

Adults' and Children's Services Policy and Scrutiny Committee

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Report of:	Central and North West London NHS Foundation Trust
Cabinet Member Portfolio	Cabinet Member for Adult Social Care and Public Health
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1. Executive Summary

- 1.1 The aim of this paper is to update the Policy and Scrutiny Committee on the current status of closed inpatient wards at the Gordon Hospital and CNWL's plans and approach for the future of the site. It will outline the background and rationale for its' temporary closure, impact, and the alternatives that are available to ensure continued care for Westminster residents.
- 1.2 In March 2020, the inpatient wards at the Gordon Hospital were temporarily closed as part of CNWL's COVID-19 response primarily due to serious concerns regarding infection control in the building, along with the need for rapid flexibility of our service provision to support mental health care during the pandemic. The Trust is planning to publicly consult on the future of the Gordon Hospital once the emergency status is lessened.

- 1.3 The paper outlines the extensive transformation and strategic work already underway to assure the provision of quality mental health care that meets the needs of Westminster patients, supporting care closer to home in the least restrictive setting as per national direction, and ensuring when admission is required this is through timely access and in therapeutic settings.

2. Background

Initial Gordon Hospital closure:

In March of 2020, the inpatient wards at the Gordon Hospital were rapidly closed as a key part of CNWL's COVID-19 response. Due to the level 4 emergency status caused by COVID-19 and its impact, as with many frontline partners, CNWL found it necessary to make this decision rapidly and was not able to fully consult with local partners as per normal practice. This need to close one of our inpatient sites was to enable staffing flexibility to cover for sick and isolating staff, to temporarily redeploy staff to meet service pressures, and to offer emergency response alternatives to A&E.

The Gordon Hospital was chosen as the place to close temporarily as part of this response for two key reasons, both linked to quality of care provision. Firstly, we had serious concerns following assessment of its risk for infection prevention and control (IPC), e.g. lack of en-suite bathrooms. This issue regarding IPC risk was a key quality driver for the decision to close the Gordon inpatient wards given the particular vulnerabilities facing those with mental health disorder, both due to being in a confined space (with heightened risk of infection spread) and also the high physical comorbidities in our patient group meaning they are at particular risk of the consequence of infection. Furthermore, The Gordon Hospital is a standalone site (i.e. not co-located with an acute hospital), which raises associated risks of not being able to access rapid physical health support for inpatients, which is particularly important given the risk of COVID-19.

Proposal for the future of the Gordon:

Provided national guidelines surrounding emergency state allow, we aim to consult on the future of the Gordon Hospital next calendar year exploring the option to not reopen the site. We propose keeping the wards closed from this point and throughout the process to enable staffing flexibility for possible future COVID-19 spike(s), in light of the identified IPC risk, and to support the move towards a long-term shift in care to the community to support providing care closer to people's homes.

The key drivers for this approach include:

1. *National and Regional Policy*: Supporting the delivery of the NHS Long Term Plan & Five Year Forward View for Mental Health which centres on local community provision of services to support people at home as well as aligning with standards for providing care in a therapeutic and fit-for-purpose environment for all patients.

2. *Local Vision and Clinical Objectives:* Aligning our estates strategy/portfolio with existing transformation work and priorities to provide care in the least restrictive environments and move care closer to home in the community.
3. *Quality of the Estate:* Ensuring the best provision for our local patients in a therapeutic environment that is fit-for-purpose. The Gordon inpatient wards do not comply with standards around fit-for-purpose physical environments for care, and have posed long-standing challenges including safety issues for patients and the public. The COVID-19 pandemic has heightened the need to urgently address these and explore much more modern approaches to providing inpatient care when needed.

3. National and Regional Policy

CNWL has major transformation work underway to deliver against national expectations whilst responding to local needs in Westminster. This has already seen the launch of new services and offers for Westminster residents, as well as its neighbouring boroughs (detailed under section 4 of this paper).

The Independent Commission on Acute Adult Psychiatric Care, established and supported by the Royal College of Psychiatrists, reported that the current reliance on acute beds means that it is often difficult for people to access care near home and that this is exacerbated by a lack of community services, particularly Crisis Response and Home Treatment Teams (CRHTTs).

The [NHS Long Term Plan](#) also supports the shifting of care from inpatient to community-based settings where clinically possible and appropriate as laid out in several objectives:

3.94. *New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses [will give them] greater choice and control over their care, and support them to live well in their communities.*

3.96. *The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21. Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission.*

3.98. *We will also increase alternative forms of provision for those in crisis. Sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis*

4. Local Vision and Clinical Objectives

Looking forward and in line with these national asks, locally we recognise that care for our local people should be provided in the least restrictive setting and closer to home, by shifting provision to a more community-based offer. This includes expanding existing, and developing new, provision available within the community to ensure care, support, and interventions are available and accessible locally.

CNWL is currently investing in and delivering transformation work in the below areas, with the aim to develop further to provide the best possible care for Westminster residents.

- Moving care closer to home wherever clinically possible and appropriate
- Working with local VCSE, facilitating a broader offer to our population
- Working to prevent admissions unless no clinical alternative
- If admission is needed, it will be purposeful and in a therapeutic environment with dedicated identified beds within the NWL system for Westminster patients, including building on existing bi-borough co-location of beds at St Charles. Long-term, we want this consolidation to be within modernised facilities that enhance the delivery of high-quality treatment.

Figure 1. Our Care Closer to Home Vision & Model Overview



CNWL is using Long Term Plan and locality investment to take forward:

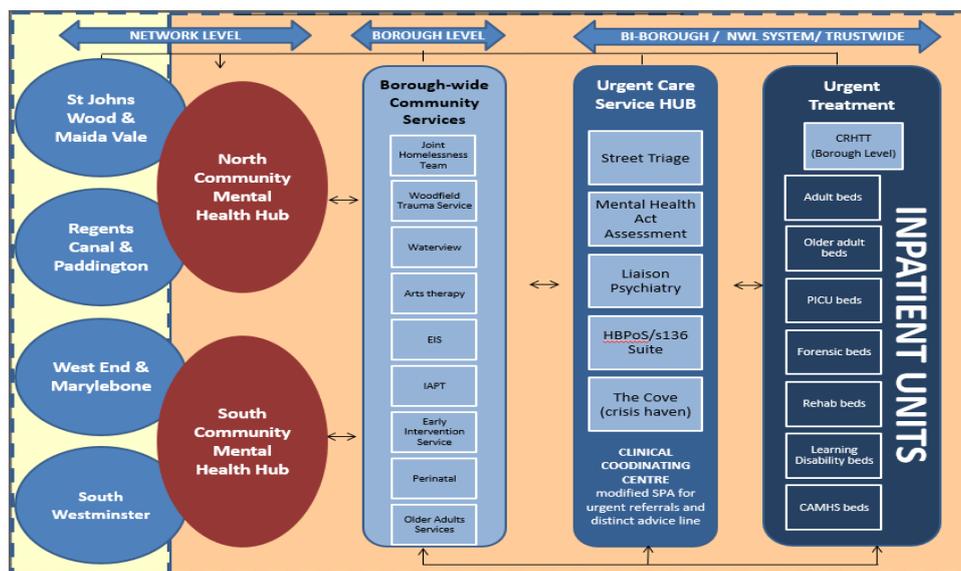
- New **First Response Service** offering 24/7 assessment to our residents, wherever they are in the community. In KCW, the soft launch of this service is complete with a full go-live in mid-October.
- “**The Cove**” crisis haven for KCW population has launched, offering a crisis alternative and intervening upstream to avoid escalating acuity, providing 365 days a year for a non-clinical evening offer.
- If a bed is required, a new **Central Flow Hub** will find a suitable bed in a timely way and is supporting the elimination of the use of beds out of area through external providers (Out of area placements – OAPs) via improved flow management.
- New community offers provided by the third sector, which for Westminster residents includes specific support to people with coexisting MH and substance use problems, specialised Arabic outreach workers (Oremi centres), additional BAME support workers in the community, and further investment in the Single Homeless Project for support to Westminster patients post-discharge.

- Inpatient admission is supported by new investment embedding **Trauma Informed Approach** for all patients admitted to CNWL beds.
- Investment in a new “**Community Access Service**” 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, due to go live in the next few weeks.
- Develop and improve our **Home Treatment Team (HTT)** model to:
 - Refocus function to ensure fidelity to a recommended model that offers a genuine alternative to admission, 24/7, 365 days a year.
 - Make HTT responsible for staying within their local bed allocations and enabling HTT to in-reach to wards to facilitate early discharge.
 - Support increased productivity and new ways of working (including significant investment in new technology to enable mobile working).

Community Mental Health Hub (CMHH) – Westminster received transformational funding through NHS England as an early implementer site of a new model of care for the provision of community mental health care. After partnership development work across health, social care, and local community partners for over a year, the Community Mental Health Hubs North and South for Westminster launched 1st September. It has been described by national teams as a “truly transformational model”, and is based on these agreed principles:

- Enhance patient experience: intervention emphasis > assessment
- Enhance professional/staff/provider experience: conversations & ‘tasks’
- Minimise primary and secondary care divide: no thresholds
- Minimise bureaucracy & optimise use of community-based resources
- Maximise ‘One Team’ feel: camaraderie, communication, relationship building
- Encourage shared responsibility for patient & encourage shared responsibility for resource
- Maximise support for MH professionals, GPs & other providers
- Establish an effective framework to measure meaningful outcome measures

Figure 2. Community Mental Health Hub (CMMH) Model for Westminster



The hub offers integrated care to Westminster residents and investment has included recruitment of new staff including an additional two Community Navigators, two family therapists, a Lived Experienced ‘Personality Disorder’ pathway specialist and a senior ‘Personality Disorder’ Nurse, a GP based Eating Disorder specialist, four newly developed graduate mental health worker roles, and two new Social Prescribers through a partnership with One Westminster. Westminster is also part of a community pharmacy pilot in the hubs. These new staff provide the offer shown below.

Figure 3. Community Hub Offer in Westminster

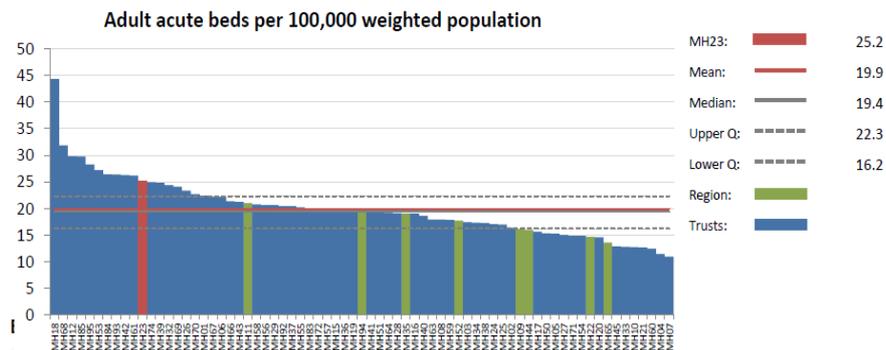


5. Maintaining Within This Bed Base

Right balance of acute to community

We know from various reports, including a recent deep dive from the Getting it Right First Time national team (GIRFT) and NHS Benchmarking, that CNWL has a higher than expected bed base and number of admissions for our population. The graph from 18/19 benchmarking data (NB. 19/20 data not yet available) shows CNWL (MH23) at 25.2 beds per 100,000 weighted population, above the national and regional average. Accounting for the closure of Gordon wards, CNWL remains higher than five neighbouring London trusts and above national average for beds per weighted population and the number of available beds for Westminster remains above the average per weighted population.

Figure 4. Acute beds per 100,000 weighted population



Since closing the Gordon Hospital 242 Westminster patients have been admitted to inpatient wards across CNWL, with the majority (over 70%) being placed at St. Charles Hospital where they are given priority based on its proximity to Westminster. Westminster has always had access to the beds at St Charles, including a designated ward - now Westminster patients are looked after on all the acute inpatient wards at St Charles, with better flows between the Health Based Place of Safety to PICU beds should these be required. To ensure timely discharge to Westminster patients placed in our CNWL beds in the outer London boroughs, we have appointed additional discharge support including dedicated consultants. Additionally, the caseload for Westminster’s Home Treatment Team (HTT) has seen on average an increase of over a third in the past Quarter, with a steady decrease in admissions, indicating that our new 24/7 model and skills mix is embedding and we are seeing more patients in their homes and the least restrictive environment.

Over the COVID-19 period all patients on the CMHT caseload, including those recently discharged, have been contacted and all discharged patients have received 72-hour follow-up as per our CCG CQUIN scheme. Those discharged to HTT have been provided continued support closer to home as an alternative to admission. We are tracking all patients in this cohort using a patient flow tool and only five have been readmitted to an inpatient ward as of 1st October 2020.

6. Quality of the Estate

The inpatient wards at the Gordon do not comply with the Royal College of Psychiatrists standards relating to “a physical environment that is fit for purpose”. National guidance for mental health acute inpatient environmentsⁱⁱⁱ includes outlining the need for:

- En-suite bedrooms
- Direct access to an outdoor garden space
- A welcoming and therapeutic environment with decoration, furnishings and fittings chosen to provide a pleasant atmosphere, minimise institutional features and encourage activity and social interaction
- Spaces (particularly unsupervised spaces e.g. bedrooms and toilets) are designed, constructed and furnished to create a homely atmosphere and limit the opportunities for harm and self-harm

- Ensuring that inpatient environments promote the sexual safety of people using the service

CNWL has worked with our estates colleagues to try and address estate pointers at the Gordon, however the following remain:

- No outside space and not possible to create
- No en-suites to the bedrooms and the infrastructure won't allow for installation
- Extremely difficult security issues with the building, which will be technically difficult to overcome
- Building is within a conservation area, so fully modernising the facility would not be appropriate in its location– in addition the plant and infrastructure needs a capital investment of approximately £25m, just to bring up adequate H&S standards

7. Summary and Next Steps

The wards at the Gordon currently remain closed and we are proposing to consult formally on its future next year depending on the status of the National Emergency.

We are working across the system to embed the changes articulated above to support Westminster residents getting access to care in the community wherever possible through a broadened community offer. We recognise that an essential part of providing good quality mental health care is also to facilitate timely access to modern inpatient services when community alternatives are not possible, preferably as close to home as possible. Without in anyway predetermining the outcome of the proposed consultation, we are exploring planning to consider development of a potential alternative inpatient site within Westminster.

The temporary closure of the Gordon Hospital is a significant change which has been forced upon us at considerable pace due to the COVID-19 pandemic and the need to respond rapidly to ensure quality of care for all our patients was maintained within this context. This has inevitably raised challenges and we are keen to listen to and respond to concerns. We are committed to working with our patients and their families, our communities, and our partners to not just monitor and respond to these challenges but also to work collaboratively to plan for the right inpatient service to meet the mental health needs of Westminster residents.

ⁱ *MHA Review report/recommendations*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763547/Moderating_the_Mental_Health_Act_increasing_choice_reducing_compulsion_summary_version.pdf

ⁱⁱ *DHSC Health Building Note 03-01: Adult acute mental health units*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147864/HBN_03-01_Final.pdf