

Healthwatch Central West London Report to Westminster Family and People Services Policy and Scrutiny Committee - October 2018

Mental health support in Westminster

In June 2018 services users contacted Healthwatch and told us about their ongoing problems with accessing mental health support following the closure of the Recovery and Support Service. We wrote to Shazia Ghani, the Strategic Commissioner for mental health in Westminster and Kensington & Chelsea to outline our concerns. This letter was also shared with the policy team in Westminster and is copied here.

In particular, Healthwatch would like to highlight the following concerns for the attention of the scrutiny committee.

Personal Budgets

The model for mental health day provision in Westminster relies on clients having access to Personal Budgets and being able to purchase their own activities to support their mental wellbeing outcomes agreed at assessment. However, the previous RSS clients we spoke to raised a number of issues with this system that means that people are not always able to access the support they need:

The case of not being able to change activities

Lucinda (not her real name) had a Fair Access to Services (FACS) assessment arranged by her transition worker from SHP. A Personal Budget was allocated to her and she chose to spend it on an activity offered by SMART. In June 2017 her three month transition period with SHP came to an end.

A few months later Lucinda decided that she no longer wanted to do the activity offered by SMART and chose to do a craft workshop elsewhere. She contacted SMART to let them know that she would be stopping with them. She arranged the new craft activity at the new centre and waited to hear about her Personal Budget. Two months later someone rang her to say that she will need a new financial assessment. In November 2017 she had the new assessment and then heard nothing.

In January 2018, someone from CNWL rang to say they would chase the admin department to get this sorted. Numerous communications with the CNWL worker followed either by phone or in person and each time she was told that the admin team were still on the case. In April 2018 she was informed that admin have still been paying SMART even though she has not been attending their activity for about nine months and she had informed them of this via an email to the administrator. Two months later she was then told she would need to undergo a new FACS and financial assessment as so much time had now elapsed. To date she is now waiting for the outcome of these assessments.

As a consequence of all this, Lucinda who suffers from severe anxiety disorder has very much struggled with her mental health wellbeing. The way that Personal Budgets are currently set up did not give her the flexibility to seamlessly move from one activity to another. Westminster Council have been paying for a service that has not been used and in doing so, has not supported Lucinda to access the activity of her choice.

The case of non-payment through the Personal Budget system to activity providers

Small businesses and community centres were encouraged by Westminster Council during market shaping activities to develop activities that could support people's mental wellbeing, in particular for former clients of RSS.

One example of this is Art4Space. They offered a mosaic group in Stockwell and six former RSS clients attend this. In the first six months there were long delays to pay the company the activity fees through the Personal Budget system. Clients became worried that workshop would be cancelled. The lead mental health worker of one of the clients followed up on this and payment went through for all six clients.

However, a new contract with Art4Space was arranged in January 2018. The same six people from the RSS signed up. This time three of their Personal Budgets were paid to the company, the other three are still waiting for their payments to go through six months later. Invoices have been sent by Art4Space 11 times in six months.

The delays in the system causes unnecessary anxiety for service users and risks the stability of the companies or providers offering the activities.

The case of the lost Direct Payment card

An SHP client who has both mental health and physical health conditions had a pre-payment card, which he lost. There was no easy way for him to report the situation. His card was subsequently used by someone else to pay for things that he did not use. Meanwhile, the health providers who provide his personal care were asking for payment for support for help with washing and dressing etc but he had no access to money.

The lack of information about how to report a lost direct payment card and then a lack of ease in reporting this situation has caused distress and anxiety for the service user

Service users have been encountering these problems for at least a year and as documented by our report to the Adults Health and Public Protection Policy and Scrutiny Committee in November 2017, in which we highlighted the following:

“People currently using Westminster mental health day opportunities continue to report that not everyone has a care coordinator so do not have a direct person they can go to if they need support. There remains some confusion about personal budgets and how to manage these.”

Healthwatch attended the meeting and further outlined the difficulties that people were experiencing following the closure of the Recovery and Support Services in Westminster. At that time there was no Strategic Commissioner for mental health in Westminster and a commitment was given that this situation would be rectified.

Recommendation

That the Family and People Services Policy and Scrutiny Committee undertakes an investigation into the personal budget and direct payment systems in Westminster.

The model of mental health day opportunities in Westminster relies on the Personal Budget system working for both clients and providers. The examples that we have heard and outlined here demonstrate that currently the Personal Budget system is not providing the support that mental health day opportunities service users in Westminster need.

In addition, work is currently being undertaken across Westminster and Kensington and Chelsea to develop the personalised care that people receive. Personal Budgets will be an important part of this offer and it is essential that they work to support service users' wellbeing and independence.

Bayswater Medical Centre - for information

West London CCG informed Healthwatch CWL of a potential merger on 9th July 2018. Bayswater Medical Centre had approached Grand Union Health Centre in June 2018; a merger proposal was submitted and approved subject to patient engagement by the CCG and NHS England. The practice has advised that patient engagement started 6th July running until August 17th.

Three engagement events have taken place - one on each site. Based on questions raised at the events and emails from patients a Frequently Asked Questions has been developed. 7500 letters have been sent to patients and SMS messages to all Bayswater Practice members.

Context:

- a. GP partners are retiring
- b. Private landlord is selling
- c. CQC has inspected Practice every year in the last 4 with the latest (10th May 2018) being a poor outcome that led to it being put in special measure
- d. Merger seems to have been agreed all being it waiting for formality.

Healthwatch contacted the practices and requested information on their engagement and communication plan for the changes. They responded quickly and comprehensively.

Healthwatch Local Committee members have been involved, visiting the practice, and talking to patients and PPG members to capture patient experience. Local Committee members visited the practices, engaged and made recommendations to support patients, for example an easy read version, some language translation, ask the PPG to run an information stall, when appropriate contact the patients' next of kin / carer, use various methods of communication.

The practice responded promptly to the suggestions including a greater breadth of vulnerable patients and a follow up once the engagement period is closed. There have been additional meetings with the PPGS for both practices.

Response from Bayswater PPG is *“the older patients are worried about the location of Grand Union practice from a personal safety point of view There is a flyover close by apparently traffic races along Harrow Road from the Maida Vale direction the drivers feel themselves shielded by the flyover Also many of them will have to take taxis to the practice which they cannot afford Patients are also upset by the refusal of the GP'S to sell the practice to buyers who would keep Bayswater Practice Open.”*

What potentially next:

- Local politicians can help by engaging their constituents and share the information at their surgeries.
- GP Practice/WLCCG could share information link with local events including local community centres; i.e. BMC, Grand Union, Stowe Centre, Abbey Centre, Westbourne Park Family centre, Carers Network/Beethoven Centre, Church Street Library/other libraries, other local GP Practices, to ensure that robust engagement and information is provided for the local community and patients especially to mitigate people falling through the nets/cracks with the change of phone numbers, location, etc, that will happen with this change.

Provide a post-support system for people who may still walk there or call the phone numbers of BMC.

SOHO Square GP Practice Enter and View - for information

This 'Enter and View' was carried out over four visits between 25th April - 1st May 2018. We sought to understand the concerns patients raised with Healthwatch over changes to the model of care at the Practice being brought in from autumn of 2017. We set out to determine the level of changes and its impact on patients.

After the Practice lost all of its employed doctors and nurses, we felt that an ‘Enter and View’ would give us a clearer understanding of the quality and safety of care that was being offered and to ensure that patients’ safety remains at the centre of service provision.

In September 2017, LivingCare Medical Services (LCMS) proposed a series of changes to the model of care in Soho Square General Practice. These were intended to be implemented from the 1st of December 2017. The provider had attended the Patients Participation Group (PPG) to inform patients of this proposal which included the following changes:

- An end to the early morning drop-in clinic
- The introduction of a mandatory ‘telephone triage’ for all patients to access the service
- Reduction in doctors’ hours by a third
- Introduction of Advanced Nurse Practitioner (ANP)
- Language Line interpreting system

Healthwatch deemed these changes to be a significant change to service provision and therefore advised that LCMS had a duty to consult patients at the practice under the Health and Social Care Act 2012, Section 14Z2. Healthwatch felt that the provider had failed in engaging with patients and in making arrangements for their involvement in the changes. We were especially concerned about the poor level of communication explaining the changes and the process of implementing them with as little or no disruption to access to services as possible.

Provider response to specific Healthwatch Recommendations

Proposed changes to the service

- a) LivingCare should review how it engages with patients to ensure they are listening effectively to concerns and involving patients in the decision-making process for changes;
- b) LivingCare should explore and listen to patients’ understanding of proposals and the impact it could have on them;

Response [to a&b]: LCMS has been working closely with the PPG to discuss how the service is running and ensuring that we are able to capture all patients voices and feedback in our provision.

- c) LivingCare should work with staff based at Soho Square GP to involve patients in proposed changes to services and to disseminate information to patients.

Response:

- d) LivingCare should ensure that staff working in Soho Square GP are fully informed about changes to services and opportunities to be involved in decision-making.

Response: Changes at the service will need to occur to ensure that it meets the national strategy (GP Five Year Forward View) and we will ensure full 6 week consultation as part of this, by no means will these be as radical as suggested in Autumn 2017. The staff are aware of these such as using a smart phone application to support appointment choice.

Staff recruitment and retention

- a) LivingCare should develop and implement a plan to employ permanent staff, especially healthcare professionals including GPs to improve staff turnover and strengthen patients' faith in their service;

Response: It is important to understand the context of recruiting a GP in London

- b) LivingCare should review how it can more closely reflect the demographics of their registered patients in the staff population, for example by making Cantonese (or other Chinese language) a priority when appointing healthcare professionals, where possible.

Response: Access to care is important to us and at the last PPG discussion around the Chinese community had begun. We need to ensure that we service all needs of our patients and this must be done in an equitable manner.

Patient Participation Group

- a) Practice staff should send out information about PPG meeting to all patients in good time so that they are able to attend meetings.

Response: The PPG information gets sent out within 3 days of the request of the PPG leadership team.

Communication with patients

- a) LivingCare and practice staff should ensure that all patients receive information in the format they will understand;

Response:

- b) LivingCare and practice staff should improve communication with patients by using easy-to-understand plain language to ensure that patients

understand information especially when being transmitted during consultation.

Response:

- c) The Practice should amend its advertised opening hours to reflect the actual times patients can access the service.

Response: Appointments are given on a routine basis. Different staff work at different times.