Deliberation Group, and regular drop-in sessions open to the public to maximise opportunities for inclusion and input.
 - Held Information Day in May to provide Citizen's Panel with access to expert witnesses in areas of CNWL's provision they were interested in learning more about, to aid in their advice and recommendations to CNWL.
 - Another Information Day is planned in early July after the success of the first.

Headlines from The Voice Exchange’s “Wish List” for Mental Health Provision:

There are five key stages during the inpatient experience:

1. Pre-Arrival: Focus on what happens and ensuring a positive/supported experience before patient arrives at hospital.
2. Arrival: Patients need to feel comfortable and safe when they arrive at a facility.
3. Stay: A human approach is needed at all times for recovery. Focus on activities, non-medicalised approach, and personalisation of care.
4. Discharge: Ensuring a well-planned and supported discharge, including support with skills needed for transition back into the community.
5. Aftercare: Needs to be tailored and personal, rather than a check-box exercise including signposting to local services (e.g. day centres).

Key words:

- Interaction (Smiling)
- Engagement
- Compassionate
- Continuity
- Human Touch

Key Metrics Update* :

- 666 Westminster **inpatient admissions** have occurred since 1st April 2020 (post-Gordon Hospital closure), with the majority (61%) admitted to St Charles. 90% of Westminster admissions are placed within the NWL system, which is consistent with pre-Gordon inpatient ward closure (90% in 2019-2020).
- Westminster has reduced its **Length of stay (LoS)** to an average of 32 days over the last year (June 2020 to May 2021) compared to 36 days for 2019-2020 Financial Year (FY) before the ward closures. This means each care episode continues to be shorter, patients are being supported at home earlier, and fewer beds are required to serve the same number of patients in keeping with both our own and the national visions for mental health care.
- There has been no change in 30-day **readmission rates**, which since January 2021 has been 11%- the same as FY19-20. This is a positive indication of our aim of providing more support in the community to aid recovery and prevent (re)escalations.
- We have managed our use of **beds outside CNWL** by block contracting beds in Farmfield and Potters Bar, in recognition of the impact of the pandemic on demand and in line with a pan-London approach. Since January 2021, most Westminster patients requiring this type of bed have been placed within that block contract. Beds outside CNWL are always used as a last resort, and we prioritise patients with fewer connections to Westminster for these beds (e.g. foreign nationals). A Managing Director must sign-off all requests to place a patient outside our system, and all patients placed outside of CNWL are monitored daily by our Home Treatment Teams with an eye to moving patients closer to home as quickly as possible.
- We continue to see patients waiting in St Mary’s **A&E** and meet our 12-hour response target to the department, however we have seen a recent rise which is being managed. We have agreed joint improvement plan with Imperial colleagues (see below for more detail) to reduce our >12-hour breaches (59 A&E breaches Jan-May 2021 compared to 33 breaches over the same period in 2020 pre-Gordon ward closures). Note that these are **not all Westminster patients, and data tells us that nearly there is a significant number of Out of Area (non-Westminster, non-CNWL) patients who present to St Mary’s** which can add

*Data Definitions:

Responsible Borough: As entered in SystemOne. *Used for data past April 2020.*

Assumed RB: As Implied by Local Authority of SU, or CCG if LA not known. *Used for data before April 2020.*

complexity to management. For example, (810 patients of 3069 from Feb 20 to Feb 21). This represents more than a quarter, and in the past quarter it has been ~28%.

- Work to improve timely patient flow through the Emergency Departments is underway in partnership with West London and Imperial colleagues. Emergency Departments are reporting a surge in demand.
- CNWL like all other providers in London has seen a sharp uptake in A&E attendance from February 2021, with a significant proportion of patients presenting for the first time to services. June has seen a rise in out of area attendance in the A&E. Alongside the schemes mentioned below to increase and flex bed capacity, the Interim Managing Director is arranging meeting with out of area trusts to discuss the challenges of repatriating service users back to their locality in a timely manner. We are using Assessment Lounges and have created more space for non-medical Section 136.
- We have seen improved communication between the **AMPH service** and the Central Flow Hub to enable planning for MHA assessments; however recent demand has impacted on bed availability. Long stayers, defined as over 60 days have seen a sharp increase in recent weeks and there is weekly scrutiny of these cases. Emerging themes are access to specialist long term placements and we are working with the Local authority and CCG to find placements and put in place processes that we hope will speed up referral and assessment processes. The opportunity to reduce the number of long stay patients at any one time is a key route to achieving sustainably lower bed occupancy without use of beds outside CNWL.

Transformation Update:

1. **Step-Down Beds [Expanded]:** The addition of a new 4-bedded house means there are now 9 total beds within houses in the community in Westminster to provide short stays (up to 12 weeks) for medically optimised patients to “step down” from wards to the community. The service tries to place Westminster patients in these beds so residents can receive ongoing support in their borough. A video detailing the experience of patients in Westminster will be available shortly.
2. **Community Access Service (CAS) [Live]:** The new service continues to embed across KCW to ensure our patients do not stay longer than clinically required on wards and are supported through re-enablement to live as independently as possible. The team is comprised of an occupational therapist, a social worker and some peer support workers who will facilitate discharge at St Charles Hospital, supporting specifically Kensington, Chelsea and Westminster patients. We have also partnered with Single Homeless Project and Citizens Advice Kensington and Chelsea to provide a part time peer support worker into the CAS team, to provide floating housing support to enable service users to live independently within their own home.
3. **Re-ablement Team [Mobilising]:** Conversations are currently underway to further define the model and enable recruitment of staff over the coming months for a new service in partnership with Westminster City Council. Currently being developed for mobilisation in the coming year, the service is focused on support for the social care needs of service users and will be made up of support workers, working alongside CNWL services to provide intensive support to service users for up to six months to prevent readmission to manage the transition back into the community.
4. **High-Intensity Users [Now Live]:** CNWL’s commissioned British Red Cross (BRC) offer to provide bespoke high-intensity user (HIU) offer in Westminster launched in late April to support people who use services repeatedly over a short period of time. We know that frequent attendances can be an indication of unmet social needs. The team, therefore, take on a social prescribing, non-stigmatising approach, working closely with the individual and people involved in their care in ways that traditional services may not be able to. BRC has also adapted their approach in Westminster to support a range of service users, including those who are considered HIU from historical activities as well as those who are at risk of being a HIU if

support is not provided quickly. This is a pilot programme which we are trialling, learning from over 130 CCGs who have successfully implemented this RightCare approach.

5. **VCSE Projects [Now Live]:** New Westminster Partnership Forum launched this month to strengthen CNWL partnership links and engagement with the local community, create and manage long-term partnerships, and offer a platform to discuss mental health service provision within the borough, identifying gaps and exploring opportunities for collaborative working. The VCSE offers that recently went live and were described in the previous paper (specific support to people with coexisting MH and substance use problems, specialised Arabic outreach workers through the Oremi centre, and additional BAME support workers in the community) continue to embed and provide new additional support to patients.
6. **The Coves [Live]:** Service provides 1:1 support, signposting, practical advice and coping techniques, with each Cove staffed by 1 team manager, 2 recovery workers or peer support workers, and 2 volunteers depending on the shift. The Coves continue to see good usage levels, and feedback from Westminster service users continues to be positive.
 - *“Thank you for helping me and giving me this time. I am so grateful, you don’t know much. Having you to talk to in this time is saving me.”* – Westminster resident (15/04/2021)
 - *“I’m glad that you’re here to help me through these hard times. I really appreciate it.”* – Westminster resident (09/04/2021)
 - *“Thank you. Speaking about the dreams really helped, opening up does help and letting go of feelings.”* – Westminster resident (18/04/2021)
7. **Crisis Alternatives [Mobilising]:** CNWL are undertaking a number of engagement sessions this summer to review options for future crisis alternatives. This is part of the transformation funding available from the NHS Long Term Plan with the aim to expand community alternatives for people in crisis, delivering care closer to home, in addition to the Coves.

Addendum: The Voice Exchange Overview

As part of CNWL's processes to informally consult with stakeholders before we are able to begin formal consultation (which will proceed once regulations allow), CNWL has partnered with Healthwatch Central West London to launch a project called The Voice Exchange.

What is The Voice Exchange?

The Voice Exchange launched in January 2021 to advise CNWL on the future of inpatient mental health provision in Westminster. The project is made up of a Citizen's Advisory panel, a Deliberation Group, and regular drop-in sessions open to the public to maximise opportunities for inclusion and input.

Who participates in The Voice Exchange?

There are 14 participants in the project, who offer insights and suggestions on a monthly basis. They are from Westminster, Kensington & Chelsea and include people with lived experience of being an inpatient within the past three years, using community mental health services in the past three years, or people who are involved in advocacy/professional roles locally.

What does The Voice Exchange do?

The Voice Exchange asks the question 'what does the future of mental health inpatient services look like?' We explore this topic by looking at what currently exists, what works well and what needs improving, and imagining how the future could look.

What are Westminster and Kensington & Chelsea residents saying so far?

Headlines from The Voice Exchange's "Wish List" for Mental Health Provision:

There are five key stages during the inpatient experience:

1. **Pre-Arrival**: Focus on what happens and ensuring a positive/supported experience before patient arrives at hospital.
2. **Arrival**: Patients need to feel comfortable and safe when they arrive at a facility.
3. **Stay**: A human approach is needed at all times for recovery. Focus on activities, non-medicalised approach, and personalisation of care.
4. **Discharge**: Ensuring a well-planned and supported discharge, including support with skills needed for transition back into the community.
5. **Aftercare**: Needs to be tailored and personal, rather than a check-box exercise including signposting to local services (e.g. day centres).

Key words:

- Interaction (Smiling)
- Engagement
- Compassionate
- Continuity
- Human Touch

What can we expect at the end of this project?

In October 2021, the Voice Exchange will present all of their ideas to CNWL. The final report/event will highlight where things are now, where things could be in the future, how the Voice Exchange believes that future can be made possible, and finally, how to measure success so CNWL will know when they have arrived.

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CNWL NHS FT Mental Health Services in Westminster – A report to the Overview and Scrutiny Committee

June 2021

INTRODUCTION

The purpose of this paper is to provide an overview of all mental health services offered in the City of Westminster by CNWL NHS FT. This paper includes all services directly commissioned through NHS and Local authority commissioners and any services subcontracted by CNWL. We work with Westminster City Council to provide integrated Adult and Older Adult Mental Health services under a Section 75 agreement which means that integration of health and social care provides the best approach to supporting service users to recovery.

CNWL Westminster have recently produced a directory of CNWL services to include referral and contact information. Many of our services are provided through close partnership working with a range of statutory and non-statutory sectors to deliver care closer to home, linked to communities, working with family and carers, reducing the stigma of mental health.

Our teams work along the principles of recovery, hope, supporting individuals to manage their own lives, always focussed on providing care in the least restrictive way. Our teams are multidisciplinary and include nurses, doctors, social workers, psychologists, psychotherapists Occupational therapists, specialist expertise in employment, forensics, and importantly lived experience.

Supported by the CNWL Recovery & Wellbeing College, a learning and development centre, we provide a range of educational courses, workshops and resources for people with mental health difficulties who are using CNWL services, or have been discharged in the past 12 months, their carers, supporters and family members and staff from all areas of the Trust.

1.0 ADULT COMMUNITY BASED SERVICES

1.1 Talking Therapy services – includes IAPT and Counselling services - talking therapies, such as cognitive behavioural therapy (CBT), counselling, other therapies, and guided self-help and support online digital treatment packages, and help for common mental health problems, like anxiety and depression. The service works with people experiencing low mood, stress, anxiety, panic, social phobia, Obsessive Compulsive Disorder (OCD) and other difficulties. The service also works with people with common mental health problems or coping difficulties associated with long term physical health problems. Done via individual and group therapy, workshops, and psycho-education groups. Referrals process: self-referrals, GP referrals, and other health, social care and voluntary sector professionals.

1.2 KCW Early Intervention Services Early Intervention in Psychosis (EIP) is a mental health service that works with young people aged between 14 - 35, experiencing a first episode of psychosis. Once referred, service users can remain with the team for three to five years. The service works in partnership with statutory and non-statutory organisations in a recovery focussed way to help service users make sense of what is happening, through individual or family therapy, psychosocial interventions, medication, support with education, employment or finances etc.

1.3 Westminster Community Mental Health Teams Divided into South and North Westminster Adult Community Mental Health Hubs, and the Queens Park and Paddington (QPP) team this is an integrated community and social care service for adult service users with mental health issues. The teams are aligned to Primary Care Networks. The North Hub comprises the St Johns Wood PCN Team and the Regents Health PCN Team. The South Hub comprises the Westend PCN Team and the Victoria PCN Team. The Queens Park and Paddington (QPP) Team is aligned to the North K&C PCN. These integrated health and social care services work to improve wellbeing, reduce the likelihood of relapse in future and to promote social inclusion for service users in the community. The teams provide specialist interventions including Assessing, Triaging, signposting, treating and reviewing symptoms, psycho-social interventions, individual and group work, assistance in reduction of risk and symptom management. Psychology and psychotherapy services are integrated in the teams. The team assesses social care needs and providing social care interventions such as personalised budgets, placements, housing support, carer support linking through to Council statutory services. Working closely with local GPs to provide joined up mental and physical healthcare.

1.4 Services for the Homeless- The Joint Homelessness Team -A multi-disciplinary integrated community mental health and care service that works with people who sleep rough in Westminster and who have a mental illness. This service works creatively to improve engagement actively focused on reducing relapse by working collaboratively with service users to provide service-user-focused packages of care which in turn reduces likelihood and duration of admission to hospital and improves social functioning. It promotes stability in the lives of service users and their families. It works in an integrated manner with other statutory and non-statutory local services. **The Joint Assessment Service (JAS)**, part of the team, is commissioned by housing option service in Westminster to help people who are under Housing legislation who are homeless, and appear to be vulnerable in terms of their mental health.

The Homelessness Prevention Initiative - This service provides a personalised recovery focused rapid response for service users admitted to hospital in Westminster, who are either homeless or at risk of losing accommodation due to complex psycho-social factors. This service provides realistic and considered housing options, which reduce the likelihood of readmission and reduce the high social and financial costs associated with homelessness. It adds value to existing acute services and reduce unnecessary inpatient bed days. It works to reduce the pressure on the community mental health services by completing complex assessments early in the admission, and providing advice and support to care coordinators. Focusing on facilitating beneficial reconnection for those with no social network in Westminster.

Great Chapel Street Medical Centre is a walk-in medical centre providing comprehensive primary care. Supported by CNWL NHST and Westminster Primary Care Trust (WPCT), it works in cooperation with the Joint Homelessness Team. Services include GPs, psychiatric services, dentistry, nursing, substance misuse & mental health nursing, counselling, podiatry, as well as advocacy and benefits / housing advice.

2. ADULT URGENT CARE SERVICES

- 2.1 Single Point of Access – SPA** provides a first point of contact for people wishing to access adult community mental health services and provide support in a mental health crisis in Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster. The service is open 24 hours a day, 365 days a year. Individuals can self-refer and also call the number out-of-hours for support, signposting and advice. The team takes referrals from GPs and statutory services such as the Police or the London Ambulance services. Non-statutory services as well as other professionals can contact SPA for advice in relation to mental health support and signposting information for people that they are concerned about. In an urgent situation, patients may refer themselves; or referrals can be made on their behalf by family members, friends, or other services such as community, faith or support groups. It is best to make such a call in the presence of the patient, so they can be put on the line if required.
- 2.2 The Central Flow Hub** The service manages daily bed calls across all boroughs, and is responsible for managing the response to all bed requests, taking full accountability for finding a bed for patients referred for admission and making all necessary arrangements to source a bed 'Out of Area' if there are no suitable beds in CNWL Pathways and contingency operation has not been successful. The service provides support and challenge to DTAs/bed requests as the only clinician to have knowledge of bed state and associated issues across the Trust. The service manages ECR (out of area placements) and to ensure patients are back to CNWL beds within 72 hours.
- 2.3 Psychiatric Liaison Services at St Mary's Hospital Emergency Department**
Liaison psychiatry Service teams provide 24/7 mental health care to patients who attend A&E. They assess, treat and manage mental health conditions of patients over 18years. They also provide care and support for patients with physical health conditions who may be experiencing mental distress referred from inpatient wards and outpatient clinics. Ranging from abnormal illness behaviour, alcohol and substance misuse, assessment of capacity to refuse medical treatment, behavioural disturbance, deliberate self-harm, diagnostic difficulties, medically unexplained symptoms, medico-legal decisions, mental illness related to childbirth, mood disorders such as depression, mania or anxiety, organic mental disorders: delirium and dementia psychological reactions to physical illness and psychosis.
- 2.4 First Responders (FRS)** A 24-hour service for people in a mental health crisis. This service is for people over 18, living in Westminster, K&C, Brent, Harrow and Hillingdon. First Responders will respond to urgent requests for mental health assessment in the community and at A&E, to determine the next best step for someone who needs urgent mental health attention or in crisis 24/7, 365 days a year. First Responders will provide face to face gatekeeping assessment to people (including people in need of mental health act assessments) requiring emergency access to acute mental health services including Home Treatment Teams (HTT) and the Coves wherever the patient is located. They also work closely alongside the Central Flow Hub and Single Point of Access are responsible for establishing whether admission to an inpatient ward is required.

- 2.5 North and South Westminster Home Teams.** This service offers short term and intensive home treatment as an alternative to hospital admission for service users experiencing a mental health crisis in the community, as well as facilitating early hospital discharge in order to provide the least restrictive option for our service users.
The service provides a service 24 hours a day 365 days a year, offering up to three home visits per day where required to support service users in crisis. The team works closely with inpatient wards, community teams and across the urgent care pathway to ensure a smooth transition between different teams
- 2.6 Approved Mental Health Professionals (AMHPs)** AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating patient assessment and admission to hospital once a person has been sectioned. The service provides support under the Mental Health Act to bring a social and holistic perspective to the assessment of individuals. They work to ensure service users are interviewed appropriately, involving family and carers where possible, ensuring service users are aware of their rights if detained under the Mental Health Act 1983.
- 2.7 St Charles Health Based Place of Safety (HBoS)** -A Health-Based place of safety is a space where people are detained and transported under Section 135/136 (S135/136) of the Mental Health Act 1983 (amended 2007) can be managed safely while an appropriate assessment is undertaken (by a psychiatrist and an Approved Mental Health Professional (AMHP)
- 2.8 St Charles Assessment Lounge (pilot)** Currently a pilot, this service area provides an alternative assessment space for informal patients presenting with mental health crises who might require a bed, in order to reduce the demand on the capacity of acute trust Eds. This ensures all potential admissions to acute inpatient beds meet the threshold of there being no realistic alternative, with admission preventing an imminent risk to self or others.

3.0 ADULT INPATIENT SERVICES

St Charles Adult Inpatient Unit - St Charles Hospital in Kensington & Chelsea has four adult inpatient wards, and two Psychiatric Intensive units (PICU), one male and one female. These wards provide a safe and therapeutic environment for people with acute mental health problems and admit both patients who are detained under the Mental Health Act and patients who are vulnerable, at risk of harm to self or others as a result of an acute phase of a serious mental illness and cannot be safely supported in a community setting despite increased level of support, care and treatment. Patients can have a dual diagnosis of learning disability, substance misuse etc. however the primary reason for inpatient care is an acute phase of a serious mental illness.

4.0 OLDER ADULT SERVICES

4.1 KCW Memory Service

Memory services provide assessment and diagnosis of dementia and provide ongoing support and information to people with memory problems and their carers. Adults of any

age who may be experiencing memory difficulties, which includes early onset dementia can access the service. Teams have access to medical staff, specialist dementia nurses, occupational therapists, psychologists and Admiral Nurses who specialize in providing support to family and carers.

4.2 Older Adult Community and Home Treatment Team services

is an integrated service made up of the Community Mental Health Teams and Older Adults Home Treatment Teams serving the needs of older adults within Westminster. The integrated team is multidisciplinary, including psychology, social care, psychiatry, occupational therapy, nursing and support work, as well as having regular input from arts psychotherapy and Admiral nursing. The wider team provides medical, pharmacological, psychological and social interventions and works with other agencies such as care agencies, social services, primary care, third sector services, police, housing associations and environmental health.

The Home Treatment Teams operates a personalised care planning model, which means that all new service users and carers receive personalised and recovery-focused care plans. The person's care plan is developed with the person within 48 hours of acceptance for treatment, and families and supporters are kept updated with any changes to the care plan. Visits from the Home Treatment Team are one-to-one and usually more frequently than once a day. Consultant cover is provided by the same medical team, including daily input from the Community Mental Health Teams/ Home Treatment Teams consultant. In addition, the Home Treatment Teams are now beginning to commission care packages in a case management model, reducing delays while waiting for allocation to a care coordinator in the community mental health team, and in some cases preventing the need for ongoing secondary care altogether.

4.3 Inpatient provision

Kershaw Ward and Redwood Ward - are inpatient mental health wards for older people at St Charles Hospital. These services provide a multidisciplinary assessment and treatment package involving the patient, relatives and carers from admission through to discharge. The care will consider the needs of the patient as well as the relative and/or carer and will ensure that discharge planning reflects the needs of both.

Beatrice Place provides continuing care services for older people who have advanced cognitive impairment or severe and enduring mental health needs. Continuing care means care is provided over an extended period of time to a person with physical or mental health needs which have arisen as a result of disability, an accident or illness. Patients must be assessed for their eligibility for NHS continuing care. Beatrice place comprises of a total of 24 beds for both male and female.

Care is provided by a vast range of multi- disciplinary health professionals to support the individual needs of our patients.

5.0 SPECIALIST ADULT SERVICES

- 5.1 Westminster Learning Disabilities Health and Social Care Teams** managed through Westminster City Council and CLCH NHS Trust provide assessment and treatment to people in their homes or an alternative community setting such as a local clinic, school, college, day service, supported living, residential setting, care home or hospital.

5.2 Intensive Support Service Working across the Tri-borough the team works with the community teams to enable individuals with learning disabilities and autism who are in crisis and/or identified as being 'at risk' of placement breaking down to reside in the least restrictive setting to meet their needs.

5.3 KCW FOCUS team -A community-based service providing aftercare under Section 117 to service users who have been in secure mental health care supporting them on their ongoing recovery journey to remain safe and well. FOCUS provides consultation and advice on risk management plans working jointly with acute mental health services. The multi-disciplinary team includes Forensic psychiatrists and psychologists, AMPHs, Social Workers, Community Mental Health nurses, Recovery Support Workers and Peer Support workers. Expert Substance Misuse work is provided for service users for whom this is a factor in their mental ill health.

5.4 Dual Diagnosis and Substance Misuse Services

Westminster Dual Diagnosis Service is a service jointly funded by the local authority and CNWL for the purpose of supporting staff who care for clients who present with co-existing serious mental illness and substance misuse issues. We offer advice to staff from a variety of services but especially St Charles Hospital, Community Mental Health Hubs, CGL (alcohol service) and DAWS (drug and alcohol service) that work with clients who present with co-existing severe mental health and substance misuse issues as well as directly working with a select number of clients.

The service utilises person-centred, flexible yet assertive approaches conducting extended assessments. We use Individual keyworker sessions and social support groups to enhance wellbeing. MI principles are used to help explore and resolve ambivalence around lifestyle changes. The service also focuses on harm reduction advice for clients whose goal is safer substance use. The service provides psycho-social education for clients to reduce their substance use and provides pre and post support for clients who are working towards to detox and/or rehab. The team also signposts for and support to engage with activities in the local community.

5.5 Health Psychology in Hospital - The team provide health psychology services to patients at Imperial College Healthcare NHS Trust as well as working with IAPT services in Westminster to provide specialist input for those with physical health condition and related psychological difficulties, optimising psychological well-being. Current work is especially in the areas of sexual health, sexual function, HIV, HTLV1, oncology, sickle cell, laryngology, rhinology, termination of pregnancy, IVF, COVID and recently in ICU. The team also work with staff groups.

5.6 Waterview Personality Disorder Service - provides services for people with long-standing emotional and interpersonal problems resulting from personality disorder. The service supports people who have a formal diagnosis of a disorder or experience significant problems related to their personality. This includes people who self-harm, who may cause harm to others and display violent behavior, are in chaotic or unstable relationships, struggle to manage strong feelings and people who have a history of using A&E and inpatient mental health services at times of crisis

5.7 Woodfield Forced Migration and Trauma Service -provides treatment for refugees, asylum seekers and forced migrants suffering from Post-Traumatic Stress Disorder, assessed as having a primary diagnosis of Post-Traumatic Stress Disorder (PTSD). The service provides teaching and workshops that will help manage symptoms., weekly activity groups to help clients feel more confident with others and less lonely, support to help clients identify and take steps towards new goals, psychological therapy that focuses on talking about what happened in a way to make it feel like it is in the past. The service also provides Symptom management audio recordings provided in English, Arabic and Farsi

6.0 CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

6.1 Core CAMHS Services working from Woodfield Road site, providing community-based services from children and young people aged up to 18 years. The service is multi-disciplinary providing assessment and treatment to young people referred who have mental health issues impacting on their ability to function and thrive in school, family and home lives. In addition, services are provided for CYP who are of particular at-risk groups such as Looked After Children (LAC), learning disability and Youth Offending. There is a small paediatric team supporting Imperial paediatric wards.

6.2 Urgent Care and Home Treatment provide urgent assessment, care and brief intervention services. The service is 24/7 and sees young people presenting in crisis at Imperial St Marys Hospital. Westminster young people also have access to the Adolescent Community Treatment Service (ACTS) that works across CNWL 5 boroughs and provides a 5 day per week service for young people who meet the threshold for specialist care (Tier 4) but can be managed safely at home with robust safety plans and clinical interventions such as, medication, family therapy, psychological interventions such as DBT and CBT. As well as gatekeeping referrals the service supports early discharge.

6.3 Children and Young People Eating Disorders Services This is a 5-borough service based at Vincent Square Eating Disorders Service as part of the All Age service. The team also work from Northwick Park Hospital. Westminster children and Young People are able and do access this service

6.4 Mental Health in Schools Teams These are run by MIND and work closely with CAMHS services.

6.5 Kooth is a new online mental health platform for children and young people between the ages of 11 and 25, its purpose is to provide online counselling services across NWL.

Covid-19 has had a profound effect on many people, increasing worry, anxiety, depression and even self-harming. Children and young people need help with their mental health and wellbeing, and in partnership with the NHS, Kooth is another way young people in our region can access confidential, timely advice and high-quality support.

There is no need for referral, with Kooth offering safe and secure support from an online community of peers and a team of experienced, accredited counsellors through online magazine, forums, discussions boards and live chat sessions. They work closely with existing mental health services and signpost to existing children's services such as CAMHS when needed.

The aim is to use Kooth across the county as a front door for children and young people. The advantages of this are reducing demand on CAMHS and primary care services by providing

high quality intervention in a lower cost digital setting. The service will also ensure an increase in early intervention, prevention and increase accessibility

7.0 NEW SERVICES SUPPORTED THROUGH TRANSFORMATION

- 7.1 Step-Down Beds:** The addition of a new 4-bedded house means there are now 9 beds in total within houses in the community in Westminster to provide short stays (up to 12 weeks) for medically optimised patients to “step down” from wards to the community. The service tries to place Westminster patients in these beds so residents can receive ongoing support in their borough. A video detailing the experience of patients in Westminster will be available shortly.
- 7.2 Community Access Service (CAS):** The new service continues to embed across KCW to ensure our patients do not stay longer than clinically required on wards and are supported through re-enablement to live as independently as possible. The team is comprised of an occupational therapist, a social worker and some peer support workers who will facilitate discharge at St Charles Hospital, supporting specifically Kensington, Chelsea and Westminster patients. We have also partnered with Single Homeless Project and Citizens Advice Kensington and Chelsea to provide a part time peer support worker into the CAS team, to provide floating housing support to enable service users to live independently within their own home.
- 7.3 Reablement Team:** This new service in partnership with Westminster City Council focused on support for the social care needs of service users, currently being developed for mobilisation in this year. The service will be made up of support workers, working alongside CNWL services to provide intensive support to service users for up to six months to prevent readmission so they are able to manage the transition back into the community. Conversations are currently underway to further define the model and enable recruitment of staff over the coming months.
- 7.4 High-Intensity Users:** CNWL’s commissioned British Red Cross (BRC) offer to provide bespoke high-intensity user (HIU) offer in Westminster to support people who use services repeatedly over a short period of time launched in late April. We know that frequent attendances can be an indication of unmet social needs. The team, therefore, take on a social prescribing, non-stigmatising approach, working closely with the individual and people involved in their care in ways that traditional services may not be able to. BRC has also adapted their approach in Westminster to support a range of service users, including those who are considered HIU from historical activities as well as those who are at risk of being a HIU if support is not provided quickly. This is a pilot programme which we are trialling, learning from over 130 CCGs who have successfully implemented this RightCare approach.
- 7.5 VCSE Projects:** New Westminster Partnership Forum is launching this month to support existing third sector (VCSE) partnerships and foster new opportunities for the future within the borough. The VCSE offers that recently went live provide specific support to people with coexisting MH and substance use problems, specialised Arabic outreach workers through the Oremi centre, and additional BAME support workers in the community.
- 7.6 The Coves:** Service provided through Hestia delivers 1:1 support, signposting, practical advice and coping techniques, with each Cove staffed by 1 team manager, 2 recovery workers or peer support workers, and 2 volunteers depending on the shift. The Coves

continue to see good usage levels, and feedback from Westminster service users continues to be positive.

- 7.7 Crisis Alternatives:** CNWL are undertaking a number of engagement sessions this summer to review options for future crisis alternatives. This is part of the transformation funding available from the NHS Long Term Plan with the aim to expand community alternatives for people in crisis, delivering care closer to home, in addition to the Covets.

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Adult Social Care and Public Health Policy & Scrutiny Committee

Date:	15 July 2021
Classification:	General Release
Title:	2020/21 Work Programme
Report of:	Head of Governance and Councillor Liaison
Cabinet Member Portfolio:	Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Artemis Kassi akassi@westminster.gov.uk

1. Executive Summary

1. This report asks the committee members to consider items for the Committee's 2021/2022 work programme.

2. Meeting dates for the 2021/2022 year

- 2.1 The Committee is advised that the scheduled meeting dates for the 2021/2022 year are:
 - 27 September 2021
 - 8 November 2021
 - 24 January 2022
 - 21 March 2022

3. Suggested topics

- 3.1 The July meeting will cover Adult mental health and emotional wellbeing, including how services have adapted during the pandemic. A selection of members from the Committee visited the Gordon and St Charles Hospitals as part of this work. The Committee is therefore asked to discuss work programme topics for the remainder of the municipal year. Some suggested topics are:

- Social isolation and loneliness
 - BAME inequalities and COVID, including vaccine uptake in BAME communities
 - Tooth decay and oral health in adults
 - The North West London Integrated Care System
 - Vulnerable adults, including scamming and cuckooing
- 3.2 Committee members are participating in a scrutiny task group investigating the mental health and emotional wellbeing of children and young people in Westminster, led by Cllr Karen Scarborough (Business and Children’s Policy and Scrutiny Committee). The Committee may wish to give consideration to topics suitable for future task group work later in the municipal year.
- 3.3 The Committee is requested to consider obesity and metabolic disease in adults as the substantive item for the September meeting.

If you have any queries about this report or wish to inspect any of the background papers, please contact Artemis Kassi.

akassi@westminster.gov.uk

Appendix 1 – Terms of Reference

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE

COMPOSITION

Eight (8) Members of the Council (five Majority Party Members and three Minority Party Members), but shall not include a Member of the Cabinet.

TERMS OF REFERENCE

(a) To carry out the Policy and Scrutiny functions, as set out in Article 6 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Adult Social Care and Public Health.

(b) To carry out the Policy and Scrutiny function in respect of matters within the remit of the Council's non-executive Committees and Sub-Committees, which are within the broad remit of the Committee, in accordance with paragraph 13 (a) of the Policy and Scrutiny procedure rules.

(c) Matters within the broad remit of the Cabinet Members referred to in (a) above which are the responsibility of external agencies.

(d) Any other matter allocated by the Westminster Scrutiny Commission.

(e) To have the power to establish ad hoc or Standing Sub-Committees as Task Groups to carry out the scrutiny of functions within these terms of reference.

(f) To scrutinise the duties of the Lead Members which fall within the remit of the Committee or as otherwise allocated by the Westminster Scrutiny Commission.

(g) To scrutinise any Bi-borough proposals which impact on service areas that fall within the Committee's terms of reference.

(h) To oversee any issues relating to Performance within the Committee's terms of reference.

(i) To have the power to scrutinise those partner organisations under a duty to that are relevant to the remit of the Committee.

(j) To consider any Councillor Calls for Action referred by a Ward Member to the Committee.

(k) To discharge the Council's statutory responsibilities under Section 7 and 11 of the Health and Social Care Act 2001 with regard to any planned substantial developments and variations to NHS services.

(l) To oversee strategic and accountability issues within local health commissioners and providers.

February 2021

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