



HILLINGDON
LONDON



Social Services, Health and Housing Policy Overview Committee

Councillors on the Committee

Judith Cooper (Chairman)
Peter Kemp (Vice-Chairman)
David Benson
Sukhpal Brar
Patricia Jackson
John Major (Labour Lead)
June Nelson
Mary O'Connor

Date: TUESDAY, 11 SEPTEMBER
2012

Time: 7.00 PM

Venue: COMMITTEE ROOM 5
CIVIC CENTRE
HIGH STREET
UXBRIDGE
UB8 1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Published: Monday, 3 September 2012

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<http://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=247&MId=1392&Ver=4>

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INVESTOR IN PEOPLE

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Policy Overview

About this Committee

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

Terms of Reference

To perform the following policy overview role:

1. conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

In relation to the following services:

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 31 July 2012 1 - 4
- 4 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
- 5 Adult Community Mental Health Services - Witness Session 1 5 - 66
- 6 Work Programme - 2012/2013 67 - 70
- 7 Forward Plan 71 - 76

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Minutes

SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

31 July 2012

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Judith Cooper (Chairman) Peter Kemp (Vice-Chairman) David Benson Sukhpal Brar Patricia Jackson John Major June Nelson</p> <p>LBH Officers Present: Moirra Wilson – Deputy Director, Social Care, Health and Housing Steve Cross – Head of Finance, Social Care, Health and Housing Charles Francis – Democratic Services</p>	
1.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Cllr O'Connor, no substitute</p>	
2.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Peter Kemp declared a non pecuniary interest as a governor on the Board of CNWL.</p> <p>Mr Francis declared a non-pecuniary interest in the item – <i>Adult Community Mental Health Services</i> as a family member was a trustee of Hillingdon Mind.</p>	
3.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 19 JUNE 2012 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>	
4.	<p>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 (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>	
5.	<p>BUDGET PLANNING REPORT FOR SOCIAL SERVICES, HEALTH AND HOUSING 2013/14 (<i>Agenda Item 5</i>)</p>	Action by

	<p>The Head of Finance attended the meeting and informed the Committee that the report set out the main financial issues facing the Social Care, Health and Housing Group's services within the context of the Council's overall financial position and the work which was taking place to respond to them.</p> <p>Reference was made to the following uncertainties within the budget for next year:</p> <ul style="list-style-type: none"> • The responsibility of public health being transferred to local government in April 2013; • The abolishing of Council Tax benefit from April 2013 which was to be replaced with a new local support scheme with an immediate 10% cut in funding; • The reform of education funding was in progress and due to be implemented from April 2013 and • The business rates retention scheme which would reform the allocation of local government funding <p>Members were informed that the Adult Social Care, Health and Housing management Team had identified savings for 2012/13 totalling £6.256 million (out of a total of £8.262 million of the combined Social Care, Health and Housing Directorate.</p> <p>Resolved –</p> <p>1. That the development of the financial planning process undertaken to date together with the responses to the issues being developed by the Group be noted.</p>	
6.	<p>FIRST MAJOR REVIEW SCOPING REPORT - ADULT COMMUNITY MENTAL HEALTH SERVICES (<i>Agenda Item 6</i>)</p> <p>Members were presented with a draft scoping report on Adult Community Mental Health Services which had been prepared in partnership with Central and North West London NHS Foundation Trust (CNWL).</p> <p>Discussion took place on the remit of the review and the Committee asked for the draft scoping report to be amended, and to incorporate the following points:</p> <ol style="list-style-type: none"> 1. To request that the lines of enquiry be reduced from 14 headings to the following 7 headings: <ul style="list-style-type: none"> • Identifying Needs and Early Identification • Information and support for users and carers • Enabling people to make choices, balancing risks and community involvement • Partnership Working • Staff Training and Development • Learning from best practice • Resources 	Action by

	<p>2. To request that the lines of enquiry be amended to include an examination of what support is available to persons <i>in crisis</i>.</p> <p>3. To ensure that the September meeting focus on local and best practice and the October meeting focus on partnership working.</p> <p>Resolved –</p> <p>That the scoping report be agreed, subject to the amendments suggested at the meeting.</p>	Directorate Officers & Democratic Services
7.	<p>WORK PROGRAMME - 2012/13 (<i>Agenda Item 7</i>)</p> <p>The timetable of meetings and draft work programme was discussed.</p> <p>Resolved –</p> <p>That the report be noted.</p>	Action by
8.	<p>FORWARD PLAN (<i>Agenda Item 8</i>)</p> <p>The Committee considered the Forward Plan from September to November 2012.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. <i>Cabinet Member Decision - 798 – Review of Council housing tenant association governance, funding and support:</i> To request officers to provide a briefing note on the item. Subsequent to the meeting this Cabinet Member Decision was deferred to October 2012. 2. <i>Cabinet Item 741 – Hillingdon Housing Strategy:</i> To request officers to provide an update on this at the 11 September 2012 meeting 3. <i>Cabinet Item S1 – Progress Report on the Disabled People’s Plan:</i> To request officers to provide briefing note on the item to 9 October 2012 meeting. 	<p>Action by</p> <p>Directorate Officers</p> <p>Directorate Officers</p>
<p>The meeting, which commenced at 7.00 pm, closed at 8.05 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.

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ADULT COMMUNITY MENTAL HEALTH SERVICES – WITNESS SESSION 1

Contact Officer: Moira Wilson
Telephone: x 0722

REASON FOR ITEM

To provide the Committee with an overview of how mental health services are delivered jointly through the Council and Central and North West London Foundation Trust (CNWL). To consider how these services perform and to explore best practice within the current national policy context.

OPTIONS AVAILABLE TO THE COMMITTEE

To question the witnesses about mental health provision in Hillingdon and to address the following lines of enquiry:

- Identifying Needs and Early Identification
- Learning from best practice
- Resources

INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.

BACKGROUND

3. At the 31 July 2012 meeting, the Policy and Overview Committee agreed through a scoping report the lines of enquiry to be pursued and the broad structure of the review of adult community mental health services.
4. Members are aware from the Scoping Report (attached) that current services deliver a range of community services to support people's recovery and social inclusion. One of the key policy and practice challenges is to shift resources away from institutional care towards more community-based options.

PART 1 – MEMBERS, PUBLIC AND PRESS

5. This report, through a series of information packs produced as appendices, describes the policy context for adult mental health services and how services are arranged and provided in Hillingdon. Background information about demand and performance is also provided. At this meeting there will be an introductory presentation from officers from CNWL describing local services in more detail and outlining local examples of best practice. There will also be opportunities for Members to enquire further about the preliminary evidence provided by questioning witnesses from the Council, CNWL and key voluntary sector partners. At this point the Committee may wish to identify additional information to assist them.
6. The following witnesses are anticipated at the meeting:
 - Robyn Doran – Director of Operations CNWL
 - Sandra Brookes – Borough Director CNWL
 - Moira Wilson – Interim Deputy Director – London Borough of Hillingdon
 - Fiona Davies - NHS Hillingdon
 - Representatives of three principal voluntary agencies have been invited to assist councillors with any issues relating to their services

LINES OF ENQUIRY

It is expected that this meeting will cover following_lines of enquiry:

- Identifying Needs and Early Identification
1. How are people with mental health problems currently identified and supported across the Borough and how can this be improved and standardised, including support in a crisis?
 2. How good are local awareness, early identification and diagnosis?
 - Learning from best practice
 13. Which other areas/councils are recognised as successful in supporting people with mental health needs in their local communities?
 - Resources
 14. What funding is available and how sufficient is this to meet the demand for the service?

PART 1 – MEMBERS, PUBLIC AND PRESS

SUPPORTING INFORMATION

To assist members and support both the presentation and questions to witnesses, background information is provided through a series of preliminary information packs are provided. They are listed below:

- Information Pack 1- National Context – Summary of No Health without Mental Health
- Information Pack 2 – Contextual Information for Hillingdon – data informing a new Commissioning Plan
- Information Pack 3 – Performance data
- Information Pack 4 – Access to Services – Diagram
- Information Pack 5 - Organisational Structure
- Information Pack 6 – National and local examples of Best Practice

SUGGESTED COMMITTEE ACTIVITY

Question the witnesses, adding supplementary questions as appropriate.

PART 1 – MEMBERS, PUBLIC AND PRESS

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Information pack 1.1 National Policy

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: Translating the vision into a reality:

More people will have good mental health
More people with mental health problems will recover
More people with mental health problems will have good physical health
More people will have a positive experience of care and support
Fewer people will suffer avoidable harm
Fewer people will experience stigma and discrimination

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: Translating the vision into a reality:

1 More people have better mental health	2 More people will recover	3 Better physical health
<p>Self reported wellbeing (PHOF)</p> <p>Rate of access to NHS MH services by 100,000 population (MHMDS)</p> <p>Ethnicity of detained patients (MHMDS)</p> <p>1st time entrants into Youth Justice System (PHOF)</p> <p>School readiness (PHOF)</p> <p>Emotional wellbeing of looked after children (PHOF, Placeholder)</p> <p>Child development at 2-2.5 years (PHOF, Placeholder)</p> <p>IAPT: Access rate (IAPT Programmes)</p>	<p>Employment of people with mental illness (NHS OF)</p> <p>People with mental illness or disability in settled accommodation (PHOF)</p> <p>The proportion of people who use services who have control over their daily life (ASCOF)</p> <p>IAPT recovery rate (IAPT Programme)</p>	<p>Excess under 75 mortality rate in adults with severe mental illness (NHS OF & PHOF, Placeholder)</p>
4 Positive experience of care and support	5 Fewer people will suffer avoidable harm	6 Fewer people experience stigma and discrimination
<p>Patient experience of community mental health services (NHS OF)</p> <p>Overall satisfaction of people who use services with their care and support (ASCOF)</p> <p>The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF)</p> <p>Proportion of people feeling supported to manage their condition (NHS OF)</p> <p>Indicator to be derived from a Children's Patient Experience Questionnaire (NHS OF, Placeholder)</p>	<p>Safety incidents reported (NHS OF)</p> <p>Safety incidents involving severe harm or death (NHS OF)</p> <p>Hospital admissions as a result of self harm (PHOF)</p> <p>Suicide (PHOF)</p> <p>Absence without leave of detained patients (MHMDS)</p>	<p>National Attitudes to MH survey (Time to Change)</p> <p>Press cuttings and broadcast media analysis of stigma (Time to Change)</p> <p>National Viewpoint Survey – discrimination experienced by people with MH problems (Time to Change)</p>

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: The vision:

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this for everyone will mean that;

- 1 Mental health has “parity of esteem” with physical health within the health and care system
- 2 People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
- 3 Public services improve equality and tackle inequality
- 4 More people have access to evidence-based treatments
- 5 The new public health system includes mental health from day one
- 6 Public services intervene early
- 7 Public services work together around people's needs and aspirations
- 8 Health services tackle smoking, obesity and co-morbidity for people with mental health problems
- 9 People with mental health problems have a better experience of employment

Govt priorities:

£400m investment in NICE-Approved Psychological Therapies

Drive improvements in the quality of mental health services including development of a payments system based around the needs of people accessing services; quality and outcomes indicators will be embedded in this new approach; commissioners will ensure that providers assess and improve their services in line with relevant standards in relation to;

- User experience
- User involvement
- Clinical outcomes

Commissioners to develop levers to drive improvements in service quality

NHS Equality Delivery System will

- help NHS services address the needs of people with mental problems as an equality (disability issue)
- ensure that the mental health needs of Equality Act protected characteristic groups are understood and addressed
- ensure that all organisations meet their equality and inequality obligations in relation to mental health and that they ensure equality of access and outcomes for groups with particular mental health needs, which include the most vulnerable in society

For the first time the NHS has a duty to reduce health inequalities

Mechanisms will be developed for effective:

- commissioning
- monitoring (development of a national mental health dashboard) of mental health services delivery

Mental health will be at the heart of the new public health system; Public Health England will:

- integrate mental health and wellbeing throughout all its key functions
- Provide local leadership in promoting better mental health for all

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No health without
mental health:

A cross-Government
mental health outcomes
strategy for people of all ages

A Call to Action



Centre for
Mental Health



The New Savoy Partnership



Mental health and wellbeing have a fundamental impact on our chances in life. Mental wellbeing increases longevity and the capacity to self care.

Mental health problems affect one in four of us at some time in our lives. As well as being a major cause of distress for individuals and their families, they cost society an estimated £105 billion every year through lost productivity and avoidable costs for the criminal justice system as well as the costs of care and support.

The signatories to this statement recognise there is an urgent need for co-ordinated action, starting from the earliest years in life that will improve the mental health and wellbeing of the population year on year, and the life chances and recovery rates of people who experience mental health problems.

To this end we pledge to work together to deliver these shared objectives contained in the Government's mental health outcomes strategy No Health without Mental Health:

1 More people will have good mental health

- More people of all ages and backgrounds will have better wellbeing and good mental health;
- Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well;
- More children will have the positive start in life needed to experience good mental health and wellbeing over the life course;

2 More people with mental health problems will recover

- More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live;

3 More people with mental health problems will have good physical health

- Fewer people with mental health problems will die prematurely, more people with mental health problems will have better physical health and more people with physical ill health will have better mental health;

Signatories: Richard Webb, Joint Chair, **Mental Health Network ADASS**; Val Huet, Chief Executive Officer, **British Association of Art Therapists**; Faye Wilson, Deputy Chair, Mental Health Committee, **British Association of Social Workers**; John Hanna, Director, Policy Unit, Division of Clinical Psychology, **British Psychological Society**; Sean Duggan, joint Chief Executive, **Centre for Mental Health**; Dr Stephen Battersby, President, **Chartered Institute of Environmental Health**; Maggie Jones, Chief Executive, **Children England**; Genevieve Smyth, Lead Professional Affairs Officer, **College of Occupational Therapists**; Paul Burstow MP, Minister of State for Care Services, **Department of Health**; Professor Lindsey Davies, President, **Faculty of Public Health**; Helen Dent, Chief Executive Officer, **Family Action**; Andrew McCulloch, Chief Executive, **Mental Health Foundation**; Steve Shrubbs, Director, Mental Health Network, **NHS Confederation**; Professor Carolyn Steele, Chair, **Mental Health Providers Forum**; Paul Farmer, Chief Executive, **Mind**; Jeremy Clarke, Chair, **New Savoy Partnership**; Paul Jenkins, Chief Executive, **Rethink**; Professor Helen Lester, mental health lead, **Royal College of General Practitioners**; Ian Hulatt, Mental Health Advisor, **Royal College of Nursing**; Professor Dinesh Bhugra, President, **Royal College of Psychiatrists**; Benita Refson, OBE, Director, **The Place2Be**; Martina Millburn, Chief Executive Officer, **The Prince's Trust**; Sue Baker, Director, **Time to Change**; Liz Felton, Chief Executive, **Together**; Angela Mawle, Chief Executive, **UKPHA**; Sarah Brennan, Chief Executive, **YoungMinds**; Barbara Rayment, Director, **Youth Access**; Fiona Dawe, Chief Executive Officer, **YouthNet**; Pam Webb, Head, **Zurich Community Trust**.

A Call to Action

4 More people will have a positive experience of care and support

- Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure that people's human rights are protected;

5 Fewer people will suffer avoidable harm

- People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service; and

6 Fewer people will experience stigma and discrimination

- Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

All the organisations who are signatories to this Call to Action are committed to working together to ensure a co-ordinated approach to policy making that supports delivery of the above shared objectives.

The Cabinet Sub-Committee on Public Health will oversee all the strands of work on mental health undertaken by government departments in order to raise the profile of mental health and to ensure appropriate action is taken, to help implement the strategy.

The Cabinet Sub-Committee on Social Justice will tackle many of the underlying issues which contribute to poor mental health. A Mental Health Strategy Ministerial Advisory Group of key stakeholders, including people with mental health problems and carers, will be established to work in partnership to realise the Strategy.

The strategy recognises that improved mental wellbeing and the reduction of mental ill health require the efforts of many agencies. It sets out the central role of local government and the NHS, as well as other public sector bodies, and the distinct contributions of the voluntary sector, employers and other groups in society that will all be crucial to the strategy's success.

All of us have a part to play in promoting the importance of good mental health and in challenging negative attitudes in our society.

A Call to Action

Key areas of action for mental health

- Fewer people will suffer from stigma and discrimination as a result of negative attitudes and behaviours toward people with mental health problems by improving public and professional attitudes and reducing the institutionalised discrimination inherent in many organisations, including support services;
- Ensuring a good start in life;
- Promoting mental health across the life course;
- Ensuring mental health has parity of esteem with physical health in terms of public health and care services; reducing the social, economic and the wider determinants of mental ill health across all ages; reducing the inequalities that can both cause and be the result of mental health problems including, for example, social isolation amongst older people; promoting and supporting comprehensive and just housing policies which will provide the foundation for good physical and mental health and wellbeing;
- Identifying mental health problems and intervening early across all ages;
- Ensuring equity in access for all groups, including the most disadvantaged and excluded, to high quality appropriate services;
- Building care and support around outcomes that matter to individuals to enable them to live the lives they want to live, including good relationships, purpose, education, housing and employment;
- Offering people a choice of high quality evidence- and practice-based interventions, including psychological therapies;
- Ensuring people with severe mental health problems receive high quality care and treatment in the least restrictive environment, including inpatient and secure settings, in their homes and in alternative settings – when, for example, they are receiving care from crisis services;
- Fewer people with mental health problems should have poor physical health;
- Fewer people with mental health problems should die prematurely;
- Fewer people with physical ill health, including those with long-term conditions and medically unexplained symptoms, should have mental health problems;
- Services should be designed around the needs of individuals, ensuring appropriate, effective transition between services when necessary, without age-based, professional or organisational barriers and attitudes getting in the way;
- Wherever possible, services should listen to and involve carers and others with a valid interest and provide them with information about the patient's care, to ensure that 'confidentiality' does not become an obstacle to delivering safe services; and
- Improved services will result in fewer people suffering harm from the care and support they receive; fewer people harming themselves and others; and further progress on safeguarding children, young people and vulnerable adults.

The mental health strategy and supporting documents can be found at www.dh.gov.uk/mentalhealthstrategy



Hillingdon Clinical Commissioning Group

**Information Pack Two
Data to support proposed
Joint commissioning plan for adults
2012 – 15**

Hillingdon profile: Population profile and the health and social care needs of the population

Hillingdon Profile: Hillingdon Borough: Unique in terms of London/England

2nd largest London Borough covering 42 sq miles with 22 wards

3 demographic zones ranging from very deprived to very affluent; the north of the Borough is semi-rural with large sections of green belt land; the south of the Borough is more urban and densely populated with some areas falling in the most deprived 20% nationally

Boundaries with 3 London Boroughs and 3 Shires

Over half of the Borough is countryside including canals, rivers, parks and Woodland

266,100 estimated population (2010) with 8% increase 2002-10:

- 10% rise in under 15 yr olds
- 15.4% rise in those aged 75yrs and over

Heathrow airport sits within the Hillingdon boundary; with 2 immigration detention centres. The largest RAF airport is located at Northolt

Significant diversity in the population with 30% from a black and minority ethnic background

The migration rate is 139 per 1,000 with movement in and out of the Borough of

35,000 people

Figure 1: Location of London Borough of Hillingdon



Hillingdon: Health and social care organisation and issues

Significantly higher proportion 15 – 19 yr olds compared with London and England

The Borough is divided into 3 localities:

- Practices Ruislip and Northwood: 86,148 population
- Uxbridge and West Drayton: 86,139 population
- gains the Hayes and Harlington: 88,730 population of its income from

There is significant pressure on health and social care resources caused by:

- An increasing older population
- older population
- Increases in “lifestyle” conditions of childhood obesity
- Increases in alcohol related hospital admissions

Hillingdon has 49 GP

Hillingdon hospital majority

Hillingdon residents

These do not impact consistently across the Borough

Hillingdon Profile: Hillingdon Borough: Unique in terms of London/ England



Environment

Hillingdon has a considerable network of green spaces as well as rivers and parks. These natural environments are essential to the diversity of the borough as well as promoting a healthy way of life and helping to mitigate the effects of climate change. Hillingdon's population is expected to grow and there will be increasing pressure on the natural environment to accommodate growth, and to manage the increasing man impacts.

Leisure

Hillingdon's borough's leisure facilities offer a variety of sports and fitness centres. Hillingdon Sports and Leisure Complex in Uxbridge includes a new 50 metre pool, outdoor pool and sport facilities. Botwell Green Sports and Leisure Centre has a new 25m pool and sports facilities. Ruislip Woods covers 726 acres with footpaths and cycle paths. Ruislip Lido features a 60 acre lake, a narrow gauge railway, beach and watersplash area. There are four public golf courses in Ruislip, Northwood, Stockley Park and Uxbridge. Hillingdon's 17 libraries are being rebuilt or refurbished to create a more relaxed way to enjoy books and become the centre of the local community. There is also a mobile library which tours the borough.

Economy

Hillingdon has a strong local economy and strong potential for an improving position. The presence of Heathrow Airport provides considerable benefits for the local economy. Uxbridge and Stockley Park are established locations for major corporate headquarters. Yiewsley has major regeneration opportunities, and West Drayton also has potential in the longer term. Unemployment has not significantly affected Hillingdon's economy to date. Hillingdon continues to have relatively high proportions of economically active people.

Transport

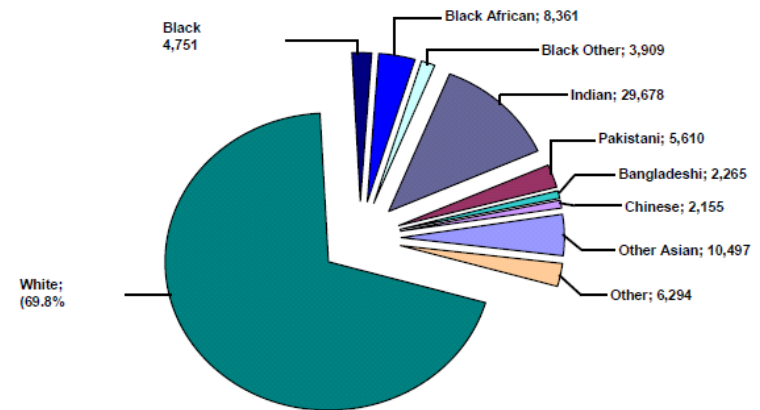
Hillingdon is directly served by three of the country's busiest motorways namely the M25, M4 and M40. The road network in Hillingdon is strongest from east to west with the A4 and M4 in the south, A40 running centrally and the A404 in the north east. Rail routes connect the borough with central London, Thames Valley, Chilterns and the west-country. North-south traffic movements in the borough are mainly served by the A312 Hayes Bypass, A437 - A408 Yiewsley Bypass and M25, along the western perimeter. Journey times on north south trips can be unreliable, especially across the A40 but also between the A4 and A40. Public transport provision in Hillingdon is also better when travelling east-west rather than north-south. Hillingdon's Core Strategy seeks to address the challenge of poor north-south links. Hillingdon's carbon emissions from transportation are much higher than the London average. The number of people travelling into and out of Hillingdon is a major contributing factor. It has also led to impacts on air quality, particularly around Heathrow where hotels and office accommodation have been developed

Hillingdon: Ethnicity of the population

In 2010 30% of the population was constituted of people from black and ethnic minority communities; this was a rise of 20% from 2001; a further 20% increase is projected to 2020

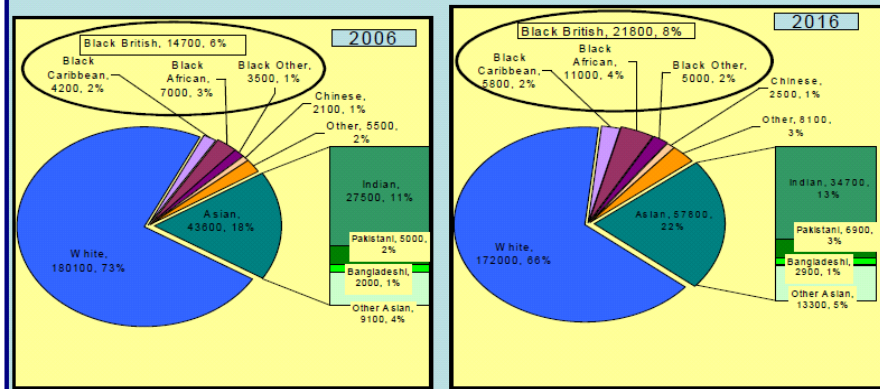
There are significant numbers of asylum seekers and refugees in Hillingdon; putting significant pressure on providers in terms of the need to understand and respond to cultural differences and the need to respond to individual behaviours

Hillingdon Population by ethnicity, 2010



Source: GLA EGPP 2007 PLP

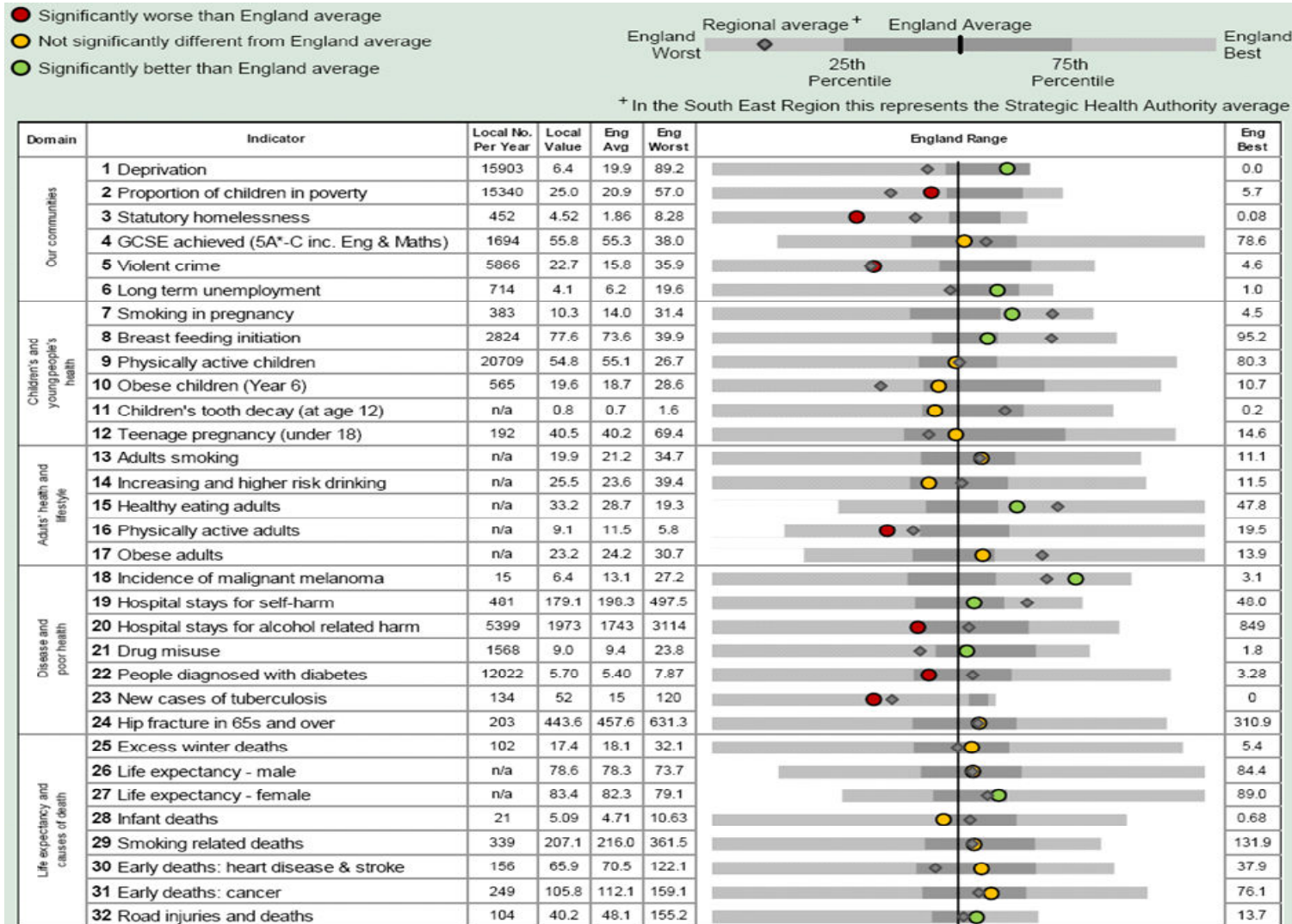
Trend in ethnicity in Hillingdon, 2006 to 2016



Data source: GLA 2008 Round Ethnic Group Population Projections, 2008

Hillingdon Profile: Health and social inequalities

Overview of Hillingdon (Hillingdon Health Profile)



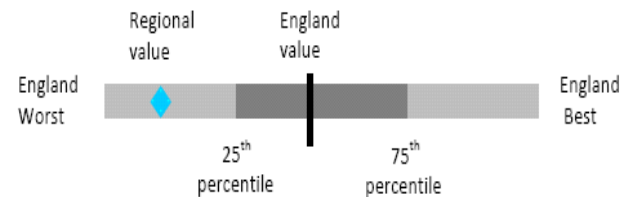
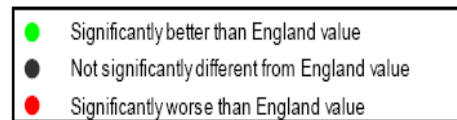
Source: APHO Health profiles, 2011

Hillingdon Profile: Health and social inequalities

Overview of Hillingdon

Marmot Indicators for Local Authorities in England

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for this local authority is shown as a circle, against the range of results for England, shown as a bar.



Hillingdon

	Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
	Health outcomes						
	<i>Males</i>						
1	Male life expectancy at birth (years)	78.6	78.6	78.3	73.7		84.4
2	Inequality in male life expectancy (years)	6.6	7.1	8.8	16.6		2.7
3	Inequality in male disability-free life expectancy (years)	9.1	9.1	10.9	20.0		1.8
	<i>Females</i>						
4	Female life expectancy at birth (years)	83.4	83.1	82.3	79.1		89.0
5	Inequality in female life expectancy (years)	6.3	4.7	5.9	11.5		1.8
6	Inequality in female disability-free life expectancy (years)	8.8	7.9	9.2	17.1		1.3
	Social determinants						
7	Children achieving a good level of development at age 5 (%)	59.8	54.7	55.7	41.9		69.3
8	Young people not in employment, education or training (NEET) (%)	6.1	5.8	7.0	13.8		2.6
9	People in households in receipt of means-tested benefits (%)	15.6	20.6	15.5	41.1		5.1
10	Inequality in people in receipt of means-tested benefits (% points)	27.5	30.1	30.6	61.3		2.9

Hillingdon Profile: Health and social inequalities

Hillingdon is 157th most deprived district in England (n= 326) and 24th out of the 33 boroughs in London

There are 15,340 children living in poverty in Hillingdon. The levels of tooth decay and physical activity among children are worse than the England average

Worse than England average rates for:

- Percentage of people diagnosed with diabetes
- Hospital admissions rate for alcohol-related harm
- The rate of new cases of tuberculosis

Rate of CDV and cancer mortality varies significantly within the Borough

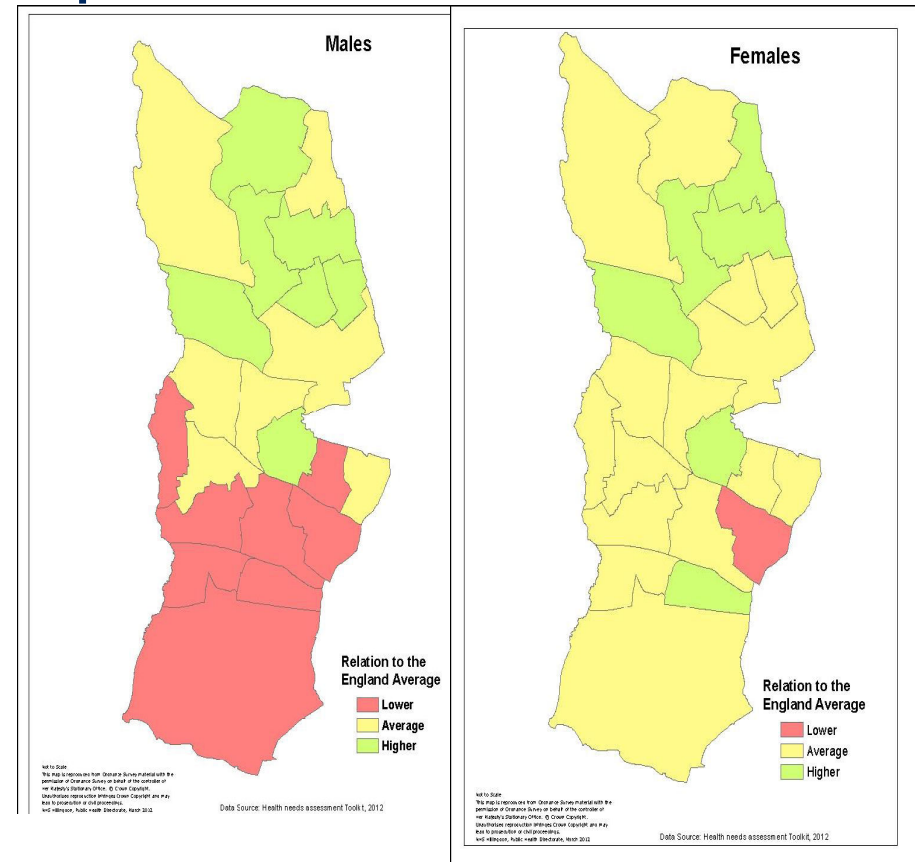
Over the last 10 years, the rates of deaths from all causes combined and of early deaths from cancer and from heart disease and stroke have fallen. With the exception of the death rate from all causes combined for women, which is now lower, the rates have remained similar to the England averages.

There is significant inequality in Hillingdon:

- Life expectancy can vary by as much as 8.1 yrs for men and 7.4 yrs for women
- For the most deprived communities the SMR has been worsening while the overall rate has been improving

The burden of disability is high with significant numbers of people needing support for physical disabilities, frail elderly etc

The standardised mortality ratio (SMR) for the Borough is similar to London and improving



Priorities for NHS Hillingdon and the London Borough of Hillingdon

HCCG and LBH recognise the connection between broader community, environmental and social factors and health and the connection between physical and mental wellbeing . The 2 organisations are therefore increasingly adopting a joint approach and agreement of . cross cutting themes and a joint vision:

Vision: To ensure that people who need health and social care treatment and support are empowered and supported to choose and commission services that will meet their specific needs, helping them to move towards recovery, regaining meaningful lives as individuals who are active members of the communities in which they live and work.

Priority themes for action from JSNA and joint LBH/NHS Hillingdon work:

- 1 Promoting healthier lifestyles
- 2 Improved co-ordination of joint health and social care working
- 3 Safeguarding, prevention and protection
- 4 Community-based, resident-focussed services
- 5 Promoting economic resilience
- 6 Preserving and protecting the natural environment
- 7 Reducing disparities in health outcomes

HCCG identified the following objectives for health care services:

- Demonstrate and evidence equality and consistency in access to services and health outcomes within Hillingdon that continues a reduction in health inequalities
- Development of primary and community based care that :
 - Improves the quality care
 - Improves access
 - Reduces variation in clinical practice
 - Improves patient satisfaction and reported outcomes
 - Improves management of patients with LTCs
- Development of patient and public engagement that ensures public involvement
- Achieving financial balance and a viable local health economy within existing and future resources, with particular emphasis on robust contract monitoring across the entire contract portfolio
- An expectation that all providers will provide timely and robust quality assured data
- Commission clinically effective care, based on an evidence base
- Commission care in line with health needs as identified by the JSNA and in line with the health and wellbeing strategy
- Engender a culture of value for money underpinned by an understanding that all clinical decisions have financial consequences

Arising from the desire to ensure the personalisation and localisation of services, LBH's aim is to ensure that people are empowered and supported to choose and commission services that meet their specific needs and help them to move towards **RECOVERY** so that they regain their lives as economically active members of the communities in which they live and work.

Currently LBH spends a significant proportion of its social care budget on residential care that is mostly delivered through institutionalised models. A key strategy for improvement therefore relates to re-commissioning of more individualised approaches to the provision of both accommodation and support. This will be achieved through "core and flexi-models of delivery".

Hillingdon Profile: Health and social inequalities: Long term conditions including mental health problems

Approximately 1 in 4 social care claimants live in wards in the south of the Borough; Hayes and Harlington has the greatest proportion of claimants with Uxbridge and West Drayton ranking second; there is a slight variation in age by locality but the primary reason for claims across the Borough is a mental health problem

There is a need to support people with long term conditions into employment, in particular, those with mental health problems

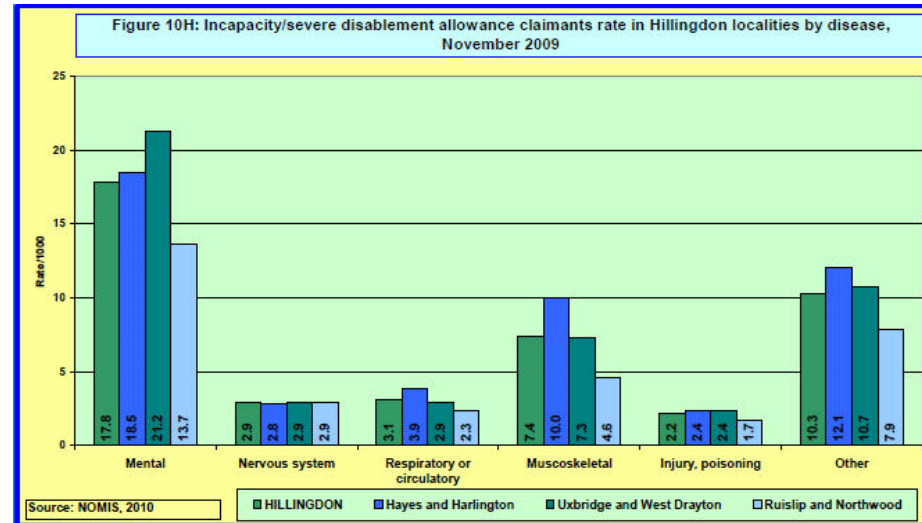
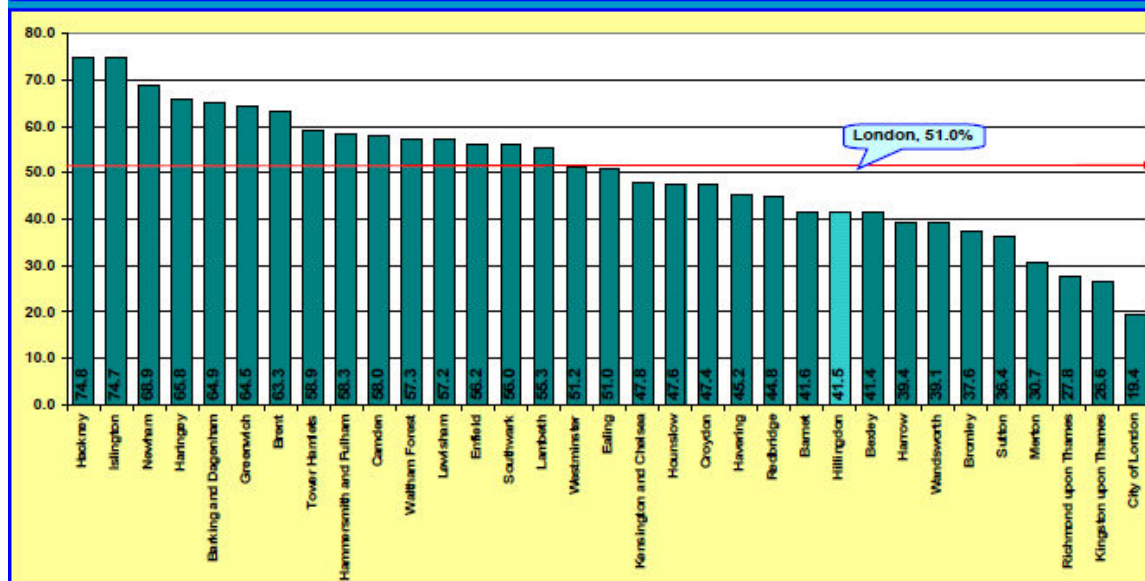


Figure 9: Rate of Incapacity/Severe Disablement Allowance Claimants for Hillingdon compared with the rest of London, November 2009

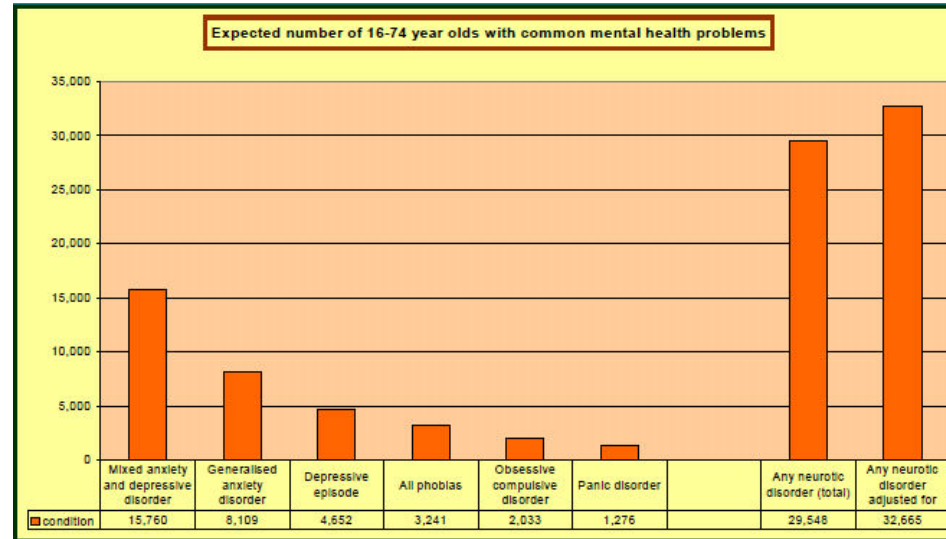


Hillingdon Profile: Mental health needs in Hillingdon

The most common mental health problem in Hillingdon is anxiety and depressive disorders which affect over 50% of people with mental health problems

It is estimated that in any given week, 10% of adults in Hillingdon will experience depression – higher than the England average (8%) but lower than the London average (11%)

Overall, the need for inpatient services for severe mental illness in Hillingdon is 20% lower than the national average 40%, whereas on average in London it is 60% higher



Although the mental health need in Hillingdon is lower than England as a whole, the picture fits with the national pattern of indicators and determinants that impact on mental health. Most admissions needing mental health treatment in Hillingdon come from the south of the Borough. These wards are predicted to a higher population increase in areas already more densely populated and more deprived. On average, these localities show higher social determinants:

- Lower educational attainment
- More unemployment
- More crime

The scale of the challenge is set to escalate with the inequality gap widening in both life expectancy and quality of life

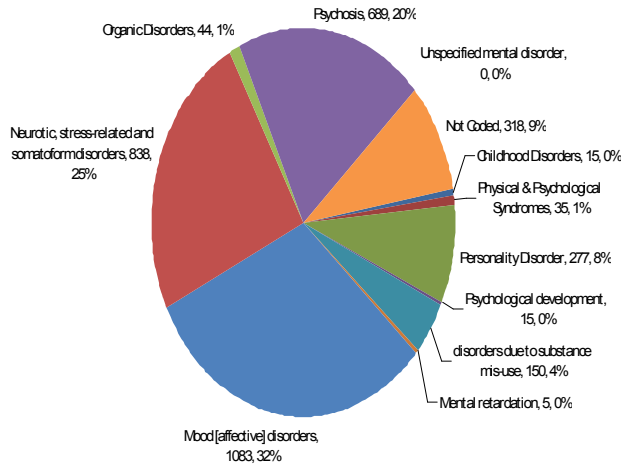
Current mental health services provision Hillingdon: Specialist mental health services profile: Central and North West London Foundation Trust

Central and North West London Foundation Trust is the main provider of specialist and community services for adults in Hillingdon:

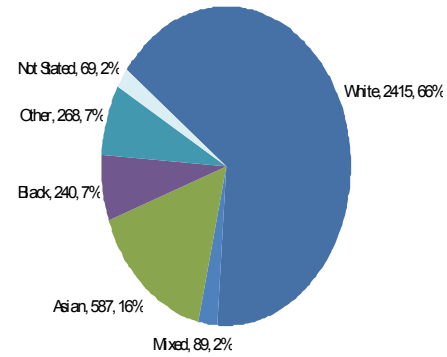
Community Services		
Early intervention service	Pembroke Centre	Multi-disciplinary teams
Assessment and brief treatment service	Mill House	Multi-disciplinary teams
Community recovery service	Mead House & Pembroke Centre	Multi-disciplinary teams
Inpatient Services		
Rehabilitation service	Colham Green Road	15 beds
Acute inpatient	Crane Ward Riverside Centre	18 beds
	Frays Ward, Riverside Centre	23 beds
	Total	41 beds
Psychiatric intensive care unit	Colne Ward, Riverside Centre	8 beds

Hillingdon specialist mental health services 2011/12: Profile of service users

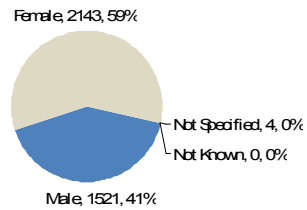
Hillingdon Adults Diagnostic profile (Open Caseloads)



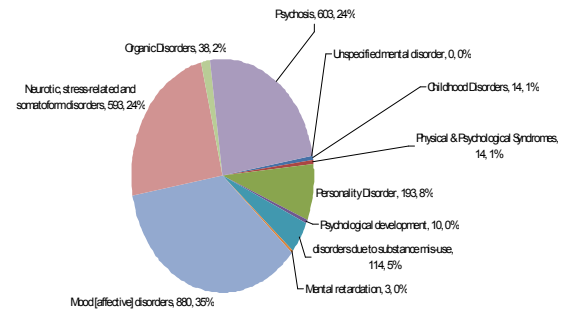
Hillingdon Adults Ethnic Profile (Open Caseloads)



Hillingdon Adults Gender Profile (Open Caseloads)

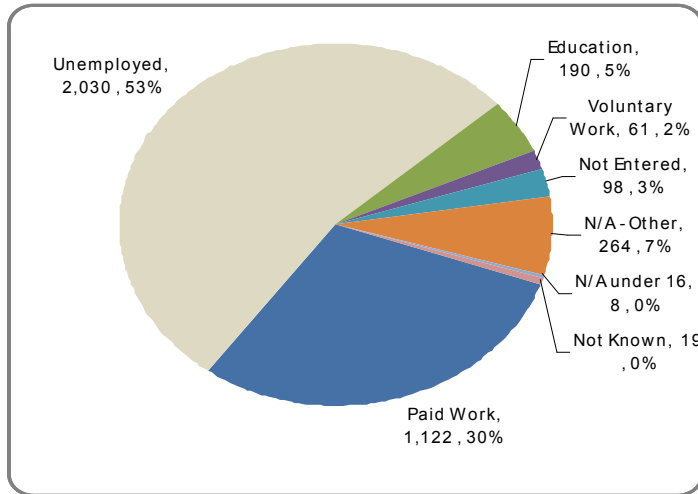


Hillingdon Adults community service diagnostic profile

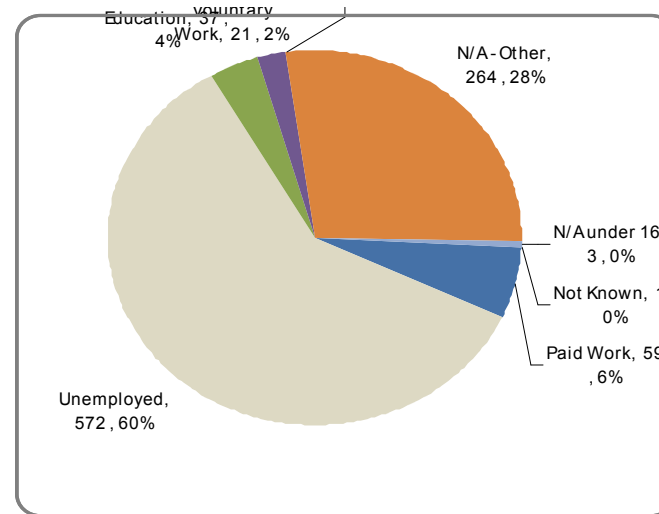


Hillingdon specialist mental health services performance April 2011 to June 2012: Profile of service users

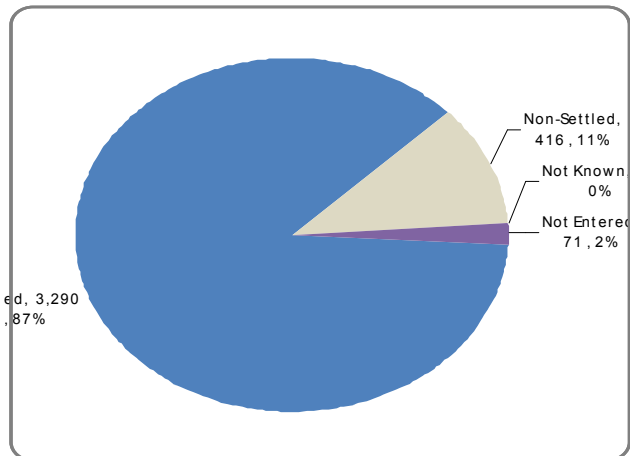
Employment status: total caseload



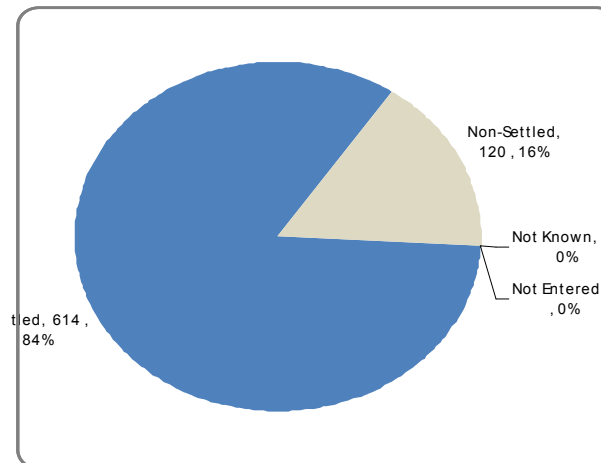
Employment status: CPA caseload



Accommodation status: total caseload



Accommodation status: Care Programme Approach CPA caseload



Information pack 3.1
Hillingdon Adult Mental Health – Key performance indicators

Hillingdon Caseload at 25/08/2012: 3817

Average Hillingdon Referrals per Week 2012-13 financial year: 193

Achievement of Performance Targets

Target Name	Target	2010_11				2011_12				2012_12	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
7- day follow up	95%	88	100	86	100	94	100	85	100	98	100
CPA Reviews	95%	94	97	96	96	99	97	98	98	97	98
Delayed Transfers of Care	<=7.5 %	19	23	11	13	18	19	6	5	14	8
Gatekeeping	90%	94	100	100	100	100	100	89	91	100	96
New EIS Cases	38	9	29	36	48	12	21	29	39	8	12
NHS # Data Completeness	99%	98	97	99	99	98	99	99	98	98	98
Home Treatment Episodes	509	182	372	572	658	147	260	394	546	120	159
Self Directed Support	30%	N/A	N/A	N/A	N/A	1	1.3	1.0	1.2	1.4	8.0
Placement Reviews	100%	N/A	N/A	N/A	N/A	83	61	66	72	N/A	69
Assessment Waiting Times	60%	29	32	36	65	53	67	67	75	54	48
Carers Assessments	30%	N/A	N/A	N/A	N/A	4	5	7	15	3	4
Service Users receiving review	100%	N/A	N/A	N/A	N/A	11	25	53	64	41	32

Headlines

Performance has improved over the past 3 years with targets usually being achieved consistently at quarter end.

Additional information is now collected in relation to Self Directed Support, Placement reviews, Carers Assessments and Social Care Reviews These are under-performing but action plans are now in place to address these.

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Information Pack 3.2
Mental Health Budgets

<u>Cost Centre</u>	<u>Description</u>	<u>BUDGET (£000's)</u>		
		<u>Gross Exp</u>	<u>Income</u>	<u>Net</u>
	<u>Staffing</u>			
64400	Service Manager	67.8	0.0	67.8
64430	Ass & Care Mgmt Mead House	1,253.0	(83.2)	1,169.8
64431	Ass & Care Mgmt Pembroke Centre	362.1	0.0	362.1
64432	Ass & Care Mgmt Mill House	386.4	(27.6)	358.8
64433	MHG - Crisis Team	172.4	0.0	172.4
64435	MH - HOST	117.8	0.0	117.8
65621	Ass & Care Man Com Drugs Team	278.7	(107.4)	171.3
	Total Staffing	2,638.2	(218.2)	2,420.0
	<u>Residential</u>			
64500	P&V Nursing	291.5	(6.5)	285.0
64540	P&V Residential	1,943.0	(16.5)	1,926.5
64570	P&V Supported Accommodation	72.2	0.0	72.2
64571	Look Ahead Block Contract	732.7	(26.8)	705.9
64600	Adult Care Scheme	78.3	(27.5)	50.8
64603	5 Hornbeam Road	16.4	(3.5)	12.9
64604	Church Road	5.7	(4.4)	1.3
	Total Residential	3,139.8	(85.2)	3,054.6
	<u>Community Support</u>			
64630	P&V Homecare	102.3	0.0	102.3
64660	Direct Payments	47.6	0.0	47.6
64680	P&V Day Care	19.1	0.0	19.1
64770	No Recourse To Public Funds	50.0	0.0	50.0
65670	Substance Abuse Placements	159.7	(5.5)	154.2
	Total Community Support	378.7	(5.5)	373.2
	<u>Other MH Costs</u>			
64541	Grants to Voluntary Sector	17.1	0.0	17.1
64411	Legal Costs	9.0	0.0	9.0
	Total Other Costs	26.1	0.0	26.1
	Management Contribution	50.0		50.0
	Totals	6,232.8	(308.9)	5,923.9

CNWL Mental Health Budget 2012-13		BUDGET (£000's)		
Description	Gross Exp	Income	Net	
Assessment and Brief Intervention Team	724	(20)	704	
Community Recovery Team	1,390	(180)	1,210	
Hillingdon Rehab	116	(49)	67	
Total	2,230	(249)	1,981	

**Analysis of Hillingdon mental health services investment 2011/12:
Outliers**

	Hillingdon Investment by Direct provider type					Weighted investment per head			
	Investment £000s	HIL %	SHA %	ONS %	England %	LIT %	SHA £	ONS £	England £
Hillingdon Investment higher than comparator areas									
Accommodation*	4,216	17.9	13.8	12.7	9.6	24.6	23.4	20.2	15.8
CMHTs	4,104	17.4	13.2	11.1	13.8	24.0	22.3	17.7	22.6
Home support services	532	2.3	1.7	3.2	2.0	3.1	2.9	5.1	3.3
Psychological therapy services (non IAPT)	1,694	7.2	3.9	3.6	3.1	9.9	6.7	5.7	5.2
Hillingdon Investment lower than comparator areas									
Psychological therapy services (non IAPT)	91	0.4	3.4	2.9	3.9	0.5	5.7	4.7	6.4
Secure and high dependency	2,875	12.2	17.1	21.3	19.2	16.8	28.9	33.9	31.6

Table Supplied by NHS Hillingdon
* primarily Social Care expenditure

KEY

HIL = Hillingdon

SHA = Strategic Health Authority

ONS = Office of national Statistics

Investment in inpatient services (£4,459,000) is less per weighted head of population (£26.1) than the rest of London (£31.4), the Thriving London Periphery (£31.4) and the rest of England (£29.1)

Overall within health services Hillingdon is now 5th lowest funder of mental health nationally

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Information pack 3.3 --Relative Performance

Health Service information supplied by NHS Hillingdon

Potential areas where Hillingdon is doing well in terms of its population's mental health

Hillingdon has a higher than average investment in counselling services

Hillingdon does well on some aspects of primary care of mental health problems e.g. a higher percentage of patient on CHD and diabetes registers have been screened for depression (89.5% compared to 88.5%)

Hillingdon has a higher than average investment in home support services i.e. community based support

Investment in inpatient services is less per weighted head of population than the rest of London, the Thriving London Periphery and the rest of England

The rate of readmission to inpatient services is low

For its population need, Hillingdon has a larger mental health employment scheme caseload than the London average

Service	Performance April 2011 – June 2012
Assertive outreach	Following agreement with commissioners that treatment should be provided by other teams within CNWL
Early Intervention service	Team caseload has been increasing and is now close to meeting its target of 38 new cases by year end. This is a cumulative annual target.
Home treatment service	The target for home treatment episodes was exceeded by 8% 2011/12. The team is continuing to exceed this target During Q3 and Q4, 89% of admissions to inpatient services were made via the home treatment team ("gatekept"). Through 2012/13, 100% of admissions have been gatekept. This is a cumulative target.
Inpatient services	The rate of readmission is well below target (11%) operating at 3% on an ongoing basis Delayed transfers of care from inpatient services have been decreasing: Mid 2011 at 10-12% Reduced to 4% in January 2012 Mid 2012 operating at 10-15% delays have been caused by delays within both health and social care
Community teams	DNAs for first appointment operated at 10% 2011/12 and have increased to 15% for Q1 DNAs for follow up appointments operated at 10% during Q3 and Q4, 2011/12 and at Q1 2012/13 have increased to 17%

Potential areas of concern in terms of the mental health of Hillingdon’s population

Hillingdon has a higher rate of people in contact with secondary care community mental health services compared to the London average
 There are ethnic inequalities in admissions to adult psychiatric inpatient services in Hillingdon. The admission rate for white ethnic groups in Hillingdon is 30% lower than the England average for all ethnic groups but the admission rate for black ethnic groups in Hillingdon is 47% higher than the England average

Hillingdon has a higher admission rate for alcohol related harm than the London average

Expenditure on residential care is greater than Hillingdon’s comparators

*Hillingdon has only a small investment in services that respond to the needs of people with depression and anxiety (Increasing Access to Psychological Therapies initiative)

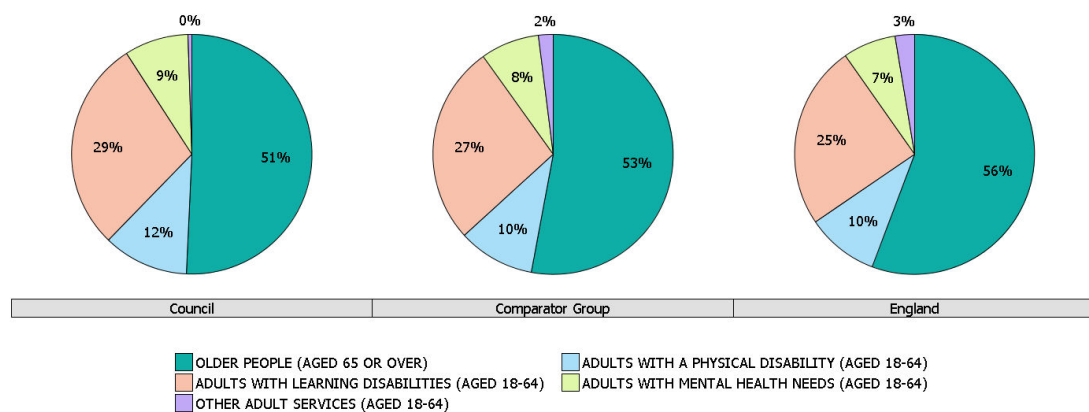
Hillingdon’s use of secure and high dependency services is low

Hillingdon has no community team for eating disorder or for people with forensic needs

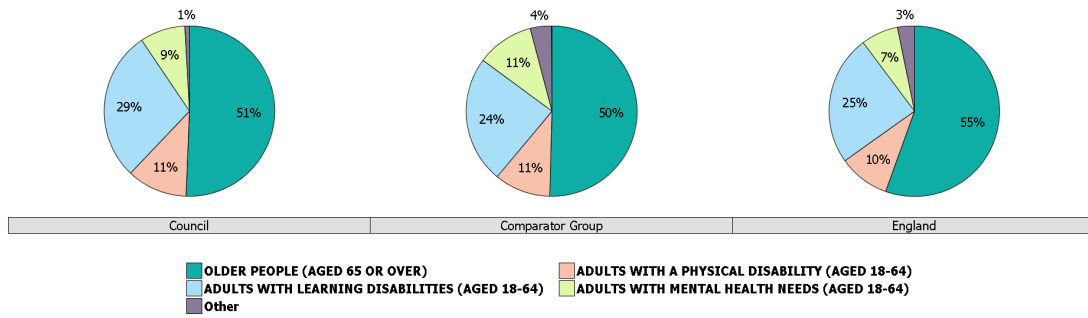
Information relating to Council Services drawn from the most recent national data

1: Percentage distribution of total gross current expenditure on adult social services by client group, 2010 -11

Hillingdon



1. Chart 02: Percentage distribution of Total Gross Current Expenditure on adult social services, 2010-11
 Hillingdon

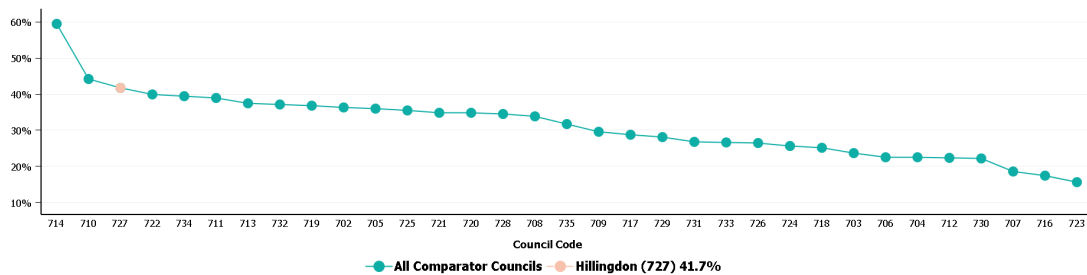


Source: PSSEX1

Hillingdon (727)

2a. Nursing and Residential Care: Proportion of Gross Current Expenditure across client types 2010-11

Chart 06 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)

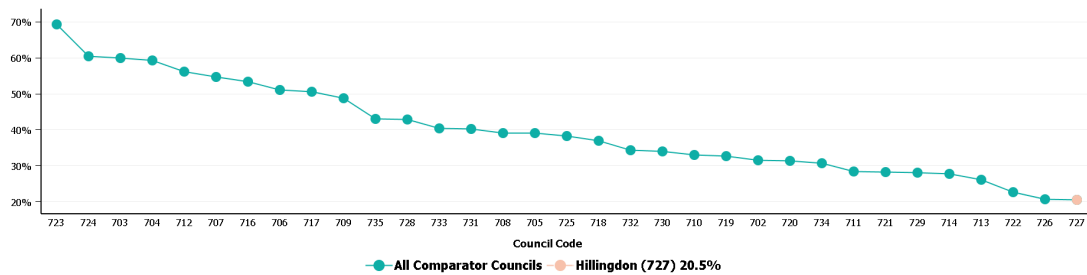


Comparator Average 31.3% Comparator Max 59.5% Comparator Min 15.6%
 Comparator Ranking: 3 of 33

Hillingdon (727)

2b. Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types 2010-11

Chart 10 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)

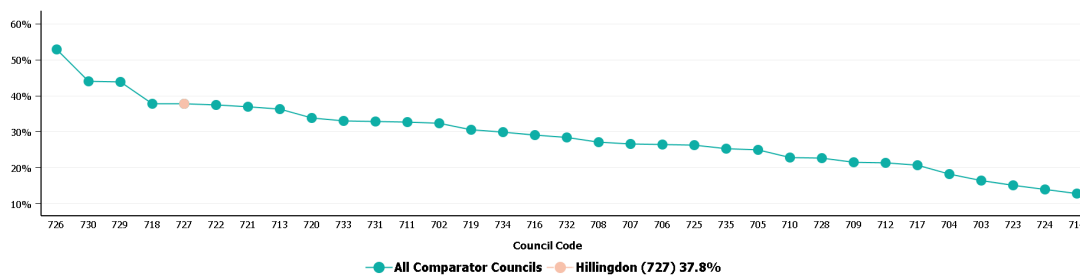


Comparator Average 40.9% Comparator Max 69.3% Comparator Min 20.5%
 Comparator Ranking: 33 of 33

Hillingdon (727)

2c. Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2010-11

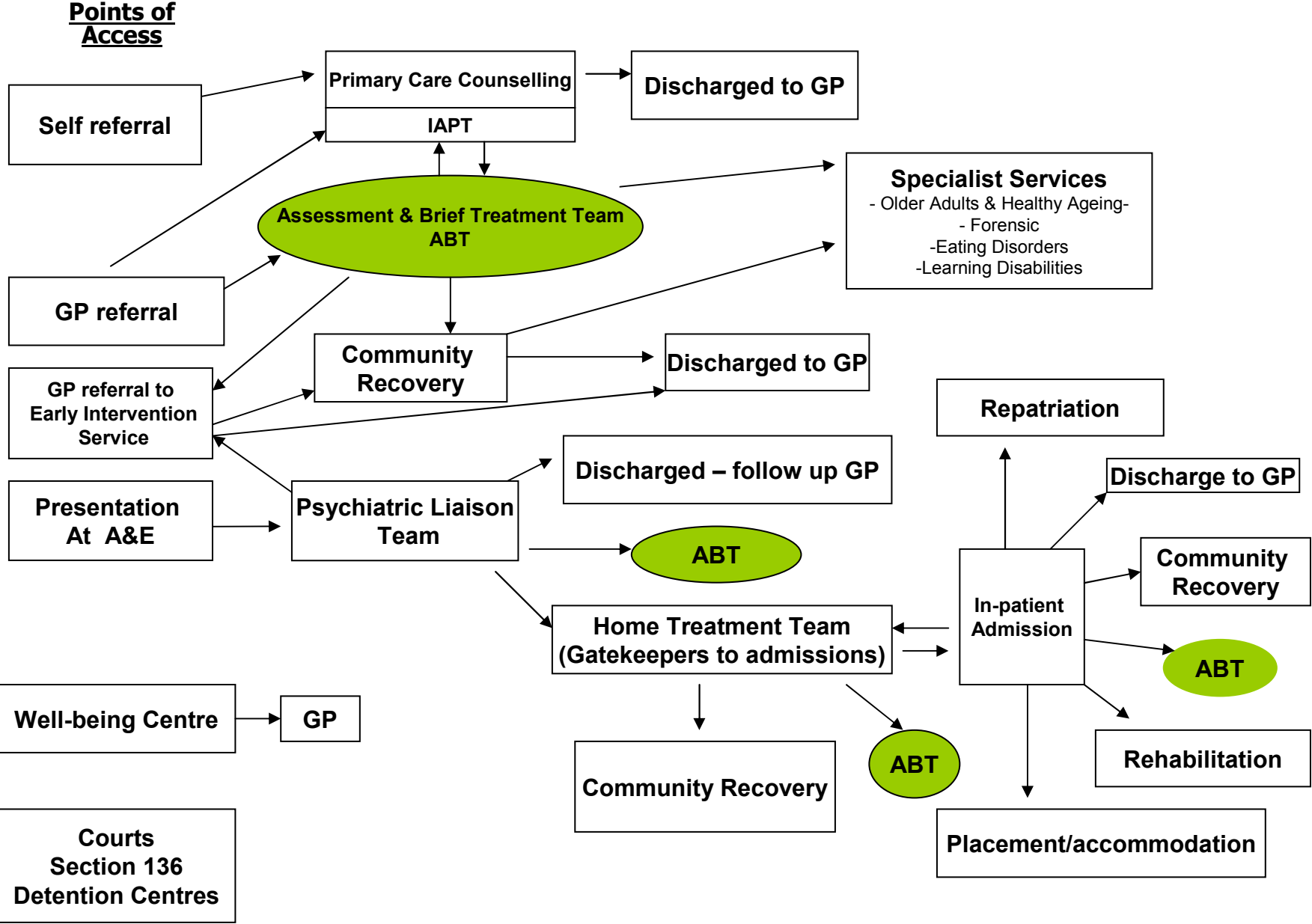
Chart 14 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)



Comparator Average 27.8% Comparator Max 53.0% Comparator Min 12.8%
 Comparator Ranking: 5 of 33

Source for all graphs and tables: NHS Information Centre - National Adult Social
 Care Intelligence Services (NASCIS) Published March 2012
 All data relates to the year 2010-2011

**Information Pack 4
Patient Pathway - POC**



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Information Pack Five – Organisational Structure

Community mental health services in Hillingdon are delivered jointly through an integrated health and social care service. Joint teams include a combination of Consultant psychiatrists, social workers and community psychiatric nurses (CPNs). Services are arranged under Service Lines – which is a consistent format that cuts across all the London Boroughs that the Central and North-West London Mental Health Foundation Trust (CNWL) serves. An overview diagram is provided on the next page. The Service lines of particular relevance to this Review are:

- Assessment and Brief Treatment - usually the first point of contact when a person is referred on by Primary care Services
- Community Recovery – the team responsible for supporting people following a hospital admission
- Rehabilitation – the team that supports people who are living in residential and nursing home care

The Service Director responsible for Assessment and brief treatment across the whole Trust is also the Borough Director for Hillingdon. Within each of the service lines there is a team manager and who has day-to-day management responsibility for the management of CPNs and Social Workers. They are supported by Team Leaders. Some are CNWL employees and some are employed by the Council

To support and oversee the professional and statutory responsibilities of the Council there is a Service Manager which is a new post. Recruitment for this post is currently taking place.

Significant resources are invested in both the voluntary and independent sectors. These services are both preventative and support recovery. They include advice giving services, employment and skills support and leisure services that assist people back into everyday life. Significant resources are invested in residential and nursing home care. Please see Information Pack 3.3 for details of expenditure

HILLINGDON BOROUGH MENTAL HEALTH SERVICES 2012

Angela McGee, Service Director – **Acute Service Line** – Dr Con Kelly, Clinical Director
Frays Ward / Crane Ward / Colne Ward / HTT
Therese Cahir, Service Manager

David Dunkley, Service Director – **Rehabilitation Service Line** – Dr Andrew McDonald, Clinical Director
Colham Green Community Rehabilitation Team
Kam Rai Service Manager

Sandra Brookes, Service Director and Hillingdon Borough Manager – **Assessment & Brief Treatment Service Line**
– Dr Julia Palmer, Clinical Director
ABT Team / Primary Care Counselling Service / IAPT / Wellbeing Centre
Jon Ruddock, Service Manager

Pete Raimes, Service Director – **Community Recovery Service Line** – Dr Sarah Marriott, Clinical Director
Community Recovery Team / EIS
Paul Russell, Service Manager

Kim Cox, Service Director – **Psychological Medicine Service Line** – Dr Steven Reid, Clinical Director
A&E Liaison / Health Psychology
Shaun Hare, Service Manager

Gail Burrell, Hillingdon Manager – **Addiction Service Line – HDAS** – Dr Jeffrey Fehler, Consultant
Addiction Service Director-Anette Dale-Perera ;Clinical Director – Dr Billy Shanahan

Natalie Fox, Service Director – **Older Adults & Health Ageing Service Line** – Dr James Warner, Clinical Director
Cedar Ward / Oak Tree Ward / CMHT
Bev Smith, Service Manager

Jackie Shaw, Service Director – **CAMHS Service Line** – Dr Mike McClure, Clinical Director
CAMHS Team

Richard Comerford, Service Director – **Offender Care Service Line** – Dr Farrukh Alam / Dr Annie Bartlett, Clinical Directors
Court Diversion Nurse Steve Tutty, Service Manager

Jo Carroll, Service Director – **Learning Disabilities Service Line** – Dr Scott Galloway, Clinical Director



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Information Pack 6.1

Some Examples of National Best Practice in Community Based mental health Services

The following examples are taken from the Health Services Journal national awards in mental health.

1. Home Treatment Service - An award-winning project in Scotland is shifting the balance of care from hospital to home support for people



with severe mental health issues.

Service user Carl (see case study) below discusses progress with consultant psychiatrist Ihsan Kader (centre) and social worker Hilda Haddon, from NHS Lothian's intensive home treatment team (pic: Chris Watt/UNP).

Project details

- **Name of service:** NHS Lothian intensive home treatment team.
- **Aims and objectives:** To reduce admissions and readmissions to hospital and support early discharge.
- **Cost:** £1.6m since October 2008.
- **Number of staff:** 26, including nurses, psychiatrists, OTs and social workers.
- **Number of service users:** The team saw 1,588 people between October 2008 and December 2009, 543 of whom received intensive home treatment.
- **Outcomes:** 93% service users reported improvement during IHTT care and there was a 24% decrease in acute hospital admissions between October 2008 and December 2009. An award-winning project in Scotland is shifting the balance of care from hospital to home support for people with severe mental health issues, reports Louise Hunt

An alternative to hospital admission for people with severe mental health problems is helping to speed recovery and reduce pressure on health and social care services.

NHS Lothian's intensive home treatment team (IHTT) is Scotland's only 24-hour home support service. [Last November it was named the Royal College of Psychiatrists' team of the year.](#)

Launched in October 2008, it builds on the work of the intensive home treatment teams established in England, and embraces the ethos of treating people in the community. "Some people do need to be treated in hospital, but others, provided they are safe, can be maintained at home in a comfortable environment," says IHTT consultant psychiatrist Ihsan Kader.

This team provides a seven days a week. Service with a dedicated consultant input, Patients are seen within a day of referral,

The team of 26 consultants, doctors, nurses and two local authority employed social workers is spread over two sites. Most visits are done in pairs, depending on the expertise needed, and can take place up to three times a day, lasting an hour on average. The average length of contact is three-and-a-half weeks. "The team sees five to six people at any one time so you can build a good relationship with them," Kader says.

The treatment approach is making a significant difference to patient recovery times because it is less disruptive to their lives than hospital admission, adds Kader. The average length of stay in hospital for patients with severe mental illness is five to six weeks, and there is usually a period of readjustment when they return. However, those being treated by the IHTT can, to an extent, continue normal daily activities at home. Feedback surveys show most patients and carers are satisfied with the service.

Since the IHTT launch the balance of care has shifted from hospital to the community, resulting in fewer admissions and readmissions.

"We have managed to reduce the number of people being admitted involuntarily because there is another option," says Kader. "Two years ago they wouldn't have another option if they needed intensive mental health care."

When people are admitted to the Royal Edinburgh Hospital, the IHTT works with staff and patients to achieve early discharge, and has reduced by a week the average stay.

Although it will take some time before the cost savings from reduced admissions are quantified, the wards are already benefiting from being relatively quieter, which means better patient care.

The service is also having a positive impact on social services. The two IHTT social workers employed by Edinburgh Council attend daily meetings to discuss patients' needs.

David Hewitson, social work manager for Edinburgh Council and the IHTT, says the service is easing pressure on social services: "Crucially, the team is picking up people whose lives are in distress because of mental illness. Because they are picked up by a medical team and social workers, they receive lots of practical support, such as sorting benefits, that would otherwise have led to chaos and more likely a referral to community services."

2. How long would you wait? Cornwall Partnership FT

The initiative

The How long would you wait? campaign was set up to raise awareness of psychosis and urge family, friends and work colleagues to reach out to help by intervening early.

The campaign aimed to:

- Increase referrals to the early intervention team;
- Meet commissioners target for first episode cases;
- Create a psychosis health promotion post;
- Make links with relevant stakeholders to increase awareness of the service;
- Attend main public events to raise awareness;
- Set up rolling awareness programmes where possible.

A striking, two minute underwater film was filmed at a local swimming pool. The film was designed and produced by a crew of young men who have experienced psychosis. It features submerged characters waiting to be rescued, to symbolise the way in which a person's reality can change when they experience an episode of psychosis.

The film was promoted virally through Facebook, Twitter and YouTube. It was also available on a standalone website — howlongwouldyouwait.com

A series of eight postcards were produced and distributed throughout the county to direct people to the website and provide referral contact details.

The campaign was also promoted with a radio feature and two hour phone in session with BBC Radio Cornwall on the subject of psychosis.

Benefits

The campaign resulted in increased referrals to the early intervention team:

- Between August 2009 and March 2010 there were 91 referrals, whereas in the period August 2010 to March 2011 there were 146.

The PCT's target was 64 new confirmed cases for the campaign — in fact 73 cases were confirmed.

Financial implications

A financial incentive was applied by commissioners to meet the referral and confirmed cases target. The project's success earned the trust £150,000. After taking into account the set up and running costs, an 858% ROI (return of investment) was achieved giving an actual gain of £134,342.

3. Proactive intervention to enhance recovery (PIER) project — engaging the web 2.0 generation about psychosis Surrey and Borders Partnership FT

The initiative

The aim of the initiative was to involve young people (aged from 14–35 years) who are experiencing psychosis in designing and creating original resources — including a new online platform — to make information about the condition more accessible to this age group.

A recent survey of people who use the Early Intervention in Psychosis (EIP) service and their carers reported a lack of easily accessible information about the help available in the local area and about psychosis in general. They also felt frustrated at not being involved as they could be in shaping their local service.

Our objective was to reduce the duration of untreated psychosis and cut the number of hospital admissions by making more young people aware of mental health issues and enabling them to make more informed decisions. We also wanted to improve the service user experience and embed leadership, innovation and user involvement within EIP and the trust in general.

The PIER project addresses recommendations in the national mental health strategy, *No Health without Mental Health* that calls for a shared understanding between people who use services, carers, professionals and the wider community in relation to health promotion and early intervention

A group of people who use services, carers and professionals was recruited in May 2010 to meet on a bi-monthly basis to create and develop ways to make information about psychosis more accessible to the wider community.

Together they reviewed research evidence and literature on cultural health inequalities before discussing their creative ideas. The group decided on the microsite idea and developed the design style and content, even the text, with the in house team.

They agreed that videos with professionals from the team and people who use the service would be more personable, a “psychosis wiki” could explain some of the “jargon”, and blogs would convey people’s real life experiences.

Consent forms were drawn up and then case narratives and videos developed in partnership with students from the University of Surrey. Leaflets, posters and

exhibition display banners were produced to promote the site and in March 2011 the website went live.

The team distributed materials to local health, social care and community organisations and attended events such as the University of Surrey health fair.

In June a dissemination report was showcased at the PIER conference and videos uploaded on the site.

Benefits

Performance has been measured by completing a comparative study before and after the project to look at its impact on the number of referrals to EIIP; referral pathways and any changes to number of self referrals; duration of untreated psychosis; and hospital admission rates.

The number of referrals has significantly increased with a 50% increase in April 2011 as compared with April 2010. In addition, a 75% reduction in admissions to acute inpatient units has been achieved (with a 50% reduction in formal admissions — sections — under the Mental Health Act.)

Research carried out within EIIP showed that the average duration of untreated psychosis was 90 days (the general average is 98 days) but since PIER project's initiative this has fallen to an average of 35 days.

In the three years prior to launching the website, the service only received one self referral. We have already had three in three months. And while detailed feedback surveys are currently in progress, anecdotal feedback on the project so far has been positive.

Financial implications

There was no outright financial outlay from the trust, other than the time of those involved. The PIER project used in house experience and expertise to produce many of the resources, including the microsite itself.

Other items were funded from a £10,000 bursary from the National Leadership Council as one of six "Emerging Leader Projects".

These funds were used to produce a follow up PIER project conference and items to promote the site — such as three promotional videos, leaflets (including one in Nepalese to meet local demand), posters, display banners, t-shirts, pens etc.

This was essentially a year long project, starting in May 2010 — with tangible results recorded by the PIER conference in June 2011 — although the website will continue to be updated so will continue to reap rewards for very little financial outlay.

While we don't have a figure for the saving to the trust in reduced admissions and enhanced recovery rates, we can say that peer reviewed studies show that less use of emergency

and inpatient services results in more cost effective illness management and can lead to up to £290m in annual savings at a national level.

Contact

4. Mental health gateway workers: promoting positive mental health Cardiff and Vale University Health Board The initiative

The aim of the gateway workers (GWW) is to bridge the gap between primary and secondary care utilising a stepped care approach. The GWWs ease access to and choice of effective psychological interventions with referral into specialist services if needed. Before the initiative was set up in 2008 primary care professionals felt their patients were getting a poor service from secondary care, and the community mental health teams (CMHT) felt referrals were sometimes inappropriate. Funding was secured to extend the existing primary care liaison worker

post into a dedicated service with three fulltime GWWs and a clinical nurse lead.

The service offers: • Triage assessments for routine mental health concerns; • Stepped care interventions; • Stress management courses' • Solution focused interventions.

The gateway workers needed a range of specialist skills to be able to undertake comprehensive assessment of mental health, recognise serious mental illness and ensure that people needing highly specialised care can access the appropriate service. A training programme was devised that included: • Motivational interviewing; • Solution focused work; • Bibliotherapy prescribing; • Accredited mental health first aid training; • Stress management training.

The client group is the combined adult population of 14 GP surgeries. Treatments are offered to adults and 16–18 year olds not in full time education who have been identified as experiencing mild to moderate mental health problems.

Benefits

GPs were asked to give feedback on the introduction of the GWWs, comments included:

- “The gateway service is easily accessible to both GP and patients. For patients it is a lot less daunting to attend a familiar place with staff known to them in their local area. As a result some patients who have always declined referrals to CMHT have been able to engage with the service”;
- “The services are timely and save the wait for an appointment with the CMHT” .

Patient feedback included:

- “It was good knowing that I had a full hour’s consultation. It gave plenty of time to explore some very difficult issues”;
- “I attended an evening class run by a GWW, which I found very helpful, explaining ways to relax and prioritise everyday occurrences” .
- “The GWW had different ideas for me to try. I would not have got better without the support of the GWW”

Financial implications

Cost savings were difficult to measure over the short period that the pilot has been in operation. However, there was anecdotal evidence that GPs now only refer the most serious cases to the secondary services.

5. Advice on Prescription: a partnership approach to improving mental health and wellbeing

NHS Halton and St Helens

The initiative

Advice on Prescription is a joint initiative run by NHS Halton and St Helens, Halton and St Helens Health Improvement Team (HIT) and the Citizens Advice Bureau (CAB).

Many people when feeling a change in their mood go to see their GP seeking a medical approach when a problem solving approach may be more appropriate. The aim of the initiative is to fasttrack people visiting their GP who have mental health problems due to social welfare issues into more appropriate support services than psychological therapies. Upon identifying a suitable patient, the GP refers into CAB services. Within 24 hours of referral a debt advisor rings the patient to assess which CAB intervention is required.

The initiative was undertaken to improve patients' experience of service delivery when experiencing distress. It is often this distress that a clinician identifies with and may refer to secondary care mental health services. These services often have assessment and treatment waiting times, which can result in the patient's condition deteriorating into a more severe state along with their social welfare issue.

The health improvement team's mental health improvement specialist worked alongside the CAB to produce the necessary materials and to promote the pilot project to selected GP practices, single point of access staff and psychological therapies to ensure their participation.

Benefits

The initiative is ongoing in a number of selected GP practices but an interim evaluation has been undertaken between February and April 2010. Within this period 35 referrals for debt advice were made. Significantly, two people referred had been under the care of the crisis team due to suicidal intent. Through receiving debt advice and support their risk was eliminated.

The key benefits of the initiative are in:

- Reducing patients' anxiety/depression by offering a service that is responsive to their needs;
- Supporting primary care professionals during highly emotive consultations with a social prescribing problem solving, rather than a medical pharmaceutical, approach;
- Making full use of PCT funded debt advisors within the CAB to reduce mental health services costs. After the 12 week period ended we gathered qualitative feedback from staff who referred to the scheme. The general theme was about the time it saved practitioners and the appropriateness of it as an intervention:
 - "Saves time, gives people the opportunity to speak to experts within that field";
 - "Will make my work a lot easier — reduces time spent, chasing round researching what's available";
 - "Knowing I could speedily refer my patient into CAB and then onto a depression group made me feel confident I had done my best as the main problems will be addressed and then the mental health work will probably have a bigger impact";
 - "by accessing the scheme and support so quickly my gentleman went from being a suicide risk and needing crisis support to having no suicidal intent".

Financial implications

The PCT provided funding to the CAB for six debt counsellors for three years and resources for referral materials at a total cost of £300,000. The HIT team performed an analysis to determine whether the project had an impact on the level/step of mental health intervention their patients received (as a proxy for cash releasing savings). They found that within a 12 week period, 38% of referrals resulted in a step down of mental health intervention and that 50% of these were discharged from mental health services completely.

Information pack 6.2 – Local Best practice

The Community mental health teams in Hillingdon undertake a range of interventions to help people recovering from a severe mental illness. These make use of the Borough's leisure, library and adult education services. Through various individual and group activities staff support people back into main stream activity and make direct links between physical and mental wellbeing. Examples of these will be provided by officers at the September 11th meeting as well as the following:

1. CNWL Recovery College

Hillingdon patients are beginning to benefit from the new CNWL Recovery College. The College is based at Central and North West London NHS Foundation Trusts headquarters near Warren Street and is an innovative educational facility, providing recovery focused education for people with mental health issues and those in receipt of addictions and learning disabilities services, their supporters, families and Trust staff. The college operates a 'hub' and 'spoke' model and offers courses across five of the London boroughs that health services are delivered in.

The college first opened its doors in January 2012 and delivered a range of pilot courses in its first term. The success of the pilot has meant that the CNWL Recovery College was launched as a permanent fixture in April. The college has developed a curriculum of recovery courses which are co-produced and co-delivered by Peer Recovery Trainers (people with lived experience of mental health problems) and Recovery Trainers (mental health practitioners) in recognition of the value of both kinds of experience. Trust service users and staff will have a range of opportunities to learn alongside each other.

The College is part of the redesign of services that places greater emphasis on recovery and to put service users at the centre of our work. This is being achieved by having service users and staff co-producing, delivering and attending the courses together, learning together and, where applicable, challenging outdated practice and thinking".

Recovery describes the personal journey people with mental health problems take to rebuild and live meaningful and satisfying lives. A key feature of recovery-focused mental health services is the adoption of an educational and coaching model, rather than solely a therapeutic model of services. The aim of the CNWL Recovery College is not to replace opportunities and resources already available in the local area, but to complement them.

Waldo Roeg, a Peer Recovery Trainer at the CNWL Recovery College said:
"For me the chance to work in a truly co-productive way in the co-productive environment of the CNWL Recovery College has played a big part in my own recovery journey. I really believe it is the same for my peers and for the people who attend".

- Central and North West London NHS Foundation Trust (CNWL) is one of six demonstration sites for the national Implementing Recovery Organisational Change (ImROC) project developed by the Centre for Mental Health and the NHS Confederation to support mental health services to become more recovery focused.

- Educating people about their conditions and how to manage them are important components of National Institute for Clinical Excellence (NICE) guidelines and a core NICE standard of service user experience of adult mental health services.

Courses Available are as follows

Understanding mental health difficulties and treatment

Understanding a diagnosis of depression
 Understanding self-harm
 Understanding a diagnosis of psychosis
 Introduction to personality disorders
 Understanding your medication

Rebuilding your life

Introduction to recovery
 Recovery and social inclusion
 Taking back control
 Introduction to managing stress
 Introduction to mindfulness
 Telling your story

Developing knowledge and skills

Employment: recovery in action
 Getting the best from your ward round
 How to organise and chair meetings
 Better thinking about money
 Personalisation in mental health

2. The Placement Efficiency Project

The CNWL Placement Efficiency Project (PEP) has been introduced into Hillingdon to help address:

- the continued over reliance on residential and nursing home care; and
- reduce the costs of institutional care where community options are not immediately appropriate for the individual

The project had already successfully made efficiencies on placements for 5 of its commissioners. The project was extended to develop an Adult Social Care Hillingdon work-stream to primarily make efficiencies on a prioritised named patient list in existing placements and improve systems and processes. The PEP had also been shortlisted for the health services Journal annual awards.

As well as financial efficiencies, the PEP has supported LB Hillingdon to achieve the following during the project year:

- An ongoing system of planned and regular reviews of out of area and in borough placements.
- Working towards a clear plan and outcomes for each placement.
- Raised awareness of the costs and quality of placements as well gaps.

- Supported the development of the Hillingdon Complex Care panel
- Application of CFC in identified mental health placements
- PEP specialist clinical resources identified to support the process.
- Good working relationships between clinical and finance.
- Monthly PEP/LBH meetings (Regular communication around placements between CNWL and LB Hillingdon through monthly monitoring meetings)

The principal savings to date have been achieved through tighter and more structured reviews of current services users through a combined team of social workers and nurses. The intention is to expand into other areas necessary to sustain change, in particular supporting cultural changes in the approach of all front line staff to consider more rigorously alternatives to institutional care

The project is planning to make savings in Council-funded mental health placements of £336,000 in the current year. By the end of July it had achieved savings of £179,173 – 53% of its projected total.

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HILLINGDON

LONDON

Policy Overview Committee Review Scoping Report 2012/2013

OBJECTIVE

Short title of review

ADULT COMMUNITY MENTAL HEALTH SERVICES

Aim of review

To review and make recommendations in respect of supporting adults with mental health issues in Hillingdon.

Terms of Reference

1. To consider existing internal and external arrangements in the Borough with regard to adult community mental health services and any improvements that could be made;
2. To review whether the local processes in supporting adults in the community with mental health services are adequate, timely, effective and cost efficient;
3. To review the support that is currently available to assist people to remain in or return to employment
4. To review the guidance and support that is currently available from the NHS, voluntary organisations and the Council to these individuals and their families and carers;
5. To seek out the views on this subject from service users, carers and partner organisations using a variety of existing and contemporary consultation mechanisms;
6. To improve awareness and understanding of adult mental health issues for staff working in mainstream services arranged or provided by the Council including housing, leisure, libraries and adult learning;

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7. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
8. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to adult mental health service arrangements in the Borough.

Reasons for the review

There is a growing acceptance that the promotion of mental health and well being and providing support to aid recovery from mental illness are important issues for both national and local government and health services. Good mental health is central to our quality of life and to our economic success. It is interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems of society. Mental health problems of some form may affect as many as 1 in 4 of the population over their lifetime. The associated costs of mental health problems to the economy in England have recently been estimated as £105 billion, and treatment costs are expected to double in the next 20 years.¹

Despite widespread prevalence there remain issues of stigma. It is a particular problem and a major barrier to the use and take-up of services. As a result, people with mental health problems too often experience isolation, discrimination and a lack of acceptance by society. Addressing this issue will be a central element of this review.

The Council and NHS commission a wide range of community mental health services to meet the needs of people with mental health problems. Adult social care services are provided through a joint arrangement with Central and North West London NHS Foundation Trust (CNWL). It is one of the largest Trusts in London, offering a wide range of health and social care services across ten boroughs. CNWL specialises in caring for people with mental health problems, addictions and learning disabilities, as well as providing community health services to residents in Hillingdon and Camden and primary care services in a number of prisons. Social care staff are located in joint teams and are accountable to both managers within the Council and CNWL. This arrangement is underpinned by a formal partnership under Section 75 of the National Health Services Act 2006.

Traditionally services were often hospital-based. Increasingly both social care and health services reflect a growing trend towards community-based options that emphasise the importance of helping people gain or regain the skills and confidence to help them live a life in the community where they can realise both their social and economic potential.

¹ No Health Without Mental Health – a cross government mental health strategy February 2011

Current funding levels for social care mental health services in Hillingdon are in line with those of comparator councils². The Council also spends similar proportions of its budget on mental health as other similar London boroughs.

The balance of current spending on mental health services reflects a relatively traditional model of care with disproportionately high expenditure on residential care and nursing homes. There is a correspondingly low spend on home –based solutions such as support during the day including home care where it is the lowest within the same comparator group. Work is already underway to rebalance care through reducing reliance on institutionalised care and support and substituting greater use of community options including personalised budgets supported housing and floating support for people within their own tenancies.

Improved mental well-being does not and should not rely upon social care support alone. We need to ensure that people with mental health difficulties can access the full range of mainstream services that promote greater social inclusion. This requires a whole-system response from the Council and partners. This is reinforced by the Government's recent White Paper³ where it says leisure centres, libraries, day centres and community centres ...'should be open, inclusive and culturally sensitive venues. Promoting the innovative use of venues in our communities will help to reduce social isolation and increase connections.'

Already there are excellent examples of support provided through mainstream services. Routinely occupational therapy and other staff assist service users in accessing a range of facilities that would be used by anyone for work, education, leisure, personal or social activities. These include sports facilities, gyms, swimming pools, leisure centres, Uxbridge college, education resources, libraries, community centres, religious organisations, cafes, voluntary organisations, and women's centres.

This review offers an opportunity to learn more of what works well and recommend more systematic approaches to implementation across the Council

Supporting the Cabinet & Council's policies and objectives

The review will support delivery of the Council's Well-being Strategy 2010 – 2015 to:-

1. ensure the provision of safe high quality services that support people to remain healthy and independent
2. give people more choice and control
3. deliver seamless services with partners
4. retain a customer focussed and community based model of service.

² LIT Results of Financial Mapping 2011-12 – Hillingdon – Department of Health

³ Caring for Our Future – reforming care and support - HM Government July 2012

The outcome of the review will also be used to contribute to the mental health and wellbeing elements of the Health and Wellbeing Strategy which will be driven by Hillingdon's Health and Wellbeing Board.

INFORMATION AND ANALYSIS

Remit - who / what is this review covering?

It is proposed this review will look at:

1. understanding the needs and requirements of people with mental health difficulties and those of their families and carers;
2. improving awareness and understanding of adult mental health issues for professionals;
3. identifying improvements that could be made through more effective use of community-based services;
4. how to ensure a higher quality of care and support for adults with mental health issues and their families; and
5. how to reduce mental health-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

The Committee's recommendations will go to the Cabinet and where appropriate the Council's partners for approval, including via the Health and Well Being Board.

Connected work (recently completed, planned or ongoing)

Health and social care commissioners are currently working on an up-to-date strategy and clear commissioning plan that better identifies need and improves the alignment of services to deliver more support in the community and reduce the need for care and treatment in more institutionalised settings.

The purpose of the strategy is to confirm the vision for adult mental health services and ensure the most effective use of community resources to support people to develop or regain the skills, confidence and social networks that will increase the chances of remaining in and contributing to the local community. This review will contribute to the delivery of the strategy.

"No Health Without Mental Health" identifies six shared objectives to improve mental health outcomes. They may also assist the Policy Overview Committee in determining in their evaluation of the current situation and shape recommendations for improvement. They are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health

- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

It should be noted that the review develops further opportunities for Councillors to improve their knowledge of adult mental health care and to influence the contribution the Council makes in partnership with health services, the voluntary sector and, most importantly, service users and their carers. This follows on from the higher profile of mental health care within the Borough following the successful fund raising and support for mental health charities by the Mayor of Hillingdon 2011/12.

EVIDENCE & ENQUIRY

Methodology

1. The Committee will examine background documents and receive evidence at its public meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. Relevant literature and websites for background reading for Members be researched.

Witnesses

Possible witnesses include:

1. Individuals with mental health issues living in Hillingdon and their carers (through informal 1:1 sessions and / or case studies).
2. Officers from Council Departments including sports, housing, leisure, libraries and adult education.
3. Staff from the joint CNWL/LBH mental health service
4. External partners, e.g. Voluntary and independent sector providers and Clinical Commissioning Group (formerly GP Consortium), NHS Hillingdon/Hillingdon

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To the best knowledge of the Customer Engagement Team, there have not been any general consultations or surveys concerning general mental Health Services in Hillingdon. However, the Council's External Services Committee in partnership with Hillingdon NHS and the Centre for Public Scrutiny hosted a stakeholder event to contribute to a review of internal and external services for dementia care in Hillingdon.

Consultation and Communications

Consultation could be undertaken with individuals with mental health issues, relevant charities, service departments and outside organisations.

Lines of enquiry

Identifying Needs and Early Identification

1. How are people with mental health problems currently identified and supported across the Borough and how can this be improved and standardised, including support in a crisis?
2. How good are local awareness, early identification and diagnosis?

Information and support for users and carers

3. What information, support and advice is available to those that may need it? How can this be improved?
4. What treatment and support and recovery services are available e.g CNWL Recovery College?
5. What support is available for the carers of adults with mental health issues? Is this support sufficient/ how could this be improved?

Enabling people to make choices, balancing risks and community involvement

6. How are service users' and carers expectations and concerns reflected in local service delivery
7. How are adults with mental health issues involved in their communities and civil society?
8. How are issues of supporting people take exert choice and control in their lives balanced against issues of potential risk the individual and wider community.

Partnership Working

9. How well developed are local strategies and partnerships with regard to adult mental health issues?
10. Are there any barriers to successful partnership working?

Staff Training and Development

11. What training is available to staff to properly assist them in supporting people with mental health difficulties
12. How can education for professionals and carers be improved?

Learning from best practice

13. Which other areas/councils are recognised as successful in supporting people with mental health needs in their local communities?

Resources

14. What funding is available and how sufficient is this to meet the needs of the demand of the service required?

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 31 July 2012	Agree Scoping Report	Information and analysis
11 September 2012	Introductory Report / providing an overview of CNWL activities and looking at best practice Witness Session CNWL representative Alan Coe Verbal or written evidence from beacon Local Authorities	Evidence & enquiry
9 October 2012	Partnership Working (Voluntary Sector and Council service providers) Witness session CNWL Rethink, Mind and Mental Health Matters Library Services	Evidence & enquiry
7 November 2012	Witness session	Evidence & enquiry
4 December 2012	Draft Final Report	Proposals – agree recommendations and final draft report

Equalities

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

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WORK PROGRAMME AND MEETING DATES IN 2012/13

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

Meetings	Room
19 June 2012	CR 5
31 July 2012	CR 5
11 September 2012	CR 5
9 October 2012	CR 5
7 November 2012	CR 6
4 December 2012	CR 5
30 January 2013	CR 5
27 February 2013	CR 5
27 March 2013	CR 5
24 April 2013	CR 6

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Social Services, Health and Housing POC - 11 September 2012

Social Services, Health & Housing Policy Overview Committee

2012/13 DRAFT Work Programme

Meeting Date	Item
19 June 2012	Review Topics 2012/13
	Population Flows and the Impact on Housing Services in Hillingdon – Progress Report
	Cabinet Forward Plan
	Work Programme

31 July 2012	Major Reviews in 2012/13 - Scoping Report and Discussions
	Budget Planning Report for SSH&Hsg
	Cabinet Forward Plan
	Work Programme

11 September 2012	Major Reviews in 2012/13 – First Review Witness Session 1 / Background report
	Annual Complaints Report - SSCH&H – (moved to 7 November)
	Cabinet Forward Plan
	Work Programme

9 October 2012	Major Reviews in 2012/13 – First Review Witness Session 2
	Safeguarding Vulnerable Adults – Annual Report
	Cabinet Forward Plan
	Work Programme

PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 11 September 2012

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7 November 2012	Major Reviews in 2012/13 – First Review Information report & Witness Session 3
	Major Reviews in 2012/13 – Second Review Scoping report (provisional)
	Update on previous review recommendations
	Annual Complaints Report - SSCH&H
	Cabinet Forward Plan
	Work Programme

4 December 2012	Major Reviews in 2012/13 – First Review Draft Report
	ASCHH Annual Performance Assessment
	Cabinet Forward Plan
	Work Programme

30 January 2013	Budget
	Cabinet Forward Plan
	Work Programme

27 February 2013	Major Reviews in 2012/13 – Second Review Witness Session 1
	Major Reviews in 2012/13 – First Review Final Report
	Cabinet Forward Plan
	Work Programme

PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 11 September 2012

27 March 2013	Major Reviews in 2012/13 – Second Review Witness Session 2
	Cabinet Forward Plan
	Work Programme

24 April 2013	Cabinet Forward Plan
	Work Programme
	Major Reviews in 2012/13 – Draft Final Report

PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 11 September 2012

CABINET FORWARD PLAN

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

OPTIONS OPEN TO THE COMMITTEE

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

INFORMATION

1. The Forward Plan is updated on the 15th of each month. An edited version to include only items relevant to the Committee's remit is attached to this report. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

SUGGESTED COMMITTEE ACTIVITY

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 11 September 2012

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The Cabinet Forward Plan

Period of Plan: September 2012 to December 2012

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<p>SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services</p>									

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SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
Cabinet - 25 October 2012									
741	Hillingdon Housing Strategy 2012 - 2015 POLICY FRAMEWORK	Hillingdon's Housing Strategy outlines the Council's proposals for responding to the key national and local issues for housing including public sector housing, the use of the private rented sector as well as home ownership. The priorities and key issues for the strategy were presented to Cabinet in 2011 and approved for consultation with partner organisations. This report will present the draft strategy for formal consultation. It will be reported back to Cabinet and, if agreed, submitted to Council for adoption.	All	21-Feb-13	Cllr Philip Corthorne	SCH&H - Paul Feven	A range of partner organisations, SCHH staff and other stakeholders. Social Services, Health and Housing POC	Cabinet report - 28 July 2011	
SI	Progress Report on the Disabled People's Plan	This report provides Cabinet with a performance update on the delivery of the Disabled People's Plan.	All		Cllr Philip Corthorne	SCH&H - Dan Kennedy	Engagement of Disabled People is integral to the development and delivery of the Plan.		
SI	Older Peoples Plan - Update	This report provides an update to Cabinet of the Older Peoples Plan.	All		Cllr Philip Corthorne / Cllr Ray Puddifoot	SCH&H - Dan Kennedy	Engagement of Older People is integral to the development and delivery of the Plan.		

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Cabinet - 20 December 2012

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