

**Intermediate Care Service: Mary Burton
Partnership Select Committee – 23 February 2001**

Mary Burton confirmed that Intermediate Care was designed to maximise independence by reducing avoidable hospital admissions, facilitating timely discharge, promoting effective rehabilitation and recovery and minimising premature and avoidable admission to long term institutional care.

The service currently liaises with Stoke Mandeville Hospital on a weekly basis to discuss patients discharge from surgical wards, which is working well. However difficulties are experienced in Accident and Emergency with social workers availability being limited from 9.00 am - 5.30 pm. It was confirmed that a part-time Care Manager was to be appointed to Accident and Emergency, also recruitment was planned to appoint a nurse to enable the service to be run until 7.00 pm. Other initiatives planned included the combining of assessments, having one instead of several, which should provide a more integrated approach.

Discussion also centred on the support provided once the assessment had been completed, such as installation of handrails, meals-on-wheels and dial-a-shopper. Members queried whether this caused problems with which agency was responsible for what. It was confirmed that there are some overlaps and anomalies but these are worked through.

Members queried where the shortages/difficulties were in staffing and recruitment. It was confirmed that Occupational Therapists are in short supply, this is a national trend. Recruitment for Team Assistants is easier as they are not trained nurses, and therefore people who have worked within a care environment are employed, such as individuals who have worked in residential care or those with home care experience.

To enable Intermediate Care to assist difficulties faced by hospitals, a relationship of mutual trust must be built.