

Appendix 2: Adult Social Care Asset Review and Capital Strategy

Case studies to illustrate Adult Social Care pathway in 4.4

Level one - preventative support

Mr X contacted the Adult Social Care (ASC) front door advising that he was lonely, unable to get his shopping and was worried about falling again in his house following a fall which had knocked his confidence. He said he was frail but could get about with a stick and the ASC worker established that he had no apparent cognitive impairment. Mr X advised that he had no neighbours or local family, but had family who were supportive, but lived a 2 hour drive away.

Following a discussion to explore his needs and what he wanted, it was agreed that he would phone Age UK and talk to them about their lunch clubs to support him with social isolation; he would ask his son to place a weekly online order for shopping and he said that this would also have the benefit of meaning he had a weekly conversation with him and ASC agreed to refer him to the Falls Clinic to have an assessment, which would include an occupational therapist assessing his home environment.

Outcome: Mr X's needs were met through one conversation with ASC by connecting to a range of support from either the Voluntary Community Organisations, NHS and family.

Short Term Support to support a crisis and ongoing support - levels 2 and 3

Mrs B contacted ASC advising that she was a carer for her daughter (KB) who lives with her and has complex support needs. She explained that her daughter needs daily support with getting showered and dressed, needs a hoist to help her to transfer, including into her electric wheelchair which she uses all the time. KB needs someone with her most of the time as she becomes very anxious and requires constant reassurance, help to communicate and support to manage daily activities.

KB currently receives support through ASC via a paid for carer to help with all personal care activities 3 times a day and attends the PMLD Day Support 3 times a week. Mrs B provides the support her daughter requires at the other times.

Mrs B advised that she has recently been diagnosed with a significant health condition which is having an emotional and physical impact on her and that she is feeling exhausted and finding it very difficult to provide the necessary level of support to her daughter. On further discussion it became apparent that Mrs B was concerned about some debt she was incurring, which was adding to her worries.

Following a discussion with Mrs B and KB it was agreed that Mrs B needed a break and time to herself and KB said that she would like to go to a respite

facility for 2 weeks. Mrs B was connected with the Carers Hub and a Voluntary Community Organisation who could discuss her debt concerns.

Outcome: The respite provided some short-term support to help Mrs B over an immediate crisis and prevent the family situation breaking down and potentially requiring an increase in ongoing care.

Mrs B and KB decided that further respite was not required but were now aware that it was available if they needed it in the future. The ongoing support of a paid for carer and PMLD Day Support continued. Mrs B was connected to debt advice and the Carers Hub to support her as a carer.