

THE LONDON BOROUGH OF HAMMERSMITH AND FULHAM

Report to: Health and Adult Social Care Policy & Accountability Committee
Date: 16 November 2022
Subject: West London NHS Trust Update
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1 Summary

This report provides information for HASPAC members to consider:

- a) The recent Care Quality Commission inspection of West London NHS Trust's Community Mental Health Services for Adults of Working Age and the actions under way by the Trust to address areas of concern
 - b) West London NHS Trust's current enhanced engagement activities regarding making a permanent decision regarding acute adult mental health inpatient beds in Ealing which were suspended in 2020
 - c) An appendix of information provided following a presentation to the Committee earlier in the year.
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2 Recommendations

For the Committee to note and comment on the report.

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

2.1.1 Contact Officers

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Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee West London NHS Trust - Update

1. Purpose

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

- 1.1. The recent Care Quality Commission inspection of West London NHS Trust's Community Mental Health Services for Adults of Working Age and the actions under way by the Trust to address areas of concern
- 1.2. West London NHS Trust's current enhanced engagement activities regarding making a permanent decision regarding acute adult mental health inpatient beds in Ealing which were suspended in 2020
- 1.3. An appendix of information requested following a presentation to the Committee earlier in the year.

2. Care Quality Commission

- 2.1. The Care Quality Commission carried out an announced inspection of Community-based mental health services for adults of working age from 26-28 April 2022 and their full report was published on 14 July 2022.

The full report can be accessed on the West London NHS Trust section of the Care Quality Commission website: <https://www.cqc.org.uk/provider/RKL/reports>

- 2.2. Inspectors visited two Early Intervention in Psychosis Services (EIS) in Hounslow and Ealing. They also visited four Mental Health Integrated Network Teams (MINT), including two Ealing teams, one Hounslow team and the team in **Hammersmith and Fulham South (based in the Claybrook Centre)**.

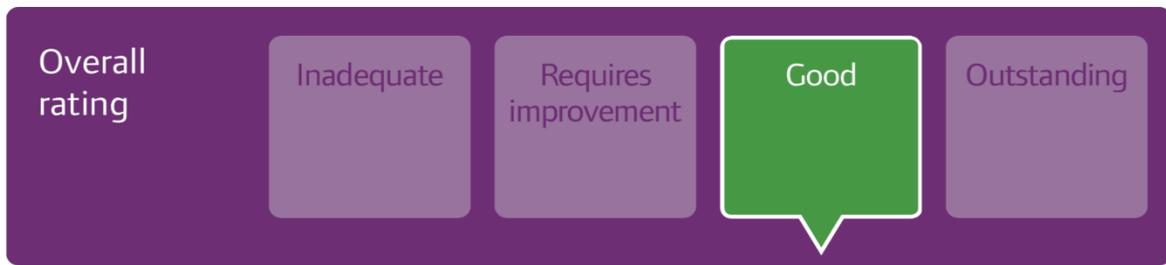
2.3. Ratings:

The overall rating of West London NHS Trust remained the same and is **good** overall.

The overall rating of the area of service inspected (one of ten service areas rated within the Trust) remained the same and is **requires improvement** overall.

Within the specific service area, two domains within the key lines of enquiry (caring - good, and responsive – requires improvement) remained the same, however the rating within three domains fell (safe – inadequate, effective – requires improvement, and well-led – requires improvement).

The CQC table below summarises the overall CQC ratings for West London NHS Trust.



	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good	Requires Improvement	Good	Good	Good	Good
High secure hospitals	Requires Improvement	Good	Outstanding ☆	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Requires Improvement	Good	Good
Community-based mental health services for older people	Good	Good	Outstanding ☆	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Good	Good	Outstanding ☆	Good	Outstanding ☆	Outstanding ☆
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Good	Good
Perinatal services	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

2.4. Background

The Committee will recall from a presentation given at the meeting in January 2022 that in 2021 in Hammersmith and Fulham a number of existing mental health services were brought together to form geographically aligned Mental Health Integrated Network Teams (MINT) following receipt of additional investment to deliver a new nationally developed model of mental health care known as the Community Mental Health Framework for Adults and Older Adults (<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>)

Previous functions	MINT teams
<ul style="list-style-type: none"> - Non-urgent work within a 3-borough Mental Health Single Point of Access (providing advice and navigation) - One small Primary care mental health team supporting primary care practices and individuals discharged from secondary care - One Assessment Service (Tier 2 Crisis and Assessment Team) - One Treatment and Recovery Team based in the Claybrook Centre <p>+ Additional investment to expand</p> <ul style="list-style-type: none"> - Peer support services - Psychological therapies - &c. 	<p>All of these functions were re-organised into three Mental health Integrated Network Teams:</p> <ul style="list-style-type: none"> - North – supporting the North H&F primary care network (PCN) - Central – supporting HF Partnership PCN and H&F Central PCN - South – Supporting South Fulham PCN and Babylon GP@Hand

The previous presentation outlined the overall vision for the service as well as number of challenges being experienced following the transformation, in particular:

- Vacancy rates

- Higher rates of referral than discharge, resulting in **lengthy waiting times** for routine appointments.
- Challenges tracking data across two **electronic records systems** (System One for the majority of cases, and Rio for complex cases)
- **recovery of services** following the early stages of the Covid-19 pandemic.

We described an executive led action plan to oversee remedial actions.

Subsequently a Level 1 risk was added to the Trust’s Risk Register, to be overseen by the Quality Committee, due to concern that *“the impact of the transformation towards the new Community Mental Health Framework may cause risks to patient pathways and impact upon responsiveness, safety and effectiveness of care ... until fully implemented and embedded”*

The CQC visited in April 2022.

2.5. Positive findings

The CQC noted that although areas of concern were identified during the inspection, senior managers were already aware of these issues which had been identified through the governance processes within the Trust and were working to make the necessary improvements.

The CQC noted that the Trust remained committed to delivering all the elements of the Framework by 2024 and acknowledged that there had been more challenges encountered during the transformation than anticipated, but some of these were the result of external factors which were not within the Trust’s control, such as delays to the interoperability of separate IT systems.

The inspectors highlighted a number of positive findings related to the EIS services and

in MINT found the range of treatments provided was informed by best-practice guidance and suitable for the needs of patients. They noted that compared to the remit of the previous (Recovery) teams, the range of needs the MINT teams worked with was very broad.

The inspectors noted that the teams included or had access to the full range of specialists including peer support workers who met the needs of the patients, and they found that staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

The inspectors met with eight patients and six carers and attended and observed meetings and spoke with 44 staff. Overall, feedback from patients was very positive about the care and treatment they received from staff. Patients reported to the inspectors that staff were kind and caring and that they felt involved in their care.

Most patients interviewed by the Inspectors had received services from the Trust for a number of years – they described an improvement since the MINT transformation. However, patients reported that they were not well informed of the changes during the transformation and did not immediately understand the new model, but that the new service provided effective interventions and good quality of care. Some patients also fed back that there had been multiple changes to their care-coordinator.

The Inspectors described as “outstanding practice” that the Trust had been actively working to address health inequalities, and the allocated budgets for the new MINT teams reflected population rather than demand in recognition that some groups had traditionally not received adequate mental health support. Collaborative work between LBHF, the Trust and SOBUS was referenced in the arrangements for funding some local third sector organisations so people could receive support tailored to their needs and to reach out to seldom-heard groups in order to redress health inequalities.

The Inspectors also acknowledged work which had resulted in clinical space being provided in two local football clubs (Queens Park Rangers and Brentford) making them more accessible and at the heart of communities.

2.6. Areas of concern

The main areas of concern identified during the inspection were in relation to the MINT service:

- Overall **vacancy rates** ranged from 25-25% and this made it difficult for the services to provide consistent, high quality service.
- **Risk assessments** for some patients were brief and did not always explain how a risk was mitigated or followed-up in a timely manner.
- **Trust waiting time targets** for seeing patients were not met and delays for patients accessing treatment were significant.
- Staff were using **two electronic record systems**, which was time-consuming, over-complicated and caused frustration for staff. At the time of the inspection this resulted in poor **data quality** which did not facilitate sufficient oversight of outcomes and performance.
- Staff did not follow safety protocols for **lone working**.
- Some of the **clinical premises** (primarily Ealing and Hounslow) were not well maintained and one did not have panic alarms fitted.

- **Supervision rates** were poor, with the potential for staff to feel unsupported as a result and some staff training had a low compliance rate. This reflected the Trust's decision to suspend some face to face courses during the first two years of the Covid-19 pandemic leading to a backlog of compliance.
- The Trust received a seven **must do** actions in relation to three areas of regulation.

2.7. Action plan and progress to date

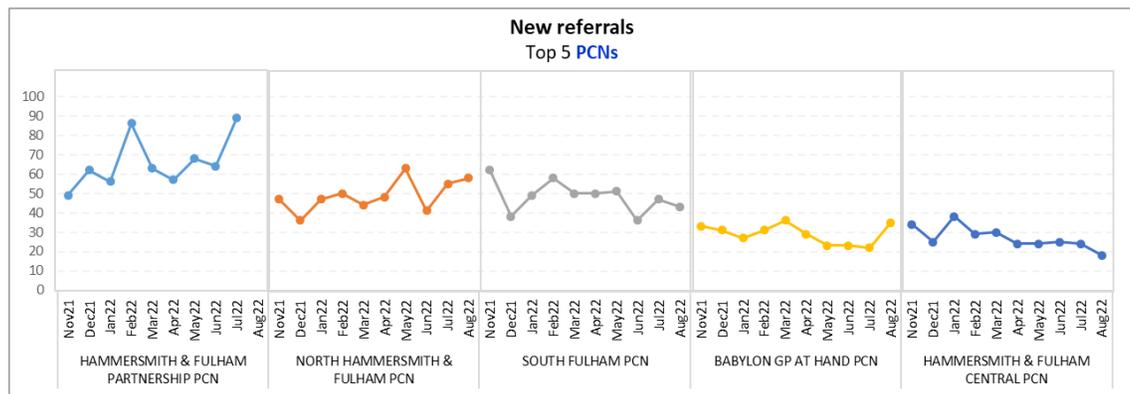
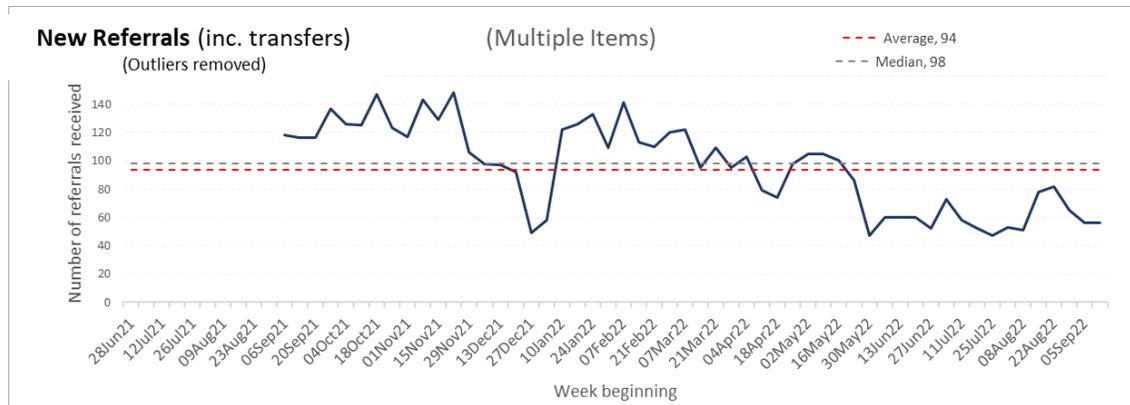
In response to the areas of concern, a number of actions are under way:

- **Vacancy rates**
Actions are underway between HR and service managers to support transfer of staff from agency to NHS employment, and to provide supplementary recruitment support.
Trust wide approaches to addressing our vacancy position including enhancing our training and development and staff reward and retention packages, highlighting our positive staff survey results, collaborative work with North West London partners, recruitment events nationally attracting international recruits including refugee nursing staff, and developing new roles including Graduate Mental Health Workers.

Across Hammersmith and Fulham, the vacancy rate in community mental health services remains **26%** across all disciplines.

- **Risk assessments**
The Trust is implementing a new method for formulating and recording clinical risks within our electronic records systems.
Risk management protocols for each team are being revised and regular audits are in place to address the quality of risk management plans, missed opportunities for interventions where MINT patients require crisis care.
- **Referral to treatment**
The Trust's Business Intelligence Team have completed intensive work to improve the quality of combined data reports from the two electronic patient record systems, and additional administrative support has been provided to support recording of contacts and intensively to manage waiting lists.
New processes have been developed to ensure that cases requiring urgent intervention can be seen by Duty workers.

As of October 2022, in Hammersmith and Fulham there are now a little over 3,000 cases open to MINT and rates of referral have stabilised overall and in most areas.



Average waiting times in Hammersmith and Fulham MINT are 64 days which remains in excess of Trust targets. Monitoring is in place for patients who are at risk of being lost to follow-up

- **Electronic patient records**

The Trust has commissioned a piece of external work to plan the consolidation of all work within MINT onto one electronic patient record system (System One), shared with primary care, with additional features to support care of patients with more complex needs.

Additional training and IT development staff have been recruited to develop the system and provide onsite training for clinicians to use the functions most effectively.

Interoperability tools are now in place allowing System One users to view selected data from Rio without leaving the patient record. This tool also allows other system partners (e.g. Imperial NHS Trust) with permissions to access selected information from within their own clinical record (Cerner) to support sharing of information to deliver care.

- **Lone working**

Lone working guidance has been revised and recirculated, local health and safety champions have been identified within teams, and audits have been established to test improved compliance with policies.

- **Clinical premises**

Estates works are under way in Ealing and Brentford to refurbish the offending premises and ensure safety equipment in place. The Claybrook Centre has recently been refurbished to improve staff accommodation and ability to work in an agile way.

- **Supervision and training**

A local group now oversees a QI programme to improve rates of supervision and training compliance.

Supervision rates in October 2022 across MINT Services has improved to **39.58%**.

Training rates across community mental health services continue to improve, including for courses highlighted by inspectors. Out of 24 areas of mandatory training for staff groups, 8 show >90% compliance, 9 have 80-90% compliance, and only one course has <60% compliance.

- The Trust continues to monitor rates of concerns, complaints, incidents and serious incidents across our services.

2.8. Summary

The Trust welcomed the findings of the CQC report and is determined to use the findings as an opportunity to grow and build on service delivery and improvement. We were pleased the report acknowledged our caring staff and we firmly believe we can continue to make the focussed changes needed consistently to deliver high quality standards for local residents.

3. Ealing Adult Acute Mental Health Beds – Enhanced Engagement

3.1. Background

From 2013 to March 2020, adults of working age living in Hammersmith and Fulham, Hounslow and Ealing in need of inpatient mental health care were admitted to one of:

- Wolsey Wing, St. Bernard's Hospital, adjacent to Ealing Hospital
- Hammersmith & Fulham Mental Health Unit, adjacent to Charing Cross Hospital
- Lakeside Mental Health Unit in Hounslow, adjacent to West Middlesex University Hospital

Over the year running up to February 2020, 552 Ealing residents were admitted to adult inpatient mental health care. Of these 23% were treated in Hammersmith & Fulham.

In the early stages of the Covid-19 pandemic (March 2020), the Trust suspended the use of the 31 inpatient beds and Health Based Place of Safety (s136 suite) in the Wolsey Wing on a temporary basis. This was done to ensure safe staffing levels and rigorous infection and control measures for patients and staff across the three boroughs.

The Trust diverted all of the resources made available through the suspension of these beds to open a new 18-bed inpatient ward (Robin ward) in Lakeside Mental Health Unit, Hounslow, which better meets modern standards of care dignity and privacy; and provide dedicated staffing for the Health Based Places of Safety in Hounslow and in Hammersmith and Fulham Mental Health Units.

In addition, the Trust has also opened nine additional mental health beds in supported living settings across the three boroughs. Known as step-down beds, these provide rehabilitation and reablement settings for individuals discharge from the mental health wards and before people move back to their own communities. This remains the current position.

We continued to deliver other regional specialist services on the Ealing Hospital site, including in Thames Lodge (opened in 2016) and The Orchard (opened in 2007), which are modern facilities designed for forensic mental health.

3.2. The Case for Change

The physical environment in the Wolsey Wing, built in 1829 before the NHS was founded, has been described as “not fit for delivering modern health care” and the Care Quality Commission (CQC) has been critical in their inspections over the years and commented that despite the very best efforts of staff, the 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.

The Trust 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.

3.3. Progress

In December 2021, the Trust began work on a business case to develop a permanent solution for the wards and future provision of adult acute inpatient mental health care.

Through earlier phases of the project, we have clarified the scope and set up of the work

required, mapped impacts and stakeholders with outcome modelling, collated qualitative and quantitative insights, carried out early engagement with service users, carers and wider communities, as well as staff, commissioners, the local authority, and NHS England / Improvement.

This led to development of a case for change, development, scoring, shortlisting and selection of possible options (that incorporated the early feedback received) and provided greater clarity on the specific groups to further engage in moving towards a decision on the future of the wards.

We are now progressing to the fourth and penultimate phase, the purpose of which is to carry out wider engagement to inform final decision-making. During this engagement phase, we are seeking to broaden our engagement to build on earlier engagement findings and inform the outcomes including mitigation measures that ensure equality of access for affected residents in our boroughs.

3.4 The preferred option

The preferred option would mean services continue to be provided from Robin ward and Hope and Horizon wards are permanently closed.

Reinvestments would continue into Robin ward, HBPOS services in Hammersmith and Fulham and Hounslow, step-down pathways and other crisis care, as is currently the case.

The Trust would continue to offer adult and older adult inpatient mental health care from 226 beds across its three boroughs with 55 beds in Ealing (Dementia services and Recovery House for 3 boroughs), 89 beds in Hounslow (inpatient beds for adults of working age) and 82 beds in Hammersmith and Fulham (inpatient beds for adults of working age, inpatient beds for older adults for 3 boroughs, and a 3 borough psychiatric intensive care unit). Each borough would continue to make use of step-down capacity as required, which are not included in the bed numbers described.

Overall this represents a reduction of **13** adult acute mental health beds overall.

All funding would remain ringfenced for acute, crisis and community-based services across the Trust's catchment population.

The Trust is committed to invest all additional funds from Mental Health Investment Standards in developing additional local solutions, based on feedback received in this proposal development process. It remains a priority that patients are not admitted to inappropriate out of area placements for adult inpatient mental health care, and it remains the case that West London NHS Trust has not required any unwarranted use of out of area placements for several years.

3.5 Our proposed approach for enhanced engagement

During this wider engagement we will be seeking feedback on the proposal, to identify any areas we have not already considered. We will also be testing the solutions that are being developed to mitigate perceived impacts on different communities and looking into any additional solutions that have not yet come forward.

We will use a blend of communication and engagement activities that are tailored to the audience we are aiming to reach.

The engagement methods we propose to use in the phase are:

- Webinars and online events
- Focus groups and one to one interviews
- Survey
- Briefings
- Attending meetings and forums
- Writing to service users
- Posters and documents on hospital sites
- Non digital channels (postal address)
- Existing networks and contact

We do not anticipate any significant impact for residents of Hammersmith and Fulham, other than they would no longer in future be at risk of admission to the Wolsey Wing in Ealing which we believe not to be a suitable environment for the provision of modern mental healthcare. The preferred option is selected, this will secure permanently the enhanced staffing that has been put into place in the Hammersmith and Fulham HBPOS.

Key findings from the early Equality Health Impact Assessment and travel analysis have identified several groups of Ealing residents most likely to be impacted (but not disproportionately affected) by proposal. In this engagement phase, we will continue to seek to engage with these groups to ensure that we fully understand and include their perspectives.

This phase of engagement is planned to run for 10-12 weeks, following a decision from the WLT board to approve this approach, and a presentation at the North West London Joint Health Overview and Scrutiny Committee. We welcome the opportunity to share our plans with the Hammersmith and Fulham Health and Adult Social Care Policy and Accountability Committee, and plan similarly to discuss with partners in Ealing and Hounslow.

3.5 Rationale for a wider engagement approach

To date, stakeholder engagement has supported developing options for change and options appraisal criteria. Service user and voluntary sector representatives were also involved in the shortlisting of options into a single preferred option. Those most affected by any changes to the service have been involved to understand experiences of the service at Hope and Horizon and the change since moving services temporarily, due to COVID.

Feedback from our early engagement phase has showed strong support for the need to change and agreement that Hope and Horizon wards are not fit for purpose. There has been broad understanding of the case for change. Therefore, after having sought guidance from NHS England, the Trust believes a period of wider, enhanced, engagement is most appropriate for the scale of change. This approach satisfies legal duties and obligations, further details of which can be found in the Enhanced Engagement Plan.

This enhanced engagement period focuses on understanding, from the wider community served by the Trust; the impacts of implementing the single preferred option, testing the mitigations that the Trust are considering putting in place and if there are any further considerations within the preferred option that need to be explored.

3.5 Next steps and moving towards a decision

Following completion of the enhanced engagement phase, a post engagement report will be produced in January 2023, that summarises the activities and findings from the phase

and how any feedback will be taken forward in the final phase of the project which will focus on decision making and implementation.

The final outcomes are expected to be presented for decision making to Ealing Scrutiny Committee in February 2023.

3.5 Additional documents

Committee members may wish to review the full suite of documents related to this subject which are available publicly at:

<https://www.westlondon.nhs.uk/ealingmhbeds>

This includes:

- an Enhanced Engagement Document
- Summary slides
- Business Case / Case for Change
- Early Engagement Feedback Report.
- Video materials describing the Wolsey Wing and Robin Ward

**Dr Christopher Hilton
November 2022**