

## Minutes

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



5 November 2014

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

	<p><b>MEMBERS PRESENT:</b> Councillors: Judith Cooper (Chairman) Wayne Bridges (Vice-Chairman) Teji Barnes Jas Dhot Beulah East (Labour Lead) Ian Edwards Becky Haggar Shehryar Wallana</p> <p>Mrs Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b> Sandra Taylor – Disabilities Services, Service Manager for a Personalised Service Kim Jebson – Disability Services, Team Manager Tim Dauncey - SCH&amp;H Operational Finance Manager John Higgins - Service Manager Mental Health Joan Vesey - Hillingdon CCG Nigel Dicker- Deputy Director Residents Services Sharon Daye - Interim Director of Public Health Charles Francis – Democratic Services Officer</p>
10.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>
11.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Mrs Mary O'Connor declared a non pecuniary interest in item 5, as the Chairman of the Trustees of Hillingdon Mind.</p>
12.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 31 JULY 2014</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
13.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>

## **REVIEW OF ADULT COMMUNITY MENTAL HEALTH SERVICES - UPDATE ON REVIEW RECOMMENDATIONS AND FURTHER SERVICE DEVELOPMENT PROGRESS** (*Agenda Item 5*)

The Service Manager for Mental Health Services introduced the report and provided an update on the progress of the Committee's 2012/13 review entitled a review of Adult Community Mental Health Services.

The Committee noted that the Hillingdon Clinical Commissioning Group (HCCG) was responsible for commissioning mental health services in the Borough and a joint commissioning strategy had been agreed by the Council and the Hillingdon Clinical Commissioning Group in 2013.

In relation to recent developments, the following areas were highlighted:

### **Mental Health Needs Assessment**

A mental health needs assessment was currently taking place. This was examining mental health as a whole, looking at common mental health issues, enduring mental health problems and also dementia. In addition, the Specialist Health Promotion Team was undertaking a Suicide Prevention Needs Assessment and it was anticipated that a draft Needs Assessment report would be completed by December 2014.

The Needs Assessment would be used to inform future commissioning thereby shaping the provision of mental health services in Hillingdon in the future.

Although the stake holder engagement exercises had not been completed, some of the comparative findings included:

- An estimated 55,000 people in Hillingdon were living with at least one mental health condition.
- Just under 11,000 people in Hillingdon had been diagnosed with depression on their GP register and although it was likely to be an underestimate of the scale of the issue.
- Hillingdon had the lowest rate of people entering psychological therapies (IAPT) in the Thriving London Cluster.
- There appeared to be considerably fewer people in contact with mental health services who had a crisis plan than other at comparator areas.
- Modelling had suggested that there were around 2,500 Hillingdon residents living with dementia in 2014, while GP registers' records indicated that there were 1,100.

### **Early Intervention, Mental Health Promotion and Well Being**

The Committee heard that the Specialist Health Promotion Team and Council's Communication's Team were developing 'Five Ways to Wellbeing' leaflets which promoted key messages and the locations in Hillingdon residents could access support and resources for their wellbeing. 'Five Ways to Wellbeing' training was going to be rolled out at various sites across the Borough including: Job Centre Plus, Library Services, Hillingdon Mind, Age UK, Community Groups and at Older People's Tea Dances.

It was noted that the Specialist Health promotion Team was working in partnership with the Sport and Leisure Team to embed 'Five Ways to

wellbeing' and to promote key messages alongside support for individuals to become more active.

### **Supported Housing**

It was noted that Hillingdon had a higher number of people with mental health needs living in residential care compared to other London Boroughs. The Committee heard supported housing could be a more cost effective option as the accommodation element was funded through housing benefit and the care would then be personalised to the times of day / week it was required.

The Committee heard that the Adult Social Care department had identified the development of a larger range of supported housing priorities for people with mental health needs as a strategic priority.

In terms of CNWL Recovery College classes, Members heard that a bespoke course had been developed for service users which had recently moved, or planned to move, to support them through the transitional period. The course had taken place over 8 weeks and was held in one of the Borough libraries.

### **AMHP Service**

The Committee noted that that all Local Authorities had a duty to ensure there were sufficient Approved Mental Health Professionals available to undertake assessments under the Mental Health Act that could result in a person being retained in hospital. At present, the Council employed 16 social workers whom were qualified as AMHPs and an out of hours service was delivered by the Council's Emergency Duty Team. The Committee welcomed news that the service had now been centralised and was run out of the Riverside Centre which now provided a more integrated response with patient services.

### **Urgent Care**

The Committee learnt that CNWL had presented a business case to the CCGs with regards to the development of an urgent care service. Officers explained that this had been developed based on the review of models from across the country and in consultation with users and carers. The Committee noted that if a new business case was approved, work would begin in April 2015.

### **Shifting Settings of Care**

It was noted that two Primary Care Mental Health Navigators contracts' had been extended to December 2014 and they were currently working with 50 service users who were having their care transferred from secondary to primary care. Their role included supporting users to develop a health and well-being plan which would also incorporate a crisis plan.

In the course of discussions a number of points were raised which included:

- Developments to the Improving Access to Psychological Therapies (IAPT) service
- The role of Mental Health Navigators
- Measuring the performance of services

Officers explained that IAPT was a new service which was developing. An

Action Plan was in place to increase access to the service and especially to older people, those from Black, Asian and Minority Ethnic backgrounds or people with long term physical illness.

In terms of Navigators, it was noted that this service helped people who were currently well but needed access to services.

In relation to performance, the Committee asked for further information to be provided in a future report on recovery rates, waiting times (to access services), crisis provision and the out of hours service. Where possible, the Committee requested for this information to be expressed as a score card so that progress could be clearly monitored.

**RESOLVED:**

- 1. That the report be noted**
- 2. That Officers be requested to provide a further update report covering the above points in the spring 2015.**

**MAJOR REVIEWS IN 2014/15 - WITNESS SESSION 4** (*Agenda Item 5*)

The Disabilities Services, Service Manager for a Personalised Service, explained that the purpose of the forth witness session was threefold. To consider further financial information related to costs and savings, to review the site visit conducted on 21 October 2014 and to consider a number of draft recommendations for the draft final report.

The Operational Finance Manager provided an overview of the report and explained that a number of basic assumptions had been made when calculating the figures. These included using an average care cost as a financial modelling tool. It was noted that costs would fluctuate substantially between the very highest cost and lowest cost scenarios. In addition, the second major assumption related to increasing the scheme from 40 placements to 80, which assumed there were sufficient carers and suitable accommodation in place.

The Chairman thanked officers for the report and noted the Shared Lives Scheme was a long term project which offered the potential to provide savings in the future. It was acknowledged that as a person's needs increased over time or where a residential placement would have been the alternative, was where Shared Lives would be of greatest benefit.

Referring to the site visits which took place on 21 October 2014, the attendees confirmed the Shared Lives scheme was very family orientated and provided a relaxed atmosphere. What also struck a chord, was the strong bond that had been formed between carers and service users.

It was noted that many service users had complex needs which fluctuated over time, and so Shared Lives could be a challenging care environment. The Committee agreed, it was this specific point as well as what service users lives might have been like had they not opted for Shared Lives scheme, that needed to be included in the Committee report.

In response to a number of Committee questions, Officers explained that

any household with 5 or more placements would be deemed to be care business and would attract the attention of the Care Quality Commission (CQC). In terms of Adult Safeguarding, the Committee welcomed news that all Service Users within the scheme were monitored by Care Workers, had an annual review and were regularly visited by Social Workers. It was noted that, all carers were monitored by Shared Lives officers and all carers underwent a series of robust checks.

With regards to minimum standards of service, the Committee were informed that the Council's Shared Lives scheme was registered with the CQC and was covered by service level agreements. The Committee was also assured to hear that the scheme was also regularly audited by the Council's Internal Audit Service.

To market and highlight the Shared Lives Scheme, Officers reported that posters and screen savers were currently being used in Doctor's surgeries. In addition, posters were prominently displayed in libraries throughout the Borough and articles and advertisements had appeared in the Hillingdon People monthly magazine.

During the meeting, a number of draft recommendations were discussed and the Committee agreed these should be incorporated into the draft report.

The Committee thanked Officers for a clear and concise case report and for arranging the site visits.

**RESOLVED:**

- 1. That the report and witness session be noted.**
- 2. That the draft recommendations tabled at the meeting be agreed.**

**PUBLIC HEALTH UPDATE REPORT - PUBLIC HEALTH 'FIT AND HEALTHYLIFESTYLES' WORK PROGRAMME - (JANUARY 2014 - OCTOBER 2014)**

The interim Director of Public Health introduced the report. This provided an update on the Fit and Healthy Lifestyles Work Programme 2013/14 and summarised the work which was being conducted in the following areas:

- Mental Health and Well Being
- Early Years, Schools and Young People
- Obesity Prevention and Weight Measurement
- Physical Activity
- Older People well being and social connectedness
- Prevention of Diabetes, Cardiovascular Disease, COPD
- Increasing Cancer survival rates through prevention and early detection
- Reducing mortality due to all causes
- Substance Misuse (alcohol and drugs)
- Sexual Health and Wellbeing
- Smoking Cessation
- Oral Health
- Vision

- Health Literacy

During the course of discussions the following points were noted:

- Current work on obesity had focused on prevention and management techniques, with a view to reducing the risks of diabetes, cardiovascular disease, joint disease and some cancers.
- In relation to smoking cessation, Hillingdon was one of the top performing London Boroughs. Future challenges included addressing the e-cigarette and reducing the prevalence of smoking during pregnancy.
- With regards to substance misuse, Officers reported that an outcomes based service model had been developed which provided greater levels of integration based on all levels of need.
- With regards to Alcohol abuse over 65, Officers reported that a key needs assessment would be conducted and officers were exploring the links between an increase of abuse and the links with loneliness.
- Members heard that Officers were working towards a balanced scorecard so that a clear direction of travel could be determined and Officers explained that a set of indicators would be provided at the next update.
- In relation to the National Child Measurement Programme, the Committee enquired whether this would be rolled out to older students to address the increase in obesity nationally.
- The Committee noted that a multi-agency plan was being developed to address obesity and officers were confident that the plan would be available in early 2015.
- In terms of Well Being with Partners, Partners, the Committee noted that Age UK had communicated with a number of groups which had included Asian Women. Further sessions were planned to discuss how 5 Ways to wellbeing had been incorporated into everyday living.
- With regards to the objective to reduce mortality rates *due to all causes*, the Committee noted that the report which identified the number of childhood deaths was confidential. Officers explained that there did not appear to be any specific pattern and the numbers fluctuated on a year on year basis.
- The Committee requested Officers to provide updates on the following in the next report:
  1. *Early death rates due to cancer and cardiovascular causes*
  2. *Premature deaths from heart disease and strokes in Hillingdon*
  3. *Premature deaths due to liver and lung disease.*
- In relation to Health Checks, the Committee noted that at present, these were being offered to 12% of the population in Hillingdon but that further work was underway to increase this figure to 15%. It was also noted that the national target for Health Checks was 20%.
- Officers reported that 36 Schools had registered for the London Health School Programme. It was noted this meant that half of the Boroughs schools were not currently participating, so there was scope to improve the uptake of the scheme.
- With regards to oral health, Officers reported that a continuation of the Brush for Life campaign was being conducted in Children's Centres across the borough as the main way of informing parents about good oral health. The Committee noted that this was particularly important as dental issues were one of the top causes for

	<p>hospital admissions for under 4's in Hillingdon.</p> <ul style="list-style-type: none"> <li>Officers reported that there had been a 7% increase in the update of dancing by older people. The Committee were encouraged by this development, being aware that social functions provided the opportunity to meet new friends, socialise and keep active in later life.</li> </ul> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the report be noted</li> <li>That Officers be requested to provide information on the following points in the next scheduled update report: <ul style="list-style-type: none"> <li>Early death rates due to cancer and cardiovascular causes</li> <li>Premature deaths from heart disease and strokes in Hillingdon</li> <li>Premature deaths due to liver and lung disease.</li> </ul> </li> </ol>
14.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 7</i>)</p> <p>Members considered the latest version of the Forward Plan.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the Forward Plan be noted.</li> </ol>
15.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 8</i>)</p> <p>Reference was made to the work programme and timetable of meetings. It was noted that the Committee would consider its draft final report on the Shared Lives Scheme at January 2015 meeting. In addition, it was noted that a further mental health update would be provided in the Spring 2015 and a further update report on Tenancy failure would be considered at March 2015 meeting.</p> <p>In relation to possible topics for the second review, Officers explained that they would liaise with the Service Departments and provide an update to the January meeting.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the Work Programme be noted.</li> </ol>
	<p>The meeting, which commenced at 7.00 pm, closed at 8.35 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.