



West London  
NHS Trust

# Enhanced Engagement Findings and emerging recommendations

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



Promoting hope & wellbeing **together**

## 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.
- ❑ 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

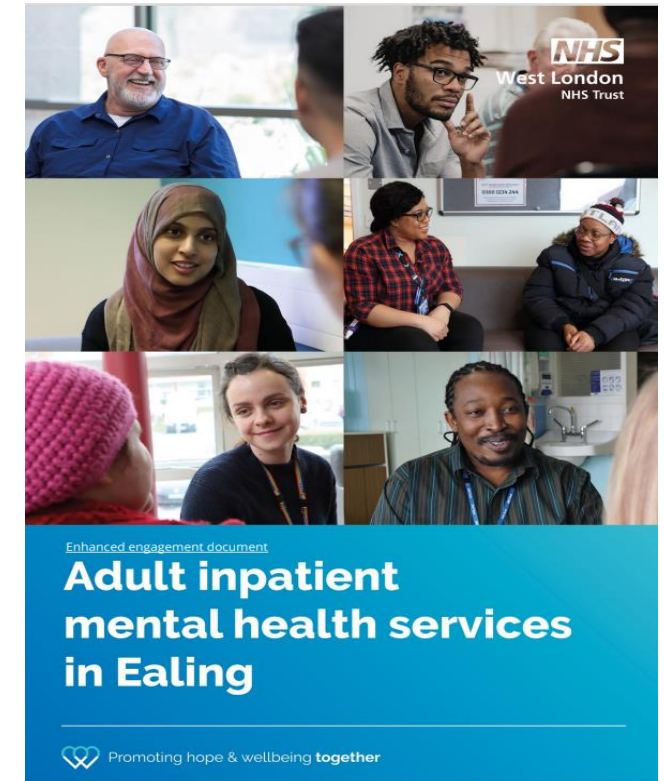
- ❑ The NW London ICB strategic aims include ensuring provision **highest quality and most appropriate mental health care** for people who need it across its eight boroughs.
- ❑ This includes **inpatient facilities that meet modern standards of acute mental health care**, supporting patient dignity and 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.



# 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.

Area funded through reinvestment	Amount	Description
<b>Robin Ward</b>	£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.
<b>Additional provision in step down pathway</b>	£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).
<b>Health Based Place of Safety (HBoS)</b>	£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.
<b>Mental Health Single Point of Access (SPA)</b>	£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.
<b>TOTAL</b>	<b>£2,605,000</b>	<b>Total matches the funding that supported running of Hope &amp; Horizon wards previously.</b>



West London  
NHS Trust

## 2. Engagement on our proposal



Promoting hope & wellbeing **together**

# 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:

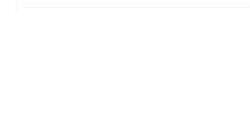
- ❑ Overall **12,856 reached through promotional activities** – true reach is unknown due to onward circulation via informal networks.
- ❑ At any one time the Trust is providing crisis and acute care and treatment for around **180 people** from Ealing adult inpatient mental health wards or at home by 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).



## 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 Wobsey 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.

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 local residents.

Clinical director for acute mental health services, Sonya Clench  
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](mailto:engagement@westlondon.nhs.uk)

[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 Urdu](#)

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

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

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

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

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

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

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



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	
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>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><b>Ealing</b></p> <ul style="list-style-type: none"> <li>• BAME - Action Community Gardens Event AND GOS&amp;D's BAMER Dementia and Mental Health Event</li> <li>• 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)</li> <li>• GP TV Screens (outreach to identified post code areas)</li> <li>• Mencap 'Power Group' and Parent /carers coffee mornings (LD Cohort)</li> </ul> <p><b>Others</b></p> <ul style="list-style-type: none"> <li>• Ealing and Hounslow Community and Voluntary Service Mental Health Forum</li> <li>• NWL ICS Communications Team were the conduit for communication to other boroughs</li> <li>• Service User and Carer Experience Sub-committee</li> <li>• Hounslow Borough Based Partnership Mental Health Meeting</li> </ul>
Regulators and scrutiny – Including via Regional NHS England, Healthwatch, HOSC/JHOSC & Health and Wellbeing Boards				<ul style="list-style-type: none"> <li>• October 2022 – NWL JHOSC, Ealing Place Based Partnership Board, NHSE (Service Reconfiguration)</li> <li>• November 2022 - Hounslow ICP SLT, Health and Care Partnerships Greater London Authority, Hammersmith HASPAC, Ealing HASSP</li> <li>• December 2022 – NWL JHOSC Chairs</li> <li>• January 2023 – Healthwatch</li> <li>• February 2023 - Hounslow's Overview and Scrutiny Committee</li> </ul>
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"> <li>• August 2021 &amp; November 2021 - WLT SOM</li> <li>• October 2021 &amp; November 2021 - ICS Gold Command/ICS Board</li> <li>• March 2022 - WeCoProduce Mental Health Forum</li> <li>• May 2022 - MHLDA Programme Exec</li> <li>• June and September 2022 – Ealing HWBB, and discussions / visit for Cabinet Member for Health</li> <li>• January 2023 –NWL JHOSC Chairs invited to visit affected facilities – attended by Ealing HASSP Chair</li> <li>• January 2023 - Primary Care NWL ICS Distribution List</li> <li>• January 2023 - Hounslow Integrated Care Patient &amp; Public Engagement (ICPPE) Committee</li> </ul>
Elected representatives – MPs, HOSC/JHOSC, leaders of local authorities and Mayor's Office.				<ul style="list-style-type: none"> <li>• 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.</li> <li>• Written responses and/or engagement with Local Authority representatives and local MPs.</li> </ul>



# 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"> <li>Residents, patients/service users &amp; carers most impacted by the change, patient and carers groups at primary care, Trust, borough and neighbouring system level.</li> <li>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).</li> <li>Other networks including Healthwatch, campaigners (individual/groups), VCSE sector and community groups.</li> </ul>				<ul style="list-style-type: none"> <li>Direct outreach to/via;                             <ul style="list-style-type: none"> <li>Action Community Gardens Event</li> <li>Carers Council, EACH Carers Group,</li> <li>Ealing and Hounslow Community and Voluntary Service Mental Health Forum</li> <li>Health and Care Residents forum, Ealing Residents Forum</li> <li>GP TV Screens</li> <li>Mencap 'Power Group' and Parent / carers coffee mornings</li> <li>GOS&amp;D's BAMER Dementia and Mental Health Event</li> <li>Patient and Carer Participation Group</li> </ul> </li> </ul>
<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"> <li>Staff discussion carried out prior to suspension.</li> <li>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.</li> <li>15<sup>th</sup> February 2022 Meeting to get feedback from WLT peer support workers with experience of being admitted to WLT wards.</li> <li>All staff meeting on 19<sup>th</sup> May 2022 to discuss Wolsey Wing changes and future plans</li> <li>Internal engagement activities throughout enhanced engagement period (eg intranet stories)</li> </ul>
<p>Media - local newspapers, radio, tv, online and social media</p>				<ul style="list-style-type: none"> <li>Use of Trust, ICB and wider social media channels across Ealing, Hounslow and H&amp;F.</li> <li>Articles and Trust blog article in Ealing newspaper/site (not in other two boroughs)</li> <li>TV &amp; radio not applicable.</li> </ul>
<p>Timeline – 12 weeks</p>	<p><b>19 Weeks</b></p>			<ul style="list-style-type: none"> <li>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 &amp; Fulham.</li> <li>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.</li> </ul>

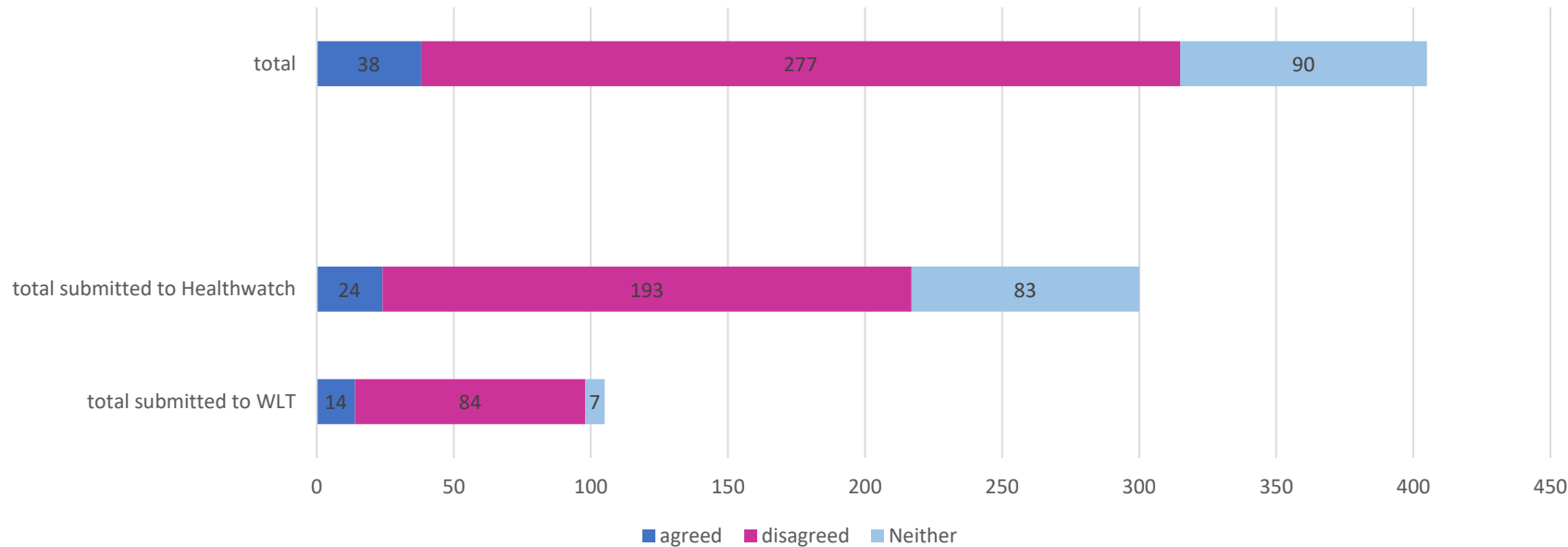
- A full review and analysis of the engagement activities has being completed by Royal Free Transformation partners which is available in a separate report (attached)

# 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?



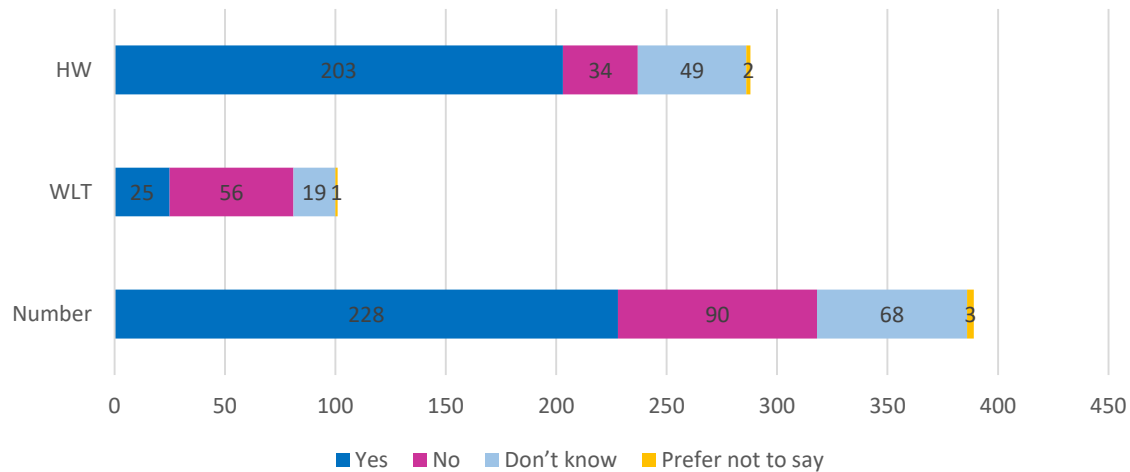
<b>Overall</b>	%
Net Agree	10%
<b>Net Disagree</b>	<b>68%</b>
Neutral	22%
<b>Healthwatch collated surveys</b>	
Net agree	8%
<b>Net disagree</b>	<b>64%</b>
Neutral	28%
<b>West London Trust surveys</b>	
Net agree	13%
<b>Net disagree</b>	<b>80%</b>
Neutral	7%

# Key Themes: travel time and cost of journeys

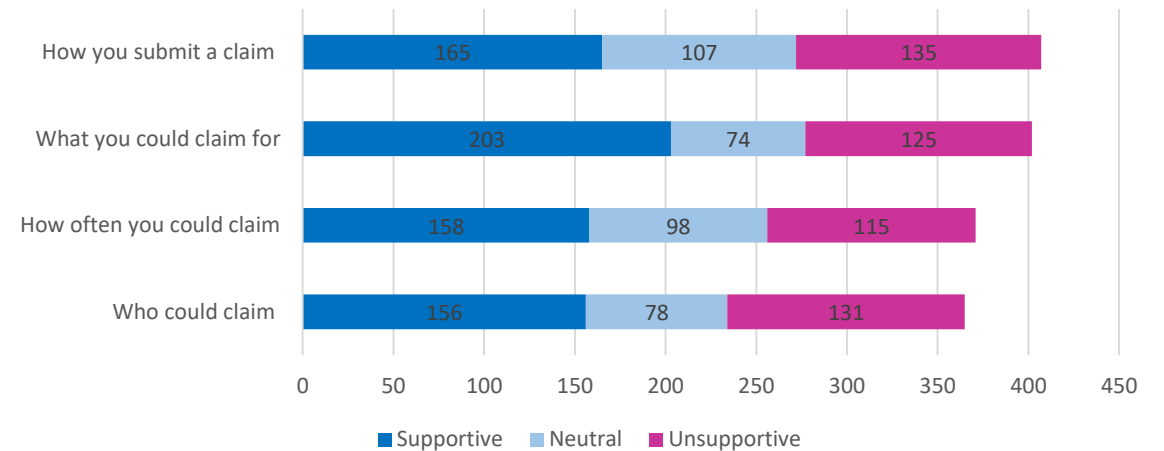
The majority of respondents (59%) agreed that the proposed travel scheme would support Ealing residents to visit people admitted to reimburse carer travel fares to travel to and from Mental Health Units (outside home borough) for patients who would previously have been supported within either Hope or 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 21<sup>st</sup> 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

### 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.

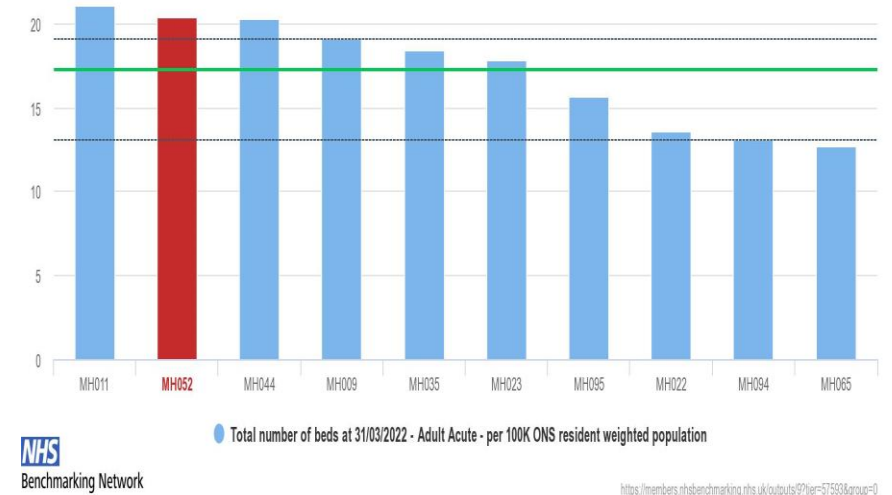
**4. A formal objection from London Borough of Hammersmith & Fulham** referenced a number of areas including **a)** approach taken by WLT towards making this service change (addressed in s.3); **b)** Need for integrated ICB approach on mental health beds; **c)** impact on bed demand and capacity in the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

Area funded through reinvestment	Amount	Description
<b>Robin Ward</b>	£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.
<b>Additional provision in step down pathway</b>	£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).
<b>Health Based Place of Safety (HBoS)</b>	£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.
<b>Mental Health Single Point of Access (SPA)</b>	£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.
<b>TOTAL</b>	<b>£2,605,000</b>	<b>Total matches the funding that supported running of Hope &amp; Horizon wards previously.</b>

# 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.



# 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.
- 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. <b>Return to previous service model</b> – ie through <b>re-opening</b> 31 inpatient beds previously located on Hope and Horizon wards at St Bernard’s site in Ealing and <b>decommissioning</b> 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"> <li>• 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.</li> <li>• 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&amp;F and Hounslow. Currently provided via reallocation of funding from suspension of Hope and Horizon wards.</li> <li>• The impact of de-investment may be: <ul style="list-style-type: none"> <li>▪ For <b>crisis alternatives</b> 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.</li> <li>▪ Longer waits in the Single Point of Access for people in crisis.</li> <li>▪ 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.</li> </ul> </li> <li>▪ 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.</li> </ul>
<p>2. <b>Continue with temporary suspension</b> 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"> <li>• The temporary suspension of the wards and associated investment took place during COVID (3 years ago) and continued suspension will inevitably prolong “interim” position.</li> <li>• 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).</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p>3. <b>Make permanent</b> the suspension of beds following suspension of Hope &amp; Horizon wards and re-investment in acute inpatient beds (at Lakeside MH unit), crisis alternatives and step down beds.</p> <p>• <b>And</b> in response to feedback from enhanced engagement to date formally commit to <b>scoping and piloting additional mitigations</b> further to address concerns raised through enhanced engagement (see next slide)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Will enable management and programme resources to refocus on addressing other priorities areas for transformation and recovery.</li> <li>• 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.</li> </ul>

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
<b>Inpatient Rehabilitation Triage Ward / pre-step-down</b> (Mott House, St Bernard's Hospital)	<ul style="list-style-type: none"> <li>• Learning from CNWL pilot scheme and similar P2 pathways in physical healthcare</li> <li>• 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.</li> <li>• Inpatients accepted for open inpatient rehabilitation and are awaiting a bed if one isn't immediately available.</li> </ul>	<b>8</b>	<b>£1.65m</b>	<b>Scoping</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Supporting flow and reduction in average length of stay in adult acute beds.</li> </ul>	Q3 2023/24
<b>Mental Health Crisis Assessment Service</b> (MHCAS, location tbc)	<ul style="list-style-type: none"> <li>• Provides a therapeutic alternative to attending ED for those experiencing a MH crisis, and who do not have an urgent physical medical need.</li> <li>• Offers a range of therapeutic interventions in a safe short-stay space and opportunity to access a more prolonged and informed assessment of needs.</li> <li>• Length of time in the service should be less than 12 hours and no more than 24 hours.</li> </ul>	<b>14</b>	<b>£1.14m</b>	<b>Scoping</b>	<ul style="list-style-type: none"> <li>• Reduce admission (mainly informal) and occupied bed days</li> <li>• Reduce 0-7 days admissions</li> <li>• Reduce demand in ED</li> <li>• Reduce breaches of ED wait times owing to delay in mental health assessments and bed availability</li> <li>• Provide a less restrictive option of care to meet service users needs</li> </ul>	Q3 2023/24