

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

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Purpose:

To provide a written update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This updates the papers presented to the Committee in October 2020, April 2021 and June 2021.

Current Position:

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, accelerated and enhanced transformation is being implemented, and stakeholder engagement across partners, services users and carers continues in this pre-consultation period. Costs associated with the wards are presently being used to support patient flow across our system. Any final decisions will be predicated on the outcome of the formal consultation

Working with Service Users & Carers, Partners and Staff:

As we plan for formal consultation, we remain committed to open dialogue across our service users, carers, staff and partners. Building on our June update, further activities have taken place since and are detailed as follows:

- Setting up Councillors roundtable with CNWL Executives in early October which will provide opportunity to further discussions from Policy & Scrutiny Committee, feedback and respond to queries and bring together thoughts on future needs
- In-person visit to the Gordon Hospital by members of our Healthwatch-partnered Citizen's Panel, The Voice Exchange, and two more service visits planned over the next month.
- The Voice Exchange will be exhibiting and presenting their findings to colleagues and stakeholders in early October, including visual artist representation and their recommendations on future provision
- Intensive engagement sessions with Westminster staff members with a particular focus on community crisis pathway opportunities for transformation – expanded the offer beyond The Coves (see update below on The Coves), and further service user engagement sessions planned
- As per query raised at June Scrutiny committee, CNWL is following policy on whistleblowing regarding recent letter. Key metrics below provide update and assurance on pathway delivery against some of the pointers raised, and a full response has been drafted.

Key Metrics Update¹ :

- 777 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,

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*

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

currently at approximately 10 per week, demonstrating the impact of newly transformed community and urgent care teams. 90% of Westminster admissions are placed within the NWL system, which is consistent with pre-Gordon inpatient ward closure (90% in 2019-2020).

- Use of any **beds outside CNWL** has been managed via block contracting beds in Farmfield and Potters Bar. Since January 2021, most Westminster patients (60%) 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). All NHS England Guidance continuity principles are met and monitored when using these beds.
- Westminster has continued with a reduced **Length of stay (LoS)**, an average of 35 days (September 2020 to August 2021) compared to 36 days for 2019-2020 Financial Year (FY).
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS³. Since the June Scrutiny Committee, **17 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged, and **46 have accessed support in a new 'Step Down' bed**. Step down means their discharge from acute was facilitated and they were able to access further support in a more community-based offer. 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 30-day **readmission rate** has not changed from 19-20 rate at 11%-. 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. 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 has been improvement in breaches over the last 3 months in comparison to the same period in 2019 pre-Gordon Ward closures (42 A&E breaches June-August 2019 pre-Gordon ward closures compared to 39 breaches over the same period in 2021). Note that these are **not all Westminster patients, and data tells us that there is a significant number of Out of Area (non-Westminster, non-CNWL) patients who present to St Mary's** – this was nearly a third (29%) of St Mary's A&E presentations from June to August 21 (215 patients of 738).
- **Positive emerging findings** from the Chelsea and Westminster British Red Cross (BRC) High Intensity User offer in A&E (97 service users started on a support scheme, of which 11 had at least one admission before their engagement with the Red Cross service and only 1 has had an admission following their Red Cross engagement; this service user did not have an admission before their Red Cross support scheme started). **An equivalent BRC offer is now live across Westminster**, supporting both community teams and A&E with high readmission patients, and its impact will be monitored and reported at a future date.

Transformation Update:

All previously reported transformational services remain live, and are receiving referrals including the Community Access Service, VCSE offers, Step Down beds and British Red Cross (noted above). Detailed updates on Reablement and The Coves are below:

1. **Re-ablement Team [Mobilising]:** Further to June paper, a co-developed specification in partnership with Westminster City Council is in final stages, with planned launch of

³ Length of Stay metric is calculated on discharge. This means when a longer stay patient is discharged, the days from their stay at added to the overall average, resulting in some in-month variance (which is within SPC graph tolerance).

procurement in September and aim to mobilise by the end of the 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. Conversations are currently underway to further define the model and enable recruitment of staff over the coming months.

2. **The Coves data:** Use of the Coves by Westminster patients is being recorded and monitored, with **437 attended contacts** from Westminster patients since go-live. Compliments from Westminster patients on The Coves

“Thank you so much for your support. These sessions have been really helpful.”

“This has helped me. I have been suffering with psychosis for the past 3 hours. Thanks a lot, you’ve helped. You’ve been great.”

“It’s nice to have someone to listen to me.”

Appendix 1

Step Down: Westminster Case Study

Mr C was a patient who lived in his own home and was then admitted to St Charles. He had originally had a referral to 24-hour supported accommodation following discharge, his referral to this noted he would need support to carry out most of his activities of daily living – shopping, cooking and cleaning. He would often get frustrated and not comply with medication. However, Mr C said he wanted to return to his own home, rather than the 24-hour supported accommodation.

Mr C was able to come to a step down bed on a trial with Section 17 leave:

- He initially expected staff to cook his meals for him. Step Down support workers explained that they encourage patients to do their own shopping and cooking to prepare for move into the community. He also expected the environment to replicate hospital however staff explained that the step down is to support people to manage their own recovery.
- Step down supported Mr C with some shopping and cooking intervention and we soon learned that he was able to manage most tasks in order to live independently, however he did need some initial support and gentle encouragement.
- Step down staff involved him on a cleaning rota for step down and he cooked a meal with staff for others.
- His medication was supervised every day by support staff.

Mr C had originally been upset at the prospect of potentially losing his home, and there were some concerns from neighbours regarding his return; there had also been some police involvement. His Community Team also felt concerned around him living alone. Step Down staff took Mr C to his flat and they were able to talk about his issues with neighbours and how he should manage this in an appropriate way. Discussion also took place in collaboration with neighbourhood policy officer and ward team.

Staff also had three-way meetings with his named worker from the community hub, so that he could re-engage with her and rebuild their relationship, as he had felt upset by his admission to hospital. It was during this time we learned of his love for Tina Turner! One of his activities he missed whilst being in hospital was to play Tina Turner on his record player.

The possibility of a return home with a care package was discussed across parties, and Mr C was trialled on home leave to his flat, first for 3 days and then for one week. Following this, all parties agreed that going back to his flat was better for his recovery and was the least

restrictive option. Staff participated in his ward round to advocate for him to go home with a care package.

After 6 weeks at step down, cooking and shopping practice, supporting him to manage his appointments and encouraging engagement with mental health team, Mr C was able to return home with a care package instead of going to 24-hour supported accommodation.

Appendix 2 CNWL Adult Mental Health Bed Base

Site	Bed Type	Number of Beds
Park Royal	Adult Acute	56
Park Royal	Male PICU	13
Northwick Park	Adult Acute	37
Northwick Park	Older Adult	18
St Charles	Adult Acute	67
St Charles	Male PICU	14
St Charles	Female PICU	12
St Charles	Older Adult	31
Hillingdon	Adult Acute	36
Hillingdon	Male PICU	8
Hillingdon	Older Adult	17
Step Downs	Step Down	35
Total		344

Appendix 3 Westminster Referral Performance Indicators

As requested, we have provided information on our performance against referral indicators as provided the Local Authority (see table below).

Our referral targets are as follows. When targets are breached, exception reports required:

- At least 95% if emergency referrals are seen within 4 hours
- At least 95% of urgent referrals are seen within 24 hours
- At least 95% of routine referrals are seen within 48 days

Breaches to urgent referrals in recent months are primarily due to the new First Responders service coming on stream. The breaches to routine referrals at present are due to work being undertaken to integrate psychology referrals. Psychology was not previously integrated, and work is underway to support them to meet the same targets.

Any blank cells in the data mean that referrals of that nature were not received during that time frame.

Performance Overview (Frozen Updated Monthly)

Indicator Type	Indicator	Targets	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Referral Indicators	UAP Emergency Referrals seen in time	95.0%	100.0%				
	UAP Routine Referrals seen in time	95.0%	89.7%	93.3%	94.1%	96.0%	92.7%
	UAP Urgent Referrals seen in time	95.0%	79.5%	90.9%	95.7%	97.4%	94.9%

Definitions	
UAP Emergency Referral	Urgent access pathway referral to be seen within 4 hours
UAP Urgent Referral	Urgent access pathway referral to be seen within 24 hours
UAP Routine Referral	Urgent access pathway referral to be seen within 48 days