

Health and Adult Social Care Policy and Accountability Committee Agenda

Wednesday 26 April 2023 at 7.00 pm

Main Hall (1st Floor) - 3 Shortlands, Hammersmith, W6 8DA

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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	
Victoria Brignell, Action On Disability Jim Grealy, H&F Save Our NHS Keith Mallinson, Healthwatch Lucia Boddington	

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Date Issued: 18 April 2023

Health and Adult Social Care Policy and Accountability Committee Agenda

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, 25 April 2023

<u>Item</u>	<u>Pages</u>
1. APOLOGIES FOR ABSENCE	
2. DECLARATIONS OF INTEREST	
<p>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.</p> <p>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.</p> <p>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.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p>	
3. MINUTES OF THE PREVIOUS MEETING	4 - 11
<p>To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.</p>	
4. WEST LONDON TRUST UPDATE – EALING ADULT ACUTE MENTAL HEALTH BEDS	12 - 90
<p>This report from West London NHS Trust provides the following information for the Committee to consider:</p> <ul style="list-style-type: none">• A summary of West London NHS Trust's enhanced engagement process on Ealing adult acute mental health beds.• Feedback received during the enhanced engagement process and the full feedback report (Appendix 1).	

- The Trust's emerging response in evaluating the feedback from all of the engagement activities to date. The Trust has determined that there are three realistic options, upon which a Public Meeting of the West London NHS Trust Board will be invited to make a recommendation.

The learning from the enhanced engagement process has been shared with West London NHS Trust Board in a private session, further opportunities for scrutiny of the engagement activities and emerging response are proposed in all Boroughs before the Trust Board makes its decision at a future Public Meeting. The paper presented here in the Trust's preferred format may be amended in light of further feedback received but will largely form the final decision-making paper.

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

Agenda Item 3

London Borough of Hammersmith & Fulham



Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 22 March 2023

PRESENT

Committee members: Councillors Natalia Perez (Chair), Patricia Quigley, Ann Rosenberg, Amanda Lloyd-Harris and Ben Coleman

Co-opted members: Victoria Brignell (Action On Disability), Jim Grealy (H&F Save Our NHS), Keith Mallinson (Healthwatch Representative), and Lucia Boddington

Other Councillors:

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care)

Guests

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

Helen Mangan (West London NHS Trust)

Jaime Walsh (CEO Healthwatch)

Carleen Duffy (Healthwatch)

Kristal Ramcharitar (Head of Acute Services, HF, WLT)

Dr Nick Hipkins (Clinical Lead for Acute MH Services, HF, WLT)

Peggy Coles (H&F's Dementia Action Alliance)

Merril Hammer (Hammersmith & Fulham Save Our NHS)

Officers

Lisa Redfern (Strategic Director for Social Care)

Jo Baty (Assistant Director, Specialist Support and Independent Living)

Linda Jackson (Director Independent Living (Social Care) & Corporate Transformation)

David Abbott (Head of Governance)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Genevieve Nwaogbe.

Apologies for lateness were received from Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care).

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

2. **DECLARATION OF INTEREST**

There were no declarations of interest.

3. **MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 25 January 2023 were agreed as an accurate record.

4. **WEST LONDON NHS TRUST UPDATE**

Dr Christopher Hilton (Chief Operating Officer – Local and Specialist Services at West London NHS Trust) discussed the actions from previous meetings and the proposal to close the outstanding items and move some matters to a work plan to be included in future updates to the Committee.

Action log – recruitment and retention

Jim Grealy (Co-optee) noted the recruitment successes in the report and asked what gaps remained. He also asked for staff turnover figures and what impact that had on team building and continuity of care. Dr Hilton said the Trust had its lowest vacancy rates for 12 months due to a focus on successful onboarding and several retention initiatives. He said he could share turnover figures outside the meeting.

ACTION: Dr Hilton

Lucia Boddington (Co-optee) asked how many vacant posts were left to fill. She also asked if the delays to mental health services meant that was a more challenging area to recruit to. Dr Hilton said their vacancy rate target was less than 14%. As of January, the vacancy rates across all disciplines was 18.2%. Mental health nursing was under particularly high pressure at 20% but there were initiatives targeted on that area.

Victoria Brignell (Co-optee) asked how accessible mental health services were for disabled people and if the trust had carried out a survey of its facilities. Dr Hilton said the Trust had worked to ensure there was some level of accessibility for all services. There was a programme on their work plan to map all premises and assess accessibility issues. In response to a question about the availability of personal assistants, Dr Hilton said he would provide a response outside of the meeting.

ACTION: Dr Hilton

Victoria Brignell noted H&F was very keen on co-production and asked if Disabled people were involved in the plans to improve accessibility across the Trust's facilities. Dr Hilton said he was sure their estates team would be happy to work in collaboration with Disabled people. Victoria Brignell suggested involving Action on Disability.

ACTION: Dr Hilton

Keith Mallinson (Co-optee) had concerns about the wellbeing of the workforce and asked if the Trust recorded the reasons for leaving when staff left the organisation. He felt it would be useful data to inform recruitment and retention work. Dr Hilton said they did record reasons for leaving through leaver interviews. He offered to provide further information on this in a future report if the committee felt it would be useful. Members agreed it would.

ACTION: Dr Hilton

Action log – waiting list data

Merril Hammer (Hammersmith & Fulham Save Our NHS) noted with concern that the average time from referral to appointment was 68.59 days against a target of 28 days. She also felt the target of 28 days was too long, as a patient in need might wait a month before being seen even if the target was met. She asked if there was any monitoring about what happened to patients while waiting for care.

Dr Hilton said the stabilisation of the Mental Health Integrated Network Teams was a top priority on their risk register. The target of 28 days was meant to be the maximum wait for patients. The intention was that some patients were triaged for a faster response based on need. The Trust was investigating the impact of wait times on patients and could share the findings of that report with the Committee. Members said they would like that to be included in a future report on the Mental Health Integrated Network Teams.

ACTION: Dr Hilton

Jim Grealy asked if there was a lot of young people on the waiting list. He was concerned that people would disappear from the waiting list if forced to wait too long. Dr Hilton said they did their best to segment the caseload into categories and those that required active regular monitoring and intervention would be seen first. They also tracked people who dropped off the list.

Councillor Lloyd-Harris was concerned about the most vulnerable who might be lost. She asked if there was capacity to import experts from other Trusts to address the waiting list. Dr Hilton said they worked with other organisations to learn from their experiences and implement best practice. Regarding importing additional capacity, he said there were limited opportunities outside of the more common mental illnesses like anxiety and depression.

The Chair asked if the Trust was working on reaching out to minority communities, given the disparity in the waiting list figures. Dr Hilton said that disparity may be due to the high number of people on the waiting list whose ethnicity was not yet know. He also noted that the Trust was working with outside organisations to improve their reach and the nature of their services to make them more appropriate for different communities.

Lucia Boddington said wait times have been high for the past 12 months and didn't appear to be going down. She asked how the Trust planned to reduce them to the 28 day target. Dr Hilton said all patients were subject to clinical triage and duty services were used to address people whose needs were escalating. There had been a stabilisation of caseloads since the new operating model had been introduced. Those most in need of intensive interventions were prioritised. There was also a significant update to IT systems planned which would improve reporting and the way the team worked.

Linda Jackson (Director Independent Living (Social Care) & Corporate Transformation) suggested the Committee look at quality as part of the outcome of the consultation on the mental health beds. Dr Hilton said he welcomed the idea of looking at whole patient pathways together.

Jim Grealy asked if the Trust was looking at the mental health of those groups most affected by the ongoing cost of living crisis – particularly single mothers. Dr Hilton said they did explore contributing factors like financial status, housing etc. but he wasn't sure it was recorded in an easily reportable way. Jim Grealy asked if it could be built into reporting going forward, given the importance of the issue. Dr Hilton said he would take it away and discuss with colleagues.

ACTION: Dr Hilton

Keith Mallinson noted that one of biggest problems affecting mental health was housing. He asked if the Housing department, social services, and the Trust get together to look at ways to prevent the onset of mental health issues. Dr Hilton said he would welcome being part of those conversations. The Chair noted that the Council was looking at the cost of living crisis and there were links to be made there.

Action log – CQC actions and recommendations

The Chair asked for regular updates on the implementation of the CQC actions and recommendations until the Trust moves out of its 'requires improvement' rating.

ACTION: Dr Hilton

Ealing mental health beds

The Chair suggested, given the importance of this issue, that the Committee hold an extraordinary meeting on 26 April to discuss it with partners in more detail. Dr Hilton and members of the Committee supported the proposal.

ACTION: David Abbott

Councillor Lloyd-Harris noted that the report referred to meetings being convened in Hammersmith and hoped that included Fulham too. Dr Hilton confirmed it was a typo and should have said Hammersmith & Fulham.

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care) questioned why the process had not been aligned with similar closures in Westminster and Kensington and Chelsea given they impacted on each other. Dr Hilton said they did work collaboratively with neighbouring Trusts, though each Trust had been working independently on their own estate reconfiguration.

Councillor Coleman said Westminster had considered closing the Butterworth Centre but they had H&F residents in the facility who would require support and beds elsewhere. He felt the Trusts should be working closely together, especially given that they would eventually be working in an integrated system. Dr Hilton said they had committed to work with Central & North West London Trust going forward. He noted they had held a Board-to-Board meeting recently. He said they were happy to work with partners to understand the impact of the changes proposed.

Jim Grealy suggested the Trust's Board meetings be open to the public, to enhance public scrutiny of their proposals. He also noted that many people lived on one borough but were treated in another and the Boards should recognise that reality. Dr Hilton said he would take the suggestion about meeting in public to the Board.

ACTION: Dr Hilton

Merril Hammer said the response from the Trust to H&F Save Our NHS (HAFSON) about the strategy raised a number of issues, but key was the fact that the strategy was based on data from 2015 and given the changes since the pandemic and the economic situation she felt there needed to be an updated basis for developing plans. The Chair said the meeting on 26 April could incorporate questions from HAFSON and the Trust's responses.

Lisa Redfern (Strategic Director for Social Care) said removing poor quality beds and losing beds entirely seemed to have been conflated in this process. She also noted that there was a need for high quality community provision if it was supposed to replace beds. A lot of expertise and input was needed to make that happen and she had not seen financial data or a business case to support that. Dr Hilton thanked Lisa Redfern for the letter from the Council, and he said he welcomed the challenge. He said there were financials that demonstrated the changes made and reinvestment in crisis provision. He added that the Trust was working through errors they may have taken in their approach to this but were keen to think through how to achieve the best outcomes within the constraints they had.

Healthwatch engagement project

Helen Mangan introduced Jaime Walsh (CEO Healthwatch), Carlene Simms (Healthwatch HF), Kristal Ramcharitar (Head of Acute Services, HF, WLT), and Dr Nick Hipkins (Clinical Lead for Acute MH Services, HF, WLT) to discuss an engagement project Healthwatch undertook 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 stay.

Councillor Lloyd-Harris asked if, when asking for volunteers, considered they could trigger their own issues - and if so, were they given ongoing support. Kristal Ramcharitar said both patients and the experts by experience were prepared for this piece of work and there were contingencies in place. The volunteers were briefed and de-briefed. They were asked about any potential triggers, so staff could look out for them.

Councillor Lloyd-Harris asked if there were physical activities on offer and Kristal Ramcharitar said there were both indoor and outdoor activities available.

Jim Grealy expressed concerns about the reported unavailability of staff and unplanned absences. Kristal Ramcharitar said on each shift there was a set number of resources. Sometimes staff cancelled their shifts for personal reasons like sickness or childcare issues. Where possible they would redeploy staff across services to meet demand. There was a robust leadership structure in place and any gaps would be escalated to them for 'safety huddles' to take place. Then they could reprioritise tasks to release resources to be with patients. She said since the report was written they had responded to the feedback and made significant improvements.

Lisa Redfern applauded the Trust on being so transparent and inviting Healthwatch. She asked how the implementation of the improvement plan would be monitored and suggested an independent external auditor should do it. She was also interested in how patients were chosen to be interviewed given they may be acutely ill and the skill level of the people undertaking those interviews.

Helen Mangan (West London NHS Trust) agreed that an external auditor was an interesting idea and could add to the internal audit process overseen by members of the Board.

ACTION: Helen Mangan

Helen Mangan said the project was so valuable that they were considering extending it for a further year and they were also thinking about expanding into other areas of the Trust.

Regarding how patients were chosen, Carleen Simms explained the experts by experience would speak to anyone who was willing and able to speak to them.

Jo Baty (Assistant Director, Specialist Support and Independent Living) stressed the importance of dignity in these services and asked partners to reflect on the issue of dignity given that many patients will feel that their freedom and control was taken away from them for a time. She also noted that there was an opportunity around co-production. The Council was working with the Trust, through a mental health campaign, to secure a lead for co-production. Regarding the experts by experience, she said it was valuable to involve people with lived experience, but it came with risks. She suggested a

larger piece of work looking at developing a robust co-production infrastructure that could better support conversations with residents. She envisioned a network of experts by experience, supported by the Council and the Trust, that could be used to gather feedback across the whole system.

Councillor Coleman said he was not convinced the Trust had owned the comments made in the report. He endorsed Lisa Redfern's suggestion for an independent assessment on whether the necessary improvements had taken place. Dr Hilton said he supported the suggestion. He added that any external assessment would supplement the Trust's own internal listening and feedback exercises. Dr Hilton said he would put forward the suggestion to their Audit Committee.

ACTION: Dr Hilton

Dr Nick Hipkins said he would be happy to follow up on this with the Committee. He wanted to reassure members that dignity had to be the central tenet of work with patients.

The Chair asked if it was possible to go back to the patients who were interviewed to see how they felt about the issues they raised now, and to know their feedback had been considered.

Carleen Simms said they had shared changes at community meetings so some of the interviewees had been made aware. Dr Hilton noted they had a 'you said we did' engagement process but he wasn't sure if there was a mechanism to follow up with specific individuals. He said he would discuss it with colleagues in planning meetings.

ACTION: Dr Hilton

The Chair thanked officers, members, and guests for their valuable contributions.

RESOLVED

1. That the Committee noted and commented on the report.

5. WORK PROGRAMME

The following items were suggested by members:

- Annual complaints and complements report
- Long Covid
- GP Services
- Palliative care

The Chair said a full list of items would be sorted into themes and circulated to members for comment after the meeting.

ACTION: David Abbott

6. DATES OF FUTURE MEETINGS

The Committee noted the dates of future meetings and the extraordinary meeting scheduled for 26 April 2023.

The Chair took a moment to thank Bathsheba Mall for her hard work and dedication supporting the committee since April 2016. She wished her well in her new role working on the Council's cost of living crisis initiatives.

Meeting started: 7.00 pm
Meeting ended: 9.30 pm

Chair

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

Agenda Item 4

LONDON BOROUGH OF HAMMERSMITH & FULHAM

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

Date: 26/04/2023

Subject: West London Trust Update – Ealing Adult Acute Mental Health Beds

Report 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 summary of West London NHS Trust's enhanced engagement process on Ealing adult acute mental health beds.
- Feedback received during the enhanced engagement process and the full feedback report (Appendix 1).
- The Trust's emerging response in evaluating the feedback from all of the engagement activities to date. The Trust has determined that there are three realistic options, upon which a Public Meeting of the West London NHS Trust Board will be invited to make a recommendation.

The learning from the enhanced engagement process has been shared with West London NHS Trust Board in a private session, further opportunities for scrutiny of the engagement activities and emerging response are proposed in all Boroughs before the Trust Board makes its decision at a future Public Meeting. The paper presented here in the Trust's preferred format may be amended in light of further feedback received but will largely form the final decision-making paper.

RECOMMENDATIONS

1. For the Committee to note and comment on the report and the Trust's emerging response to the enhanced engagement activities.

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.

Background Papers Used in Preparing This Report

None.

LIST OF APPENDICES

Appendix 1 – Enhanced Engagement Feedback Report

Appendix 2 - Hope & Horizon Wards enhanced engagement findings and emerging recommendations

Ealing adult inpatient mental health beds

West London NHS Trust
Engagement feedback report
March 2023

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1. Background and introduction

West London NHS Trust (WLT) provides care and treatment for more than 800,000 people living in the London boroughs of Ealing, Hammersmith & Fulham and Hounslow, delivering services in the community (at home, in GP surgeries and care homes), hospital, specialist clinics and forensic (secure) units.

One of the key services provided by WLT is adult inpatient mental health services. Over the year running up to February 2020, 552 Ealing residents were admitted to adult inpatient mental health care. Of these, 38% were treated in Ealing, 23% in Hammersmith & Fulham and 39% in Hounslow. At any one time the Trust is providing crisis and acute care and treatment for around 180 people on adult inpatient mental health wards or at home by crisis assessment and treatment teams.

From 2013 to March 2020, adults of working age (18-65) living in Ealing in need of inpatient mental health care were admitted to one of:

- Wolsey Wing (Hope and Horizon wards), St. Bernard's Hospital, Ealing
- Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital
- Lakeside Mental Health Unit in Hounslow on the West Middlesex Hospital site

In March 2020, the early stages of the Covid-19 pandemic, WLT suspended the use of inpatient beds (31 beds in Hope and Horizon wards) and the Health Based Place of Safety (HBPoS) in the Wolsey Wing on a temporary basis. Resources were diverted to open an 18-bed inpatient ward (Robin ward) in Lakeside Mental Health unit and re-invested in a number of other crisis alternative pathways including providing dedicated staffing for the Hounslow and Hammersmith & Fulham HBPoS, additional staff capacity to the Mental Health Single Point of Access Hub and additional step-down beds. The Trust was unable to identify suitable spaces across their estates to safely house the other 13 beds.

This was at a time when lots of urgent decisions had to be taken across the country about how to maintain services safely while minimising risks to patients and staff. The layout, age and condition of the Wolsey Wing made it too difficult to keep open under pandemic conditions. Service users from Ealing have been seen at the Lakeside Mental Health Unit in Hounslow or the Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital since this time.

Hope and Horizon wards are unsuitable for providing modern healthcare in their current form. This has come through strongly from staff, service users, carers and regulatory authorities. The Wolsey Wing was built more than 100 years before the NHS was founded. The condition of the estate makes it difficult to run modern healthcare services because it is such an old and unsuitable building, and it is difficult and expensive to modernise. WLT have undertaken several programmes of improvement, with the resources available to them, to improve facilities there.



Overall, the wards struggle to meet national equality, accessibility, and quality standards for safe and effective clinical care. Additionally, there are significant issues which could impact on patient safety. This includes lines of sight and the difficulty in providing emergency clinical response to a site with fewer acute adult mental health inpatient wards, as the wards were isolated from similar services and with fewer staff available to respond to the needs of the situation.

Between January and June 2022, WLT undertook a period of early engagement, where the Trust worked with service users, carers, local people, staff, commissioners, the local authority and NHS England to develop a permanent solution for these services.

This involved developing a long-list of eight future options and associated shortlisting criteria. An options scoring panel shortlisted these and favoured two options:

- Looking for an alternative inpatient premises in Ealing to re-provide 31 beds
- Keeping the service as it is currently run i.e. make re-investment into the ward in Hounslow and the other crisis alternative pathways permanent

Feedback from this work, the full case for change document and information about the options appraisal process can be found here:

www.westlondon.nhs.uk/ealingmhbeds

WLT did an extensive property search for suitable premises in Ealing (examining private, and public estates) which failed to find any suitable alternative property within Ealing that would meet the criteria or be available to use. This resulted in WLT's proposal to maintain the current model of care and permanently close the suspended St Bernard's wards.

WLT were keen to continue earlier conversations with service users, carers and other stakeholders to understand the impact of implementing this proposal and to seek feedback on their draft travel reimbursement scheme to test whether this support addressed concerns around travel and access for visitors coming from Ealing. In October 2022 a period of enhanced engagement started, initially for 12 weeks, to get feedback on the proposals. At the mid-point review the enhanced engagement period was latterly extended until February 2023. This report presents feedback from this period of enhanced engagement.



2. Executive summary and key findings

This section highlights response rates and reach of engagement activities, as well as summarising the overall feedback and key themes across **all respondent types and feedback methods**.

Later sections of the report draw out key issues from difference audiences and demographics, to highlight similarities and differences, if and where they were present.






It should be noted that the feedback report can at times reflect and present polarised views. The engagement period generated feedback on a large number of individual issues – both in relation to the proposal and draft travel reimbursement scheme, but also to wider concerns about national and local mental health provision. Those with strong feelings are more likely to take the time to provide their views robustly. Conversely, the lack of responses from some groups reflect apathy towards the issue from certain stakeholder groups. For example, it is important to recognise that the majority of feedback received has been from members of the public with no direct experience of using adult inpatient mental health services. We also received feedback from the learning disability community that they did not feel this was an issue that was relevant to them.

Although engagement proactively targeted groups most affected by the proposal, based on feedback from early engagement and the equalities impact assessment (EIA), many of these groups chose not to comment/ participate. However, the overall response rates received to engagement must be viewed positively in the context of the relatively small numbers of patients, overall, using these types of services. This is discussed further in section 7.

2.1 How did people engage?

Table 1: Engagement response

	<p>712 responses, in total, to the engagement</p>		<p>27 engagement sessions (including public events and focus groups)</p>
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	<p>147 responses to the online survey</p>		<p>301 responses to the Healthwatch “on the street” survey</p>
 <p>Over 12,856 reached through promotional activities</p>			
	<p>4,620 views of/ interaction with digital content*</p>		<p>Over 250 organisations directly contacted to encourage responses</p>

*like/share/ comment/ retweet on social media/ read post/ viewed video or webpage

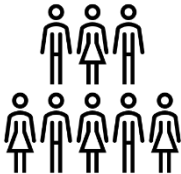

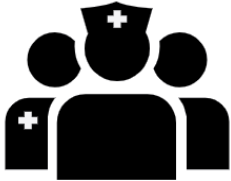




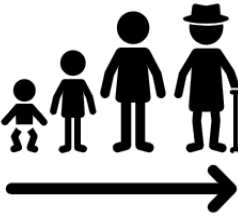
In addition to these responses, a petition was received from Ealing Save Our NHS including 994 signatures, objecting to the lack of adult and children’s inpatient mental health beds in Ealing.

2.2 Who responded?

A summary of the demographic profile of respondents is set out below. Further detailed breakdown of this data can be found in Appendix 3.

- The vast majority of respondents did not have experience of using inpatient mental health services in the last 3 years. A small proportion (3%) had used more than one mental health service in the last 3 years.
- A large proportion of respondents (56%) were from deprived postcodes in Northolt, Acton and Southall.
- More women than men (58% compared to 39%) responded.

Table 2: Respondent profile

	<p>6% of responses from current or former service users</p>		<p>69% of responses from members of the public</p>
	<p>9% of responses from staff (those directly providing inpatient mental health care)</p>		<p>20% of responses from those who have direct experiences of using adult inpatient mental health services</p>
	<p>45% of respondents were White and 52% were from black and other minority ethnic groups</p>		<p>7% of respondents identified as Gay, Lesbian or Bisexual</p>
	<p>17% of respondents stated they have a disability.</p>		<p>83% of respondents were aged between 18-65</p>

2.3 Key findings

Feedback received often demonstrated strong sentiments towards the proposal. There were many areas of consensus across all stakeholder groups. These key findings summarise the **most frequently heard** feedback from all respondent groups. Section 5 discusses these themes in more detail, also breaking down feedback by stakeholder group to show any key difference and similarities between groups. Due to the very personal and nuanced experiences of accessing mental health services, large number of individual comments were also received. These are captured and included in Appendix 4.

2.3.1 Overall response to the proposal

Over 65% of survey respondents and the majority of qualitative responses indicate that people do not agree with the reduction in beds for Ealing patients.

Table 3: Q13. How much do you agree or disagree with the closure of 31 beds in Ealing and for the provision to provide 18 beds in Lakeside with other crisis pathways?

Answer choices	Number	% of survey responses
Strongly agree	11	3%
Agree	27	7%
Neither agree or disagree	62	15%
Disagree	130	32%
Strongly disagree	147	36%
Don't know	27	7%
Prefer not to say	1	0%

Total number of responses: 405

2.3.2 Overall response to introducing a travel reimbursement scheme

When asked about introducing a travel reimbursement scheme to support visitors accessing the Lakeside Unit, 59% of survey respondents and a substantial proportion of qualitative responses agreed that it would be supportive. There was significant feedback about how the process could be improved with many suggestions around improving the scheme.

Table 4: Q15. Do you believe introducing a travel reimbursement scheme will support visitors accessing the Lakeside Unit?

Answer choices	Number	% of survey responses
Yes	228	59%
No	90	23%
Don't know	68	17%
Prefer not to say	3	1%

Total number of responses: 389

Table 5: Q16. How supportive are you of the following areas of the draft travel reimbursement scheme?

Answer choices	Very supportive	Supportive	Neither supportive or unsupportive	Unsupportive	Very unsupportive
Who could claim	12%	31%	13%	25%	11%
How often you could claim	5%	33%	28%	27%	7%



What you could claim for	9%	45%	21%	15%	10%
How you submit a claim	5%	35%	29%	18%	13%

2.3.3 Overall themes from feedback

- Concern that the proposal represents a **significant reduction in inpatient beds** for Ealing patients and has a knock-on impact around access to beds for residents in Hammersmith & Fulham and Hounslow
- Concerns over the **growing demand for mental health services** in general, but recognition that **Ealing borough is growing and already is the greatest user of inpatient mental health services**
- Recognition that Hope and Horizon wards are **not a suitable environment** to deliver modern mental healthcare
- Questions over **capacity and resources** being given to Lakeside Mental Health Unit and Charing Cross hospitals to **anticipate additional demand**
- A desire for **greater transparency** around the process undertaken to develop and appraise the options
- Recognition that the **proposal significantly impacts service users, families and carers by increasing travel time**
- Similarly, there was recognition that the **proposal will impact staff** (if they live in Ealing) by increasing travel time as well as a perception that more staff are needed, adding pressure to their ability to provide high quality services
- Feedback also **highlighted impacts on specific equalities groups** that need to be considered
- Concerns that the **engagement process has not been robust enough** and that formal consultation was/is needed



3. Engagement methodology

Following a period of early engagement from January – July 2022, WLT launched a wider period of enhanced engagement to support decision-making around where services should be housed in future. This began on the 18th October 2022. Initially this was due to run for 12 weeks (in line with normal recommended practice for a full public consultation) until 13th January 2023. However, following a mid-point review and feedback from key stakeholders, the engagement window was extended until the 28th of February 2023 – meaning engagement ran for a total of 19 weeks.

3.1 How the communications and engagement programme was designed

In planning this phase of engagement, the Trust worked with key stakeholders including the Carers Council, Healthwatch, Mental Health Forum, CAPE, London Borough of Ealing and NWL ICS engagement colleagues to test their plans, ensuring they would reach and hear from as many people who may be affected or interested as possible. At the mid-point review this planning was extended to incorporate engagement activities from the London Boroughs of Hounslow and Hammersmith & Fulham.

Feedback received helped shape plans and offered contacts and opportunities to be utilised during the engagement period.

Following discussion and guidance from NHS England London Region and agreement with NW London ICB, WLT pursued an enhanced engagement approach rather than formal consultation – the key difference between the two being lighter touch assurance from NHS England, who felt comfortable with taking this approach. The enhanced engagement approach was developed in line with good practice processes which would be undertaken through a full public consultation and were finalised through ongoing discussions with the ICB and NHS England.

NHS England London Region felt that this approach was; proportionate to the scale of the proposal, backed up by three years of evidence that services have been operating adequately during the suspension, and that WLT have been able to re-provide 18 of the 31 beds affected with alternatives of the same nature.

3.2 Target audiences

Engagement focussed on reaching those most likely to be affected by the proposal – identified through early engagement and the EIA. this included:

- Current and recent service users and their families and carers
- Voluntary and community organisations i.e. those supporting service users and other communities identified
- People with a physical and/or learning disability
- Elected members and interest groups
- People from black and other ethnic minority communities



- People experiencing homelessness or from income-deprived households
- Scrutiny and assurance bodies
- Staff - most intensively with those working in these services but also informing wider staff groups to understand any impacts
- People from postcodes that use the service most frequently: Southall, Northolt, Acton, Chiswick, Hanwell, Greenford, West Ealing and Ealing
- People from other boroughs served by the Trust: Hammersmith & Fulham and Hounslow

3.3 Engagement methods

A mixed approach was taken to engagement to ensure accessibility – offering online and face-to-face engagement. To support in reducing digital exclusion, options were provided for those without access to/ knowledge of digital devices and technology.

People could feed back through:

- A structured survey – available online and in hard copy
- Face to face survey in GP practices, with a focus on surgeries in the most deprived postcodes – commissioned from Healthwatch
- Online events – open to all
- Borough specific face to face events – supporting individuals in each of the three boroughs to share feedback around what the proposal would mean for them
- Attendance at local meetings online and face to face
- Dedicated engagement email address
- Dedicated telephone number
- Social media
- Meeting with Overview and Scrutiny Committees across the three boroughs – formal meetings open to members of the public
- Formal email and mail responses.

3.4 Promotion

A range of steps were taken to promote the engagement period, with promotion focused on directing people to the online survey or to attending events as the main way to give structured feedback.

- **Directly writing over 1900 letters to current and recent service users** who had used the services affected in the last three years - focussing on inpatients and those who used Ealing CATT services
- **Website** – The engagement webpage¹ hosted key materials, available in a number of formats, including:
 - Engagement document
 - Summary slides

¹ <https://www.westlondon.nhs.uk/EalingMHBeds>



- Video of Hope and Horizon Ward environment
- Link to the online survey
- Easy read and translated versions of the survey and flyer
- Key supporting documents including; case for change, early engagement feedback report, equalities impact assessment and frequently asked questions

During the engagement period, the engagement website and hosted materials had over 570 page views.

- **Social media posts** – on Trust Twitter and Facebook, Instagram, LinkedIn and NextDoor
- **Mailing databases of voluntary and community organisations** – contacts were send out information about the engagement exercise to staff, service users, voluntary and community groups.
- **Partner channels** – content was provided for statutory and voluntary sector partners i.e. Healthwatch and NWL Integrated Care Systems.
- **Outreach promotion via Each Counselling** – at Ealing Broadway and Southall stations
- **Stakeholder newsletter** – shared across North West London with ICB support
- **Documents shared** – with WLT and patients visiting our wards and clinics
- **Engagement with local/key community groups** – Mailings, emails and phone calls proactively engaged more than 250 community groups or organisations to make them aware of the engagement exercise (for example Healthwatch in the three boroughs, Ealing and Hammersmith & Fulham Save our NHS) and help promote it within their networks. This included regular communications and materials to support promotion of the engagement exercise through their channels, e.g. newsletters, mailing lists, social media.
- **Presentations at local/ key community groups** – invited to make them aware of the engagement exercise and help them to promote it within their organisations and to their service users and members.
- **Information on GP screens** – across Ealing
- **Articles in local media** – across Ealing

Partners and voluntary and community organisations were encouraged to retweet/ share posts made by WLT.

3.5 How the approach adapted during the engagement period

Taking a best practice approach to this engagement work, the WLT team undertook a mid-point review of engagement in late November 2022 – around 6 weeks into the initial engagement period. This mid-point review aimed to:

- Understand activities that had been completed, to date
- Review response rate overall and from specific target groups (identified through early engagement and the EIA)
- Understand key themes from feedback and how this was influencing thinking
- Review upcoming planned activities to ensure they are fit for purpose



- Consider additional activities that may be required to reach communities that were not being reached.

At this point, there had been limited interest and engagement with online meetings and responses to the survey were primarily from staff. A different approach was needed to reach key target groups from whom there was limited response; those with a learning disability, people experiencing homelessness, people from black backgrounds, people from the most deprived parts of Ealing and to strengthen engagement with people and partners from Hammersmith & Fulham and Hounslow.

Additional activities were added to reach these groups, including:

- Running face to face events in Hammersmith & Fulham and Hounslow
- Running a face to face event in Ealing within the Hope and Horizon wards
- Commissioning Healthwatch to complete surveys in Ealing – face to face in GP surgeries, with a focus on surgeries in the most deprived postcode areas
- Recirculating information via voluntary and community organisations
- Writing again to current and recent service users
- Proactive contact with Mencap, homeless team and black organisations to raise awareness of the engagement period
- Creation of additional materials in different languages/ formats to better reach communities
- Promoting engagement opportunities on the street at railway stations
- Utilising the three local authorities' communication channels to expand the reach

Feedback was beginning to be received around the travel reimbursement scheme and how it could be made easier to administer. Within the engagement period, the WLT team began investigating different possibilities, such as online forms and simple processes in response to this feedback. Feedback was also received about awareness/ uptake of engagement activities and it was proposed that the engagement period be extended to allow for greater responses from these groups. The team extended the engagement period by six weeks to ensure as many people as possible could respond and to allow council scrutiny members further opportunity to review the proposals.



4. Approach to analysis

Transforming Partners in Health and Care (an NHS team hosted by the Royal Free London NHS Foundation Trust, providing a range of high-quality bespoke consultancy services) were commissioned to receive and independently analyse feedback from all engagement methods.

The executive summary gives an overview of the most frequently heard themes from across all feedback methods and audiences. More detailed commentary can be found in section 5. Where appropriate, differential findings have been drawn out when comparing feedback from different respondent groups.

Thematic analysis was undertaken on qualitative responses from all feedback methods, to understand the breadth of feedback and consensus of opinions, where present.

Unless expressly stated, the themes within this report represent a majority view; in other words, the themes which were most commonly expressed. Respondents often commented on services which were broader than those in the scope of this engagement phase. These have been included and been separated out to ensure focus remains on adult inpatient mental health beds in Ealing.

Points to note regarding data:

- Some respondents may have fed back on the engagement exercise through more than one method, for example they may have completed the online survey and participated in an online event, giving mirrored responses. This may mean that the number of responses received to the engagement exercise may be different from the number of people who participated
- Not all survey respondents completed every question
- Not all survey respondents or event attendees completed demographic information. We have therefore only used feedback that can be identified by stakeholder group for sections where we are comparing views
- Feedback presented is from the perspective of the respondent – no adjustments have been made to correct any factual inaccuracies in statements
- When seeking to understand how views from specific groups may differ from others, we have used demographic data provided to us by respondents. For the purposes of this report, when looking to understand experiences of those from black and other minority communities, we have included data from black, Asian and other ethnic categories
- When working with percentages, these have been rounded up from two decimal points



5. Key themes

This section focusses on exploring the key themes, identified in section 2, in more detail as well as identifying differences and similarities in feedback from different stakeholders.

5.1 Overall themes

5.1.1 Feedback about the proposal

A significant number of respondents (generally members of the public) felt that the proposal doesn't impact them, however many recognised that others who use services would be directly affected.

Some held the belief that the decision has already been made and that thoughts and feelings have not been considered or won't affect the decision.

There were questions over why the change needs to be permanent and whether the decision would be reviewed if circumstances were to change.

From an equalities perspective, there were concerns as to how the proposal would impact different groups i.e. black and other minority communities, those on low incomes, females and people who identify as LGBTQ+.

It was felt that greater awareness is needed of this change, together with further engagement.

5.1.2 Loss of service for Ealing residents

Significant numbers of respondents highlighted that, in their minds, this proposal amounts to a loss of service for Ealing residents. There was a strong feeling that the reduction of bed numbers and the movement of services out of the borough significantly disadvantaged Ealing service users, their families and carers.

Many requested clarity on the services that would continue to be provided in Ealing, and how preventative services and those required following discharge would work together to support those who now have to go outside of Ealing to receive care. It was clear from feedback that many had little confidence that this would improve service user experience.

5.1.3 Bed loss

Although there was recognition of national and local aspirations to provide care closer to home and through other service models, the general perception was that there remains a high demand for inpatient beds overall, but especially in Ealing as the largest user of these services across the three WLT boroughs. Reducing the number of these types of beds, it was felt, leads to unmet need for these services and a risk to patient safety – with the perception that, if this change is made



permanent, that patients would be discharged early to free up beds. Many advocated for a reinstatement of the original bed numbers.

It was strongly felt that the reduction in the number of adult inpatient mental health beds would lead to a bed crisis/ difficulty in Ealing residents being able to access a bed when needed. It was felt that this would have a knock on impact on the availability of beds for Hammersmith & Fulham and Hounslow residents. There were concerns that the Lakeside Unit and Charing Cross Hospital could not cope with demand and needed more resources. There were concerns around delays in admittance/ access – if all beds are full, people were keen to understand who would get prioritised to access available beds.

Many were keen to understand the modelling undertaken to create this proposal – wanting reassurance of the current situation with bed numbers, future demand, flows and readmittance rates.

5.1.4 Ward environment at Hope and Horizon

Broadly, it was recognised that Hope and Horizon wards are not fit for purpose for providing modern day healthcare for acutely mentally unwell patients. However, many raised that these wards had been an issue for a number of years, leading to a feeling that these services had been neglected and the estate allowed to deteriorate to a point where it was no longer salvageable.

Many questioned why Hope and Horizon wards could not be refurbished, even partially, to allow some beds to remain in Ealing. Questions were also raised about remaining services on the St. Bernard's Hospital site and why some services continue to be provided in, what are perceived as, similarly unsuitable ward environments.

A small number of comments suggested that the worst parts of Hope and Horizon wards had been used in the video and that Lakeside Mental Health Unit was made to look better than it is. Several comments suggested the unit in Hounslow itself has issues with ligature points.

5.1.5 Lakeside Mental Health Unit and Charing Cross Hospital

Many said they would prefer to go to the Lakeside Mental Health Unit/ Charing Cross Hospital if it is a better environment. Though it was recognised that parking arrangements in Hounslow were non-existent for visitors.

Many, who had the means to do so, stated they would be happy to travel for services if they were needed and that additional travel time was not an issue.

5.1.6 Funding

Many were unclear how savings from the temporary closure of the wards was being used to support Ealing residents, specifically, and there was a feeling that this



money was being used to supplement/ support services in other boroughs – increasing the loss for Ealing patients.

It was felt that the proposal is financially motivated.

5.1.7 Demography of Ealing

It was recognised that Ealing uses the greatest proportion of adult inpatient mental health beds out of the three boroughs, and that demand is growing in all boroughs. Respondents questioned how sustainable this proposal would be given the increasing demand and rising population numbers.

Many recognised the socio-economic profile of Ealing – with large pockets of deprivation. Connecting deprivation with poor mental health led many respondents to worry about the impact of increased travel to access services as well as the potential increase in travel costs to visit family members placed in Hounslow. A small number of respondents indicated that they would disengage with services if they were too far from home.

5.1.8 Impact on service users, carers and families

The majority of feedback received was around the impact on services users, carers and families – specifically the increased travel times and potential increase in travel costs, particularly for those on lower incomes. Some felt they would need to visit less as getting time off of work may be a challenge if visits were to take longer. Many worried about the impact of this on recovery and the potential for isolation if service users are further away from familiar surroundings and social networks. This concern extended to the ability to easily access cultural support.

The stress of travelling to a new, unfamiliar, area was also a concern. It was felt that public transport was not very accessible, with journeys often requiring a few changes. This may be particularly challenging for older people and people who are more vulnerable.

5.1.9 Impact on staff

Questions were raised over how prepared staff were to deal with making these changes permanent, as well as a belief that it would place more stress and burden on staff to spend less time with patients and more time processing and discharging patients to ensure bed numbers are carefully managed.

Several comments suggested there were not enough staff in inpatient and community services to support service user's needs, meaning they were not able to frequently carry out functions such as chaperoning people outside – which has an impact on recovery.

5.1.10 Impact on surrounding boroughs

Those from the boroughs of Hammersmith & Fulham and Hounslow raised concerns around the likelihood of additional pressures on beds for residents of these



boroughs. With the overall reduction in bed numbers, there were concerns that they would not be able to access beds in their own boroughs.

5.1.11 North West London context

Although there was understanding of the local picture, many felt it is important that North West London be treated as a whole when considering mental health provision and inpatient beds. There was recognition that another programme within the broader geography is looking at making changes to the inpatient beds which may have an impact on how people view the changes proposed in Ealing. There were calls for a joined up approach to engagement on this topic.

5.1.12 Impact on supporting services

Community mental health services need to be better resourced and more responsive to support any planned changes to inpatient services. There was a desire for greater clarity around how funding that had been saved had been used to support community mental health services in Ealing. Many felt these were already stretched and unable to cope with demand, with the perception that this would likely worsen with less inpatient beds. Many were concerned about staff shortages across the whole pathway and how this would impact inpatient services – especially if this meant increased waiting times for services.

There was a perception that service users are likely to experience disjointed discharge if being treated out of borough and that this process needed to be carefully thought through and managed so as not to negatively impact on service user experience. There were concerns over connections between Lakeside Mental Health Unit and local Ealing crisis teams, community mental health services and local authority social work teams.

Some also referenced that, although several services are available in Ealing, they are not generally comparable to those that have been lost. It was felt that more were needed around crisis prevention to help lessen the need for inpatient services.

5.1.13 Travel reimbursement scheme

Although just under 60% of survey respondents were supportive of introducing support, many commented that the scheme needed to be more generous to allow for more frequent visits – rather than two per week as is currently in the scheme.

It was important to respondents that the process be quick and simple, with the possibility of being paid in advance, recognising that people cannot always afford to pay then claim back (e.g. carers and those on low incomes). Some worried that the reimbursement process seems complex and therefore off-putting which could increase stress. It was also felt that there were too many criteria, making it inaccessible. Many felt the scheme should focus on supporting those on the lowest incomes.



It was strongly felt that the scheme should be more inclusive and include all Ealing postcodes and broader geographies – as visitors can come from anywhere. Many commented that staff should also have the ability to claim for the additional travel time.

In addition to public transport, the scheme should include travel by car and private travel (taxis) for those unable to use public transport (i.e., with physical disabilities/sensory impairments).

Some worried this would increase the admin burden on staff if they needed to “sign off” expenses and support people to complete these forms.

Many respondents offered additional ideas and solutions to improve the draft scheme, including considering providing pre-paid travel cards/ paying people in advance of their journey and being able to submit claims online (perhaps via an app).

5.1.14 Engagement process

A small number commented on the engagement process itself, seeking greater clarity on why this was “enhanced engagement” rather than a full consultation.

5.1.15 Solutions development

Questions were raised over why space could not be found in Ealing so that these services could remain in the borough and why the Trust was not seeking alternative funding to build a new unit.

There were calls for greater transparency around the options appraisal process and sharing this information, and the business case, publicly.

5.2 Perspectives from different stakeholder groups

There was broad agreement, across all stakeholder groups, with the key themes set out in section 5.1. Described here are perspectives from the most affected stakeholder groups, set out in WLT’s equalities impact assessment, to highlight different emphases in the specific feedback received.

5.2.1 Service users/ those with direct experience of inpatient mental health services

Particular concerns centred around keeping beds in Ealing and the overall reduction in bed numbers. There was strong recognition that Hope and Horizon wards are not a suitable environment for treatment and recovery, with some feeling that, despite increased travel, Lakeside Mental Health Unit provided better quality facilities.

Increased travel times were of concern as well as being away from the support of family, friends and community support networks.



If family and friends are required to travel further to visit, being able to claim in advance for travel expenses would be helpful.

5.2.2 Carers

Mirroring feedback from service users, increased travel times were frequently mentioned as well as the importance of being reimbursed for travel in advance. Carers also expressed anxiety around travelling to unfamiliar locations to see loved ones – particularly if they are old/frail or less able to travel on public transport due to disability. Many noted that they would be less able to visit regularly.

There was a feeling that bed numbers need to be reinstated as there was a belief that suitable beds would not be available.

Carers also noted that it was well known that a solution for Hope and Horizon wards had been needed for a long time and there was some frustration with the process.

5.2.3 Staff

Feedback from staff (both those who work directly on inpatient wards and wider WLT staff) focussed on:

- The increased travel (for staff and service users)
- Missed connections with family due to being further away from home
- No facilities to park for staff and visitors
- Concerns over readmission rates, with some staff feeling pressure to discharge service users earlier than they felt comfortable with, to manage bed numbers
- Finding solutions to make better use of vacant space across WLT estate
- The large demand for inpatient beds from the Ealing population, which is set to grow in the coming years
- Highlighting the increasing pressure on Lakeside Mental Health Unit and Charing Cross Hospitals to cater for patients across the three boroughs
- Ensuring enough staff are available to cope with demand
- Highlighting the need to increase resources in the community and other support services to help ensure prevention and risk management

A small number of staff thought the proposal was a good idea – providing a better working environment for them and for service users.

5.2.4 Voluntary and community (VCS) organisations

There was a clear desire to ensure patient voice is heard.

As with other groups there was a focus on the loss of beds, additional travel and the negative impact of being further away from family, friends and networks

In terms of the draft reimbursement scheme, it was felt important that this covers all areas of Ealing and finding mechanisms to support claiming before travelling.



5.2.5 Residents from the boroughs of Hammersmith & Fulham and Hounslow

Most respondents to the engagement period were from Ealing. However, Hammersmith & Fulham and Hounslow residents broadly agreed with the key themes, but placed increased focus on:

- The impact on service users and their families of being out of their “home” borough
- The need for inpatient beds in every borough and dissatisfaction with the reduction
- The risk that discharges are happening earlier than is safe, with the need for careful bed-management
- Recognising that the cheapest travel option not always most suitable
- Concerns over whether there will be enough beds for service users from Hammersmith & Fulham and Hounslow if they are shared with Ealing residents
- The long-term plan to manage increasing demand, across all three boroughs, for inpatient care – recognising Ealing is generally more deprived
- Insufficient engagement with Hammersmith and Fulham and Hounslow residents and stakeholders
- Seeing the changes in the broader strategic context and understanding how other services and processes will be supported to improve i.e., community services and discharge processes

5.2.6 People with physical, sensory and learning disabilities

Direct feedback from learning disability groups explained that they felt the proposal was not applicable to them and they did not have any specific feedback.

Other respondents with disabilities felt they needed more information about other services available.

Support would be needed to complete travel reimbursement forms. Feedback suggested that the draft reimbursement scheme should be available to all Ealing residents.

As with other groups, there was concern around the reduction in beds feeling Ealing needs its own inpatient services. There were questions over why a new site could not be built or opened in Ealing.

Difficulties with travelling due to physical or sensory impairments were also mentioned by this group.

5.2.7 People from black and other minority ethnic communities

A significant amount of feedback was received from black and other minority ethnic communities. Their feedback focussed on:

- Raising awareness that the change is happening and what other mental health services are available
- Feeling that public transport is not accessible to get from Ealing to Hounslow



- Keeping beds local and increasing bed numbers
- Feeling engagement is too late and that a decision has already made
- Concerns that Lakeside Mental Health Unit will not be able to cope with Ealing patients leading to a perceived difficulty in accessing services
- Highlighting that Hounslow is an unfamiliar area and the building being unfamiliar too, which may be unsettling for service users and visitors
- Noting that the crisis pathways need improvement
- The broader picture of other services closing/ moving from Ealing and the perceived loss of services, in general, in the area
- Increasing the amount of times you can visit, under the draft travel reimbursement scheme
- Offering reimbursement only to those on low incomes, but expanding access to the scheme to all Ealing residents and making the criteria less restrictive
- A preference for submitting claims online



6. Wider feedback not directly about the proposal or draft travel reimbursement scheme

Some feedback received focussed on aspects connected to but not directly about the proposal and draft travel reimbursement scheme. This feedback is presented below.

Several comments recognised the lack of funding available for mental health services overall and some were supportive of the Trust seeking additional funds from the government. One suggested fund-raising. Feedback was also received about the need for mental health care workers to receive a substantial pay rise.

In addition to early comments about the perceived high demand for inpatient services, other comments suggested there is an increasing demand for mental health services in general. There were questions over why the thresholds for some services are so high, meaning some people with more moderate needs are not adequately supported and provided for.

Adding to recognition that the proposal represents a perceived loss of service for Ealing residents, some noted that other services such as A&E, the urgent care centre and maternity department have also been moved out of Ealing, leaving people concerned over broader service available for the community.

There were concerns about viewing this proposal in isolation, with calls for mental health services across North West London ICS to be treated as a whole when considering mental health provision and inpatient beds. It was noted that, in addition to this project, CNWL are looking to close wards within the Gordon Hospital. Questions were raised around why there had not been a joint engagement process encompassing both sets of proposed changes.

One respondent highlighted issues with contacting the single point of access. When they do get through, the response is not always positive or helpful – putting people off accessing the service.

It was felt that more proactive management in the community is needed to regularly review service users mental state and risks so that they can be managed effectively, using admission as a last resort.

There were concerns that the closure of inpatient beds may be part of a trend for moving mental health treatment into the private sector and out of public control.

As well as the lack of adult mental health inpatient beds in Ealing, the Ealing Save Our NHS petition also focussed on the non-existence of beds, in Ealing, for children in crisis. With the suggestion that some young adults (aged 16/17) had been admitted to adult wards, which was felt to be unacceptable. One respondent wanted clarity on where these service users should be seen. Also highlighted was the lack of



Paediatric Intensive Care Unit beds for female patients, with concerns that these service users are being sent out of the tri-borough area. Additionally, some comments suggested there are a lot of young people in hostels who are not getting the support they need - preferring to stay out on the streets due to feeling scared or lonely once admitted. A perceived lack of service provision and long timescale to get support mean some young people are less likely to seek help.

One respondent was keen to understand what support is available/ being set up in schools and colleges. They recognised that identifying mental health issues and intervening before it reached crisis is important. Others felt CAMHS beds/services remain a significant challenge in Ealing and surrounding boroughs.

It was felt more could be done to help destigmatise seeking help for mental health issues, particularly in Black and minority ethnic communities.

There was some confusion about the structure of the NHS and who provides services in Ealing and on the Ealing Hospital site.

In addition to earlier comments about staffing, one respondent suggested more work needs to be done on workforce planning, to bring workers into the local NHS services.

Several comments focussed on the specialist forensic mental health unit in the Tony Hillis Wing, and the fact that it is a similar environment to Hope and Horizon. However, services there are set to remain and are presumably regarded as safe. Several respondents were unclear about how services within the same building could be in such different condition. Comments pointed out that funding had been found and improvements had been made to these wards. The suggestion was that this could be undertaken for Hope and Horizon wards as well.

Conversely, some cited the John Conolly Unit and the Paediatric Intensive Care Unit beds as examples of misused resources – where these buildings were built and then demolished to make room for more forensic beds. There was a feeling that forensic beds are being prioritised over inpatient beds. Some commented that, when these changes were being made, no mention was made that Hope and Horizon wards needed refurbishment.

Some respondents raised concerns about the quality and availability of mental health services for older people.



7. Reflections

Despite significant attempts to engage with affected communities, set out in section 3, there were limited responses from those with direct experience of accessing or working in services, people with a learning disability, people experiencing homelessness and people from Hammersmith & Fulham and Hounslow. There were good response rates from people living in deprived areas of Ealing and from black and minority ethnic communities.

It is unclear, with those groups who did not respond, whether information was received, and a choice was made to not respond or whether these groups were not adequately reached through the engagement process, despite best efforts.

The majority of responses received were from members of the public with an interest in but no direct experience of using services. Many of whom recognised that the change would not impact them directly but acknowledged it would affect future services users and their families and carers.

Direct feedback was received from the learning disability community that they felt the issue was not relevant for them.

Comments regarding the need for further engagement may present an opportunity to hear from the groups that were less heard from.



8. Next steps

This feedback report has been independently compiled by Transforming Partners in Health and Care, and will be shared with West London NHS Trust, who will be considering feedback and the key themes as part of their decision-making processes. An emerging response will be produced by the Trust to further develop the proposal. Both documents will be shared with the West London NHS Trust Board in April 2023. Following this, they will be published online so that those who responded have the opportunity to understand what was said and how feedback has influenced the project.

Further opportunities for Local Authorities and other partners to review the feedback received and the Trusts emerging response is planned during April 2023.

The proposal is scheduled for a decision at the West London NHS Trust public Board meeting in May 2023 and with ratification of that decision at the North West London JHOSC in June 2023.



9. Appendices

Appendix 1 – Summary of communications and engagement activity

Table 6: Engagement summary - activities undertaken by WLT / engagement partners to reach local people and stakeholders

Activity	Numbers reached	Target audience
3 Online public events <ul style="list-style-type: none"> - 31 October - 23 November - 5 December 	8 people attended	All stakeholder groups
3 Face to face public events <ul style="list-style-type: none"> - Ealing (19 January) - Hounslow (27 January) - Hammersmith & Fulham (31 January) 	20 people attended	
Online survey	146 responses	All stakeholder groups
Healthwatch face to face survey in GP practices	301 responses	All stakeholder groups
Attendance at 14 community events <ul style="list-style-type: none"> - Health and Care Residents Forum (3 November) - Residents Forum @ Ealing Town Hall (4 November) - Two sessions with Hounslow Integrated Care Patient & Public Engagement (ICPPE) Committee (8 November and 31 January) - Acton Garden Community Centre – event for the black community (18 November) - Carers Council (21 November) - EVCS Mental health forum (25 November) - GOS&D’s BAMER Dementia and Mental Health Event (8 December) 	237	Residents, service users, carers and those communities identified as most affected including Black communities and those with learning disabilities

<ul style="list-style-type: none"> - Mencap parents engagement event – event for those with a learning disability (18 January) - EACH Carers service user group (20 January) - Patient and Carer Participation Group (30 January) - Service User Forum (2 February) - Learning Disability Power Group (6 February) - Ealing Residents Forum (7 February) 		
<p>Outreach promotion</p> <ul style="list-style-type: none"> - Promotion in person at Ealing Broadway Station (via Each Counselling) - Promotion in person at Southall Station (via Each Counselling) 	N/A	All stakeholder groups
<p>Visit to Wolsey Wing with local Councillors and Ealing Save Our NHS</p>	N/A	Councillors and Ealing Save Our NHS
<p>Meetings with staff</p> <ul style="list-style-type: none"> - Hounslow IPC SLT - AHMS SMT Meeting - Local Team Forums/Meetings - Hounslow Borough Based Partnership Mental Health Meeting 	N/A	Staff
<p>Meetings with Overview and Scrutiny Committees</p> <ul style="list-style-type: none"> - North West London JHOSC (12 October) - Hammersmith & Fulham Scrutiny Committee (16 November) - Ealing Health and Adult Social Services Standing Scrutiny Panel (30 November) - Meeting with Ealing Scrutiny Panel Chair - Hounslow's Overview and Scrutiny Committee (15 February) 	N/A	Local Councillors

Table 7: Communications summary - activities undertaken by WLT to promote the engagement period

Activity	Numbers reached	Target audience
First wave: Newsletter/ launch email (Circulated digitally through Trust networks)	1056	Staff (working in WLT and wider teams such as SPA, CATT and LPS leads), voluntary and community organisations in Ealing
First wave: Newsletter/ launch email	N/A	Voluntary and community organisations in Hammersmith & Fulham and Hounslow
Second wave: Newsletter/ launch email (Circulated digitally through Trust networks)	1056	Staff (working in WLT and wider teams such as SPA, CATT and LPS leads), voluntary and community organisations in Ealing
Second wave: Newsletter circulated to Hounslow MH and Wellbeing Network	120 organisations	VCS and faith groups in Hounslow
Second wave: Newsletter circulated via Hammersmith & Fulham Council	N/A	Hammersmith & Fulham stakeholders
Exchange banner on intranet	4,250	Staff
Trust webpage – specific Ealing beds website	557 hits	All stakeholder groups
Letter to current/previous service users	1,993	Ealing inpatients who used Hope and Horizon wards from the past 3 years and CATT services
Proactive email/ letter/telephone calls (to raise awareness with Councillors, MPs, individuals, Public Health and VCS)	121 organisations/ individuals contacted	Organisations working with target groups identified in the EIA: people who maybe homeless, Black and other minority ethnic communities, carers, learning

organisations. And, to plan focus groups with community groups)		disabilities, physical disabilities and deprived communities. Also, Healthwatch Ealing, Hounslow and H&F organisations and Ealing and H&F Save Our NHS'
Video (embedded on website and shared via social media)	198 views	All stakeholder groups
Engagement document shared with ward staff	N/A	Staff and current patients and visitors. Tri-Borough MINT Teams, SPA, CATT and LPS leads, Trust Ward admin
Social media (53 posts across all channels)	938 interactions (like/comment/share)	All stakeholder groups
Posts on NextDoor App (1 post each in first and second wave of communications)	2,273 opens of the post	Residents in Ealing
Posts on Citizens Panel (1 post each in first and second wave of communications)	294 reads	Residents in Ealing
Ealing.news article	N/A	Ealing residents
Ealing Community Network article	N/A	Ealing residents
GP newsletter article	N/A	Tri-borough clinicians, circulated via NWL ICS
Information on GP screens	N/A	Ealing residents with a focus on deprived postcodes

Appendix 2 – List of organisations who responded

- EACH Counselling and Support
- Ealing Reclaim Social care action group
- Healthwatch Ealing
- London Borough of Hammersmith & Fulham
- North West London Integrated Care System
- Reliant Care
- West London Asian Society

Appendix 3 – Full demographic profile of respondents

Table 8: Q1. Please tell us if you (or someone you care for) have used any of the following, adult inpatient mental health, services in the last 3 years

Answer choices	Number	% of survey responses
Hope/ Horizon Wards in Ealing	44	10%
Charing Cross Hospital in Hammersmith & Fulham	20	4%
Lakeside Mental Health Unit in Hounslow	27	6%
I have not used any inpatient mental health services in the last 3 years	365	80%

Total number of responses: 456

Table 9: Q2A. In what capacity are you responding to this survey?

Answer choices	Number	% of survey responses
Carer or advocate for former patient/service user	17	4%
Current or former patient/ service user	26	6%
Member of the public	297	69%
Other public body/ stakeholder/political representative	3	1%
Voluntary organisation/ charity	9	2%
WLT Staff who work on adult inpatient mental health wards	40	9%
Other WLT staff	36	7%
Prefer not to say	9	2%

Total number of responses: 428

Table 10: Q3. Please tell us which borough you live (or work) in?

Answer choices	Number	% of survey responses
Ealing	388	85%
Hammersmith and Fulham	15	3%
Hounslow	30	7%
Another borough	22	5%

Total number of responses: 456

Table 11: Q4. Please tell us the first part of your postcode

Answer choices	Number	% of survey responses
HA2	1	0.3%
HP8	1	0.3%
N14	1	0.3%
NW10	2	0.6%
RG8	1	0.3%
SW6	2	0.6%
TW	1	0.3%
TW1	2	0.6%
TW3	2	0.6%
TW4	3	1%
TW7	5	1%
TW8	2	0.6%
TW12	1	0.3%
TW13	2	0.6%
UB	3	1%
UB1	53	15%
UB2	22	6%
UB3	5	1%
UB4	12	3%
UB5	74	22%
UB6	31	9%
UB8	1	0.3%
UB9	1	0.3%
W	1	0.3%
W3	50	15%
W4	12	3%
W5	21	6%
W6	5	1%
W7	15	4%
W12	1	0.3%
W13	11	3%



Total number of responses: 344

Table 12: Q5. How old are you?

Answer choices	Number	% of survey responses
16-17	2	1%
18-25	44	10%
26-40	135	31%
41-65	182	42%
66-69	31	7%
70+	32	7%
Prefer not to say	9	2%

Total number of responses: 435

Table 13: Q6. Which of the following options best describes how you think of yourself?

Answer choices	Number	% of survey responses
Female	258	58%
Male	173	39%
Other	4	1%
Prefer not to say	9	2%

Total number of responses: 444

Table 14: Q7. Is your gender identity the same as the gender you were given at birth?

Answer choices	Number	% of survey responses
Yes	311	97%
No	3	1%
Prefer not to say	7	2%

Total number of responses: 321

Table 15: Q8. Do you consider yourself to have a disability?

Answer choices	Number	% of survey responses
Yes	73	17%
No	347	86%

Total number of responses: 420



Specific conditions/ health issues provided:**Mental health**

- Anxiety
- Severe depression
- PTSD
- Mild Schizophrenia
- Disassociation
- Emotional borderline personality disorder
- Bipolar disorder

Respiratory conditions

- COPD
- Asthma
- Chronic lung disease

Learning difficulties

- Dyslexia
- ADHD
- Dyspraxia

Sensory impairments

- Partially sighted/ use glasses
- Hard of hearing/ use hearing aid

Physical disabilities/ conditions

- Back problems
- Wheelchair bound
- Help to walk
- Limited joint movement
- Immobility
- Spinal damage
- Arm paralysis

Long-term conditions

- Epilepsy
- Arthritis
- Low blood pressure
- Diabetes
- Fibromyalgia
- Osteoarthritis
- Psoriasis Arthritis
- Achalasia
- Migraines
- ASD

Table 16: Q9. Which of the following best describes your sexual orientation?

Answer choices	Number	% of survey responses
Heterosexual/straight	357	85%
Gay	9	2%
Lesbian	5	1%
Bisexual	8	2%
Other	3	1%
Prefer not to say	38	9%



Total number of responses: 420

Table 17: Q10. What is your ethnic group?

Answer choices	Number	% of survey responses
White: British/English/Scottish/Northern Irish/Irish/ Welsh	154	36%
White: Any other White background	41	9%
Mixed: White and Asian	8	2%
Mixed: White and Black African	3	0.5%
Mixed: White and Black Caribbean	4	1%
Mixed: Any other mixed background	9	2%
Black or Black British: Black – Caribbean	22	5%
Black or Black British: Black – African	24	6%
Black or Black British: Any other Black background	3	0.5%
Asian/Asian British: Indian	67	16%
Asian/Asian British: Pakistani	26	6%
Asian/Asian British: Chinese	8	2%
Asian/Asian British: Bangladeshi	9	2%
Asian/Asian British: Any other Asian background	39	9%
Other ethnic background:	5	1%
Prefer not to say	10	2%

Total number of responses: 432

Other stated ethnic groups

- African
- Polish
- New Zealand
- Belgium
- Somali
- Caucasian
- European
- Italian
- Australian

Table 18: Q11. What is your religion or belief?

Answer choices	Number	% of survey responses
No religion	106	25%
Buddhist	7	2%
Christian	127	30%
Hindu	34	8%
Jewish	1	0.2%
Muslim	66	16%



Sikh	35	8%
Atheist	8	3%
Agnostic	6	1%
Any other religion	5	0.8%
Prefer not to say	26	6%

Total number of responses: 421

Other stated religions or beliefs:

- Islam
- Quaker
- Wicca

Appendix 4 - Feedback themes by prevalence

Feedback from all sources (events, survey responses, individual correspondence and social media comments) have been thematically analysed to understand key themes and trends. The below tables set out feedback received and the number of mentions, highlighting areas of agreement and consensus across all stakeholder groups.

Table 19: Impact of permanently moving inpatient mental health beds from St. Bernard's Hospital in Ealing to Lakeside Unit

Feedback theme	Number of mentions
Feedback about the proposal	
Sounds well thought out/ supportive of the proposal	9
Do not agree with/ opposed to the proposal	22
Proposal negatively impacts Ealing residents	26
Clarity on any new services that will be provided, with reinvestment monies, to compensate for loss of beds	6
People do not want to be cared for out of borough in an unfamiliar facility/ area	8
Services are not set up to support complex mental health issues in community	5
Perception that it will become harder to access inpatient services and waiting times will increase	5
The proposal doesn't include clear evidence the beds are not needed	4



Unacceptable that monies saved from the closure of inpatient beds is being used to fund a HBPOS in another borough	1
Monies saved from the closure have been used to support services across the three boroughs, meaning a greater loss for Ealing	1
Need reassurance that Ealing money/investment is looking after Ealing residents	3
Belief that the proposal is financially motivated	9
Belief that the proposal is about strategic estates moves	3
Have known for a long time that a solution is needed but nothing has been done	3
Better to invest in Lakeside and Hammersmith & Fulham as they are already relatively modern	1
Proposal does not explain needs of patients and how the new facilities will meet these	4
Project has been going on for some time and has not come up with any proposals other than moving services out of Ealing	1
Proposal is in line with trend of sending patients outside of their borough for treatment	1
Request for information to be shared about different stages of the process, to increase transparency, including options appraisal process and usage of money saved following the suspension	7
Desire to understand the impact on community services, if the proposal is implemented	7
Questions over whether the quality of care will be the same, if services are permanently relocated	2
What is the cost difference of providing a service to an Ealing patient in Ealing vs in Hammersmith & Fulham or Hounslow	1
Need to publish the business case for this change and enable the public to comment	1
Feeling the proposal goes against other decisions made in previous public documents	1
Will this result in greater use of the private sector	2



What is the alternative plan should this proposal not be implemented	2
How have high suicide rates across the three boroughs been factored into the proposal	2
Questions over whether additional funding for community services is contingent on closing Hope and Horizon wards	1
What is the long term plan, should demand increase	3
Retaining services in Ealing	
Shouldn't move inpatient services to a different borough/ need to keep inpatient services in Ealing	86
Ealing is a large and growing borough and should have it's own services as demand is rising	25
Could the "best" rooms in Hope and Horizon wards be used to enable some provision to stay local	6
Should be funding new build in Ealing so that services are fit for purpose	31
Need services in each of the boroughs	8
Lakeside Unit/ Charing Cross wards	
Would prefer to go to Lakeside Unit/ Charing Cross if it is a better environment	10
Staff prefer beds at Lakeside	2
Positive service user experience of Lakeside Unit	2
Lakeside Unit has no parking for visitors	9
Lakeside Unit feels overcrowded	1
Proposal does not fairly present challenges with Lakeside Unit and Charing Cross sites – there are still challenges with ligature points, for example	3
Need to feel Lakeside is credible	1
Is Lakeside being given extra resources	1
St. Bernards Hospital estate and Hope and Horizon wards	



Recognition that Hope and Horizon ward environment is not appropriate for modern day healthcare	17
Ealing unit felt safe and easy to access – it was walkable for many and the local community depends on this service	9
WLT should be funding refurbishment of the wards, to bring them up to standard	15
The proposal will mean less money coming in for investment in and upkeep of this historic building	4
Questions around the future of St. Bernards Hospital/ Wolsey Wing and how it will be used	8
Suggestion to repurpose St. Bernards Hospital/ Wolsey Wing as a recovery house or other facility	2
Having a small lift is not a good enough justification for removing services	1
There have been opportunities to find other estate in Ealing, but other parts of the site have been sold off for private housing	1
Confirmation of what services are still provided on the site/ why they have been deemed safe to remain	4
Would like to see other modern sites to compare Hope and Horizon wards with these	1
Belief that Wolsey Wing has been allowed to deteriorate as problems have existed with the site for many years	6
Worst parts of Hope and Horizon have been depicted in the film, making it appear worse than it is	2
Bed capacity, numbers and management	
Belief that an increase in beds is needed/ that the 31 beds should be reinstated	21
Recognising that the proposal means significant loss of beds for Ealing residents, which cannot be endorsed	54
If inpatient beds are lost, they need to be replaced with other kinds of beds	6



West London NHS Trust and the North West London ICS need to supply Ealing with beds and proper mental health provision for adults and children in Ealing	994
Other beds available in Ealing are not suitable for crisis patients and so are not a like for like replacement for the loss of beds	5
Belief that the pressure for beds will remain extremely high/ that there is a shortage of beds	22
Concerns that, due to tight bed management, people could be discharged early, presenting a risk to patients	17
Mental health challenges in the area would get worse as the perception is people are waiting longer for care	9
Perception that readmittance rates are high, due to early discharge to manage bed numbers	5
Questions over what the demand and capacity modelling shows – are these the right number of beds to match current and future demand	7
Recognition that, overall, there is a larger volume of bed – despite the reduction in adult inpatient beds	2
Consider introducing some short-term beds for 3 day stays for when people are in crisis	1
Further information needed to understand the impact on Ealing residents if other boroughs close their beds	1
Step-down beds in Ealing are very welcome	1
Impact on other boroughs	
Staff in Hounslow will be negatively affected, if the change is made permanent	1
Bed numbers in Hounslow, Hammersmith & Fulham will be negatively impacted by increasing demand from Ealing residents	12
Concern around whether Lakeside and Charing Cross can cope with demand	9
Making the change permanent may lead to more opportunities for residents of Hounslow	1
HBPoS appears to be reducing available space at Lakeside	1



Proposal directly affects residents in the other two boroughs and these have not been considered	2
Hammersmith & Fulham residents do not want to travel out of borough for services	1
Impact on service users, families and carers	
Proposal doesn't impact them, however recognised that others who use services would be affected	150
Service users recovery will be negatively impacted by being further away from family, friends, networks and communities that support them, increasing isolation. Including not being able to easily access cultural support.	25
People will not be able to visit as often making the situation more stressful for visitors	36
Visiting hours should be less restricted to compensate for longer travel times	4
Service user experience will be negatively affected	10
Due to travel time, staff are more likely to attend meetings online impacting on the therapeutic relationship	2
Impact on staff	
Takes away job opportunities for those who live in Ealing	2
Feeling that this change will put a lot of pressure on staff and not enough time for staff to really know their clients	6
Desire to understand staff feedback about the move of services to Lakeside	1
Having patients in Ealing would challenge staff resource	1
Ealing is more accessible for staff	2
Perception that work space has and is being lost/ that there is reduced space to see service users face to face	2
Continuity of care and discharge	
Supporting services may have increased travel time to support service users when they are discharged back to Ealing	2



Perception that service users are likely to experience disjointed discharge if being treated out of borough. Concerns over connection to local Crisis teams, community services and Local Authority Social Work teams	31
Cross borough working negatively impacts continuity of care	3
Desire to have an overview of the pathway and how this connects to prevention and discharge	1
Desire to understand what changes are being made to the discharge process to reduce variation	3
Travel and access	
The proposal will mean increased travel time for service users, families and carers	155
Public transport is not accessible and can be overwhelming for those who do not travel regularly, are old/frail	23
Travel costs will increase and present challenges for more disadvantaged communities	14
Being happy to travel for services needed/ additional travel time not an issue	17
Perceived delays in admittance/ access – if all beds are full, people from which boroughs get first access to available beds?	16
Being less likely to access services, if needed, if it's further away	10
If you have a mental health condition, you'll be unlikely to have the capacity to travel to another borough	6
Making a longer journey is an additional burden to think about at an already stressful time for family and friends	6
Will the additional travel time dissuade police/ local services from admitting those that need to be admitted	1
Engagement process	
Greater awareness needed of this change/ further engagement to hear patient voice	13
Engagement process not robust enough – should have been formally consulting	7



Engagement with local authority not sufficient	5
Low uptake/awareness of engagement opportunity	4
Engagement process does not focus on the issue of bed closures	3
Different approaches needed to truly hear people i.e. direct engagement with certain communities	2
Suggest an extension to the engagement period to hear from more people	2
Engagement process has been good	1
Seeking evidence that a diverse range of people have been engaged	1
Decision making and next steps	
Questions over how the change will be implemented	1
Belief that the decision has already been made and that thoughts and feelings have not been considered or won't affect the decision	13
Questions over why the change needs to be permanent and how frequently the decision would be reviewed	8
Seeking reassurance that feedback will be considered before a decision is made	2
Feedback about current inpatient services	
Need more clinical staff and less managers in inpatient wards and community services	12
Questions over staffing levels since the suspension of Hope and Horizon wards	2
Staff need more time to escort patients outside	3
Staff need sensitivity training/ to be more caring	2
Need more information about what is provided on Robin ward	1
Questions over whether medical files are safe for transfer with existing patients	1
Concerns over ambulance wait times	1
Other mental health provision in Ealing	



Shortage of mental health provision for adults and for children in Ealing is unacceptable	994
Community services need to be better resourced and more responsive to support any planned changes to inpatient services	33
Greater awareness needed of other mental health provision in Ealing, for all ages, and how to access	8
Greater support at home needed	2
Clarity needed on the local provision for under 65s and whether this is within reasonable travelling distance for Ealing residents	2
Positive experience of Amadeus House	1
Getting consistent remote support has been a challenge	1
MINT service not very responsive and has staff shortages which increases pressure on the service	3
Feeling a review of the function of crisis teams is needed to better support prevention of suicide and self-harm	2
Crisis plans need to be formulated with patients and carers	2
Patient choice about where they receive their care is important	1
Community and outpatient services are not responsive and people have given up trying to access these	2
Equalities considerations	
Proposal will adversely affect BAME and other minority communities/ further work needs to be done to increase uptake	5
No explanation/ exploration of why there are low referral rate from PCNs in poorer areas to community mental health services	2
Proposal will adversely affect those on lower incomes	4
If the facility at Charing Cross is for male patients only, the proposal may have a more serious impact on female patients, due to more limited access to services	2
Access to culturally appropriate services in Ealing is essential	1
Concerned the proposal makes it more difficult to provide gender-segregated ward and cater for LGBTQ+ preferences	2



How have potential increase in demand for the service from communities such as refugees and service personnel been factored into the proposal	1
Those from the learning disability community did not feel the project was relevant/important to them	2

Table 20: Suggested improvements to the travel reimbursement scheme

Feedback theme	Number of mentions
General feedback about the draft reimbursement scheme	
Reimbursement scheme not substantial enough/ don't believe it will support people	2
The scheme is not necessary/ should not be introduced	9
Scheme is good/ helpful	11
Unsure how much people would use it – people don't tend to claim things back	7
Need to ensure it is well promoted so that people use it	2
It will be an extra burden on staff to support people to claim/ explain process	5
Should cater better for those who have issues travelling, i.e., those with disabilities, older people, carers, those with anxiety etc.	6
Need to consider how sustainable it will be to reimburse travel in this way in the long-term/ has the scheme been costed	4
Should consider promoting the scheme/ having claim forms in other languages/ for people whose first language is not English	2
Money to fund reimbursement scheme should be used instead to retain beds in Ealing	1
Once a claim is submitted, reimbursement should be quick	4
There is a lot of poverty in Ealing – need more than a travel reimbursement scheme to deal with this	1



Questions over whether a scheme has been in place since the temporary suspension of wards	2
Further involvement needed to develop and finalise the scheme	1
How you submit a claim	
Process/forms needs to be easy	20
Some people are vulnerable and are not able to complete these kinds of forms	3
Getting paper receipts may be difficult when most things are paperless	10
Online submission of claim should be available i.e. via an app	30
Online submission of claim is not compatible with people who are digitally excluded	2
Questions over whether a claim would need to be submitted on-site at Lakeside	1
Preference to submit a claim on-site at Lakeside	1
Digital receipts should be accepted	1
Reimbursement process seems complex/ off-putting/ stressful and has too many criteria	29
What you could claim for	
Revisit only allowing the cheapest routes as these increase travel time	5
Should be able to claim from work to the unit, not just from home	2
Include private travel (taxis) for those unable to use public transport (i.e., with physical disabilities/sensory impairments)	11
There should be an agreement between the ward and visitor about acceptable frequency, mode of transport and cost – on a case-by-case basis	4
Reimbursement should include travel by car	6
Reimburse all travel to / from hospitals	6
Parking fee should also be free	2



How often you could claim	
Claims should be unlimited rather than restricted to 2 claims per week	41
Twice a week is generous/ reasonable	3
Set a monthly limit rather than weekly	4
Who could claim	
Should be accessible to all patient visitors i.e. friends as well as family	10
Impossible to identify who may be most deserving of reimbursement	2
Scheme should include all Ealing postcodes and broader geographies – as visitors can come from anywhere	73
Scheme should also include people from Ealing travelling to Charing Cross in Hammersmith	1
Visitors with freedom passes should not need reimbursement	1
Reimbursement should be for those most in need, on low incomes, who would feel the benefit. Those who can afford travel should not be able to claim.	11
Staff should be able to claim	14
Suggested revisions to the scheme	
Consider providing pre-paid travel cards/ paying people in advance of their journey	8
People cannot always afford to pay then claim back (e.g. carers and those on low incomes)	16
Professionals should organise private travel for visitors	1
Contract with a taxi company so Trust pays the company directly	1
The scheme should be flexible on days when there are strikes	2
Work with the dial a bus service/ Ealing Community Transport (ECT) to provide free transport	7
Should not have a timeframe within which to claim	1
Consider providing a free bus pass for visitors	5



Provide a transport service like Ealing Community Transport/ free transport	5
Work with TFL to introduce a new bus route to help access services out of borough	1



Enhanced Engagement Findings and emerging recommendations

Hope & Horizon Wards, Wolsey Wing,
St Bernard's Hospital, Ealing
April 2023

INPATIENT MENTAL HEALTH CARE

- ❑ A relatively small number of people experience an acute mental health crisis. Inpatient mental health services assess and treat people in acute mental health crisis and provide treatment in hospital to support recovery and manage any risks. **Inpatient mental health care typically forms a short episode in a patient's overall recovery.**
- ❑ From 2013, West London NHS Trust (WLT) provided **acute mental health beds** as a single cross-borough inpatient service across Hammersmith & Fulham, Hounslow and Ealing.

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❑ Adults living in these boroughs requiring inpatient mental health care were admitted to any of these **239 beds**.



We care for our local population of 800,000 across the London boroughs of:

- › Ealing
- › Hammersmith & Fulham
- › Hounslow

DRIVERS OF CHANGE

- ❑ The NW London ICB strategic aims include ensuring provision **highest quality and most appropriate mental health care** for people who need it across its eight boroughs.
- ❑ This includes **inpatient facilities that meet modern standards of acute mental health care**, supporting patient dignity and privacy, with ease of access where required; and the principle that mental health care should be in the **least restrictive setting** and **acute inpatient care should always be an absolute last resort**.
- ❑ In line with these principles, **WLT is committed to providing inpatient care in a modern environment, conducive to recovery**, so that people can return as soon as possible to their local communities and stay well, supported by a range of easily accessible services in Ealing, Hammersmith & Fulham and Hounslow.
- ❑ Amongst all of our inpatient facilities, the physical environment in the **Wolsey Wing (31 beds)**, built in 1829 is **not fit for delivering modern health care**.
- ❑ The Care Quality Commission (CQC) have been critical in their inspections over the years and commented that despite the very best efforts of our brilliant staff, and previous improvements to the physical environment, the two wards based in the Wolsey Wing did not promote privacy, dignity and recovery and **struggled to meet the equality, accessibility and quality standards** that are essential for safe and effective clinical care.
- ❑ [Enhanced Engagement Document](#)
- ❑ [Case for Change](#)
- ❑ [Early Engagement Feedback Report](#)
- ❑ [Stakeholder Summary Slides](#)

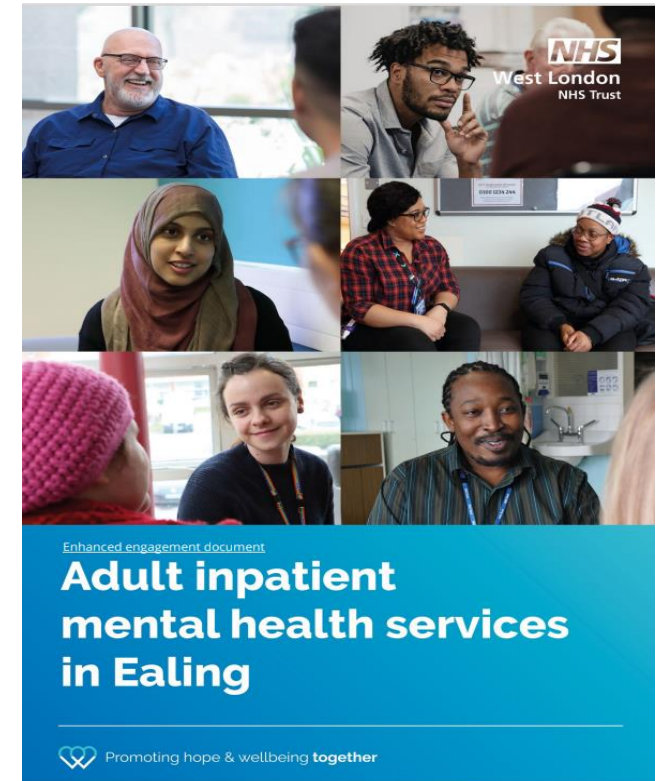
Summary of our proposal

It has been recognised by staff, service users, carers and the regulatory authorities we work with that Hope and Horizon wards are unsuitable, and despite previous investment in the facilities a number of challenges to delivering the standards of modern mental health care remain.

Therefore, in order to address these challenges West London NHS Trust are proposing:

- ❑ Continue with the re-provision of 18 beds in Robin Ward (located at Lakeside Mental Health Unit in Hounslow) opened in Summer 2020.
- ❑ To make **permanent the suspension of the 31 inpatient beds** previously located on Hope and Horizon wards at St Bernard's site in Ealing. These beds were initially suspended in the early stages of the Covid-19 pandemic (March 2020), to ensure safe staffing levels and rigorous infection and control measures for patients and staff across the three boroughs during the pandemic.
This will **maintain current provision with 13 fewer adult acute mental health beds** than before with 226 adult mental health beds across three boroughs (55 beds in Ealing, 89 beds in Hounslow and 82 beds in H&F); albeit that with the inclusion of the local step down beds, the total bed numbers are greater than before.
- ❑ Continue to manage acute mental health beds as a single cross-borough inpatient service across the three boroughs which for the last three years has an established record of not requiring the Trust to use inappropriate out of area placements for this patient group for several years.
- ❑ Since the suspension of beds, adults living in Ealing requiring inpatient mental health care have been supported within the West London Trust bed base at either Lakeside Mental Health Unit in Hounslow or Hammersmith & Fulham Mental Health Unit, this will continue under this proposal.

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Summary of our proposal including reinvestment of all revenue

- ❑ In developing our detailed full “case for change” we carried out an early engagement phase where through engaging with service users, carers, wider communities, staff, commissioners, the local authority and NHS England, we developed a long-list of eight options and associated shortlisting criteria (page 8).
- ❑ An options scoring panel shortlisted these to two options:
 - **Option 2: Keep current provision** i.e. make re-investment into the ward in Hounslow and the other crisis alternative pathways permanent”
 - **Option 6: Find alternative inpatient building** within Ealing to re-provide 31 beds. We did an extensive property search which ruled out any suitable alternative property within Ealing that would meet the criteria or be available to use, resulting in our preferred option to keep the current provision and permanently close the suspended St Bernard’s wards.
- ❑ **This is not a cost saving proposal.** Reinvestment in line with people’s needs and is aligned to Trust, NWL and national priorities for support and intervention.
- ❑ All of the funds made available through suspension of Hope and Horizon wards have been reinvested in provision of acute inpatient beds, crisis alternatives and step down beds which provide care following discharge from hospital and before people move back to their own communities.

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Area funded through reinvestment	Amount	Description
Robin Ward	£1,172,000	This fund supported the opening of Robin ward as an adult MH inpatient ward with 18 beds (Robin has better physical environment for patient care in comparison to Hope & Horizon wards and was mothballed following the previous decommissioning of inpatient rehabilitation service). This ward is open to residents of all 3 boroughs.
Additional provision in step down pathway	£385,395	The Trust added this fund to deploy additional nine step down beds in order to offer a more local setting outside of hospital that promotes recovery for when people no longer need an acute hospital environment but are not yet ready to return home. These beds are commissioned and provided within each of the 3 boroughs. (This provision is additional to the Amadeus Recovery House offer).
Health Based Place of Safety (HBoS)	£820,000	Trust’s HBoS service had three suites one each across the three boroughs, this service was not funded in the core contract and hence was run at a cost pressure previously without dedicated staffing. This was previously flagged as a quality and financial risk to the CCGs. This fund supported the running of the service with dedicated 24/7 staffing in the suites at H&F and Hounslow and the addition of a further suite at Hounslow site. The Trust now has four suites available to residents from all three boroughs, offering dynamic risk assessments and supporting bed flow/capacity.
Mental Health Single Point of Access (SPA)	£227,605	Trust’s MH SPA has had increased demand in calls over the years. This fund supported additional staff in the MH SPA which is available 24/7 to residents from all 3 boroughs.
TOTAL	£2,605,000	Total matches the funding that supported running of Hope & Horizon wards previously.

2. Engagement on our proposal

Engagement on our proposal

- ❑ From January to June 2022, a successful early engagement process supported the development of the long list of options, options appraisal criteria and the case for change and enabled WLT to develop a clear understanding of the impacts of the suspension and recommend mitigations. This included the following activities reaching 280 individuals through:
 - 10 focus group / small meetings with service users, carers, peer support workers and voluntary organisations as well as senior members of staff from key voluntary and community organisations; 3 service user, carer and community options development workshops to inform the long list of options; 2 community representatives to be a part of the options appraisal process; and briefing sessions for representatives from organisations like Healthwatch and Ealing Save Our NHS. Ealing Council officers and members were also briefed throughout this period.
- ❑ Following guidance from NHS England London Region and agreement with NW London ICB we have been pursuing an enhanced engagement approach rather than formal consultation. This approach was also discussed at Ealing HWB and NWL JOSC prior to the launch of the enhanced engagement period. Our enhanced engagement approach has been extensive and through ongoing discussion with the ICB and NHS England has developed in line with good practice processes which would be undertaken through a full public consultation (see overleaf).
- ❑ The guidance from NHS England London Region was that the approach to engagement was proportionate to the scale of the proposal, the fact services have been operating adequately during the last three years during the suspension, and that we have been able to re-provide 18 of the 31 beds affected with alternatives of the same nature, as well as acknowledging the communication with Ealing Council during the development of the proposal.
- ❑ The enhanced engagement period started on 18 October and had originally been scheduled to run for 12 weeks (in line with normal recommended practice for a full public consultation). Subsequently it was extended to the end of February – with information shared through a dedicated webpage, a summary document, an information video, a slide presentation, a detailed full “case for change” including proposed travel reimbursement scheme for those affected and a full report on earlier stages of engagement conducted between January and April 2022.
- ❑ Based on feedback from partners and a midpoint review we acknowledged that the enhanced engagement process had focused on the impact on Ealing residents. In direct response to these views we took action to extend the period of engagement by a further ~8 weeks until the end of February and to strengthen our engagement with partners and residents in Hounslow and Hammersmith & Fulham.
- ❑ Further opportunities for Local Authorities and other partners to review the feedback we have received and our emerging response was developed during April 2023 and is being shared with Local Authority Partners ahead of a decision at a public meeting of the Trust Board.

Summary of enhanced engagement

Estimated reach:

- Overall **12,856 reached through promotional activities** – true reach is unknown due to onward circulation via informal networks.
- At any one time the Trust is providing crisis and acute care and treatment for around **180 people** from Ealing adult inpatient mental health wards or at home by crisis assessment and treatment teams. It is our view therefore that **this reach exceeds the number of people who use the affected services in any year**
- In total **1,993 service users were identified as potentially directly impacted by the change** including those admitted to Hope or Horizon wards in the 18 months prior to suspension; and service users who have accessed crisis teams (CATT) during the last 12 months.

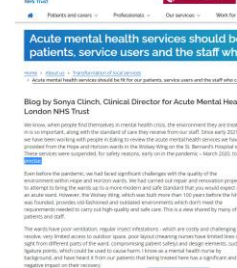
Responses to engagement:

- 712 direct responses (attendance at events/ survey responses/ letters/emails)
- 940 signatures in a petition presented by Ealing Save our NHS (collected over a period of time longer than the enhanced engagement)
- 26 events attended/ held
- 448 responses to the engagement survey (301 collected via Healthwatch, 147 via WLТ website)
- 13 Emails/ letters received
- 3,703 interactions with social media content (like/share/retweet/click link/view video/social apps)
- 1,993 letters written to users of the services affected
- Proactively informing officers and members in the three local authorities
- Attendance at the scrutiny processes for all three boroughs and the NWL JHOSC
- Proactively contacted 121 organisations including Ealing and Hammersmith & Fulham Save our NHS, Healthwatch and organisations working with target groups identified in the EIA: homelessness services, BAME, carers, LD, physical disabilities and deprived communities.

No formal responses/objections received from either Ealing or Hounslow Local Authorities during the extended period of enhanced engagement.

Objections received: London Borough of Hammersmith & Fulham, Save Our NHS (Ealing, Hammersmith & Fulham), Rupa Huq MP (Ealing Central & Acton), Virendra Sharma MP (Ealing, Southall) & Andy Slaughter MP (Hammersmith).

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Engagement period continues with public events in Ealing, Hounslow and Shepherd's Bush

Home > News > Latest news > Engagement period continues with public events in Ealing, Hounslow and Shepherd's Bush

31 January 2023
The Trust welcomed members of the public to in-person events at the Walsley Wing at St Bernard's Hospital on Thursday 19 January, to Isleworth Public Hall on Friday 27 January and to Culture House in Shepherd's Bush on 31 January to discuss the [future of inpatient mental health services in Ealing](#).
Representatives of Ealing's Save Our NHS campaign were joined by Councillor Daniel Crawford who chairs Ealing Health Scrutiny Committee and other members of the public to take part in a tour of Hope and Horizon wards, which are at the centre of an enhanced engagement process to gauge public views.



The second event in Isleworth drew in Hounslow residents, current staff from the Trust and one ex-member of staff. They shared their thoughts on the potential impact that changes to the Ealing wards may have on the services in their local area, as well as ideas on what could be done to entice more people to work in NHS mental health services.

Additional

[Download health survey engagement](#)

[Download](#)

[Download](#)

[Download report](#)

[Download the Easy-read version: Adult inpatient mental health services in Ealing](#)

[Download the Hope & Horizon flyer in Arabic](#)

[Download the Hope & Horizon flyer in](#)

The third event in Shepherd's Bush welcomed several members of the local Save Our NHS campaign as well as a staff member from the Trust. The wide-ranging conversation covered an array of health and social care issues, with a focus on mental health provision across all of North West London and how things could be improved for inpatient residents.

Clinical director for acute mental health services, Sonya Clir
Thank you to everyone who attended the events.

To find out more about the ongoing engagement process a services please click [here](#) or email engagement@westlondon.nhs.uk

[Return to Latest news](#)

[the Hope & Horizon flyer in](#)

[the enhanced engagement arabic](#)

[the enhanced engagement urdu](#)

[the enhanced engagement olish](#)

Pictured: Attendees at the engagement event



Enhanced engagement

Self assessment of the alignment of our enhanced engagement process against good practice for full public consultation process and deliverables.

Consultation Deliverables (NHS England guidance)	WLT Enhanced Engagement			Notes
	Ealing	H'slow	H&F	
<p>Equalities and Health Impact Assessment (EHIA) - undertaken to inform decision-makers to make informed decision and assist with planning and delivery of engagement with key stakeholders, residents, patients/service users & carers</p> <p>Page 70</p>				<p>Equality and Health Inequalities Analyses (EHIA) for the Hope and Horizon project, considering the impact on service users and staff. The review used data insights gathered from Trust and public datasets, engagement sessions with service users and staff, and through engagement with local community groups. Although initially Ealing focused, as the overall impact on residents of neighbouring boroughs was assessed to be modest, this was used to inform and expand enhanced engagement activities across the three boroughs:</p> <p>Ealing</p> <ul style="list-style-type: none"> • BAME - Action Community Gardens Event AND GOS&D's BAMER Dementia and Mental Health Event • Carers Council, EACH Carers Group AND Ealing and Hounslow Community and Voluntary Service Mental Health Forum AND Patient and Carer Participation Group (Carers and Service Users) • GP TV Screens (outreach to identified post code areas) • Mencap 'Power Group' and Parent /carers coffee mornings (LD Cohort) <p>Others</p> <ul style="list-style-type: none"> • Ealing and Hounslow Community and Voluntary Service Mental Health Forum • NWL ICS Communications Team were the conduit for communication to other boroughs • Service User and Carer Experience Sub-committee • Hounslow Borough Based Partnership Mental Health Meeting
Regulators and scrutiny – Including via Regional NHS England, Healthwatch, HOSC/JHOSC & Health and Wellbeing Boards				<ul style="list-style-type: none"> • October 2022 – NWL JHOSC, Ealing Place Based Partnership Board, NHSE (Service Reconfiguration) • November 2022 - Hounslow ICP SLT, Health and Care Partnerships Greater London Authority, Hammersmith HASPAC, Ealing HASSP • December 2022 – NWL JHOSC Chairs • January 2023 – Healthwatch • February 2023 - Hounslow's Overview and Scrutiny Committee
System partners and leaders - Trust board, ICB Board, ICS partnership board, neighbouring trusts, local authority executive teams, primary care networks, VCSE sector partners				<ul style="list-style-type: none"> • August 2021 & November 2021 - WLT SOM • October 2021 & November 2021 - ICS Gold Command/ICS Board • March 2022 - WeCoProduce Mental Health Forum • May 2022 - MHLDA Programme Exec • June and September 2022 – Ealing HWBB, and discussions / visit for Cabinet Member for Health • January 2023 –NWL JHOSC Chairs invited to visit affected facilities – attended by Ealing HASSP Chair • January 2023 - Primary Care NWL ICS Distribution List • January 2023 - Hounslow Integrated Care Patient & Public Engagement (ICPPE) Committee
Elected representatives – MPs, HOSC/JHOSC, leaders of local authorities and Mayor's Office.				<ul style="list-style-type: none"> • Written response to Mayor's Office request for information on change and EHIA with feedback in line with Trust assessment of change against the five tests for Sustainability and Transformation Plans. • Written responses and/or engagement with Local Authority representatives and local MPs.

Enhanced engagement

Consultation Deliverables (NHS England guidance)	WLT Enhanced Engagement			Notes
	Ealing	H'slow	H&F	
<p>Patients, public and community groups</p> <ul style="list-style-type: none"> Residents, patients/service users & carers most impacted by the change, patient and carers groups at primary care, Trust, borough and neighbouring system level. Additional groups identified as being disproportionately impacted as identified via the EHIA (including seldom heard/or marginalised groups, residents/patients with protected characteristics and faith groups). Other networks including Healthwatch, campaigners (individual/groups), VCSE sector and community groups. 				<ul style="list-style-type: none"> Direct outreach to/via; <ul style="list-style-type: none"> Action Community Gardens Event Carers Council, EACH Carers Group, Ealing and Hounslow Community and Voluntary Service Mental Health Forum Health and Care Residents forum, Ealing Residents Forum GP TV Screens Mencap 'Power Group' and Parent / carers coffee mornings GOS&D's BAMER Dementia and Mental Health Event Patient and Carer Participation Group
<p>Clinicians and front-line staff – NHS Trusts, Primary Care, Local Authorities (inc. social care), VCSE providers, staff side, professional networks and Bodies</p>				<ul style="list-style-type: none"> Staff discussion carried out prior to suspension. Staff regularly updated through regular team meetings through the process with opportunity to participate in group conversations to input from their personal experiences and thoughts. 15th February 2022 Meeting to get feedback from WLT peer support workers with experience of being admitted to WLT wards. All staff meeting on 19th May 2022 to discuss Wolsey Wing changes and future plans Internal engagement activities throughout enhanced engagement period (eg intranet stories)
<p>Media - local newspapers, radio, tv, online and social media</p>				<ul style="list-style-type: none"> Use of Trust, ICB and wider social media channels across Ealing, Hounslow and H&F. Articles and Trust blog article in Ealing newspaper/site (not in other two boroughs) TV & radio not applicable.
<p>Timeline – 12 weeks</p>	<p>19 Weeks</p>			<ul style="list-style-type: none"> Based on feedback from stakeholders and review of engagement at 12 weeks the decision was made to extend the period of engagement to focus on reach to specific service user cohorts and residents of Hounslow, Hammersmith & Fulham. We completed a mid-point review which indicated further work was required to engage with specific groups and therefore we extended our engagement period to give time to include additional activities.

- A full review and analysis of the engagement activities has being completed by Royal Free Transformation partners which is available in a separate report (attached)

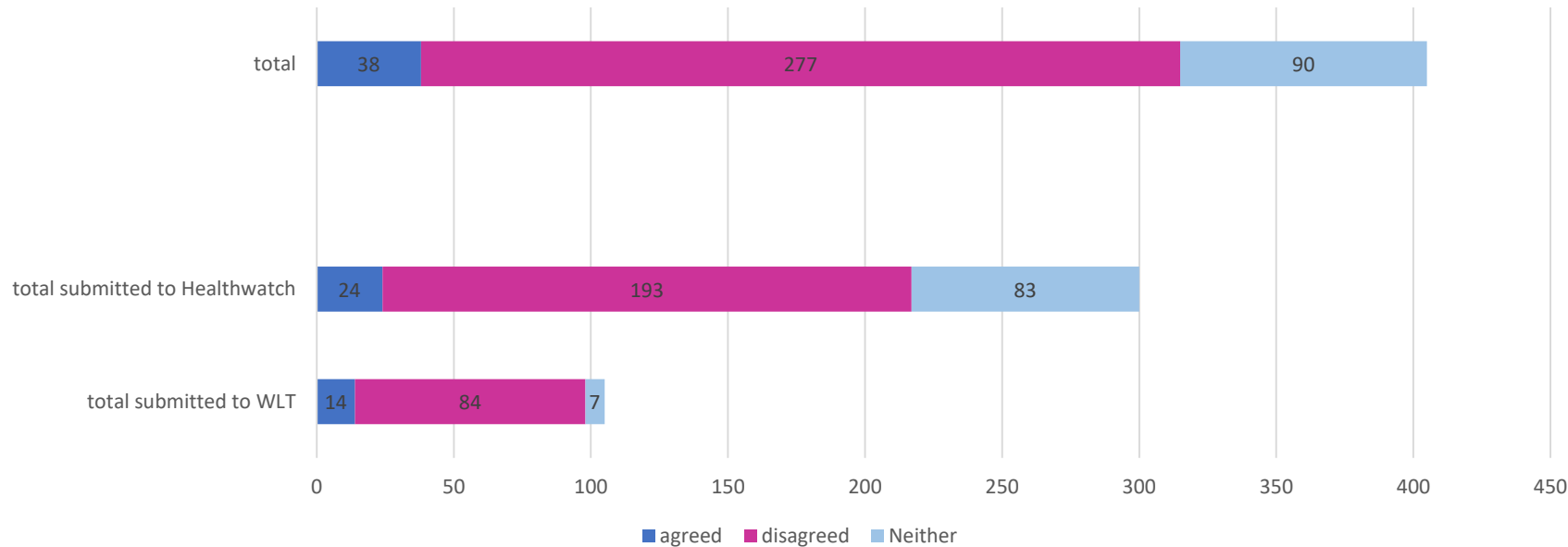
Key themes: Loss of service

Over 68% of survey respondents and the majority of qualitative responses indicate that people are not supportive of the closure of beds in Ealing and re-provision of 18 beds at the Lakeside Unit and other crisis pathways.

Feedback was received from across Ealing, Hounslow, Hammersmith & Fulham with a focus on the loss of beds within Ealing and the impact of the changes on service users, carers and families across the three boroughs. Overall, circa 80% of respondents had not used inpatient mental health services.

How much do you agree or disagree with the proposed changes?

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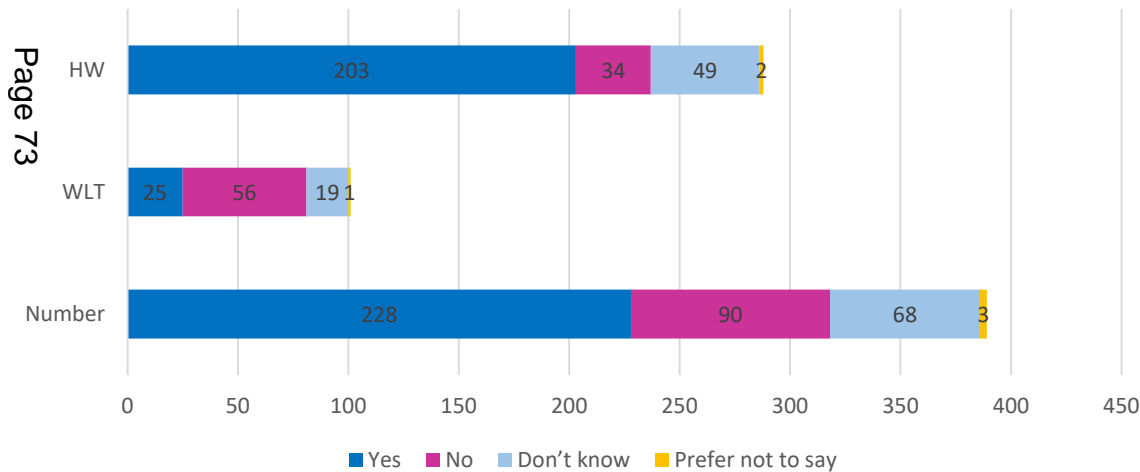
Overall	%
Net Agree	10%
Net Disagree	68%
Neutral	22%
Healthwatch collated surveys	
Net agree	8%
Net disagree	64%
Neutral	28%
West London Trust surveys	
Net agree	13%
Net disagree	80%
Neutral	7%

Key Themes: travel time and cost of journeys

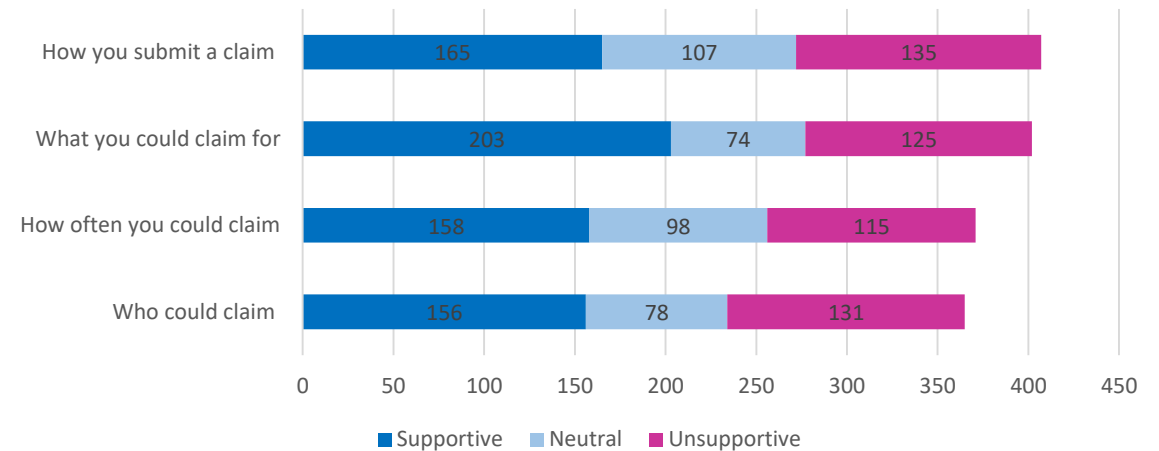
The majority of respondents (59%) agreed that the proposed travel scheme would support Ealing residents to visit people admitted to reimburse carer travel fares to travel to and from Mental Health Units (outside home borough) for patients who would previously have been supported within either Hope or Horizon wards by private taxi or public transport.

Although there was broad support for the who could claim, other criteria and claims process a number of a number of issues were identified for further consideration to ensure the scheme meets the needs of residents – these are addressed later in this paper.

Do you believe introducing a travel reimbursement scheme will support visitors accessing the Lakeside Unit?



How supportive are you of the following areas of the draft travel reimbursement scheme?



Impact on service users, carers and families has remained a key theme throughout the process - increased travel times and potential increase in travel costs, need to visit less as getting time off of work may be a challenge if visits were to take longer, potential for isolation, the stress of travelling to a new, unfamiliar, area.

3. Analysis of themes from engagement and our emerging response

Outputs from the enhanced engagement phase have broadly recognised that Hope and Horizon wards are not fit for providing modern acute mental health care for service users, however a number of issues were identified for further consideration.

Key issues

1. Respondents queried how the estate has been allowed to deteriorate over a period of time and questioned if further investment could be considered for further refurbishment, even partially, or new unit developed to allow some acute mental health beds to remain in Ealing.
2. The fact that some inpatient services remain on the St Bernard's Hospital site was questioned as they are operating in what has been perceived to be similar ward environments as the suspended beds.

Our emerging response

- The Wolsey Wing was refurbished in around 2012 at a cost of £3m+, following a decision to reconfigure the St Bernard's Hospital site and develop new specialist facilities which attracted £60+ reinvestment into a new hospital on the site.
- Despite this, over the last 8 years CQC inspections, a number of comments have been made in the reports regarding ward environments that “especially at St Bernard's ... [do] not provide an appropriate therapeutic environment due to the ward layout and lack of communal space” (2016). The reports have highlighted the need for work to address risks around “blind spots”, “ligature anchor points” and relatively higher vacancy rates (2018). The CQC commented in 2020 that “the Trust still has a number of sites which are not fit for delivering modern mental health services”, which from our regular engagement with them we understand to be a reference in particular to St Bernard's Hospital.
- There are no cost savings from this exercise, which is intended only to improve the quality and safety of our inpatient services within the available estates. The advice we have received is that full renovation of the two wards in the Wolsey Wing would initially require £16m of capital funding, without being able fully to address the deficiencies related to the nature of the building. Any refurbishment of this scale would only be possible by delaying other schemes for upkeep and improvements across other West London Trust sites.
- We acknowledge that other inpatient services remain in similar pre-Victorian premises on the Ealing Hospital site, e.g. the adjacent Tony Hillis Wing which hosts Low Secure Forensic Services. The Trust is aware these wards also do not meet 21st century mental health standards and is exploring other options for re-provision. Crucially however, the nature of the other inpatient services is that they are different from the adult mental health inpatient services with different staffing ratios, lower numbers of admissions, considerably longer length of stay and care pathways. With those aspects in mind we have been able to invest in the environment to make these wards safe enough to be acceptable to the CQC, however though this is not something that can be achieved on Hope and Horizon even with significantly more investment.

Our emerging response (continued)

□ In developing our detailed full “case for change” we carried out an early engagement phase where through engaging with service users and carers. Some of the qualitative feedback provided during this phase of work is illustrated below and this was shared in as part of the pre-engagement summary materials shared with system partners.

Service user, carer and families

“Unlike at Charing Cross, when you go into Horizon Ward, the place makes you feel like you’re like a criminal, it’s frightening especially for people who are in crisis and it adds to the trauma...” (Horizon)

“When I come onto the ward I am hit with the smell straight away.” (Horizon)

“You wouldn’t put a cancer patient in a place like that, why would you do that to someone who is already in a very stressful situation.” (Horizon)

“As a human being and a carer, the environment you’re exposed to in Horizon Ward makes recovery 10 times harder.” (Horizon)

“There is no other quiet space or privacy other than my bedroom.” (Horizon)

“It is quite a long way for people to visit Lakeside (Hounslow) or Charing Cross (H&F). This has a big impact on carers and service users”

Wider communities

“When a patient is nearly ready to leave you might make a different judgement if they’re just going up the road in H&F versus having to get on maybe 2-3 buses to get back to Ealing”

“For some clients if they are in Hounslow (or Hammersmith) it makes safe discharge and everything so much harder – the patient is far away from their friends and family. ”

“When in crisis people will go to where it’s familiar, if there are no inpatients in Ealing people will go to A&E rather than out of Borough.”

“If wards are so bad why can’t you look at alternative places in Ealing? What about Ealing Hospital?”

“I grew up locally to St Bernard’s it was perceived as a ‘place where mad people go’; but local access is vital for people’s recovery.”

“There is something about what happens before people are admitted to hospital and what support is available to them”

Trust and wider partner staff

“We understand that Hope & Horizon aren’t fit for purpose, but can the Trust make explicit commitment to deliver culturally-competent, enhanced, and more community-based support for users and families?”

“The ward smelled due to personal hygiene issue or because a Victorian building drains become blocked. Patients or their visitors have no access to quiet space”

“The Wolsey wing building really does not meet good clinical and working environments; that said we will need to be assured that any alternative developments will meet the needs of local people as locally as possible?”

“Some time ago, a patient admitted to Hope Ward said to me that they should’ve named it Hopeless Ward”

“We have to realise that it is clinically and operationally difficult to run standalone units on a site”

“The Trust has done a good job managing beds, would these be enough though to manage peaks and dips in demand on a day to day basis”

Our emerging response (continued)

During the earlier phases of work we developed a long-list of eight options and associated shortlisting criteria informed by earlier feedback:

- A long-list of options was developed by WLT in February 2022 through a range of discussions with Trust leads. Following workshops with representatives from the community, service users and carers, additional options were included in relation to finding more accessible facilities in or near Ealing as well as funding non-bedded services in Ealing. The long-list of options was circulated for comment and subsequently approved by the Hope and Horizon Steering Group in March 2022.
- The criteria against which the options were updated in line with wider feedback on quality and accessibility. These criteria were agreed by the project Steering Group in March 2022. Four overarching themes were developed - **Quality; Cost; Access; and Deliverability**.

Long List Option(s)	Description
1 Do nothing	Continue with current temporary provision , delay decision-making and review options at a later stage
2 Keep current provision	Make the current provision permanent on a longer term basis
3 Re-open Hope and Horizon wards with basic refurbishment	Stop current provision and re-open Hope and Horizon wards and services with basic refurbishment
4 Re-open Hope and Horizon wards with full renovation	Stop current provision and re-open Hope and Horizon wards and services with full renovation
5 Find alternative inpatient building outside Ealing	Stop current provision and find suitable existing building for the adult acute inpatient beds outside Ealing (but more accessible than Charing Cross and Lakeside Mental Health Units)
6 Find alternative inpatient building in Ealing	Stop current provision and find suitable existing building for the adult acute inpatient beds within Ealing
7 Build a new purpose-built inpatient facility in Ealing	Stop current provision and find, fund and build a new adult acute inpatient facility in Ealing
8 Fund alternative non-bedded services in Ealing	Stop current provision and re-invest funding in non-bedded services to further increase early intervention, crisis and discharge support for Ealing residents

An options scoring panel shortlisted these to two options: “Option 2: Keep current provision i.e. make re-investment into the ward in Hounslow and the other crisis alternative pathways permanent” and “Option 6: Find alternative inpatient building within Ealing to re-provide 31 beds”.

To address Option 6 we undertook an extensive property search which **failed to identify any suitable alternative property within our existing estates, to purchase or to rent within Ealing that would meet the criteria or be available to use**, resulting in our preferred option to keep the current provision and permanently close the suspended St Bernard’s wards.

Given the feedback we have received during the enhanced engagement **we have again looked for alternative premises in Ealing and unfortunately our assessment remains the same**.

Impact of the proposal

We recognise that the majority of respondents across Ealing, Hounslow, Hammersmith & Fulham did not support the proposal to make permanent the current configuration of reprovided beds in Lakeside and suspended beds in Ealing; albeit there was recognition that Hope & Horizon wards were not fit for purpose to house these facilities.

Key issues

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1. Reduction in bed base:

- Although there was recognition of national and local aspirations to provide care closer to home and through other service models, there remains a high demand for inpatient beds overall.
- Concern about the impact of removal of local, in borough adult mental health bed for the residents of London Borough of Ealing
- Respondents felt that a reduction in the number of acute adult inpatient beds would lead to a bed crisis/ difficulty in residents being able to access a bed when needed, early discharge to free up beds and patient safety for Ealing residents.
- Impact on surrounding boroughs – respondents from Hammersmith, Fulham and Hounslow raised concerns around the likelihood of additional pressures on beds for residents of these boroughs. With the overall reduction in bed numbers, there were concerns that their local residents would not be able to access beds in their own boroughs.
- Although engagement aimed to reach groups most affected by the proposal, based on feedback from early engagement and the equalities impact assessment (EIA), many of these groups chose not to comment/ participate.
- Continuity of care and discharge.

2. Financial motivation of the proposal: There has been an ask for clarity on how savings from the temporary closure of the wards was being used to support Ealing residents, specifically, and there was a feeling that this money was being used to supplement/ support services in other boroughs.

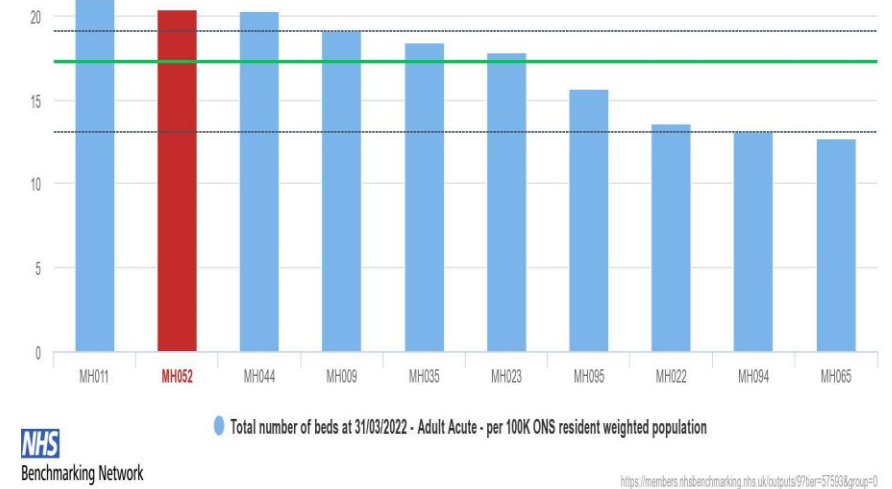
3. Impact on supporting services was highlighted with a feeling that these pathways, particularly community mental health services were stretched and unable to cope with demand, which would likely worsen if the system was to continue with lower numbers of adult inpatient beds – and how this would impact inpatient service as people wait longer to access community pathways.

4. A formal objection from London Borough of Hammersmith & Fulham referenced a number of areas including **a)** approach taken by WLT towards making this service change (addressed in s.3); **b)** Need for integrated ICB approach on mental health beds; **c)** impact on bed demand and capacity in the boroughs affected; and **d)** impact on already-challenged community mental health services.

Our emerging response

Reduction in bed base

- ❑ We acknowledge West London NHS Trust, as with other organisations nationally, has seen a reduction in the number of mental health inpatient beds over the last few decades. However, we do not believe, even following the suspension of the Hope and Horizon beds (2020), that there is a lack of mental health beds in the Trust's footprint, and we benefit from the proximity of our three main local services sites, which fall within an area of just over 9 square miles.
- ❑ The Trust has continued to manage adult acute mental health beds as a single service across its three borough footprint. This has supported us to remain one of the best performing organisations in the country in this regard and we have consistently been able to avoid resorting to Out of Area Placements for residents of Hammersmith & Fulham, Hounslow or Ealing for several years due to lack of local bed availability.
- ❑ This record has been sustained even following the suspension of the Hope and Horizon beds and our moves towards a community-based model is consistent with providing care in least restrictive and non-stigmatising settings, and reflects the national strategy and emerging NW London ICB priorities for adult mental health provision.
- ❑ Our proposal is supported by the Trusts reinvestment (outlined previously) in inpatient and crisis alternatives; and allocation of NHS Long Term Plan investment (Crisis £3.3m and Adult Community £9.7m up to the end of 22/23) in the transformation of community mental health services
- ❑ National benchmarking data shows, even following the suspension of the Hope and Horizon beds, the Trust (highlighted) has the second highest number of bed (per 100,000, adjusted for demographics) when compared to other London Trusts.
- ❑ We acknowledge concerns and have continued to invest in community and crisis teams during this period (inc. NHS Long Term Plan expansions) and have established patient flow programme and partnership working Local Authority Social Work teams.
- ❑ Although recognising the reduction in adult acute beds, the Trust remains committed to providing inpatient mental health beds in Ealing and the Ealing Hospital site has seen a growth in forensic bed provision during this period and investment into modern specialist facilities for some of the Trust's most vulnerable service users – many of whom are also local residents.



Impact of the proposal

Our emerging response

- Based on a forecast of demand to 2031 and we estimate that even with additional growth at 13.5% (mirroring the Hounslow growth, from 2011-2021) across all three of our boroughs (which considerably exceeds the growth over the last decade), we would still have an above average number of acute beds compared with our peers.
- It should be noted that our pathways for other patient groups which have remained unchanged throughout and sets the precedent for the successful use of our beds across our three borough footprint e.g. older persons' mental health (70+) and male psychiatric intensive care: all patients from three boroughs are admitted in Hammersmith (Meridian and Askew).
- Overall, 6.9% of patients are re-admitted with 30 days of discharge which has been maintained below a target (8%); with no material difference in the proportion of patients re-admitted across the three boroughs.

Impact on Ealing, Hounslow, Hammersmith & Fulham

- As described, we were unable to identify suitable additional spaces across our estates safely to house the other 13 acute beds, which is the reason for the overall net reduction across the three boroughs. However, with the inclusion of the local step-down beds purchased, means that the total bed numbers are greater than before.

The data below show the borough of origin and site of admission for adult mental health patients supported by West London NHS Trust in the 18 months before and after the suspension of beds in Ealing.

18 months pre suspension				18 months post suspension					Change pre/post suspension				
Borough of residence	Wolsey	CXH	Lakeside	Borough of residence	Wolsey	CXH	Lakeside	OOA	Borough of	Wolsey	CXH	Lakeside	OOA
Ealing	337	172	283	Ealing	0	280	528	0	Ealing	-337	108	245	0
HF	23	363	88	HF	0	390	120	0	HF	-23	27	32	0
Hounslow	10	19	491	Hounslow	0	38	431	0	Hounslow	-10	19	-60	0

- A number of groups were identified through the early engagement work and a Equality & Health Inequalities Analysis. These groups included current and recent service users and their families and carers, those with physical and/or learning, people from black communities, people experiencing statutory homelessness, people from income deprived households, postcode areas using the service more frequently: Southall, Northolt, Acton, Chiswick, Hanwell, Greenford, West Ealing and Ealing, Voluntary and community organisations providing advocacy or other support to service users and staff working on Hope and Horizon wards including Peer Support Workers.
- The principal change has been the shift in Ealing patients admitted to Lakeside Mental Health Unit in Hounslow (due to the creation of 18 alternative acute beds in the unit to replace the suspended beds in Ealing), with a smaller increase in patients from Ealing admitted to Charing Cross.
- The closure of the Ealing beds has not driven a significant increase in the proportion of LBHF and Hounslow residents being admitted outside of their borough of residence.

Cost saving initiative

During the enhanced engagement process we received concerns from members of the public and key stakeholders that the proposal was financially motivated.

Key issues

1. That the proposal was a cost saving initiative and/or that only some of the money has been reinvested/ or that the reinvestment schemes were not clear
2. A reduction in 13 adult acute mental health beds overall has resulted in a cost saving for the Trust overall
3. A loss of investment for Ealing residents

Our emerging response

- The Trust has been very explicit in the “case for change” document and through the enhanced engagement process that **this is not a cost saving proposal**. All revenue previously aligned to the suspended services has been fully reinvested has been in crisis mental health services for adults, in line with our assessment of need and is aligned to Trust, NWL and national priorities for support and intervention.
 - The majority of the funding has been directly allocated to the provision of improved inpatient acute adult mental health facilities on a like-for-like basis (18 beds, Robin Ward) and the details of the other reinvestments are shown below.
- This has arguably bolstered and expanded the crisis services available for the residents we serve, including Ealing residents, despite the small net reduction in inpatient services overall.

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Area funded through reinvestment	Amount	Description
Robin Ward	£1,172,000	This fund supported the opening of Robln ward as an adult MH inpatient ward with 18 beds (Robin has better physical environment for patient care in comparison to Hope & Horizon wards and was mothballed following the previous decommissioning of inpatient rehabilitation service). This ward is open to residents of all 3 boroughs.
Additional provision in step down pathway	£385,395	The Trust added this fund to deploy additional nine step down beds in order to offer a more local setting outside of hospital that promotes recovery for when people no longer need an acute hospital environment but are not yet ready to return home. These beds are commissioned and provided within each of the 3 boroughs. (This provision is additional to the Amadeus Recovery House offer).
Health Based Place of Safety (HBoS)	£820,000	Trust's HBoS service had three suites one each across the three boroughs, this service was not funded in the core contract and hence was run at a cost pressure previously without dedicated staffing. This was previously flagged as a quality and financial risk to the CCGs. This fund supported the running of the service with dedicated 24/7 staffing in the suites at H&F and Hounslow and the addition of a further suite at Hounslow site. The Trust now has four suites available to residents from all three boroughs, offering dynamic risk assessments and supporting bed flow/capacity.
Mental Health Single Point of Access (SPA)	£227,605	Trust's MH SPA has had increased demand in calls over the years. This fund supported a additional staff in the MH SPA which is available 24/7 to residents from all 3 boroughs.
TOTAL	£2,605,000	Total matches the funding that supported running of Hope & Horizon wards previously.

Enhanced engagement process

We acknowledge the feedback around our enhanced engagement process and the feedback that greater awareness is needed of this change and that patient and stakeholder voices should be heard more widely.

Key issues

1. Respondents asked for clarity on what was meant by “**enhanced engagement**” and why this was the Trust’s approach versus the need for **formal public consultation**
2. Concern that the enhanced engagement process (and early engagement) had **focused on Ealing residents and stakeholders**
3. Concern that the enhanced engagement process had not reached a wide enough audience
4. The **formal objection** from **London Borough of Hammersmith & Fulham** received referenced a number of areas including the approach taken by the Trust towards making this service change.

Our emerging response

- We acknowledge the concerns that have been raised on this issue and apologise for any failings on our part. There has been significant learning for the Trust on our approach which we will take forward in the event of any future changes.
- The decision to pursue an enhanced engagement approach rather than formal public consultation was reached following guidance from NHS England London Region and agreement with the ICB. Our enhanced engagement approach is fully outlined on page 6, the guidance from NHS England London Region was that this was proportionate to the scale of the proposal: the fact services have been operating adequately during the last three years during the suspension, that we have been able to re-provide 18 of the 31 beds affected with alternatives of the same nature and acknowledged the earlier phases of engagement involving local partners including Ealing Council.
- Our enhanced engagement approach has been extensive (pages 7-9) and through ongoing discussion with the ICB and NHS England has developed in line with good practice processes. The advice we have received regarding our enhanced engagement activities is that they do not differ materially from what would be expected in a public consultation. In reaching 12,856 through the enhanced engagement promotional activities our reach considerably exceeds the number of people who use the affected services in any given year.
- In our early engagement work and Case for Change development, it was our assessment that the impact of this service change was principally on the borough of Ealing, we therefore worked most closely with Ealing service users, carers, residents and key partners including Ealing Council. Prior to the enhanced launch, the approach was discussed at Ealing Health and Wellbeing Board and the North West London Joint Health Overview and Scrutiny Committee. We accept however that key stakeholders, including London Borough of Hammersmith & Fulham, consider this to be insufficient and the actions we took during the enhanced engagement period to extend the period of engagement and to strengthen our engagement response were in direct response to those views. During the extension we proactively worked to engage with residents and communities in Hounslow and Hammersmith & Fulham also, including utilising Council communication channels where possible.
- The engagement with all three Local Authorities has continued as we have reviewed the feedback we have received and developed the Trust’s emerging response.

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North West London mental health strategy

Feedback from the enhanced engagement phase highlighted the need for the Ealing acute adult mental health beds proposals to be considered within the context of a wider North West London (NWL) Integrated Care System (ICS) mental health strategy.

Key issues

1. Feedback highlighted the need for an integrated, cross-provider mental health strategy for NWL ICS
2. Feedback highlighted other planned changes to acute adult mental health beds in NWL

Our emerging response

❑ The ICS is currently finalising its Health and Care Strategy for NWL and alongside this is due to publish a paper outlining the NWL adult mental health care strategic context. The documents are intended to outline, a cross-provider and cross-system strategy, whilst the NWL mental health strategy is revised, for how as an integrated system, NHS NWL and the eight local authority boroughs will support and improve the health and care needs of our communities, improve life expectancy, quality of life and reduce inequalities as well as the strategic context within which we are operating.

Principles
From a mental health perspective specifically, these documents describe how the strategic focus since the pandemic has been shaped by the NWL LikeMinded Strategy for mental health (2015) and more recently by the NHS Long Term Plan (2019) (accompanied by substantial national investment). These documents describe the aim to ensure that we provide the highest quality and most appropriate mental health care for people who need it across our boroughs. This includes inpatient facilities that meet modern standards of acute mental health care, supporting patient dignity and privacy, with ease of access where required. As well as the principle that mental health care should be in the least restrictive setting and acute inpatient care should always be a last resort. It is within this wider strategic context that the proposal for Ealing adult health inpatient beds has been developed.

❑ Linked to the principle of a continuing shift to community based models of care and investing in alternatives to admission we have reinvested in a number of alternatives to admission (slide 4) that have already been put in place as part of the community provision required to support the changes. Our preferred option seeks to make these temporary crisis pathway augmentations permanent.

❑ Outside this current engagement process, the Trust is further investing in other crisis services for local people, including our partnership with Mind which has resulted in the opening of a [Safe Spaces](#) in each Borough, and staff in-reaching into Emergency Department alongside our Liaison Psychiatry Staff. So far in 2023 we have also opened [the Circle](#) - a new crisis café for children and young people, (from any of our three boroughs) on South Ealing Road, and commissioned [Qwell](#) to expand the availability of free, safe and anonymous mental health support.

❑ With regard to improvements in planned care in our community mental health teams, the additional funding for these is not linked to our inpatient reconfiguration, and has now mostly been received on a recurrent basis, as these improvements are funded via the NHS Long Term Plan. This funding and our MINT recovery plans will only strengthen our current position regarding crisis and inpatient capacity.

Wider feedback

We acknowledge the wider feedback that the Trust has received that is not directly about the proposal and outside of the scope of the enhanced engagement process.

Key issues

1. A complete summary of the wider feedback received is outlined in section 6 of the engagement feedback report (appendix 1). This included references to mental health services in general, mental health investment, children and young people's mental health services, mental health thresholds, rising demand for mental health services in general (not just inpatient services), wider NHS services in Ealing, the need to destigmatising seeking help for mental health in different communities, forensics services and mental health services for older people.

Our emerging response

- The feedback is very valuable, for clarity and to avoid any confusion with the Ealing adult acute mental health bed engagement process a response to each individual matter shared has been published on our website, including signposting as appropriate, alongside the engagement feedback report and the Trust's emerging response [INSERT link]



Travel reimbursement scheme

Informed by the early engagement and EHIA, we recognised that the travel time and cost of journeys may be a barrier for some Ealing residents visiting patients who would previously have been supported at either Hope or Horizon Ward. No subsidised travel scheme has been in place to date. Since the suspension of Hope and Horizon, the vast majority of all Ealing patients are admitted to wards that are between 3-9 miles away from their home which requires a journey of over 30+ minutes. Previously, half of these patients lived within 3 miles of the ward.

In response, our overall proposal included ringfencing resources to trial a travel reimbursement scheme (12 month pilot) with a view to making ongoing provision to mitigate adverse impacts on Ealing residents visiting patients at the Lakeside Unit in Hounslow or Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital.



Outputs from the enhanced engagement phase have shown support for the scheme, however a number of issues were identified for further consideration.

Key issues

1. What can be claimed in the proposed scheme is limited to **cheapest, most appropriate means of transport** with the shortest journey time of around 30 minutes by bus or tube, or 15 minutes by car, and the longest journey would be around 80 minutes by bus or tube, and around 35 minutes by car.
2. Respondents indicated that the restriction to cheapest form of travel may limit accessibility for some residents where alternative forms of transport (i.e. taxi) may be more appropriate but have a higher cost (Journeys from the farthest points, Northolt to Charing Cross Hospital, the cost could be in the region of £45 each way via taxi and £22 each way via Uber).
3. Further consideration required on the **impact on service users, carers and families during a time of increased pressure on cost of living** - increased travel times and potential increase in travel costs, need to visit less as getting time off of work may be a challenge if visits were to take longer, potential for isolation, the stress of travelling to a new, unfamiliar, area. Respondents indicated that the nature of the scheme requiring users to meet **up front and reimbursed later** may limit accessibility for some residents.

Key issues

5. Feedback on the eligibility criteria

- Claim reimbursement for travel costs for up to 2 return visits per week, when visiting a patient being cared for at a WLT site
- Restricted to adversely impacted postcodes UB1, UB2, UB4, UB5, UB6, W13, W7
- For low income applicants/those eligible for benefits support
- Require claimants to use cheapest suitable form of transport and provide receipts

6. Feedback on the scheme centred around being able to claim in advance to cover the cost of travel, making the scheme simpler (fewer restrictions) and making it easier to claim

Our emerging response

What can be claimed for: We recognise that due to limited direct/appropriate public transport options between some post codes and WLT inpatient units that restricting the scheme to cheapest form of transport from these areas may limit accessibility for some users – therefore, our recommendation to address this is:

- Remove the requirement for Ealing based claimants to use the cheapest form of travel for eligible residents. The taxi reimbursement solutions will be reviewed on an ongoing basis in line with uptake, costs and user experience however, it is recognised that this may have an additional cost implication above the **£150k p.a.** currently invested in this scheme via reinvestment of Hope & Horizon funding.
- It should be noted that the proposed scheme already provided alternative options for those who cannot drive or access public transport due to your age, medical condition or any other relevant factors to use alternative transport options.
- Remove the post code restriction for claiming travel reimbursement and extend eligibility to include any Ealing postcode. However, evidence does not support extension of the scheme beyond the borough as the closure of the Ealing beds has not driven a significant increase in the proportion of LBHF and Hounslow residents being admitted outside of their borough of residence. Demand for a similar scheme for residents of LBHF and Hounslow will be monitored during the pilot with a view extending to all cross-borough travel.

Travel reimbursement scheme (3)

Our emerging response

Process and upfront costs: The scheme is based on established Trust processes which follow a claim and reimbursement process which we recognise may create barriers for some users who may find the process challenging or who may be impacted by the requirement to meet the up front travel expense as the cost of living increases.

Therefore, we are proposing to introduce the scheme in line with the current design with an ongoing review based on uptake, costs and user / carer experience during the first three months post implementation with a particular focus on potential process barriers identified during enhanced engagement:

- Ensuring the process steps for users to claim and receive reimbursement are ‘quick and simple’;
- Option to extend eligibility beyond the initial limitation of two return journeys per week etc.
- Continue to explore options for needs based options for advance payments to support those impacted by cost of living and other challenges.

We are committed to considering in-year needs based process adjustments to the scheme based on outputs from the review period and input from users with further evaluation at both 6 months and 12 months post implementation and to sharing the learning with partners for scrutiny.



4. Next steps

In evaluating the feedback from all of the engagement activities to date, the Trust has determined that there are three realistic options, upon which a future Public Meeting of the West London NHS Trust Board will be invited to make a recommendation.

Options based on outputs from enhanced engagement

Option (s)	Notes
<p>1. Return to previous service model – ie through re-opening 31 inpatient beds previously located on Hope and Horizon wards at St Bernard’s site in Ealing and decommissioning 18 beds in Lakeside MHU / disinvesting in additional services in HBPOS (LBHF and Hounslow), SPA and step-down capacity.</p>	<ul style="list-style-type: none"> • Acknowledge that this would return provision of beds within the borough of Ealing. However, this would result in delivery of care returning to a ward environment which was acknowledged in the engagement as not fit for delivering modern health care to service users accessing the single cross-borough inpatient service. • De-invest in fit for purpose provision of acute inpatient beds (at Lakeside MH unit), crisis alternatives and step down beds which would impact service offer for across Ealing, H&F and Hounslow. Currently provided via reallocation of funding from suspension of Hope and Horizon wards. • The impact of de-investment may be: <ul style="list-style-type: none"> ▪ For crisis alternatives a return to previous model where HBPOS was unfunded and therefore provided by staff from the inpatient ward which had a further impact including on quality of inpatient care, safer staffing, discharge, length of stay. ▪ Longer waits in the Single Point of Access for people in crisis. ▪ A reduction in funding for step down bed provision leading to longer stays clinically necessary when care could be provided in a more homely, less restrictive setting. ▪ To note it was not considered a safe option to open only 13 beds on the Ealing Hospital site due to the cost and safety of isolated inpatient services.
<p>2. Continue with temporary suspension on Hope and Horizon wards at St Bernard’s site in Ealing and provision of 18 beds in Lakeside MHU and investment in additional services in HBPOS (LBHF and Hounslow), SPA and Step-down capacity - pending further engagement / consultation.</p>	<ul style="list-style-type: none"> • The temporary suspension of the wards and associated investment took place during COVID (3 years ago) and continued suspension will inevitably prolong “interim” position. • Further engagement / consultation is unlikely to change the underlying deficits related to the ward environments in the estates in question and may worsen it, and would not address staff morale and retention challenges related to that site, and may delay other internal transformation work (i.e. review of medical staffing rotas across the sites). • Acknowledge that this option would also not address provision of beds within the borough of Ealing as would maintain the current model and the overall net reduction of 13 beds within the single cross-borough inpatient service. • Would enable continued temporary investment in existing fit for purpose provision of acute inpatient beds (at Lakeside MH unit), crisis alternatives and step down beds provided via reallocation of funding from suspension of Hope and Horizon wards but without establishing these as sustainable funding streams.
<p>3. Make permanent the suspension of beds following suspension of Hope & Horizon wards and re-investment in acute inpatient beds (at Lakeside MH unit), crisis alternatives and step down beds.</p> <p>• And in response to feedback from enhanced engagement to date formally commit to scoping and piloting additional mitigations further to address concerns raised through enhanced engagement (see next slide)</p>	<ul style="list-style-type: none"> • Would make permanent the investment in crisis alternatives, step down beds and ensure that improvements to inpatient provision are sustained through ensuring care is provided in modern, fit for purpose ward environments for service users accessing the single cross-borough inpatient service, whilst formalising the net reduction in 13 beds across the whole estate. • Will enable management and programme resources to refocus on addressing other priorities areas for transformation and recovery. • Options for scoping of additional mitigations to the impact of the changes and recommendation to progress with and further develop the travel reimbursement scheme are included on the next slide.

We note the concern raised with regard to the reduction provision in Ealing and on the Ealing Hospital site and the overall reduction in acute bed base across the three boroughs, with the perception of demand increasing for mental health services overall, and the concern about rising demand for inpatient services in the context of challenged community mental health pathways.

Therefore, in addition to existing investment in alternatives to admission, and learning from NWL System and London partners, it is proposed that we:

- a) **Confirm the proposed changes to the travel reimbursement scheme** in line with outputs from our engagement. The outline scheme included in enhance engagement process would have an anticipated cost pressure of £150,000, the suggested changes (see section 3) to eligibility criteria/what can be claimed for would be **estimated at up to £300,000** (however this will be reviewed at 3, 6 and 12 months).
- b) Commence coproduction work on **scoping additional mitigations** which will require **additional investment (£2.7m)** above the funding already re-allocated from the Hope & Horizon ward closures. These might include:

Proposed Mitigation	Description	No Additional beds or assessment spaces	Est revenue cost (primarily staffing)	Other Costs	Impact	Target Implementation
Inpatient Rehabilitation Triage Ward / pre-step-down (Mott House, St Bernard's Hospital)	<ul style="list-style-type: none"> • Learning from CNWL pilot scheme and similar P2 pathways in physical healthcare • Acute adult inpatients nearing optimisation who remain as long-stay patients in acute adult settings, may require longer inpatient care and do not meet the threshold for community rehabilitation services. • Inpatients accepted for open inpatient rehabilitation and are awaiting a bed if one isn't immediately available. 	8	£1.65m	Scoping	<ul style="list-style-type: none"> • 4 - 6 patients a month, which is on average 1.5 patients a week, based on a length of stay of up to 12 weeks. This will allow up to 78 patients to step-down from acute wards per-year, into a more appropriate setting. • Supporting flow and reduction in average length of stay in adult acute beds. 	Q3 2023/24
Mental Health Crisis Assessment Service (MHCAS, location tbc)	<ul style="list-style-type: none"> • Provides a therapeutic alternative to attending ED for those experiencing a MH crisis, and who do not have an urgent physical medical need. • Offers a range of therapeutic interventions in a safe short-stay space and opportunity to access a more prolonged and informed assessment of needs. • Length of time in the service should be less than 12 hours and no more than 24 hours. 	14	£1.14m	Scoping	<ul style="list-style-type: none"> • Reduce admission (mainly informal) and occupied bed days • Reduce 0-7 days admissions • Reduce demand in ED • Reduce breaches of ED wait times owing to delay in mental health assessments and bed availability • Provide a less restrictive option of care to meet service users needs 	Q3 2023/24