



CNWL Mental Health Acute Inpatient Integrated Impact Assessment (IIA)

August 2024

Table of Contents (1/2)

Heading	Page Number
Executive summary	4
Background to IIA	17
Proposed Service Change	23
Stakeholder engagement	27
Impact on quality and outcomes	29
Identifying the impacted population (i.e. protected characteristics)	31
Understanding the impacted population	37
Impact analysis of care model change	44
- Key Findings	45
- Key Findings – data	55
- Inpatient admissions	67
- Inpatient admissions for K&C residents	73
- Inpatient admissions in Westminster residents	78
- Out of borough inpatient admissions	83
- Length of stay of inpatient admissions	88
- Inpatient admissions by section	93
- Readmissions	99
- Community referrals	117
- Community referrals to CMHH	123
- Community referrals to talking therapies	129
- Admissions to MHCAS and MHEC	135
- Community referral wait times	140
- Unique service users	146

Table of Contents (2/2)

Heading	Page Number
- Unique service users at CMHH in K&C	162
- Unique service users at CMHH in Westminster	167
- Acute settings (ED)	172
- Intersectionality analysis	176
Impact on other populations	194
- People with learning disabilities and autism	196
- People with mental health conditions	197
- Homeless population	210
- Impact by geography	217
Impact analysis on accessibility (Travel time analysis)	221
- Average time travel for all groups	223
- Cumulative time travel for all groups	229
- Costs	233
Impact on other protected characteristics	236
Impact on identified vulnerable populations	239
- Vulnerable geographies (deprived populations)	240
Potential impact on sustainability and environment	246
Mitigations	248
Appendix	255



Executive Summary

The IIA considers the potential impact of the options for the provision of acute mental health care for the residents of Kensington and Chelsea and Westminster

- In March 2020, the inpatient wards at **the Gordon Hospital were temporarily closed** as part of CNWL’s COVID-19 response because of serious concerns regarding infection control in the building and the need to ensure there were enough staff to cover sickness
- As a result of the temporary closure of the wards, **funding was reallocated to supplement provision at St. Charles by expanding and developing several more community-based services**

The case for change highlighted several opportunities for improvement with the care model

 <p>Reducing unnecessary hospital admissions</p> <ul style="list-style-type: none"> • In the 2019 model, too many patients were cared for in a restrictive setting as the right services to support people were not available in the community • Unnecessary hospital admissions can cause greater loss of independence, a longer recovery and a worse patient experience 	 <p>Ensuring the best possible environment for service users</p> <ul style="list-style-type: none"> • The standard of the estate at the Gordon is of poor standard and requires significant improvement if it is to provide inpatient care • Service users requiring inpatient care should receive it in high quality, safe, modern facilities which support recovery, privacy and dignity.
 <p>Improved and enhanced community care provision</p> <ul style="list-style-type: none"> • Increasing workforce and staff in the community setting allows care to be offered to significantly more patients in a better way • This also reduces the number of services users that are admitted to inpatient hospital care 	 <p>Improving accessibility for service users and their carers</p> <ul style="list-style-type: none"> • Accessing care is important for service users and their carers who may wish to visit them • The best way to improve access for these people is for their to be community care close to home that is easy to access
 <p>Matching capacity to demand</p> <ul style="list-style-type: none"> • Combining inpatient beds with community care provision to ensure capacity is matched to demand • This will also include reducing length of stay to help reduce waiting times which are currently too high 	 <p>Enhancing service user experience</p> <ul style="list-style-type: none"> • Service users should access care in a setting that best meets their needs that provides that best possible experience • For most cases, community care represents the setting where the best experience can be provided

3 options were considered as part of the consultation including a partially transformed model and the pre-Gordon ward closure model

	The Gordon Hospital	St Charles	Wider services	Brent
Option 1 – 2019 model	51 inpatient beds - Meet “safe” standards, but not “desired” standards, due to the constraints of the building	67 inpatient beds	Community and crisis services developed since March 2020 be cut, with these being reduced or stopped entirely	Less additional capacity created in Brent than in our preferred Option 3, so some of the beds at St Charles would still be used by Brent residents
Option 2 – Partially transformed model	13 inpatient beds in single ward	67 inpatient beds	Community and crisis services would be reduced, including closure of the MHCAS service, with its staff moving to support inpatient care	Less additional capacity created in Brent than in our preferred Option 3, so some of the beds at St Charles would still be used by Brent residents
Option 3 - fully transformed model with enhanced MHCAS	MHCAS service expanded with capacity for 12 patients, including the capability for 4 patients to be admitted overnight	67 inpatient beds	Retain the community and crisis services developed since the Gordon Hospital wards were closed, voluntary sector partnerships would remain in place and the Community Access Service (CAS) would continue	Additional capacity in Brent would free up seven beds at St Charles

- CNWL and NWL ICB **looked at the future of services for people who need acute mental health care in Westminster and Kensington and Chelsea**, including the future of the Gordon site.
- **The ICB have appraised and consulted on three options** that address the location of acute mental health beds and the provision of community-based services

The IIA is to fulfil CNWL's legal requirement to assess the potential impacts of the proposed service change and identify appropriate mitigating actions

Purpose of the Integrated Impact Assessment (IIA)

- Support the evaluation of the reasons for a proposed change to services and understand the potential impacts
- Help develop policy, especially regarding health, accessibility and the environment
- Help decision makers and stakeholders be better informed about any decision that is made
- Ensures due attention is paid to the impact potential options have on equalities

Compliance with Public Sector Equality Duty (PSED)

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between people who share a relevant protected characteristic and those who do not share it

Health and Care Act 2022

- NHSE, ICBs and NHS Trusts and Foundation Trusts are subject to the 'triple aim' duty in the Health and Care Act 2022 which requires these bodies to have regard to 'all likely effects' of their decision in relation to:
 1. Health and wellbeing of people (including inequalities)
 2. The quality of health services provided to people (including inequalities in benefits from those services)
 3. Efficiency and sustainability in relation to the use of resources

The scope of the IIA focuses on three potential options that serve the Kensington & Chelsea and Westminster populations

The options appraised in the consultation include:

Option 1: Two site inpatient service with facilities at the Gordon meeting “safe” standards only. Alternative services would be stood down or reduced.

Option 2: Two site inpatient service 67 beds at St Charles and 1 ward (13 beds) at the Gordon with MHCAS and additional acute capacity stood down (this option received consistently bad feedback in the consultation so has not been considered in full in the IIA)

Option 3: Single site inpatient service with all 67 beds at the St Charles. Community alternatives would be maintained. MHCAS service expanded with capacity for 12 patients, including the capability for 4 patients to be admitted overnight.

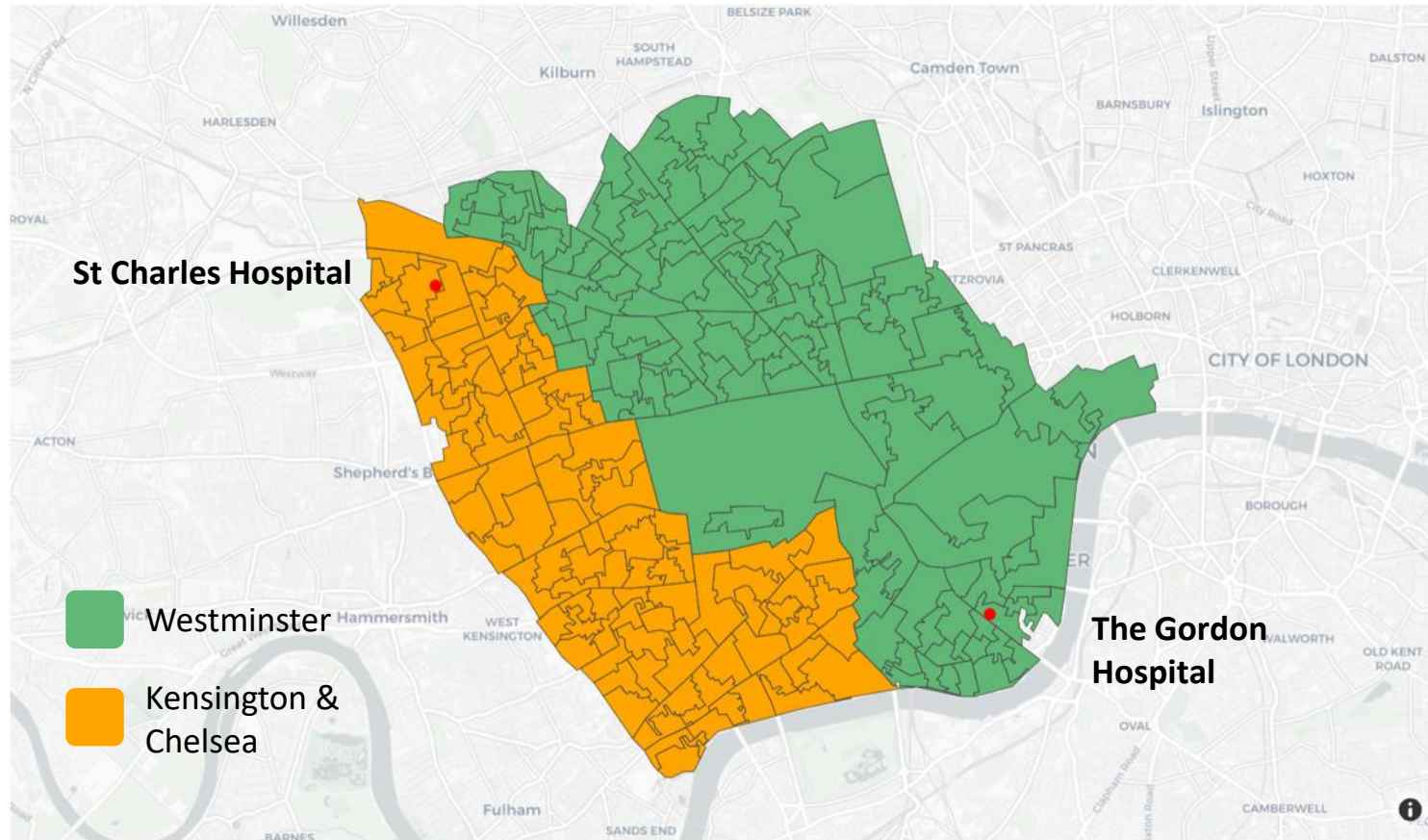
The IIA follows the following approach:

- The IIA considers on the population within the catchment area of the boroughs of City of Westminster and Royal Borough of Kensington and Chelsea.
- The current policy is for acute inpatient mental health facilities to prioritise their respective populations. Therefore, populations beyond this catchment area, which in 2019/20 accounted for less than 20% of total admissions, have not been considered
- The IIA considers the impact on inpatient activity and community service uptake from each of the Lower-layer Super Output Areas (LSOAs) within the catchment area before and after the closure of the Gordon Hospital in March 2020
- The IIA considers the travel times and costs from each LSOA within the catchment population to both Gordon Hospital and St. Charles Centre for Health and Wellbeing inpatient sites and the implications whether travelling:
 - by public transport or driving
- Population group travel times have been calculated by comparing average travel times when both sites were open compared to just St. Charles
- The analysis identified three sustainability metrics to explore the potential sustainability impact: travel carbon impact, building carbon impact, protected air quality
- Analysis has also been done to determine the demography of all protected characteristic groups. However, lack of robust indicators and comprehensive data by LSOA has rendered it difficult to draw and discuss conclusions other than for deprivation, race, age and gender
- It should be noted that there may be some issues in data recording of characteristics.

The catchment population for the IIA has been defined as the boroughs of Kensington & Chelsea and Westminster

Catchment population for the proposed service change

The defined catchment population for the proposed service change



Westminster
Population: 260,195
LSOAs: 122

RBKC
Population: 154,228
LSOAs: 101

- The catchment population for the proposed service change has been defined as the two boroughs within North West London- Kensington & Chelsea, and Westminster
- St. Charles and the Gordon predominantly provide inpatient services for persons living within these boroughs, with limited provision of care for out of borough patients
- The map highlights the two boroughs and where they are situated
- This catchment population will form the basis for the following demographic analysis and the remainder of the IIA

There are reductions in inpatient admissions and increases in community referrals in KCW however ED attendances and out of borough admissions vary with populations

Serious mental illness (SMI) prevalence* in Kensington and Chelsea and Westminster

- The total number of people over the age of 18 who have been diagnosed with a SMI is above the North West London average in Kensington and Chelsea at 4,176 people and is in line with the average North West London average in Westminster at 3,763 people.
- The prevalence of SMI in Kensington and Chelsea is among the highest in North West London, with a rate of 98 people per 1,000 of the population
- In comparison, the prevalence of SMI in Westminster is the lowest in North West London, with a rate of 58.2 per 1,000 of the population.

Findings from the Integrated Impact Assessment (IIA)

- To better care for the populations of Kensington and Chelsea and Westminster (KCW), mental health resources have been diverted to reducing inpatient stays and expanding community services.
- The closure of the Gordon Hospital in 2020 allowed for these changes to be put in place and since the closure of the Gordon, KCW has seen an overall decrease in inpatient admissions, length of stay, readmissions, whilst community referrals and unique service users increased.
- Within KCW, some underlying differences were seen including:
 - Greater decreases in the number of inpatient admissions for the Black and White populations in Kensington and Chelsea whilst the largest decrease was seen for the Mixed population in Westminster – the number of referrals for all patients are the highest for the Black, Mixed and females suggesting needs are being identified within the community
 - A slight, but not significant, reduction in the number of unique service users in Kensington and Chelsea compared to pre-Gordon closure
 - ED attendances being consistently higher in Westminster than Kensington and Chelsea perhaps reflecting greater need in this population
- Admissions by section has increased slightly over time. This suggests that with the temporary model, more people are able to be seen in the community whilst not preventing those who need more structured support from receiving it
- Whilst overall inpatient activity has decreased and community referrals have increased for the catchment population compared to pre-Gordon closure levels, out of borough** admissions have risen slightly for the black population and males in KCW but not beyond levels expected for the provision of out of borough beds
- Furthermore, whilst acute mental health ED attendances have risen for all population, they have also continued to rise nationally due to COVID-19. The number of attendances for the Black and Asian populations continue to remain 20% higher than baseline levels and national average (13% and 20%) although they are trending down towards baseline compared to the national average, which continues to increase.

*Note: the prevalence of SMI is calculated based on the catchment population, not the total number of individuals registered with GPs in the borough

**out of borough refers to admissions outside of the catchment area but within CNWL (e.g. a K&C resident admitted in Brent)

The IIA did not identify major disproportionate impacts for Option 3, however there are some populations where mitigations should be put in place

This IIA is being developed under unique circumstances where we can assess the impact of proposed change due to that change having come into effect (usually the impact of the change must be modelled). As such, the analysis is primarily focused on comparison of the present-day model (similar to option 3) compared to the activity from 2017 up to the date of the temporary closure of the Gordon wards in 2019 (i.e. similar to option 1). We don't assess there to be any major disproportionate impacts when examining the options. However, there are some populations that have been identified through consultation and the data analysis that were deemed appropriate to develop mitigations for:

1. Black and Black African population

- Usage of community services by this population group was found to be lower than other groups; at a similar usage rate to the pre-Gordon ward closure. It suggests that this population group has difficulty accessing community services which should be addressed if moving to a community-based model
- Whilst there has been an increase ED mental attendances care for Black population, this was found to be driven by Black females. This does not appear to be related to temporary closure of the Gordon wards as ED attendances were increasing at a similar level before closure

2. Carers

- The drop in admissions means that carers/family members 100+ service users per year are no longer are required to travel for inpatient visits. However, 36% of carers / family members have an increase in average travel time, particularly in the south of both boroughs. Mitigations are needed to ensure carers from around KCW are well supported throughout the boroughs and are not disadvantaged

3. Homeless population

- Homeless people have co-occurring needs relating to substance misuse, neurodiversity, behaviour, and multiple health needs. There is an increased likelihood that patients would abscond and there is a need to further develop services (e.g. MHCAS) to work with this group
- Average length of stay and admissions have decreased in NWL since the closure of the Gordon. However, analysis found that the number of admissions at St Charles had increased slightly since the closure of the Gordon wards. It was also unclear if this group has seen an increased uptake of community services within Kensington & Chelsea and Westminster.

4. Population of Pimlico South


- This population is particularly vulnerable to the impacts of the proposed service change due to deprivation and geographic proximity to the Gordon. The cumulative travel time for this population has increased by 73% since the closure of the Gordon wards, whereas it has not increased for the other vulnerable geographies identified

Admissions have decreased for the KCW population since the temporary closure of the Gordon wards and referrals for community services has increased




Admissions

- The total number of **inpatient admissions** have decreased for both **Kensington & Chelsea and Westminster residents** by 27% since the temporary closure of the Gordon wards (1,049 to 764)
- In KCW, there has also been a **22% decrease in the inpatient length of stay** from 59 days (pre-Gordon closure level) to 46 days (23/24)
- The **percentage readmitted within 30 days** has remained in line with **baseline years** since the closure of the Gordon (6% and 8% readmitted within 30 days)



Referrals and unique service users

- The number of **referrals to community health hubs** has increased by **392%** for the **general population** from 863 in baseline years to 4,246 in 23/24. The **time to first contact** has decreased by **61%** since the temporary closure of the Gordon wards from 31 days to 12 days
- The number of new health hub users per year as a percentage of total health hub users is approximately the same as pre-Gordon closure
- The **number of unique service users to CMHH services in KCW** has increased since the temporary closure of the Gordon wards from 3,134 to 3,544 (23/24)



ED attendances & out of borough admissions


- Acute A&E attendances has increased by 11% since baseline (3,511 to 3,936 in 23/24), slightly above than the national average (+7%)
- *Note: Acute A&E attendances capture a broad range of reasons for MH-related attendances. The individual may or may not not have an underlying MH issue*
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 143 to 171 (23/24)

Admissions for KCW males have reduced since the closure of the Gordon wards; more males are admitted out of borough but not disproportionately to compared females



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 28%** since the temporary closure of the Gordon wards closure (575 in baseline years vs 412 in 23/24) with the **average length of stay for inpatients also decreasing by 23%** from 60 days during baseline years to 46 year days in 23/24
- The **percentage readmitted within 30 days has decreased** slightly since the temporary closure of the ward from 12% to 8% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 369% for the KCW population** (405 in baseline years vs 1,899 in 23/24). The time to first contact has decreased by 65% since the temporary closure of the Gordon wards (31 days to 11 days)
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique CMHH users has increased in KCW by 5%** since the temporary closure of the Gordon wards from 1,613 to 1,691 (23/24)



ED attendances & out of borough admissions


- Acute A&E attendances has increased by 8% since baseline (2,001 in 19/20 vs 2,173 in 23/24), slightly above than the national average (+6%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 58 to 85 (23/24)

Admissions for the female population have decreased and there has been a large increase of new users of community mental health hubs



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 26%** since the temporary closure of the Gordon wards (470 in baseline years vs 350 in 23/24) with the **average length of stay for inpatients also decreasing by 18%** from 55 days during baseline years to 45 year days in 23/24
- The **percentage readmitted within 30 days has decreased** slightly since the temporary closure of the ward from 12% to 8% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 414% for the KCW population** from 456 to 2,342. The time to first contact has decreased by 56% since the temporary closure of the Gordon wards (32 days in baseline years vs 14 days in 23/24)
- The proportion of new health hub users per year has decreased slightly since the temporary closure of the Gordon wards (62% in baseline years vs 59% in 23/24)
- The **number of unique CMHH users has increased in KCW by 22%** since the temporary closure of the Gordon wards from 1,521 to 1,851 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances has increased by 14% since baseline (1,506 in 19/20 vs 1,753 in 23/24), slightly above the national average (+8%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 83 to 86 (23/24)

The Black population have seen a reduction in admissions since the Gordon closure; referrals for community services has increased but so have acute ED attendances



Admissions

- The Black population in KCW has seen a 17% reduction in admissions since the temporary closure of the Gordon ward (190 admissions in baseline years compared to 158 admissions in 23/24)
- There has also been a **25% decrease in the inpatient length of stay** from 68 days (pre-Gordon closure level) to 51 days (23/24)
- The **percentage readmitted within 30 days has decreased slightly** from 9% to 5% since the temporary closure of the Gordon wards



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 446% for the general population** (93 in baseline years to 508 in 23/24). The **time to first contact has decreased by 60%** since the temporary closure of the Gordon wards from 30 days to 12 days
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique service users to CMHH services in KCW has increased by 9%** since the temporary closure of the Gordon wards from 549 to 600 (23/24)



ED attendances & out of borough admissions


- There was a 20% increase in acute ED attendances from 269 in baseline years to 338 in 23/24, which is slightly above the national (+13%)
- ED attendances for Black males (169 in 19/20 to 139 23/24) and young Black males (18 in 19/20 to 8 in 23/24) have both decreased since the temporary closure of the Gordon wards
- Out of borough admissions have also increased by 38% for the Black population from 20 in 2019/20 to 33 in 23/24

Admissions for young adults decreased and they had a large increase in new service users of community mental health hubs suggesting good uptake of new model provisions



Admissions

- The total number of **inpatient admissions for KCW resident has decreased** since the temporary closure of the Gordon wards closure by 38% (128 admissions in baseline years vs 80 admissions in 23/24), however the **average length of stay for inpatients has remained constant at 42 days** compared to baseline years
- The **percentage readmitted within 30 days has remained similar to baseline years** since the temporary closure of the ward from 15% to 16% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 411% for the KCW population** (114 in baseline years vs 583 in 23/24). The time to first contact has decreased by 62% from 26 days to 10 days since the temporary closure of the Gordon wards
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique CMHH users has increased by 65% in KCW** since the temporary closure of the Gordon wards from 186 to 307 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances have decreased by 1% since baseline (581 in 19/20 vs 576 in 23/24) and this lower than the national average (+11%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 22 to 26 (23/24)

Source: CNWL data (provided by CNWL or Real World Health), Hospital Episode Statistics (ECDS), CF analysis
Note: baseline years is average of 2017/18, 2018/19 and 2019/20,
*MHCAS attendances and proportion of total users are for 18-29 year olds

Admissions for women of child-bearing age decreased and they had the largest increase compared to other populations in new service users of community mental health hubs



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 27%** since the temporary closure of the Gordon wards closure (258 in baseline years to 188 in 23/24)
- The **percentage readmitted within 30 days has remained constant** since the temporary closure of the ward at 13% for women of child bearing age in KCW



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 416% in 23/24 for the KCW population** compared to pre-Gordon closure levels (276 to 1,424). The time to first contact has decreased by 59% from 29 days to 12 days since the temporary closure of the Gordon wards
- The proportion of new health hub users per year increased to 75% in 23/24 from 62% during the baseline years
- The **number of unique CMHH users has increased by 50% in KCW** since the temporary closure of the Gordon wards from 626 to 940 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances has increased by 14% since baseline (803 in 19/20 to 942 in 23/24), above the national average (+4%)



Background to the IIA

CNWL have developed proposals for the best way to provide acute adult inpatient and community mental health care in the City of Westminster, and the Royal Borough of Kensington and Chelsea (RBKC)

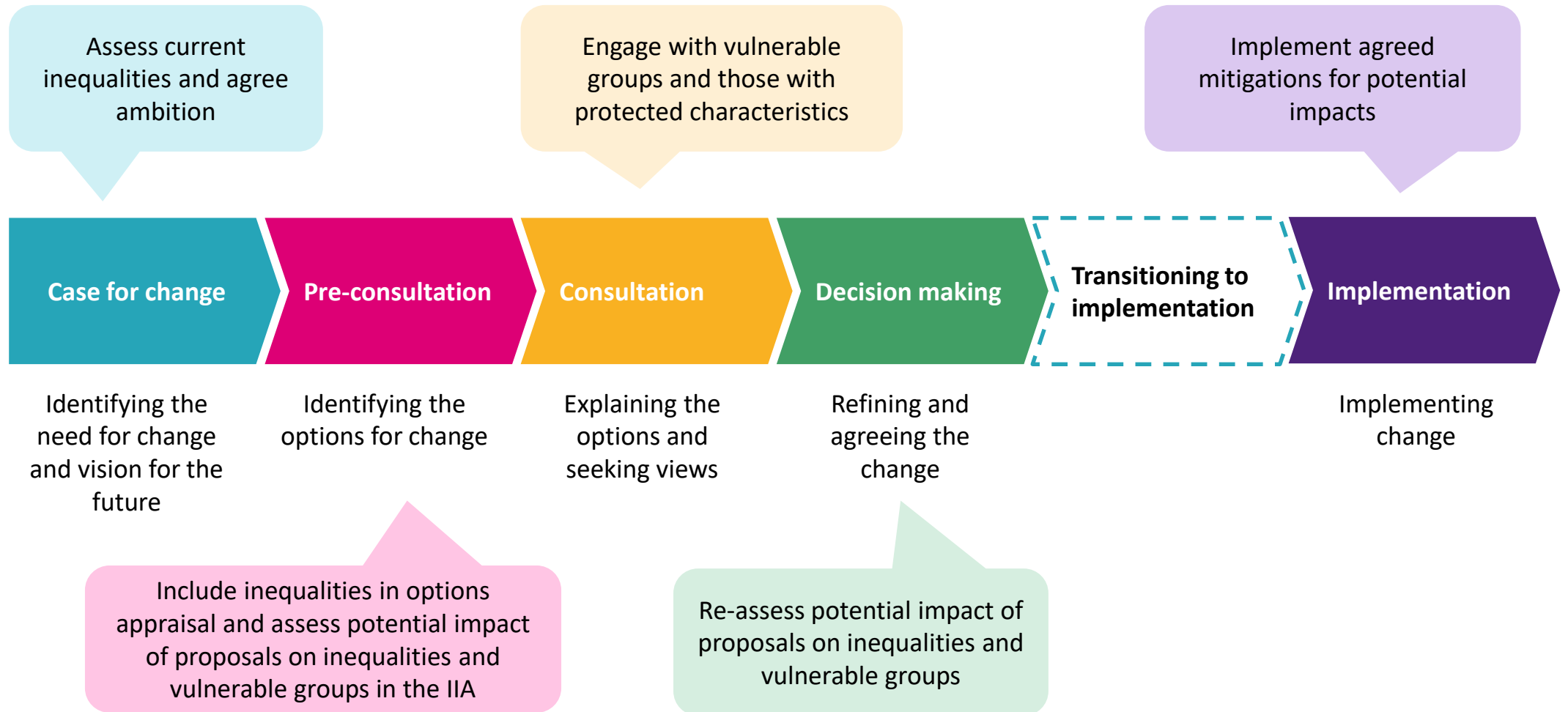
Background

- In March 2020, the inpatient wards at **the Gordon Hospital were temporarily closed** as part of CNWL's COVID-19 response because of serious concerns regarding infection control in the building
- In particular, the Gordon Hospital wards lack en-suite bathrooms, while having narrow corridors and limited access to outdoor space. These **Infection Prevention Control (IPC) constraints at the Gordon contrast with other sites such as St. Charles**, where most Westminster patients are now admitted, which has high IPC compliance and en-suite bathrooms for service users.
- Because of the urgency, underlined by the NHS' move to level 4 emergency status, CNWL, in common with many frontline organisations, **a decision was made to close the Gordon Hospital rapidly** and there was not an opportunity to fully consult with local partners as would normally occur.
- As a result of the temporary closure of the wards, **funding was reallocated to supplement provision at St. Charles by expanding and developing several more community-based services**. These community services are in line with the national Long Term Plan for Mental Health and guidance from the Royal College of Psychiatrists, which envisages care closer to home and in the least restrictive setting appropriate for effective therapeutic care.
- CNWL and NWL ICB have looked at the future of services for people who need acute mental health care in Westminster and Kensington and Chelsea, including the future of the Gordon site.
- The ICB has undertaken further **public engagement and/or consultation** including options based on configurations of care delivery and the potential locations of inpatient and community care.

Purpose

- NWL ICB has undertaken **an Integrated Impact Assessment (IIA)** to assess and understand the potential impact of the options for consultation and outline **high level mitigations** to any potential negative impacts. This report is the final outputs of that assessment and sets out recommended next steps.

The IIA allows us to explore the impact of the service change proposals on inequalities and vulnerable groups



A robust approach has been adopted for the development of the IIA



- Understand current services and where they are delivered
- Review the proposed changes to the model of care
- Understand where services will be delivered for each potential option

- Assess which local people may be impacted by the proposals
- Clearly define these impacted populations and outline why others are not included

- Understand the demographics and location of the population
- Understand populations who might be disproportionately impacted by the proposals or who are vulnerable

- Understand the overall potential impact on moving services on clinical, access, sustainability and geographical areas
- Assess this impact for those populations who may be disproportionately impacted or who are vulnerable

- Agree steps to mitigate against any negative impacts and enhance any benefits

The scope of the IIA considers residents of Westminster and Kensington & Chelsea and compares the service use and travel time before and after the Gordon closure

- The IIA considers on the population within the catchment area of the boroughs of City of Westminster and Royal Borough of Kensington and Chelsea.
- The current policy is for acute inpatient mental health facilities to prioritise their respective populations. Therefore, populations beyond this catchment area, which in 2019/20 accounted for less than 20% of total admissions, have not been considered
- The IIA considers the impact on inpatient activity and community service uptake from each of the Lower-layer Super Output Areas (LSOAs) within the catchment area before and after the closure of the Gordon Hospital in 2020
- The IIA considers the travel times and costs from each LSOA within the catchment population to both Gordon Hospital and St. Charles Centre for Health and Wellbeing inpatient sites and the implications whether travelling:
 - by public transport or driving
- Population group travel times have been calculated by comparing average travel times when both sites were open compared to just St. Charles
- The analysis identified sustainability metrics to explore the potential sustainability impact on travel carbon impact
- Analysis has also been done to determine the demography of all protected characteristic groups. However, lack of robust indicators and comprehensive data by LSOA has rendered it difficult to draw and discuss conclusions other than for deprivation, race, age and gender

The impacts of the proposed service changes on their clinical outcomes, access, sustainability and geography have been assessed

Clinical

The potential impact of the proposals on **quality, outcomes and patient experience**

The potential impact of the service changes by **examining the impact on inpatient admissions and community-based services** was assessed

Accessibility

The potential impact of the proposals on the ability of different groups to **access care**

The potential impact of the service changes on **accessibility for service users** by examining factors such as travel times, driving costs and taxi costs was explored

Sustainability

The potential impact of the proposals on **sustainability** within health services

The potential impact on **the environment** by examining factors such as carbon emissions was explored

Geographic

The potential impact of the proposals on specific **geographic populations** with multiple risks of vulnerability

The potential impacts of the service changes on **specific geographies within the catchment who may be particularly vulnerable** was explored



Proposed service change

3 options were considered as part of the consultation including a partially transformed model and the pre-Gordon ward closure model

	The Gordon Hospital	St Charles	Wider services	Brent
Option 1 – 2019 model	51 inpatient beds - Meet “safe” standards, but not “desired” standards, due to the constraints of the building	67 inpatient beds	Community and crisis services developed since March 2020 be cut, with these being reduced or stopped entirely	Less additional capacity created in Brent than in CNWL’s preferred Option 3, so some of the beds at St Charles would still be used by Brent residents
Option 2 – Partially transformed model	13 inpatient beds in single ward	67 inpatient beds	Community and crisis services would be reduced, including closure of the MHCAS service, with its staff moving to support inpatient care	Less additional capacity created in Brent than in CNWL’s preferred Option 3, so some of the beds at St Charles would still be used by Brent residents
Option 3 - fully transformed model with enhanced MHCAS	MHCAS service expanded with capacity for 12 patients, including the capability for 4 patients to be admitted overnight	67 inpatient beds	Retain the community and crisis services developed since the Gordon Hospital wards were closed, voluntary sector partnerships would remain in place and the Community Access Service (CAS) would continue	Additional capacity in Brent would free up seven beds at St Charles

New services have been put in place since the closure of the Gordon which provide a range of emergency and community-based services to care for the local population

In March 2020, the covid pandemic struck and all parts of the system had to adjust. Part of CNWL's covid response was to temporarily close the three inpatient wards at the Gordon Hospital and consolidate all inpatient provision for Westminster and RBKC at the St Charles site.

A range of primarily community-based services were developed throughout 2020 and 2022, as part of the accelerated transformation programme and reflecting the reduction in inpatient beds. Some of the funding for these changes came from the savings from the temporarily closed services; the remainder came from additional investment

New Care Model Principles

- Provide safe and effective treatment and care for patients within their own communities
- Inpatient provision will be for those who need it in the best possible environment – one conducive to rapid recovery
- Flourishing community-based provision preventing the need for inpatient admission and reducing length of stay
- Enhanced services for people in crisis.



The case for change highlights several opportunities for improvement with the care model



Reducing unnecessary hospital admissions

- In the 2019 model, too many patients were cared for in a restrictive setting as the right services to support people were not available in the community
- Unnecessary hospital admissions can cause greater loss of independence, a longer recovery and a worse patient experience



Ensuring the best possible environment for service users

- The standard of the estate at the Gordon is of poor standard and requires significant improvement if it is to provide inpatient care
- Service users requiring inpatient care should receive it in high quality, safe, modern facilities which support recovery, privacy and dignity.



Improved and enhanced community care provision

- Increasing workforce and staff in the community setting allows care to be offered to significantly more patients in a better way
- This also reduces the number of services users that are admitted to inpatient hospital care



Improving accessibility for service users and their carers

- Accessing care is important for service users and their carers who may wish to visit them
- The best way to improve access for these people is for their to be community care close to home that is easy to access



Matching capacity to demand

- Combining inpatient beds with community care provision to ensure capacity is matched to demand
- This also includes reducing length of stay to help reduce waiting times which are currently too high



Enhancing service user experience

- Service users should access care in a setting that best meets their needs that provides that best possible experience
- For most cases, community care represents the setting where the best experience can be provided



Stakeholder engagement

Post-consultation engagement activities undertaken have identified populations for further consideration

Event	Activity	Key messages
The Voice Exchange	<ul style="list-style-type: none"> The Trust partnered with the voice exchange in 2021 to coproduce a citizen’s advisory panel called The Voice Exchange to advise on the future model of care for mental health provision 	<ul style="list-style-type: none"> Compassion is vital for anyone involved in the care of people affected by mental health issues Accountability when understanding who is responsible for the delivery and quality of services is vital Engagement and high quality communication is consistently required Continuity and consistency is key to supporting people, especially when admitted to an inpatient ward Humanity is required during all communications
Equalities, Diversity, and Inclusion Review	<ul style="list-style-type: none"> Engaged with People of Black African and Caribbean Heritage in crisis pathways and under the Mental Health Act to hear their experiences 	<ul style="list-style-type: none"> Black service users experienced high levels of dissatisfaction with inpatient admission and care They felt they were misdiagnosed, their care relied too heavily on medication Alternative models to inpatient treatment would be welcomed by this patient group partnership with third sector organisations and community groups
Engagement with staff	<ul style="list-style-type: none"> Series of internal Q&As for staff and updates at relevant staff meetings 	<ul style="list-style-type: none"> For staff who have worked in the area for a long time, the changes had led to a sense of loss.
Engagement with residents	<ul style="list-style-type: none"> North West London Integrated Care Board (NW ICB) undertook community outreach across its boroughs, including Westminster, to understand residents’ experience of mental health 	<ul style="list-style-type: none"> Westminster residents want appropriate provision, including access to inpatient beds, close to home when clinically appropriate and voiced concern that the Gordon inpatient wards do not meet standards for inpatient care There is strong support for more non-medicalised and holistic provision, supporting recovery in the community and integrated approaches to care in south of Westminster
Engagement with councillors	<ul style="list-style-type: none"> Councillor Roundtable with Trust Executive Leadership 	<ul style="list-style-type: none"> Councillors have indicated in committee meetings a strong preference for beds to be re-provided within the Westminster borough, whether at the Gordon or a new facility. They have also expressed an ask for the Gordon to be re-opened in the interim, and sessions with their residents have noted and asked for the Gordon building to remain a CNWL location, for example, as a community hub.
Validation Workshop	<ul style="list-style-type: none"> stakeholders from a range of different perspectives, including: Service users, clinicians, service managers, commissioners, and statutory partners discuss and validate the equality impact assessment which was being undertaken 	<ul style="list-style-type: none"> Higher degrees of inpatient care are a negative impact for people from Black African and Black Caribbean backgrounds, compared with higher degrees of care provided to keep people out of hospital Some of the Option variants will impact differently, especially for older adults where the service mix differs slightly Services for women with children which are orientated more towards care in community settings and avoiding admission will be a positive impact For people from deprived backgrounds, the availability of care and support in community settings is likely to be a positive impact, because of the additional travel required for most people to hospital and for their friends and family to remain in touch.



Impact on quality and outcomes

Quality and outcomes are improved when, as far as possible, care is provided as close to home as possible and admissions occur only when necessary

Fewer acute admissions

- National and international evidence on best practice (e.g. NICE Guidelines on Acutely Ill Patients) suggests over-reliance on caring for acutely ill patients within a restrictive hospital setting, where people are on locked wards and have significant limitations on their freedom, can sometimes lead to patients becoming institutionalised and retraumatised after being removed from home. National best practice guidance and policy focusses on treat patients in less restrictive community settings where it is safe to do so.

Enhanced crisis management

- Individuals experiencing crisis have timely access to Mental Health services for support and reduced risk of unnecessary admission. Enhanced crisis management services can limit length of time it takes to admit people when they do need admission, and providing the right capacity for swift support and if necessary immediate admission when people are experiencing a crisis.

High standard inpatient facilities

- Service users should always experience at least safe and minimum standards, and otherwise expected standards of safety and quality, including their own dedicated bathrooms and toilet facilities and sufficient access to safe outdoor space. Safety concerns have been raised at the Gordon, with patients absconding from the hospital and concerns raised in CQC inspections that resulted in the need to close some rooms.

Improved patient experience

- Community-based services often provide more individualised and person-centered care, as they can be tailored to the unique needs and preferences of each individual. This can enhance the overall quality of care and lead to better outcomes.

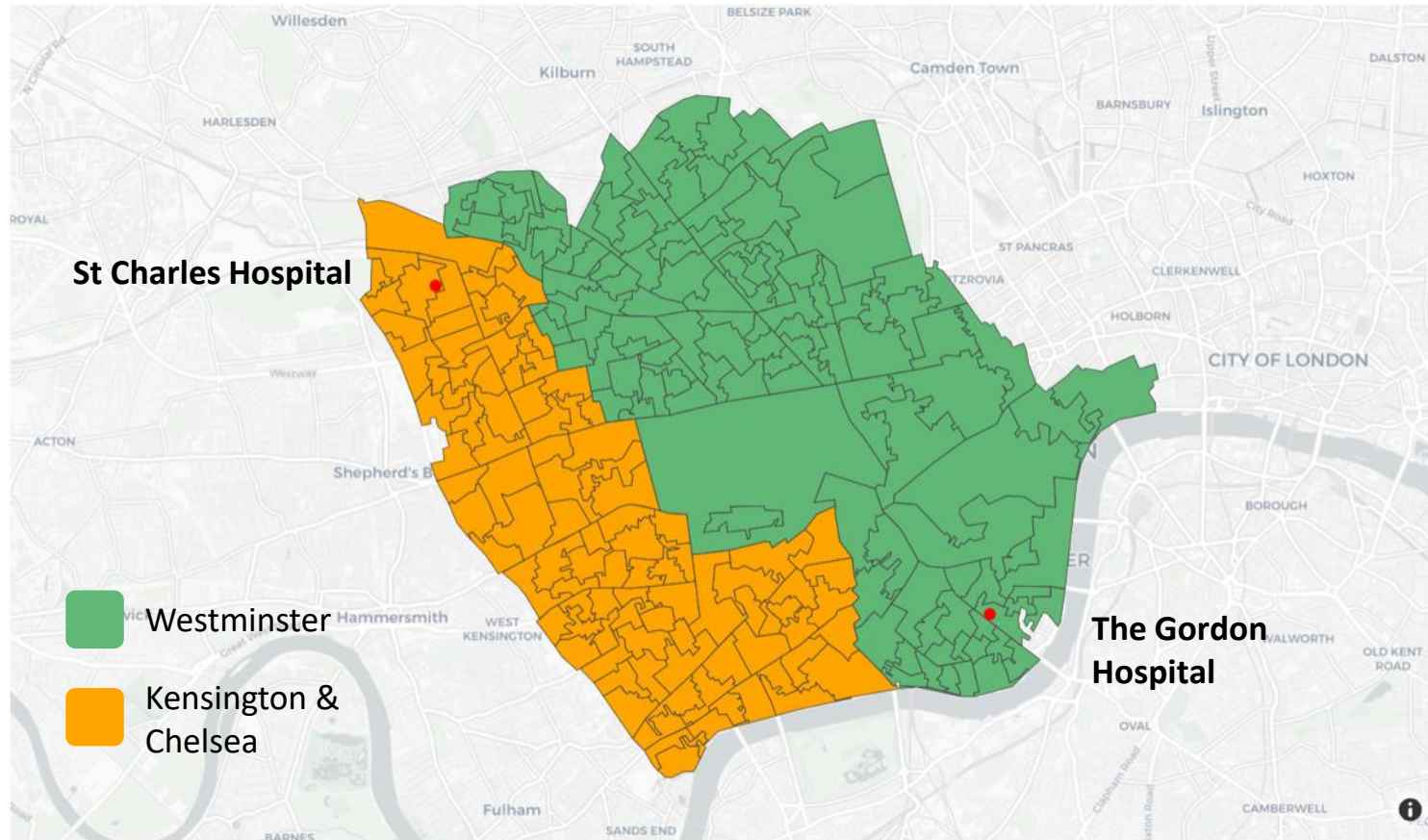


Identifying the impacted population

The catchment population for the IIA has been defined as the boroughs of Kensington & Chelsea and Westminster

Catchment population for the proposed service change

The defined catchment population for the proposed service change



Westminster
Population: 260,195
LSOAs: 122

RBKC
Population: 154,228
LSOAs: 101

- The catchment population for the proposed service change has been defined as the two boroughs within North West London- Kensington & Chelsea, and Westminster
- St. Charles and the Gordon predominantly provide inpatient services for persons living within these boroughs, with limited provision of care for out of borough patients
- The map highlights the two boroughs and where they are situated
- This catchment population forms the basis for the following demographic analysis and the remainder of the IIA

There are nine protected characteristics that must legally be considered as part of the IIA

Protected characteristic groups:

Race (inc. colour, nationality, ethnic or national origin)

Age

Sex (male/female)

People with disabilities

Being pregnant or on maternity leave

Gender reassignment

Religion or belief

Sexual orientation

Being married or in a civil partnership

There are nine protected characteristic groups as defined by the UK Government¹, where it is against the **law to discriminate against those with these characteristics**. For each of these groups, the ICB must assess any disproportionate impact as a result of the proposals.

Being pregnant or on maternity leave has been defined as women of childbearing age for the purpose of this IIA

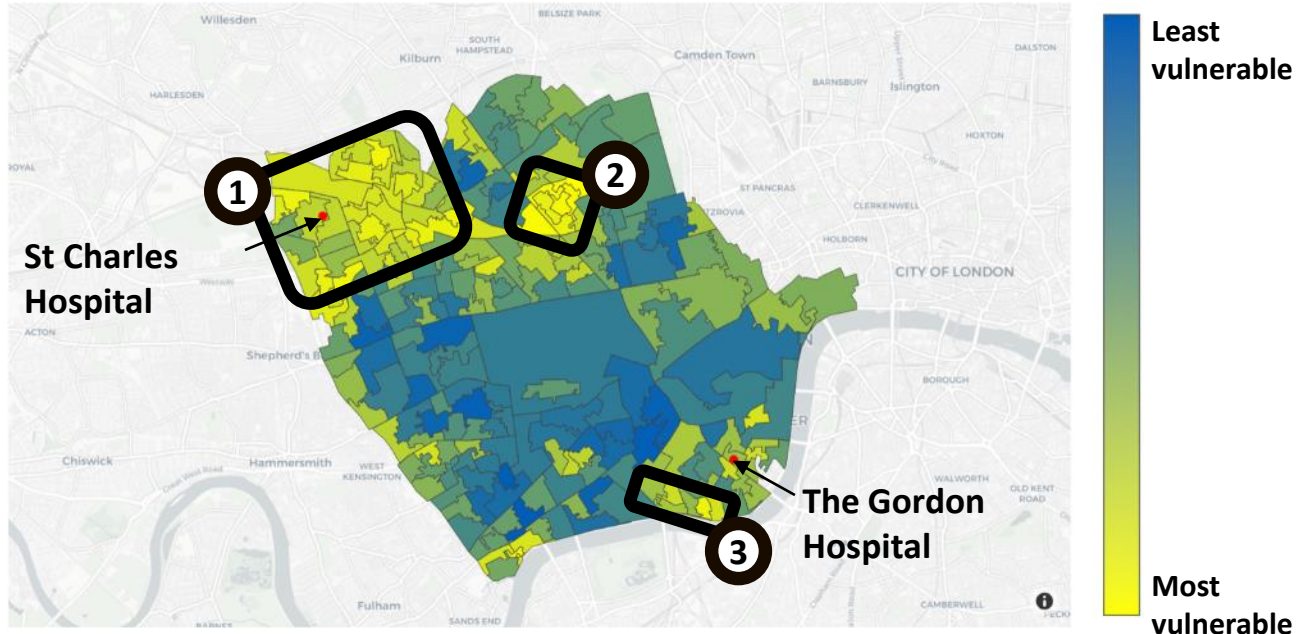
Being of a particular religion or belief is not directly impacted by CNWL's proposals, and this has not been raised as a potential issue in engagement, therefore this has not been assessed further

Being married or in a civil partnership are not directly impacted by CNWL's proposals, and this has not been raised as a potential issue in engagement, therefore this has not been assessed further

Concerns have been raised about potential impacts on these four population groups and have been explored in more detail

Population groups	Rationale
Black & Black African People	<ul style="list-style-type: none">• Previous work has found there to be an over-representation of Black and Black African people in inpatient units, particularly younger Black men• Furthermore, this population tends to have poor experience of inpatient care and worse outcomes, and there is a potential for negative impact of fewer beds if needing inpatient care
Carers	<ul style="list-style-type: none">• Carers may struggle to visit inpatients if care is far from home due to increases in travel expenses• Older carers may be particularly impacted if they have to travel further to visit inpatients or have an added burden of care if their loved ones are cared for in the community
Homeless People	<ul style="list-style-type: none">• Homeless people may have difficulties paying travel expenses, and may be particularly vulnerable to changes in travel distance• Furthermore, the homeless population may not have anyone to care for them when in community settings
Vulnerable geographies	<ul style="list-style-type: none">• Vulnerable geographies may be impacted of the proposed service change due to deprivation / geographic proximity to the Gordon

Three specific geographical areas are identified as being particularly vulnerable populations



A weighted vulnerability index was used to identify populations that may be particularly vulnerable in the proposed service change. The index is an equally weighted average of the rank of the percentage of ethnic minorities, deprivation and poor health outcomes where 1 = worst, 230 = best.

- Three specific geographies are identified as potentially being particularly vulnerable to the proposed service changes in option 3:
 1. North Kensington
 2. Church Street
 3. Pimlico South
- All three specific geographies have an increased unique service users and referrals into CNWL in 2023/24 compared to pre-Gordon closure levels
- However, inpatient admissions have declined in all three geographies in the same period
- The Pimlico South population may need additional support to access services due to an increase in travel time when driving of 19 minutes and by public transport of 35 minutes for one journey
- This has an equivalent taxi cost increase of £25 on average and increased driving costs of £2.30

There are other vulnerable populations that may require additional support following the proposed service changes

Gender reassignment

- Considering national statistics, an estimate of the number of transgender people who will be impacted by the proposed service change is approximately 400 in the whole catchment
- Transgender people face significant discrimination and there is often general deficiencies in the care that is provided by staff as well as issues surrounding the inpatient environment
- The future care model should consider providing training to all staff in best practice care for transgender people and ensure that the care environment is optimal for these service users to have the best possible experience

Sexual orientation

- Considering London figures, approximately 15,750 people in the impacted population will be lesbian, gay or bisexual
- Knowledge amongst clinicians of how to treat the lesbian, gay and bisexual population in an acute mental health setting tends to be limited and the environment that these populations receive care in is also very important and can shape their perceptions of seeking care in the future
- The future care model should empower staff to provide the best possible care for lesbian, gay and bisexual individuals to provide the best possible experience in an acute mental health setting

Homeless

- The homeless population in London is estimated to total just over 10,000 people which equates to a 43% increase between 2013 and 2023
- Homeless people have extremely complex, intersectional set of needs, that are often unidentified and unmet, which causes a negative experience of healthcare and poorer health outcomes
- The future service model should fundamentally be psychologically informed to support the complexities of service user. Specialist staff behaviours and capabilities are required with need for strong links to inpatient services and multi-disciplinary teams to increase the likelihood of better outcomes



Understanding the impacted population

It is important to consider the demographic profile of the potentially impacted population

The demographic analysis is useful to show where populations are clustered into geographical areas and are therefore more likely to be impacted by changes in the location of services. Populations will also be impacted by changes in the quality of services, but this impact is not necessarily dependent on the physical location of the service.

Demographic composition of the catchment population

Proportion of the potentially impacted population that are of particular population groups

Area	Households deprived in at least one domain*	Poor general health	Ethnic minorities	Disabled population	Economic inactivity	Poor English proficiency	Women of child bearing age**	18-25 year olds	Gender
Kensington and Chelsea	47%	4%	35%	13%	20%	2%	40%	9%	50% female
Westminster	50%	5%	44%	14%	20%	3%	46%	11%	47% female
Catchment total	48%	5%	40%	13%	20%	3%	43%	10%	49% female

* Household Deprivation is defined as any household which is deprived in any one of the four domains of deprivation by 2021 Census; Employment, education, health and disability, and household overcrowding. This method differs from the index of multiple deprivation used to calculate Core20. A household is hence classified as deprived if:

Education: no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.

Employment: any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.

Health: any person in the household has general health that is bad or very bad or is identified as disabled;

Housing: the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

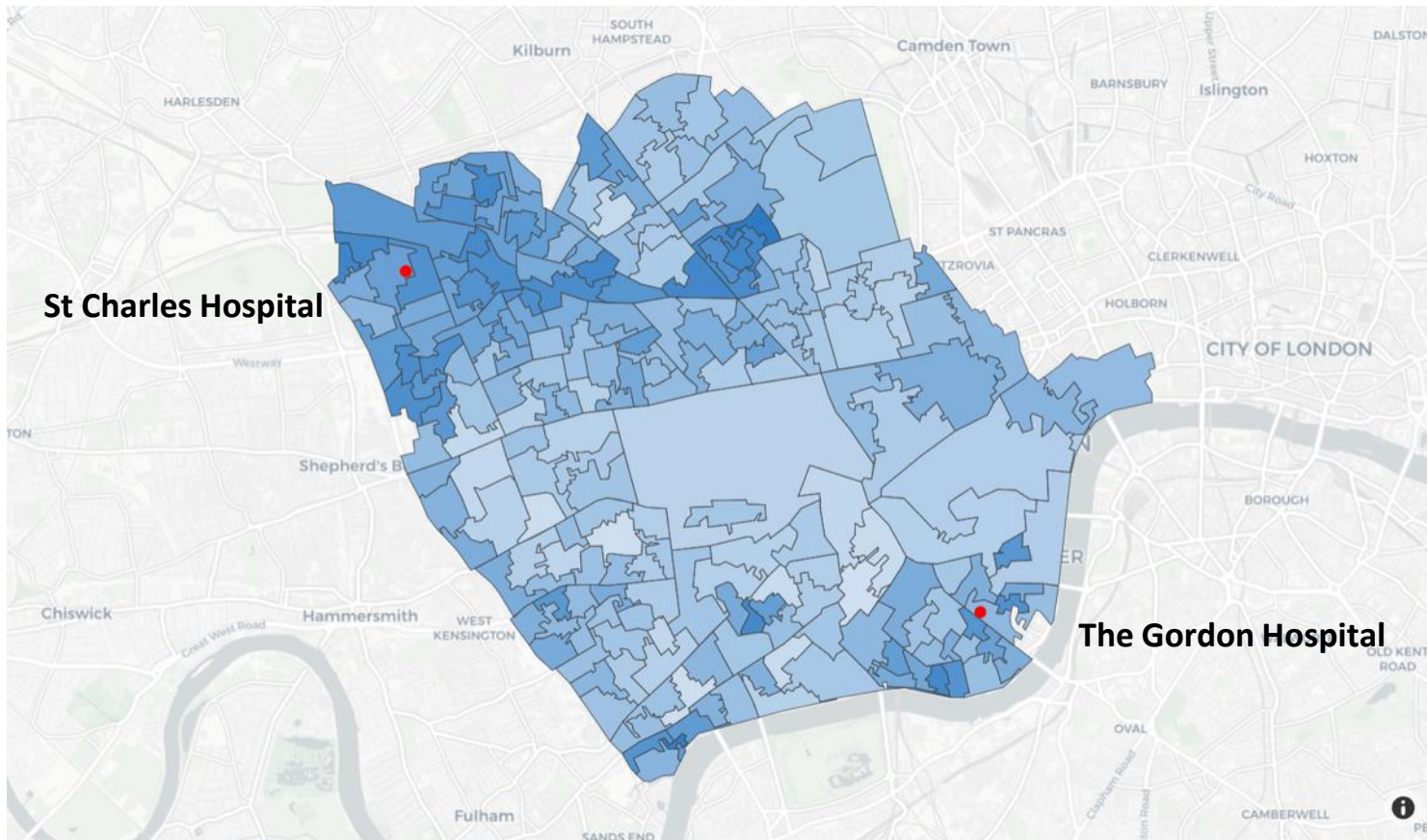
50% of households nationally are defined as being deprived in one of these four domains.

** Proportion of women of child-bearing age, not whole population

The most deprived populations in the catchment area are clustered around the St Charles Hospital

Map of deprivation in Kensington & Chelsea and Westminster

Proportion of households that are deprived in any one of the four domains of deprivation, Census 2021



Most
deprived

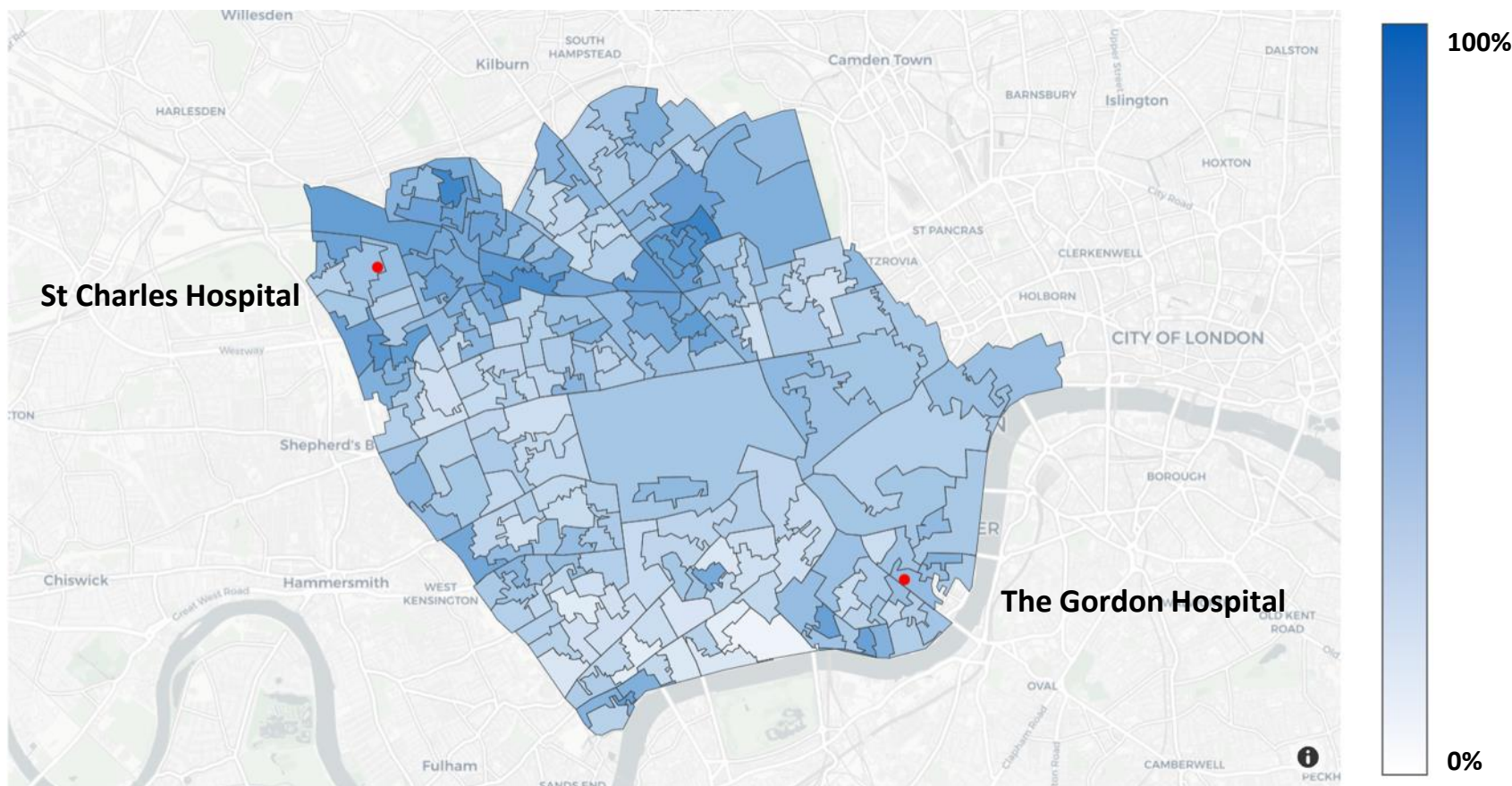
- Deprivation is defined as any household which is **deprived in any of the four domains of deprivation by 2021 Census**; Employment, education, health and disability, and household overcrowding
- This map shows the proportion of households within an LSOA that is deprived
- The map shows that the most deprived populations in RBKC and Westminster are clustered around the St Charles Hospital and to the South West of the Gordon Hospital

Least
deprived

Ethnic minority populations tend to be spread across the boroughs with the LSOAs with the highest proportion of these populations being to the north

Ethnic minority populations in Kensington & Chelsea and Westminster

Proportion of the population that are of ethnic minorities by LSOA, 2021

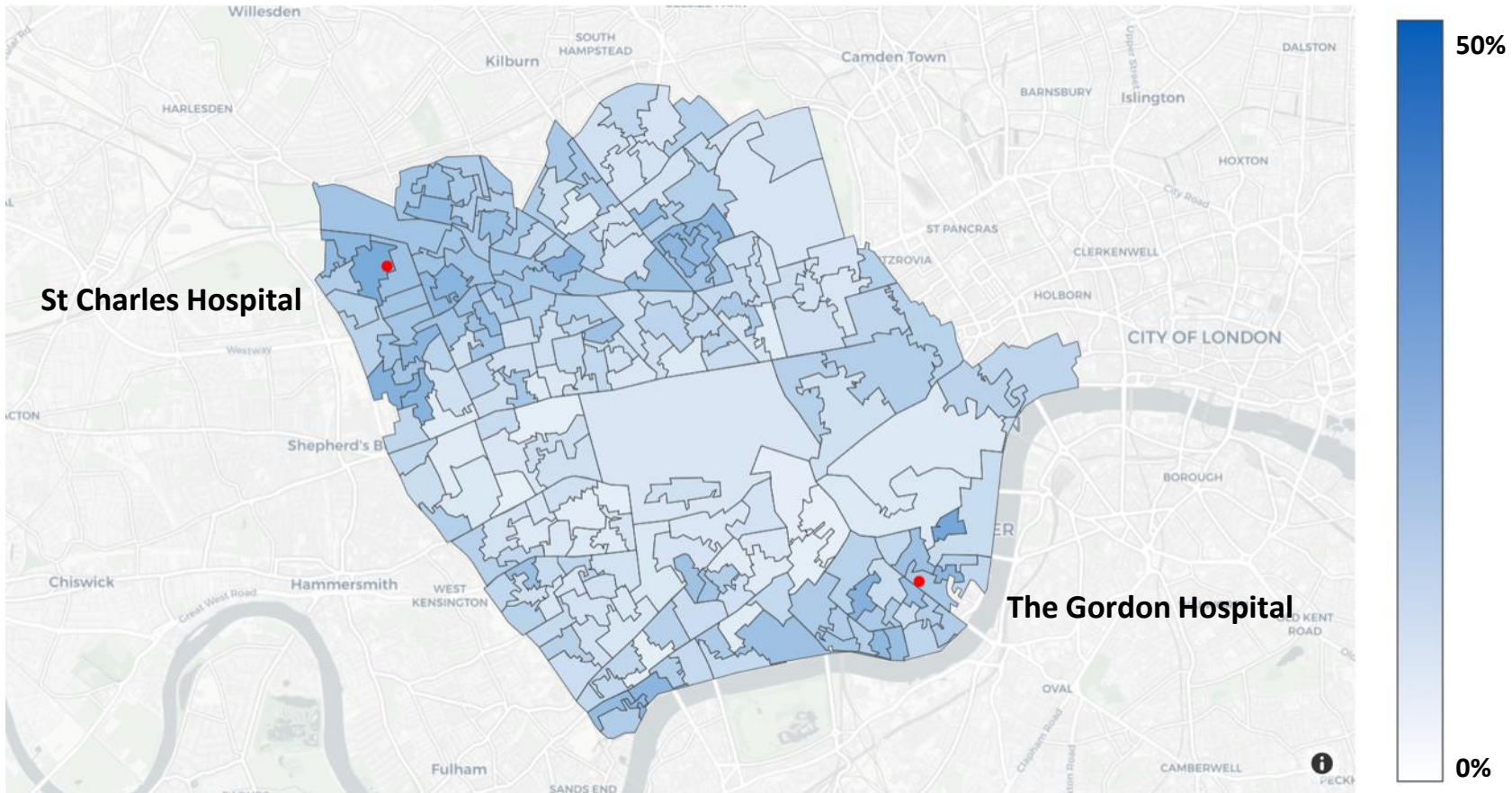


- Ethnic minorities has been defined as the proportion of the population that identifies as any ethnicity expect white British
- The analysis shows that the LSOAs with the highest proportion of ethnic minorities within the population tend to be situated towards the North of the catchment area
- However, in general, ethnic minority populations are mainly spread across the two boroughs

The areas with the highest proportion of people with a disability are towards the North of the catchment and along the southern border

People with disabilities in Kensington & Chelsea and Westminster

Proportion of the population with a disability by LSOA, 2021

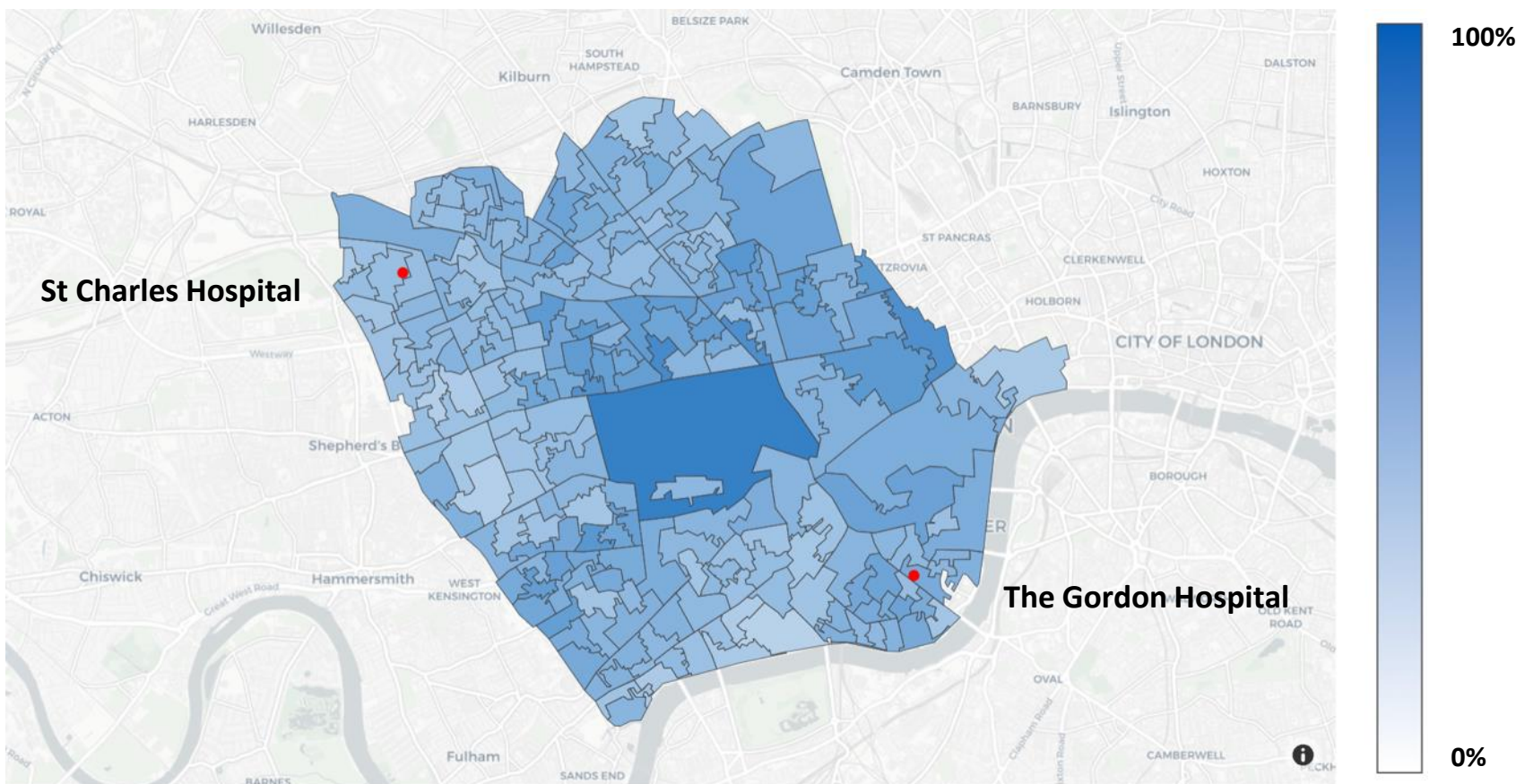


- Based on the definition provided by ONS, people with disabilities are defined as those who assessed their day-to-day activities as being limited by long-term physical or mental health conditions
- Areas with the highest proportion of people who have a disability are clustered towards the North of the catchment
- There are also areas to the Southern edge of the catchment that have higher proportions of disabled people

The populations with a higher proportions of women of childbearing age tends to be spread across the catchment area

Women of child bearing age in Kensington & Chelsea and Westminster

Proportion of women who are of childbearing age by LSOA, 2021

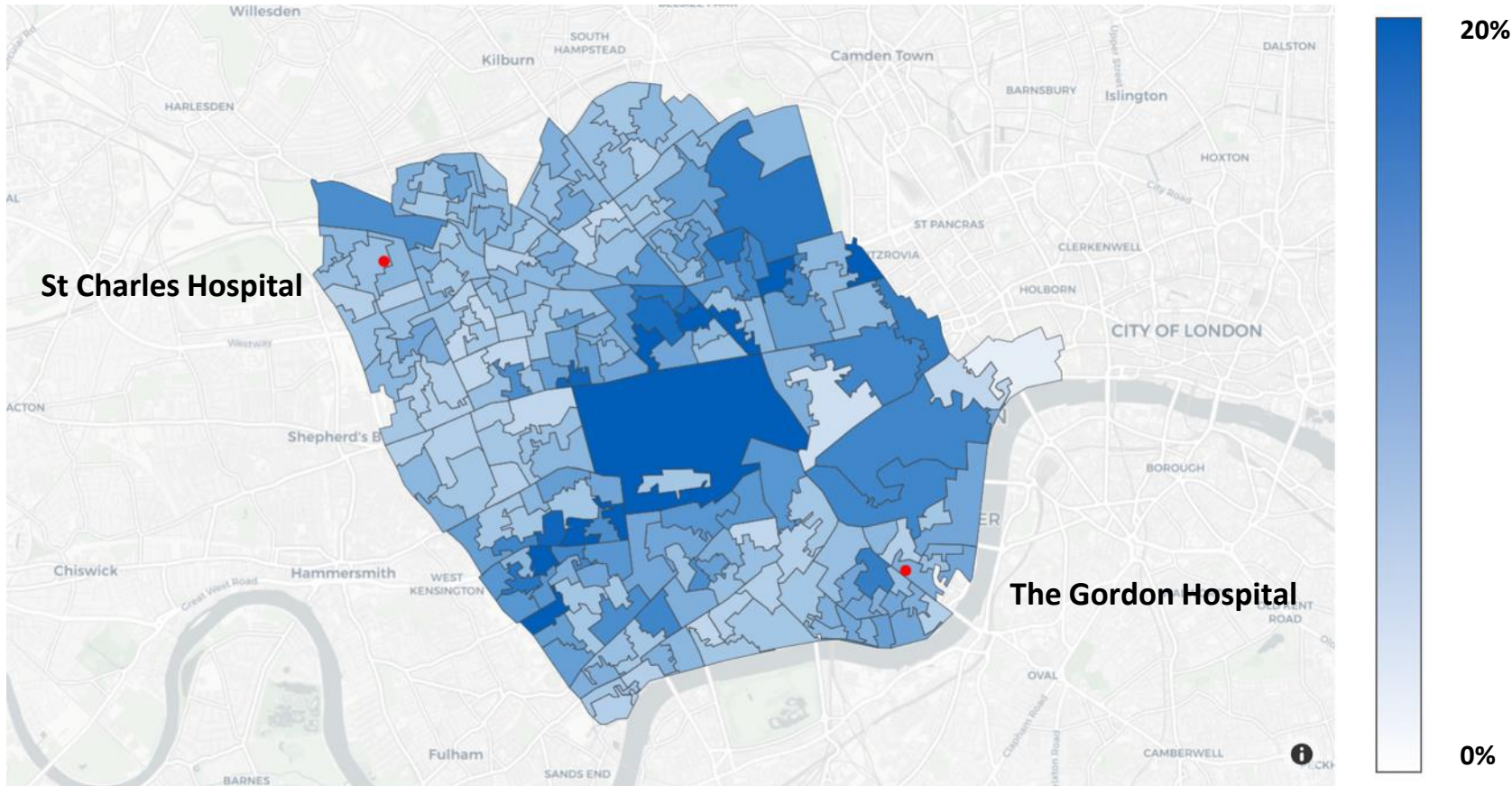


- Women of childbearing age are defined by ONS as those that are aged between 16 and 45
- To note, this map considers the proportion of women of all ages that are aged between 16 and 45 rather than the proportion of total people
- The proportion of women aged 16-45 tends to be even across most LSOAs in the catchment with a particular LSOA having a noticeably higher proportion

The populations with the lowest proportions of young adults tends to be towards the north and east of the catchment

Young adults (18-25 year olds) in Kensington & Chelsea and Westminster

Proportion of people who aged 18-25 years old by LSOA, 2021



- Young adults in the context of this work have been defined as those that are aged between 18 and 25 years old
- The proportion of young adults across the impacted population is fairly well spread
- Most noticeably the lowest proportion of this population tend to be clustered to the north and west of the catchment



Impact analysis of care model change


Key Findings

Admissions have decreased for the KCW population since the temporary closure of the Gordon wards and referrals for community services has increased




Admissions

- The total number of **inpatient admissions** have decreased for both **Kensington & Chelsea and Westminster residents** by 27% since the temporary closure of the Gordon wards (1,049 to 764)
- In KCW, there has also been a **22% decrease in the inpatient length of stay** from 59 days (pre-Gordon closure level) to 46 days (23/24)
- The **percentage readmitted within 30 days** has remained similar with baseline years since the closure of the Gordon (6% and 8% readmitted with 30 days)



Referrals and unique service users

- The number of **referrals to community health hubs** has increased by **392%** for the general population from 863 in baseline years to 4,246 in 23/24. The **time to first contact** has decreased by **61%** since the temporary closure of the Gordon wards from 31 days to 12 days
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique service users to CMHH services in KCW** has increased since the temporary closure of the Gordon wards from 3,134 to 3,544 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances has increased by 11% since baseline (3,511 to 3,936 in 23/24), slightly above than the national average (+7%)
- *Note: Acute A&E attendances capture a broad range of reasons for MH-related attendances. The individual may or may not not have an underlying MH issue*
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 143 to 171 (23/24)

Admissions for KCW males have reduced since the closure of the Gordon wards; more males are admitted out of borough but not disproportionately to compared females



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 28%** since the temporary closure of the Gordon wards closure (575 in baseline years vs 412 in 23/24) with the **average length of stay for inpatients also decreasing by 23%** from 60 days during baseline years to 46 year days in 23/24
- The **percentage readmitted within 30 days has decreased** slightly since the temporary closure of the ward from 12% to 8% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 369% for the KCW population** (405 in baseline years vs 1,899 in 23/24). The time to first contact has decreased by 65% since the temporary closure of the Gordon wards (31 days to 11 days)
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique CMHH users has increased in KCW by 5%** since the temporary closure of the Gordon wards from 1,613 to 1,691 (23/24)



ED attendances & out of borough admissions


- Acute A&E attendances has increased by 8% since baseline (2,001 in 19/20 vs 2,173 in 23/24), slightly above than the national average (+6%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 58 to 85 (23/24)

Admissions for the female population have decreased and there has been a large increase of new users of community mental health hubs



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 26%** since the temporary closure of the Gordon wards (470 in baseline years vs 350 in 23/24) with the **average length of stay for inpatients also decreasing by 18%** from 55 days during baseline years to 45 year days in 23/24
- The **percentage readmitted within 30 days has decreased** slightly since the temporary closure of the ward from 12% to 8% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 414% for the KCW population** from 456 to 2,342. The time to first contact has decreased by 56% since the temporary closure of the Gordon wards (32 days in baseline years vs 14 days in 23/24)
- The proportion of new health hub users per year has decreased slightly since the temporary closure of the Gordon wards (62% in baseline years vs 59% in 23/24)
- The **number of unique CMHH users has increased in KCW by 22%** since the temporary closure of the Gordon wards from 1,521 to 1,851 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances has increased by 14% since baseline (1,506 in 19/20 vs 1,753 in 23/24), slightly above than the national average (+8%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 83 to 86 (23/24)

The Black population have seen a reduction in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances



Admissions

- The Black population in KCW has seen a 17% reduction in admissions since the temporary closure of the Gordon ward (190 admissions in baseline years compared to 158 admissions in 23/24)
- There has also been a **25% decrease in the inpatient length of stay** from 68 days (pre-Gordon closure level) to 51 days (23/24)
- The **percentage readmitted within 30 days has decreased slightly** from 9% to 5% since the temporary closure of the Gordon wards



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 446% for the general population** (93 in baseline years to 508 in 23/24). The **time to first contact has decreased by 60%** since the temporary closure of the Gordon wards from 30 days to 12 days
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique service users to CMHH services in KCW has increased by 9%** since the temporary closure of the Gordon wards from 549 to 600 (23/24)



ED attendances & out of borough admissions


- There was a 20% increase in ED attendances from 269 in baseline years to 338 in 23/24, which is slightly above the national (+13%)
- ED attendances for Black males (169 in 19/20 to 139 23/24) and young Black males (18 in 19/20 to 8 in 23/24) have both decreased since the temporary closure of the Gordon wards
- Out of borough admissions have also increased by 38% for the Black population from 20 in 2019/20 to 33 in 23/24

Admissions for young adults decreased and they had a large increase in new service users of community mental health hubs suggesting good uptake of new model provisions



Admissions

- The total number of **inpatient admissions for KCW resident has decreased** since the temporary closure of the Gordon wards closure by 38% (128 admissions in baseline years vs 80 admissions in 23/24), however the **average length of stay for inpatients has remained constant at 42 days** compared to baseline years
- The **percentage readmitted within 30 days has remained similar to baseline years** since the temporary closure of the ward from 15% to 16% in 23/24



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 411% for the KCW population** (114 in baseline years vs 583 in 23/24). The time to first contact has decreased by 62% from 26 days to 10 days since the temporary closure of the Gordon wards
- The proportion of new health hub users per year is approximately the same as pre-Gordon closure
- The **number of unique CMHH users has increased by 65% in KCW** since the temporary closure of the Gordon wards from 186 to 307 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances have decreased by 1% since baseline (581 in 19/20 vs 576 in 23/24) and this lower than the national average (+11%)
- The overall number of out of borough admissions in KCW has increased slightly since the temporary closure of the Gordon wards from 22 to 26 (23/24)

Source: CNWL data (provided by CNWL or Real World Health), Hospital Episode Statistics (ECDS), CF analysis

Note: baseline years is average of 2017/18, 2018/19 and 2019/20,

*MHCAS attendances and proportion of total users are for 18-29 year olds

Admissions for women of child-bearing age decreased and they had the largest increase compared to other populations in new service users of community mental health hubs



Admissions

- The total number of **inpatient admissions for KCW residents has decreased by 27%** since the temporary closure of the Gordon wards closure (258 in baseline years to 188 in 23/24)
- The **percentage readmitted within 30 days has remained constant** since the temporary closure of the ward at 13% for women of child bearing age in KCW



Referrals and unique service users

- The number of **referrals to community health hubs has increased by 416% in 23/24 for the KCW population** compared to pre-Gordon closure levels (276 to 1,424). The time to first contact has decreased by 59% from 29 days to 12 days since the temporary closure of the Gordon wards
- The proportion of new health hub users per year increased to 75% in 23/24 from 62% during the baseline years
- The **number of unique CMHH users has increased by 50% in KCW** since the temporary closure of the Gordon wards from 626 to 940 (23/24)



ED attendances & out of borough admissions

- Acute A&E attendances has increased by 14% since baseline (803 in 19/20 to 942 in 23/24), above the national average (+4%)

The total number of mental health admissions and average length of stay for the homeless population has decreased since the closure of the Gordon Hospital

Key findings

- The homeless population in London is estimated to total just over 10,000 people which equates to a 43% increase between 2013 and 2023
- The Mental Health Foundation estimates that 53% of the homeless people have a mental health condition
- **The total number of mental health admissions for the homeless population across NWL has decreased by 35% since the closure of the Gordon Hospital.** The number of mental health admissions by the homeless population at St Charles' Hospital is similar in the baseline years to 23/24 as it was 36 during the baseline years and 38 in 2023/24.
- The **average length of stay for admissions at St Charles for the homeless population has decreased** since the closure of the Gordon from 35.2 days during the baseline years to 28.8 days in 2023/24
- The number of admissions by ethnicity for the homeless population in NWL was found to decrease dramatically for the White population from 76 during the baseline years to 28 in 2023/24. The average length of stay for the homeless population for all ethnicities was also found to have decreased in 2023/24 compared to baseline years.
- Males and females in the homeless population in NWL saw a decrease in the number of inpatient admissions compared to baseline years. Specifically, the number of admissions was found to decrease by approximately 50% for females and 20% who were homeless in NWL. The average length of stay for males was 26% lower in 2023/24 compared to pre-Gordon closure levels. The average length of stay for homeless females in NWL has also decreased by 23% for females who are homeless in 23/24 to baseline years.
- For young adults who were homeless at the time, the number of admissions has decreased in 23/24 compared to pre-Gordon closure levels by 36% whilst the average length of stay has increased slightly compared to baseline years (13%).
- The number of women of child-bearing age who were homeless at the time of admission has decreased by 70% in 2023/24 compared to the baseline years in NWL.
- **Data was unavailable for the number of homeless people using community services therefore the IIA does not include the usage of community services on the homeless population**

The vulnerable population has seen a reduction in admissions since the Gordon closure; referrals for community services and the number of unique service users has increased

Key findings

- Analysis of service usage in **Pimlico South** revealed:
 - The number of inpatient admissions had decreased to 15 admissions in 2023/24 compared to 36 per year pre-Gordon closure
 - This decrease has a corresponding increase in referrals with over 110 more referrals in 2023/24, at 386 referrals, compared to the pre-Gordon closure average of 267 per year
 - The number of unique mental health service users had also increased from a pre-Gordon closure average of 10 to 12 in 2023/24
 - The average increase in travel times for this population for the new service model was found to be 35 minutes by public transport
 - The increase in average distance of 4.9 miles has an equivalent taxi cost increase of £24-25 and driving costs of £2.30
- Analysis of service usage in **North Kensington** revealed:
 - There is a decrease in inpatient admissions was 381 inpatient admissions per year pre-Gordon closure to 253 admissions in 2023/24
 - The increase in the number of referrals from a pre-Gordon closure average of 3,079 referrals per year to 4,426 in 2023/24
 - The number of unique mental health service users has also increased by 13% from 90 pre-Gordon closure to 101 in 2023/24
 - For this whole population their closest inpatient ward is St Charles and therefore there is no impact on travel time in any of the options
 - As travel times for this population are not impacted, there is no increase in taxi or driving costs
- Analysis of service usage in **Church Street** revealed:
 - The number of inpatient admissions has decreased from 69 per year pre-Gordon closure to 55 admissions in 2023/24
 - There was also increase of over 300 referrals to 897 in 2023/24 compared to pre-Gordon closure levels
 - The number of unique mental health service has increased since pre-Gordon closure with approximately 21 unique service users in 2023/24
 - The average increase in travel times for this population when using the new service model with increased contact is 0.06 minutes and this marginal increase is not impactful as only one LSOA is closer to the Gordon than St Charles

Analysis of travel time found an increase in travel time for the new service model with increased contact but the average increase in driving costs was found to be minimal

Key findings

- Analysis of travel times by the different service options revealed that **for the new service model with increased contact, there is an increase in travel time compared to the baseline as all other options** have the same service model as the baselines with two inpatient sites.
- There are minimal impacts for the other service model options on the travel time to the closest unit for each of the population groups compared to the general population
- The general population and all protected characteristics investigated saw an increase in the travel time when looking into new service model with increased contact however **the changes in travel time for the new service model with increase community contacts were found to not have a negative impact on the travel time for each of the protected populations**
- Cumulative travel time analysis found that only 31% of service users are impacted by the proposed service changes in new service model with increased contact, with **only 8% of users having an increase of over 20-minutes when using admissions data from 2022/23**
- Populations that have the greatest increase in travel time when using the new service model with increased contact were situated close to the Gordon to the south of the catchment. The maximum travel time increase for a single LSOA is 22 minutes. Many of the LSOAs to the north and west of the catchment population do not have an increase in travel time as they are not impacted by the proposed changes due to living in closer proximity to St Charles than the Gordon
- The average increase in driving costs for the new service model was also found to be minimal whilst the average taxis costs may increase by around £5.50

Key Findings – data

The KCW population have seen a reduction in admissions since the Gordon ward closure; referrals for community services has increased and so has acute ED attendances slightly

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	456	298	591	466	1049	764
	Average length of stay (days)	68	47	50	45	59	46
	Readmissions within 180 days	130	79	159	107	144	93
	% readmitted within 30 days	12%	7%	12%	9%	6%	8%
Community service provision	Total MHCAS attendances (n)	-	228	-	235	-	463
	Total CMHH referrals (n)	352	1582	511	2664	863	4246
	% of new user CMHH referrals vs previous year	61	57	64	62	63	60
	Total CMHH service users (n)	1330	1361	1804	2182	3134	3544
	Time to first contact (days)	27	10	35	14	31	12
New care model impact	Acute A&E attendances (n)	1,608	1,603	1,903	2,333	3,511	3,936
	% Acute A&E increase from baseline	-	0	-	18	-	11
	Out of borough admissions (n)	56	68	87	103	143	171

Key findings

- The number of admissions, readmissions and length of stay for the general population has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for the general population and the time to first contact has decreased since the temporary closure of the Gordon ward. Referral of new CMHH users is higher compared to baseline levels suggesting a large increase in new service user referrals.
- The general population are using the newly established MHCAS service.
- There has been a slight increase in the number of out of borough admissions
- Acute A&E attendances has increased by 11% since baseline, slightly above than the national average (+7%).

The Black population have seen a reduction in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	89	65	101	93	190	158
	Proportion of total admissions (%)	19	22	17	20	18	21
	Average length of stay (days)	76	55	61	48	68	51
	Readmissions within 180 days	26	14	21	17	47	31
	% readmitted within 30 days	10%	0%	8%	9%	9%	5%
Community service provision	Total MHCAS attendances (n)	-	23	-	31	-	54
	Proportion of total MHCAS users (%)	-	10	-	14	-	12
	Total CMHH referrals (n)	34	194	59	314	93	508
	Proportion of total CMHH referrals (%)	10	12	11	12	11	12
	% of new user CMHH referrals vs previous year	54	51	53	47	57	58
	Total CMHH service users (n)	234	223	315	376	549	600
	Time to first contact (days)	27	10	34	13	30	12
New care model impact	Acute A&E attendances (n)	175	160	94	178	269	338
	% Acute A&E increase from baseline	-	-9	-	+47	-	+20
	Out of borough admissions (n)	10	13	14	20	24	33
	Proportion out of borough admissions (%)	14	19	16	19	15	19

Key findings

- The number of admissions, readmissions and length of stay for the black population has decreased since the Gordon wards temporary closure.
- The number of referrals to community health hubs has increased for the black population and the time to first contact has decreased. Referral of new CMHH users is similar to baseline levels suggesting a large increase in new service user referrals.
- The black population are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is greater than baseline levels and the proportion of black MHCAS users is similar to baseline proportion of CMHH referrals, suggesting that the Black population is using community services at rates similar to pre-Gordon levels.
- There has been a slight increase in the number of out of borough admissions though the overall numbers remain low. Acute A&E attendances has increased by 20% since baseline, slightly above than the national average (+13%).

The Asian population have seen a small increase in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	18	21	53	51	71	72
	Proportion of total admissions (%)	4	7	9	11	7	9
	Average length of stay (days)	58	41	56	40	58	41
	Readmissions within 180 days	2	8	15	15	17	23
	% readmitted within 30 days	2%	10%	9%	16%	7%	13%
Community service provision	Total MHCAS attendances (n)	-	12	-	22	-	34
	Proportion of total MHCAS users (%)	-	5	-	10	-	7
	Total CMHH referrals (n)	26	123	54	288	79	411
	Proportion of total CMHH referrals (%)	7	8	11	11	9	10
	% of new user CMHH referrals vs previous year	61	62	54	42	63	62
	Total CMHH service users (n)	94	90	185	242	297	331
	Time to first contact (days)	32	11	36	14	35	13
New care model impact	Acute A&E attendances (n)	62	89	89	118	151	207
	% Acute A&E increase from baseline	-	+30	-	+25	-	+27
	Out of borough admissions (n)	2	5	6	11	8	16
	Proportion out of borough admissions (%)	3	7	7	11	5	9

Key findings

- The number of admissions, readmissions and length of stay for the Asian population has increased marginally since the Gordon closure.
- The number of referrals to community health hubs has increased for the Asian population and the time to first contact has decreased. Referral of new CMHH users is similar to baseline levels suggesting a large increase in new service user referrals.
- The sum of MHCAS attendances and admissions is greater than baseline levels, suggesting the greater access to services.
- The proportion of Asian MHCAS users is similar to baseline proportion of CMHH referrals, suggesting that the Asian population is using community services at similar rates to pre-Gordon levels.
- There has been a slight increase in the number of out of borough admissions though the overall numbers remain low. Acute A&E attendances has increased by 27% since baseline, slightly above than the national average (+20%).

The White population have seen a decrease in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	180	96	226	159	406	255
	Proportion of total admissions (%)	39	32	38	34	39	33
	Average length of stay (days)	66	53	51	47	58	49
	Readmissions within 180 days	55	22	62	35	118	57
	% readmitted within 30 days	15%	6%	13%	7%	14%	7%
Community service provision	Total MHCAS attendances (n)	-	98	-	97	-	195
	Proportion of total MHCAS users (%)	-	43	-	41	-	42
	Total CMHH referrals (n)	126	523	156	881	282	1404
	Proportion of total CMHH referrals (%)	36	33	31	33	33	33
	% of new user CMHH referrals vs previous year	60	59	60	54	62	61
	Total CMHH service users (n)	541	529	671	739	1212	1269
	Time to first contact (days)	25	10	33	15	29	13
New care model impact	Acute A&E attendances (n)	682	795	984	970	1666	1765
	% Acute A&E increase from baseline	-	+14	-	-1	-	+6
	Out of borough admissions (n)	23	21	36	30	59	51
	Proportion out of borough admissions (%)	41	31	42	29	41	30

Key findings

- The number of admissions, readmissions and length of stay for the White population has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for the White population and the time to first contact has decreased. Referral of new CMHH users is similar to baseline levels suggesting a large increase in new service user referrals.
- Whilst the proportion of total admissions for the white population has decreased, the sum of MHCAS attendances and admissions is greater than baseline levels implying sustain access to community services.
- MHCAS users is higher than the baseline proportion of CMHH referrals, suggesting that the White population is using community services at rates above pre-Gordon levels.
- There has been a slight decrease in the number of out of borough admissions. Acute A&E attendances has increased by 6% since baseline, slightly above than the national average (+4%).

The Mixed population have seen a decrease in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	110	56	120	76	230	132
	Proportion of total admissions (%)	24	19	20	16	22	17
	Average length of stay (days)	50	38	36	41	42	39
	Readmissions within 180 days	39	20	39	27	78	47
	% readmitted within 30 days	15%	11%	17%	14%	16%	13%
Community service provision	Total MHCAS attendances (n)	-	51	-	46	-	97
	Proportion of total MHCAS users (%)	-	22	-	20	-	21
	Total CMHH referrals (n)	85	285	88	383	173	668
	Proportion of total CMHH referrals (%)	24	18	17	14	20	16
	% of new user CMHH referrals vs previous year	58	52	62	50	61	56
	Total CMHH service users (n)	207	198	255	317	461	515
	Time to first contact (days)	26	10	35	13	31	11
New care model impact	Acute A&E attendances (n)	45	44	26	42	71	86
	% Acute A&E increase from baseline	-	-2	-	+38	-	+17
	Out of borough admissions (n)	15	17	22	20	37	37
	Proportion out of borough admissions (%)	27	25	25	19	26	22

Key findings

- The number of admissions, readmissions and length of stay for the Mixed population has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for the Mixed population and the time to first contact has decreased. Referral of new CMHH users is lower than baseline levels suggesting a decrease in new service user referrals.
- The Mixed population are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is similar to baseline levels and the proportion of Mixed MHCAS users is similar to baseline proportion of CMHH referrals, suggesting that the Mixed population is using community services at rates similar to pre-Gordon levels.
- There has been no change in the number of out of borough admissions with the overall numbers remaining low. Acute A&E attendances has increased by 17% since baseline. This is below than the national average (+23%).

The male population have seen a decrease in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	238	158	337	254	575	412
	Proportion of total admissions (%)	52	53	57	55	55	54
	Average length of stay (days)	64	46	60	46	60	46
	Readmissions within 180 days	78	48	97	64	175	112
	% readmitted within 30 days	14%	9%	11%	8%	12%	8%
Community service provision	Total MHCAS attendances (n)	-	124	-	125	-	249
	Proportion of total MHCAS users (%)	-	55	-	53	-	54
	Total CMHH referrals (n)	165	674	239	1225	405	1899
	Proportion of total CMHH referrals (%)	47	43	47	46	47	45
	% of new user CMHH referrals vs previous year	61	58	65	64	63	62
	Total CMHH service users (n)	674	610	939	1081	1613	1691
	Time to first contact (days)	27	8	34	13	31	11
New care model impact	Acute A&E attendances (n)	903	843	1098	1330	2001	2173
	% Acute A&E increase from baseline	-	+7	-	+17	-	+8
	Out of borough admissions (n)	24	30	34	55	58	85
	Proportion out of borough admissions (%)	44	44	40	53	42	49

Key findings

- The number of admissions, readmissions and length of stay for the male population has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for the male population and the time to first contact has decreased. Referral of new CMHH users is similar to baseline levels suggesting a large increase in new service user referrals.
- The male population are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is greater than baseline levels and the proportion of male MHCAS users is above baseline proportion of CMHH referrals, suggesting that males are using community services at rates higher than pre-Gordon levels.
- There has been an increase in the number of out of borough admissions with the overall numbers remaining low. Acute A&E attendances has increased by 8% since baseline, slightly above than the national average (+6%).

The female population have seen a decrease in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	218	140	252	210	470	350
	Proportion of total admissions (%)	48	47	43	45	45	48
	Average length of stay (days)	73	49	55	45	55	45
	Readmissions within 180 days	52	31	61	43	113	74
	% readmitted within 30 days	10%	6%	13%	10%	12%	8%
Community service provision	Total MHCAS attendances (n)	-	101	-	110	-	211
	Proportion of total MHCAS users (%)	-	45	-	47	-	46
	Total CMHH referrals (n)	185	907	270	1435	456	2342
	Proportion of total CMHH referrals (%)	53	57	53	54	53	55
	% of new user CMHH referrals vs previous year	60	57	64	60	62	59
	Total CMHH service users (n)	656	751	865	1100	1521	1851
	Time to first contact (days)	27	12	35	15	32	14
New care model impact	Acute A&E attendances (n)	703	759	803	994	1506	1753
	% Acute A&E increase from baseline	-	+7	-	+19	-	+14
	Out of borough admissions (n)	31	38	52	48	83	86
	Proportion out of borough admissions (%)	56	56	60	47	58	51

Key findings

- The number of admissions, readmissions and length of stay for the female population has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for the female population and the time to first contact has decreased. Referral of new CMHH users is lower than baseline levels suggesting a decrease in new service user referrals.
- The female population are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is greater baseline levels however the proportion of female MHCAS users is lower than the baseline proportion of CMHH referrals, suggesting that females are using community services at rates lower than pre-Gordon levels.
- There has been a slight increase in the number of out of borough admissions with the overall numbers remaining low. Acute A&E attendances has increased by 14% since baseline, slightly above than the national average (+8%).

Young adults have seen a decrease in admissions since the Gordon closure; referrals for community services has increased however acute ED attendances has decreased

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	52	33	76	47	128	80
	Proportion of total admissions (%)	11	11	13	10	12	10
	Average length of stay (days)	42	31	43	52	42	42
	Readmissions within 180 days	13	17	20	16	33	33
	% readmitted within 30 days	18%	24%	14%	11%	15%	16%
Community service provision	Total MHCAS attendances (n)*	-	50	-	64	-	114
	Proportion of total MHCAS users (%) *	-	22	-	27	-	25
	Total CMHH referrals (n)	46	194	69	389	114	583
	Proportion of total CMHH referrals (%)	13	12	14	15	13	14
	% of new user CMHH referrals vs previous year	63	61	65	63	64	63
	Total CMHH service users (n)	75	123	111	184	186	307
	Time to first contact (days)	26	10	26	10	26	10
New care model impact	Acute A&E attendances (n)	254	235	327	341	581	576
	% Acute A&E increase from baseline	-	-8	-	4	-	-1
	Out of borough admissions (n)	9	15	13	11	22	26
	Proportion out of borough admissions (%)	16	22	15	11	15	16

Key findings

- The number of admissions, readmissions and length of stay for young adults has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for young adults and the time to first contact has decreased. Referral of new CMHH users is similar to baseline levels suggesting a large increase in new service user referrals.
- Young adults are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is greater than baseline levels and the proportion of young adult MHCAS users is higher than the baseline proportion of CMHH referrals, suggesting that young adults using community services at rates higher than pre-Gordon levels.
- There has been a slight increase in the number of out of borough admissions with the overall numbers remaining low. Acute A&E attendances has decreased by 1% since baseline, and are below the national average (+11%).

Source: CNWL data (provided by CNWL or Real World Health), Hospital Episode Statistics (ECDS), CF analysis

Note: baseline years is average of 2017/18, 2018/19 and 2019/20,

*MHCAS attendances and proportion of total users are for 18-29 year olds

Women of child bearing age have seen a decrease in admissions since the Gordon closure; referrals for community services has increased but so has acute ED attendances

Theme	Measures	Kensington & Chelsea		Westminster		KCW	
		Baseline	23/24	Baseline	23/24	Baseline	23/24
Headline admissions metrics	Admissions (n)	111	81	146	107	258	188
	Proportion of total admissions (%)	24	27	25	23	25	25
	Average length of stay (days)	-	-	-	-	-	-
	Readmissions within 180 days	26	21	38	29	64	50
	% readmitted within 30 days	11%	11%	14%	15%	13%	13%
Community service provision	Total MHCAS attendances (n)	-	-	-	-	-	-
	Proportion of total MHCAS users (%)	-	-	-	-	-	-
	Total CMHH referrals (n)	114	492	162	932	276	1424
	Proportion of total CMHH referrals (%)	33	31	32	35	32	34
	% of new user CMHH referrals vs previous year	59	75	64	75	62	75
	Total CMHH service users (n)	251	368	375	572	626	940
	Time to first contact (days)	26	11	32	12	29	12
New care model impact	Acute A&E attendances (n)	346	416	457	526	803	942
	% Acute A&E increase from baseline	-	+17	-	+13	-	+15
	Out of borough admissions (n)	-	-	-	-	-	-
	Proportion out of borough admissions (%)	-	-	-	-	-	-

Key findings

- The number of admissions and readmissions for women of child bearing age has decreased since the Gordon closure.
- The number of referrals to community health hubs has increased for this population and the time to first contact has decreased. Referral of new CMHH users is above baseline levels suggesting a large increase in new service user referrals.
- Acute A&E attendances has increased by 15% since baseline, above than the national average (+4%).

People with mental health conditions have seen a reduction in admissions since the Gordon closure with reductions also being seen for inpatient lengths of stay

Key findings

- Analysis of people with psychosis revealed:
 - The **number of admissions for people had decreased** in Westminster since the closure of the Gordon. The number of admissions in Kensington and Chelsea was similar to baseline levels. The **average length of stay was found to decrease** in both boroughs for people with psychosis
 - The total number of admissions for people with psychosis is the highest for the Black population however no ethnicities have seen large changes in admissions of average lengths of stay since the closure of the Gordon Hospital
 - Similarly, the number of admissions and average length of stay for males, females and young adults was similar to pre-Gordon levels
- Analysis of people with anxiety and depression revealed:
 - The **number of admissions decreased in K&C and Westminster** compared to pre-Gordon closure levels. The **average length of stay was similar in Kensington and Chelsea to pre-Gordon levels whilst this was found to be increasing slightly in Westminster.**
 - Admissions to be decreasing for people with anxiety and depression when analysed by ethnicity, gender and age (young adults)
 - The average length of stay was similar by ethnicity and gender in 2023/24 when compared to baseline levels whilst the average length of stay has decreased for young adults since the closure of the Gordon
- Analysis of people with personality disorders revealed:
 - The **number of admissions in Kensington and Chelsea and Westminster has decreased compared to pre-Gordon level**
 - The number of mental health admissions by ethnicity, gender and age (young adults) has also decreased in 2023/24 compared to baseline years
 - Inpatient lengths of stay varied year-on-year



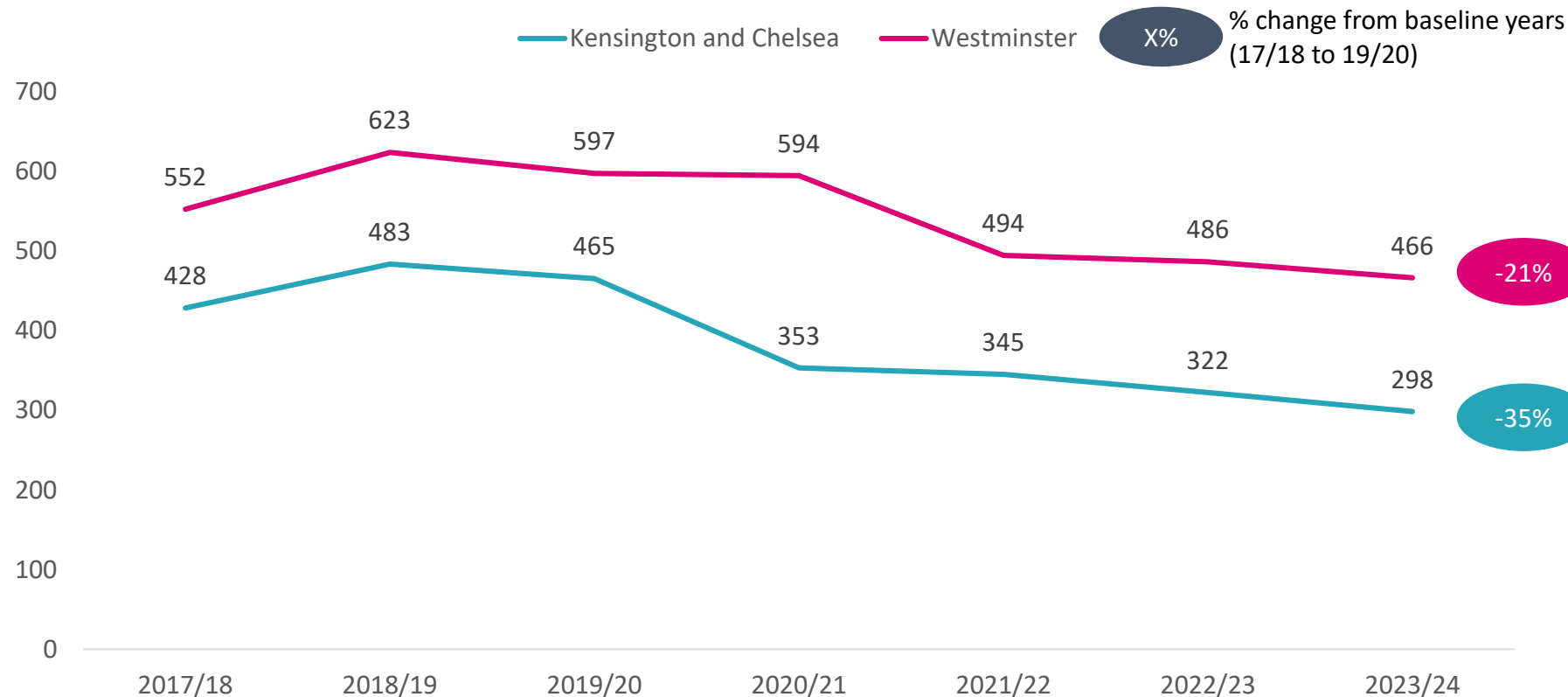
Service and Population Analysis

Impact on inpatient admissions

Total mental health admissions have declined by 27% compared to pre-Gordon closure average levels across the catchment population

Mental Health admissions in Kensington & Chelsea and Westminster

MH admissions, 2017/18-2023/24

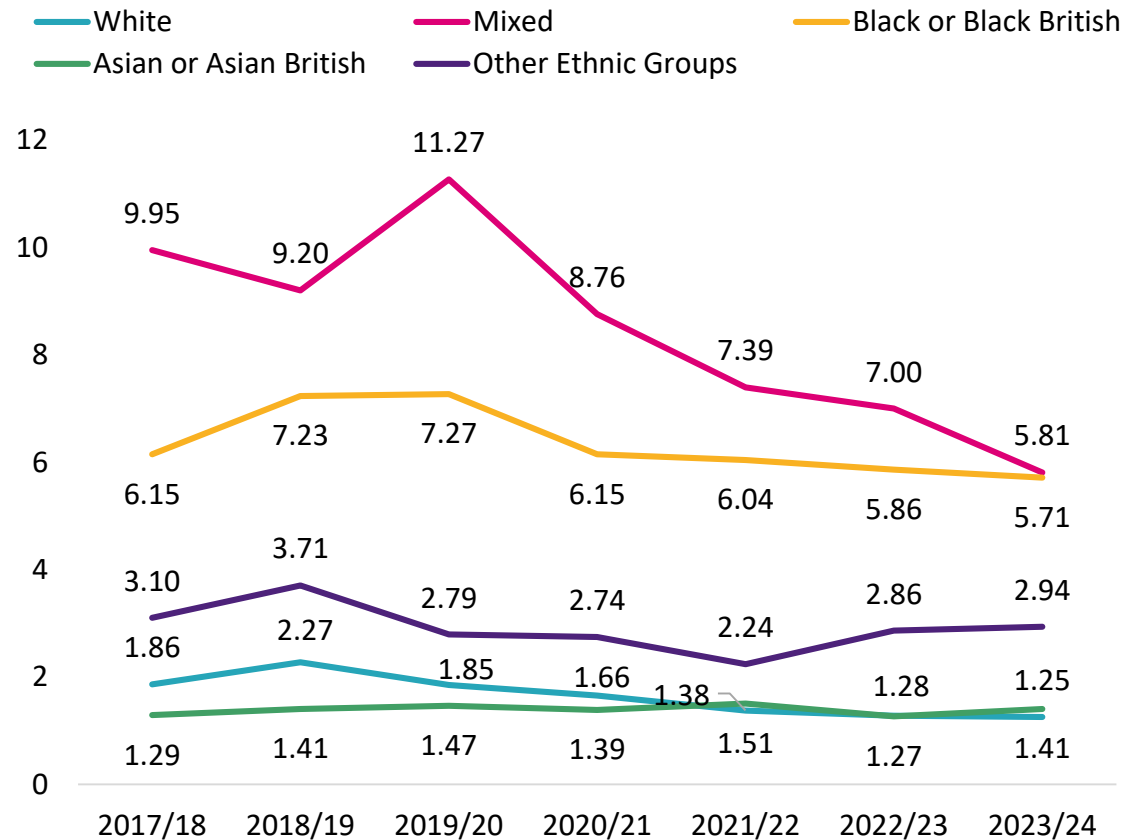


- The mental health admissions for the general population in both Kensington & Chelsea and Westminster have declined since pre-pandemic levels
- Admissions from Kensington & Chelsea have declined by 35% in 2023/24 compared to the pre-covid average
- The overall decline for the catchment compared to pre-covid levels is 27%

The mixed and black ethnic groups have the highest volume of admissions per 1,000 population; the white population had the proportion of highest total admissions

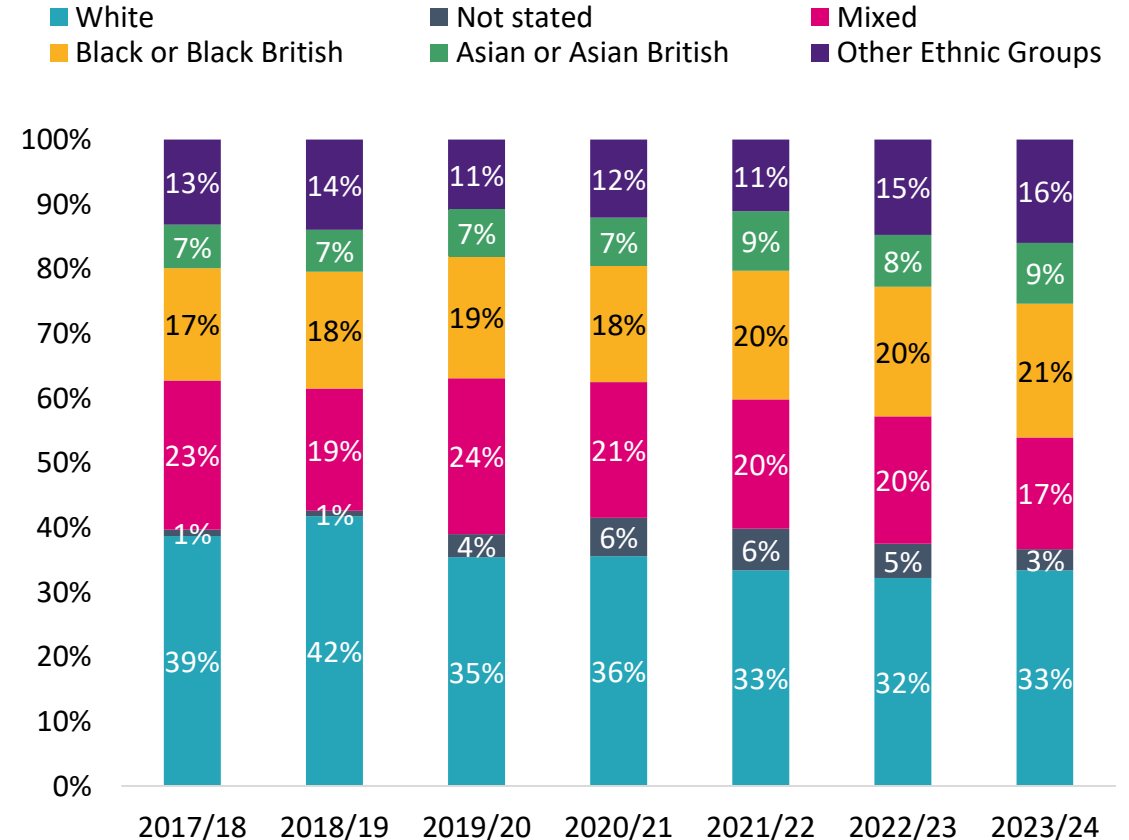
Mental health admissions by ethnic groups per 1,000 population

MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health admissions by ethnic groups

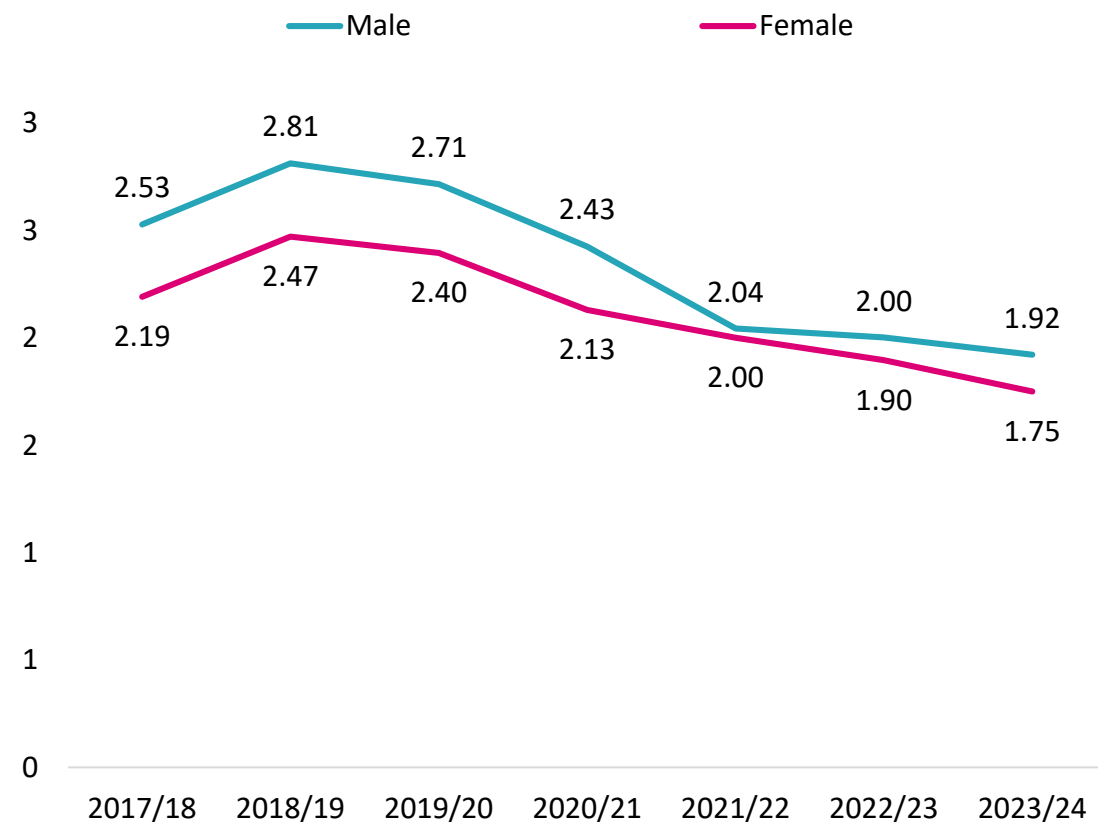
Proportion of MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Admissions per 1,000 population has decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men

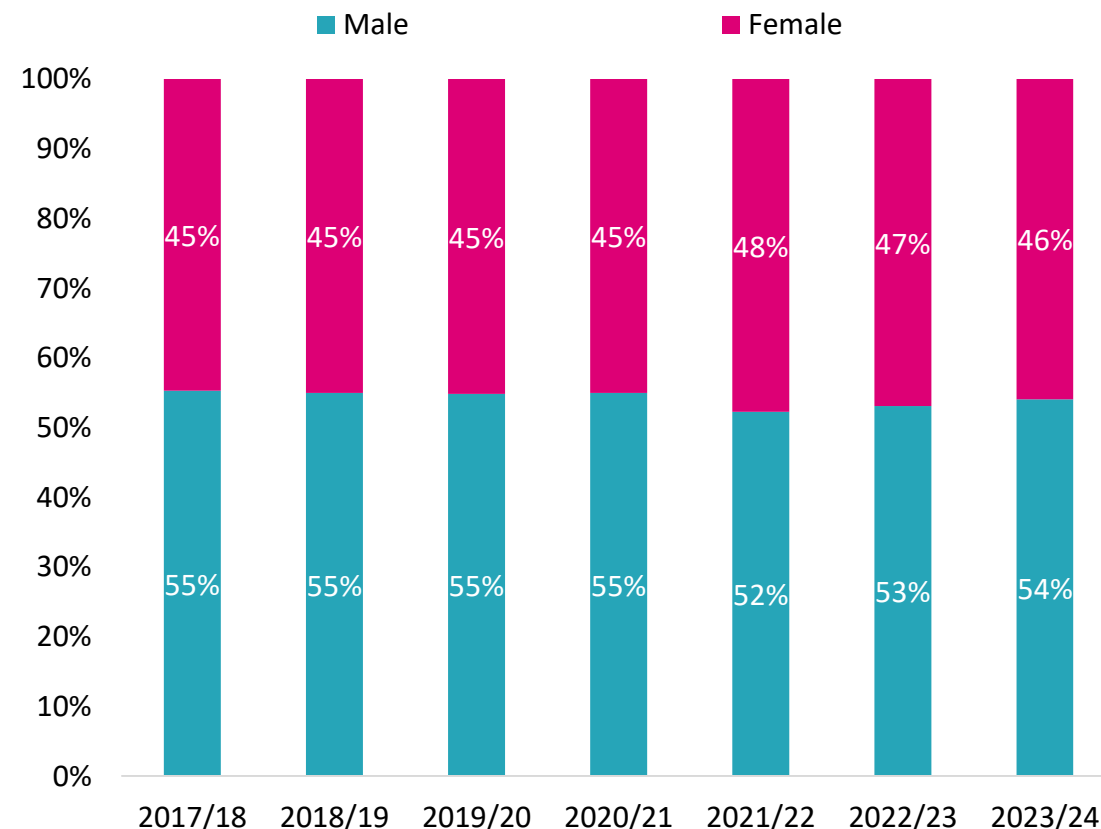
Mental health admissions by gender per 1,000 population

MH admissions in the catchment population by gender, 2017/18-2023/24



Proportion of mental health admissions by gender

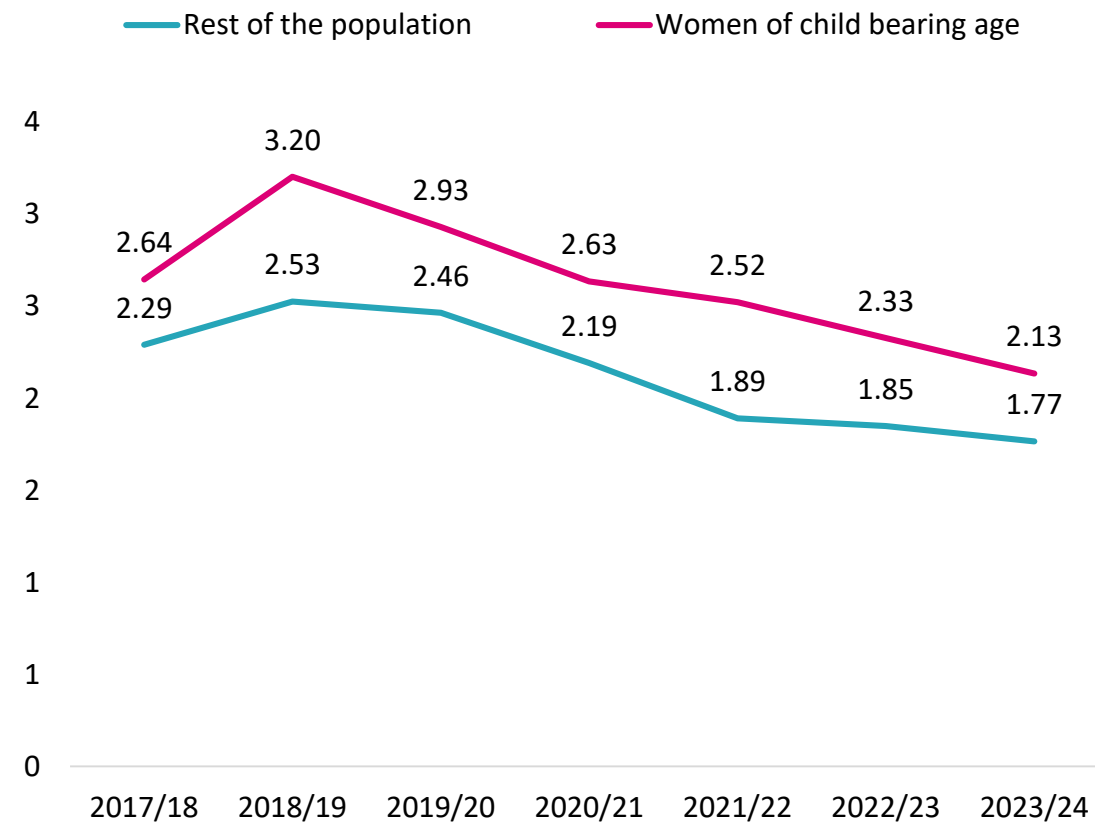
Proportion of MH admissions in the catchment population by gender, 2017/18-2023/24



The rate of mental health admissions for women of child-bearing age is consistently higher than the rest of the population, making up around 30% of all admissions

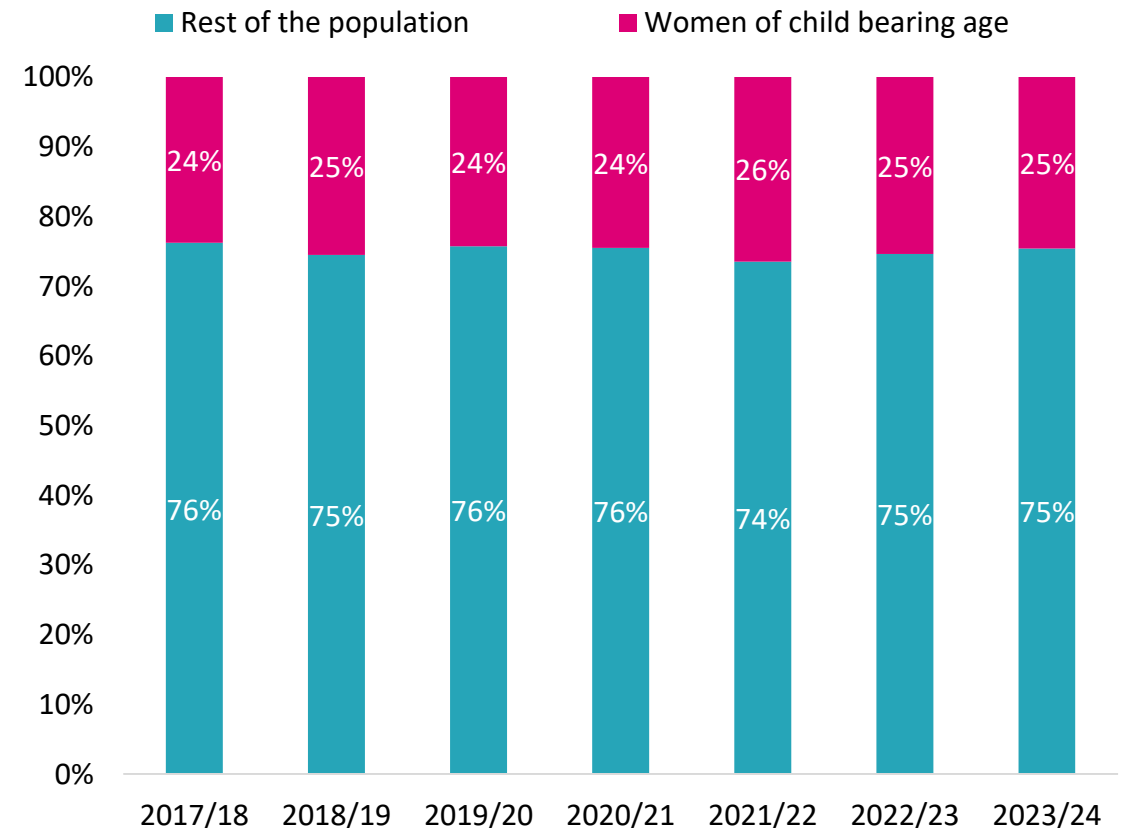
Mental health admissions for women of child bearing age per 1,000 population

MH admissions in the catchment population for women of child bearing age, 2017/18-2023/24



Proportion of mental health admissions by women of child bearing age

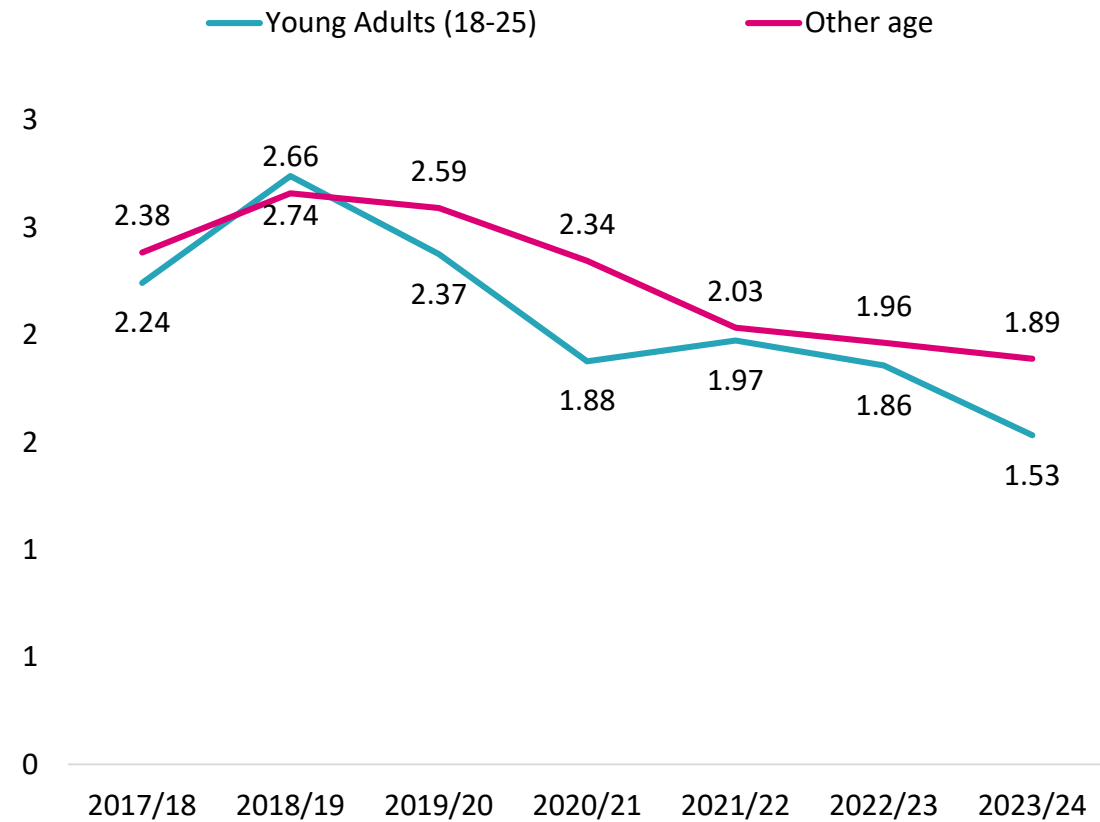
Proportion of MH admissions in the catchment population for women of child bearing age, 2017/18-2023/24



The rate of mental health admissions for young adults fell more sharply in 2020/21 compared to the other age groups, although subsequently risen

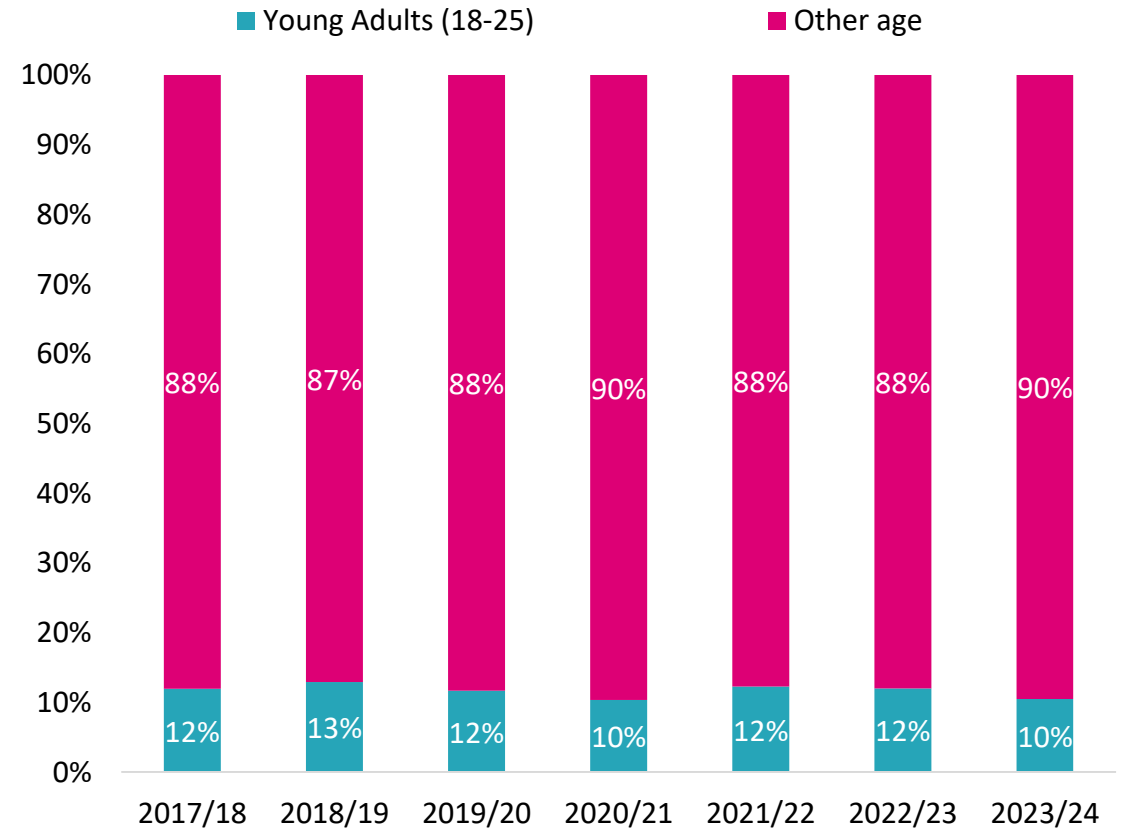
Mental health admissions by young adults per 1,000 population

MH admissions in the catchment population by age, 2017/18-2023/24



Proportion of mental health admissions by young adults

Proportion of MH admissions in the catchment population for young adults, 2017/18-2023/24

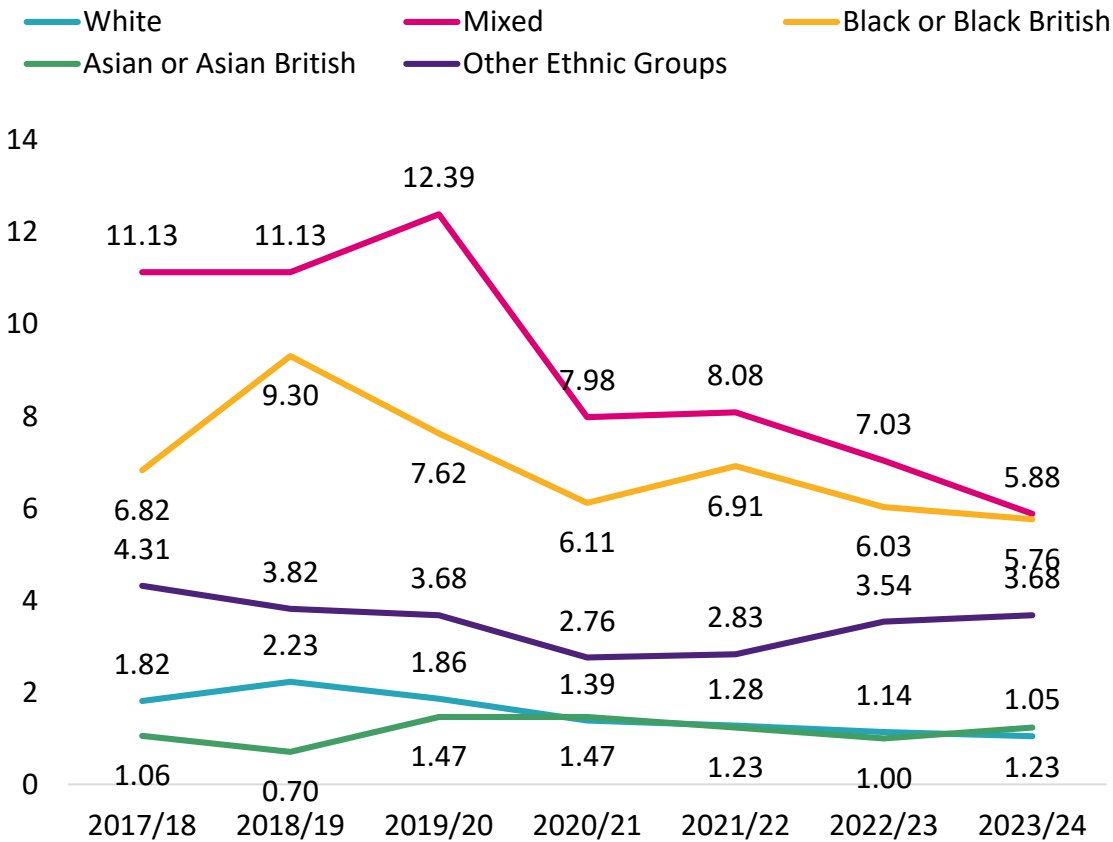


Impact on inpatient admissions for Kensington and Chelsea residents

The mixed and black ethnic groups have the highest volume of admissions per 1,000 population; the white population had the proportion of highest total admissions in K&C

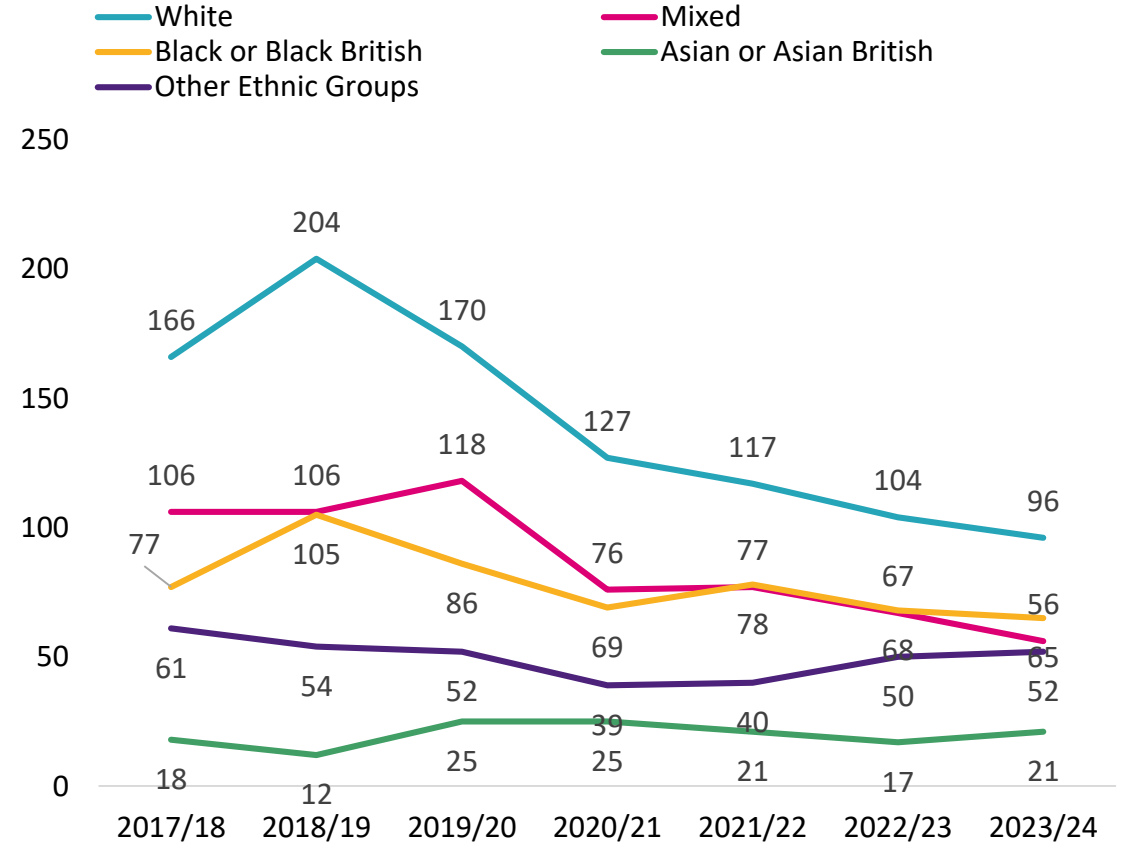
Mental health admissions by ethnic groups per 1,000 population

MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Mental health admissions by ethnic groups

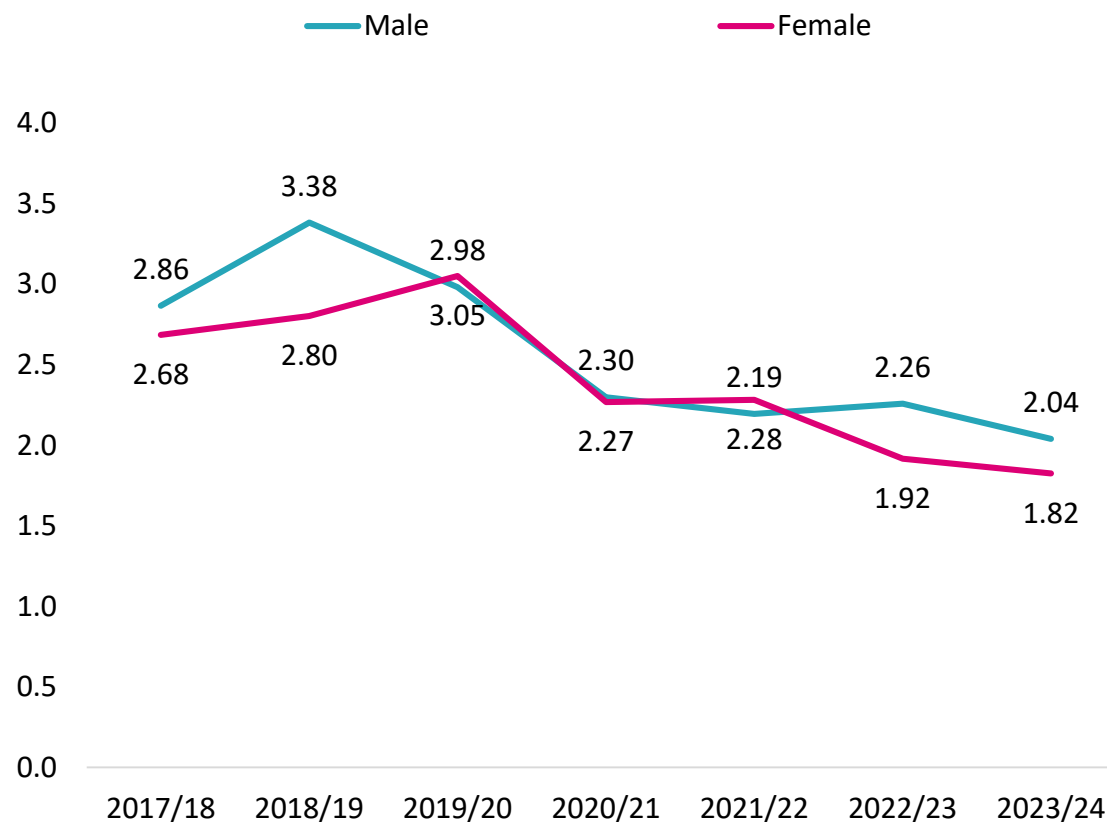
MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Admissions per 1,000 population has decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men in K&C

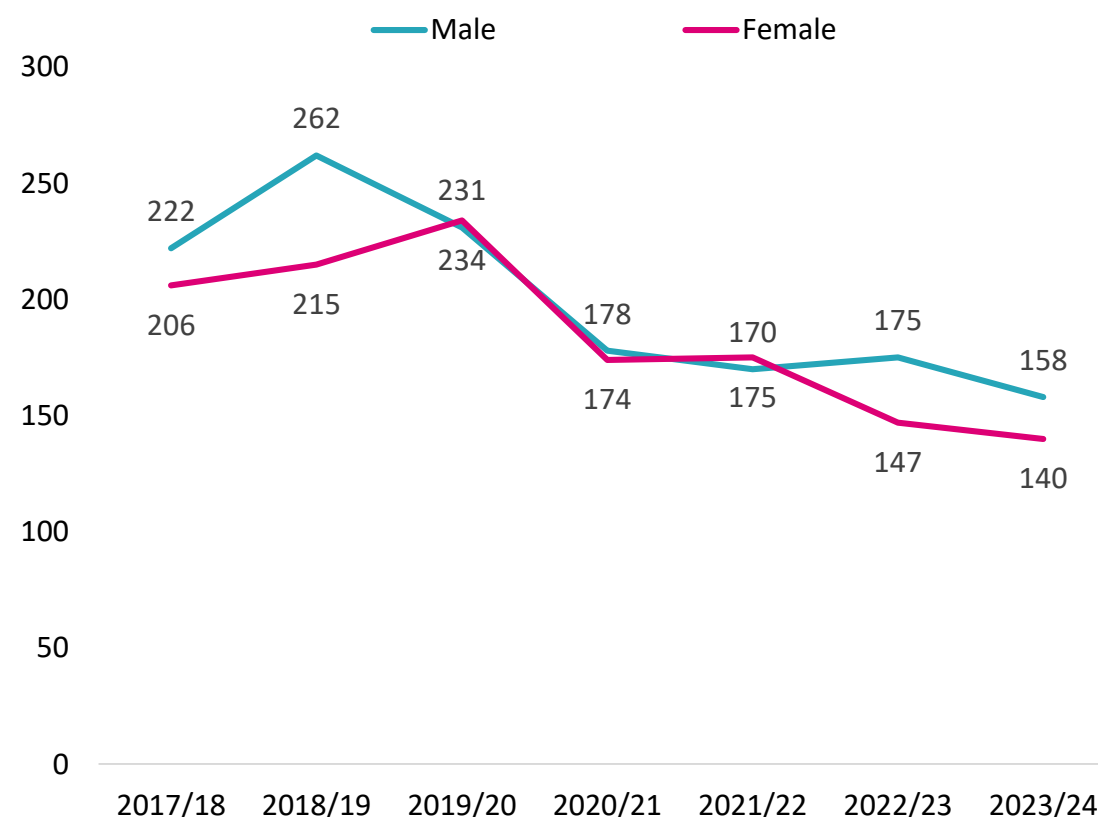
Mental health admissions by gender per 1,000 population

MH admissions in the catchment population by gender, 2017/18-2023/24



Mental health admissions by gender

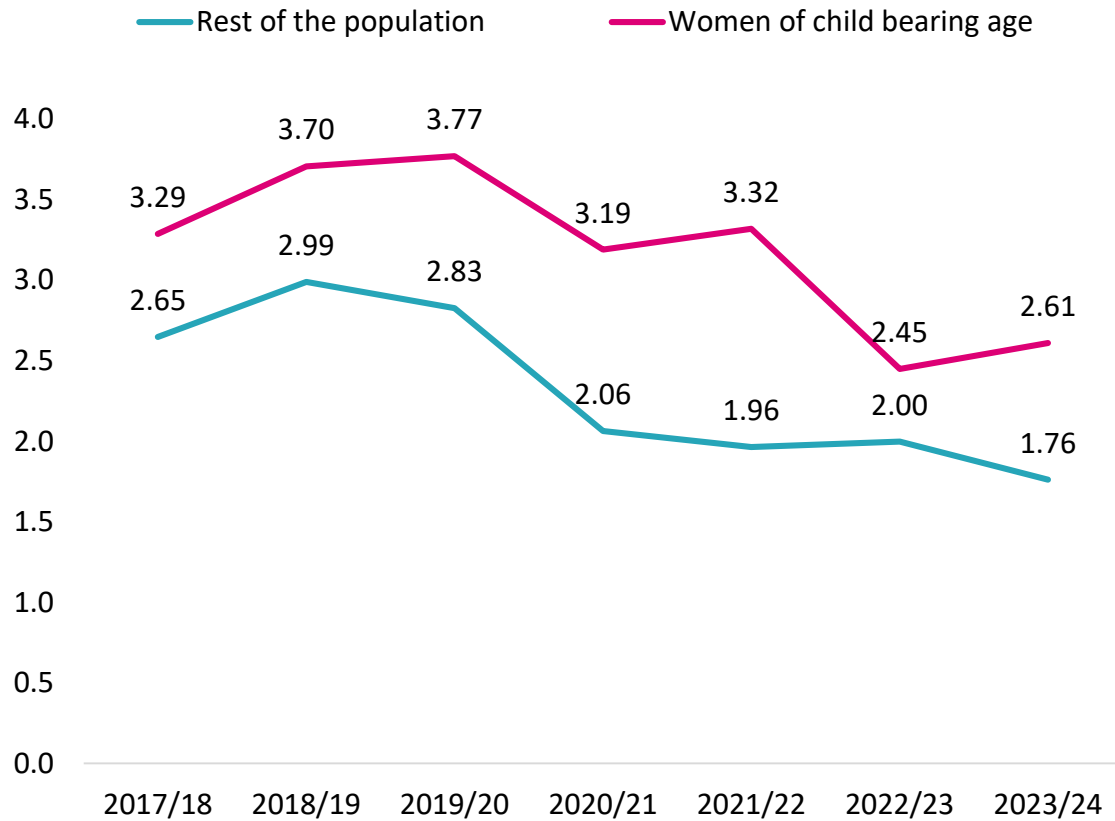
MH admissions in the catchment population by gender, 2017/18-2023/24



The rate of mental health admissions for women of child bearing age is consistently higher than the rest of the population in K&C

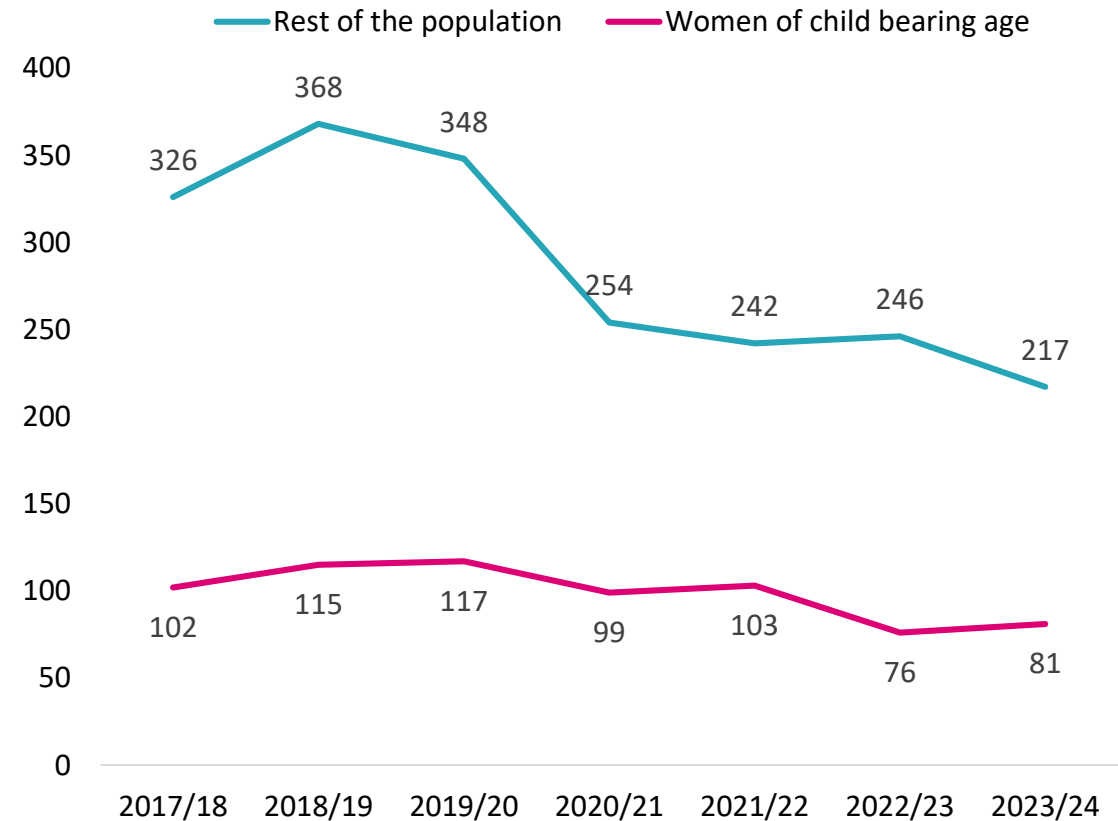
Mental health admissions for women of child bearing age per 1,000 population

MH admissions in the catchment population for women of child bearing age, 2017/18-2023/24



Total mental health admissions by women of child bearing age

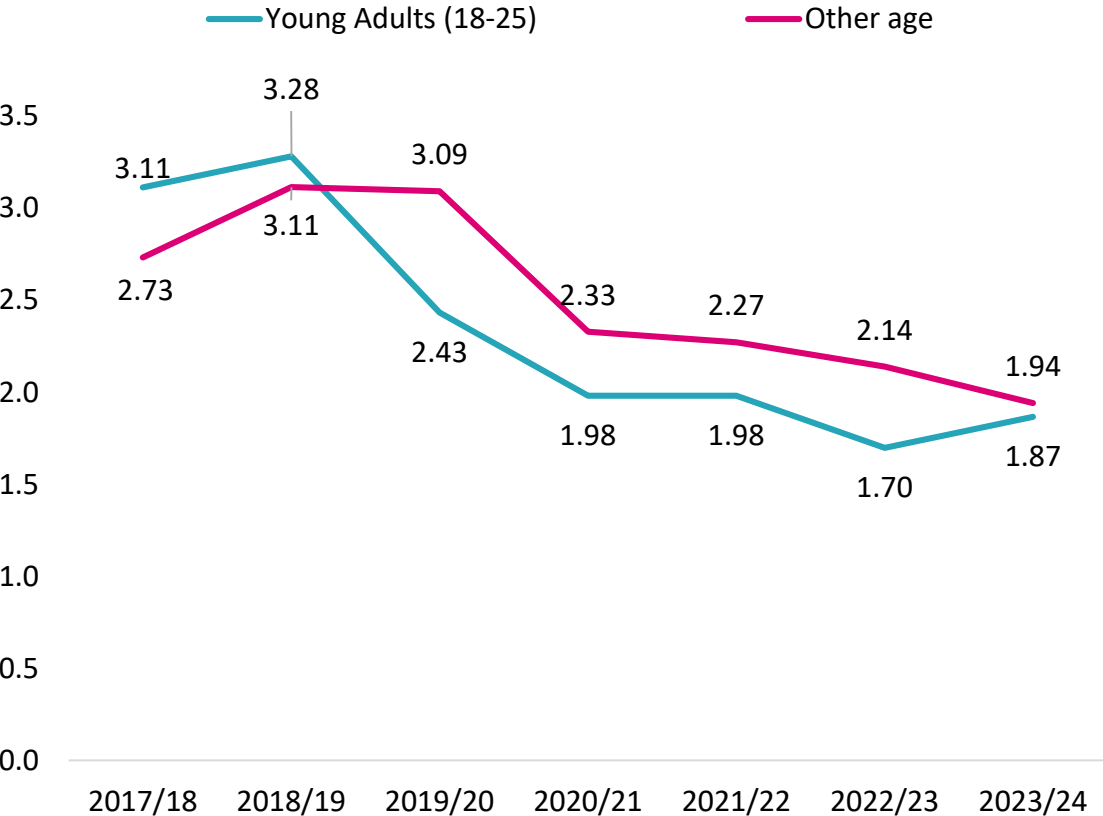
Total MH admissions in the catchment population by women of child bearing age, 2017/18-2023/24



The rate of mental health admissions for young adults fell in 2020/21 compared to the other age groups, although subsequently risen in K&C

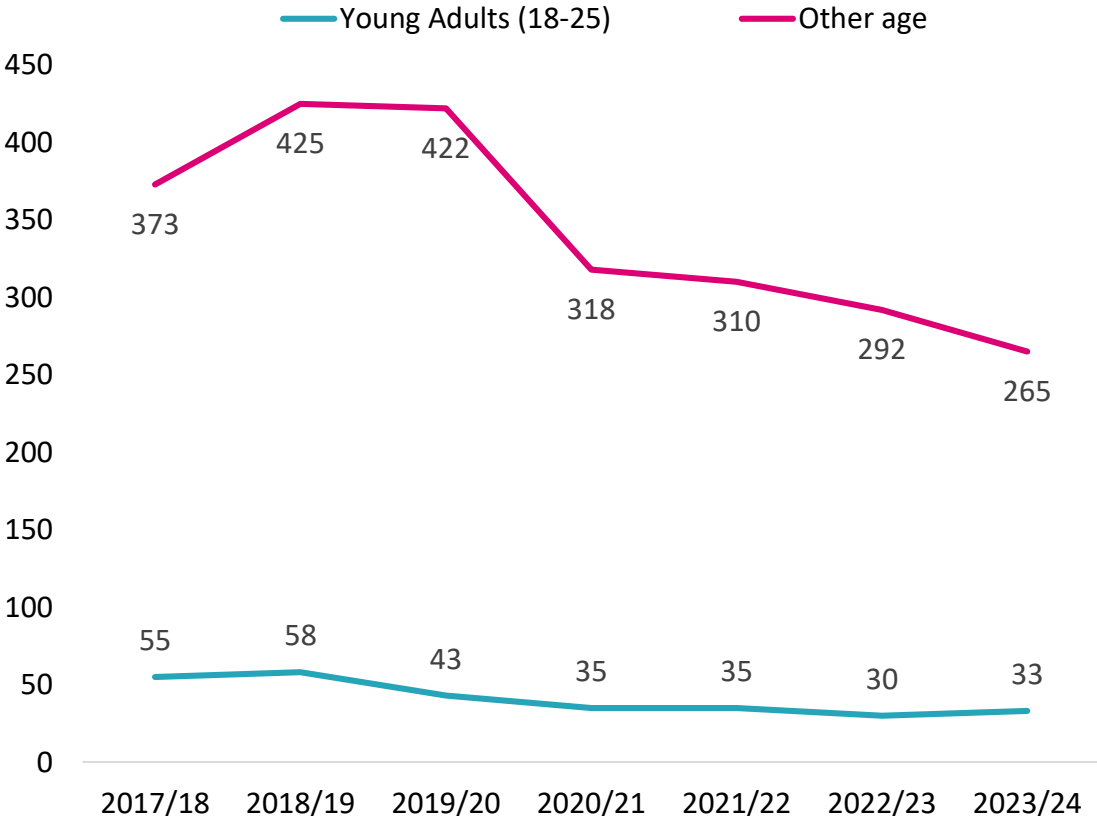
Mental health admissions by young adults per 1,000 population

MH admissions in the catchment population for young adults, 2017/18-2023/24



Total mental health admissions by young adults

Total MH admissions in the catchment population by young adults, 2017/18-2023/24

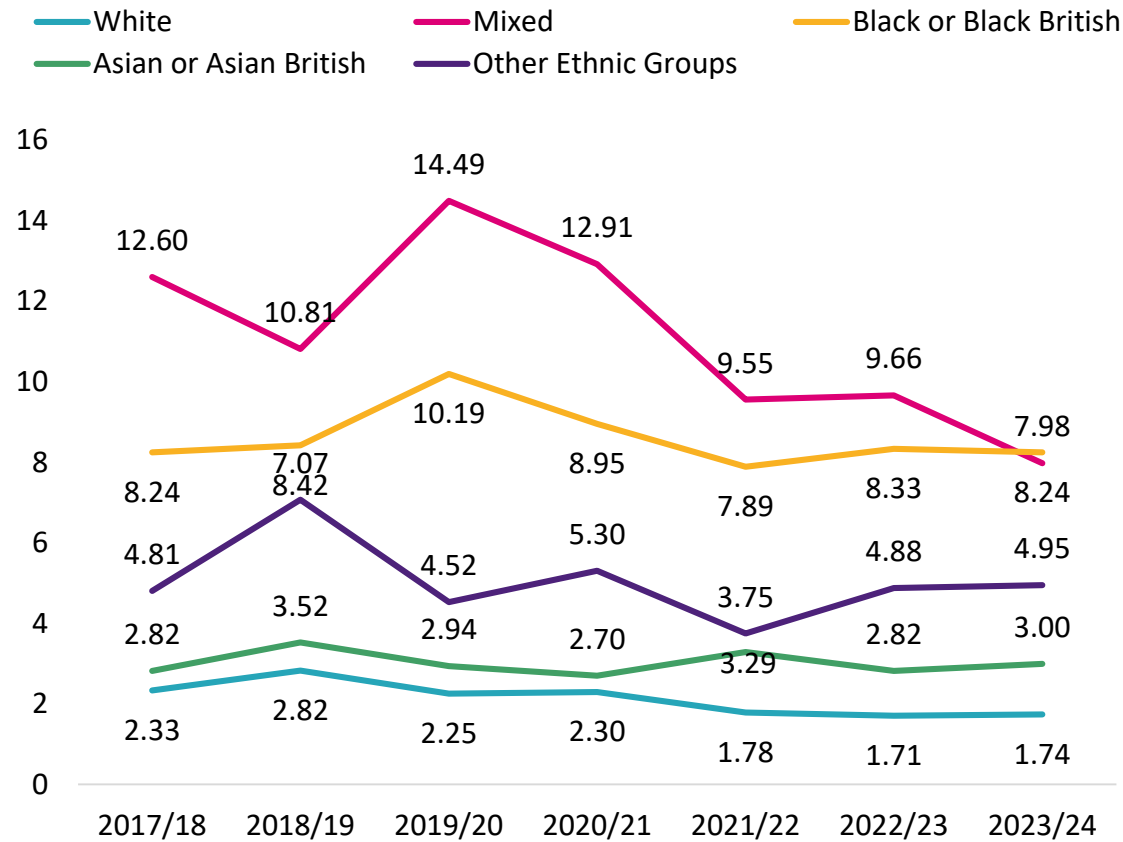


Impact on inpatient admissions for Westminster residents

The mixed and black ethnic groups have the highest volume of admissions per 1,000; the white population had the proportion of highest total admissions in Westminster

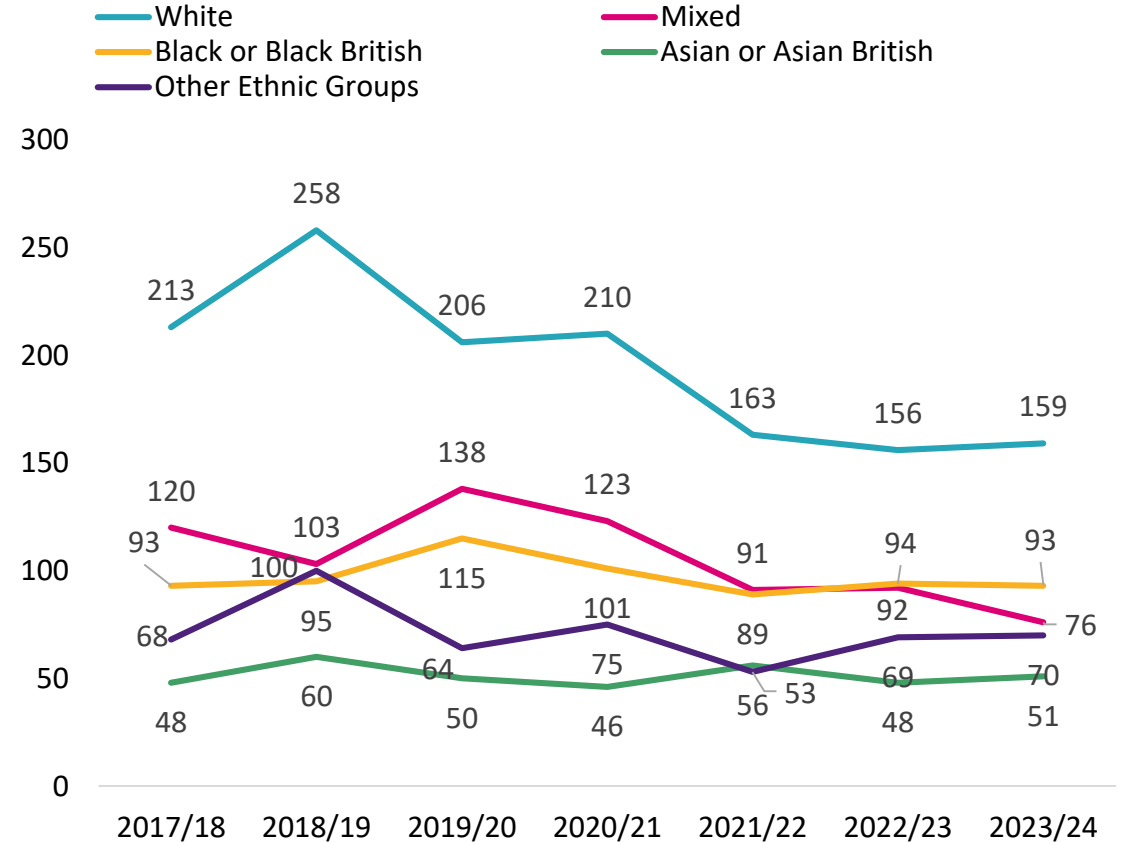
Mental health admissions by ethnic groups per 1,000 population

MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Mental health admissions by ethnic groups

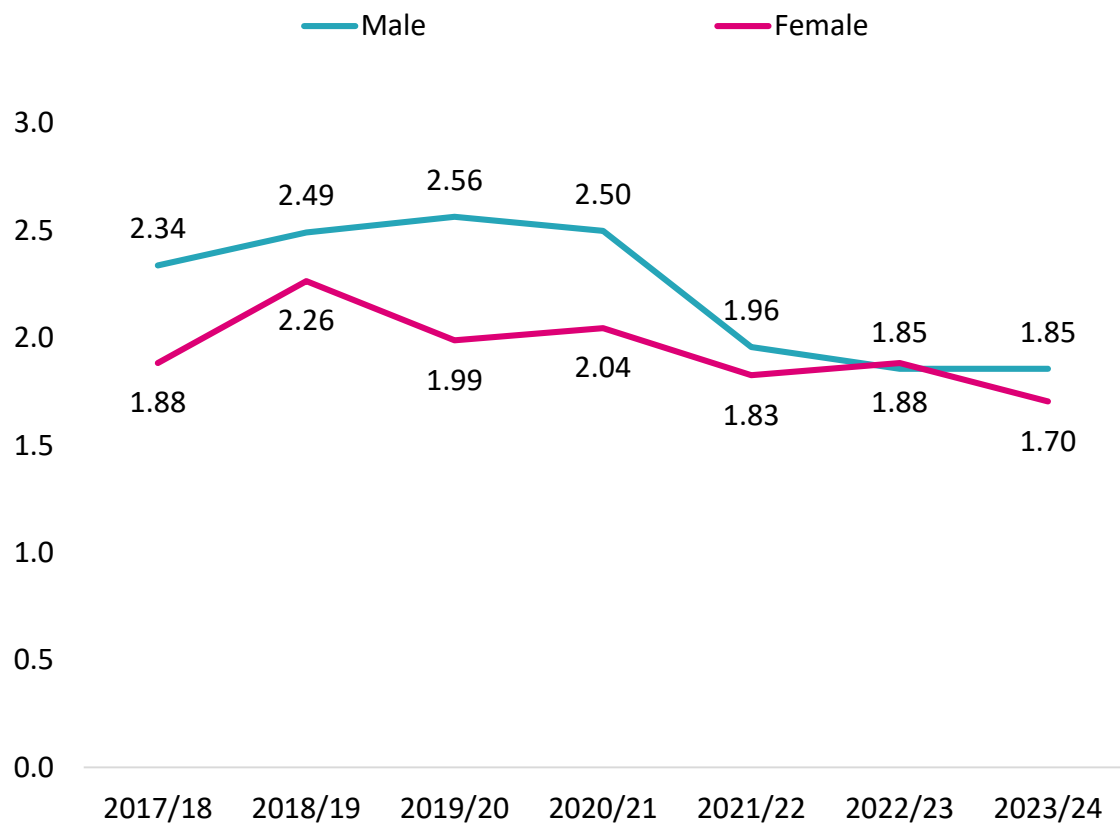
MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Admissions per 1,000 population has decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men in Westminster

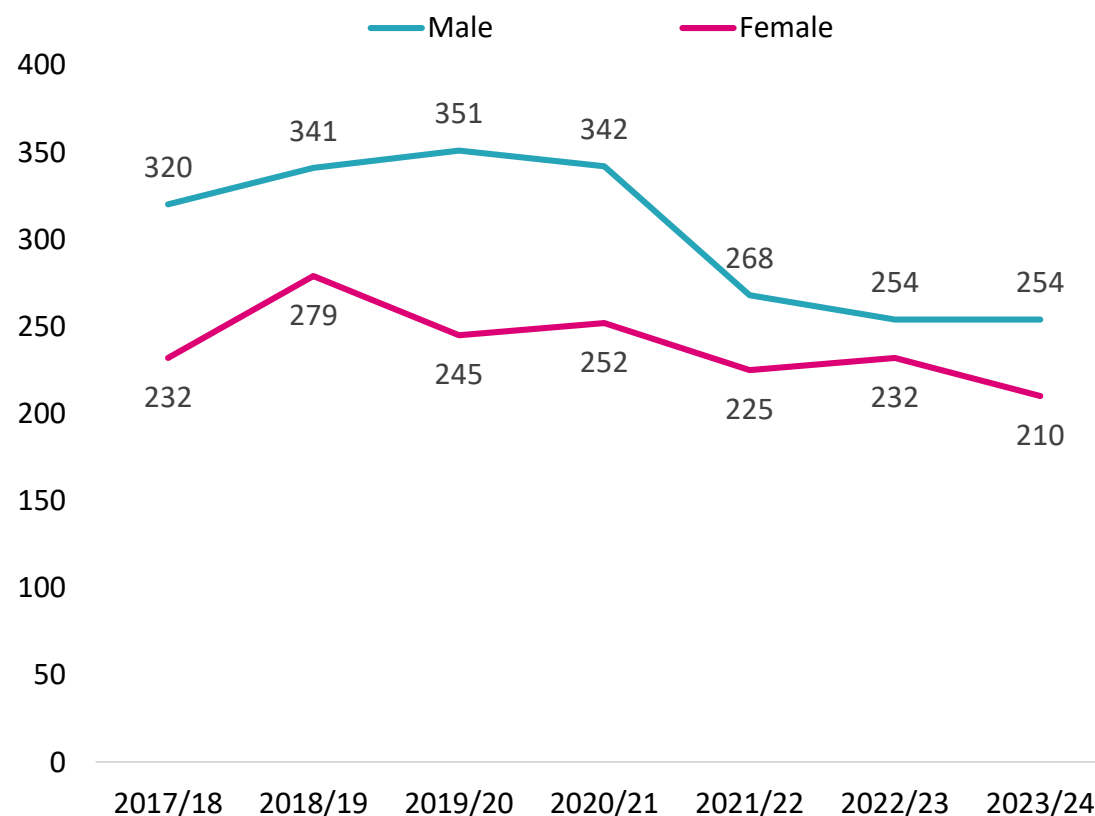
Mental health admissions by gender per 1,000 population

MH admissions in the catchment population by gender, 2017/18-2023/24



Mental health admissions by gender

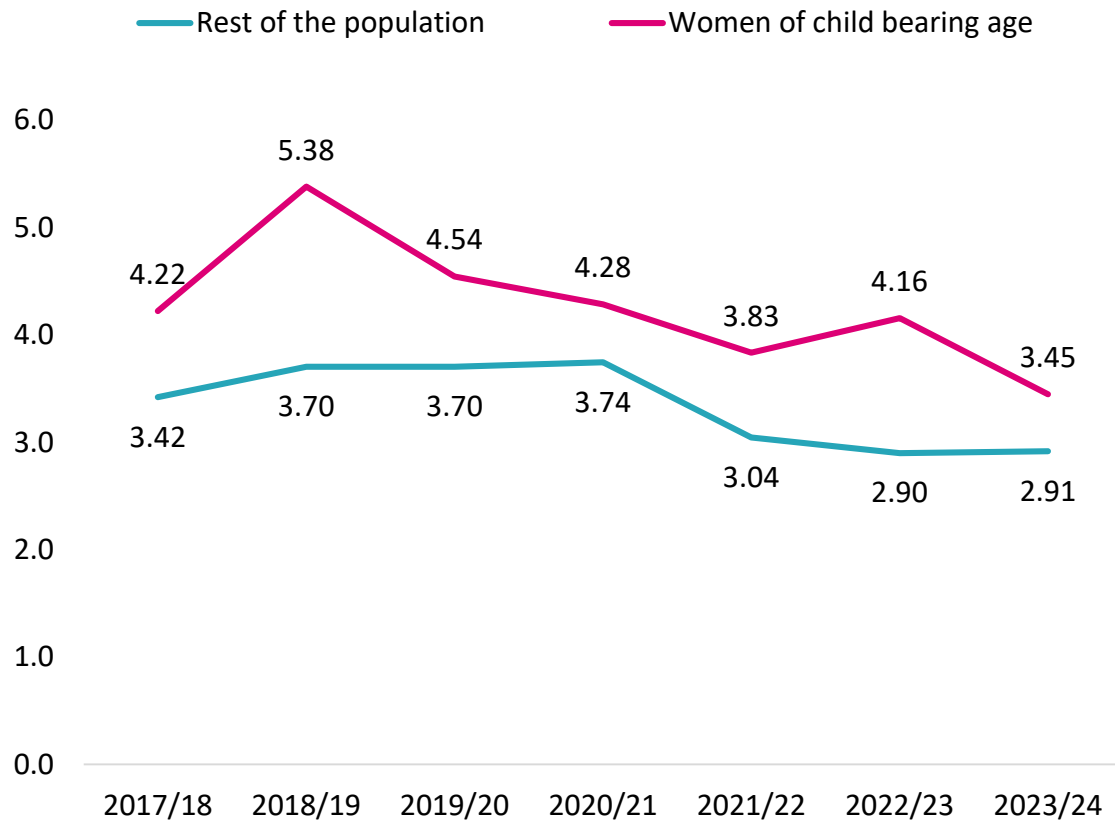
MH admissions in the catchment population by gender, 2017/18-2023/24



The rate of mental health admissions for women of child bearing age is consistently higher than the rest of the population in Westminster

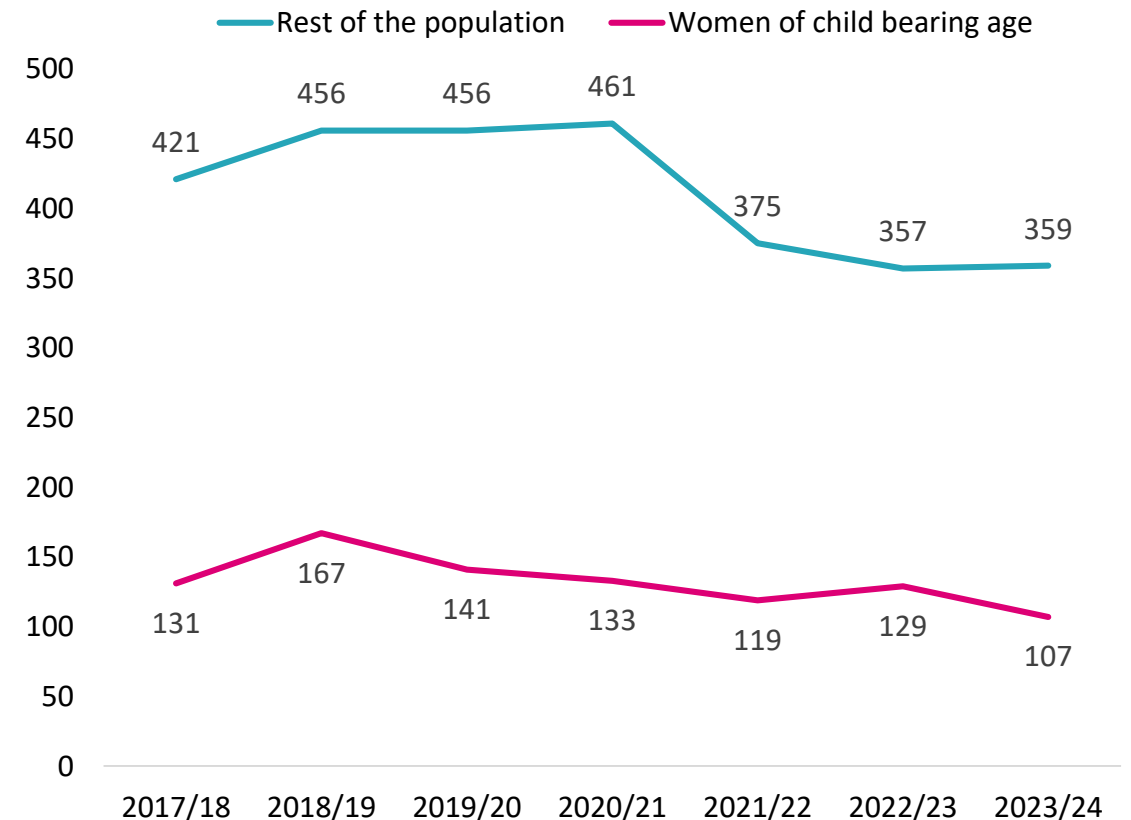
Mental health admissions for women of child bearing age per 1,000 population

MH admissions in the catchment population for women of child bearing age, 2017/18-2023/24



Total mental health admissions by women of child bearing age

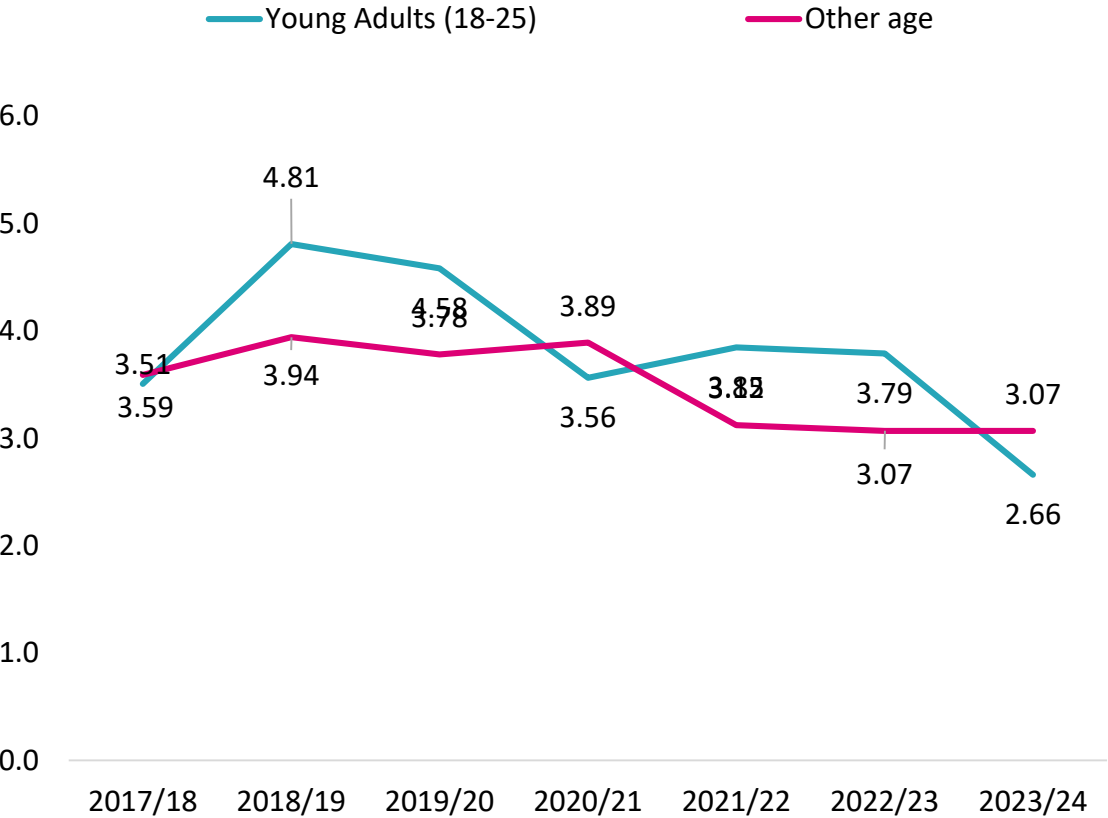
Total MH admissions in the catchment population by women of child bearing age, 2017/18-2023/24



The rate of mental health admissions for young adults fell in 2020/21 compared to the other age groups, although subsequently risen in Westminster

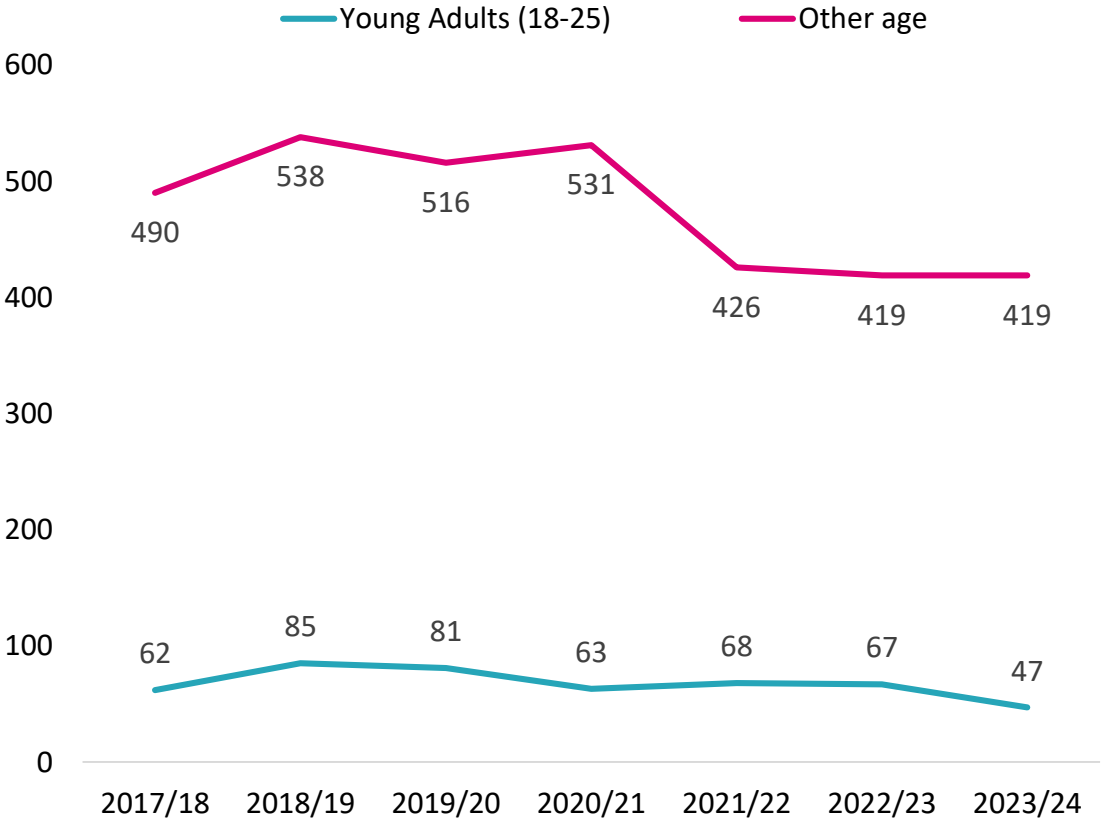
Mental health admissions by young adults per 1,000 population

MH admissions in the catchment population by age, 2017/18-2023/24



Total mental health admissions by young adults

Total MH admissions in the catchment population by young adults, 2017/18-2023/24

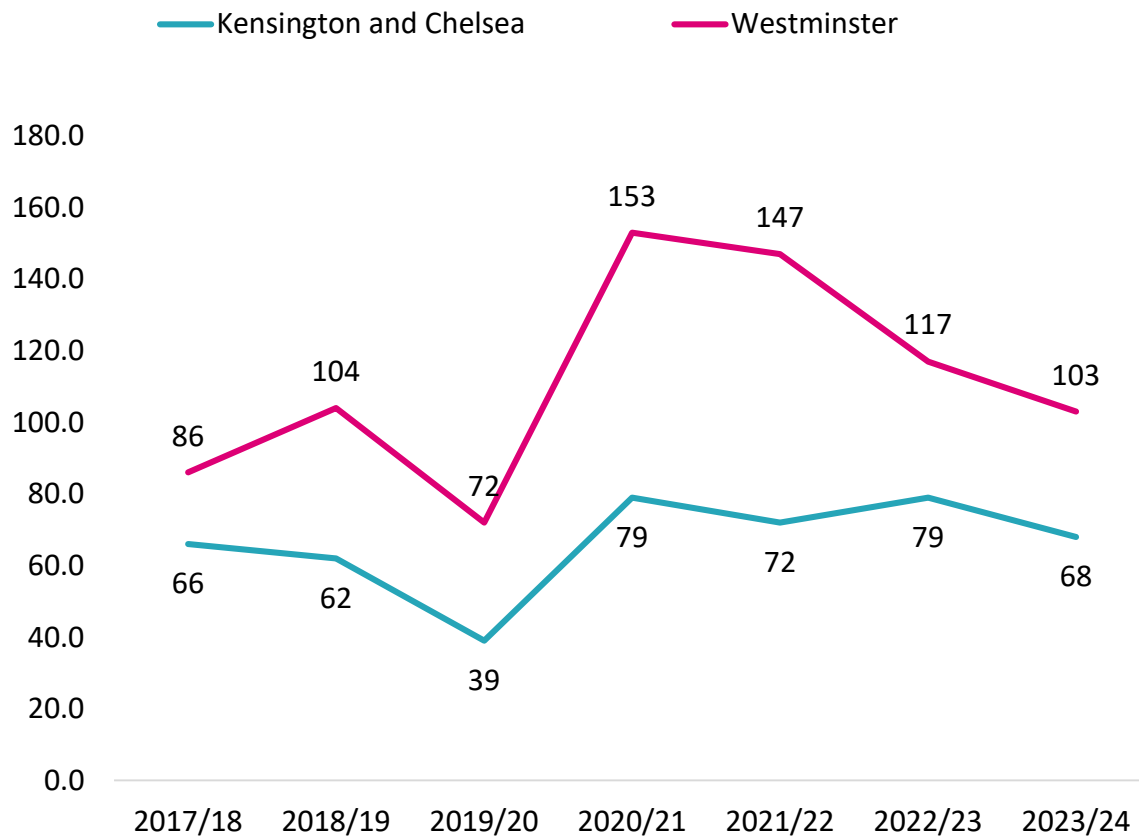


Impact on admissions – out of borough admissions

There has been an increase in the percentage of out of borough mental health admissions for patients in Kensington and Chelsea and Westminster

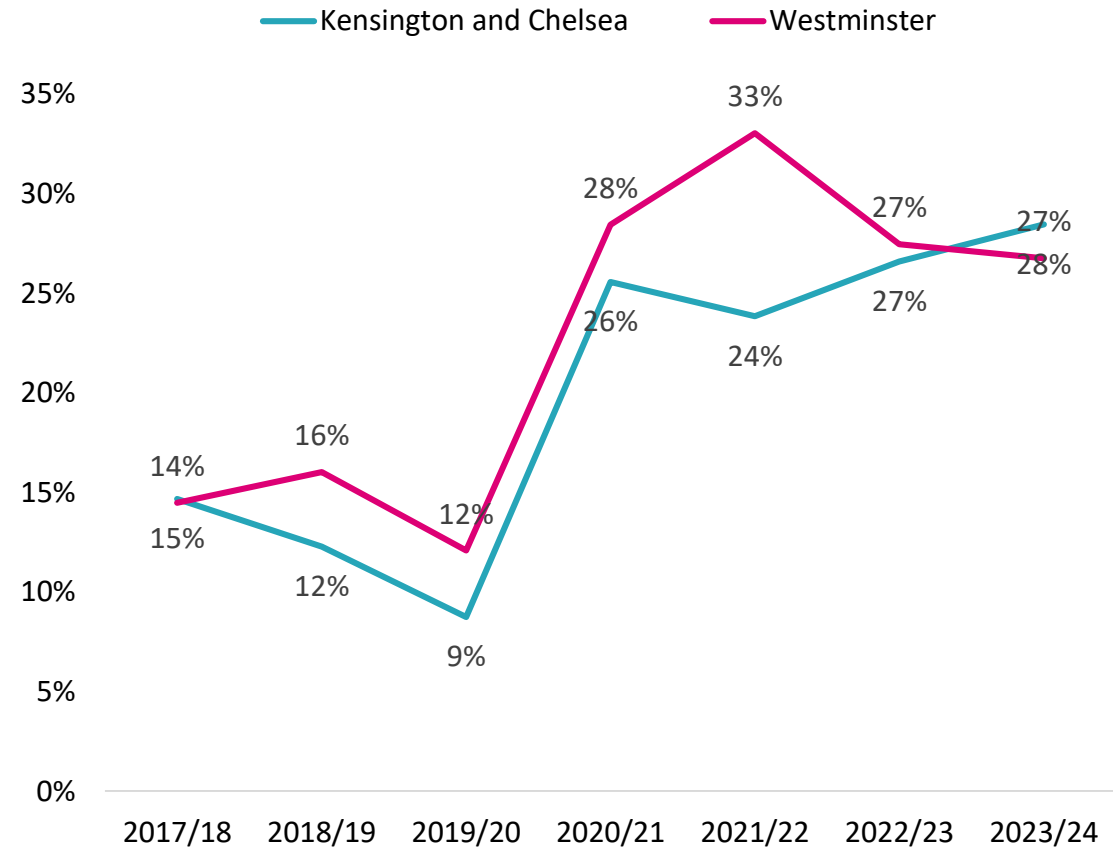
Out of borough mental health admissions for patients in K&C and Westminster

Admissions, 2017/18-2023/24



Out of borough mental health admissions for patients in K&C and Westminster

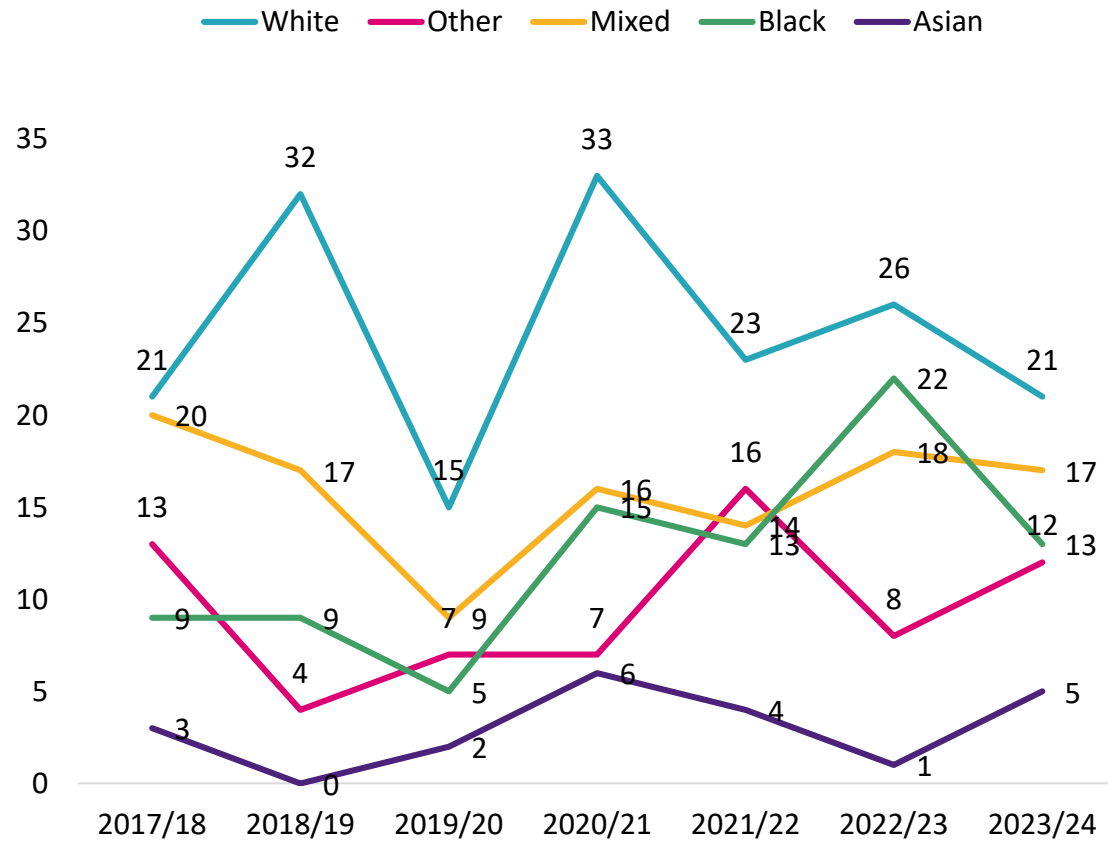
% of total, 2017/18-2023/24



The closure of the Gordon has not disproportionately affected the number of out of borough admissions when assessing admissions by ethnic group

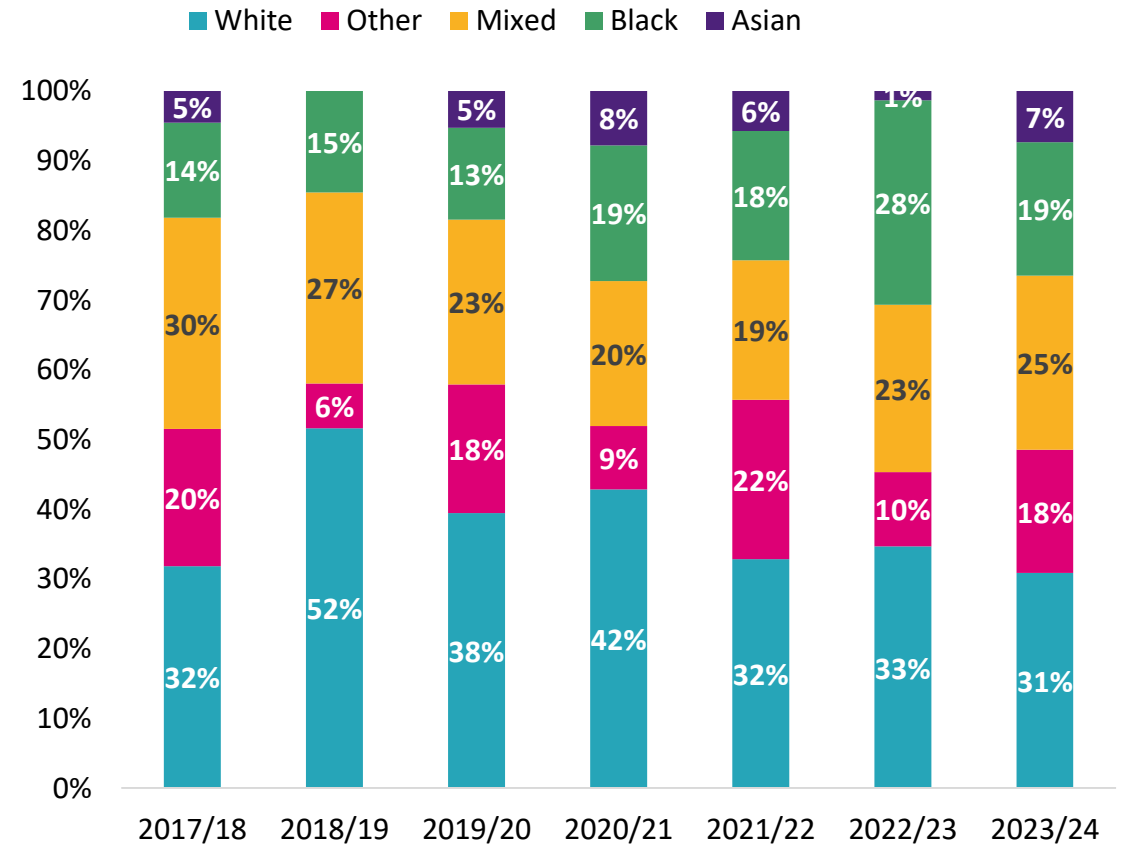
Out of borough mental health admissions for patients by ethnicity

Admissions, 2017/18-2023/24



Out of borough mental health admissions for patients by ethnicity

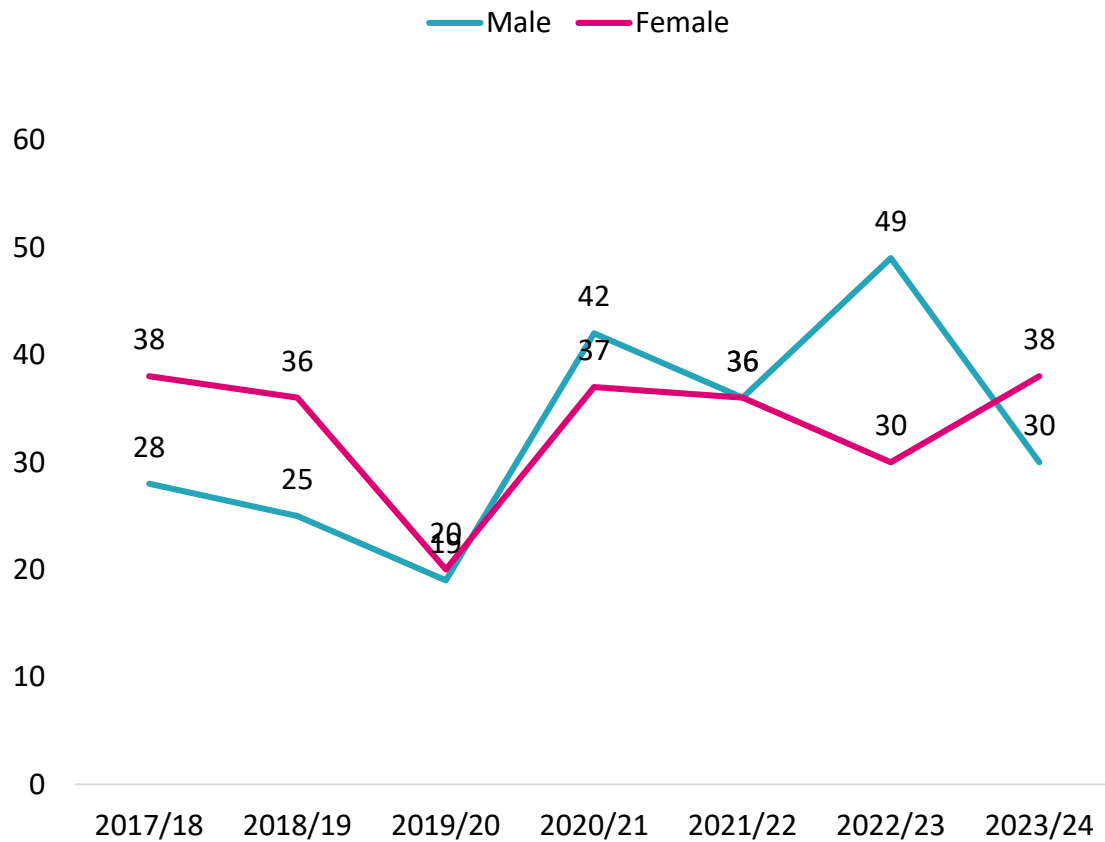
% of total, 2017/18-2023/24



There has been a small increase in the percentage of out of borough placements for females in the last year

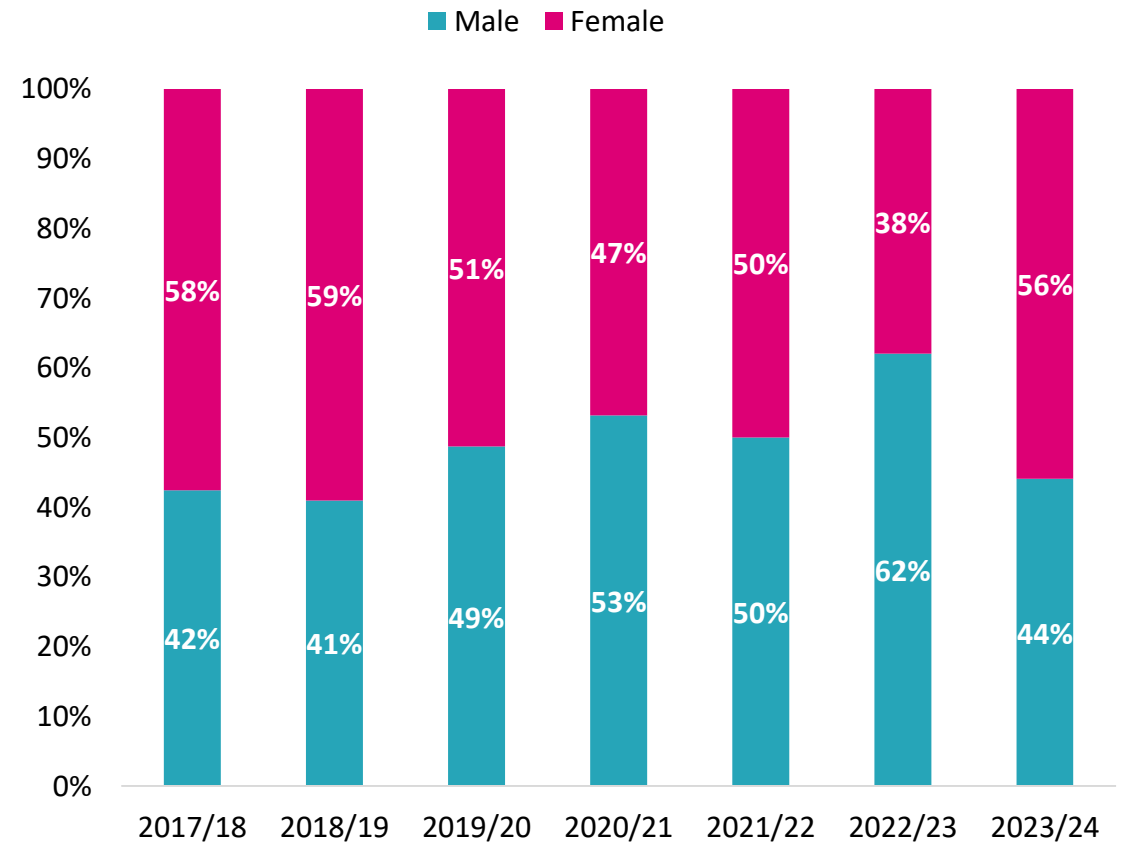
Out of borough mental health admissions for patients by gender

Admissions, 2017/18-2023/24



Out of borough mental health admissions for patients by gender

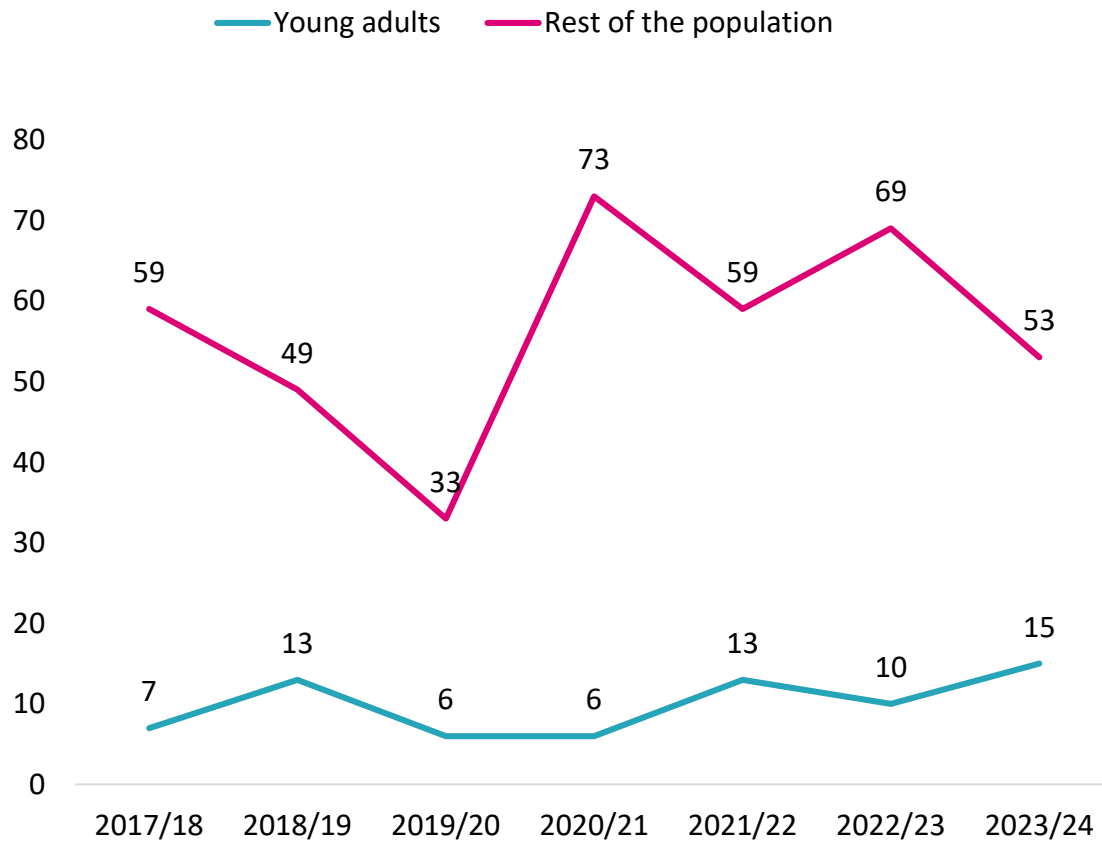
% of total, 2017/18-2023/24



The percentage of out of borough admissions for young adults has almost doubled in the last year as a percentage of total out of borough admissions by age

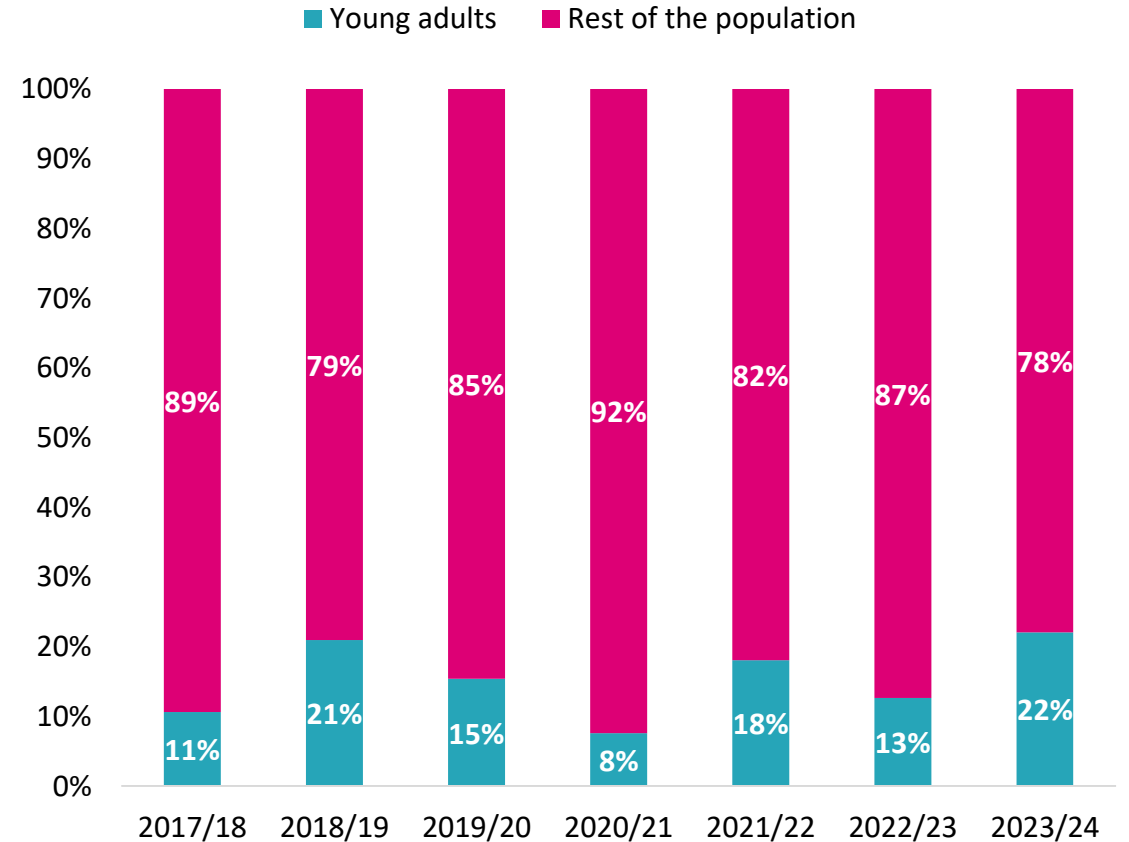
Out of borough mental health admissions for patients by young adults

Admissions, 2017/18-2023/24



Out of borough mental health admissions for patients by young adults

% of total, 2017/18-2023/24

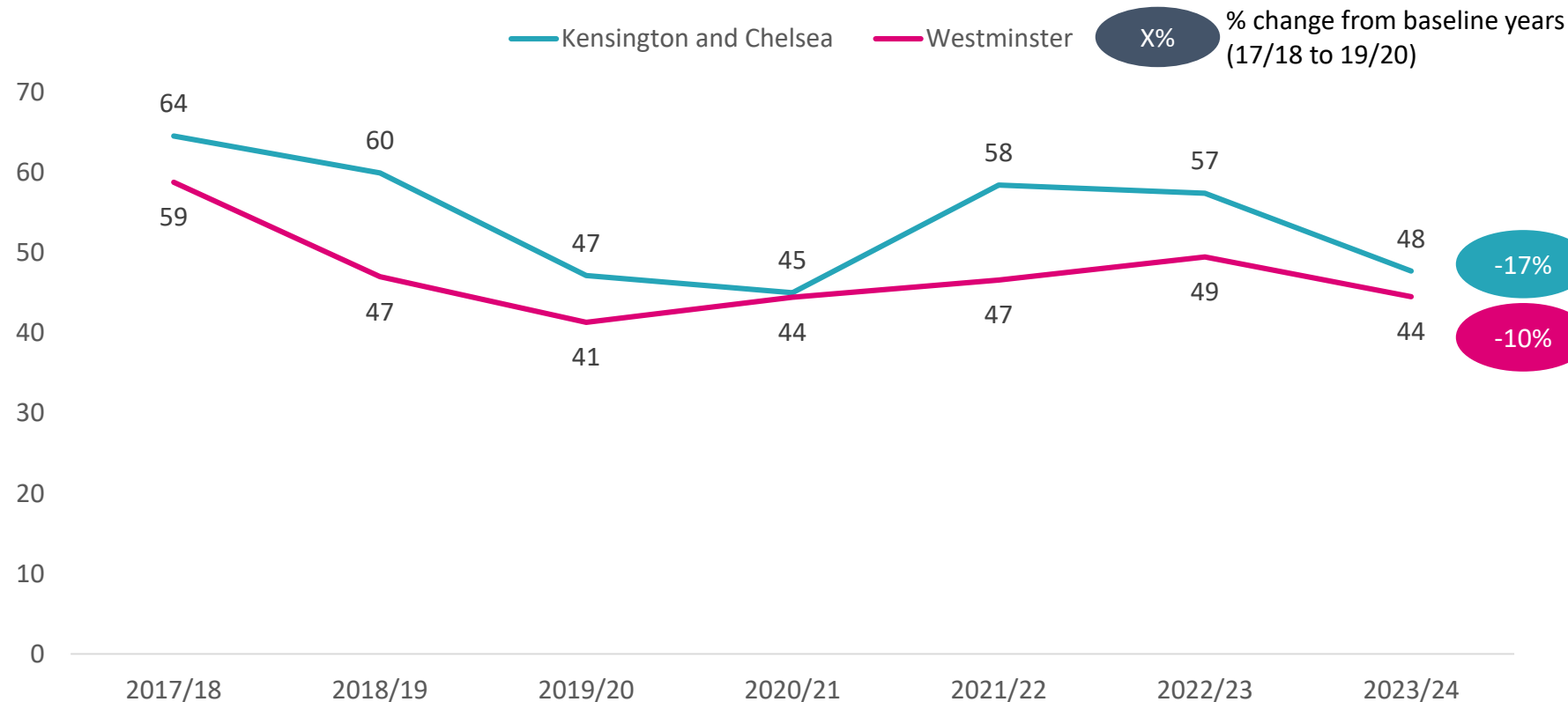


Impact on the length of stay for inpatient admissions

The average length of stay for mental health admissions have declined by 13% compared to pre-Gordon closure average levels across the catchment population

Length of stay for mental Health admissions in Kensington & Chelsea and Westminster

MH admission length of stay (days), 2017/18-2023/24

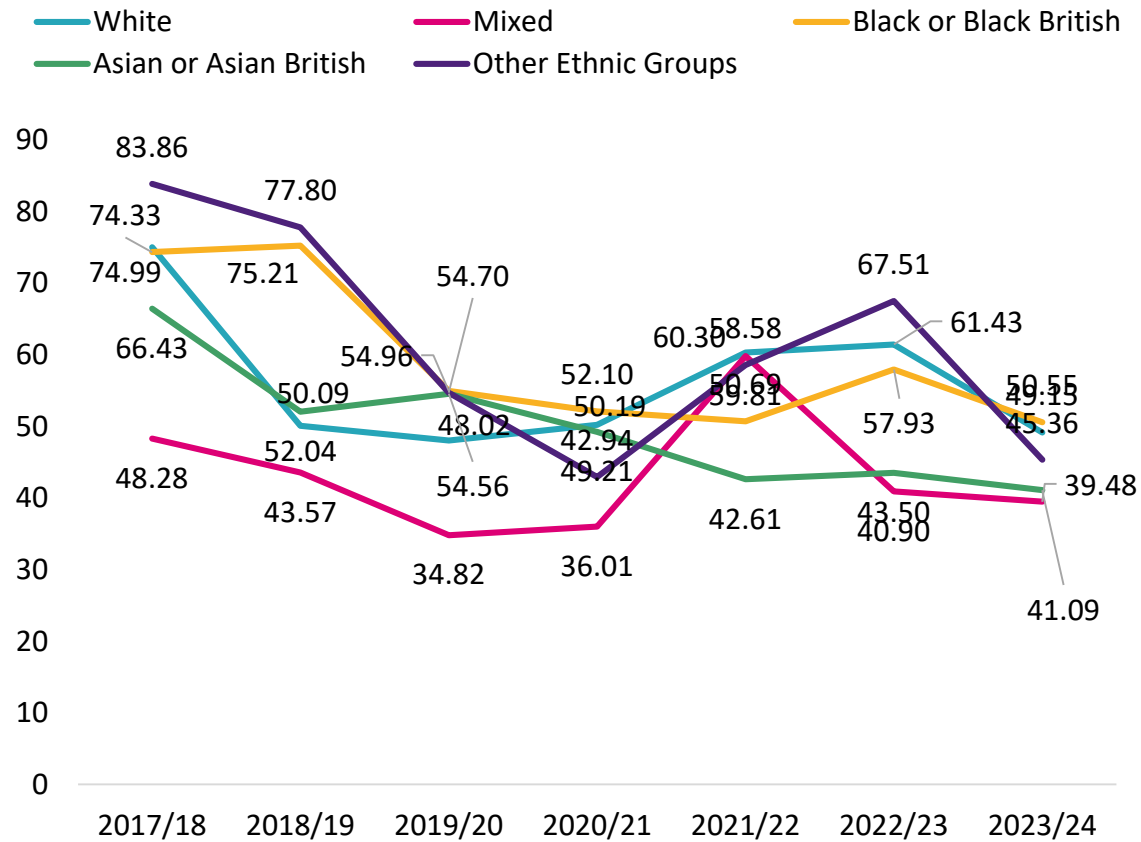


- The mental health length of stay for inpatient admissions for the general population in both Kensington & Chelsea and Westminster have declined since pre-pandemic levels
- Length of stay for admissions have declined by 17% and 10% for Kensington & Chelsea and Westminster, respectively.
- The overall decline for the catchment compared to pre-covid levels is 15%

The white population has the highest proportion of total bed days for all mental health admissions in KCW

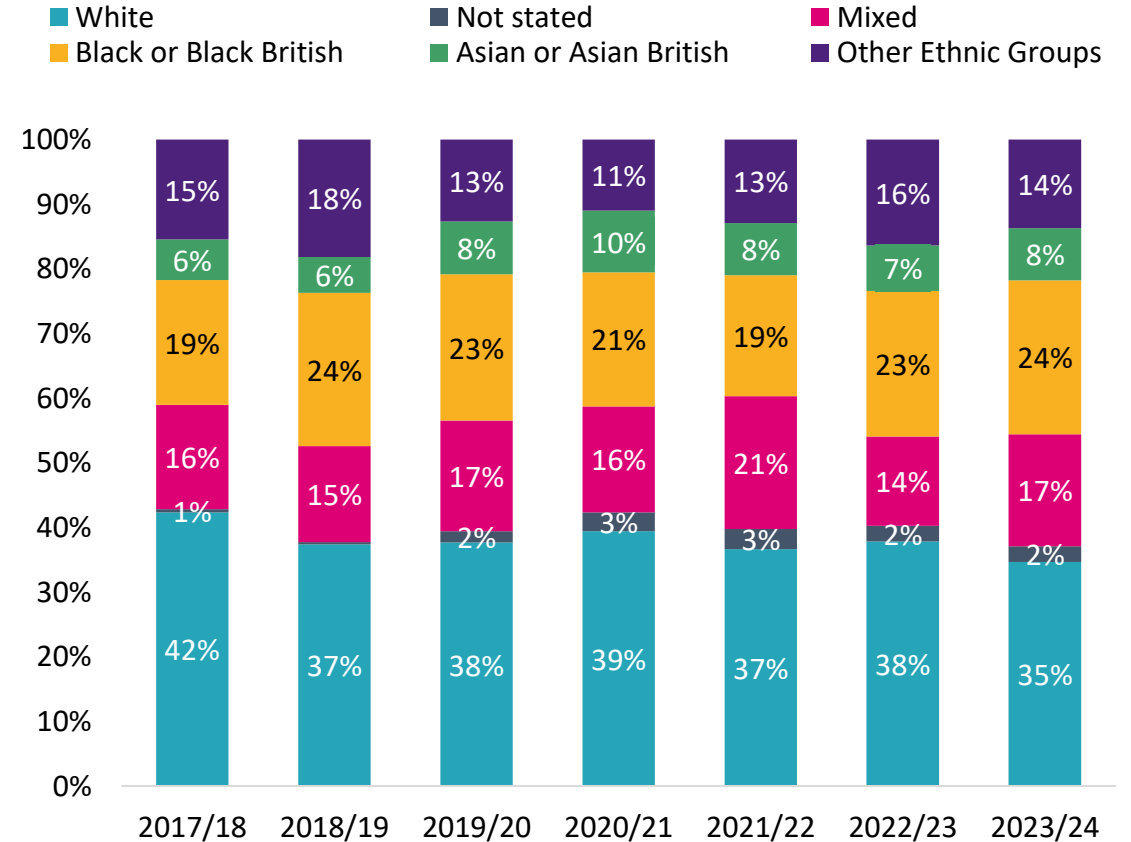
Length of stay for mental health admissions by ethnic groups

Length of stay MH admissions in the catchment population by ethnic group (days), 2017/18-2023/24



Proportion of total bed days for mental health admissions by ethnic groups

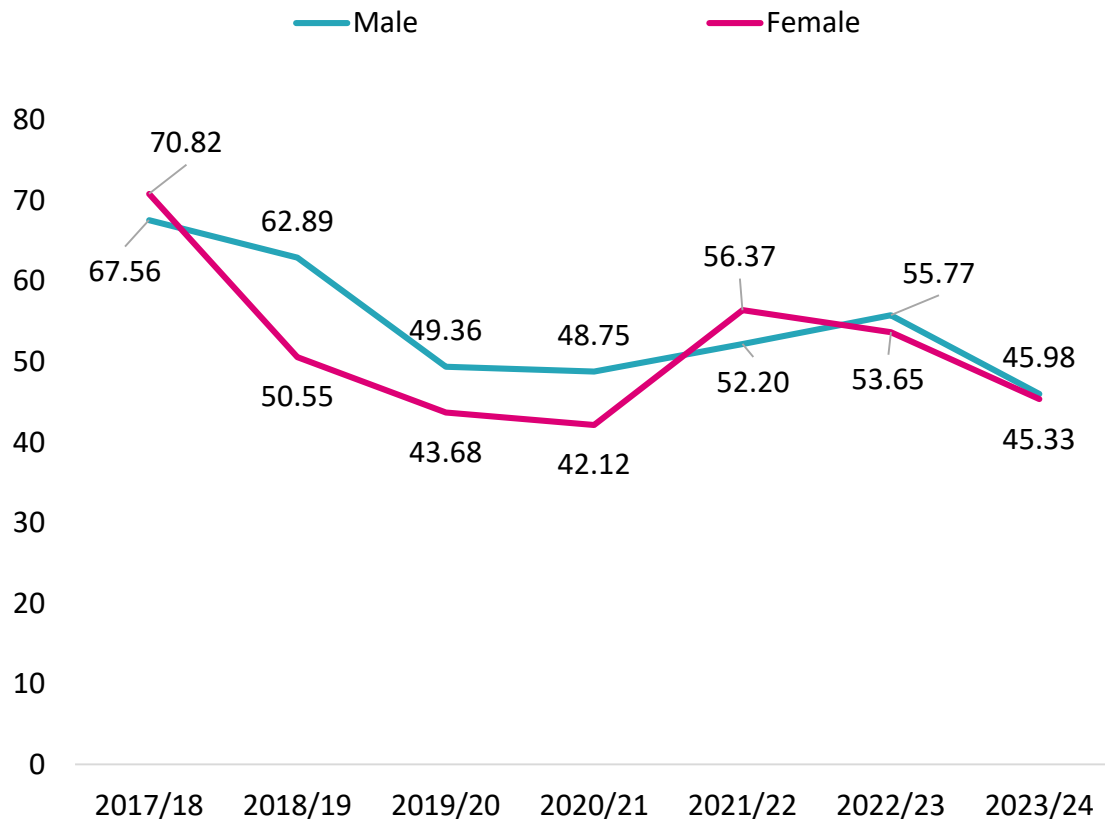
Proportion of total bed days for MH admissions in the catchment population by ethnic group, 2017/18-2023/24



Average length of stay for admissions has decreased for males and females since 2017/18 with lengths of stay now similar for both genders

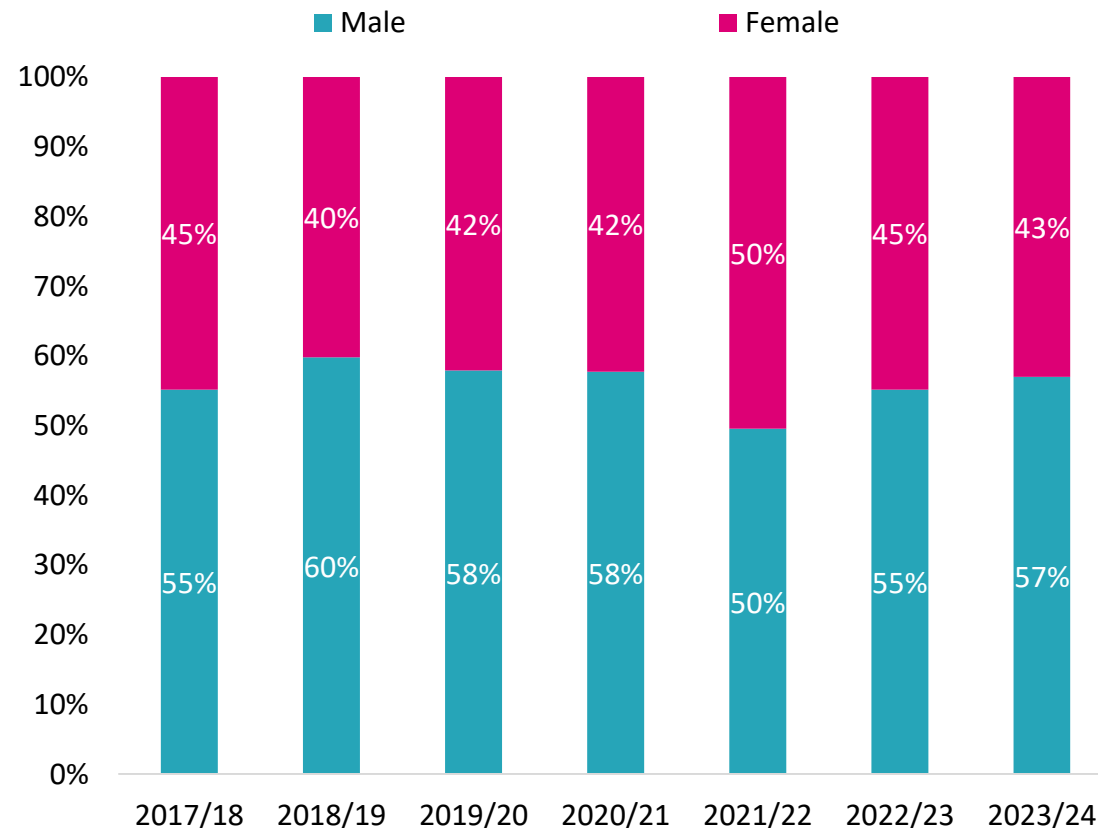
Average length of stay for mental health admissions by gender

Length of stay for MH admissions in the catchment population by gender (days), 2017/18-2023/24



Proportion of total bed days for mental health admissions by gender

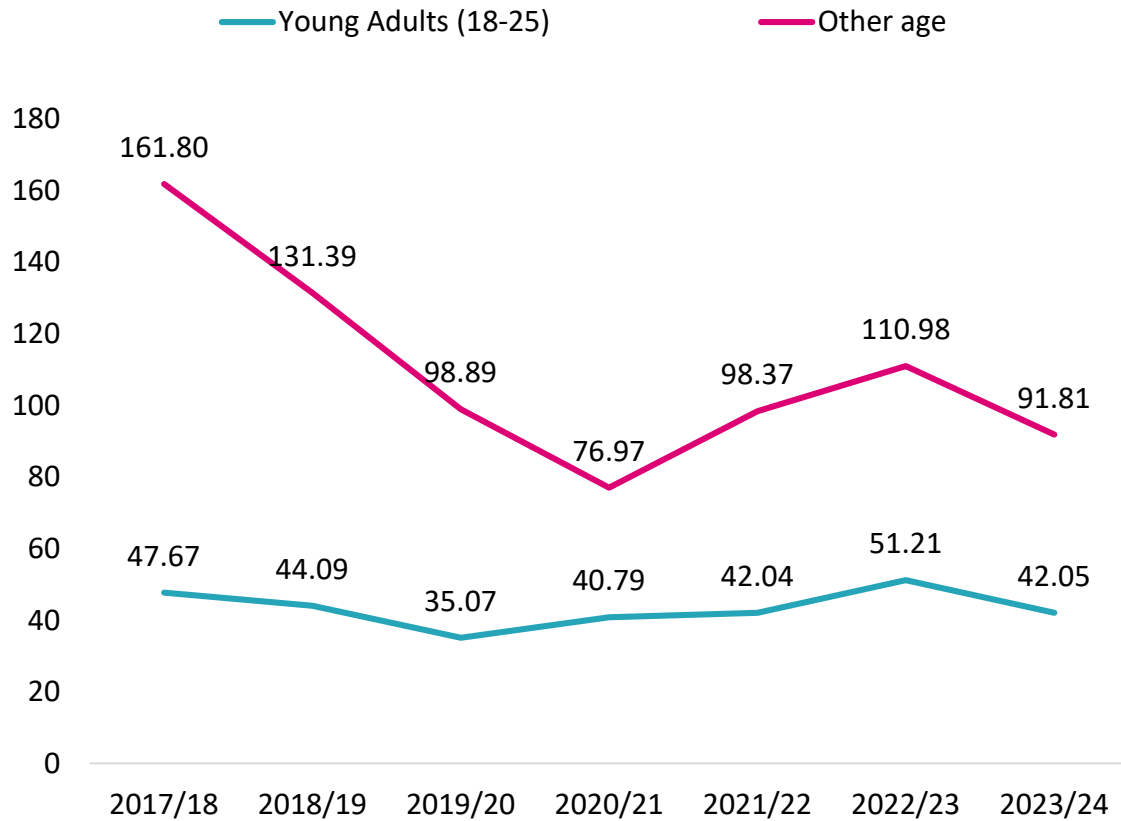
Proportion of total bed days for MH admissions in the catchment population by gender, 2017/18-2023/24



The average length of stay has decreased by 5% for young adults since 2017/18 and continues to be less that of the rest of the population

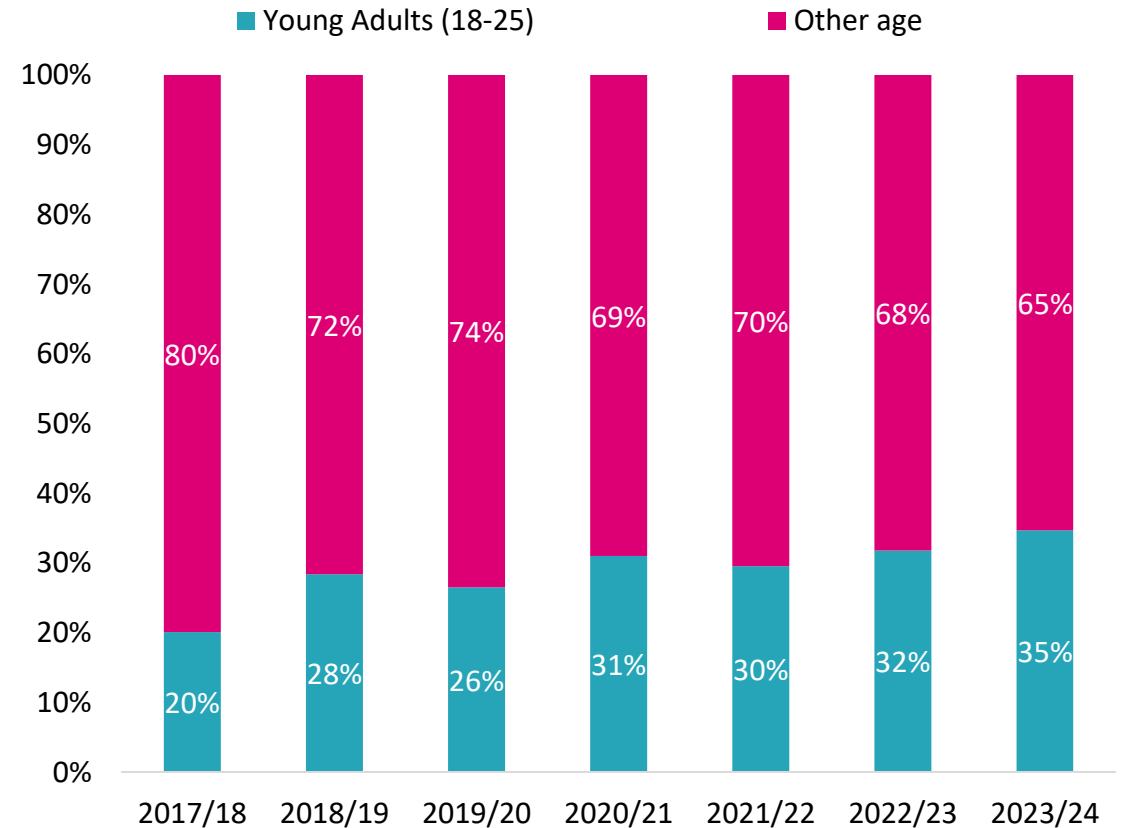
Average length of stay for mental health admissions by young adults

Length of stay for MH admissions in the catchment population for young adults (days), 2017/18-2023/24



Proportion of total bed days for mental health admissions by young adults

Proportion of total bed days for MH admissions in the catchment population for young adults, 2017/18-2023/24

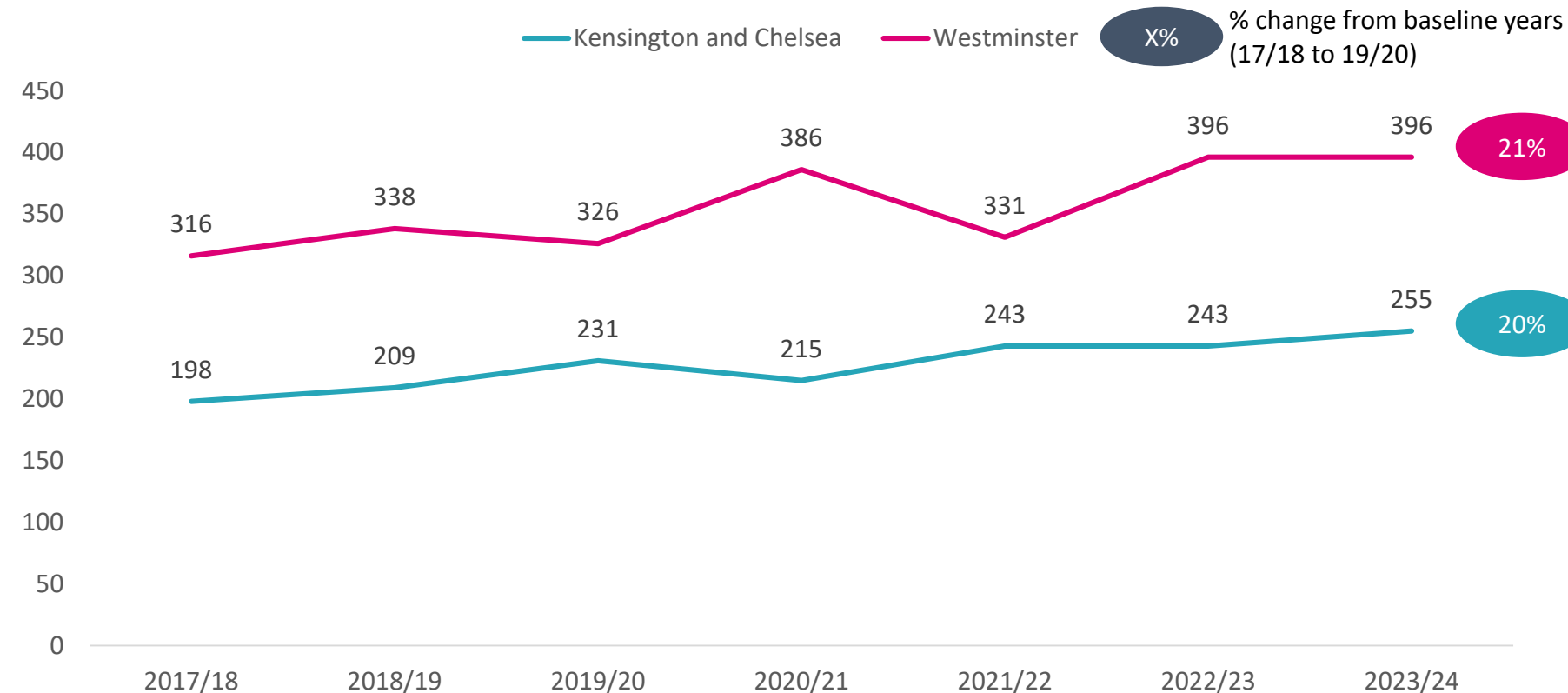


Admissions by section

Total mental health admissions by sections have increase by 21% compared to pre-Gordon closure average levels across the catchment population

Mental Health admissions by section in Kensington & Chelsea and Westminster

MH admissions by section, 2017/18-2023/24

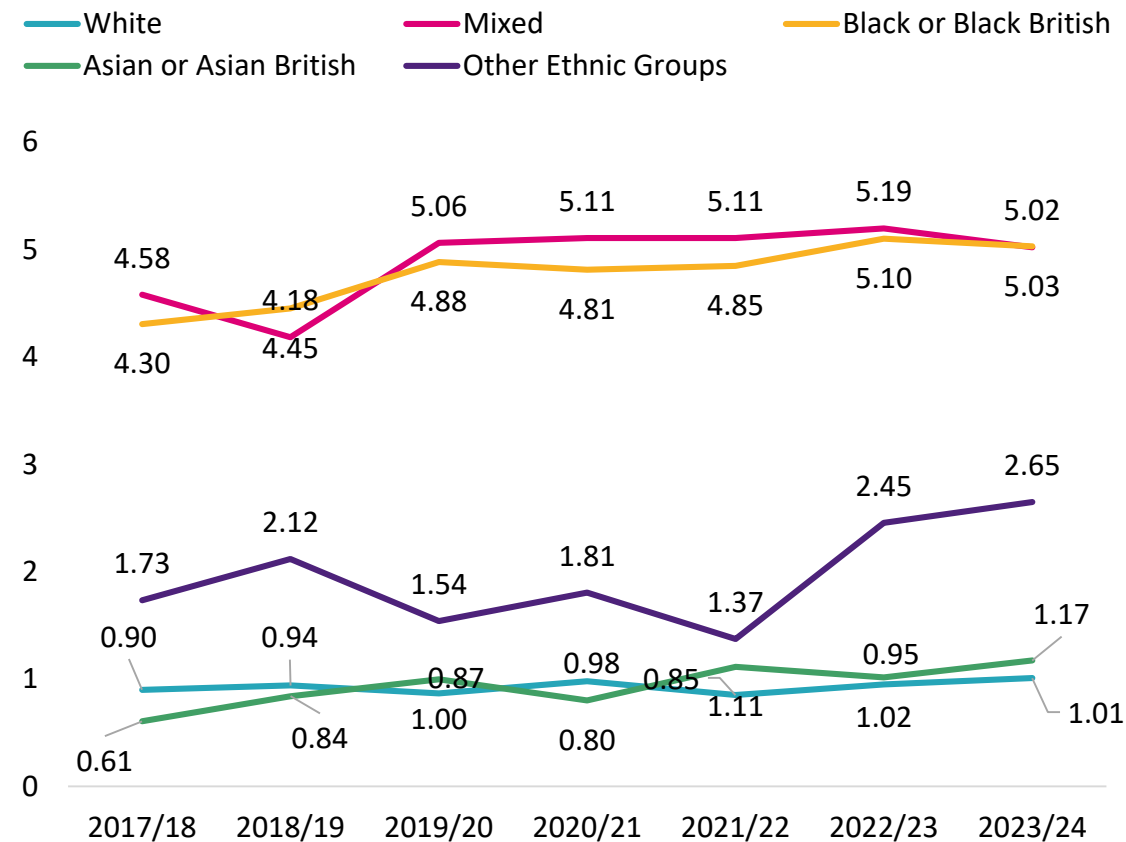


- The mental health admissions by section for the general population in both Kensington & Chelsea and Westminster have increased since pre-pandemic levels
- Admissions from Kensington & Chelsea and Westminster have increase by 20% and 21%, respectively, in 2023/24 compared to the pre-covid average
- The overall increase for the catchment compared to pre-covid levels is 20%

The mixed and black ethnic groups have the highest volume of admissions by section per 1,000 population; the white population had the proportion of highest total admissions

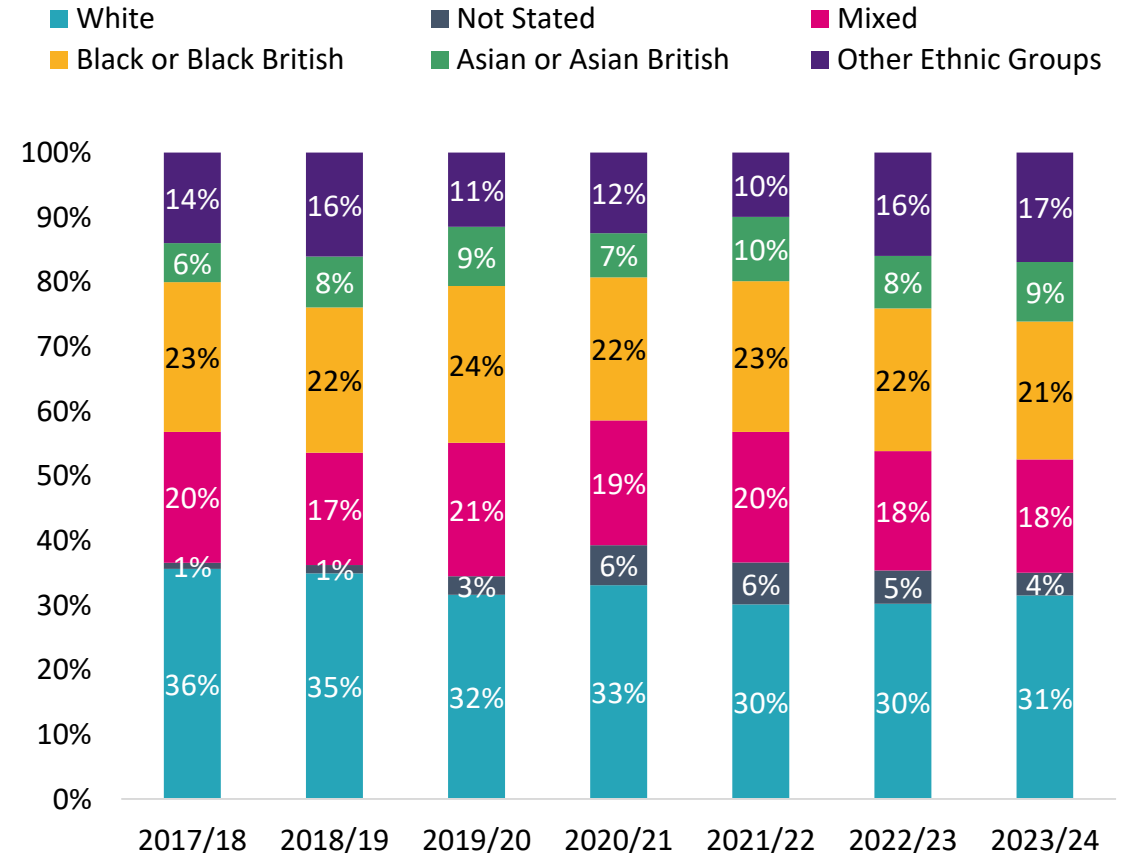
Mental health admissions by section and by ethnic groups per 1,000 population

MH admissions by section in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health admissions by section and by ethnic groups

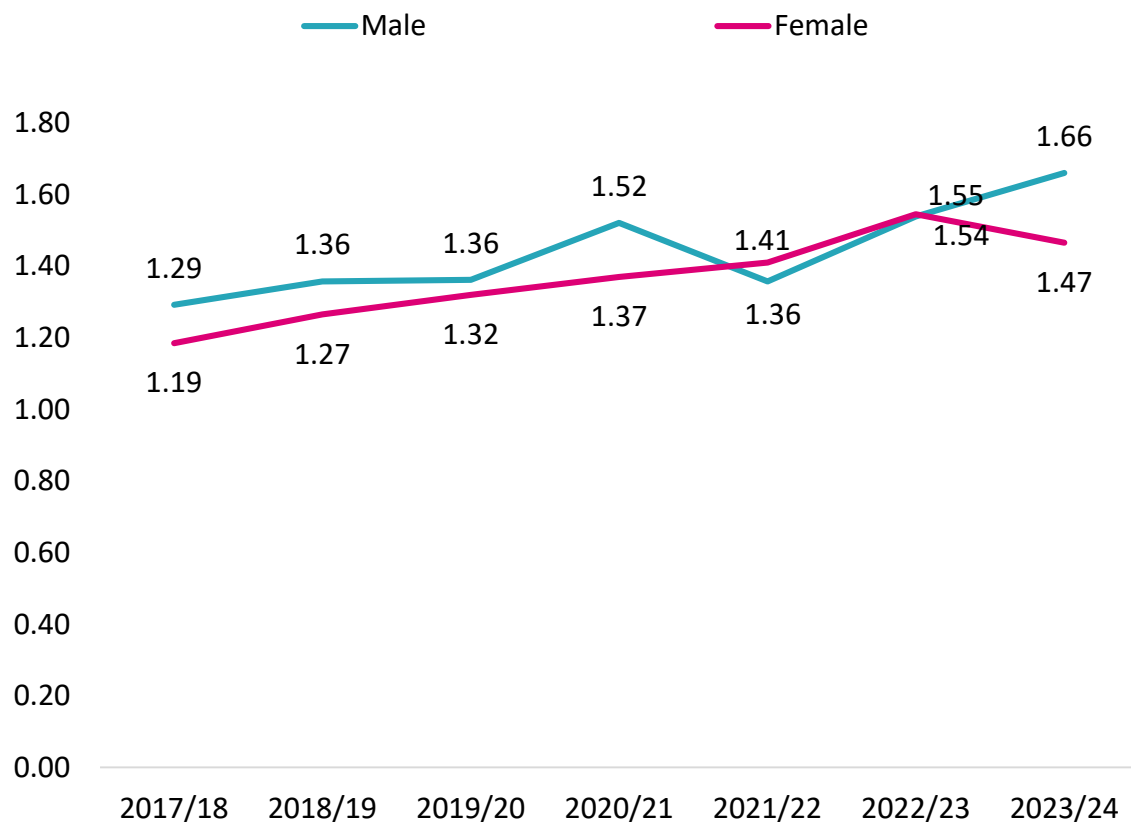
Proportion of MH admissions in the catchment population by section and by ethnic group, 2017/18-2023/24



Admissions per 1,000 population has increased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men

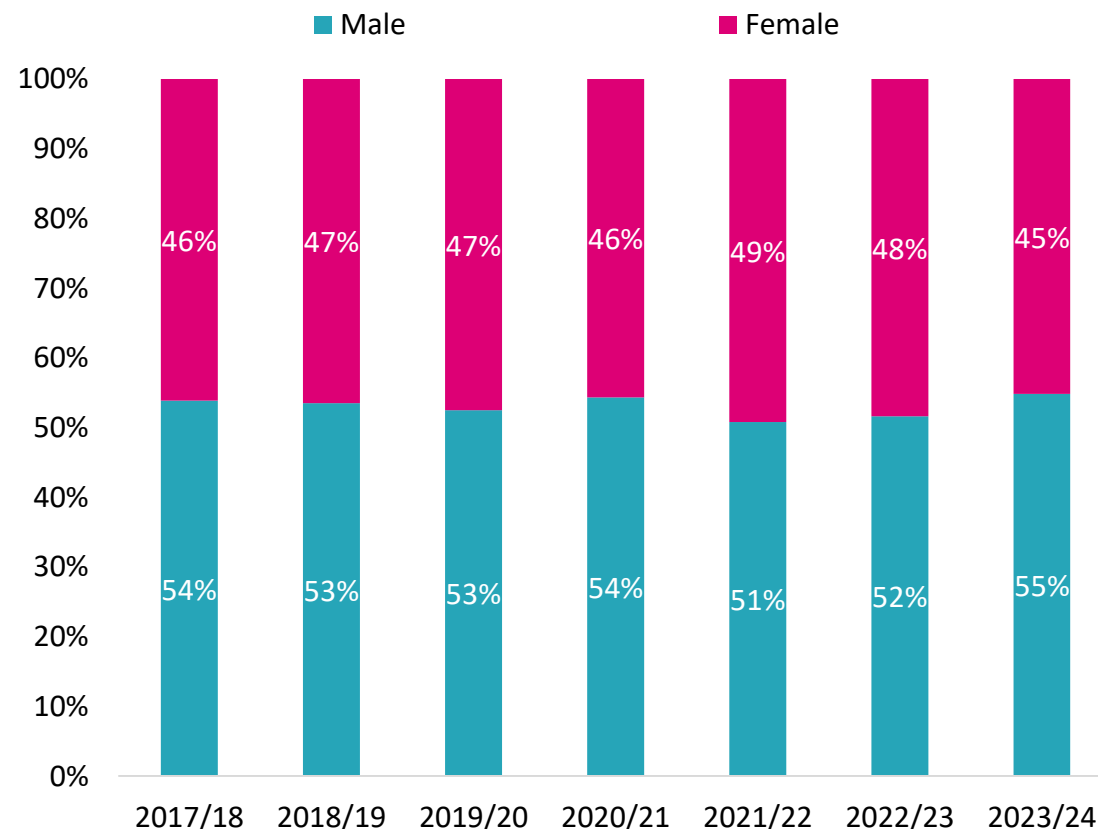
Mental health admissions by section and by gender per 1,000 population

MH admissions in the catchment population by section and by gender, 2017/18-2023/24



Proportion of mental health admissions by section and by gender

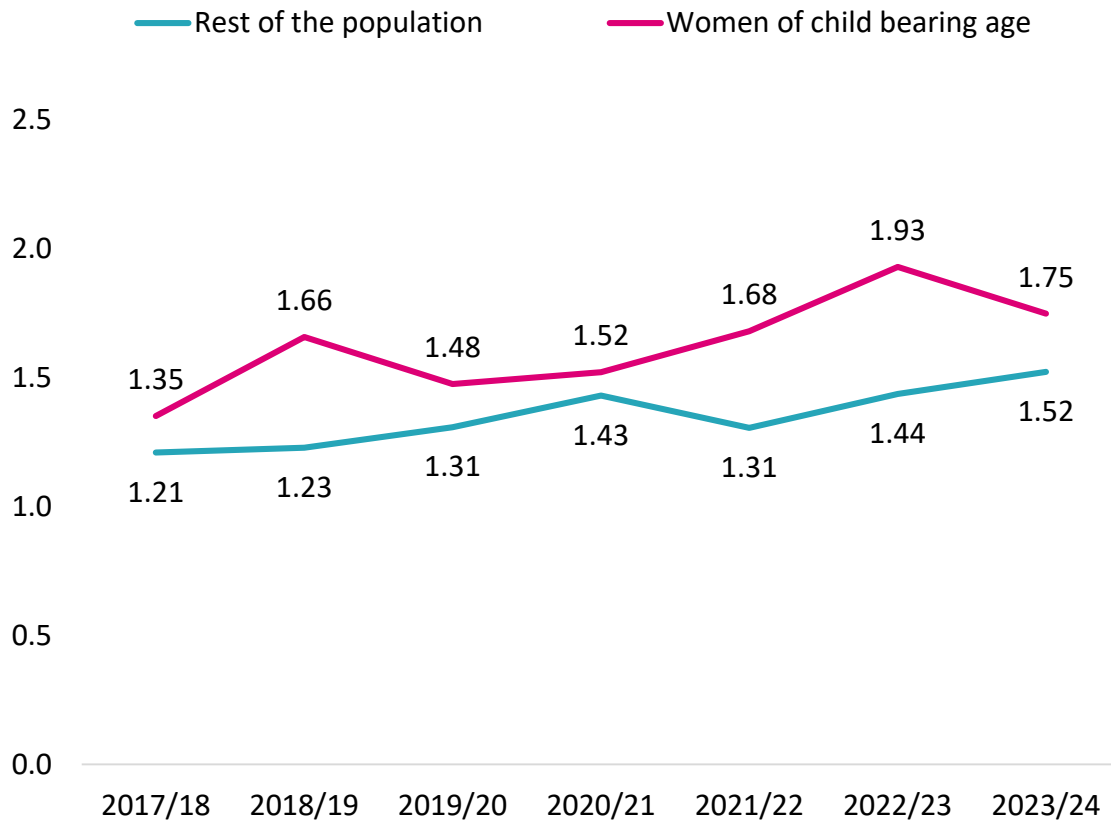
Proportion of MH admissions in the catchment population by section and by gender, 2017/18-2023/24



The rate of mental health admissions for women of child bearing age by section is consistently higher than the rest of the population, making up around 25% of all admissions

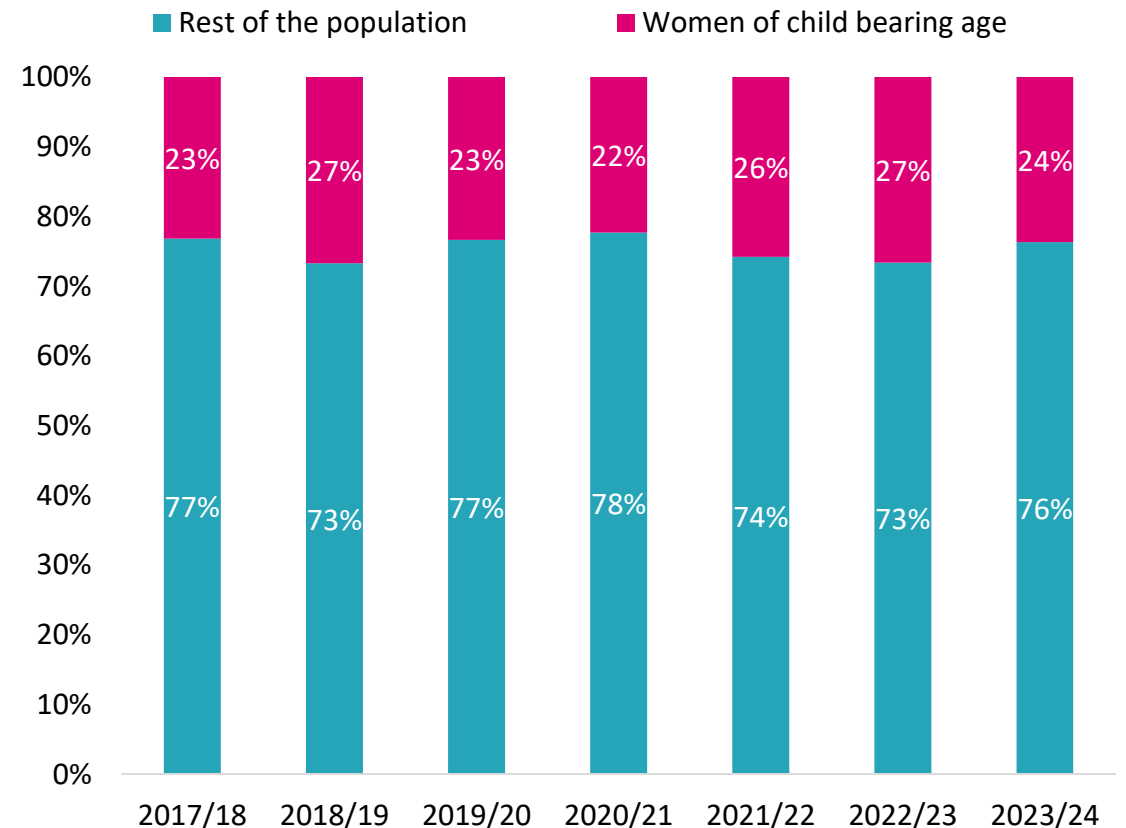
Mental health admissions by section for women of child bearing age per 1,000 population

MH admissions in the catchment population by section and by women of child bearing age, 2017/18-2023/24



Proportion of mental health admissions by section for women of child bearing age

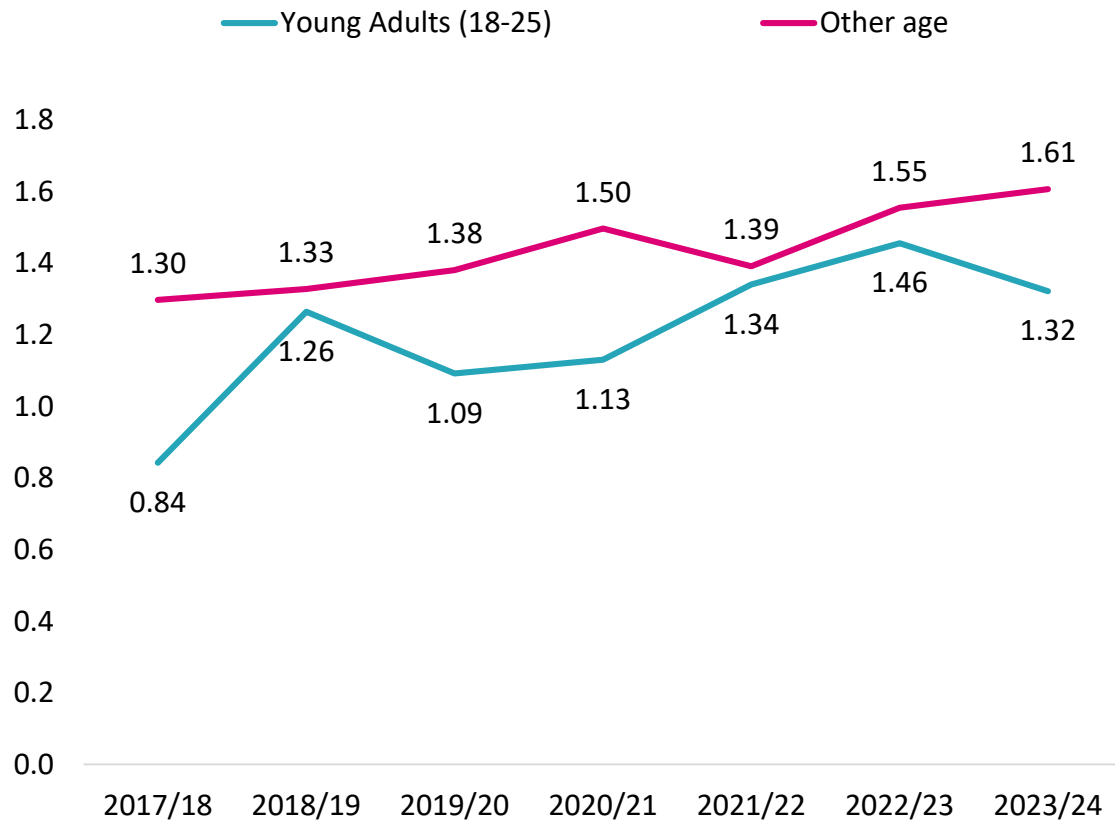
Proportion of MH admissions in the catchment population by section and by women of child bearing age, 2017/18-2023/24



The rate of mental health admissions for young adults has continued to increase since 2017/18

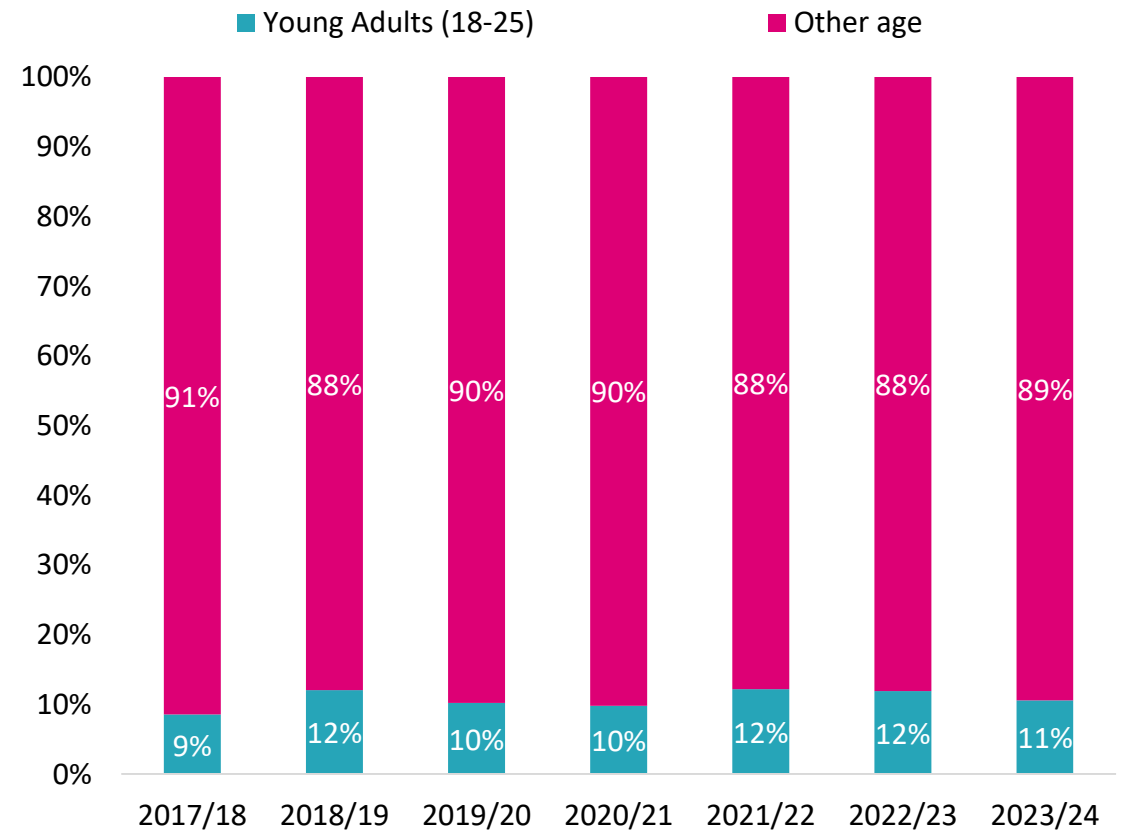
Mental health admissions by section for young adults per 1,000 population

MH admissions in the catchment population by section and by young adults, 2017/18-2023/24



Proportion of mental health admissions by section for young adults

Proportion of MH admissions in the catchment population by section and by young adults, 2017/18-2023/24

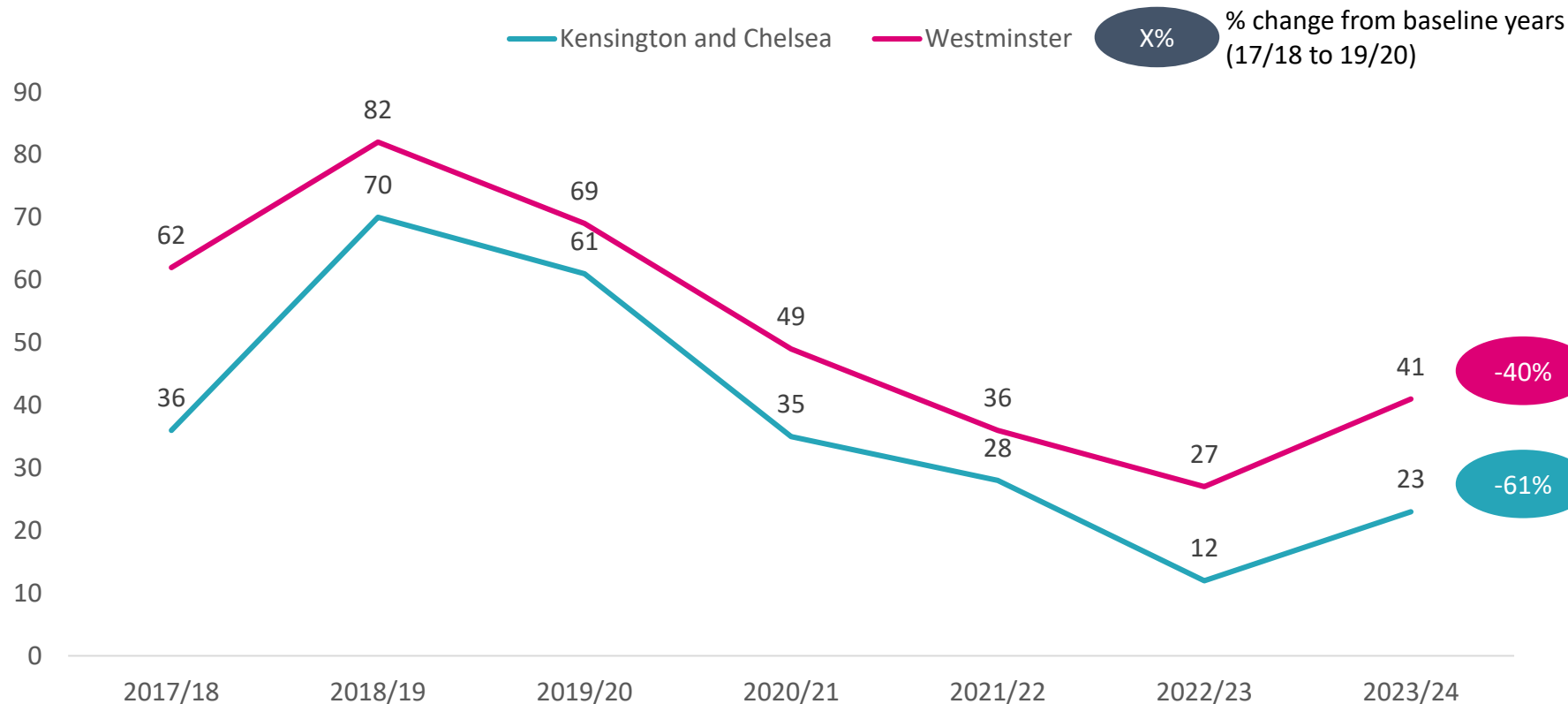


Readmissions within 30 days

Mental health readmissions within 30 days have decreased by 50% compared to pre-Gordon closure average levels across the catchment population

Readmissions within 30 days in Kensington & Chelsea and Westminster

MH readmissions, 2017/18-2023/24

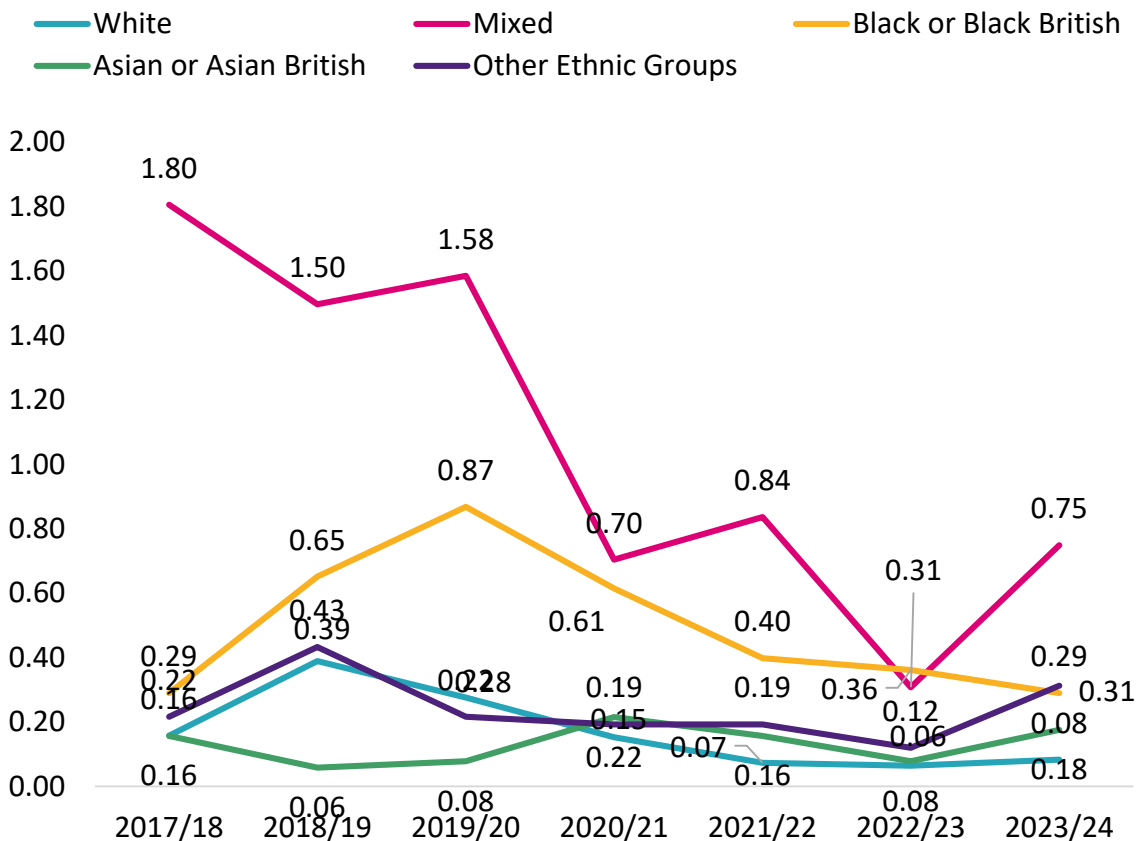


- The mental health readmissions for the general population in both Kensington & Chelsea and Westminster have decreased since pre-pandemic levels
- Readmissions within 30 days in Kensington & Chelsea and Westminster have decreased by 59% and 42%, respectively, in 2023/24 compared to the pre-covid average
- The overall decrease for the catchment compared to pre-covid levels is 50%

Rates of readmissions within 30 days have decreased or remained close to baseline for all ethnic groups since the closure of the Gordon Hospital

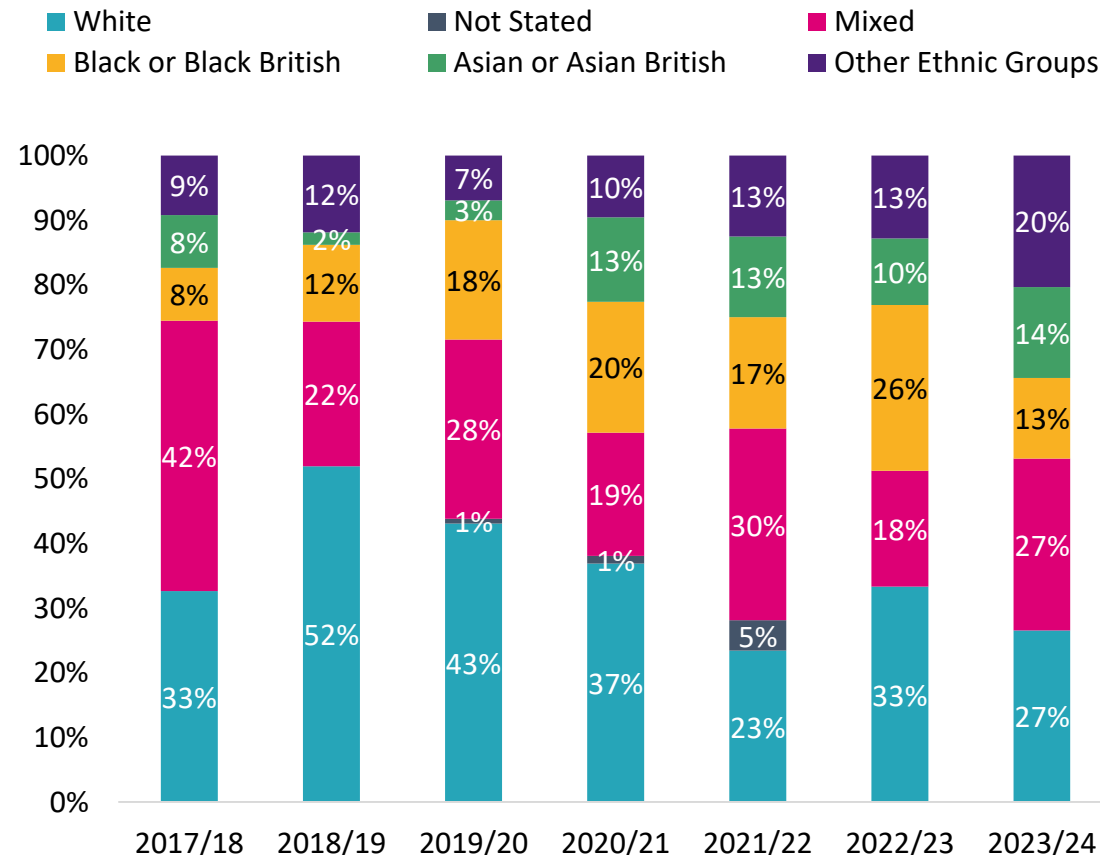
Mental health readmissions within 30 days by ethnic groups per 1,000 population

MH readmissions within 30 days in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health readmissions within 30 days by ethnic groups

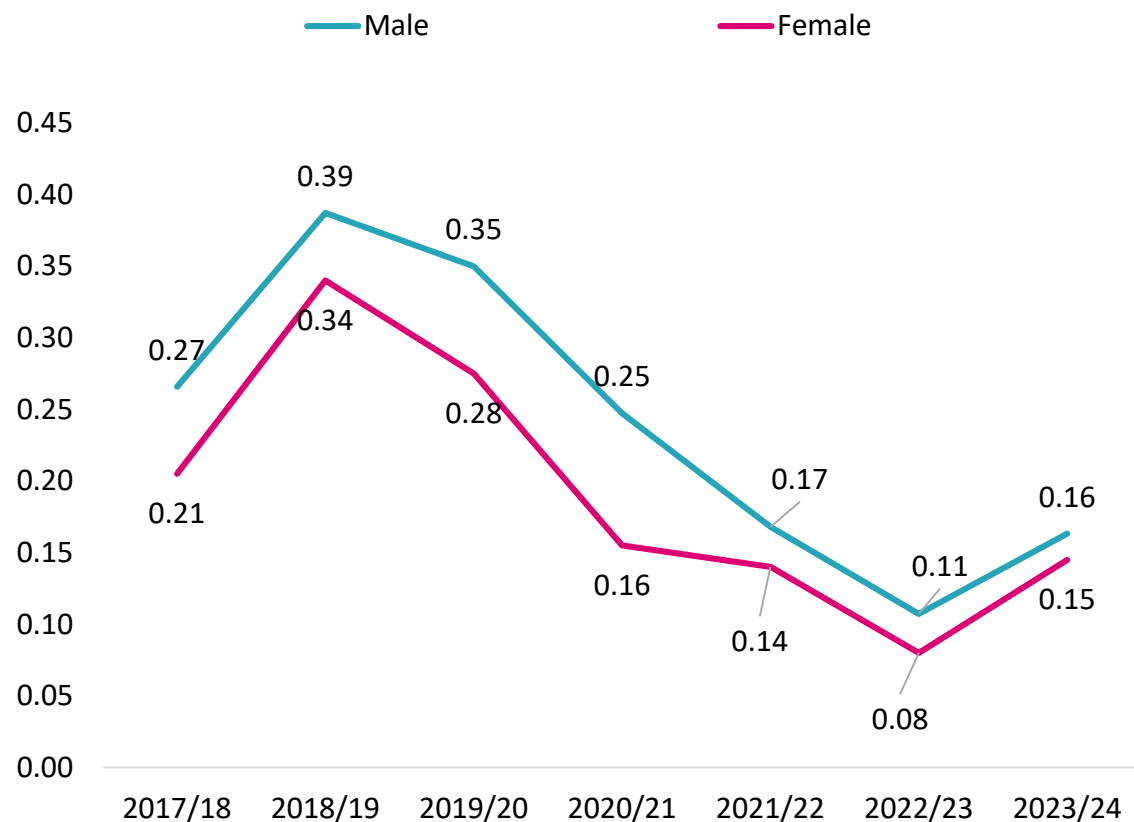
Proportion of MH readmissions within 30 days in the catchment population by ethnic group, 2017/18-2023/24



Readmissions within 30 days per 1,000 population have decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men

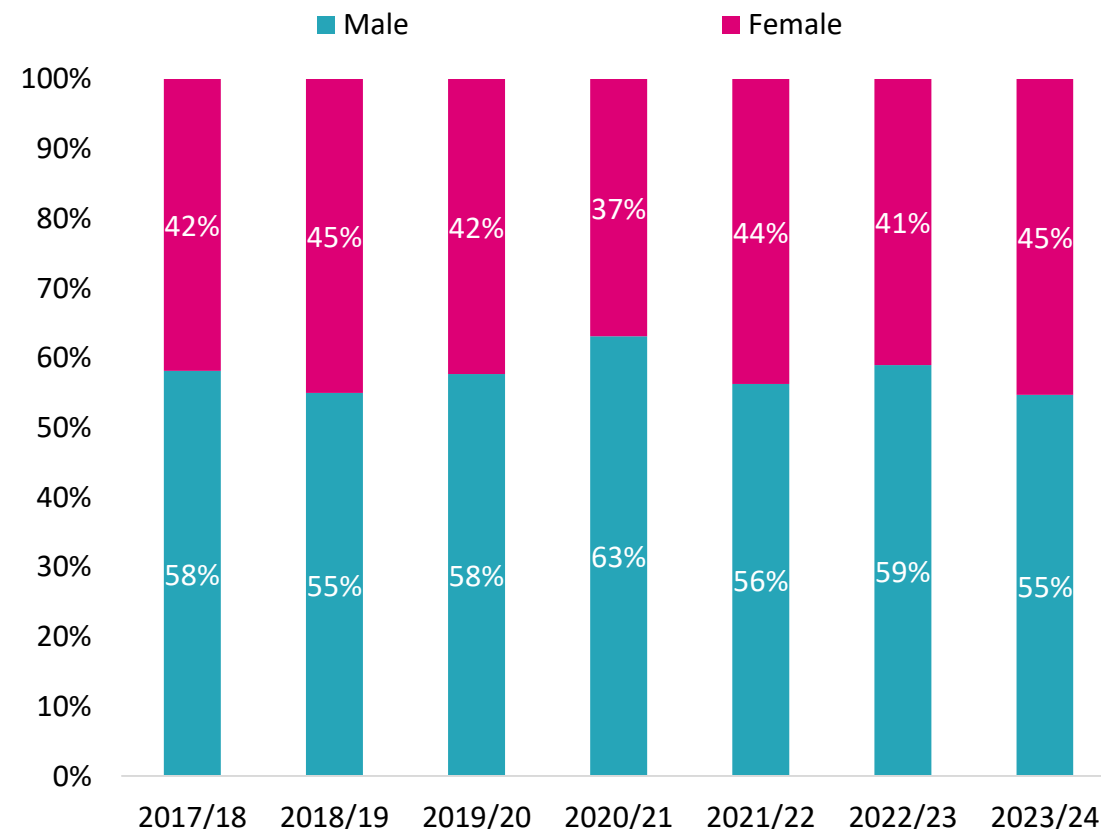
Mental health readmissions within 30 days by gender per 1,000 population

MH readmissions in the catchment population within 30 days by gender, 2017/18-2023/24



Proportion of mental health readmissions within 30 days by gender

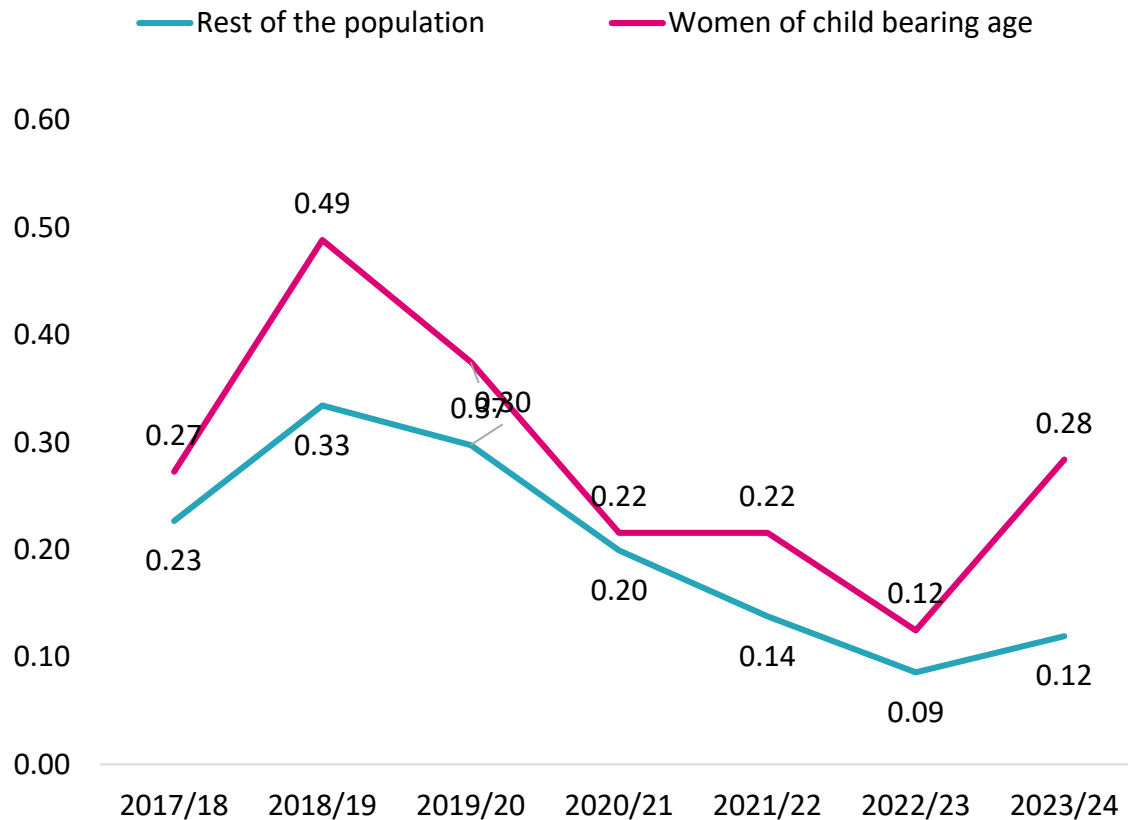
Proportion of MH readmissions within 30 days in the catchment population by gender, 2017/18-2023/24



The rate of mental health readmissions within 30 days for women of child bearing age decreased since the closure of the Gordon but has doubled within the last year

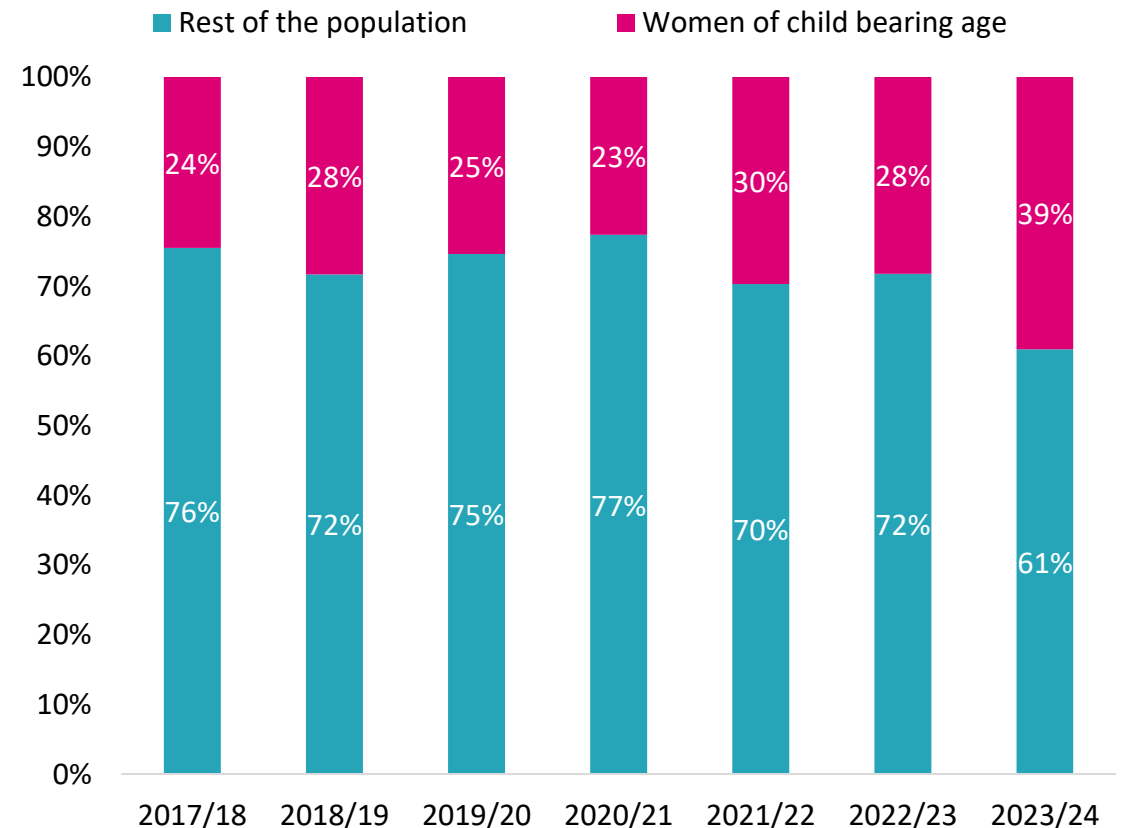
Mental health readmissions within 30 days for women of child bearing age per 1,000 population

MH readmissions in the catchment population within 30 days by women of child bearing age, 2017/18-2023/24



Proportion of mental health readmissions within 30 days for women of child bearing age

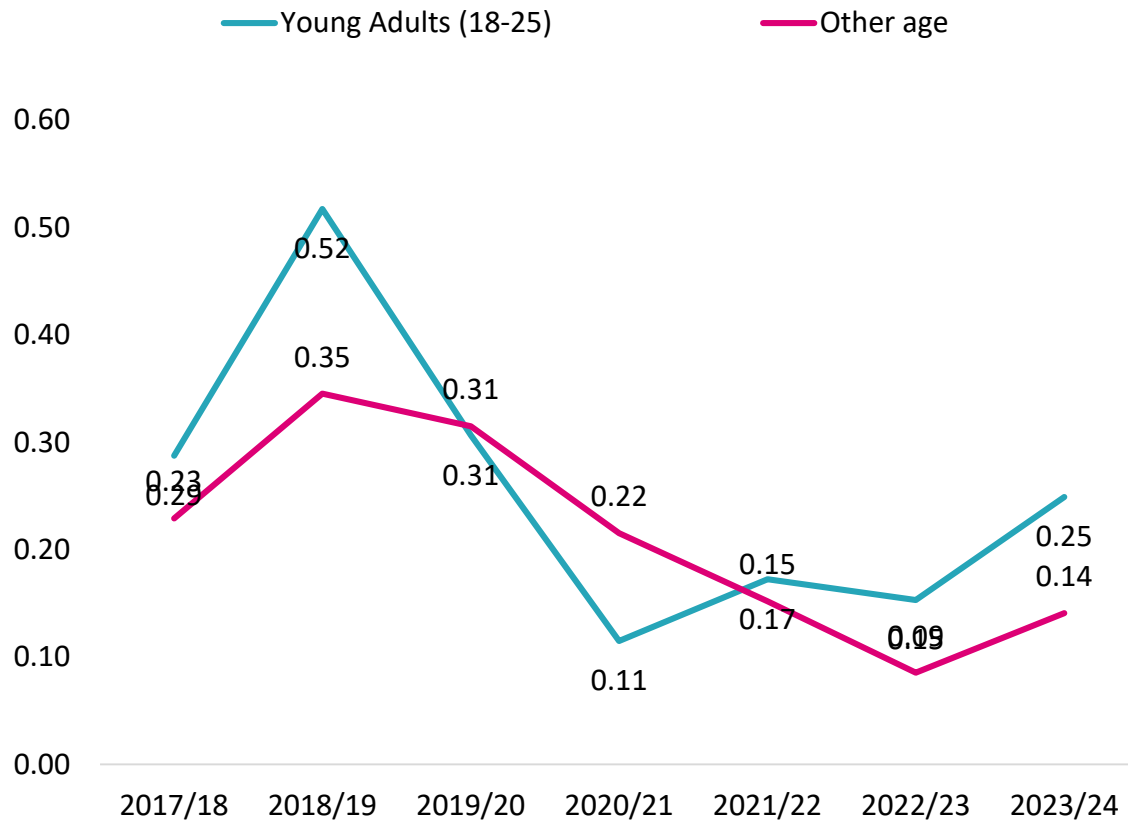
Proportion of MH readmissions within 30 days in the catchment population by women of child bearing age, 2017/18-2023/24



The rate of mental health readmissions within 30 days for young adults fell sharply after 2018/19 and is in line with the rest of the population

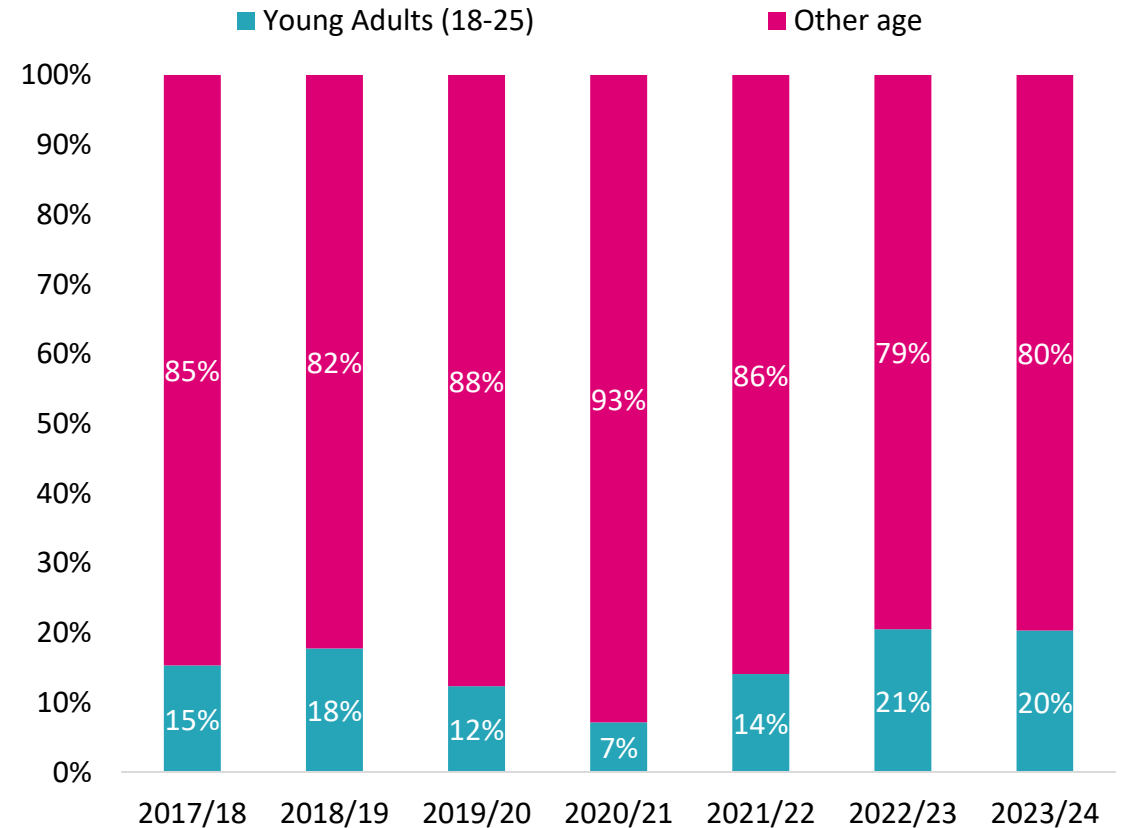
Mental health readmissions within 30 days for young adults per 1,000 population

MH readmissions in the catchment population within 30 days by young adults, 2017/18-2023/24



Proportion of mental health readmissions within 30 days for young adults

Proportion of MH readmissions within 30 days in the catchment population by young adults, 2017/18-2023/24

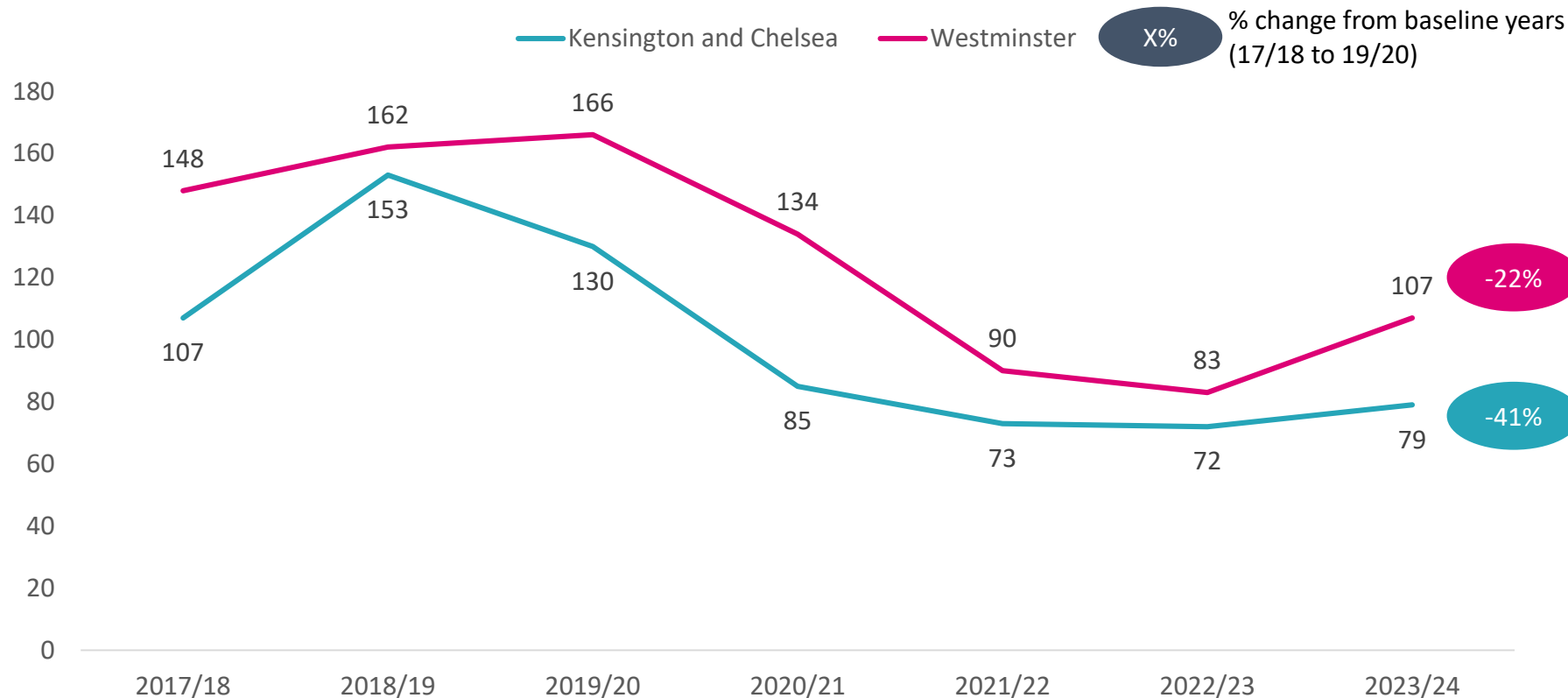


Readmissions within 180 days

Mental health readmissions within 180 days have decrease by 36% compared to pre-Gordon closure average levels across the catchment population

Readmissions within 180 days in Kensington & Chelsea and Westminster

MH readmissions, 2017/18-2023/24

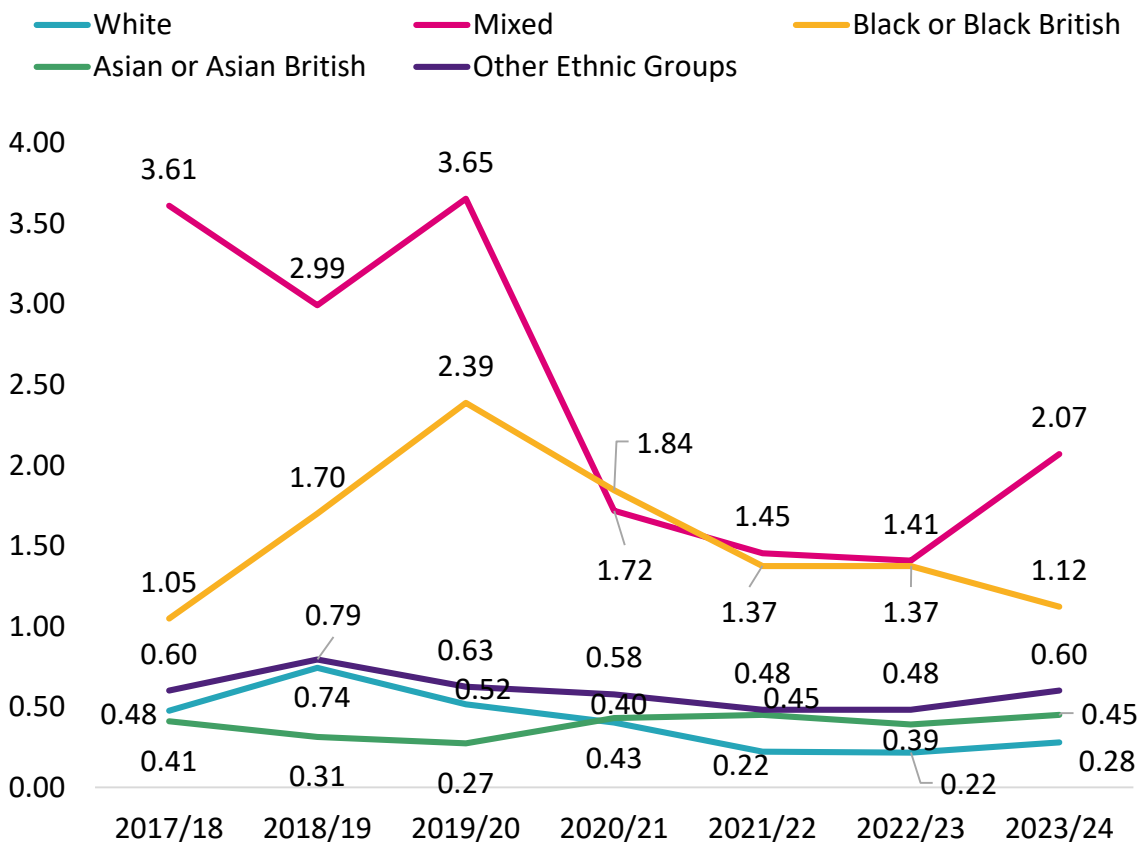


- The mental health readmissions within 180 days for the general population in both Kensington & Chelsea and Westminster have decreased since pre-pandemic levels
- Readmissions within 1800 days in Kensington & Chelsea and Westminster have decreased by 39% and 33%, respectively, in 2023/24 compared to the pre-covid average
- The overall decrease for the catchment compared to pre-covid levels is 36%

Rates of readmissions within 180 days have decreased for most ethnic groups apart from the Black, Asian and all other ethnic groups since the closure of the Gordon Hospital

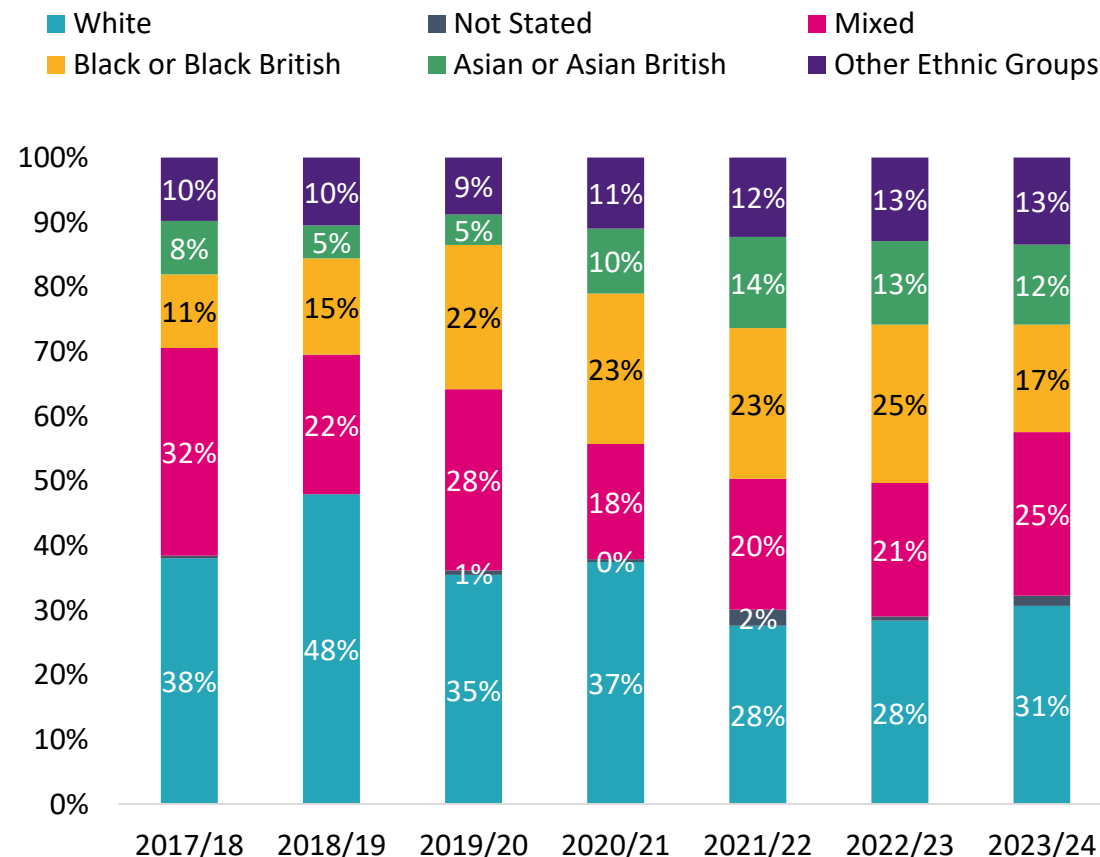
Mental health readmissions within 180 days by ethnic groups per 1,000 population

MH readmissions within 180 days in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health readmissions within 180 days by ethnic groups

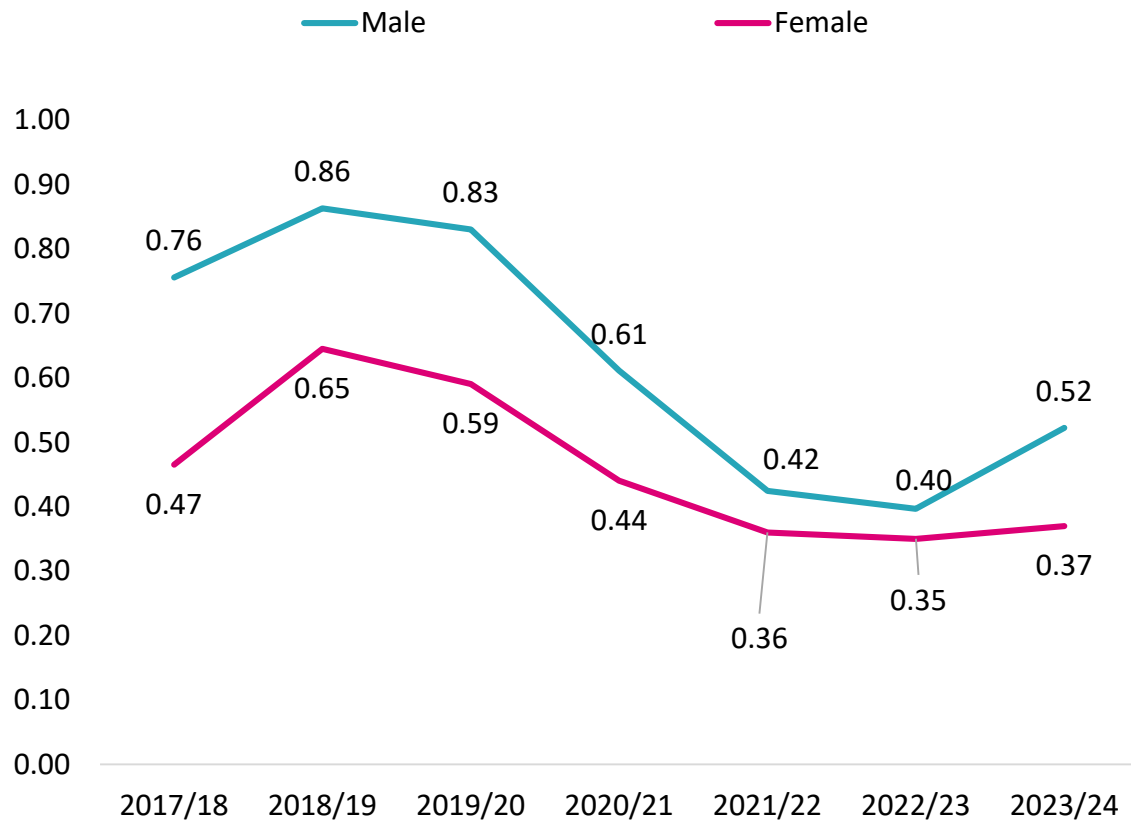
Proportion of MH readmissions within 180 days in the catchment population by ethnic group, 2017/18-2023/24



Readmissions within 180 days per 1,000 population have decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men

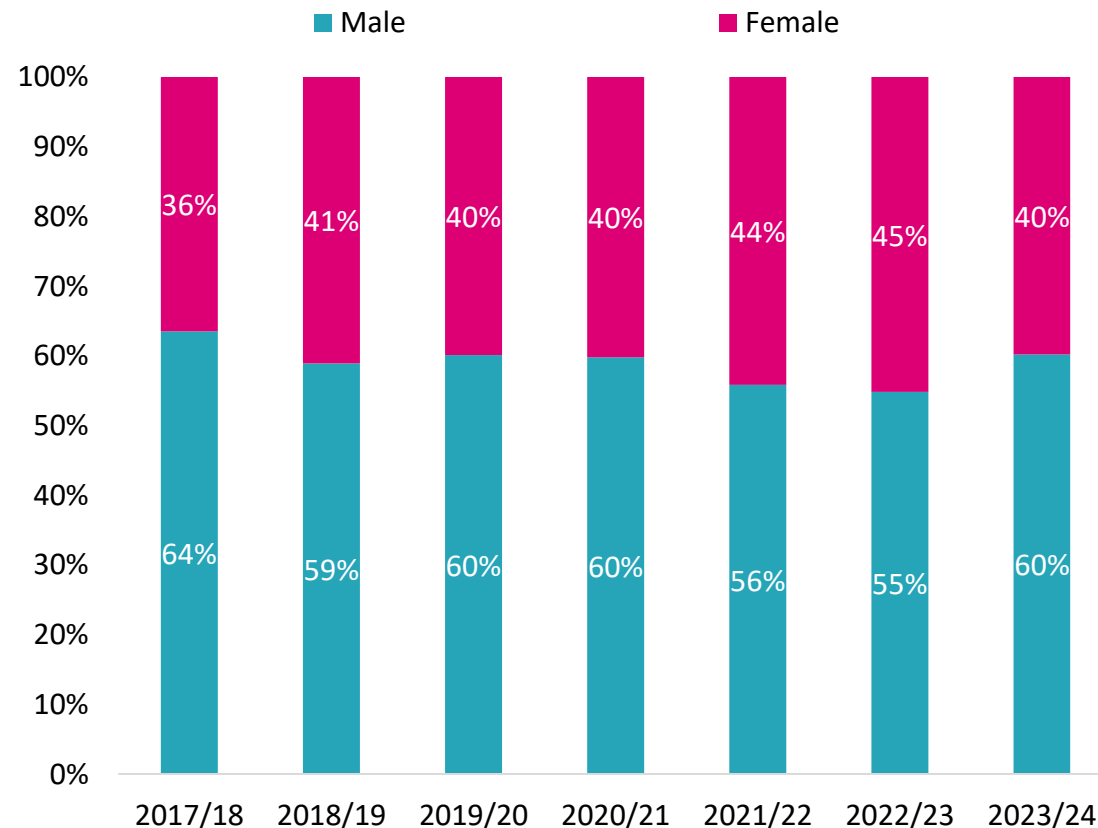
Mental health readmissions within 180 days by gender per 1,000 population

MH readmissions in the catchment population within 180 days by gender, 2017/18-2023/24



Proportion of mental health readmissions within 180 days by gender

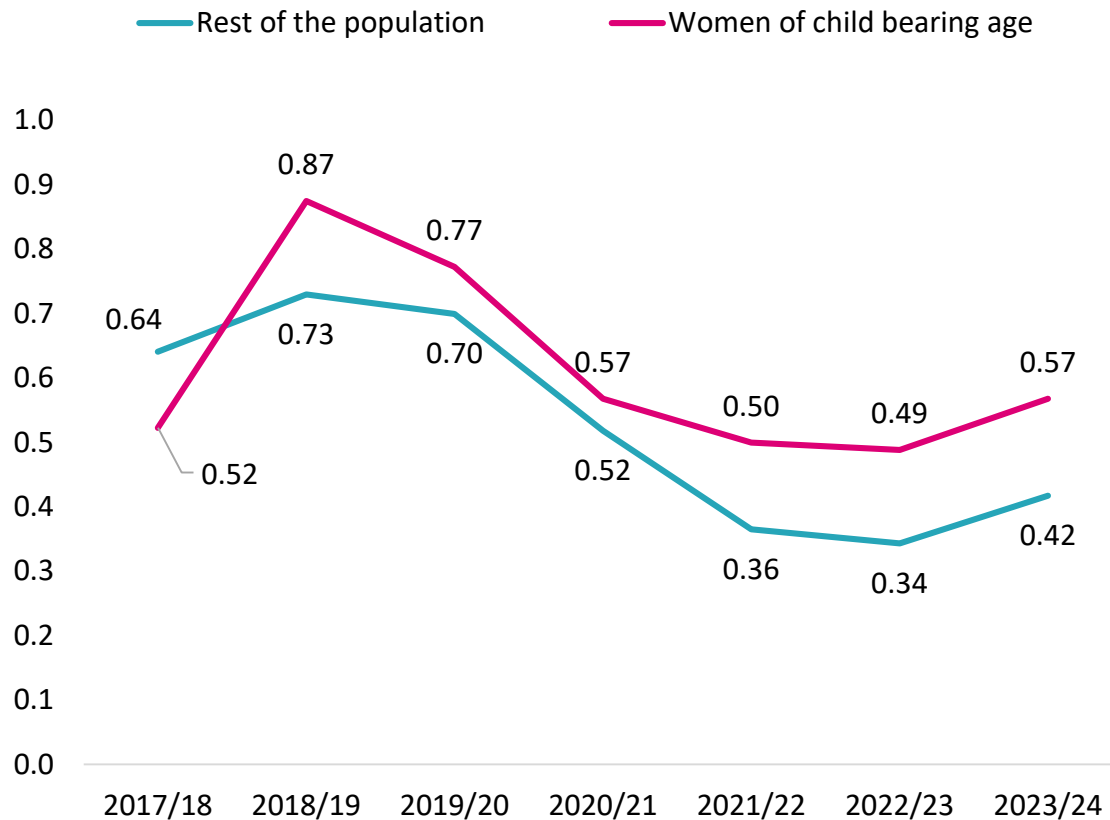
Proportion of MH readmissions within 180 days in the catchment population by gender, 2017/18-2023/24



The rate of mental health readmissions within 180 days for women of child bearing age decreased since the closure of the Gordon

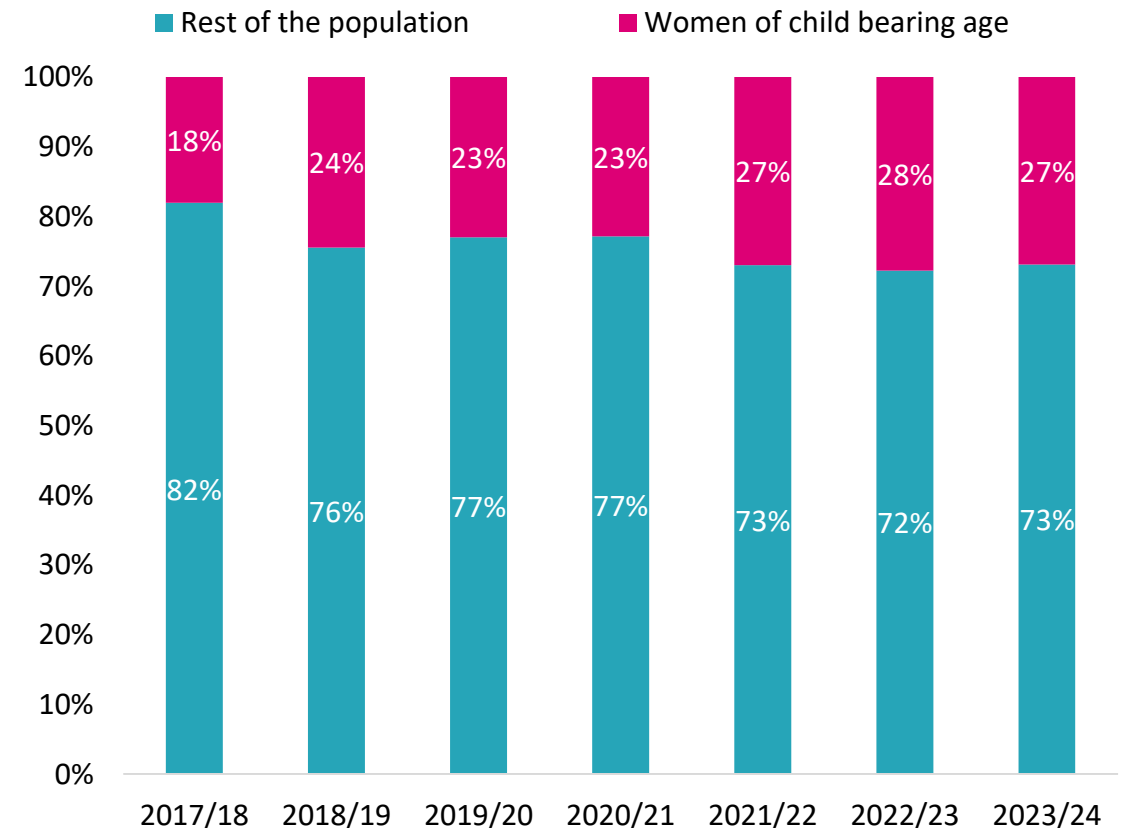
Mental health readmissions within 180 days for women of child bearing age per 1,000 population

MH readmissions in the catchment population within 180 days by women of child bearing age, 2017/18-2023/24



Proportion of mental health readmissions within 180 days for women of child bearing age

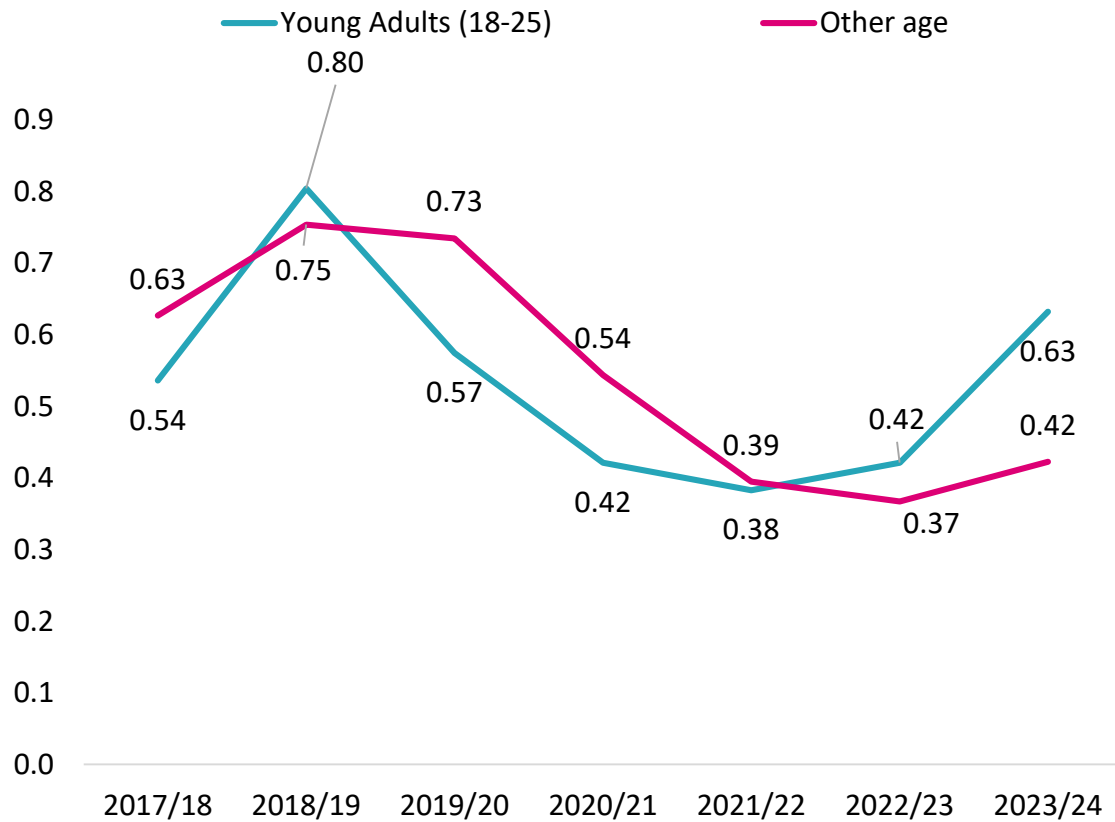
Proportion of MH readmissions within 180 days in the catchment population by women of child bearing age, 2017/18-2023/24



The rate of mental health readmissions within 180 days for young adults fell sharply after 2018/19 and is now just below the rest of the population

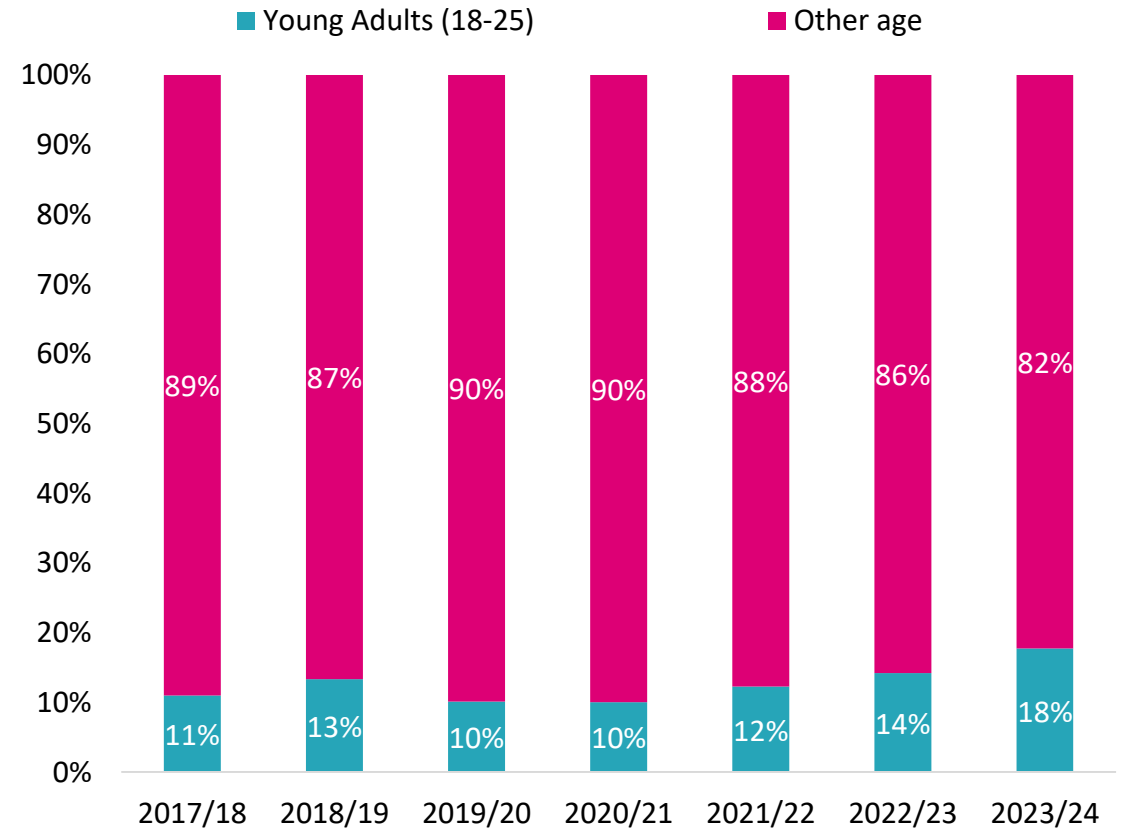
Mental health readmissions within 180 days for young adults per 1,000 population

MH readmissions in the catchment population within 180 days by young adults, 2017/18-2023/24



Proportion of mental health readmissions within 180 days for young adults

Proportion of MH readmissions within 180 days in the catchment population by young adults, 2017/18-2023/24

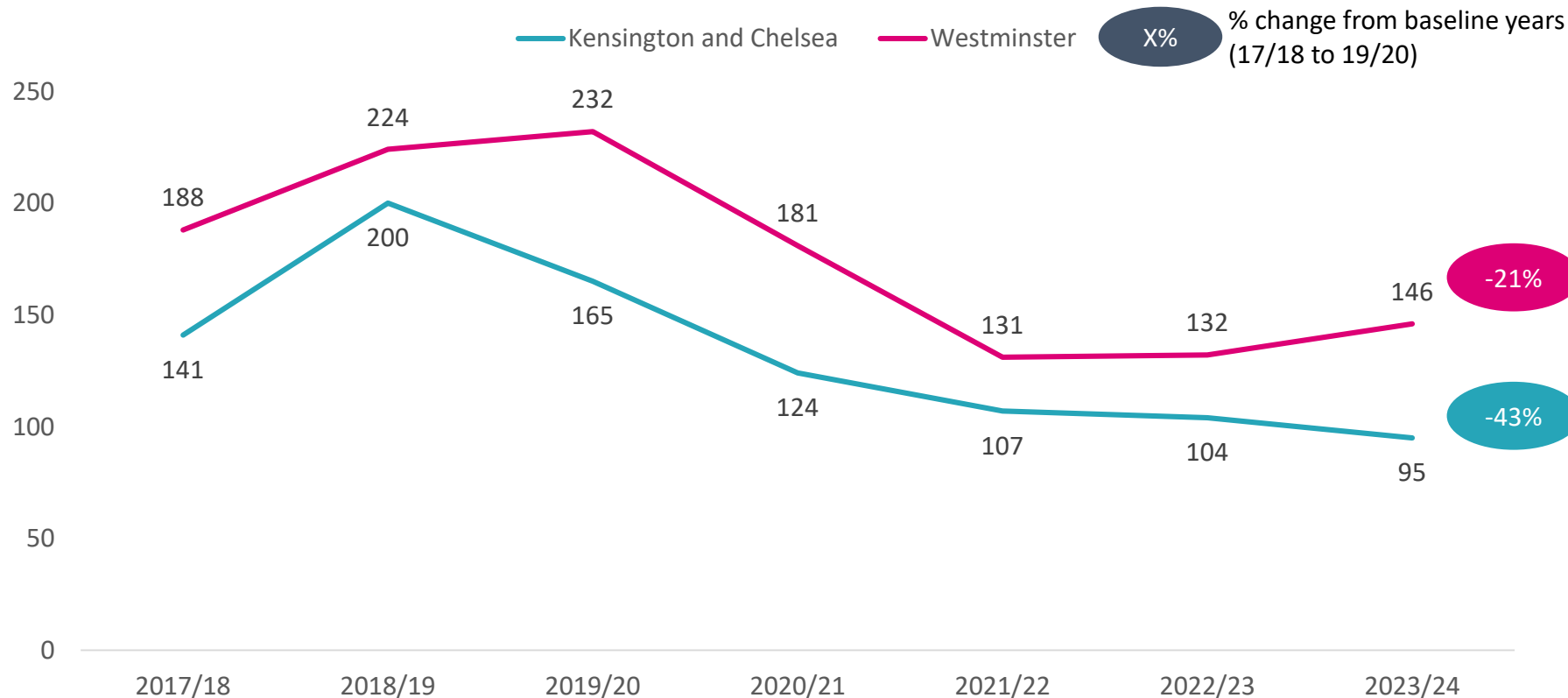


Readmissions within 365 days

Mental health readmissions within 1 year have decrease by 37% compared to pre-Gordon closure average levels across the catchment population

Readmissions within 365 days in Kensington & Chelsea and Westminster

MH readmissions, 2017/18-2023/24

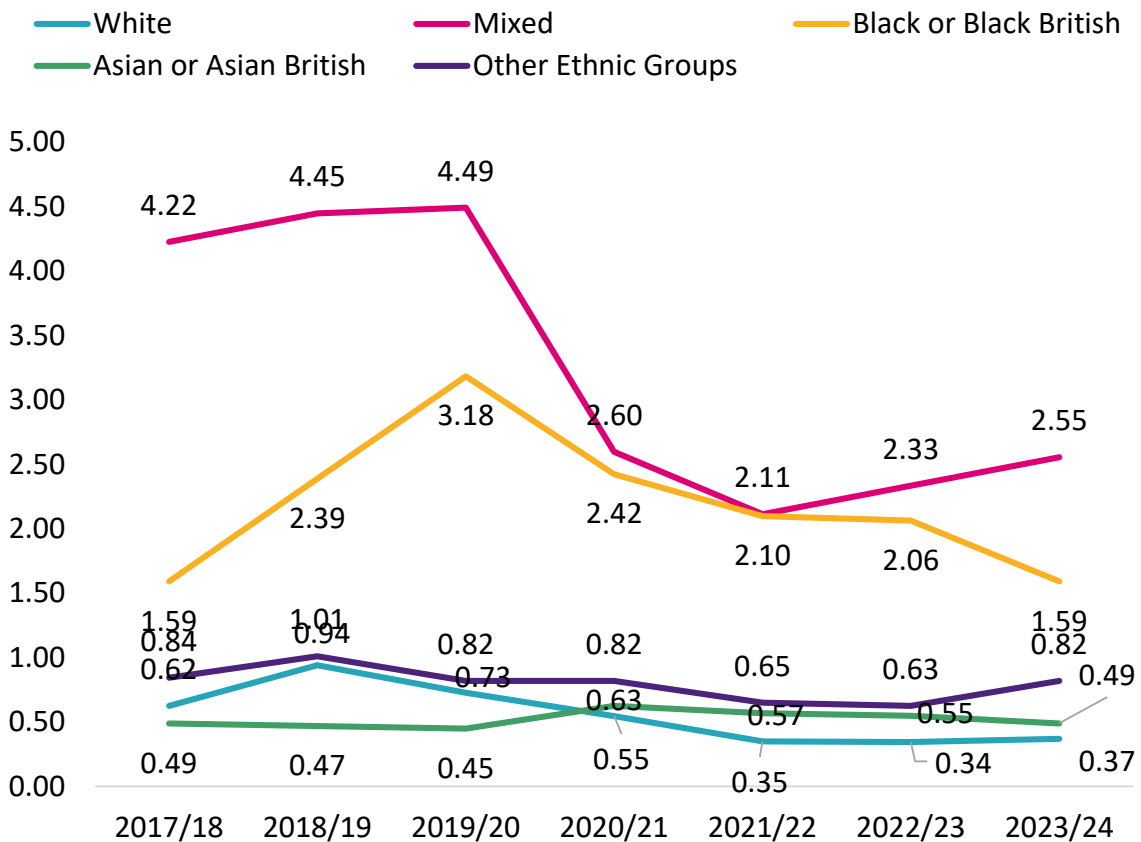


- The mental health readmissions within 365 days for the general population in both Kensington & Chelsea and Westminster have decreased since pre-pandemic levels
- Readmissions within 1800 days in Kensington & Chelsea and Westminster have decreased by 44% and 31%, respectively, in 2023/24 compared to the pre-covid average
- The overall decrease for the catchment compared to pre-covid levels is 37%

Rates of readmissions within 1 year have decreased for most ethnic groups apart from the Black, Asian and all other ethnic groups since the closure of the Gordon Hospital

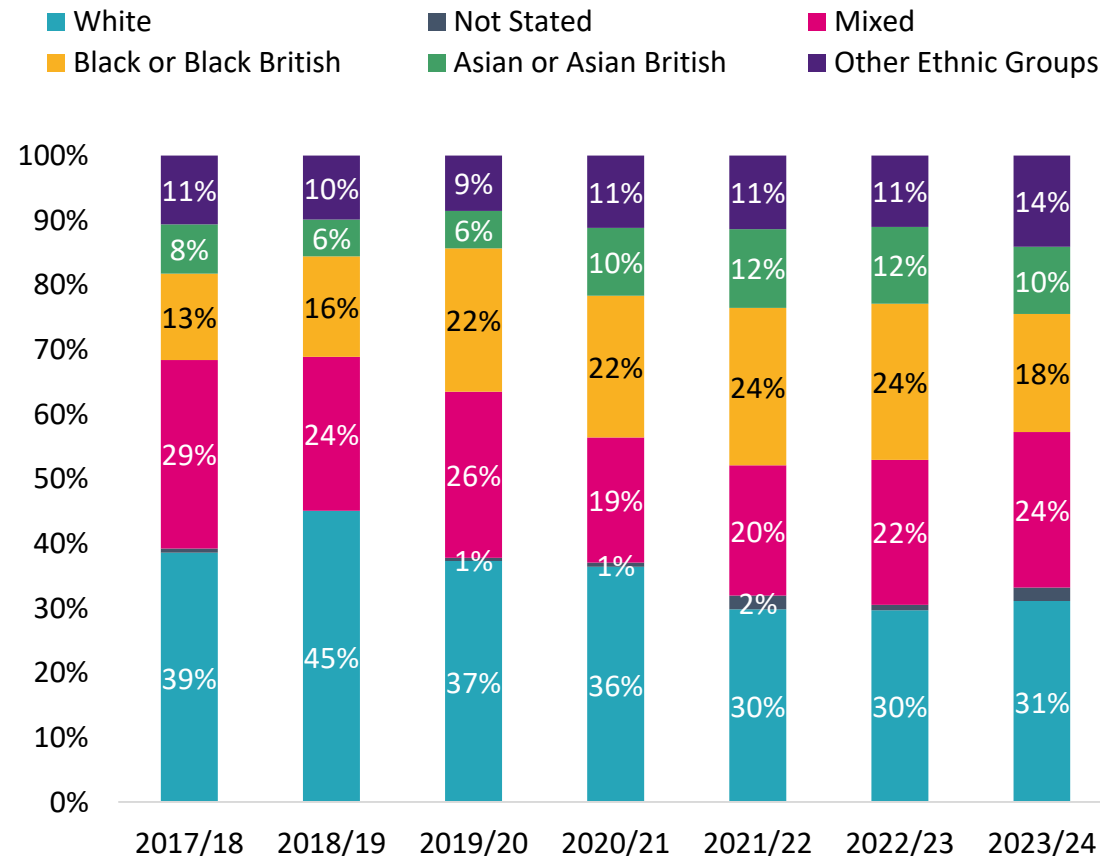
Mental health readmissions within 365 days by ethnic groups per 1,000 population

MH readmissions within 365 days in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health readmissions within 365 days by ethnic groups

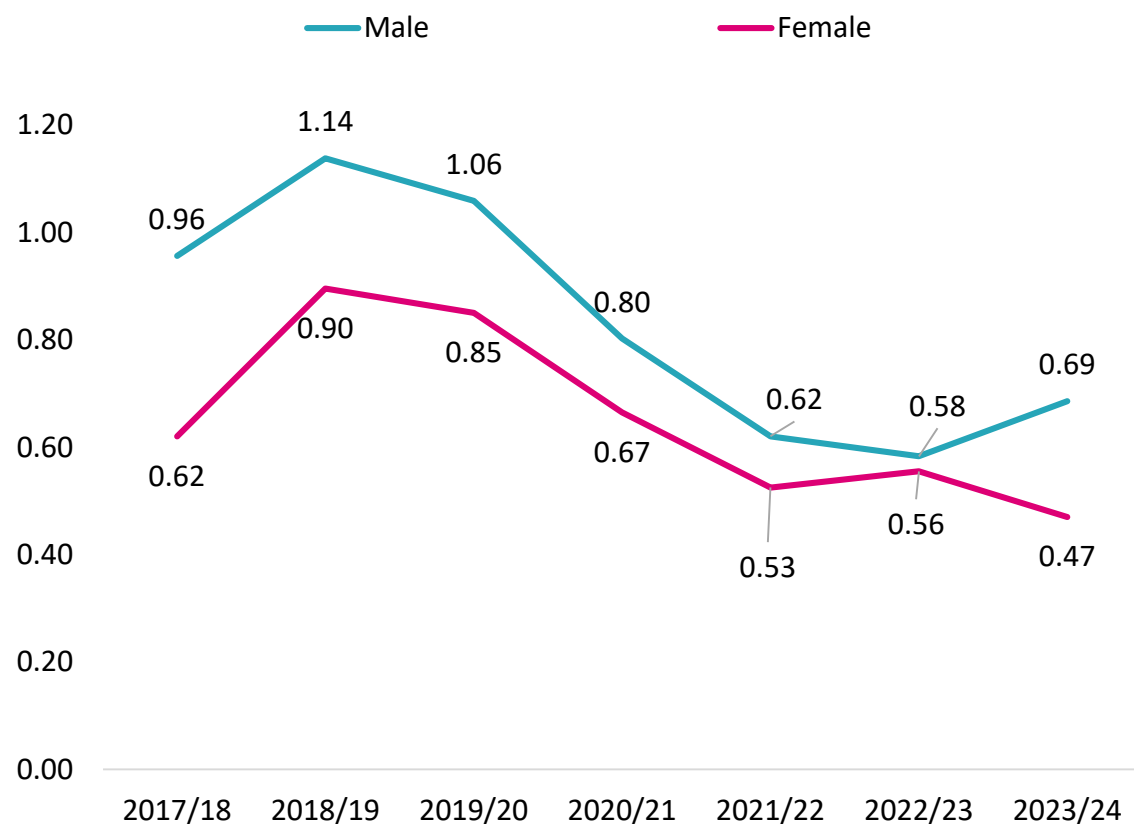
Proportion of MH readmissions within 365 days in the catchment population by ethnic group, 2017/18-2023/24



Readmissions within 1 year per 1,000 population have decreased for males and females since 2017/18 with the proportion of admissions continuing to be higher for men

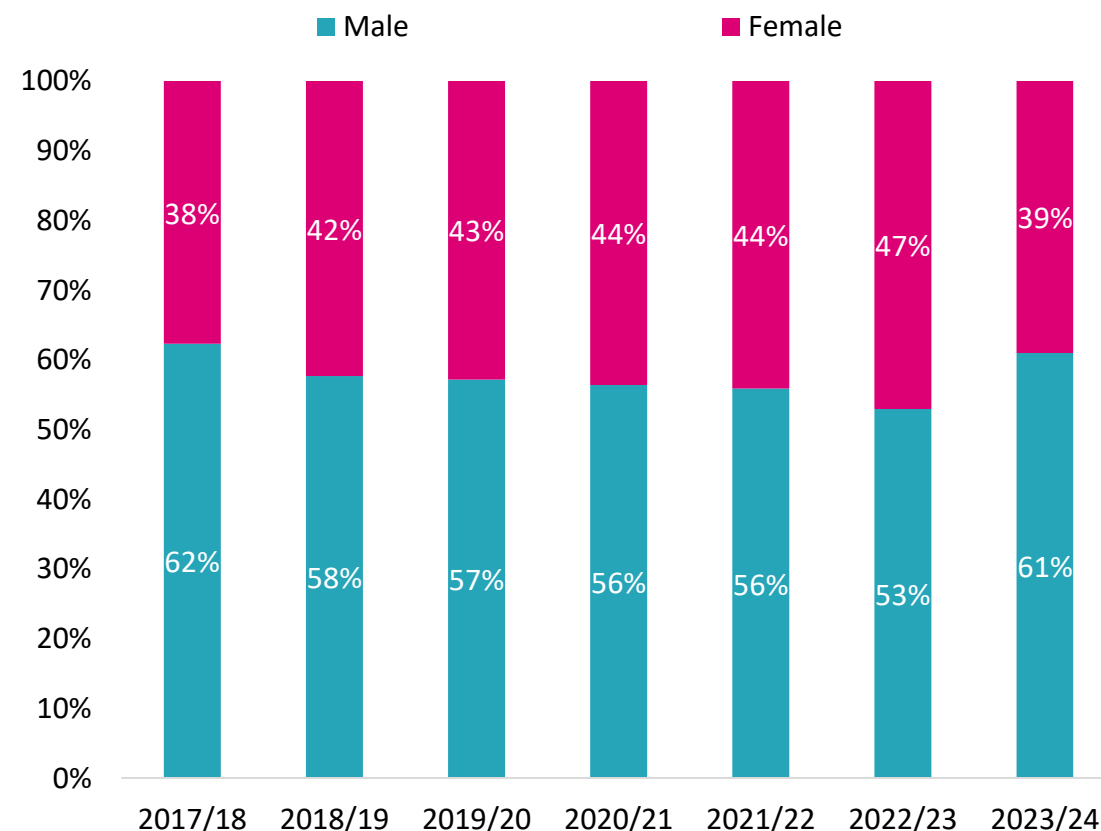
Mental health readmissions within 365 days by gender per 1,000 population

MH readmissions in the catchment population within 365 days by gender, 2017/18-2023/24



Proportion of mental health readmissions within 365 days by gender

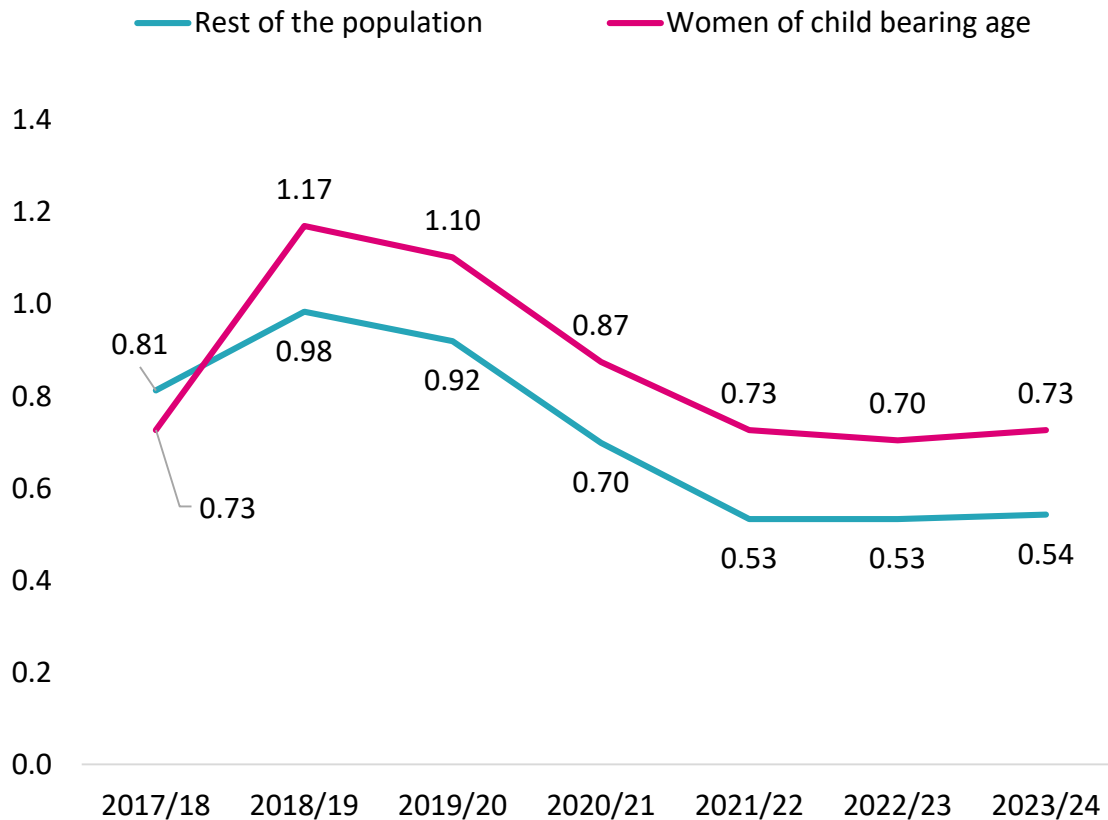
Proportion of MH readmissions within 365 days in the catchment population by gender, 2017/18-2023/24



The rate of mental health readmissions within 1 year for women of child bearing age decreased since the closure of the Gordon but are now in line with 2017/2018 rates

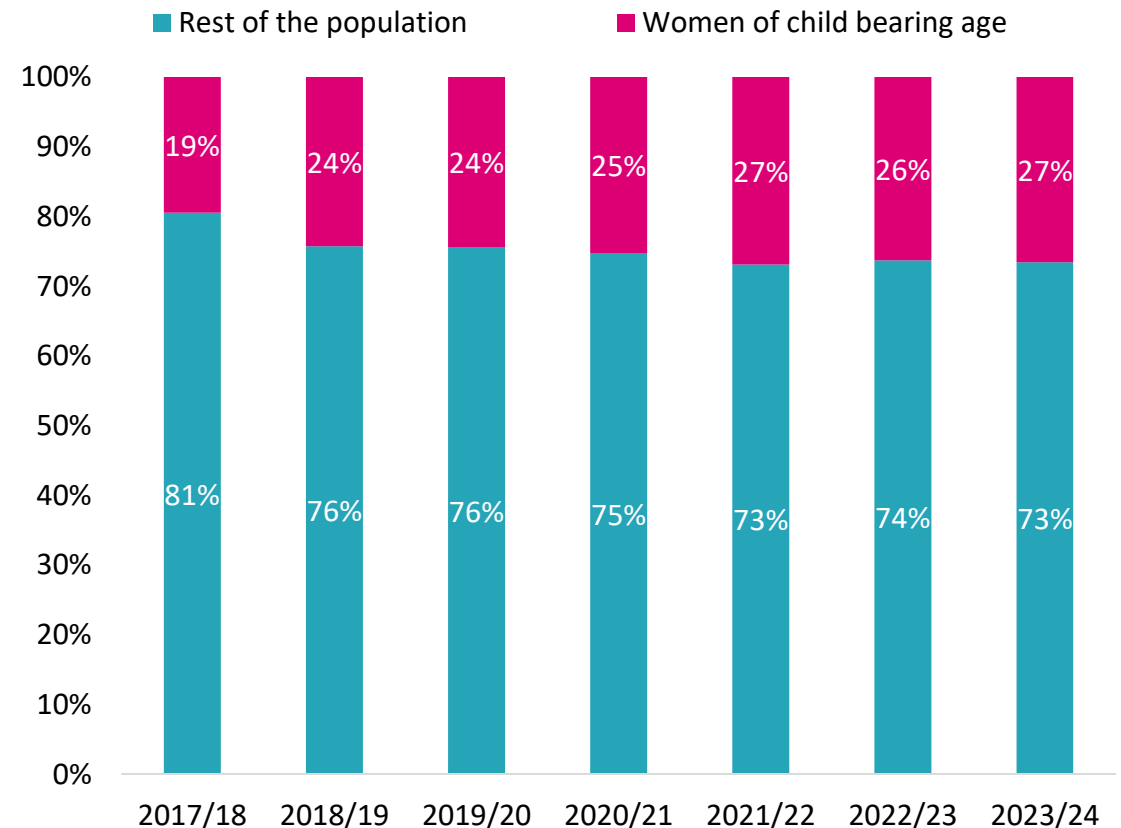
Mental health readmissions within 365 days for women of child bearing age per 1,000 population

MH readmissions in the catchment population within 365 days by women of child bearing age, 2017/18-2023/24



Proportion of mental health readmissions within 365 days for women of child bearing age

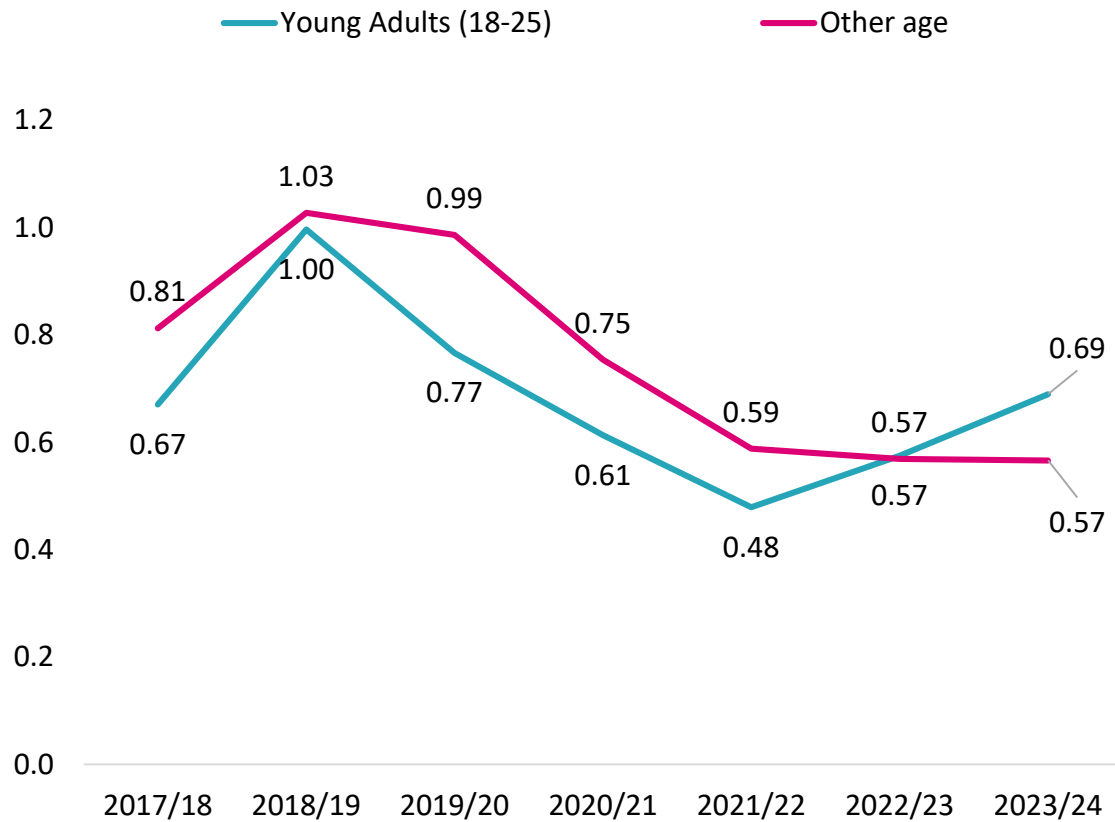
Proportion of MH readmissions within 365 days in the catchment population by women of child bearing age, 2017/18-2023/24



The rate of mental health readmissions within 1 year for young adults decreased after 2018/19 but is now above the rest of the population

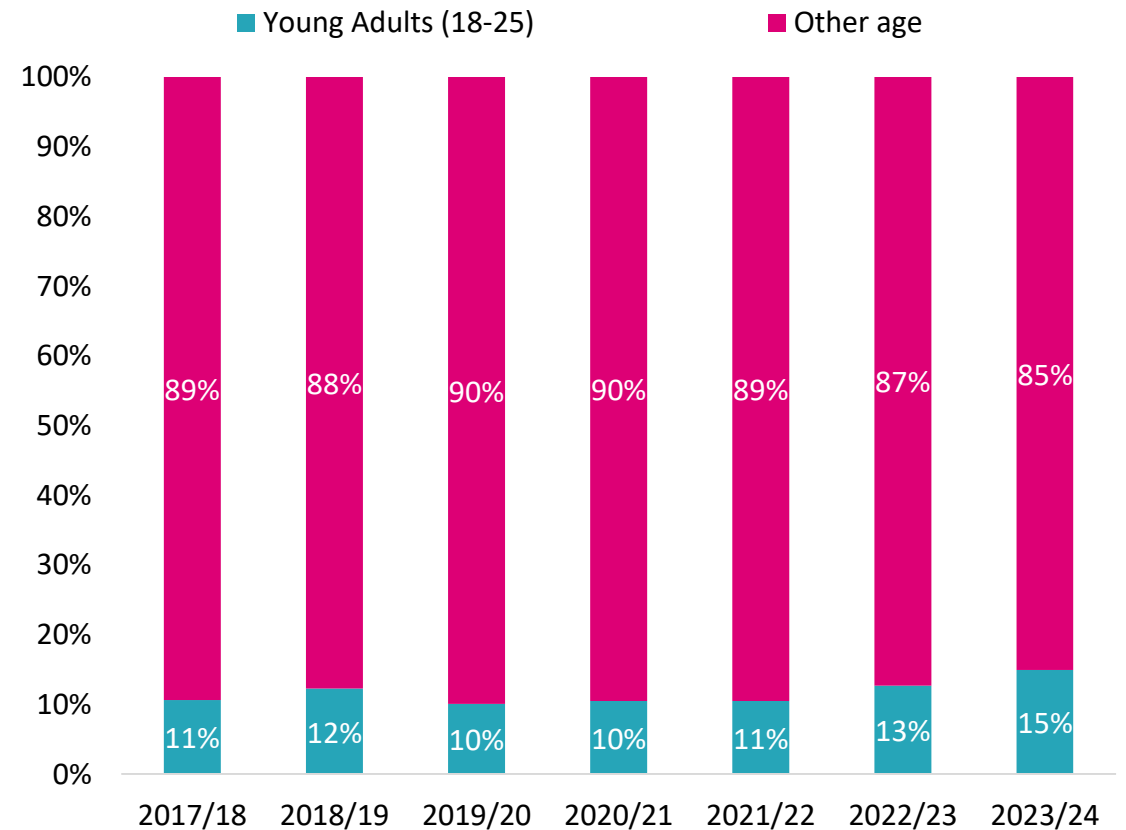
Mental health readmissions within 365 days for young adults per 1,000 population

MH readmissions in the catchment population within 365 days by young adults, 2017/18-2023/24



Proportion of mental health readmissions within 365 days for young adults

Proportion of MH readmissions within 365 days in the catchment population by young adults, 2017/18-2023/24

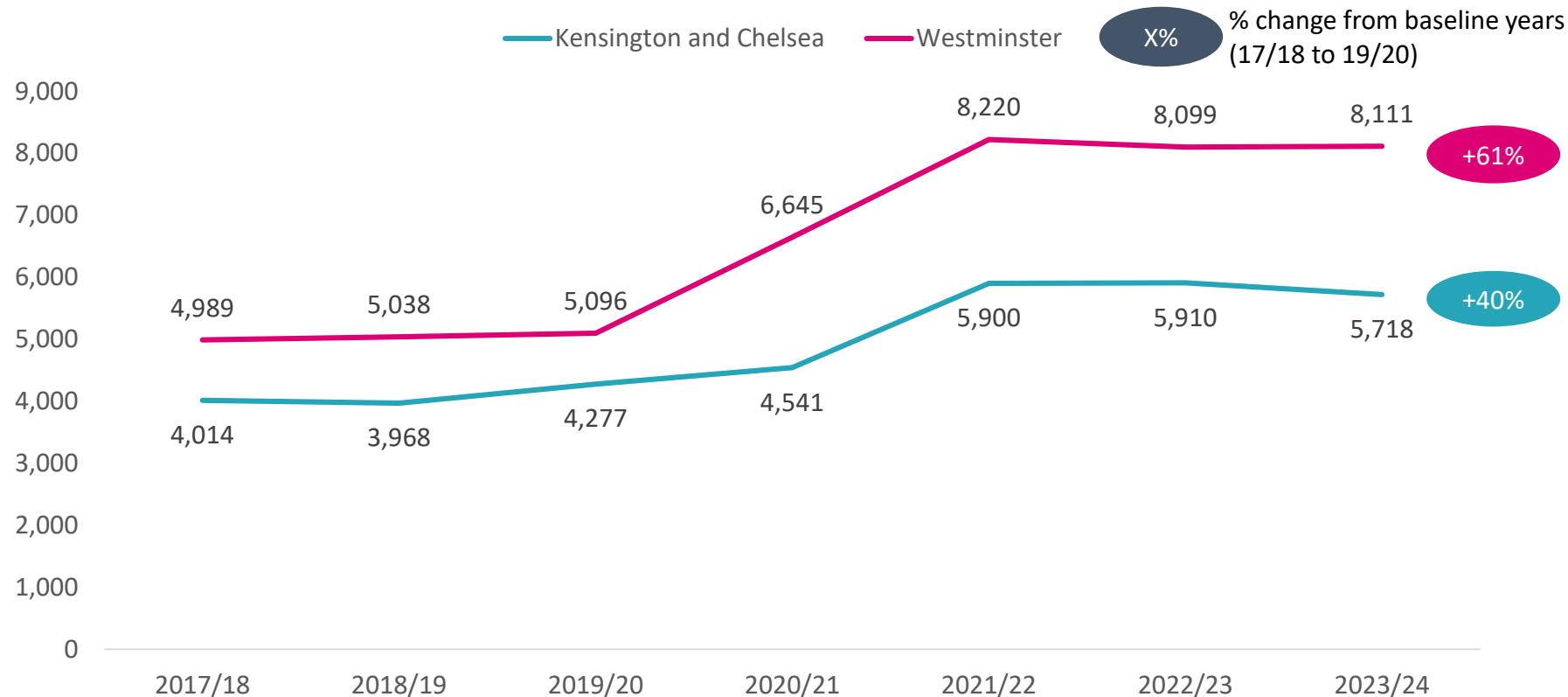


Impact on community referrals

The total referrals for residents of Kensington & Chelsea and Westminster have increased 40% and 61% respectively in 2023/24 compared to pre-Gordon closure levels

Mental Health referrals in Kensington & Chelsea and Westminster

MH referrals, 2017/18-2023/24



- Despite mental health admissions decreasing compared to pre-pandemic levels, the total referrals into CNWL have increase by 61% in Westminster and 48% in Kensington & Chelsea
- This increase in referrals is likely to be an impact of the pandemic
- However, the differing trend to total admissions suggests more service users are being cared for in the community

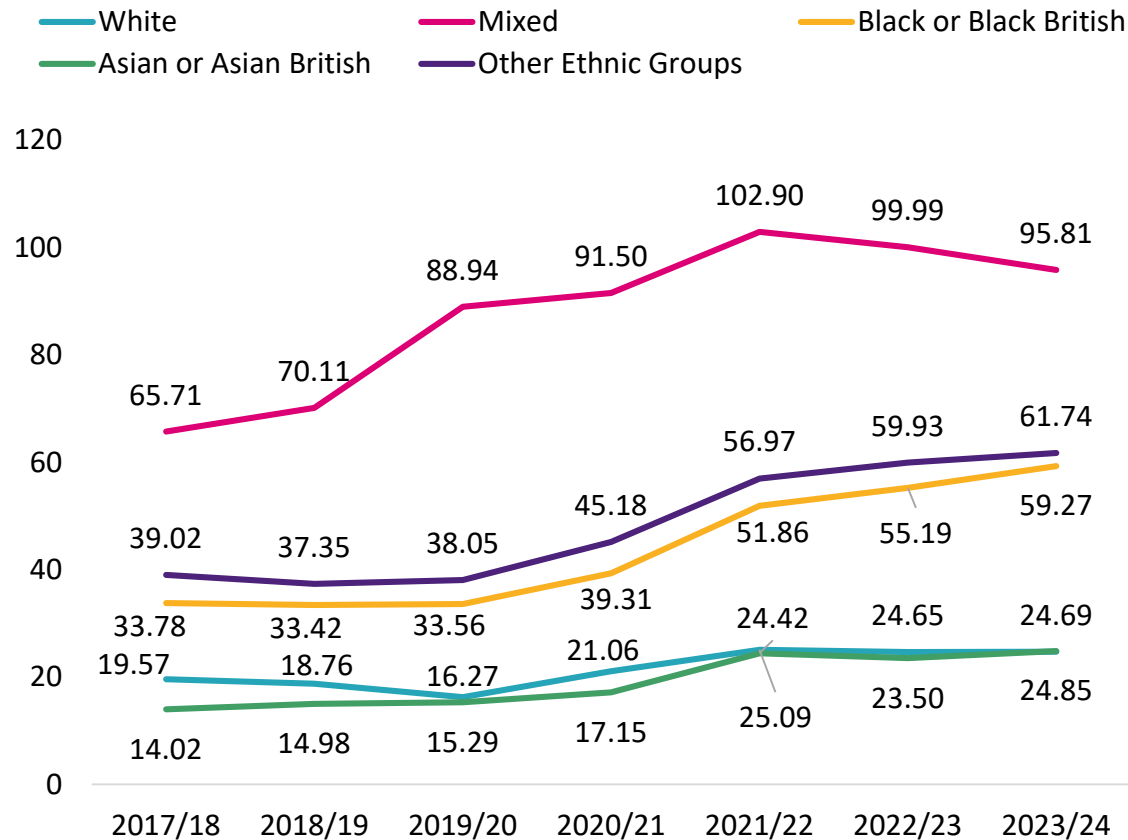
Source: CNWL activity data (provided by Real World Health), CF analysis

Community referrals: Liaison Psychiatry, Memory Service, SPA, Supporting Service, IAPT, Perinatal, Home Treatment, CMHT, OP CMHT, Early Intervention, Liaison & Diversion, Urgent Care CAMHS, MHEC, Place of Safety, First Response, Ambulance/Street Triage, Coves,, Home Treatment (OA)

Mixed ethnicity populations have the highest rate of referrals in the catchment area per 1000 population

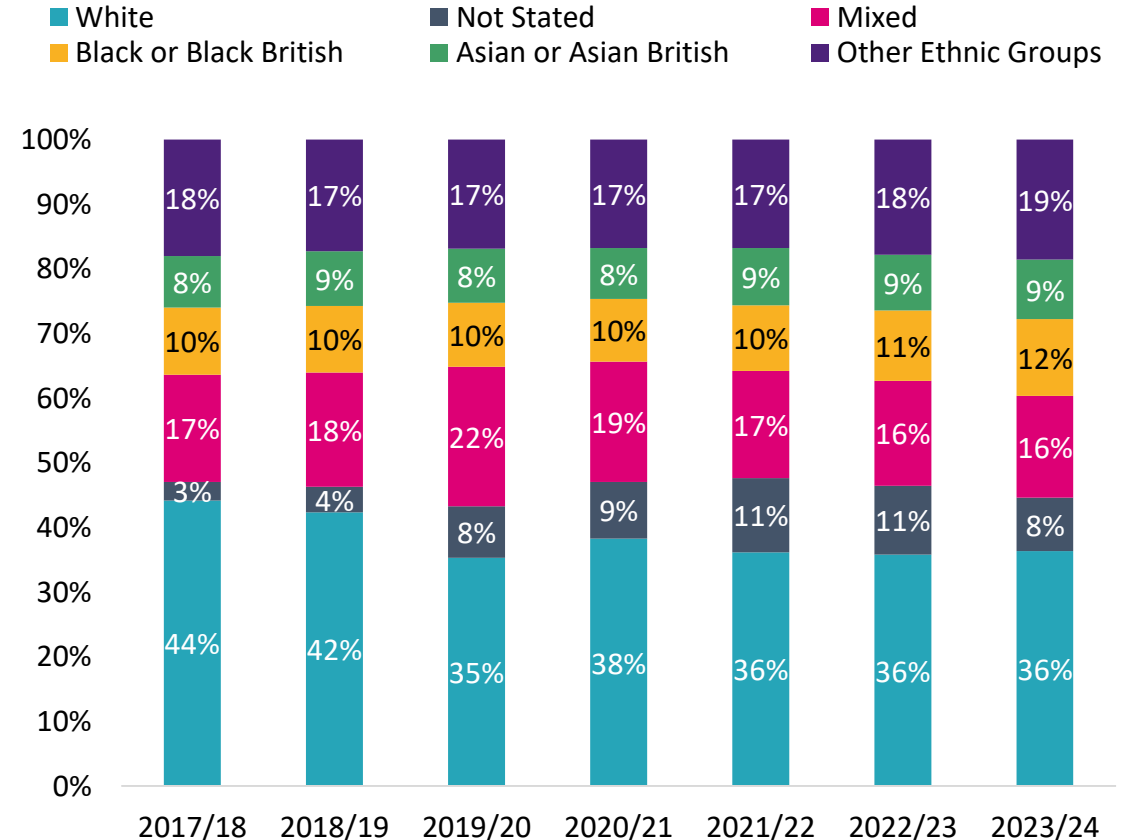
Mental health referrals by ethnic groups per 1,000 population

MH referrals in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health referrals by ethnic groups

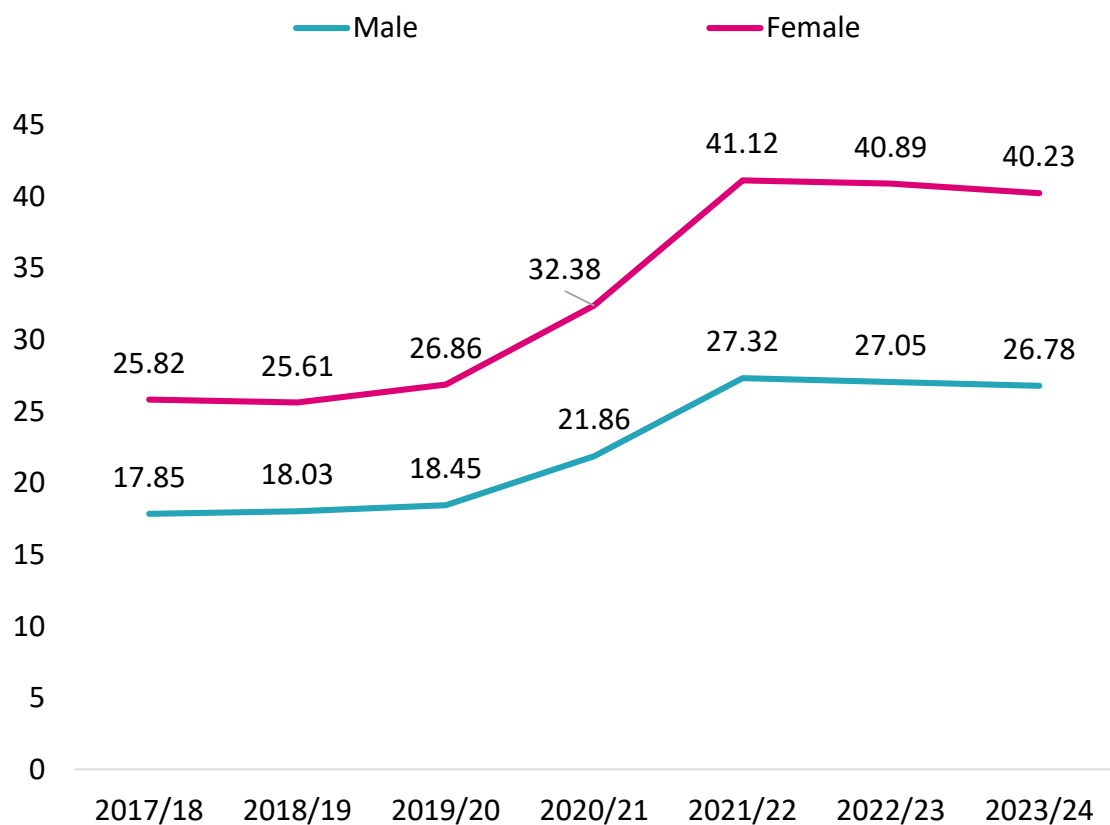
Proportion of MH referrals in the catchment population by ethnic group, 2017/18-2023/24



The rate of mental health referrals into CNWL is consistently higher for females than males

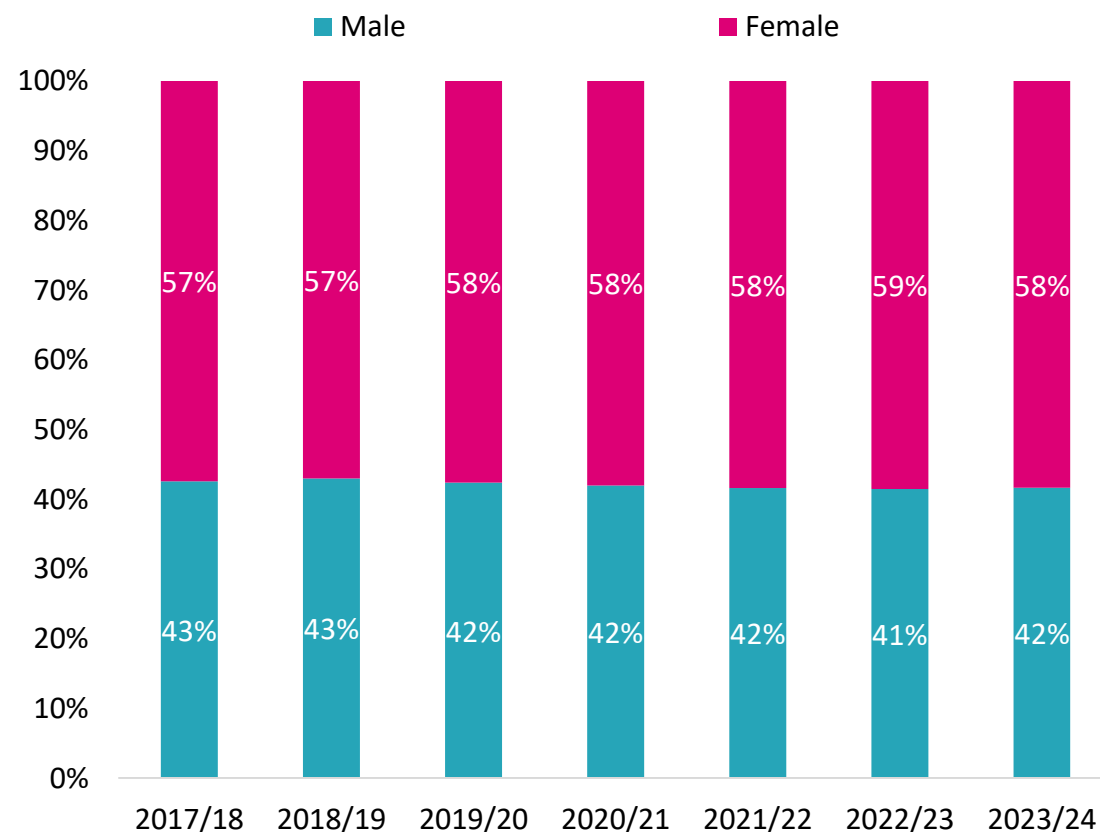
Mental health referrals by gender per 1,000 population

MH referrals in the catchment population by gender, 2017/18-2023/24



Proportion of mental health referrals by gender

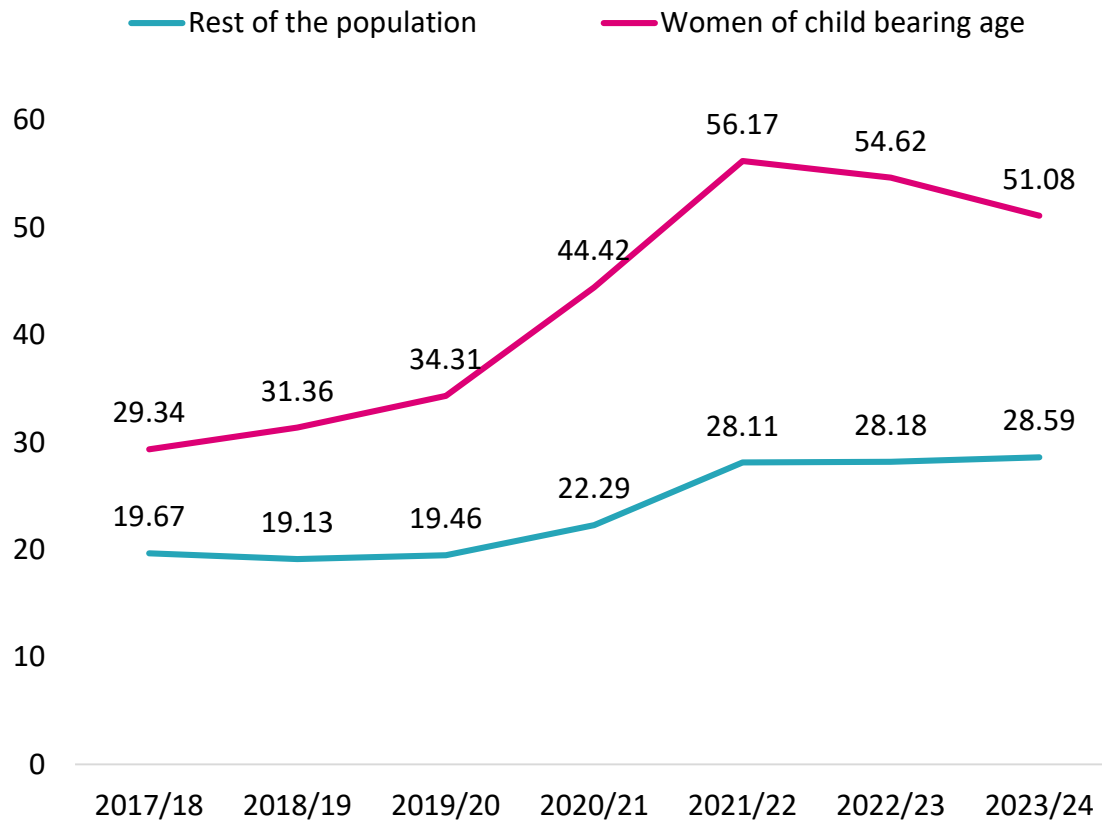
Proportion of MH referrals in the catchment population by gender, 2017/18-2023/24



The rate of mental health referrals for women of child-bearing age is consistently higher than the rest of the population

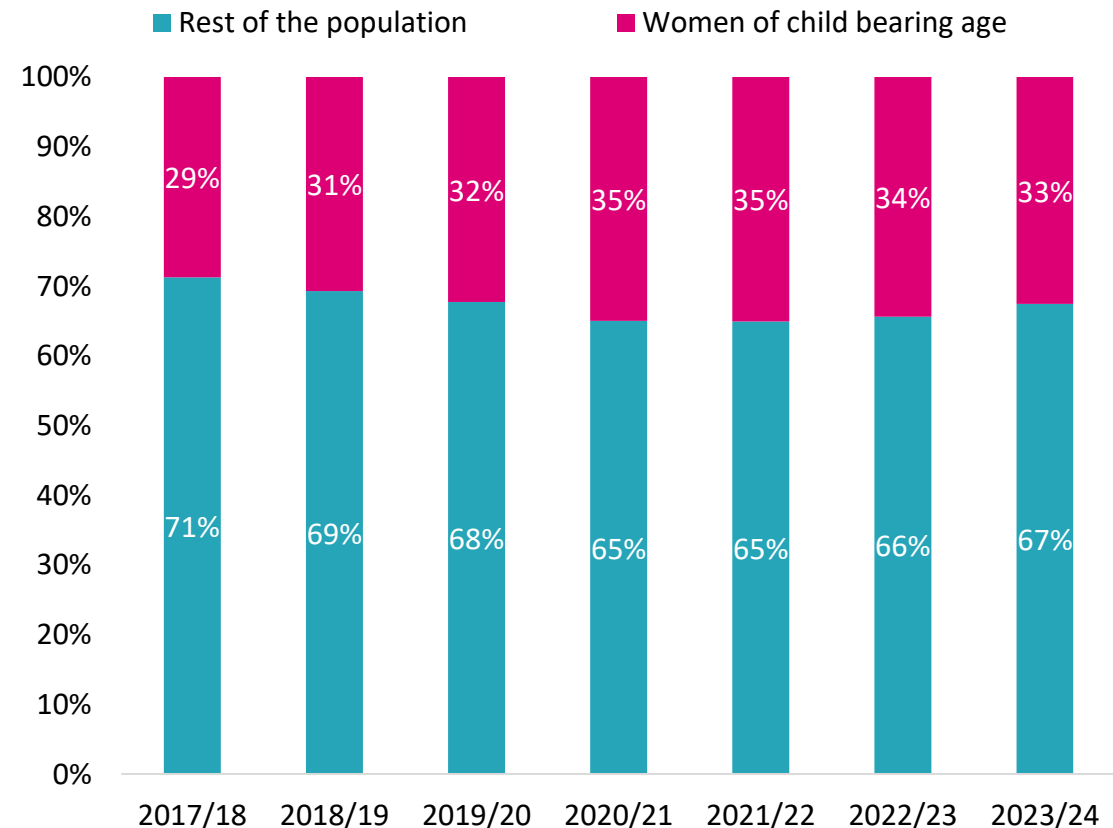
Mental health referrals for women of child bearing age per 1,000 population

MH referrals in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health referrals by women of child bearing age

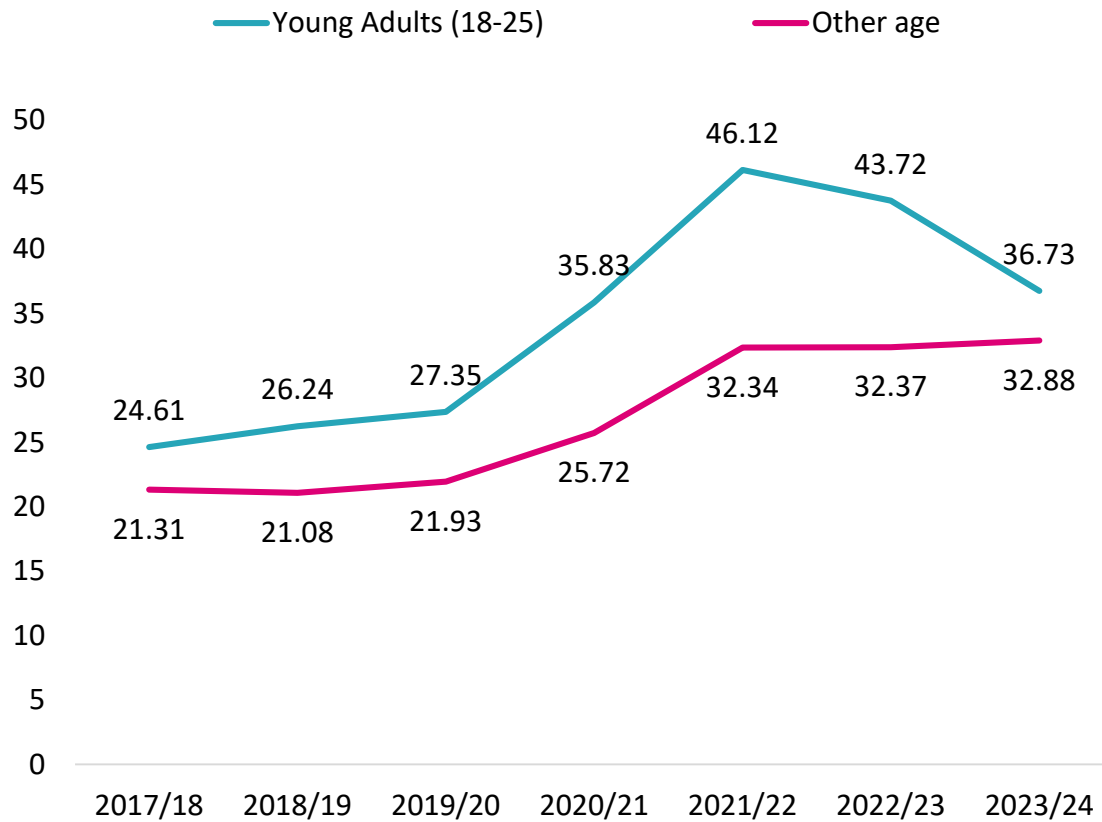
Proportion of MH referrals in the catchment population by women of child bearing age, 2017/18-2023/24



Since 2019/20, the rate of mental health referrals for young adults has been greater than that for other age groups

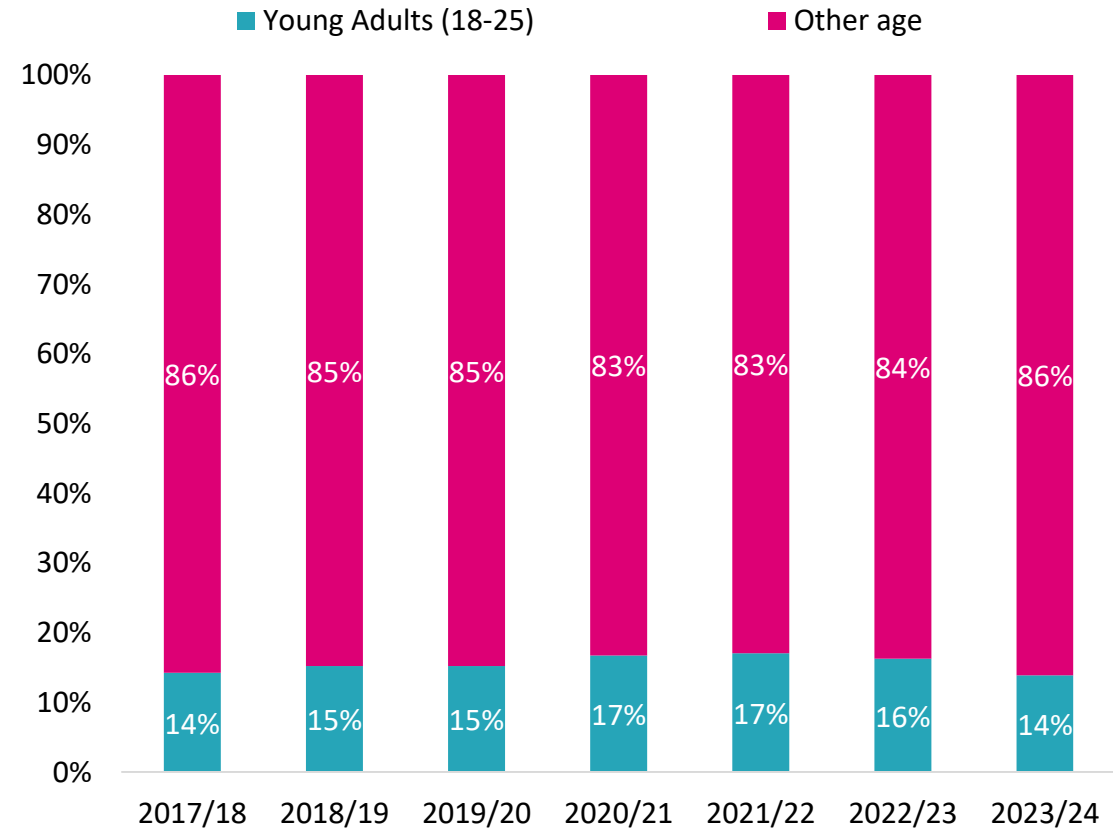
Mental health referrals by young adults per 1,000 population

MH referrals in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health referrals by young adults

Proportion of MH referrals in the catchment population by young adults, 2017/18-2023/24

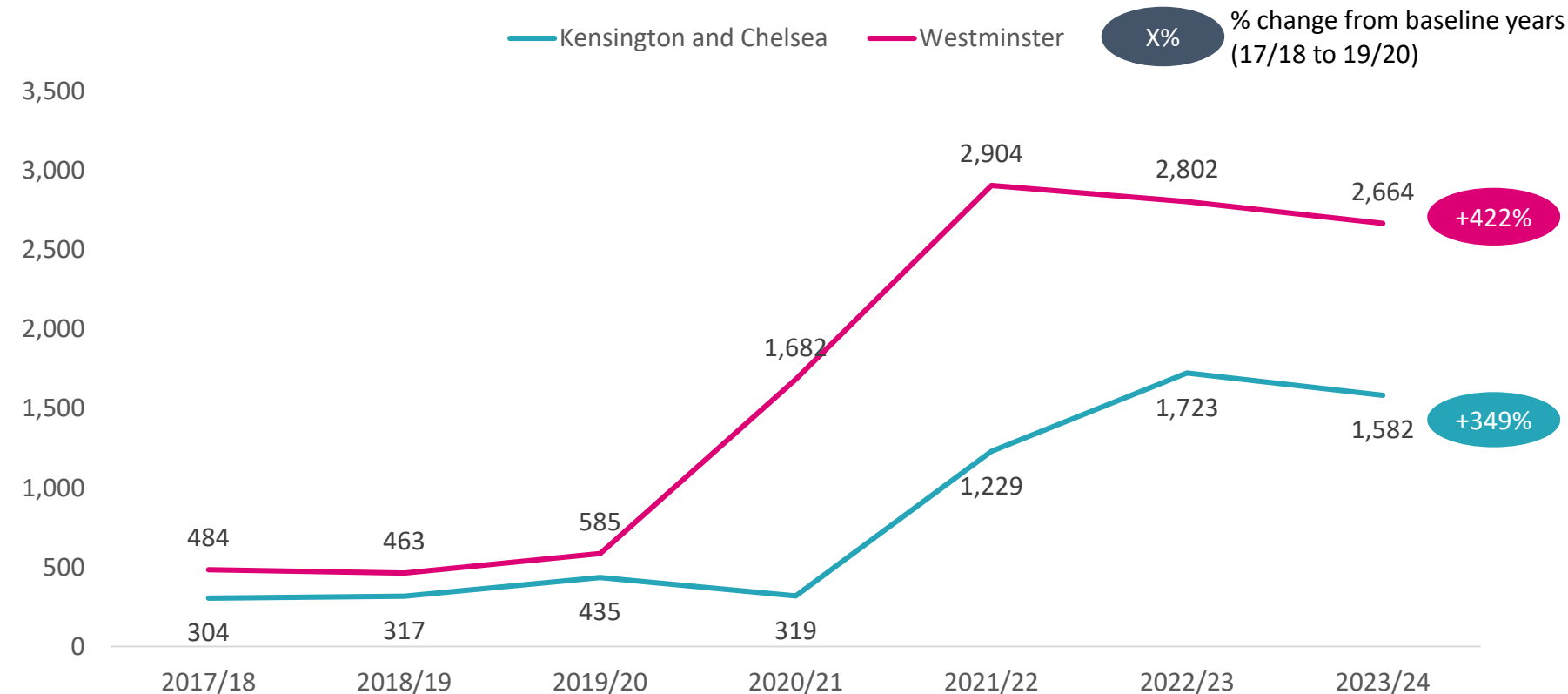


Impact on community referrals to community mental health hubs (CMHH)

CMHH referrals for residents of Kensington & Chelsea and Westminster have increased 349% and 422% respectively in 2023/24 compared to pre-Gordon closure levels

Mental Health referrals in Kensington & Chelsea and Westminster

MH referrals to CMHH, 2017/18-2023/24

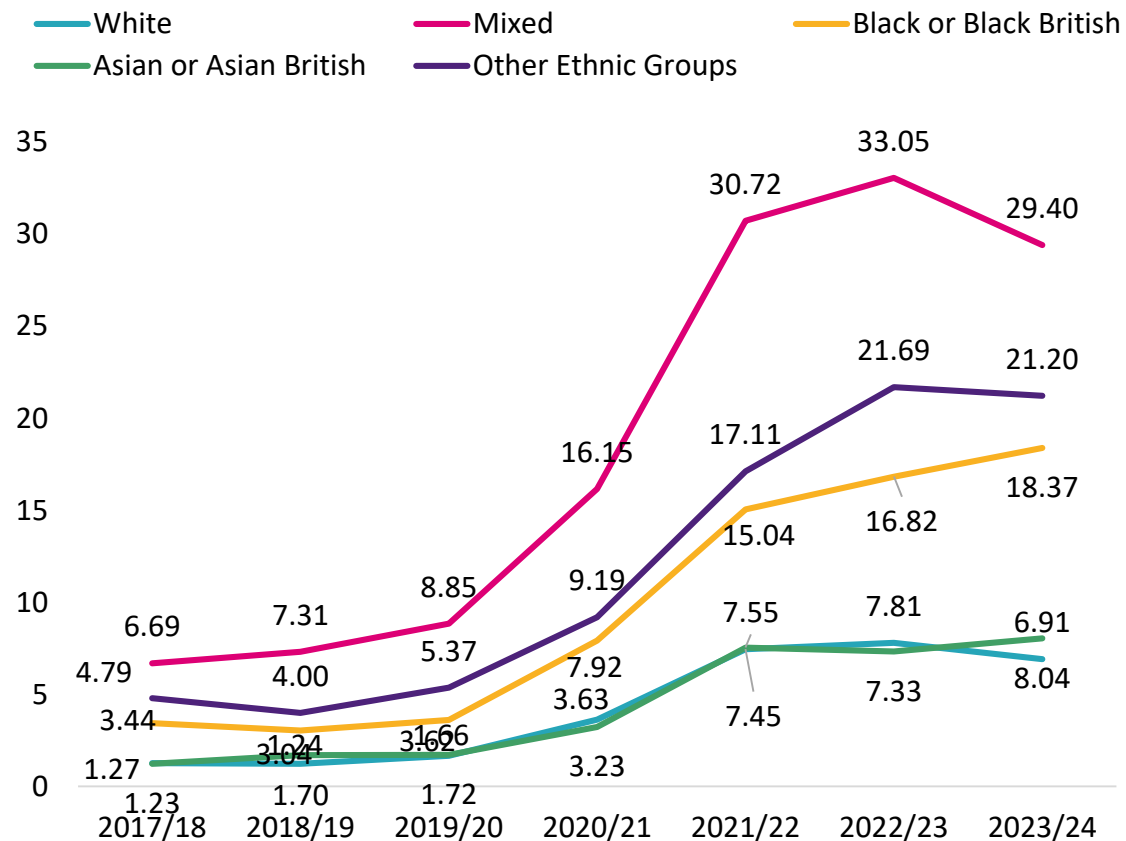


Despite mental health admissions decreasing compared to pre-pandemic levels, the CMHH referrals into CNWL have increase by 422% in Westminster and 349% in Kensington & Chelsea

Mixed ethnicity populations have the highest rate of referrals to CMHH in the catchment area per 1000 population

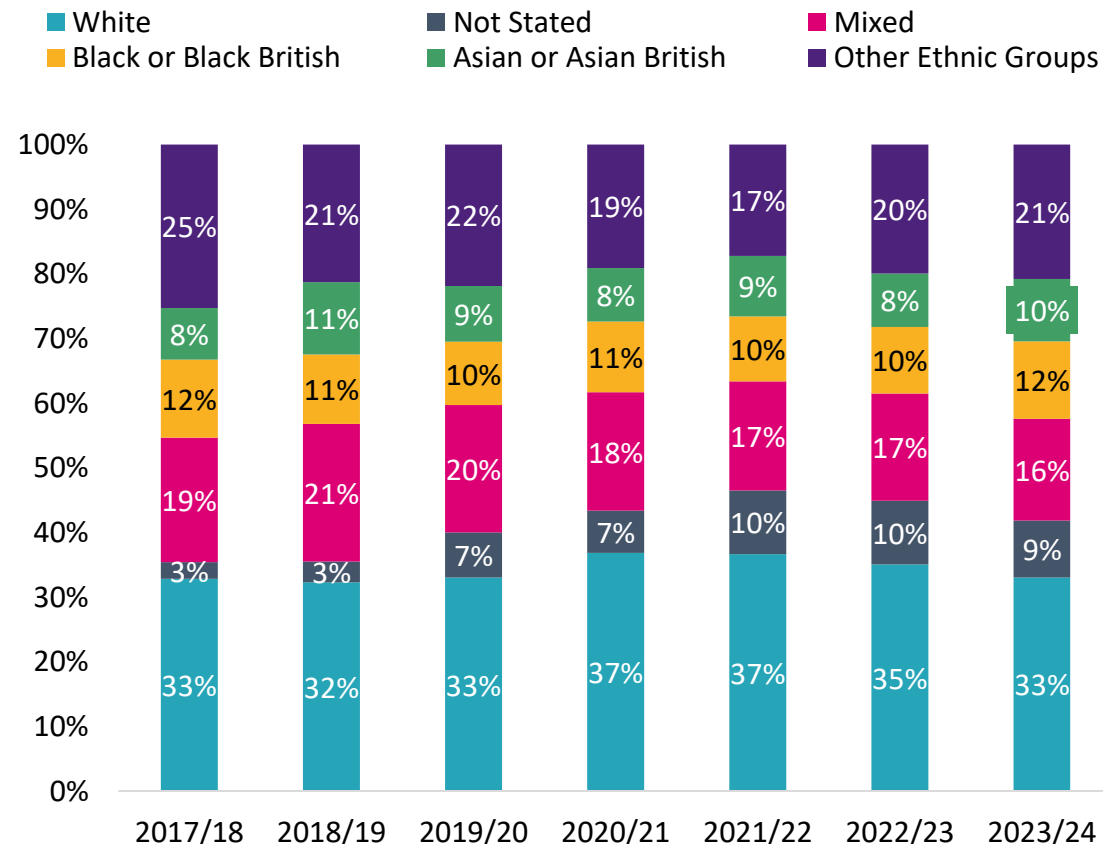
Mental health referrals by ethnic groups per 1,000 population

MH referrals to CMHH in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health referrals by ethnic groups

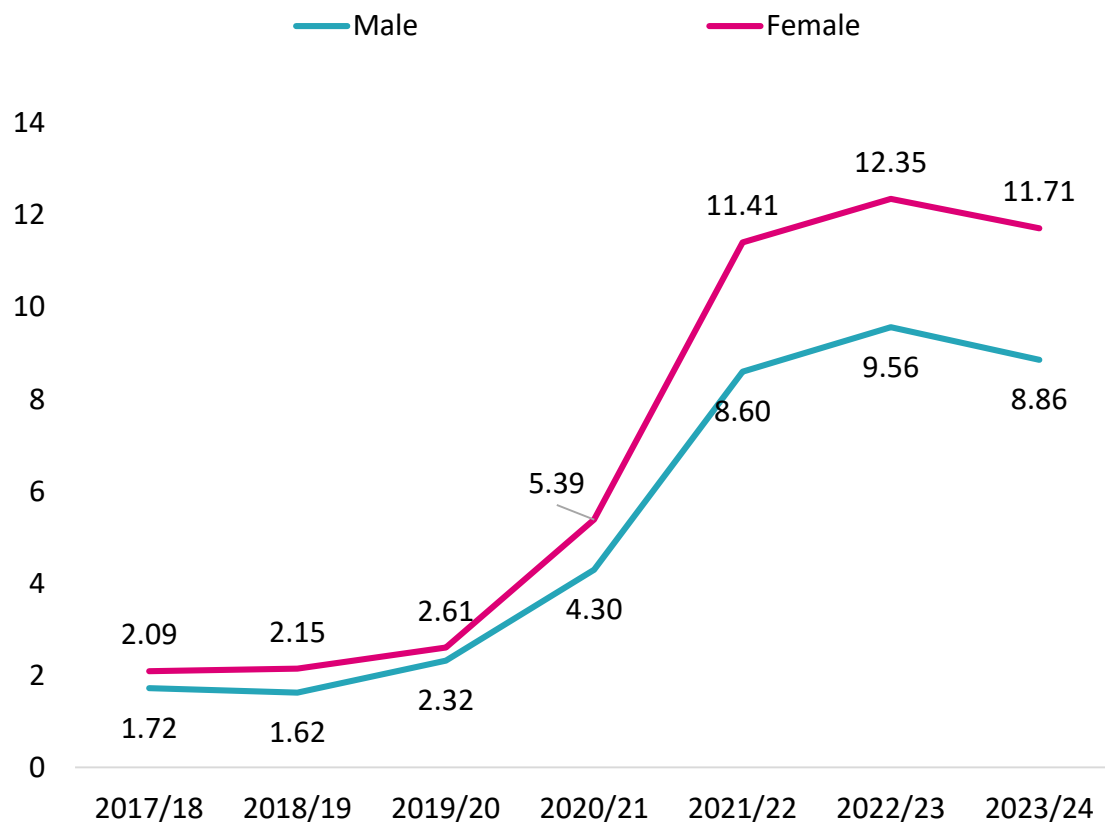
Proportion of MH referrals to CMHH in the catchment population by ethnic group, 2017/18-2023/24



The rate of CMHH mental health referrals into CNWL is consistently higher for females than males

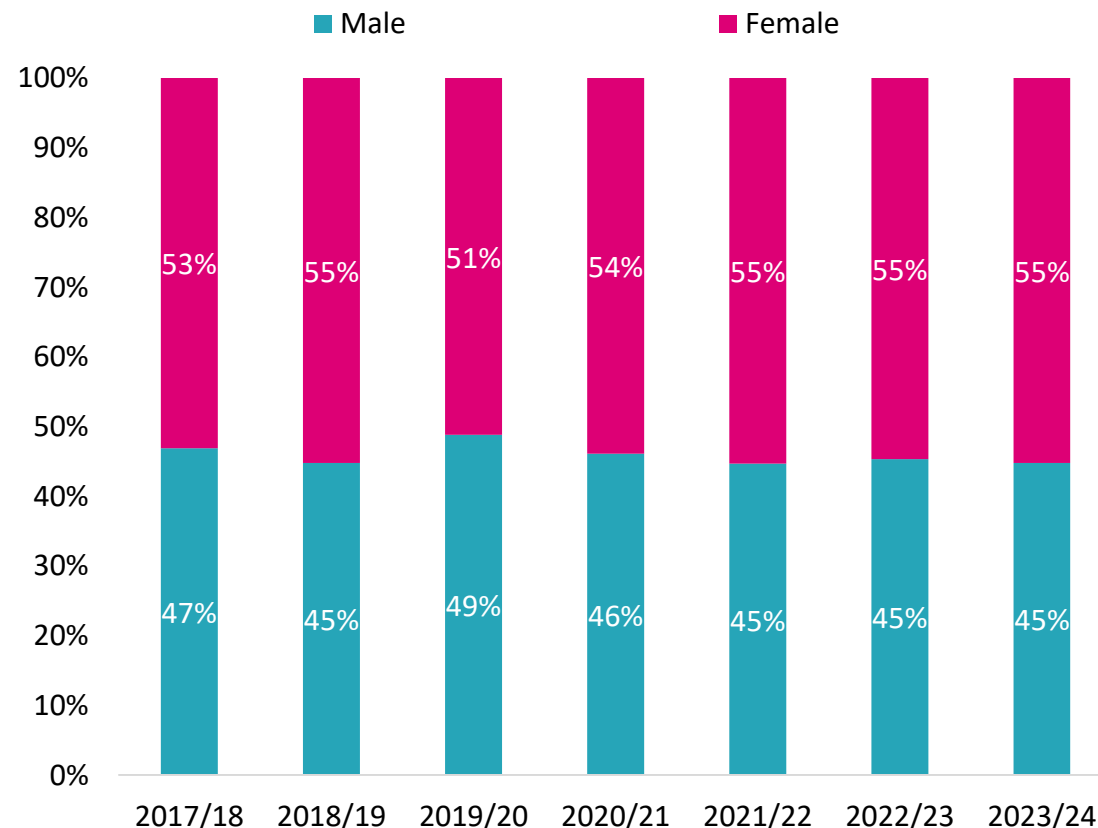
Mental health referrals by gender per 1,000 population

MH referrals to CMHH in the catchment population by gender, 2017/18-2023/24



Proportion of mental health referrals by gender

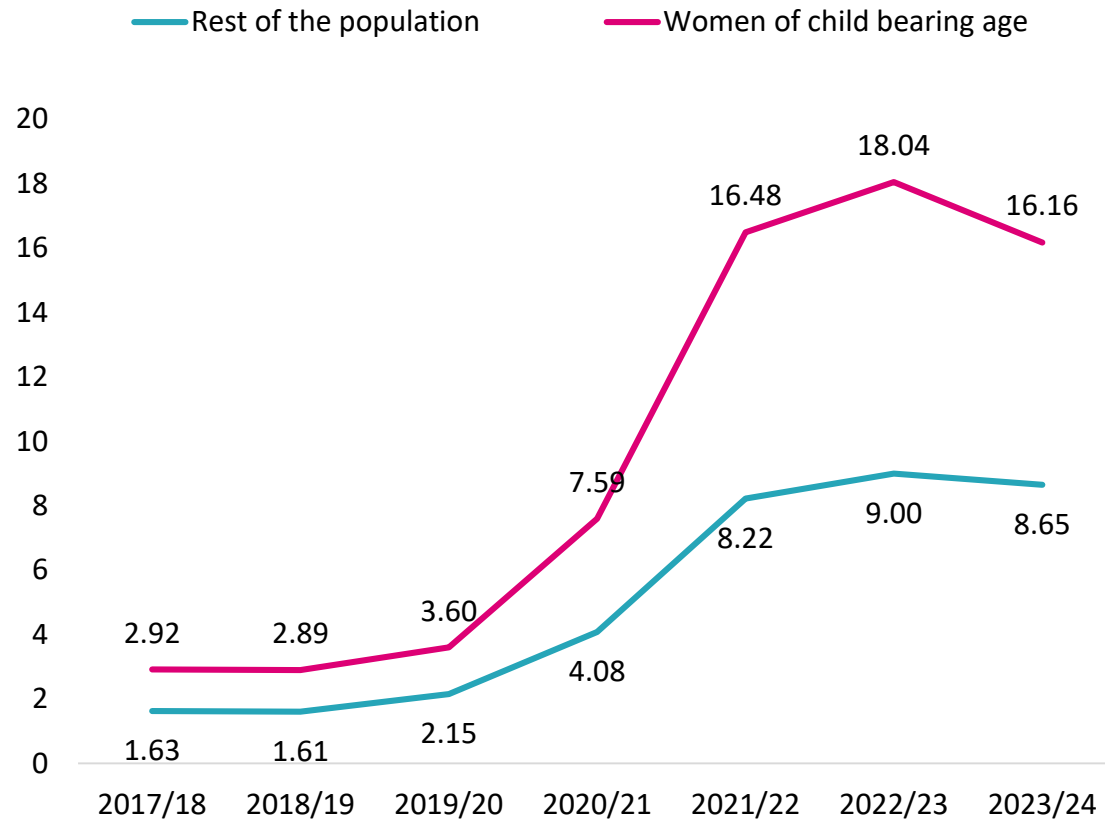
Proportion of MH referrals to CMHH in the catchment population by gender, 2017/18-2023/24



The rate of CMHH mental health referrals for women of child-bearing age is consistently higher than the rest of the population

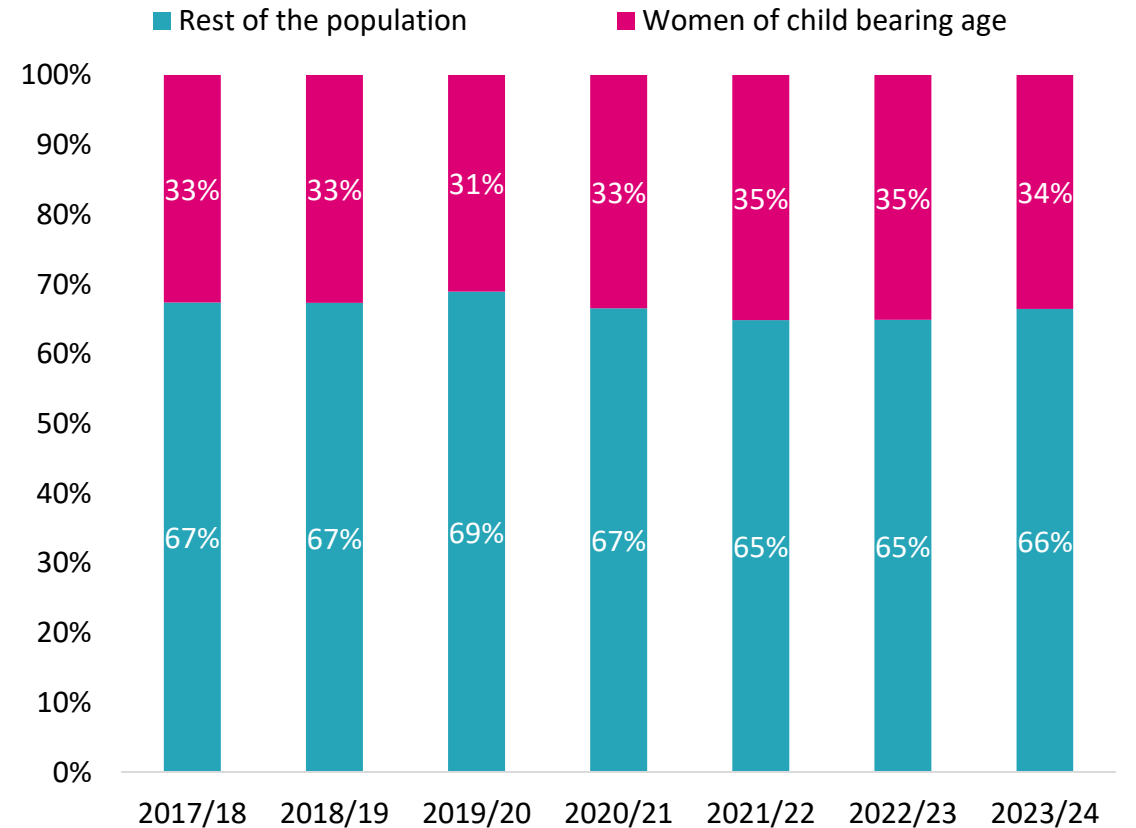
Mental health referrals for women of child bearing age per 1,000 population

MH referrals to CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health referrals by women of child bearing age

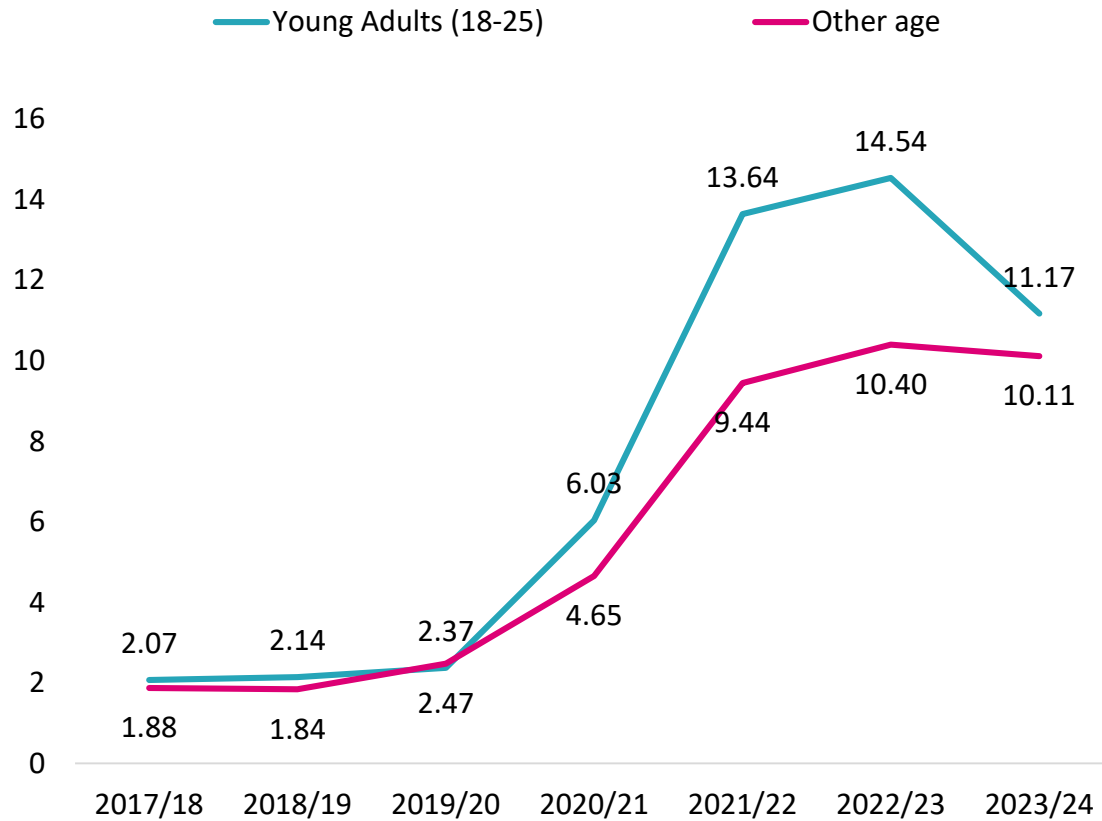
Proportion of MH referrals to CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



Since 2019/20, the rate of CMHH mental health referrals for young adults has been greater than that for other age groups

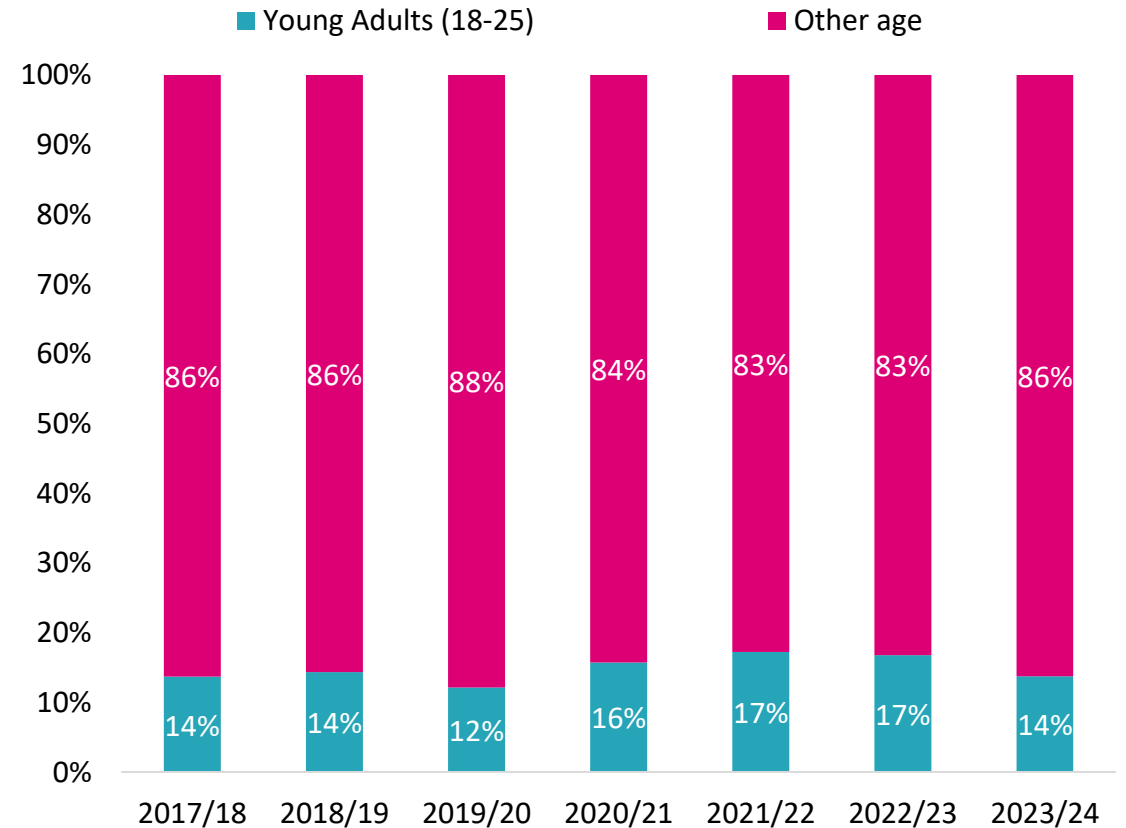
Mental health referrals by young adults per 1,000 population

MH referrals to CMHH in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health referrals by young adults

Proportion of MH referrals to CMHH in the catchment population by young adults, 2017/18-2023/24

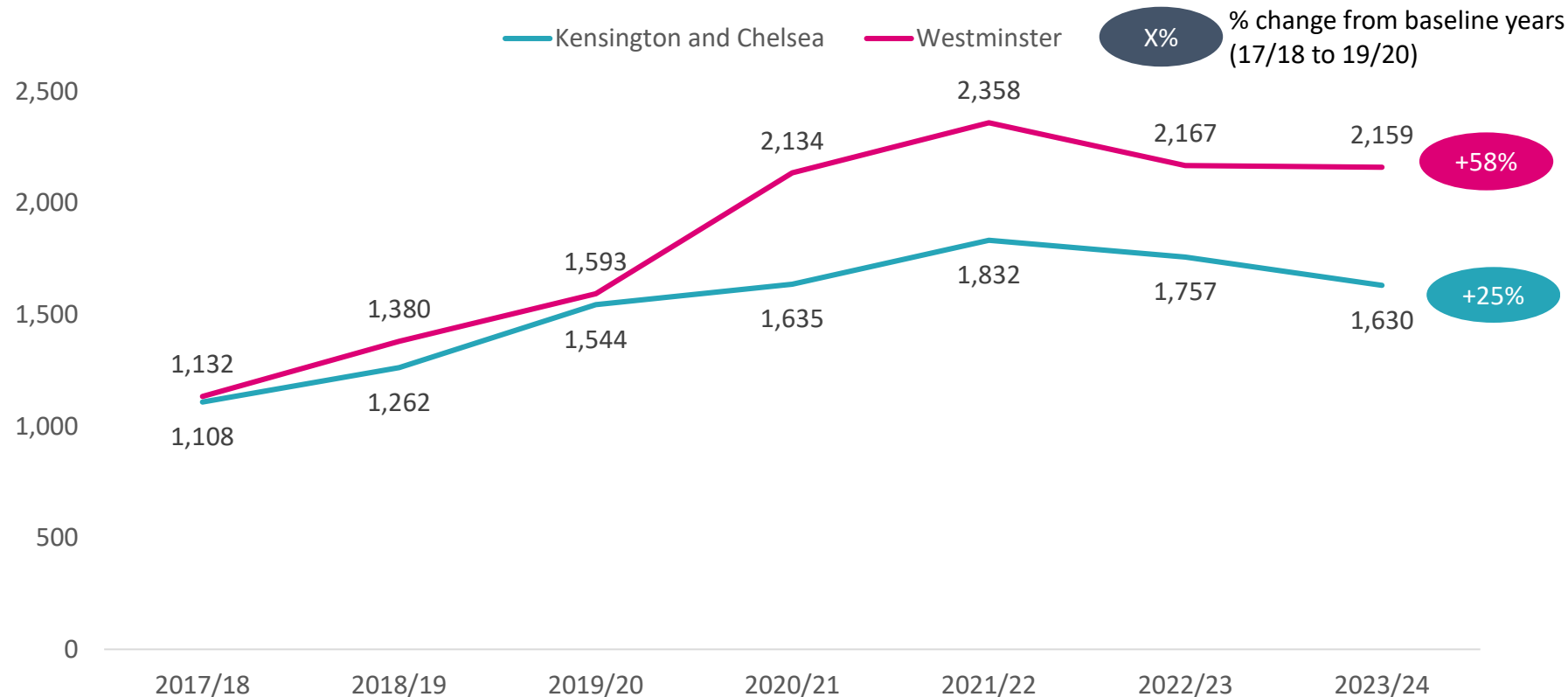


Impact on community referrals to talking therapies

Talking therapies referrals for residents of Kensington & Chelsea and Westminster have increased 25% and 58% respectively in 2023/24 compared to pre-Gordon closure levels

Mental Health referrals in Kensington & Chelsea and Westminster

MH referrals to talking therapies, 2017/18-2023/24

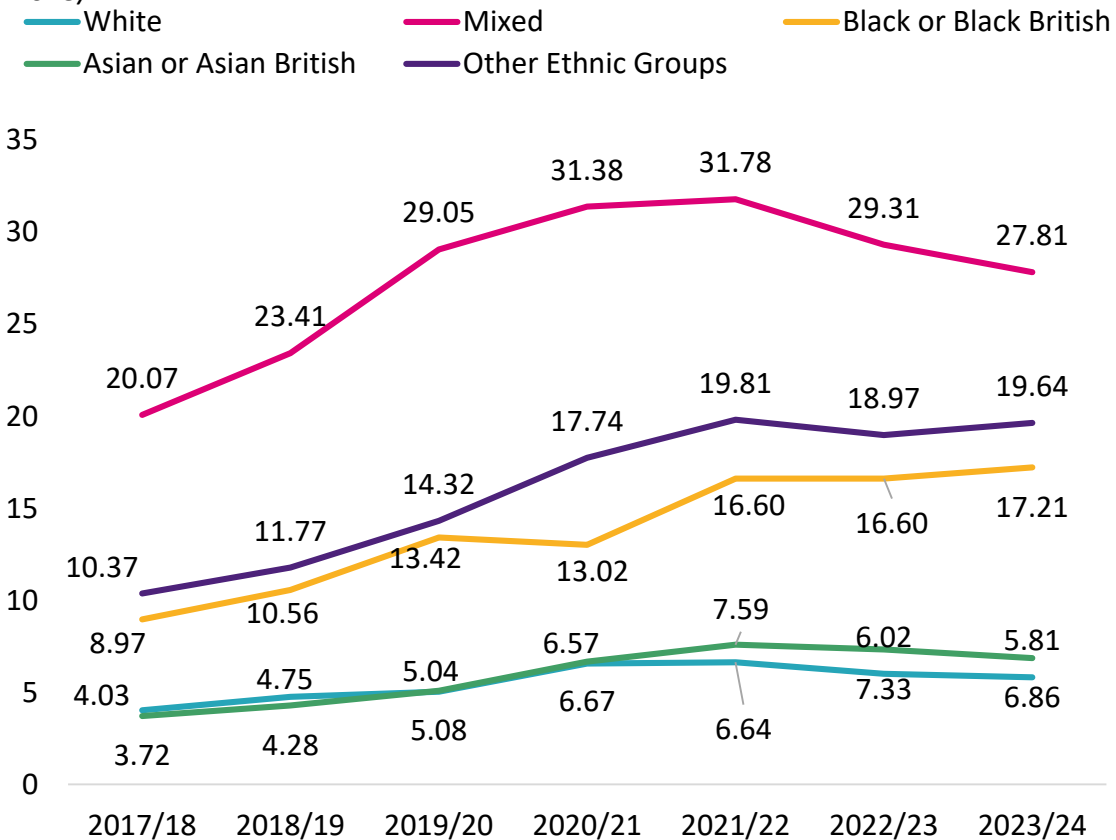


Despite mental health admissions decreasing compared to pre-pandemic levels, the CMHH referrals into CNWL have increase by 58% in Westminster and 25% in Kensington & Chelsea

Mixed ethnicity populations have the highest rate of referrals to talking therapies in the catchment area per 1000 population

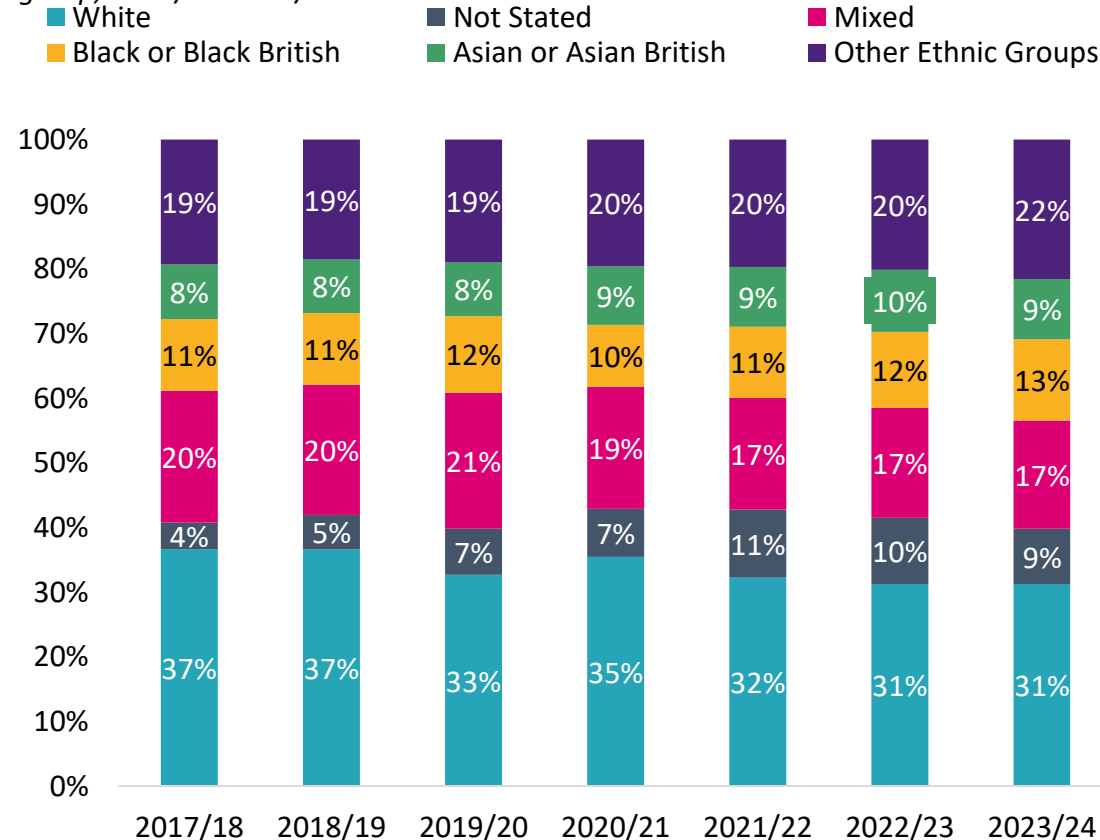
Mental health referrals by ethnic groups per 1,000 population

MH referrals to talking therapies in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health referrals by ethnic groups

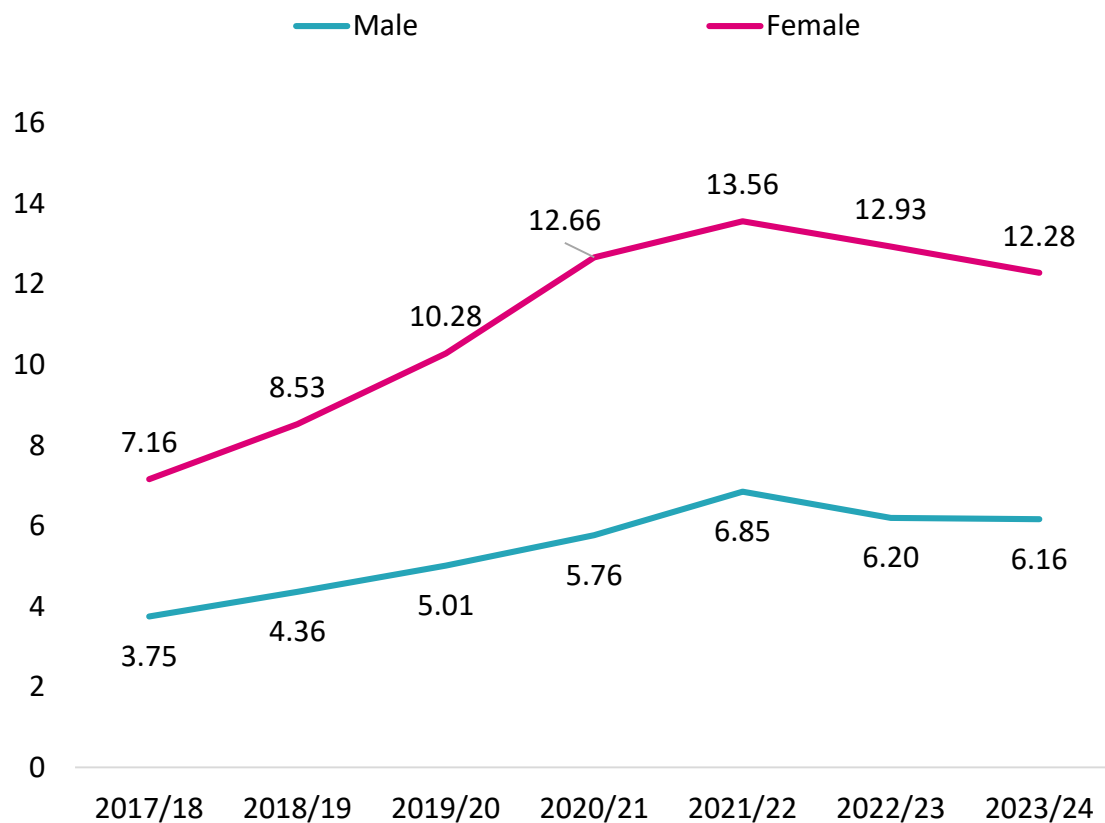
Proportion of MH referrals to talking therapies in the catchment population by ethnic group, 2017/18-2023/24



The rate of CMHH mental health referrals into CNWL is consistently higher for females than males

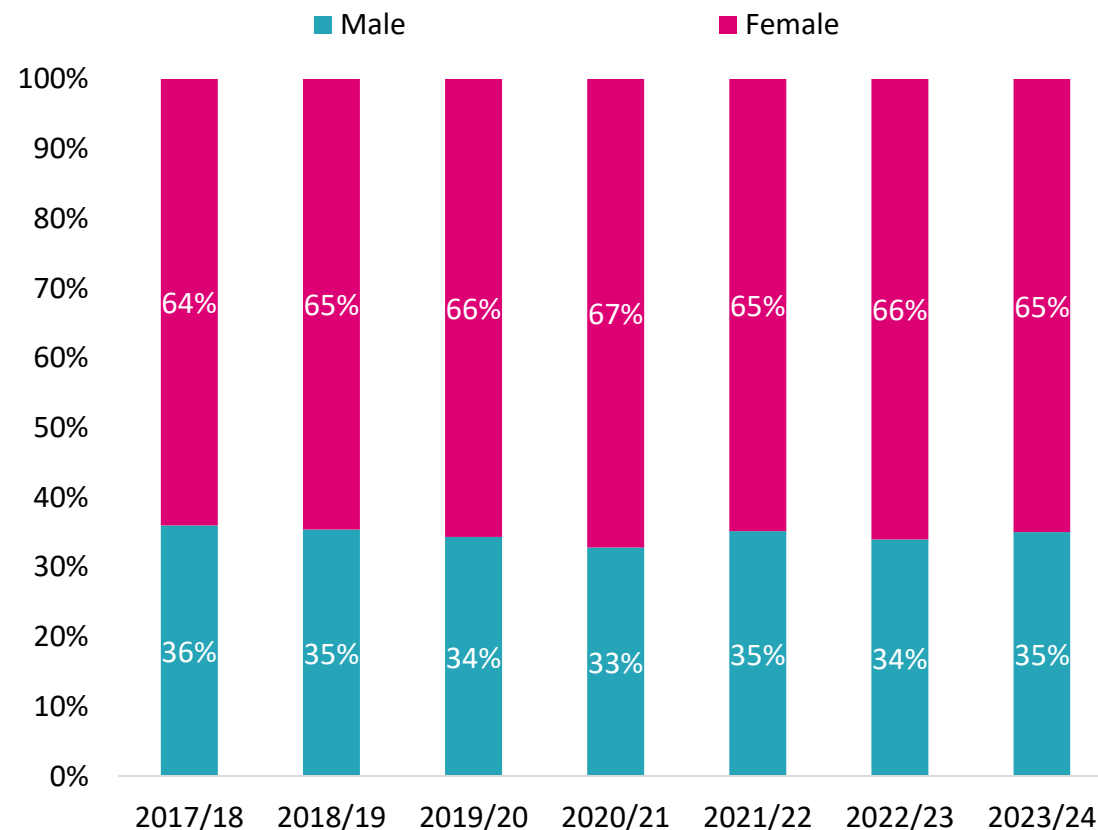
Mental health referrals by gender per 1,000 population

MH referrals to talking therapies in the catchment population by gender, 2017/18-2023/24



Proportion of mental health referrals by gender

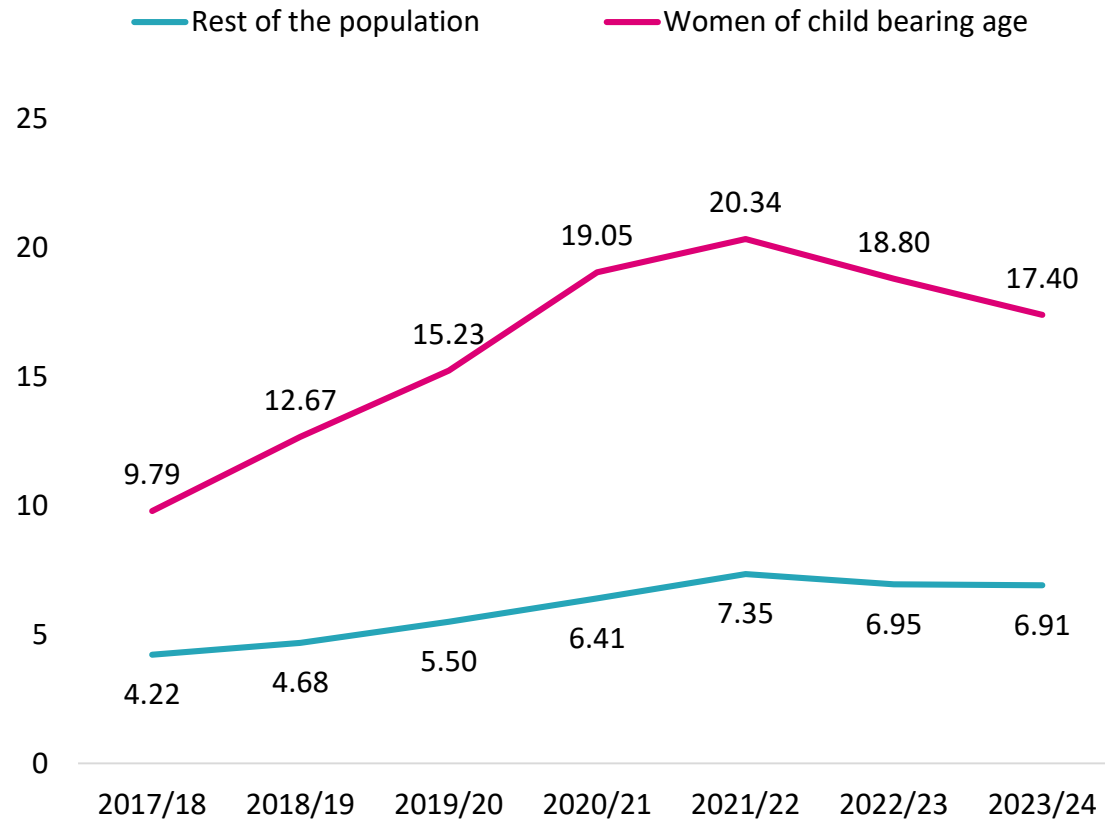
Proportion of MH referrals to talking therapies in the catchment population by gender, 2017/18-2023/24



The rate of talking therapies mental health referrals for women of child-bearing age is consistently higher than the rest of the population

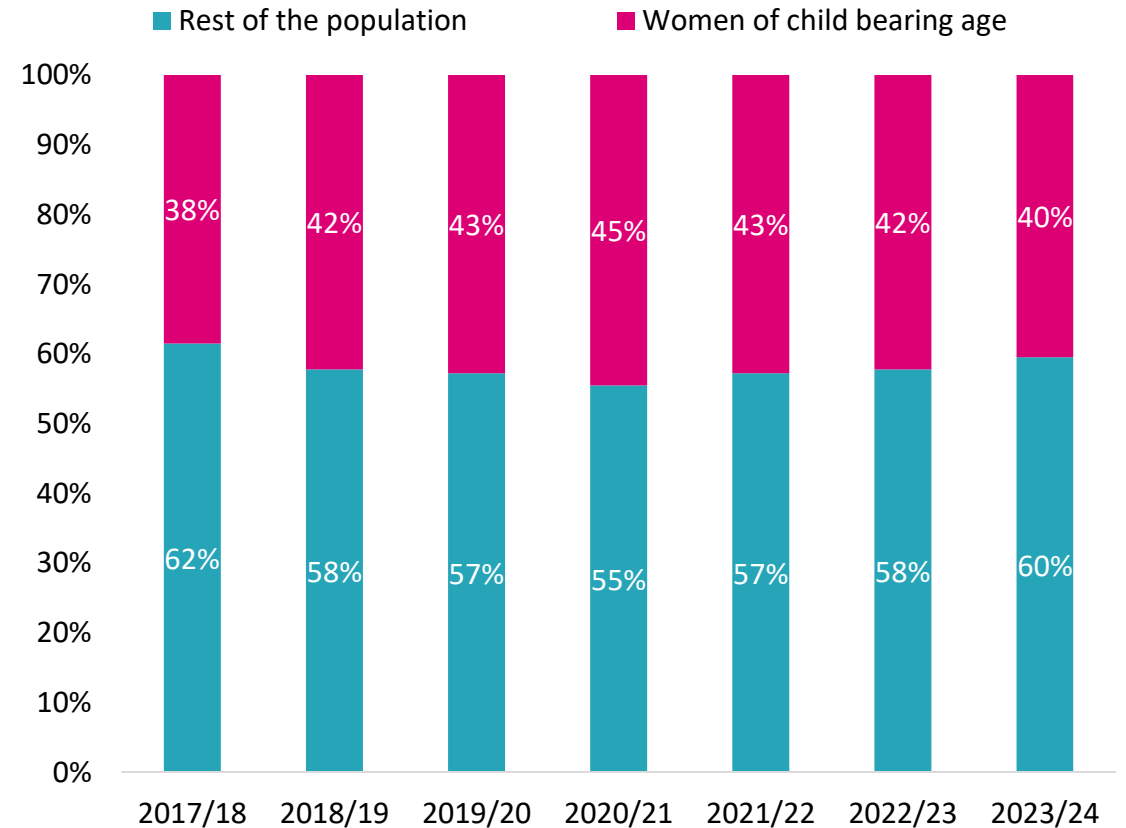
Mental health referrals for women of child bearing age per 1,000 population

MH referrals to talking therapies in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health referrals by women of child bearing age

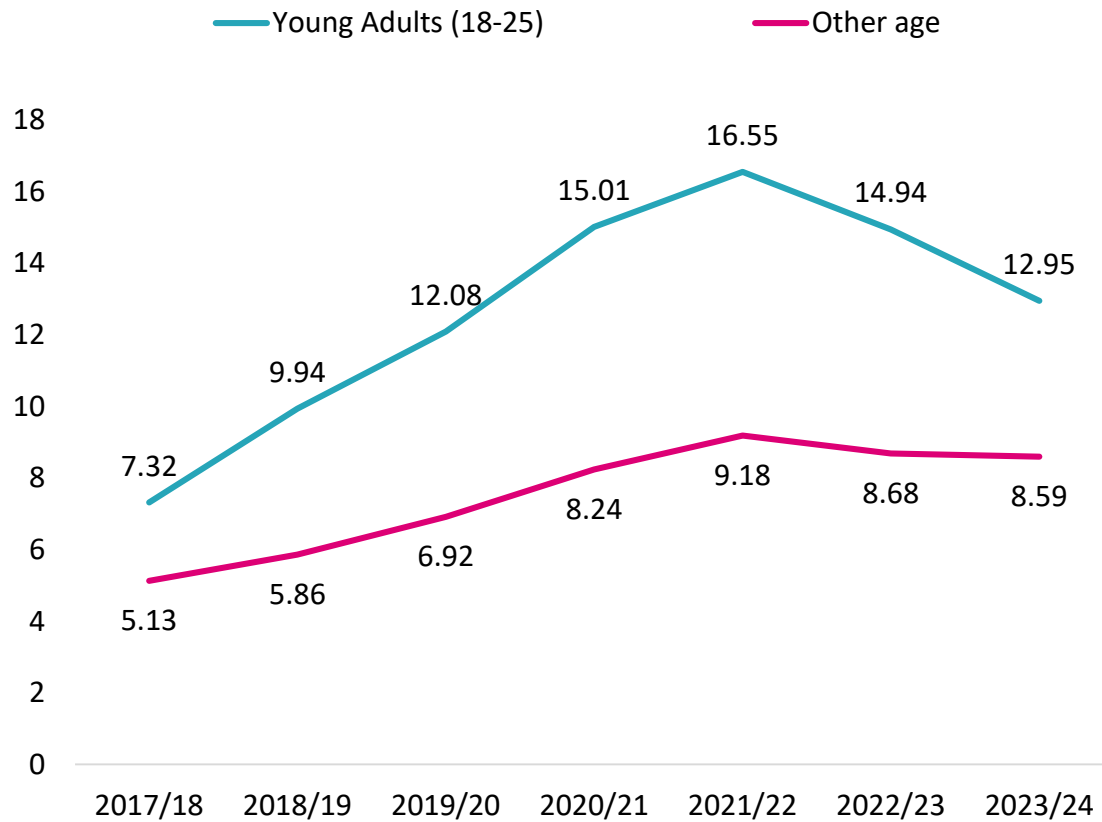
Proportion of MH referrals to talking therapies in the catchment population by women of child bearing age, 2017/18-2023/24



Since 2019/20, the rate of talking therapies mental health referrals for young adults has been greater than that for other age groups

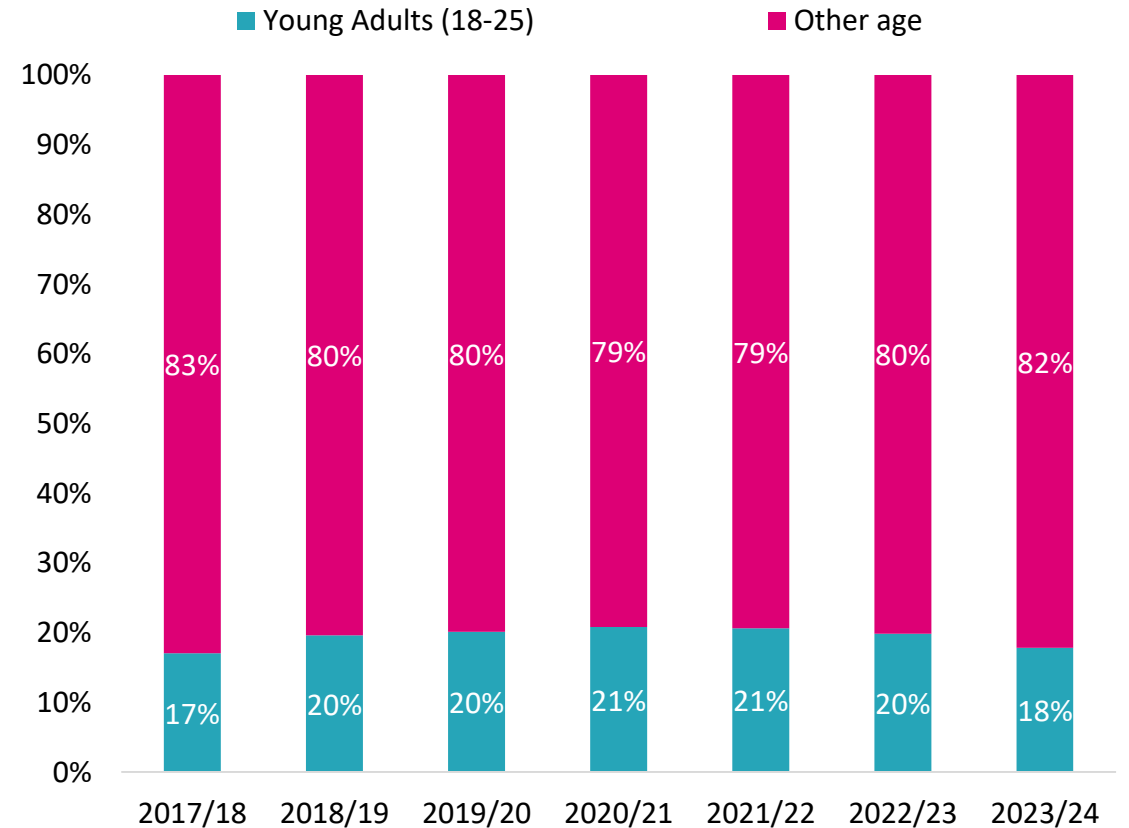
Mental health referrals by young adults per 1,000 population

MH referrals to talking therapies in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health referrals by young adults

Proportion of MH referrals to talking therapies in the catchment population by young adults, 2017/18-2023/24

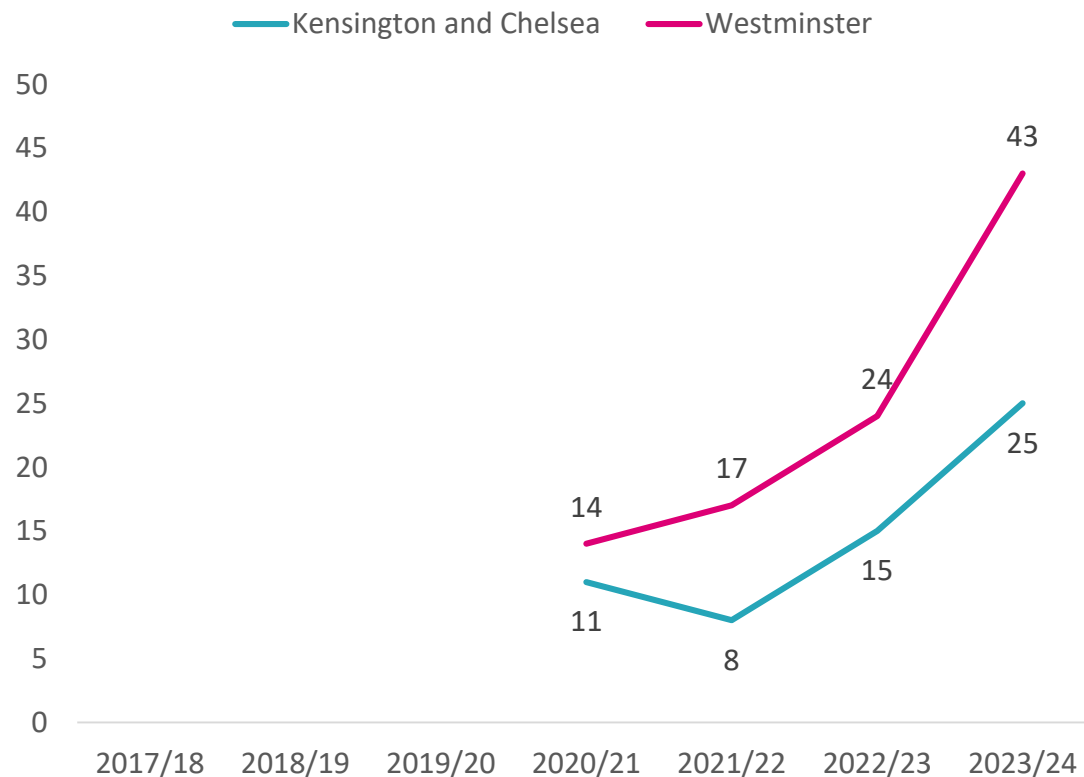


Impact on admissions to MHCAS and MHEC

Admissions to MHEC and MHCAS services have at least double in 2023/24 compared to the 2020/21 and 2022/23, respectively

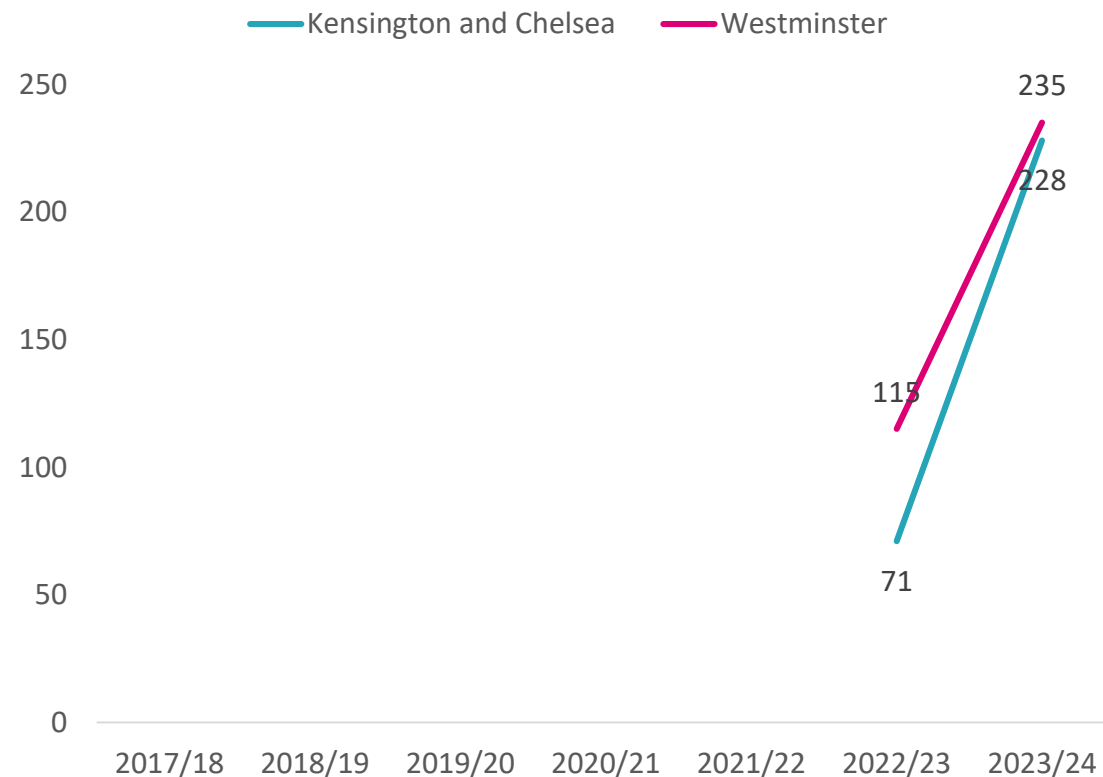
Mental Health referrals in Kensington & Chelsea and Westminster

MH referrals to MHEC in the catchment population, 2017/18-2023/24



Mental Health referrals in Kensington & Chelsea and Westminster

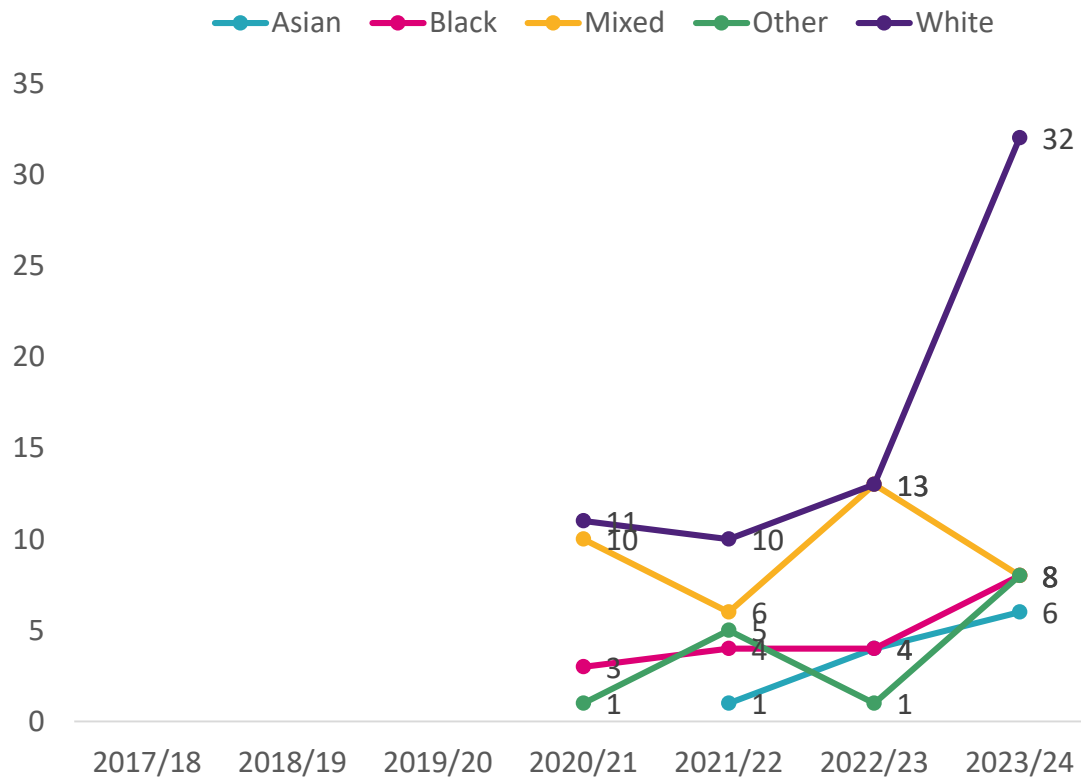
MH referrals to MHCAS in the catchment population, 2017/18-2023/24



The total number of admissions to MHEC and MHCAS are higher for the White population

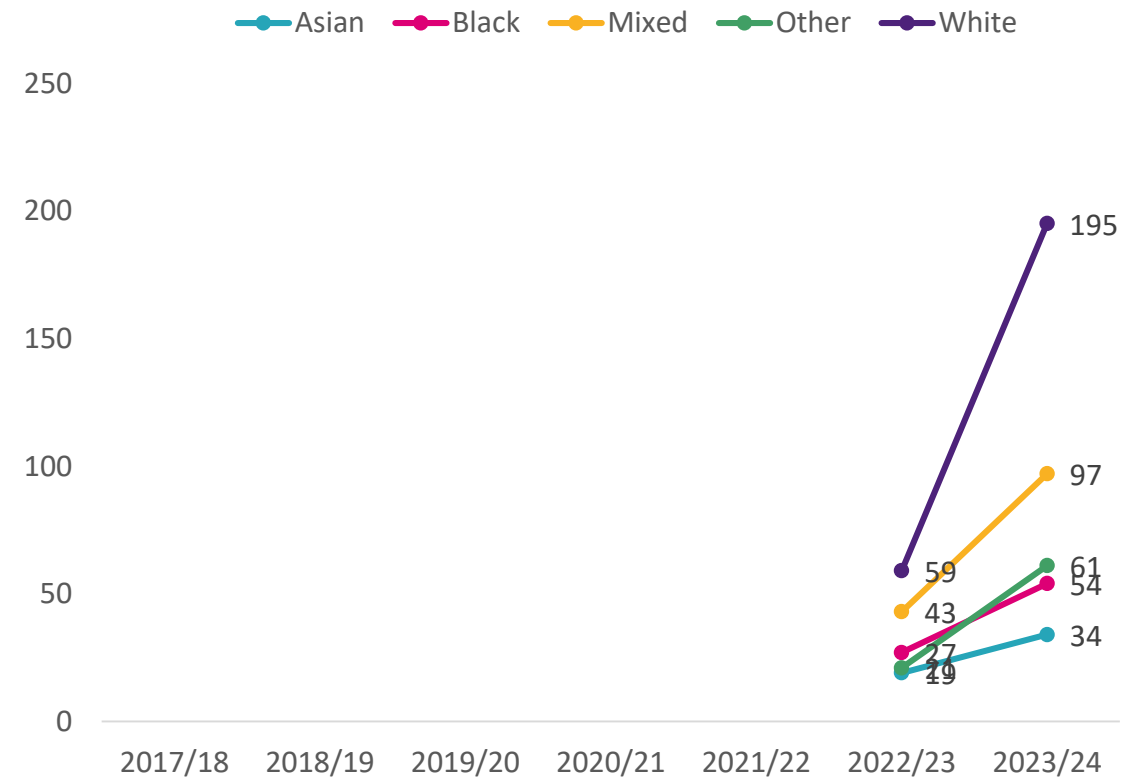
Mental Health attendances to MHEC by ethnicity

MH attendances to MHEC in the catchment population by ethnic group, 2017/18-2023/24



Mental Health attendances to MHCAS by ethnicity

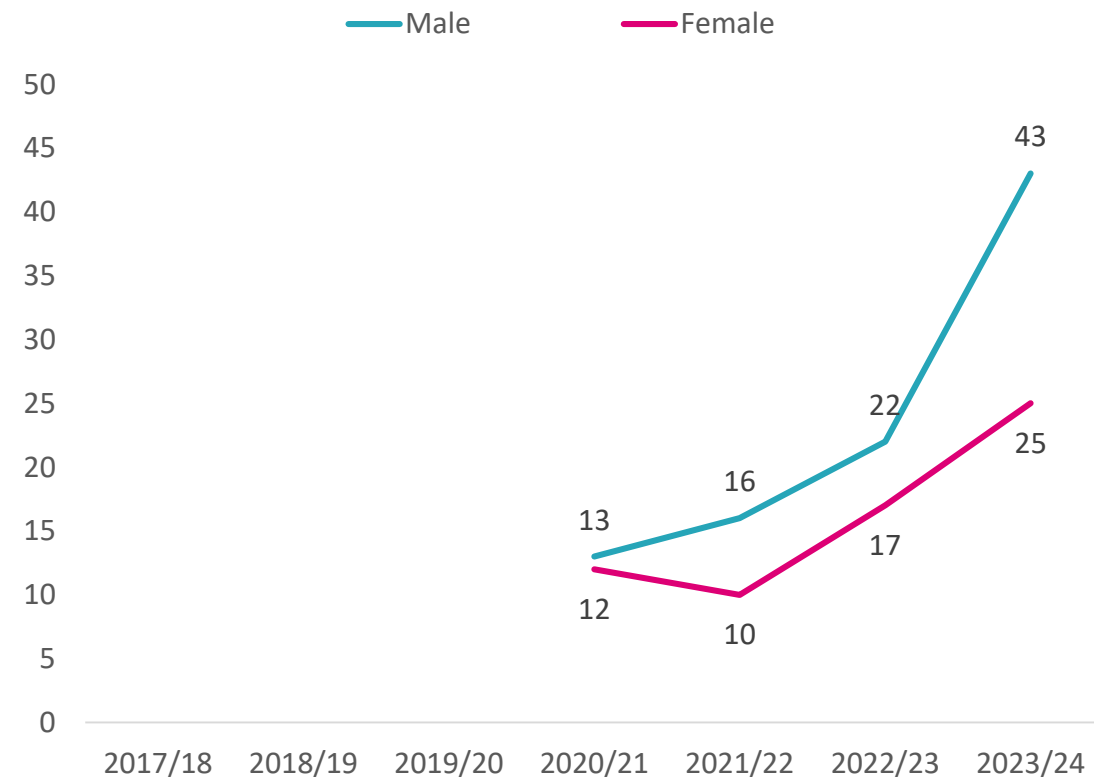
MH attendances to MHCAS in the catchment population by ethnic group, 2017/18-2023/24



Referrals to MHEC services have continued to be higher for males than females whereas the total number of referrals to MHCAS are similar for both genders

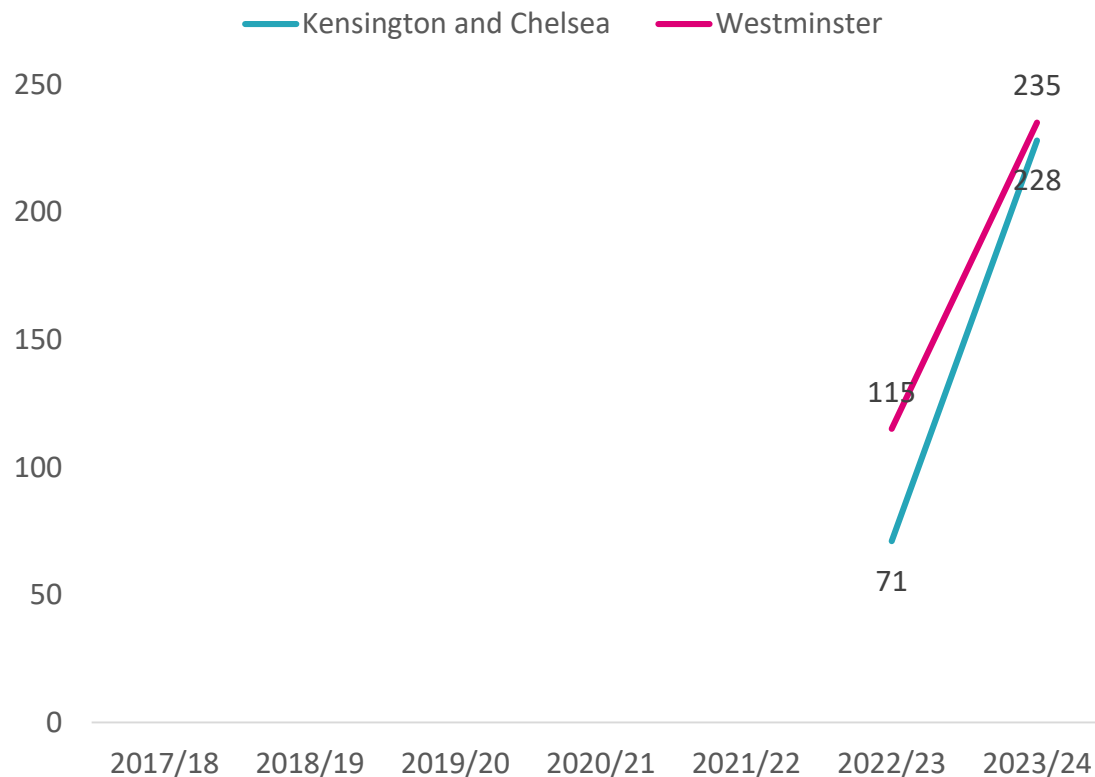
Mental Health referrals to MHEC by gender

MH referrals to MHEC in the catchment population by gender, 2017/18-2023/24



Mental Health referrals to MHCAS by gender

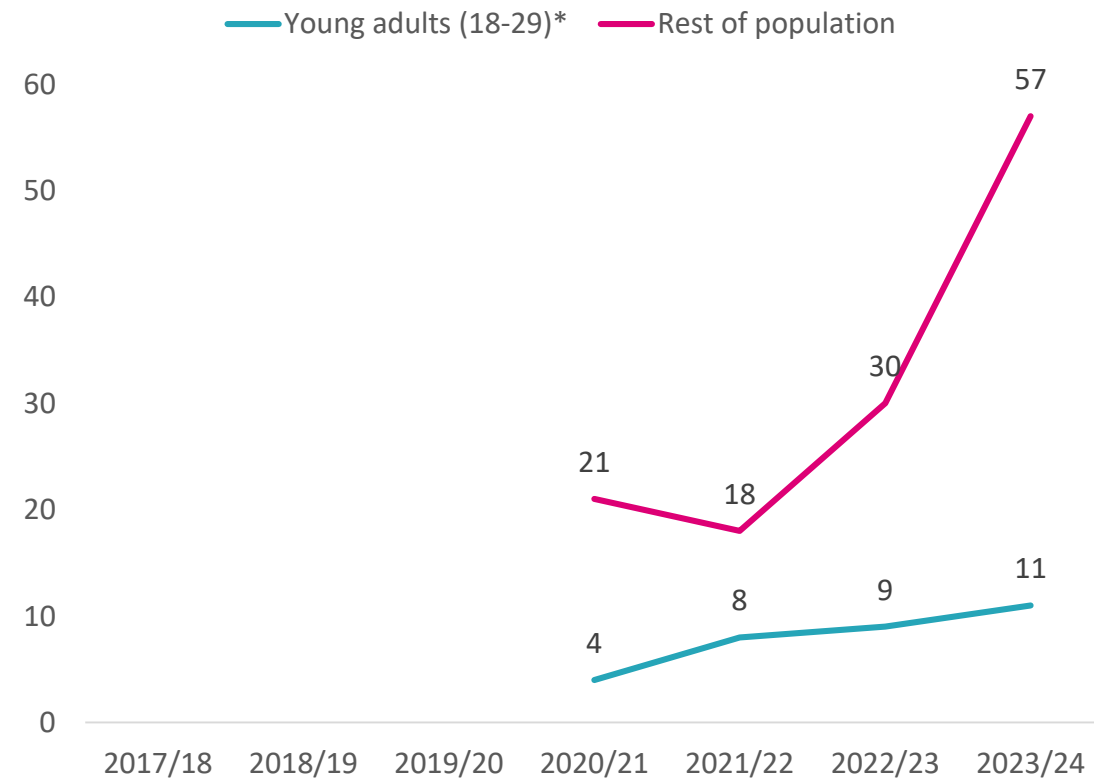
MH referrals to MHCAS in the catchment population by gender, 2017/18-2023/24



Referrals to MHEC and MHCAS in Kensington and Chelsea and Westminster have increased by almost 3-fold and 4-fold respectively for people aged 18-29

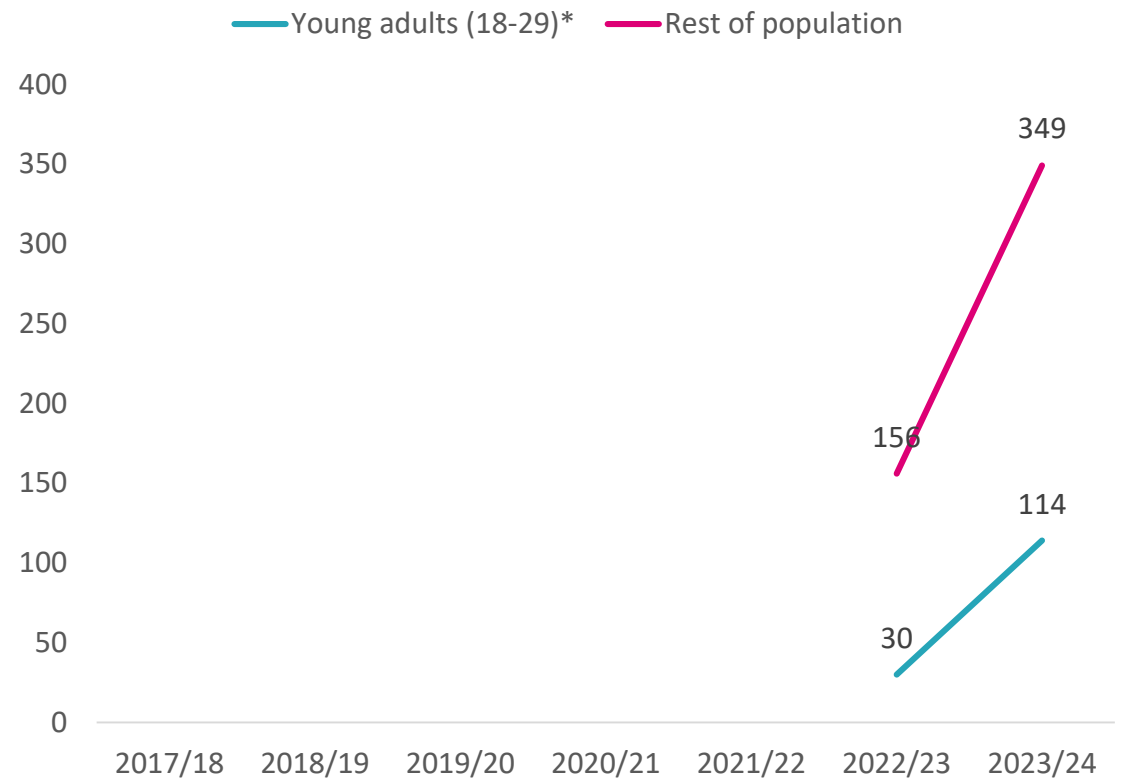
Mental Health referrals to MHEC by young adults

MH referrals to MHEC in the catchment population by young adults*, 2017/18-2023/24



Mental Health referrals to MHCAS by young adults

MH referrals to MHCAS in the catchment population by young adults*, 2017/18-2023/24

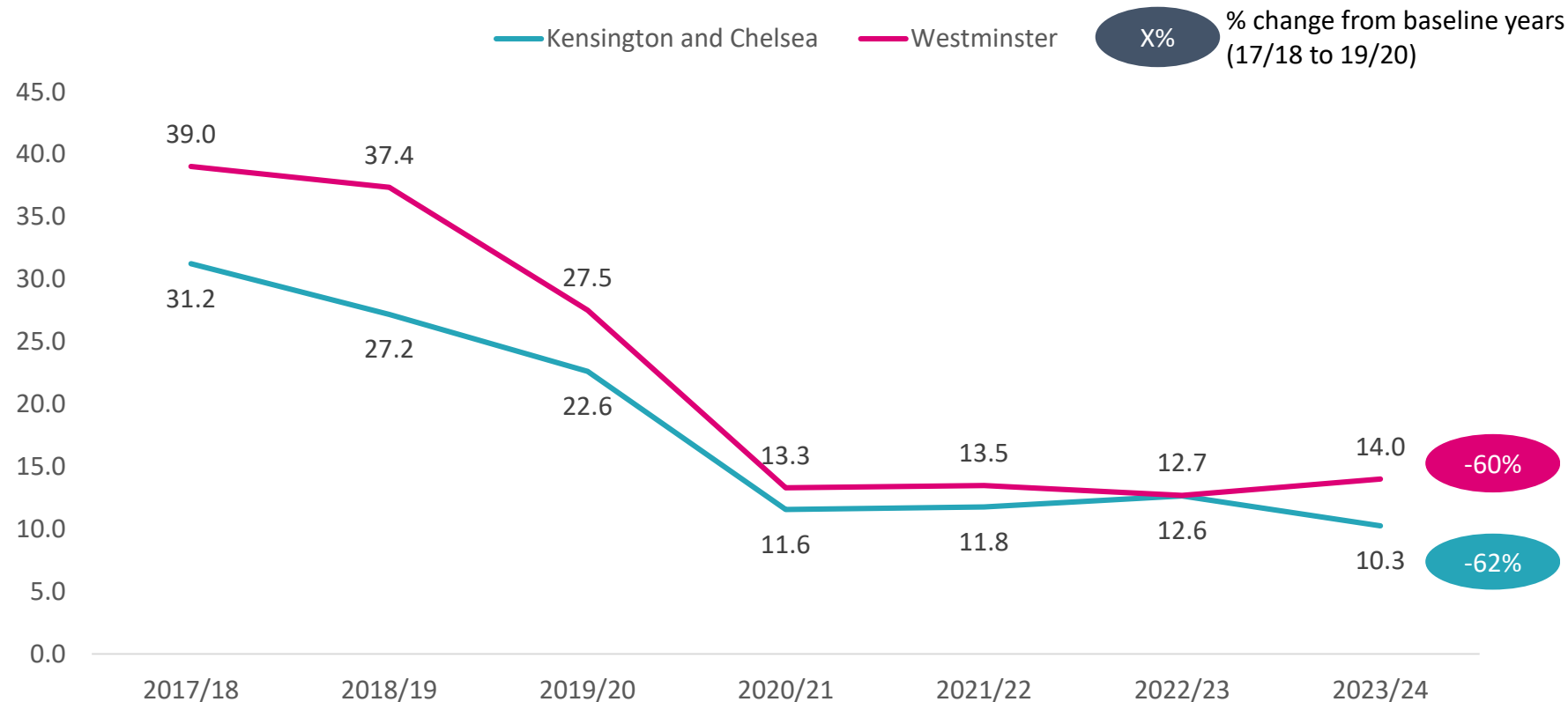


Impact on community referral wait times

The average wait time from referrals to first contact in Kensington and Chelsea and Westminster decreased by 61% compared to pre-Gordon closure times

Mental Health referrals in Kensington & Chelsea and Westminster

MH referrals wait time (days), 2017/18-2023/24

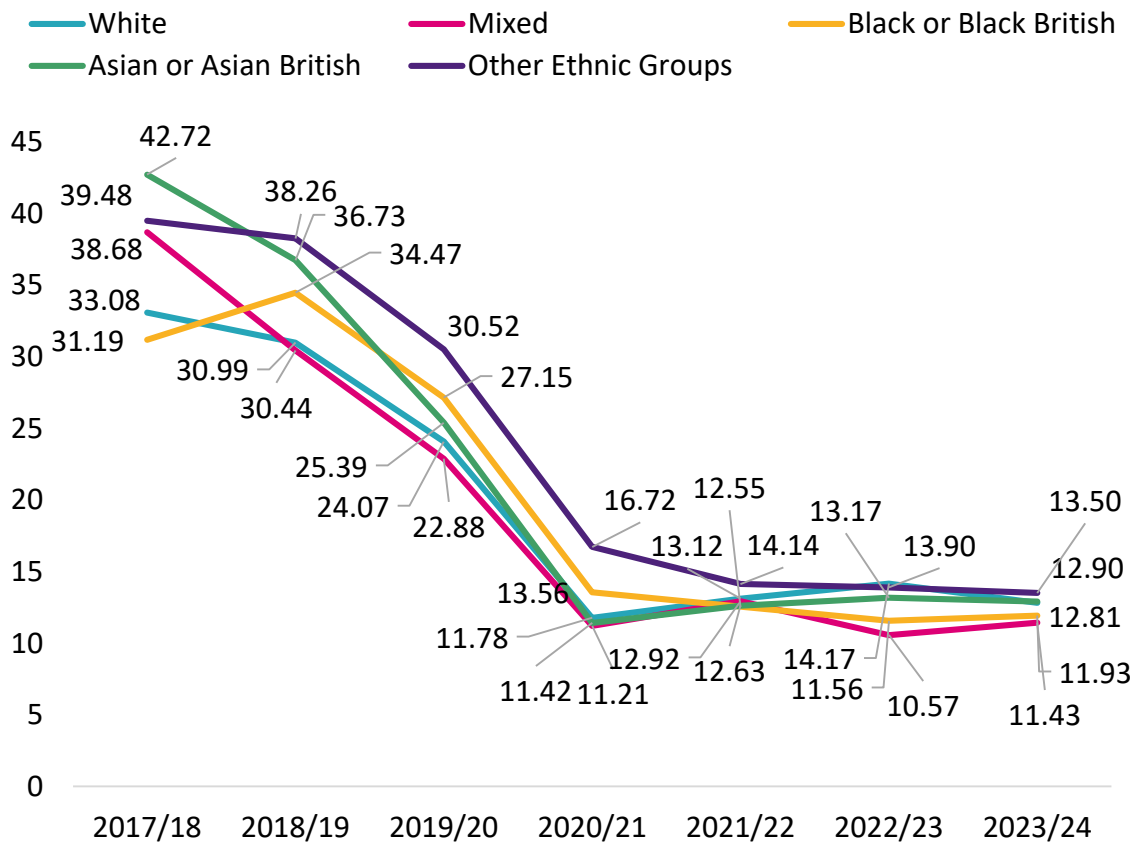


• Despite the number of referrals increasing since closure of the Gordon, the average wait time for referrals with contact decreased by 62% and 60% in Kensington and Chelsea and Westminster, respectively.

All ethnic groups have seen a dramatic decrease in wait times for referrals to first contacts since the closure of the Gordon

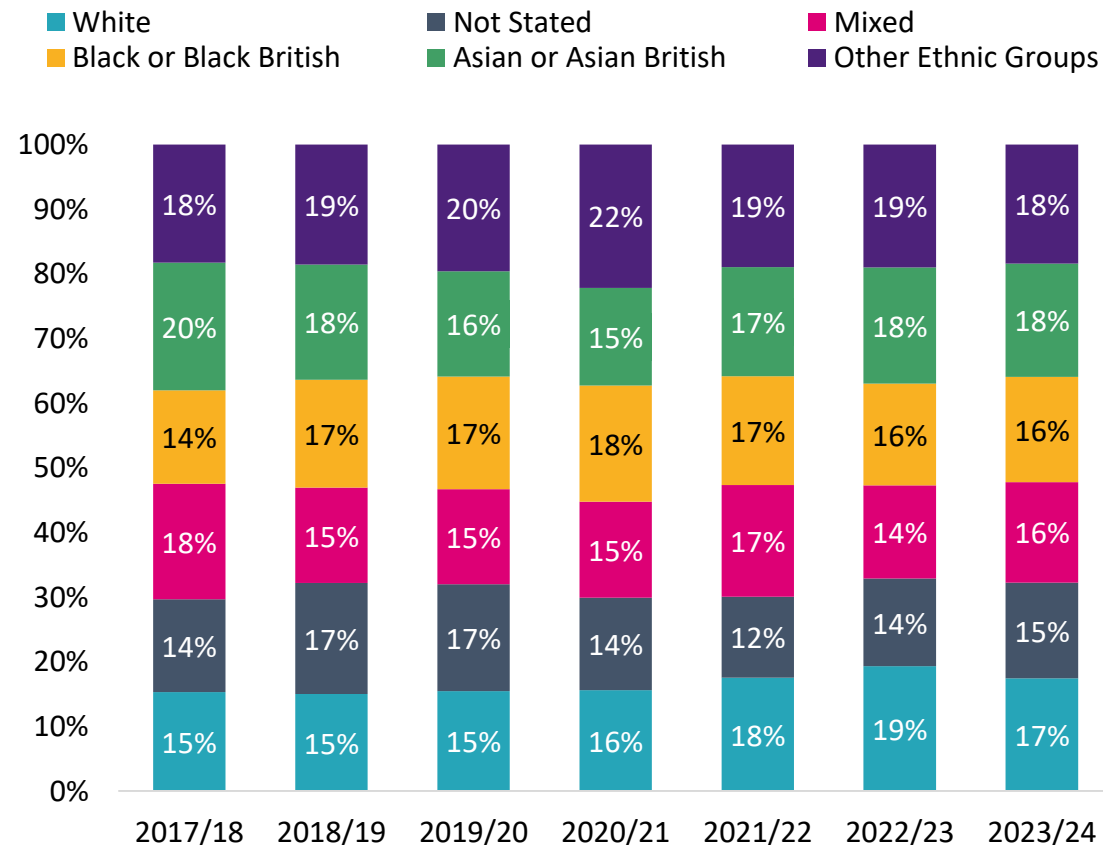
Mental health referrals by ethnic groups

MH referrals wait times in the catchment population by ethnicity (days), 2017/18-2023/24



Proportion of mental health referral wait times by ethnic groups

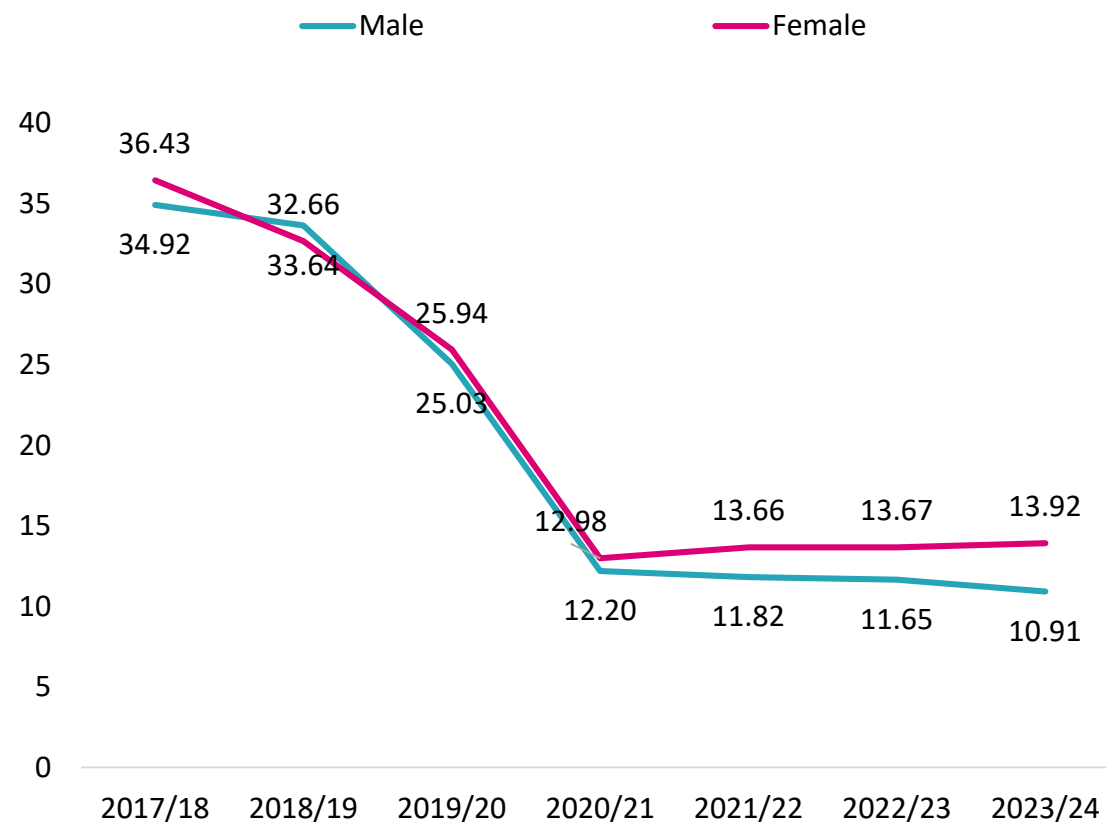
Proportion of MH referrals wait times in the catchment population by ethnic group, 2017/18-2023/24



The wait times for referrals with contacts for males and females have decreased sharply since 2018/19 however wait times continue to be slightly higher for females than males

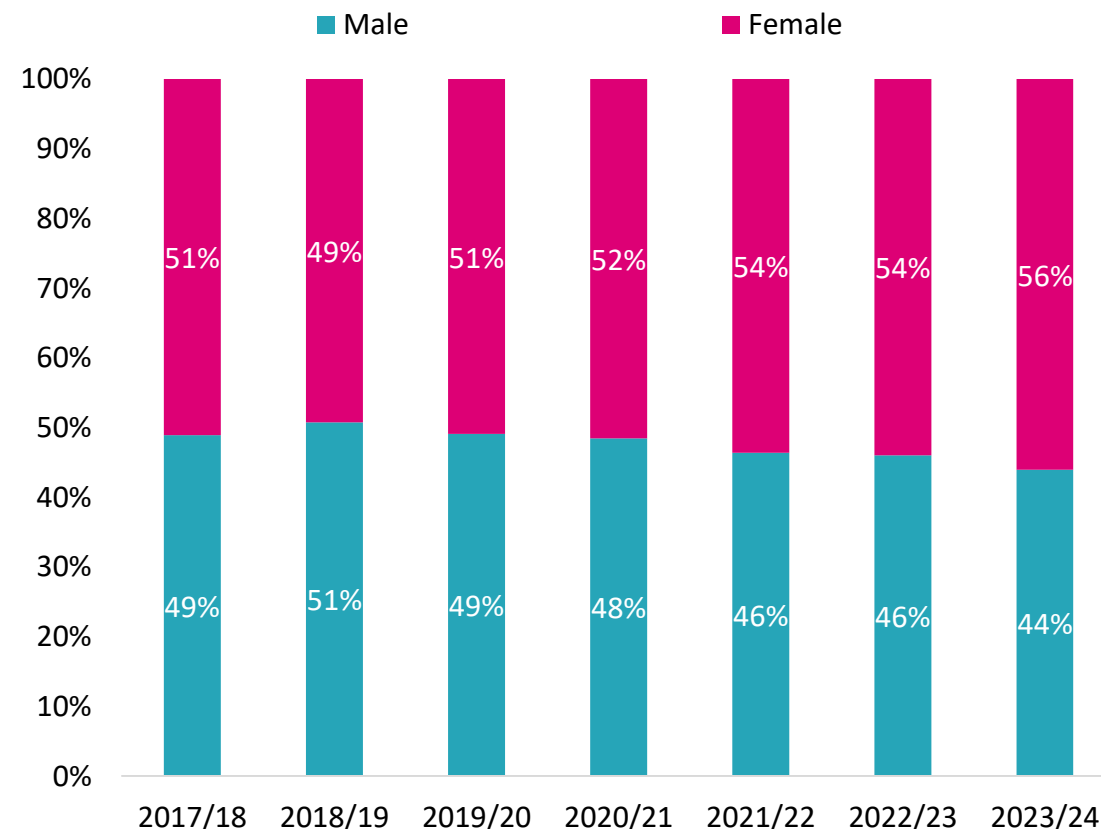
Mental health referral wait times by gender

MH referrals wait times in the catchment population by gender (days), 2017/18-2023/24



Proportion of mental health referral wait times by gender

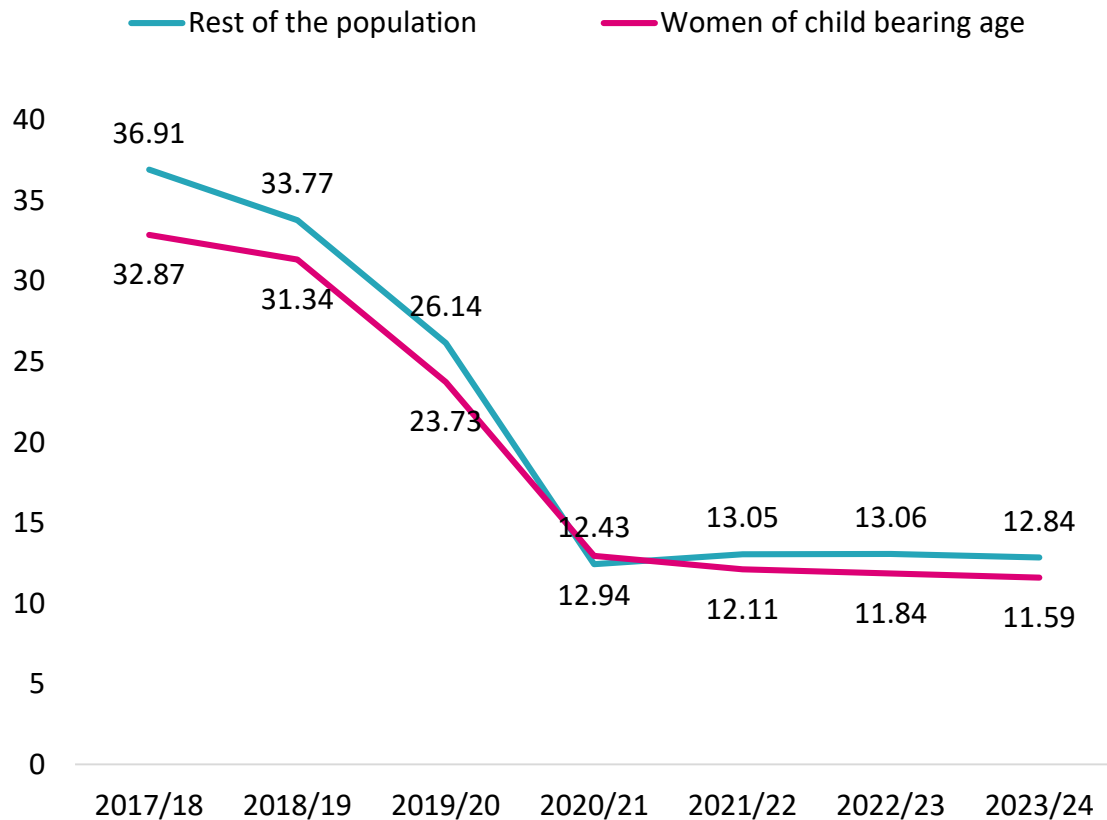
Proportion of MH referrals wait times in the catchment population by gender, 2017/18-2023/24



The wait time for referrals for women of child bearing age is lower than pre-Gordon closure levels and is shorter than the rest of the population

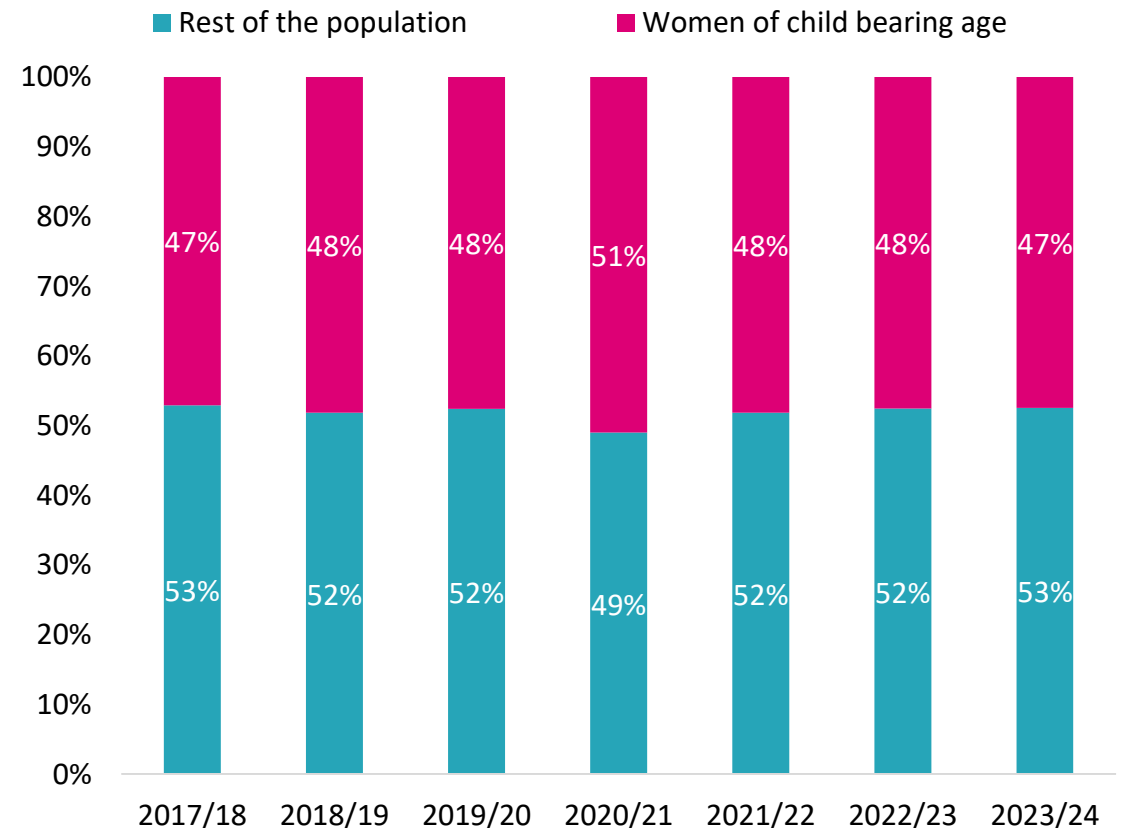
Mental health referral wait times for women of child bearing age

MH referrals wait times in the catchment population by women of child bearing age (days), 2017/18-2023/24



Proportion of mental health referral wait times by women of child bearing age

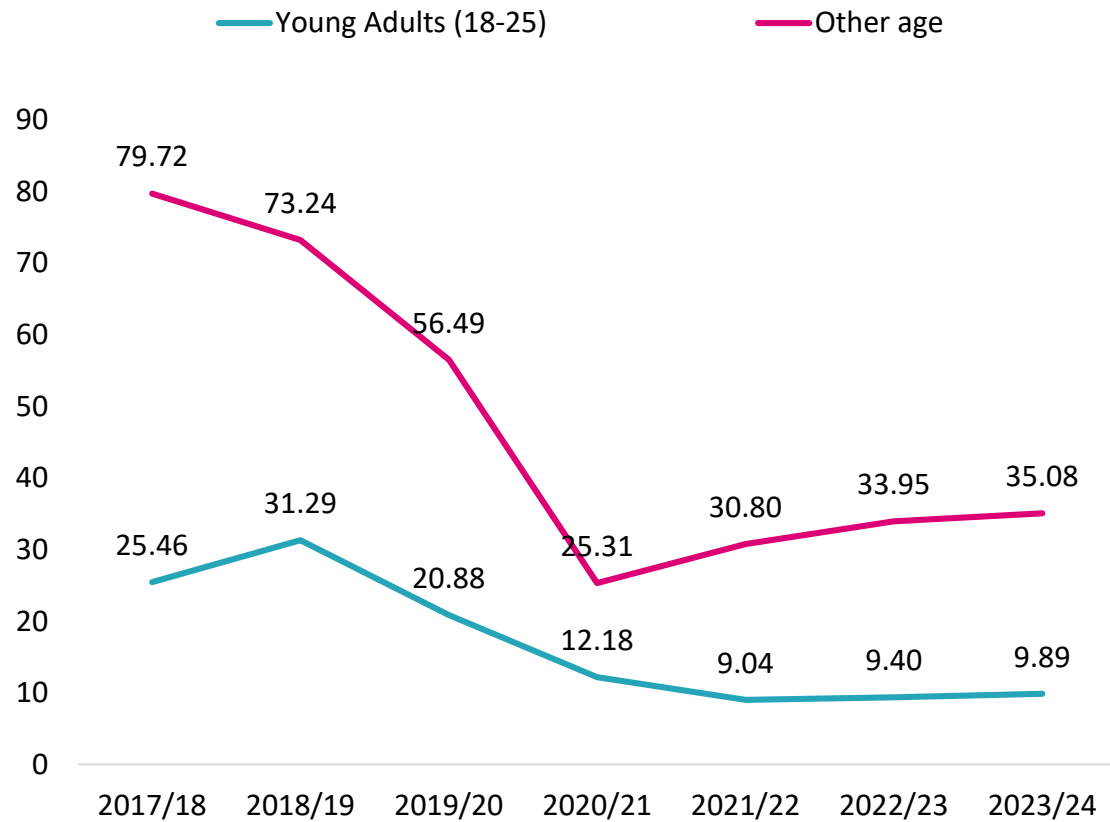
Proportion of MH referrals wait times in the catchment population by women of child bearing age, 2017/18-2023/24



The wait time for referrals for young adults has decreased less dramatically than the rest of the population and continues to be less than the rest of the population

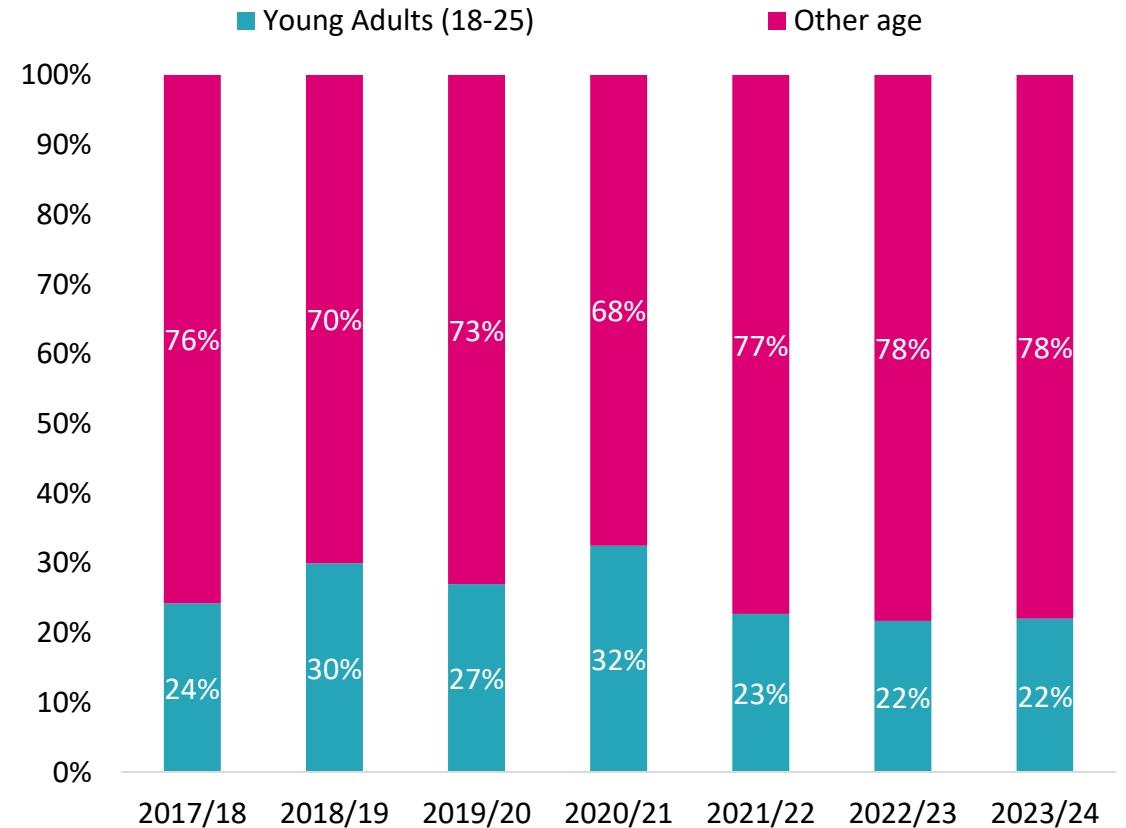
Mental health referral wait times by young adults

MH referrals wait times in the catchment population by young adults (days), 2017/18-2023/24



Proportion of mental health referral wait times by young adults

Proportion of MH referrals wait times in the catchment population by young adults, 2017/18-2023/24

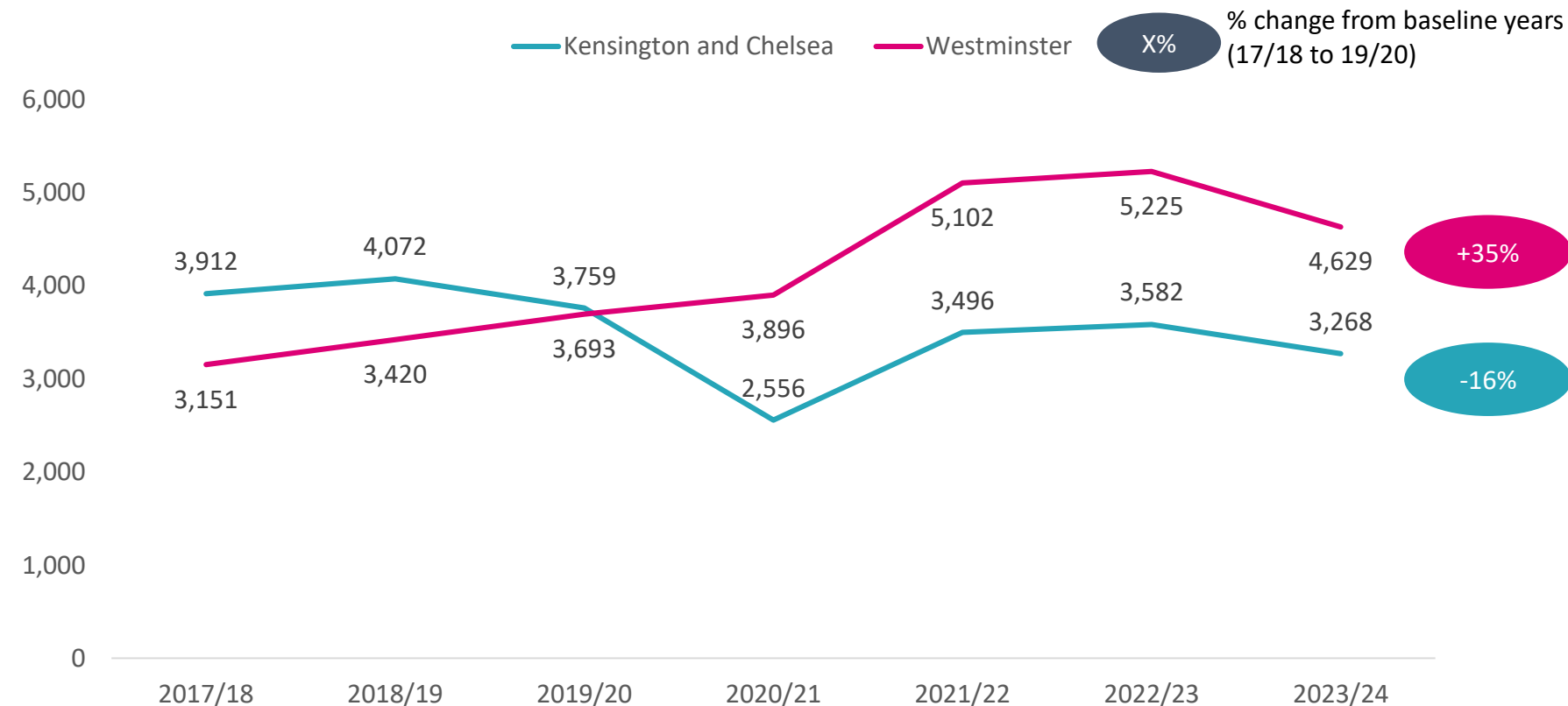


Impact on community unique service users

The number of mental health unique service users across the catchment has increased by 8% compared to the pre-Gordon closure average

Unique Mental Health service users in Kensington & Chelsea and Westminster

Unique service users, 2017/18-2023/24

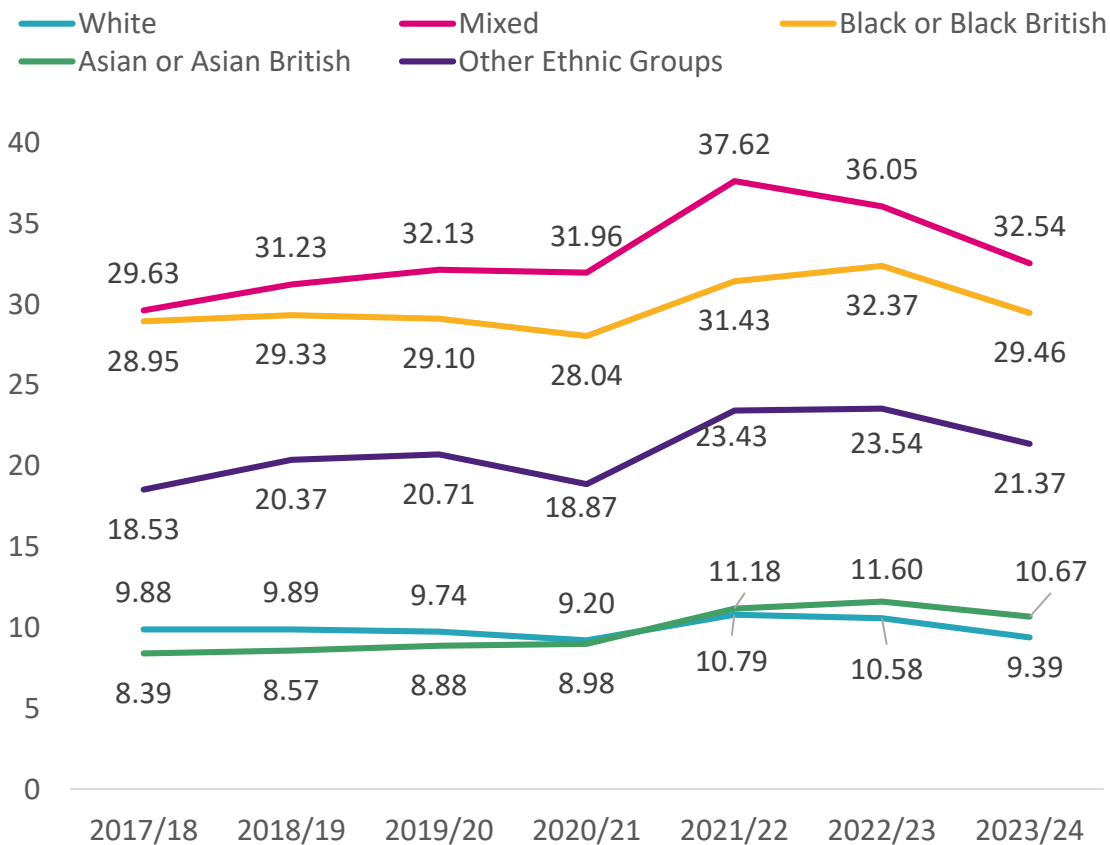


- The number of unique mental health service users for the general population in both Kensington & Chelsea and Westminster increased before the Covid-19 pandemic, with a greater rate of increase in Westminster
- Since then, Westminster has experienced a consistent increase in the number of unique service users
- The total number of unique service users across Westminster is now higher than pre-pandemic levels which is likely to be an impact of the pandemic itself however the total numbers of unique services users in Kensington and Chelsea are now below pandemic levels

The black and mixed ethnicity groups comprise the highest rate of unique service users per 1,000 population in the catchment

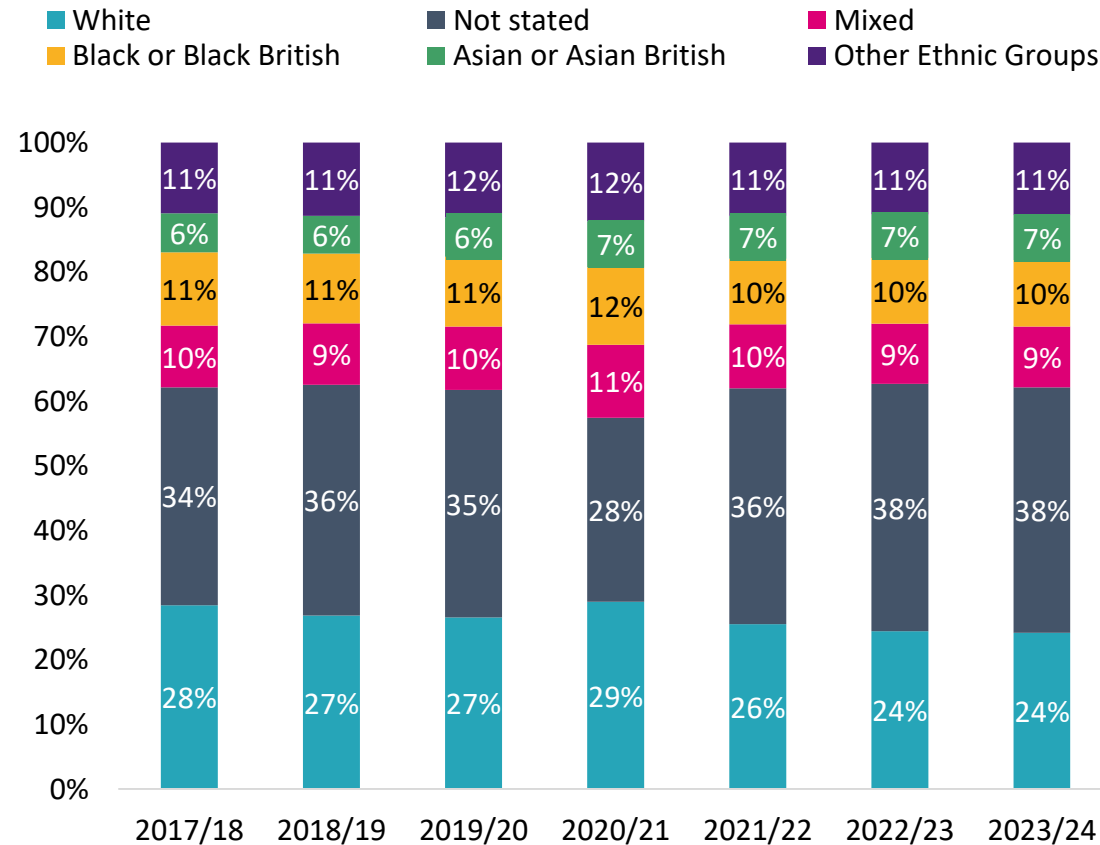
Mental health unique service users by ethnic groups per 1,000 population

Unique service users in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health unique service users by ethnic groups

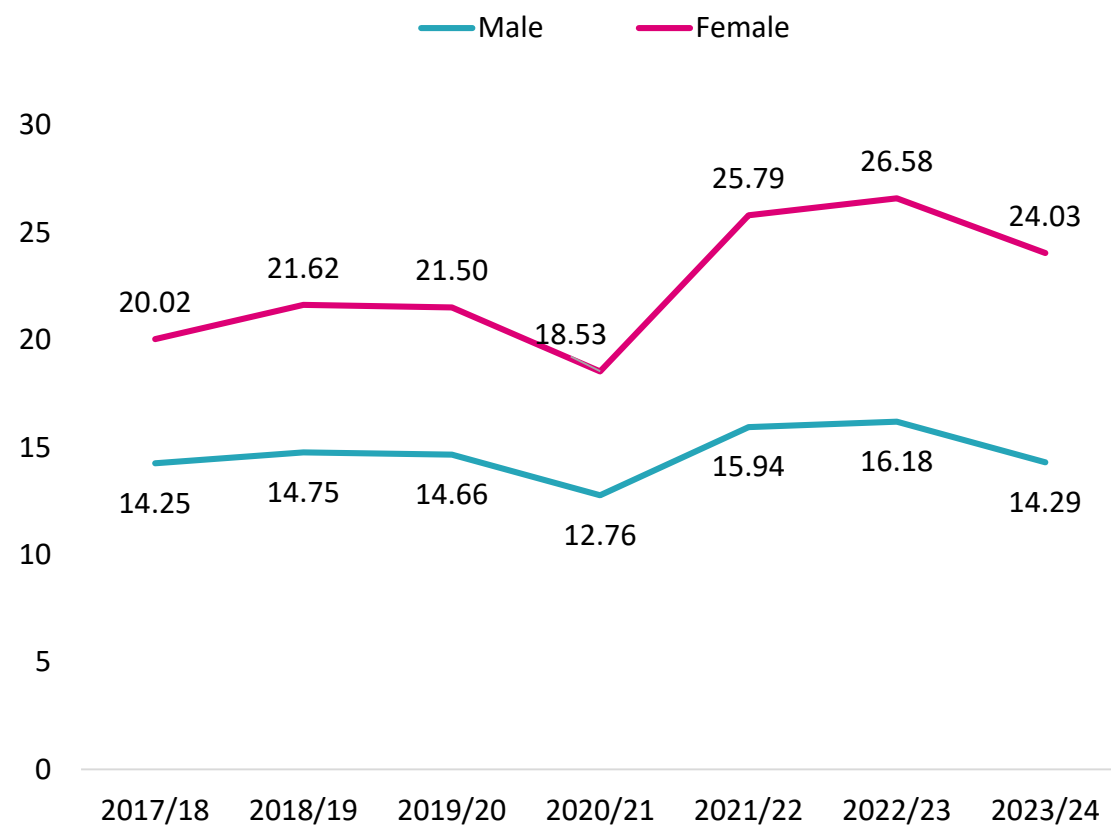
Proportion of unique service users in the catchment population by ethnicity, 2017/18-2023/24



The rate of mental health unique service users in the two boroughs is consistently higher for females than males

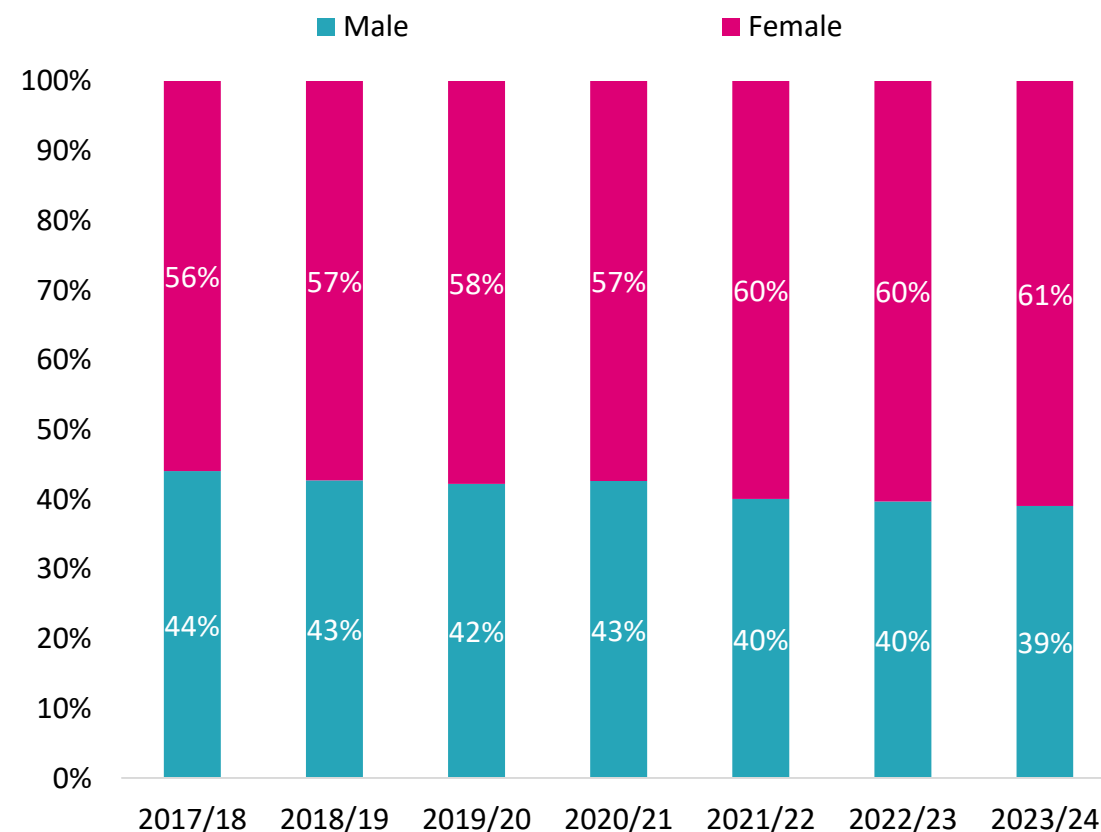
Mental health unique service users by gender per 1,000 population

Unique service users in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users by gender

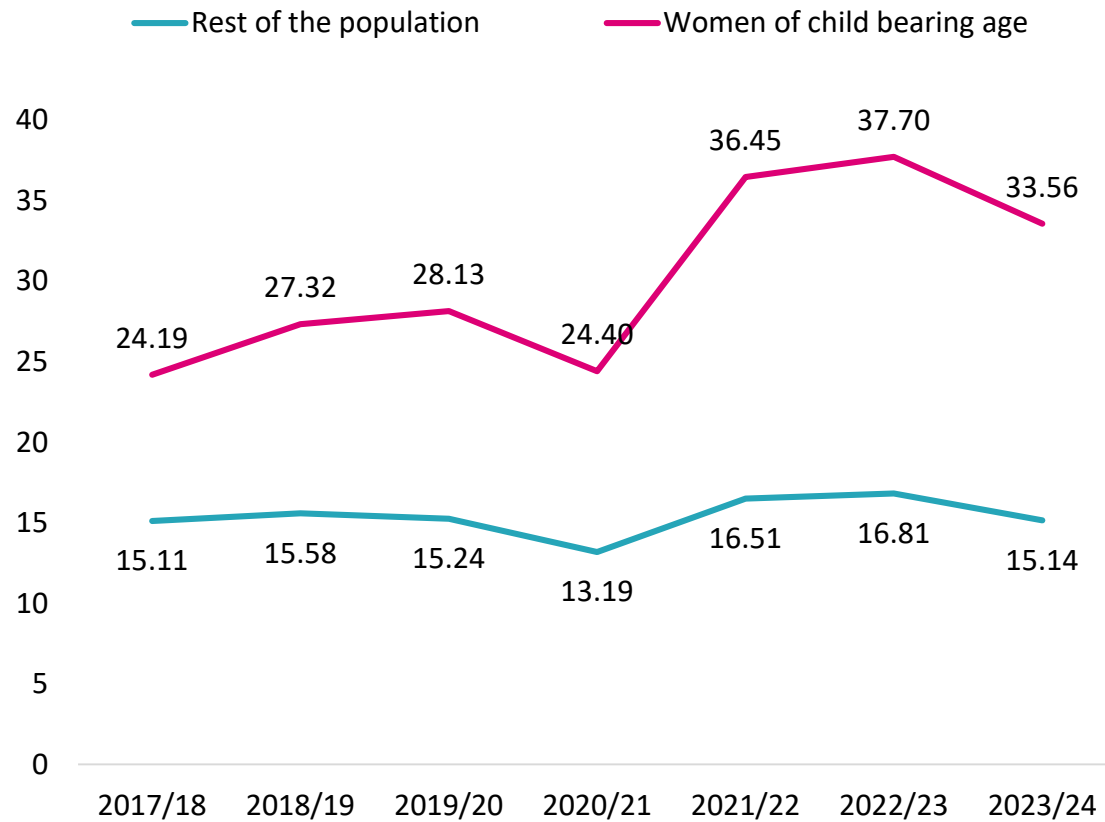
Proportion of unique service users in the catchment population by gender, 2017/18-2023/24



The rate of unique mental health service users for women of child-bearing age is consistently higher compared to the rest of the population and growing

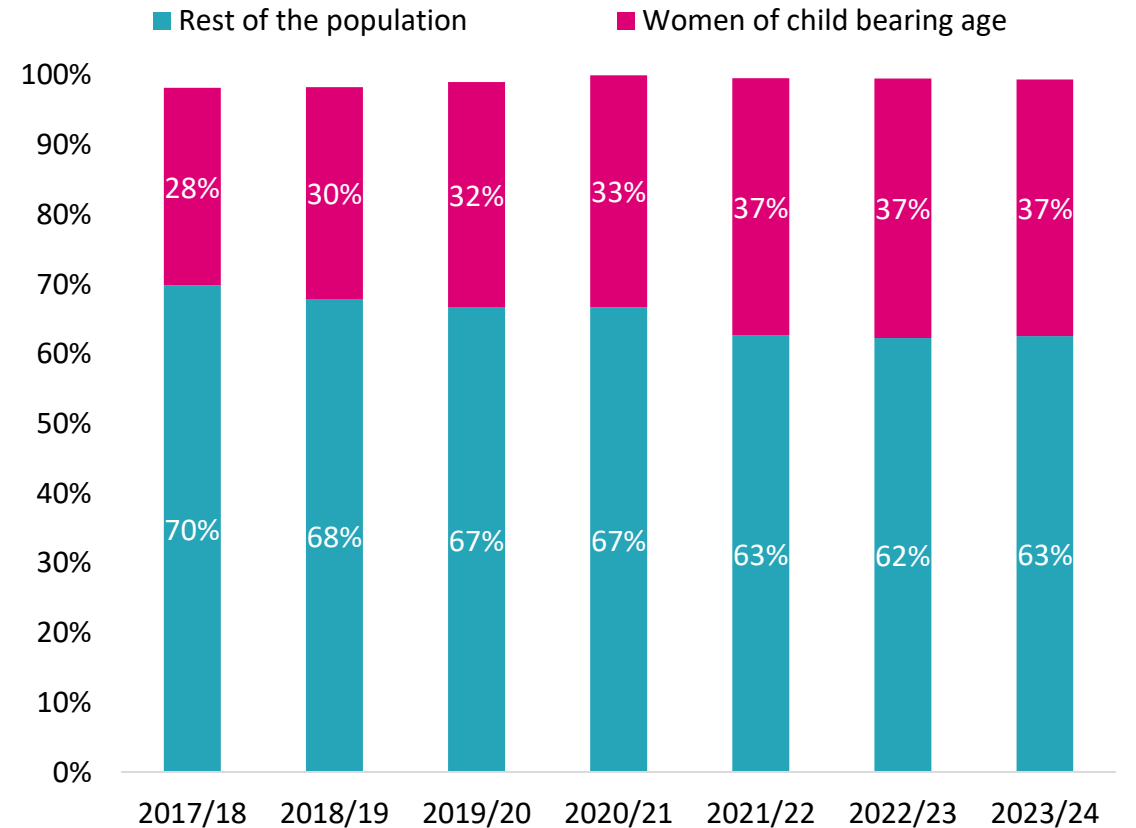
Mental health unique service users for women of child bearing age per 1,000 population

Unique service users in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users by women of child bearing age

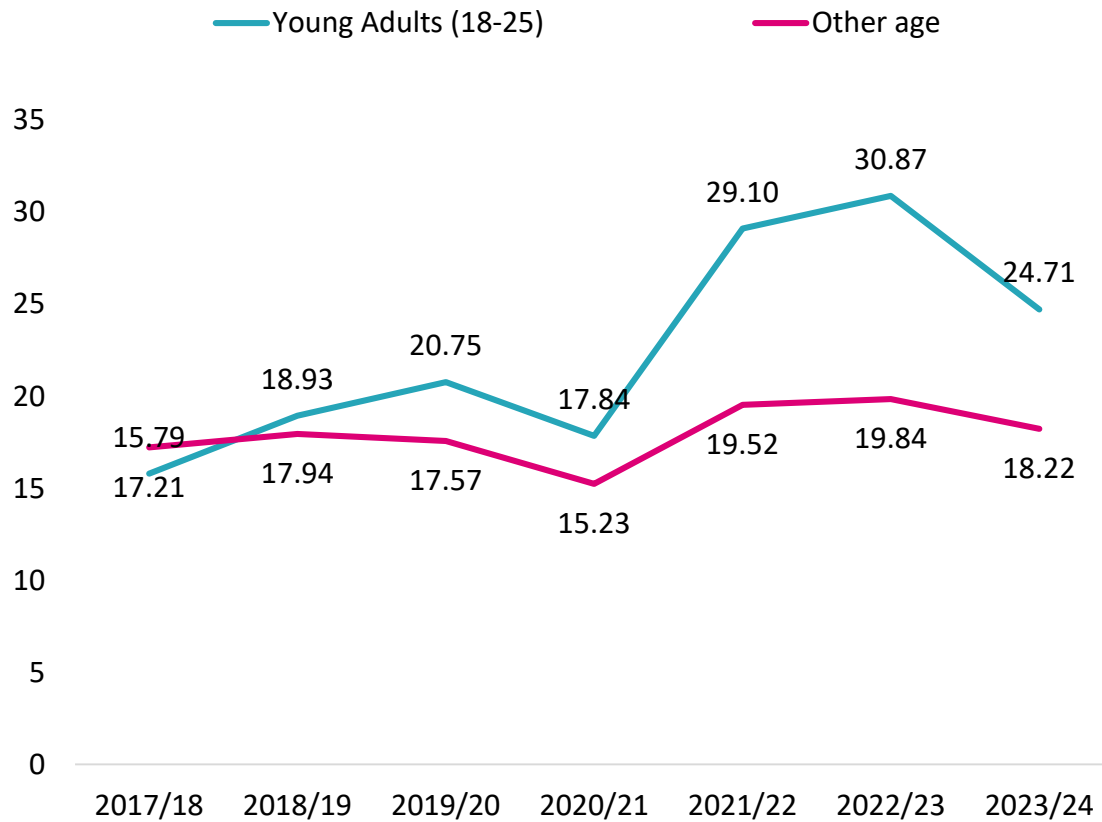
Proportion of unique service users in the catchment population by gender, 2017/18-2023/24



The rate of unique Mental health service users who are young adults continues to be above that of the rest of the population

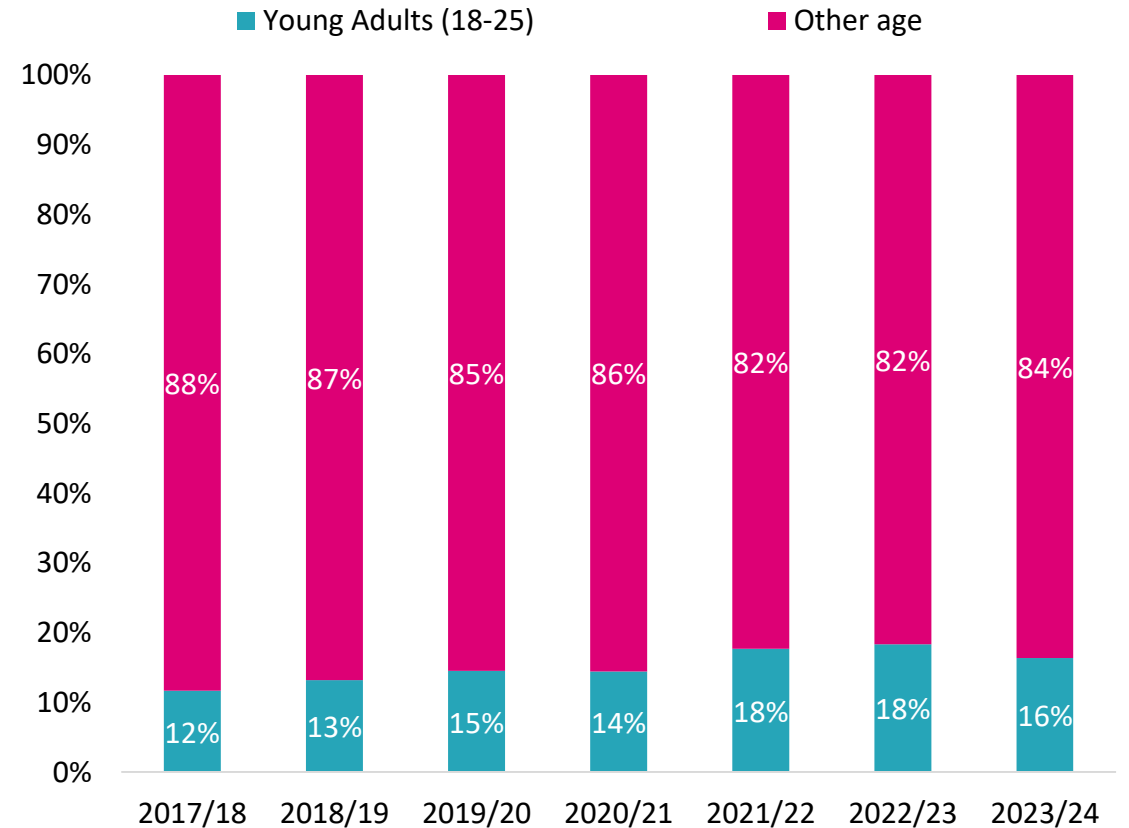
Mental health unique service users by young adults per 1,000 population

Unique service users in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users that are young adults

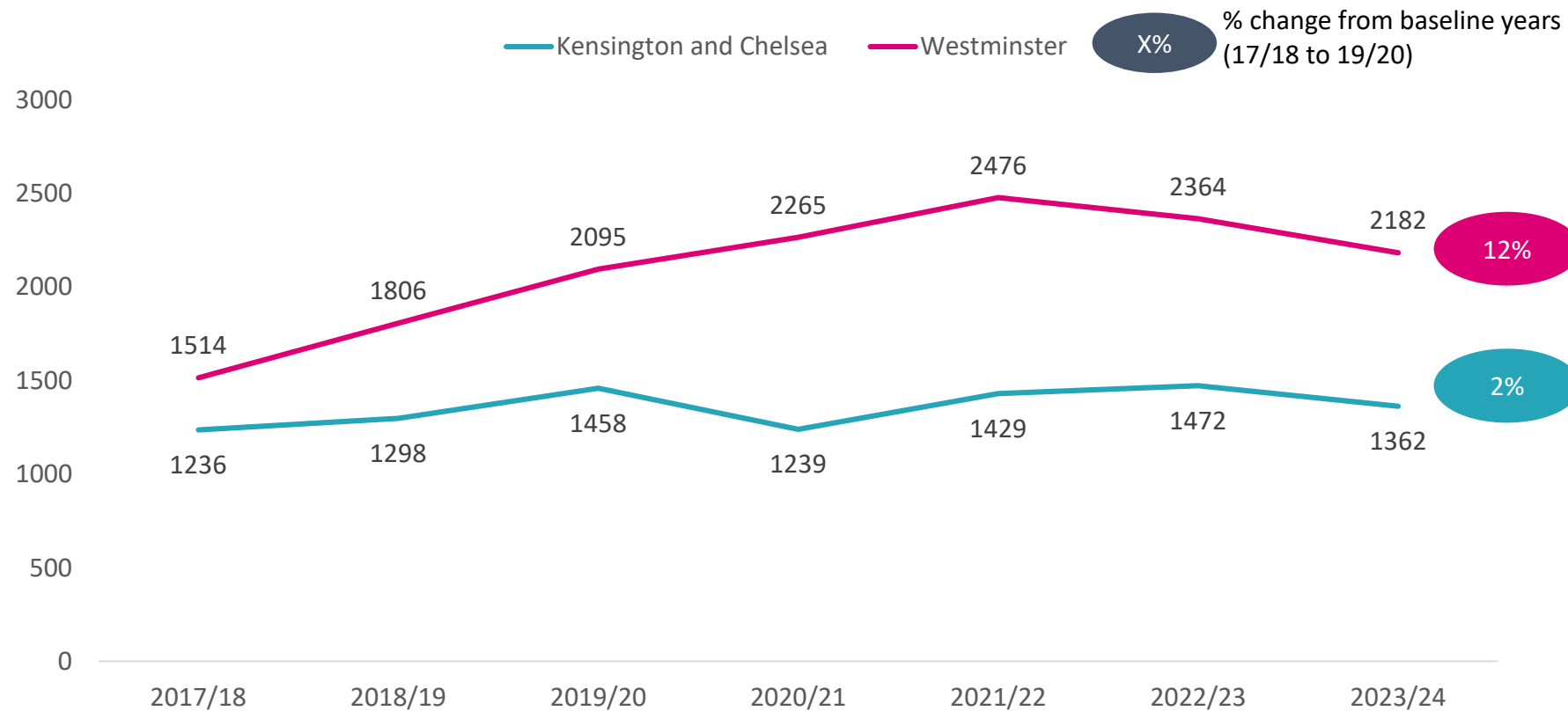
Proportion of unique service users in the catchment population by gender, 2017/18-2023/24



The mental health unique service users at mental health hubs across the catchment has increased by 13% compared to the pre-Covid closure average

Mental Health unique service users in Kensington & Chelsea and Westminster

Unique service users for CMHH, 2017/18-2023/24

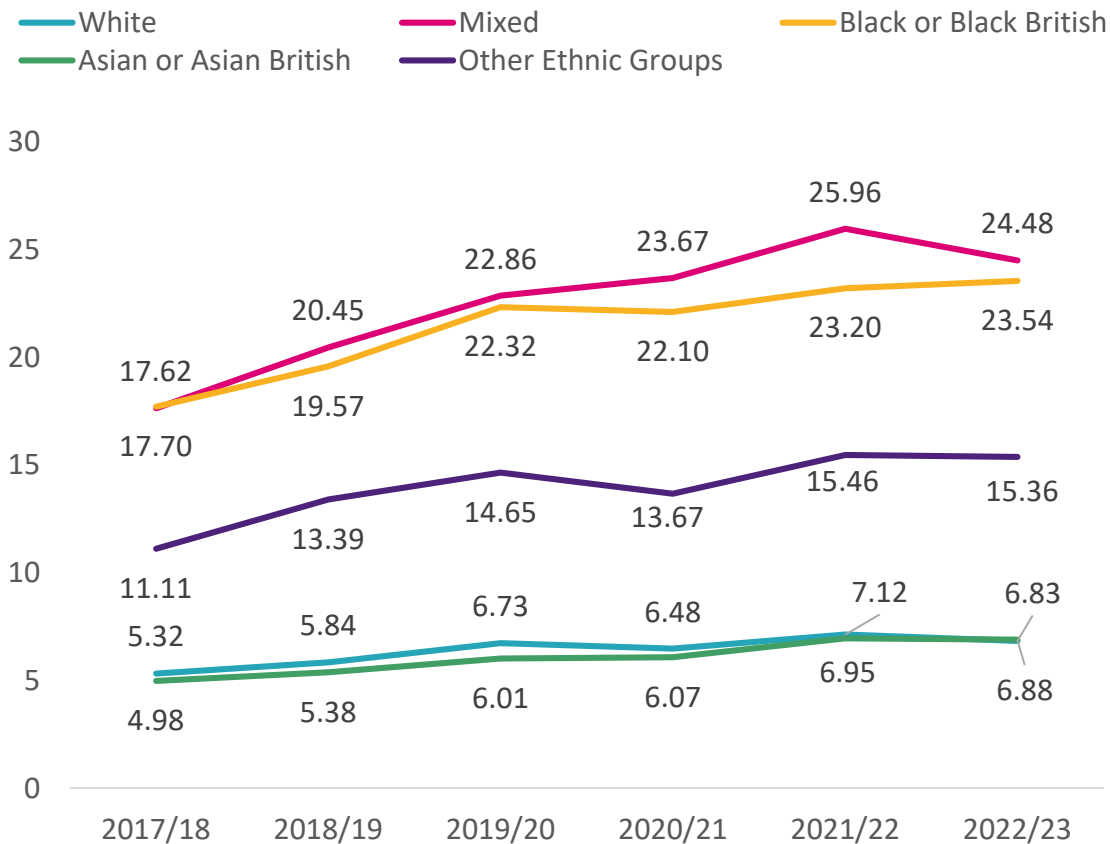


- The number of unique mental health service users for the general population in both Kensington & Chelsea and Westminster increased before the Covid-19 pandemic, with a greater rate of increase in Westminster
- Since then, Kensington and Chelsea has experienced a decrease in the number of unique service users whilst Westminster has experienced an increase in caseload.
- The total number of unique service users in Westminster is now higher than pre-pandemic levels

The black and mixed ethnicity groups comprise the highest rate of unique service users at mental health hubs per 1,000 population in the catchment

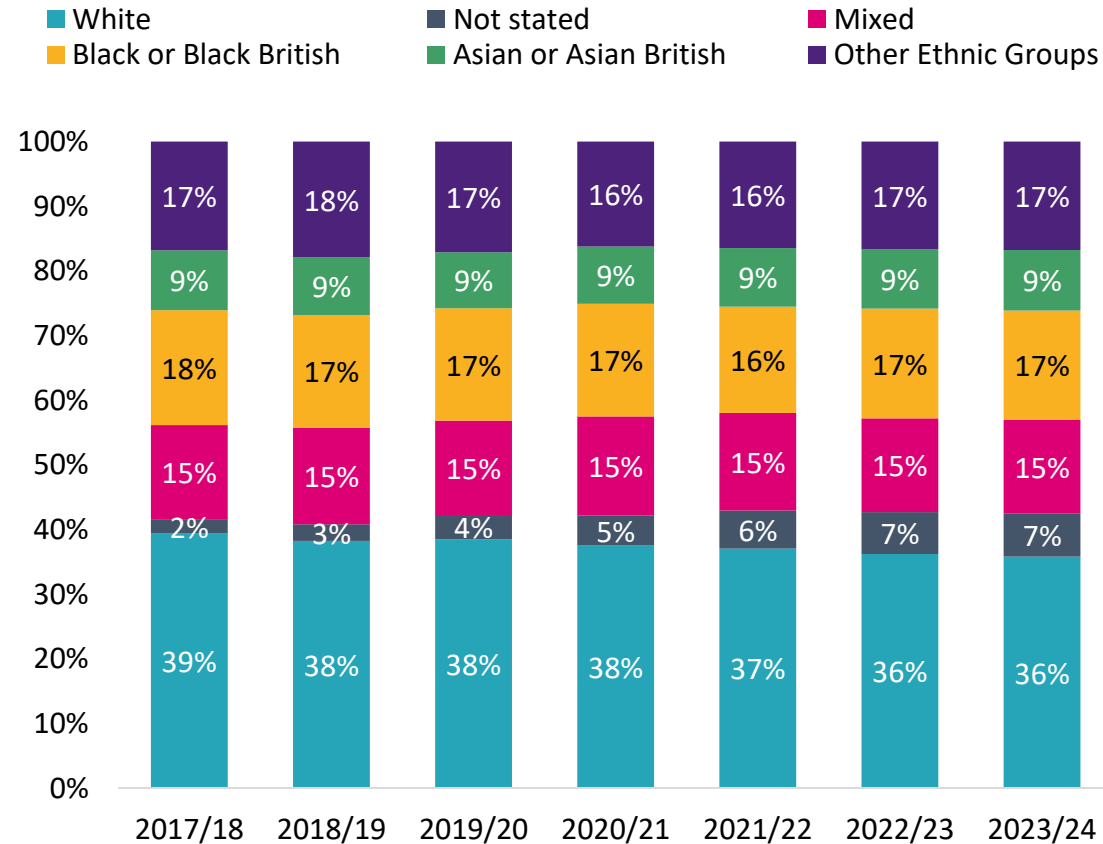
Mental health unique service users for CMHH by ethnic groups per 1,000 population

Unique service users for CMHH in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by ethnic groups

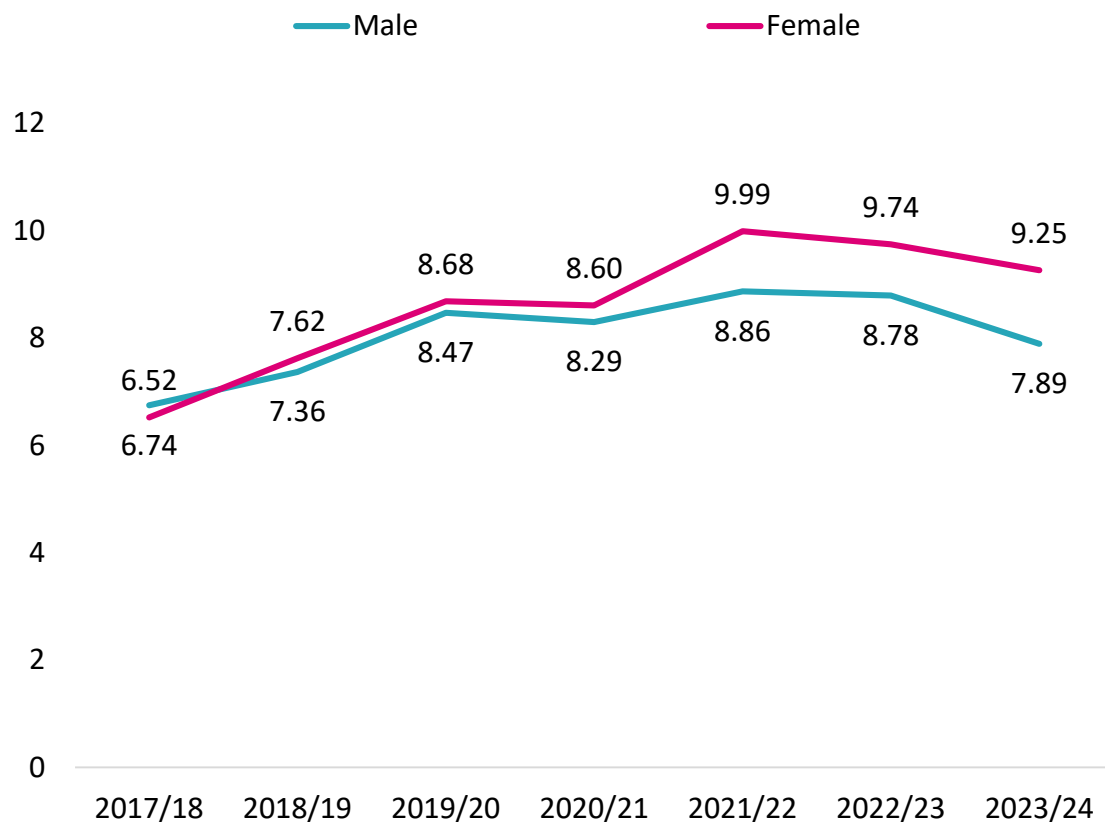
Proportion of unique service users for CMHH in the catchment population by ethnicity, 2017/18-2023/24



The rate of mental health unique service users at mental health hubs in the two boroughs is consistently higher for females than males

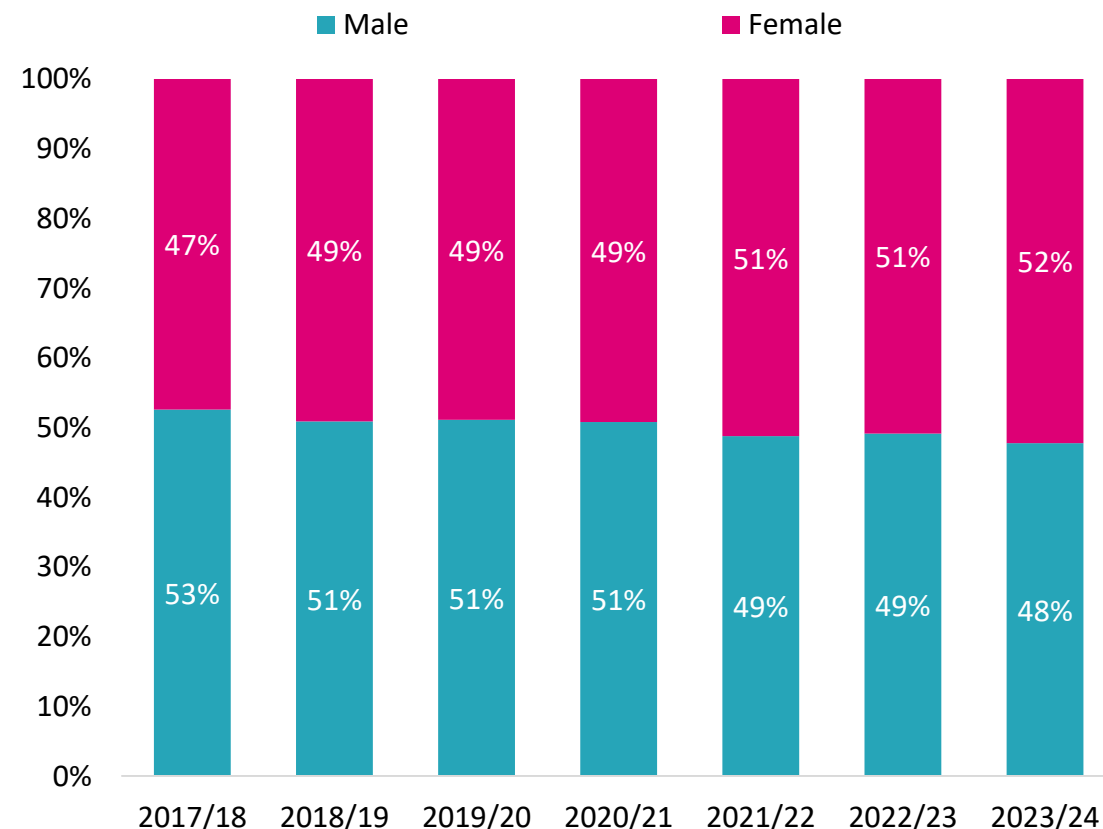
Mental health unique service users for CMHH by gender per 1,000 population

Unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by gender

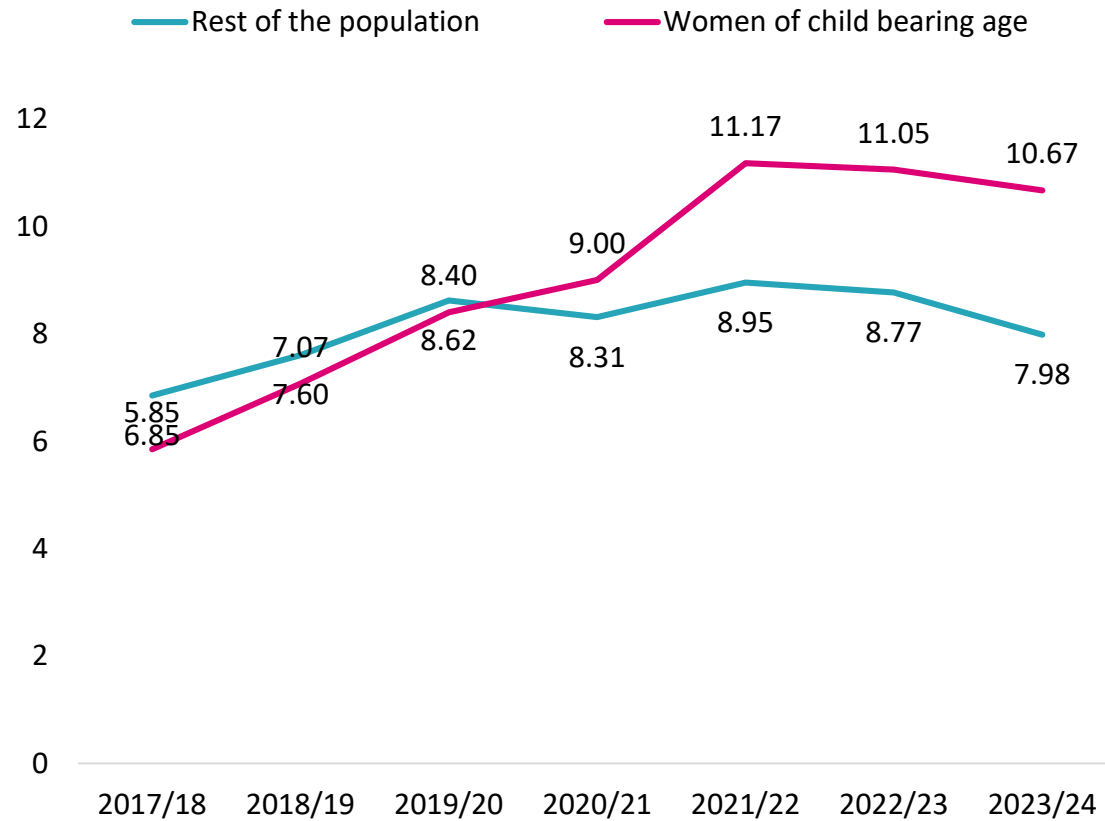
Proportion of unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



The rate of mental health unique service users for women of child-bearing age is consistently higher compared to the rest of the population

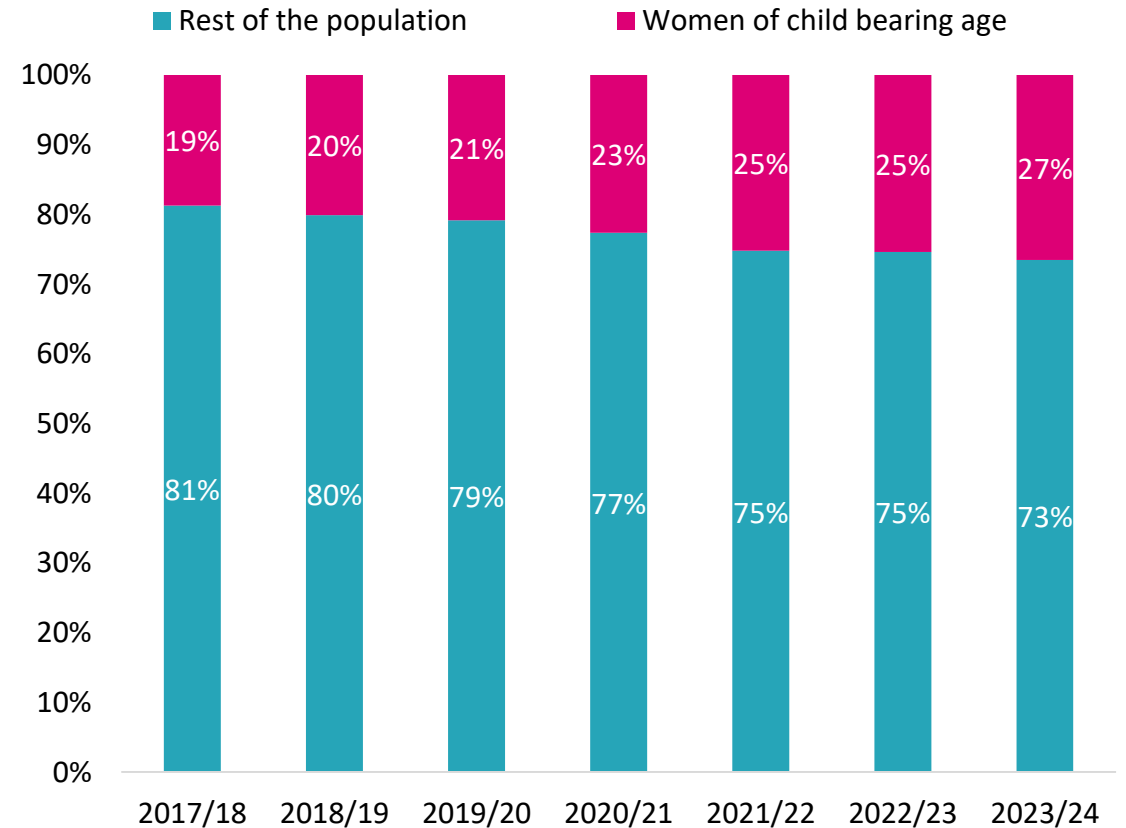
Mental health unique service users for CMHH by women of child bearing age per 1,000 population

Unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by women of child bearing age

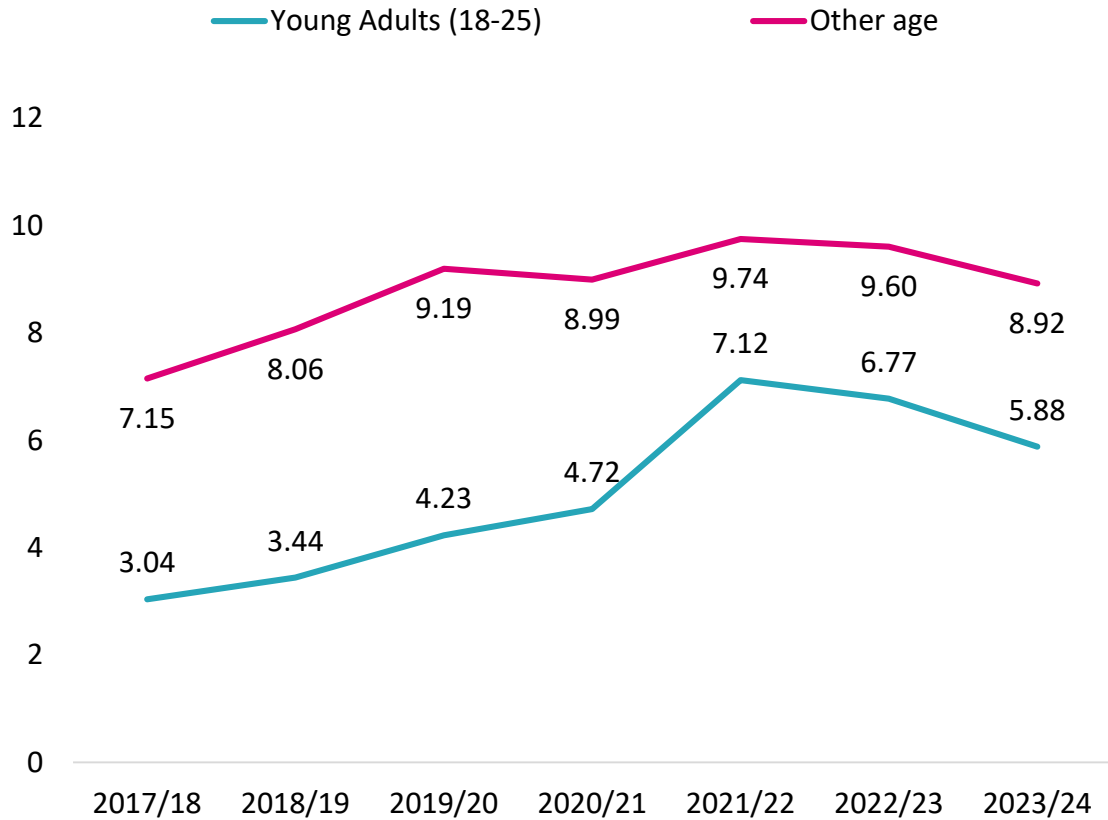
Proportion of unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



In more recent years, the rate of mental health hub unique service users for young adults has increased but is now starting to decrease

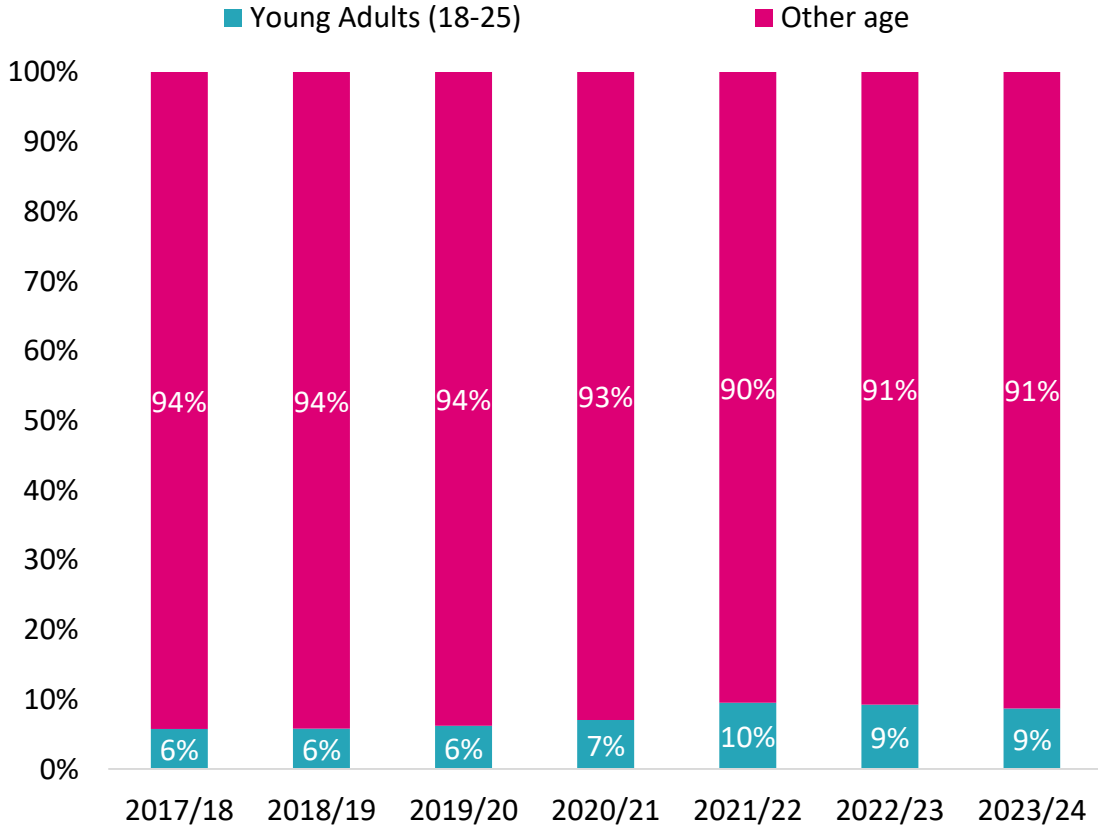
Mental health unique service users for CMHH by young adults per 1,000 population

Unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by young adults

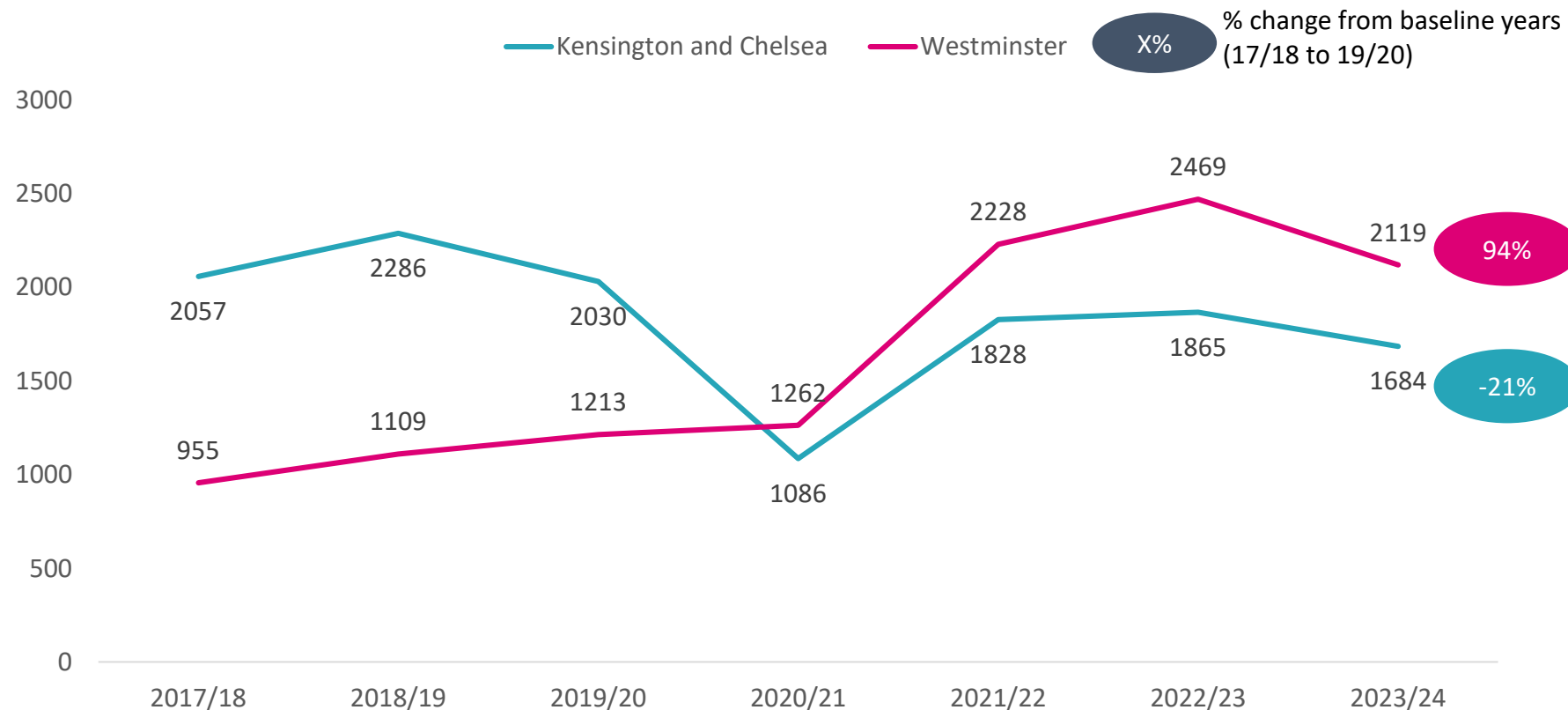
Proportion of unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24



The number of unique mental health service users for talking therapies across the catchment has increased by 18% compared to the pre-Covid closure average

Mental Health unique service users in Kensington & Chelsea and Westminster

Unique service users for talking therapies, 2017/18-2023/24

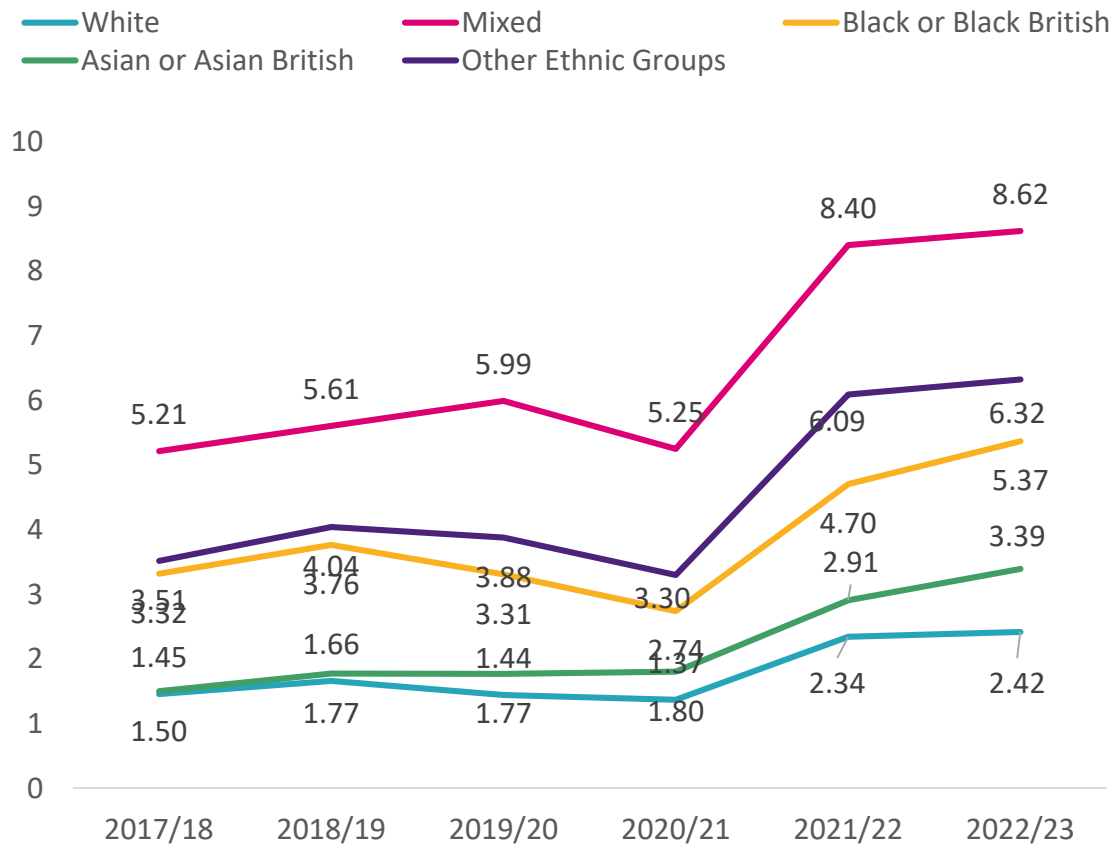


- The number of unique mental health service users for talking therapies for the general population in both Kensington & Chelsea and Westminster increased before the Covid-19 pandemic, with a greater rate of increase in Westminster
- Since then, Kensington and Chelsea has experienced a decrease in the number of unique service users whilst Westminster has experienced an increase in the total number of unique service users.
- The total number of unique service users in Westminster is now almost double pre-pandemic levels

The black population comprise the highest rate of unique service users for talking therapies per 1,000 population in the catchment

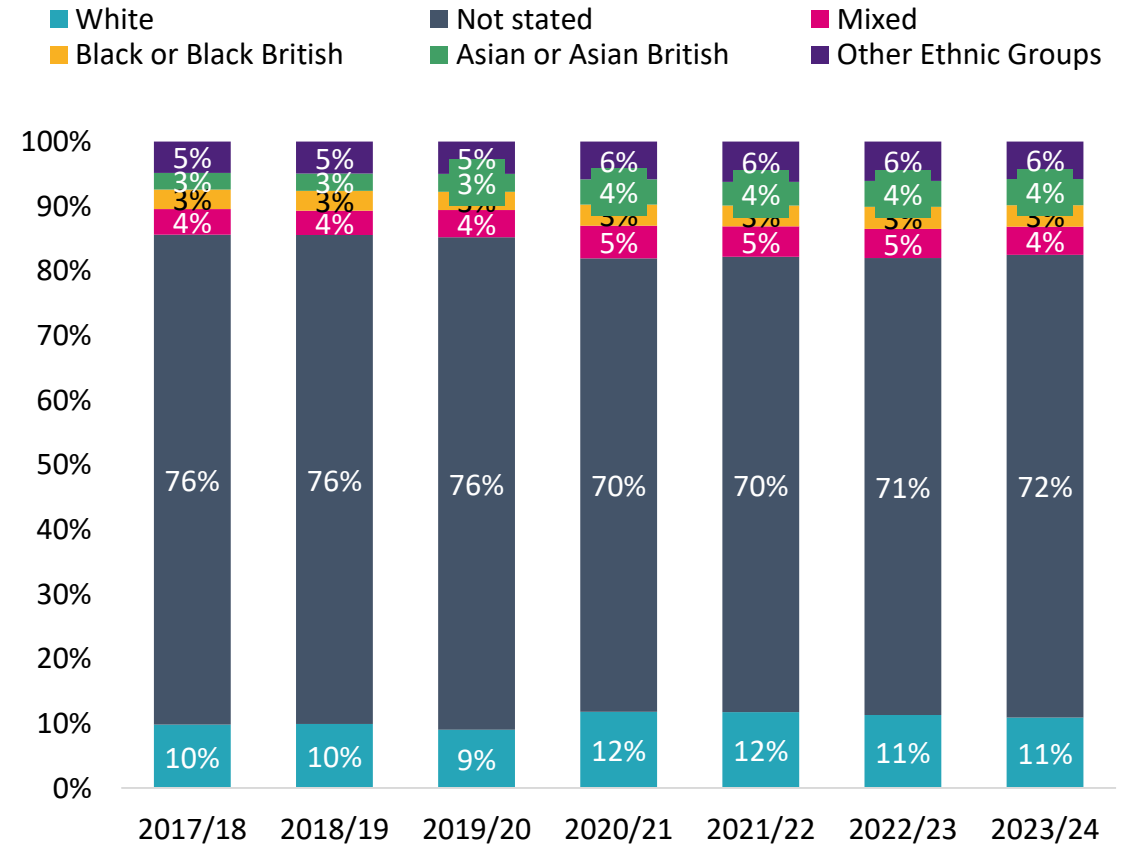
Mental health unique service users for talking therapies by ethnic groups per 1,000 population

Unique service users for talking therapies in the catchment population by ethnic group, 2017/18-2023/24



Proportion of mental health unique service users for talking therapies by ethnic groups

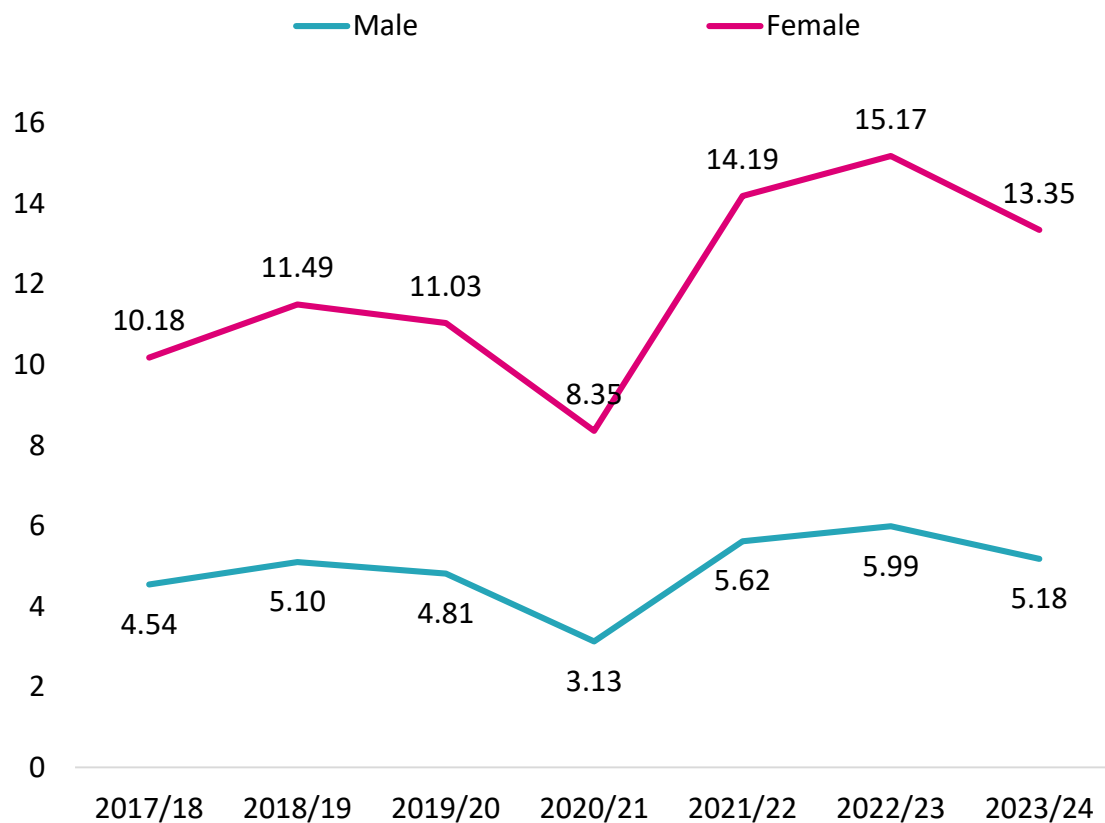
Proportion of unique service users for talking therapies in the catchment population by ethnicity, 2017/18-2023/24



The rate of unique mental health service users for talking therapies in the two boroughs is consistently higher for females than males

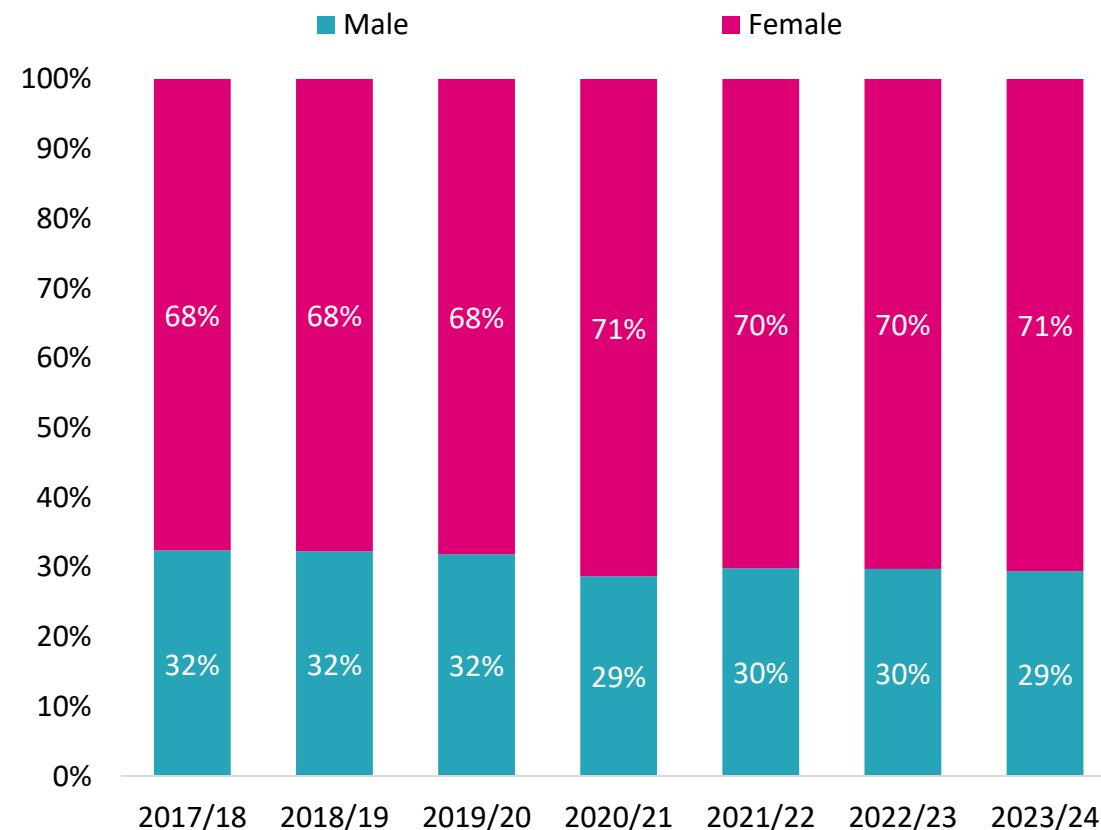
Mental health unique service users for talking therapies by gender per 1,000 population

Unique service users for talking therapies in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users for talking therapies by gender

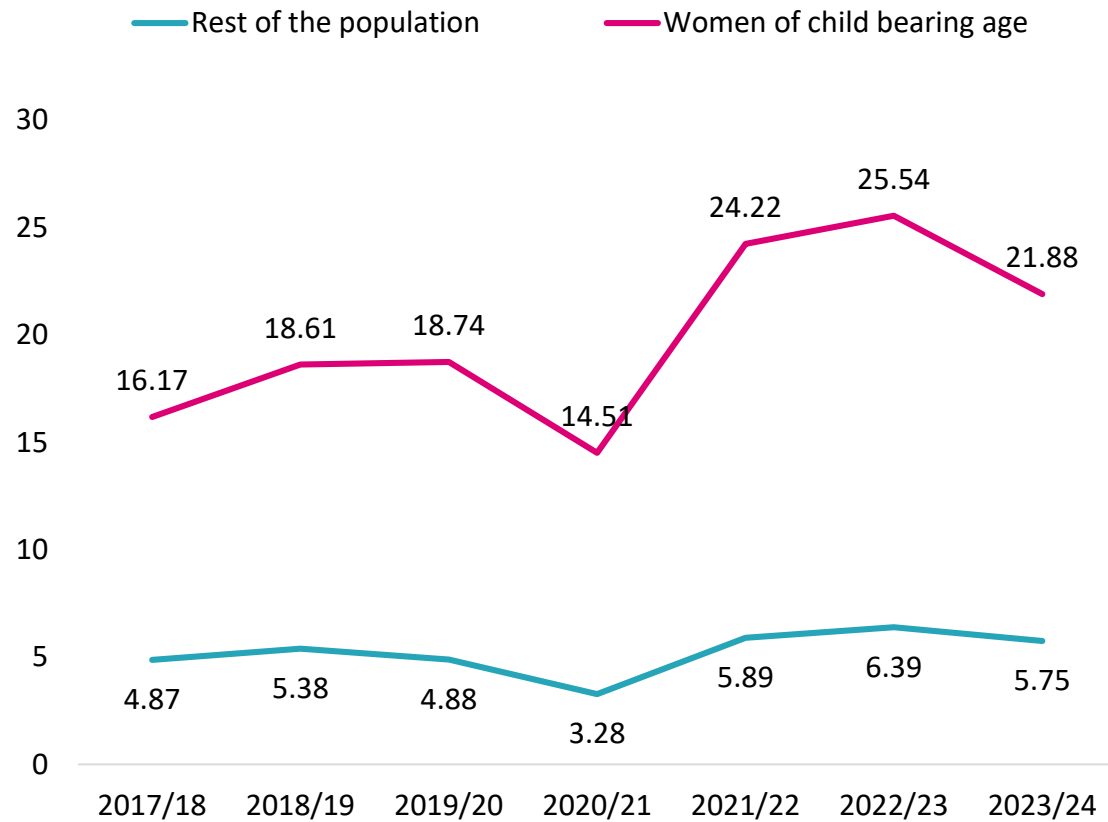
Proportion of unique service users for talking therapies in the catchment population by gender, 2017/18-2023/24



The rate of unique mental health service users for women of child-bearing age is consistently higher compared to the rest of the population

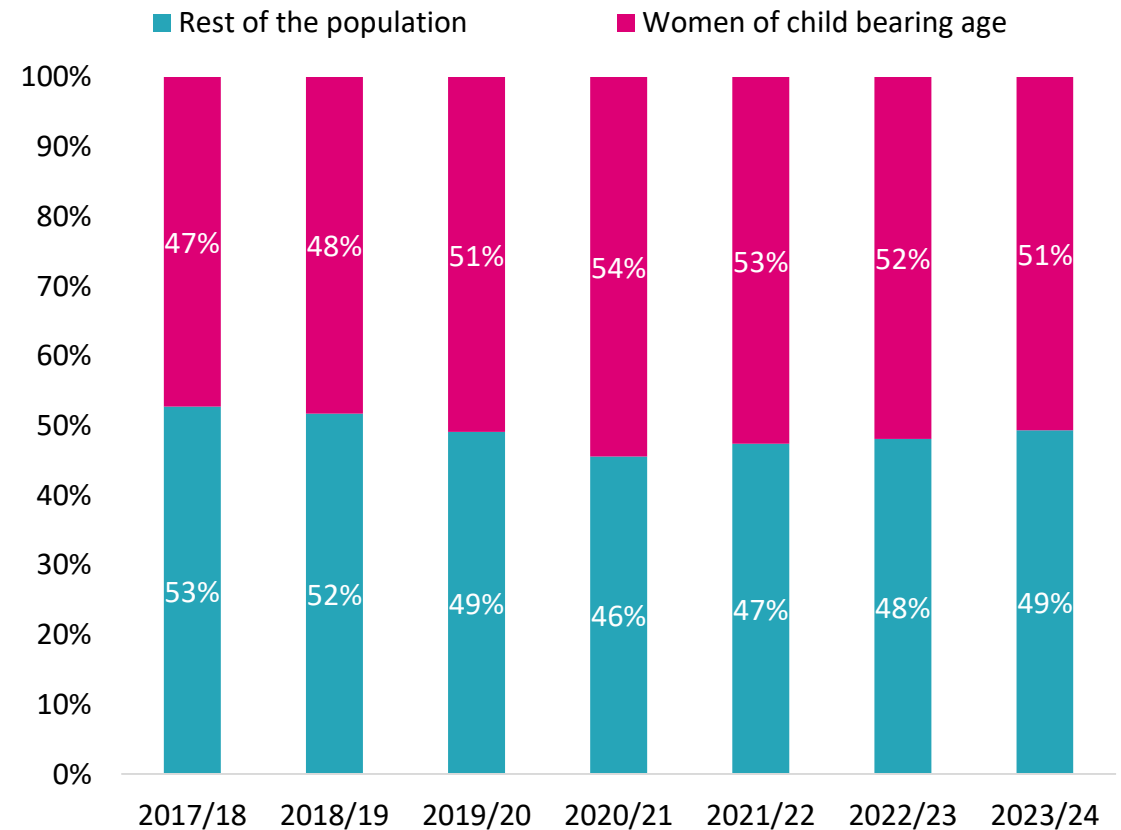
Mental health unique service users for talking therapies by women of child bearing age per 1,000 population

Unique service users for talking therapies in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health unique service users for talking therapies by women of child bearing age

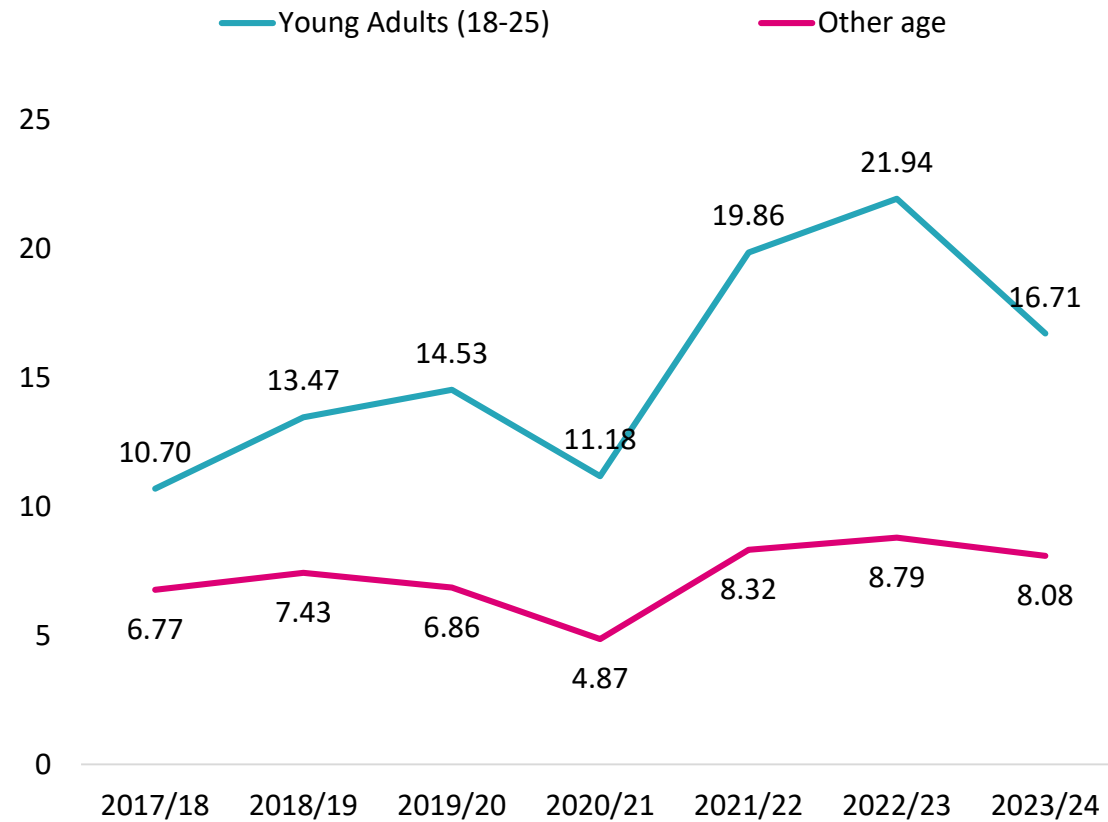
Proportion of unique service users for talking therapies in the catchment population by women of child bearing age, 2017/18-2023/24



In more recent years, the rate of unique mental health service users who are young adults has increased dramatically

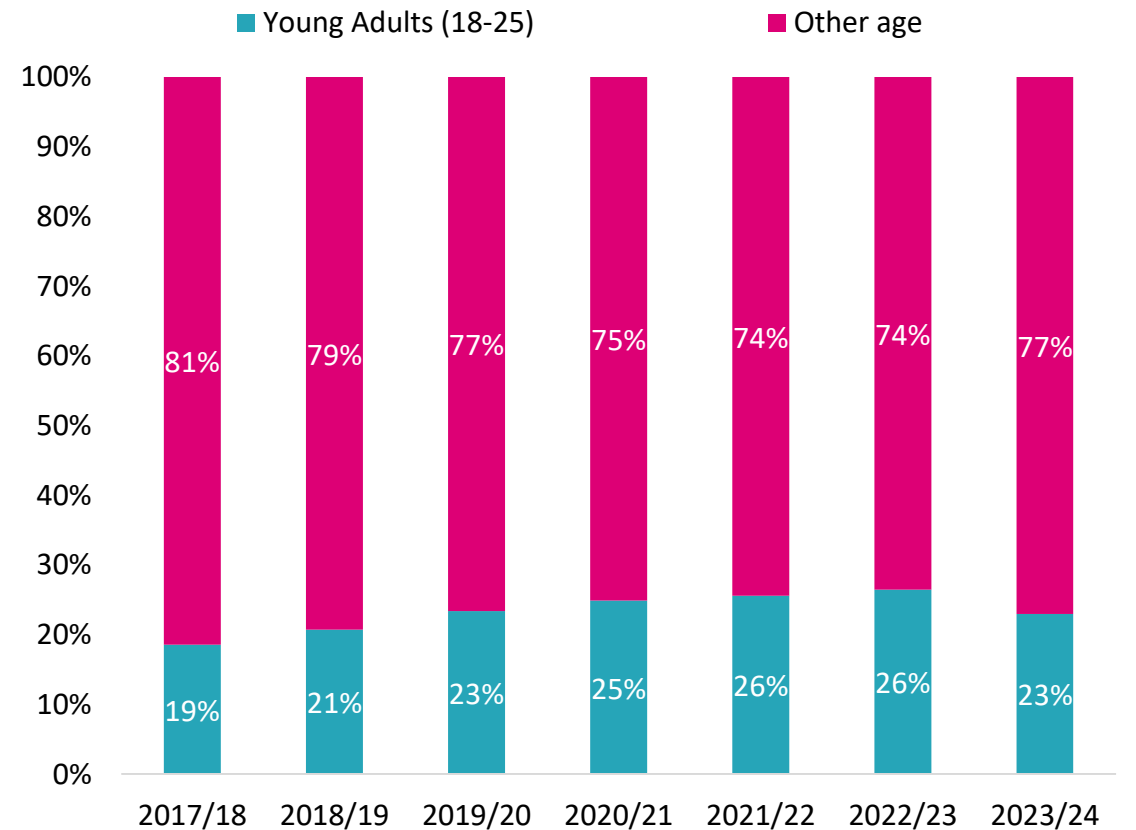
Mental health unique service users for talking therapies by young adults per 1,000 population

Unique service users for talking therapies in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health unique service users for talking therapies by young adults

Proportion of unique service users for talking therapies in the catchment population by young adults, 2017/18-2023/24

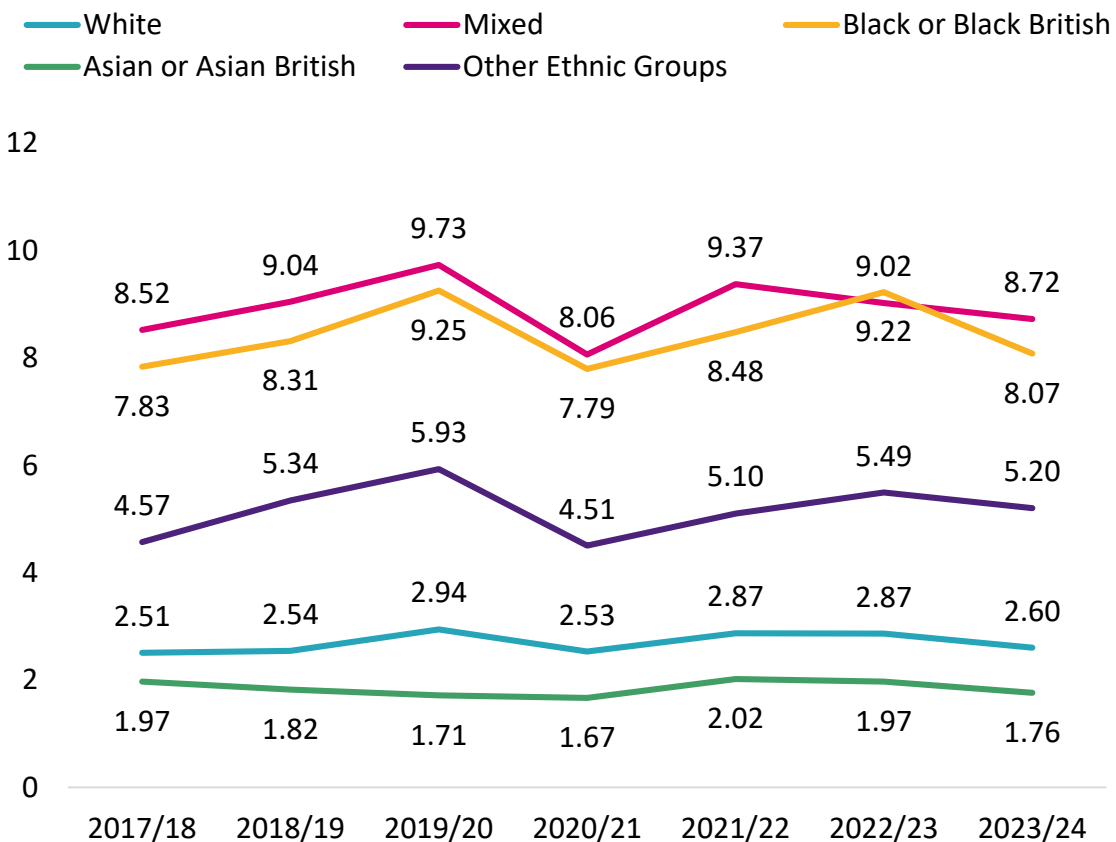


Impact on unique service users at community mental health hub (CMHH) in Kensington & Chelsea

The mixed and black ethnic groups are the highest users of CMHH per 1,000 population; the white population has the most unique service users of CMHH in K&C

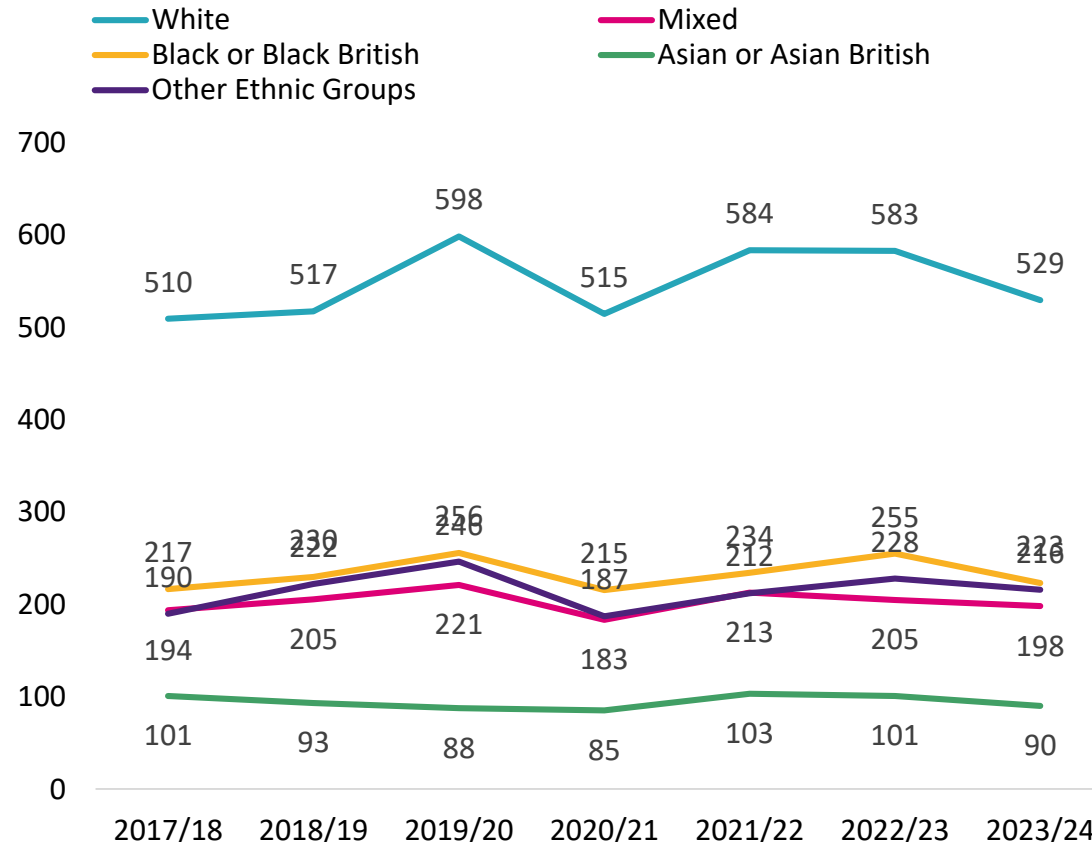
Mental health unique service users for CMHH by ethnic groups per 1,000 population

Unique service users for CMHH in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by ethnic groups

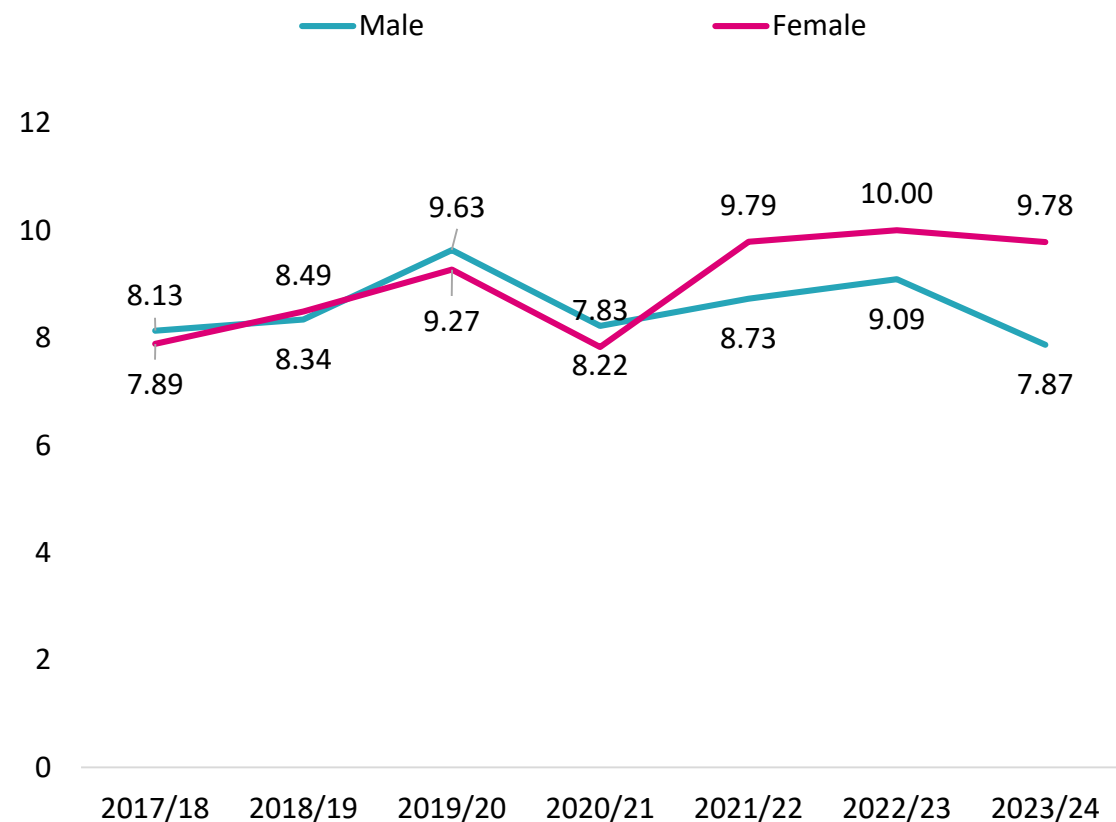
Proportion of unique service users for CMHH in the catchment population by ethnic group, 2017/18-2023/24



The number of unique service users for CMHH per 1,000 population has increased for males and females since 2017/18 in Kensington and Chelsea

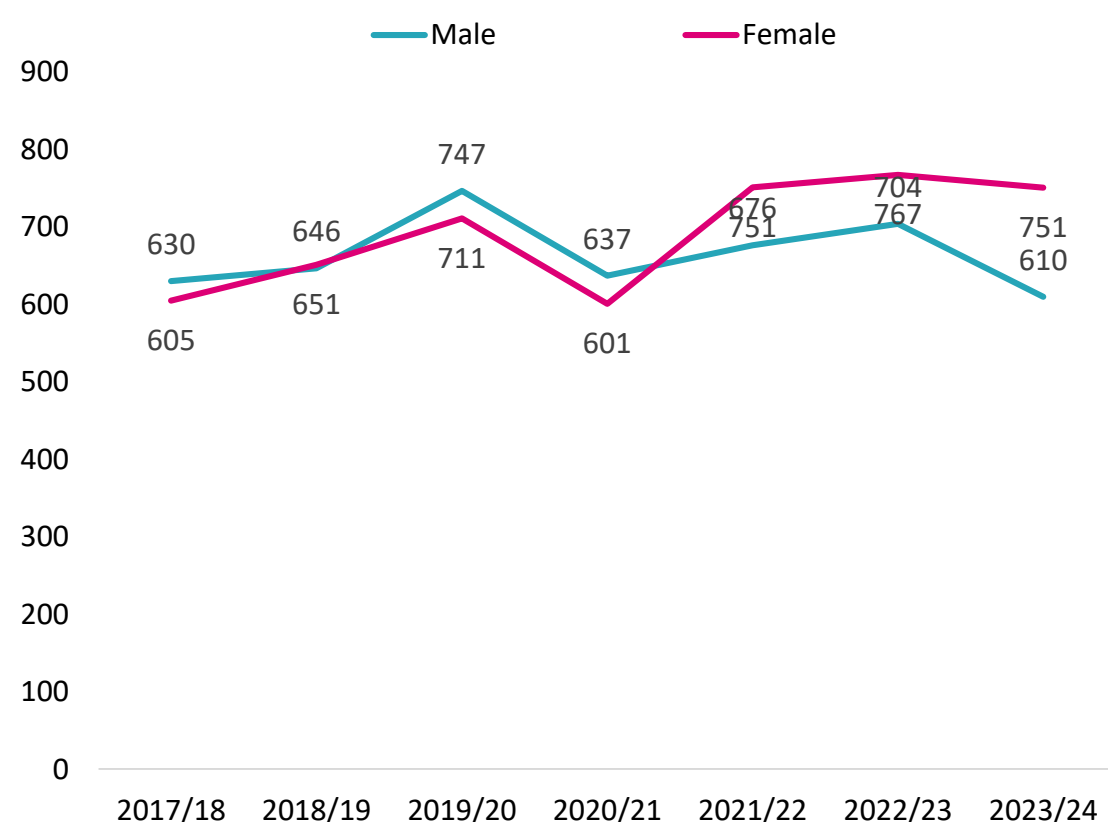
Mental health unique service users for CMHH by gender per 1,000 population

Unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by gender

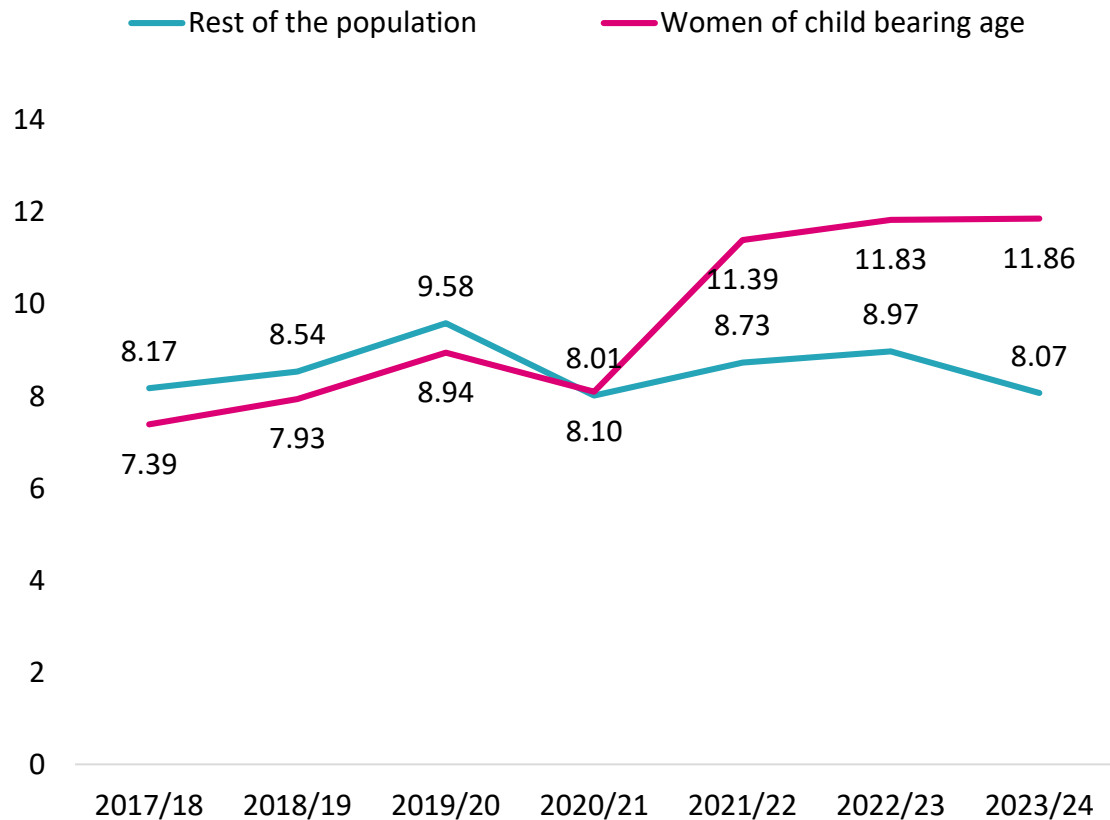
Proportion of unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



The rate of unique mental health service users for CMHH is consistently higher for women of child bearing age than the rest of the population in K&C

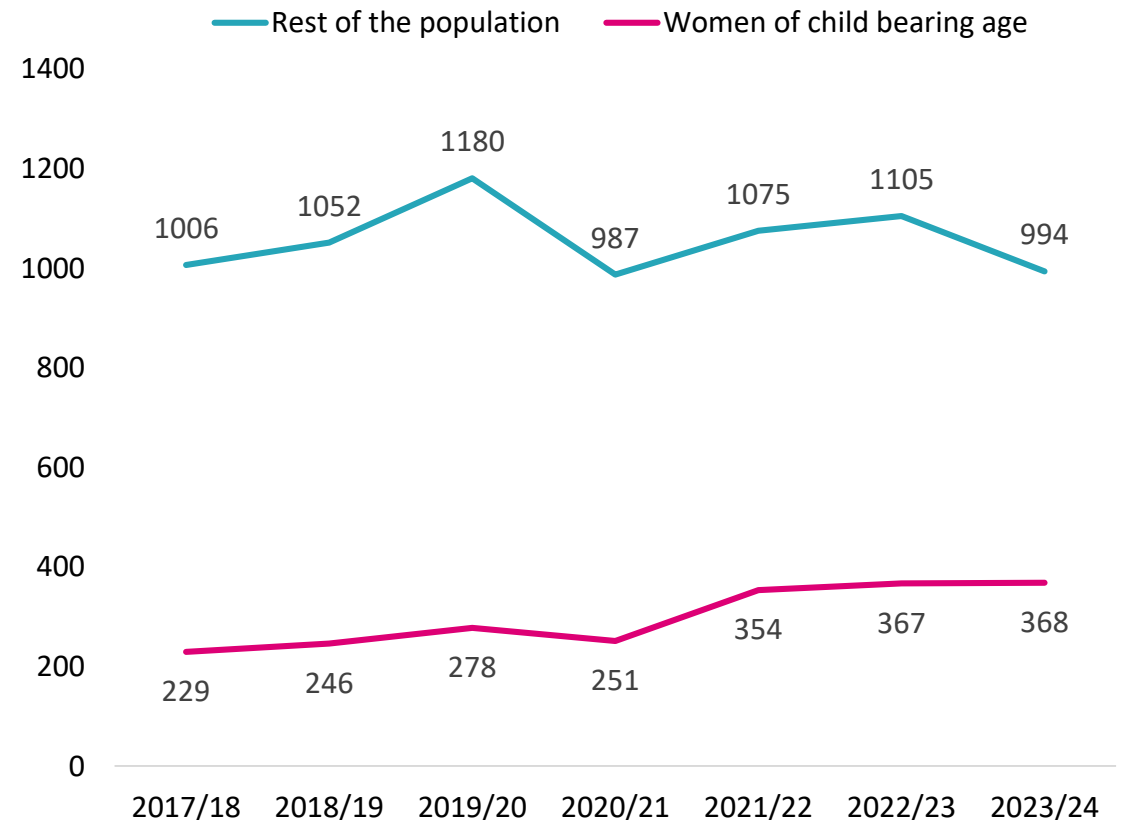
Mental health unique service users for CMHH by women of child bearing age per 1,000 population

Unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by women of child bearing age

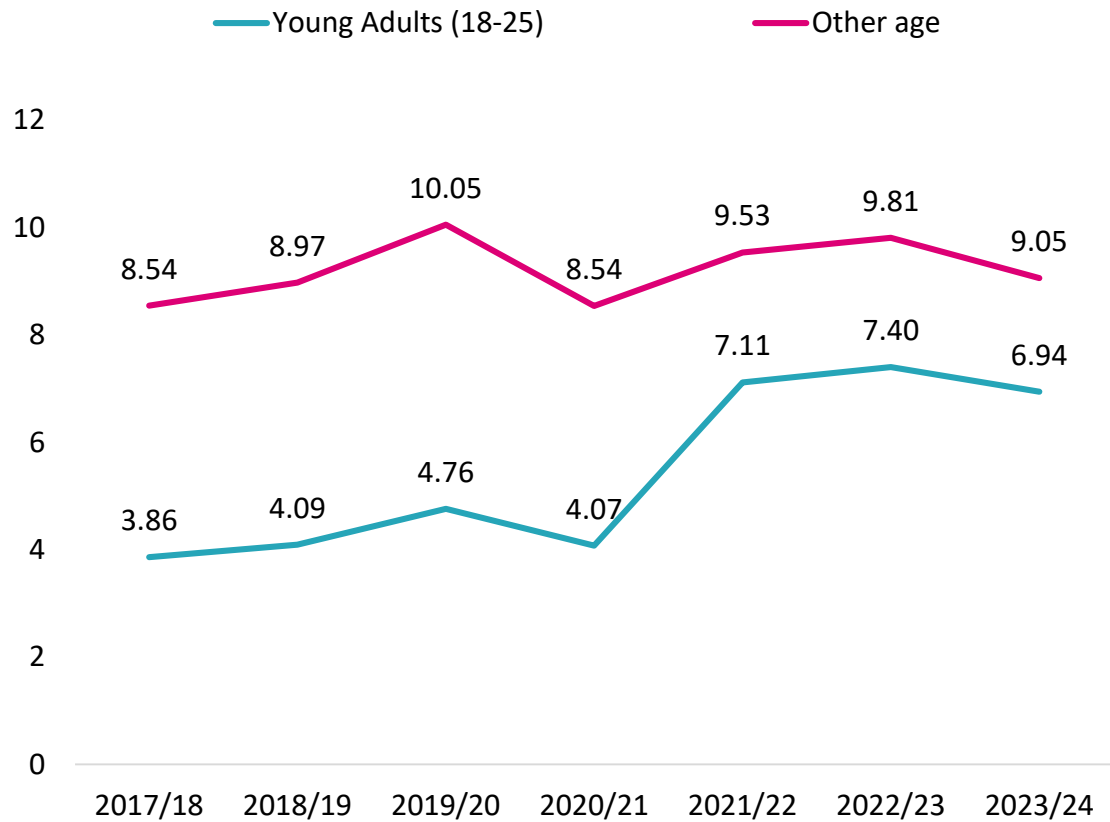
Proportion of unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



The number of unique service users for CMHH per 1,000 people increased more for young adults in 2021/22 compared to the other age groups

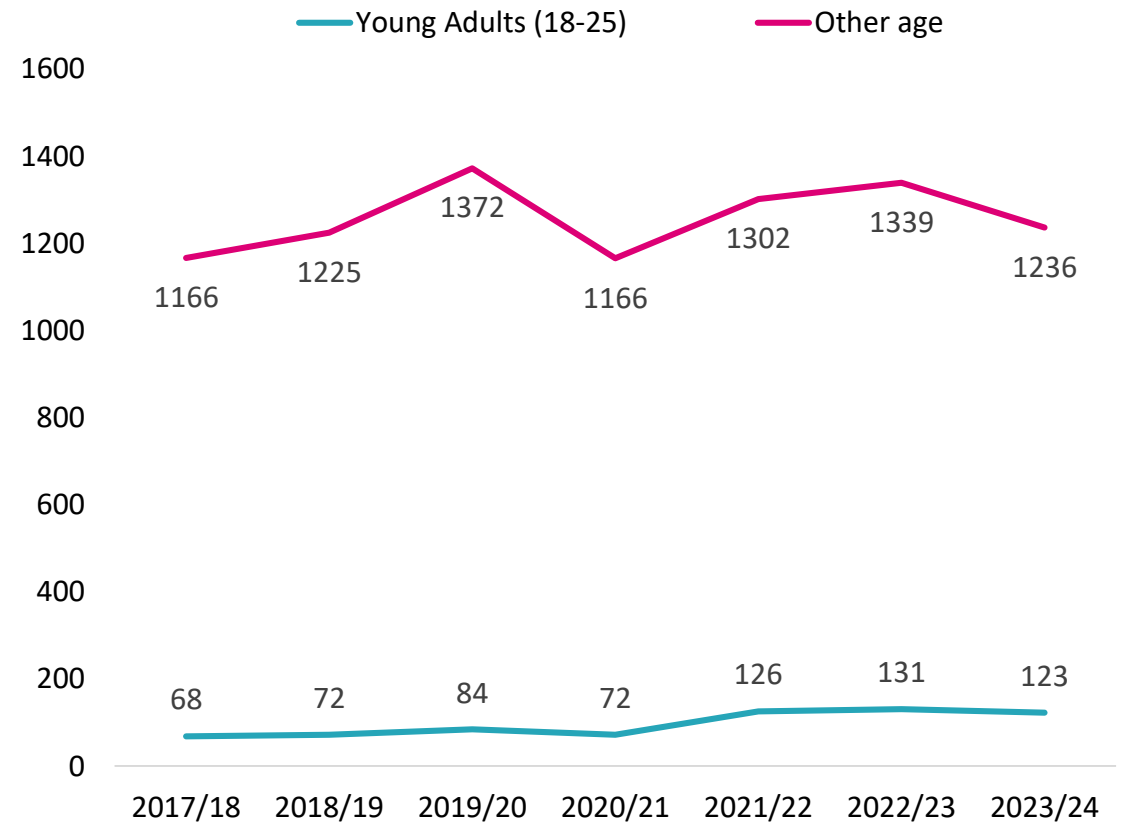
Mental health unique service users for CMHH by young adults per 1,000 population

Unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by young adults

Proportion of unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24

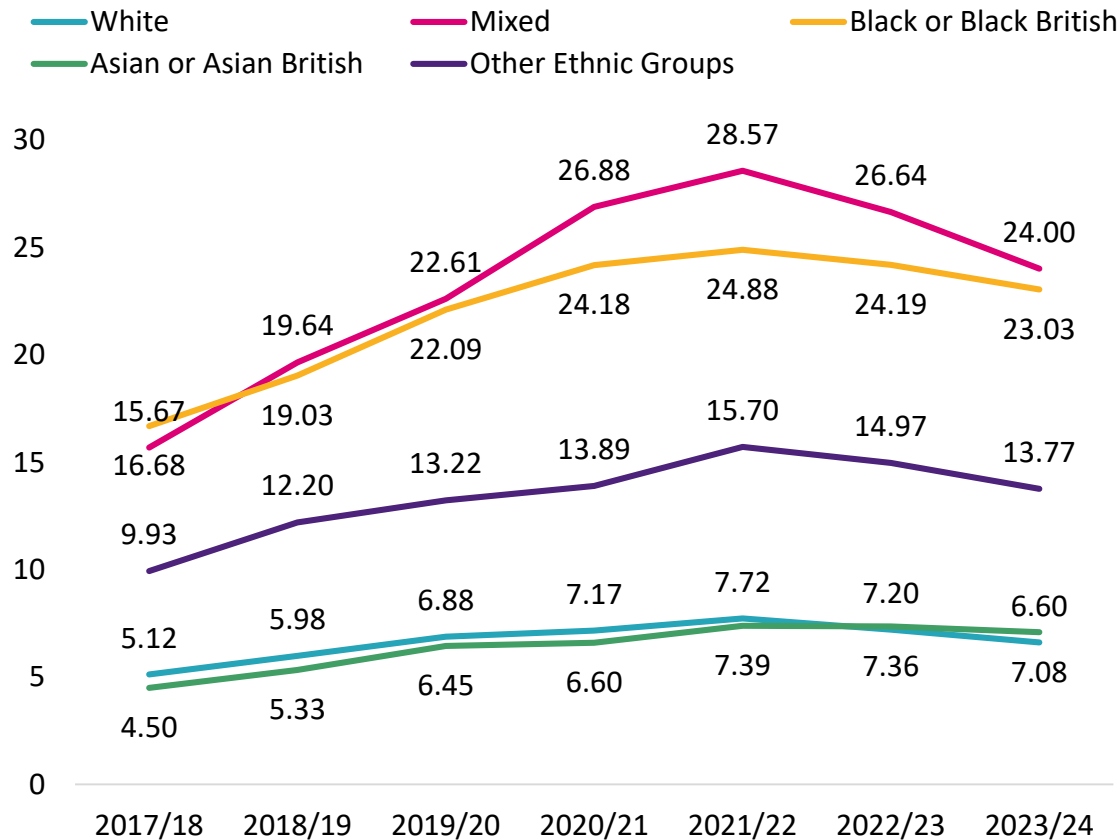


Impact on unique service users at community mental health hubs (CMHH) in Westminster

The mixed and black ethnic groups are the highest users of CMHH per 1,000 population; the white population has the most unique service users of CMHH in Westminster

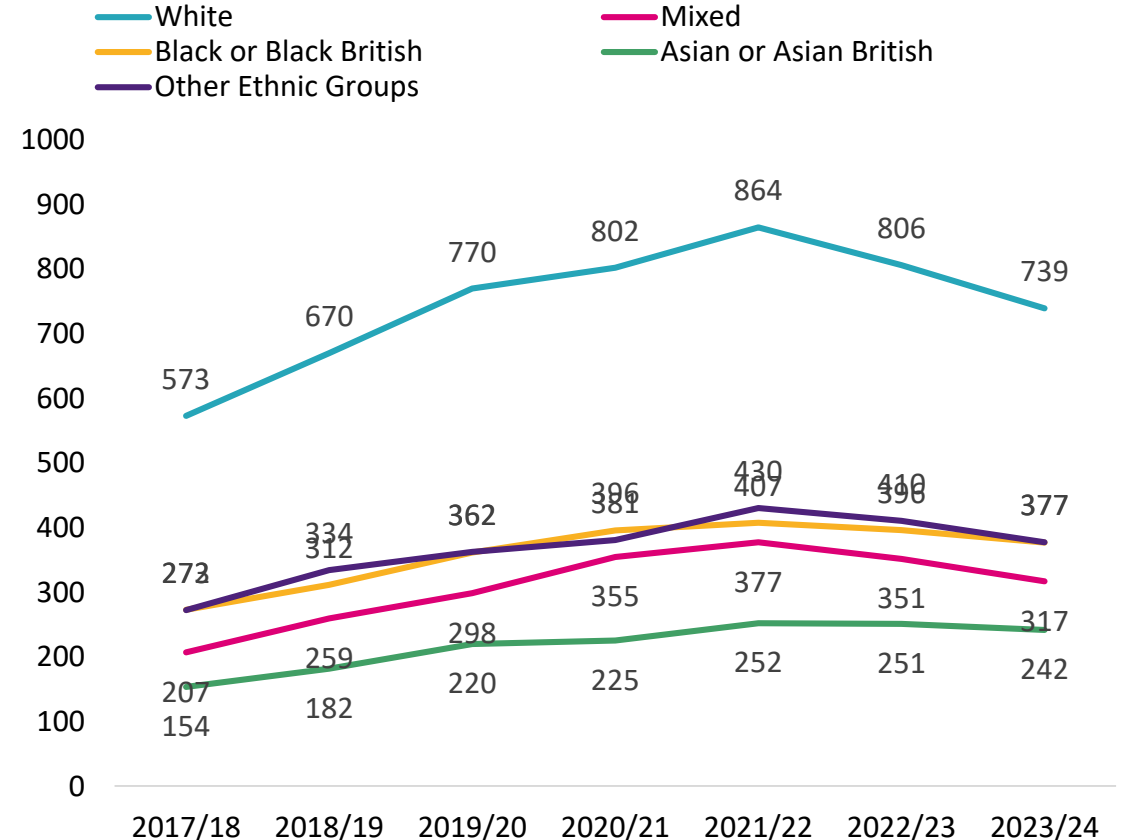
Mental health unique service users for CMHH by ethnic groups per 1,000 population

Unique service users for CMHH in the catchment population by ethnicity, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by ethnic groups

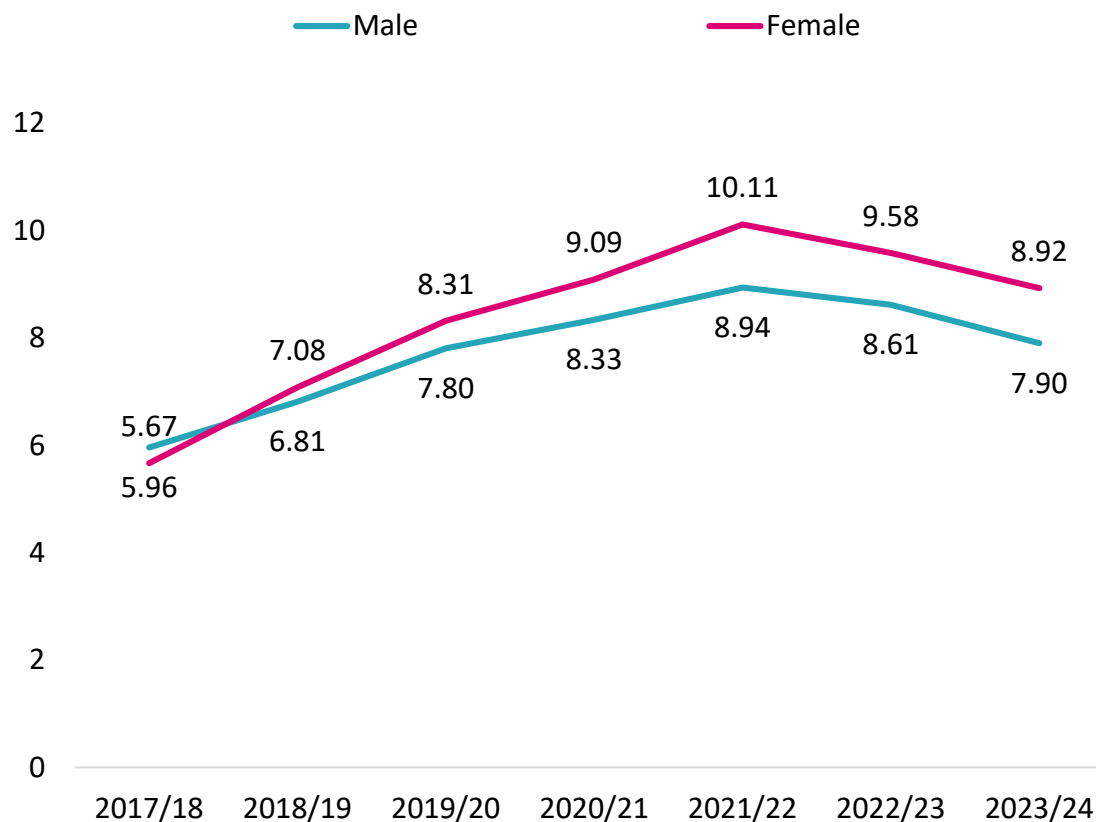
Proportion of unique service users for CMHH in the catchment population by ethnic group, 2017/18-2023/24



The number of unique service users for CMHH per 1,000 population has increased for males and females since 2017/18 in Westminster

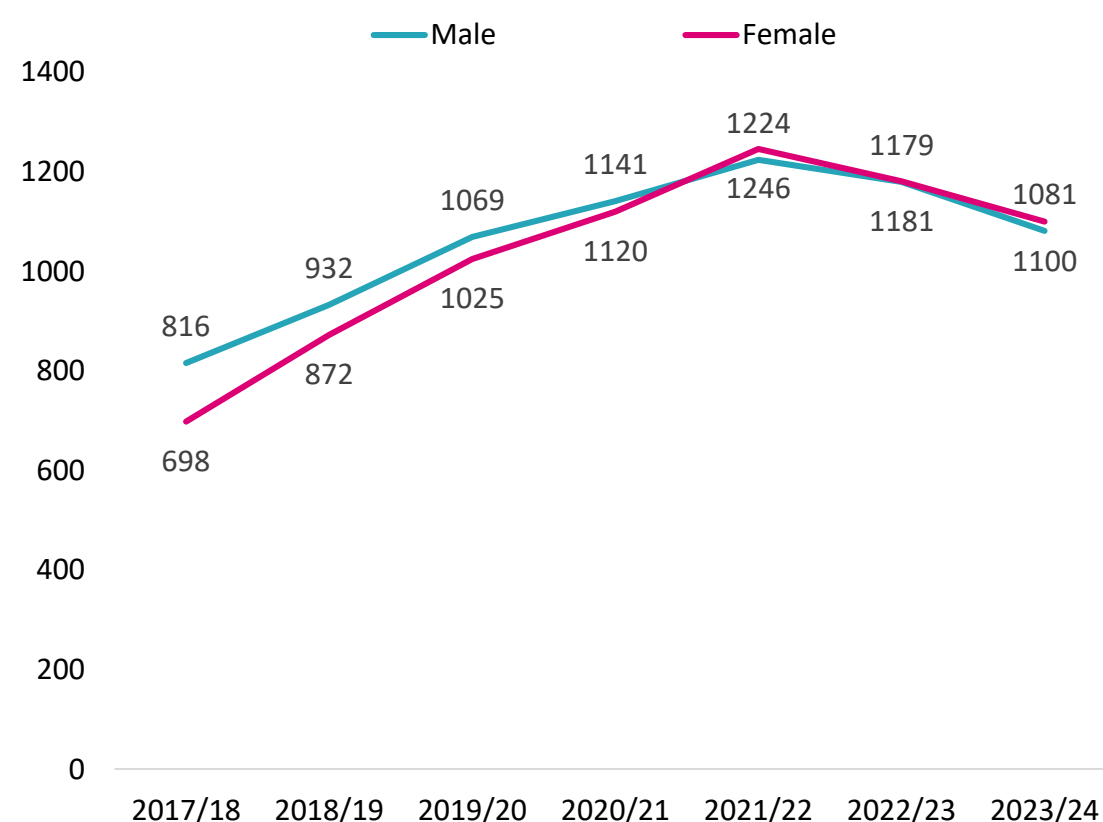
Mental health unique service users for CMHH by gender per 1,000 population

Unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by gender

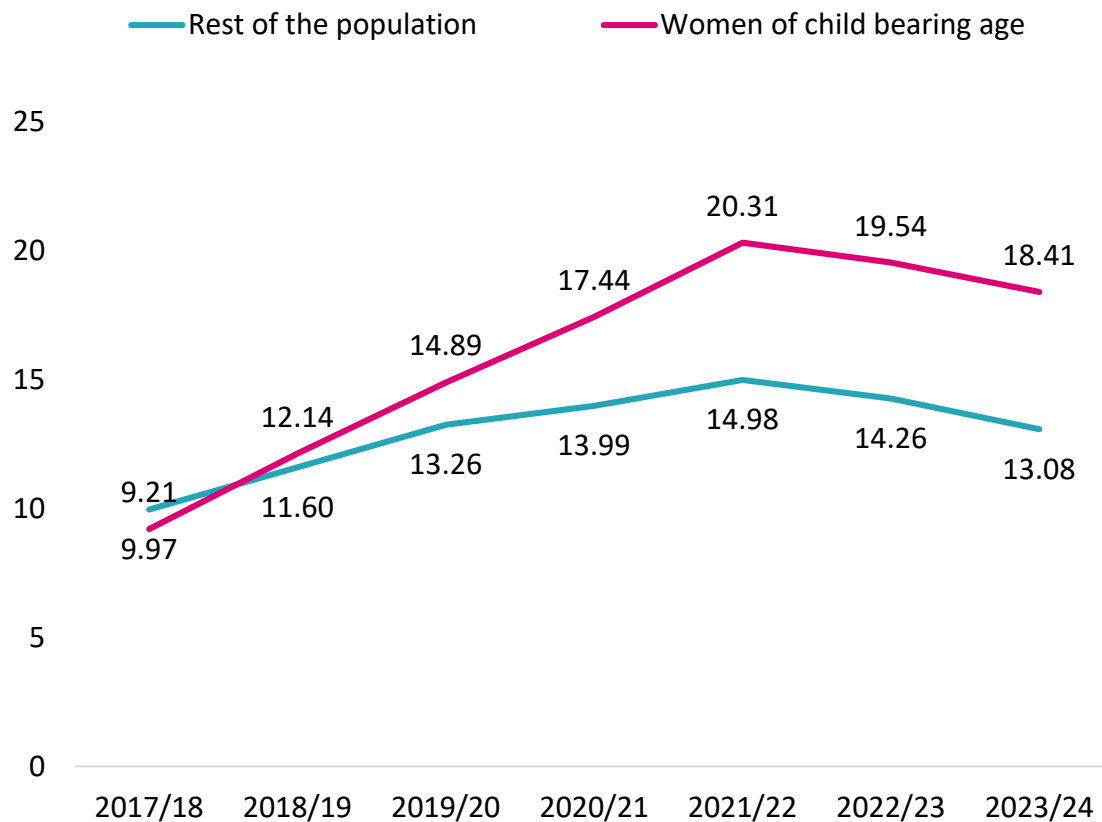
Proportion of unique service users for CMHH in the catchment population by gender, 2017/18-2023/24



The rate of unique mental health service users for CMHH is consistently higher for women of child bearing age than the rest of the population in K&C

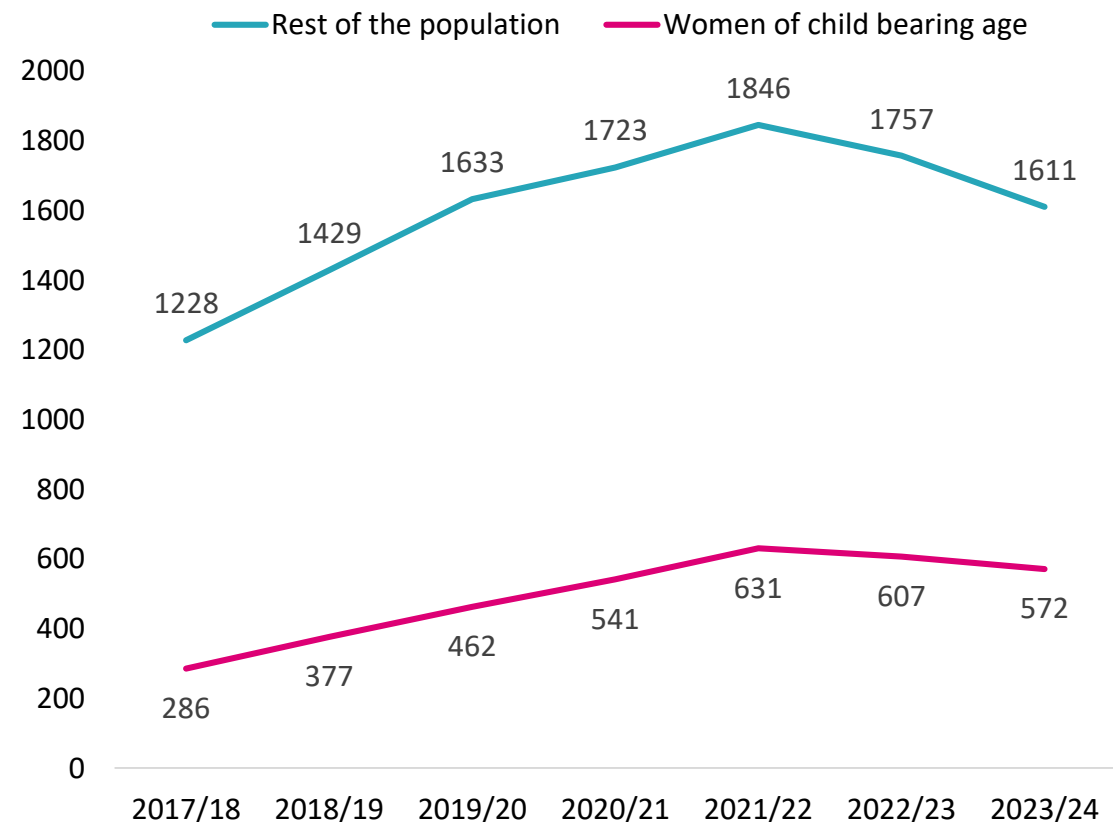
Mental health unique service users for CMHH by women of child bearing age per 1,000 population

Unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by women of child bearing age

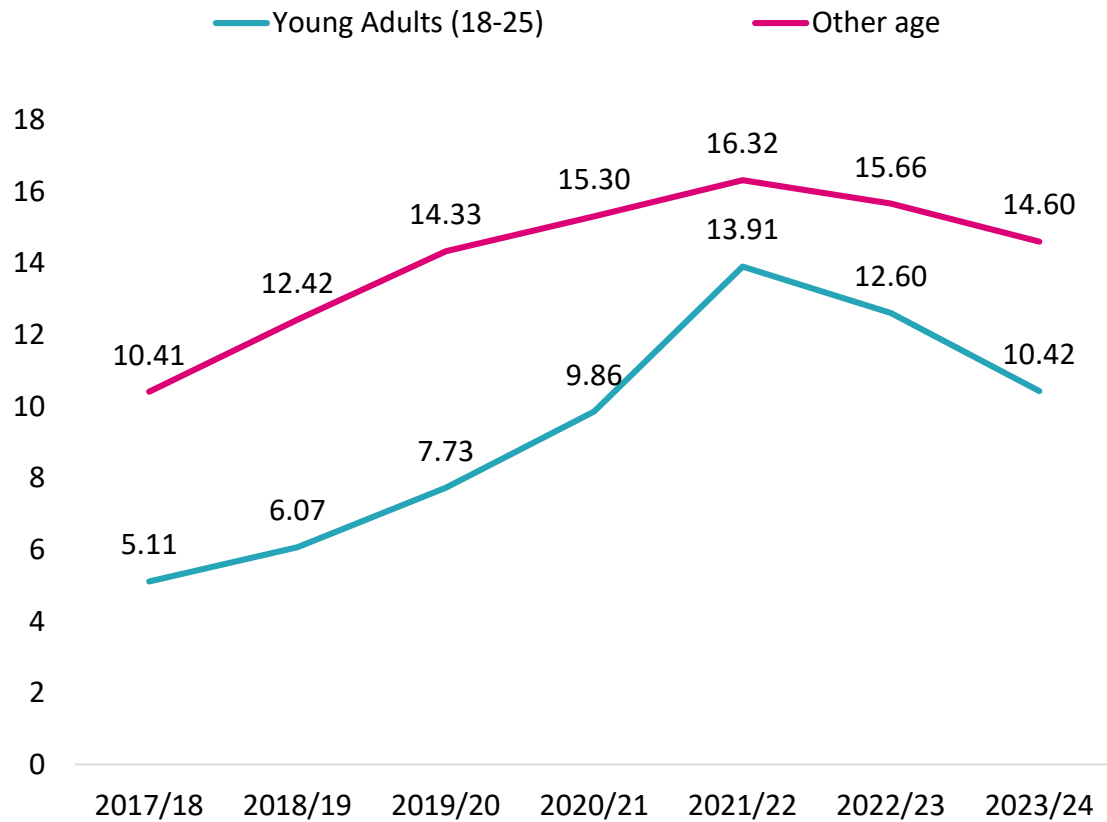
Proportion of unique service users for CMHH in the catchment population by women of child bearing age, 2017/18-2023/24



The number of unique service users for CMHH per 1,000 people increased less for young adults in 2021/22 compared to the other age groups

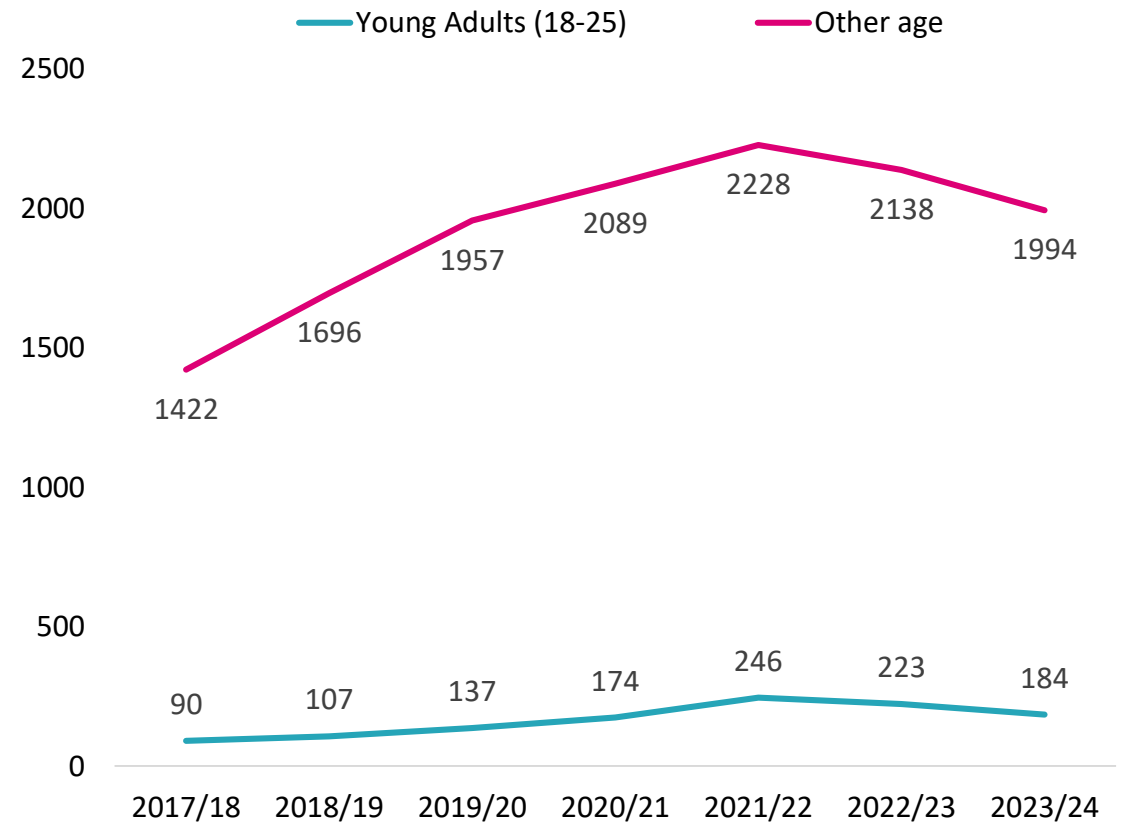
Mental health unique service users for CMHH by young adults per 1,000 population

Unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24



Proportion of mental health unique service users for CMHH by young adults

Proportion of unique service users for CMHH in the catchment population by young adults, 2017/18-2023/24

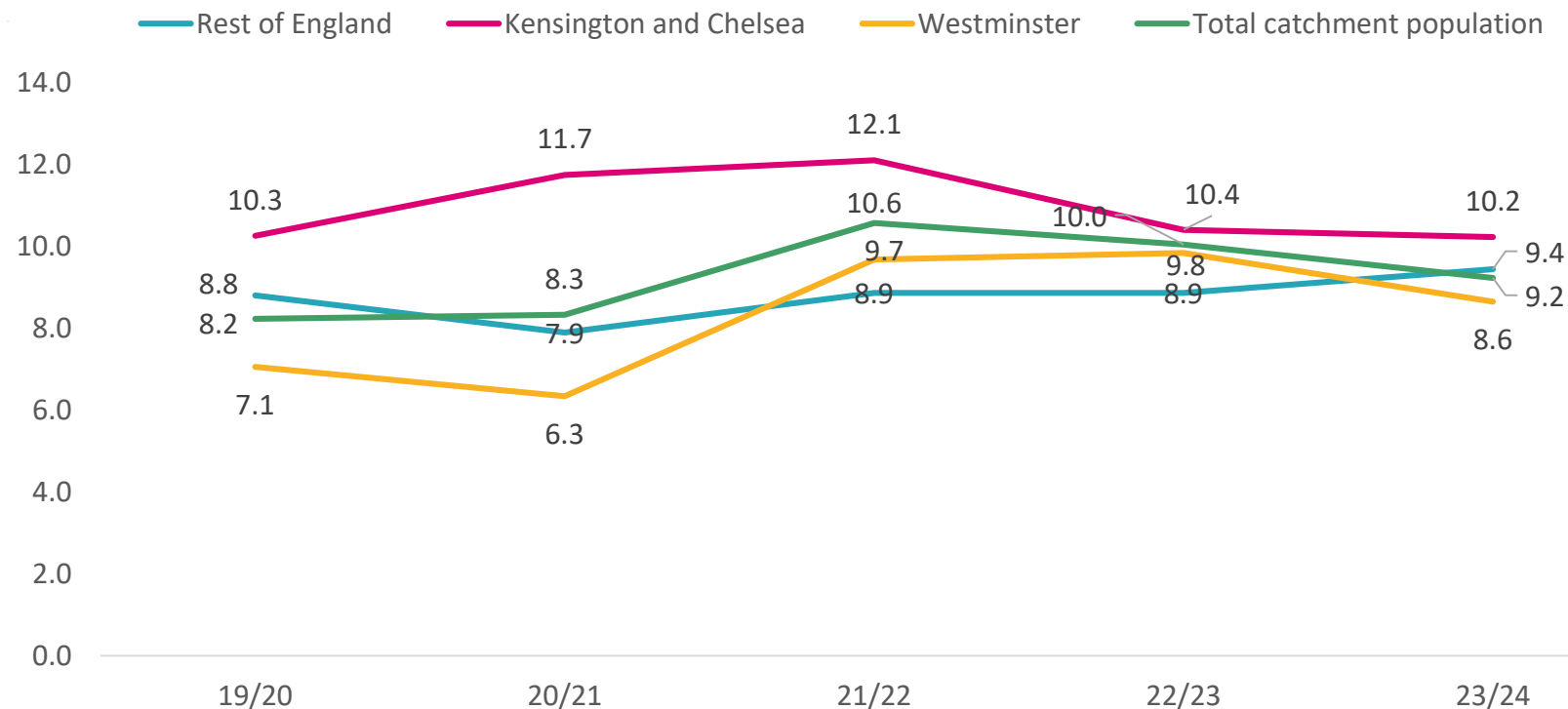


Impact in non-mental health emergency department hospitals

The number of emergency department attendances in non-mental health hospitals for residents in Westminster has increased since the Gordon closure

Mental health ED attendances all ages per 1,000 population

MH ED attendances in the catchment population and England, 2019/20-2023/24



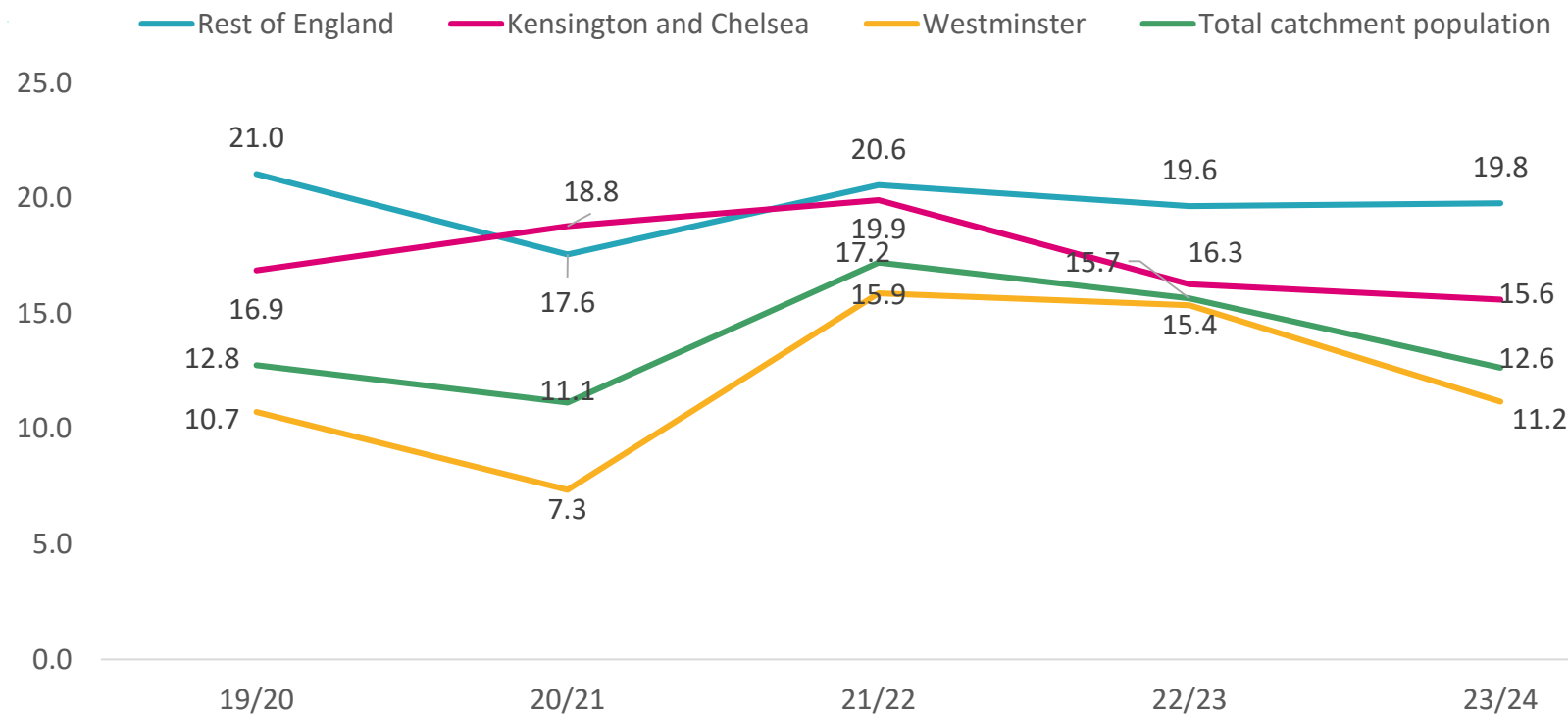
- The number of ED attendances for mental health conditions is similar in 19/20 as it is in 23/24
- However, the number of Mental Health ED attendances from residents in Westminster has increased from 19/20 to 23/24

Chief complaints and diagnoses used to define ED mental health attendances: Substance misuse, self-injurious behaviour, depressed mood, suicidal thoughts, anxiety, bizarre behaviour, physical aggression, hallucinations, personality disorder, eating disorder, obsessive-compulsive disorder, panic disorder, depressive disorder, bipolar disorder, schizophrenia, psychotic disorder, dissociative disorder, somatisation disorder, somatoform pain disorder, adjustment disorder, and factitious disorder.

The number of mental health emergency department attendances from young adults in non-mental health hospitals has decreased since the Gordon closure

Mental health ED attendances aged between 18-25 years old per 1,000 population

MH ED attendances in the catchment population and England, 2019/20-2023/24



- The number of ED attendances by young adults for mental health conditions has decreased by 1% between 19/20 and 23/24
- This decrease is driven predominately by ED attendances for young residents of Kensington and Chelsea which has decreased by 7% between the 19/20 to 23/24

Chief complaints and diagnoses used to define ED mental health attendances: Substance misuse, self-injurious behaviour, depressed mood, suicidal thoughts, anxiety, bizarre behaviour, physical aggression, hallucinations, personality disorder, eating disorder, obsessive-compulsive disorder, panic disorder, depressive disorder, bipolar disorder, schizophrenia, psychotic disorder, dissociative disorder, somatisation disorder, somatoform pain disorder, adjustment disorder, and factitious disorder.

The Westminster population had significantly higher increase in emergency department presentations compared Kensington and Chelsea

- In 2021/22 there was a significant increases in ED attendances for all ethnicities, but particularly for the Asian, Mixed and Other populations.
- Mental Health ED attendances in 23/24 reduced for all ethnicities except for the Asian population in Westminster, and the other ethnicities and unknown ethnic population in Kensington and Chelsea

		2019/20		2020/21		2021/22		2022/23		2023/24	
Population	Ethnicity	# ED attendances	% change from previous year	# ED attendances	% change from previous year	# ED attendances	% change from previous year	# ED attendances	% change from previous year	# ED attendances	% change from previous year
England	Asian	22,197	-	20,215	-9%	23,976	19%	23,474	-2%	27,591	18%
	Black	17,546	-	15,692	-11%	18,472	18%	19,080	3%	20,250	6%
	Mixed	8,751	-	7,898	-10%	9,835	25%	10,187	4%	11,420	12%
	Other	17,739	-	15,433	-13%	18,274	18%	18,309	0%	19,925	9%
	Unknown	65,638	-	60,186	-8%	78,734	31%	79,242	1%	76,081	-4%
	White	389,636	-	348,430	-11%	376,026	8%	375,023	0%	404,116	8%
Total		521,507	-	467,854	-10%	525,317	12%	525,315	0%	563,319	6%
Kensington and Chelsea	Asian	62	-	74	19%	126	70%	106	-16%	89	-16%
	Black	175	-	185	6%	192	4%	219	14%	160	-27%
	Mixed	45	-	62	38%	58	-6%	46	-21%	44	-4%
	Other	375	-	392	5%	300	-23%	229	-24%	292	28%
	Unknown	269	-	289	7%	309	7%	211	-32%	223	6%
	White	682	-	839	23%	913	9%	820	-10%	795	-3%
Kensington and Chelsea Total		1,608	-	1,841	14%	1,898	3%	1,631	-14%	1,603	-2%
Westminster	Asian	89	-	80	-10%	131	64%	114	-13%	118	4%
	Black	94	-	94	0%	141	50%	184	30%	178	-3%
	Mixed	26	-	29	12%	65	124%	66	2%	42	-36%
	Other	326	-	289	-11%	569	97%	611	7%	580	-5%
	Unknown	384	-	353	-8%	577	63%	561	-3%	445	-21%
	White	984	-	865	-12%	1,128	30%	1,118	-1%	970	-13%
Westminster Total		1,903	-	1,710	-10%	2,611	53%	2,654	2%	2,333	-12%

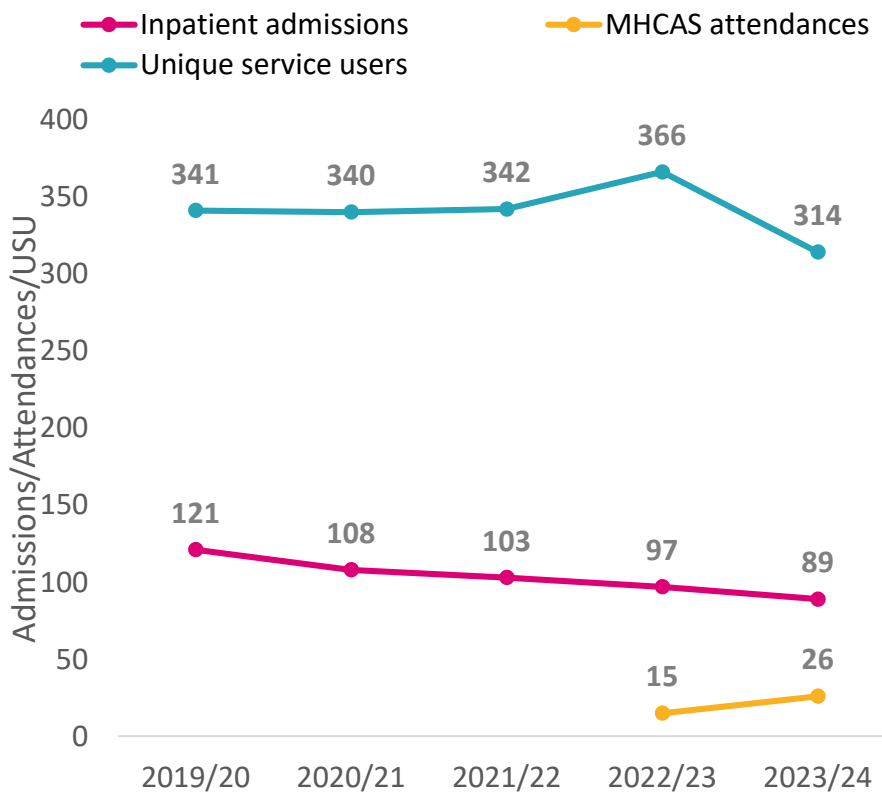
Intersectionality analysis

Black males

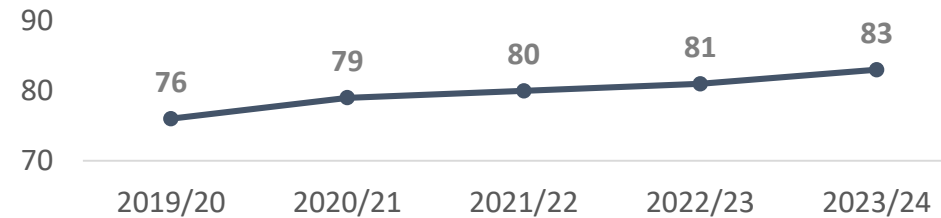
The Black male population in KCW have seen a reduction in admissions but an increase in admissions by section suggesting those that need inpatient care are receiving it

Number of admission, attendances, and unique service users (USU) for the Black male population in KCW

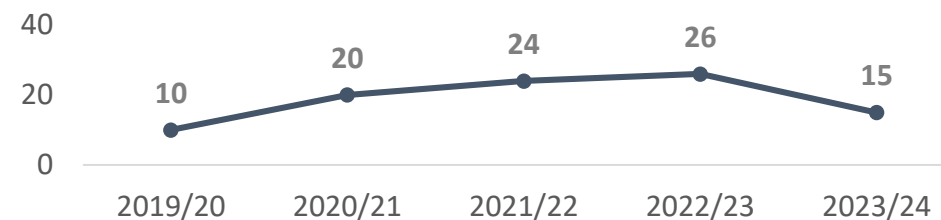
No. of admissions, attendances and USU, 19/20 and 23/24



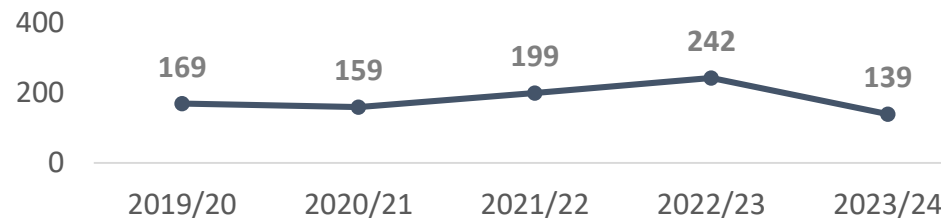
Number of admissions by section for Black males in KCW



Number of out of borough admissions for Black males in KCW



Number of ED attendances for Black males in KCW

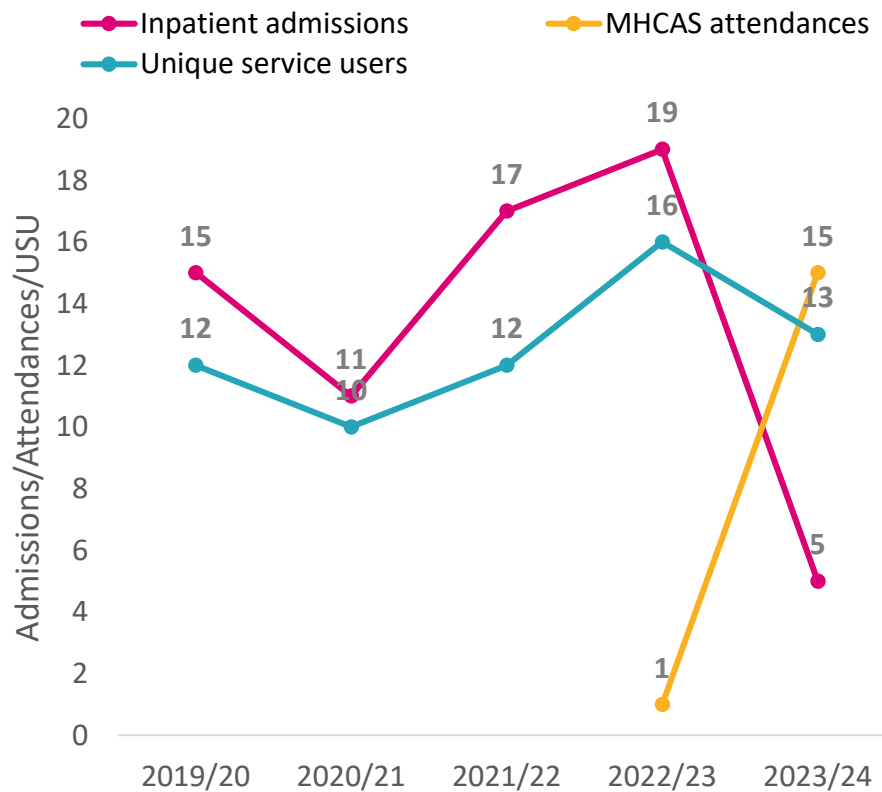


- The Black male population in KCW has seen a decrease in the number of admissions and out of borough admissions whilst MHCAS attendances have increased.
- The number of sections has increased.
- The number of ED attendances for mental health reasons has also decreased
- This suggests that more people are able to be seen in the community whilst not preventing those who need more structured support from receiving it

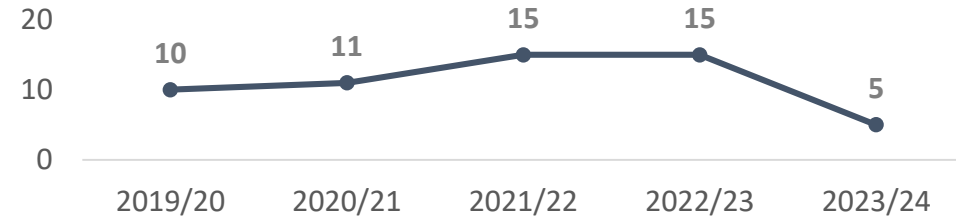
Young Black males in KCW have seen a decrease in admissions with a corresponding increase in MHCAS attendances suggesting the new service is serving their needs

Number of admission, attendances, and unique service users (USU) for young Black males in KCW

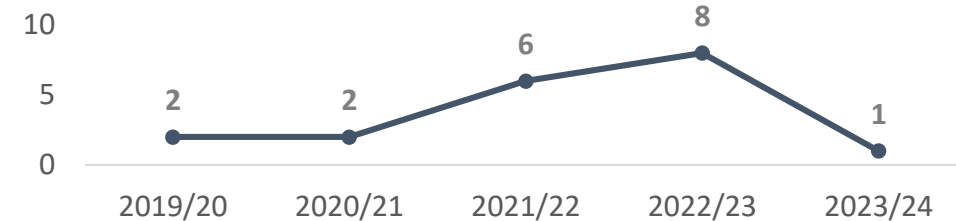
No. of admissions, attendances and USU, 19/20 and 23/24



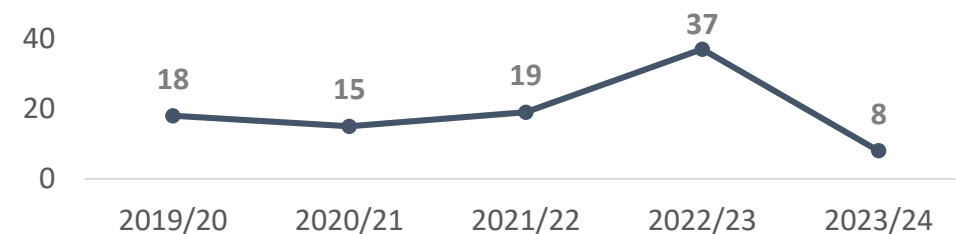
Number of admissions by section for young Black males in KCW



Number of out of borough admissions for young Black males in KCW



Number of ED attendances for young Black males in KCW



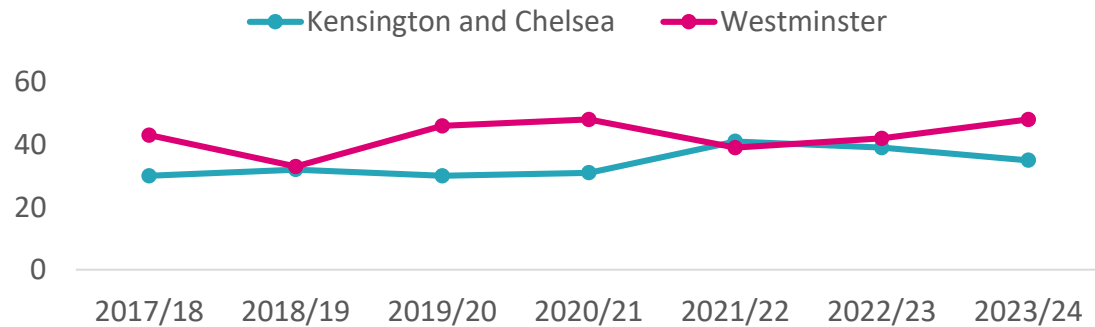
- The young Black male population in KCW has seen a decrease in the number of admissions
- The number of sections has decreased whilst the number of out of borough admissions are remained in line with baseline years.
- There has been a decrease in the number of ED attendances with mental health as the chief complaint.
- The number of unique service users for CMHH services has remained similar to pre-Gordon closure levels however more young Black males have attended MHCAS.

Closure of the Gordon has not disproportionately affected the number of admissions by section and readmissions for Black males

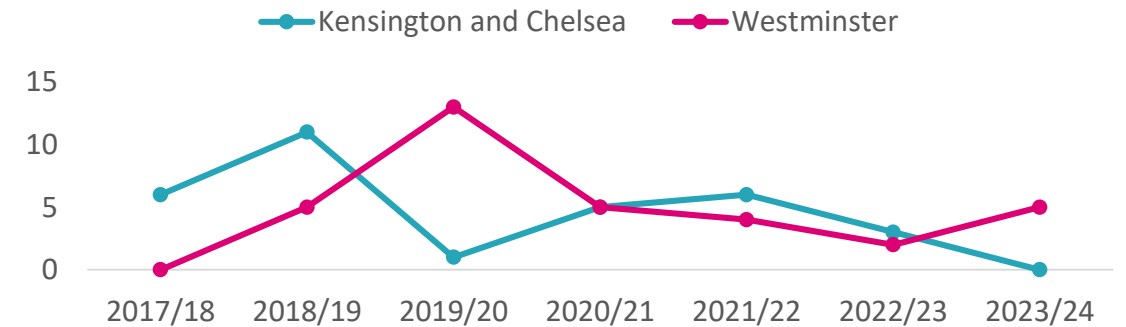
Intersectionality analysis of admissions and readmissions for Black males

No. of admissions or readmissions, 2017/18 – 2023/24

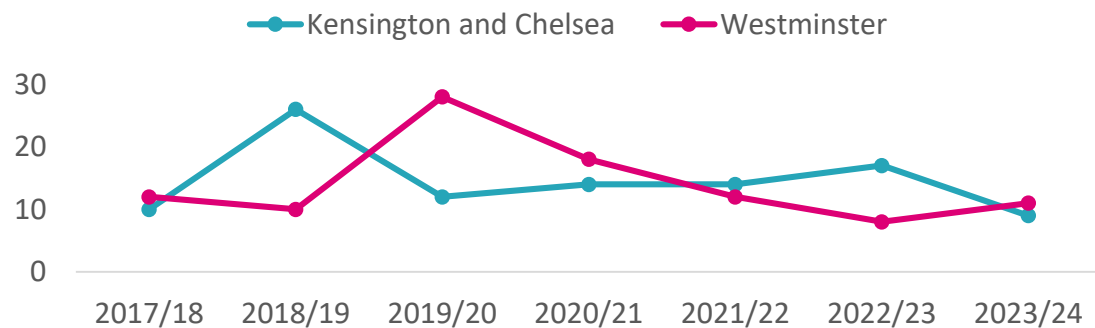
Admissions by section



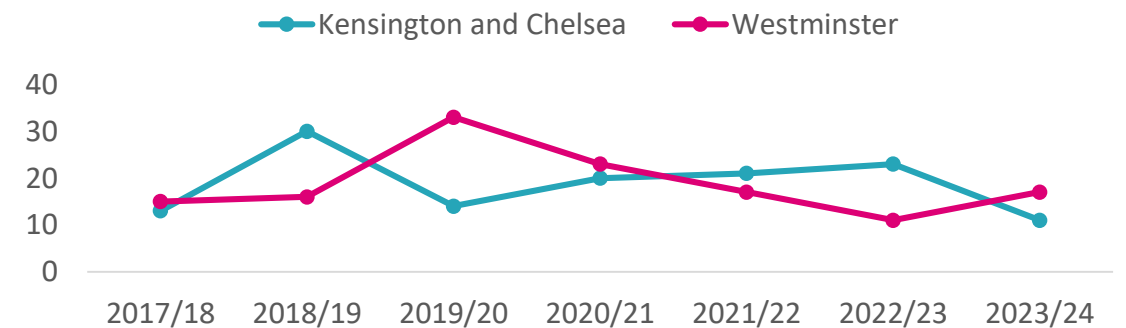
Readmissions in 30 days



Readmissions in 180 days



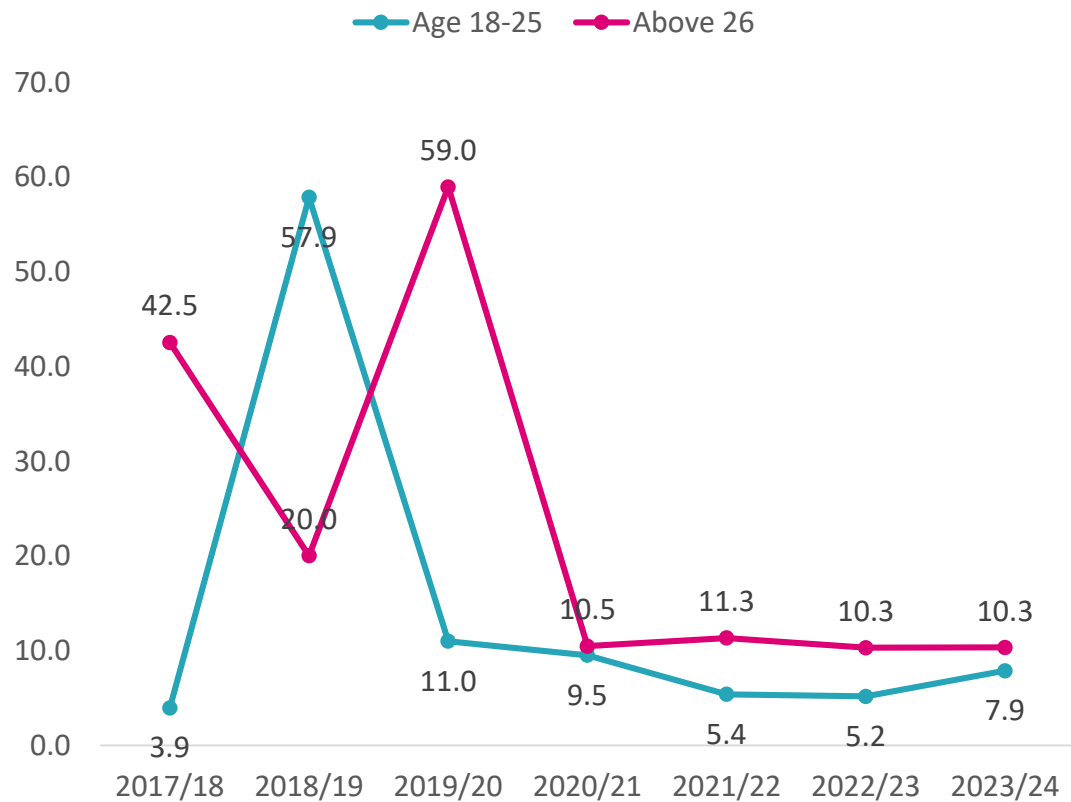
Readmissions in 365 days



Average wait times for referrals with first contact for Black males has decreased compared to pre-Gordon closure levels; the same is also observed for young Black males

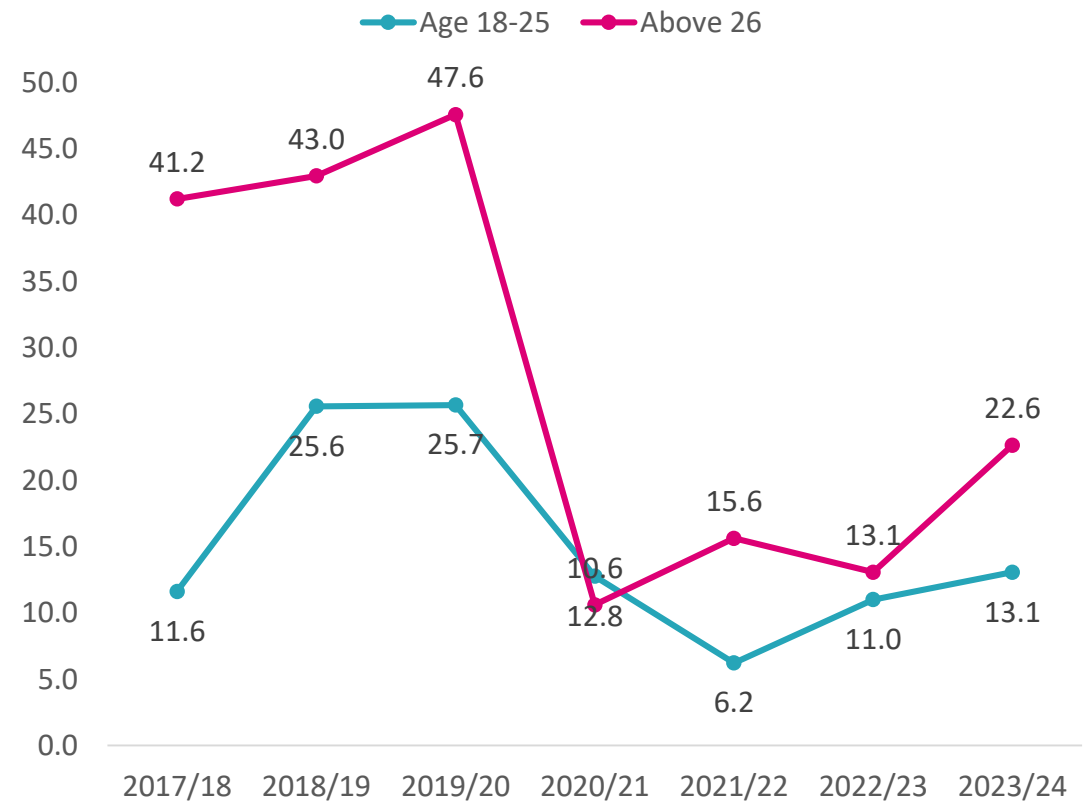
Average wait time for referrals to first contact for Black males in Kensington and Chelsea

Average wait time (days), 2017/18 – 2023/24



Average wait time for referrals to first contact for Black males in Westminster

Average wait time (days), 2017/18 – 2023/24

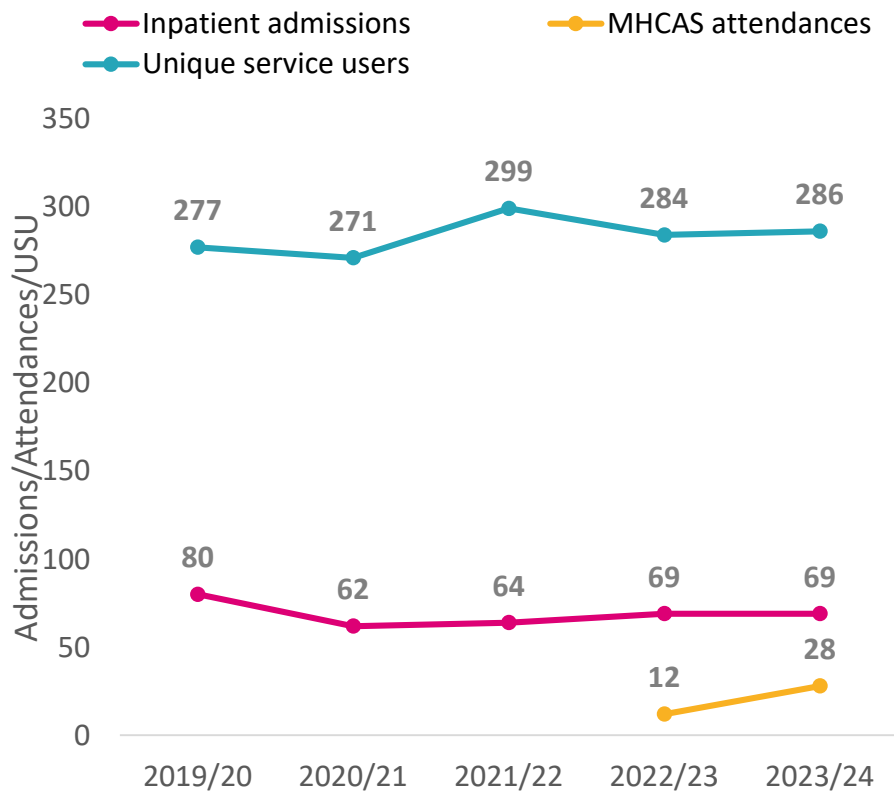


Black females

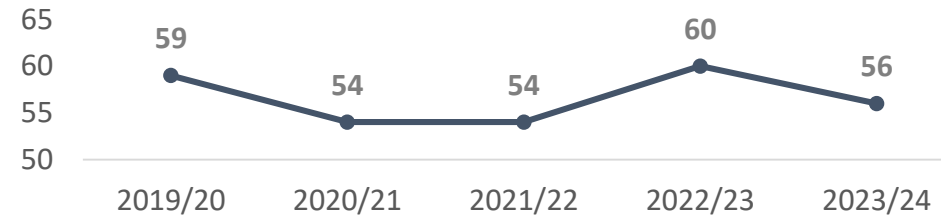
Black females are driving in the increase observed in MH-related ED attendances in the black population but this does not appear to be linked to the Gordon wards closure

Number of admission, attendances, and unique service users (USU) for the Black female population in KCW

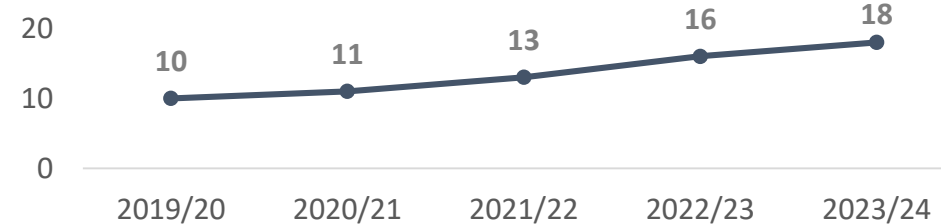
No. of admissions, attendances and USU, 19/20 and 23/24



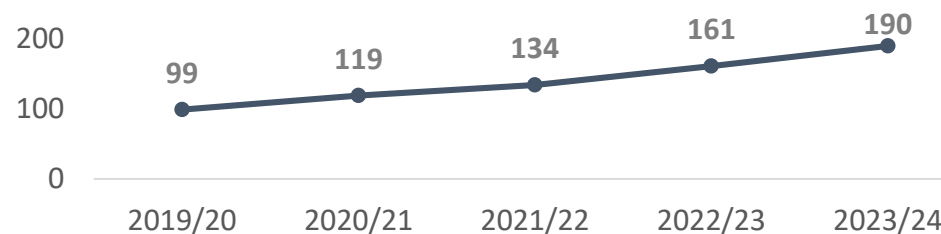
Number of admissions by section for Black females in KCW



Number of out of borough admissions for Black females in KCW



Number of ED attendances for Black females in KCW



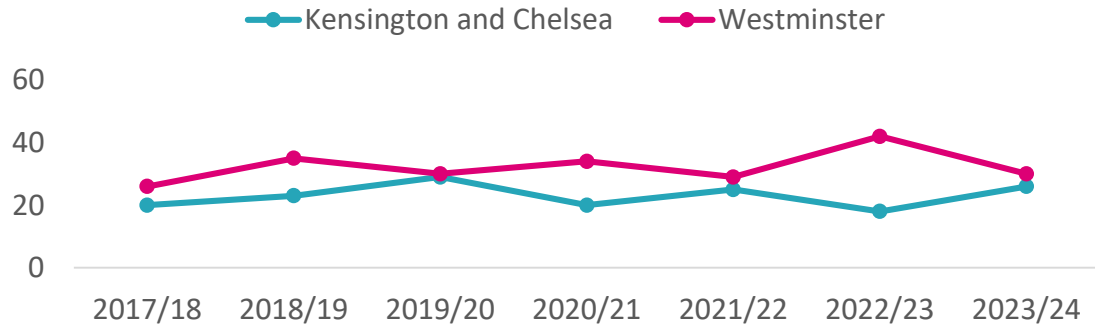
- The Black female population in KCW has seen a decrease in the number of admissions.
- The number of admissions by section is like baseline years. However, the number of out of borough admissions has increased slightly.
- The number of ED attendances with mental health as the chief complaint has increased by 92% (**national: +10%**), although this does not appear to be linked to Gordon ward closure.
- This suggests that Black females are driving the increase observed in MH-related ED attendances in the Black population

Closure of the Gordon has not disproportionately affected the number of admissions by section and readmissions for Black females

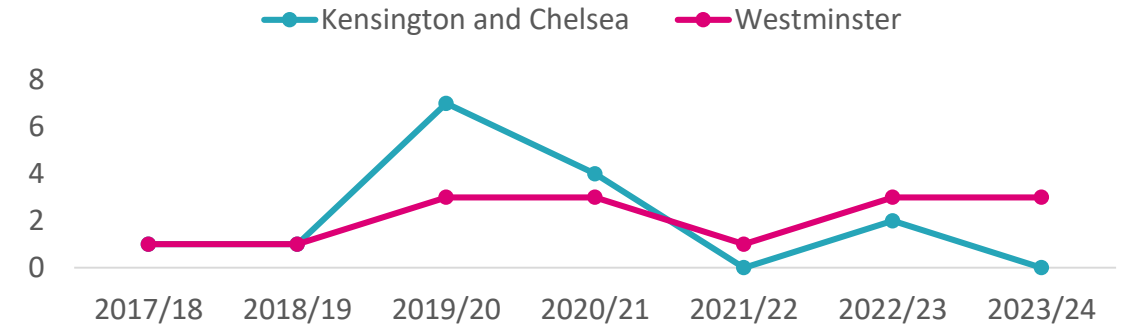
Intersectionality analysis of admissions and readmissions for Black female

No. of admissions or readmissions, 2017/18 – 2023/24

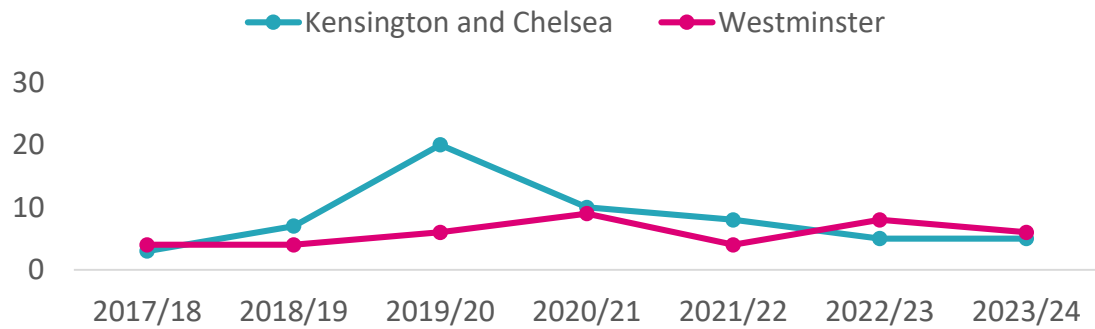
Admissions by section



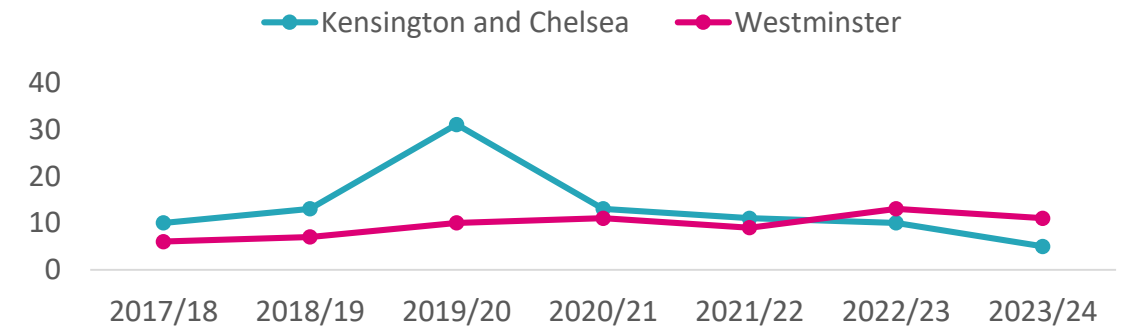
Readmissions in 30 days



Readmissions in 180 days



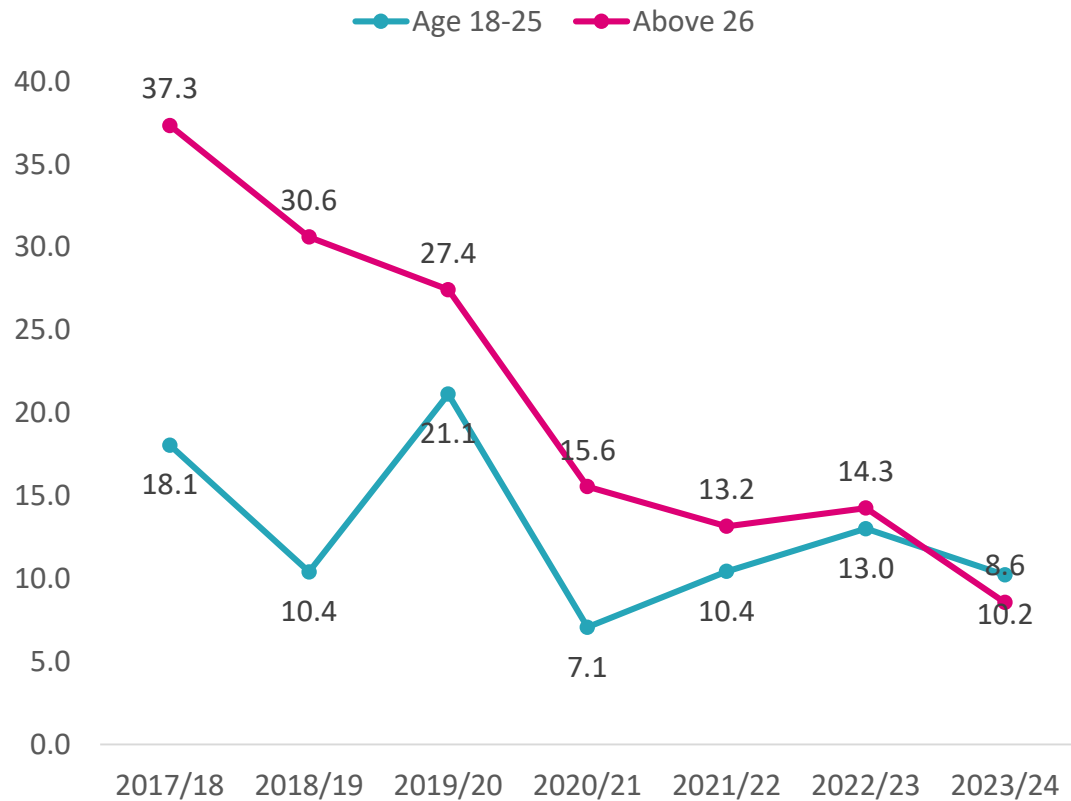
Readmissions in 365 days



Average wait times for referrals with first contact for Black females has decreased compared to pre-Gordon closure levels with also observed for young Black females

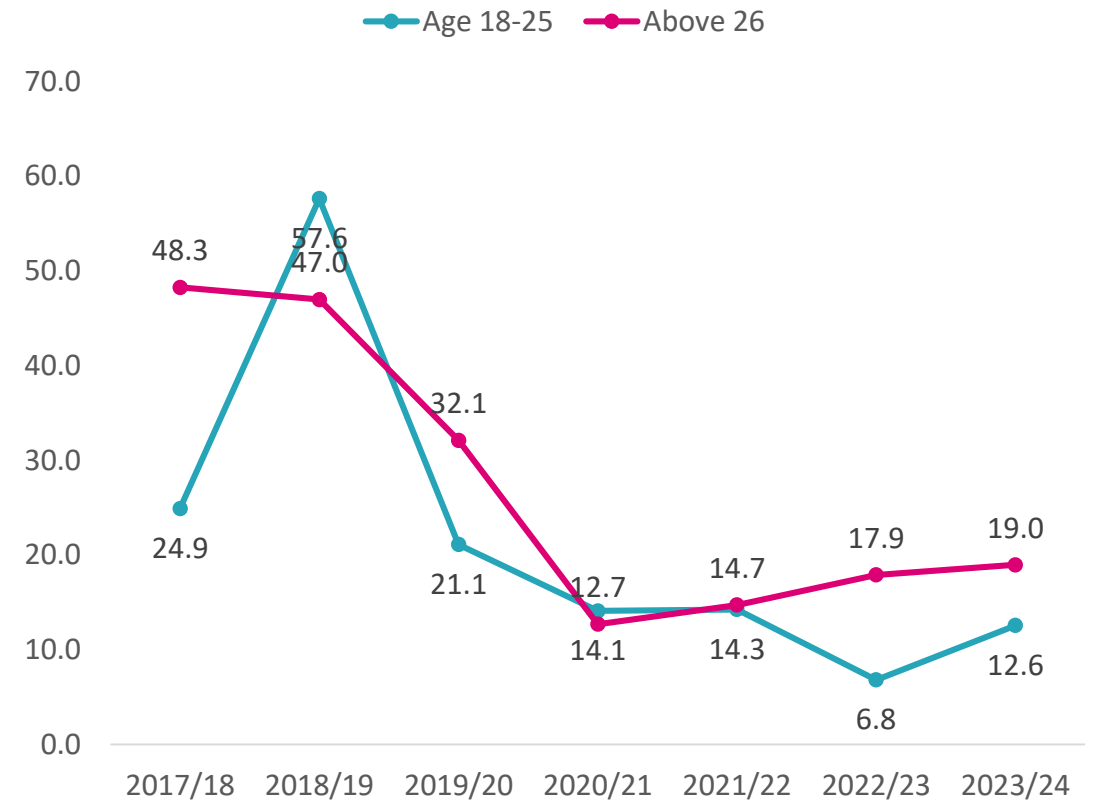
Average wait time for referrals to first contact for Black females in Kensington and Chelsea

Average wait time (days), 2017/18 – 2023/24



Average wait time for referrals to first contact for Black females in Westminster

Average wait time (days), 2017/18 – 2023/24

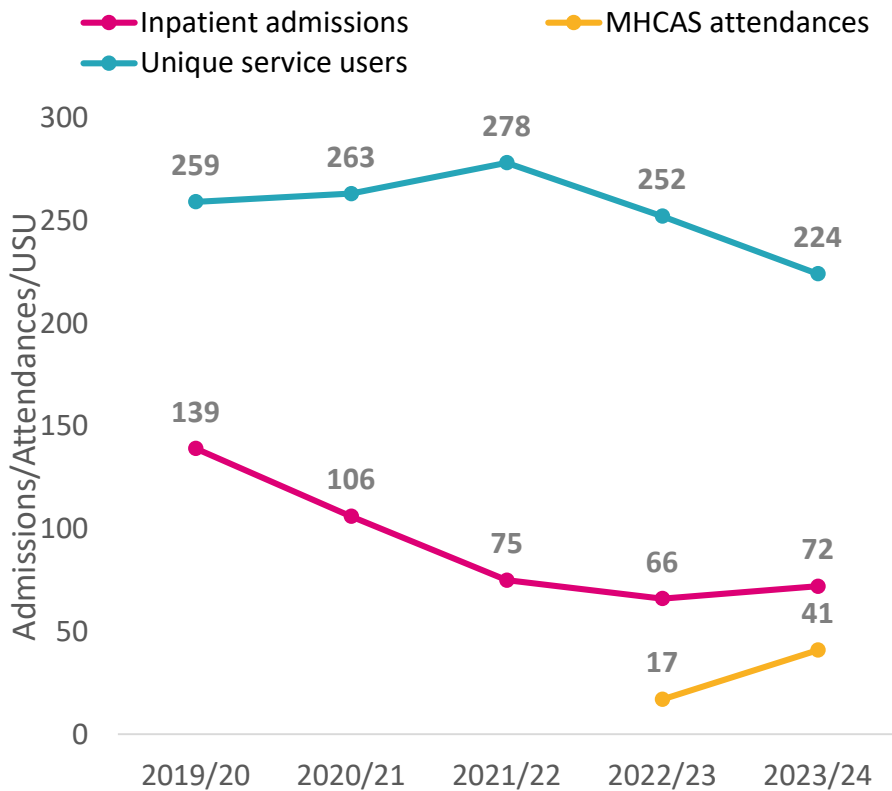


Mixed males

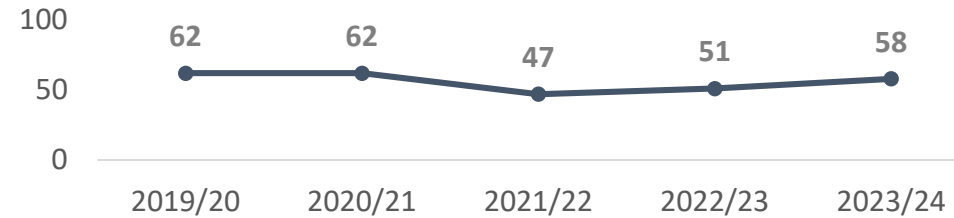
The Mixed male population in KCW have seen a reduction in admissions since the Gordon closure whilst the number of MHCAS attendances has increased for this group

Number of admission, attendances, and unique service users (USU) for the Mixed male population in KCW

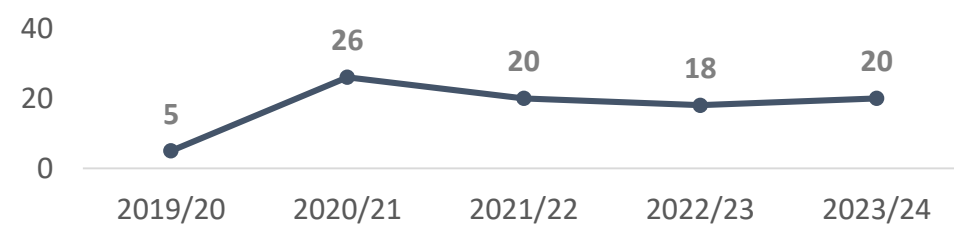
No. of admissions, attendances and USU, 19/20 and 23/24



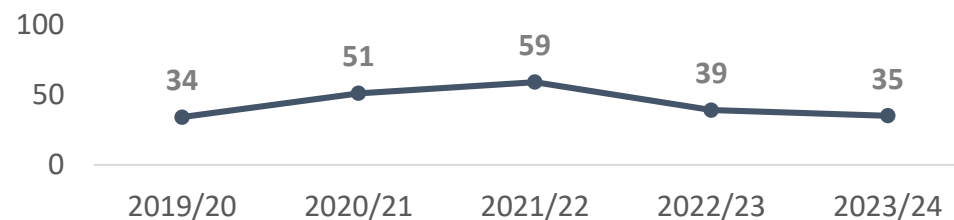
Number of admissions by section for Mixed males in KCW



Number of out of borough admissions for Mixed males in KCW



Number of ED attendances for Mixed males in KCW



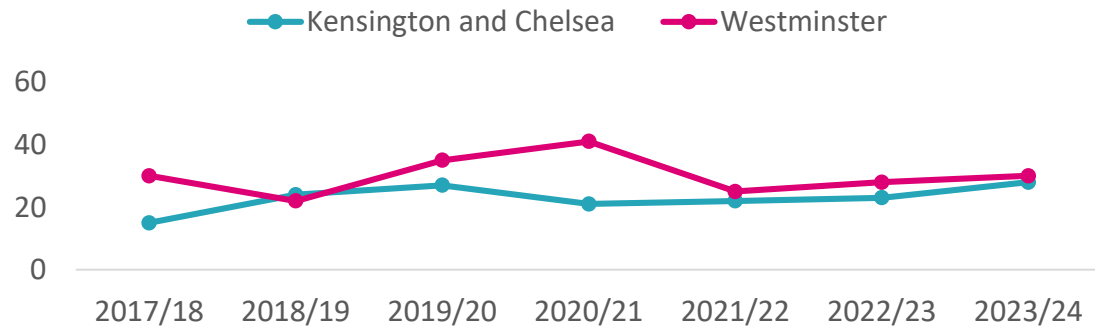
- The Mixed male population in KCW has seen a decrease in the number of admissions but an increase in MHCAS attendances.
- The number of ED attendances with mental health as the chief complaint and the number of admissions by section are both similar to pre-Gordon closure levels.
- The number of out of borough admissions has increased whilst the number of unique service users to CMHH has decreased

Closure of the Gordon has not disproportionately affected the number of admissions by section and readmissions for Mixed males

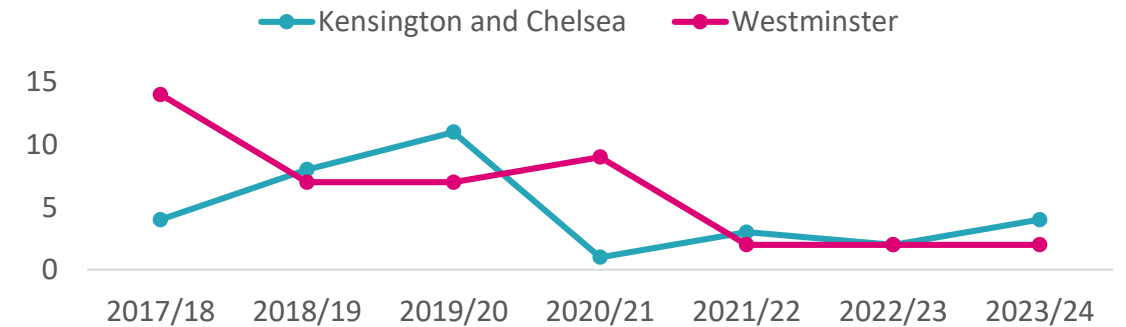
Intersectionality analysis of admissions and readmissions for Mixed males

No. of admissions or readmissions, 2017/18 – 2023/24

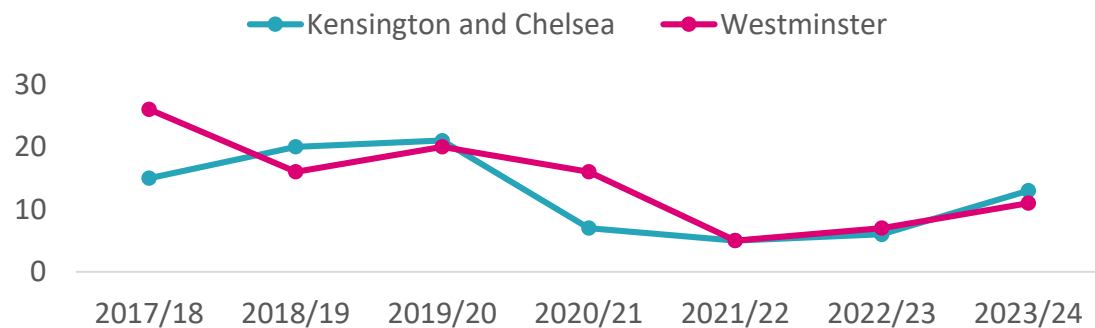
Admissions by section



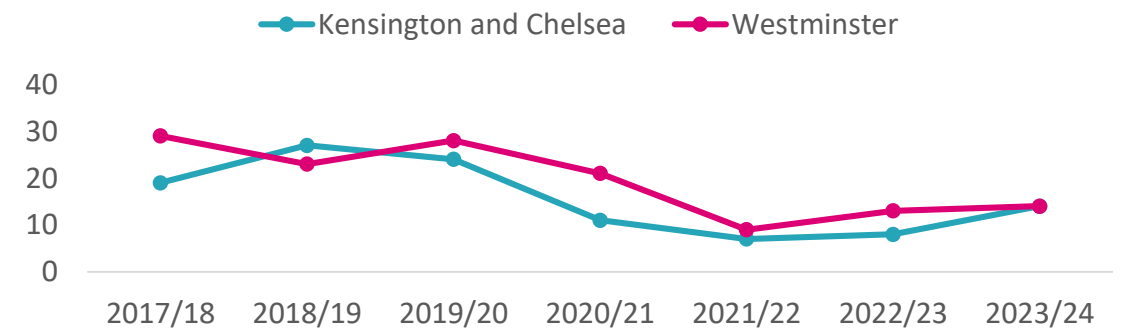
Readmissions in 30 days



Readmissions in 180 days



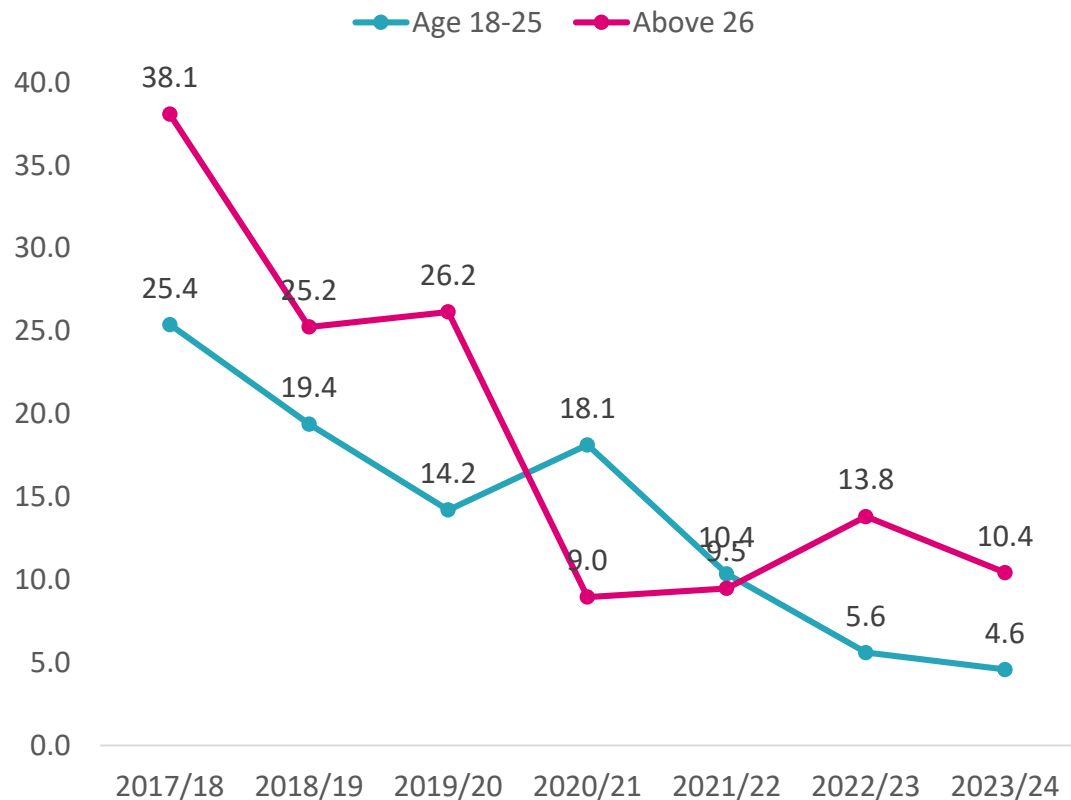
Readmissions in 365 days



Average wait times for referrals with first contact for Mixed males has decreased compared to pre-Gordon closure levels; the same is also observed for young Mixed males

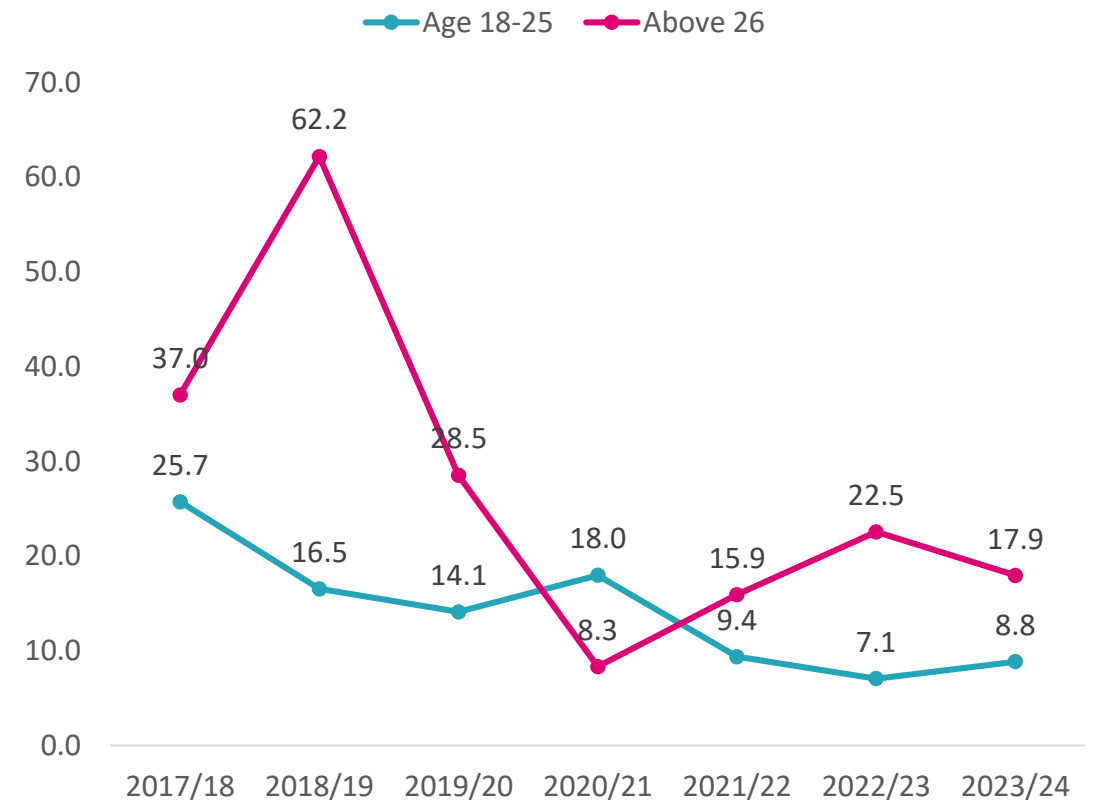
Average wait time for referrals to first contact for Mixed males in Kensington and Chelsea

Average wait time (days), 2017/18 – 2023/24



Average wait time for referrals to first contact for Mixed males in Westminster

Average wait time (days), 2017/18 – 2023/24

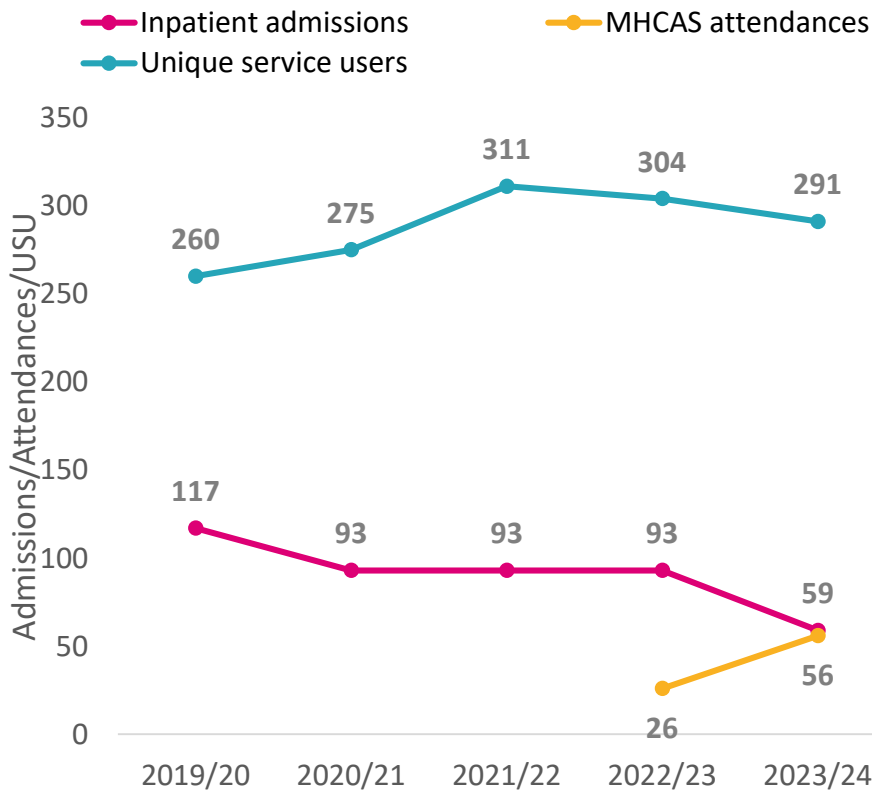


Mixed females

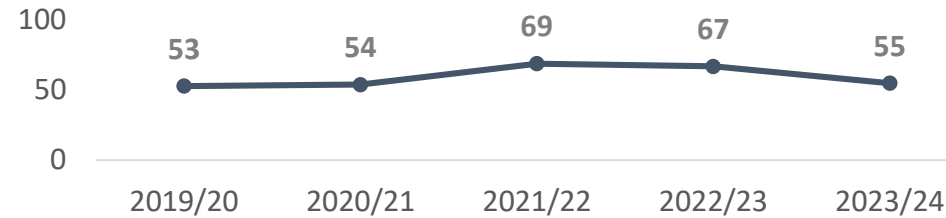
The Mixed female population in KCW have seen admissions halve compared to baseline years; the number of unique CMHH service users and MHCAS attendances has increased

Number of admission, attendances, and unique service users (USU) for the Mixed female population in KCW

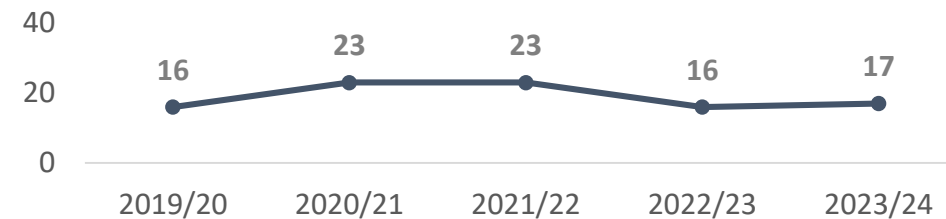
No. of admissions, attendances and USU, 19/20 and 23/24



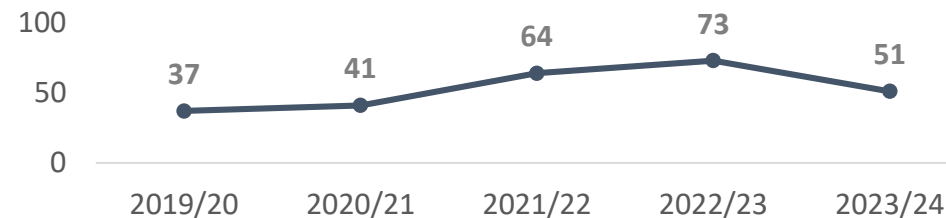
Number of admissions by section for Mixed females in KCW



Number of out of borough admissions for Mixed females in KCW



Number of ED attendances for Mixed females in KCW



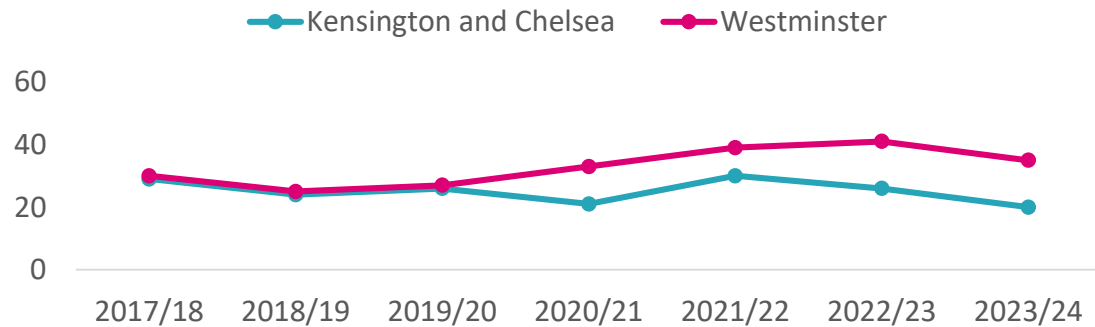
- The Mixed female population in KCW has seen a decrease in the number of admissions whilst MHCAS attendances and unique CMHH service users has increased.
- The number of ED attendances with mental health as the chief complaint has increased compared to baseline years (+30% increase nationally) whilst the number of out of borough admissions and admissions by section have remained similar to baseline years.

Closure of the Gordon has not disproportionately affected the number of admissions by section and readmissions for Mixed females

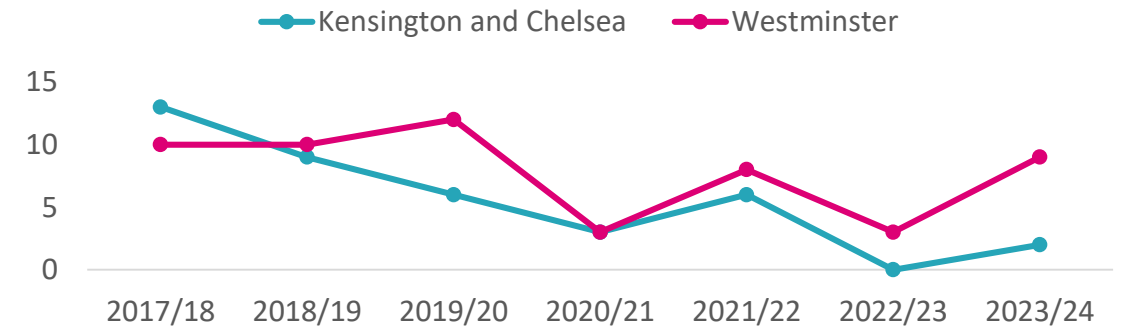
Intersectionality analysis of admissions and readmissions for Mixed females

No. of admissions or readmissions, 2017/18 – 2023/24

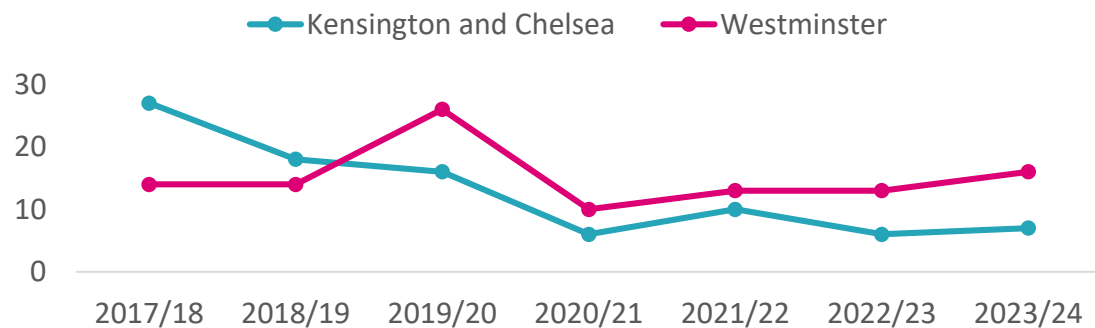
Admissions by section



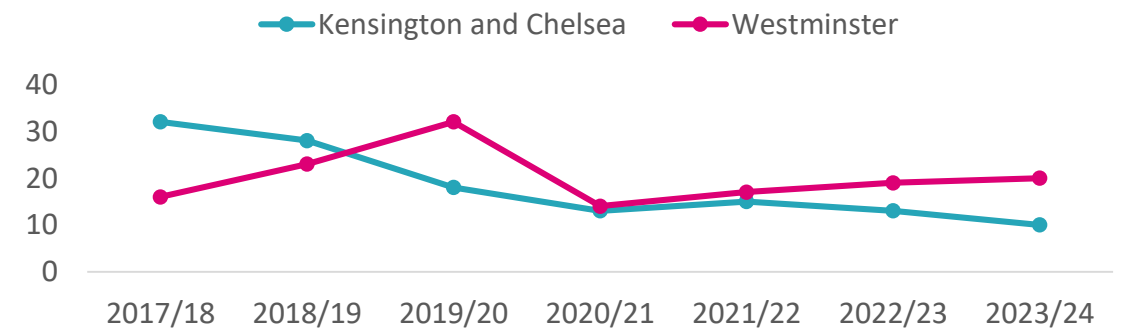
Readmissions in 30 days



Readmissions in 180 days



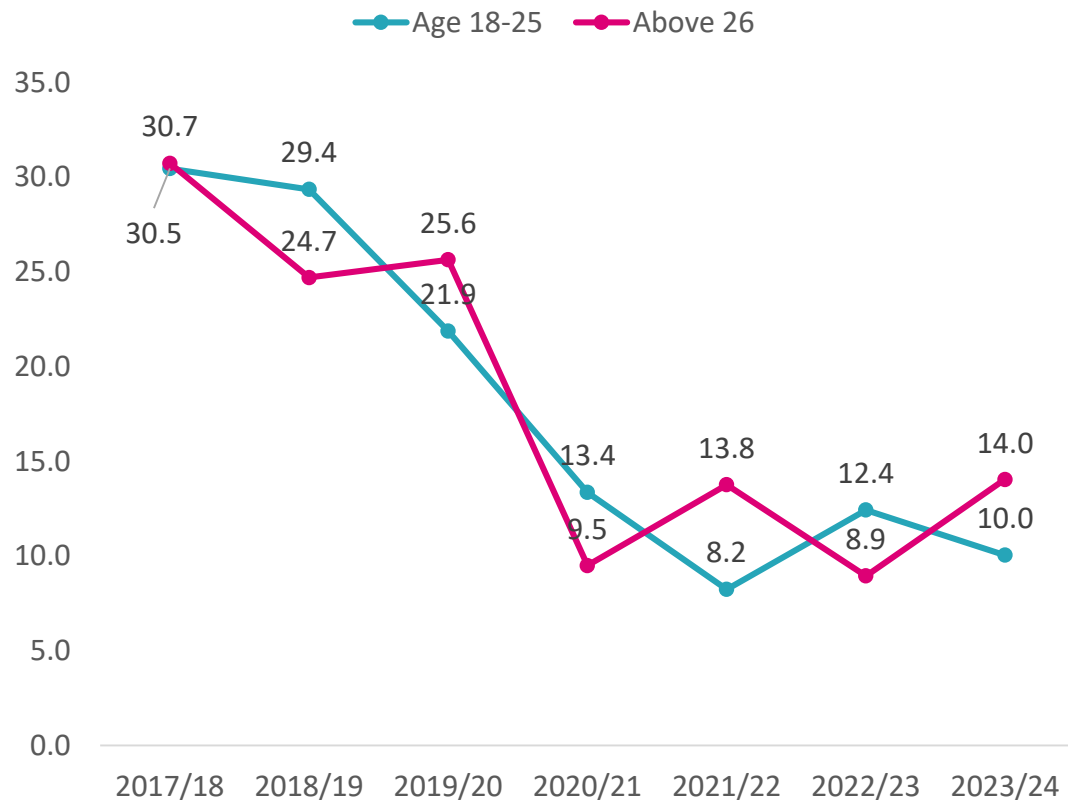
Readmissions in 365 days



Average wait times for referrals with first contact for Mixed females has decreased compared to pre-Gordon closure levels with the same observed for young Mixed females

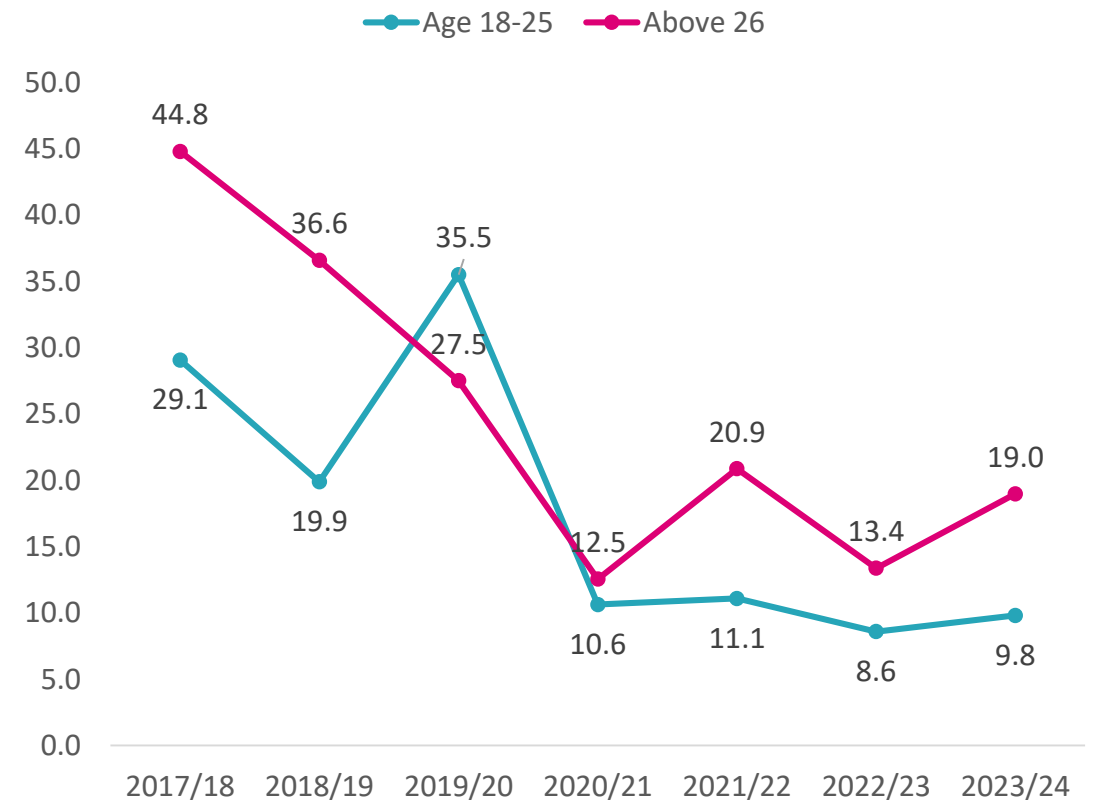
Average wait time for referrals to first contact for Mixed females in Kensington and Chelsea

Average wait time (days), 2017/18 – 2023/24



Average wait time for referrals to first contact for Mixed females in Westminster

Average wait time (days), 2017/18 – 2023/24





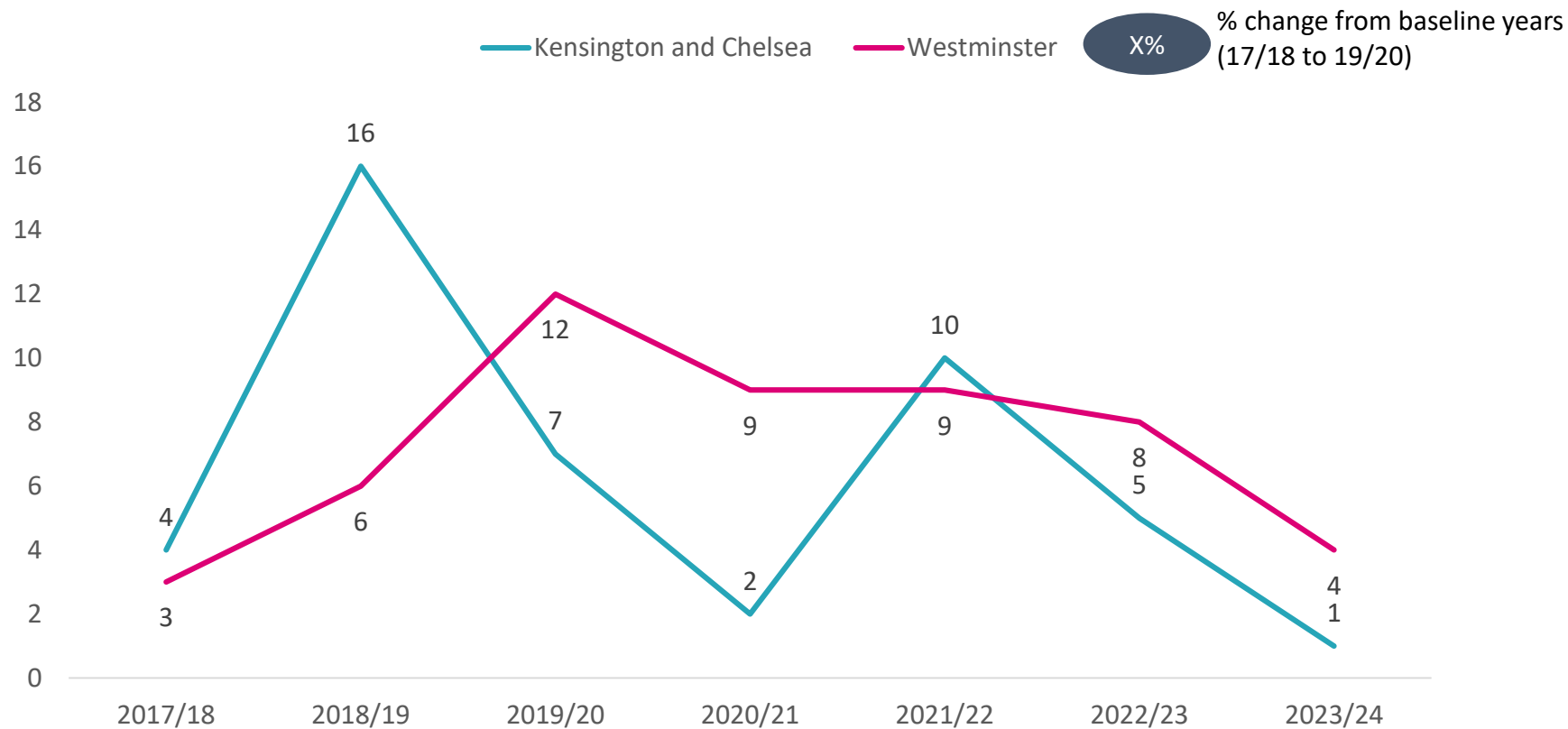
Impact on other populations

Impact on people with learning disabilities and autism

Total mental health admissions for people with learning disabilities and autism across the catchment has decrease compared to the pre-Gordon closure average

Mental Health inpatient admissions in Kensington & Chelsea and Westminster for people with LDA

Admissions in the catchment population, 2017/18-2023/24

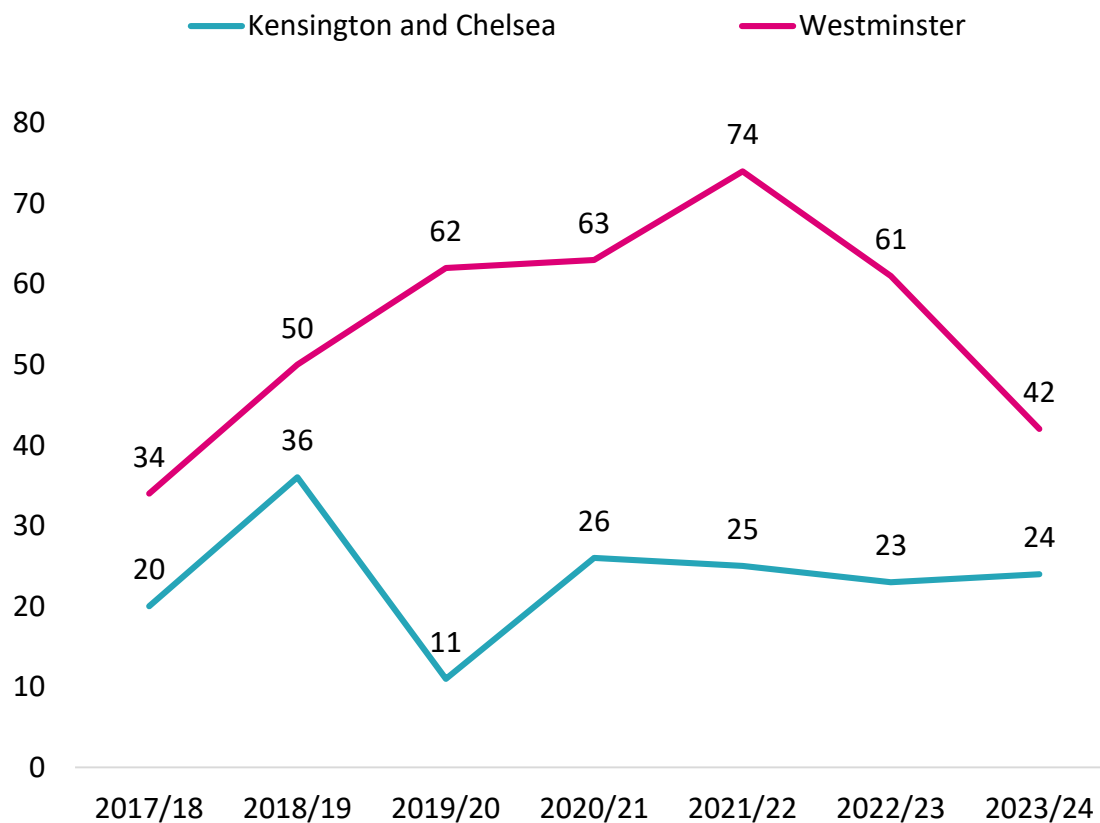


Impact on people with different conditions - admissions

The number of admissions and average length of stay for people with psychosis has decreased in Westminster since the closure of the Gordon

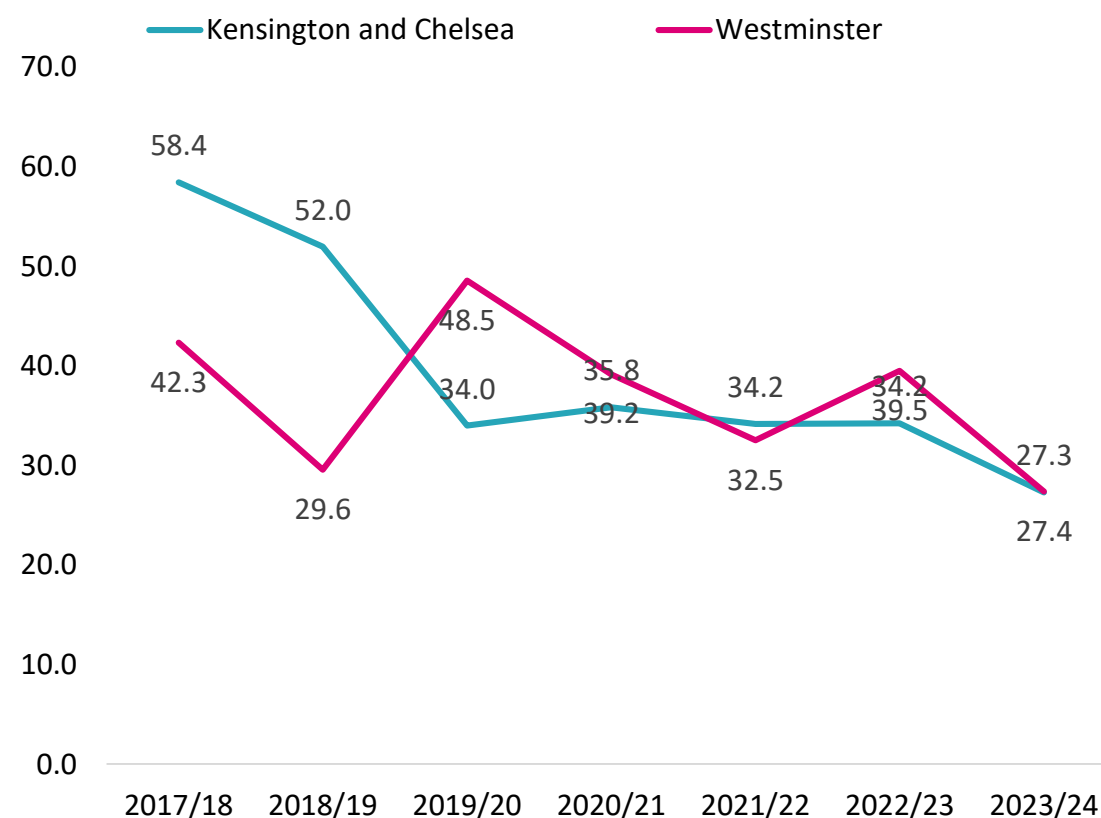
Mental health admissions in K&C and Westminster

Admissions, 2017/18-2023/24



Average length of stay for MH admissions in K&C and Westminster

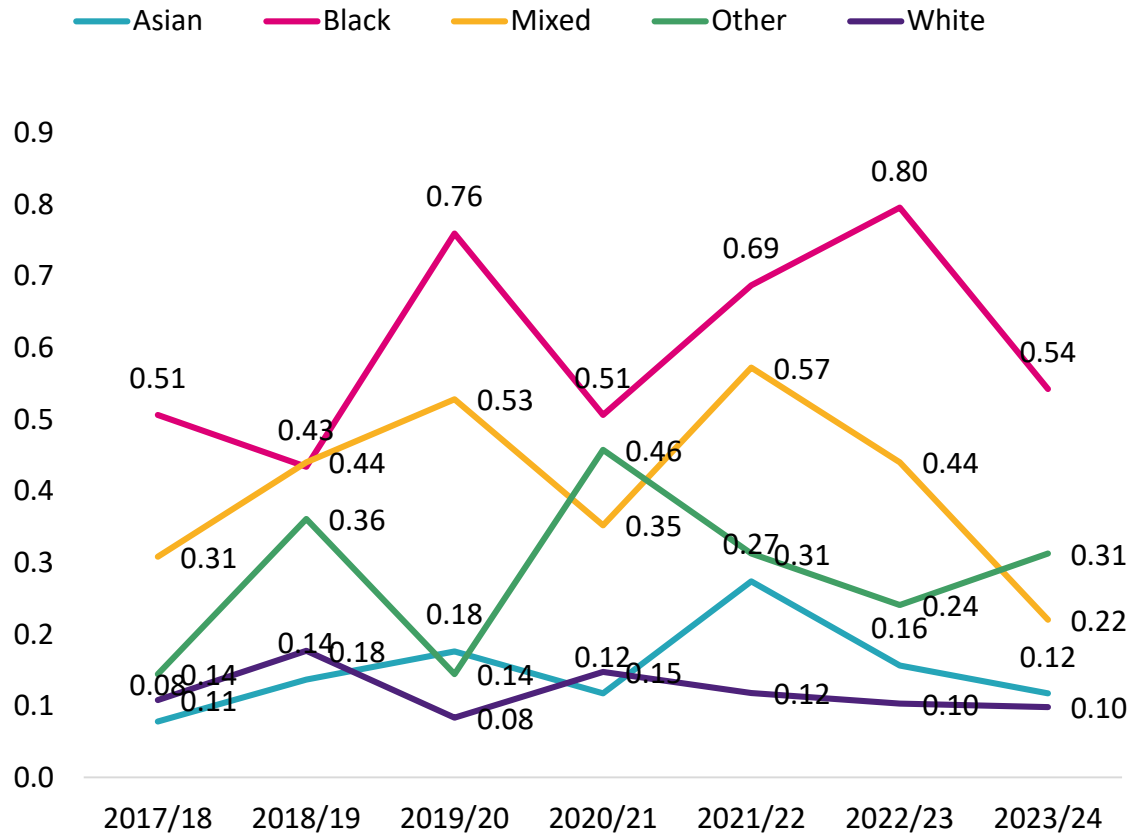
Days, 2017/18-2023/24



The rate of admissions for people with psychosis is the highest for the Black population however average length of stay for this group has decreased compared to baseline years

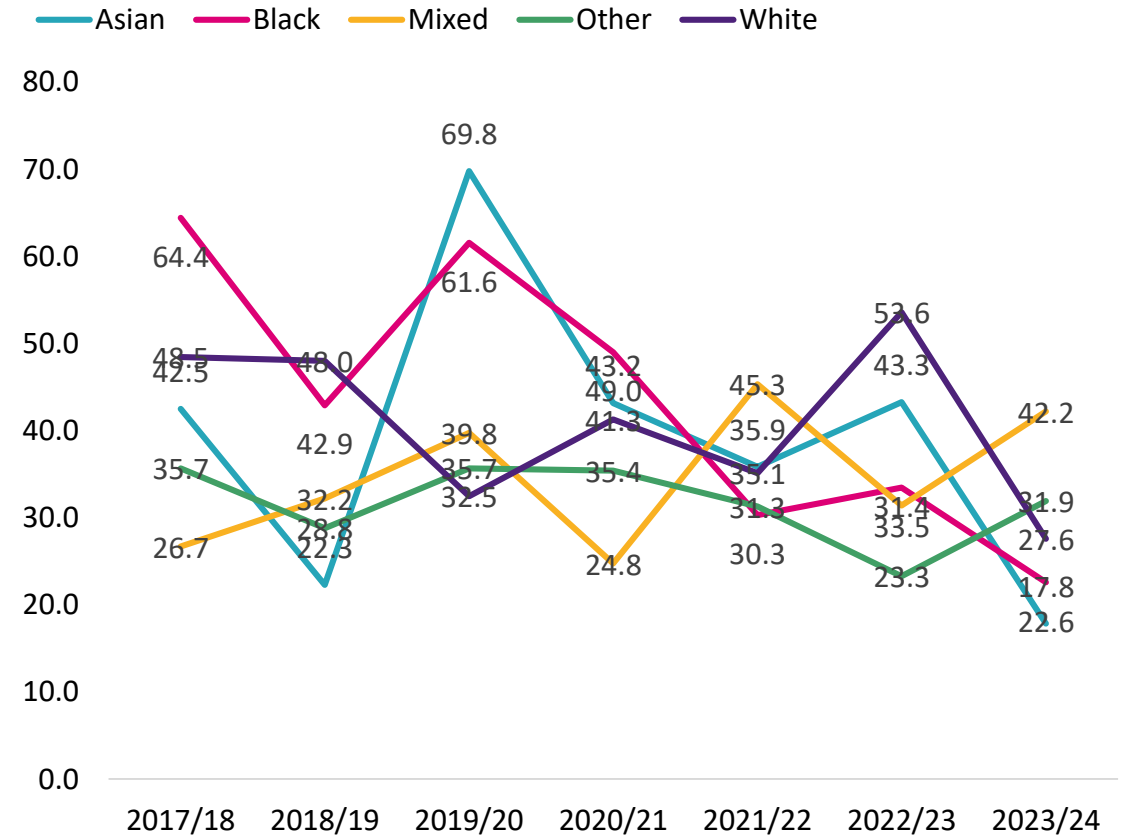
Mental health admissions by ethnicity per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by ethnicity

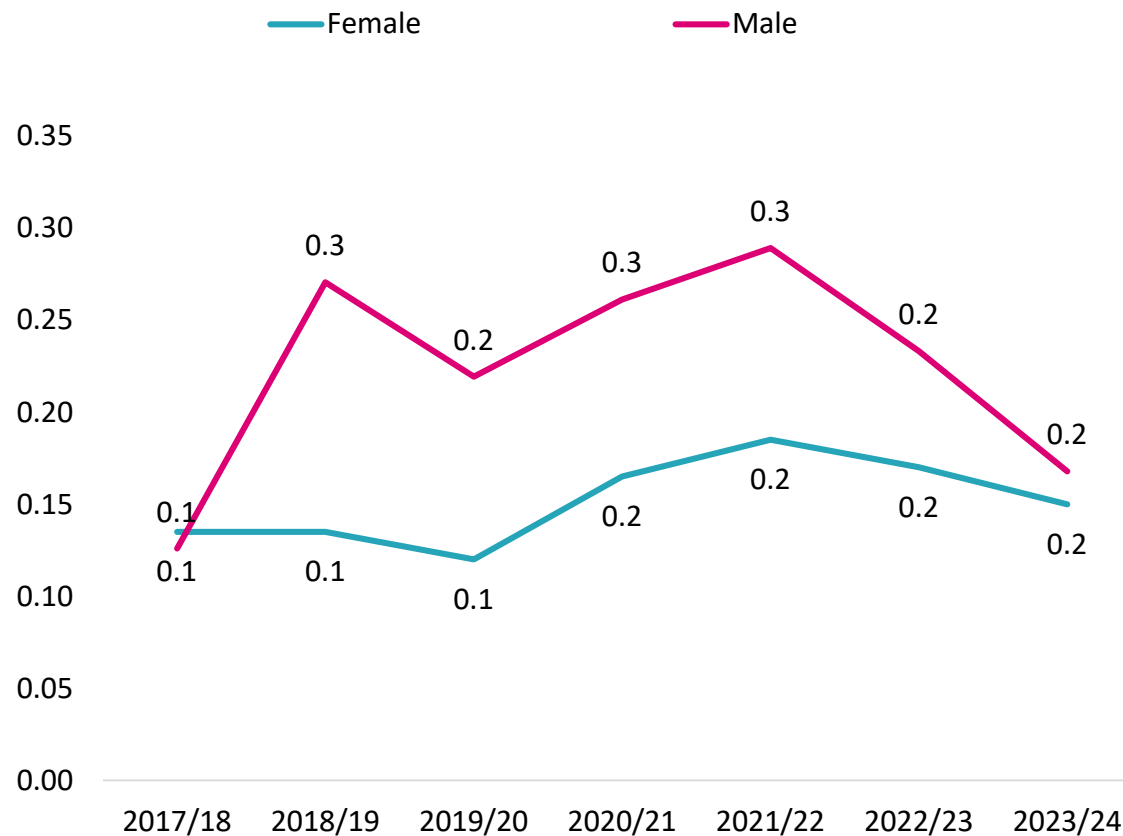
Days, 2017/18-2023/24



There has been a reduction in the average length of stay in males and females with psychosis since the closure of the Gordon Hospital

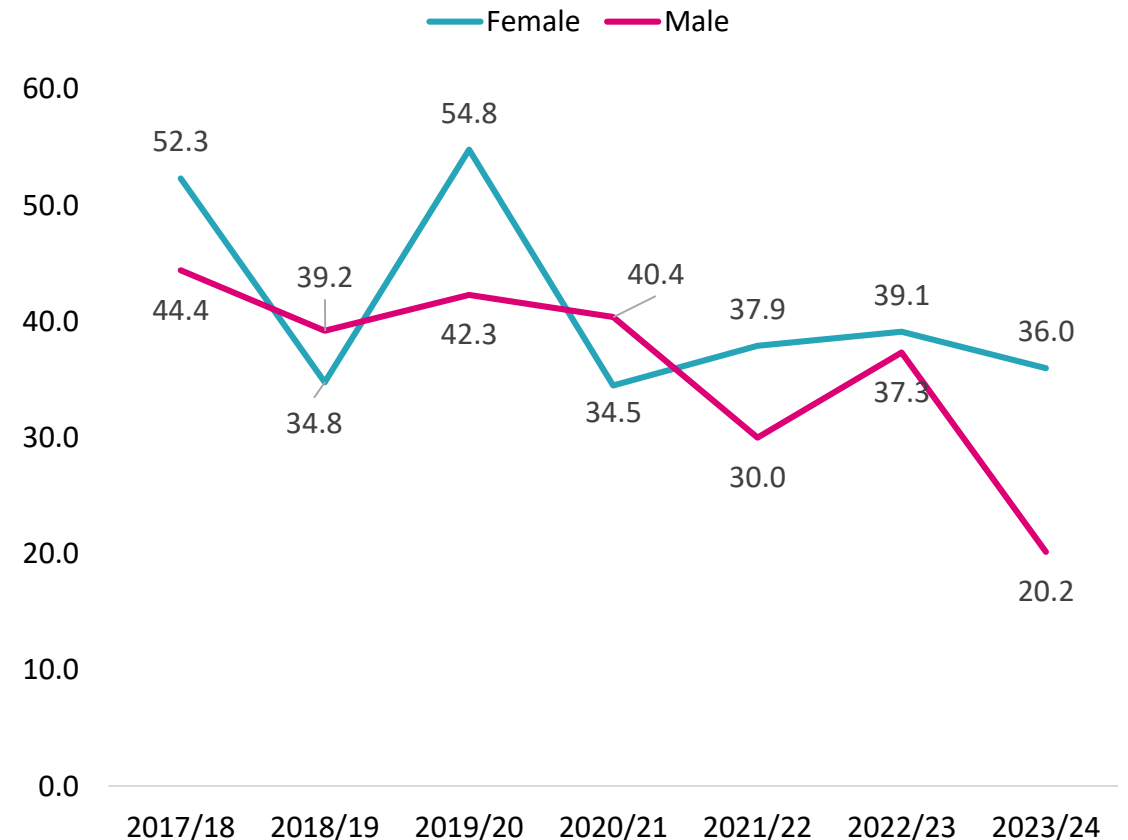
Mental health admissions by gender per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by gender

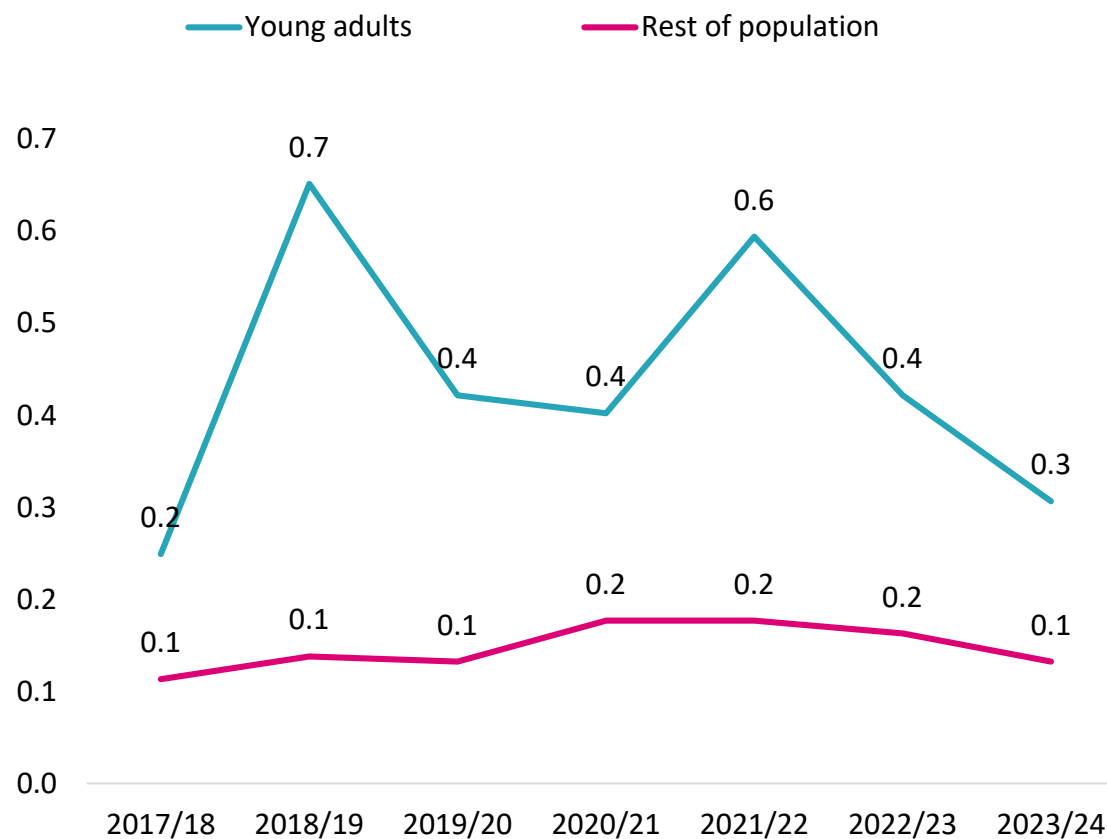
Days, 2017/18-2023/24



The average length of stay for young adults with psychosis is currently lower than pre-Gordon closure levels

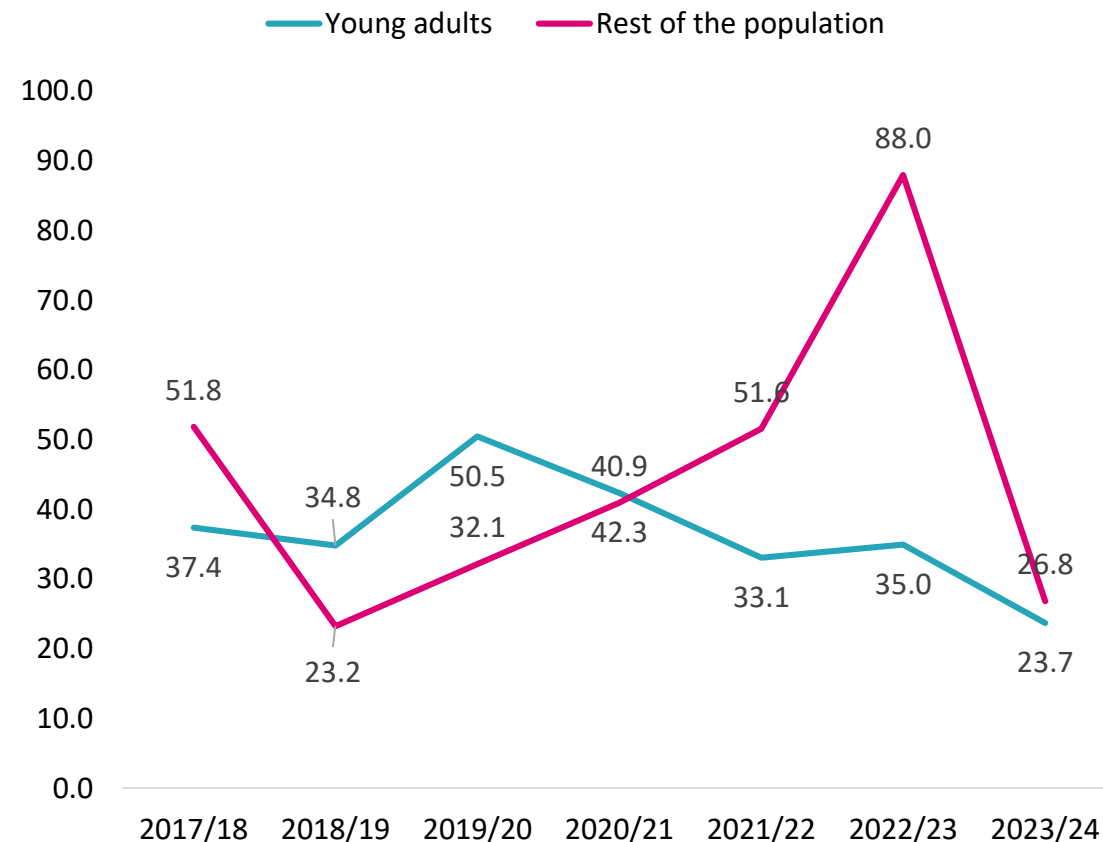
Mental health admissions by young adults per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by young adults

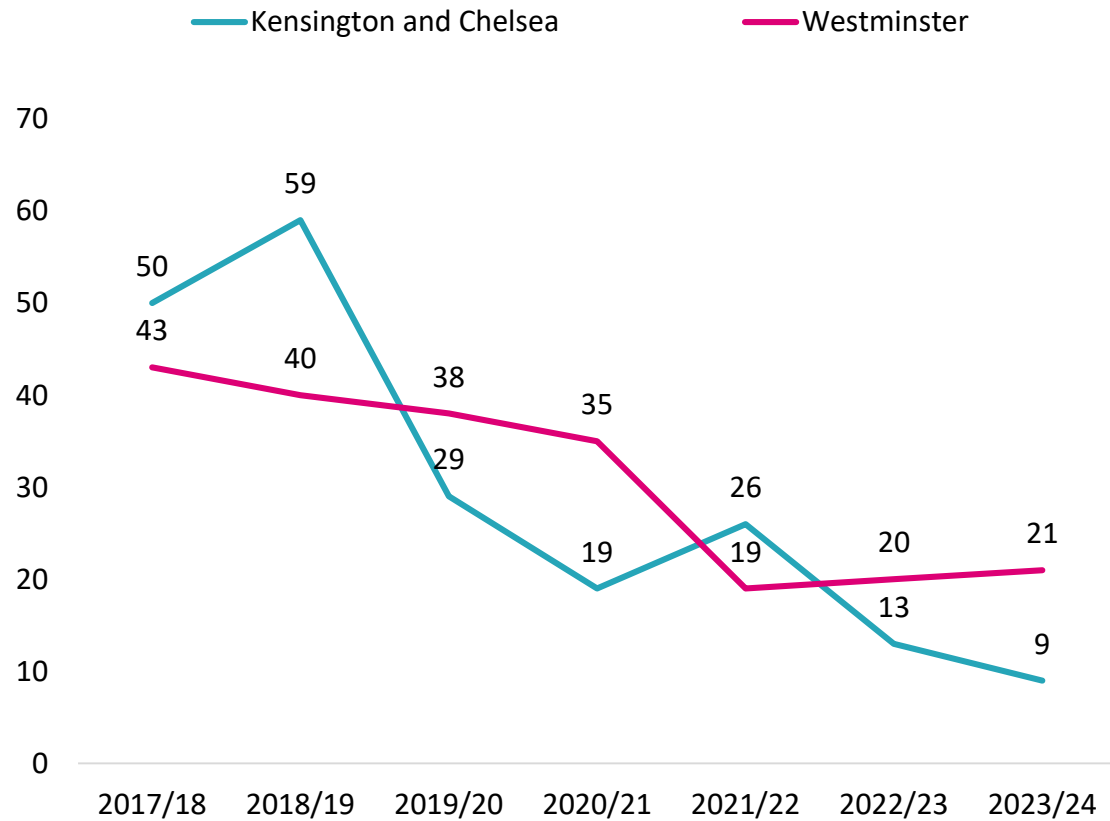
Days, 2017/18-2023/24



The number of mental health admissions for people with anxiety and depression is lower in Kensington and Chelsea and Westminster compared to pre-Gordon closure levels

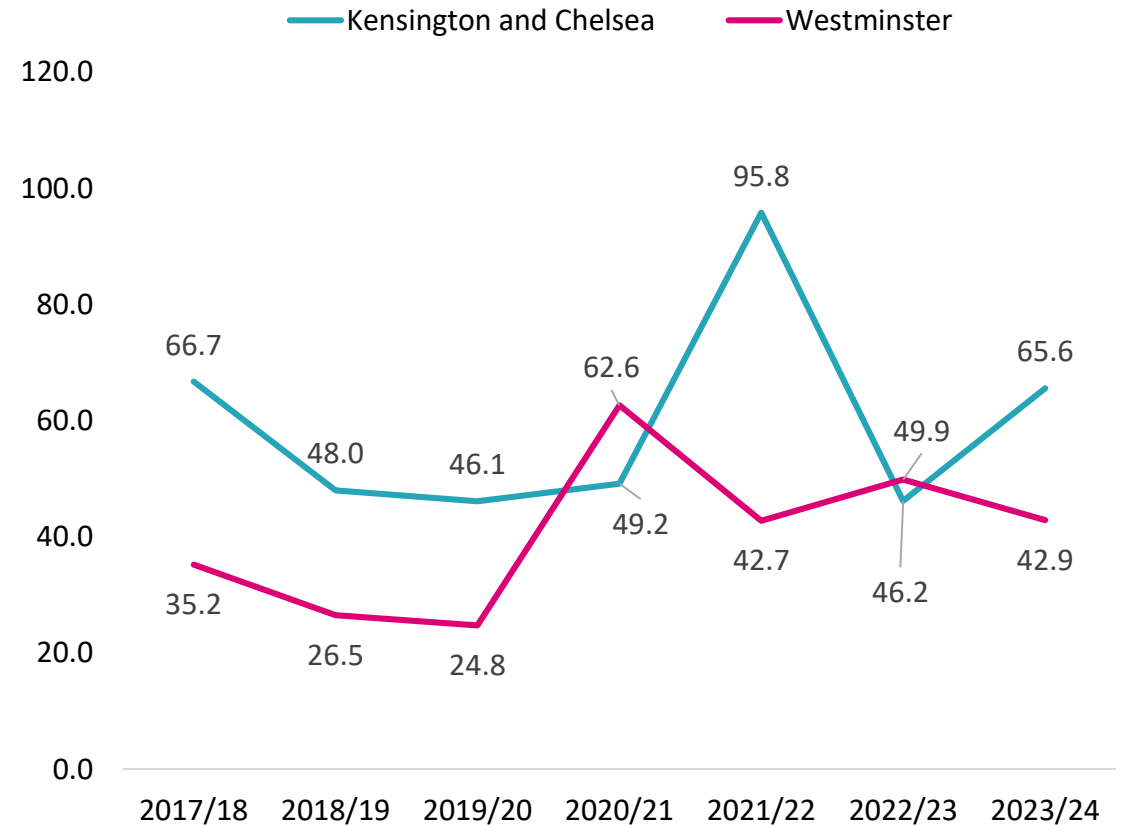
Mental health admissions in K&C and Westminster

Admissions, 2017/18-2023/24



Average length of stay for MH admissions in K&C and Westminster

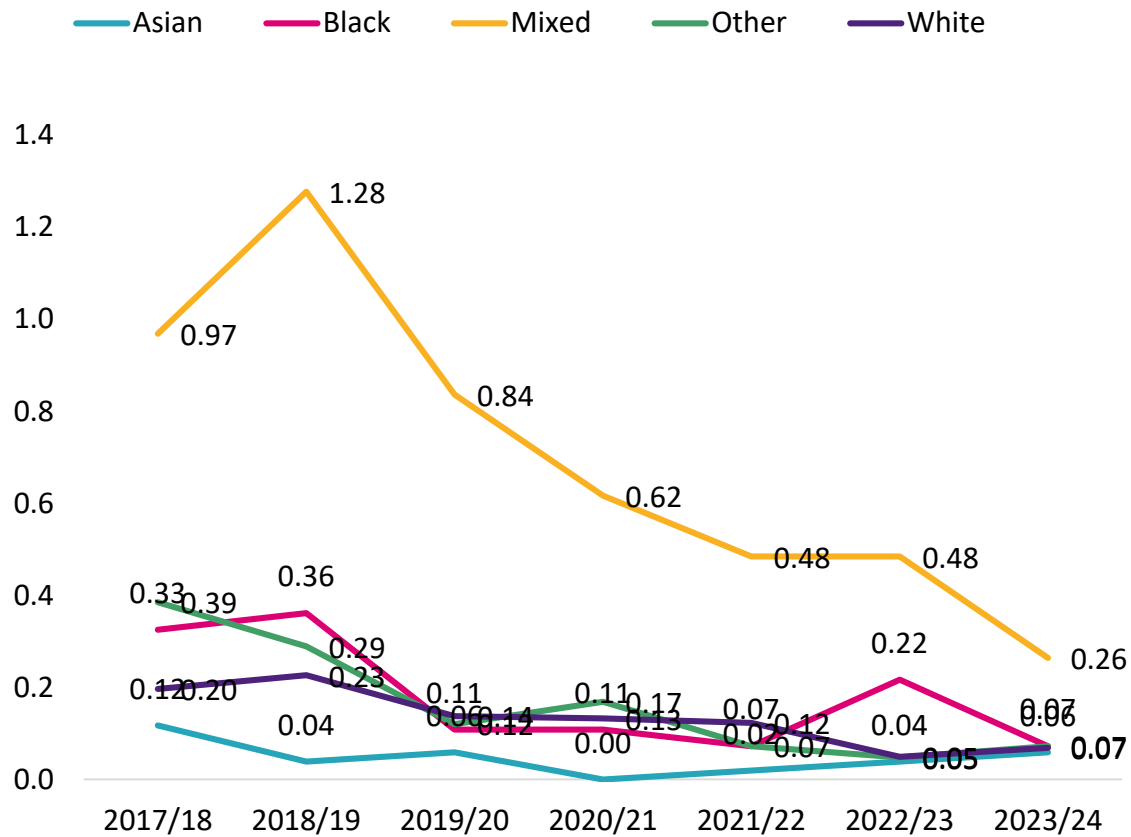
Days, 2017/18-2023/24



The rate of admissions for people with anxiety and depression is the highest for the Mixed population but has dropped sharply compared to pre-Gordon closure levels

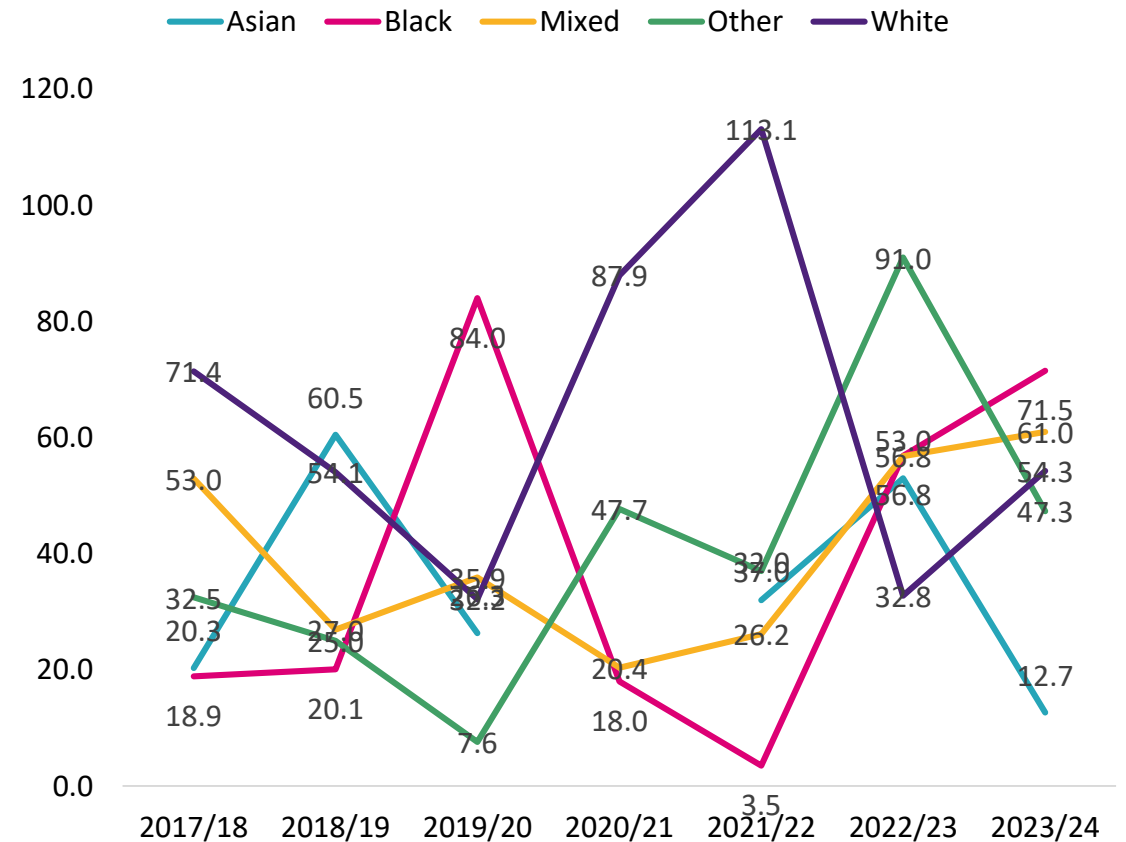
Mental health admissions by ethnicity per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by ethnicity

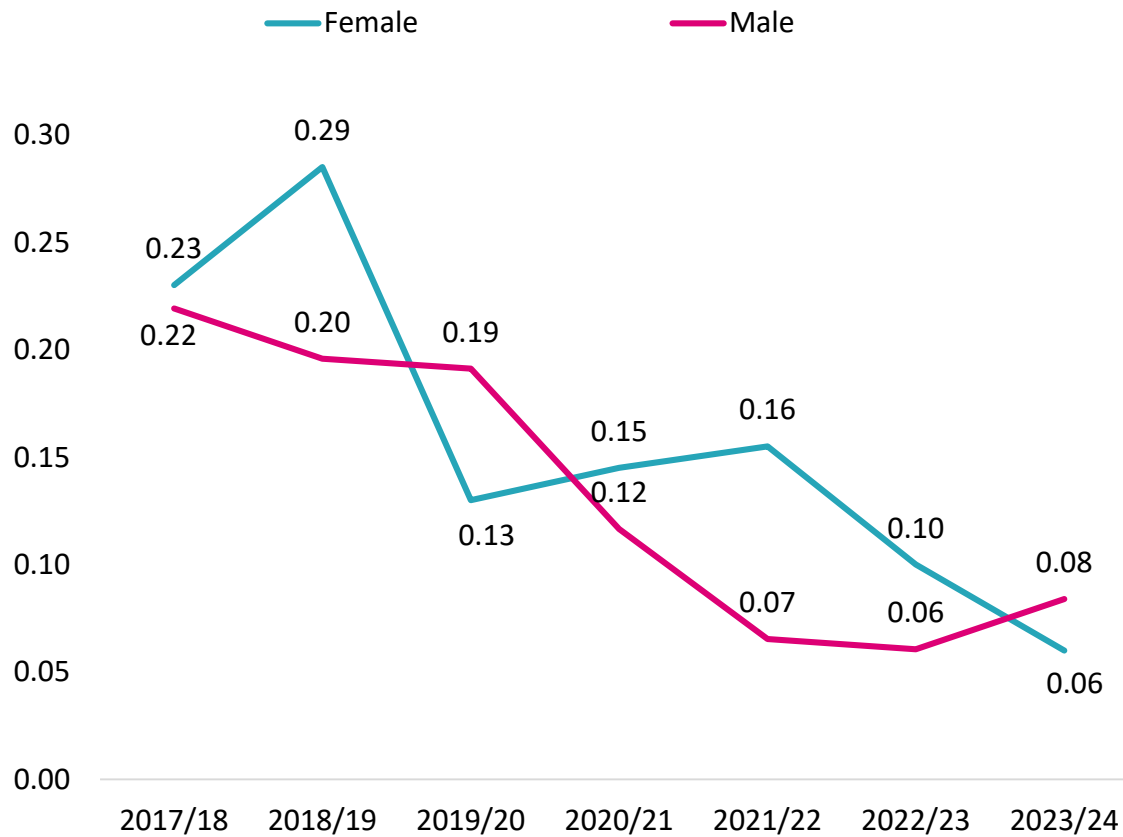
Days, 2017/18-2023/24



The rate of admissions for males and females with anxiety and depression has decreased since the closure of the Gordon Hospital

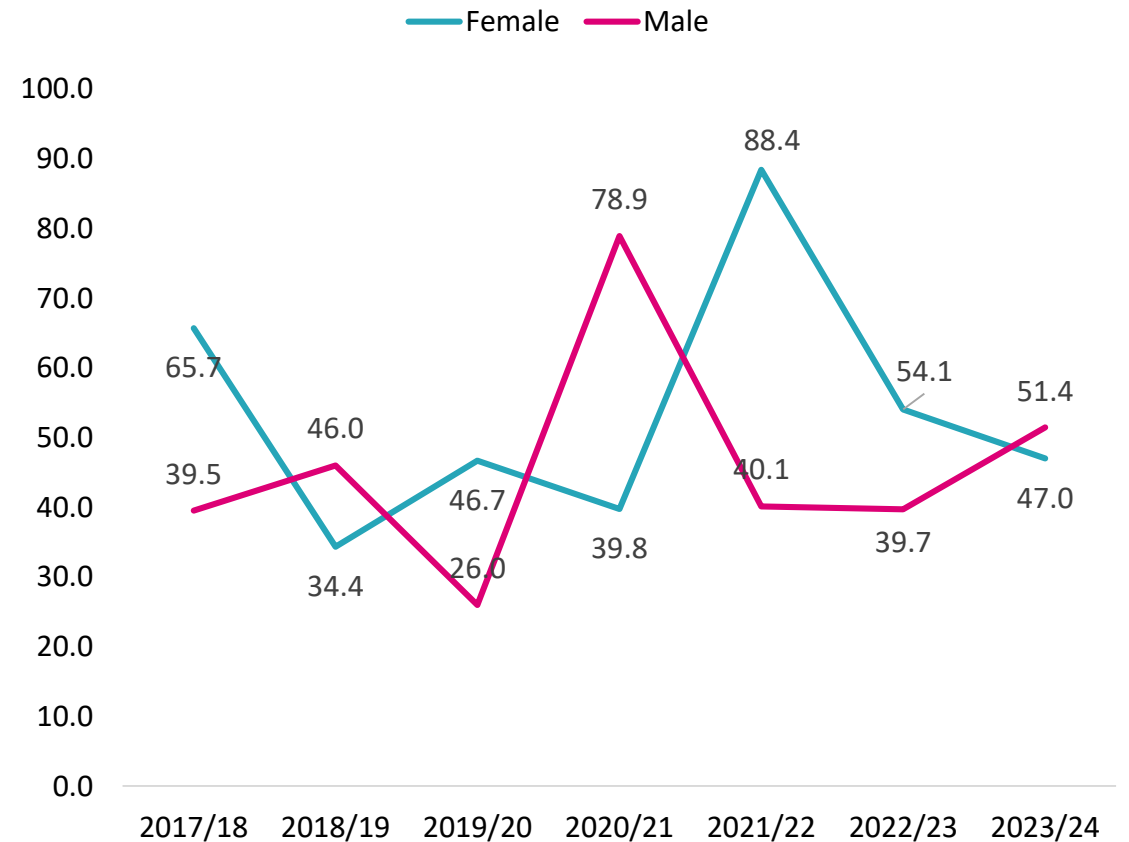
Mental health admissions by gender per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by gender

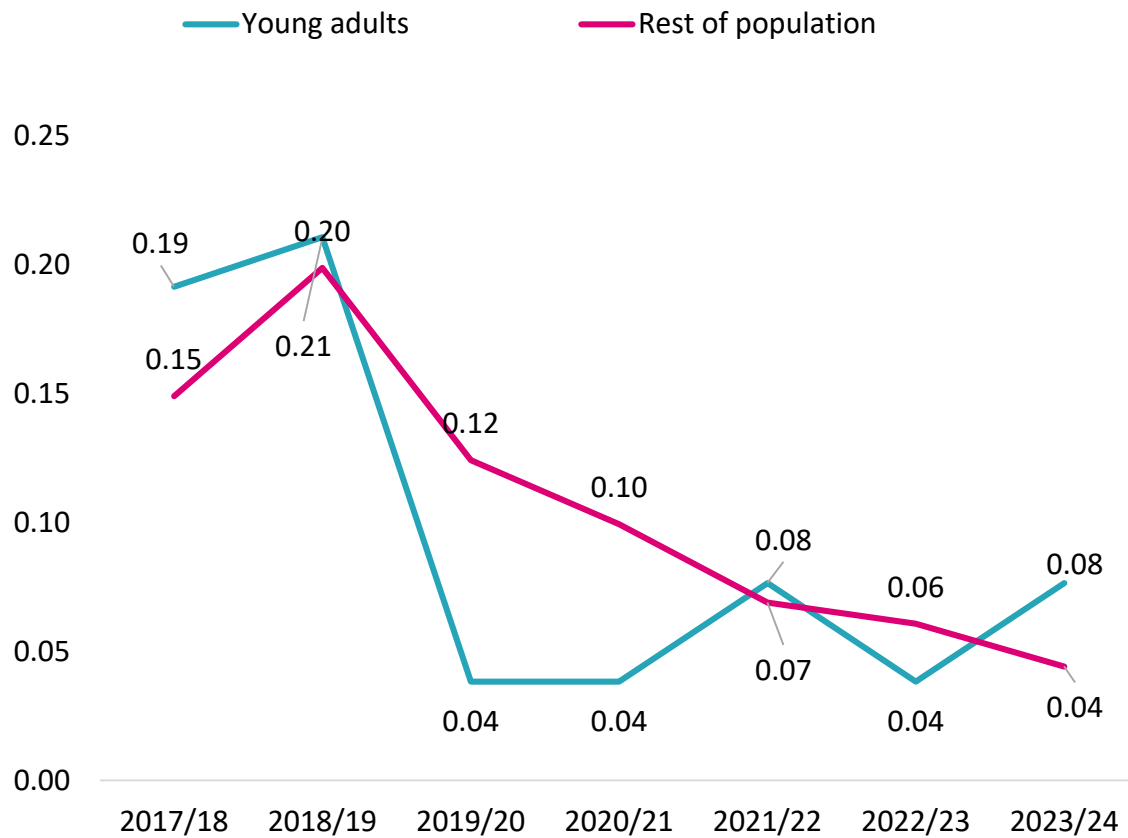
Days, 2017/18-2023/24



The rate of admissions for young adults with anxiety and depression has decreased since the closure of the Gordon Hospital

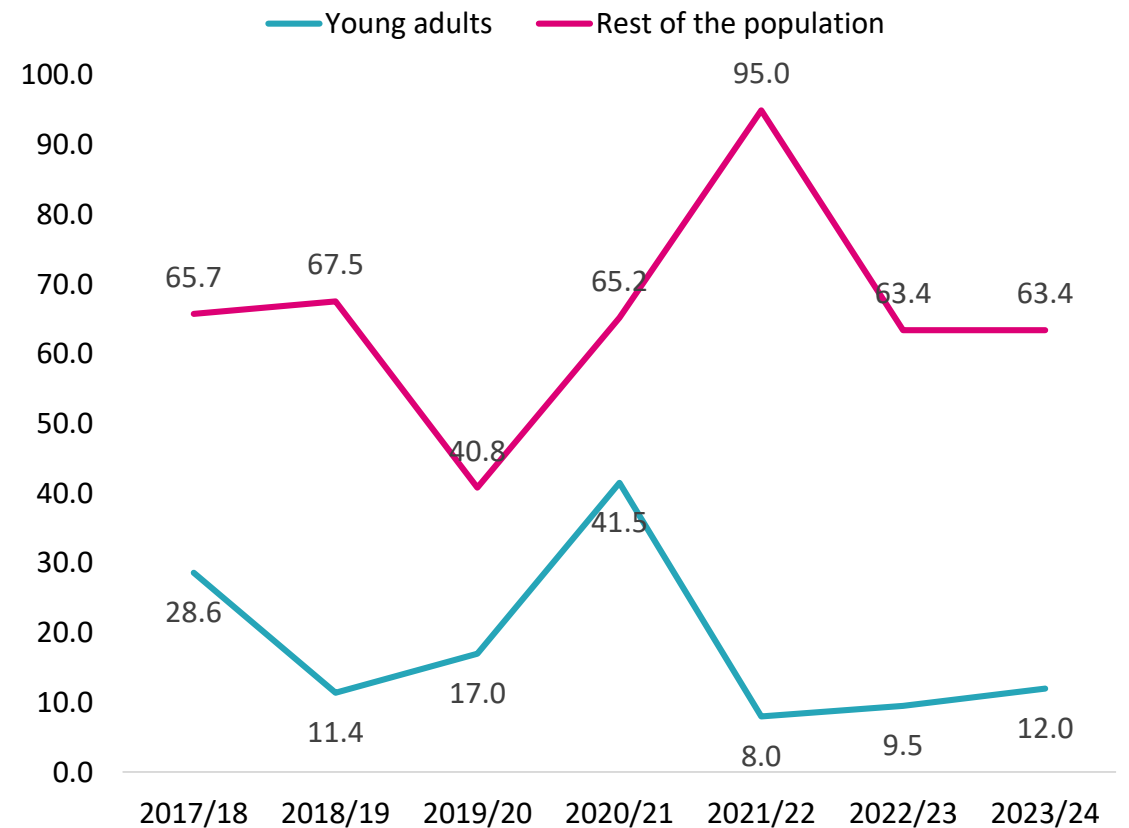
Mental health admissions by young adults per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by young adults

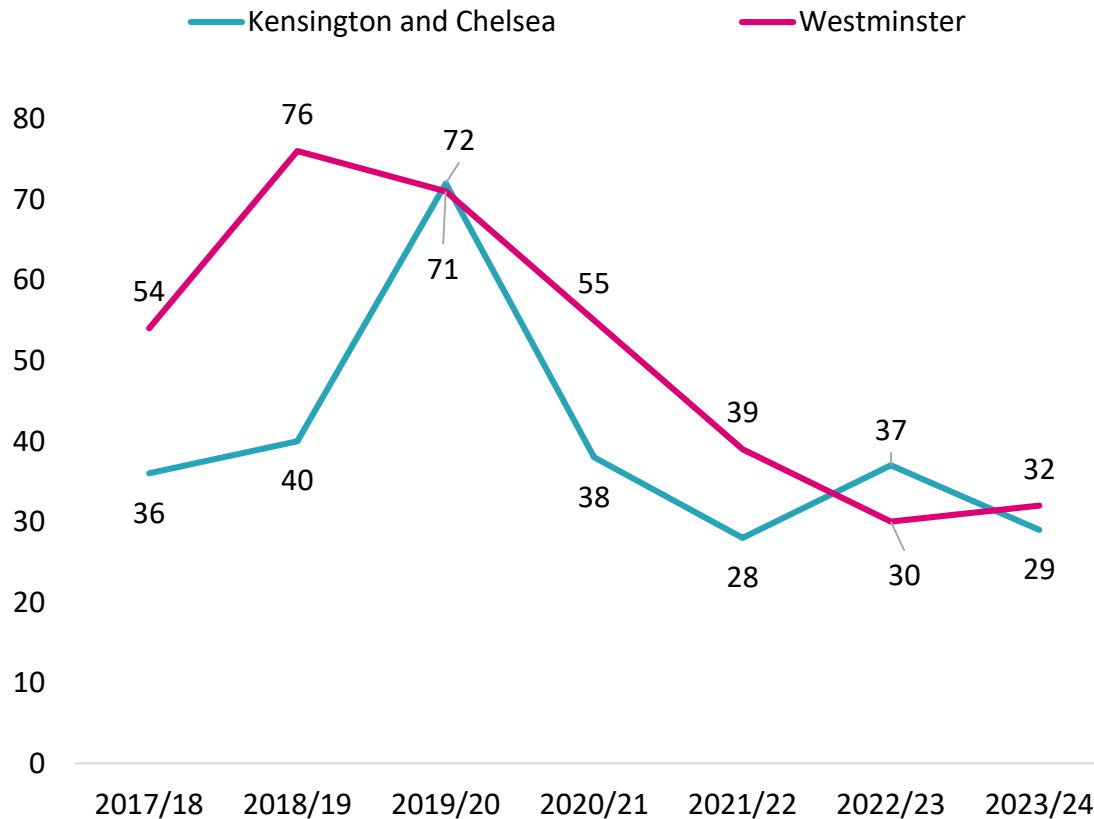
Days, 2017/18-2023/24



The number of admissions for people with personality disorders in Kensington and Chelsea and Westminster has decreased compared to pre-Gordon level

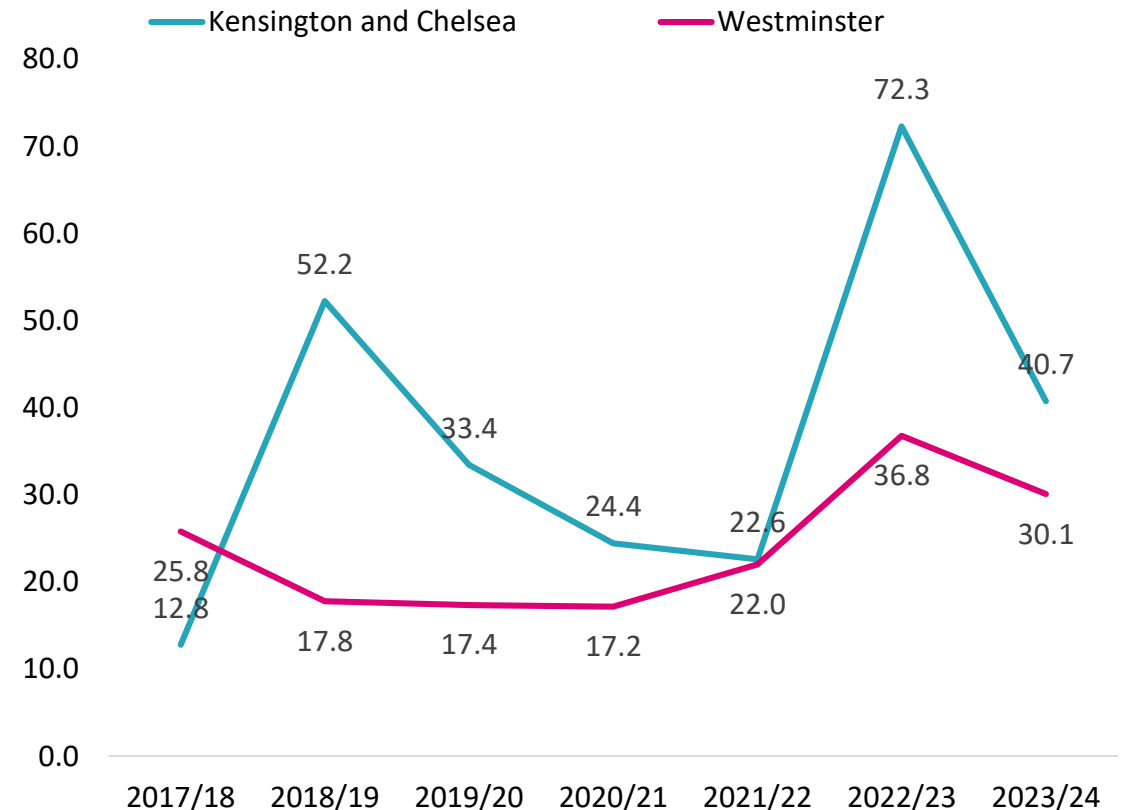
Mental health admissions in K&C and Westminster

Admissions, 2017/18-2023/24



Average length of stay for MH admissions in K&C and Westminster

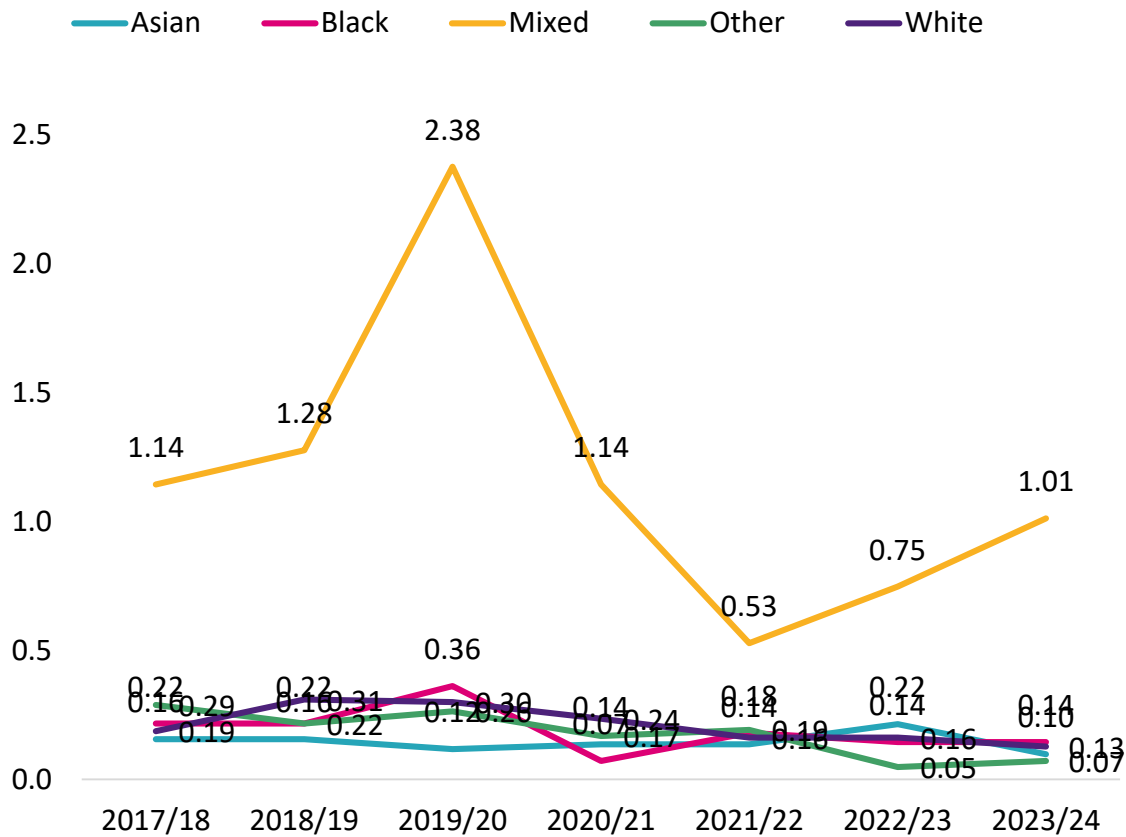
Days, 2017/18-2023/24



The rate of mental health admissions for people with personality disorders is the highest for the Mixed population

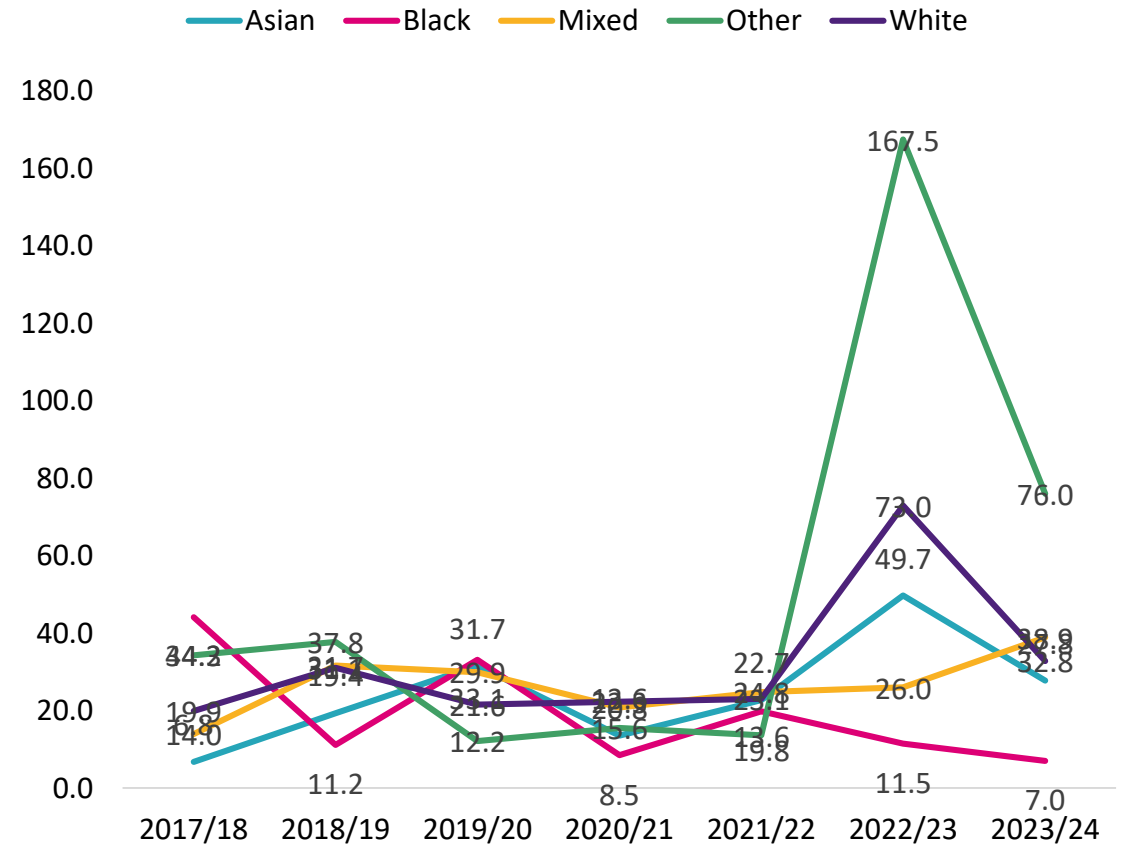
Mental health admissions by ethnicity per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by ethnicity

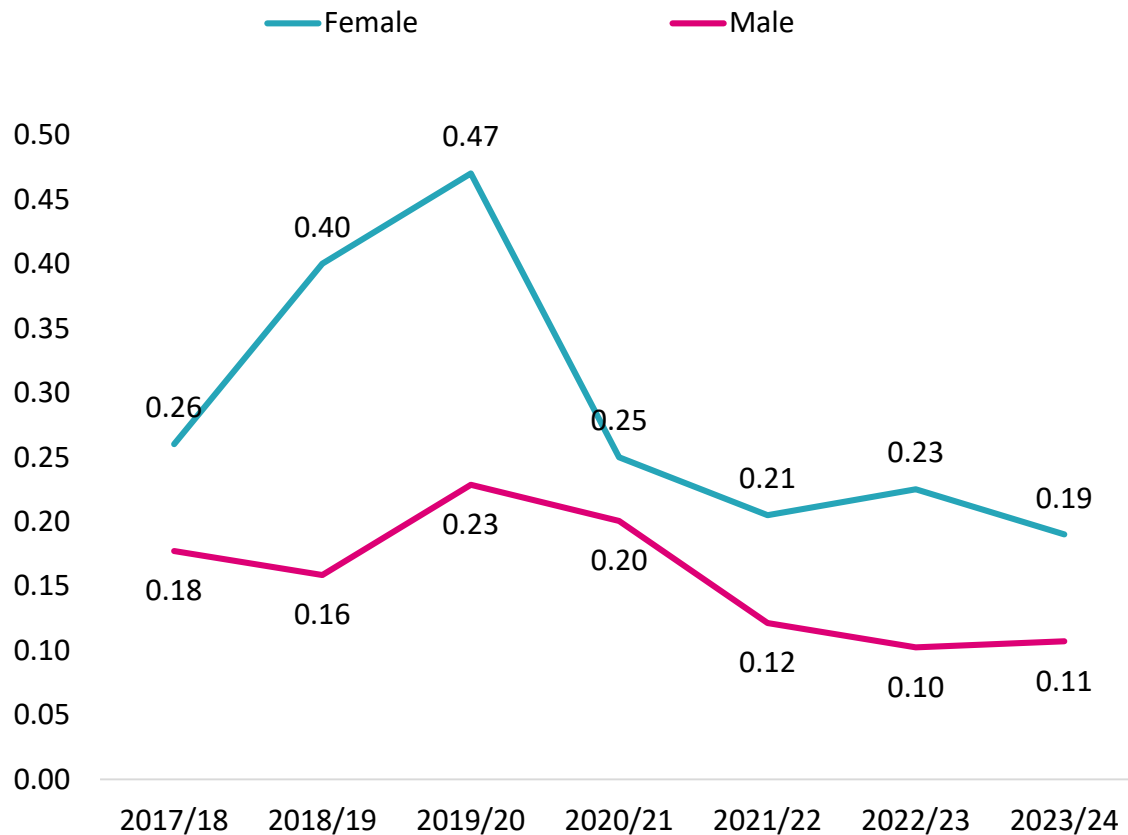
Days, 2017/18-2023/24



The rate of personality disorders is the highest for females however average length of stay for this group has increased since the closure of the Gordon

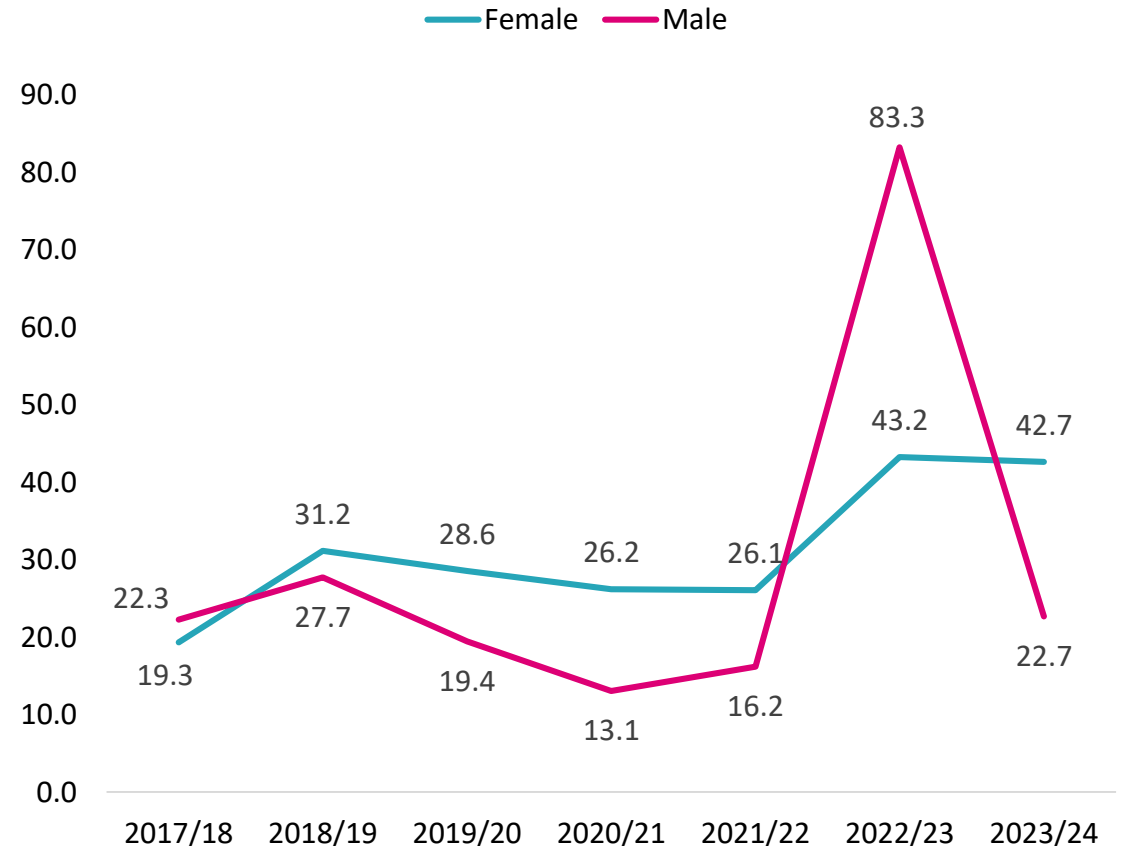
Mental health admissions by gender per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by gender

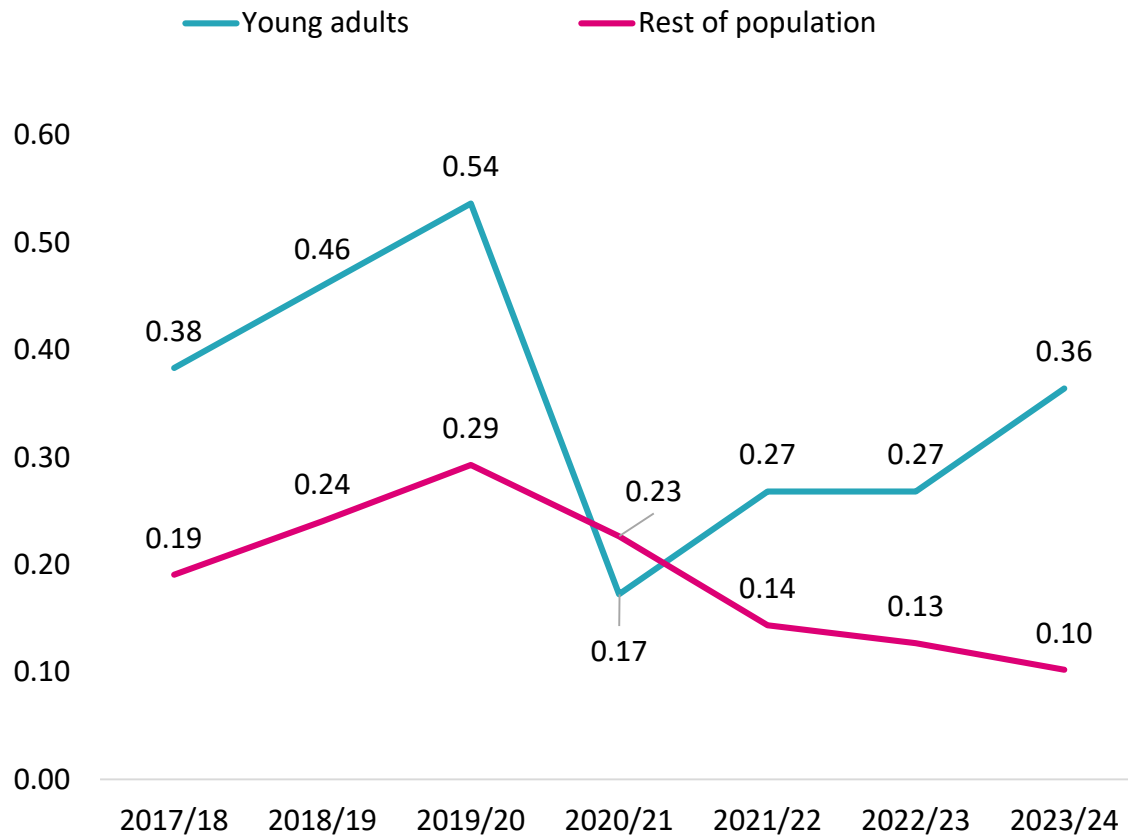
Days, 2017/18-2023/24



The average length of stay has increase for young people with personality disorders since the closure of the Gordon Hospital

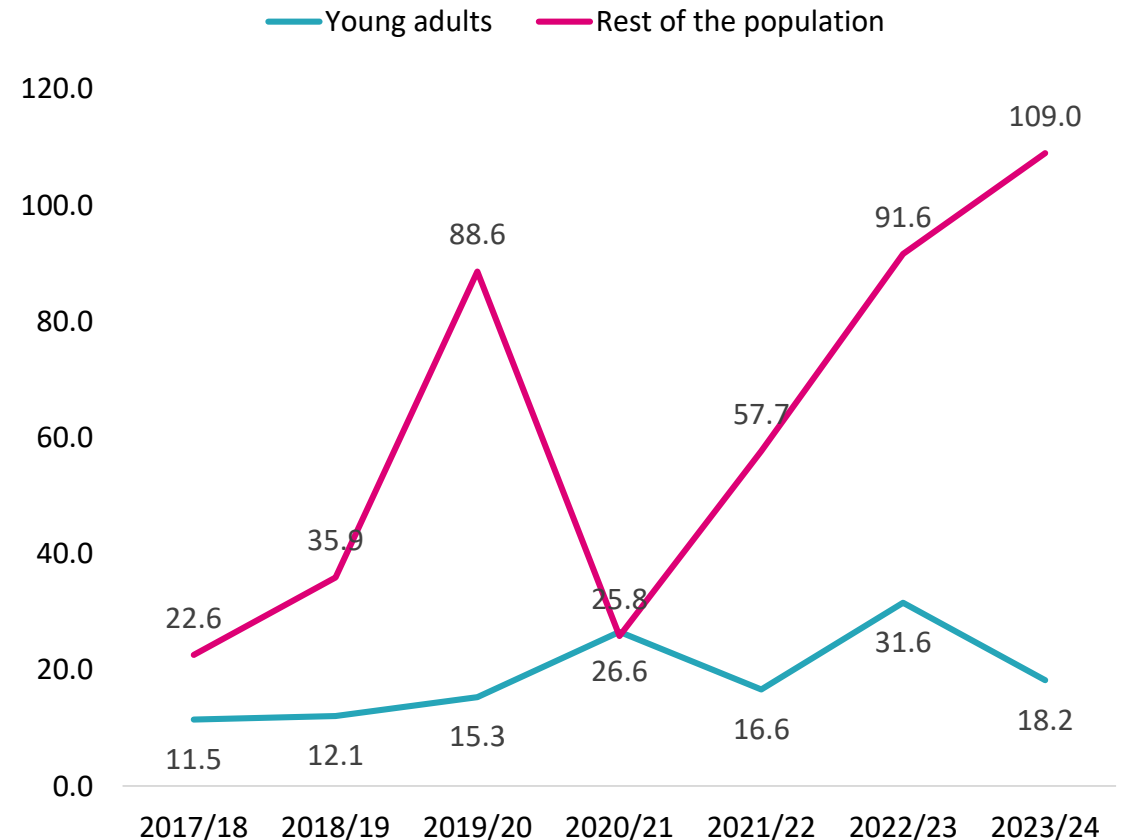
Mental health admissions by young adults per 1,000 population

Admissions, 2017/18-2023/24



Average length of stay for MH admissions by young adults

Days, 2017/18-2023/24



Impact on the homeless population

The homeless population have complex, intersectional needs that are often undiagnosed which require careful consideration in the future care model

Homeless population

Population

- The homeless population in London is estimated to total just over 10,000 people which equates to a 43% increase between 2013 and 2023

Service provision and outcomes

- Homeless people have extremely complex, intersectional set of needs, that are often unidentified and unmet, which causes a negative experience of healthcare and poorer health outcomes
- The complexity of the situations that homeless people are often subject to results in staff not being fully informed on how best to provide care for this population and therefore can lead to stigma and a poor experience for the individual

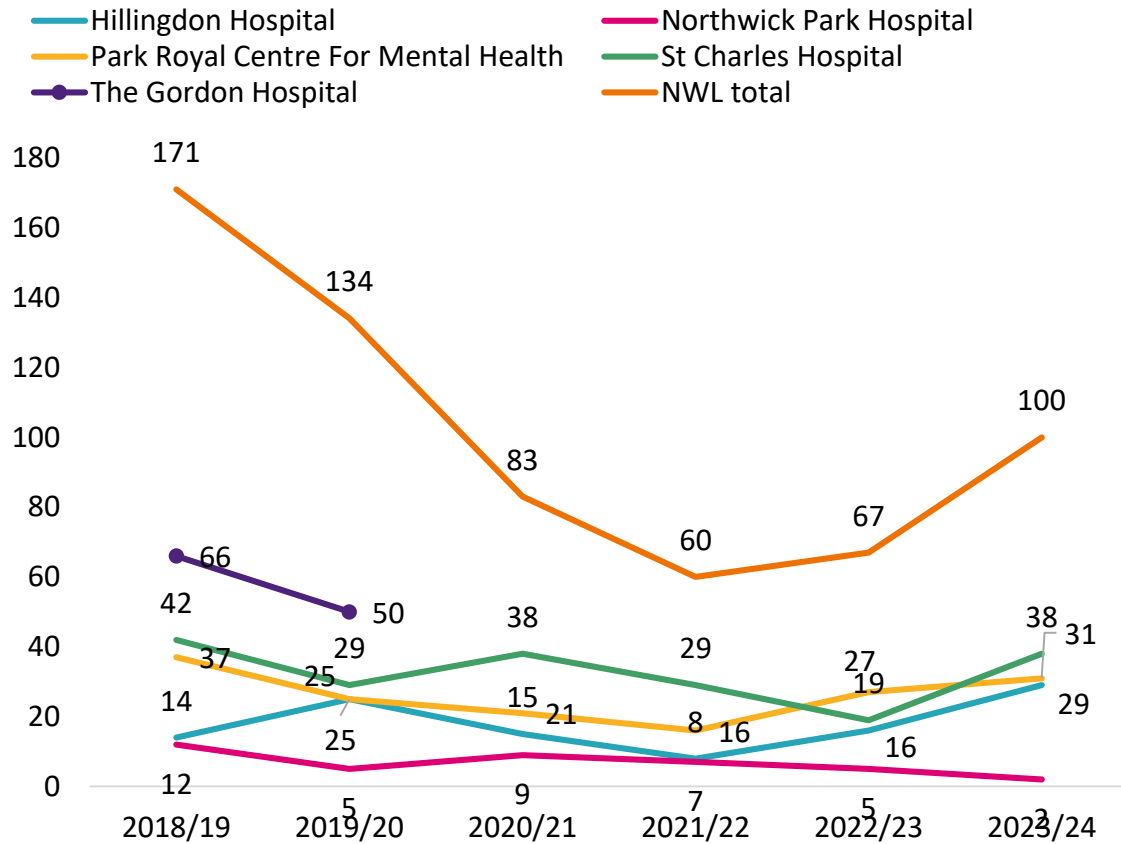
Considerations

- The future service model should fundamentally be psychologically informed to enable the complexities of service user and support staff behaviours to be understood to increase the likelihood of better outcomes
- The environment in which these people receive care should also be developed with the needs of the service user in mind in order for them to have the most positive experience possible

The total number of mental health admissions and average length of stay for the homeless population has decreased since the closure of the Gordon

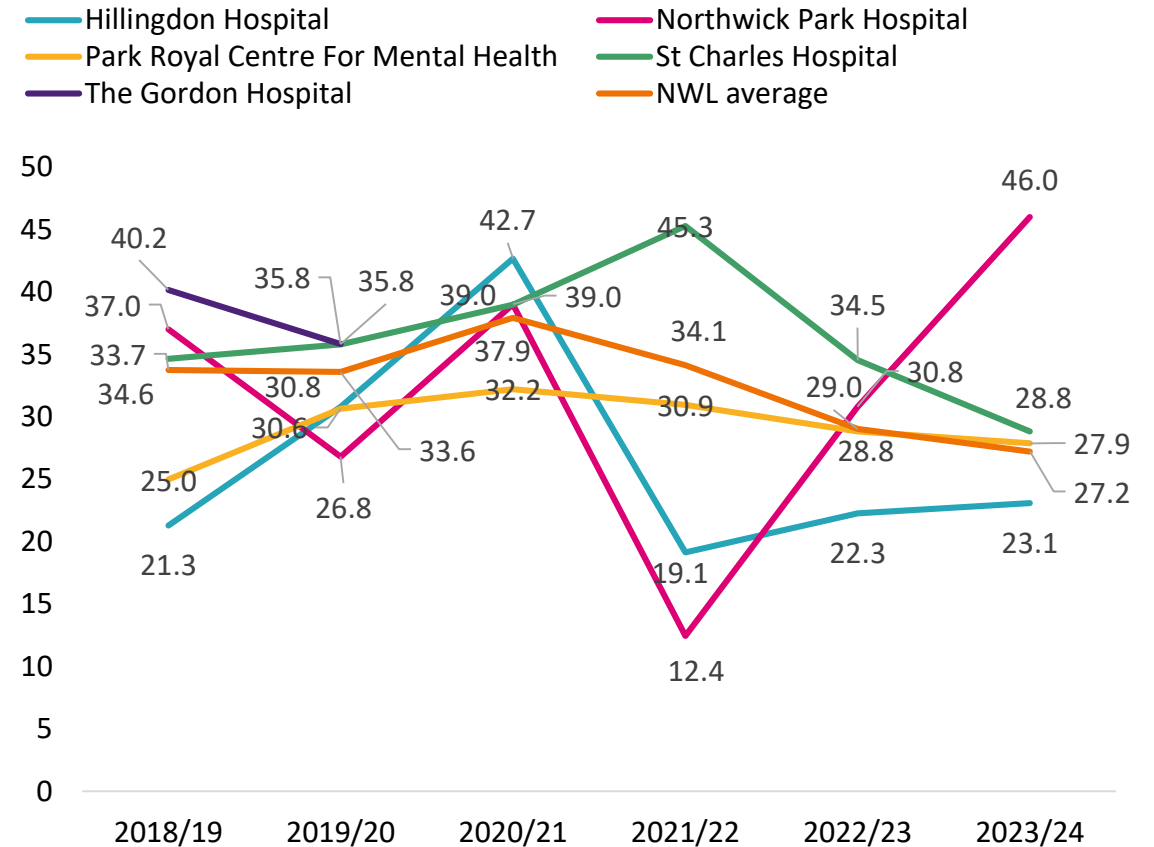
Mental health admissions in NWL by site

Admissions, 2018/19-2023/24



Average length of stay for MH admissions in NWL by site

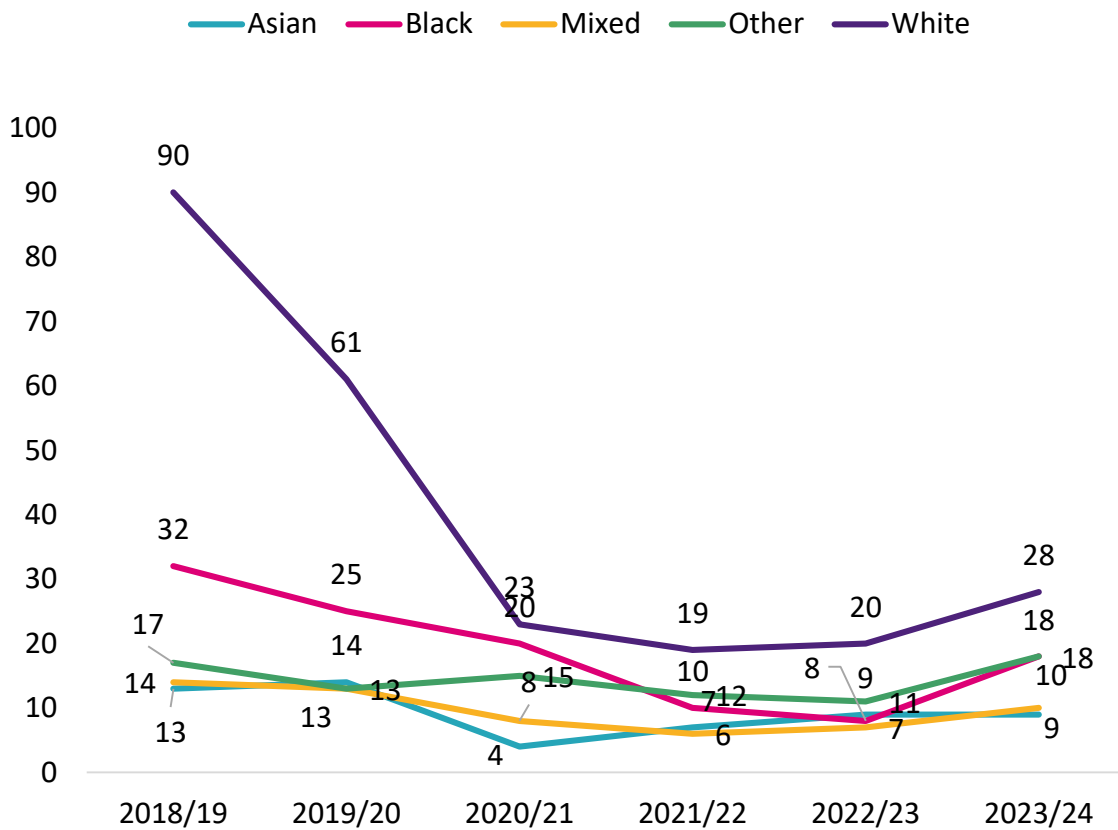
Days, 2018/19-2023/24



There has been a decrease in the number of mental health admissions from the White homeless population in NWL compared to pre-Gordon closure levels

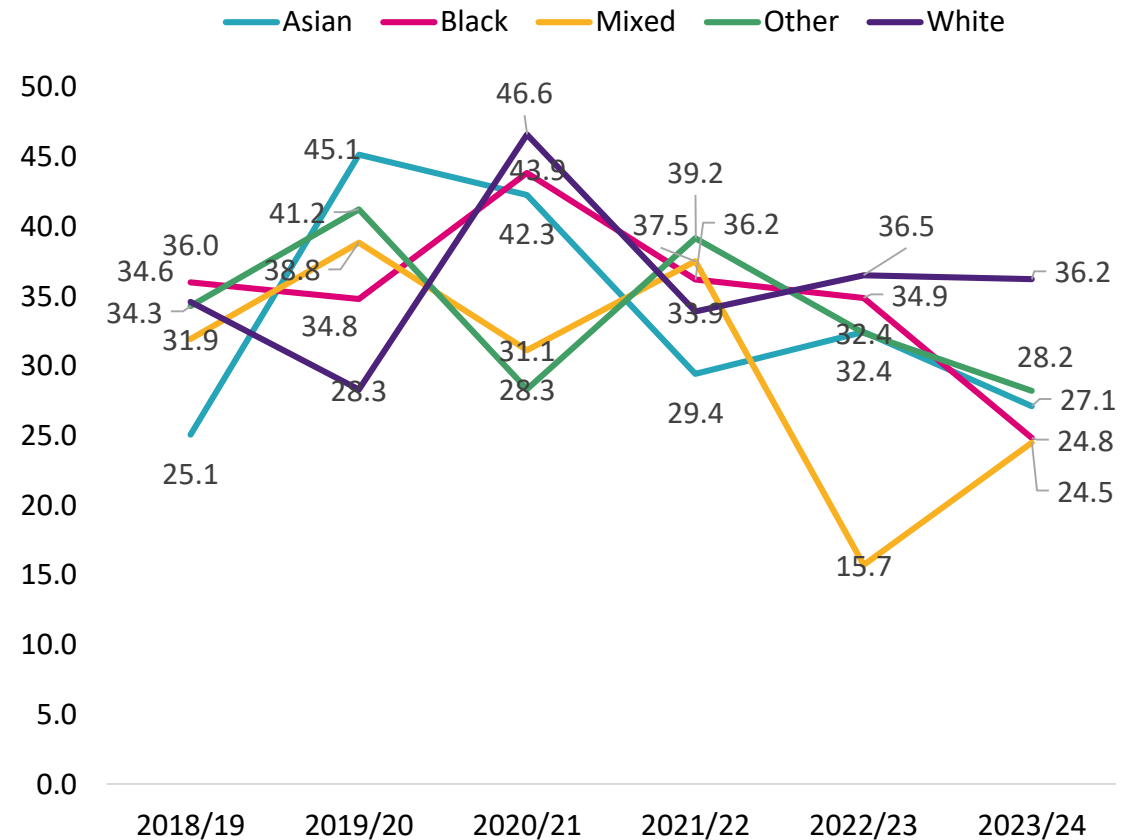
Mental health admissions by ethnicity in NWL

Admissions, 2018/19-2023/24



Average length of stay for MH admissions by ethnicity in NWL

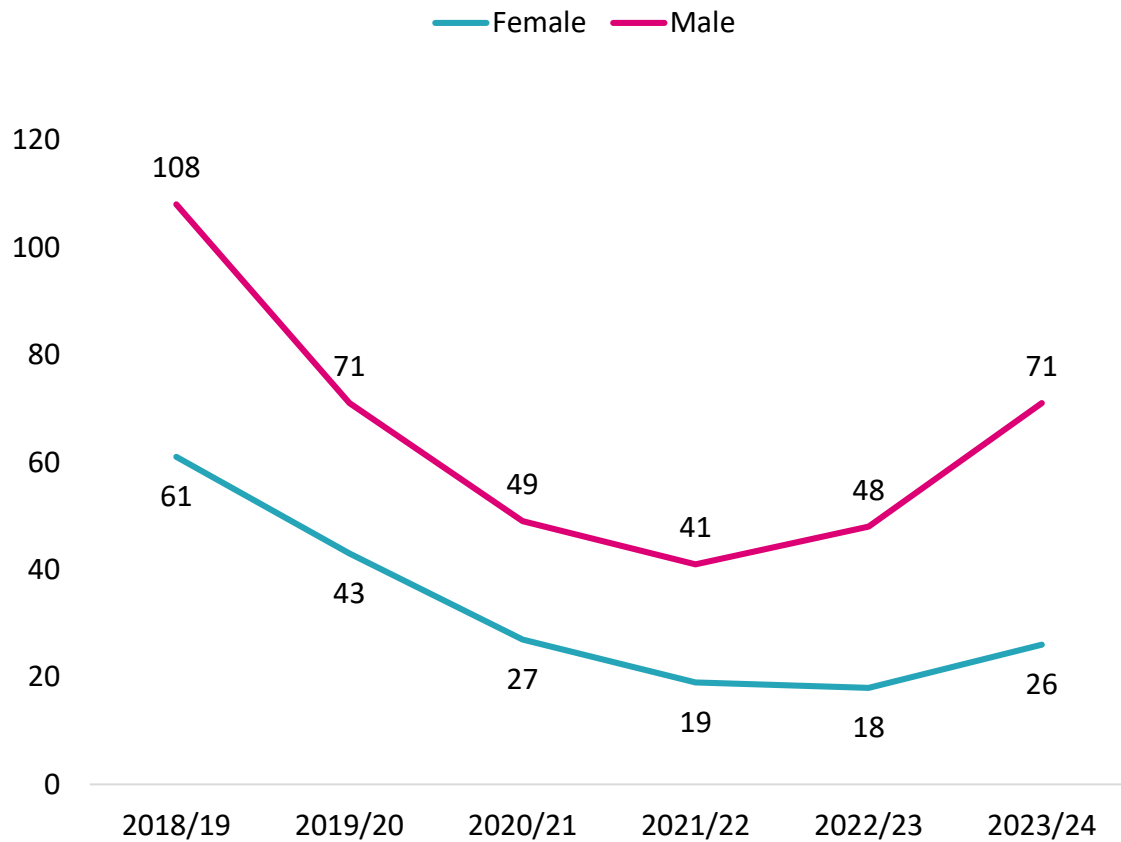
Days, 2018/19-2023/24



The total number of mental health admissions for females who are homeless in NWL has decreased compared to pre-Gordon closure levels

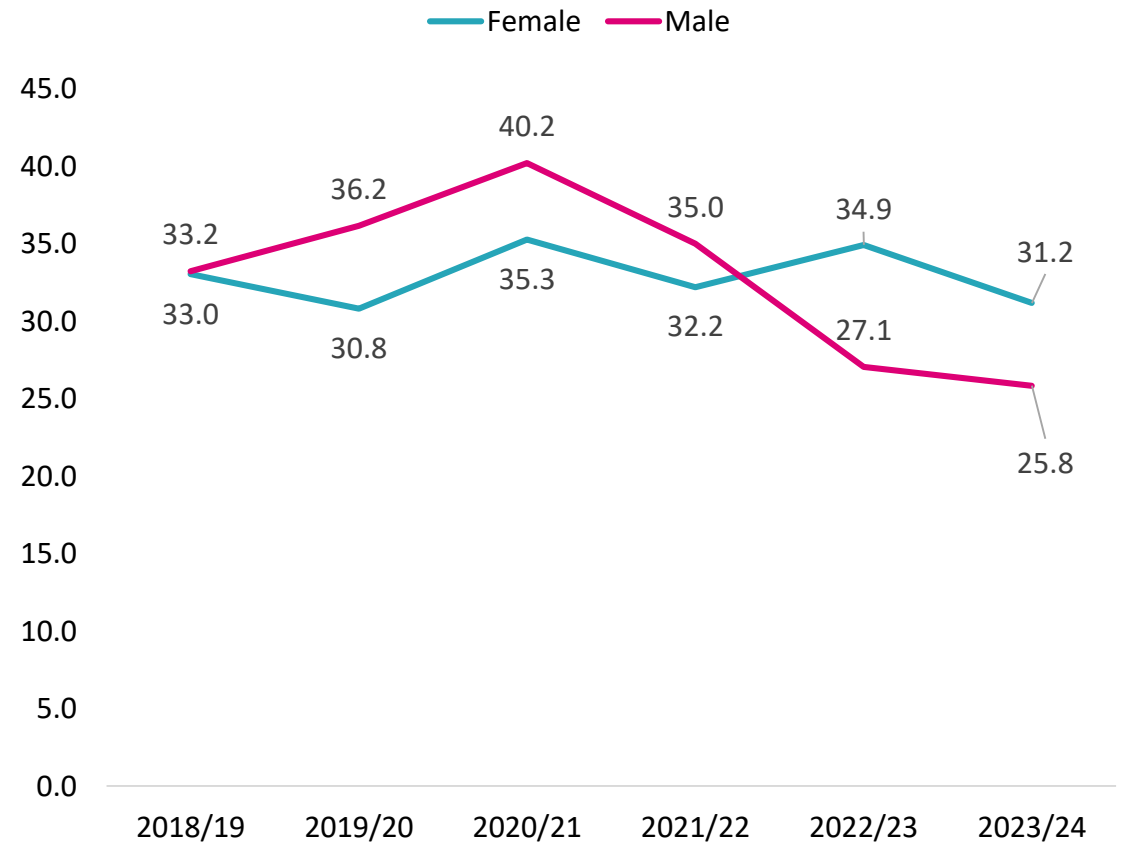
Mental health admissions by gender in NWL

Admissions, 2018/19-2023/24



Average length of stay for MH admissions by gender in NWL

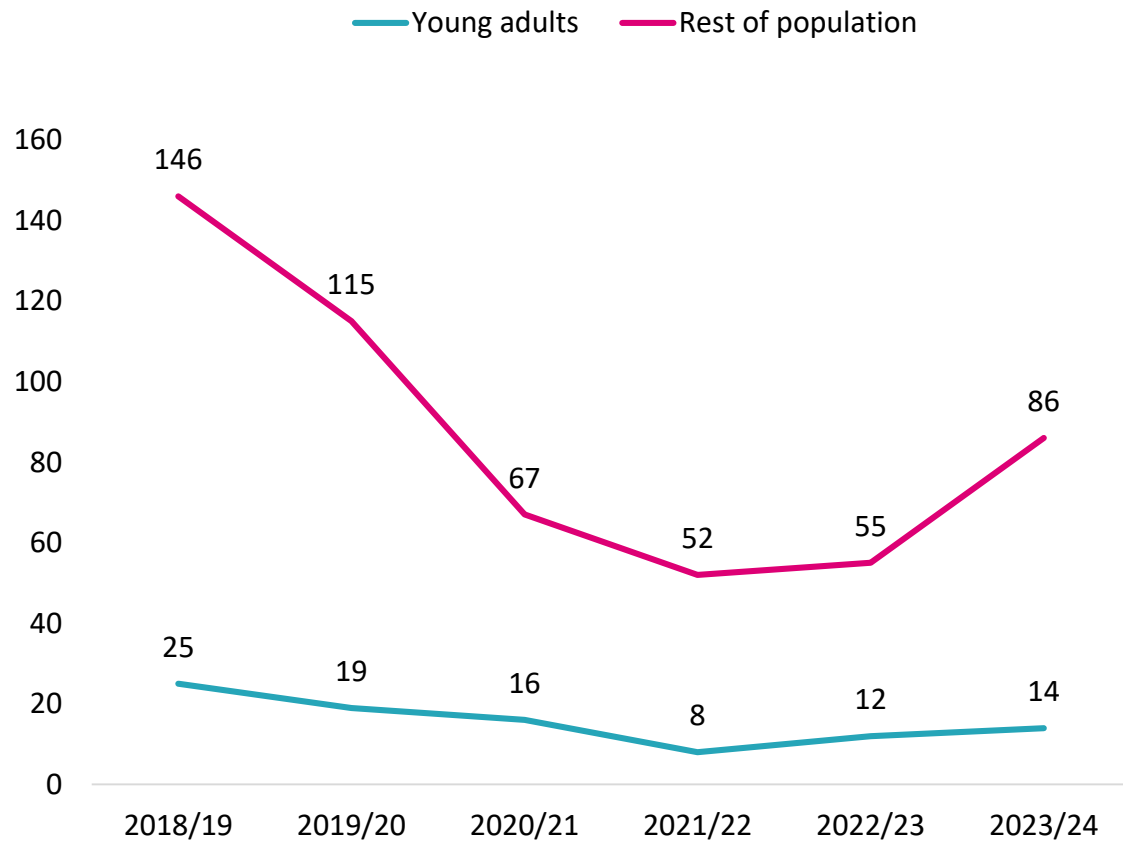
Days, 2018/19-2023/24



The total number of mental health admissions for young adults who are homeless in NWL has decreased since the closure of the Gordon Hospital

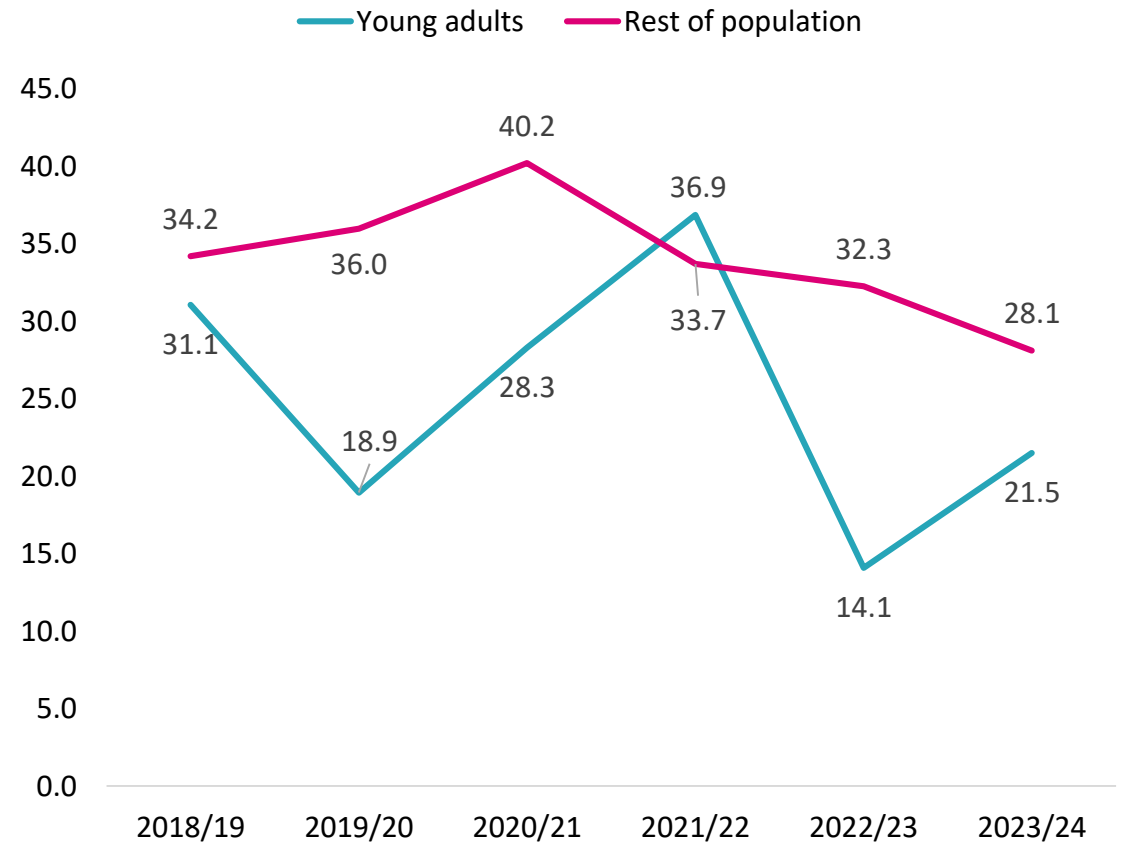
Mental health admissions by young adults in NWL

Admissions, 2018/19-2023/24



Average length of stay for MH admissions by young adults in NWL

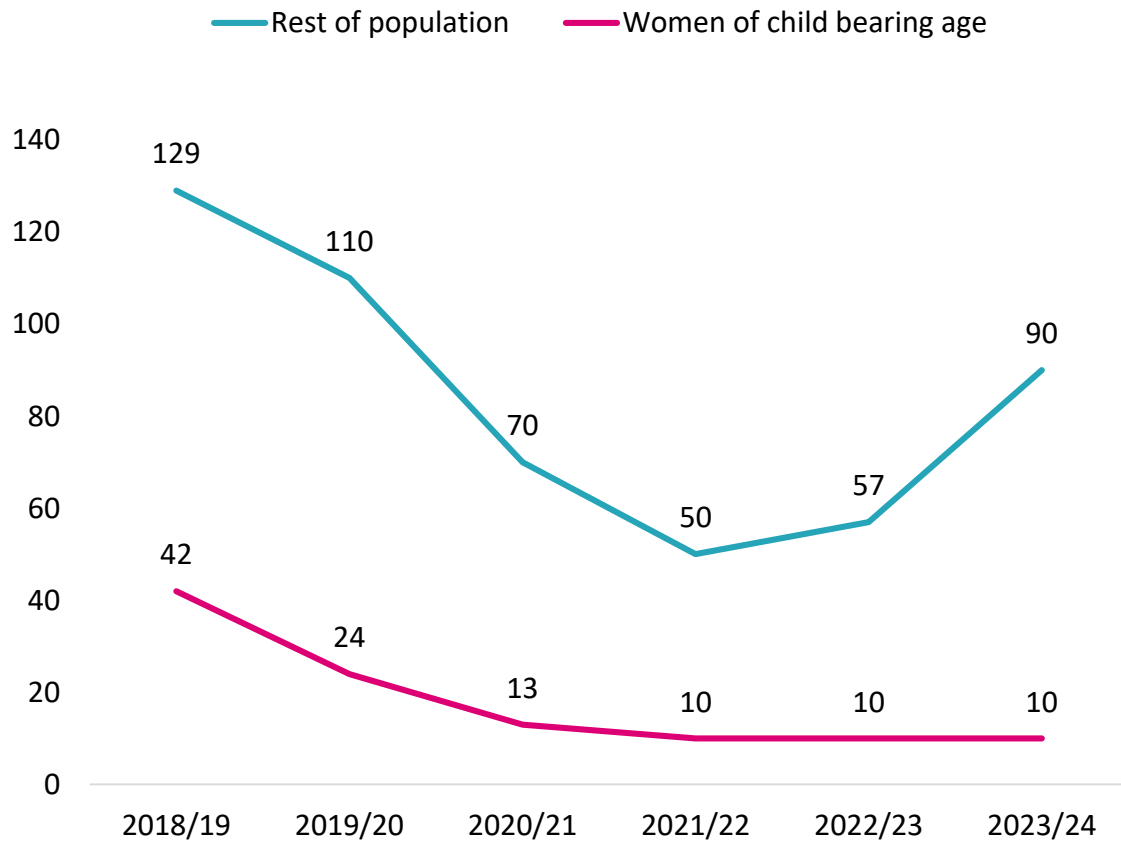
Days, 2018/19-2023/24



The number of mental health admissions for women of child bearing age who are homeless in NWL has decreased since the closure of the Gordon Hospital

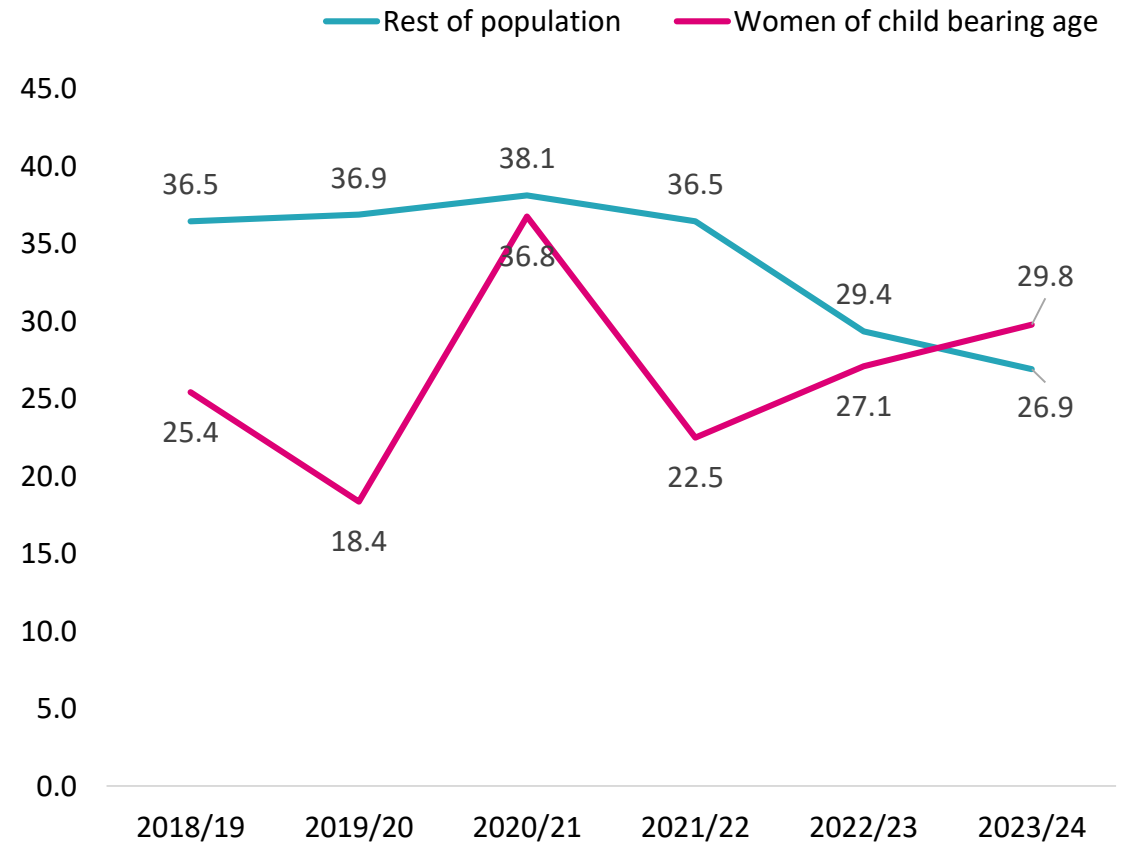
Mental health admissions by women of child bearing age in NWL

Admissions, 2018/19-2023/24



Average length of stay for MH admissions by women of child bearing age in NWL

Days, 2018/19-2023/24



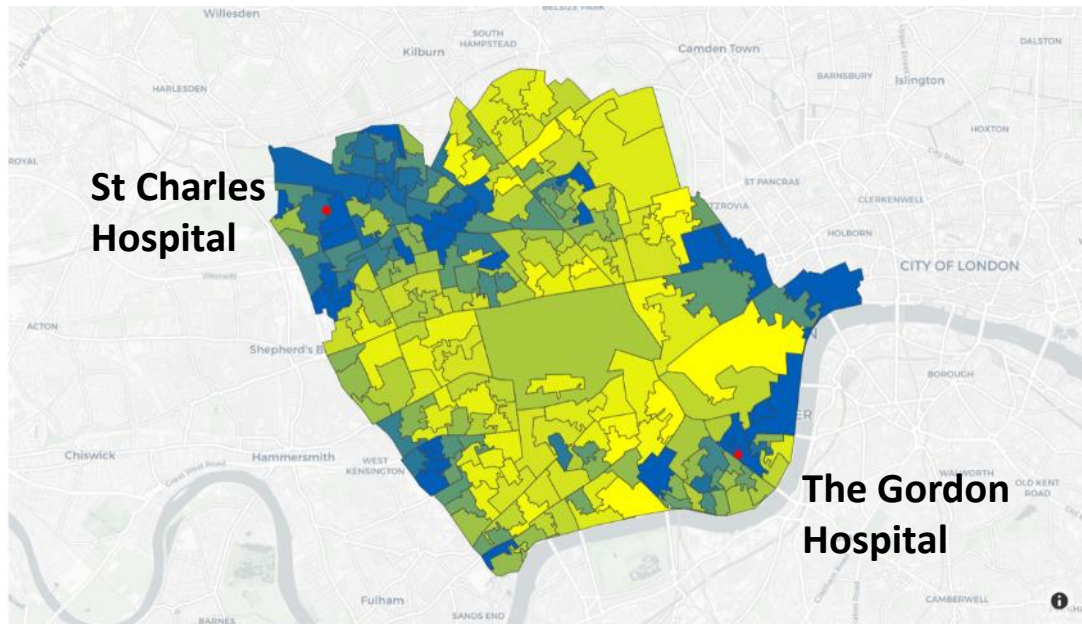
Impact by geography

Despite the drop in total admissions, the spread of activity for options 3 remains similar to the baseline with LSOAs around the Gordon still receiving inpatient care

- Despite the overall decrease in inpatient mental health admissions between pre-covid levels and 2022/23, the spread of activity has remained fairly similar within Kensington & Chelsea and Westminster
- Pockets of high level of admissions are still present around both St Charles and the Gordon as well as the eastern and western borders of the catchment

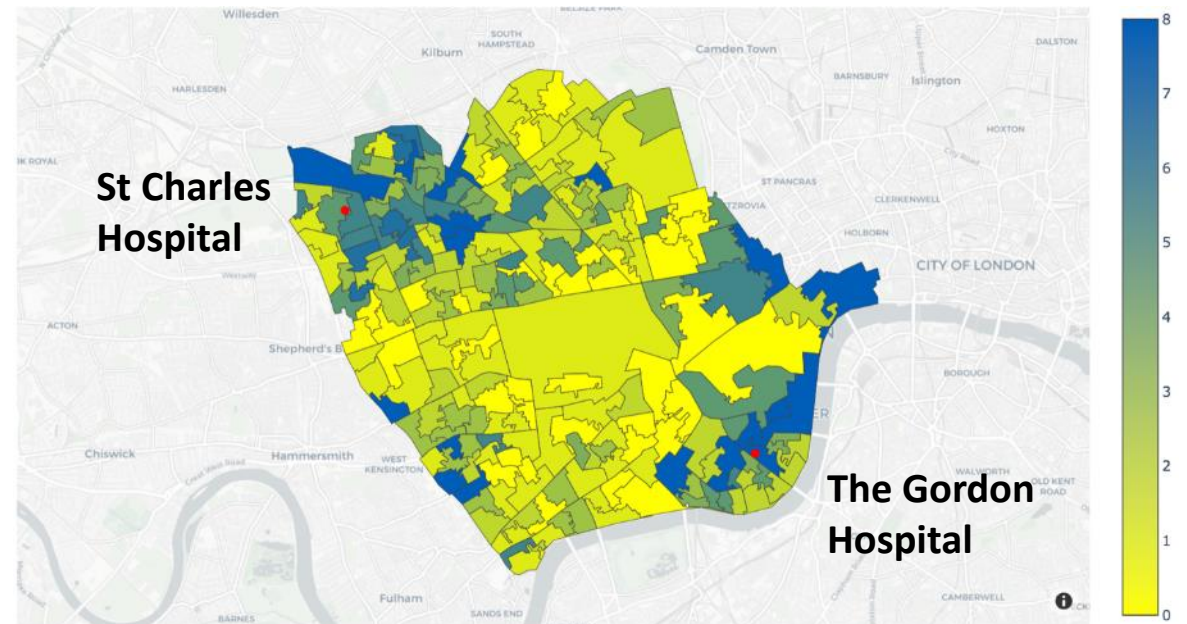
Average mental health admissions by LSOA, 2017/18-2019/20

Options 1 and 2



Mental health admissions by LSOA, 2022/23

Option 3

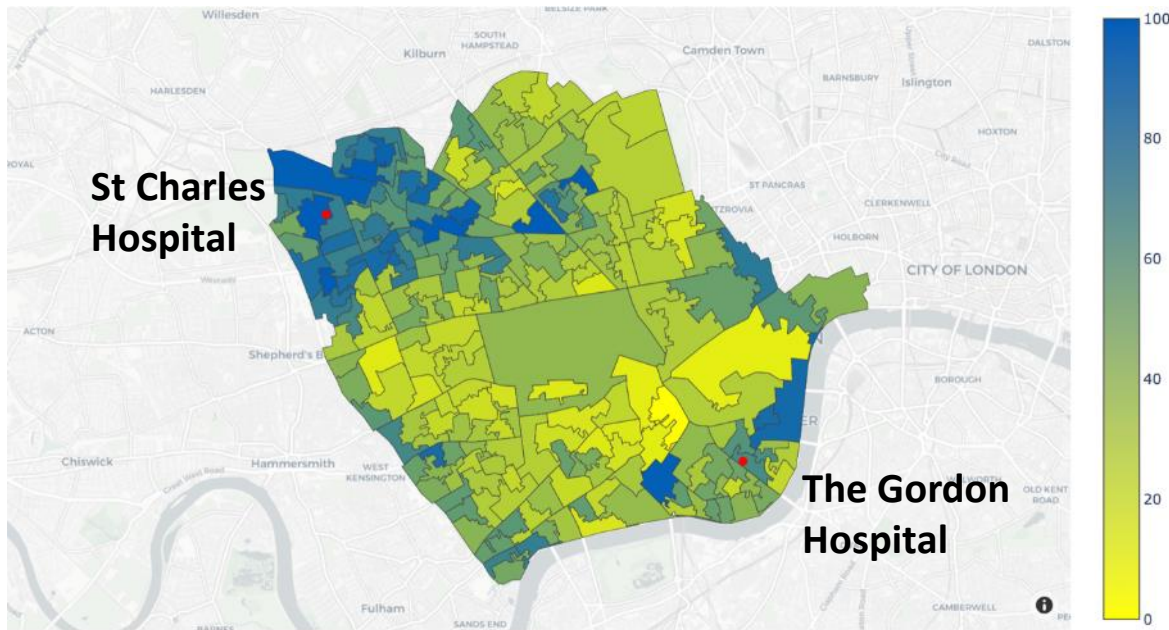


The volume of referrals has increased in clusters within the two boroughs with option 3 showing limited geographical impact

- There has been a clear increase in referrals into CNWL for mental health services between pre-covid levels and 2022/23, with areas that had the highest volumes of referrals pre-covid expanding over the period
- The area around the Gordon has seen a clear increase in the volume of referrals with the LSOAs situated around St Charles also increasing in the volume of referrals

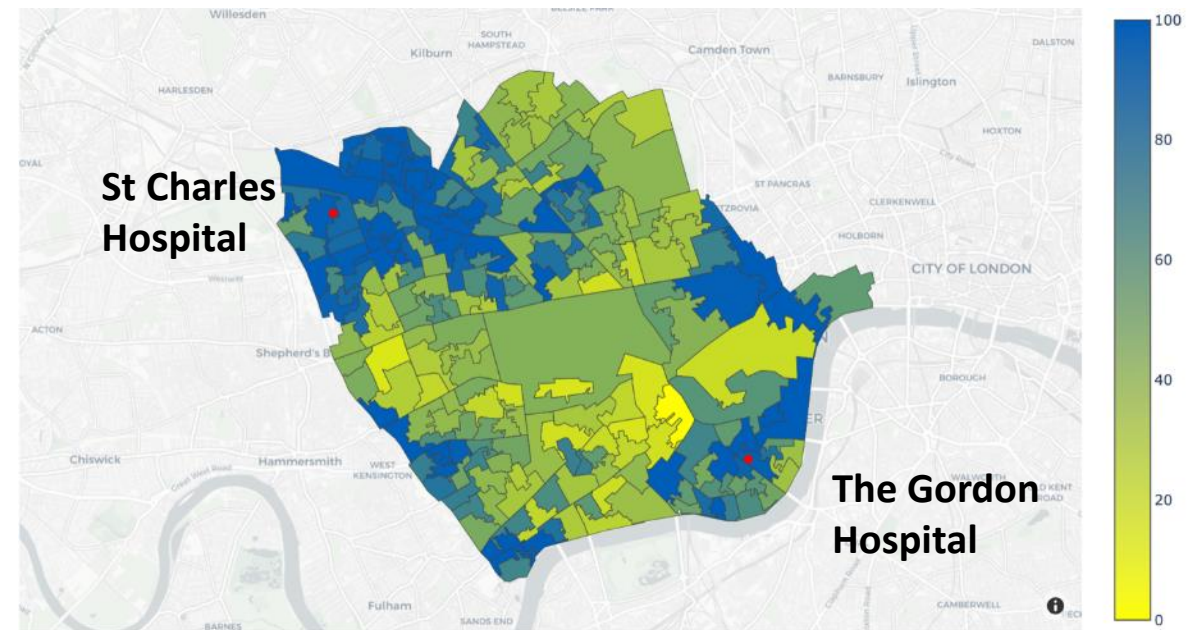
Average mental health referrals by LSOA, 2017/18-2019/20

Options 1 and 2



Mental health referrals by LSOA, 2022/23

Options 3

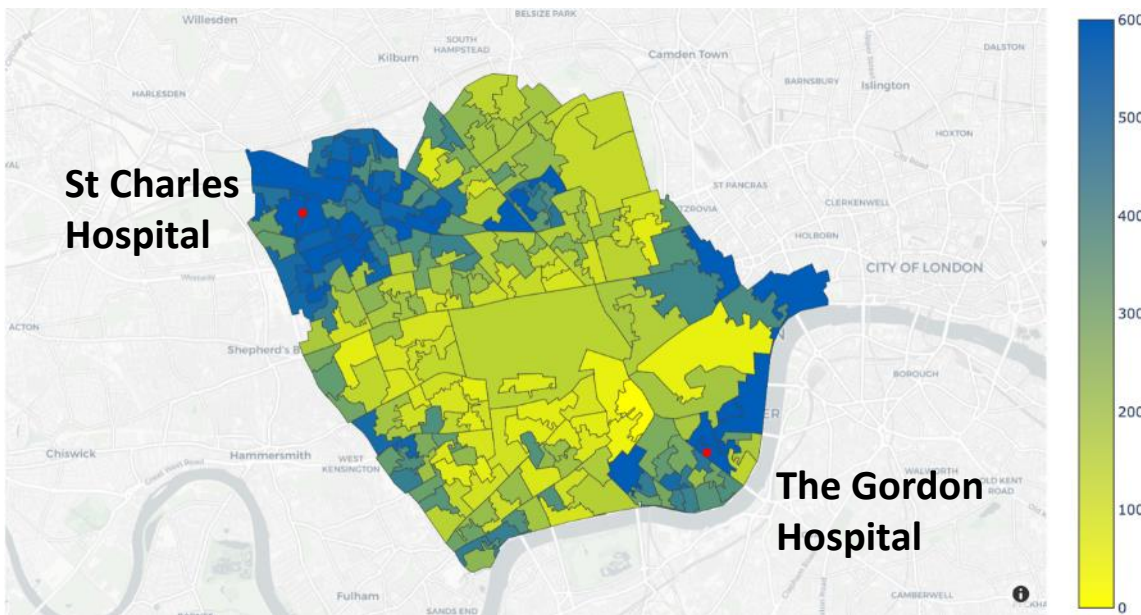


There has been an increase in unique service users since the pandemic, in line with the increase in the volume of referrals

- As seen with the volume of referrals into CNWL, the unique service users for mental health across Kensington & Chelsea and Westminster has increased in 2022/23 compared to pre-covid levels
- The areas with high unique service users pre-covid have expanded and now take up a larger area
- Options 3 and C show that there is a large caseload around the Gordon Hospital in 2022/23

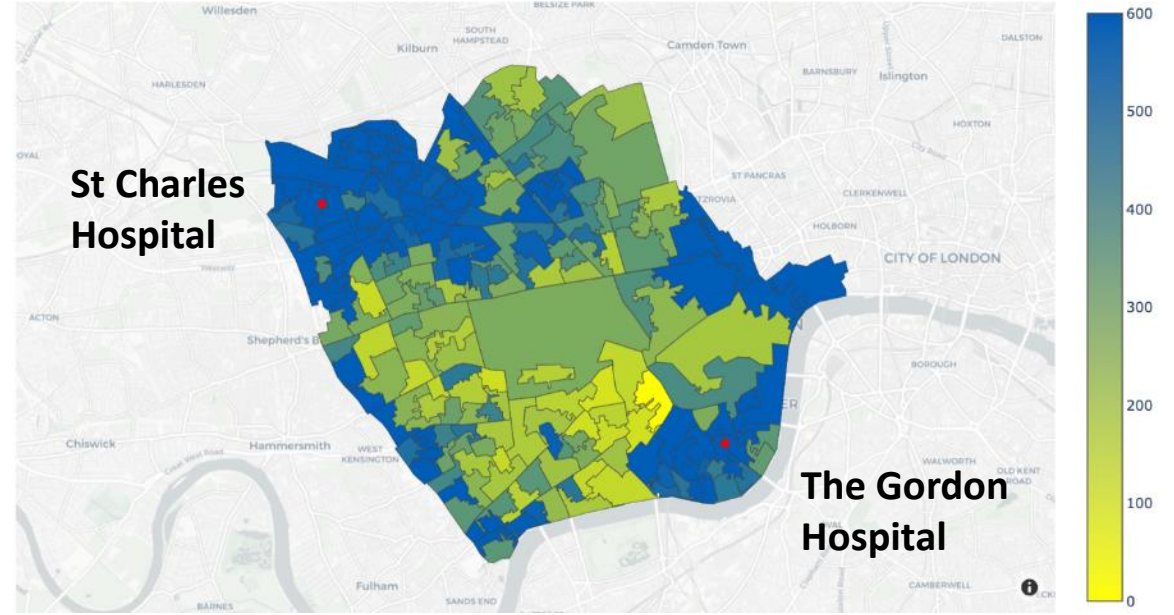
Average mental health unique users by LSOA, 2017/18-2019/20

Options 1 and 2



Mental health unique users by LSOA, 2022/23

Option 3





Travel time analysis

Overview of the metrics that are being used for the accessibility analysis

1. Analysis takes the population mid-point of each LSOA as the basis for measuring travel times

Lower Super Output Areas (LSOAs) are a geographic unit that comprise between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons.

An LSOA is a geographical area, rather than a discrete geographical point (such as a crossroads or station). In London, most LSOAs are very small and have relatively evenly-spread populations.

2. Analysis uses Wednesday at 6pm as the travel time

Bing Maps Local Insights API "weekday evening" (defined as 18:00 PM) was used for taxi / private car and public transport maps.

3. Analysis uses Bing Maps Local Insights API for calculating travel time between LSOA population mid-points and providers

Bing Maps Local Insights API is a reliable tool for measuring travel time. It averages expected travel times from different sources to get a robust estimate of the time needed to travel from any two co-ordinates in Great Britain.

4. Average Travel Time calculations vs Cumulative Travel Time calculations

Average Travel time takes the travel time from each LSOA divided by the total number of LSOAs

- To calculate the travel times for each protected characteristic a weighted average was used depending on the presence of the population within a given LSOA

Cumulative Travel Time takes the sum of the travel time for from each LSOA multiplied by the number admitted service users in that LSOA

Average travel time analysis

Option 3 results in an increased travel time compared to the baseline as the option with a single inpatient site model

- For the general population, only option 3 results in an increase in average and maximum travel times for inpatient services
- All other options have the same service model as the baseline with two inpatient sites and therefore do not experience an increase in travel times
- For this analysis it has been assumed that service users and carers will travel to their closest unit for inpatient care

	Peak driving				Public transport			
	Avg. travel time (mins)	Difference from BAU (mins)	Maximum travel time (mins)	Difference from BAU (mins)	Avg. travel time (mins)	Difference from BAU (mins)	Maximum travel time (mins)	Difference from BAU (mins)
Baseline (BAU):	9.09	-	18.20	-	19.16	-	35.40	-
Option 1	9.09	<i>Same service model as BAU</i>	18.20	<i>Same service model as BAU</i>	19.16	<i>Same service model as BAU</i>	35.40	<i>Same service model as BAU</i>
Option 2	9.09	<i>Same service model as BAU</i>	18.20	<i>Same service model as BAU</i>	19.16	<i>Same service model as BAU</i>	35.40	<i>Same service model as BAU</i>
Option 3	13.27	+4.18	26.83	+8.63	28.76	+9.60	54.12	+18.72

The travel times for the protected characteristics and the deprived residents within the catchment population

Population	Option 1 and 2	
	Peak Driving	Public Transport
General population	9.09	19.16
Ethnic minorities	8.92	18.58
Deprived populations	8.81	18.48
Disabled populations	8.47	18.01
Women of child bearing age	9.41	19.33
18-25 year olds	9.77	19.44

Approach

- The average travel time for the protected characteristic and deprived populations has been calculated for both peak driving and public transport
- The travel time for the baseline, option 1 and 2 are the same due to them being the two site inpatient care model
- For each of the populations, the travel time in Option 3 have been compared to the those in the baseline to understand the impact of the proposed service changes

Population	Average travel times (mins)			
	Option 3			
	Peak	Difference to BAU	Public Transport	Difference to BAU
General population	13.27	+4.18	28.76	+9.60
Ethnic minorities	12.44	+3.52	25.96	+7.38
Deprived populations	12.89	+4.08	26.91	+8.43
Disabled populations	12.55	+4.08	26.24	+8.23
Women of child bearing age	13.55	+4.14	28.21	+8.88
18-25 year olds	13.75	+3.98	28.33	+8.89

The travel times for the protected characteristics and the deprived residents within the catchment population

Average travel times (mins)						
	Option 1		Option 2		Option 3	
Population group	Peak Driving	Public Transport	Peak Driving	Public Transport	Peak	Public Transport
General population	9.09	19.16	9.09	19.16	13.27	28.76
Ethnic minorities	8.92	18.58	8.92	18.58	12.44	25.96
Deprived populations	8.81	18.48	8.81	18.48	12.89	26.91
Disabled populations	8.47	18.01	8.47	18.01	12.55	26.24
Women of child bearing age	9.41	19.33	9.41	19.33	13.55	28.21
18-25 year olds	9.77	19.44	9.77	19.44	13.75	28.33

There are minimal impacts in Option 1 and 2 on the travel time to the closest unit for each of the population groups compared to the general population

Average travel times (mins)				
Population group	Peak driving		Public transport	
	Average travel time (mins)	Difference from general population (mins)	Average travel time (mins)	Difference from general population (mins)
General population	9.09	-	19.16	-
Ethnic minorities	8.92	-0.17	18.58	-0.58
Deprived populations	8.81	-0.28	18.48	-0.68
Disabled populations	8.47	-0.62	18.01	-1.15
Women of child bearing age	9.41	+0.32	19.33	+0.17
18-25 year olds	9.77	+0.68	19.44	+0.28

The proposed service changes do not have a negative impact on the travel time for each protected population group in Option 3 compared to the general population

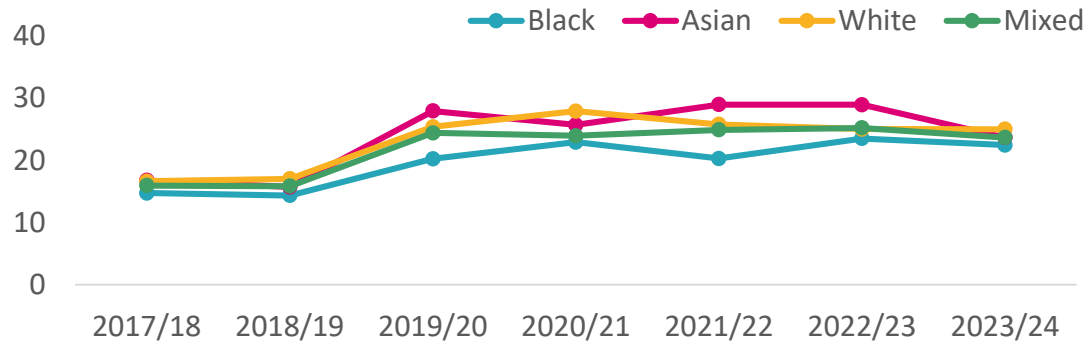
Average travel times (mins)				
Population group	Peak driving		Public transport	
	Average travel time (mins)	Difference from general population (mins)	Average travel time (mins)	Difference from general population (mins)
General population	13.27	-	28.76	-
Ethnic minorities	12.44	-0.83	25.96	-2.80
Deprived populations	12.89	-0.38	26.91	-1.85
Disabled populations	12.55	-0.72	26.24	-2.52
Women of child bearing age	13.55	+0.28	28.21	-0.55
18-25 year olds	13.75	+0.48	28.33	-0.43

On average, carers for all groups are travelling for longer since the closure of the Gordon; carers in Pimlico & Victoria are travelling almost 4 times more since the closure

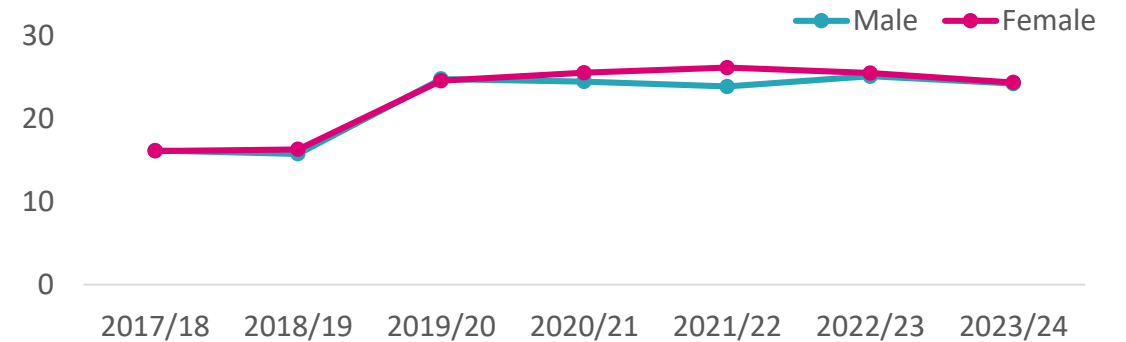
Average travel time on public transport to the nearest hospital in Kensington & Chelsea and Westminster

Minutes, 2017/18 – 2023/24

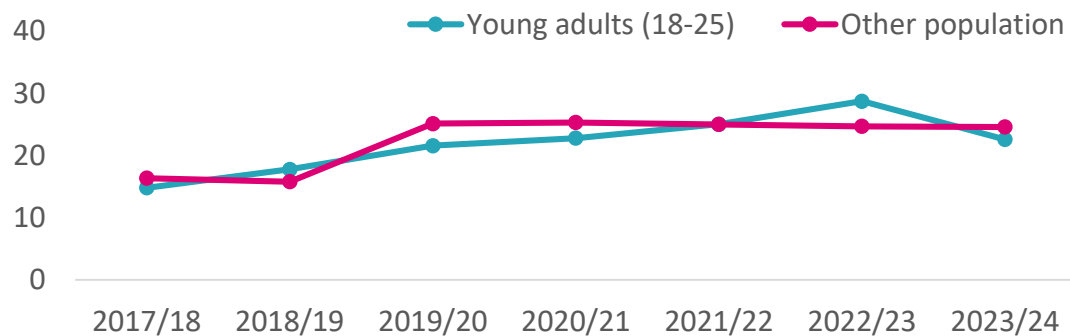
Ethnicity



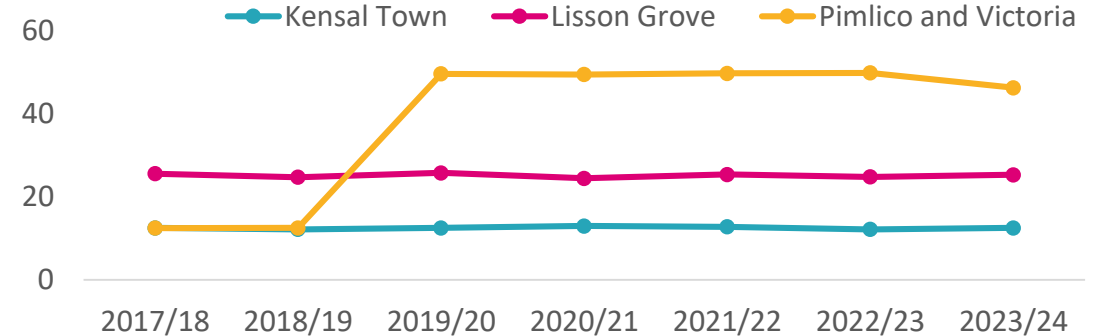
Gender



Age



Vulnerable population

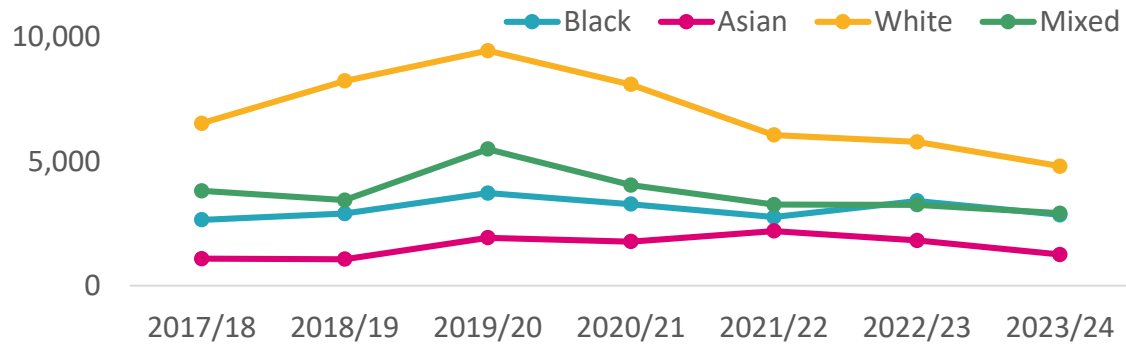


The total travel time for carers* to hospital has for decreased slightly for all minority and vulnerable populations since the Gordon wards closure

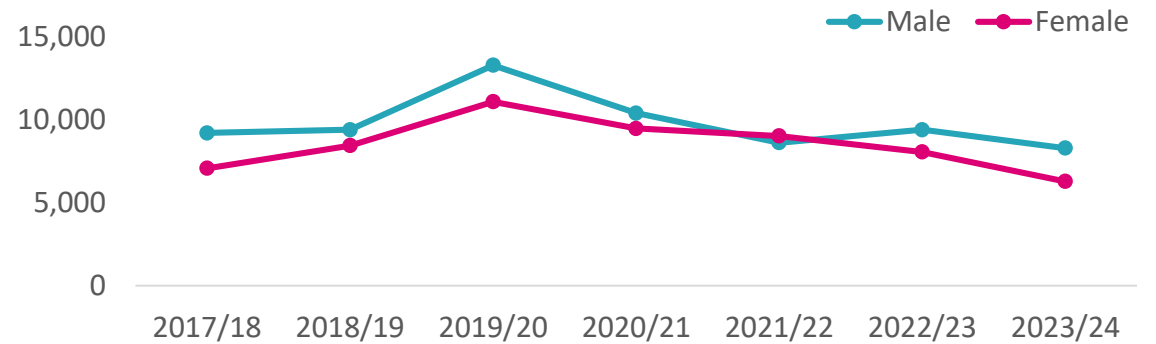
Total travel time on public transport for carers to the nearest hospital in Kensington & Chelsea and Westminster

Minutes, 2017/18 – 2023/24

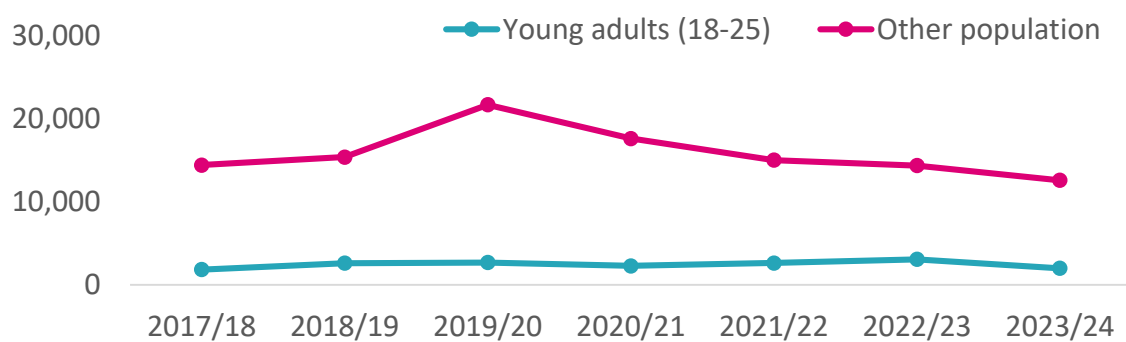
Ethnicity



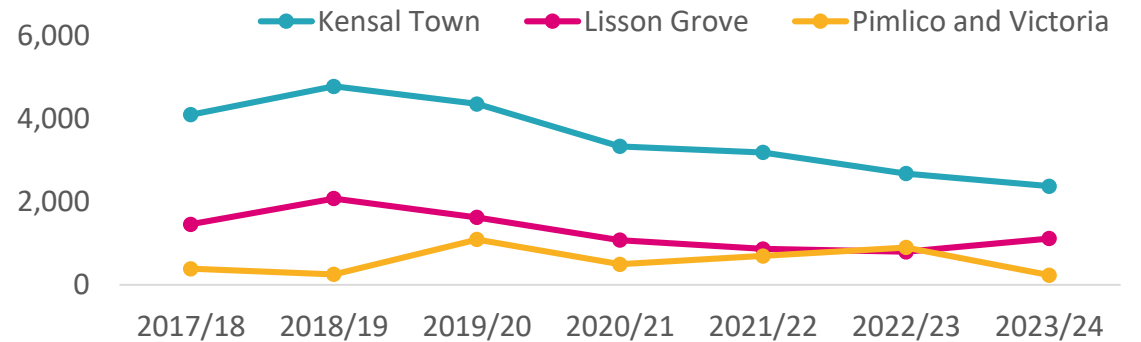
Gender



Age



Vulnerable population



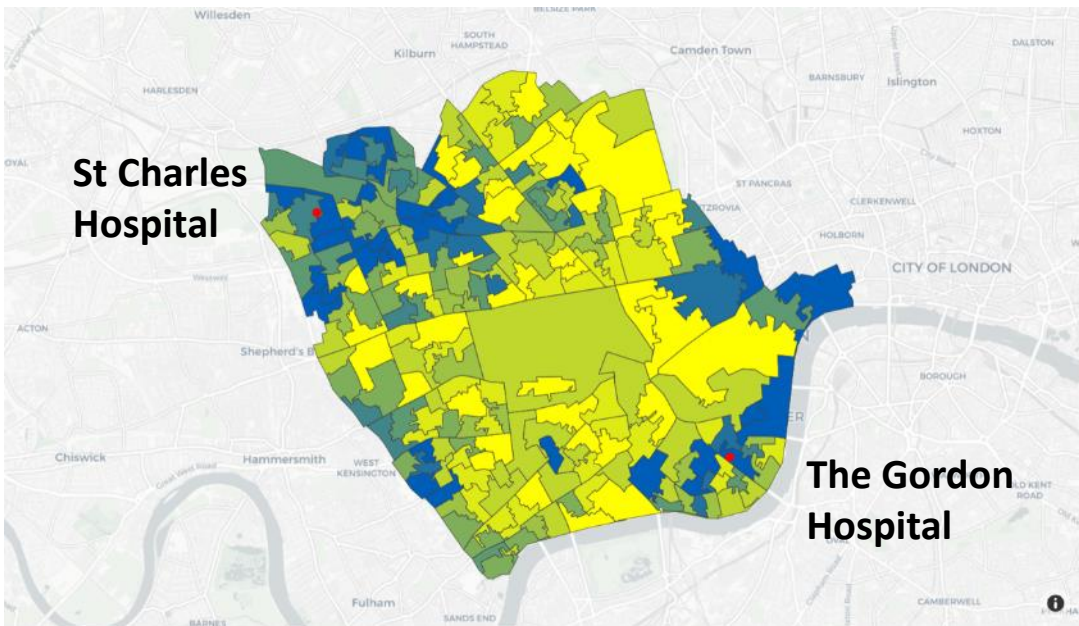
Cumulative travel time analysis

Cumulative travel time analysis by general population

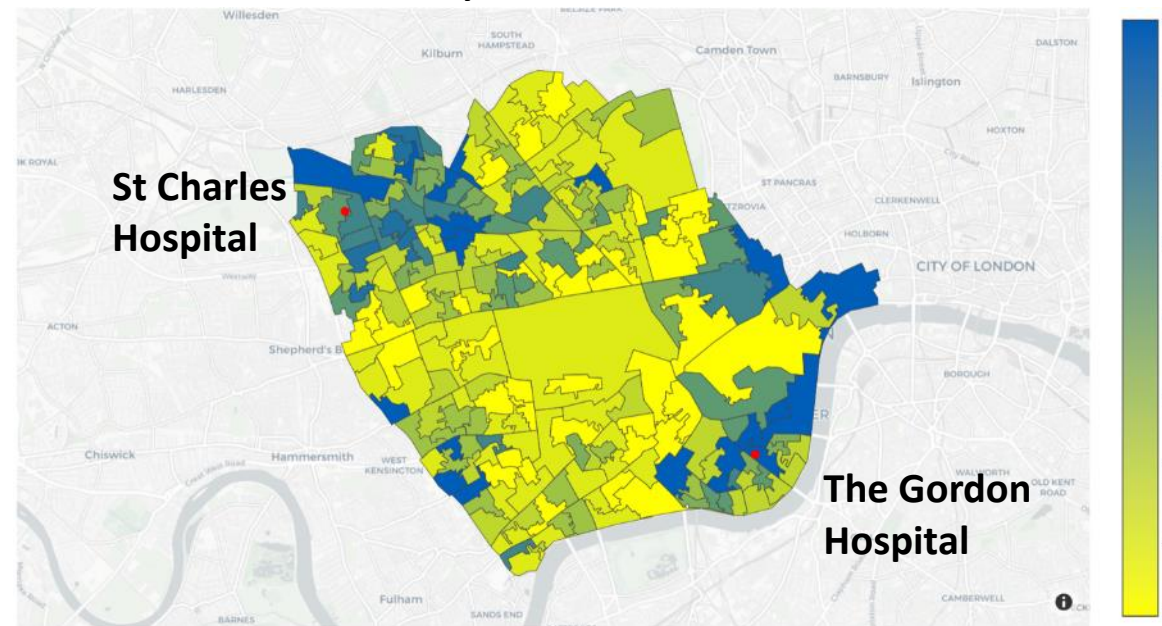
	Options 1 and 2	Option 3
Measure	2019/20	2022/23
Westminster admissions	483 (57%)	426 (63%)
Kensington & Chelsea admissions	362 (43%)	250 (37%)
Total admissions	844	675
Cumulative travel time (driving, mins)	6,959	9,008
Cumulative travel time (public transport, mins)	14,352	18,309

- Analysis shows that the cumulative travel time in 2022/23 than what it was in 2019/20 for inpatient mental health admissions in the catchment
- The maps show that admissions have remained similar between the two years for those LSOAs that are farthest from St Charles and therefore service users would have to travel the longer distance in 2022/23

Mental health admissions by LSOA in 2019/20



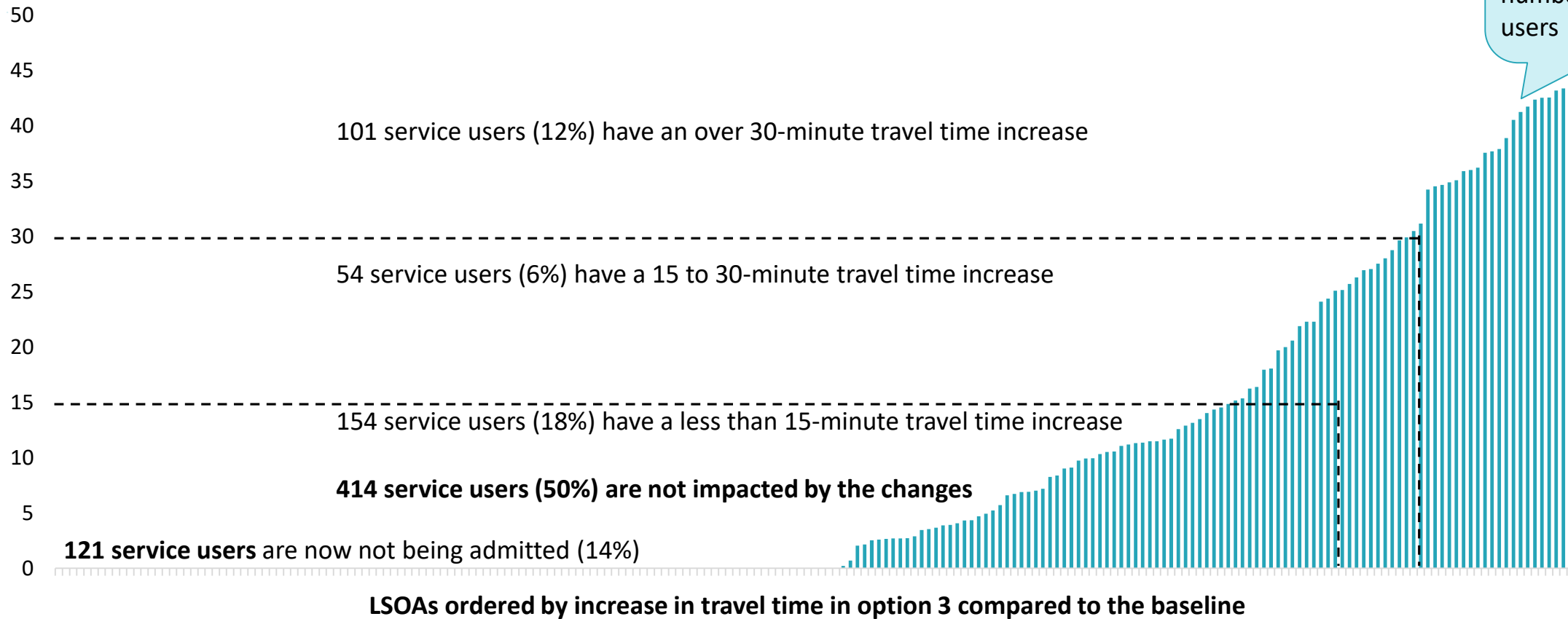
Mental health admissions by LSOA in 2022/23



Overall, 36% of admissions in 23/24 are impacted by the proposed service changes in the new service model and 14% of people benefit from no longer being admitted

Increase in travel time for admissions in 2023/24

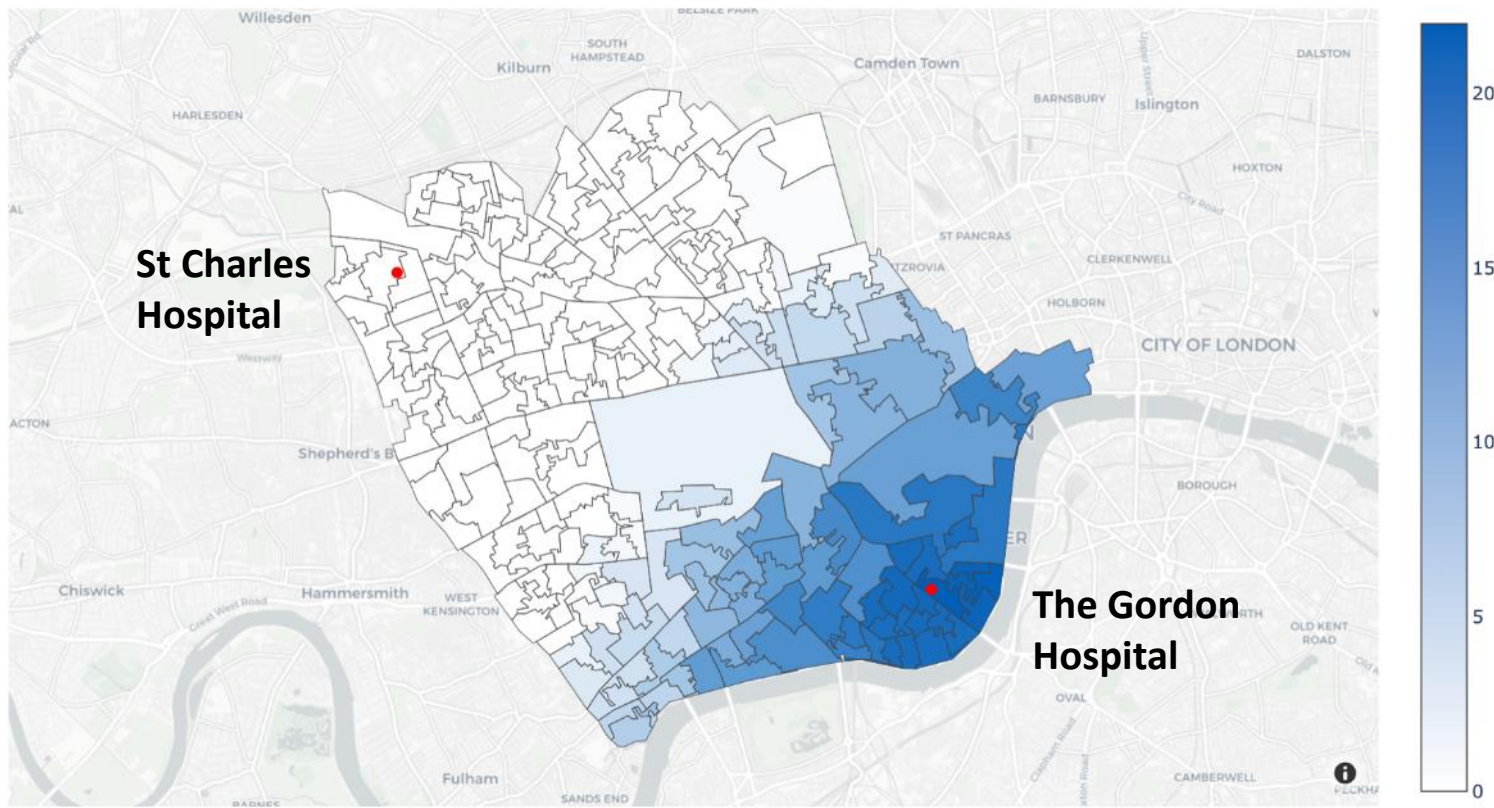
Travel time changes by public transport for service users by LSOA, 2023/24



Populations that have the greatest increase in travel time in options 3 are situated close to the Gordon to the south of the catchment area

Increase in travel time for service users in Option 3

Travel time increase by peak driving for service users by LSOA, minutes



- The increase in travel times via driving at peak times has been calculated for Option 3 for all LSOAs based on their nearest unit pre-Gordon closure and their current nearest unit
- The maximum travel time increase for a single LSOA is 22 minutes
- The LSOAs with the greatest increase are situated to the south east of the catchment population close to where the Gordon Hospital is located
- Many of the LSOAs to the north and west of the catchment population do not have an increase in travel time as they are not impacted by the proposed changes due to living in closer proximity to St Charles than the Gordon

The average increase in driving costs for option 3 is minimal

Option	Average increase in distance (miles)	Average increase in driving costs	Maximum increase in distance (miles)	Maximum increase in driving costs
Option 1	-	-	-	-
Option 2	-	-	-	-
Option 3	1.09	£0.51	5.42	£2.55

Approach

- The average cost of travel was calculated using NimbleFinn's 2023 calculation of the average cost of running a car per mile of £0.47/mile.
- This cost has been multiplied with the average additional time for travel from every LSOA to their nearest unit in each option.
- The result is the average additional cost of driving (£) per LSOA.

Average cost of driving (£0.47 per mile)



Average additional distance of travel (mile)

Average taxis costs may increase by around £5.50 in option 3, with the maximum increase projected to be just over £27

Option	Average increase in distance (miles)	Average increase in taxi costs	Maximum increase in distance (miles)	Maximum increase in taxi costs
Option 1	-	-	-	-
Option 2	-	-	-	-
Option 3	1.09	+£5.45	5.42	+£27.10

Approach

- The average cost of travel by taxi was calculated using NimbleFinn's 2023 calculation of the average cost of running a taxi per mile of £5.0/mile.
- This cost has been multiplied with the average additional time for travel from **every LSOA to their nearest unit in each option**.
- The result is the **average additional cost of taxi fares (£) per LSOA**.

Average cost of a taxi (£5.0 per mile)



Average additional distance of travel (mile)

In option 3, taxi costs are expected to increase by between £4.50 and £6.60

Population group	Option 3		
	Average increase in distance to travel (miles)	Increase in driving costs	Increase in taxi costs
General population	1.09	+£0.51	+£5.45
Ethnic minorities	0.91	+£0.43	+£4.55
Deprived populations	1.05	+£0.49	+£5.25
Disabled populations	1.05	+£0.49	+£5.25
Women of child bearing age	1.32	+£0.62	+£6.60
18-25 year olds	1.04	+£0.49	+£5.20

- Option 3 would see an average increase of between £0.4-0.6 in driving costs for the protected population groups, with the smallest increase being for ethnic minorities
- These population groups would see an average increase in taxi costs of £4.50-£6.60, with ethnic minorities having the smallest increase
- Based on the outputs of the analysis of taxi costs and driving costs, option 1 have not been included as these options will not impact on these costs for the catchment population



Impact on other protected characteristics

The potentially impacted LGBTQ+ community have complex needs that need to be carefully considered to ensure the best possible experience

Gender reassignment

Population

- The overall transgender population in the UK is 0.1%
- Considering these national statistics, an estimate of the number of transgender people who may be impacted by the proposed service change is approximately 400 in the whole catchment

Service provision and outcomes

- Transgender populations may have complex medical needs and often have a poorer experience of healthcare than cisgender individuals
- Transgender people face significant discrimination and stigma alongside the potential for aggression from other service users
- There is often general deficiencies in the care that is provided by staff as well as issues surrounding the inpatient environment

Considerations

- The future care model should consider providing training to all staff in best practice care for transgender people and ensure that the care environment is optimal for these service users to have the best possible experience

Sexual orientation

Population

- The proportion of people who identify as lesbian, gay or bisexual in London is 3.8%
- Considering these London figures, approximately 15,750 people in the impacted population will be lesbian, gay or bisexual

Service provision and outcomes

- Lesbian, gay or bisexual people may have different needs to the general population and tend to have disproportionately worse health outcomes and experiences of healthcare
- Knowledge amongst clinicians of how to treat these population in an acute mental health setting tends to be limited
- The environment that these populations receive care in is also very important and can shape their perceptions of seeking care in the future

Considerations

- The future care model should empower staff to provide the best possible care for lesbian, gay and bisexual individuals to provide the best possible experience in an acute mental health setting

The new service model with increased contact has been found to impact how carers are able to visit service users and the cost associated with these changes

- For the purpose of this analysis, it has been assumed that the carers and family of the service users live in the same residence as those that are accessing inpatient mental health care
- As a result of the current service change, the carer population would experience an increase in travel time for visiting the service users and the average and maximum increase in travel times are displayed below
- The service changes also have an equivalent increase in distance associated with them which causes taxi costs to increase by approximately £25 per journey and driving costs to increase by approximately £2.55 per journey
- As a result of the impact of the proposed service changes, it is important that potential mitigations are considered for this population for when they are visiting the service users in

Service model	Peak driving				Public transport			
	Avg. travel time (mins)	Difference from pre-Gordon closure (mins)	Max. travel time (mins)	Difference from pre-Gordon closure (mins)	Avg. travel time (mins)	Difference from pre-Gordon closure (mins)	Max. travel time (mins)	Difference from pre-Gordon closure (mins)
Option 1	9.1	-	18.2	-	19.2	-	35.4	-
Option 2	9.1	-	18.2	-	19.2	-	35.4	-
Option 3	13.3	+4.2	26.8	+8.6	28.8	+9.6	54.1	+18.7

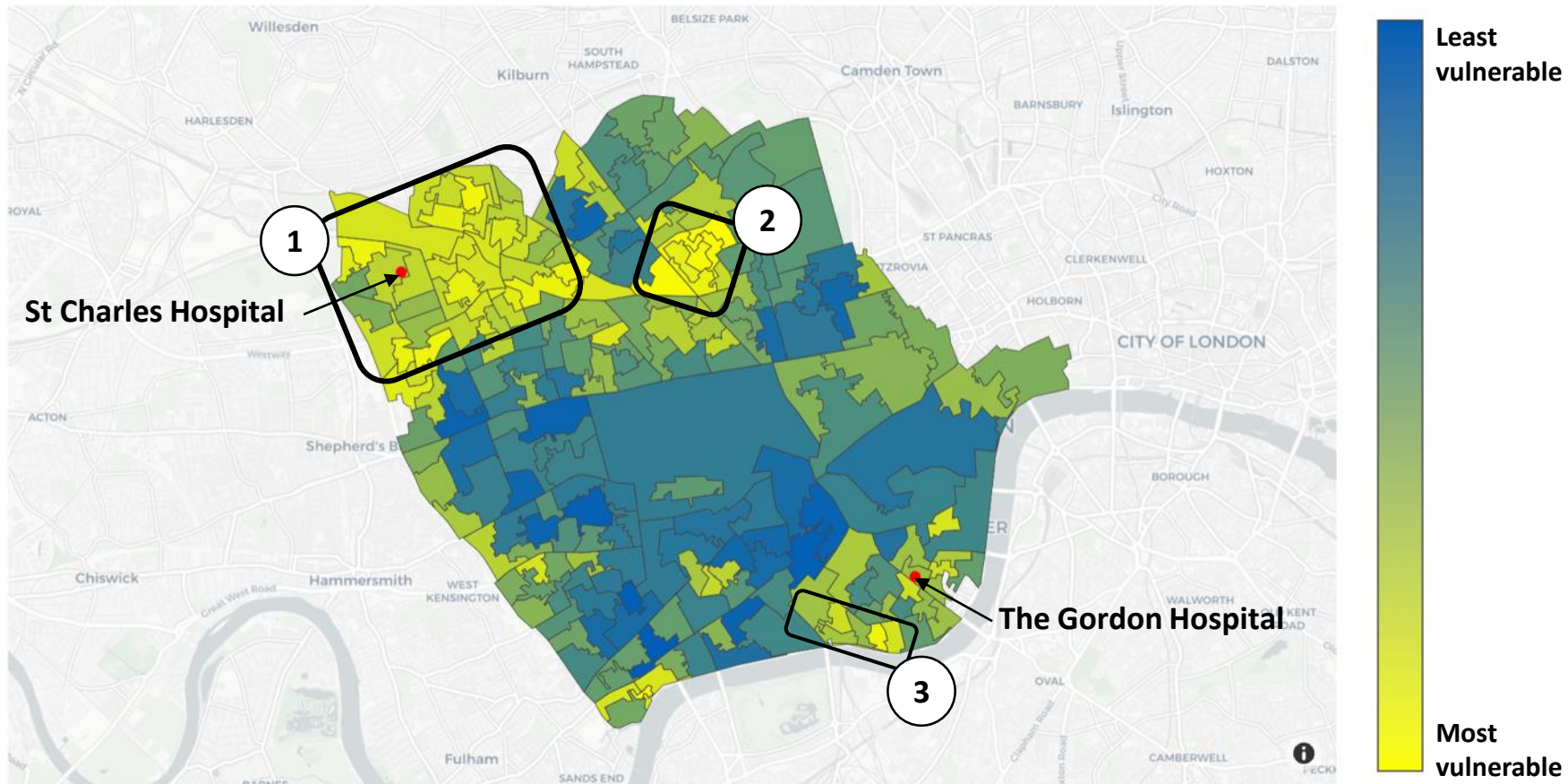


Impact on identified vulnerable geographies

Three geographic populations were identified as being particularly vulnerable to the impacts of the proposed service change

Vulnerable populations

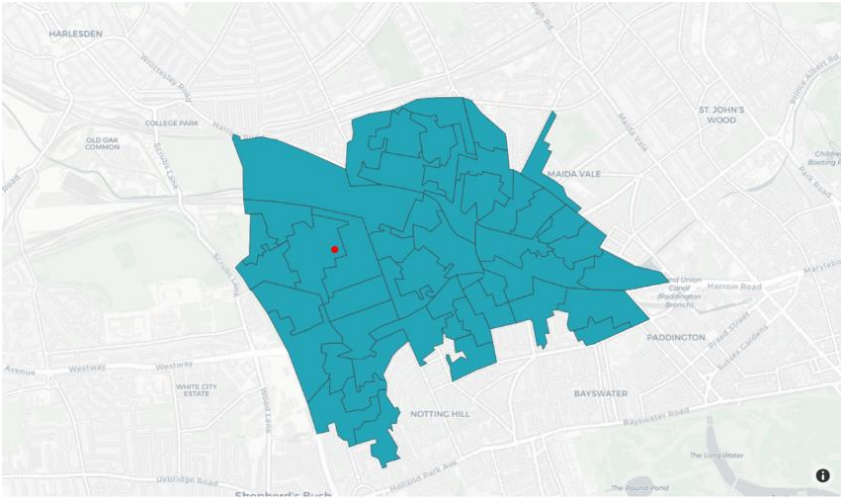
Map of the LSOAs in the catchment ranked by their weighted vulnerability



- A weighted vulnerability index was used to identify populations that may be particularly vulnerable in the proposed service change. The index is an equally weighted average of the rank of the percentage of ethnic minorities, deprivation and poor health outcomes where 1 = worst, 230 = best.
 - The particularly vulnerable populations that have been identified are:
 1. North Kensington
 2. Church Street
 3. Pimlico South
- Due to distance from St. Charles, Pimlico South as requires further analysis

Admissions have reduced for the North Kensington population and the cumulative travel time for patients, carers and / or family members has decreased

North Kensington population characteristics



- 62% of households are deprived with 25% being economically inactive
- 51% of the population are of an ethnic minority
- 4% of the population have poor English proficiency
- 18% of the population are disabled, with 7% reporting poor general health
- 41% of the women in the population are of childbearing age

Service usage

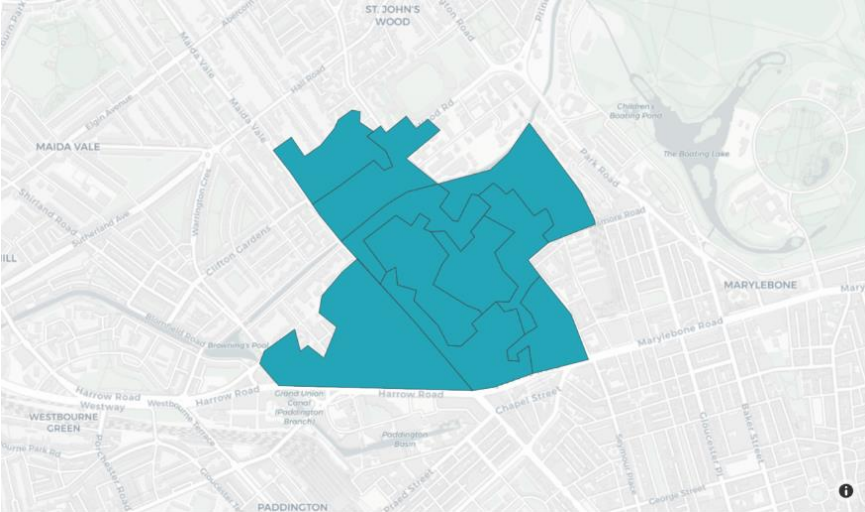
- There has been an **increase of unique mental health service users** for this population from 13% from 90 pre-Gordon closure to 101 in 2023/24
- The **increase in the number of referrals** from a pre-Gordon closure average of 3,079 referrals per year to 4,426 in 2023/24 also follows this trend
- There is a **decrease in inpatient admissions** was 381 inpatient admissions per year pre-Gordon closure to 253 admissions in 2023/24

Impact on transport to the hospital

- There has been **no increase in travel time** by driving or public transport for people in North Kensington
- Based on the most recent number of admissions, the cumulative travel time for North Kensington residents by public transport was 4953 minutes in 19/20 compared to 3289 minutes in 23/24
- As travel times for this population are not impacted, there is no increase in taxi or driving costs

Admissions have reduced for the Church Street population and the cumulative travel time for patients, carers and / or family members has decreased

Church Street population characteristics



- 69% of households are deprived with 30% being economically inactive
- 61% of the population are of an ethnic minority
- 8% of the population have poor English proficiency
- 20% of the population are disabled, with 10% reporting poor general health
- 41% of the women in the population are of childbearing age

Service usage

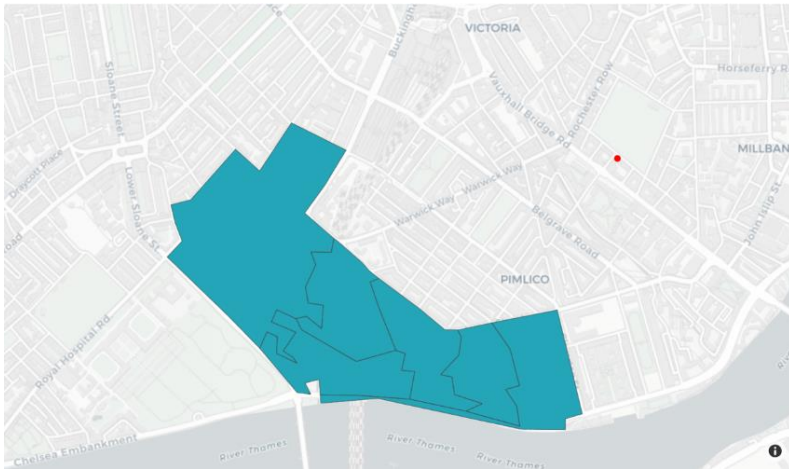
- There has been an **increase of unique mental health service users** for the Church Street population by 10% since pre-Gordon closure with approximately 21 unique service users in 2023/24
- This increased unique service users has resulted in an **increase in the number of referrals** by over 300 referrals to 897 in 2023/24
- Despite the increase in unique service users and referrals, the number of **inpatient admissions has decreased** from 69 per year pre-Gordon closure to 55 admissions in 2023/24

Impact on transport to the hospital

- There has been a **slight increase in travel times** for this population in is 0.1 minutes when driving and 0.2 minutes by public transport
- Based on the most recent number of admissions, the cumulative travel time for Church Street residents by public transport was 1725 minutes in 19/20 compared to 1375 minutes in 23/24
- This marginal increase is not impactful as only one LSOA is closer to the Gordon than St Charles

Admissions have reduced for the Pimlico South population and the cumulative travel time for patients, carers and / or family members has increased slightly

Pimlico South population characteristics



- 61% of households are deprived with 25% being economically inactive
- 49% of the population are of an ethnic minority
- 4% of the population have poor English proficiency
- 17% of the population are disabled, with 7% reporting poor general health
- 40% of the women in the population are of childbearing age

Service usage

- There has been an **increase in unique mental health service users** for this population from a pre-Gordon closure average of 10 to 12 in 2023/24
- This increase has a corresponding **increase in referrals** with over 110 more referrals in 2023/24 compared to the pre-Gordon closure average at (386 vs. 267)
- Despite these increases, the volume of **inpatient admissions has decreased** to 15 admissions in 2023/24 compared to 36 per year pre-Gordon closure

Impact on transport to the hospital

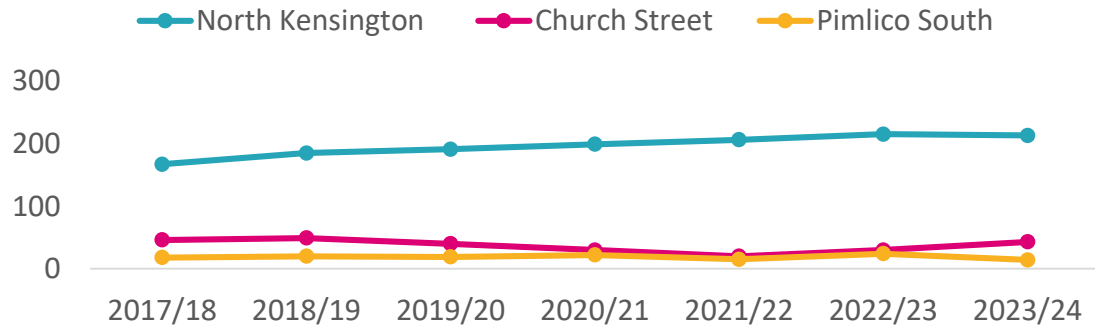
- There has been an **increase in average travel times** for this population in is 19 minutes when driving and 38 minutes by public transport
- Based on the most recent number of admissions, the cumulative travel time for Pimlico South residents by public transport was 432 minutes in 19/20 compared to 750 minutes in 23/24
- The increase in average distance of 4.9 miles has an equivalent taxi cost increase of £24-25 and driving costs of £2.30

Closure of the Gordon has not disproportionately affected admissions by section and readmissions for North Kensington, Church Street and Pimlico South populations

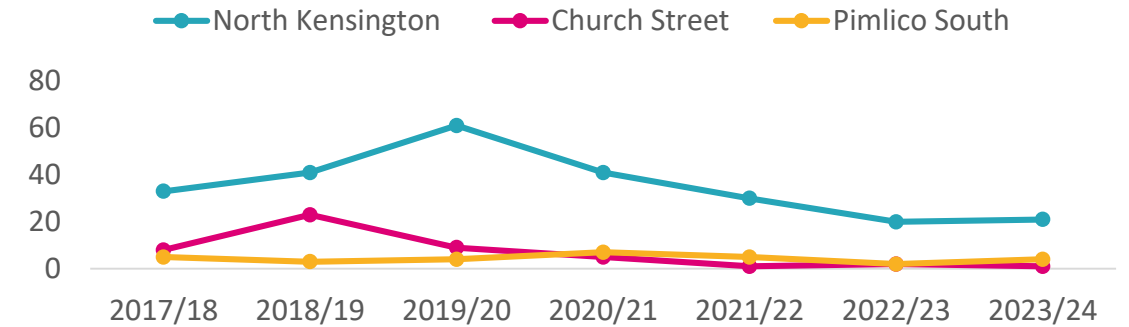
Analysis of admissions and readmissions for the people living in North Kensington, Church Street and Pimlico South

No. of admissions or readmissions, 2017/18 – 2023/24

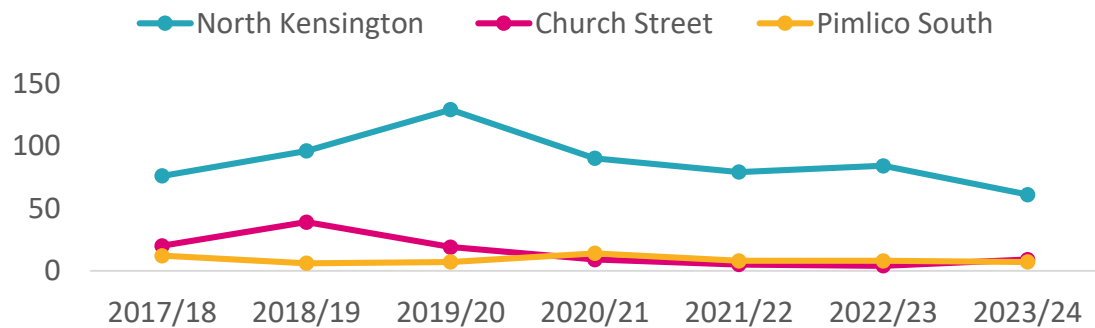
Admissions by section



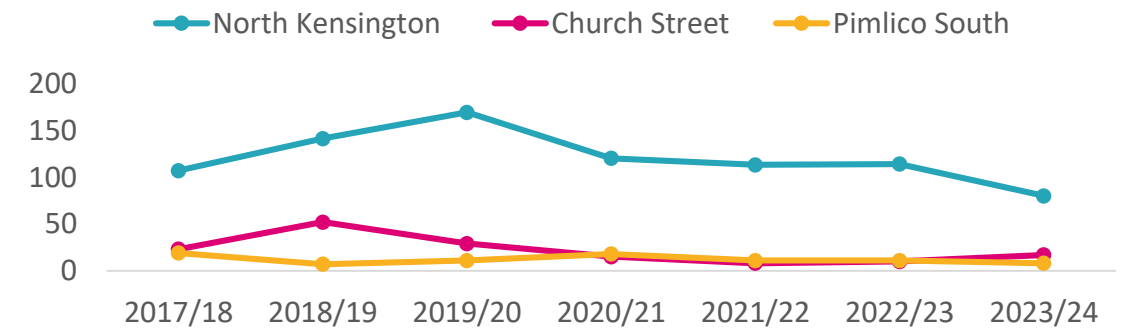
Readmissions in 30 days



Readmissions in 180 days



Readmissions in 365 days

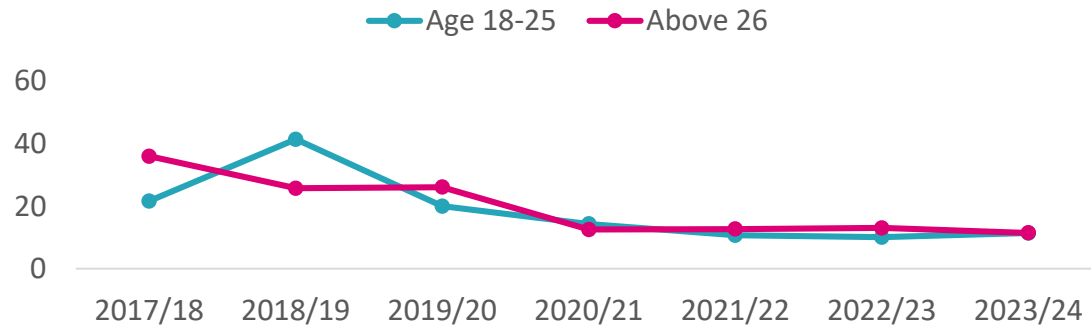


Wait times for referrals for people in North Kensington, Church Street and Pimlico South decreased compared to pre-Gordon closure levels

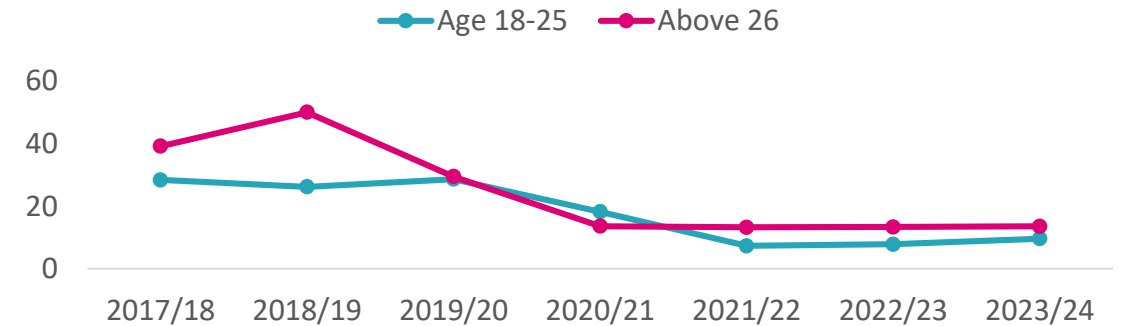
Average wait time for referrals to first contact for the people living in North Kensington, Church Street and Pimlico South

Days, 2017/18 – 2023/24

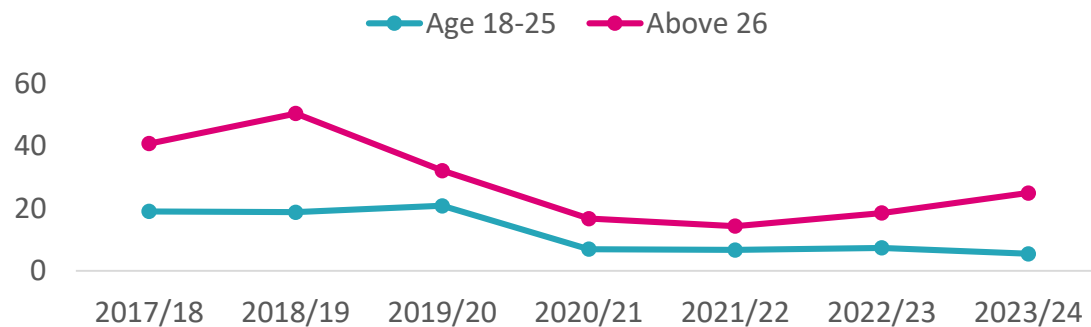
North Kensington



Church Street



Pimlico South



- Average wait times for referrals with contact for young people in North Kensington, Church Street and Pimlico South has decreased compared to pre-Gordon closure levels
- A similar decrease has also been observed in these populations for people aged 26 and over



Impact on sustainability and environment

The increase in travel distance associated with options 3 produce an average increase in carbon emissions of 242g per journey

Distances and Co2 cost per journey

Increase in average distance per average journey and average increase in Co2 cost per journey

Option	Average increase in distance travelled per journey (mi)	Average increase in carbon emissions per journey (g)
Options 1 and 2	0.0	0
Option 3	1.09	242

Average additional distance from LSOA to provider



Average Car Carbon Emissions (222.1g of CO2 per mile)

The calculations were made by assuming each mile travelled by car is associated with a fixed Carbon cost (of 222.1g/mi) based on assumptions of average car emissions, this gives us the average figure shown above

Potential Mitigations

Based on the outputs of the analysis performed, population groups were identified that required mitigations to ensure they are not disproportionately disadvantaged

Population groups that require further mitigations based on data analysis

- **Black and Black African population**
 - Usage of community services by this population group was found to be lower than other groups, at a similar usage rate to the pre-Gordon ward closure. It suggests that this population group has difficulty accessing community services which should be addressed if moving to a community-based model
 - Whilst there has been an increase ED mental attendances care for Black population, this was found to be driven by Black females. This does not appear to be related to temporary closure of the Gordon wards as ED attendances were increasing at a similar level before closure; therefore mitigations have not been considered here. Nevertheless, the ICB should conduct further analysis to understand the root cause of the trend to ensure the needs of black females are being addressed.
- **Carers**
 - 36% of carers / family members have an increase in average travel time, particularly in the south of both boroughs. Mitigations are needed to ensure carers from around KCW are well supported throughout the boroughs and are not disadvantaged
- **Homeless population**
 - Homeless people have co-occurring needs relating to substance misuse, neurodiversity, behaviour, and multiple health needs. There is an increased likelihood that patients would abscond and there is a need to further develop services (e.g. MHCAS) to work with this group
 - Average length of stay and admissions have decreased in NWL since the closure of the Gordon. However, analysis found that the number of admissions at St Charles had increased slightly since the closure of the Gordon wards. It was also unclear if this group has seen an increased uptake of community services within Kensington & Chelsea and Westminster.
- **Population of Pimlico South**
 - This population is particularly vulnerable to the impacts of the proposed service change due to deprivation and geographic proximity to the Gordon
 - The cumulative travel time for this population has increased by 73% since the closure of the Gordon wards, whereas it has not increased for the other vulnerable geographies identified

Population groups that either had limited data or that were reviewed with minimal concerns

- Several population groups had limited data and therefore CF were unable to determine if additional mitigations would be required:
 - People with comorbidities
 - Gender reassignment
 - Religion or belief
 - Substance misusers (including West hostel)
 - English sign language (ESL) and immigrant communities
 - Those sectioned by the police
 - Staff
 - People with neurodiversity
- Other populations that were reviewed with minimal concerns were:
 - All the residents of Kensington & Chelsea and Westminster
 - People with mental health conditions
 - Young adults and older adults
 - Sex
 - Women of child-bearing age

Most potential mitigations for South Pimlico address local bed provision, transport and patient experience, carer experience and further development of community services

Challenges

- The proposed acute inpatient facilities are located at St Charles' means the average travel time has increased by 35 minutes.
- The distance to the acute facilities in KCW mean that there are practical challenges with supporting residents in the south of KCW with the community model. For example, patients are further away from their communities during graduated leave which make re-integration more difficult. For escorted leave, it is more difficult for staff to accompany patients because of their time commitments.
- The Gordon provided a familiar place where patients had a safe space to access to practitioners in their community that added to the sense of community.
- Transient populations that pass through the South Pimlico community have very complex needs

Potential Mitigations

Improved local bed provision

- Explore provision of faster access to admissions and of local step-down beds with closer connections to the local South Pimlico community to support easier reintegration of the population

Improved transport and patient experience

- Explore improved transfer links between South Pimlico and St Charles' either through collaborations with local transport providers, or through provision of the special shuttle buses that can take staff and patients between St Charles and south KCW
- Explore transport provision to patients and caregivers through provision of a specialist taxi credits

Improved carer experience

- Provide meal credits to caregivers / visitors who may have been travelling from further location

Improved community services

- Signpost available services to improve awareness and uptake of the community service model (i.e. Peer support workers in estates). Continue to provide peer support workers in estates have been trained on Just Listening Open Dialogue principles
- Bring in adult social workers closer into teams in support of delivering the Open Dialogue.
- Introduce more community psychiatric nurses with the right skills to support individuals in South Pimlico

Most potential mitigations for carers are focused on the carer experience, and developing a coherent strategy around carers that includes them in the treatment model

Challenges

- There has been an increase in travel and financial burden for a minority of carers based in the south of the catchment population
- A reduction in inpatient services may lead to a heavier reliance on carers to manage crises at home
- Insufficient consideration of Mental Health Carers, often serving as a long-time companion, inhabiting a distinct role in mental health recovery

Potential Mitigations

NWL carer strategy development

- Explore development of an NWL Carers Strategy
- Investigate the availability and accessibility of training and support for carers

Carer as part of mental health treatment model

- Encourage long term relationships by improving the carer experience; consider the carers inclusion in care and treatment plans
- Provide carers with evidence-based wellbeing support and psycho-education; explore inclusion as part of the treatment from the outset

Transport and carer experience

- Explore provision of transport and financial support for the minority of carers whose travel time and / or costs have increased

Most potential mitigations for North Kensington are focused on continuing localised provision for the community as well continuing to gather patient experience data

Challenges

- North Kensington is close to clinical services but further away from community-based services (e.g. informal services) based in St Mary's
- The North Kensington population is still reticent to express their experiences of Mental Health services
- Patients admitted out of borough have limited public transport (e.g. tube and buses) which may cause challenges for regular service users e.g. those that use group therapies

Potential Mitigations

Improved patient experience data

- Considering gathering more patient experience data, perhaps through a commissioned external service, to understand their experience of care in greater depth and to tailor services to meet patient needs where possible

Maintain services for Grenfell population

- Explore the provision of care for Grenfell-affected patients specifically, and how the right services are provided to them in the right place

Consider hyper-localised services for crisis

- Consider the need to improve community services further, to have more local (hyper-local) based care and peer-led and community-led spaces for people experiencing crisis

Most potential mitigations for the Black Population are focused on continuing localised provision as well as developing engagement approaches to embed the community model

Challenges

- There is a higher prevalence of serious mental health in the black population
- The black population has historically underused community health services relative to the prevalence of mental health challenges in the population
- Whilst there a higher number of admissions by section that suggests the black population are receiving care that they need, there has been the suggestion that section 136 is overused
- There is a suggestion that there is an over-reliance on more restrictive interventions.

Potential Mitigations

Engagement and signposting of community services

- Explore mechanisms to improve engagement in community services (which has always been lower relative to peers) to avoid escalations to the point of admissions
- Improve communication to signpost people to the community support offer
- Improve connections between staff teams and people referred to generate higher skilled interventions over longer time
- Improve connections with admitted patients, friends and family and community staff
- Minimise delays along the assessment / referral process

Maximise localised community focus

- Consider increasing peer and lived experience roles in crisis care, including A&E to embed a holistic and person-centred approach, moving away from the medical model
- Consider developing the Crisis Cafe model and rolling this out across the bi-borough.
- Consider maximising the localised approach using CNWL and VCS estates, partnered with MH specialists, including MH assessment centres that are more localised, potentially to clusters of PCNs.

Most potential mitigations for the homeless population are focused on ensuring specialist provision of care and improving the discharge pathway

Challenges

- It was perceived that there was a lot of expertise at the Gordon Hospital involved in support of the homeless population, and there is the perception that this capability and expertise has been lost
- The homeless population find it difficult to engage in community-based MH services. They live in temporary accommodation without necessarily community around them
- Homeless patients being supported in a hospital may not know their local connections
- The homeless population have difficulty accessing step down without a plan to move on afterwards
- The homeless population may not have insight into their illness and therefore may not access the services
- The homeless population has substance misuse comorbidities specialist capabilities to address the complex needs

Potential Mitigations

Ensure specialist service provision for the homeless population

- Explore additional training for staff on the specific challenges faced by the homeless population - particularly in inpatients
- Explore shared care plan with other agencies - perhaps written into funding and commissioning arrangements
- Improve signposting to Dual Diagnosis Bi-borough Team to support people with mental illness and substance use difficulties

Improve discharge pathway for the homeless population

- Ensure there is a clear understanding of the pathway for this population
- Explore an "ideal" model for discharge / exit from the service for rough sleepers

Involve 3rd party organisations to support complex needs

- Explore provision of Nutrition and other "intersectional" support, such as physical health checks
- Explore use of homeless agencies as a channel to keep in touch



Appendix

Several population groups were identified and investigated to understand if any of the proposed changes could disproportionately affect these populations (1/5)

Group	Rationale for further exploration based on EIA	Key findings
Younger adults	<ul style="list-style-type: none"> Short residential stays may be of benefit as young people more likely to be sectioned by the police If families have to travel further they may not be able to visit inpatients as frequently 	<ul style="list-style-type: none"> Inpatient admissions for young adults has decreased but they are using the newly established MHCAS service. The sum of MHCAS attendances and admissions is greater than baseline admissions levels. Young adults are also seeing an increase in the number of community referrals whilst fewer are going out of borough for ED attendances
Older adults	<ul style="list-style-type: none"> If families have to travel further they may not be able to visit inpatients as frequently Potentially disproportionate burden on carers due to reduction in inpatient services 	<ul style="list-style-type: none"> The proposed service changes were found to not have a negative impact on the travel time required to visit inpatients. Less than one third of all service users were found to be impact by the proposed service changes
Sex	<ul style="list-style-type: none"> Disproportionate burden of care for women when carers of community service users Men are more likely to be admitted as inpatients Women with children might disproportionately impacted 	<ul style="list-style-type: none"> There are fewer admissions, reduce length of stay, fewer readmissions for men in 2023/24 compared to baseline years. Men also have a slightly higher rate of out of borough admissions compared to women. Women of child bearing age have a similar proportion of inpatient admissions than the rest of the population and are increasingly being referred for community services. The proportion of unique service users who are women of child bearing age is also increasing
People with mental health issues	<ul style="list-style-type: none"> Service users or potential service users 	<ul style="list-style-type: none"> A decrease in the total number of number of inpatient admissions and average length of stay was observed for people with psychosis, anxiety and depression and personality disorders. These reductions were also observed when breaking down admissions by ethnicity, gender and age. There are more unique service users in Westminster in 2023/24 compared to the baseline however there are slightly fewer unique service users in K&C in 2023/24 compared to pre-Gordon levels

Several population groups were identified and investigated to understand if any of the proposed changes could disproportionately affect these populations (2/5)

Group	Rationale for further exploration based on EIA	Key findings
People with physical disabilities	<ul style="list-style-type: none"> • Inpatient services may give access challenges • Travel to services may be a problem • Community services may benefit 	<ul style="list-style-type: none"> • Whilst access challenges were not investigated, the proposed changes were found to not have a negative impact on the travel time for each protected population group investigated
People with neurodiversity	<ul style="list-style-type: none"> • May be issues for people if they have to use shared facilities 	<ul style="list-style-type: none"> • Data available for inpatient admissions only for people with learning disabilities and autism. The number of admissions was reduced in line with the rest of the population but the numbers were too small to identify any trends
People with comorbidities	<ul style="list-style-type: none"> • Comorbidities may make access to all services more difficult 	<ul style="list-style-type: none"> • Data not available
Gender reassignment	<ul style="list-style-type: none"> • Privacy issues if Gordon is to be used without upgrading facilities 	<ul style="list-style-type: none"> • Data not available
Pregnancy and maternity	<ul style="list-style-type: none"> • Higher levels of community services may be of benefit for women with families • If families have to travel further they may not be able to visit inpatients as frequently 	<ul style="list-style-type: none"> • There were more female unique services users of CMHH services compared to pre-Gordon baseline levels • The proposed changes were found to not have a negative impact on the travel time for each protected population group investigated

Several population groups were identified and investigated to understand if any of the proposed changes could disproportionately affect these populations (3/4)

Group	Rationale for further exploration based on EIA	Key findings
Black and Black African people	<ul style="list-style-type: none"> Over-representation of Black and Black African people in inpatient units, particularly younger Black men If families have to travel further they may not be able to visit inpatients as frequently Poor experience of inpatient care Worse outcomes Higher community services may avoid inpatient stays, and higher trust in community settings Could also be negative impact of fewer beds if needing inpatient care 	<ul style="list-style-type: none"> The Black population has seen a reduction in admissions since the Gordon closure; referrals for community services has increased. The time taken until first contact was found to decrease for Black men with this group also seeing reductions in admissions by section and readmissions compared to pre-Gordon closure levels. The proposed service changes were also found to not have a negative impact on the travel time required to visit inpatients. There has been a slight increase in the number of unique community service users who were Black in 2023/24 compared to the baseline years There were slight increases in ED attendances and out of borough attendances for the Black population in 2023/24 compared to pre-Gordon closure levels
Religion or belief	<ul style="list-style-type: none"> May prefer closer family care involvement, so community services could be beneficial Having beds in Westminster could made access easier for minority and excluded communities 	<ul style="list-style-type: none"> Data not available
Carers	<ul style="list-style-type: none"> Travel expenses, distance to visit, difficult journeys if inpatient care not close to home Older carers may be particularly impacted if they have to travel further to visit inpatients or have an added burden of care if their loved ones are cared for in the community 	<ul style="list-style-type: none"> Analysis of travel times revealed that fewer than one third of service users would be impacted by the proposed service changes in Option 3 if the carer and patient there were visiting lived in the same LSOA. The proposed changes were also found to not have a negative impact on the travel time for each protected population group investigated

Several population groups were identified and investigated to understand if any of the proposed changes could disproportionately affect these populations (4/4)

Group	Rationale for further exploration based on EIA	Key findings
Families of service users	<ul style="list-style-type: none"> • Cost higher if travelling further to visit • Higher burden of care if cared for in the community 	<ul style="list-style-type: none"> • The average increase in driving costs for option 3 was found to be minimal whilst the average increase in driving time would be 4.18 minutes and 9.6 minutes for public transport. The maximum increase in driving time would be 8.63 minutes and 18.72 minutes for public transport (option 3)
Deprived communities, including people who are unemployed	<ul style="list-style-type: none"> • Travel costs if services not local • If families have to travel further they may not be able to visit inpatients as frequently • Less travel required to access community services • Deprived communities close to the Gordon would have further to travel if all inpatient care based in K&C 	<ul style="list-style-type: none"> • Travel times analysis found that there would be no negative impact for each protected population group investigated with the average increase in driving costs for option 3 was found to be minimal. The average increase in driving time would be 4.18 minutes and 9.6 minutes for public transport. The maximum increase in driving time would be 8.63 minutes and 18.72 minutes for public transport (option 3). The average increase in travel times for people in Pimlico South for option 3 was found to be 19 minutes when driving and 35 minutes by public transport. The average increase in travel times for people in Church Street for option 3 is 0.06 minutes and this marginal increase is not impactful as only one LSOA is closer to the Gordon than St Charles. No impactful changes were seen for the vulnerable population in North Kensington
Homeless people	<ul style="list-style-type: none"> • Travel expenses • May not have anyone to care for them in community settings 	<ul style="list-style-type: none"> • The proposed service changes do not have a negative impact on the travel time for each protected population group with increases in travel costs being minimal. The number of admissions has dropped greatly for the homeless population in KCW compared to pre-Gordon closure levels. The average length of stay as decreased slightly for the homeless population in 2023/24 in KCW compared to baseline years

Several population groups were identified and investigated to understand if any of the proposed changes could disproportionately affect these populations (5/5)

Group	Rationale for further exploration based on EIA	Key findings
Substance misusers (including Wet hostel)	<ul style="list-style-type: none"> • May not approach community teams 	<ul style="list-style-type: none"> • Data not available
ESL and immigrant communities	<ul style="list-style-type: none"> • Language issues • May not have people to care for them in community setting 	<ul style="list-style-type: none"> • Data not available
Those sectioned by the police	<ul style="list-style-type: none"> • Fewer inpatient beds may mean longer stays in EDs or prison suites • More likely to be younger and/or Black or Black British 	<ul style="list-style-type: none"> • Data not available
Residents of Westminster and K&C	<ul style="list-style-type: none"> • All residents are potential service users • The needs of Westminster residents may be different from those of residents of K&C 	<ul style="list-style-type: none"> • Inpatient admissions, length of stay and readmissions were found to decrease in both K&C and Westminster compared to pre-Gordon closure levels, with increases in community referrals also being observed in both boroughs. Unique service users were found to be similar in K&C in 23/24 compared to baseline levels whilst they have increased more in Westminster since the closure of the Gordon. The trends and patterns for admissions and unique service users in K&C and Westminster were also found to be similar. There were more ED attendances in Westminster in 2023/24 compared to baseline years however this was not observed in K&C
Staff	<ul style="list-style-type: none"> • May be impacted by changes to work locations • May stretch resources if services move 	<ul style="list-style-type: none"> • Data not available