

**MINUTES OF THE SCRUTINY REVIEW - INTERMEDIATE CARE
THURSDAY, 10 NOVEMBER 2005**

Councillors J Brown (Chair) and Adamou

Apologies Councillor (none)

Also Present: Councillor Peacock

MINUTE NO.	SUBJECT/DECISION	ACTON BY
SCIC06.	<p>APOLOGIES FOR ABSENCE (IF ANY)</p> <p>Received from Councillor Hoban.</p>	
SCIC07.	<p>URGENT BUSINESS</p> <p>None</p>	
SCIC08.	<p>DECLARATION OF INTEREST.IF ANY, IN RESPECT OF ITEMS ON THIS AGENDA</p> <p>None received.</p>	
SCIC09.	<p>EVIDENCE TO REVIEW</p> <p>The Panel received evidence from representatives of service users and carers. A number of questions had been circulated to the representatives prior to the meeting.</p> <p>It was noted that there was not a common understanding of Intermediate Care. This made it extremely difficult for users to understand the service. In terms of the length of provision it was noted that Intermediate Care could be for as little as 24 hours or as long as 3 months. The Panel noted that referrals made from Intermediate Care for adaptations as part of rehabilitation by the Handyperson scheme were provided free of charge, but referrals from elsewhere were normally charged for. In response to a question the Panel noted that generally people wished to remain in their homes ,but it was important that the necessary packages were in place to support them.</p> <p>Particular issues identified included:</p> <ul style="list-style-type: none"> • Length of time taken to obtain an OT assessment. • Many components to Intermediate Care. Clarity on who can make decisions on care packages desirable. • Integration between different agencies needed to be strengthened. ie hospitals may discharge patients without 	

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	<p>the home support packages being in place.- (Regard should be had to Dept of Health guidelines on discharge)</p> <ul style="list-style-type: none"> • Choice for users not always available in practice • Consistency in terms of personnel –carers would wish to have the same person providing their home care to enable trust to be developed. A significant number of agency staff used . <p>It was suggested that although Age Concern had made referrals to Intermediate Care unless the need was urgent users had to wait a considerable time for an initial assessment. Consequently Intermediate Care was not promoted by the voluntary sector as a service. The Panel was aware of difficulties that there had been to appoint to social care posts.</p> <p>The Panel noted that the number of people with mental health needs was growing and a question was asked as to whether there was sufficient input into Intermediate Care . Age Concern advised that they did refer people with mental health needs to the Community Mental Health Team for Older People. One issue was to get clients to accept that they had difficulties and to accept support on offer. Additionally there was an increasing number of unsupported elderly people, those families did not live close by and increasingly elderly people over 80 may well have children over 60 years old with their own particular needs.</p> <p>The Panel was informed of “The Older People’s Inquiry” from the Joseph Rowntree Foundation’s Older people’s Programme which concluded that older people valued that little bit of help to enable them to retain choice, control and dignity in their lives.</p> <p>Suggestions for improvement of Intermediate Care included:-</p> <ul style="list-style-type: none"> ❖ Provision of basic services as identified in “Older People’s inquiry” such as foot massage and toe nail cutting. ❖ Thinking outside the box ❖ More emphasis on prevention ie reviewing medication, adapting the physical environment, possible use of Telecare. ❖ More holistic approach to IC with an emphasis on keeping people active, a befriending service, networking ❖ Publicity on Intermediate Care , leaflets to be available to explain the service. ❖ Single access point and dedicated Care Manager to avoid contact with several teams. 	
<p>SCIC10.</p>	<p>URGENT BUSINESS</p> <p>None</p>	

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JEAN C BROWN

Chair