



Children, Adult Public Health and Voluntary Sector Policy and Scrutiny Committee

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Title:	Access to Mental Health Services in Westminster
Report of:	Senior Accountable Officer
Cabinet Member Portfolio	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Wards Involved:	All
Policy Context:	Adult Mental Health Services
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1. Executive Summary

This report sets out the access to mental health services in Westminster to explain the pathway for service users. There have been a number of additions to the service user pathway since the launch of the NHS Long Term Plan (LTP). Services available in Westminster can be found on the Hub of Hope, our official signposting partner on either CNWL or Westminster City Council websites.

2. Background

The last few years have seen major investment and changes in CNWL's mental health provision within Westminster.

In early 2019, CNWL launched its urgent and acute care transformation to respond to local needs, listening to feedback from our service users and communities and deliver against the requirements of the 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 as 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 Home Treatment Team 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.

The last year coming out of COVID has been particularly challenging with access to MH services however we are seeing an improving picture. Information about services available in Westminster is detailed in this paper.

3.1 Westminster Talking Therapies

Those experiencing anxiety or depression can self-refer or be referred to our Talking Therapies service where they will receive up to 6 sessions with a trained therapist. In most areas this offer is for people aged 18+, but North West London has recently extended it to people 16-18 to support young adults in the area.

There is work underway in these services to increase access and to engage with communities to ensure the service is culturally sensitive and able to meet the needs of diverse populations (see <https://www.cnwl.nhs.uk/news/westminster-talking-therapies-outreach>)

Across NWL residents are also able to access Qwell (18+) or Kooth (11 to 25), which are digital support tools for those with low level stress and anxiety. (<https://www.cnwl.nhs.uk/services/mental-health-services/online-mental-health-services>).

3.2 Community Mental Health offer

Westminster was an early implementor site for the National Community Mental Health Framework, so developed and implemented the new Community Hub Model in September 2020.

The hub offers integrated care to Westminster residents and investment bringing recruitment of new staff:

- 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.

Since the launch of the new model of care, there has been a 200% increase in referrals to the hubs which has been met by support from the teams.

Referrals should come directly to the hubs from a patient's GP, or from another CNWL service, for example the Single Point of Access (SPA).

Our Hubs align to Primary Care Network (PCN) footprints and the GPs can access support from the Hubs if needed before referrals.

There is also a mental health link worker in each PCN in Westminster to support GPs providing care for people with mental health needs and improving the link between primary and secondary care mental health services. In 2023/24 CNWL will be working with PCNs to expand this workforce.

In order to support Young adults aged 16 to 25, we have introduced a Young Adult Pathway in Westminster. The service hold a regular Young Adult Pathway Forum to support referrals for this age group. Young people also have access to community navigators to support them accessing support across the borough.

Over the last few years we have been building relationships with the local VCSE and community organisations which means referrals into the hubs may be redirected to another community organisation if they are able to provide more appropriate support to someone to meet their needs.

3.3 Perinatal mental health services

There has been significant investment through the NHS Long Term Plan in mental health services for women in the perinatal period and their partners. CNWL has a community Perinatal Mental Health Service for Kensington and Chelsea and Westminster that provides care for women with mental health needs around the perinatal period which will continue for up to two years after birth.

The service more recently has begun also providing care for partners to ensure the whole family is supported through this period.

NWL's Maternity Trauma and Loss Care Service provides support for women who have had a traumatic birth experience and can be accessed via self-referral or referral by another health professional. This service was Highly Commended in the Positive Practice in Mental Health National Mental Health Awards in 2022.

When women need an inpatient admission, we have a bespoke ward based at Park Royal in Brent which has been designed to provide a warm and therapeutic environment.

3.4 Crisis care

In the last few years there have been a number of changes and improvements in access to crisis care a number of these have been presented to the Overview and Scrutiny committee previously (see Table 1 below). However, we know that we are still in a challenging position where we have people waiting for too long in A&E, and until 2023 were still using some inpatient beds in other areas. We continue to work as a system to meet the needs of people in Westminster experiencing a mental health crisis and are continuing to improve these services.

In addition to these changes, on 28 November 2022, CNWL opened the Mental Health Crisis Assessment Service (MHCAS), which provides an alternative location to A&E for people experiencing a mental health crisis.

The MHCAS is located at St Charles and people can access it through the SPA or be redirected from A&E, once medically optimised. It is a calmer more therapeutic space than A&E and allows treatment to start as well as de-escalating crisis.

Since opening, the MHCAS has had 96 referrals from Westminster who were warranted for in admission to a mental health bed, of which 84 (88%) had a less restrictive alternative to admission found.

Table 1 – Transformation to the crisis care pathway, previously reported to the Committee.

Areas	Planned Impact	Current Position
Home Treatment Team	Increased capacity, meeting fidelity including intensive home treatment and in-reach to wards to facilitate early discharge	<ul style="list-style-type: none"> Teams supporting Westminster have increased capacity.
The Covets	Offer crisis alternative, upstream avoid escalating acuity (face to face and digital offers covering all five CNWL London boroughs)	<ul style="list-style-type: none"> Services live with three locations serving Brent and Harrow, Kensington Chelsea and Westminster, and Hillingdon – further detail available at https://www.cnwl.nhs.uk/services/covets
Crisis House	Offer support for individuals in crisis in a community setting to support admission avoidance	<ul style="list-style-type: none"> Live with four beds located in a residential home within Westminster. There are 11 further beds in other boroughs covered by CNWL
Step Down Beds	Provide alternative to inpatient ward for patients who are medically optimised to facilitate shorter length of stay and support transition back to receiving care in the community	<ul style="list-style-type: none"> Nine 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 into the community
High Intensity User Programme	We know that frequent attendances can be an indication of unmet social needs. The team, therefore, take on a social prescribing and a non-stigmatising approach, working closely with the individual and people involved in their care in ways that traditional services may not be able	<ul style="list-style-type: none"> CNWL has commissioned the British Red Cross (BRC) offer to provide bespoke high-intensity user (HIU) services in Westminster, launched in late April 2021 to support people who use services repeatedly over a short period of time
Inpatient Care	Ensure purposeful admissions, reduce 30+ day Length of Stay	<ul style="list-style-type: none"> 'Community Access Service' (team which focuses on enabling movement of 30+ LoS)

	(LoS) and embed clear therapeutic interventions	<p>staff in place in part. Voluntary, community and social enterprise (VCSE) organisations offer being mobilised for additional support as recruitment completes</p> <ul style="list-style-type: none"> • For Westminster, additional support via dedicated consultants has been put in place. • Managing Director chaired LoS group to drive progress in long stayers • Trauma Informed Approach (TIA) tailored plans in boroughs for full roll out underway
Enhanced SPA-NHS 111 link	Increase numbers of people calling SPA before/ instead of A&E; provision of enhanced phone and virtual support	<ul style="list-style-type: none"> • Hestia 'The Coves' digital offer in place accessible through the Single Point of Access • Warm transfer in place for NHS 111, task and finish group underway for more direct link (e.g. "NHS111 press option 2 for mental health") and communications plan

3.5 Inpatient Services

Inpatient admissions should be a last resort as, where possible, we should be providing care in the community and keeping people in their own homes and support networks. We know from service user feedback that inpatient stays can be re-traumatising. There is now a consensus across service users and mental health professionals that wherever possible we should be seeking to work more preventatively, proactively into our communities with more flexible models of care based on service user needs, as these approaches lead to better recovery rates. This has driven the development and design of the new Community Mental Health model of care that has been embedded in Westminster.

When people from Westminster do need to access an inpatient bed, this is currently offered a majority of the time at the St Charles Centre for Health and Wellbeing. We have always had beds at St Charles dedicated to Westminster residents and since the temporary closure of acute inpatient wards at the Gordon, the number of beds allocated to Westminster residents at St Charles has been increased.

Following the temporary closure of acute inpatient wards at the Gordon, CNWL's bed base is now aligned with national benchmarking. Overall, new and transformed services and 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.

Since 01 April 2020 there have been 1,102 admissions for Westminster residents and of these 70% of occupied bed days were at St Charles. This position in the last year has further improved with nearly 80% of Westminster occupied bed days at St Charles, 10% at Park Royal in Brent and the final 10% at Northwick Park (Harrow) or Riverside (Hillingdon). CNWL will always prioritise the site closest to someone's home Borough and where this isn't possible on admission we look to bring back to the closest beds at the earliest opportunity. Of the admissions in the last year, 60 were informal (14%).

Since the temporary closure of the inpatient wards at the Gordon there has been a significant reduction in readmission of Westminster residents, with this reducing from 10% to 5%. Below this is broken down by original admitting site.

Adult Acute Readmissions by Discharging Ward - Westminster Residents

Discharging Site	2019/20	2022/23
Hillingdon Hospital	29%*	3%
Northwick Park Hospital	0%	10%*
Park Royal	5%	8%
St Charles Hospital	6%	5%
The Gordon Hospital	8%	
Total	10%	5%

**absolute numbers of discharges and readmissions in Hillingdon and NPH are very low which increases the percentages*

There has been a 26% reduction in occupied bed days, which has been driven by a reduction in admissions. CNWL ensures that when someone needs a bed they are able to access one, and we have no Westminster residents in any inpatient unit outside of the Trust.

Our length of stay on inpatient wards for Westminster residents has reduced from 36 to 32 days which is now much closer to the national average. The table below shows the LoS in each of the CNWL boroughs.

Adult Acute Length of Stay (excl. Leave & OAP)

Borough of Residence	19/20	22/23
Brent	29	32
Harrow	39	34
Hillingdon	43	35
Kensington and Chelsea	34	30
Westminster	36	32
Grand Total	35	33

Since January 2023 we have sustained a Trust position of zero inappropriate out of area placements, so for the last three months, all Westminster patients have been treated within our bed base.

3.5.1 Next steps for acute inpatient wards at the Gordon

Following the temporary closure of the acute inpatient wards at the Gordon in 2020, CNWL is working with North West London ICB and with the boroughs affected by the changes, to deliver a public consultation to determine the future of inpatient wards at the site. We are targeting the summer of 2023 to launch the consultation and are

working with the ICB and NHS England (London Region) to ensure a robust pre-consultation process that maximises engagement from local stakeholders, as well as testing our clinical model with the London Clinical Senate.

In developing the Pre Consultation Business Case (PCBC) we are engaging with partners from Westminster, Kensington and Chelsea, and Brent to review the model of care in order to inform the development and evaluation of options for consultation. A three-stage appraisal process using deliberative workshops will take place between late March and early May. We are keeping local and joint Overview and Scrutiny committees regularly updated as these plans progress.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author sally.milne@nhs.net