London Borough of Hammersmith & Fulham

Health and Adult Social Care Policy and Accountability Committee

Agenda

Wednesday 22 March 2023 at 7.00 pm

ONLINE – VIRTUAL MEETING

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MEMBERSHIP

Administration	**Opposition**
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Patricia Quigley Councillor Ann Rosenberg	Councillor Amanda Lloyd-Harris
Co-optees	
Lucia Boddington Victoria Brignell (Action on Disability) Jim Grealy (H&F Save Our NHS) Keith Mallinson	

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Date Issued: 14 March 2023
Date Updated: 15 March 2023

Health and Adult Social Care Policy and Accountability Committee

Agenda

22 March 2023

If you would like to ask a question about any of the items on the agenda, please email David.Abbott@lbhf.gov.uk by 12pm, 21 March 2023

Item		Pages
1.	**APOLOGIES FOR ABSENCE**	
2.	**DECLARATION OF INTEREST**	

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.

3.	**MINUTES OF THE PREVIOUS MEETING**	4 - 15

To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.

4.	**WEST LONDON NHS TRUST UPDATE**	16 - 40

This report from the West London NHS Trust covers the following areas:

- Actions from previous meetings, proposal discussed with Scrutiny Officer to close outstanding items and move some matters onto a workplan long-list to be included in future updates to the committee.

- An update on enhanced engagement on Ealing mental health beds.
- Joint work between Healthwatch in Hammersmith and Fulham and West London NHS Trust to capture Patient Experience in our inpatient mental health units – presentation by colleagues from Healthwatch (Carleen Duffy) and the Trust's Acute Mental Health Service Line.

5. WORK PROGRAMME

The Committee is asked to consider items for inclusion in its work programme.

6. DATES OF FUTURE MEETINGS

To note the following dates of future meetings:

- 19 Jul 2023
- 15 Nov 2023
- 31 Jan 2024
- 27 Mar 2024

London Borough of Hammersmith & Fulham

Health and Adult Social Care Policy and Accountability Committee

Minutes

Wednesday 25 January 2023

PRESENT

Committee members: Councillors Natalia Perez (Chair), Genevieve Nwaogbe and Ann Rosenberg

Co-opted members: Lucia Boddington, Jim Grealy (H&F Save Our NHS), and Keith Mallinson

Other Councillors: Councillors Ben Coleman (Cabinet Member for Health and Social Care) and Rowan Ree (Cabinet Member for Finance and Reform)

Officers:
Prakash Daryanani (Head of Finance, Social Care and Public Health)
Sukvinder Kalsi (Director of Finance)
David Harman (Communications Manager, NHS North West London)
Denise Prieto (Emergency Planning & Resilience Manager)
Neil Thurlow (Assistant Director of Community Safety, Resilience and CCTV)
Michelle Scaife (Programme Delivery Manager – Last Phase of Life)
Lisa Redfern (Strategic Director of Social Care)
Jane Wheeler (Programme Director, Local Care, NWL Integrated Care Board)
Lyndsey Williams GP (Clinical Responsible Officer of Last Phase of Life programme NWL ICB)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Amanda Lloyd-Harris, Councillor Patricia Quigley, and Victoria Brignell.

The Chair, Councillor Natalia Perez, reported that Roy Margolis was stepping down from the committee. Roy joined the committee in October 2019 and had enjoyed his time as a co-optee, commending the commitment of the committee, officers and members in supporting the democratic interests of H&F residents. Councillor Perez thanked Roy for his work and wished him well for the future, welcoming his offer to continue to support the committee in relation to areas of digital services and health.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The Committee noted a point of clarification regarding the private finance initiative contract at Central Middlesex Hospital and whether it's repayment would not have any financial implications for the new orthopaedic hub, which it would not.

RESOLVED
That the minutes of the previous meeting held on 16 November 2202 were agreed as an accurate record.

Change to agenda order
The Committee agreed that items 6 and 7 take precedence.

4. PALLIATIVE CARE - MODEL OF CARE WORKING GROUP UPDATE

Councillor Perez welcomed health colleagues who provided an update from the Model of Care Working Group. Jane Wheeler described the work and remit of the Palliative Care Model of Care Working Group which constituted clinicians, managers and residents drawn from all eight North West London (NWL) boroughs. Clinical practice was being informed by the needs of residents through engagement to ensure the best outcomes. The work had been precipitated by the suspension of the inpatient service at Pembridge Hospice several years ago.

The workforce provision within the model of care was described in the report within the context of mapping future demand across the borough. There were significant workforce challenges in London that hospitals and community providers were working innovatively to address but further analysis was required to understand gaps in provision. A further element was to understand travel planning and how people accessed provision using both private and public transport.

Phillipa Johnson explained that Central London Community Healthcare (CLCH) was a provider of specialist palliative care and provision including the Pembridge unit. The service had been suspended due to the lack of consultant cover, despite attempts to recruit such as collaboration with acute trusts and other hospice providers. The day service at Pembridge had recommenced following the pandemic. In addition to the inpatient unit day service, there was also a community nursing provision, with specialist palliative care provided in people's homes.

It was reported that there had been increased activity, which was welcomed, as it indicated that people's needs were being met at home. Commenting on the positive engagement at borough level, the support and input provided by HAFSON (Hammersmith and Fulham Save Our National Health Service) and other contributors had influenced the way in which CLCH communicated with residents, details of which were also included in the report. The Working Group had two main priorities, the first was to establish a directory of local provision and care available from voluntary sector providers. A second priority was to improve the interface between adult social care provision and community nursing to ensure more holistic provision in a person's home. It was also recognised that carers would also benefit from specialist end of life support, so that they would be more equipped to support family members at home.

Dr Lyndsey Williams, a MacMillan General Practitioner, explained that she worked closely with a forum of clinical leads across the eight NWL boroughs, and also working with the NWL Last Phase of Life program. She welcomed the high level of engagement she had experienced during the course of the review and reflected that this had changed its trajectory focusing both on current provision and what the patient's journey should be in terms of responding to need.

There was now a greater focus on understanding a person's lived experiences of receiving care. This had changed the narrative significantly and recalibrated what future provision could look like. Engagement had been extensive but had already offered solutions such as increasing 24/7 access to Pharmacy for anticipatory medication, and 24/7 telephone advice service for health professionals across NWL.

Keith Mallinson commented that he had visited Trinity Hospice and had been overwhelmed by the dedication of hospice staff. In the context of workforce challenges, he expressed concern about the health and wellbeing support services provided to staff, given the highly traumatic nature of end-of-life care provision. Phillipa Johnson responded that the health and wellbeing staff was a priority and a range of measures were in place including one to one support, webinars and flexible working hours. In addition, there were annual staff surveys and a wellbeing task and finish group consisting of staff members.

Jim Grealy commented that it had been a pleasure to engage with Phillipa Johnson and health colleagues throughout the process of informing the review. Staff "burnout" was fuelled by the high number of clinical vacancies across the NHS, and he asked how this was being addressed in terms of planning future services. There was a lack of integration across the health system with siloed thinking. Demand was increasing and it was important to also consider increased frailty, the impact of social isolation and loneliness, conditions such as dementia and the fact that more people lived alone or independently without local support networks.

Merril Hammer also commented on the positive experience of engagement with the review but highlighted the need for continuity and keeping residents

updated. Jane Wheeler concurred with all of the views expressed and indicated that she would consider the frequency with which residents were kept informed. It had been hoped that the work could have been concluded during the summer period, but the process had not been linear and had taken much longer than anticipated. It was important to recognise that members of the Model of Care Group were falling a process, and whilst there was no intention to exclude anyone from this, it was not possible to provide more definitive answers at this time.

Merrill Hammer referred to the recent consultation on elective orthopaedic hubs, advocating a similarly comprehensive approach regarding travel planning and the difficulties experienced by families visiting loved ones receiving end of life care. It was suggested that a solution could be to fund travel where particular difficulties were identified. Jane Wheeler responded that this was a potential solution and could be considered as a mitigating factor in terms of planning access to services, recognising the difficulties that family members experienced. She concurred that more quantifiable and detailed travel mapping should inform planning but that the experiential element would be underpinned by data.

Lucia Boddington commented that she recognised the need for planning implementation of the service within five years but given the point made by Jim Grealy on the increased trajectory of deaths by 2040, proper resourcing of palliative care extended beyond funding the workforce. Dr Williams responded that it was important for the model of care to be fully developed and what it meant to provision end of life care from the Pembridge facility or in a person's home. The way in which this could be structured needed to be designed and it would take until 2027 to implement any changes. There was greater transparency in focusing on the range of available options, recognising that H&F was the only borough to not have an end-of-life unit.

Councillor Ben Coleman referred to a public engagement meeting hosted by the Royal Borough of Kensington and Chelsea (RBKC) on end-of-life provision and how this had highlighted the strength of public feeling about the Pembridge unit. He endorsed the collective views of HAFSON that provision would be difficult to achieve without addressing the issue of travel. He enquired about the model of care being sought and anticipated that this should include a range of options, so that people could choose to die at home, in a hospice or a hospital. Jane Wheeler agreed with the importance of patient choice but recognised that there would be variation in need and that not everyone would require complex, wrap around care from a multi-disciplinary support team in a hospice. Councillor Coleman commended the positive change in approach and hoped that this would be replicated in future consultations.

Councillor Genevieve Nwaogbe sought further information about efforts to recruit a palliative care consultant, enquiring if there had been any attempt to recruit from overseas. It was noted that many different options had been considered and this had not included international recruitment. A fundamental challenge was that the future of the Pembridge unit was currently under review and this lower employment security to prospective employees.

ACTIONS:

1. For the Working Group to improve the frequency with which residents were kept informed of the groups work and activities.
2. For the Working Group to highlight further opportunities for residents to engage with the palliative care review work.

RESOLVED
That the update report was noted.

5. 2023 MEDIUM TERM FINANCIAL STRATEGY

Cabinet Member overview

Councillor Rowan Ree introduced the Medium Term Financial Strategy 2023 (MTFS) presentation by commending officers and thanking member colleagues for their significant efforts and commitment to preparing the council's budget proposals. This was a remarkable piece of work as final figures from the Local Government Financial Settlement were only released two days before the parliamentary Christmas recess. This was also the fifth consecutive year of having a single year financial settlement and many assumptions had informed the MTFS.

This was a balanced budget, in response to the difficult financial future predicted by the Bank of England, a 10.5% inflationary rate, and interest rates of 3.5%, all of which were expected to have a significant impact on council finances. For residents, financial pressures had seen no variation in the delivery of high quality services and the council had gone further by removing home care charges, providing free breakfasts for primary school children, maintaining weekly refuse collection and the introduction of the Law Enforcement Team. These were significant achievements and continued to be part of a package of proposals designed to protect frontline services for residents. Approximately £1 million in ring fenced funding had been provided as part of the council's cost of living response to support residents and help to mitigate the financial difficulties.

Director of Finance – Corporate Overview

Sukvinder Kalsi explained that the proposed revenue budget strategy 2023/24 sought to preserve key front line service priorities which included weekly waste collections and free home care, recognising that this aligned with the expectations of residents and acknowledging that not all local authorities had been able to maintain them. The 2023/24 proposals reflected an increased growth investment of £10.7 million, of which £4.1 million would support social care (adult hospital discharges) and allowed for a cautious 5% inflationary uplift on prices.

With careful monitoring this could be managed through strategic procurement, and within council tax proposals. Savings of 2.9% (set out in the report) had been modelled based on how services were procured. This would ensure

greater resilience, building in contingencies and continuity of provision in response to the current, difficult financial climate. H&F had frozen council tax for five out of the previous eight years. A 1% increase represented about £8 per year, per household, impacting about 53% of residents who did not qualify for exemptions.

Future risks included an anticipated budget gap in 2024/25 of about £17 million. Reserves represented 26% of the council's overall budget and these were within the recommended range of between £19-25 million, some of which had been earmarked for an IT upgrade, necessary to protect business continuity and increase resilience. He anticipated that the fiscal environment for 2024/25 would continue to be challenging.

Co-optee Keith Mallinson sought further clarification about the treasury's position on financial provisions to support homeless people in the borough and commented that the governments levelling up agenda had excluded urban areas like H&F. Councillor Ree felt that this was a political decision and that funding had been directed to areas that most likely to vote conservative in areas outside of London. There was a perception from these areas that London was wealthy, and generated significant income, with the result that H&F had to work much harder with a targeted budget, and to communicate this perspective to residents. Keith Mallinson suggested that this point should be more clearly communicated to the public.

Councillor Coleman endorsed the views expressed by Councillor Ree. There were few who would not attribute the anticipated costs of council tax and mortgage repayments to the conservative government, a message that himself and Councillor Ree regularly communicated to residents. The government's position ensured that local authorities were having to take difficult decisions, however, although the administration remained proudly committed to ensuring that services such as free home care continued to be protected, a 2% increase in council tax had been necessary.

Co-optee Jim Grealy commended the council's commitment to continue to protect people who would not normally be protected and endorsed the view that a clear distinction should be communicated between this localised approach compared to a conservative government that had imposed 12 years of austerity. He sought clarification about the demographic pressures which he felt were unclear in the report. Sukvinder Kalsi responded that the Census 2021 had highlighted some key trends for the borough, the most significant of these being that the H&F population of 55+ would significantly increase over the next few years. This could lead to additional demands on social care services and the council was working closely other local authorities to formulate a response. The need to ensure that this point was reflected in communications about the budget was accepted.

Councillor Perez enquired about the white paper 'People at the Heart of Care' (https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper) which had been delayed to 2025. She asked what impact the delay would have in the context of local provision. Lisa

Redfern explained that the fair cost of care element had been delayed for two years.

Lucia Boddington commented with reference to Appendix 3 of the report that there were similar funding difficulties for special educational needs and children transitioning from Children's Services to Adult Social Care, where there remained significant delays, and queried the available data as not offering an accurate reflection, based on anecdotal resident experiences. Prakash Daryanani concurred that this was fluctuating situation, but they had collaborated closely with colleagues in Children's Services and the Learning Disabilities team, The Economy department and Housing Services to address this.

The report contained an initial bid based on the anticipated number of residents that were transitioning. There were high costs associated with this which had been identified as a risk where there was no provision if these costs were exceeded, and this was being closely monitored. Lucia Boddington was hopeful that increased funding for both autism assessments and transitions services could be made available to address the delays. Keith Mallinson endorsed this view, commenting that the delays had a wider impact on the families of children who were transitioning and who required financial assistance.

Strategic Director of Social Care – Overview

Lisa Redfern provided a view on how the MTFS allocation would impact on Adult Social Care and Public Health services, and how this would affect the future provision of services, in the context of both acute local priorities and national pressures. Focusing specifically on services for people with Learning Disabilities that enabled people to live independently, Lisa Redfern reported that the work undertaken by Jo Baty with residents to develop an autism strategy was an exemplar of engagement on SEND (special educational needs and disability). Although it was acknowledged that further work was required, the aim was to work with people so that they could live fulfilling lives, enabled through independent living. Work on the Dementia Strategy 2021 for people with dementia evidenced how the council was co-producing services.

It was also reported that considerable preparation and planning had been undertaken in response to the new Care Quality Assurance regime to be introduced in April 2023. The last entire inspection of social services had been undertaken in 2011, although some providers had been inspected during the interim period. Commenting on care providers, Lisa Redfern alluded to the volatility of the market and post-pandemic sustainability which had caused further instability, exacerbated by the cost of living crisis. There was a recognition that continued improvement in the quality of free home care service, provided to 2000 residents, was required.

This would be sustained by proposals in the MTFS and reflected the council's ongoing commitment to free home care, a significantly subsidised meals on wheels service, for which residents were only charged £2.00 per meal, and Careline. The council's reablement service was rated as "outstanding" by the

Care Quality Commission (CQC) for the third successive time placing it within the top 4% nationally.

The council was working closely with care providers in response to the cost of living. It also continued to closely monitor the payment of a London Living Wage (LLW) by all provider contractors and subcontractors, ensuring that the payment was being passed directly to care staff rather than the providers. The council remained as one of the leading London boroughs ensuring timely discharges. The quality of the provision had been reflected in the 200 compliments that had been received about the service since April 2022 which was a real achievement.

Head of Finance, Social Care and Public Health

Prakash Daryanani described the financial breakdown of social care and public health allocations within the MTFS. Proposals covered £105 million of expenditure, an increase of approximately £10.4 million on 2022/23 and reflected significant amount of investment, £4.1 million. Modelling had indicated that there were concerns about the demographic trajectory and a future demand on services. A base budget adjustment was planned to mitigate intense hospital pressures and an inflation rate of 3.4% had been factored in, with a projected increase of 7.4% anticipated for 2024/25. Ongoing dialogue and negotiation with providers would continue to help address financial challenges and market sustainability.

Short term funding alluded to by Lisa Redfern amounted to £2.9 million, consisting of new government grant funding awards in 2024. Of the social care budget, about 70% was spent on community or residential care providers, in house reablement services and third sector community funding (£5.5 million). These key areas equated to approximately £90 million, or 85% of the total budget.

Trend data indicated that there had been a 40% increase in spend that was predominantly linked to hospital discharges and increased acuity of need. The cost of providing a LLW was expected to increase by 8-9%. Increased acuity of need equated to residents receiving more than 14 hours of care services per week. Another pattern had been the decrease in the number of residential care placements, reflecting the loss of life unfortunately attributed to the pandemic. Post pandemic, numbers had increased by 13% but with greater acuity of need. A 10% uplift in unit costs was expected, however, negotiations for block and spot contract purchasing of placements compared well to the average cost, bearing in mind the competitive nature of the marketplace.

Director of Public Health

Dr Nicola Lang provided an overview of funding for public health services against a backdrop of numerous health challenges. Post-pandemic this included a response to the recent monkey pox outbreak, polio vaccinations, norovirus and Streptococcus A in children. A decision to appoint a senor nurse to support investment in infection prevention and control had boosted public health protection. Innovative work in care homes had seen the

introduction of bespoke environment and hygiene regimes that mirrored the CQC inspection process. This unique infection control offer would be expanded to include hygiene training for cleaning staff.

An easy read guide had been produced for primary care networks, GPs and acute trusts about the impact of damp and mould infested housing on residents resulting in poor health conditions. 150 vulnerable residents with complex care needs were currently being supported, with others in temporary accommodation. A plan was in place to build a bespoke model of specialist mental health care, and a similar response was planned to support rough sleepers who often had concomitant conditions linked to alcohol and drug misuse. Additional areas of focus included innovative work on suicide prevention, the preparation of shorter, easy read joint strategic needs assessments (JSNAs).

NICE (National Institute for Health and Care Excellence) guidelines set out how to reduce suicide rates through the prevention and commissioning of high quality services. This had helped to inform the borough's Suicide Prevention Needs Assessment, setting out a suicide prevention strategy (October 2021). Services were supported by the Public Health Investment fund, which amounted to £23.3 million for 2022/23. Funding for the next financial year would be announced shortly and Dr Lang anticipated a slight inflationary uplift.

Merril Hammer commended Lisa Redfern and her officers on the outstanding work undertaken by social care and public health teams, which was much valued by residents, highlighting this with the example of a friend with a neurological condition who had received 6 weeks of home care support that had enabled her to continue in her work and ensured that the quality of life was maintained. Merril Hammer suggested also that the excellent work that the council was undertaking on discharges and reablement services should be shared with other local authorities as an example of good practice. Lisa Redfern welcomed the suggestion and attributed this success to strong performance management and a whole systems approach.

On behalf of colleagues, Lisa Redfern thanked Merril Hammer for her kind words. Councillor Coleman responded that H&F officers exhibited compassion for residents and also worked with efficiency, qualities that allowed the council to deliver outstanding services year on year.

Noting that the borough had the fifth highest rate of suicide in London, Lucia Boddington enquired about what steps the council had taken to reduce suicide rates. Dr Lang responded that NHS Fingertips, public health and coronial data indicated that suicidal ideation was linked with alcohol and drug misuse and exacerbated by circumstances such as rough sleeping and self-medication.

This was being supported by more detailed work to audit people who have self-harmed and presented at A&E. An 'in reach' model was being developed that was anticipated to revolutionise what people usually experienced by creating access to seamless services. An action plan detailing eight

recommendations had also been formed. Councillor Coleman commended the extraordinary work of Dr Lang as an exceptional practitioner who had the ability to identify priorities and deliver on identified priorities.

Councillor Perez thanked members and officers for their work in developing and presenting the MTFS, and the committee for their scrutiny. Councillor Perez summarised key highlights from the presentation and the following actions were identified:

ACTIONS

1. That the council's financial commitment to protect local, frontline services that ensured that the most vulnerable H&F residents continued to be supported by the council, as distinct from the government's national position on social care, be more clearly reflected in communications about the budget.
2. That the Strategic Director of Social Care, Director of Finance and Head of Finance, Social Care and Public Health further explore the level of funding currently available for transitions and how delays in the service might be alleviated through further provisioning.
3. Census 2021 data on the growing number of young people transitioning to Adult Social Care services to be appended to the minutes of this meeting.
4. To provide details of whether Careline and related available support was offered in different languages.

RESOLVED
That the report was noted.

6. PUBLIC HEALTH UPDATE

Dr Lang indicated that this had been covered under comments provided under the previous item.

7. EMERGENCY PLANNING - RESPONSE TO 2022 HEATWAVE

Denise Prieto and Matthew Hooper jointly presented the report which was in response to an action point raised by Councillor Patricia Quigley at a previous meeting. The intention was to obtain a better understanding of the council's emergency response to unexpected events such as summer heatwave in 2022, details of which were outlined in the report, which was welcomed by Councillor Quigley.

In the context of addressing pollution generated from highways and increased road traffic, co-optee Jim Grealy suggested that the implementation of emergency plans could be precluded by ensuring that a communications strategy about environmental pollution was prioritised in the government and the Mayor of London's agendas. He also suggested that knowledge and information to raise awareness of climate change could be delivered through

schools. Denise Prieto explained that such an approach was already in place and was within the scope of Children's Services to deliver.

Merril Hammer commented that the nature of emergency events meant that local authorities were asked to respond to the unexpected. Given the effect of climate change, heatwaves were likely to be more seasonal and predictable, and it was possible to mitigate against the worst effects through education and improved communication. An antipodean solution in cities such as Sydney was to design dedicated "cool spaces" with the installation of civic water features and fountains. It was noted that local infrastructure solutions were being planned within the borough, the Lyric Square being a good example of this locally.

A suggestion from co-optee Lucia Boddington that a link providing details of locations where water bottles could be filled should be more prominent publicised was welcomed. It was noted that information about signposting was included as an appendix to the report and circulated across multiple council media channels. Similarly, it was important to address the accuracy of information about how residents could keep their homes cool, for example, it was known that radiant heat on glass increased the temperature of building which could be avoided by installing wooden shutter. It was recognised that drawing curtains was not as helpful in deflecting heat but installing things like sails in the garden was helpful in creating shade and cooling temperatures.

Councillor Natalia Perez enquire how an emergency planning response was co-ordinated across multiple agencies. Denise Prieto explained that an emergency response was co-ordinated through the borough resilience forum which included emergency planning officers from the local authority, police, fire and health services. The forum researched and planned responses to a range of emergency scenarios, sharing experiences and examples of good practice.

ACTION

1. That an online information link about where residents could refill water battles should be made more prominent on the council's website.

RESOLVED
That the report was noted.

8. WORK PROGRAMME

The work programme was noted.

9. DATES OF FUTURE MEETINGS

The Committee noted the date of the next meeting, scheduled for 22 March 2023.

Meeting started: 7.00pm
Meeting ended: 9.40pm

Chair .....

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THE LONDON BOROUGH OF HAMMERSMITH AND FULHAM

Report to: Health and Adult Social Care Policy & Accountability Committee

Date: 22/03/2023

Subject: West London NHS Trust Update

Author: Dr Christopher Hilton, Chief Operating Officer - Local and Specialist Services (West London NHS Trust)

Summary

This report provides the following information for the Committee to consider:

a) An update on enhanced engagement on Ealing mental health beds.

b) Actions from previous meetings, proposal discussed with Scrutiny Officer to close outstanding items and move some matters onto a workplan long-list to be included in future updates to the committee.

c) Joint work between Healthwatch in Hammersmith and Fulham and West London NHS Trust to capture Patient Experience in our inpatient mental health units – presentation by colleagues from Healthwatch (Carleen Duffy) and the Trust's Acute Mental Health Service Line.

Recommendations

1. For the Committee to note and comment on the report and approve the recommendations regarding actions and potential future workplan items.

Wards Affected: ALL

Our Values	**Summary of how this report aligns to the H&F Values**
Building shared prosperity	Better supporting residents with a wide range of mental health needs to receive timely and effective support
Doing things with local residents, not to them	Involvement of local residents in mental health services transformation

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Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee

West London NHS Trust - Update

1. Purpose

The purpose of this report is to provide information for HASPAC members to consider:

- An update on enhanced engagement on Ealing mental health beds
- Actions from previous meetings: Proposal discussed with Scrutiny Officer to close outstanding items and move some matters onto a work-plan long-list to be included in future updates to the committee
- Joint work between Healthwatch in Hammersmith and Fulham and West London NHS Trust to capture Patient Experience in our inpatient mental health units – presentation by colleagues from Healthwatch (Carleen Duffy) and the Trust's Acute Mental Health Service Line.

2. Ealing Mental Health Beds - update

At the meeting in November 2022, the Trust presented to the Committee it's commencement of a period of enhanced engagement regarding making permanent changes to our acute mental health beds for adults of working age that had been place on an interim basis since early 2020. During this period there has been a net reduction of 13 acute inpatient beds overall across the Trust's clinical footprint (18 of 31 suspended beds in Ealing being re-provided in Hounslow), and despite this we remained in a position of having no unwarranted use of private or out of area placements for local residents.

The Committee was informed that the drivers for the change related to the quality and safety of services being delivered in pre-Victorian premises, and that there were no anticipated financial savings with all revenue costs being ring-fenced for alternative crisis care pathways. The "case for change" document and a range of supporting materials, including in a range of formats and languages, remains available at https://www.westlondon.nhs.uk/ealingmhbeds.

During the period of enhanced engagement, individuals were invited to provide feedback to us at face to face and online events, using an online survey, by post or by telephone. The process was advertised across a number of targeted physical and digital channels including:

- In GP surgeries
- Stakeholder newsletters across North West London with ICB support
- To our own staff, to patients visiting our wards and clinics
- Online using our website and social media channels.

- In addition, we wrote directly to our stakeholder list, as well as to a list of 998 patients who had used the affected wards in the 3 years before they were suspended (from all three boroughs, although the recipients were primarily made up of people from Ealing).

Scrutiny Committee / Panel feedback highlighted concerns that the engagement activities had not adequately reached communities in Hammersmith & Fulham and Hounslow and that further work was required to ensure that the voices of families from minority communities was sought.

Discussion was held in December with the Joint Health Overview and Scrutiny Committee members representing the three West London NHS Trust facing boroughs and we agreed:

- That the period of engagement would be extended by a further 7-8 weeks to end of February 2023 (approximately 19 weeks in total) to ensure time was not lost to the Festive period, and to permit a series of additional activities to improve the engagement approach. This would also ensure that Members in Hounslow had an opportunity to scrutinise the proposal during the engagement window.

- Additional public meetings / events would be convened to take place in Hammersmith and Hounslow, as well as in Ealing.

- Further work would be undertaken by the Trust communications teams, in conjunction with the three Local Authorities' teams to improve residents' knowledge of the proposals and improve reach into key communities including BAME groups.

- An event would be arranged in the suspended wards in January to allow people to view the facilities that we are seeking no longer to use.

- Furthermore, we agreed to write proactively to a further cohort of patients from all three boroughs who have been admitted in any of our Mental Health Units to give them the opportunity to share their views.

- That the committees would be informed of the findings following the conclusion of our engagement activities.

During this period, we estimate that we have directly reached over 12,850 individuals, with direct responses being received from 712 people. Detailed feedback was received from the Save Our NHS campaigns in Ealing (including a petition) and Hammersmith & Fulham, and we have received feedback from elected representatives. Various news reports and an opinion piece were published in local media.

Correspondence was also received from Ms Lisa Redfern, Strategic Director of Social Care, on behalf of Hammersmith & Fulham Council raising concerns about the engagement approach and impact of the proposal on Hammersmith & Fulham residents.

The extended engagement window closed on 28 February 2023 and the Trust is now reviewing all feedback received.

We will respond to the specific comments raised, both directly where appropriate and in the evaluation feedback report. The findings will be further considered at West London NHS Trust's public board in early May 2023 and we will be happy to provide further information to the

Committee when this is available.

3. Actions from previous meetings

At the meeting in November 2022 the Trust provided an appendix of brief responses to outstanding actions from previous presentations to the Committee, recognising that some of these related to meetings in the 21-22 municipal year.

Further actions were recorded in the November 2022 meeting related to the discussion about Community Adult Health Service these are addressed below.

Action	Update March 2023
Dr Hilton to provide a figure for the number of staff recruited at source from colleges and universities.	The trust undertakes proactive recruitment activities with a number of local universities and careers fairs to attract clinical staff at source and has dedicated clinical Resourcing Leads who support this activity full time. In the last 12 months the organisation has grown from 3924.8 wte staff in post to 4123.0, with the biggest growth in this financial year being in AHPs (+13.9%), qualified nursing staff (+8.7%), other scientific and technical staff (including psychologists) (+7.2%) and medical staff (+4.9%). A significant proportion of these staff are at Band 5 (Preceptor level), with some joining in Band 4 roles in anticipation of gaining their NMC registration. As at March 2023 we have a further 76 nursing staff in our recruitment pipeline. Other initiatives include international recruitment and our refugee nursing programme. It is not easy to report a single figure for the number of staff recruited at source from colleges and universities across all staff groups, however I believe this action related specifically to one example of positive practice in the development of Graduate Mental Health Practitioner Roles in MINT teams following a new partnership arrangement between Middlesex University and West London NHS Trust. This offers those with a degree the opportunity to earn a Post Graduate Diploma in Mental Health Practice while getting hands on work experience in mental health care. There are a range of opportunities across the MINT teams where graduates are able to learn about the role that a range of teams and different professions take in working in mental health services. Once graduated, they are either able to continue as Graduate Mental Health workers or to further explore other registered roles in our services. The programme duration is 12 months. 60% of the year will be spent on clinical placement in community services at West London NHS Trust and 40% spent at Middlesex University. The year is spent in blocks of time either in the Trust or the University. The salary is paid pro rata over the year

	for the time spent within the Trust. The contract offered is for two years with a second year working as a Graduate MH worker within the trust. There is an opportunity to top up to a Masters qualification in year 2. Our first cohort took on 15 on these staff and the second a further 15. A small number have left for other roles but the majority remain and have been extremely positive about the role and learning opportunities, and contribute positively to the capacity within the services.
WLT to share waiting list on the number of those exceeding a 28-day waiting period; WLT to share data about waiting list numbers broken down by ethnicity and income; WLT to share and discuss the issue of referral data further with the committee;	For MINT services, as at 27 Feb 2023, there are 3,159 Hammersmith and Fulham registered patients across the three local teams. 667 (21%) are currently awaiting their first appointment to be recorded on the system (either because the appointment hasn't occurred yet or because staff have not correctly *recorded* the appointment as completed). The average time from referral to appointment is currently 68.59 days against a target of 28 days. Of these 108 have waited less than 28 days, 144 28-90 days, and 415 are *showing* as having waited >90 days – however it is important for the committee to note that our review of these cases show that many **have been seen** but the appointment has not been not recorded properly on our systems to pull through into the report. We have approved a plan to resolve the issue of operating two electronic patient record systems (SystmOne and Rio) in the community mental health services during the coming financial year and the programme to address this will also address staff training on the systems and data quality improvements. We would be happy to provide further updates about this as the work progresses. The Waiting List for LBHF MINT is shown below broken down by ethnicity – NB we seek to record data where "not yet known" following contact with the client. We do not hold data on income of our patients at this time.

	Census category		%
	Asian or Asian British		7%
	Indian	7	
	Pakistani	10	
	Bangladeshi	1	
	Chinese	1	
	Any other Asian background	26	
	Black, Black British, Caribbean or African		11%
	Caribbean	19	
	African	19	
	Any other Black background	33	
	Mixed or multiple ethnic groups		5%
	White and Asian	4	
	White and Black African	2	
	White and Black Caribbean	5	
	Any other mixed background	23	
	White		43%
	White British	136	
	White Irish	11	
	Any other White background	138	
	Any other ethnic group	67	10%
	Not yet known	165	25%
		667	
Dr Hilton to share information about suicide preventative work supporting bereaved families and activities undertaken by the Trust with third sector organisations.	West London NHS Trust has our own Suicide Prevention lead and a network of champions across all services. We are a member of the https://www.zerosuicidealliance.com/ and seek to work with local agencies including Public Health where boroughs have their own Suicide Prevention strategies. We are part of the ICS Mental Health and Learning Disabilities Programme, and North West London ICB has partnered with Rethink Mental Illness to develop a North West London Suicide Strategy and to give grants of £300,000 to VCSE organisations to support suicide prevention, post-vention and suicide awareness in North West London communities. These services include:		

	Suicide Awareness Training (rethink.org) Suicide Postvention | Mind in Brent, Wandsworth and Westminster (bwwmind.org.uk)

Following the presentation of CQC “must-do” actions in November 2022, a request also was made for the Trust to share the “should do” recommendations from the inspection.

There were **three** “should do” actions:

- *The trust should ensure that all premises have an up to date ligature risk assessment.*

We can confirm the Trust has addressed risk assessments for community premises with the guidance of our Health and Safety team.

- *The trust should ensure that all premises where patients are seen are fit for use.*

We can confirm that the main estates concerns related to community premises have been fully addressed through capital works in the last few months. We believe this primarily related to premises in Hounslow and Ealing, however we have also recently completed renovations within the Claybrook Centre and our satellite offices on Fulham Palace Road.

- *The trust should ensure that patients who are subject to community treatment orders always have the correct certificates stored alongside their medicine administration charts*

In respect of Mental Health Act (1983) there is a requirement for hard copy paperwork (in addition to digital records) to be held alongside for medicines charts for individuals on Community Treatment Orders. Since the inspection Matrons in all localities have confirmed this has been rectified.

Next steps

Following a discussion with Ms Mall in February 2023, if the Committee agrees, we would request that these actions are closed on the action log, but that the following items are added to the Committee’s work-plan as items about which the Trust might provide presentations to the Committee at an appropriate time in the future:

- Workforce initiatives
- **Single point of access** performance and transformation plans (noting aspiration to improve links with 111 by April 2024)
- **CAMHS** and specifically **transitions** from CAMHS to adults services (noting the interest also of members of the Children and Education PAC)
- Further intermittent reporting on the overall performance of community mental health services and CQC actions (including resolution of the issue related to electronic record systems).

4.

West London NHS Trust Acute Mental Health Services and Healthwatch Project

The purpose of this report is to provide information for HASPAC members to consider:

4.1. Healthwatch were commissioned by the Trust to undertake regular engagement with patients on the acute wards in the two Mental Health Units, Hammersmith & Fulham Mental Health Unit and Lakeside Mental Health Unit on the West Middlesex site. The Trust wanted to work with Healthwatch as an independent organisation to gain an honest appraisal from the service users' perspective of their experience of their inpatient stay.

4.2. The Trust were keen to test out the methodology which is co-designed to engage with service users during their inpatient stay or following recent discharge, with the help of experts by experience volunteers. Healthwatch described a flexible approach, using groups and one to one meetings with service users.

4.3. There was a mobilisation period between April to June 2022, and the engagement work started. This report represents findings and the data shown is from June to November 2022.

4.4. Key to the work being possible has been the approach by staff in the wards to communicate and facilitate access to service users in a positive and constructive way so that meaningful recommendations can be taken forward. This approach represents work in progress with the intention of building a sustainable plan to continue this two-way engagement for the foreseeable future. Initially commissioned for one year, the intention is to extend the work for a further period.

4.5. Note that the report includes data from the Lakeside Mental Health Unit, recognising that a small proportion of service users from Hammersmith & Fulham complete their inpatient stay there.

5. **Background and Detail of the project**

5.1. During early 2022 YVHSC, provider of Healthwatch Hammersmith & Fulham, submitted a proposal to WL NHS Trust to deliver an inpatient engagement project. The bid was successful and during April to June 2022 mobilisation of the project took place.

5.2. NB. Most H&F residents are admitted to Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital, but a small number will go to Lakeside Mental Health Unit on the West Middlesex Hospital site and the findings provided by Healthwatch to the Trust include feedback from all residents of Ealing, Hounslow and Hammersmith & Fulham receiving treatment at these units.

5.3. The Healthwatch project involves undertaking regular engagement with patients on the acute wards in the two WL NHS Trust mental health units:

- Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital (x 4 wards)

- Lakeside Mental Health Unit on the West Middlesex Hospital (x 5 wards).

5.4. Monthly visits are made to each individual ward at each unit.

5.5. Engagement takes the form of one-to-one discussions with patients, using a questionnaire to seek responses on key issues and ensure some consistency. The questionnaire used is adapted slightly for each quarter following a review of the relevance and clarity of questions asked in the previous quarter.

5.6. The project aims to use volunteers and 'Experts by Experience' to undertake engagement and ensuring appropriate training, support and debrief for all involved.

5.7. The project provides monthly update reports and formal quarterly reports. The reports celebrate areas of good practice and highlights the potential areas for improvement. The reports provide clear opportunities and potential actions for West London NHS Trust to discuss internally and respond to patient feedback.

6. Feedback from Healthwatch

6.1. The commitment from the Trust in supporting engagement has been positive to see in action.

6.2. Conducting one-to-one discussions with patients is often challenging at times, dependent on the conditions of the ward at the time of our visits, the ability of the patient to answer the questions and the sensitive nature of the answers being provided by the patients. Some patients chose not to answer certain questions. Some questionnaires were not fully completed due to disturbances, the patient's ability to answer all questions, or different obligations of the patient (e.g., a health check-up, the patient becoming upset or unwell). Some of the patients in the mental health units are acutely unwell and we have observed their responses vary depending on what stage in their recovery journey they are at.

6.3. During the initial stages of the project, we recruited a large number of volunteers. However, as the project progressed, many of these individuals' experienced triggers and had to take a step back in order to protect their mental health and any relapse. This chain of events was experienced commonly, despite the preparation for this risk, the induction, training, debrief and emotional and practical support provided by the staff team. The challenge this presented to delivery of the project was large, with ultimately, responsibility falling back onto staff to deliver. Staff themselves, have experienced similar challenges with the intensity of patient stories impacting their own health and wellbeing.

6.4. The initially proposed method was to host two monthly unit-wide discussion forums where patients could share their feedback and experiences with Healthwatch H&F and our Experts by Experience. It became apparent that 1:1 conversation - where one of our team members runs through the questionnaire together with the patient - is a more efficient approach to collecting data. This has provided us with more in-depth, quality data per patient, and patients expressed that they prefer the privacy and comfort of 1:1 conversation.

6.5. The alignment of this additionally commissioned piece of work with 'normal' Healthwatch business has been beneficial for Healthwatch H&F: The success of the project and relationships built, has resulted in Healthwatch securing additional access to community MH services where additional feedback is being gathered as part and parcel of Healthwatch's standard work.

7. Findings

7.1. 94 responses from Hammersmith and Fulham Mental Health Unit at the Charing Cross Hospital were obtained from June-Nov 2022

7.2. 113 responses from Lakeside Mental Health Unit at the West Middlesex University Hospital from May-October 2022

7.3. Our findings show that patient experience - both in terms of patient rating of different service areas, and sentiments towards the different key themes – widely varies per patient. Ratings and key themes are not predominantly positive or negative, but reflect the mixed experiences that patients have with different service aspects.

7.4. Patient experience feedback is explored according to the following key themes: 1) staff, 2) facilities and surroundings, 3) treatment and care, 4) access to services, 5) medication, 6) continuity and integration of care, and 7) dignity and respect.

Theme 1: Staff

Overall, patients felt mostly positive about staff attitude and communication. Patients highlighted that staff are helpful, supportive, respectful, and caring. Sentiments towards communication were more mixed, often due to staff being too busy to hold regular individual or community meetings or to clearly communicate changes in activities timetables. It has become clear that many patients feel that there is not enough staff to meet all patients' needs; however, there has been some progress in more recent months about staff being more available to them, and that expectations are better managed. (Note, please see appendices for more detailed comments about staff).

Observation: Patients stated that the ward can be understaffed.
Recommendation: WLNHS Trust to consider how staff are shared between Mental Health services and consider how paperwork requested from staff could be shortened or removed. Some services have shorter waiting lists and may be able to offer their staff to acute inpatient wards when needed.

Observation: Patients expressed a lack of understanding of different disorders by staff, particularly the irregular and night staff. This has led to patients feeling misunderstood and receiving inappropriate responses to their medical condition.
Recommendation: Mental Health training for all staff that work within the Trust.

Observation: Patients feel there is a lack of explanation and communication between some members of staff and patients.
Recommendation: Ward managers to remind staff at trainings and meetings of the importance of explaining why, what, and how to patients.

Theme 2: Facilities and surroundings

While some patients enjoy the food, the majority of patients said that food does not taste very fresh. One patient highlighted that there is not always enough food throughout the day. Patients are mostly satisfied with the cleanliness of the ward - patients expressed that the ward is cleaned often but that it gets dirty throughout the day, especially the bathrooms. For patients without a mobile phone, it is generally difficult to be able to make a call in the office, as staff may be busy. Patients stated having access to numerous facilities, such as a gym

and garden. However, patients often expressed feeling caved in and wanting to go outside more, but that escorted leave and gym access are restricted depending on staffing levels. Sentiments towards vapes were mixed, as some are happy with them, and others stated they are not strong enough.

Observation: Dissatisfaction with quality and variation of food. Food often does not taste fresh.
Recommendation: Healthier and more varied food. Access to making own snacks.

Observation: Patients stated that although the ward gets cleaned often, the bathrooms get dirty quickly throughout the day.
Recommendation: More regular check-ups of the bathroom.

Observation: Patients report annoyance around leaving their phones in the office for charging. There is anxiety at being away from their phone and it causes staff an additional strain.
Recommendation: Chargers with a short cable that patients can use in their rooms.

Observation: Patients without a mobile phone stated that making a phone call in the office can be difficult when staff are busy. On wards with payphones, patients reported that these are broken.
Recommendation: Checking payphones and repairing those that are broken.

Observation: Patients stated the need for more distraction and entertainment outside of OT sessions, such as books, jigsaws, or board games.
Recommendation: More availability of books & games from local libraries, charities or from requesting donations from the public.

Observation: Patients don't always have personal access to a safe space to put their belongings.
Recommendation: Lockers in the common rooms (already available on some wards).

Theme 3: Treatment and care
Most patients are aware of their diagnosis. Areas of improvement include more patient involvement in their treatment; more time to speak with the doctor, and more (written) explanation and clearer information on their condition, treatment plan, and recovery trajectory. In terms of effectiveness, some patients highlighted the need for more talking therapy and support after discharge.

Observation: Patients feel uncertain about the trajectory of their treatment and where they need to be to get discharged.
Recommendation: More patient involvement in their treatment plan, highlighting where they are now, and at which stage they can get discharged into community mental health services.

Observation: Patients expressed not always understanding their diagnosis.
Recommendation: Educational leaflet with information on their condition, how the medication works, and how treatment will help.

Theme 4: Access to services
Many patients highlighted the positive impact of activities and are happy with the OTs.

Activity timetables are not always provided, and patients often only become aware of activities as they are happening. Some patients mentioned that activities should happen more often, as it keeps them occupied and brings patients together. Some patients have enjoyed listening to music on the ward. Moreover, patients expressed that talking therapies such as CBT were helpful, but that it should be more available on the wards. Some negative sentiments related to the long waiting times for a response to individual queries.

Observation: Patients state that there is an overreliance on medication to get better, and that there is not enough opportunity to speak to someone about their MH. Currently, many patients don't have access to or are not aware of available talking therapies.
Recommendation: More access to and wider promotion of talking therapies. Reach out to third year psychology students and the voluntary sector to volunteer on the wards. Even though students will not be able to provide trained counselling, it can be a relief for patients to have someone to talk to regularly, and it will help to take away some pressure from staff.

Observation: Community meetings make patients feel listened to. In some cases, patients said that community meetings either don't happen or that they feel rushed and chaotic.
Recommendation: Ensuring that community meetings are regular and dividing the ward into smaller groups during meetings.

Observation: Most patients highlighted the benefits of activities with OTs, and that it creates a feeling of community on the ward. However, patients stated the need for more activities.
Recommendation: As suggested by patients: more games, football table, dancing, pampering sessions on women's wards. In general, more ways to mingle on the ward.

Observation: Patients commented on not being told/forgetting information shared on Mental Health rights and advocacy services, complaints procedures, weekly activities, and facilities available on the Mental health unit, and when they can access them.
Recommendation: To provide patients with information packs containing MH rights, advocacy services and complaints procedures in their rooms. Individual paper copies of the activities and unit facilities provided to patients weekly (already available on some wards).

Observation: Patients stated not being aware of the different services available on the ward.
Recommendation: Printouts given to patients weekly outlining what activities and facilities (e.g. gym) are available, this to include an explanation of advocacy services with the advocacy phone number.

Theme 5: Medication
Many patients feel content about their medication and stated that they are always notified of changes in their medication. Many patients also said that medication gets changed after they complain about side-effects. Some patients have highlighted that they do not always feel listened to when discussing their medication, that side effects affect their quality of life, that they sometimes have no option but to take the medication as they will be injected otherwise (Lakeside Q1) and that access to talking therapy and written prescription of changes to their medication would be more effective in some cases, especially to remember what different medication is for.

Observation: Patients complained about the heavy side-effects of medication.
Recommendation: Staff to explain to patients that medications are an effective treatment for reducing he severity of their symptoms and if the medication was stopped or reduced,

their symptoms may come back. Patients should be encouraged to discuss any side effects with their doctor and psychiatrist.

Observation: Patients sometimes forget about doctors' explanation of changes in their medication. Seeing changes in medication without remembering the explanation can make patients uncomfortable.
Recommendation: A written prescription for changes in medication highlighting what the medication is, the reason for the change, the frequency, and the side-effects, so that patients remember the explanation.

Observation: Overlapping with 'Treatment and care', some patients stated that communication with doctors can be difficult,
Recommendation: Allow for a different doctor/a second opinion if communication is difficult.

Theme 6: Continuity and integration of care
Of the patients who are under the care of community MH services, some patients expressed they have regular contact and feel supported by their care coordinator. Many patients, however, are not in regular contact with community MH services, and there is a common sentiment that community MH services need to be more proactive in their support. Patients stated needing support with housing, benefits, community MH resources and activities, accessing therapy, building a routine and monitoring medication.

Observation: Lack of awareness or communication with community mental health services.
Recommendation: Community mental health teams to be more involved with patients during their inpatient care. Ideally visiting patients on the ward, and at minimum, phone consultations. This would also reduce the anxiety patients feel around discharge if they were familiar with the staff of the services they are being discharged to.

Theme 7: Dignity and respect
Predominantly, patients feel well-respected and taken seriously by staff. Main negative sentiments centre around a lack of confidentiality: a small number of patients said that some conversations with staff should be more private; lack of personal freedom; patients feeling stuck and anxious about not being able to smoke regularly, and patients not always giving consent to being sectioned.

Observation: Patients expressed feeling stuck inside and having their personal freedom compromised. This anxiety is often exacerbated by not being able to smoke.
Recommendation: More games and sport breaks in the courtyard or group activities outside of the hospital. Allowing patients to smoke in outdoor spaces would relieve some anxiety for patients and remove some of the escorted leave pressure put on staff.

Observation: A small number of patients stated that some conversations with staff should be more private.
Recommendation: For staff to discuss matters related to a patient's treatment 1:1.

8. Trust response to findings of Service User views

8.1. The West London Trust inpatient teams have valued this opportunity to work in partnership with Healthwatch to gather service user feedback via a structured approach. This has enabled the Trust to gather and receive rich information in order to consider how we develop services based directly on collated service user feedback via an independent partner. This is with a shared vision to improve care and service for the benefit of the individuals we serve.

8.2. The Trust endeavours to build on this co-produced approach to improving services and strives to provide the best inpatient care experience. Working with an independent organisation to gather honest and transparent feedback has provided patients using our acute wards to speak about their experience to an independent person not connected to ward staff. Colleagues have then reported findings which have fed back into governance systems as well as bespoke pieces of work, to formulate and deliver actions.

8.3. Quarterly reports outlining key themes feed into engagement sessions with staff where there is discussion and focus on improvement areas, devised by local team managers, matrons and staff. Findings are also taken the local Clinical Improvement Group meetings and also some aspects fed back into patient community meetings.

8.4. The findings themes outlined above were considered in the context of each of our inpatient sites, Lakeside Mental Health Unit and Hammersmith & Fulham Unit. Each site has between 4-5 wards. The table below shows the combined action plan mapped against the themes of feedback collated by Heathwatch. Very similar themes occurred across both sites and where there was specific learning, this has been tailored and personalised to the ward/ unit to implementation. It is worth highlighting that some of the actions listed in the plan below have already been implemented which clearly demonstrate the responsiveness of the services that have been surveyed.

Theme 1: Staff	
Feedback	**Actions**
Patients stated that the ward can be understaffed	Ward Managers to ensure safe staffing level on all shifts in line with budgeted staffing establishment Unit coordinator to look at possibility of staff redeployment from other wards and Health Based Place of Safety (HBPOS) to cover staff shortages Unit Coordinators to provide support by basing themselves on the ward Ward Managers, Matrons and staff from other disciplines to support with activities on the ward Vacant shifts to be sent out to Temporary Staffing in a timely manner Wards with high vacancy rates to actively engage in recruitment drives to fill vacant posts Staff sickness and absences to be managed in line with relevant Trust Policies
Patients expressed a lack of understanding of different disorders by staff, particularly the irregular and night staff.	Ward Managers to ensure bank and agency staff have the necessary experience, skills set, competencies and knowledge base to work on acute wards The staffing mix should consist mostly of permanent staff supported by Bank and Agency when required. Junior staff, Preceptees or less experienced staff should be rostered to work alongside experienced staff All new staff should complete a period of probation to assess their suitability for the role they are employed to do All Bank and Agency staff should have a local induction and keep their mandatory training up to date All substantive staff should have minimum monthly supervision and gaps in their knowledge base should be addressed accordingly Information leaflets about various mental health conditions should be made available on the wards.
Patients feel there is a lack of explanation and communication between some members of staff and patients	Nurse on duty to spend at least 30 mins protected time with their allocated patients on each shift to discuss aspects of their care and treatment. Allocated Nurse to be the contact person to attend to

	patient needs and respond to any queries from patients. Comprehensive handovers should take place between incoming and outgoing staff at the end of each shift. This should include any outstanding actions relating to the care and treatment of patients and their progress Staff should communicate with patients in a timely manner and use the protected time slot to respond to any queries they may have.
Theme 2: Facilities and surroundings	
Dissatisfaction with quality and variation of food. Food often does not taste fresh.	Explore with patients in community meetings and in 1:1 session to gather more information on choice of food and food portion allocated to patients The information gathered should be shared with Estates and Facilities colleagues to explore the possibility more variety fresh food and increased size portions Additional snacks such as fruits, yoghurt and biscuits to be made available on the wards Patients wanting to order takeaways can be supported as appropriate Patients preferring home-made food can ask their family members to bring them on the ward. Storage and disposal should be in line with infection control procedures
Patients stated that although the ward gets cleaned often, the bathrooms get dirty quickly throughout the day.	Domestic Supervisor to monitor schedule for cleaning bathrooms is fully implemented and frequency of checks are increased to maintain satisfactory level of cleanliness Staff to ensure all bathrooms are fully functional and patients are able to access them daily Staff on duty to routinely check all bathrooms on every shift to ensure they are clean and tidy.
Patients report annoyance around leaving their phones in the office for charging	Chargers can present a health and safety risk for patients. The option of providing individual lockers with fixed chargers should be explored by the wards.
Payphones on the wards are broken	Ward Managers to ensure broken payphones are reported for urgent repairs. Any delays should be escalated to IM&T Department, Matrons and Service Managers Incidents resulting in deliberate and targeted damage by patients should be reported to the Police
Patients stated the need for more distraction and entertainment outside of OT	To be explored with patients in community meetings and in 1:1 session with Primary Nurse so that there is clarity on activities being sought by patients

sessions, such as books, jigsaws, or board games.	Ward OT to devise structured time table for patients and ensure they have a copy. A printed copy of the time table to be displayed on patients notice board Patients to be encouraged to attend activities on the ward Volunteer being employed to undertake activities over week end Health Care Assistants to be offered training to facilitate groups on the wards Ward Manager to ensure there is a range of board games and games consoles available on the ward Ward staff to ensure timely referrals for patients to inpatient gym Wards to explore possibility of arranging movie nights, walking trips to the parks, visits to local attractions, hair saloon, garden gym etc.
Patients don't always have personal access to a safe space to put their belongings.	All patients to be allocated a key for their bedrooms on admission Bedroom keys should be handed back to staff on discharge Patients to be provided information about the options to keep their valuables secure. Money can be deposited in patient's bank and valuables stored securely in ward lockers Ensure all patients property are recorded on admission and copy given to patients Ward Manager to ensure spare keys for bedroom are held securely and made available if required.
Theme 3: Treatment and care	
Patients feel uncertain about the trajectory of their treatment and where they need to be to get discharged. Patients expressed not always understanding their diagnosis	A minimum of 30 minutes protected time should be allocated to each patient during ward round reviews to enable discussions about their diagnosis, treatment and discharge planning Primary Nurse to meet with allocated patient at least once a week to facilitate discussion about their diagnosis, medications, treatment and discharge plans

	Patient to be provided information leaflet about their condition and medications Patient to be referred to Ward Pharmacist to discuss medications, side effects and to explore treatment options.
Theme 4: Access to services	
Patients state that there is an overreliance on medication and many patients don't have access to or are not aware of available talking therapies	Ward Manager to raise with Psychology Lead and explore need for additional 1:1 sessions and / or group sessions Ward staff to ensure timely referrals to Psychology / Art Therapy Services Nursing staff to offer regular 1:1 session with allocated patients.
In some cases, patients said that community meetings either don't happen or that they feel rushed and chaotic	Matrons and Ward Managers to ensure community meeting takes place on a weekly basis Protected time is allocated for staff and patients to attend community meetings Dates and time of community meetings are displayed on patient's notice board and in the ward diary Ward Managers and Matrons to ensure community meetings are effectively chaired, minuted and disseminated to all parties in a timely manner.
Patients stated the need for more activities.	Please see plan in Section 2
Patients commented on not being told/forgetting information shared on Mental Health rights and advocacy services, complaints procedures, weekly activities, and facilities available on the Mental Health Unit	Admission pack to be given to patients providing information about complaint procedures, activities, and advocacy services Information about rights and advocacy services to be displayed on patient notice board Rights of patients to be read to them on admission and repeated at regular intervals. This should be recorded on RIO Patients to be informed of changes to their Mental Health Act Status and leave arrangement Activity time table to be printed and displayed on patient notice board. Copy of time table to be given to every patient
Theme 5: Medication	
Patients complained about	Treatment options should be discussed with patients

the heavy side-effects of medication.	paying particular attention to advance directives if applicable The efficacy and side effects of prescribed medications should be reviewed regularly by the MDT and adjusted accordingly to minimise the risk of over sedation Nurses administering medications should observe for any side effects and discuss with medical team and Pharmacist as appropriate Ward Pharmacist to meet with patients to discuss any concerns regarding medications
Patients sometimes forget about doctors' explanation of changes in their medication. Seeing changes in medication without remembering the explanation can make patients uncomfortable	Patients to be provided a copy of their care plan detailing prescribed medications, dosage and frequency. Care plans to be updated following any changes to medications Medication information leaflet to be provided to patients Changes in medications to be explored in ward rounds and in 1:1 session with Primary Nurse
Some patients stated that communication with doctors can be difficult	Each patient to be allocated at least 30 mins protected time during weekly ward rounds to discuss their care and treatment with Doctors Primary Nurse to coordinate and facilitate any additional requests from patients to meet with their Doctors Primary Nurse to support patients in preparing for the meeting with their Doctors to ensure effective communication.
Lack of awareness or communication with community mental health services.	Admission notification to be sent to community teams following admission Primary Nurse to liaise with Care Coordinator and other stakeholders to gather collaterals post admission Care Coordinator / Duty Worker to be invited to attend initial CPA review and discharge planning meetings Care Coordinator / Allocated worker to maintain regular visits throughout admission episode.
Patients expressed feeling stuck inside and having their personal freedom compromised. This anxiety is often exacerbated by not being able to smoke	Nurse in charge to ensure fresh air break slots are allocated to restricted patients on each shift. This should be displayed on the staff allocation board and be visible to patients. Staff should be assigned to facilitate fresh air breaks and

	this activity should be prioritised on each shift Nurse in charge to escalate to Ward Manager / Matron or Unit Coordinator if unable to facilitate fresh air breaks due to workload pressure or staff shortages Nurse in charge to call a safety huddle with the Multidisciplinary team to review staffing and task allocation Informal patients should be able to leave the ward with minimal restrictions which are subject to patient's consent Patient smoking status to be assessed on admission and support offered via Smoking Cessation Advisors. Nicotine Replacement Therapy products including e-cigarettes to be offered to patients
A small number of patients stated that some conversations with staff should be more private.	Staff to ensure that conversations of sensitive and confidential nature are held in locations where privacy and confidentiality are not compromised.

9. Summary

The Trust is very encouraged by the joint partnership work to date with Healthwatch in being able to understand real time information about the pathway experienced by Service Users in acute wards.

It represents an independent way of working with Service Users using a co-designed approach which works with people to make changes that are meaningful.

The Trust will continue to build on the work with Healthwatch for the foreseeable future

Appendix 1 - Staff negative sentiments

Patients' negative sentiments about staff	healthwatch Hammersmith and Fulham
"Some are rude, overworked, stressed. They don't have time for me."	
"I feel like we are being treated like children by most of them."	
"Staff is under pressure, it leads to a lack of communication."	
"Some are less caring. They sit on their phones and ignore the patients."	
"There is no privacy as everywhere you go there are staff watching. Some staff it's like their heart is not in the job."	
"It could be improved. They talk instead of listening. they just wait for me to stop talking so they can be strict. I don't feel heard."	
"Lack of communication between them - people's lives depend on better communication"	
They're very slow to respond.	
"People who work in mental health need to be non judgemental ."	
"They get fed up and ignore us, just explain it to me, if you explain it to me i will calm down."	
"First they put a label on me and then they will deal with the actual problem. But the label comes first.."	
"Sometimes they don't communicate with us enough but they are nice.	
"They don't listen."	
"They don't respond to requests. Other people get to go out more than me."	

Appendix 2 – Staff Positive Sentiments

Patients' positive sentiments towards staff

healthwatch Hammersmith and Fulham

"Staff are fantastic. They couldn't do more for me."
"Communication is going great, staff is very good. They give clear answers and manage expectations."
"They've been bloody fantastic. They couldn't support me and my wife better. Can I give 100 stars instead of 5"?
"Communication is really good, nurses are especially good; knowledgeable and process oriented, even though they have long shifts. They listen when I ask for something and help right away if they can, and manage expectations. Health care assistants are also friendly."
"Communication is very good and they communicate delays, staff are 100% useful. They make sure we shower and help us build a routine."
"Everyone is really friendly. Staff help me to keep clean and help me clean my room."
"It is perfect, they give me everything I ask for. They are responsive, make me happy and feel good. They are my heroes!"
"The head nurse will sit down with me to set up a timetable to build a routine."
"Staff are friendly and hardworking. They tell me when they are busy."
"They really support you and help you make sense of things."
"They are non-intrusive. They just allow me to be."
"Staff are respectful, friendly, and understanding. Whatever I ask, they always help me and communicate clearly."
"They support you all the way to make sure you can leave. They will not let you go without a discharge process in place."
"I was in a bad state, but they kept talking to me, showering me, and taking care of me."
"They are great and help me relax, make me a coffee. They do really check in on you."
"Staff are funny and I joke with them. They are nice, we are close like family."
"Really helpful, respectful, and answer my questions. They help me with physical care."
"They reassure me and listen to requests. They really help you, you just need to reach out."
"They all love me! I know everyone by name."
"They are polite, educated, and dear to my heart. Staff don't get enough credit."

Patients' positive sentiments about staff

healthwatch Hammersmith and Fulham

"Staff treat me well, they listen. They feel like family."
"Some are really nice, they really care. When I'm feeling anxious they distract me."
"Our communication is good, we get on well."
"They are always excellent to me, even when I've been very unwell."
"I feel very well about our communication."
"I like everything about the staff, they are very nice."
"They answer my questions and are respectful. They take care of us."
"Communication is good, they listen well."
"This is the best staff, and the best consultant. He listens and takes the time to speak to me."
"They're kind and helpful here."
"The staff help and are respectful."
"Amazing, helpful, they look after me."
"Our communication is good: always helpful and respectful."
"Some are very helpful, nice, and communicative."
"I love them, they answer my questions and are respectful."
"Brilliant, they look after me!"
"I feel very well about the communication. They answer my questions and I feel happy with them!"
"They are open to talk and listen to you. They're brilliant."
"I trust the staff, they are nice people. The care is excellent and I like them very much."
"The staff are helpful, blessed, and important to me. They help patients as best as they can."
"Excellent, I don't know how to put into words how great they are. This is the treatment I get, I love it!"
"Thank you very much to all the staff here."