

## Minutes

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

22 April 2015

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



HILLINGDON  
LONDON

	<p><b>MEMBERS PRESENT:</b> Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) Peter Davis Jas Dhot Beulah East (Labour Lead) Ian Edwards Becky Haggar John Oswell Shehryar Wallana Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b> Gary Collier, Better Care Fund Programme Manager Nigel Dicker, Deputy Director Residents Services John Higgins, Head of Safeguarding Sunny Mehmi, Service Manager Mental Health Steve Hajioff, Director of Public Health Charles Francis, Democratic Services</p> <p><b>Others Present:</b> Kim Cox, Hillingdon Borough Director - CNWL Joan Vesey, Deputy Chief Operating Officer - Hillingdon Clinical Commissioning Group Dr Mellishsa Padayatchi, Clinical Director Mental Health Services</p>
68.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>
69.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>None.</p>
70.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 26 MARCH 2015</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
71.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I</b></p>

**WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED  
PART II WILL BE CONSIDERED IN PRIVATE** (*Agenda Item 4*)

72. **REPORT ON HILLINGDON'S BETTER CARE FUND PLAN** (*Agenda Item 5*)

The Better Care Fund Programme Manager introduced the report which provided an overview of the Better Care Fund Plan and its implications for residents, the Council and its partnership with the local NHS.

Officers explained The Better Care Fund (BCF) was a national initiative intended to deliver integration between health and social care in order to improve outcomes for residents.

The key objectives of this initiative were:

- Individuals with care needs receive more joined up care
- That the independence of residents is maximised or maintained through better prevention and early intervention
- Scarce resources are used more effectively
- There are joint plans with agreed priorities to achieve a greater positive impact for local people.

It was noted that the BCF was a mechanism being used by the Government to implement the new integration duty under the 2014 Care Act, which came into effect on the 1<sup>st</sup> April 2015. In terms of financial implications, the BCF did not provide new money for Hillingdon; it was about creating efficiencies through integration to ensure that existing funding was used more effectively.

The Committee were informed that the Plan had gone through several iterations during 2014/15 and the final Plan was agreed by the Chairman of the Health and Wellbeing Board and the Chairman of HCCG's Governing Body on the 9th January 2015.

Officers explained the focus of Hillingdon's Plan was on the 65 and over population, which was a reflection of the increasing demand placed on local authority and NHS services by an ageing population. Its main aim was to reduce the number of emergency admissions.

The development of integrated IT systems across health and social care is a key enabler to the effective delivery of many of the schemes in the plan and to achieving the position where residents with care needs only have to tell their story once. The ultimate goal is to have systems that enable partners involved in a resident's care (including third sector) to update their care plan electronically to reflect their respective interventions. Technological and information governance complexities mean that this goal could take up to three years to achieve.

In terms of performance metrics, the Committee heard that there were six key performance indicators within Hillingdon's BCF plan and the Council was required to report on its performance to NHS England on the following:

1. **Emergency admissions** - Reduction in emergency admissions per 100,000 65 and over
2. **Residential admissions** - Reduction in permanent admissions of

older people (65 and over population) to residential and nursing care homes per 100,000 population.

3. **Reablement** - Proportion of older people (65 and over population) who were still at home 91 days after discharge from hospital into reablement.
4. **Delayed transfer of care (DTC)** - Delayed transfers of care (delayed days) from hospital per 100,000 (aged 18 and over).
5. **Service user experience** - In the past year, how easy or difficult it has been to find information and advice about services or benefits.
6. **Local metric: Social care-related quality of life** - Questions about 8 quality of life issues covering control over daily life, personal care, food and nutrition, accommodation, safety, social participation, how people spend their time and dignity.

Officers explained that the delivery of the Plan would be overseen by the Health and Wellbeing Board (HWBB), which would receive quarterly performance reports.

Discussing the advantages of the Plan, the Committee were encouraged to learn that closer working between partners across health, social care and the third sector had resulted in a 7% drop in the number of emergency admissions to hospital from care homes in December 2014 when this would be expected to rise. In addition, closer working between agencies had seen a speedier discharge of patients from the emergency department at Hillingdon Hospital and the Hawthorn Intermediate Care Unit (HICU) back into the community.

Acknowledging the pressure created by an ageing population would increase over time, the Committee asked Officers what provisions there were to meet future targets. In response, Officers explained that part of the approach focused on new ways of working as well as anticipating future issues. Officers also confirmed that they were investigating alternative options for dementia care and a range of other care opportunities.

In relation to the market place, Officers confirmed that access to information was provided by a portal entitled 'Connect to Support'. This web based directory of services also provided forms of online assessment, advice and advocacy.

Discussing the likelihood of a universal care plan, the Committee asked Officers what a likely timescale for this might be. In response, Officers confirmed that while new protocols were being developed to significantly enhance information sharing, a single care plan was not on the immediate horizon.

**Resolved -**

1. **That the report be noted**

73.

**REVIEW OF ADULT COMMUNITY MENTAL HEALTH SERVICES - UPDATE ON REVIEW RECOMMENDATIONS AND FURTHER SERVICE DEVELOPMENT PROGRESS** (*Agenda Item 6*)

The Service Manager, Mental Health introduced the report which had been produced in partnership with Central and North West London NHS Foundation Trust (CNWL) and Hillingdon Clinical Commissioning Group (HCCG). The report provided an update on the developments in Mental Health Services which had taken place since November 2014:

### **Mental Health Needs Assessment**

A Mental Health Needs Assessment (MHNA) was completed in December 2014 and informed the Joint Hillingdon Mental Health Transformation Board priorities for 2015/16.

### **Perinatal Mental Health**

A multiagency working group had reviewed local provision using a review carried out by Public Health of the known and expected impact of these problems in Hillingdon. A significant number of gaps in service provision were identified.

The Hillingdon Clinical Commissioning Group agreed funding for an interim perinatal mental health service that will be rolled out in 2015/16. The service will include Psychologist, Psychiatrist and a Community Psychiatric Nurse. Officers explained that a report and recommendations of the service would be completed in June 2015.

### **Child and adolescent mental health services (CAMHS)**

Ongoing work had taken place to develop a joint commissioning strategy and action plan. The strategic vision was based on information from the recent JSNA in Hillingdon and was informed by the report by Hillingdon Healthwatch. The intention was to deliver a model identifying how all agencies were required to work together to ensure the holistic mental health and wellbeing needs of children and young people were met.

### **Early Intervention, Mental Health Promotion and Wellbeing**

The Specialist Health Promotion Team lead and LBH Communications Team had developed the 'Five Ways to Wellbeing' leaflets promoting the key messages and where in Hillingdon residents could access support and resources for their wellbeing.

The Specialist Health Promotion Team lead was undertaking a scoping exercise to find out what local services and organisations were currently providing support for early intervention and promotion of mental health, wellbeing and physical health, across all ages.

*The Committee learnt that* plans had been approved for 2015/16, to hold a 'Time to Change' (anti-stigma and discrimination around mental illness) public event in Hillingdon; and to hold a series of half-day training days using the 'Making Every Contact Count' workforce approach for frontline workers across the Council, NHS and the voluntary sector. Officers explained that the training would focus on increasing the knowledge and confidence and skills of frontline staff to address mental health issues as well as other

lifestyle issues (smoking, weight management, alcohol and substance misuse).

### **Supported Housing**

The LBH Mental Health Service Manager will continue to meet with the CNWL team to review packages of care and ensure service users were in the most appropriate setting which meets their needs.

### **Approved Mental Health Practitioners (AMHP) Service**

Officers explained that Local Authorities had a statutory duty to ensure that there were sufficient Approved Mental Health Practitioners (AMHP) available to undertake assessments under the Mental Health Act that could result in a person being detained in hospital.

The AMHP service and Children's Services had agreed a joint protocol regarding the interface between the AMHP service and the Hillingdon's Children's Multi-Agency Safeguarding Hub (MASH). The protocol outlines what and how the AMHP service will be supporting MASH with information or other safeguarding issues that arise.

### **Hospital Liaison**

CNWL, The Hillingdon Hospital and CCG had been looking at ways to reduce the pressure on A&E from people with mental health needs.

On completion of an audit the CCG has commissioned a Psychiatric Hospital Liaison Service at Hillingdon Hospital. This service would be based on the RAID Model (Rapid Access, Intervention and Discharge), which was nationally recognised best practice for such services. The service provided psychiatric interventions and support in Accident and Emergency, input onto the general wards for those with physical as well as mental health presentations, as well as training to non-mental health trained staff in the hospital.

### **Shifting Settings of Care and Primary Care Mental Health services**

The CCG had approved funding to support the development of a Primary Care Mental Health service. This initiative was in development during 2014/15, two Mental Health Navigators who were employed by MIND, had been working across all Practices in the Borough supporting up to 75 clients transferring from secondary to primary care services.

Turning to future priorities, the Committee heard that the Board would be concentrating on the followings areas:

- Child and adolescent mental health services (CAMHS)
- Universal Mental Health wellbeing
- Dementia Pathway
- Crisis Care (Adult)
- Primary Care Mental Health and Secondary Care Community Mental Health Services

Discussing the report, the Committee noted that most of the activities identified in the Action Plan had been done and those outstanding items were on track to be completed in the near future. Officers confirmed there had been a significant amount of joint working between the Council and HCCG as a result of aligned priorities.

In relation to Children's Mental Health Services and specifically waiting times for assessment, the Committee enquired whether these had reduced recently. Officers confirmed that by June 2015, the CCG / CNWL were aiming to deliver an 8 week referral period. However, it was noted that this did not include urgent cases.

Although many aspects of the service had shown improvement, the Committee noted there had been a slippage in the development of urgent care provision. CNWL confirmed that a new urgent care model had been developed and a Business Case for funding had been submitted to the CCG for consideration.

With regards to alternative crisis provision, the Committee noted that crisis cards and ongoing training for GP's was being provided to improve performance.

The Committee welcomed news that more patients were self referring themselves to the Improving Access to Psychological Therapies - IAPT services and acknowledged that a mixture of cards, posters and information at municipal building had been effective. However, the Committee noted that Improving Access to Psychological Therapies - IAPT was not as user friendly as it could be and welcomed that it had been rebranded as the "talking therapy service".

**Resolved -**

- 1. That the report be noted.**

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

The Committee considered the latest version of the Forward Plan.

**Resolved –**

- 1. That the report be noted.**

75. **WORK PROGRAMME** (*Agenda Item 8*)

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

The Committee also considered a number of suggestions for future reviews. These ideas included:

- Better Care Fund* - How the Council can engage the voluntary sector

	<p>better and get different organisations to work together in dealing with prevention e.g. the isolated elderly and making sure they don't end up in hospital.</p> <ol style="list-style-type: none"> <li>2. <i>Raising standards in Private sector rented accommodation</i></li> <li>3. <i>Care Act - Development of the personal care services Market (requires more organisations / facilities) for use with personal budgets</i></li> <li>4. <i>Obesity</i></li> <li>5. <i>Sexual Health (focusing on younger people) and the pressure on the Health Service.</i></li> <li>6. <i>Hospital discharge</i></li> <li>7. <i>Re-ablement</i></li> <li>8. <i>Helping people moving into supported housing</i></li> <li>9. <i>Dementia prevention</i></li> <li>10. <i>Stroke prevention</i></li> <li>11. <i>Legal highs</i></li> <li>12. <i>COPD and asthma prevention</i></li> <li>13. <i>Cancer - early identification and employment support</i></li> </ol> <p><b>Resolved -</b></p> <ol style="list-style-type: none"> <li>1. <b>The Committee noted the Work Programme 2014/15.</b></li> <li>2. <b>That Officers be requested to provide a scoping report on <i>Raising Standards in Private sector rented accommodation</i> to the 2 July 2015 meeting.</b></li> <li>3. <b>That a Public Health report be provided in the autumn covering Obesity, Sexual Health and Stroke Prevention</b></li> </ol>
	<p>The meeting, which commenced at 7.00 pm, closed at 8.25 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.