

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

22 June 2022

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Nick Denys (Chairman), Tony Burles, Reeta Chamdal, Alan Chapman, Ekta Gohil (In place of Philip Corthorne), June Nelson (Opposition Lead) and Sital Punja (In place of Labina Basit)</p> <p>Also Present: Tina Benson, Chief Operating Officer, The Hillingdon Hospitals NHS Foundation Trust (THH) PC Brooke Dunlop, Mental Health Team, Metropolitan Police Service (MPS) Richard Ellis, Joint Lead Borough Director, North West London Clinical Commissioning Group (NWL CCG) Kirsty Farrell, Clinical Services Manager & Trauma Service Lead, The Hillingdon Hospitals NHS Foundation Trust Dr Paul Hopper, Central and North West London NHS Foundation Trust DCI Saj Hussain, Public Protection, Metropolitan Police Service Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division, Central and North West London NHS Foundation Trust (CNWL) PS Jason Wright, Mental Health Team, Metropolitan Police Service</p> <p>LBH Officers Present: Mark Braddock (Senior Democratic Services Manager), Gary Collier (Health and Social Care Integration Manager), Poppy Reddy (Head of Service - Court and Children with Disabilities) and Nikki O'Halloran (Democratic Services Manager)</p>
3.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Labina Basit (Councillor Sital Punja was present as her substitute) and Councillor Philip Corthorne (Councillor Ekta Gohil was present as his substitute).</p>
4.	<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>
5.	<p>MINUTES OF THE MEETING HELD ON 12 MAY 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 May 2022 be agreed as a correct record.</p>
6.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That Agenda Items 1 to 9 be considered in public and Agenda Item 10 be considered in private.</p>

7. **INTRODUCTION TO OVERVIEW AND SCRUTINY IN HILLINGDON** (*Agenda Item 5*)

The Chairman welcomed those present to the meeting. Mr Mark Braddock, the Council's Statutory Scrutiny Officer and Senior Democratic Services Manager, presented the report to the Committee. The report set out the role of select committees and overview and scrutiny in Hillingdon as well as how select committees operated and scrutiny roles, support and guidance.

Mr Braddock took Members through the remit of the Health and Social Care Select Committee and advised that this Committee held the statutory responsibility for health scrutiny as conferred by the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013. It would also act as Hillingdon's lead select committee on the monitoring and review of domestic abuse services and support which was a cross-cutting topic.

Select committees in Hillingdon were able to: assist in the development of Council policy; evaluate and question actions taken by Cabinet before or after decisions were made; and report to Cabinet with recommendations.

Insofar as the call-in procedure was concerned, Members were advised that an app had been developed for them to propose a call-in. Once a Member of the relevant select committee had initiated a call-in proposal, the other Members of the committee would be alerted and could either respond (in support / opposition) or could ignore the alert. Four Members would need to support the call-in request within the five day period after the Executive decision had been made for it to be carried forwards.

The Chairman stated that the scope and workload of the Health and Social Care Select Committee was huge so it would be important for Members to focus their energy on the issues that mattered most or for which they could make a difference. The External Services Select Committee previously held the statutory health scrutiny powers and had been regularly frustrated that it was unable to scrutinise social care services that worked with external health partners. The new format would mean that the Committee would be able to look at how these services worked together to provide joined up health and social care services in the Borough.

Whilst information requests were a perfectly legitimate part of the Committee's work, the Chairman asked Members, where possible, to raise them at the Committee's meetings so that they could be discussed openly and to ensure that the requests were relevant.

RESOLVED: That the discussion be noted.

8. **POLICE AND MENTAL HEALTH ATTENDANCE AT A&E - UPDATE** (*Agenda Item 6*)

The Chairman advised that External Services Select Committee (ESSC) had previously heard from partners at its meeting on 22 February 2022 about the pressures being faced when dealing with mental health attendances at Hillingdon's Accident and Emergency (A&E) department. Members had heard about the huge amount of time that the police had spent in A&E waiting for action to be taken in relation to a patient that had been detained by them under Section 136 (s136) of the Mental Health Act 1983.

DCI Saj Hussain, Public Protection in the West Area Basic Command Unit (BCU) -

Metropolitan Police Service (MPS), advised that Sergeant Jason Wright ran the Mental Health Team for the West Area BCU and PC Brooke Dunlop was an operational officer within the Mental Health Team (which had been established in 2018).

Mr Richard Ellis, Joint Lead Borough Director at North West London Clinical Commissioning Group (NWL CCG), advised that this was a partnership issue which provided partners with a collaborative opportunity. Since the ESSC had met in February 2022, progress had been made.

Mr Ellis praised the work of those services involved in dealing with mental health crisis including the police, London Ambulance Service and Hillingdon Hospital. He noted that there had been a 25% increase in demand for mental health beds in 2021/2022 and that the West Area BCU was the busiest area in London with 20% of their calls relating to mental health (1,500-2,000 calls per annum - about 475 of these were s136s, with the remainder being voluntary attendances at hospital). Since the start of the pandemic, there had also been a 40% increase in the number of s136 detentions undertaken by the police where the individual had to be taken to a Health Based Place of Safety (HBPOS). It was noted that around 60% of people presenting in mental health crisis were previously unknown to partners – this caused partners a significant challenge.

DCI Hussain advised that, although there had been a year-on-year reduction in the number of s136 detentions between 2018 and 2020, the pandemic had then prompted a significant increase in 2021. This had since reduced back to 2018 levels. Although no definitive reason for the increase had been identified, it was thought to be linked to issues such as the rising cost of living and isolation.

Members were advised that around 43% of those who were detained under s136 were subsequently discharged. Effort was being made to focus on this group to then reduce the number of hours that the police spent in A&E as well as reduce the number of people detained on a s136 who did not require inpatient mental health care. On average, each s136 took 12 hours and 16 minutes of police officer time (around 4,000 police officer hours per year equating to about £80k-£120k). Although approximately 30% of s136s used a HBPOS and 70% went to A&E, DCI Hussain advised that not everyone in mental health crisis needed to go along the s136 pathway.

Sgt Wright advised that the West Area Mental Health Team included six officers, one of which looked at demand on police services from repeat users. Records were checked for recurring names which were then risk assessed and consideration was then given to police intervention, protective factors and risk factors. Once the risk had been managed, the information was logged on the system to be able to manage the situation better in future if it happened again (look back and plan forward). The police were aware of some data gaps and were now looking at the patient journey and any blockages, barriers or challenges.

Sgt Wright noted that demand started to reduce in the autumn of 2021 and, if the reduction was sustained, Hillingdon would outperform London as a whole. In 2018 there had been 4,400 s136s across London and 6,600 in 2022 (a 50% increase); in Hillingdon there had been 291 in 2018 and 283 in 2022 (a slight decrease).

The partnership work that had started with Central and North West London NHS Foundation Trust (CNWL) prior to the pandemic to reduce the number of s136s was being continued. Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at CNWL, advised that there had been an increase in

demand for services but no increase in the resources available to deal with this demand. However, capital resources had been made available so consideration was being given to building additional capacity whilst staying within the criteria attached to the funding.

Ms Odlin advised that there had been some investment in alternative options for those in mental health crisis. These facilities included 24/7 single point of access and five step down beds (which could also be used as step up beds) - it would be important to ensure that everyone was aware of these facilities. She noted that there were still 36 acute adult mental health beds available at Riverside (for Hillingdon residents) and 17 beds available for older adults in the Woodland Centre.

DCI Hussain advised that partners needed to take a reflective approach that sought to improve care. The Crisis Care Concordat (CCC) for the West Area (including Hillingdon) was being set up and would provide the opportunity to reflect and prevent escalation into crisis. As MPS mentoring had ceased in 2021, a more holistic reaction to risk had been created which looked at what had happened before and then agreed interventions with partners. This approach had been in place for approximately 18 months and had looked at around 1,800 incidents. The focus had been on patient care as the first priority and reducing demand as the second priority.

Ms Odlin advised that CCC meetings were already held at a NWL level but that action was being taken to set this up locally. She stated that a Crisis House with five crisis beds (run by Comfort Care) would be opening in the autumn of 2022. Access to the Crisis House would be via referral and it would have strong links to partner organisation and be staffed 24/7. Mr Ellis suggested that consideration be given to getting organisations such as Mind involved in initiatives such as the Crisis House.

A task and finish group was being set up to look at the possibility of a street triage provision (which would see the inclusion of a clinician working with the police on the ground). In terms of resourcing, consideration would need to be given to the use of existing experienced staff to undertake the street triage role and then backfilling their posts. Police officers and partner organisations would also benefit from having generic skills such as Mental Health First Aid. The group would be able to look at gaps, understand the proposal and identify what was needed. Mr Ellis suggested that consideration be given to including the service user perspective.

In addition, the Cove Crisis Café was open seven days a week from 2pm to 10pm and residents and non-Hillingdon residents were able to self-refer (the hours had been reviewed to reflect demand for the service). The HBPOS at Riverside comprised two rooms which were used by the police for s136 detentions and was not reserved for Hillingdon residents (the Section 136 Suite). Detentions usually lasted no longer than 24 hours. Sgt Wright would provide Members with further information to identify the number of patients detained under s136 in the Section 136 Suite on multiple occasions. He noted that some patients could be sectioned multiple times in a single day.

CNWL awaited the outcome of a bid to NHS England (NHSE) for winter funds to support a street triage facility. DCI Hussain advised that alternatives needed to be strengthened and suggested that a dedicated vehicle would be a preventative measure to help divert patients away from HBPOS and A&E. Mr Ellis stated that there was an increasing prevalence of mental ill health and that there was a post-Covid opportunity to say to NHSE and the Integrated Care Board (ICB) that this would be an innovative approach to managing these issues. Some of the resources needed would be new and some could be a redirection of existing resources.

Mr Ellis advised that the ICB was still in the early stages. However, it would be important to have the statutory and voluntary sectors around the table with a single pot of money and a single set of skills. Examples of best practice elsewhere (such as Westminster) would need to be drawn upon.

Ms Tina Benson, Chief Operating Officer at The Hillingdon Hospitals NHS Foundation Trust, advised that the current A&E department was small and fragmented with only one cramped room for individuals in severe mental health crisis. She noted that being in A&E with police officers was possibly the worst place for individuals in mental health crisis. Each patient needed to be reviewed holistically as there were instances when they appeared to be in mental health crisis when in fact it was a physical health issue.

Ms Kirsty Farrell, Clinical Services Manager & Trauma Service Lead at THH, advised that THH staff had been working closely with the police and CNWL. There had been an increase in mental health issues arising across the board and the lights and noise associated with A&E meant that it was not the right place for a crisis. The number of mental health patients in A&E at any one time could sometimes go into double figures which could be difficult if one patient went into crisis as it could have a ripple effect.

Ms Farrell advised that the High Intensity User Team, comprising Hillingdon Health and Care Partners (HHCP), CNWL and THH, provided intervention in the community for high intensity users. This work had reduced the number of intense user attendances and had resulted in the team winning an award.

Members were advised that the plans for a new hospital were progressing. The new development would include a single emergency floor and work continued with CNWL to establish the most efficient, practical and valuable use of the proposed space.

The Chairman advised that mental health would be considered at the North West London Joint Health Overview and Scrutiny Committee (NWL JHOSC). He would raise the issues discussed with Members of the JHOSC. Whilst it was useful to take stock of the current situation and the positive action that was being taken / proposed, he asked that partners come back to a future meeting in 12 months to provide the Committee with an update. In the interim, he requested that he and Councillor Nelson be provided with an informal update in six months. It was also agreed that he and Councillor Nelson also be invited to observe a CCC meeting.

RESOLVED: That:

- 1. Sgt Wright provide Members with further information to identify patients detained under s136 in the Section 136 Suite on multiple occasions;**
- 2. the Committee receive an update at its meeting in June 2023;**
- 3. Councillors Denys and Nelson be provided with an informal update in six months;**
- 4. Councillors Denys and Nelson be invited to observe a CCC meeting; and**
- 5. the discussion be noted.**

9. **CARERS' STRATEGY UPDATE** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report was being considered by the Select Committee prior to being considered by the Executive. Members would therefore have the opportunity for their comments to be included in the version that was sent to Cabinet. As well as the structure of the new Strategy, information had been included in the report to provide Members with a

broader understanding. The Committee was assured that future reports would be shorter.

It was noted that, as the Carers' Strategy was a joint strategy for Hillingdon which covered carers of all ages, there was a cross over with the Children, Families and Education Select Committee. The draft new strategy would be considered by both Select Committees before going to Cabinet. The Committee was advised that this would be in Q4. *[NOTE: Since the meeting, the Office of National Statistics (ONS) announced that carer-related data from the 2021 census would not be published until December 2022 and officers have advised that sign-off of the new strategy would be deferred until Q1 2023/24].*

Mr Collier advised that the main support offer for carers was provided via the Carer Support Services contract between the Council and Carers Trust Hillingdon (CTH). CTH was the lead organisation for the Hillingdon Carers' Partnership (HCP was a consortium of local third sector organisations which also included the Alzheimer's Society, Harlington Hospice and Hillingdon Mind).

The Committee was advised that the development and delivery of the Joint Carers' Strategy was overseen by the multi-agency Carers' Strategy Group (CSG). Efforts were being made to get carer representatives to attend the CSG, but it would be important that these carers approached the development and delivery task objectively. It was noted that a carer representative on the group had recently decided to leave due to changes in their personal circumstances.

Members were advised that a guide for carers had been co-produced between the Council and Carers' Trust and was available on the Council's website. Hard copies of this leaflet ("Are you a carer?") were circulated to Members at the meeting. The Committee noted the intention that this would be used by partners across the health and care system to support people who may not realise that they were carers. It was emphasised that the key message for carers was to contact the Carers' Trust to access a full range of information and advice.

The Chairman advised that the Committee was likely to be more focussed on the future draft strategy where the Members' input could be most valuable going forward. The report stated that new staff starting with Hillingdon Health and Care Partners were provided with an hour's introductory training about the role of carers in supporting the health and care system and the importance of identifying them and addressing their needs. It was agreed that this training would be made available to Members of the Health and Social Care Select Committee.

In response to a question about how the voice of the carers was heard, Mr Collier stated that HCP partners had various ways of engaging with carers. The new Joint Carers' Strategy would set out how feedback from carers would be captured to help to shape priorities within the strategy delivery plan.

The Committee was informed that there were currently two Carers' Forum (CF) meetings scheduled each year and it was noted that the feasibility of holding meetings in different parts of the Borough would be explored during 2022/23. It was agreed that a CF representative would be invited to a future Select Committee meeting and that Members of the Committee be invited to attend a future CF meeting.

In terms of the contract with CT, Mr Collier advised that monitoring needed to be proportionate so as not to overburden the provider and detract from service delivery.

CT provided update reports every six months and worked closely with Council officers to provide regular feedback. Feedback received from carers and their families was also important when monitoring the contract.

The Carer Support Service contract was due to expire in August 2023 and Mr Collier advised Members that the specification was currently being reviewed with the intention of taking a more integrated approach across health and social care. It was also necessary to reflect new statutory guidance concerning hospital discharge that was expected to be issued later in 2022/23.

Mr Collier advised that the number of adult carers on the Carers Register was 4,241 as at 31 March 2022 and not 2,287 as stated in the report.

Following a query from Councillor Nelson, Mr Collier advised that, although it was known that the survey was sent out to 677 adult carers in the Borough, he would provide Members with the number of questionnaires that had been returned in relation to the National Carers' Survey undertaken in November 2021. The results of the survey were expected to be published in June 2022 and the results would be reflected in the new strategy. *[NOTE: After the meeting, it was confirmed that 233 completed surveys were returned, or 34% of those issued. This was slightly lower than with the last survey in 2018/19 when 36% were returned, but higher than in 2016/17 when it was 30%].*

The report stated that carers identified by Adult Social Care often declined the offer of a carer assessment. Mr Collier stated that this could be for a number of reasons including: the care package met their needs; they didn't want to be labelled as a 'carer'; their own support network was seen as sufficient; or they considered that the support offered by Carers' Trust met their needs. It was noted that those carers who did not want to go through the carer assessment process were still able to access the universal services provided under the Carer Support Service contract.

Following a query, Mr Collier advised that the services provided to meet the needs of the cared for person might also have a benefit to the carer. However, the Committee was informed that it was not possible to quantify this, i.e., the split in the proportion of a provided service between what was benefitting the cared for person and the carer. As this would be different for each household there was no meaningful way of recording it.

The report stated that there had been a 45% increase in demand on Mind support services which had led to more psychotherapy and peer support groups being established. Mr Collier would provide Members with information about any additional resources that had been put in place to meet this increase in demand.

£1,052k had been secured in carer-related benefits during the review period to improve the household incomes of carers in Hillingdon. Mr Collier would establish how many carers this figure related to and forward this on the Members of the Committee.

[NOTE: After the meeting, Members were advised that this additional income had been secured for 572 households in 2021/22].

Principle 1 in the delivery plan update was to support the identification, recognition and registration of carers in primary care. As the actions therein had been delayed or deferred as a result of the pandemic, Members requested that further information be provided on when action would be resumed, and outcomes delivered. There were 27 practices with carer leads and it was noted that the 2022/23 delivery plan had a target to increase this number by six, which the Committee was advised was a realistic target

taking into consideration the competing priorities faced by GPs. Targets for future years would be considered in consultation with The GP Confederation as part of the development of the new strategy.

RESOLVED: That the Committee:

- 1. endorsed the alignment of reporting frequency on the delivery of support for carers to enable the Committee's views to be reflected in future update reports to Cabinet;**
- 2. noted progress against the Carers' Strategy delivery plan activity for 2021/22;**
- 3. endorsed the proposed vision, mission, supporting principles and intended outcomes for the 2022 to 2026 Joint Carers' Strategy;**
- 4. endorsed the 2022/23 delivery plan;**
- 5. questioned officers and partners on any other aspect of the report; and**
- 6. identified any comments it wished to include in the annual delivery plan update report to Cabinet.**

10. **CABINET FORWARD PLAN MONTHLY MONITORING** (*Agenda Item 8*)

Consideration was given to the Cabinet's latest Forward Plan. Whilst there were a large number of reports which fell within the Committee's remit, it would be important to only request additional information in relation to reports where there was a compelling reason to do so. It was agreed that a request be made for the Older People's Plan update to be brought to the Committee prior to it being agreed by Cabinet in 2023 if timings allowed.

RESOLVED: That:

- 1. officers be asked to present the Older People's Plan update to the Health and Social Care Select Committee prior to it being considered by Cabinet in 2023; and**
- 2. the Cabinet Forward Plan be noted.**

11. **WORK PROGRAMME** (*Agenda Item 9*)

Consideration was given to the Committee's Work Programme. The Chairman noted that the Committee had a large and important remit and it was agreed that, as such, the Committee's next two meetings be used to learn more about the work of social care and public health (July) and health partners (September).

An update on Child and Adolescent Mental Health Services (CAMHS) had been scheduled for the October meeting. Members would be in a better place to make a decision about the review topic that they would like to pursue at the end of the meeting on 12 October 2022. As well as CAMHS, other possible review topics included the procurement and monitoring of health and social care services.

It was agreed that the Cabinet Member for Health and Social Care would be invited to attend the meeting on 21 March 2023 or 26 April 2023 to talk about her plans for services within her portfolio.

RESOLVED: That:

- 1. the meeting on 19 July 2022 focus on social care and public health;**
- 2. the meeting on 14 September 2022 focus on partner health services;**
- 3. the meeting on 12 October 2022 focus on CAMHS;**
- 4. the Cabinet Member for Health and Social Care be invited to attend the meeting in either March or April 2023; and**

	5. the Work Programme be agreed.
12.	<p>CABINET REPORT: INTEGRATED PUBLIC HEALTH SERVICES - CONTRACT EXTENSIONS (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Council's general procurement processes and it was queried if there were any controls over how much of any contract was sub-contracted and whether it was possible to assess the necessity sub-contracting (to ensure such practices do not diminish the amount of investment that actually went into whatever it was that was being procured). When sub-contracting was undertaken, it would be important to monitor the deliverables and adjust who delivered what rather than becoming complacent.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 6.30 pm, closed at 9.15 pm.

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.