

## Minutes

### **SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE**



**HILLINGDON**  
LONDON

**Tuesday 4 October 2016**

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

	<p><b>Committee Members Present:</b> Councillors Wayne Bridges (Chairman), Shehryar Ahmad-Wallana, Teji Barnes, Peter Davis, Beulah East, Tony Eginton, Becky Haggar, Michael Markham and Peter Money.</p> <p><b>Apologies for Absence:</b> Councillor Jane Palmer (Substitute for Councillor Michael Markham) and Co-opted Member, Mary O'Connor.</p> <p><b>Officers:</b> Gary Collier (Health &amp; Social Care Integration Manager), Nina Durnford (Head of Social Work, Adult Social Care Services), Dr Steve Hajioff (Director of Public Health) and Khalid Ahmed (Democratic Services Manager).</p> <p><b>Also Present:</b> Tristan Brice (Programme Manager, LondonADASS).</p>		
17.	<p><b>MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2016</b></p> <p>Agreed as an accurate record.</p>		
18.	<p><b>TO CONFIRM THAT ALL ITEMS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT ANY ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b></p> <p>It was confirmed that all items on the agenda would be considered in public.</p>		
19.	<table border="1"><tr><td><p><b>MAJOR REVIEW - HOSPITAL DISCHARGES</b></p><p>Consideration was given to a draft scoping report on the Committee's major review on Hospital Discharges.</p><p>The Council's Health &amp; Social Care Integration Manager and Head of Social Work attended the meeting and provided Members with the context to the review.</p><p>The aim of the review was to examine the discharge process from hospital and how people were supported into the least restrictive care setting in order to maximise their independence and safely meet their needs.</p><p>The focus of the review would be on Hillingdon Hospital where</p></td><td><p><b>Action By:</b></p></td></tr></table>	<p><b>MAJOR REVIEW - HOSPITAL DISCHARGES</b></p> <p>Consideration was given to a draft scoping report on the Committee's major review on Hospital Discharges.</p> <p>The Council's Health &amp; Social Care Integration Manager and Head of Social Work attended the meeting and provided Members with the context to the review.</p> <p>The aim of the review was to examine the discharge process from hospital and how people were supported into the least restrictive care setting in order to maximise their independence and safely meet their needs.</p> <p>The focus of the review would be on Hillingdon Hospital where</p>	<p><b>Action By:</b></p>
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around 80% of the people admitted were from within the Borough of Hillingdon. Of those admitted as emergencies, almost 30% were of people aged 65 and over and registered with Hillingdon GPs.

The Committee agreed that this age profile would be the focus of the review.

### **Current context**

The Committee was informed that changes in the levels of activity in the last two years had increased patients delayed transfer to care. Reference was made to research which showed that the longer an elderly person was in hospital, they were more likely to become increasingly confused, and there was also an increasing risk of them contracting a hospital acquired infection.

In addition, delays in discharging people who were medically fit added increasing pressure on hospital bed provision, which could lead to higher costs.

Reference was made to NHS England (NHSE) who had reported that nationally, everyday more than 6,000 patients who were well enough to leave hospital were unable to do so because of insufficient local care models. With a 23% rise of delays in discharge nationally since June 2015, “joined-up care” remained the single most important feature for ensuring greater patient safety and efficient hospital discharge planning.

The National Audit Office (NAO) estimated the cost to the NHS of older patients in hospital beds, no longer in need of acute treatment, totalled £820 million every year. Longer stays in hospital also led to increased social care costs.

### **Preventative Initiatives**

The most effective method for addressing hospital admission was to prevent hospital admissions from occurring in the first place.

- Development of an anticipatory model of care for older people

This was where older people who had been identified as being at risk of hospital admission, were invited into their GP surgery to explore the completion of a care plan.

This was to identify any interventions which might prevent an escalation of need.

For people with more complex needs, a multi-disciplinary team (MDT) approach was taken. For example, an approach which would involve professionals from different health and care organisations, seeking to identify solutions which would prevent or delay further escalation of need and enable the management of the person in their usual place of residence.

H4All (a consortium of local third sector organisations) played a crucial role in this initiative.

- Better Care Fund Plan (BCF)

A key priority of Hillingdon's 2016/17 BCF was the prevention of admission to hospital and this was reflected in its eight schemes that looked at issues such as addressing the needs of older people at risk of falls, stroke, dementia and/or social isolation, preventing admissions to hospital from care homes and supporting people at home who have had an escalation of need but did not require admission to hospital. This initiative involved cross over work with what was happening in GP surgeries.

The Committee was informed that delayed transfer of care occurred when a patient was ready for transfer from a hospital bed, but was still occupying such a bed. This was a joint health and social care issue.

Reference was made to improvements being made in acute care which were helping support discharges from hospital. These were included in the draft scoping report for Members information.

Members were informed that discharges from hospital were complex issues and increased integrated working was required from both health and social care professionals.

Reference was made to the work of LondonADASS, who were working in collaboration with NHSE and the Local Government Association to support local systems to improve the performance of hospital discharges. The Hospital Admission and Discharge Pathways Network had been created which

aimed at developing and sharing good practise in addressing delayed transfers.

Discussion took place on the information provided and the Director of Public Health reiterated that patients leaving hospital was often a complex issue. Additionally there were instances where people had been admitted to Hillingdon Hospital who need not have been admitted in the first place.

The Committee noted that progress was being made, but it was recognised that there were inconsistencies, which would only be eradicated once changes in working practices had been given time.

Discussion took place on communications with the family of the patient and whether families were given details of options in terms of different care homes. The Head of Social Work reported that there was on-line information available for families and early discussions took place on patient pathways.

The draft scoping report provided details on the issues and challenges to a smoother discharge process and pathway in Hillingdon. Some of these were discussed, particularly around the need to align hospital processes. This would require the alignment of decisions on availability of medication and transport home, which was not consistently occurring across all wards at Hillingdon Hospital.

The fragmentation of out of hospital services created a problem of multiple hand-offs between organisations which on occasions meant that the needs of residents were not being addressed by the most appropriate professional.

Members asked that data be provided on what the over 65 year olds were in hospital for to enable a focus on the key health issues. It was noted that during the winter months that hospital admissions were higher, with respiratory conditions increasing and potentially more falls taking place.

Particular reference was made to the quarter 1 2016/17 statistics which showed there had been 430 emergency admissions to Hillingdon Hospital from care homes, with many of these being older people suffering from dementia.

Members thanked officers and witnesses for the information

	<p>provided and agreed that for the next witness session representatives from Hillingdon Hospital and Hillingdon Clinical Commissioning Group be invited to attend to help with the review.</p> <p>In addition, the Committee was informed that Healthwatch would be invited to a future witness session to provide details of their findings into the patient experience of hospital discharges.</p> <p><b>RESOLVED –</b></p> <p><b>1. That approval be given to the scoping report and it was agreed that the review would focus on Hillingdon Hospital and people 65 years old and over and who were registered with Hillingdon GPs.</b></p>	
20.	<p><b>UPDATE ON STROKE PREVENTION REVIEW</b></p> <p>Members were informed that officers were in the process of summarising the information which had been provided for the review, and establishing gaps which required further investigation from the Committee.</p> <p>For the next meeting, the Committee would be provided with a progress report on the review so far.</p>	Action By:
21.	<p><b>SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2015/16</b></p> <p>The Committee was provided with responses from the Chair of the Board to a number of questions which were asked on details provided in the Annual Report.</p> <p>The Committee asked if the Chair of the Safeguarding Adults Partnership Board be invited to a future meeting to provide more details on some of the areas raised by Members.</p>	
22.	<p><b>FORWARD PLAN</b></p> <p>Noted.</p>	
23.	<p><b>WORK PROGRAMME</b></p> <p>Noted.</p>	
	<p><b>Meeting commenced at 7.00pm and closed at 7.50pm</b>  <b>Next meeting: 2 November 2016 at 7.00pm</b></p>	

These are the minutes of the above meeting. For more information on any of the resolutions

please contact Khalid Ahmed on 01895 250833. These minutes are circulated to Councillors, Officers, the Press and Members of the Public.