

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.