

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

Lead Director: Robyn Doran

Author: Christina Santana-Smith

Purpose:

To provide a written update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This updates the paper presented to the Committee in October 2020.

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 plans to formally consult on the future of the Gordon hospital this summer, provided National Emergency regulations allow.

Stakeholder Engagement:

The temporary ward closures have inevitably raised challenges, and while National Emergency regulations have not allowed us to formally consult, we are keen to inform, listen to, and respond to concerns. We are committed to working with our patients, families, communities, 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 the following actions:

- We have appointed a **Community & Partnerships Lead** to support partnering with and championing local VCSEs providing services/support to vulnerable and at-risk groups, and partnering with voluntary sector and local authorities to increase alternative forms of provision for those in crisis.
- We hosted a series of **Stakeholder Engagement Forums** open to the public in early 2021 to provide space for discussion, open dialogue, and supportive enquiry.
- We have commissioned Healthwatch to set up a citizen's advisory panel called **The Voice Exchange** to help us deliver our inpatient strategy in Westminster, with local engagement, meaningful consultation, and true co-production.
 - 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.
 - The Voice Exchange has held the first 3 monthly meetings for each of these groups, for what will be a 9-month project where they have so far agreed aims, norms, outcomes & outputs for the group.
- Completed and shared **Equality and Human Rights Impact Assessment** to assess the temporary inpatient ward closures and ensure no adverse impact on persons having a protected characteristic.

Initial themes emerging from these stakeholder engagement activities include:

- Westminster residents want appropriate provision & access to inpatient beds close to home *when clinically appropriate*, and consensus that the Gordon inpatient wards are not fit-for-purpose for therapeutic inpatient care.
- There is a strong desire for a continued CNWL presence and provision in the South of the borough, though not necessarily in the form of inpatient beds.
- There is strong support for a non-medicalised and holistic provision, supporting recovery in the community and integrated approaches to care.
- CNWL can continue to improve its communication to ensure effective engagement and that information about existing and future transformation is reaching local partners and residents.

Key Metrics Update* :

- 560 Westminster **inpatient admissions** have occurred over the last year, with the majority (62%) admitted to St Charles. 91% 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 31 days over the last 6 months (September to February 20/21) compared to 35 days for the same period last year (March excluded due to COVID bias). This means each care episode is shorter, patients are being supported at home earlier, and fewer beds are required to serve the same number of patients.
- There has been a slight rise in **readmission rates** (11% for the last 3 months compared to 10% FY19/20) which we are monitoring to assess the impact of newly live & embedding transformation (see points 3-6 below), and to identify additional actions needed to prevent relapse in the community. We know the answer is not longer stay in hospital, but more support in the community to aid recovery.
- 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 (79%) requiring this type of bed have been placed within that block contract. There have been some occasions where patients were placed further (furthest was one patient in Bristol), but all patients in these beds are monitored daily by our Home Treatment Teams.
- We continue to see patients waiting in St Mary's **A&E** and have agreed an improvement trajectory with Imperial to reduce our >12-hour breaches (21 A&E breaches Jan-Feb 2021 compared to 29 breaches over the same period in 2020 pre-Gordon ward closures).

NB This is all 12-hour breaches at St Mary's, not just Westminster patients

Transformation Update:

- 1. Step-Down Beds [Now Live]:** 5 new beds within a house in Westminster provide short stays (up to 12 weeks) for medically optimised patients to “step down” from wards to

*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.*

the community. This option for patients, who no longer require the clinical input of an inpatient ward but who are not yet ready for discharge to the community, provides an important opportunity for transition from inpatient care to being back home- a period of care that we know is when service users are most often vulnerable. It is an additional tool support the new CAS team (see below) facilitating discharge, and promotes the principles of care in the least restrictive setting and moving care closer to home.

2. **Community Access Service (CAS) [Now Live]:** New service now live 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]:** A 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 the coming 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
4. **High-Intensity Users [Live end of April]:** CNWL have commissioned British Red Cross (BRC) to develop a bespoke high-intensity user offer to support people who use services repeatedly over a short period of time, which will be the first of its kind for mental health and launching in Westminster by the end of April. We know that frequent attendances can be an indication of unmet social needs which traditional services cannot address. BRC will be taking a person-centred, non-stigmatising approach, working closely with the individual and people involved in their care. They will be mentored by the RightCare HIU lead, who has implemented the RightCare HIU programme across more than 130 CCGs.
5. **VCSE Projects [Now Live]:** New community offers provided by the third sector (VCSE) have now launched, which for Westminster residents includes 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. The specific remit of these workers is to engage with service users from BAME communities particularly vulnerable to exploitation by gangs and drug dealers, radicalisation by extremist groups, and/or with alcohol and substance misuse issues
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 are seeing good usage levels, and feedback from Westminster service users is positive:
 - *“Sometimes I can't find enough words to express how thankful I am; thank you very much, your work is to bring life back to people innerly dying, and you do it effectively, thank you so much.”*- Westminster resident (10/02/2021)
 - *“I really needed this. Thank you so much for your support today. Thank you for your time and listening without any judgement”*- Westminster resident (08/04/2021)