MINUTES OF THE SCRUTINY REVIEW - INTERMEDIATE CARE
THURSDAY, 12 JANUARY 2006

Councillors Jean Brown (Chair), and Adamou

Also Present: Councillor Wynne

MINUTE NO.	SUBJECT/DECISION	ACTON BY
SCIC11.	**APOLOGIES FOR ABSENCE (IF ANY)** None received	
SCIC12.	**URGENT BUSINESS** None	
SCIC13.	**DECLARATION OF INTEREST.IF ANY, IN RESPECT OF ITEMS ON THIS AGENDA** None received	
SCIC14.	**SCRUTINY REVIEW INTERMEDIATE CARE** The Executive Member for Health and Social Services responded to the following questions:- Q1 Are you happy with the way that the health services and social services work together in this area of provision. Are there any improvements that could be made? Are there any stumbling blocks to the delivery of an integrated service? A. Developing in parallel with this scrutiny review was a service review of the Integrated Care Team which was joint with the PCT and in many ways shaped the parameters of Intermediate Care. It was accepted that the definition of Intermediate Care was vague. In general, Older People's Services had an excellent working relationship with the PCT and the Team was populated by both clinical and social care staff. However no-one would pretend that, despite its name, the Team was truly integrated – it was merely co-located with good working relationships between staff. The purpose of the ongoing service review was to scope the possibility of a really integrated model. This review aimed to complete in March 2006. Although SAP was not electronically enabled the process was in place. The only stumbling block to the creation of a truly Integrated Care Team was the ability of staff to manage the cultural change needed to bring two organisations together - even in microcosm this was not an easy process. Barriers such as IT, record keeping, language, charging were seen as possible obstacles to successful integration. Once this Team was truly integrated it could lead the way to integrated practice elsewhere,	

e.g. between Home Carers and District Nurses

Q2. In it's current format, is Intermediate care in Haringey able to meet the needs of the population that it sets out to serve and how can Haringey ensure that people don't fall between the various services, because they don't meet the various criteria?

A A strength was the fact that there were many different services coming together to form Intermediate Care. This allowed the service to be person led. As with every service, health or social care, its availability depended on the resources available. For example, District Nurses had an invaluable input into rehabilitative working but they were a finite resource as were Home Carers. Equally the social care component of Intermediate Care was governed by our currently tight eligibility criteria. Having said that, as set out in the introduction, there was already a wide spectrum of services available within Intermediate Care to meet many of the needs of our local population. The Executive Member was happy with the service providers and she spoke about the block contract with Stamford Nursing home which she considered was very much person led. This service allowed clients to leave hospital whilst still needing quite intensive care. The use of step down was just being developed which should assist with the prevention of admissions. Preventions was to be a focus area for development.

Q3 Can you tell the Panel how many cases of people under 50 there are on an Annual basis that suffer from an untimely disability? What is her view of extending Intermediate care to this age group?

A The numbers requested were difficult to estimate for Social Services. It was even more difficult to estimate those patients in this age group who need short medium or long term medical care because of a traumatic event or a worsening condition. Certainly if resources allowed, developing intermediate care for the under-50s, would seem to be a cost effective process based on the experience of such care for older people. Cllr Wynne suggested that perhaps the Scrutiny Review would wish to ask for such an analysis to be commissioned possibly from Public Health.

In response to a question Cllr Wynne stated that she did not feel that having a Social Worker based in the hospital was a good idea, but felt that having a Social Worker engaged in the process was more important.

Q4 Do you feel that there is provision within Intermediate care to deal with people with mental health needs? Are staff trained in meeting the needs of this client group?

A There was currently no provision for intermediate care for older people with mental health needs, particularly dementia. There

	was no dedicated service for people with mental health needs to be able to access Intermediate Care. It was hoped that a 9 bedded unit in Broadwater Lodge, similar to that in Cranwood residential unit, for frail older people, could develop a model for dementia. However, the financial pressures currently experienced by the PCT mean that this development (which would involve funding clinical input to the unit)was under serious threat. Nevertheless, with the development of an Older People's Mental Health Team, there may be some opportunities to be explored e.g. purchasing some specialist beds from the private sector. Also further consideration could be given to more training for generic staff. The Executive Member considered that the service was strong. Q5 What proposals would you envisage to ensure that there is an avoidance of duplication of assessment? What work is being done to eliminate this from happening? A With the development of a truly integrated Intermediate Care Team which increasingly models joint practice, there was less likelihood of duplication of assessment and more likelihood that the Single Assessment Process would govern practice. In addition, the hoped for development of joined up electronic systems should help in this area.	
SCIC15.	**URGENT BUSINESS** None	

JEAN C BROWN

Chair