

## Minutes

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



HILLINGDON  
LONDON

09 October 2012

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

	<p><b>MEMBERS PRESENT:</b> Councillors: Cllr Judith Cooper Cllr Peter Kemp Cllr David Benson Cllr Sukhpal Brar Cllr Pat Jackson Cllr John Major Cllr June Nelson Cllr Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b> Linda Sanders (Director Social Care, Health and Housing) Neil Stubbings (Deputy Director Social Care, Health and Housing) Moira Wilson (Interim Deputy Director Social Care, Health and Housing) Alan Coe (Mental Health Consultant, working for the Social Care, Health and Housing Department) Khalid Rashid (Customer Management Team – Manager) Herbie Mann (Housing Options – Team Leader) Sinead Mooney (Older People, Housing Services – Housing Manger) Charles Francis (Democratic Services Officer)</p> <p>Also present: Robyn Doran (Director of Operations CNWL) Sandra Brookes (Borough Director CNWL) Fiona Davies (NHS Hillingdon) Jill Patel (Hillingdon MIND) Angela Manners (Rethink) Diogo Duarte (Rethink)</p>
	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None</p>
	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Cllr Peter Kemp declared a non-pecuniary interest as a member of the Board of CNWL Cllr Mary O'Connor declared a non-pecuniary interest as the Chairman of Hillingdon MIND.</p>

**TO RECEIVE THE MINUTES OF THE MEETING HELD ON 6 JULY 2011**  
(Agenda Item 3)

The minutes of 11 September 2012 meeting were agreed as a correct record.

**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** (Agenda Item 4)

All items were considered in Part 1.

**ADULT COMMUNITY MENTAL HEALTH SERVICES – WITNESS SESSION 2** (Agenda Item 5)

Alan Coe, Mental Health Consultant introduced the report and explained that the second witness session aimed to address the following lines of enquiry:

- Local strategies – translating policy into practice
- Partnership working
- Enhancing joint working

The witnesses in attendance were:

- Sandra Brookes - Borough Director CNWL
- Robyn Doran (Director of Operations CNWL)
- Fiona Davies – NHS Hillingdon
- Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department
- Angela Manners – Rethink
- Diego Duarte – Rethink
- Jill Patel – Hillingdon MIND
- Khalid Rashid (Customer Management Team – Manager)
- Herbie Mann (Housing Options – Team Leader)
- Sinead Mooney (Older People, Housing Services – Housing Manger)

Both voluntary sector organisations provided presentations. This was followed by presentations from CNWL and the Housing Options Team. At the end of each topic a question and answer session was held. The following points were noted:

**Rethink**

Rethink North West London Carer Support Service is an organisation which works to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing. Aiding the support and recovery of families and friends affected by mental illness is a key aim. Rethink works with carers in a variety of ways to enable them to cope better with their difficult situations.

**The objectives of Rethink are:**

**Objective 1: – To support recovery and social inclusion**

1. To provide information, advice and support to carers of adults experiencing mental illness
2. To organise and facilitate carer support groups- Carer support groups help to reduce isolation and stress amongst Carers, improve social networks and provide access to information and support.
3. To organise and facilitate respite opportunities. –In the last 6 months Rethink have organised a number of respite outings for carers including:
  - a guided tour of the Palace of Westminster
  - pantomime visits
  - an organised tour of RAF Northolt
4. To develop participation and involvement of people using our service in the planning and delivery of activities.
5. To facilitate Carers Education and Training Programmes (CETP).
6. To ensure that their service is open to all and recognises diversity
7. To continue to work in partnership with other organisations and on new initiatives.

**Objective 2: To combat the stigma and discrimination experienced by people affected by severe mental illness**

1. To promote the service. -Rethink produce a regular newsletter, which contains useful information about mental health issues, caring and events taking place.
2. To signpost carers to other relevant organisations. A key role of Rethink is its regular work with Carers and Carers who are often referred to other services such as Hillingdon Carers, Citizens Advice Bureau and for a Carers Assessment. We also regularly invite other services to attend our groups to provide information to Carers about their services.
3. To promote Rethink membership and campaigns. This takes place on an on-going basis and has been promoted recently in the newsletter, as has the Time to Change anti-stigma campaign. New referrals to the service and anyone leaving the service, are also encouraged to become members so that they can become more involved in the work of Rethink Mental Illness and help everyone affected by severe mental illness.

**Objective 3: To continue to develop a caring organisation that is dynamic, ambitious and fit for the future**

1. To continue to develop staff and volunteers.
2. To ensure that our service runs on budget.
3. To monitor the impact and satisfaction of the service.

**Planned Future Work**

Rethink Mental illness is launching a new Rethink Information System and have developed new carer support planning tools. During the next six month period the service will be working on implementing these tools which we hope will enhance and add to the service we already provide.

**Hillingdon MIND**

Vision - A society that promotes and protects good mental health for all, and that treats people with experiences of mental distress fairly, positively, and

with respect.

Hillingdon MIND comprises a group of users and ex-users of mental health services, professionals and interested individuals who share a concern about the lives of mentally or emotionally distressed people in the community. Hillingdon Mind takes an overarching view of people's mental health and emotional wellbeing.

Through projects and services Hillingdon MIND aims to:

- prevent isolation,
- offer talking therapies,
- enable social inclusion,
- arrange housing opportunities,
- and provide services specific to different cultures.

Role and Activities include:

- A variety of training options
- run sports and leisure activities,
- Opportunities for volunteering, and can provide assistance to those with mental health needs arrested by the Police.

Hillingdon MIND recognise the diversity of Hillingdon's multi-cultural community and aim to set examples of good practice by listening to service users and providing imaginative, innovative and quality services which meet their expressed needs and help people gain some control over their own lives.

Clubs run by Hillingdon MIND offer:

- company, friendship and support for those feeling isolated, lonely or who are recovering from a mental health issue.
- access to computers, printers and a TV room
- various arts, crafts, and board games are available.
- outings and social events

Funded by Heathrow Community and Environment Awards, Café Mind is a new social enterprise scheme. The café is run by Hillingdon Mind's service users. This provides an opportunity to learn new skills in catering and customer care.

In relation to other schemes, Hillingdon MIND explained that the 'Better with Books' project based at Yeading Library had proved popular in the past and they were disappointed that this service had disappeared. It was noted that Yeiwsley Library was currently closed for refurbishment but it was suggested that the new Hayes End Library might be used to restart this service,

The Committee heard that Rethink and Hillingdon MIND had worked together in the past but no longer did. Members felt there was an opportunity to develop local partnerships to highlight what each organisation did and to bring residents and carers together.

Responding to a question about referrals and what the eventual outcomes

were, the Committee heard that Rethink took a recovery based approach and considered the carers' role and what they did. One of their key roles was to provide assistance with housing issues. At present Rethink were looking at the Hayes Group and ways of diversifying this as well as investigating how the age and gender composition of this might be broadened. It was noted that very few men attended therapy groups.

Hillingdon MIND explained they had about 850 service users. In terms of outcomes, MIND offered service users a safe place to meet and gain confidence through projects such as food / catering training and mental health first aid. It also encouraged service users to become involved with voluntary work to gain further confidence and assisted them with the transition from voluntary work back to the work place.

Concentrating on outcomes and how each organisation measured success, Rethink explained that measuring success was not an exact science as service users often had a number of issues which could not be resolved in a single meeting. Based on their experience, Members heard that most service users were guided through a series of structured questions which could take up to six separate meetings. Following these meetings, and based on the responses received, an action plan would be drawn up which would then act as a monitoring tool so that personal development and progression could be assessed.

The Committee were informed that another indicator of success was how both organisations contributed to a reduced number of hospital readmissions and the role they played in ensuring that service users were registered with their local GP so that other health needs such as obesity or diabetes could be addressed. Rethink also referred to the databases they held to monitor service users progress and the service level agreements they had in place with the Council to ensure they delivered the services that Hillingdon residents valued. Officers confirmed that the Council was working with both Rethink and Hillingdon MIND on a number a carer assessments. Alan Coe pointed out that referral rates into Rethink were relatively low which possibly reflected the low performance on carers assessments within the combined mental health service

In response to a question about partnership working with schools, the Committee heard that Hillingdon MIND had provided some teachers with mental health first aid training and that they had also held training sessions with 5<sup>th</sup> and 6<sup>th</sup> formers at some secondary schools.

During the course of discussions, the Committee explained that they were aware there were a number of hard to reach groups and engaging with them had proved a challenge given that some communities viewed mental health needs as a social taboo. Members were encouraged to learn that Hillingdon MIND were actively working with Asian, Somali, Nepalese and Afghani groups. Hillingdon MIND confirmed that they had been working with Somali groups for the last 18 months through partnership working with Surhan.

Members highlighted that in many cases, service users with mental health issues often had underlying physical health needs which needed to be addressed. To meet these needs, the Committee were encouraged to learn

that Rethink were planning on inviting nurses to events in the future so that that basic health checks including weight, height and blood sugar levels could be conducted.

## **CNWL**

### **(How adult community mental health services use community facilities)**

- Use of community facilities is historical and not new.
- Supports Recovery and Social Inclusion.
- Meets individuals occupational goals e.g. Social, Leisure, Vocational and Self care.
- Enables individuals to return to, and participate in, their community

### What type of Facilities do we use?

- Anything and everything that meets an individuals Recovery goals.
- Aim is to support full participation in the community and life in general.
- We take a systems approach. Every person is seen as part of a system; including their community

### Some examples of groups

- Football Group at Brunel University
- Sports group at Uxbridge Lido sports hall
- Fitness group at Bailey Hall in Uxbridge
- Individual gym sessions at Uxbridge Lido gym
- Wellness and Recovery group at Wellbeing centre
- Walking group in local parks and footpaths
- Batik group in the Compass Theatre in Ickenham
- IT group in Ruislip Manor library
- Men's group in Christchurch
- Anxiety management and Assertion and Self esteem groups in the Wellbeing centre

### Some individual examples

- Libraries (an excellent resource)
- Shops
- Cafes
- Local employers
- Leisure and sports facilities
- Religious organisations
- College/ education facilities
- Voluntary organisations
- Green spaces
- Public transport

### Challenges:

- These are minimal.
- Occasionally staff attitude within community facilities (rare - but has occurred).
- Cost of hire of community venues.
- Availability of suitable community venues for groups (more needed for the implementation of Recovery courses locally)
- Travel within borough.

- Cost of facilities for service users (reduced with a leisure link card)
- Bike project has outgrown current premises.
- Funding from council to develop bike project into a social enterprise

#### Partners:

Projects have been undertaken in partnership with for example:

- MIND
- HAVS
- Healthy Hillingdon
- Local libraries
- Brunel University
- Rethink and other carers groups
- Uxbridge College

### **Housing**

#### **(Housing needs and Options for persons with Mental Health Needs)**

##### What services do we provide?

- Advice – landlord/tenant, mortgage arrears, relationship breakdown, mediate within households, looking for accommodation
- Manage the housing register
- Homelessness assessment
- Visit vulnerable customers at their home and liaison with hospital wards.
- Manage lettings to permanent, temporary or private sector housing.
- Access arrangements for supported housing

##### Assessment of service users with mental health needs?

- Care plan & risk assessment – helps to establish threshold for independent living in order to inform accommodation options – temporary accommodation, private rented and social housing
- Bed & Breakfast – to avoid bed blocking
- Referral to floating support services - ILS, LookAhead and Hestia.
- Move on from supported housing (Hayes Park Lodge)
- Attend bed management meetings at Riverside
- Signpost to other appropriate agencies

##### Mental Health Supported Housing and Floating Support Services

- Currently a total of 66 units of supported accommodation for people with mental health needs
- 25 units of short term support and 9 units of long term support provided by Look Ahead at Hayes Park Lodge, Hamlet Lodge and Hornbeam Road
- 32 units of short and long term supported accommodation provided by Hestia at Hutchings House, Cowley Road, Myddleton Road, Sidney Close, Ivybridge Close and Brambles Farm Drive.
- 66 units of mental health floating support provided by Hestia to people living in independent accommodation across the borough

### Areas for improvement

- Improve existing links by identifying a link worker in each community team to work with housing lead officer.
- Establish regular forums:- to discuss and explore appropriate housing options for those particularly difficult service users in the community who may end up being evicted due to mental health issues, but who still require accommodation which is not supported or residential due to vulnerability.
- Greater need for joined up working to sustain tenancies

### Housing Support

The service is designed to help clients with advice and support in the following areas:

- Help with setting up their new home
- Help to understand official letters and documents including their tenancy conditions
- Help maximising benefit claims, budgeting, paying bills including rent, arrears or any other debts
- Help to settle into their new community and to access local services including linking in with specialist support
- Helping clients to learn how to look after their home, including for some getting a handy person service
- And much more but it is NOT hands on personal, clinical or health care, or professional counselling.

### Community Housing- Managing tenancies:

- Community housing provide support and advice as well as taking appropriate enforcement action to resolve any tenancy and neighbourhood issues
- Refer tenants onto appropriate services including ILSS, community safety team, social services etc; to ensure appropriate support is offered
- Joined up working with key services such as mental health.

### Tenant Support

- 90% of tenants have a form of vulnerability
- Common causes for tenancy failure during the probationary period are rent arrears, ASB
- Probationary/secure tenancies
- New tenant visits
- Tenancy verifications.

### Sheltered Housing

- Residents to have the choice to live safe, healthy, independent lives in supportive schemes
- Age 60 plus
- 21 sheltered schemes across the Borough
- Daily presence of a scheme manager
- Focus on activities and support

### Extra Care Housing

- Residents have their own self-contained flat, with the reassurance of 24 hour on site care and support services



- Excellent shared facilities, including a café and dining area, lounge, garden, shop/kiosk, activity space, laundry and hairdressing.
- Independent living for over 55's with a range of physical, sensory and learning disabilities

In response to a question about the number of supported housing units in the Borough, the Committee noted that 66 units were currently available for service users with very high support needs. Officers confirmed that an additional 420 units were planned and that the Council was working in partnership with CNWL on placement efficiencies to develop a wider supported housing sector. Robyn Doran confirmed that Hillingdon had more supported housing provision than neighbouring boroughs.

Having been informed about the housing options available to persons with mental health issues, the Committee asked officers to provide further clarification about the reasons why rents arrears might accrue during a probationary tenancy period. Officers explained that service users not knowing how to access housing forms or understanding some of the questions asked were common factors. In some cases there were also ongoing issues around housing benefit claims.

The Committee agreed it was vital to ensure there was sufficient assistance available to all tenants at the outset of their tenancy to ensure all parties were aware of their obligations (as tenants).

Concern was raised about the levels of support available to people with mental health needs across the borough and whether or not there were some areas which had less support than others. In response officers explained that occupational therapists worked borough wide and CNWL were looking at using existing community resources in innovative ways to ensure there was enhanced service provision.

Referring to the large number of services provided by the Housing Department, Members were pleased to learn that a single point of contact would be established when the client registered with the Department. In those cases where the resident had mental health needs, the Committee learnt that an assessment would be conducted by a panel of health professionals at the outset of the housing application to ensure the most appropriate housing service was accessed.

Given that the Housing Officer presentation cited that 90% of tenants had some degree of vulnerability, Members asked whether the community was necessarily the best place for recovery for someone with mental health needs. In response, the Committee heard that many persons with mental health needs had been through the acute service and then had progressed to housing options as their health had improved. Clearly a balance needed to be struck between an individual's ability to cope and their housing needs but finding the most appropriate form of accommodation was about making links between recovery and the community as a whole.

It was noted that Riverside and acute resource facilities provided clients with a controlled environment in which to take their medication. Concern was raised about those people with mental health needs which were non-

compliant with their medication and whether there were ways of supporting them. In response, the Committee heard that CNWL were working with GP's and partner organisations towards a community programme. It was suggested that the Recovery College could play an important role in educating services users, carers and attendees of the importance of taking prescribed medicines at the allotted times however, it was recognised that there would always be some people who would be non-compliant.

Developing this theme further, it was recognised that there was a possibility that someone with acute issues might suffer a relapse and not be able to cope with A&E, medication or other underlying issues such as anti-social behaviour. Therefore moving persons in difficulty into emergency bed and breakfast accommodation might not be the best option. Officers explained that a clients Care Plan meant that where possible bed and breakfast accommodation would be avoided. However, in those cases where there were no other short term options available, the Council would seek self contained b&b accommodation and ensure that housing officers and out reach support visited to assist them.

Members were encouraged to learn that CNWL were in regular dialogue with the Council and held frequent meetings. To ensure mental health services improved in the future, CNWL explained the focus was on pre-planning. The Committee heard that there was an emphasis on raising staff awareness, asking the right questions and ensuring that services became involved well before issues reached crisis point.

#### **Resolved –**

**That the evidence provided be used to inform the findings of the review.**

#### **HILLINGDON SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2011-12 (Agenda Item 6)**

The Safeguarding Manager introduced the report which provided an overview of the safeguarding work which had been conducted in 2011-12. It was noted that there had been a number of key local developments and service changes which were:

- The change to the SAPB structure and the collaborative model of working with the LSCB
- Implementing the London multi-agency safeguarding adult policy and procedures, strengthening cross boundary work and ensuring a common understanding of responding to allegations of abuse.
- Improve collaboration and partnership across agencies.
- In consultation with stakeholders, re-aligning the Board's priorities to reflect the changes in adult health and social care.
- Focussing more on successful outcomes for people rather than just on compliance

Moving forward into the future, the Committee noted that the Safeguarding Adults Partnership Board would be concentrating on:

- Improving its response to the growing problem of financial abuse
- Increasing its quality control mechanisms

- Testing its local practice against national concerns like the Winterbourne Events
- Continuing to ensure that the Board was well placed to comply with the likely statutory requirements of the Care and Support Bill.

During the course of discussions, the Committee made the following comments to Cabinet:

*The Committee notes the protection of adults at risk is a critical activity of the Council and a key partnership area of work with health services and the voluntary sector.*

*The Committee notes Hillingdon's Safeguarding Adults Partnership Board has an independent chair, who also chairs the Local Safeguarding Children's Board and while each Board is independent, this collaborative approach is to be commended.*

*The Committee notes the Authority has a highly skilled specialist service in place and the Committee expressed confidence in the safeguarding adult arrangements in Hillingdon. The Board is well placed to comply with the statutory requirements set out in the Care and Support Bill and is currently working on priorities that include demonstrating the positive outcomes of safeguarding intervention.*

*The Committee notes the enhanced quality control measures which are being adopted and the changes in both the scope and definition of safeguarding adult work that is being developed. The Committee welcomes the continued work which is being done to raise the awareness of adult safeguarding.*

**Resolved –**

1. To note the contents of the Annual Report
2. To provide the comments listed above to Cabinet

**WORK PROGRAMME** (*Agenda Item 7*)

Reference was made to the work programme and timetable of meetings.

**Resolved –**

**That the report be noted.**

**FORWARD PLAN** (*Agenda Item 7*)

No future reports were identified.

**Resolved –**

**That the report be noted**

The meeting, which commenced at 7.00 pm, closed at 9.25 pm.

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.