

Update on Domiciliary Care and Intermediate Care Reviews

Notes of meeting on Thursday 30 June 2005

Attendees: Cllr Bruce Allen, Chairman, Adult Services OSC
 Cllr Hugh Wilson, Vice Chairman, Adult Services OSC
 Trevor Boyd, Acting Strategic Director, Adult Social Care
 Kerry Stevens, Acting Head of Service, Older People Services
 Clare Capjon, Policy Officer

Intermediate Care

Kerry Stevens produced and explained a paper which provided an update on the questions posed by the Personal Care OSC in a letter by Cllr Trevor Fowler, the then Chairman, to Cllr Mike Colston (paper attached).

Additional notes:

- 1 Capacity Variations: Currently there are 500 home carers across the county, of whom 70 are due to retire this year. To date, the 'Care for Life' campaign has provided 30 new employees.
- 5 The belief is that there is perceived to be a higher status in being employed by the NHS, despite pay rates being better in the social care service.
- 6 The service is in the early stage of discussions with the NHS about integration of the intermediate care and intake services. Charging policies will be part of these discussions. They are looking at implementing a Section 31 agreement initially, but acknowledge that it is vital that this is planned very carefully. There is a challenge at present in that there are three PCTs each with very different views about services and provision of these.

In addition to addressing the questions in the PC OSC's letter, Kerry also made the following points:

- There are two types of intermediate care, one provided by the NHS (Intermediate Care Teams) and one by the County Council's Social Care (Intake Teams). Which service an individual receives depends on who picks up the case from hospital. This depends on factors including capacity of teams, who the referrer is and the time of day the referral is made. Intake provides a similar service to the NHS IC but does not include nurses.
- In answer to a question about how much NHS or social care is required in an individual case, Kerry stated that it was easier in the past when joint packages of care were available. However, these were deemed illegal and joint packages cannot now be funded. An individual will either have health packages or social care packages.
- Step-down beds: The service purchases 5 beds at Waterside in Amersham Hospital for use by people coming from Wycombe Hospital. The spaces are used primarily for those people who are at risk of delayed discharge. The fine for delayed discharge is currently £840 per week compared to £565 per week per bed at Waterside. Whilst beds in nursing homes were also used as step-down beds, these are used by people who would then go into nursing or residential accommodation, rather than going home.

Each PCT additionally has step-down beds in community hospitals, but social care is not able to refer directly to these (they do lobby & buy beds where possible).

The team working at Wexham Hospital manages well and has no delays in discharge. The management would like to achieve this elsewhere and are looking at transferring some staff to the Wycombe team to lower delays there.

Kerry said that the service had appreciated that the Personal Care Committee had delayed looking at this piece of work until after the Older People's Inspection and that the success of the inspection had been due in part to this, as it enabled officers to concentrate wholly on the inspection.

The Committee was invited to look again at Intermediate Care in a year to 18 months when the integration of NHS and social care services has taken place. This would enable the OSC to 'close the loop' by considering how well integration has happened and the benefits of the Personal Care Committee's recommendations.

Domiciliary Care Review

Trevor Boyd clarified that when the budget for 2004/5 financial year was set, it was assumed the £900,000 savings were going to be achieved. As a result, the budget for Domiciliary Care reflected the savings at the start of the year. Trevor reported that at the end of the year the budget came in on target.

There were some quality issues with contracts initially and the service withdrew the contract from one provider. Currently there are 5 main block providers and a splattering of spot providers. The service did a considerable amount of work with service users over a period of time to ensure the smooth transfer of domiciliary care and all providers receive training from BCC.

The officers were asked about how well the implementation had gone. Kerry and Trevor stated that the process had been reasonably smooth and the service was now managing its market better and the number of complaints about domiciliary care services had reduced.

C.Capjon
3 July 2005