



Adult Services Overview and Scrutiny Committee

Title: Intermediate Care
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Summary

The Overview and Scrutiny Committee for Health and Personal Care completed a review of Intermediate Care services in Buckinghamshire during the latter stages of 2004 and the beginning of 2005. The review was somewhat distended due to an Inspection of Older People's services. As a result of the O&S review a number of questions were raised. The aim of this report is to provide an update on progress since the issues were raised on the 4th April 2005, by Cllr Fowler, the then chair of the committee.

Cllr Fowler raised 7 areas of concern on behalf of the committee. Updates have been provided to the individual queries below.

Capacity and Skills

1 – There was a variation in the capacity of the three intake teams to take new referrals during the period of the O&S review. The committee questioned whether this was due to the differing levels of staffing capacity in the teams or as a result of differing cultures within the care management teams.

In response to the issues raised a number of actions have been taken these include:

- Launch of the Care for Life recruitment campaign to raise the profile of home care services and promote staffing to meet demand within the intake teams across the county.
- Performance management frameworks are being designed to ensure that there is consistency across the county in terms of work flow and referral routes.

2 – It was uncertain as to whether the right skills mix had been achieved within the intake teams.

In response to the issues raised a number of actions have been taken these include:

- A review of the staffing structure of the operation members of the intake teams was completed. The output of this has been to increase the skills of the front line carers through additional training. Recognition of their specific rehabilitation skills is to be reflected in an regarding of the post to a range 2 level.
- The therapist input in the Aylesbury area had been lacking and since the O&S review was completed two therapists have been recruited to the team.

3 – There exists a variation in the enhancements made between Intake staff and those of the generic home care service, does this impact upon the recruitment issues in the intake service.

The enhancement issue has caused some difficulties for recruiting staff from within the organisation. It is expected that any restrictions on recruitment which were caused by wage variations will be resolved by the regarding of the carers posts.

4 – The length of time of involvement of intake services may be linked to staffing patterns or charging processes.

The length of involvement will be monitored as patterns of staffing change to see if there is a difference in provision. The issue of charging for services is to be considered as part of a wider discussion regarding integration with health services. Intermediate care has been leading on this area within service for older people and a report to Executive Partnership Board with a proposed direction of travel will be presented in September 2005.

5 – The NHS does not experience the same problems as the County faces when recruiting to similar posts.

The success which the NHS has in recruitment is relative to the difficulties faced by the County Council. Across the sector care posts are hard to fill. The proposed integration model will focus on the benefits of a shared workforce in terms of recruitment and maximising the efficiency of a scarce and valuable resource.

Charging.

6 & 7– The charging for intermediate care services by the council is currently activated after the first two weeks of service. This may cause confusion and imbalance as people who access intermediate care via the health service are not charged.

The charging for intake service will need to be considered as part of discussions about the integration of health and social care provisions of intermediate care. Any coming together of services should ensure that there are similar pathways for users, which ever service they are accessing. Any decision regarding changes to charging policies would require a Cabinet decision and the required reporting procedures would need to be followed.

Recommendation

That the Adult Services Overview and Scrutiny Committee agree to plan a review of intermediate care services in 18 months to monitor progress.