

## APPENDIX 12

### Adult Social Care (ASC) Continuous Improvement Plan

#### **1** Current challenges

- Demand for Adult Social Care (ASC) continues to rise each year, people are living longer and there are more people living with long-term conditions, particularly dementia.
- There are increasing numbers of young adults in transition to ASC with complex needs.
- We are also seeing increased numbers of people with complex needs discharged from hospital or supported at home to prevent hospital admission.
- The longer-term Covid legacy impact upon the availability and cost of care continues to be a challenge for our providers.
- The increased complexity of the needs of some people who we continue to support in their own home.
- Workforce availability across health and social care.
- Telford and Wrekin has an increasingly older population with the prevalence of age related conditions.

#### **2** Population in more detail

- There are estimated 181,300 people living in Telford & Wrekin; 31,700 are over 65 years old. Although the population of the Borough is set to increase in coming year, very little of this increase will be in the working age population (Updated information for 2019-2020 and all population is rounded to the nearest 100 as they are estimated numbers only)
- There are estimated 16,500 people over the age of 25 years old providing unpaid care to a partner, family member or other person; 3,700 people are over 65 years old.
- There are estimated 2,800 adults between 18 and 64, and 600 people aged over 65 years old with a learning disability
- There are estimated 2,000 people aged over 65 years old that have dementia, by 2035 this will increase to 3,220 (60%)
- There are estimated 10,900 people aged 18-164 years old that have a moderate or serious physical disability
- There are estimated 1,400 people aged over 18 years old that have autistic spectrum disorders
- There are estimated 17,300 people aged between 18 and 64 years old that have a common mental health disorder
- There are estimated 13,500 people aged over 65 years old that have a long term health problem or disability that limits their day to day activities
- There are around 3,831 working age veterans in the Borough

Please note: these are nationally produced figures for each Local Authority Area. For more information about the population of Telford and Wrekin, visit [www.telford.gov.uk/factsandfigures](http://www.telford.gov.uk/factsandfigures)

- As with all age groups in the Borough, a high proportion, nearly 16,000 of the working age between 16-64 adults reported having a long term illness or disability than the national average at the time of the 2011 census.
- An estimated 10,600 people aged 16-64 have a moderate or serious physical disability based on the 2017 mid-year estimates.
- An estimated 3,400 people have a baseline learning disability, aged 15-64+, with 800 moderate or severe learning disability

### **Our Model**

In Telford and Wrekin Adult Social Care we continue to follow a Strength and Community Asset Based Approach which seeks to enable people with care and support needs to live as independently as possible in their own homes and communities. Our approach importantly focuses upon ensuring early access to information and advice about health and social care. This enables people to make informed choices to enable them to keep independent whilst getting the information they need when they need it. Given the challenges currently faced across health and social care nationally as well as locally it is critical that we continue to follow this approach in order that we manage the resources we have to best impact for local people with care and support needs.

We have developed a multi-year financial plan, which is up-dated at least annually. The plan assists in forecasting the financial requirements of the service model for ASC reflecting the impact on expenditure and income of population numbers, population ageing, strategic changes to service delivery and care support delivered.

Due to the Coronavirus pandemic, we have experienced increased numbers of people particularly on our hospital discharge and enablement pathways. We have also seen an increase in the numbers of people referred to our Health and Social Care Rapid Response and all Adult Social Care Teams. These teams support people to avoid any unnecessary hospital admissions and enable them to remain in their own home wherever possible and to live a life free from abuse.

### **Early Information and Advice**

We continue to develop and improve the level of information, advice, support and guidance at our first point of contact Family Connect, enabling people to help themselves to maintain their independence as far as possible. This helps us ensure that we use our statutory resources for those that have care and support needs. Part of the initial support, where it is appropriate to do so, is to signpost to available and suitable community assets.

There are a range of early help, advice and interventions dependent upon the level of need that help us ensure that we use our resources proportionately:

### [Live Well Telford](#) (LWT)

Our on line all age Directory of services provides self-help options, whilst promoting choice, control and independence for people to help themselves. Live Well Telford provides information and signposting to a wide range of services, activities and organisations in the area, to help everyone find the support they need to live healthy independent lives. People can look for information on services, activities and organisations who can give advice or practical support, help at home, health conditions, childcare information, leisure information and much more. 1,593 Services are now registered and available on LWT. New categories include: Dementia, Micro providers, 'Festive' Meals, Access to Digital (in development), Jobs in Care, and Social prescribing referrals.

### **Wellbeing and Independence Partnership (WIP)**

Working in partnership with Voluntary organisations who provide individuals with information, advice, support, guidance and advocacy services without the need to contact ASC services

### **Family Connect**

Providing information, advice, and signposting to other relevant services and organisations but also providing occupational therapy and social work interventions under the Care Act when required.

### **Virtual Hubs**

We continue to provide information, advice and guidance through our virtual or face to face hubs and booked appointments. This means that individuals and their families can have an early conversation with ASC staff about their care and support needs with the intention of promoting their independence for longer.

### **Virtual and face to face Calm Café**

Providing support to those with mental health care and support needs.

### **Independent Living Centre**

The independent Living Centre run in partnership with the CVS is now well established in the town centre and offers a drop in and booked appointments for information and advice about staying independent. This includes practical advice, equipment and assistive technology. There is also an online 'Virtual House' where from the comfort of people's own home a virtual tour of a house with examples of independent living equipment and technology that can be purchased directly: [Virtual House Tour](#) This resource is particularly important as we see the numbers of older adults in Telford and Wrekin increasing over the next few years and we want to make sure that we are providing that early information to prevent or delay higher levels of interventions being required.

### **Carers Wellbeing**

For the second year with our local partners we have developed a Carers Wellbeing guide that has been circulated widely across communication channels and to carers known to the Council and partners: [Carers Wellbeing Guide](#). This gives Carers key information about the support available in Telford and Wrekin.

### **Hospital Discharge**

We continue to work partners in an integrated discharge team supporting people with complex needs, to leave hospital when they are medically fit to do so. We use a strengths based approach post hospital discharge and ensures that only individuals with complex needs go on to have reablement and many more are supported with community resources and assets to return home.

### **Care Act Assessments and Long Term Services**

Our trend in providing long-term care demonstrates that we are supporting more people to live within their own home. We continue to perform well nationally being in the top quartile for the numbers of people supported to live in their own home as opposed to residential care supported by our community social work and occupational therapy teams.

We have a specialist team supporting those with learning disabilities and autism and a team supporting those with mental health issues. This ensures that staff have expertise in supporting people in these group and this has enabled the team to support even more individuals towards greater independence whilst supporting family carers too.

Following engagement with people and their families, we developed of a new learning disability strategy and the Learning Disability Partnership Board enables us to develop our offer to meet current and future needs. The link below shows the latest update to Cabinet: [Learning Disabilities \(LD\) Programme](#)

### **Supporting our care provider market**

We have co-produced our Market Position Statement: [Market Position Statement](#) with Partners and Care Providers. This document sets out our aspirations for care delivery and signals to the market and future investors what good service delivery looks like over the next 6 years, the quality of care we aim for and the cost of that care

Every year we produce a Local Account that reviews the previous year and looks to planning forwards. Read the latest version here: [Adult Social Care Local Account](#)