

## Hospital Discharge Grants - Report April 2022

### Introduction

Possability People have been co-ordinating the Hospital Discharge Grant (HDG) for the last 4 years in order to facilitate safer and timelier patient discharge through urgent housing interventions.

Over this time the service has grown significantly and most notably to include fast track Handy Person Grants to support admission avoidance. This report illustrates service outputs, outcomes and development over the last 12 months.

As we come out of the Pandemic staff teams continue to deliver the service on a hybrid home/office basis. The biggest change in working practice for the service is an increase in home based visits (in line with Covid guidelines) alongside contractors. These visits enable the Hospital Discharge Grant Coordinator to do a fuller assessment in order to identify essential works and associated risks thus ensuring best outcomes.

Working together with Hospital Discharge Support (HDS) and UHS colleagues, Community Responsive services and community health teams we continue to ensure vulnerable patients are able to return home and access the support they need to optimize their recovery and independence thus easing pressure on already stretched hospital and intermediate care services.

### Summary of outputs

- 187 referrals into the HDG service (441 overall referrals into HDS)
- 128 delayed transfers of care avoided (HDG referrals) thanks to Discharge Grants Coordinator intervention.
- 69 patients received ongoing support to access services through our Post Discharge Support team.
- ***Estimated 256 hospital bed days saved at a cost saving of £102,400***<sup>1</sup>

### Service Aims

The Hospital Discharge Grants, which are part of BHCC's Disabled Facilities Grant, provide financial assistance and support, to patients that are eligible, to facilitate safer and timelier discharge home and help prevent unnecessary readmission.

- Avoid delayed transfers of care through urgent provision of repairs, adaptations, equipment and property deep cleans through the Hospital Discharge Grant.
- Avoid unnecessary readmission and promote longer term independence through essential repairs and adaptations through Handy Person Grant

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<sup>1</sup> Based on a conservative estimate of two days saved per patient at £400 per overnight stay - we do not have access to accurate hospital discharge data however days saved have potentially range from 1 – 14 in some cases.

- Optimize recovery and support ongoing health and wellbeing through referral to our Post Discharge Support team.

### **Current Staffing**

2 x FTE	Hospital Discharge Grant Coordinators (BHCC Funded)
1 x FTE	Hospital Discharge Support Service Lead (CCG Funded)
1 x PTE	Hospital Discharge Support Facilitator (CCG Funded)
1 x PTE	Hospital Discharge Support Triage Coordinator (CCG Funded)
1 x 0.8	Student Social Work placement

### **Service development over the last 12 months**

Fast track Handy Person Grants: Successful proposal to expand the remit of the service to co-ordinate fast track Handy Person Grants for admission avoidance housing interventions identified within a month of discharge. Recruitment of a second Hospital Discharge Grant coordinator to support this work and increase overall service capacity.

Student Social Work placement: We felt the service offers an excellent learning opportunity in understanding the hospital discharge pathways and the patient journey and the role the community and voluntary sector can play in supporting that. Likewise, the knowledge and insight from a social work perspective can provide valuable learning in terms of our practice.

DFG promotional materials: Collaboration with BHCC Housing Team to produce user friendly Disabled Facilities Grant leaflets to promote greater awareness across USH discharge teams and the wider public of housing support available.

Referral Form: Updated referral form that has proven to be more user friendly for UHS colleagues and has improved the quality of the information provided thus reducing delays and improving response times.

Updated patient consent form: Redesign of the consent form incorporating GDPR and HDG for ease of use benefiting the patient and supporting social worker. The new layout is simpler enabling the grant coordinator to ensure works are facilitated in line with the patient's wishes and best interest.

Updated Contractor Service Agreement: Outlining best working practice and terms of agreement between Possability People and contractors adhering to professional standards and expectations.

New Possability People website: New more user friendly website launched with improved service information and dedicated Hospital Discharge Support and Grants section and including links to BHCC's Disabled Facilities Grant pages to raise awareness of housing support options for disabled people. <https://www.possabilitypeople.org.uk/our-services/support-after-hospital>

### **Key Achievements**

- Managed an increasing number of complex patients and housing interventions with excellent outcomes.
- Retained and managed a team of experienced and reliable contractors whilst ensuring a competitive and transparent tendering process.
- Grown our 'pool' of accredited contractors who are responsive and willing to prioritise Hospital Discharge.

- Effective joint working with the Mears HIA team to carry out larger works including shared database of reliable contractors and operators sourced by the HDG team.
- Valued members of Hospital Responsive Services and Community Responsive Services patient discharge meetings.
- Based on the success of the Hospital Discharge Grant model in supporting hospital discharge Possability People were invited by the CCG's Urgent Care team in January 2022 to pilot co-ordination of their new Personal Health Budget (PHB's) grants. It is certainly testimony to the reputation of the service that Possability People were invited to lead this pilot.

## Challenges

**Crisis re Care Provision:** There has been a marked increase in the number of patients who are 'stranded' in hospital or intermediate care beds waiting for a care package in order to be discharged home. This has impacted on the service with respect to response times and tracking patients. It also means that in some cases required housing works are completed but the patient is not able to be discharged home due to lack of care. Conversely, we have also see a rise in the number of patients discharged home without care in place and requiring safeguarding alerts.

Examples of Safeguarding alerts raised with Adult Social Care/Responsive Services

A 58-year-old male: Self -neglect and possible financial abuse. Concerns also raised about his memory issues and therefore vulnerability to being financially abused.

A 78-year-old male: Neglect. This patient who was bed bound was exposed to a flea infestation which was so severe that the carers would not enter the property putting him at risk due to multiple health conditions and care needs.

A 62 year old female: Unsafe Discharge/neglect: Relating to a patient who had undergone a double leg amputation and who was discharged into temporary accommodation without a care package or the required equipment to keep her safe or to enable her to feed herself.

A 90-year-old male: Self neglect: Patients home assessed as unsafe and unable to acknowledge the fire risk concerns relating to his home. Additional concerns relating to patients capacity and memory issues and ability to look after himself.

**Referral flow and capacity:** The fluctuating referral numbers remain a challenge in terms of managing workload; however, with two skilled and experienced grant co-ordinators in place it has been much easier to maintain service response times. Most significantly the additional staff resource has reduced the pressure on staff and therefore stress levels enabling service development and improved outcomes.

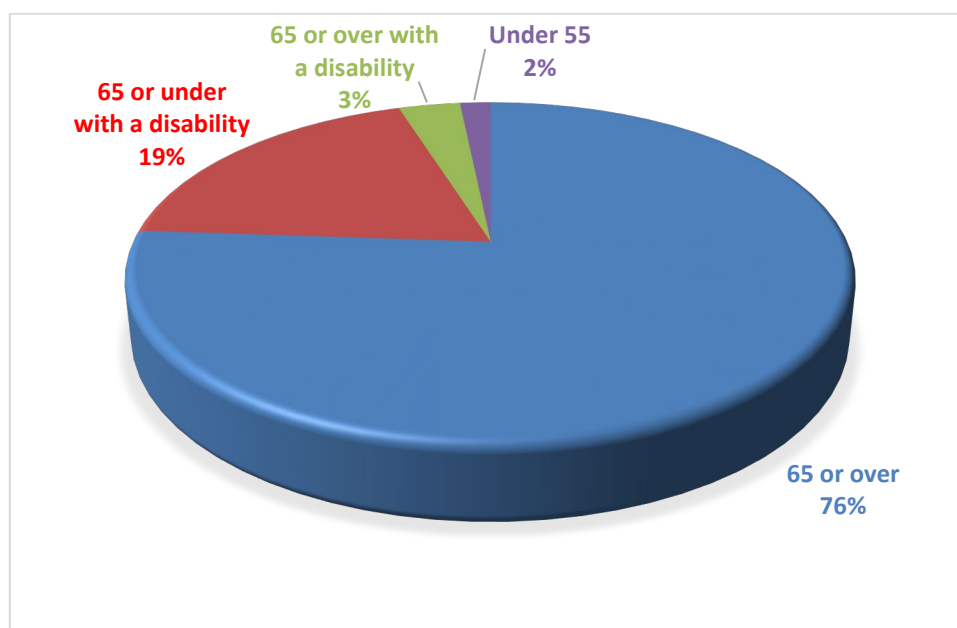
**Repeat provision:** The service has seen an increase in the number of patients referred back into the service for the same provision. This is particularly the case for example with discharge dependant deep cleans. The current HDG criteria does not allow for a person to apply for a grant for the same provision twice.

In order to support patient discharge where no other options are available we have been authorised to use the FastTrack Handy Person Grant as an alternative. However, this does mean the HP grant criteria is being stretched beyond its original remit.

## Performance Reporting – Key Performance Indicators

Key Performance Indicators	Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Referrals	187	5	12	19	19	8	20	11	19	14	19	24	17
Total Referrals to HDG	151	5	11	12	14	5	16	11	15	12	18	20	12
Total Referrals to HPG	36	0	4	4	6	3	4	0	4	2	0	4	5
Supported / Appropriate	170	4	12	19	17	8	18	8	16	13	15	24	16
Unsupported / Inappropriate	17	1	0	0	3	0	2	3	3	1	3	0	1
Total Joint HDS referrals	69	2	5	5	9	3	10	6	8	3	6	7	5
<b>Source of referrals</b>													
Hospital Responsive Services	82	3	5	8	13	3	13	4	7	5	6	8	7
Community Responsive Services	16	1	4	2	0	1	1	1	1	0	0	1	4
Integrated Discharge Hub (IDT)	29	0	3	2	1	0	0	2	4	7	3	5	2
IDT (PRH)	7	0	2	0	0	1	0	0	1	1	1	0	1
Other USH	22	0	0	0	2	1	4	4	2	0	5	4	0
Other Community	30	1	1	4	3	2	1	0	4	1	4	6	3
Health Watch	1	0	0	0	0	0	1	0	0	0	0	0	0
<b>Provision</b>													
Deep Clean	74	2	3	5	4	12	11	4	8	5	4	10	6
Emergency Food Parcel	11	0	2	2	0	1	0	1	1	0	0	2	2
Kitchen Appliances	26	0	3	3	0	2	4	2	3	2	1	4	2
Electrical Items	11	1	2	1	1	0	1	0	1	3	0	1	0
Plumber	23	0	2	2	2	0	2	0	4	4	3	2	2
Gas Engineer	2	0	1	0	0	0	0	0	0	0	1	0	0
Electrician	11	0	0	0	0	0	1	1	2	2	3	1	1
Building Repairs/Adaptations	28	0	1	3	4	0	2	1	5	2	4	5	1
Lock Smith	10	0	0	1	1	1	1	1	2	1	0	1	1
Furniture	10	0	2	1	0	2	0	2	1	1	1	0	0
Bedding	20	0	2	2	3	3	2	1	2	1	1	1	2
Pest Control	6	0	0	0	1	0	0	1	0	0	2	1	1
Removals	29	0	0	2	4	1	3	4	3	2	6	3	1
Transport	1	0	0	0	0	0	0	0	0	1	0	0	0
Laundry Services	1	0	0	0	1	0	0	0	0	0	0	0	0
Storage	1	0	0	0	0	0	1	0	0	0	0	0	0
Incontinence Aids	1	0	0	0	0	0	1	0	0	0	0	0	0
Meter Key Top Up	6	0	0	2	0	2	1	1	0	0	0	0	0
Miscellaneous	6	0	0	0	0	0	0	0	4	0	0	2	0

Breakdown of referrals by eligibility criteria: Based on 187 referrals into the service



**Reason for unsupported referrals:**

- Not a hospital patient (referred by GP)
- Patient declined support
- Patient was a council tenant
- Patient died in hospital
- Patient transferred into placement (nursing home)
- Supported by NOK so grant funding not required

**Assistance type - changes in provision as compared to 2020/21**

**Increase in provision:**

- Pest Control 500%
- Electrician 120%
- Building Repairs 115%
- Locksmith 100%
- Removals 61%
- Plumber 27%
- Deep Clean 13%
- Kitchen Appliances 13%

**Decrease in provision:**

- Food Parcel 78%

**Referral pathways:**

- Hospital Responsive Services 44%
- Other Community 16%
- Integrated Discharge Hub (IDT) 15%
- Other USH 11.5%
- Community Responsive Services 9%
- IDT (PRH) 3.5%
- HealthW 1%

## Expenditure April 2021/2022

Total Hospital Discharge Grant Expenditure - **£47,628.83**

Breakdown of Spend by Assistance Type April 2021 - March 2022							Total
Assistance Type	April	May	June	Jul	August	September	
Deep Clean	£140.00	£1,669.98	£1,467.00	£699.00	£2,255.00	£2,505.40	£8,736.38
Plumber			£1,394.00	£48.00		£807.59	£2,249.59
Gas Engineer		£138.00					£138.00
Building Repairs	£770.00			£126.00		£550.96	£1,446.96
Electrician	£240.00						£240.00
White Goods			£713.98		£325.00	£468.23	£1,507.21
Furniture			£830.50		£476.00	£382.00	£1,688.50
Locksmith				£119.80	£78.00	£96.00	£293.80
Removals			£126.00	£190.00	£650.00	£135.00	£1,101.00
Bedding		£123.40	£74.50	£119.49	£106.50	£47.00	£470.89
Pest Control				£270.00			£270.00
Storage						£49.95	£49.95
Electrical Items	£34.66	£78.77		£66.00		£266.99	£446.42
Food Parcel		£90.70	£138.30				£229.00
Meter Key Top Up			£60.00		£55.00	£50.00	£165.00

Assistance Type	October	November	December	January	February	March	Total
Deep Clean	£1,192.80	£2,716.80	£754.00	£1,585.20	£2,435.60	£1,938.80	£10,623.20
Plumber		£1,165.20	£1,442.09	£1,923.07	£309.06	£200.95	£5,040.37
Gas Engineer				£384.00			£384.00
Building Repairs	£90.00	£214.00	£138.00	£374.83	£826.90	£31.50	£1,675.23
Electrician	£90.00	£258.00	£306.00	£432.00	£270.00	£174.00	£1,530.00
White Goods	£235.99	£436.98	£729.97	£219.99	£609.98	£76.00	£2,308.91
Furniture	£545.00	£983.00	£210.50				£1,738.50
Locksmith	£96.00	£102.20	£171.66		£102.00	£96.00	£567.86
Removals	£352.00	£765.00	£100.00	£603.00	£349.20	£95.00	£2,264.20
Bedding	£7.30	£26.50	£101.77	£30.00	£27.50	£80.50	£273.57
Pest Control	£120.00	£108.00		£666.00	£156.00	£126.00	£1,176.00
Electrical Items		£59.98	£230.89		£70.00		£360.87
Food Parcel	£80.16	£23.15			£86.20	£98.71	£288.22
Miscellaneous		£231.70			£63.50		£295.20
Transportation			£40.00				£40.00
Meter Key Top Up	£30.00						£30.00
						<b>Total</b>	<b>£47,628.83</b>

Total Handyperson Grant Expenditure - **£9,964.64**

<b>HPG Breakdown of Spend by Assistance Type April 2201 - March 2022</b>							
<b>Assistance Type</b>	<b>April</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Totals</b>
Deep Clean			£170.00	£321.00	£330.00	£355.00	£1,176.00
Plumber			£225.60	£373.20			£598.80
Building Repairs			£216.00	£588.00		£572.64	£1,376.64
Electrician						£90.00	£90.00
Removals						£660.00	£660.00
<b>Assistance Type</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
Deep Clean	£360.00			£120.00	£300.00	£1,105.00	£1,885.00
Plumber	£578.40					£630.15	£1,208.55
Building Repairs	£528.00	£1,153.13		£535.92			£2,217.05
Electrician	£222.00				£66.00	£168.00	£456.00
Locksmith					£61.60		£61.60
Removals		£120.00			£35.00	£80.00	£235.00
<b>Total</b>							<b>£9,964.64</b>

Total HDG and HPG spend - **£57,593.47**

**HDG analysis of costings by type of assistance over £500**

Deep Clean 41%  
 Plumber 15%  
 White Goods 8%  
 Removals 8%  
 Furniture 7%  
 Building Repairs 7%  
 Electrician 4%  
 Pest Control 3%  
 Locksmith 2%  
 Electrical Items 2%  
 Bedding 1%  
 Gas Engineer 1%  
 Food Parcel 1%

**HPG analysis of costings by type of assistance over £500**

Building Repairs 36%  
 Deep Clean 30%  
 Plumber 18%  
 Removals 9%  
 Electrician 5%

**Grant Applications for works exceeding £1000**

28.04.2021 Deep Clean and Building Repairs £1745.00  
 14.06.2021 Deep Clean and Declutter £2500.00  
 26.07.2021 Building Repairs and Adaptations £1248.00  
 03.09.2021 Pest Control £1800.00  
 30.09.2021 Building Repairs and Adaptations £1183.68

20.10.2021 Deep Clean and Declutter £1,668.00  
17.11.2021 Gas Boiler and Radiator (x 1) Installation £2154.52  
09.12.2021 Declutter and Deep Clean £5000.00 (HDG & HPG)  
02.03.2022 Gas Boiler Installation £2460.00

**Total £19,759.20**

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*“I would like to say how AMAZING the hospital Grants service is and how it’s been absolutely invaluable to our patients to get things sorted at home and obviously speed up hospital / rehab discharges.”*

- *Possibility People are always very quick to answer our queries/ referrals and advise us of plans and feedback.*
- *Patients that come to us that have environmental issues or difficulty with funding essential items to get home and be safe – ie mattresses, some kitchen appliances – it’s so reassuring to know that we can turn to you to ask for help.*
- *Patients and families are always so appreciative of the help that is provided and sourced*
- *Always approachable and friendly*
- *Our team are an extension to the hospital – working in the rehab/step down beds and so often the process has been started and handed over to us, PP are good with communicating updates*
- *Definitely see an impact on length of stay – as without PP to turn too it becomes much harder accessing via social work team.*

*“All in all – we think you are great!”*

*“Thank you for all your hard work!”*

**Ruth Kearton** Clinical | Lead Occupational Therapist | In-Reach Rehab Beds/ West Community Therapy Hub

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## **Monitoring and Evaluation**

### **Case review/Quarterly meetings**

An agreement with the Housing team to make the case reviews 6 weekly rather than monthly mainly due to the capacity issues. The case reviews meetings have provided a particularly helpful space for the team to meet with housing team to discuss more complex cases, any challenges arising and to identify any gaps in resourcing. The open door policy in terms of advice and support on the part of the Housing Team has been particularly helpful too in ensuring the team are able to work effectively and maintain a responsive service.

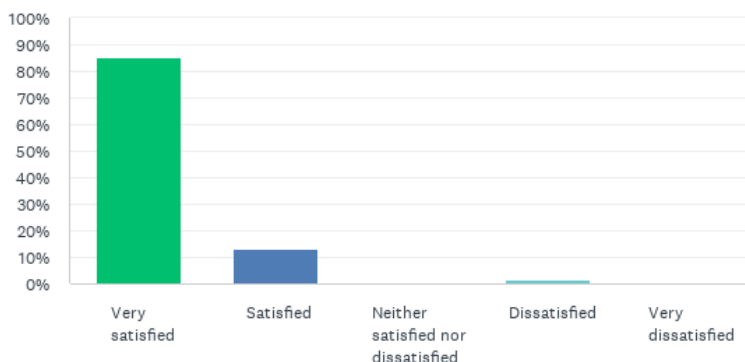
### **Patient Feedback data**

Based on 62 completed satisfaction surveys. The number of feedback surveys completed this year has increased by 61%. This is largely due to the move to collecting feedback by telephone rather than by post. Challenges still persist in collecting feedback from some of the more complex patients due to health conditions and/or complex living situations. The feedback reflects the overwhelmingly positive response to the interventions and provision provided by the service.



## Feedback Survey Responses:

Q1 How satisfied are you with the works carried out in your home and/or any items provided to support your day to day living?

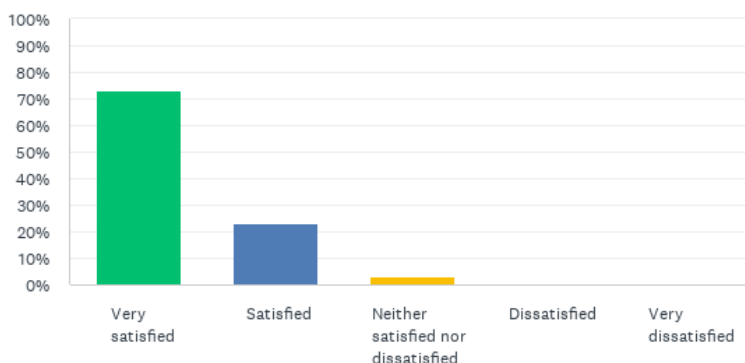


Very satisfied 85.25%.

Satisfied 13.11%

Dissatisfied 1.64%

Q2 How satisfied are you that your wishes were considered in planning the support provided?



Very satisfied 73.33%

Satisfied 23.33%

Neither satisfied nor dissatisfied 3.33%

**Q3. Is there anything we could have done differently or better?**

*“Don't think so. So kind you got it fixed so quickly”*

*“Communication could have been better with the cleaners”*

*“Everything was 100%”.*

*“I would have liked the cleaners to spend more time on the carpet and floor”*

*“No everything was perfect”*

*“There was a bit of delay getting the works agreed to completion”.*

*“Everything was done to a high standard”*

*“The whole floor could have been completed at the beginning”*

*“Nothing else could have been better”*  
*“Things have been moved which is frustrating”*  
*“No it turned out very well”*  
*“Bathroom light switch and cover put back on the immersion heater”*  
*“Perfectly done”*  
*“I don't think so and like to do things on my own. I'm a very private person”*

**Q4. Do you have any further comments or feedback you would like to add about your experience of the service?**

*“Overjoyed. So much has been done. Give credit where credit is due”*  
*“I think it is a marvellous service and I am ever so grateful. Thankyou”*  
*“To come home to a nice clean tidy place made me feel over the moon”*  
*“Was very nice and explained what was going on during the process”*  
*“Surprised the service was so good. It was wonderful”*  
*“At the time I was feeling vulnerable I felt I was taken care of”*  
*“I was rock bottom at the time and everything done was remarkable”*  
*“Changed my quality of life”*  
*“Could not have asked for anything more outstanding service and kindness.”*  
*“Wonderful! It will make such a difference. Extremely grateful”*  
*“If it hadn't happened I'd be in trouble so thank-you”*  
*“Out of this World!”*  
*“It was a pleasure and I'm really thankful as I wasn't sure who to turn too”*  
*“It was more than best and I am pleased”*  
*“Nobody had offered me help like that before. You've made such a difference. I don't know what I would have done without it.”*

## **Case Studies**

### **Case Study 1**

Paul, 71 was referred to the Hospital Discharge Support service by an Occupational Therapist at The Princess Royal Hospital in August 2021 after he had undergone a knee replacement.

Concerns had been raised as Paul had a long history of hoarding possessions at his property. Paul's neighbour had voiced their concerns around the conditions that Paul was currently living in and had tried to seek assistance in the past, but Paul had refused intervention.

Paul was contacted at the Princess Royal Hospital by the Hospital Discharge Grants coordinator to discuss a home visit taking place. Paul agreed to the visit happening and for the relevant contractors to also attend.

Home visit took place a couple of days later. The property was cluttered throughout and concerns were immediately raised around how Paul would mobilise around the accommodation. Paul was happy for the majority of the work to be completed under the HDG. The loft area of the property was also cleared under the HPG which would allow access for gas central heating to be installed at the accommodation. Paul reported that he was able to fund the installation of the gas central heating system himself.

Paul was emotional at the beginning of the process of de-cluttering his property as he admitted that he found it very difficult asking for assistance to deal with his hoarding. However, the clearance

company worked very closely with him ensuring that all items were disposed of in a sensitive manner which Paul found very reassuring.

Paul was overwhelmed after the clearance and deep clean were complete. The following quote was provided, "*It was a difficult situation and it was dealt with very well. I am extremely grateful and what a fantastic service*".

#### **Overall cost of HDG Provision:-**

- Plumbing works - £306.00
- Clearance - £650.00
- Deep clean 490.00

**Total = £1446.00**

#### **Overall cost of HPG Provision:-**

- Loft clearance

**Total = £600.00**

**HDG coordinator met with Paul seven months after the work at the property had been completed.**

There was no further signs of hoarding at the property. Paul spoke about how his recovery from his knee surgery had been slow and at times frustrating, however, he felt independent again and was delighted that he was now enjoying living at this property. Work was also in progress with Paul clearing his back garden, something that he had arranged himself, and as result of the success of the work that had been done inside his home. Paul commented how much better this had made him feel.





## Case Study 2

Rachel, 60 was referred to the Hospital Discharge Support service by an occupational therapist at The Princess Royal Hospital in July 2021. Rachel was referred after a long stay in hospital for sepsis after initially being admitted due to a stroke.

Rachel was found in her accommodation by paramedics who described her home to be in a state of unkemptness and squalor. After Rachel was admitted into hospital, the property management company for the building cleared Rachel's home entirely including carpets, white goods and bed due to their poor condition.

Hospital Discharge Grant's coordinator contacted Rachel in hospital to discuss referral and the opportunity to visit the property to assess the condition Rachel agreed and the visit took place the following day.

Although the property had been cleared by the property management company, the accommodation was in a poor condition throughout with the floorboards in particular the main concern due to an odour that had been caused by soiled carpets.

There were concerns raised by the Occupational Therapist involved in the case around the bare floorboards at the property and the risk that these posed if Rachel was to fall as a result of her poor mobility.

It was discussed with Rachel about carrying out the bulk of the work under the HDG, whilst providing new carpets via the HPG. The following quote was obtained from Rachel, *“At a time when I was feeling vulnerable I felt I was taken care of. Thank-you so much”*.

**Overall cost of HDG provisions:-**

- Deep clean of the property & floorboards - £230.00
- New fridge freezer - £289.99
- New bed - £213.00
- New shower - £253.20
- New bedding, crockery and cutlery - £77.50
- Replacement kitchen & bathroom lights – £222.00

**Total = £1285.69**

**Overall cost of HPG provisions:-**

Carpet replacement

**Total = £753.13**

**HDG Coordinator met with Catherine after the work at the property had been completed.**

Rachel now has carer’s visiting her three times daily to help her gain her confidence around personal care and preparing food. A psychologist is also now working with Rachel and she reported that they focus on her mental health and previous behavior around her hoarding.

Rachel was working prior to her hospital admission and she reported that her long term aim is to return to her employment. Rachel feels that without the support of the HDS service, she would not be on the road to recovery.





### Case Study 3

Lisa was referred into the Hospital Discharge Support service by an Occupational Therapist based on the Royal Sussex County Hospital Elderly Wards. Prior to hospital admission Lisa was independent with activities of daily living (ADL's) and her son supporting with shopping. Discharged home with a once a day package of care to assist with washing, dressing and therapy follow up to improve mobility indoors and outdoors. Lisa is currently micro-living downstairs and is co-habiting with her daughter who is partially blind.

Carpet deep clean/replacement required in lounge due to dog faeces and urine. Lisa has four small dogs that are not house trained.

The grants coordinator visited Lisa and her daughter on several occasions with contractors and her son-in-law present to reassure her that the works would be carried out with minimal disruption. Lisa was very anxious and also embarrassed by the state of the lounge carpet and reassured works were essential in order to reduce any Health and Safety risks.

It was identified the ammonia from the urine soaked carpet could potentially generate toxic fumes that can cause respiratory illness and skin and eye irritation. And the dogs were freely moving around the property transferring their faeces and bacteria.

It was mutually agreed with Lisa that a replacement vinyl floor would be more practical and easy to clean as well as discarding any items of furniture in the lounge affected with urine and faeces.

The following works were commissioned through the Handyperson Grant-

- Removal of lounge carpet
- Floorboards treated to remove any trace of dog urine, faces and remove all odours
- New underlay and vinyl flooring fitted
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Quote from Lisa, *"It was perfect and everything went well"*.

**Overall cost of HPG provisions:-**

- Furniture removal £120.00
- Carpet removal and floorboard treatment £400
- Supply and fit underlay and vinyl flooring £1183.68

**Total £1,703.68**



## Feedback from our UHS colleagues

“I just wanted to say thank you for all your support over the last year. I know I, and all the team really appreciate the knowledge that you and your colleagues bring, supporting us to work alongside service users and identify the best options for them, in often very challenging circumstances. Working as part of any hospital discharge service brings pressure in relation to timescales and we have always found you to be extremely responsive, working effectively and efficiently. This supports us to discharge plan in a timely way with confidence. The support you offer is extremely valuable to our service users and the social workers, and indeed the wider health system. In relation to the support you provide to us, it is worth echoing that many members of the team remark ‘we don’t know where we’d be without them’.

So thank you”

**Jane Higgins** | Operations Manager | Hospital Responsive Services | Brighton and Hove City Council

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I just wanted to feedback how swift and thorough the support has been in each of these scenarios, and has helped to address situations involving quite severe self-neglect, or helped vulnerable adults to continue living in their own homes with reduced risk. The service has consistently been excellent and is filling a gap which has been longstanding in the area, where adults may lack their own resources and Adult Social Care are unable to provide funding for a particular need. The service is also provided in a very person-centred way to ensure that the adult has felt like an involved part of the process, as they have fed back to me verbally how happy they were with the support provided. I have also fed this back to management and colleagues, some of whom I know have also made referrals and been very impressed with the support provided.

**David Irwin** | Social Worker | Assessment & Community Engagement Team

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Both Rupert and Ian are efficient and quick in their responses to our requests for support with hospital discharges, their communication is great and it is a pleasure to work with the team as a whole. It would be impossible to discharge a huge proportion of people we do when we do, if they were not there to offer the support. I feel this service and the team keep the discharges flowing and we would be truly stuck without them. Thank you!

**Siobhan Cashman** | Social Worker | Hospital Responsive Services & Integrated Discharge Hub

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I cannot give a more accurate review than: “Social services would not function without Possability People”. Thank you.”

**Zac Birchley** | Social Worker | Hospital Responsive Services

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We couldn’t survive without this service, clients would be in Hospital and Inpatient rehab beds for longer. Our service users would be at greater risk from, readmission to hospital or at risk of self-neglect. I know as a team we really value this service. We also appreciate the ability to ring you for



advice and again the common feel amongst colleagues is that they really value your support especially as they are so often dealing with complex cases. So thank you to all for this support

**Alicia Ryan-Gwynn** | Senior Social Worker | Hospital Responsive Services

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We as a team find your service to be an invaluable support to our patients and to supporting and facilitating the discharge process. Your input is timely and reliable, very practical and communication/feedback is good. The access to funding for food shops, cleans, repairs and urgently needed furniture and household equipment is excellent and greatly appreciated. Many thanks for all you support to us and our patients. Best wishes.

**Jane Booth** | Occupational Therapist | Inreach Therapy Team

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### **Recommendations and Future Development**

#### **Multiple provisions under the same grant:**

On occasion we have been asked to coordinate grant applications for patients requiring additional works under the same provision. For example, deep cleans, plumbing, electrical or building repairs. Previously the grant eligibility criteria has been limited to one provision per patient per grant. We would like to extend that to facilitate hospital discharge when all other possible funding sources or alternatives have been exhausted.

#### **Disabled people:**

Although the percentage of supported disabled patients under the age of 65 is 19% we would like to increase the numbers accessing the two grants by continuing to raise awareness across UHS and our community networks to ensure that all disabled people have access to the support they need following a hospital admission.

