

# EALING ADULT ACUTE MENTAL HEALTH BEDS

(27 May 2022)

Ealing Health and Wellbeing Board is requested to :

- a) Review and discuss the work undertaken so far in developing a proposal outlining the long term future of Ealing adult acute mental health beds in Wolsey Wing
- b) Provide a steer on further information that HWBB would be keen to receive
- c) Note that further updates will be brought to future HWBB meetings in coming months



# Context

## INTRODUCTION

- ❑ We at West London NHS Trust (WLT) provide mental health, community and social care for over 800,000 people living in the London boroughs of Ealing, H&F and Hounslow.
- ❑ Our mental health services include single point of access, crisis assessment and treatment, safe spaces, perinatal, talking therapies, inpatient care, recovery house, reablement, community rehabilitation and integrated community and primary care.



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

- > Ealing
- > Hammersmith & Fulham
- > Hounslow

And deliver national, specialist & forensic services in the community, hospital, specialist clinics & forensic units



**188,167** patients using or referred to our services



**182,226** patients seen in the community



**6,247** older people using or referred to our dementia services



**8,141** children & young people using or referred to our services



**2,965** inpatients



# Context

## 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.**
  
- ❑ Since 2013, we have provided **cross-borough adult acute mental health inpatient services** across our three boroughs in Hounslow (Lakeside with 71 beds), Ealing (St Bernard's Hospital Wolsey Wing with 31 beds, where the Hope and Horizon wards are housed; Amadeus House with 17 beds ;Limes and Jubilee with 38 beds) and H&F (Charing Cross with 82 beds). Adults living in Ealing requiring inpatient mental health care were admitted to any of these **239 beds**.
  
- ❑ Amongst all of our inpatient facilities, the physical environment in the **Wolsey Wing** , built in 1829 before the NHS was founded 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, 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.

## INPATIENT CARE ENVIRONMENT

- ❑ 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.

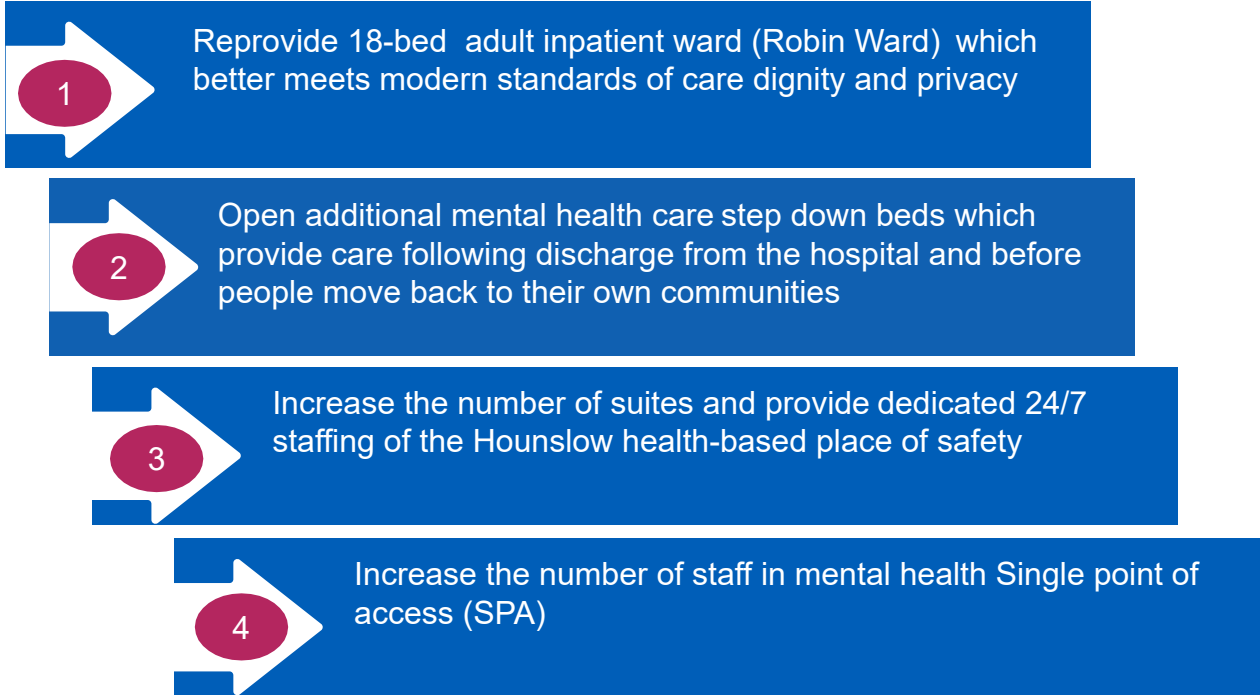
**The standards of inpatient care environment to which the Trust aspires to are:**

- ❑ access to outside space for everyone
- ❑ separate accommodation for men and women with appropriate standards for privacy and dignity avoiding inappropriate use of mixed-sex accommodation
- ❑ access to natural light
- ❑ meeting modern guidelines for staff to be able to monitor and observe patients by 'line of sight and to support appropriate levels of staff cover
- ❑ provide single bedrooms with ensuite facilities for all patients
- ❑ a maximum of 18 beds per ward – (Royal College of Psychiatrists: Do the Right Thing, How to Judge a Good Ward, 2011)
- ❑ at least three mental health wards on each site to ensure cross cover for any emergencies (Royal College of Psychiatrists: Not Just Bricks and Mortar, 1988)
- ❑ compliance with the Equality Act 2010

# Context

## CHANGES SINCE MARCH 2020

- ❑ In the early stages of the Covid-19 pandemic (March 2020), WLT **suspended use of the 31 inpatient beds and Health Based Place of Safety (HBOS) located at St Bernard’s site in Ealing**. This was done to ensure safe staffing levels and rigorous infection and control measures for patients and staff across the three boroughs during the pandemic.
- ❑ In the summer of 2021, WLT **opened Robin ward** (located at Lakeside mental Health Unit in Hounslow) with 18 adult mental health beds.
- ❑ In addition, a number of supplementary elements offer residents **more holistic support and interventions** suited to their needs as shown on the right.



» WLT is committed to providing a wide range of services across Ealing, including on the St Bernards site. Currently, our inpatient services in the borough consist of the following: 246 Specialist forensic, low and medium secure mental health beds; 38 Older people and dementia beds – Jubilee Ward and the Limes; 17 Amadeus Recovery House beds; and 70 Community Rehabilitation (Physical care) beds.

» St Bernard’s Hospital would continue to provide all others services as it currently does. The Wolsey Wing is unsuitable for patient care and would be reutilised for non-patient facing activities or left closed (‘mothballed’).

# Context

## CURRENT POSITION

- ❑ WLT continues to manage adult mental health beds as a single cross-borough single inpatient service across Ealing, Hounslow and H&F; ensuring that any residents who need an inpatient bed have access to a bed within Trust’s bed base. The service works to maintain optimum patient experience, bed occupancy, length of stay and hasn’t placed patients in inappropriate out-of-area beds for over three years.
- ❑ WLT currently has 226 adult mental health beds across three boroughs (55 beds in Ealing, 89 beds in Hounslow and 82 beds in H&F). This current provision has **13** less adult acute mental health beds than before; albeit with the inclusion of the local step-down beds, the total bed numbers are greater than before.
- ❑ **No permanent decision has been made.** WLT continues to protect and **reinvest all of the funds** made available through suspension of Hope and Horizon wards. The current provision through this reinvestment is better suited to people’s needs and aligns well to Trust, NWL and national priorities.

Area funded through reinvestment	Description
<b>Robin Ward</b>	This fund supported opening of RobIn ward as an adult MH inpatient ward with 8 beds (Robin has better physical environment for patient care in comparison to Hope/ Horizon and was mothballed following decommissioning of inpatient rehabilitation service). This ward is open to residents of all 3 boroughs.
<b>Additional provision in step down pathway</b>	The Trust added this fund to the deploy additional step down beds in order to offer local step-down recovery promoting solution to people when they complete their acute inpatient care episode. 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>	Trust’s HBOS service had 3 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 running of the service with dedicated 24/7 staffing and addition of additional suite at Hounslow site. The Trust now has 4-6 suites available to residents from all 3 boroughs, offering dynamic risk assessments and supporting bed flow/capacity.
<b>Mental Health Single Point of Access (SPA)</b>	Trust’s MH SPA has had increased demand in calls over the years. This fund supported aadditional staff in the MH SPA which is available 24/7 to residents from all 3 boroughs.

In order to reach a decision about long term future of the Wolsey Wing , work started on the case for change and proposal development in August 2021.

# Drivers for change

## 1 National Drivers

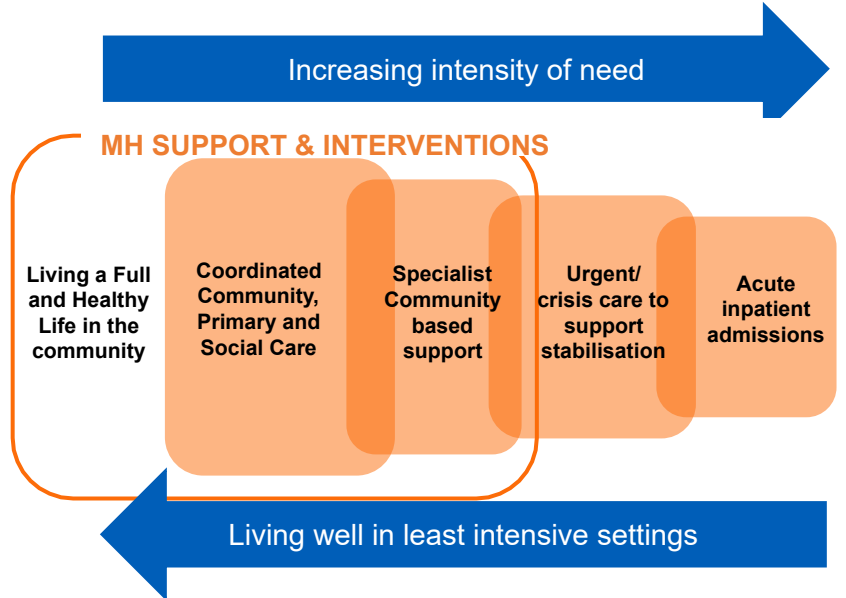
- ❑ NHS Mental Health Long Term Plan
- ❑ Care quality and financial sustainability challenges facing health and care organisations
- ❑ Naylor review
- ❑ Carter review
- ❑ Royal College of Psychiatrist Standards
- ❑ Modernising the Mental Health Act

## 2 Regional Drivers

- ❑ North West London Integrated Care Board – MHLDA plan and Model of care for people with serious and enduring mental illness
- ❑ NWL Population Health Inequalities programme
- ❑ MH Provider Collaborative developments

## 3 Local Drivers

- ❑ West London Trust's Corporate, Estates and Clinical strategies
- ❑ CQC inspection reports and action plans
- ❑ Estates and quality challenges with Hope & Horizon
- ❑ Local population needs
- ❑ Recent investments into community based local provision
- ❑ Financial sustainability and value for money
- ❑ Benchmarking and service effectiveness



# Quality case for change

Key Challenges	Description
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>• Hope and Horizon were isolated wards with high nurse vacancy rates impacting continuity of care</li> <li>• Ligature points were present throughout the wards, impacting patient safety</li> <li>• Line of sight was obstructed in the outdoor space allowing patients to conceal themselves</li> <li>• These wards led “to patients feeling deprived of rights and seeing nurses as jailors”</li> </ul>
<b>Clinical and Operational Issues</b>	<ul style="list-style-type: none"> <li>• In January 2017, c. £50,000 was spent monthly on agency staffing due to issues recruiting and retaining Band 5 nurses on the wards</li> <li>• Colleagues from the Thames Lodge were required to support staff in the management of major incidents</li> <li>• A clinical safety review found that the Wolsey Wing was neither sustainable nor safe for patients and staff</li> </ul>
<b>Quality of the Estate</b>	<ul style="list-style-type: none"> <li>• St. Bernard’s Hospital is not a fit for purpose environment for the provision of acute mental health services</li> <li>• 2020 infrastructure report estimated a cost of £3.35m to bring the facility to a “reasonable standard”</li> <li>• February 2022, WLT ranked 5<sup>th</sup> on the HSJ’s list of mental health trusts with the most backlog maintenance</li> <li>• St. Bernard’s represents the area of highest backlog maintenance for WLT</li> <li>• Issues with heating, ventilation, legionella, asbestos and pest control were prevalent on the wards</li> </ul>
<b>Therapeutic Environment</b>	<ul style="list-style-type: none"> <li>• NHS Health Building Note 03-01 advises on the design of acute adult mental health units that are fit for purpose, deliver value for money and support the provision of service ambitions and local and national policy</li> <li>• Hope and Horizon had poor access to outside space, a central components of HBN 03-01</li> <li>• One Horizon ward patient commented that “we are supposed to have regular fresh air breaks but don’t.”</li> <li>• HBN 03-01 also notes that there should not be ligature points in place; these were present on the Hope and Horizon wards</li> </ul>
<b>Statutory Compliance</b>	<ul style="list-style-type: none"> <li>• The Equality Act 2010 lists nine protected characteristics, including age, disability and sexual orientation</li> <li>• There were no disabled bathrooms on the Wolsey Ward which contravenes the Act.</li> <li>• Inpatient beds were fixed to the ground and could not be moved, presenting health and safety issues</li> <li>• In March 2020, the Wolsey Wing was temporarily suspended as it could not support Covid-19 social distancing requirements, in particular isolation of patients</li> </ul>

# Quality case for change

- ❑ From 2013 to March 2020, adults of working age living in Ealing in need of inpatient mental health care were admitted to a ward in any of the three boroughs in which the Trust delivers services. Over the year running up to February 2020, **a total of 552 people resident in Ealing were admitted to adult inpatient mental health care, of whom 38% were treated in Ealing, 23% in Hammersmith & Fulham and 39% in Hounslow.** The change therefore impacts 200-225 Ealing residents who may previously have been able to use Hope & Horizon wards.
- ❑ Now, all patients are seen in a secure, comfortable and appropriate facilities. There is no evidence of an increase in the number of people who had to go to an adult inpatient ward outside Trust's area. There is no evidence of an increased length of stay for Ealing patients who were admitted to Charing Cross or Lakeside.
- ❑ **Ealing has an above average rate when compared with London for mental health inpatient stays** (303 per 100,000 population compared to 243 for London); **this contrasts with the below average rate of new referrals to secondary mental health services** ( 5377 per 100,000 population compared to 6683 for London). This suggests there is potential to provide greater access and support to people earlier in their needs led pathway and reduce reliance on inpatient care.

## TRAVEL TIMES

Prior to the suspension of Hope & Horizon wards:

- ❑ 25% of patients from Ealing were being admitted to wards that were under 30 minutes away (by car).
- ❑ Most people admitted to Hope and Horizon previously were from W5 and UB5 postcodes covering South Ealing, Ealing Common, North Ealing, North and East Northfields, Pitshanger, Hanger Lane, Greenford and Northolt. Very few patients were admitted from further out such as West Ealing, Hayes and Northfield.

Since the suspension of Hope and Horizon wards:

- ❑ the distance between patient's home and the admitted ward has increased for Ealing inpatient service users by 0.5 to 1mile on average.
- ❑ the travel time between patient's home and the admitted ward has increased by 2-5 minutes on average by car or 10-15 minutes on average by public transport.
- ❑ the shortest journey would be 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.

- » Suspension of Hope & Horizon wards has meant that **200-225 Ealing residents** of working age who may previously have been able to use these wards before, would are now accessing beds at Lakeside or Charing Cross in a given year.
- » **Residents in Ealing would benefit from greater access and support for their mental health needs earlier in their presentation**, this will promote greater mental wellbeing and reduce reliance on inpatient care. This is particularly relevant for BAME communities in the borough.
- » **While the average travel time impact isn't significant, for certain postcodes the impact is larger**, therefore considerations for travel support need to be made in developing the proposal.



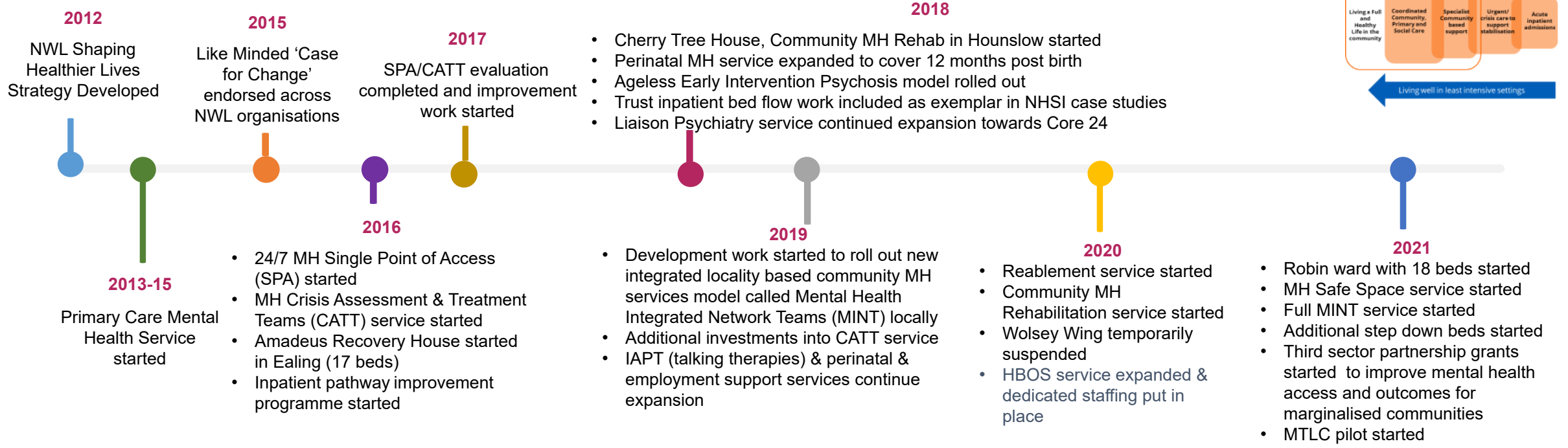


# Quality case for change

## MODEL OF CARE AND TRANSFORMATION OF SERVICES

<b>Transformation Vision</b>	Improve health and wellbeing for people of all ages with physical or mental health needs by enabling them to live well through timely access to high-quality care no matter where they live	<b>Transformation Goals</b>	<ol style="list-style-type: none"> <li>1.Reduce health and wellbeing inequalities and improve life expectancy for people</li> <li>2.Increase access to the right treatment, at right time and in right place</li> <li>3.Provide care focused on recovery when people need it</li> </ol>
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**We have been working towards delivery of our transformation goals over the last 10 years**



**Since 2019, there has been accelerated investment into local holistic community based care**

# Capacity case for change

## A. BENCHMARKING POSITION

	WLT	Mean	Median
Adult acute beds per 100,000 weighted population at 31st March 2021	20.0	18.2	17.8
Adult acute bed occupancy rates (excluding leave)	78%	86%	88%
Adult acute admissions per 100,000 weighted population	194	188	191
Adult acute admissions - patients not previously known to services (as a % of all patients admitted)	9%	12%	9%
Adult acute admissions - patients of no fixed abode (as a % of all patients admitted)	1%	3%	2%
Adult acute mean length of stay (excluding leave)	28	32	32
Adult acute admissions under the Mental Health Act	73%	50%	52%
Adult acute admissions under the Mental Health Act per 100,000 weighted population	141	88	84
Adult acute mean length of stay for Mental Health Act detentions	31	38	39
Adult acute delayed transfers of care	5%	5%	5%
Adult acute readmissions	8%	10%	10%

<b>West London Trust</b>	<b>20.0 beds</b>
National average	18.2 beds
London average	19.5 beds
London range	12.2 to 24.5 beds

Graph below shows benchmarking of adult acute mental health bed numbers per 100,000 weighted population across all London NHS Trusts



WLT has more beds per 100,000 weighted population when benchmarked nationally and regionally (based on 2020-21 NHS Benchmarking Report). The Trust benchmarks well in terms of other inpatient metrics as well.

# Capacity case for change

## B. TRUST HISTORIC DATA ANALYSIS

The Trust recently commissioned an external review of its acute mental health pathway (for working age adults) covering three year period from 01/12/2018 to 30/11/2021. Key findings as below:

- ❑ The **number of admissions to mental health beds is seen to remain steady** over time; where the average was 12.9 per 100,000 in Ealing, 15.9 per 100,000 in Hammersmith & Fulham and 9.8 per 100,000 in Hounslow. Admission rate per 100,000 residents to acute services is lower in Hounslow than for the other two West London boroughs. (Ealing's rate is 31% above Hounslow, and H&F's is 62% higher).
- ❑ The past three years have seen an **overall decrease in bed days** used per 100,000 population across all 3 boroughs. Hounslow use significantly fewer bed days per 100,000 population, with an average of 373 bed days used each month per 100,000 population. Ealing use the second most with an average of 570 bed days used each month per 100,000 population. H&F use the most with an average of 679 bed days used each month per 100,000 population. The difference is driven more by admission rates than by lengths of inpatient episode, but both are material.
- ❑ The **mean LOS for this duration was 40 days and varied between boroughs**. Patients from H&F were most likely to remain in a bed for over 50 days, with 25.6% of patients doing so. The percentage of patients with a length of stay over 50 days from Ealing was 23.3% and Hounslow was 23.5%.
- ❑ **Acuity levels in the wards are higher**, with greater physical health needs. 25% to 30% of patients are understood to present some barriers to discharge.
- ❑ **Readmissions are and remain low**, and do not present concern overall.



# Capacity case for change

## C. TRUST'S PREDICTIVE DATA MODELLING

- ❑ NHSEI have recommended the following new metrics for mental health inpatient services in future years. The proposed national targets relevant to this proposal are:
  - ❑ Reducing mean length of stay in adult acute hospital spells to 40 days, as measured in the MHSDS; and
  - ❑ Reducing the rate of people staying on adult acute mental health wards for longer than 60 days to 8 per 100k MH weighted population / quarter
- ❑ The Trust data analysis shows that for data analysed the **Trust would meet the targets.**
- ❑ **Scenarios based on ALOS** have been run as shown on the right.

ALOS (days)	Number of acute mental health beds for male resident adults of working age (excl PICU)		Number of acute mental health beds for female resident adults of working age		Total acute mental health beds for all adult residents of working age	
	Needed	Currently open	Needed	Currently open	Needed	Currently open
50 days (deterioration)	95	93	69	50	164	143
40 days (baseline)	77	93	55	50	132	143
36 days (10% improvement)	69	93	49	50	118	143
34 days (15% improvement)	65	93	47	50	112	143
32 days (aspirational)	61	93	44	50	105	143

*\*All scenarios incorporate a 2% overspill risk if demand peaks episodically (modelling used a Monte Carlo based simulation )*

» Predictive demand and capacity simulation modelling shows that **WLT has the right number of total acute mental health beds** for adult residents of working age at current baseline of around 40 days ALOS ; the ratio between male: female beds does not match predicted demand and needs adjusting .

# Early engagement

## SUMMARY

- ✓ With Service user, carer and wider communities :
  - spoken to over 200 individuals and reached out to more than 35 organisations - informing them of the work of the programme, hearing experiences and thoughts on the future of services and arranging sessions to speak to those most impacted and interested in this work.
  - delivered 3 service user, carer and community Options Development workshops to inform the long-list of options
  - supported 2 service user, carer and community representatives to be a part of the scoping process for the long-list of options
  - delivered regular progress updates to Service User, Carer and Community organisations as well as feedback on options for recommendations as a result of the early engagement phase.
  - informally briefed local councillors
  - Held an initial meeting with representatives from Ealing Save Our NHS to discuss the case for change and proposals
  - reviewed data from the Trust, public health fingertips and other relevant bodies to better understand groups impacted most
  - used already available patient, carers and staff experience survey feedback to assess experience of Hope and Horizon Wards prior to suspension
  - reviewed published local and national reports on access and experience of mental health services by specific equality groups (Black Asian and Minority Ethnic communities, LGBTQ+ groups and Carers)
- ✓ With Staff: spoken to over 30 members of staff including those within the services impacted, operational and clinical leads and those from estates, finance and HR.
- ✓ With Commissioners: outline case, timelines and proposed process discussed with NWL CCG leads. Informal conversations also held with Ealing Scrutiny panel chair prior to local elections. H&H site virtual visit undertaken with local authority officers/ councillors; further visits planned. Options Scoring panel process completed on 03<sup>rd</sup> May; panel included local borough commissioning lead, NWL Clinical lead and GP as well as EbyE and local communities representative.

Feedback from early engagement has showed :

- ❑ **Broad support for the need to change** and agreement that **Hope & Horizon wards were not 'fit for purpose' therapeutic environments ;**
- ❑ An ask that **quality, cost, access and deliverability** aspects all needed to be considered in shaping the proposal (with equal weighting). Specially in relation to quality and access, following **key 'areas for consideration'** from service user, carer and communities perspective are important to include:
  - Prevention and early intervention support
  - Support for those in mental health crisis
  - Impact on access for service users and carers
  - Care and support in inpatient settings
  - Support when leaving hospital/ or when being discharged

# Early engagement has shaped our proposal

## WHAT PEOPLE HAVE TOLD US

### 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"



# Work to date

## OVERVIEW

- The Trust leads started work to establish and enact the longer term future of the Hope and Horizon Wards in August 2021.
- Since Aug 2021, two phases have been completed. Phase 3 is currently underway. The SRO for this project is Executive Director of Local and Specialist Services.
- Project governance includes a bi-weekly steering group reporting to Trust Transformation Programme Executive (which reports to Trust Board). Regular updates have been shared with Trust Board in private and public.

### DESIGN PRINCIPLES FOR PROPOSAL DEVELOPMENT

- Proposal to be underpinned by clear evidence base
- Proposal to be shaped through a transparent and inclusive approach to stakeholders engagement
- Proposal to reflect current and prospective need and patient choice
- Proposal to deliver benefits to patients through a holistic, high-quality and sustainable service offer

## DECISION-MAKING

- The key decision making foras for this work are: Ealing Health & Adult Social Services Scrutiny Panel (HASSP), West London NHS Trust Board and NWL CCG Governing Body.

## HIGHLIGHTS

### PHASE 1: DISCOVERY

Aug21-Dec21

- ✓ **PHASE 1:** Completed : Project set up; Stakeholder mapping; Comms and engagement plan; Qualitative and quantitative insights collation (Trust, public health, JSNA, and other publically available reports). This led to development of core narrative, target groups to engage, and process for proposal development

### PHASE 2: EARLY ENGAGEMENT

Jan22-Mar22

- ✓ **PHASE 2:** Completed: Service user, carer and wider communities, staff, commissioner, local authority, NHSEI liaison and engagement; staff member engagement. This led to development of case for change , options outline and scoring criteria. All of these reflected feedback received

# Work to date

## CO-DESIGNED SOLUTION DEVELOPMENT

Apr22-Jun22 ✓

### PHASE 3: SOLUTION DEVELOPMENT

**PHASE 3:** Completed: Further engagement to gather feedback on options/ solutions in terms of quality, cost, access and deliverability; options scoring and shortlisting. This is helping shape the outline proposal/ business case which incorporates equality and health inequalities impact assessment, reflecting fully the feedback received

### LONG LIST OF OPTIONS

CONSIDERED		Option
Option 1	Do Nothing	
Option 2	Keep current provision	
Option 3	Re-open Hope and Horizon wards with basic refurbishment	
Option 4	Re-open Hope and Horizon wards with full renovation	
Option 5 *	Find alternative inpatient building outside Ealing	
Option 6 *	Find alternative inpatient building in Ealing	
Option 7	Build a new purpose built inpatient facility in Ealing	
Option 8 *	Fund alternative non-bedded services in Ealing	

A number of meetings and 121 sessions with service users, carers, community representatives and staff helped gather feedback in terms of advantages and disadvantages of each option as well as any further solutions needed.

### SHORTLISTING CRITERIA AND PROCESS

Category	Weighting	Criteria	Yes (1)	No (0)
Quality	25%	1 Does the option enable a safer clinical model		
		2 Does the option enable a sustainable clinical model		
		3 Does the option support the delivery from fit for purpose healthcare estate for patients, staff and visitors		
		4 Does the option enhance clinical practices that help to improve patient outcomes and/or safety *		
Cost	25%	5 Is the option financially viable for the Trust and wider stakeholders		
		6 Does the option increase efficiency for service delivery		
		7 Does the option implement right commercial model that suits providers and commissioners intentions		
		8 Is the option cost-effective		
Access	25%	9 Does the option enable convenience and accessibility of services, especially for people who may find it difficult to travel *		
		10 Does the option minimise impact on any groups disproportionately disadvantaged*		
		11 Does the option enhance access to early support in patient's care journey and care closer to home for majority of residents *		
Deliverability	25%	12 Does the option align with local, regional and national strategies		
		13 Does the option lend itself to a delivery timeframe that is realistic and achievable		
<b>Total</b>				

An options scoring panel met (on 28th Apr and 03rd May) to review the options presented, feedback gathered from sessions conducted and objectively reviewed and scored each option. Panel members as shown on the right.

Name	Title	Organisation	Representing
Neha Unadkat	Borough Director - Ealing	North West London Clinical Commissioning Group	Commissioner
Dr Fin Larkin	Clinical Director/ Psychiatrist	West London NHS Trust	Clinician/ Service Leadership
Sonya Clinch	Associate Director of Acute Mental Health Services	West London NHS Trust	Service Leadership / Clinician
Dr Annabel Crowe	NWL Primary Care Lead Clinician	North West London Clinical Commissioning Group	Clinician/ Commissioner
Renuka	N/A	N/A	Expert by Experience
Sharmake Diriye	Head of Programmes and Partnerships	GOSAD	Local communities
Sharon Thompson	Head of Social Work & Social Care	West London NHS Trust	Service Leadership / Clinician
Ashal Mehta	Finance lead	West London NHS Trust	Finance

### SHORTLISTED OPTIONS

#	Option
Option 2	Keep current provision
Option 6 *	Find alternative inpatient building in Ealing

\*Added to reflect feedback from service user, carer and communities in the 'early engagement phase'



## FEEDBACK FROM SERVICE USERS, CARERS AND COMMUNITY REPRESENTATIVES ON OPTIONS

A number of meetings and 121 sessions helped gather feedback in terms of advantages and disadvantages of each option as well as any further solutions needed. The service user, carer and community reference group focused on understanding the impact of various options on service users and carers, particularly : Quality of the service; Access to the service ; Possible solutions to reduce the impact of any options, for example around travel . These were framed using the following questions:

- Does the option enable convenience and accessibility of services, especially for people who may find it difficult to travel?
- Does the option minimise impact on any groups disproportionately disadvantaged?
- Does the option enhance access to early support in patient's care journey and care closer to home for the majority of residents?

These groups fed back the following in relation to options 2 and 6:

### Option 2:

- Ensure available **transport** provision for those disproportionately impacted is available for patients, service users and carers for Ealing residents. Ensure that carers, patients and service users are reimbursed for any 'out of pocket expenses'.
- Ensure that people admitted via A&E have **continuity of care by having teams physically in place** – in A&E - who support the patient throughout their journey (from A&E to Inpatient and during step down).
- Ensure that the service proactively encourages **close working relationships within and between teams** through regular face to face opportunities for formal and informal meetings.
- Invest substantially in **prevention, early intervention and step-down services**, work with specific community and voluntary organisations to **deliver culturally specific and faith based prevention and wellbeing support, increase provision of** programmes such as **safes spaces**.

### Option 6:

- Increase provision **for crisis and de-escalation support** within Ealing for people to access and stay for short period – e.g. places like Maytree, Amadeus where there access to
- Promote a better and more improved **model of care based on support in the community** and less focused on keeping people in hospital.

# Work ahead

- ❑ The Trust is committed to continue greater provision of services that support people at different points in their need and recovery journey aligned to the model of care. Additional solutions considered as part of the proposal are:
  - **Further step-down provision** in addition to the Recovery House, making permanent recent step-down bed arrangements
  - **Further crisis support** through increasing Safe Space hours of operation
  - **Enhanced discharge support** including expanding discharge support team and greater advocacy/ peer support
  - **Support with travel and access:** A number of potential solutions being explored including hopper bus, voluntary driver scheme and pre-paid taxi
  
- ❑ Further work will be undertaken including business case/ proposal outlining the case for change , proposal development process, options appraisal, engagement evidence , shortlisted and viable option, impact (including Equality and Health Inequalities Impact Assessment) and solutions being considered.

