

## Minutes

### SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

11 September 2012

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors Judith Cooper (Chairman) Peter Kemp (Vice-Chairman) David Benson Patricia Jackson John Major June Nelson Mary O'Connor</p> <p><b>LBH Officers Present:</b> Linda Sanders (Director Social Care, Health and Housing) Neil Stubbings (Deputy Director Social Care, Health and Housing) Moirra Wilson (Interim Deputy Director Social Care, Health and Housing) Alan Coe (Mental Health Consultant, working for the Social Care, Health and Housing Department) Charles Francis (Democratic Services Officer)</p> <p><b>Also present:</b> Sandra Brookes (Borough Director CNWL) Joan Vesey (Acting Borough Director, NHS Hillingdon) Fiona Davies (NHS Hillingdon)</p> <p>Observing: Graham Hawkes – Hillingdon LINK Anthony Brocchi – Hillingdon MIND Angela Mannners - Rethink</p>	
9.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Cllr Brar, no substitute</p>	
10.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Councillor Peter Kemp declared a non-pecuniary interest as a governor on the Board of CNWL.</p>	
11.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 31 JULY 2012</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>	

12.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>	
13.	<p><b>ADULT COMMUNITY MENTAL HEALTH SERVICES - WITNESS SESSION 1</b> (<i>Agenda Item 5</i>)</p> <p>The Interim Deputy Director, Social Services, Health and Housing introduced the report and explained that the first witness session aimed to address the following lines of enquiry:</p> <ul style="list-style-type: none"> <li>• Identifying Needs and Early Identification</li> <li>• Learning from best practice</li> <li>• Resources.</li> </ul> <p>The witnesses in attendance were:</p> <ul style="list-style-type: none"> <li>• Sandra Brookes - Borough Director CNWL</li> <li>• Joan Vesey – Acting Borough Director, NHS Hillingdon</li> <li>• Fiona Davies – NHS Hillingdon</li> <li>• Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department</li> </ul> <p>Sandra Brookes provided an overview of the six information packs which were included in the agenda. This was followed by a question and answer session. The following points were noted:</p> <p><b>Information Pack 1 – National Context – Summary of No Health without Mental Health</b></p> <ul style="list-style-type: none"> <li>• The way forward: No Health Without Mental Health: a cross-government mental health strategy for people of all ages: Translating Vision into Reality consisted of 6 elements which were: <ol style="list-style-type: none"> <li>1. More People have better mental health</li> <li>2. More people will recover</li> <li>3. Better physical health</li> <li>4. Positive experience of care and support</li> <li>5. Fewer people will suffer avoidable harm</li> <li>6. Fewer people experience stigma and discrimination</li> </ol> </li> <li>• Health and well-being was an important aspect of the strategy which linked a healthy body and mind together.</li> <li>• Referring to the IAPT<sup>1</sup> recovery rate Programme, it was noted that access to physiological therapy and early intervention were vital to assist people with mental health issues to stay in employment, which in turn made a valuable contribution to reducing stigma and discrimination.</li> <li>• An evidence based approach was taken to mental health service provision. It was important to ensure that users and carer's experiences were incorporated into the services delivered jointly by the Council and CNWL.</li> </ul>	Action by

<sup>1</sup> IAPT - Improving Access to Psychological Therapies

## **Information Pack 2 – Contextual Information for Hillingdon – data informing a new Commissioning Plan**

- The priorities for NHS Hillingdon and the London Borough of Hillingdon included:
  1. Promoting healthier lifestyles
  2. Improved co-ordination of joint health and social care working
  3. Safeguarding, prevention and protection
  4. Community based, resident focused services
  5. Promoting economic resilience
  6. Preserving and protecting the natural environment
  7. Reducing disparities in health
- A key challenge for the new Commissioning Plan would be the focus on the national context, and moving away from secondary care to primary care

## **Information Pack 3 – Performance Data**

- In relation to the following performance targets:
  1. 7-day follow up
  2. CPA reviews
  3. Delayed Transfers of Care
  4. Gatekeeping
  5. New EIS Cases
  6. NHS Data completeness
  7. Home Treatment episodes
  8. Self directed support
  9. Placement reviews
  10. Assessment waiting times
  11. Carers assessments
  12. Service Users receiving review

It was noted that overall performance had improved over the past 3 years and in particular work around home treatments and early interventions had gone well. A series of action plans had been introduced to address Self Directed Support, Placement reviews, Carers Assessments and Social Care Reviews.

## **Information Pack 4 – Access to Services & Information Pack 5 – Organisational Structure**

- It was noted that CNWL had been reconfigured into the following 10 Service Lines:
  1. **Acute Service Line** – including acute beds / care unit / home treatment – The aim is to provide intensive support to try and reduce hospital admissions
  2. **Rehabilitation Service Line** \* - *a particular focus of this review*
  3. **Assessment and Brief Treatment Service Line** – It is hoped that this reconfiguration will improve access to services. \* - *a particular focus of this review*
  4. **Community Recovery Service Line** – Focusing on developing functional social lives and support networks for service users. \* - *a particular focus of this review*
  5. **Psychological Medicine Service Line**

- 6. **Addiction Service Line**
- 7. **Older Adults & Health Ageing Service Line**
- 8. **CAMHS service Line**
- 9. **Offender Care Line Service**
- 10. **Learning Disabilities Service Line**

Liaison services were a new service area. These were being developed further with the aim of reducing secondary mental health care needs.

Hillingdon was unique amongst London Boroughs in that Heathrow Airport posed a series of challenges especially in relation to detention centres.

### **Crisis Provision**

In relation to crisis provision, the Committee heard that a Community Team was in place if this was required within office hours. Outside these hours provision included:

- The NHS111 phone number for emergency and care services which were less urgent than 999 calls
- General Practitioner services
- Accident and Emergency services
- Emergency Out of Hours Team

The Committee were informed that Needs and Early Intervention work was being conducted in partnership between the Council, CNWL and GP surgeries across the borough to increase this support. It was noted that the Well-Being Centre had a role to play in signposting service provision, as well as providing some services, and it was acknowledged there were further opportunities to highlight this resource. The valuable role the voluntary sector played in identifying need and especially early need was also emphasised.

It was noted that The Director and Interim Deputy Director were currently looking at a new structure for providing Mental Health Services across the Borough. The new Directorate structure introduced a new post of Service Manager Mental Health whose job it would be to ensure a more effective operational and strategic link between the council, NHS and voluntary sector partners.

### **Information Pack 6 – National examples of best practice**

- Reference was made to a number of examples of best practice from across the country which had been highlighted in the Health Services Journal national awards in mental health. These included:
  1. *Home Treatment Service* – an award winning project in Scotland – shifting the balance of care from hospital to home support for people with severe mental health issues.
  2. *The ‘How Long Would You Wait’* initiative – pioneered at the Cornwall Partnership FT - a campaign raising awareness about psychosis and encouraging family, friends and work colleagues to reach out and provide assistance early on.
  3. *The Proactive Intervention to Enhance Recovery (PIER)*

project – aiming to involve young people (aged 14 to 35 years) who were experiencing psychosis in designing and creating resources (including on-line resources) to make information about the condition more accessible to this age group.

4. *Mental Health Gateway Workers*: Promoting Positive mental health Cardiff and Vale University Health Board – The aim of gateway workers was to bridge the gap between primary and secondary care using a stepped care approach
5. Advice on Prescription: a partnership approach to improving mental health and wellbeing – based at NHS Halton and St Helens – an initiative aiming to fasttrack people visiting their GP who have mental health problems due to social welfare issues into more appropriate support services than psychological therapies.
6. The CNWL Recovery College – Based at Central and North West London NHS Foundation Trusts headquarters near Warren Street. This was an innovative educational facility, providing recovery focused education for people with mental health issues and those also in receipt of addictions and learning disability services.

In relation to the IAPT programme, Members asked how the London Borough of Hillingdon compared to other London Boroughs in terms of resources. In response, Sandra Brookes explained that CNWL were moving resources into this area but CNWL were 2 to 3 years behind other boroughs.

In terms of the early diagnosis of disorders, Members heard that CNWL could commission these services but that these services were special out services which were commissioned in.

During discussions about the out of hours in a crisis service, Sandra Brookes confirmed that service users were encouraged to contact an advice centre and signposting from here might include a referral to A & E or a Social Services Team. It was noted that CNWL did not have a crisis team but were taking steps to enhance the out of hours service and put in place a single telephone number to help people, thereby creating a more consistent service.

In response to a question about whether crisis calls and their eventual outcomes were tracked, Members heard that telephone calls were recorded but that outcomes were not tracked. Officer's confirmed that the Council's Emergency Duty Team did include mental health professionals or had access to them. With respect to the single telephone number for those people in crisis, it was confirmed that there was close liaison between the Community Nurse and Out of Hours Service in relation to these calls for assistance.

It was noted that carers often played a vital role in assisting persons in crisis. In terms of prevention, Members heard that all service users were provided with crisis cards which recorded some personal details and included information about whom to contact if the person were in crisis. It was noted that the carers in Hillingdon were in the process of

developing their own crisis card so that , in the event of an emergency where they could not provide care, others would know what support was needed for the relative or friend they supported.

Members agreed that it was vital there was support immediately after a period of crisis to ensure the person felt able to return to work as quickly as possible. It was highlighted that working within the voluntary sector for a period of time could help build confidence and provide support networks to persons in recovery.

Sandra Brookes explained that there were further opportunities for CNWL to engage with GPs and in particular to develop the commissioning role played by GPs. Members also highlighted that one of the key roles played by GPs was at the early intervention stage and there was scope to enhance this area. Members were pleased to hear that progress on this front had been made at the Mental Health Delivery Group.

Members highlighted that one specific area which required further attention was the eating disorder groups which did not appear to have a voice at forum meetings. Sandra Brookes reported that access to psychologists in Hillingdon had improved which would help identify needs at an earlier stage.

Officer's reported that over the last 18 months, partnership working between the Council and CNWL had improved and that the new Service Manager post would act as a focal point for liaison between the Council and CNWL to enhance joint working.

In response to a question about what aftercare was available to carers and the families of mental health patients, Members heard that CNWL would appoint a member of staff to liase with the family, either through a series of telephone calls, or, in some cases, through home visits. There were also a range of funded carers groups and Rethink offered a service particularly for people with mental health problems.

Members highlighted that the Well-Being Centre (located within the Boots Chemist on Uxbridge High Street) provided a fantastic service and there was an opportunity to publicise and promote what it did. Sandra Brookes confirmed that the IAPT was based at the Well Being Centre and this needed to be expanded. Members highlighted that St Margaret's Church was also a valuable resource to people with mental health issues and it was important that services, information and guidance was available to service users at those locations.

In response to a question about the possible ways in which the Council might assist CNWL deliver improved Mental Health Services, the following suggestions were proposed:

1. Implementing a new Council structure to deliver mental health services in Hillingdon, overseen by a new post would strengthen service provision
2. Exploring further ways of working between CNWL and the Council's Housing Teams to look at housing needs and accommodation options

3. Exploring those opportunities for CNWL to work in partnership with the Council's Leisure and Recreation services to develop the inclusion and recovery agenda (especially looking at the work of libraries as local resources).

In relation to the final suggestion, the Director of Social Care, Health and Housing confirmed that her Department had been working closely with the Planning, Education, Environment and Children's Services to look at ways in which services could be delivered in the future. It was noted that the Council did not have a books on prescription service for example, but there were lots of instances where there were opportunities for greater joint working. Fiona Davies from NHS Hillingdon confirmed that she was aware of a project called Getting into Reading and that Hillingdon MIND also ran a scheme.

In terms of engaging with volunteers, and in particular those from ethnic minority backgrounds, Members heard that Hillingdon MIND were the leaders in this field and had successfully developed links across different communities.

#### Resources

In terms of resources, it was noted that Hillingdon was in the third quartile for spend and this was just below 2010 levels. However, there had been increased investment recently and NHS Hillingdon had become more outcomes focused.

Speaking in general terms, it was noted that set against NHS Targets, NHS Hillingdon was broadly meeting its outcome against spend.

Joan Vesey reported that the Clinical Commissioning Group were looking at profiling the current economic spend to try and match resources to those areas which required additional funding. However, this was not an easy task and involved redesigning patient pathways. Linda Sanders explained that the Council were looking at an integrated approach to commissioning and that resources were focused on people in community based care rather than expensive residential care facilities. Councillors would learn more about housing support services contributed to this shift next time. Officers reported that the Mental Health Partnership Board, which consisted of Council and CNWL representatives, was looking at a 'whole family approach' to delivering Mental Health services in Hillingdon. In the current financial climate, it was acknowledged that any change programme would have cost implications and it was important that officers demonstrated affordability and efficiency savings.

Joan Vesey confirmed that when an assessment was being made about improving outcomes, NHS Hillingdon would examine both the required outcome and the timeframe to achieve this as well as the pathway.

Alan Coe reported that the recent change in the structure of CNWL helped support the shift towards supporting more people at home and fewer in institutional settings. Recent reviews had highlighted that cost

	<p>savings could be made by helping people move towards regaining their independence more quickly than they had in the past. The placement efficiency programme had identified where further appropriate transfers into the community could be achieved and also cost savings.</p> <p>In response to a question about the size and efficiency of the Mental Health Services budgetary spend, officers reported that historically this had not been as effective as possible. However there were clear plans to improve this. Officers were looking at a range of innovative options through the personalisation programme so that persons in residential care home settings could consider alternative options to give them greater choice and control.</p> <p>In relation to the topic of reducing stigma associated with mental illness, Members heard that at this stage, nothing had been done systematically across Councils. However, one of the outcomes of the review might be what Hillingdon could do as a Council and across partnerships to try and reduce this further.</p> <p>In terms of future challenges, the Committee heard that moving away from risk adverse practice and encouraging health professionals and service users alike to consider taking informed risks was a fundamental shift in practice.</p> <p><b>Resolved –</b></p> <p><b>That the evidence provided be used to inform the findings of the review.</b></p>	
14.	<p><b>WORK PROGRAMME - 2012/2013</b> (<i>Agenda Item 6</i>)</p> <p>Reference was made to the work programme and timetable of meetings. It was noted that title of the Social Care, Health and Housing Performance Assessment had been changed to the Local Account and this would be considered in early 2013 and not December 2012 as listed in the work programme.</p> <p>Members discussed a number of possibilities for site visits for the review and Hillingdon MIND located a Mead House was suggested.</p> <p><b>Resolved –</b></p> <p><b>That the report be noted.</b></p>	<b>Action by</b>
15.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 7</i>)</p> <p>Deputy Director Social Care, Health and Housing provided an overview of the Hillingdon Housing Strategy 2012-2015 (Cabinet Item 741). It was noted that this report outlined the Council's proposals for responding to the key national and local issues for housing. Areas included:</p> <ul style="list-style-type: none"> <li>• Public Sector housing</li> <li>• The use of the Private Rented Sector</li> </ul>	<b>Action by</b>



	<ul style="list-style-type: none"> <li>• Home ownership.</li> </ul> <p>The priorities and key issues for the strategy were reported to Cabinet in 2011 and approved for consultation with partner organisations. Officers explained that this report would present the draft strategy for formal consultation.</p> <p>It was noted that the previous strategy was about 5 years old and since its inception a number of new challenges had emerged. These included:</p> <ul style="list-style-type: none"> <li>• Responding to the recent global and national economic climate since the downturn</li> <li>• The rise in housing demand during a period of low housing building</li> <li>• The impact of homelessness</li> <li>• The rise in popularity of the private rented sector</li> </ul> <p>In response to question about the number of empty homes, Officers reported that there was a specific section within the strategy addressing this topic. Empty homes are divided into those which have remained unoccupied for less than 6 months and those greater than 6 months. The Council is pursuing a range of options to reduce empty homes including using an incentive scheme. Officers confirmed that a major challenge was ensuring that the Council used its stock as effectively as possible and reducing the number of under occupied properties.</p> <p>Officers confirmed that developers were keen to build 1 and 2 bedroom properties but the greatest demand was for homes containing 3 or more bed rooms. In relation to recent changes, officers confirmed that there had been an increased number of people migrating from inner to outer London Boroughs.</p> <p><b>Resolved –</b></p> <p><b>That the verbal report be noted</b></p>	
<p>The meeting, which commenced at 7.00 pm, closed at 9.00 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.