

## Westminster Policy & Scrutiny Committee: CNWL Update on the Gordon Hospital November 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, June 2021, and September 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. The next step as we prepare for this is a roundtable with councillors to offer dedicated space and time ahead of formal consultation activities. 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 and ahead of Councillor Roundtable.

### 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 September update, further activities have taken place since and are detailed as follows:

- Councillors roundtable with CNWL Executives, which will provide opportunity to further discussions from Policy & Scrutiny Committee, feedback and respond to queries and bring together thoughts on future needs
- The Voice Exchange exhibited and presented their initial findings to colleagues and stakeholders in early October including inpatient ward staff, senior managers, divisional leadership, and more. The presentation included visual artist representations (see Appendix for example) and themes related to future provision. Healthwatch is currently producing a full report on the Voice Exchange findings and recommendations. CNWL will review the full report, draft an action plan in response, and feed next steps back the Voice Exchange participants. Themes for what participants would like from mental health services include:
  - Improved support for staff and their wellbeing
  - Lived experience involvement with staff, from recruitment through to ongoing support and training
  - Accountability every step of the way
  - Two-way communication

### Key Metrics Update<sup>1</sup> :

- 837 Westminster **inpatient admissions** have occurred since 1<sup>st</sup> 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 9 per week, demonstrating the impact of newly transformed community and urgent care teams (compared to 10 per week at last update in September 2021). 90% of Westminster admissions are placed within the NWL system, which is identical to the rate pre-Gordon inpatient ward closure period.

#### <sup>1</sup> 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

- Use of any **beds outside CNWL** has been managed via block contracting beds. Since January 2021, most Westminster patients (77%) 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 used 2 beds outside CNWL on average over the past quarter (Aug-Oct 2021), which is the same as the same period in 2019 before the temporary ward closures.
- Westminster has continued with a reduced **Length of stay (LoS)**, an average of 33 days (September 2020 to mid-October 2021) compared to 36 days for 2019-2020 Financial Year (FY). This is a further reduction from the average at our last update in September 2021, when the average LoS was 35 days.
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS<sup>3</sup>. Since the start of June 2021, **58 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged. Separately, **31 discharges 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 FY 21/22 30-day **readmission rate** is lower now than the 19-20 rate at 10% (vs 12%). 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. Since the start of the pandemic, the St Mary's Liaison Mental Health Team has seen an increase of 13% in referral numbers relating to a 10% increase in A&E referrals and a 30% increase in ward referrals. The number of 12-hour breaches at St Mary's has reduced to 32 in Q2 (July-September 2021) down from 43 in Q1 (April-June 2021). Note that only 28 (~37%) of the breaches across Q1 and Q2 relate to 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 mid-October 2021 (385 referrals of 1359).
- There has been a significant increase in **children and young people presenting in crisis** in the last 12 months, and particularly since lockdown restrictions eased earlier in the year. In some recent months, the teams have seen up to twice as many more attendances than at the same point last year. To meet this demand, we have been putting in additional capacity into our crisis teams and they are now seeing double the amount of children than they were previously to meet this demand. We have been working with commissioners and local partners through our CAMHS Provider Collaborative to **increase capacity across our CAMHS Urgent Care Teams** which includes out of hours support, strengthened community and crisis support for CYP with Eating Disorders, as well as additional capacity in our teams supporting discharge to transfer CYP from inpatients into community settings.

### Transformation and New Offers Update:

The mental health transformation programme across London, and within CNWL, is informed and driven by the NHS Long Term Plan (<https://www.longtermplan.nhs.uk/online-version/>) and the NHS Mental Health Implementation Plan (<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>) which

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

build on the Five Year Forward View for Mental Health and lay out specific milestones and targets for mental health from 19/20 through 23/24.

All previously reported transformational services 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](#).

Some of the transformation programmes were recently recognised at the national Positive Practice in Mental Health Awards earlier in October:

- **Step Down Beds** (Winner- Specialist and Community Mental Rehabilitation category): For its innovative approach to supporting patients in a community-based, recovery-focused environment (see above for more detail on Step Down).
- **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 Dialectal 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.

