

Adults, Wellbeing and Health Overview and Scrutiny

Adult Social Care: An overview

July 2021



Governance



Department
of Health &
Social Care



Public Health
England



Main Legislative Frameworks

Care Act
(2014)

Mental
Capacity Act
(2005)

Mental Health
Act (1983)

Human Rights
Act (1998)

Integrated Partnership Arrangements





Annual Budget
= £318 million


- Made up of:
- Grants
- Better Care Fund
- Joint monies with NHS for integration
- Service user contributions
- Council tax/ business rates/ rents and other charges

People we support

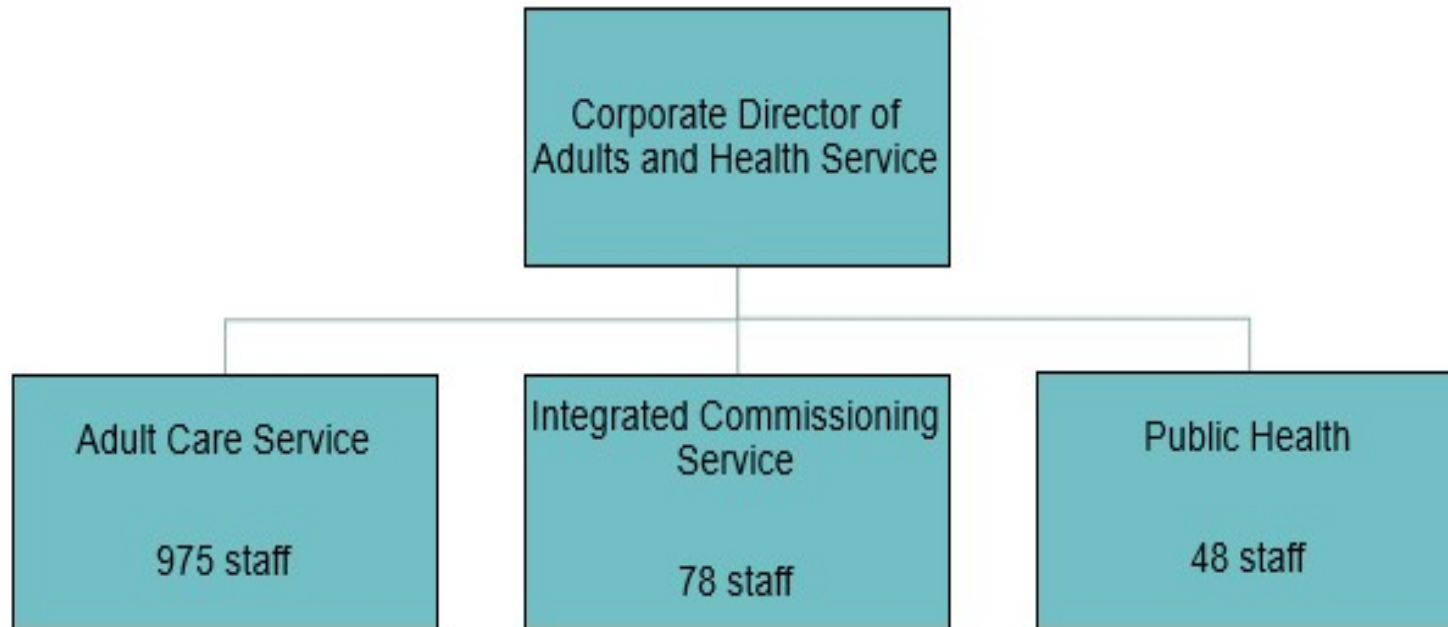
- Currently supporting 19,400 adults in County Durham with a wide range of social care needs:
 - Age related frailty
 - Physical disabilities
 - Learning disabilities
 - Mental Health
 - Substance misuse issues
 - Sight or hearing impairment
 - Brain injury
 - Prisoners with social care needs
 - Those who have caring responsibilities for other adults with social care needs.

 Over 8,100 adults are in receipt of a formal ongoing care service provision in Durham

 63% of those in their own homes in the community

 37% in residential care

Service Structure



Range of Services and Support

Front of House Services – resolution, signposting and onward referral

Short term intervention – maximising independence

Longer term support – maintaining independence & protecting quality of life

2yrs
ago

Present
day

'Ann' – Older woman with age-related frailty

- Initial referral to Social Care Direct. Signposted to voluntary community activities. No further action.
- Hospital admission. Discharged with Reablement. Regained independence. No further action.
- Health & care needs increase. Integrated Team Around the Patient multi-disciplinary meeting. Further reablement episode.
- Diagnosed with dementia by consultant in integrated team
- Needs care x 2 per day after reablement
- Dementia progresses. Begins to 'wander'. Care increased. Telecare installed
- Aggression & forgetfulness. Multiple falls. Multi-agency meeting with police and Fire Community Safety
- Loses mental capacity to make decisions about care & support needs & where she should live
- Best Interests decision: 24 hour dementia care. Deprivation of Liberty Safeguards application.
- Objects to living in care home. Referral to Court of Protection.

'Tom': man with learning disabilities

2 yrs
ago

- Lives at home with elderly mum (main carer) who is becoming frail. Can't do as much as she used to. Tom struggling to cope with changing situation.
- Care Act assessments for both. Mum referred to Carers Service. Tom referred to day centre to give mum a break.
- Mum becomes ill. Needs operation. Worried about who will look after Tom. Multi-disciplinary team plan mum's health interventions around arrangements for Tom's social care needs.
- Tom stays with Shared Lives respite providers while mum in hospital. He continues to attend day centre so the familiar staff there can monitor his behaviours.
- Mum discharged home with short term reablement support. Workers try to help Tom too but he won't let them.
- Direct Payment set up. Mum employs family friend to care for both Tom and herself. Free training provided by Care Academy.
- Mum's health deteriorates. Now needs end-of-life care. Tom referred to an advocate to support decision-making.
- Tom moves into a Supported Living unit with 3 other adults with similar needs. Staff support with some independent living skills.

Present
day

Transformation



Challenges

- Increased prevalence of mental health
- Local response to changes to national hospital discharge policy and operating model
- Increased complexity of adult social care needs
- Changes to legislative frameworks
- Health and Social Care Bill – further integration between health and social care
- Mainstreaming Technology Enabled Care

