

Minutes

SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

27 February 2013

Meeting held at Civic Centre, High Street,
Uxbridge, Middlesex UB8 1UW



HILLINGDON
LONDON

	<p>MEMBERS PRESENT: Councillors: Judith Cooper (Chairman) Peter Kemp (Vice-Chairman) David Benson Sukhpal Brar Patricia Jackson John Major June Nelson Mary O'Connor</p>
	<p>OFFICERS PRESENT: Neil Stubbings (Deputy Director of Housing, Residents Services) Paul Feven (Head of Commissioning, Contracts and Supply) Sandra Taylor (Service Manager for Personalised Service) Andrew Thiedeman (Service Manager Mental Health) Fiona Davies (Mental Health Commissioner) Charles Francis (Democratic Services Officer)</p>
49.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None</p>
50.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Cllr Peter Kemp declared non-pecuniary interests as a member of the Board of CNWL and as a member of the Trustees of Hillingdon Mind.</p> <p>Cllr Mary O'Connor declared a non-pecuniary interest as Chairman of Hillingdon Mind.</p>
51.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 30 JANUARY 2013 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
52.	<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>

All items were considered in Public.

53. **CABINET FORWARD PLAN** (*Agenda Item 5*)

The following briefing notes were considered at the meeting:

1. **Cabinet Member Decision Item 894 – Hillingdon’s Health and Wellbeing Strategy 2012-15**
2. **Cabinet Member Decision Item 897 – Joint Adult Mental Health Commissioning Plan 2013-15**
3. **Cabinet Member Decision Item 897 – Outcome of Further Consultation on Day Services for People with Learning Disabilities**

1.Hillingdon’s Health and Wellbeing Strategy 2012-15

The Head of Commissioning, Contracts and Supply introduced the report and the following points were noted:

The key principles of health and wellbeing strategies:

- The key principles of health and wellbeing strategies were that they should be: strategic, look at local assets as well as needs and understand inequalities in the local area. In addition, they should focus on the things that could be done together e.g. added value of pooling budgets and other resources, joint commissioning
- Should prioritise the issues requiring the greatest attention, avoiding the pitfalls of trying to take action on everything all at once.
- The overall aim of health and wellbeing strategies was to jointly agree what the greatest issues were for the local community based on evidence from Joint Strategic Needs Assessments, what could be done to address them and what outcomes were intended to be achieved.
- Values that underpinned good health and wellbeing strategies included:
 1. Setting shared priorities based on evidence of greatest need
 2. Setting out a clear rationale for the locally agreed priorities
 3. Not trying to solve everything but taking a strategic overview on how to address the key issues
 4. Concentrating on an achievable amount
 5. Addressing issues through joint working across the local system
 6. Supporting increased choice and control by people who use services

The Purpose of Hillingdon’s Strategy:

- This sets out the key priorities that the key health and wellbeing partners will be focused on for the next few years
- Provides an outline of the current situation
- Identifies areas for improvement and
- Specific actions and success measures that can be monitored

The Key objectives for the strategy were:

- Improved health and wellbeing and reducing inequalities
- Prevention and early intervention
- Developing integrated, high quality social care and health services within the community or at home
- Creating a positive experience of care
- These objectives frame a series of more specific priorities which the Strategy provides details on.

Governance

- The Health & Wellbeing Board considered the findings from the consultation process on 19.2.13 and endorsed the priorities set out in the strategy with a view to utilising the consultation feedback to shape implementation planning. This was with a view to formal approval at April's Cabinet as well as formal consideration by Hillingdon's Clinical Commissioning Group.
- Once the priorities have been agreed, it will be possible to develop task and finish groups to take day to day responsibility for the completion of agreed actions, subject to the determination of the Board.

In the course of discussions the following points were raised:

- Members expressed concern that only 127 responses had been received to the consultation survey between 30th November 2012 and 11th February 2013, of which 65 were paper based.
- Members highlighted that internet access could not be taken for granted and not everyone that wished to be present could attend the Roadshows provided by officers.
- To ensure the views of the community were represented it was vital that as many views as possible were recorded.
- Officers confirmed that as well as the online survey and road shows, a dedicated telephone number had been provided for residents during the consultation period.
- In relation to the key priorities within each objective of the strategy, Members agreed that it was essential to include access to information as a stand alone priority.
- In response to a question about the implementation of the key priorities, officers confirmed that the implementation plan would be developed subject to Cabinet's approval of the strategy in April 2013.
- In relation to the key priority – 'Develop Integrated High Quality Social Care and Health Services within the Community or at Home' – Members agreed that Diabetes should be included as a stand alone priority.
- In relation to the whole strategy document, Members agreed that officers had provided a concise and informative document which addressed prevention, depression, diabetes, dementure, carers and access to primary care as well as a host of other issues.

2. Joint Adult Mental Health Commissioning Plan 2013-15

The Service Manager for Mental Health Services introduced the report and the following points were noted:

The Purpose of the Plan

The Mental Health Commissioning Plan sets out the strategic direction for adult mental health services in Hillingdon.

- The key objectives of the Plan are that residents with mental health needs should to:
 1. Live a normal life as far as possible
 2. Be included in local communities and activities
 3. Not be stigmatised or discriminated against on any grounds
 4. Have easy access to up to date and accurate information
 5. Have options in the choices of care available locally
 6. Have personalised care plans that are built around the wishes of each individual and their carers
 7. Be supported with services that promote and enable recovery and well-being

Development of the Plan

The plan is based on a review of a number of documents including:

1. The current Hillingdon Mental Health Strategy (2008 -2012),
2. A review of national policy for adult mental health and dementia,
3. A local mental health needs assessment and JSNA priorities.
4. It also reflects the recommendations of the External Services Scrutiny Committee's Dementia Working Group that were approved by Cabinet in May 2012.
5. The HCCG Board's review of both Dementia Services and the North West London (NWL) Mental Health Strategy of May 2012 are also reflected.
6. The joint Adult Mental Health Commissioning Plan draft was agreed subject to consultation at Cabinet on 20th December. It is currently subject to wide spread consultation prior to returning to Cabinet in May 2013 for final approval.

Priorities for Adult Mental Health Care and Support

This should focus on delivering recovery focused, personalised, outcome-based assessment treatment and support.

Key Actions

Key actions are set out that need to be delivered during the lifetime of the plan and these include:

a) Services for Adults with Functional Mental Health Problems

1. Exploring and implementing cost effective methods for ensuring early intervention and promoting mental health and wellbeing in all communities; including addressing health inequalities with faith and other community groups.
2. Building on the current strengths of primary care in managing significant numbers of adults with mental health problems effectively by establishing a joint approach to assessment, treatment and support for mental health and physical health care needs between primary and secondary care.
3. Developing and implement integrated care pathways
4. Improving support to carers, including in crises.
5. Promoting independence and empower adults with mental health problems by increasing the supply of supported housing and

- providing personalised packages of support.
6. Working with the National Commissioning Board to explore the potential to redesign services to provide the specialist interventions needed by people with an eating disorder, forensic needs and develop effective pathways from Heathrow and detention centres.
 7. Maximising the contribution of voluntary and community services
 8. Ensure effective involvement of service users and carers in service delivery and improvement processes.
 9. Explore models to promote improved joint commissioning and service delivery.

b) Services for physically frail older adults with functional mental health problems and/or dementia

1. Supporting people in their own homes for as long as possible by providing specialist expertise within services for older adults where appropriate, in particular as part of the out of hospital strategy.
2. Increasing the rate of diagnosis of dementia; including training GPs and establishing a memory assessment service
3. Improving the co-ordination of care through improved assessment and multi-disciplinary working in primary care (Elderly Integrated Care Pilot (ICP)) and integration of the work of all relevant agencies into an effective model of care
4. Promoting awareness of dementia amongst the general public and staff working with older adults.
5. Reducing reliance on acute mental health beds.
6. Developing the infrastructure for community based assessment, treatment and support through the implementation of agreed integrated care pathways.
7. Maximising the contribution of the voluntary sector.
8. Commissioning a dementia resource centre to provide an accessible community resource for the delivery of health and social care services.
9. Agreeing a cost-effective way of providing specialist advice to residential and nursing home services in order to prevent escalation of need and avoid admission to inpatient or more intensively nursed care
10. Evaluating the psychiatric liaison service at The Hillingdon Hospital (MH ICP) as an effective way to ensure appropriate response to physical and mental health care crises
11. Improving support to carers to enable them to continue in their caring role; includes improving carers' assessment and improving respite care.
12. Reviewing services and developing and implement improved care pathways to identify need and initiate improvement to people with early onset dementia.
13. Reviewing services and developing and implementing improved care pathways to identify need and initiate improvement to people with a learning disability with dementia.

Implementing the Plan

A series of work streams have been identified covering the following areas:

- Shifting settings of care
- Carers of adults with mental health needs
- Dementia

- Integrated pathways across agencies and professionals

In the course of discussions the following points were raised:

- In relation to addressing the stigma associated with mental health issues, officers confirmed that this was a national concern. At present the 'time for change' campaign was actively addressing this issue. Officers confirmed that the Council was working with partners and employers as well as with the voluntary sector to address this topic.
- Members agreed that it was important to demonstrate that integrated packages of care were being provided.
- To acknowledge the important work being conducted by the Voluntary Sector and Carers in support of people with mental health issues.
- To support embedding awareness actions to address stigma on documentation across the Council.
- To request officers to provide a copy of the Dementia Strategy by email.

3. Outcome of Further Consultation on Day Services for People with Learning Disabilities

The Head of Commissioning, Contracts and Supply introduced the report and the following points were noted:

Summary

- The model and provision of services in Hillingdon for people with learning disabilities has not been keeping pace with the needs of service users.
- There has been an over-reliance on traditional forms of service such as residential care and buildings based services as opposed to services which maximise independence, choice and access to the community as a whole.

The proposals

The proposals were:-

- For the Council to build a new resource centre at Queens Walk, South Ruislip for people with complex needs.
- For existing day centres at Park View, Phoenix and Woodside to be decommissioned with service users (a) helped to use personal budgets as part of a tailored programme of community based support and/or (b) supported at the new Queens Walk facility.
- For people who have been assessed as continuing to need a specialist buildings-based service to continue to receive services within the current day centres until Queens Walk is opened.
- Where an individual's support plan shows that transport needs to be provided and that alternatives are not available, for the Council to continue to provide transport to existing day centres and to Queens Walk when opened. Most of the service users who have been assessed as continuing to need a specialist service are in this category of needing transport to be provided.

- For care managers and support planners to work with the smaller number of people currently using day centres who will not need a specialist service in future in order to find personally tailored ways of meeting their needs in a range of activities and interests within the wider community. A wide range of options are already being explored here including:
 - Employing a personal assistant to support people how and where they need it
 - Enjoying activities within the community such as educational, leisure, social and in some cases, work opportunities.
 - Maintaining social contacts and friendships with their peers
 - Providing respite for carers where their needs have also been assessed so that they can continue in their vital role as carer.

In the future, the process where people with learning disabilities work with specialist workers in the Council or in the voluntary sector to develop support plans that are tailor-made rather than “off the shelf” will become increasingly familiar, regardless of whether someone’s needs require a specialist building based service or not.

Key points arising from consultation

- In this second phase of consultation, most people wanted to discuss *the manner* in which the Council proposed to make the changes
- Issues such as the capacity and design features of the proposed Queens Walk development were common.
- There was a generally positive response to the consultation itself with many comments from parents/carers on the clarity of the proposals, compared to the first consultation the previous year.
- A number of parent/carers who had expressed concerns about the original proposals had complimented the Council on the thoroughness of the support planning process and were pleased with the outcome.
- Those parent/carers looking after a person with complex needs were now able to have confirmation that a place at the Queens Walk facility would be available .

The survey on the proposals led to the following outcome:

- Over 96% of those responding stated that the assessment and support planning process met their needs in full or in part
- Over 96% of respondents said they understood the proposals in full or in part
- 87% of respondents said they had received sufficient information on the proposals
- 87% of respondents agreed with the proposals in full or in part
- 87% of respondents said they were very satisfied or satisfied with the proposed design of Queens Walk

Future Work

- A small number of parents and carers were concerned about the proposals and the impact upon their own caring responsibilities

and the people they care for.

- Staff will continue to work very closely with people who use services and their families to ensure a smooth transition to the new arrangements.

Recommendations to Cabinet

The report which was considered by Cabinet on 14.2.13 agreed to:-

1. Note the outcome of the assessment and support planning process which leads to all current attendees of day centres using their personal budgets for a range of specialist and community based activities
2. Note the outcome of further consultation on the day centre proposals
3. Note the Equalities Impact Assessment and take this into account when making a decision on these proposals
4. Remodel current day centre provision by approving the transition to a combination of a specialist building based service and access to a range of community activities
5. Decommission existing day centres at Park View, Phoenix and Woodside
6. Reaffirm its previous decision to develop a new resource centre at Queens Walk and in the event that approval is reaffirmed, to agree that transport should be provided for those service users whose support plans have identified this need.

In the course of discussions the following points were raised:

- To request officers to provide a copy of the concept plans for the Queens Walk facility
- To request officers to provide a report back on the outcome of the Queens Walk facility planning application subject to the decision taken at North Planning Committee.
- The Committee noted that in the move away from buildings based services it was important that Friendship Groups were used to publicise the innovative ways of accessing care through personalised budgets
- It was noted that DASH had created a hub for activities such as bingo and line dancing for clients in receipt of personal budgets. This was based in the old Post Office.
- Members agreed that it was essential to ensure there was equal access to activities provided at residential facilities to clients using personal budgets.

Resolved –

- 1. That the contents of briefing notes be noted.**
- 2. That officers be requested to incorporate the feedback provided at the meeting in the final reports to Cabinet.**
- 3. To request officers to provide a copy of the Dementia Strategy by email.**
- 4. To request officers to provide a copy of the concept plans for the Queens Walk facility**
- 5. To request officers to provide a report back on the outcome of the Queens Walk facility planning application subject to the**

	<p>decision taken at North Planning Committee.</p> <p>6. That the Forward Plan be noted.</p>
54.	<p>WORK PROGRAMME (<i>Agenda Item 6</i>)</p> <p>Reference was made to the work programme and timetable of meetings.</p> <p>The Deputy Director of Housing, Residents Services explained that due to a change to the Government timetable, alternative options to the Committee's second major review - (Housing and Benefit Changes and the Impact on Hillingdon residents from January 2013) would need to be considered.</p> <p>Officers suggested the following topics for the Committee to consider for their March and April 2013 meetings:</p> <ul style="list-style-type: none"> • Market Development and Adult Social Care • Feedback on the DWP Welfare Support Pilots • Census Information - Emerging themes <p>The Committee agreed to consider Feedback on the DWP Welfare Support Pilots at 27 March meeting and to examine Market Development and Adult Social Care at 24 April 2013 meeting.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the Committee consider Feedback on the DWP Welfare Support Pilots at 27 March 2013 meeting 2. That the Committee consider Market Development and Adult Social Care at 24 April 2013 meeting and that officers provide a background report at this meeting as a foundation for a possible future review.
	<p>The meeting, which commenced at 6.00 pm, closed at 7.30 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.