



# Social Care, Housing and Public Health Policy Overview Committee

## Councillors on the Committee

Jane Palmer (Chairman)  
Duncan Flynn (Vice-Chairman)  
Judith Cooper  
Alan Deville  
Ian Edwards  
Tony Eginton  
Janet Gardner  
Becky Haggar  
Paula Rodrigues

**Date:** WEDNESDAY 17 OCTOBER  
2018

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 4 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE

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

**Published:** Friday 12 October 2018

Contact: Anisha Teji  
Tel: 01895 277655  
Email: [ateji@hillington.gov.uk](mailto:ateji@hillington.gov.uk)

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***Putting our residents first***

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW  
[www.hillingdon.gov.uk](http://www.hillingdon.gov.uk)

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## Terms of Reference

The Following Terms of Reference are common to all Policy Overview Committees (referred to as “The overview role”):

1. To 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. To monitor the performance of the Council services within their remit (including the management of finances and risk);
3. To comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. To 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. To review or scrutinise decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. To make reports and recommendations to the Council, the Leader, the Cabinet, a Policy Overview Committee or any other Council Committee arising from the exercise of the preceding terms of reference.
7. In accordance with the Local Government and Public Involvement in Health Act 2007, to consider ‘Councillor Calls For Action’ (CCfA) submissions.

To perform the overview role outlined above in relation to the following matters:

1. Social care services for children, young persons and children with special needs
2. Oversee the Council’s Corporate Parenting responsibilities
3. Adoption and Fostering
4. Family Services
5. Adult Social Care
6. Older People’s Services
7. Care and support for people with physical disabilities, mental health problems and learning difficulties
8. Asylum Seekers
9. Local Authority Public Health services
10. Encouraging a fit and healthy lifestyle
11. Health Control Unit, Heathrow
12. Encouraging home ownership
13. Social and supported housing provision for local residents
14. Homelessness and housing needs
15. Home energy conservation
16. National Welfare and Benefits changes

# Agenda

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| 6 | Quality and Capacity of the Community Mental Health Services in Hillingdon | 1 - 8 |
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## QUALITY AND CAPACITY OF MENTAL HEALTH SERVICES

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Kate Kelly Talbot, Assistant Director Adult Social Care
<b>Papers with report</b>	See Appendix 1
<b>Ward</b>	All

### HEADLINES

The purpose of this report is to provide an update on the quality and capacity of mental health services in Hillingdon.

### RECOMMENDATIONS

**That the Committee notes the report on Quality and Capacity of Mental Health Services.**

### SUPPORTING INFORMATION

#### 1. Background

This paper provides an update on the Quality and Capacity of adult community mental health services in Hillingdon. The report focuses on the Community Mental Health Teams (CMHTs), where integrated services are delivered by CNWL and the London Borough of Hillingdon. However, some information is also provided on the wider community mental health offer within Hillingdon.

#### 2. CNWL and LBH (Section 75 Partnership Agreement)

Within Hillingdon, Central and North West London NHS Foundation Trust (CNWL) and the Council work in partnership under section 75 of the National Health Act (2006) to deliver integrated adult mental health services for Hillingdon residents living with mental health conditions. The current arrangement is for the period April 2018-2023. The section 75 Partnership Agreement is monitored through a quarterly meeting, with annual review by the relevant Senior Managers.

The Social Work arrangements in ARCH (Alcohol Recovery Community Hillingdon) are also covered by the section 75 arrangement. ARCH work closely with the CMHTs, but do not fall within mental health services so no further analysis has been included in this update report.

#### ***2.1 The Community Mental Health Teams and Community Rehabilitation Team***

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There are 3 CMHTs based at either Mead House or the Pembroke Centre, alongside the Community Rehabilitation Team. The Community Rehabilitation Team offer care coordination and support to people with a mental illness in supported living or care homes, with a view to helping develop independent living skills and improving quality of life.

There are currently 25.32 FTE Local Authority employees (mostly Social Workers) and 84.53 FTE CNWL employees from a range of clinical backgrounds working within the CMHTs/Community Rehabilitation Teams, in addition to peer and employment support advisors.

The Trust ensures that individuals with complex needs are supported under the Care Programme Approach (CPA). A Care Coordinator is assigned who may be an employee of either LBH or CNWL, but who is able to assess both health and social care needs.

The CMHTs receive an average of 100 referrals a month to the services. These come from a variety of sources, mostly from GP's, but some come from the liaison psychiatry team based in Hillingdon Hospital A&E department and also from other mental health services within the borough.

Each team holds an average of 650 open cases. A third of these cases are care coordinated and the remainder are managed under lead professional care. This means that they are likely to see only one clinician, usually a doctor or a psychologist on an outpatient basis.

## **2.2 Approved Mental Health Practitioner (AMHP Service)**

The Local Authority has a statutory responsibility to provide an AMHP service, which is based at Riverside (at Hillingdon Hospital). An Approved Mental Health Practitioner is a person who is warranted, or authorised, to make certain legal decisions and applications under the Mental Health Act 1983. Usually, this person will be a social worker who has undertaken additional training to become warranted.

In Hillingdon, there are 2.5 AMHPs working in the AMHP Team (this includes a Team Manager), with additional capacity provided by suitably trained LBH Social Workers/Care Coordinators across the wider service.

## **3. Performance and Priorities**

NHS England's "Implementing the Five Year Forward View for Mental Health" (5YFV, February 2016), outlined key objectives for the development of community based adult mental health services. As a part of the implementation, a set of key service objectives were agreed, called the Mental Health Services Data Set, which are used as a reporting and tracking tool for the implementation of the improvements required for the 5YFV.

Broadly, Hillingdon Mental Health Services are performing well against key indicators. The two areas which are priorities to further improvement in the coming year are DNA (did not attend) rates and ensuring the Urgent Access Pathway (UAP) Routine Assessment Targets are met.

In relation to DNAs, the service are now using a system of text reminders, ensuring that service

users are receiving reminders nearer to their appointment time, as these can be some weeks apart and monitoring of correct data entry when a service user cancels or changes an appointment.

In relation to the UAP targets, it should be noted that routine access has improved from 62% in January 2018 to 77% in September 2018. 95% of urgent referrals are seen on time and 100% of Emergency referrals.

Further actions in place include:-

- Weekly reports shared across the team to identify upcoming breaches and support tracking of referrals
- Change of model to promote duty assessment and then discussion in MDT meeting if medical input required.
- Realignment of assessment slots to ensure a sufficient number are available to meet the target
- Admin Manager reviews waiting list on a daily basis and discuss in pre- zoning meetings
- Dedicated duty staff in place for each CMHT
- Team ensure that sufficient admin cover is in place for staff leave
- Performance analyst workshop with teams to support management of routine referrals

#### **4. Quality Priorities**

Recent quality audits and friends and family test results have been positive:

- 96% of community service users report they were involved as much as they wanted to be in decisions about their care and treatment;
- 92% report their care or treatment helped them achieve what matters most to them;
- 88% report being treated with dignity and respect;
- 86% report they are likely to recommend Hillingdon Mental Health Services to family or friends if they needed similar care or treatment.

For a service which can often be required to enforce treatment plans, this is considered a positive feedback response when benchmarked with other services.

In Q2 of 2018/19 the Hillingdon Mental Health Services received 9 complaints in total. In common with themes nationally from other clinical services, reports show that thematically these were about communication, staff attitude or care delivery.

An independent investigation for all complaints is completed and managed within the NHS England complaints policy. Final sign off of complaint investigations is at executive board level for both organisations, with accountability to the Ombudsman.

Regular peer reviews of services are conducted and action plans developed as a part of ongoing improvement.

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Serious incidents are investigated under the NHS Serious Incident Framework, and lessons learned are shared across the borough with all services.

## 5. Regulatory Body Inspection

The Care Quality Commission published a report for the whole of CNWL in August 2017, which rated the organisation as Good.

The CQC closely inspects the services over a lengthy period to ensure they are Safe, Effective, Caring, responsive and Well Led.

The table below highlights the must do recommendations and current compliance with the actions, which have been inspected for Hillingdon

	MUST DO	HILLINGDON
1	Ensuring risks to patients are assessed and recorded in sufficient details and risk management is reflected in the care plan	Compliant
2.	Non clinical staff undertake Basic Life Support training. All staff undertake Fire Safety Training	Compliant
3.	Care plans were not person centred and care was not always carried out in accordance with the care plan and did not always include identified needs	Compliant
4.	Access to psychological therapies limited and long waits	Not compliant
5.	Patients without regular contact with Care-coordinators for significant periods of time	Compliant

The noncompliance within secondary care psychology provision is being addressed across the



Trust as this is not solely a Hillingdon issue. The provision for secondary care psychology in the Borough is limited and as such a stepped care model is being developed which will allow for more service users to be seen with a shorter waiting time. This is in the process of being developed and plans are in place to instigate this model as part of a quality improvement project in the New Year.

Additionally, a set of 'should do' actions were recommended, for Hillingdon. These are outlined below and shows progress made to address the issues and current status.

SHOULD DO	HILLINGDON
Continue to focus recruitment strategies in the areas where there are the highest need of permanent staff particularly for nurses and social workers to work towards a more stable staff teams especially in Brent and Hillingdon.	Compliant
Patients to have crisis plans and contact details that reflect their individual needs.	Compliant
Ensure that patient rights are explained consistently when patients are on a CTO in accordance with the MHA Code of Practice.	Compliant
Ensure that patient involvement is clearly recorded in the care records and each patient provided with a copy of their care plan.	Compliant
Continue to work at reducing the average referral to assessment time.	Compliant
Ensure that all audits have an action plans to address any shortfalls identified.	Compliant
Ensure that patients waiting for an assessment or their first appointment are engaged with and monitored to support their risk management	Compliant

Ensure that casework discussions are detailed in staff supervision records.

Compliant

## 6. Social Care

The Care Coordinators within the Community Mental Health Team are responsible for ensuring that the Councils' Care Act (2014) and Mental Capacity Act (2005) responsibilities are met.

In addition to assessment, support planning and safeguarding adult activities, service users are supported through a range of care and support, currently including:

- Supported living placements (111)
- Floating support service (66)
- Residential placements (43)
- Home care (33)
- Direct payments (10)
- Care Act support with accommodation (14)
- Outreach (8)

In addition, the Council commissions a number of other services:

- An Appropriate Adult Service to support people with mental health issues during certain police proceedings
- Social Inclusion
- Advice and information
- Statutory and non statutory advocacy services

## 6. Other Adult Community Mental Health Services provided by CNWL

Whilst this report has focussed on the Community Mental Health Teams, Community Rehabilitation Team and the AMPH service, these should be seen in the context of the wider mental health offer in Hillingdon. An overview has been provided in Appendix 1.

## 7. Next steps

This report provides an overview of community mental health services in Hillingdon. Further update reports could focus on any particular area should a more detailed analysis be required.

### **Implications on related Council policies**

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### **How this report benefits Hillingdon residents**

None at this stage, pending any findings approved by Cabinet.

### **Financial Implications**

No financial implications.

### **Legal Implications**

No legal implications.

### **BACKGROUND PAPERS**

None.

## **Appendix 1**

### **Single Point of Access**

The Single Point of Access (SPA) offers mental health triage for routine, urgent and emergency referrals, mental health signposting, information and advice, 24 hours a day, 7 days a week, 365 days a year. SPA also incorporates CNWL's Urgent Advice Line (UAL), providing out of hours (5PM-9AM) crisis support and advice. The team consists of qualified clinicians who are able to direct callers to the most appropriate service to meet their needs.

### **Primary Care Mental Health Team**

The team work within GP surgeries, helping people to adjust once discharged from secondary mental health services, or providing advice to GP's on what services to offer their patient.

### **Talking Therapies**

Hillingdon Talking Therapies is a free, confidential NHS service, which provides psychological treatment for depression and anxiety disorders, phobias and post traumatic stress disorder. Conditions are treated using a variety of therapeutic techniques, including cognitive behaviours therapy (CBT), interpersonal therapy (IPT) and couples therapy. The service accepts referrals from GPs, health care professionals and self referrals.

### **Crisis and Home Treatment Team (HTT)**

The team have doctors, nurses, social workers, occupational therapist and support workers who are available to support patients, carers and their families 24/7. The team support people in mental health crisis in their own homes and seek to avoid unnecessary admissions to mental health inpatient settings.

### **Liaison Psychiatry Team**

The liaison psychiatry team work alongside colleagues in A&E and general hospital wards, providing assessment, treatment and signposting to people who have a mental illness 24/7.

### **Early Intervention Services**

The service offers intensive support and treatment to people who have been diagnosed with a psychotic illness for the first time. They work with people from 14 years old and offer support for up to 5 years.