

Adult's Directorate

Who we are and what we do

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Communities

July 2024

Living our values every day




Accountable



Integrity



Empower



Respect



Excellence



Adult Social Care, Well Being and Communities Vision and Purpose

We make a difference by enabling people to help themselves and each other, doing everything we can to help people build resilience, thrive and live a good life.

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Our Mission: We will:

- Collaborate with family, carers, people, communities to promote good health, independence, positive risk taking, and prevent harm
- Be involved when we're needed, at the right time, for right length of time. Champion people's rights, treating them with dignity and respect
- Promote social and community connections, enabling people to thrive, supporting independence, well being, and healthy lifestyles
- Act in a coordinated way that puts people at the centre, act on feedback and what people are telling us in a way that is responsive and flexible, listening to what is important to them.
- Challenge inequality and discrimination in all we do, poor quality wherever we see it, promote inclusion and communicate in an accessible and open way
- Do everything we can to support high quality services, making best use of intelligence, data and available technology, creating a learning culture to help improve what we do

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What are we here for?



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What are we here for?

- We provide care for approximately 6,000 people a year and have contact with a further 25,000 people.
- Our model of practice is based on what a person can do (a strengths-based model) rather than what they think they need
- We are eligibility based, following national legislation (Care Act) and about half the people who receive adult social care fund all or some of their own care. Our key duties under the act are:
 - promoting individual wellbeing
 - preventing needs for care and support
 - promoting integration of care and support with health services
 - providing information and advice
 - promoting diversity and quality in provision of services
 - assessing people's needs and deciding how to meet them
 - planning care and support and reviewing those plans
 - safeguarding adults



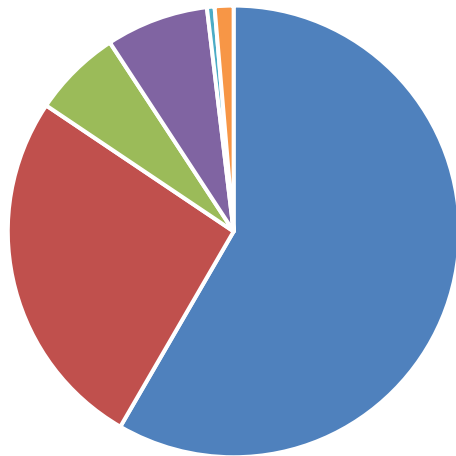
Budget 2023/24

The Adult Social Care net budget for 2024/25 has been agreed as £206,610,000 (33.5% of the GCC total budget) of which, c £40 million of the net budget is funded by the ASC Levy and a proportion of the Better Care Fund (£83.9 million) with the Gloucestershire Integrated Care Board.



How we spend the budget

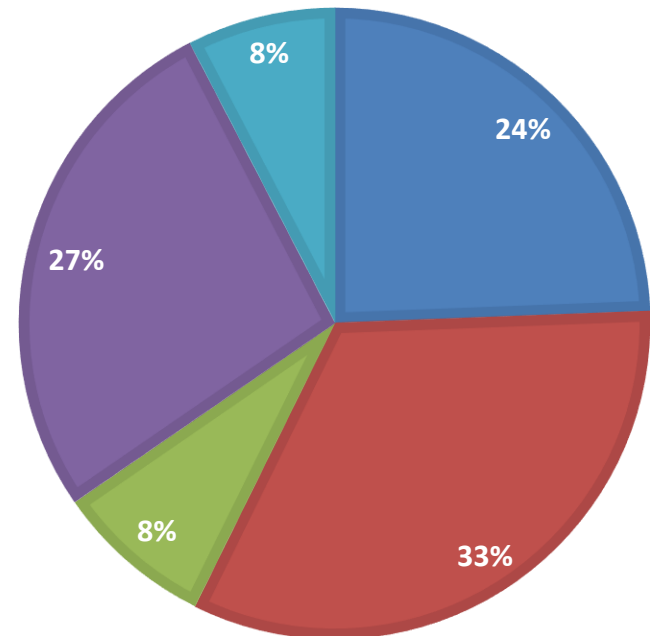
Primary Support Reason as of 30.06.24



- Physical support 59%
- LD support 26%
- Support with memory and cognition 6%
- MH support 7%
- Sensory support 0.5%
- Social support 1.5%

ADULT'S BUDGET

- Running costs
- Older people
- Physical disabilities
- Learning disabilities
- Mental health



Who we are



Adult Social Care Operations

- 6 locality based teams operational teams
- Learning disabilities and transitions
- Hospital discharge team
- Front Door Helpdesk
- Blue Badge
- Equipment Service
- In-House Services
- Finance & Benefits Teams
- Direct Payments



Integrated Commissioning

- Collaborative hubs with joint posts across Gloucestershire ICB and County Council
- Maternity & Children
- Adults of Working Age
 - Mental Health
 - Learning Disability
 - Physical Disability
 - Autism
- Older People
- Continuing Health Care
- Integrated Brokerage



Quality Performance and Strategy

- Safeguarding
- Deprivation of Liberty Safeguards
- Client Affairs Deputyship
- Transformation and Change Programme Team
- Social Care Practice Development



Public Health

- Health and Wellbeing Board
- Children's Public Health
- Intelligence and Health Protection
- Sexual Health
- Wider Determinants
- Drugs & Alcohol
- Supporting People
- Domestic Abuse
- Community Wellbeing
- Health Inequalities
- Healthy Lifestyles
- Covid-19 Hub
- Homes for Refugees
- Prevention and wellbeing

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The national view: key trends in social care (Kings Fund March 2023)

Requests: More people, particularly working-age adults, are requesting support

Receipt of care: The number of people receiving long-term care has fallen again

Eligibility: Financial eligibility is tighter, and reform has been put back

Spending: Total expenditure has increased due to the Covid-19 pandemic and is now higher than in 2010/11

Costs: Local authorities are paying more for care home places and home care.

Capacity: The total number of care home places has declined slightly

Vacancies: The staff vacancy rate is the highest since records began

Pay: Care-worker pay continues to rise but struggles to compete with other sectors

Carers: Fewer unpaid carers now receive paid support and respite care has also fallen

Quality: Quality is largely stable but fewer ratings were published during Covid-19

Personalisation: Fewer people receive direct payments

Satisfaction: Satisfaction of people using services is edging downward



Areas of focus



Purpose

- Quality and standards and preparing for CQC assurance
- Efficiency, effectiveness, delivery, and sustainability through our Transformation programme
- Accessibility, engagement and co production with people who have lived experience of our services, and their families and carers
- Promoting a learning culture of openness, transparency and constructive challenge with partners in health services and the wider health and care system



People

- Recruitment and retention of our workforce, creating an environment where people are proud to work for us
- Developing a workforce strategy for the whole social care market (care providers)
- Improving how we use data and intelligence to continuously develop our services



Place

- Telling our story to increase wider understanding of the role of adult social care
- Developing our relationships with the evolving ICB, playing a leadership role in key areas such as the scope of the health and social care market, early intervention and prevention, engagement and co production and outcomes and well being



Case Study - Enablement

A man became disabled after he suffered a stroke. He consequently had to resign from his job, stop driving, his relationship broke down and he was homeless, having previously lived in his partner's home. When the Enablement team became involved, he was temporarily living in the Reablement flat. The man was also semi-illiterate; he had previously relied on his partner for help with correspondence.



Enablement supported him with his housing application; with Enablement support he moved into a bungalow and has his own tenancy. The team supported him to apply for grants to decorate and furnish his own home. They also helped him to open a bank account and set up his direct debits.



Case Study - Positive Behavioural Support

A is a young woman who acquired a brain injury following contraction of Meningitis in 2018. Her brain injury has caused global cognitive impairment and a lack of impulse control. A is reactive to her emotions and her behaviour is likely to escalate if her needs are not met rapidly. This has led to placement breakdown and hospital admission in the last due to high levels of physical aggression. A was referred to the PBS team following escalation in her behaviours.



By supporting her, the support staff developed an understanding of her behaviours and triggers. They helped A to understand her triggers and the instances of physical behaviour dramatically decreased. She has been supported to increase her autonomy and quality of life. This has also meant that she no longer needs medication. A's Lorazepam prescription is in the process of being reduced and once this is removed, her staffing levels will be reduced back to 1:1. This demonstrates a positive outcome in A's wellbeing and behavioural presentation and her improving quality of life.

Case Study - Care Navigators



E was admitted to Gloucestershire Royal Hospital after a fall at home. He is 73 years old. E had a distrust of everyone, his actions whilst non-violent were certainly full of anger and he was very unapproachable. The Care Navigators worked with E over a few visits to build trust to support his needs following discharge, His needs included help to manage the stairs in his property, he was undernourished and there were environmental concerns. Prior to admission he would spend all day in bed, He felt unsafe on his feet and struggled to access the toilet independently.



E was discharged into temporary accommodation with support from the Home First team. The Care Navigators supported him to settle in his new temporary accommodation. He was able to access community meals to help him maintain nutrition. He was also supported to apply for benefits and help around the home, he is now able to walk independently (having gained some body mass he became more confident with walking). He was able to move back to his original home with continued support. E was once a gentleman with very little mobility, significant nutritional concerns and was unable to support himself physically. He is now living independently, is well nourished and looking to the future.



A final message...

Below is a link to one of our recruitment films. It features GCC staff explaining why they are so passionate about working in adult social care.

[GCC Recruitment ASC FINAL \(1\).mp4](#)

