

## 3. ADULT SOCIAL CARE

### 3.1 Introduction and background

**The County Council directly provides or commissions social care services and support to a variety of groups including older people; people with disabilities; people with mental health problems; people using drugs or alcohol; people living with HIV / AIDS; and the carers of all these groups. The Council also provides Direct Payments to those people and carers who wish to procure and manage their own services and support. The Council has a key role in promoting community and individual well-being and public health.**

Our proposals for social care and health in Cornwall are based upon an agreement with our partners in health that we will, under the new arrangements, deliver more effective joint commissioning and introduce integrated multi-professional teams for all major client groups who are better able to respond in a holistic manner to the health and well-being needs of individuals and our communities. We are moving towards the joint appointment of senior managers across health and social care. For instance, the County Council has already appointed a Director of Public Health jointly with the new PCT and we have established a Health and Wellbeing Board for Cornwall and the Isles of Scilly that reports to the Cornwall Strategic Partnership. The County Council is also proposing that the new PCT for Cornwall shares offices with the new unitary authority for Cornwall, providing even more opportunity to share services and provide local people throughout the county with a very clear single point of access to a wider array of services than those delivered through local government alone.



a strong sustainable community for one and all

## Part Two: **Achieving our aims and objectives**

A move to a unified system of local government in Cornwall will provide an opportunity to bring about the integration of social care and housing services under one authority as well as deepening the links with the health sector.

### **Opportunities for improvements**

The proposed model of 16 community networks offers an ideal vehicle whereby the full array of local government services can be aligned with practice-based commissioning. This offers people the potential of there being a one stop shop for the great majority of all public services in each of these network areas.

Health and social care providers have a new duty of public engagement introduced in the white paper *Our Health, Our Care, Our Say* to establish a LINK service to involve local people. The delivery of this LINK service can be combined with the functions of the proposed 16 Community Networks.

A significant majority of people with long term care conditions require aids and adaptations and disabled facilities grants to their homes. Better integration of social care and housing services will maximise their independence, minimise their risk of entry into long term residential care, reduce the need for direct personal care delivery and in some cases speed up the discharge from hospital to home. Integration will also improve the coordination of housing needs assessments and care assessments

The introduction of individualised budgets across all main Adult Social Care client groups (as set out in the White Paper *Our Health, Our Care, Our Say*) allows for all benefit and income streams to be integrated in order to deliver more flexible and personalised support packages. The majority of Adult Social Care clients are in receipt of Housing Benefit as well as other welfare benefits. The mainstream

implementation of Individualised Budgets will be better facilitated by amalgamating the county and district functions.

The County Council operates “out of hours” care management and home care services while the district councils operate life line schemes across the county which provide an immediate response to a vulnerable adult experiencing a problem at home. These two services, if combined, will provide a more streamlined, comprehensive and robust emergency response service to local people which will also impact





positively on emergency admissions to hospital. There are also definite efficiencies to be found by running the two services as one in terms of management, staffing cover and costs of premises.

There are currently completely separate advice and information services delivered by the County Council and the district councils for social care and housing enquiries and referrals. Common reception points and information services will assist access to services that people need, provide a more comprehensive and consistent response and achieve economies of scale with regards to reception and access staff and information services.

The tendency in the past has been to use registered accommodation or Cornwall Partnership Trust (CPT) hospital accommodation for people with learning

disabilities. The policy is now to move people from CPT care or registered accommodation to their own accommodation for which they have shared ownership. Current Council shared ownership schemes are not appropriate to learning disability clients for reasons such as the requirement on the resident to maintain the property. Developing shared ownership schemes under one authority will address these issues across the county and ensure this choice of accommodation for these clients.

Currently Cornwall has no “extra care” schemes for older people. A co-ordinated approach to the strategic planning and development of extra care schemes and remodelling of sheltered housing would be possible under one authority and would provide better opportunities and a stronger approach to bidding for funding for these schemes.