

Westminster Policy & Scrutiny Committee: Future of Westminster Mental Health Provision and Gordon Hospital March 2022

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 is in addition to the papers presented to the Committee in October 2020, April 2021, June 2021, September 2021, November 2021, and January 2022.

What We've Done:

Our Provision

The last few years have seen major investment and changes in CNWL's provision within Westminster. In early 2019, CNWL launched its urgent and acute care transformation to respond to local needs against the requirements of the Long Term Plan (LTP). This included ensuring appropriate community-based crisis care (clinical and non-clinical alternatives) alongside a therapeutic inpatient offer. Over 2019 and 2020, CNWL reached major milestones in delivery across Westminster supported by new NHS England bid monies from the LTP, including launching a new model of community mental health care as an early implementer site, the establishment of a First Response Service offering 24/7 assessments within the community, a revised HTT offer with planned consultation to move to 24/7 functions, the procurement of new third sector-provided crisis havens (The Coves) providing non-clinical alternatives, and the design of a 24/7 bed management hub.

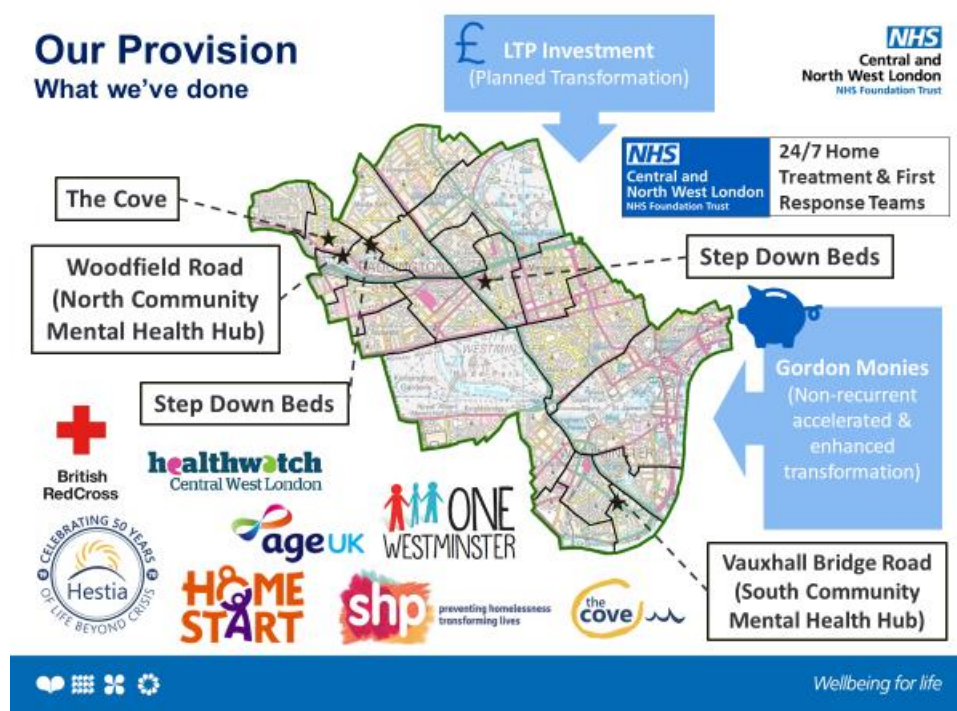
In the middle of this transformation journey, the inpatient wards at the Gordon Hospital were rapidly temporarily closed as part of CNWL's pandemic response primarily due to serious concerns regarding infection control in the building and patient safety, along with the need for immediate flexibility of service provision to support mental health care during the pandemic. Transformational programmes were enhanced and accelerated in response to this, as well as other Covid-19 pressures and learning, with the planned new services all launching over the course of 2020 and the rapid development and establishment of further innovative models to support the original vision and revised ways of working including Step Down beds (see below). The additional savings from the temporary closure of the Gordon inpatient wards, has allowed non-recurrent investment enabling accelerated and advanced transformation in addition to what was already planned for Westminster. Some of these transformation programmes were recognised at the national Positive Practice in Mental Health Awards in October 2021:

- **Step Down Beds** (Winner- Specialist and Community Mental Rehabilitation category): For its innovative approach to supporting patients in a community-based, recovery-focused environment. Step down means patients' discharge from acute is facilitated and they are able to access further support in a more community-based offer.
- **Westminster Community Social Prescribing Initiative** (Winner- Primary and Community Mental Health category): The Social Prescriber role was developed in partnership with a third sector organisation, One Westminster, to support service users in the community mental health hub to connect to a broader range of community groups and services. Social Prescribers support people to increase their resilience and reduce the impact of health inequalities by addressing the wider determinants of health such as debt, poor housing, isolation and poverty.
- **One Community** (Winner- Service Transformation Category): One Community is a service user led movement dedicated to empowering people with mental health conditions, working with community partners and creating lifelong opportunities for St Charles patients through activities such as playwriting, beauty treatment, and gardening.
- **Westminster Community Mental Health Team's Complex Emotional Needs (CEN) Pathway** (Highly Commended- Complex Care category): This team delivers a range of groups including Dialectical Behavioural Therapy, Mentalization-based treatment and psychoeducation. Many of these groups are co-delivered with both a CEN Clinician and CEN Lived Experience Practitioner- two roles designed specifically for this service. The success of the CEN pathway in Westminster has led to the launch of a trust-wide CEN

pathway project group and the introduction of similar CEN workers in the other boroughs in the trust.

- Westminster Older Adult Community Mental Health Team** (Highly Commended-Older Adult category): For promoting recovery and supporting people with functional mental health needs and/or a primary diagnosis of dementia. The Older Adult CMHT is mentioned in the Community Mental Health Framework as a best practice for providing an integrated health and social care service that delivers person-centred care in a non-restrictive setting.

All previously reported transformational services from previous updates remain live and are receiving referrals, including the Community Access Service, VCSE offers, Step Down beds (see above), British Red Cross High-Intensity User offer, and the Coves. Full information about all of these and overall support for people in crisis can be found on the CNWL webpages along with information on available cross-partner offers through our signposting partner Hub of Hope (embedded on the Single Point of Access webpage). This information is also available on the Westminster City council website [here](#).



Engagement

Since the temporary ward closures, CNWL has remained committed to open dialogue across our service users, carers, staff and partners. This has included a variety of engagement activities as we prepare for formal consultation which have been detailed in previous updates to this body, including a Councillor Roundtable in November 2021, internal staff engagement sessions, and public Q&A sessions with CNWL leadership, and more. This internal and external engagement continues to inform our work, for example highlighting the importance of a physical CNWL presence in the South of the borough, which has informed transformation planning and development of new crisis alternatives for Westminster residents.

As previously reported, CNWL partnered with Healthwatch in 2021 to create a citizen’s advisory panel called The Voice Exchange to advise on the future of inpatient mental health provision in Westminster. A draft output of Voice Exchange project will be used for facilitated reflection session with CNWL staff in early 2022, ahead of a finalised piece being produced. CNWL has commissioned Healthwatch to continue this work and facilitate its next steps and ensure accountability, transparency, and a collaborative/co-produced response to the Voice Exchange findings (see Figure 1 for major themes from initial findings).

Figure 1: The Voice Exchange Major Themes of Initial Findings



Where We Are Now:

Following urgent temporary closure in response to the Covid-19 pandemic in March 2020, the inpatient wards at the Gordon Hospital remain closed whilst we plan for formal consultation. Metrics and impact on the pathway are being closely monitored and continually reviewed (see below for more detail), accelerated and enhanced transformation is being implemented, and stakeholder engagement across partners, services users and carers continues in this pre-consultation period as outlined above.

Following the temporary ward closures CNWL’s bed base is now aligned with national benchmarking. Additionally, the estate layout of CNWL’s inpatient provision remains in line with other London Trusts, for example ELFT who has been named as exemplary for length of stay and out of area placements, whereby individual borough sites do not have their “own” units and pressures are managed across borough boundaries or on single sites for multiple boroughs. Overall, new and transformed services/models of care have started to embed and our regularly-monitored metrics indicate that performance on key metrics such as length of stay, readmission rate, and patients placed outside of the NWL system have remained the same or improved since the temporary ward closures.

Current Position

Where we are now

Gordon Wards Temporarily Closed Due to Intervention Prevention and Control (IPC)

- Gordon was assessed to be a high IPC risk (e.g. lack of en-suite bathrooms)
- Mental health patients have increased vulnerabilities of risk of infection (e.g. being in confined space on an inpatient mental health ward)

36 days → Reduced Length of Stay → **32 days**

12% → Reduced Readmission Rate → **9%**

- ✓ 0 ECRs before Omicron wave
- ✓ 71% ECRs placed in block contract since Jan 2021

CNWL bed base now aligned with national benchmarking

"I've enjoyed (Step Down) a lot to be honest, I recovered really good in a good way. It's too different from hospital it was just a different environment. In here it's more quiet, it's more help and the people in here they're very supportive and very nice."

- Step Down Patient

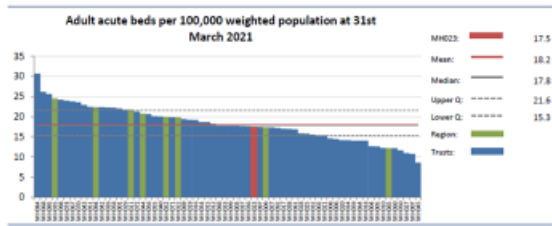
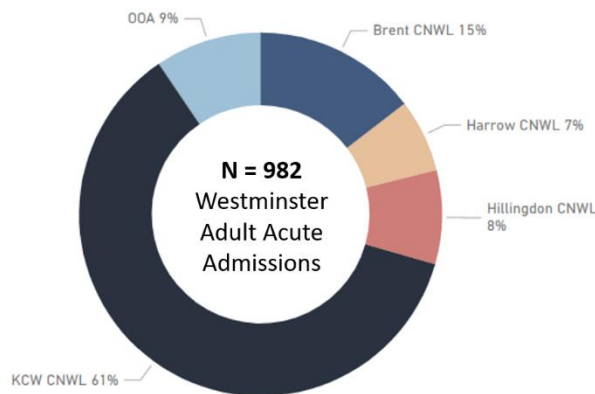


Figure 1

Key Metrics Update¹

- 982 Westminster **inpatient admissions** have occurred since 1st April 2020 (post-Gordon Hospital closure), with the majority (61%) admitted to St Charles. Over the last 12 months admissions to acute adult inpatient beds are trending downwards, currently at approximately 7 per week, demonstrating the impact of newly transformed community and urgent care teams (compared to 10 per week at September 2021 update, 9 per week at November 2021 update, and consistent with January 2022 update).
 - 91% of those admissions were placed within the NWL system, meaning that 9% of Westminster admissions were placed in Out of Area Placements (OOAs). The rate of Westminster admissions being placed in beds outside of CNWL has consistently remained equal to or less than before the Gordon inpatient ward closures when 10% of Westminster patients were placed outside of CNWL (See Figure 2 below for more detail).

Figure 2. Westminster Admissions Borough Breakdown (April 2020-February 2022)



- Use of any **beds outside CNWL** has been managed via block contracting beds. Since January 2021, most Westminster patients requiring this type of bed (71%) have been placed within that block contract (located in Milton Keynes, Hertfordshire, and Surrey). Beds outside CNWL (Out of Area Placements or OOAs) are always used as a last resort, and we prioritise patients with fewer connections to Westminster for these beds whenever possible (e.g. foreign nationals). When using these beds, all NHS England Guidance continuity principles are met and monitored. Similar to other trusts, CNWL has experienced a recent increase in OOAs due to the rising numbers of COVID infections which has impacted on ward closures and staffing pressures. We are prioritising bringing those patients back into CNWL beds as soon as possible.
 - **Note:** NHSE has also block purchased beds for use by all London trusts in Enfield and Dorking which CNWL has also utilised on occasion.
- Westminster has continued with a reduced **Length of stay (LoS)**, with an average of 32 days for the past two full calendar months (Nov-Dec 2021), compared to 36 days for 2019-2020 Financial Year (FY). This is a further reduction from previous updates such as November 2021, when the average LoS was 33 and September 2021 when the average was 35 days.
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS². Since the start of June 2021, **75 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged. Separately, **58**

¹ 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*

Foreign Nationals excluded

Breaches: from Decision to Admit (DTA) to leaving the department

² Length of Stay metric is calculated on discharge. This means when a longer stay patient is discharged, the days from their stay are added to the overall average, resulting in some in-month variance (which is within SPC graph tolerance).

discharges have accessed support in a new ‘Step Down’ bed (see above). This shows positive work against the principles of least restrictive setting and care in the community, but also the need to work collaboratively to ensure timely access to placements for complex needs.

- The FY 21/22 average 30-day **readmission rate** is lower now than the FY19/20 rate at 9% as of 13th February (vs 12% in FY 19/20), consistent with our January update and a further reduction from our November 2021 update (10%). This is a positive indication of our aim of providing more support in the community to aid recovery and prevent (re)escalations.
- For **St Mary’s A&E**, we meet our 1-hour response target by Psychiatry Liaison at 93% in Q4 to date (1st Jan – 15th Feb). We continue with our joint improvement project with Imperial to reduce the number of 12-hour breaches in the department – against the context of a rise in presentations in comparison to previous years. There were 19 breaches at St Mary’s in January 2022, but this has reduced to 6 for the month to date in February (1st – 15th Feb). The January increase coincides with a rise in COVID infections with impacts on ward closures and staffing pressures, and the February data may be an early indication that the Divert to Admit ward which went live at St Charles at the end of January is having a positive impact on the number of breaches.
 - Note that only 10 (~40%) of the breaches in January and February relate to Westminster patients, **and data tells us that there is a significant number Out of Area (non-Westminster, non-CNWL) patients who present to St Mary’s** – this was just over a third (34%) of St Mary’s A&E presentations in January and February (120 of 344 referrals).

Where Do We Go Next:

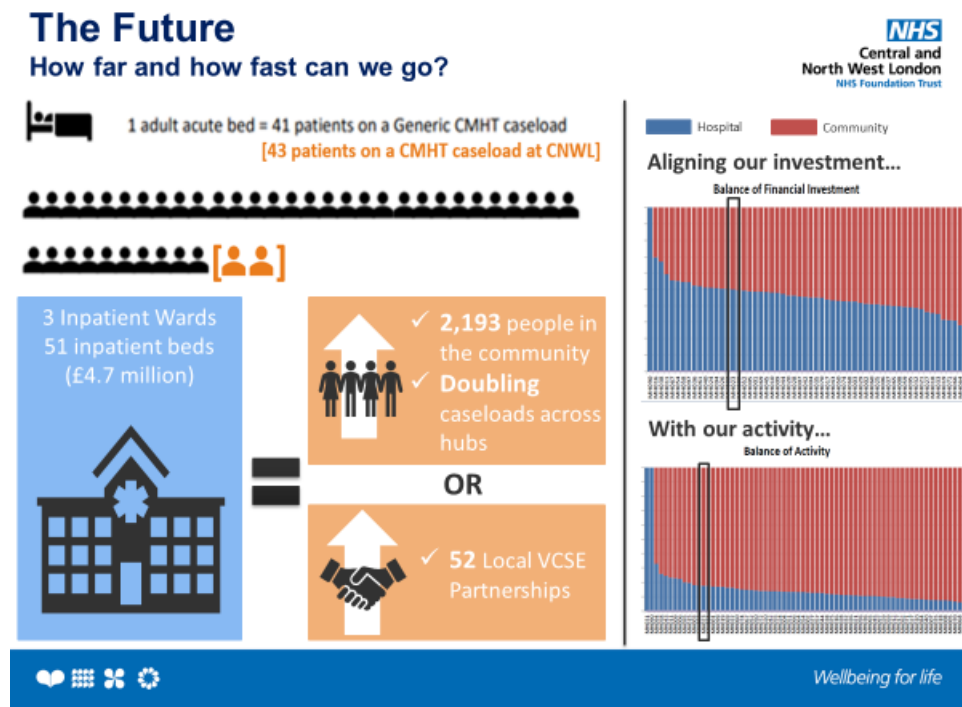
We are dedicated to providing all our patients, including our Westminster patients, with high-quality services based around the principle of moving care closer to home wherever clinically possible, by strengthening clinical alternatives to admission and shifting provision to a more community-based offer in line with national priorities as laid out in the Five Year Forward View for Mental Health and the Long Term Plan.

This includes expanding existing and developing new provision available within the community with a focus on wellbeing to ensure that care, support, and interventions are available and accessible locally:

- Working to prevent admissions unless there is no clinical alternative
- Working with local VCSE, facilitating a broader offer to our population
- When people are admitted, ensuring it is purposeful and a high-quality and therapeutic environment



CNWL's next steps, in relation to the future of the Gordon hospital wards and more broadly, will determine how far and how fast we can move toward that vision for Westminster residents. This includes decisions around where limited resources can be invested to as we attempt to best align our investment with our activity and the needs of our population. Through the engagement activities detailed above, The Voice Exchange, and our future formal consultation, CNWL will seek views on the future of our mental health provision in Westminster including the balance of investment in inpatient wards and in community services and alternatives to admission.



CNWL will be launching a public consultation later in 2022, following the election period, on the future of the Gordon inpatient wards and CNWL's mental health offer in Westminster. The consultation

Ahead of the launch of that formal consultation, we remain committed to open dialogue including this body, our service users, carers, staff, and other partners. To support this, we will continue informal pre-consultation engagement with key stakeholders including the following activities:

- Additional open Q&A sessions with Trust and borough leadership in 2022.
- CNWL has commissioned Healthwatch to facilitate an extension to the Voice Exchange Project (see above for more information). This will include quarterly summits throughout FY22/23 with CNWL and Voice Exchange members to ensure accountability, transparency, and a collaborative/co-produced response to the project's findings.
- As part of the Voice Exchange extension, Healthwatch will facilitate staff listening and engagement sessions for front-line staff to share and reflect on the project's findings and inform next steps.
- Pre-consultation engagement with statutory bodies in line with relevant guidelines including the CCG, ICS, and this body.
- Additional targeted engagement with key partners and stakeholders over the coming months (e.g. Local Authority, local ICPs, voluntary sector partners, etc.)