

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

7 December 2022

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Reeta Chamdal, June Nelson (Opposition Lead) and Barry Nelson-West</p> <p>Also Present: Sean Bidewell, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS) Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL)</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
39.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Alan Chapman.</p>
40.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
41.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business at this meeting be considered in public.</p>
42.	<p>MOUNT VERNON CANCER CENTRE STRATEGIC REVIEW UPDATE (<i>Agenda Item 4</i>)</p> <p>Members agreed that, as the representative from NHS England and Improvement was now unable to attend the meeting, this item be rescheduled for 26 January 2023.</p>
43.	<p>HEALTH UPDATES - CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST (<i>Agenda Item 5</i>)</p> <p>Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that CNWL was responsible for mental and physical health services in Hillingdon as well as mental health inpatient services and a ward for older adults with mental health challenges.</p> <p>The Trust had faced some challenges with regard to the waiting list for children's</p>

mental health services. The Committee had heard from Ms Tina Swain, Service Director for CAMHS & Eating Disorders - Goodall Division at CNWL, at its last meeting about the innovations that had been introduced to reduce the waiting list and the work that had been undertaken to expand the workforce.

Ms Odlin recognised that the pandemic had resulted in an increase in the number of children experiencing mental ill health and that further preventative work was needed. To this end, a new model had been introduced for 0-5 year olds as a preventative measure supported by mental health teams to reach children before they went into crisis. The model was delivered by a small team of clinicians which received referrals from GPs as these children were not yet in school. The service looked at the whole family to identify what support was needed and what steps could be put in place. Although this work was not yet embedded, consideration could be given to expanding it to other age groups in the future. However, it was noted that the mental health teams in schools would cover children up to the age of 11 that were in school. In addition, work was underway in the community for 0-19 year old physical health and consideration would need to be given to joining this up with the mental health work.

Ms Odlin advised that Kooth (an online emotional and mental health support service for children and young people aged 11-24) had been embedded in Hillingdon and funding had recently been received to undertake preventative work on CAMHS. Some of this funding had been given to the Council to allocate through third sector grant schemes. Although mental health teams were not yet in all schools across the Borough, discussions were underway with North West London Integrated Care System (NWL ICS) to determine how much budget would be needed to achieve total coverage. It was recognised that this could be more challenging if schools were not willing to engage.

With regard to adult mental health, Ms Odlin advised that the Crisis Recovery House had opened in the summer and would be piloted over the next 12 months. During this period, the access criteria would be reviewed. The house was being run by Comfort Care Services (an independent sector company) in collaboration with CNWL and the local authority and had been borne out of good partnership working. Although referrals to the Crisis Recovery House could be made at the point of crisis, the purpose of the house was to avoid crisis and for it to be included as part of an individual's care plan.

Ms Odlin advised that the Crisis House was not an alternative to the Riverside Centre. The house was a non-clinical space, had a maximum capacity of 6 and was open to those aged 18 or over. It was anticipated that the length of stay would be 7-10 days but should be as short as possible. Each guest staying at the Crisis Recovery House would be reviewed at different points during their stay to determine whether or not they needed to be admitted to hospital. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that it had taken 18-24 months to get this house up and running and supporting people and had been a true collaboration between health and care providers.

An evaluation of the outcomes was being undertaken and thought was being given to where each guest would have gone if they had not been referred to the Crisis Recovery House. Guests that had used the Crisis Recovery House were looked after by the home treatment team after they left the House. CNWL would like to know from these guests where they would have gone if their referral had not been accepted and would also look at homelessness as part of this work.

Although the Crisis Recovery House had not yet been at capacity, this had been expected. An evaluation would need to be undertaken to establish how successful the Crisis Recovery House had been and then consideration could be given to whether or not an additional house was required. Effort would also need to be made to ensure multiple access points were available into the Crisis Recovery House such as referrals from the police and identifying other professional groups that might need to make referrals. Ms Odlin would provide Members of the Committee with an update on the Crisis Recovery House in 12 months.

Members were advised that a video of the Crisis Recovery House had been made to show potential guests what it was like. A media campaign to raise awareness of the facility was also underway across Hillingdon. Ms Odlin would forward the video to the Democratic Services Manager for circulation to the Committee.

Mr Collier advised that an update report on the Crisis Recovery House / The Retreat had been considered at the Health and Wellbeing Board meeting on 29 November 2022. The report had included detail about needs and about the outcomes of the experience. The Democratic Services Manager would circulate the report to Members of the Committee.

Members were advised that a number of Additional Roles Reimbursement Scheme (ARRS) roles had been introduced for clinicians working in primary care supporting people who struggled with their mental health but who didn't need to be referred to community mental health services. This had been in place for a couple of months so the impact was yet to be determined.

For the transition from child to adult services, pathway leads had been put in place for young adults aged 16-25 and pilots were being put in place to help the transition. Links had been made with Brunel University and the voluntary sector to support this work.

Insofar as physical health was concerned, Ms Odlin advised that CNWL continued to work with Hillingdon Hospital to support discharge. In North West London, this work with The Hillingdon Hospitals NHS Foundation Trust (THH) was seen as been a good example of partnership working. Hillingdon was also an early implementation site for lower limb wound care and Family Hubs had been set up with the Council alongside a website to provide families that needed more support or who wanted to self-help.

The ARCH drop in assessment service had stopped at the start of the pandemic and had restarted this year. Members were advised that funds had been secured for the ARCH service to provide a day programme and a focus on assessments. This work supported the inpatient service at Riverside to help dual diagnosis patients on their discharge journey.

With regard to alcohol-related admissions, Ms Odlin advised that she was only able to speak about mental health inpatients, not acute hospital admissions. Although ARCH did work into the hospital, there could be more support from addiction services and thought needed to be given to how this could be enhanced.

Ms Odlin advised that, with regard to the time that the police spent with mental health patients, partners were committed to having regular senior meetings with the police where case reviews were undertaken in a collaborative way. The Crisis Care Concordat, chaired by Mr Richard Ellis, Joint Lead Borough Director at NWL ICS, had held its first meeting jointly with West London. Representatives from H4All had been in

attendance and it had been recognised that all organisations had a lot of regular contact with a small number of individuals. As such, individual care plans had been developed for these individuals to meet their needs. Consideration was also being given to how the Crisis House and Cove Café could be used by the police. Ms Odlin would provide Councillors Denys and Nelson with an informal update and more statistics in January 2023.

Members queried what support was available to those individuals who did not have access to digital platforms. Ms Odlin advised that she would take this back to her team. She would also ensure that data around performance indicators was available for the meeting in April 2023.

RESOLVED: That:

- 1. Ms Vanessa Odlin provide Members of the Committee with an update on the Crisis Recovery House in November 2023;**
- 2. Ms Vanessa Odlin forward the Crisis Recovery House video to the Democratic Services Manager for circulation to the Committee;**
- 3. the Democratic Services Manager circulate the update report on the Crisis Recovery House / The Retreat that had been considered at the Health and Wellbeing Board meeting on 29 November 2022 to Members of the Committee;**
- 4. Ms Vanessa Odlin provide Councillors Denys and Nelson with an informal update and more statistics on the amount of time police spent with mental health patients in January 2023;**
- 5. Ms Vanessa Odlin provide the Committee with data around performance indicators at its meeting on 26 April 2023; and**
- 6. the presentation be noted.**

44. **ADULT SOCIAL CARE UPDATE** (*Agenda Item 6*)

a) Care Act Adult Social Care Funding Reforms

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, had previously reported on this issue to the Committee on 19 July 2022. At that time, it had been anticipated that a care cap of £86k in funding reforms would be introduced and there would be an increase in capital thresholds from £23,250 to £100,000. There was also to be work around the fair cost of care to address the disparity in fees paid by the Council and those paid by self-funders.

Following the autumn statement, it was now known that the £86k care cap and the increase in capital thresholds would be effective from 1 October 2025. The care cap was the maximum amount that an individual would be expected to pay towards the cost of their care needs in their lifetime. Mr Collier noted that there was already a deferred payment scheme in place which meant that householders would not necessarily have to sell their homes to contribute to meeting their care costs.

Insofar as the fair cost of care work was concerned, councils continued to wait for information from the Government about their financial allocations to be able to undertake the work. Mr Collier advised that the cost of those additional staff that would be needed to undertake the additional assessments had been included in the Government funding but would not now be needed until 2024/2025. Work would need to start towards the end of 2023/2024. As this was a live issue, Mr Collier would provide Members with an update once the issue about funding had been resolved.

b) Adult Social Care Contracts

Mr Collier advised that information in relation to adult social care expenditure had been circulated to Members. This information had been split between the proportion of the budget used for in-house provided services (6% - for example, care homes and supported living schemes for people with learning disabilities), Council support services (25% - for example, staffing and staff related costs) and externally provided services (69% - for example, care homes, homecare, extra care housing and supported living schemes).

Members asked that the numbers and information be broken down further, if possible, to provide the following:

- How much was spent on contracts providing preventative action?
- Spend split by provider type - social, voluntary and private provider.
- Which providers had the largest number of contracts?
- The number of local providers.
- How much of the services were subcontracted?
- Top 6 companies regarding the amount of funding that they received from the Council.

Mr Collier advised that the spend distribution for adult social care in Hillingdon would be broadly similar to that of other local authorities. He would draft a proposal that reflected the meeting's discussion to provide the Committee with more information about the breakdown of the Council's spend on external providers and email it to the Chairman and Councillor Nelson to ensure that it met their needs before the next meeting on 26 January 2023.

c) Public Health Procurement Update

Ms Shikha Sharma, Consultant in Public Health at the Council, advised that, in April 2022, the Families, Health and Wellbeing Select Committee had received a report setting out the plan for public health procurement. A one-year contract extension had been agreed by Cabinet in July 2022 to give officers time to formulate a planned approach. Fortnightly meetings had been undertaken with contract leads to look at population needs and establish whether the services were delivering what they were supposed to. Ms Kelly O'Neil, the Council's Interim Director of Public Health, had been putting together the planned next steps to ensure that there was a consistent methodology.

It was noted that the value of contracts had been listed in bullet points on page 12. Members queried why this was so uneven and how that specific amount of money had been allocated to each contract. For example, as obesity was thought to be a big issue in the Borough, why did weight management only get £25k when substance misuse services received £3.025m? Ms Sharma advised that values of a number of the contracts were historic and that more investigation was needed to establish what each of the contracts was actually achieving. Also, public health functions like sexual health services and health checks were 'mandatory' under the Health and Social Care Act 2012. Therefore, sexual health services needed to fulfil the purpose as written in the law, which included prevention of the transmission of sexually transmitted infections and the provision of a contraception service for Hillingdon's population.

Members queried whether the amount of money spent on a contract was locally decided or whether there was influence nationally or from North West London Integrated Care System (NWL ICS). Ms Sharma advised that there were some

services that were deemed 'must do' (such as sexual health) and some that would be discretionary (such as weight management). The amounts allocated were based on the values that had been in place when Public Health had transferred to the local authority. Ms O'Neill was looking into whether these services were achieving what they had been set out to do.

It was noted that, as part of the planning process for the new contracts, there would be more focus on prevention and early intervention, service delivery and targeting higher risk and vulnerable groups. Ms Sharma advised that Ms O'Neill had been working with contract leads who had undertaken needs assessments which fed into epidemiology and collected insights from residents and professionals to get a 360° view of residents' needs. During the pandemic, the way that people accessed services changed (e.g., SH:24), so feedback would be sought on the ways that individuals would prefer to receive services. It was important that the contracts showed achievement against public health indicators as outlined in the Public Health Outcomes Framework (PHOF) which fed into the two broad goals for the Public Health Grant: (i) an increase in life expectancy; and (ii) a reduction in inequalities. The Chairman noted that, at the Committee's meeting on 26 January 2023, Members would like an update on this from Ms O'Neill and more of an explanation about what this would actually look like.

With regard to NHS Health Checks, Members expressed concern about the under-screening of specific groups in the Borough, which included minority men, and asked how these groups were being encouraged to participate. Ms Sharma advised that the team was visiting identified areas of deprivation and diversity in the south of the Borough to encourage a greater uptake. GPs had been targeted to encourage the uptake in men and there were plans to look at GP data to target areas where the uptake was not high. Digital options were being investigated and NHS Health Checks had been publicised at a recent men's health day. It was agreed that Ms Sharma would ask Ms Becky Manvell to provide the Democratic Services Manager with an update on the improvements and whether or not these were on target to forward on to the Committee.

Concern was expressed that there had been a number of women who had had more than one termination. Ms Sharma advised that these tended to be younger women and that it was important that counselling sessions continued to be undertaken to talk about contraception with all women that requested a termination. There had been an ongoing effort to educate women about pregnancy as well as supporting them to get back into work or education. Ms Sharma would provide the Democratic Services Manager with the statistics on repeat terminations.

With regard to smoking cessation, Members were advised that Hillingdon would not prescribe vaping as a way to stop smoking until a vaping product had been supported by Medicines and Healthcare products Regulatory Agency (MHRA). If someone wanted to quit smoking by vaping, that was fine but the Council would continue to encourage the use of the quit service. Public Health did not monitor the number of people who quit smoking by going on to vape instead but would liaise with the commissioner to establish if any information was gathered about the number of people who had indicated that they would like to quit using a vape.

Members expressed concern about the disproportionate number of men that accessed drugs and alcohol services. Ms Sharma advised that getting women to use the service had been an ongoing challenge. Officers had been in contact with services such as trafficking and criminal justice so it might be possible to get a more detailed

explanation. Once the needs assessment had been undertaken, it was anticipated that this would be clearer.

Performance Dashboard Update

Mr Collier advised that the performance dashboard continued to be a work in progress and was due for completion in the new year. He would be able to provide an update once the work had been completed.

RESOLVED: That:

- 1. Mr Gary Collier provide the Chairman and Councillor Nelson with a further breakdown of the adult social care contract budget to ensure that it met their needs before the next meeting on 26 January 2023;**
- 2. Ms Kelly O'Neill provide the Committee with an explanation of what the new contracts would look like at the Committee's meeting on 26 January 2023;**
- 3. Ms Shikha Sharma ask Ms Becky Manvell to provide the Democratic Services Manager with an update on the improvements to the update of NHS Health Checks and whether or not these were on target to forward on to the Committee;**
- 4. Ms Shikha Sharma provide the Democratic Services Manager with the statistics on repeat terminations;**
- 5. Ms Shikha Sharma liaise with the commissioner to establish if any information was gathered about the number of people who had indicated that they would like to quit using a vape and forward this to the Democratic Services Manager for circulation to the Committee;**
- 6. Ms Shikha Sharma provide the Committee with a more detailed explanation about the disproportionate number of men accessing drug and alcohol services in Hillingdon; and**
- 7. the presentations be noted.**

45. **2022/23 BETTER CARE FUND SECTION 75 AGREEMENT** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2022/23 Better Care Fund Section 75 (s75) Agreement report was due to be considered by Cabinet at its meeting on 15 December 2022. The Better Care Fund (BCF) initiative had been in place since 2014/15 to bridge the difference in the legal systems between health and social care. The BCF worked to a national timetable with planning requirements that had been sent out to local authorities late, hence why the 2022/23 plan legal agreement was only just being taken to Cabinet in December 2022.

The Council and NHS partners had devised a BCF plan that met national requirements on how local authorities and the NHS should work together to deliver local and national priorities. This plan had been agreed by Hillingdon's Health and Wellbeing Board in accordance with national requirements. The s75 agreement was very detailed, and included such things as setting out the delegation of functions, financial arrangements, meeting jointly agreed objectives and also risk sharing arrangements.

Mr Collier advised the Committee that the care market was struggling nationally and that Hillingdon was not immune to these pressures. The Committee was informed that the Council had care market management and development responsibilities under the 2014 Care Act and that these were reflected in the BCF plan and the s75 agreement. This included channelling Government provided funding to providers as well as support from the Care Home Support Team, which was a collaboration between primary care

and the Central and North West London NHS Foundation Trust (CNWL). This service entailed care homes having allocated care home matrons who contacted them on a regular basis to provide advice and assistance on clinical matters to help prevent crises that could lead to hospital attendances and admissions that were avoidable.

The Committee was further informed that the Council's Quality Assurance Team was in regular contact with care home and home care companies working in Hillingdon to provide information, advice and support, e.g., explaining Government guidance and requirements.

Mr Collier noted that care home and domiciliary care (also known as homecare) provision were two of the largest areas of spend in the adult social care budget.

Mr Collier explained that a personal health budget was an amount of money to support a person's assessed health and wellbeing needs, which was planned and agreed between the person with assessed health needs and the local NHS team. The Committee was informed that this was similar to personal budgets to meet assessed adult social care needs.

The Committee was informed that there were different types of personal health budget and, similarly with social care personal budgets, one of these was direct payments where money would go directly to the individual. Mr Collier advised the Committee that the Council had been managing personal health budgets paid as direct payments on behalf of the NHS for many years as the process was very similar to direct payments meeting social care needs. The operation of this was reflected in the BCF s75 agreement. Members noted that a key objective behind the payment of personal health budgets as direct payments was to help empower residents to make their own choices. Further information about personal health budgets was available at www.nhs.uk.

Mr Collier made the Committee aware that, in 2021/22, the NHS had funded the first four weeks of new care home and home care placements but that this stopped in 2022.23. As a result, it had been necessary for financial assessments to take place in hospital again, which could impact on the speed of discharge.

With regard to the funding for hospital discharge, Mr Collier informed the Committee that the allocations from and grant conditions for the Department of Health and Social Care's Adult Social Care Hospital Discharge Fund had been announced on 17 and 18 November 2022 respectively. Under this new fund, £1.9m was available for Hillingdon's system and £877k would be paid directly to the Council. However, a condition of receiving the funding was that a spending plan had to be submitted by 16 December 2022 that had been agreed by the Health and Wellbeing Board. It was added that this money had to be spent by 31 March 2023. It was a national requirement that the allocation from this new fund was included within the BCF s75. Mr Collier advised the Committee that this would necessitate a variation to the agreement and that Cabinet would be asked to agree delegation arrangements to allow necessary changes to the agreement to be made.

Under the Section 75 agreement, the partners agreed to establish and maintain a pooled fund for revenue and capital expenditure. This pooled fund was hosted by the Council and was used for a range of services, including those intended to get people out of hospital as quickly as possible but also services to prevent admission. Discharge-related services were provided by a range of providers including CNWL,

	<p>care homes, domiciliary care and third sector organisations such as Age UK. Access to these services would be mainly through the integrated discharge team. Mr Collier advised that, unlike many health and care systems, Hillingdon did not experience discharge delays due to lack of packages of care as it had a bridging care service in place for up to seven days to then determine if there was a need for reablement or a home care agency for ongoing care. The Committee was informed that there were issues with care home capacity as Hillingdon had high levels of occupancy in, i.e., 93%. Mr Collier advised that to address this, beds had block booked by the Council to enable residents to 'step-down' over the winter period. Mr Sean Bidewell, Joint Lead Borough Director at North West London Integrated Care System (NWL ICS), advised that NWL ICS was involved with the discharge work on a daily basis.</p> <p>RESOLVED: That the report and presentation be noted.</p>
46.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>It was agreed that the Mount Vernon Cancer Centre Strategic Review Update due to be considered at this meeting be rescheduled for 26 January 2023.</p> <p>Information about a review of orthopaedic inpatient surgery in North West London had been circulated to Members of the Committee on 21 October 2022 and it had been noted that the consultation period would close in January. It was agreed that an update be requested for the meeting on 26 January 2023.</p> <p>An update on the implementation of recommendations from the scrutiny review about making the Council more autism friendly had been scheduled for 26 January 2023. It was agreed that this be moved to the meeting on 26 April 2023 to combine it with the consultation on the draft autism strategy.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Mount Vernon Cancer Centre Strategic Review Update be rescheduled for 26 January 2023; 2. an update on the NWL orthopaedic inpatient surgery review be scheduled for 26 January 2023; 3. the update on the implementation of the recommendations from the review about making the Council more autism-friendly be rescheduled for 26 April 2023 and combined with the draft autism strategy; and 4. the Work Programme, as amended, be noted.
	<p>The meeting, which commenced at 6.30 pm, closed at 8.23 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, officers, the press and members of the public.