

## Adult Social Care and Health Select Committee Action Tracker

Key: red = incomplete, amber = in progress, green = complete

Complete actions will be removed from the tracker subsequent to being reported completed

Reference Number	Select Committee Meeting	Agenda Item	Action/Request for Information	Responsible Lead	Status	Response
A20221020/1	20 October 2022	A5. Developing New Community Diagnostic Centres	NHS staff to keep the Committee involved with ongoing progress and roll out of the scheme, and report back at a later date, including around the potential for a site in the borough.	NWL CCG	Officers have been contacted for an update.	
A20221020/2	20 October 2022	A6. Lead Member's Priorities and Updates on ASCH and Public Health	The Lead Member offered to bring the Home Care recommissioning programme back to the Committee at a future date.	Governance	Complete.	Scheduled for the 12 October 2023 meeting.
A20221020/3	20 October 2022	A7. Mental Health Plan Development	Officers to bring the final version of the plan back to the Committee, upon completion.	David Bello	Report has been postponed.	
A20221020/5	20 October 2022	A9. Work Programme Report	The Committee requested the circulation of relevant data about dentistry in the borough for future discussions.	Policy and Scrutiny Officer	Ongoing.	Scrutiny Policy Officer has requested the data on dentistry services from the NW London

						Integrated Care Board (ICB) as members will be aware that commissioning of pharmaceutical, general ophthalmic and dental (POD) services will rest with the ICB from 1 July 2023.
<b>A20221129/6</b>	<b>29 November 2022</b>	<b>A4. North-West London Palliative Care Services</b>	The Committee requested that colleagues share the Model of Care when it was ready.	NWL CCG	Complete.	Scheduled for 12 October 2023 meeting.
<b>A20230227/8</b>	<b>27 February 2023</b>	<b>A4. Winter Pressures</b>	NHS officers to provide data to the Committee on the effectiveness of the vaccination campaigns.	NWL CCG	Officers have been contacted for an update.	
<b>A20230227/9</b>	<b>27 February 2023</b>	<b>A7. Work Programme Report</b>	The Committee agreed that an update on Gordon Hospital, home care recommissioning, and the Health and Wellbeing Strategy	Governance	Complete.	Scheduled for the 12 October 2023 meeting.

			should be brought to the meeting on 2 May 2023.			
<b>A20230502/1</b>	<b>2 May 2023</b>	<b>A4. Update on the Gordon Hospital</b>	Data on all pathways' admission wait times prior and after the closure of Gordon Hospital to be shared with the Committee.	CNWL	Response circulated on 28/06/2023.	Attached as Appendix 1.
<b>A20230502/2</b>	<b>2 May 2023</b>	<b>A4. Update on the Gordon Hospital</b>	To consider what additional support would be made available when Grenfell tower comes down for the community.	CNWL	Response circulated on 28/06/2023.	Attached as Appendix 2.
<b>A20230502/3</b>	<b>2 May 2023</b>	<b>A5. Health and Wellbeing Strategy</b>	For the outcomes framework to be shared with the Committee once it has been formulated.	Bi-Borough Director of Health Partnerships	Ongoing.	A framework is being produced and the first draft and action plan will be ready by 23 November 2023.
<b>A20230502/4</b>	<b>2 May 2023</b>	<b>A6. Suicide Prevention Strategy Update</b>	To provide a background report to the Committee outlining projects where additional investment had been targeted.	Bi-Borough Director of Public Health	Response attached to June tracker.	

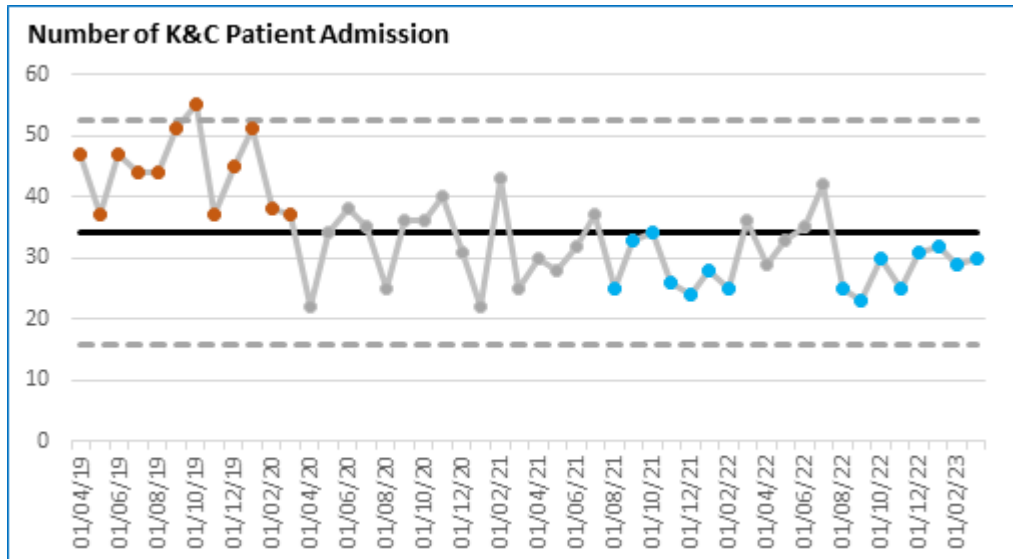
<b>A20230502/5</b>	<b>2 May 2023</b>	<b>A6. Suicide Prevention Strategy Update</b>	Officers to work with Healthwatch and improve community engagement online.	Bi-Borough Director of Public Health	Ongoing.	Officers will be engaging with Healthwatch as part of the development of its mental health digital platform and training offer.  More details will be available at a later date once the engagement and user research is completed.
<b>A20230629/1</b>	<b>29 June 2023</b>	<b>A4. Childhood Immunisations</b>	The Bi-Borough Director of Public Health to link Healthwatch with the Immunisations Partnership Board.	Bi-Borough Director of Public Health	Complete.	The Healthwatch representative has been invited to the next meeting of the Board.
<b>A20230629/2</b>	<b>29 June 2023</b>	<b>A4. Childhood Immunisations</b>	The Bi-Borough Director of Public Health to share with the Committee immunisation uptake data on a quarterly basis, including the previous quarter and a three-year average including the sample size.	Bi-Borough Director of Public Health	In progress.	Will be provided on a quarterly basis, with the first update due at the end of October 2023.

<b>A20230629/3</b>	<b>29 June 2023</b>	<b>A4. Childhood Immunisations</b>	The Programme Director (NWL ICS) to update the Committee on progress of the response to the measles outbreak in some boroughs of London.	Programme Director (NWL ICS)	Officer has been contacted for a response.	
<b>A20230629/4</b>	<b>29 June 2023</b>	<b>A5. Update on the Gordon Hospital</b>	Officers to organise visits for Committee Members to Central and North West London NHS Foundation Trust services.	CNWL and Governance Services	The Committee are visiting the St. Charles Centre for Health and Wellbeing Centre in August 2023.	
<b>A20230629/5</b>	<b>29 June 2023</b>	<b>A5. Update on the Gordon Hospital</b>	The Managing Director of Jameson Division (CNWL) and the Medical Director of Jameson Division (CNWL) to provide data on detention rates, length of admissions (pre and post closure), failed discharge rates (pre and post closure).	CNWL and Governance Services	Response provided on 07/08/2023.	Attached as Appendix 7.
<b>A20230629/6</b>	<b>29 June 2023</b>	<b>A6. Directorate Scene-setting</b>	The Bi-Borough Director of Adult Social Care Governance, Operations and Oxford Street to share Directorate performance information with the Committee on a quarterly basis.	Bi-Borough Director of Adult Social Care Governance, Operations and Oxford Street	Will be provided on a quarterly basis.	Attached as Appendix 5.

<b>A20230629/7</b>	<b>29 June 2023</b>	<b>A6. Directorate Scene-setting</b>	The Bi-Borough Director of Integrated Commissioning to provide information on how commissioning decisions were made, the providers used, and the quality assurance process.	Bi-Borough Director of Integrated Commissioning	Response provided on 24/07/2023.	Attached as Appendix 4.
<b>A20230629/8</b>	<b>29 June 2023</b>	<b>A6. Directorate Scene-setting</b>	The Bi-Borough Director of Public Health to share data on residents reporting feeling anxious across London boroughs.	Bi-Borough Director of Public Health	Response provided on 19/07/2023.	Attached as Appendix 3.
<b>A20230629/9</b>	<b>29 June 2023</b>	<b>A6. Directorate Scene-setting</b>	The Bi-Borough Director of Adult Social Care Governance, Operations and Oxford Street to provide information on actions taken on the 2023/24 priorities for the Directorate.	Bi-Borough Director of Adult Social Care Governance, Operations and Oxford Street	Response provided on 02/08/2023.	Attached as Appendix 5.

### Appendix 1 (to Action Tracker)

Admissions have decreased following the temporary closure of the Gordon. We weren't collecting data on waits for a bed prior to the temporary closure as this data is measured manually through our Central Flow Hub which was set up in 2020, as such we can't compare this information. Everyone who needs a bed gets one, and we have sustained a position with no inappropriate out of area placements out of the Trust for 5 months. We know that waits for beds can be too long and are working with approved mental health professional leads on the processes within the pathway to bring these waits down.



### Appendix 2 (to Action Tracker)

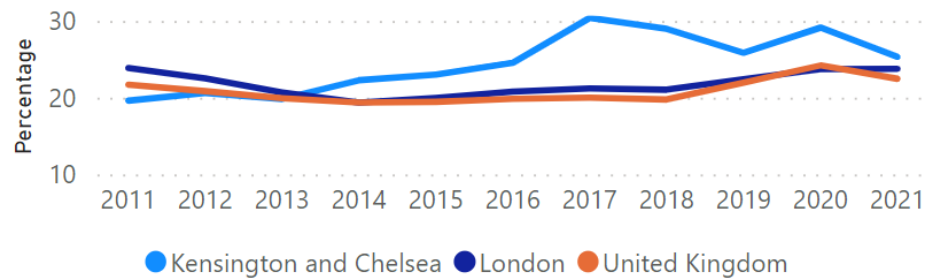
In terms of Grenfell, the dedicated service and health and wellbeing service leads are working closely with the Community to understand the support that they feel is needed and we are working with them on a business case to the Integrated Care Board which will include clear plans for the future service. The Bi-Borough place based partnership mental health workstream is planning to have a specific focus on the Grenfell community, to ensure the new Integrated Neighbourhood Teams work for this community.

### Appendix 3 (to Action Tracker)

#### In Kensington and Chelsea, 25% of residents report feeling anxious in 2021. This is equivalent to 1 in 4 adults

This is similar to the London (24%) and England (24%) average. There has been no significant change over the past few years, however more frequent national measurement detected increases in anxiety at the start of lock down periods.

*Percentage of residents with a high anxiety score*



Source: ONS personal wellbeing estimates, Annual Population Survey as included in the Office for Health Improvement & Disparities (OHID) Public Health Outcomes Framework [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework)



**Across London, Greenwich has the highest self-reported anxiety score of 32%, while Barking and Dagenham has the lowest of 14.6%.**

Self reported wellbeing: people with a high anxiety score 2021/22

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	22.6		22.1 23.0
London region	-	-	23.8		22.5 25.0
Greenwich	-	-	31.7		24.1 39.3
Richmond upon Thames	-	-	30.1		23.4 36.8
Kingston upon Thames	-	-	29.9		22.4 37.4
Southwark	-	-	29.5		21.1 37.9
Lambeth	-	-	28.4		21.0 35.8
Westminster	-	-	28.2		19.8 36.5
Camden	-	-	28.0		19.5 36.5
Croydon	-	-	27.4		20.1 34.6
Wandsworth	-	-	27.2		20.3 34.0
Hammersmith and Fulham	-	-	25.7		17.1 34.3
Kensington and Chelsea	-	-	25.3		18.3 32.3
Hillingdon	-	-	25.2		17.2 33.2
Haringey	-	-	25.1		18.2 32.0
Hackney	-	-	24.6		17.0 32.2
Harrow	-	-	24.5		17.6 31.4
Merton	-	-	24.5		18.0 31.0
Enfield	-	-	24.3		17.9 30.7
Hounslow	-	-	24.1		16.8 31.4
Barnet	-	-	23.5		17.7 29.4
Brent	-	-	22.7		14.2 31.2
Sutton	-	-	22.4		16.3 28.5
Bromley	-	-	22.0		16.3 27.7
Redbridge	-	-	21.6		14.6 28.5
Bexley	-	-	20.2		14.6 25.9
Lewisham	-	-	20.2		14.3 26.0
Islington	-	-	20.0		13.5 26.5
Havering	-	-	19.4		14.3 24.5
Newham	-	-	17.9		11.3 24.5
Ealing	-	-	17.9		12.0 23.8
Tower Hamlets	-	-	17.7		10.9 24.5
Waltham Forest	-	-	16.3		10.5 22.1
Barking and Dagenham	-	-	14.6		7.9 21.2
City of London	-	-	*	-	-

Source: Annual Population Survey (APS), Office for National Statistics (ONS) as included in the Office for Health Improvement & Disparities (OHID) Public Health Outcomes Framework [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles)

## **Appendix 4 (to Action Tracker)**

1. Commissioners work with a range of providers including the Voluntary Sector, NHS, Housing Providers, Charities, Care Quality Commission (CQC)-regulated providers, and grass root organisations such as Community Interest Companies (CICs) to deliver the range of services required for residents. Services are designed, planned, monitored, and reviewed in partnership with key and relevant stakeholders. This includes working together from the design stage with evidence-based approaches that use data from Joint Strategic Needs Assessments, service reviews, and benchmarking. Commissioners also undertake localised consultations to agree desired outcomes that can be measured and used to support service delivery.
2. Sometimes this entails working with the market to make adjustments or create new provision according to residents' preferences. This is often referred to as "market shaping". In all cases, this ensures that appropriate monitoring and oversight is in place to secure value for money and evidence added social value. Through contract management and market oversight, the Commissioning team also complements the roles of the CQC, local safeguarding and quality assurance teams, who check the quality of care residents receive.
3. Any new contracts, extensions and significant variations to service contracts are agreed through a governance process involving approvals through the Contract Governance Review Board and through a Key or Executive Decision process as appropriate.
4. All contracts include service specifications with key performance indicators that provide reassurance on several areas including equalities data, service outcomes, volumes of activity, and risks. Monitoring frameworks provide clarity on the information that is required from providers at agreed intervals. Analysis and review of the information is supported by monitoring meetings and visits to services. The meetings can be multi-disciplinary and involve other relevant teams across operational services, such as Quality Assurance, Health and Housing.
5. There are also a range of partnership forums that take place with providers, such as the North Kensington Recovery Forum. These enable collaboration and the sharing of good practice and information with key partners such as Kensington and Chelsea Social Council, Health and departments across the Council.

## Appendix 5 (to Action Tracker)

1. **Wording in the report:** Working across the Council to strengthen joined-up working between housing, public health, housing and community safety, and trialling Community Health Workers in Golborne ward and the World's End estate.

**Progress update:** *Community Health and Wellbeing Workers are proactively approaching residents across the World's End estate, the Kensal Rise estate, Trellick Tower and Edenham Way. They do this from an assigned list on a monthly basis, with a focus on building a trusting relationship that will enable meaningful engagement and support around health and wellbeing and positive outcomes around prevention, early intervention, community engagement and general support. There is positive feedback on how the team have been able to engage and connect with other council services to achieve positive outcomes for residents, such as repairs, pest control and cost of living support.*

2. **Wording in the report:** Following the end of the s75 agreement, re-assigning staff to the respective Council's management while maintaining high service standards will be a priority.

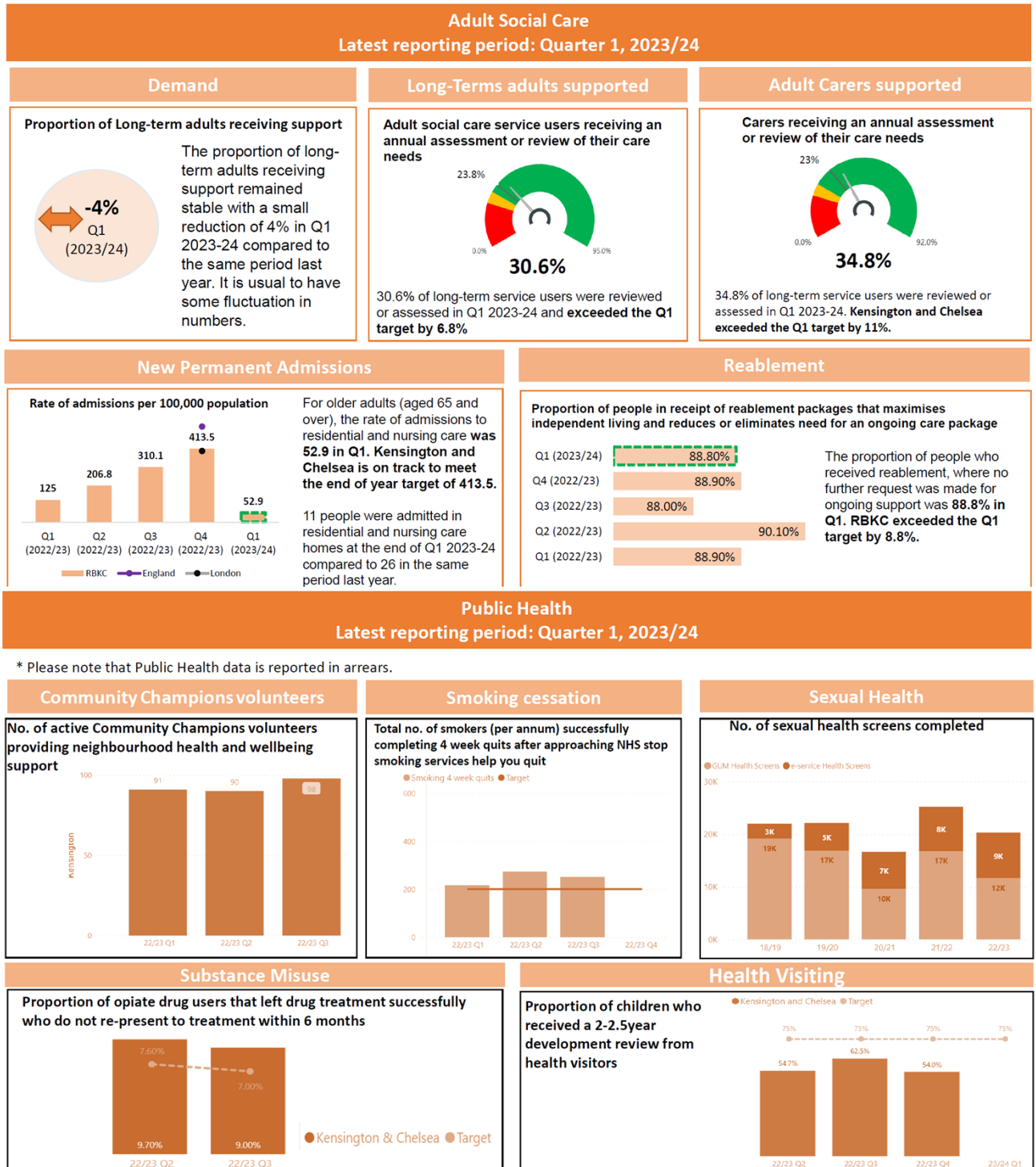
**Progress update:** *The s75 consultation has finished, and the new staff structure is planned to go live in September 2023. There is currently a transitional plan in place to ensure a smooth handover and that the transformation's intended outcomes are embedded in the way the service operates.*

3. **Wording in the report:** Ensuring the physical infrastructure is in place to provide appropriate and high-quality care for service users through, for example, building a world-class facility to support adults with learning disabilities at Maxilla in north Kensington.

**Progress update:** *The Maxilla site will create more shared community space in North Kensington and will include a new day service location for adult social care and a café run by the community group. The demolition work will commence in Autumn 2023, which will be followed by construction in July 2024.*

## Appendix 6 (to Action Tracker)

### Adult Social Care Main Performance Indicators – Latest reporting period: Quarter 1, 2023/4



## Appendix 7 (to Action Tracker)

The table below shows the changes in the requested metrics for residents of Kensington and Chelsea in the year before and the years since the temporary closure of the Gordon.

Data on the number of detentions is held by Approved Mental Health Professional (AMHP) services in the area which are Local Authority services. We have provided the information about total admission numbers, a proportion of these will be informal admissions. When looking at AMHP data on detention rates, it is important to remember that the Gordon and St Charles would only admit residents of a Central North West London borough who are 18-65 years old.

Total admissions have gone down as we are caring for more people in the community which is in line with the direction of travel in the Long Term Plan to provide more care in the least restrictive setting.

Average length of stay dropped in the year following the Gordon closure. We measure Length of Stay on discharge and have a programme of work focused on reducing the number of people who are staying longer than 60 days which impacts average length of stay.

Rather than failed discharges we have the measure of rates of patients who were readmitted within 28 days, this could be for a number of different reasons. For Kensington and Chelsea residents we have seen a drop in readmission rates in the years since the Gordon wards temporarily closed.

	2019/20 (pre temporary closure)	2020/21	2021/22	2022/23
Total admissions <i>Monthly average</i>	44	32	30	30
Length of stay <i>Average</i>	37 days	32 days	37 days	36 days
Readmission rates <i>Monthly average</i>	9.9% (4.5 people a month)	8.4% (2.75 people a month)	7.6% (2.3 people a month)	8.5% (2.5 people a month)