

HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES of the meeting of the Housing & Social Care Scrutiny Panel held on Monday, 24 February 2014 at 12.30 pm in the executive meeting room, floor 3 of The Guildhall, Portsmouth.

Present

Councillor Phil Smith (in the Chair)

Councillors Steven Wylie
Margaret Adair
Mike Park

11. Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Lee Mason.

12. Declaration of Members' Interests (AI 2)

There were no declarations of interest.

13. Review: Hospital Discharge Arrangements (AI 3)

- a) Dianne Sherlock, Chief Executive Officer and Cindy Lillington, Project Co-ordinator, AgeUK Portsmouth circulated copies of a powerpoint presentation which had been presented to the Board of Trustees last September together with the latest Reablement Pilot Project report concerning outcomes of the first year's work recently completed.
- Dianne explained that the project was initially for one year but a second years funding has successfully been approved from the Portsmouth CCG for the End of Life Champions work which AgeUK Portsmouth are about to engage in. The project has meant AgeUK Portsmouth have been working alongside 8 partners in the first year, who all have the same target to improve readmission rates into hospital acute care at 30 and 91 days after discharge. The Red Cross are now based within QA Hospital and look after the patient for the first month and any additional on-going care which is needed. AgeUK take over the care after this period where the client is beyond being poorly but are often agoraphobic and feel they are 'not worthy'. AgeUK need to ensure they are loved and protected and help move them forward. The care provided by AgeUK Portsmouth is emotional and physical care, based around cleanliness, food and trying to encourage independence, not medical or personal care.

Dianne explained that their clients do get offered help but they are often in hospital at the time and taking medication some will not necessarily realise or remember that help has been offered.

Dianne also circulated copies of a leaflet 'Helping people maintain independence at home and in the community' which is distributed around the city.

In response to questions from members relating to distribution and funding of the leaflets, Dianne explained that the leaflets were distributed to target postcode areas where they are aware that a number of the population are

older, through their clients and by word of mouth. Members suggested that the leaflets could also be distributed to the warden controlled housing blocks and perhaps HouseTalk could be a useful tool to raise awareness of the work of AgeUK Portsmouth as this is distributed to all council tenants within the city.

Cindy Lillington, the Project Co-ordinator explained that the Red Cross tend to do 'shopping' support and AgeUK Portsmouth work alongside them. The project can provide 2hours of care a week, over an 8week period for an individual. There is a degree of flexibility in the hours provided as some clients may need a slightly longer period to support their independence.

- b) Marie Edwards, Senior Manager, Hospital & Health Services, Adult Social Care explained that it was usual practice for a private care provider to provide the care post hospital if they have had an assessment of need and are eligible and AgeUK Portsmouth would come in alongside that package as a whole system approach. The Reablement provided by AgeUK Portsmouth is critical as part of the support and in building the patient back up in strength.

In response to questions from the panel relating to re-admission to hospital Marie explained that if a person had a fall, with no serious injuries, but they have no care or support package they can often end up in hospital. Therefore it is imperative that everyone knows what support is out there ie GPs do not always know the full range of services social care and community services can provide which help avoid hospital admissions. Having said that, there are a lot of good work happening such as preventative projects underway with the ambulance service and GPs to stop people from going into hospital.

- c) Sarah Adams and Andrea Fernhead from Hampshire Domiciliary Care Association explained that the HDCA are trying to stop the initial admission to hospital. If the client is not in need of 'critical care' then they should not be sent to hospital, there are other options available. All our clients have a documentation folder in their property which lists the care package they are receiving and there are forms within this folder for other care providers to complete their details so we are all aware of who and what type of care is being provided.

14. Date of Next Meeting (AI 4)

It was agreed that Lucy Wingham would arrange the next meeting with members and representatives from QA Hospital.

The meeting concluded at 1.40 pm.

Councillor Phil Smith
Chair of the Housing and Social Care Scrutiny Panel