

HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES of the meeting of the Housing & Social Care Scrutiny Panel held on Wednesday, 11 December 2013 at 1.30 pm at the Guildhall, Portsmouth

Present

Councillor Sandra Stockdale (in the Chair)

Councillors Margaret Adair
Michael Andrewes

46. Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Mike Park and Steven Wylie.

47. Declaration of Members' Interests (AI 2)

There were no declarations of interest.

48. Minutes of Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 7 November 2013 were agreed as a correct record.

49. Matters Arising from previous minutes (AI 4)

- i) Tim Hodgetts explained that discharge teams can be a little disjointed. There are additional pressures in the evening and some patients can be discharged at up to 10pm and services are 9-5pm operations.
- ii) Alison Croucher presented the anonymised accounts provided by sheltered housing residents. She explained that some hospital discharges do go really well but the accounts do provide a fair snapshot of cases. Problems seem to occur with patients who had been in hospital longer. Staff can be hampered due to confidentiality and data protection issues if the next of kin are not involved.

50. Review: Hospital Discharge Arrangements (AI 5)

Elaine Bastable, Housing Options Manager

Elaine spoke on the allocations policy and general issues. Her team look at all housing demand in the city - hospital discharges are only one element in the allocations scheme, to prevent bed blocking. The team would usually be a part of the hospital discharge discussions for elderly and disabled persons. Homeless persons are looked at through the Homeless Persons legislation. PCC would aim to find accommodation where possible but street drinkers are a major concern but they are often difficult to place and will usually go back to a hostel.

One big problem, is the lack of understanding of what housing can achieve. There is an expectation that there are housing properties lying empty and available. In reality it doesn't work like that. In the interim, it is often difficult to accommodate into a property which meets all identified needs. The OTs work with us (housing options) and a care package is arranged, and we make best use of what is available until a more suitable property is available.

We provide some rehabilitation flats within the council's housing stock and the number of these can be reviewed at any time. We do have a lack of accessible properties in the city, and the recent welfare reforms, which impacts on tenants under occupying, means we no longer have the flexibility of a single person being offered a 2-bedroomed accessible property as they will not get the full rent paid by HB. This is something which needs resolving.

We are building and whenever a new development is proposed we ask for an 'adapted' unit in all PCC builds, and specify level access in all ground floor properties. There is a housing OT which is a jointly funded role, which sits with housing and social care. We are also involved in extra care housing for elderly persons which is working well. There are no major problems with allocations. We do try to get an officer to attend all discharge meetings although the timings of the meetings can sometimes be an issue.

Tim Hodgetts explained that there are often pressures from discharge from PHT, when the patient is deemed medically fit for discharge by the consultant. At this point adult social care become involved. The OT then visits on the ward and agrees particular equipment. Often this means that the patient cannot go home to their own property (if for example the equipment cannot fit in the property). This then becomes adult social care responsibility and so at this stage we call in the housing allocations team.

Elaine explained that we do have temporary accommodation for homeless persons which we use in a crisis. However it is usually upper floor properties in a high rise block but it would still work for a wheelchair user with a care/support plan in place to address the shortfalls in the property. This is not a perfect solution but does prevent bed blocking while waiting for a more permanent solution.

Members' questions

It was asked whether the allocations team have much involvement with Portsmouth Housing Association. In response, it was noted that we have access to all First Wessex/PHA properties but our temporary flats used for hospital discharges are managed by the Roberts Centre, with daily visits etc. All agencies need to be involved to ensure the appropriate care package and equipment is in place.

In relation to the 'bedroom tax' generally, it was noted that some of our tenants are moving into smaller properties and so it is not a problem for them. For others who have more complex needs, rather than move them from a 2-bedroom to a 1-bedroom property, there are means to 'top up' their benefits.

There is a waiting list for all social housing properties, but this relates to the longer term permanent solution. There is often a delay but not in the interim, it is much more of the long term delay. Not so much from the hospital but in terms of their rehabilitation. The rehab flats are very busy - one in one out scenario - the flat is cleaned after the departure and the next person is in the next day. There is pretty much someone in the flats at all times. The rehab flats are within sheltered accommodation so patients come out with all in place in terms of support. We have a wealth of retirement homes in the city. The wait for an OT depends on the need and which team picks it up. It depends on need and the risk of the patient waiting for assessment. Then there could be a wait for equipment and adaptations, depending on the cost and work needing to be undertaken.

Communication is the key, as long as housing is brought into the loop at the earliest opportunity, and we are all sharing information then discharges are fairly smooth. We need to be involved in the planning not brought in at the crisis stage.

It is different for homeless persons, in and out of hospital with injuries due to their drink problems, as their needs are very complex, and they are often unable to sustain a tenancy. The hostels have some emergency beds that are used in these situations but they are very short term and there is a waiting list for more permanent hostel bed spaces.

Councillor Stockdale, as chair, thanked Elaine for her interesting presentation.

51. Date of next meeting (AI 6)

It was agreed that a provisional date of Thursday 30 January 2014 at 10am.

The meeting concluded at 2.55 pm.

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Councillor Sandra Stockdale