MERTON COUNCIL

Adult Social Care
Local Account

How we have delivered
Adult Social Care Services

During 2013 to 2015

London Borough of Merton

London Road
Morden
SM4 5DX
www.merton.gov.uk

merton

Content

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Foreword

Cabinet Member for Adult Social Care (ASC) and Health
Caroline Cooper-Marbiah

"Welcome to Merton's fourth Local Account. May I take this opportunity of introducing myself to those of you I haven't met yet as the Cabinet Member for social care services and for health, and as the Chair of the Health and Wellbeing Board. I have held these roles since May 2014. I have been really impressed by the commitment to supporting people in need that I see constantly, whether it's from carers and family members, care providers, or other staff working across health and social care. My ambition is to work with this commitment and to continue to achieve the best possible outcomes for local people, albeit within a reducing budget.

I am pleased to be able to report on progress in several areas. We have recently refreshed our Health and Wellbeing Strategy and this gives a chance to see how all services and organisations can work together to promote people's wellbeing. We have increased the integration of health and social care services, in particular the formation of integrated locality teams for older people, underpinned by an agreement over how we use money together in the Better Care Fund. Our outcomes for customers, as measured in our performance figures, have in general help up or even improved. We won a national award for innovation in 2014 for our work in supporting people to use direct payments. Our Ageing Well strategy with the voluntary sector is producing some really good outcomes through working differently.

I am committed to being transparent with our customers and residents about how we are doing, and so I do hope that you will find this Local Account informative."

Director of Community and Housing
Simon Williams

"Welcome to this Local Account. This is for two years, 2013/14 and 2014/15. Usually we produce one every year. The reason is that nationally we have seen some extensive changes in the system for data collection and we wanted to ensure that comparative information was valid.

We continue to use our value based approach to using money (summarised on Page 9) as a framework for the local account and indeed our general approach in difficult financial times. The performance data shows that generally we have done reasonably well in terms of outcomes for our customers and customer satisfaction with our services, but we know that there are specific areas where we would like to do better: for example including carers in discussions about people they care for, carers having as much social contact as they would like, and looking at why our use of residential care for working age adults has grown.

We value the partnerships in place to achieve good outcomes. We have made progress in our work with NHS partners in having a more joined up approach for older people. We have a long standing formal partnership with our Mental Health Trust. We work closely with the voluntary sector to look at how together we can find the best ways of supporting people to stay at home. I would also like to take this opportunity of thanking my own staff for their commitment to doing the best we can for our customers at a time when we have less money to spend.

We are following our usual practice of publishing a large amount of data, as we know that many readers find this helpful. We do our best to make the data as user friendly as possible. Please continue to let us know whether we can improve this."

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What is a local account?

A local account is an annual statement that all councils who provide adult social care services are encouraged to produce as part of the Local Government Association's (LGA) programme called 'Towards Excellence in Adult Social Care' (TEASC). This is a sector-led initiative that builds on the self-assessment and improvement work already carried out by councils. Local accounts are a means of reporting back to local people on performance and are a useful way of informing self- improvement activity locally.

The 2013-15 local account explains how much the council spends on Adult Social Care, what it spends money on and what it is doing along with its future plans for improvement. It also represents a quality self-assessment and includes details about outcomes achieved for our service users, compares performance with other local authorities and provides customer case studies. We believe this account provides a meaningful way of reporting the quality of Adult Social Care Services in Merton.

Taking a closer look

Resolution 1280x1024 px · Free Photoshop PSD file download · www.psdgraphics.com

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Key facts about Merton

You can find out more information on POPPI and PANSI data from

… about the people

Merton is an outer London borough situated to the south west of central London.

Based on the Greater London Authority (GLA) trend-based projections, Merton's population is projected to increase by 13,245 people between 2014 and 2020.

A further forecast indicates that there will be an increase of over 2,100 people (9.2%) in the over 65 age group.

English, Polish and Tamil are the three most spoken languages in Merton and more than a half of the population are Christian and over one fifth have no religion.

The BAME* population in Merton represents just over one third of the borough's population which is less than the London average.

Merton borough within London

Around one fifth of Merton's population is single and nearly a quarter are married; with similar proportions for both males and females.

Those who are unemployed are distinctly concentrated towards the eastern parts of Merton and those who are self-employed are concentrated towards the western parts of the borough.

Black, Asian & Minority Ethnic (BAME)

… about the future with POPPI and PANSI

POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information) are tools developed by the Institute of Public Care that project population information for older people and adults with needs. According to POPPI and PANSI information produced in November 2014 it is predicted that the number of older people will increase from 24,800 to 27,500 by 2020 and the number of older people predicted to have dementia will also increase from 1,749 to 2,017.

The number of adults between the ages of 18 and 64 that will have a moderate to severe learning disability is also predicted to increase from 764 in 2014 to 815 by 2020.

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About Merton Adult Social Care

The Community and Housing department, led by the Director Simon Williams, is responsible for housing needs, adult social care, libraries and heritage, adult education. During each year Adult Social Care provides services to approximately over 4000 people.

Number of customers receiving services during 2014-15

customers aged 65+

customers aged 18-64

2110   1022   640   597

Number of customers receiving services during 2014-15

3815 Community based service

443 Residential care

307 Nursing care
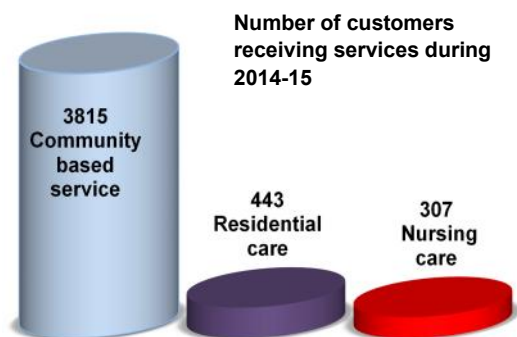
NB: The total people figures in this graph include some double-counting as some customers have moved between different services in the same year (e.g. move from community-based to residential care).
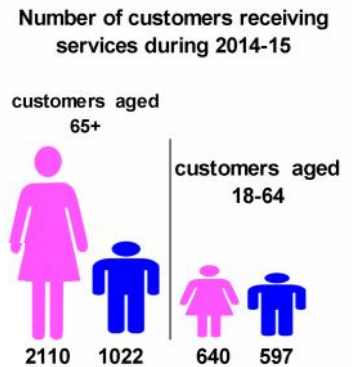
Our Adults Social Care service has enabled all customers requesting and/or requiring assessment to be supported through the self- directed support process. The overall aim of the assessment is to meet the identified needs of eligible individuals by supporting them to make cost effective choices to maintain their independence, support them to remain at home and maintain and improve their safety and quality of life.

Merton has welcomed opportunities for external challenge. It was part of the pilot programme for peer reviews for Health and Wellbeing Boards in 2013. It had a peer review for commissioning, as part of the London wide review programme, in 2013. It has had an externally supported self-assessment on its use of resources in 2013. As it becomes harder to find the savings needed to deliver quality services with less money, such external challenge and learning from best practice is increasingly important.
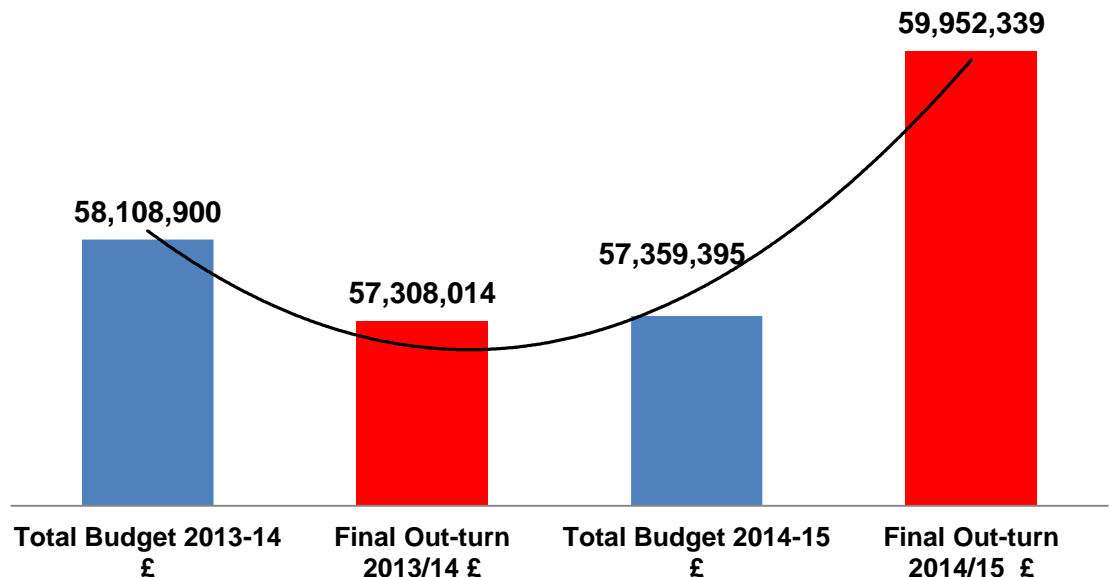
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Adult Social Care Budget Position

The National Benchmarking data on average cost of social care packages can be found in the **Performance & Quality Assurance** section of this local account.

Merton spent around 38% of its budget on Adult Social Care (ASC) during 2014-15, its gross budget for ASC was £70.2m and the net budget was £53.4m. The national benchmarking data published in 2014 shows that Merton is a low spending council overall and its actual expenditure on ASC is correspondingly low. The following table shows the **Adult Social Care's final spend against its budget during 2013 to 2015:**

Service	Total Budget 2013-14 £	Final Out-turn 2013/14 £	Variance £	Total Budget 2014-15 £	Final Out-turn 2014/15 £	Variance £
Older People	19,866,010	18,684,800	-1,181,210	18,202,170	19,048,887	846,717
Learning Disability	17,282,960	18,056,122	773,162	17,059,760	19,279,873	2,220,113
Physical & Sensory	4,875,590	4,645,935	-229,655	5,883,225	5,732,993	(150,232)
Mental Health	3,627,260	3,547,387	-79,873	3,723,810	3,757,196	33,386
Service Strategy	395,910	525,812	129,902	397,220	397,176	(44)
Support Services	405,710	238,817	-166,893	101,250	(87,773)	(189,023)
No recourse to public funds	267,850	183,526	-84,324	184,630	191,103	6,473
Other	228,610	377,028	148,418	370,070	416,212	46,142
Supporting People	2,356,410	2,373,850	17,440	2,391,760	2,251,069	(140,691)
Concessionary Fares & Taxicard	8,802,590	8,674,737	-127,853	9,045,500	8,965,603	(79,897)
Grand Total	**58,108,900**	**57,308,014**	**-800,886**	**57,359,395**	**59,952,339**	**2,592,944**

2013 to 2015 Budget and Spend Out-turn

- Total Budget 2013-14 £: 58,108,900
- Final Out-turn 2013/14 £: 57,308,014
- Total Budget 2014-15 £: 57,359,395
- Final Out-turn 2014/15 £: 59,952,339

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Adult Social Care Budget Position

Customers receiving services during the year by Client Group	2013-14	2014-15	Average % (Out of all customers receiving services during 2013-2015)
Older People (65+)	3023	3003	69%
Adults with Physical & Sensory Disabilities	622	601	14%
Adults with learning disabilities	516	518	12%
Adults with mental health needs	260	247	6%
Total	4421	4369	100%

NB: The services counted in this table are residential care, nursing care, meals, days care, home care, transport, equipment, direct payments and other services.
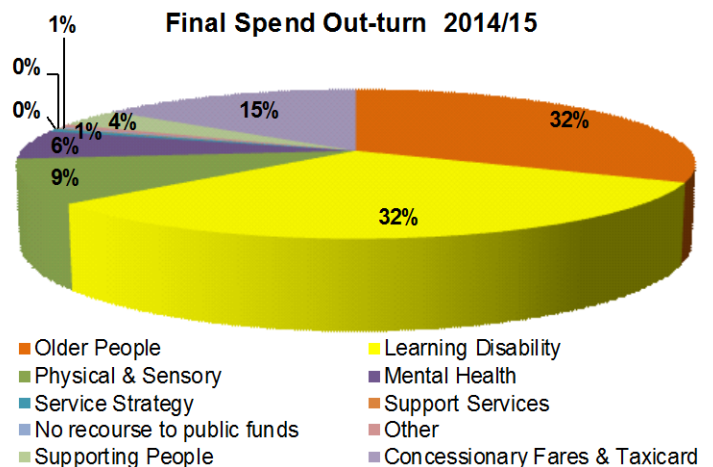
Key Points:

'Customers receiving services during the year by Client Group' table shows that Older People represent the highest proportion followed by Physical Disability, Learning Disability and Mental Health.

The spend information below for 2013 to 2015 is showing that Older people and Leaning disability take up the highest proportion of the budget.

The following graphs will show the percentage of spend by service for 2013-14 and 2014-15

Final Spend Out-turn 2013/14

1% · 0% · 0% · 1% · 4% · 15% · 33% · 32% · 8% · 6% · 1%

- Older People
- Learning Disability
- Physical & Sensory
- Mental Health
- Service Strategy
- Support Services
- No recourse to public funds
- Other
- Supporting People
- Concessionary Fares & Taxicard

Final Spend Out-turn 2014/15

1% · 0% · 0% · 1% · 4% · 15% · 32% · 32% · 9% · 6% · 1%

- Older People
- Learning Disability
- Physical & Sensory
- Mental Health
- Service Strategy
- Support Services
- No recourse to public funds
- Other
- Supporting People
- Concessionary Fares & Taxicard

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Efficiency Framework; a whole system approach:

In 2010 the Social Care "Efficiency Framework" was developed by Directors of Adult Social Care (ADASS) and brought together by Simon Williams the Director of Merton's Community and Housing service. The framework provides guidance, identifies performance measures and offers approaches to efficient delivery of services. This approach helps councils to use their resources in the most effective way possible and is particularly relevant set against the current economic climate. The six key areas within the Efficiency Framework are:

Prevention	Recovery	Long Term Support
I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.	When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.	If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.
Efficient Process	**Partnership**	**Contributions**
The processes to deliver these outcomes are designed to minimise waste, which is anything that does not add value to what I need.	The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government agencies, and the independent sector.	I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes.

This framework has proved locally to be an effective way of designing services, and has been broadly supported by local service users and carers. The headings in the framework will be used to describe local initiatives.

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Prevention/Promoting Independence

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

You can find more details on Prevention/ Promoting independence on the following pages….

Adult Social care has focused on prevention and promoting independence through various initiatives. We believe community involvement and voluntary action are essential to the quality of life in Merton, and we know the voluntary and community sector make a valuable contribution to the borough's economic, environmental and social development.

The Merton Compact is a partnership agreement between local public bodies and the voluntary and community sector to improve their relationships and provide a framework within which the sectors can understand what to expect from each other. The 'Compact' is a national framework for how councils should work with the voluntary sector.

Some key initiatives focusing on Prevention/Promoting Independence:

Commissioning of Merton-i, an interactive information and advice portal, jointly managed with the voluntary sector, designed to enable people to find information and arrange their own support where appropriate. If you would like further information about the services we provide, please click on the link below or copy the link to your internet browser: http://merton-i.merton.gov.uk/kb5/merton/asch/home.page

A re-focussing of prevention for older people through Ageing Well, a programme involving around 30 local authorities in which Merton participated. This re-focussing was based on achievement of outcomes for which there is evidence that they prevent or delay the need to use formal care.

New initiatives for people with dementia: Merton has commissioned the Dementia Hub with the Alzheimers Society as its provider partner, with a significantly improved environment largely funded by the Department of Health and offering immediate access to support for those with a diagnosis of dementia. The Hub has attracted national attention.

MASCOT Telecare helps to provide safety, security and well-being, enabling people to live independently in their own homes. The service is available 24 hours a day, every day of the year and uses simple technology linked to our own response centre.

The launch of Disabled Go, a guide to local public spaces for disabled people.

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Ageing Well Programme
Prevention/Promoting Independence

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

The Adult Social Care Ageing Well Programme was launched on 30 April 2013. The key features of the programme are:

Enabling people to live for longer in their own homes and delaying or reducing spend on Council funded social care.

Based on the evidence of triggers that cause people to go into care homes – such as incontinence, dementia, isolation, loss of mobility, and depression/anxiety.

It is outcomes-focused and takes an asset based approach.

Building social connectedness - instead of relying on services which keep older people segregated from others, it actively encourages people to mix.

Promotion of stronger local neighbourhoods and putting older people in touch with local people and opportunities.

Its effectiveness will be measured by a set of metrics - a combination of inputs by voluntary groups, individuals or objective assessment of "wellbeing" among older people against certain key factors and whether the services are actually having a "preventive" effect.

Cross-borough coverage for outcomes, whether by one organisation or through collaboration between organisations.

Consultations with older people on what they actually want.

The services funded by the Ageing Well Programme include:

Age UK Merton – Life after Stroke; continence awareness and support service

Carers Support Merton - Neighbourhood peer support groups/networks; self-financed activities for carers as respite; Carry on caring workshops; emotional support and coaching

Merton & Morden Guild of Social Service Fit for Life' exercise programme; falls prevention programme; opportunities for volunteering

Merton Community Transport - Volunteer community car service

Merton Mencap – 'Evolutions' support service for non-FACs eligible people with autism; activities club and carers community advice service

Merton Vision - Buddying programme, emotional support and counselling, training to use equipment

Volunteer Centre Merton - Supported Volunteering Programme for mental health service users and people with learning, physical or sensory disabilities

Wimbledon Guild of Social Welfare - Community coaching sessions; menu of services; informal drop-in café

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Merton Voluntary Service Council
Prevention/Promoting Independence

What is Prevention?

I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks.

To find out more about **MVSC** go to:
www.mvsc.co.uk

Merton Voluntary Service Council works to support enable and champion the voluntary, community and faith sectors in Merton. Since 2014 Volunteer Centre Merton has been part of MVSC. They support enable and champion the sector in a number of ways:

Practical support to voluntary, community and faith organisations (VCFOs): Providing for the basic needs of VCFOs through information and advice, training, and access to practical resources such as IT/internet, desk space and equipment loan.

Liaison, advocacy and joint working: Acting as and facilitating the voluntary, community and faith sector's (VCFSs) voice with the public and private sectors and funders, and within the sector itself; playing a key role in bringing together VCFOs to work for their mutual benefit; accessing new funding for the VCFS and supporting joint working between sectors.

Development: Identifying new social and community needs; initiating new groups and/or providing support and facilities to strengthen existing groups by advising on a range of management and governance issues, including financial management and fundraising.

Standard setting: Setting and raising standards in the VCFS in general and in particular promoting quality management systems such as PQASSO (Practical Quality Assurance System for Small Organisations) and IIP (Investors for People) and financial management systems such as the Charity Commission SORP (Statements of Recommended Practice) and applicable accounting standards.

Strategic partnership working: Developing the VCFS's roles in strategic partnerships; representing the VCFS's interests by taking a lead role in partnerships with the public and private sector in Merton and externally.

Fund management: Managing and administering funds and acting as Lead and Accountable Body on local, regional, national or international programmes where there is a clear benefit for the VCFS in Merton.

Encourage, support and develop volunteering and voluntary and community action: Enhance the recruitment, promotion and management of volunteers in Merton. Raise awareness of volunteering, gain recognition for the contribution of volunteers and highlight issues affecting volunteers. Deliver good practice support for organisations and provide information, advice and training. Support people involved in community development in local communities and estates.

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Dementia - Prevention/Promoting Independence

The Merton Dementia Hub is a 'one stop' shop providing integrated care for people affected by dementia within the community, representing a new solution to integrating dementia services. The Hub is a unique community service for people with dementia, their family and carers at any stage in their journey, providing access to different health and social care professionals all under one roof.

The Alzheimer's Society has been commissioned to provide services at the Hub and around the borough and having access to everything in one place helps both people with dementia, carers and professionals. People are welcome to drop into the Hub at any time as there will always be a Dementia Support Worker available to talk to them. The Dementia Hub is managed by the Alzheimer's Society alongside the L B of Merton and in collaboration with the CCG, Mental Health Trust and a variety of other partners, provides a wide range of services including:

- Memory, assessment, and follow up Clinics
- Dementia Adviser (DA)
- Dementia Support Workers (DSW)
- Connecting BME Communities Worker
- Peer support groups for people with dementia
- Peer support groups for carers
- Carers' Information and Support Programme (CrISP)
- Information and Support Programme for people with dementia (LAD)
- Falls prevention exercises classes
- Dementia Cafes at the Hub and around the borough
- Singing for the Brain
- A variety of activity groups for people with dementia and carers
- Dementia workshops for professionals/voluntary organisations
- Access to services such as dentistry, chiropody, reflexology, audiology, etc.
- Rolling programme of health and alternative health services as identified by our users.
- Hub tours and dementia friends sessions

As the dementia specialists, we involve service users at every stage of service provision and they lead the discussion around what services are of greatest benefit. Our emphasis on recording these viewpoints means the services introduced and the ones we are planning to introduce directly reflect the wishes of local users.

Going forward we plan to continue to raise awareness of dementia around the borough and help people affected by dementia, professionals and members of the public to recognise that it really is possible to live well with dementia. Ensure that every person newly diagnosed has the opportunity to meet with a Dementia Adviser or Dementia Support Worker (who can see people in their own homes). We are planning to start up a new dementia café in Wimbledon and we are working with the new Community Dementia Nurses to provide Cognitive Stimulation Workshops at the Hub. We also plan to continue with our dementia friends and awareness raising sessions at the Hub and around the borough.

Sarah Waller CBE, Programme Director of the Kings Fund, Enhancing The Healing Environment said:
'The Merton Dementia Hub is an exemplar showing how local partnerships and an enthusiastic team can deliver a wide range of information and support

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For more information contact:
Merton Dementia Hub
67 Whitford Gardens
Mitcham, Surrey, CR4 4AA
Monday to Friday, 9.00 am - 5.00 pm
T: 020 8687 0922
E: merton@alzheimers.org.uk

Carers Support Merton

Prevention/Promoting Independence

Carers Support Merton improves the quality of life for unpaid carers who live or support a person living in the London Borough of Merton**.** We are a local organisation providing individual and family support to anyone who has caring responsibilities.

Carers often have to learn new skills, cope with new challenges in their lives and gain access to services they have never used before. **We are here to help carers sustain their role and we specialise in offering responsive, confidential and flexible support for carers** to negotiate the complex and changing world of public and health services, equip themselves and plan for the future.

Our Adult Carers services include:

- Information
- Advice
- Advocacy
- Training
- Emotional Support; Counselling
- Telephone Support Service
- Help with Benefits Claims and Appeals, Finances and Debts
- Remaining in Employment; Carers Rights
- Access to Carers Assessments
- Wellbeing, Social and Therapies Programmes
- Managing Long Term Health Conditions
- Advance Care Plans; Lasting Power of Attorney
- Deputyship and Wills
- Referral for Befriending or Bereavement Support
- Participation and Volunteering

Contact details: Email: info@csmerton.org
www.csmerton.org

Our Ageing Well Programme, funded by London Borough of Merton, promotes choice and control, autonomy and resilience for carers as well as connectedness to each other and within their own communities. Our *Carry On Caring* programme offers training and advice. Carers can participate in our *Stay Well, Stay Active, Stay Connected* and *Time for You* programmes, our peer and neighbourhood networks, or use our *telephone support* and *counselling* services.

Who will benefit?

Anyone who is an adult or young adult (18+) caring for/impacted by supporting an adult with a disability, learning disability, dementia, mental health issue, serious illness or long term health condition.

How quickly will a carer be contacted?

We will normally make initial contact within one week, often within one or two days.

What does the service cost?

The service is free for carers. There are suggested donations for some services e.g. Counselling and Therapies. Some (voluntary) recreational activities may incur a cost which we endeavour to keep as low as possible.

Who can refer?

Carers and their families may simply call or email us. All organisations/professionals both statutory and voluntary. Referring agencies MUST HAVE CONSENT from the carer. Email is preferred: please provide the full name, address, telephone and contact details of the carer; their age or D.O.B, if possible and a brief description of their circumstances – e.g. 'caring for her father who has dementia'. Any further information you can provide is always helpful. Referrals by telephone or letter also accepted. Professionals should make us aware of any Risk Assessment issues. It is helpful to know if there are children or young carers involved. Core hours 10.00 am – 4.00 pm with additional hours most days.

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Carers Support Merton

Prevention/ Promoting Independence

Support to carers with Carers' Discretionary Payment Budget

Carers' Discretionary Payment Budget provides an easily accessible budget source of funds to allow for the provision of those services for carers that are not usually considered appropriate when sourced from the community care budget. A total of just over £30,000 was assigned for 2012-13 with a limit of £100.00 set per carer. We may contribute up to £100.00 toward an appropriate service in one application, or we may consider two or more applications over the year, provided the ceiling of £100.00 is not breached. This grant is to benefit the informal carers who are assessed under the legislative framework of the Carers and Disabled Children's Act 2000.

Merton fund Carers Support Merton to administrate the Carers' Discretionary Payment and to provide services to carers directly.

Carers Support Merton Contact details:
Email: info@csmerton.org
www.csmerton.org

A Case Study

Naturally our casework with carers, delivered by experienced Assessment and Support workers in the Adults' Service, continues to be a core part of what we do. For example, following a referral by the Alzheimer's Society, one of our home visits revealed multiple health, hygiene and continence problems that were affecting both the carer (the older of two siblings) and his brother, who had dementia. We were able to arrange for an urgent GP visit for antibiotics and a chiropody appointment; a cleaning and laundry service from Age UK Merton and support from *In Control*, their Continence Advice Service. We also contacted Merton Adult Social Care, who sent out forms to claim financial assistance, and we helped the carer to complete these. These measures helped to avert a crisis which could have led to hospitalisation or residential care for both brothers.

Mascot Telecare
Prevention/Promoting Independence

Website:

www.mascot-telecare.org.uk

Email:
mascot@merton.gov.uk

Telephone:

020 8274 5940

Telecare Solutions

A selection of sensors available:

- Flood detector
- Smoke detector
- Watch
- Fall detector
- Carbon Monoxide Detector
- Bed/Chair Occupancy Sensors
- Bogus Call Button
- Property Exit Sensors
- Temperature Extremes Sensor
- Movement Detector
- Key Safe

MASCOT Telecare helps to provide safety, security and well-being, enabling people to live independently in their own homes. The service is available 24 hours a day, every day of the year, uses simple technology linked to our own response centre.

Case study:

Mrs T is a 68 year old lady who is speech & hearing impaired, has severe epilepsy, a mild learning disability, poor mobility due to left side paralysis, is also blind in one eye and has asthma. MASCOT is her first contact as she has no carers or relatives. This lady is sociable and keen to live independently in the community. She has frequent epileptic seizures and injury falls which are responded to appropriately. She has fallen from a ladder trying to replace a clock battery and now relies upon the helping hand service to carry out such tasks. We have also liaised with her housing association and other external agencies when there has been a communication issue. She embraces a dialogue with staff keeping them up to date with her social activities. Over a 6 month period, we have had 318 calls.

Mascot Telecare
Prevention/Promoting Independence

Handyman Scheme

Deals with on average 30 tasks per month – for example:

Changing light bulbs

Replacing curtain tracks

Putting up shelves

Repairing Locks

Replacing tap washers

Repairing furniture

Replacing seals around baths and worktops

Warm Homes Health Scheme:

Check thermostats set correctly

Bleeding radiators

Check timers set correctly for on and off periods of boilers

Supplying and fitting spy holes and door chains.

The MASCOT service continues to expand as technology advances and more and more telecare services become available. We are committed to actively promoting these additional services to our customers and healthcare professionals within Merton and are confident that we always get the best value as we tailor appropriate telecare products for our customers.

Installer and Handyman Service

In October 2014, Mascot employed two full time alarm installers who additionally provide a free handyperson services available to all our MASCOT customers.

As well as being able to provide supplemental resource to the mobile response officers, Andrew and Chris install the MASCOT alarm systems within customers' homes. In addition they are able to install smoke alarms, carbon monoxide alarms, bed sensors, pill dispensers, etc. Maintaining the equipment also falls within their remit – an essential part of the service.

"It can be extremely busy at times. One minute you're installing an alarm and the next you are being asked to go and assist the mobile response officers to help someone that has fallen over".

Warm Homes Healthy People Scheme

MASCOT also advises customers about the Warm Homes Healthy People Scheme that Merton Council is now providing. This additional service is designed to help older adults in their homes to feel warmer and safer.

Customers receiving a service from MASCOT each year:

2013-2014	2014-2015
1549	1601

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Recovery

What is Recovery?

When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

Some of the key Services helping recovery are:

MASCOT

Merton's in house Reablement service

Equipment and adaptations

You can find more details about these services on the following pages...

The recovery model in Merton involves two primary aims. The first aim is to prevent admission to hospital, nursing or residential care by offering short term, focussed support when people face a potential crisis. This may relate to an individual's 'long term condition' or be as a result of a significant change of social circumstance.

The second aim of the model is to provide an effective, multi-disciplinary reablement service at the point of hospital discharge.

The council offers reablement wherever appropriate to all those approaching Adult Social Care for help, and to those being discharged from hospital, as part of an overall aim to promote independence. We do not commit to long-term support without first checking that maximum recovery has been achieved. This strategy is resulting in reductions in the numbers of people receiving long-term support at home (and/or reductions in the size of their packages), and is proving cost-effective once the costs of the reablement intervention are taken into account.

Some key services helping recovery are:

MASCOT continues to reach a growing number of people and equipment is increasingly offered as a solution to promote independence. Examples are Just Checking, a cost effective way of assessing the level of someone's mobility within their own home, and devices to manage gas and water in the event of taps being left on.

Merton's in-house reablement service has been restructured to offer a clearer focus on recovery programmes for those who can most benefit, and led by occupational therapists and physiotherapists.

Equipment and adaptations for people in their own homes continues to play a vital role. Equipment is largely procured from the Croydon Equipment Solutions (CES) and has offered reductions in cost and faster delivery times.

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Reablement Service
Recovery

Merton Council applies a promoting independence approach to adults accessing Social Care, which provides local residents with an opportunity to maintain or regain their independence and continue to actively participate in their local community.   Central to this approach is the Merton Reablement Service, which is community based and offers a short term intensive support package. The service facilitates an individual in their own home to regain their confidence and level of independence in their activities of daily living, which may be personal, domestic or social.

The benefits that can be achieved include:

- Improving quality of life
- Keeping and regaining essential life skills
- Regaining or increasing confidence
- Increasing people's choice and autonomy
- Enabling people to remain living at home
- Enabling people to remain as active members of the local community
- Maintaining and/or increasing independence, reducing the need for on-going care and support.

Typically, the Reablement Service is for adults who have either lost or are losing the ability to care for themselves, but who have the desire and ability to engage in a Reablement programme following:

- An admission to hospital
- A bout of ill health
- A fall or other incident that triggers a loss of confidence
- A feeling of increased frailty resulting in a loss of confidence
- A change in circumstance such as the death of a spouse/main provider/carer

However, this is by no means exhaustive and any enquiries are welcomed .

What do we mean by promoting independence?

The council role is to intervene when we have to, but not in a way which makes people dependent on our services. We seek to find other practical solutions, for instance:

- People using their own skills and assets and being resilient in finding solutions in their own lives.

- Regaining as much independence as possible if they have a crisis/illness.

- Family members, with help, supporting their own family members.

- Communities, including neighbours, supporting their vulnerable members.

- Voluntary and faith sectors supporting individuals.

- If customers come out of hospital we will re-able where we need to and support people to regain independence as far as possible.

- Using technology where we can.

- Keeping ongoing support under review.

Reablement Case Study

Recovery

What is Recovery?

When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

Some of the key services helping recovery are:

MASCOT

Merton's in house Reablement service

Equipment and adaptation

Ms. J. is an 83 year old lady who received an individualised programme from the Adult Social Care Reablement Team (Merton Independent Living & Engagement Team) that was cost-saving and allowed her to remain at home.

Ms. J. who suffers with leg oedema had a fall in January and was admitted to Hospital with a badly injured shoulder and leg. She was discharged home with a package of care consisting of 4 calls a day to support her with personal care, toileting, medications and meal preparation. Ms. J. also required a zimmer frame to help her mobilise safely around the house.

Following a progressive recovery, it was felt that the best aid towards Ms. J. regaining her independence was through support from the Merton Reablement service. Over a five week programme, Ms. J. developed the strength and confidence to start caring for herself and was soon able to walk around the house unaccompanied. After the first week she was able to take her own medications and to use a journal to record this.

Ms. J's recovery didn't come without its challenges. With partial sight and some memory issues even the smallest task presented difficulties. She was really anxious especially while mobilising until she got to know the carers. She also had Occupational Therapy adaptations in the shower, which helped Ms. J. with her independence and confidence levels. Ms. J. was a very determined lady who fought every obstacle that came her way, and with our support following her accident was soon able to resume living at home independently.

Merton Occupational Therapy Service
Recovery

What do the OT Service provide?

Occupational Therapy supports people to optimise their potential and to engage in a range of meaningful activities.

The London Borough of Merton's Occupational Therapy (OT) service is consciously embracing the Personalisation agenda and the new Care Act legislation.

The philosophy of Occupational Therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in e.g. working, learning, playing, caring and interacting with others. Being deprived of or having limited access to occupation can affect physical and mental health.

Case Study:

Mr B has restricted mobility and has received disability benefits for about 10 years. As his main carer, his wife regularly has to reposition him during the night, leaving them both sleep deprived. In addition Mr B has depression, feeling that he cannot 'provide' for his family or be part of normal family life, including accompanying them on outings, holidays etc.

The Occupational Therapist assessed Mr B's needs and worked with him and his wife to identify options that would improve his wellbeing and independence and provide him with options to engage with the community, as well as reducing stress on Mrs B, the main carer.

Mr B was referred to the District Nurses who, following assessment, supplied a profiling bed which gave Mr B more independence and an improved sleep pattern for him and his wife.

Mr B was supported to choose a suitable trailer for taking his mobility scooter on outings which allowed him to access the community and take part in family outings.

Under Direct Payment the services of a visiting personal assistant were engaged which now provides some regular respite for Mrs B.

Mrs B was referred to the Social Work department for a carer's assessment in her own right.

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Personalisation for Occupational Therapists (OTs) in social care means:

Understanding and acknowledging the social model of disability; providing choice, control and a person centred approach to assessment/review and delivery of support and services.

Considering environmental barriers as disabling factors in people's lives and seeking to remove these barriers through inclusive and flexible building design and strategic planning.

Optimising potential for independence through the use of adaptive techniques.

Emphasising the promotion of self-reliance and personal and community resources.

Ensuring that people have access to information and advice to make informed decisions about the support they need.

Merton Adult Social Care Local Account 2013 to 2015

Long Term Support

Where people require continued long term support Merton provides value for money and offers all eligible customers personal budgets. This can be by having a Direct Payment or a service set up and organised by the Council.

Personal budgets are made available to everyone needing long term support. Merton has pioneered the use of pre-paid cards as a cost effective and efficient way of managing this area, along with Merton Managed Accounts to offer money management for those requiring it: This area won the Local Government Chronicle award for Innovation in 2014.

Merton aims to support as many people as possible in the community and in their own homes. This is achieved by using technology such as care alarms and sensors, a range of accommodation options such as Supported Living, Shared Lives and Extra Care Supported Housing, and equipment and adaptations within people's homes. Where people's needs are at a higher level, residential and nursing care is provided.

Long Term support challenges:

In 2012 Merton awarded contracts to preferred home care providers through a framework contract, which remains in place despite the pressure on fees. Merton is now working with providers to move to a more outcome based approach.

Merton's use of residential care homes has declined, whereas use of nursing homes has slightly increased. Accessing local nursing home care has become an increasing challenge. Quality of care in these homes remains a focus, and Merton Seniors Forum has led an important initiative in this area, through recruiting and training volunteers to act as Dignity in Care Champions in local homes.

Many London boroughs are experiencing a shortage of capacity and demands for steeply increased fees from independent service providers. Merton is no exception to this trend even though we have very successfully managed our care markets in terms of value for money over the last 6 years. These pressures are especially evident in the commissioning of domiciliary care and bed based care for older people. We are building more strategic partnerships with our market providers and voluntary organisations to shape a strategic response to these new market realities. Together we are designing, building and delivering more efficient, effective and customer focused health and care solutions for the people of Merton.

Direct payments
Long Term Support

What is Long term Support?

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.

You can find out more information about our direct payment service on: *http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments.htm*

Where people require continued long term support Merton provides value for money and offers all eligible customers personal budgets. This can be by having a Direct Payment or a service set up and organised by the Council.

If you qualify for help from social services following a needs assessment, you can choose to receive payments from us (called 'direct payments') to buy the services you need to meet your needs. This is instead of receiving the services direct from the council.

Many people who use direct payments find they have more choice, control and flexibility. They are also responsible for accounting for how the money is spent. A direct payment cannot affect social security benefits nor be classed as taxable income. There is no maximum or minimum level to a direct payment, but it must be cost-effective and must be enough to purchase support of a quality acceptable to the local authority. We also offer Merton Managed accounts and pre-paid cards.

What is a Pre-Paid card?

If you receive direct payments from Merton Council to pay for your community care services, you will be given a pre-paid card. You can use this like a debit card, to pay for the agreed goods and services you use to meet your social care needs.

More information can be found on: http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments.htm

What is a Merton Managed Account?

A Merton Managed Account (MMA) is a new service available from Merton council. The service is an option for all Adult Social Care customers, including those who do not receive financial support towards their care needs from the council; we call these individuals 'self funders'. In 2014 Merton Managed Accounts won the Local Government Chronicle award for Innovation.

The service is designed to assist customers who receive their personal budget (social care funds) as a Direct Payment, but who need or choose to have support managing the financial aspects of their personal budget. More information about Merton Managed Account can be found on:

http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments/merton-managed-accounts-pre-paid-cards.htm

Long Term Support – Case study

What is Long term Support?

If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review.

Case Study:

Ms M has a learning disability and until recently lived at home with family members. She was assisted by social work staff from Merton Council to move into a Supported Living Scheme in the Borough as she wanted to increase her independence.

Ms M has recently moved to a new flat in a brand new Supported Living Scheme. The scheme was constructed by a local housing association and is staffed by support workers from the Council's Supported Living Team. Ms M has been sorting out her new flat and has told staff that it is good. Friends living in the scheme come and visit her in her flat. She is also looking forward to meeting new people who move into the other flats in the scheme. There are staff on duty during the day and at night and Ms M receives assistance to carry out daily living tasks such as support with her money so that she can do her shopping. She also attends day opportunities and evening activities.

Ms M receives support with her washing and cleaning but has told staff that she needs less support now because her independence is increasing. She has had support with travel training so that she can travel on her own to her job.

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Process

What is Efficient Process?

The processes to deliver these outcomes are designed to minimise waste, which is anything that does not add value to what I need.

Merton's overall processes have been looked at under the 'Lean' principles to end or minimise anything which does not add value to the outcome for our service users.

The brokerage service was launched in 2012, offering a way of accessing the market in a way that secures best available value for money at acceptable quality. This change to process has been all the more essential as it has become harder to find care at the prices which Merton pays and as the pressures have increased especially in terms of the dependency levels of those being discharged from hospital. We are considering how this can be best positioned for those who fund their own care.

Merton's safeguarding function has managed significantly increased volumes of referrals in recent years, as people become more aware of the issue. In order to ensure a degree of independent oversight, the directors for adult social care for Kingston and Merton chair each other's Safeguarding Adult Boards on a reciprocal basis.

A major development in this area has been an increased recognition of self neglect as a safeguarding issue, which in Merton was accepted as a criterion for a safeguarding intervention before this was enshrined in statue under the Care Act. In this area there has been some specific work in the area of hoarding, where people may put themselves and others at significant risk: Merton with its partners has developed a shared protocol which has enabled successful interventions to take place and which has attracted national attention for its pioneering nature.

The Deprivation of Liberty Safeguards and the subsequent case law has significantly increased the work load to assess people who lack capacity in care home and hospitals. It has also increased the work load for those living in the community who lack capacity to ensure that their care plan are in their best interest and are the least restrictive option.

The information system in use forms a significant proportion of process time, and Merton is in the process of changing to a new system for both children's and adult social care. The system is called Mosaic and is due to go live in 2015. Changing systems is a very significant change process, but we expect as a result to see reduced time spent on data inputting and therefore more time available to be spent with customers, which will in turn support more flexible working.

Partnership

What is Partnership?

The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government agencies, and the independent sector.

In 2012/13 our partnership work with the voluntary sector was recognised in national awards for Compact working.

In February 2013 Merton hosted an event for all local NHS organisations (CCG [Clinical Commissioning Group] 3 acute Trusts, the community provider Trust, and the mental health Trust) where the integration programme for older people and people with long term conditions was launched. 4 strategic outcomes were agreed:

1. An improvement in satisfaction levels among customers
2. A reduction in emergency admissions to acute hospitals
3. A reduction in lengths of stay in acute hospitals
4. A reduction in admissions to care homes

This programme is based on two main areas:

- Proactive care management, where social care workers, community health workers and primary care workers work together in three geographical locality teams, offering integrated assessments and case management.

- Reactive response services, especially focused around avoiding hospital admissions and facilitating hospital discharge.

The programme turned out to anticipate the central government initiative of the Better Care Fund (BCF), where across England local partners were required to produce a plan to use a pooled budget to achieve similar outcomes and especially a reduction in admissions to hospitals. Merton's plan was judged one of the five best in the country, and the local arrangements have been praised by visiting senior civil servants and government ministers.

At the same time our pre-existing partnership arrangements for learning disabilities and mental health have remained effective and been refreshed through a formal review of the Section 75 agreements.

Outcomes achieved with the voluntary sector task group

- A transfer of management of small grants for carers to Carers Support Merton, which has levered in external funding to supplement what the council spends
- A change in the pathway for those who get a visual impairment diagnosis, so that they get more rapid support from the voluntary sector
- The launch of the community fund to support local voluntary group endeavours
- Transfer of management of certain assets to the voluntary sector
- The ageing well programme for prevention
- A reduction in transport costs

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Better Care Fund (BCF)
Partnership

What is the Better Care Fund?

The Better Care Fund was announced by the Government in the June 2013 to support integrated health and social care by creating a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

In the autumn of 2013 each of the 151 Health and Wellbeing Board areas in England were required to produce a BCF Plan. The BCF Plan for Merton was developed to build on the Integration Programme's work schemes and strategic outcomes and was signed off by the Merton Health and Well Being Board as part of the re-submission process in September 2014.

The project infrastructure established to deliver this work includes the Integration Board, a multi-agency group co-chaired by the Clinical Commissioning Group (CCG) and London Borough of Merton, which includes the three local acute trusts, the local mental health trust, community services and representation from the voluntary sector. The same agencies are represented within the Merton Model Development Group which is the key implementation group responsible for delivery of this work. The implementation model includes both reactive and proactive work streams.

Outcomes achieved through the Merton Model Development Group

Within our pro-active work stream:

- Integrated Locality Teams have now been established to support people in their own homes.
- Support for those people at risk of admission to hospital through care planning, multi-disciplinary discussion and use of a key worker.
- Additional skills and support have been added to these teams including the Health Liaison Social Workers as well as more recently, community dementia nurses, enabling closer links with mental health services and the voluntary sector, including the Dementia Hub where the London Borough of Merton was nominated for two Local Government Chronicle Awards.
- Development of the HARI service which provides holistic assessment and rapid investigation for complex patients. This service started offering routine appointments in April in the new developed Nelson Health Centre and will be expanded to support urgent assessment through the recruitment of an interface geriatrician.

For the reactive work stream:

- A crisis team has been established within community services to offer 7 day crisis support to support admission prevention.
- Additional Intermediate Care Bed capacity has also been commissioned to enable more people to be supported out of hospital.
- Community in reach services and a social worker are now based at St George's to help support discharges 7 days a week.
- The Reablement team was restructured to support the delivery of reablement services.

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Contributions

What do we mean by Contribution?

I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes.

Everyone should be able to, and is expected to contribute to their care whether it is in kind or financial. Merton adult social care has a clear, fairer contributions policy which expects users to pay for services if they can afford to do so, including from appropriate benefits. The council's charging policy has remained relatively unchanged, recognising that in comparison with many councils Merton already receives a comparatively high contribution level through charges. The charging consultation group has continued to meet in order to listen to customer experience and make changes where required.

The self-directed support process is also clear about the contribution in kind expected from the customer and any informal carers and family members.

Support from the Voluntary Service and Carers

There has been a re-launch of the volunteering strategy, with Merton Voluntary Service Council taking lead responsibility for implementation, which has included a merger with Volunteer Centre Merton in order to offer one place to support volunteering. The strategy has been the subject of regular reports to the Overview and Scrutiny Commission. Volunteering is playing an increasingly effective role in areas such as day opportunities, befriending, working with people on a short term basis in order to help them work out the right support for them, and informal get-togethers.

The contribution of carers continues to be seen as vital, and more investment went into Carers Support Merton under Ageing Well in order to promote a single place for carers to get information and support, supplemented by more specialist support in certain key areas.

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healthwatch Merton

Healthwatch are here to:

Gather the views and experiences of local people on the way services are delivered and have the power to enter and view adult health and social care services to get a feel for how they are delivering.

Help you to shape and improve the services you use. We do this by influencing the way services are designed and delivered based on evidence gained from you.

Engage with people in our locality. We want to hear from people across every part of the community - so if you haven't met us yet, please get in touch.

Keep you up to date with our work through newsletters and updates. To sign up to the mailing list visit www.healtwatchmerton.co.uk

Provide information and signposting about local health and social care services.

Influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board.

Pass information and recommendations to other local Healthwatch, Healthwatch England and the Care Quality Commission.

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice – making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

What do we do?

Healthwatch Merton works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping shape them for tomorrow. It's all about voices being able to influence the delivery and design of local services, not just for people who need to use them now, but anyone who might need to in future.

Healthwatch Merton will play a role nationally through Healthwatch England and at a local level as one of the 152 community focused local Healthwatch. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally and locally

Merton Council awarded the Healthwatch Merton contract to MVSC because of their excellent local knowledge. MVSC is based in the borough and already engage on a daily basis with the many diverse communities in Merton. Their experience and knowledge about health and social care services working within Merton is also another strong quality.

Web: www.healthwatchmerton.co.uk

Email: info@healthwatchmerton.co.uk

Tel: 0208 685 2282

Safeguarding

Health and Social Care Information Centre (HSCIC) collects data on safeguarding from each local authority, further details are available in the Performance & Quality Assurance section of our Local Account

The introduction of the Care Act sets out for the first time a legal framework for safeguarding adults with Safeguarding Adults Boards becoming statutory. Local Authorities, the NHS and the police will be core members of Safeguarding Adults Boards and are already key partners on Merton's Safeguarding Adult's Partnership Board. The Safeguarding Adults Partnership Board is a group of people who meet four times a year to ensure that Adult Safeguarding is delivered effectively. The Board comprises of senior lead managers from all key partner agencies.

Merton has a reciprocal arrangement with the Royal borough of Kingston for the chairing of the safeguarding boards. This means that the director of Kingston chairs Merton board and the director of Merton chairs Kingston Boards. These arrangements allow a level of independent scrutiny. We will be reviewing this arrangement in the latter part of 2015.

Views of our key partners

"The Care Act places a duty for agencies to work together hence working in partnership has never been so important. The demands being placed upon those engaged in safeguarding adults continues to push the boundaries of our capacity to deliver a professional and caring service without additional funding. Within this operating environment I am immensely proud of the positive contributions to improving people's lives being made by all agencies in Merton. I am very aware of how the lives of carers and service users are affected each day when dealing with families and friends." **Sue Redmond (Chair of Merton Safeguarding Adults Partnership Board)**

"St Georges University Hospitals Foundation Trust is an active member of the Merton Safeguarding Board and is committed to providing safe and dignified care to Merton residents who use our services. We continue to have good working relationships with Merton social services and with our other partner agencies in respect of reporting and investigating allegations of abuse and neglect. All staff receive level 1 training in adult safeguarding and we have a dedicated safeguarding lead nurse for adults in addition to 2 learning disability nurses and a clinical nurse specialist for domestic abuse within the safeguarding team who can provide support and advice to some of our most vulnerable clients." **David Flood (Safeguarding Lead - St Georges Hospital trust)**

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Deprivation of Liberty Safeguards (DoLS)

Health and Social Care Information Centre (HSCIC) collects data on safeguarding from each local authority, further details are available in the Performance & Quality Assurance section of our Local Account

Deprivation of Liberty Safeguards (DoLs) were introduced in England and Wales in April 2009 as part of the Mental Capacity Act 2005. The aim of DoLs is to provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and, who lack the capacity to consent to the care or treatment they required.

Since March 2014, the threshold for a Deprivation of Liberty has changed following the Cheshire West Supreme Court Judgement. The threshold is now significantly lower, which means that an increasing number of people accommodated in care homes and hospitals will now come under the remit: If the person is not free to leave, and under continuous supervision and control.

DoLs statistics for 2013 to 2015

Since 1st April 2013 to 31st March 2014 Merton received 29 DoLs requests and during the same period in 2014/15 we received 527 DoLs requests. This shows that we received nearly 500 more request during 2014/15 compared to 2013/14.
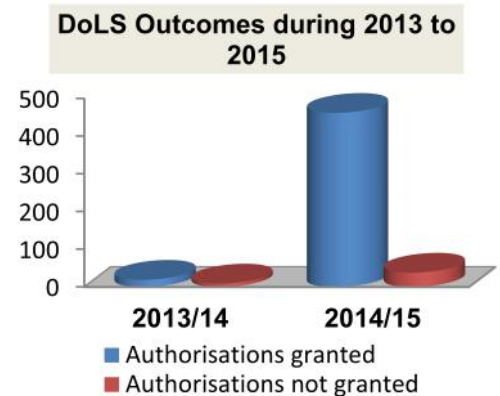
DoLs Requests Received

The chart below shows the amount of DoLs requests received and if they were standard or urgent.

Type of DoLS Requests Received during 2013 to 2015

■ Standard authorisations ■ Urgent authorisations
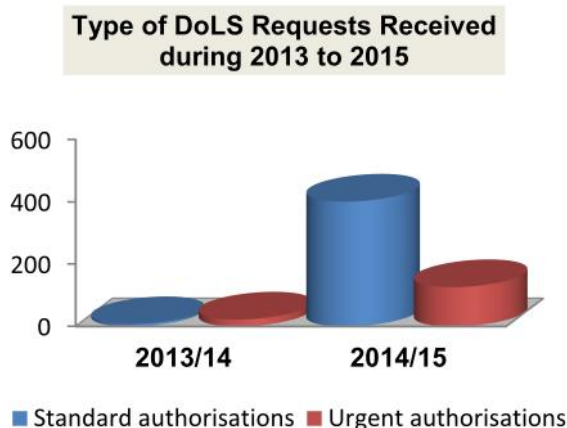
DoLs Outcomes

The chart below shows the amount of DoLs that have been authorised and declined.

DoLS Outcomes during 2013 to 2015

■ Authorisations granted
■ Authorisations not granted

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Performance and Quality Assurance (PQA)

● National Performance Measures
● Benchmarking data
● Local Measures
● Cases file Audits
● Local Customer Satisfaction Surveys and more…..

In Merton we see quality assurance as a fundamental part of the relationship between adult social care and its customers. We aim to provide a high quality and responsive service based on positive outcomes. In order to understand quality as defined by our customers we have been working on implementing a quality assurance process that ensures that customers" views feed in to our process.   We also need to ensure that the process allows for internal challenge of ourselves and the organisations we work with. This will ensure that we continually improve and deliver better outcomes for our customers.

In 2014 we launched a new Performance and Quality Assurance Framework, with six key domains and overseen by a quality board. The aspiration is to get more feedback in real time from customers about their experience of support, alongside the usual performance metrics. The six key areas within the Performance and Quality Assurance Framework are:

1 **Enhancing Quality of Life for People with Care and Support Needs**
ASCOF Measures (Adult Social Care Outcomes Framework) | Health and Wellbeing Board | Scrutiny | Healthwatch | Peer Reviews

2 **Delaying and Reducing the Need for Care and Support**
ASCOF Measures | Ageing Well Programme | Outcomes of Short Term Services

3 **Ensuring that People have a Positive Experience of Care and Support**
ASCOF Measures | Customer and Care Survey | Contract Monitoring | Complaints | Member Enquiries | FOI's | Real Time Feedback

4 **Safeguarding Adults at Risk**
ASCOF Measures | Safeguarding and Deprivation of Liberty Safeguards (DoLS) Open and Closed Cases | Concern of Establishment

5 **Prevention (Better Care Fund)**
ASCOF Measures | BCF Measures | Delayed Transfers of Care (DTOC) | Patient/Customer Experience | Reablement Measures | Placement Admissions

6 **Local Measures**
Scheduled and Unscheduled Reviews | Section 11 Children Audit Measures | Budget Management | Themed and Scheduled Audits | Voids and Refusals | Customers receiving Community Based Services (CBS) | DTOC and Reablement | Mental Health Section 117 and 75

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Summary of Performance from 2013 to 2015

Key Achievements on Adult Social Care Outcome Framework (ASCOF) Measures against our Comparator Group Average (CGA)

- The proportion of people / carers using social care who receive self-directed support have significantly increased from 2013 to 2014-15 and we are well above our CGA.
- Noticeable increases in direct payments for both carers and people since 2013 and we are significantly higher than our CGA.
- Long-term support of older adults (aged 65 and over) met by admission to residential and nursing care homes is considerably lower than our CGA.
- Delayed transfers of care from hospital are significantly lower than our CGA.
- We have the lowest delayed transfers of care from hospital, which are attributable to adult social care compared to England and our comparators.
- The proportion of older people (65 and over) who were offered reablement services following discharge from hospital is considerably higher than our CGA.
- The proportion of adults in contact with secondary mental health services in paid employment is noticeably higher than our comparators.
- The proportion of adults with learning disabilities who live in their own home or with their family is higher than our CGA.

- The overall satisfaction of people who use services with their care and support is higher than our CGA.
- The overall satisfaction of carers with social services is also higher than our CGA.
- The proportion of social care-related quality of life score is higher than our CGA.
- The proportion of people who use services who find it easy to find information about support is higher than our CGA.
- The proportion of carers who find it easy to find information about support is significantly higher than our CGA.
- The proportion of people who use services who feel safe is higher than our CGA.

> Further details on ASCOF measures and comparator group can be found on the following pages of this local account.

Key Achievements on Local Measures:

- The number of carers receiving an assessment and/or services saw a slight decrease in quarter three of 2014-15 but is now steadily increasing.
- The percentage of adults receiving long-term community based services is also steadily increasing.
- The time taken to authorise service agreements has seen a gradual decline over the last year.
- While the number of safeguarding referrals has seen a sudden increase, the number of investigations that this has led to has remained about the same.

Key areas for improvement on (ASCOF) measures against our Comparator Group Average (CGA)

- The proportion of adults with learning disabilities in paid employment is significantly lower than our CGA.
- The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services is marginally lower than our CGA.
- The proportion of carers who reported that they had as much social contact as they like is lower than our CGA.
- We are lower than our CGA on 'The proportion of carers who report that they have been included or consulted in discussion'.
- We are slightly lower than our CGA on 'The proportion of people who use services who say that those services have made them feel safe and secure'.

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National Benchmarking Measures (ASCOF)

The ASCOF performance measures are divided into four domains.

Domain 1

Enhancing the quality of life for people with care and support needs.

Domain 2

Delaying and reducing the need for care and support.

Domain 3

Ensuring people have a positive experience of care and support.

Domain 4

Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm.

Adult Social Care Outcomes Framework

Source: (Adult Social Care Outcomes Framework (ASCOF) Handbook of Definitions 2014 Prepared by the Department of Health)

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The purpose of the ASCOF is three-fold:

● Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils helping to identify priorities for local improvements and stimulating the sharing of learning and best practice.

● The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils; reporting of their progress and priorities to local people: and,

● Nationally, the ASCOF measures the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system and will inform and support national policy development.

Performance against the ASCOF, at both the national and individual council level, will be published by the Health and Social Care Information Centre (HSCIC), and the Department will also release an annual commentary on the national picture.

Click *www.hscic.gov.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF* to visit the HSCIC webpage relating to ASCOF with links to additional information including published reports.

The following pages show the council's performance against the ASCOF measures in the years since 2012, together with a comparison of how Merton is performing against other councils within our Comparator Group. The councils within our Comparator Group include Bexley, Brent, Croydon, Ealing, Enfield, Greenwich, Harrow, Hounslow, Kingston-upon-Thames, Lewisham, Redbridge, Richmond-upon-Thames, Sutton, Waltham Forest and Wandsworth.

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National Benchmarking Data
Performance

ASCOF DOMAIN 1	Enhancing quality of life for people with care and support needs

People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. People are able to find employment when they want, maintain a family and social life and contribute to community life and avoid loneliness or isolation. Carers can balance their caring roles and maintain their desired quality of life. To view the 'ASCOF: Handbook of Definitions' visit **www.hscic.gov.uk**

	2012/13	2013/14	2014/15
1A - Social care-related quality of life (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)	**17.9** CGA 18.4	**18.8** CGA 18.6	**18.7** CGA 18.5
1B - Proportion of people who use services who have control over their daily life (Source: 'Personal Social Services Adult Social Care Survey', HSCIC)	**68.4** CGA 71.7	**73.7** CGA 73.1	**69.1** CGA 70.8

	2012/13	2013/14	2014/15
1C - (1a) Proportion of adults receiving self-directed support (Snapshot data at the year end March 31st)	**47.5** CGA 68.4	**86.9** CGA 71.9	**96.9** CGA 83.2
1C - (1b) Proportion of carers receiving self-directed support (Data during the year to March 31st)			**96.4** CGA 73.4

1C - Proportion of people using social care who receive self-directed support

(Snapshot data at the year end March 31st)

- Merton
- Comparator Group Average

47.5 68.4 — 2012/13
86.9 71.9 — 2013/14
96.9 83.2 — 2014/15 Customers
96.4 73.4 — 2014/15 Carers
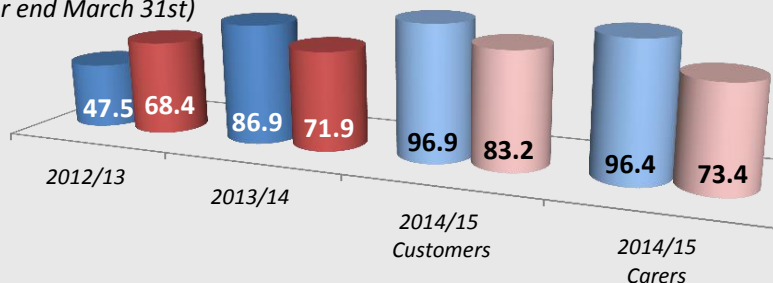
NOTE: This measure originally combined data for both adults and carers until 2014/15 when they were reported separately.

	2012/13	2013/14	2014/15
1C - (2a) Proportion of adults receiving direct payments (Snapshot data at the year end March 31st)	**21.6** CGA 19.6	**34.0** CGA 23.8	**37.8** CGA 27.9
1C - (2b) Proportion of carers receiving direct payments for support direct to carer (Data during the year to March 31st)			**96.4** CGA 61.8

1C(2) - Proportion of people using social care who receive direct payments

(Snapshot data at the year end March 31st)

- Merton
- Comparator Group Average

21.6 19.6 — 2012/13
34.0 23.8 — 2013/14
37.8 27.9 — 2014/15 Customers
96.4 61.8 — 2014/15 Carers

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CGA = Comparator Group Average | GREEN = Merton performing above average (CGA) | RED = Merton performing below average (CGA)

National Benchmarking Data
Performance

ASCOF DOMAIN 1	Enhancing quality of life for people with care and support needs

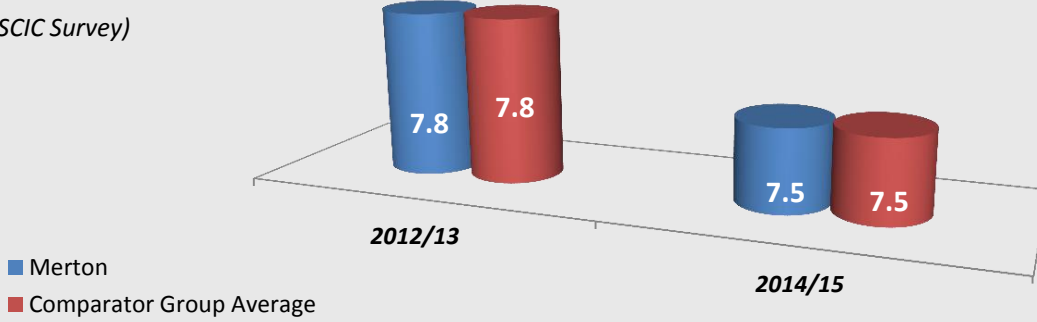|	2012/13	2013/14	2014/15
1D - Carer-reported quality of life (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)	**7.8** CGA 7.8	N/A	**7.5** CGA 7.5

1D - Carer-reported quality of life
(HSCIC Survey)

- Merton
- Comparator Group Average

NOTE: The survey of carers is conducted every two years and therefore not required for 2013/14.

NOTE: This measure is a culmination of responses from six questions within the survey. For more info visit www.hscic.gov.uk

	2012/13	2013/14	2014/15
1E - Proportion of adults with learning disabilities in paid employment (Data during the year to March 31st)	**10.3** CGA 10.7	**11.3** CGA 11.0	**5.5** CGA 9.6

1E - Proportion of adults with learning disabilities in paid employment

- Merton
- Comparator Group Average
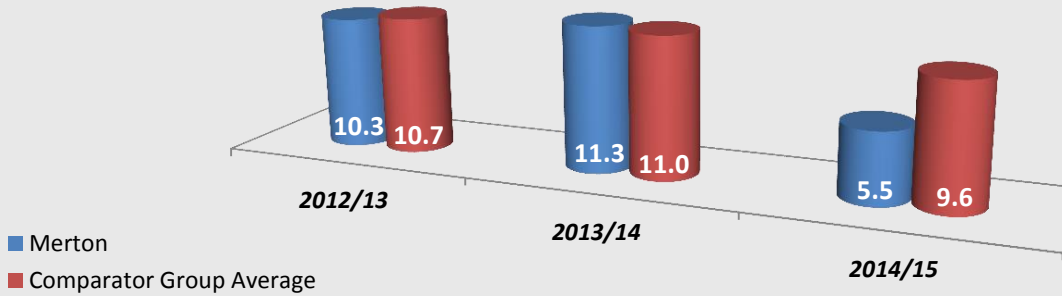
	2012/13	2013/14	2014/15
1F - Proportion of adults in contact with secondary mental health services in paid employment	**11.2** CGA 7.9	**9.2** CGA 6.4	**9.6** CGA 6.6
1G - Proportion of adults with learning disabilities who live in their own home or with their family (Data during the year to March 31st)	**73.4** CGA 69.8	**70.4** CGA 71.6	**74.5** CGA 67.5
1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support	**76.9** CGA 79.7	**82.1** CGA 78.9	**86.9** CGA 79.7
1I - (1) Proportion of people who use services, who reported that they had as much social contact as they would like (Source: '… Survey of Adult Carers in England')	Not Available	**43.9** CGA 41.0	**45.1** CGA 42.2
1I - (2) Proportion of carers, who reported that they had as much social contact as they would like (Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)	Not Available	Not Available	**31.5** CGA 34.6

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CGA = Comparator Group Average | GREEN = Merton performing above average (CGA) | RED = Merton performing below average (CGA)

# National Benchmarking Data
Performance

ASCOF DOMAIN 2	Delaying and reducing the need for care and support

When people develop care needs, the support they receive takes place in the most appropriate setting and enables then to regain their independence. Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

	2012/13	2013/14	2014/15
2A - (1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 *(a lower figure is favourable)*	**4.5** CGA 7.8	**7.5** CGA 7.5	**9.8** CGA 9.0

2A - (1) Permanent admissions (18-64 years old) to residential and nursing care homes
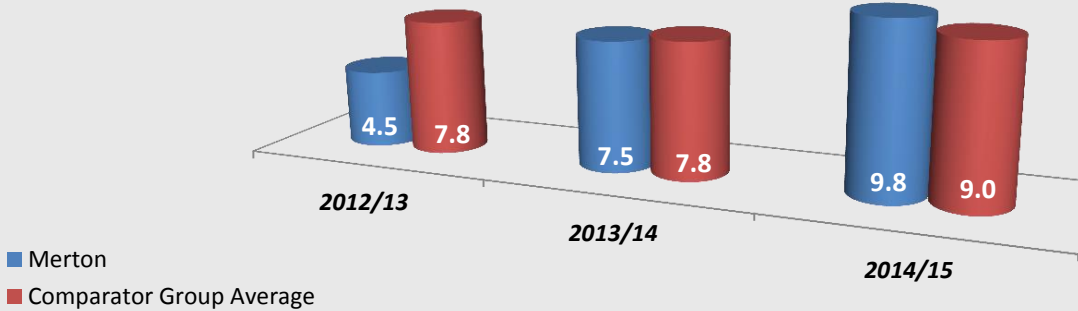
NOTE: The definition of this measure has changed for 2014/15.

NOTE: A lower figure is favourable.

- Merton
- Comparator Group Average

	2012/13	2013/14	2014/15
2A - (2) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 *(a lower figure is favourable)*	**420.8** CGA 432.8	**507.7** CGA 414.9	**336.9** CGA 444.3

2A - (2) Permanent admissions (over 65 years) to residential and nursing care homes
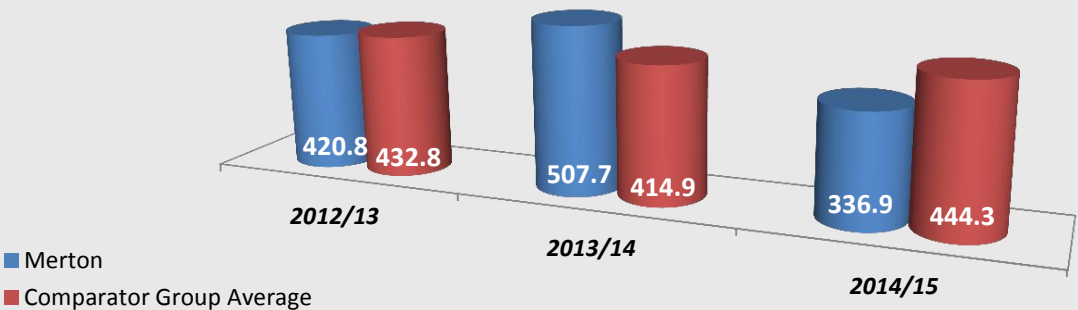
NOTE: The definition of this measure has changed for 2014/15.

NOTE: A lower figure is favourable.

- Merton
- Comparator Group Average

	2012/13	2013/14	2014/15
2B - (1) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services (effectiveness of the service)	**84.4** CGA 84.2	**83.3** CGA 86.8	**81.2** CGA 84.9
2B - (2) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	**1.0** CGA 4.3	**1.6** CGA 4.6	**5.4** CGA 3.9
2C - (1) Delayed transfers of care from hospital per 100,000 population *(a lower figure is favourable)*	**2.5** CGA 6.1	**2.7** CGA 6.7	**4.4** CGA 7.2
2C - (2) Delayed transfers of care from hospital, that are attributable to social care or jointly with the NHS, per 100,000 population *(a lower figure is favourable)*	**0.7** CGA 1.9	**0.0** CGA 2.0	**0.7** CGA 2.3
2D Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	Not Available	Not Available	**73.7** CGA 67.6

CGA = Comparator Group Average | GREEN = Merton performing above average (CGA) | RED = Merton performing below average (CGA)

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National Benchmarking Data
Performance

ASCOF DOMAIN 3	**Ensuring people have a positive experience of care and support**

People who use social care and carers are satisfied with their experience of care and support services. Carers feel that they are respected as equal partners throughout the care process. People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. To view the 'ASCOF: Handbook of Definitions' visit **www.hscic.gov.uk**

	2012/13	2013/14	2014/15
3A - Overall satisfaction of people who use services with their care and support *(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)*	**57.4** CGA 59.6	**63.3** CGA 60.7	**63.3** CGA 60.1

3A - Overall satisfaction of people who use services with their care and support

(HSCIC Survey)

- ■ Merton
- ■ Comparator Group Average

2012/13 · 57.4 · 59.6
2013/14 · 63.3 · 60.7
2014/15 · 63.3 · 60.1
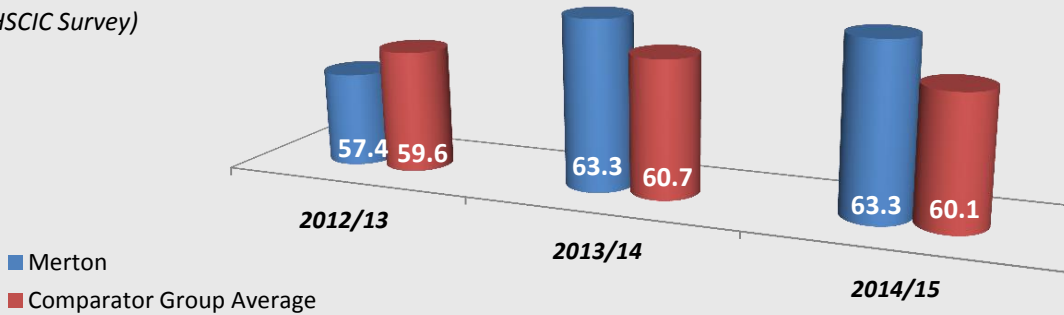
	2012/13	2013/14	2014/15
3B - Overall satisfaction of carers with social services *(Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)*	**36.5** CGA 35.5	Not Applicable[1]	**35.7** CGA 34.3
3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for *(Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)*	**71.1** CGA 66.9	Not Applicable[1]	**58.1** CGA 64.9
3D - (1) Proportion of people who use services, who find it easy to find information about support[2] *(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)*	**71.8** CGA 68.7	**78.6** CGA 73.1	**75.1** CGA 73.4
3D - (2) Proportion of carers who find it easy to find information about support[2] *(Source: 'Personal Social Services Survey of Adult Carers in England', HSCIC)*		Not Applicable[1]	**71.4** CGA 62.4

[1] *Carer Survey conducted every two years therefore information not available for each year.*

[2] *From 2013/14 the ASCOF 3D measure was separated into services users and carers.*

CGA = Comparator Group Average | GREEN = Merton performing above average (CGA) | RED = Merton performing below average (CGA)

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National Benchmarking Data

Performance

| ASCOF DOMAIN 4	Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injury. People are supported to plan ahead and have the freedom to manage risks in the way that they wish. To view the 'ASCOF: Handbook of Definitions' visit **www.hscic.gov.uk**

4A - Proportion of people who use services who feel safe
(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

	2012/13	2013/14	2014/15
	57.4	**68.9**	**67.1**
	CGA 62.3	CGA 62.7	CGA 65.0

4A - Proportion of people who use services who feel safe
(HSCIC Survey)
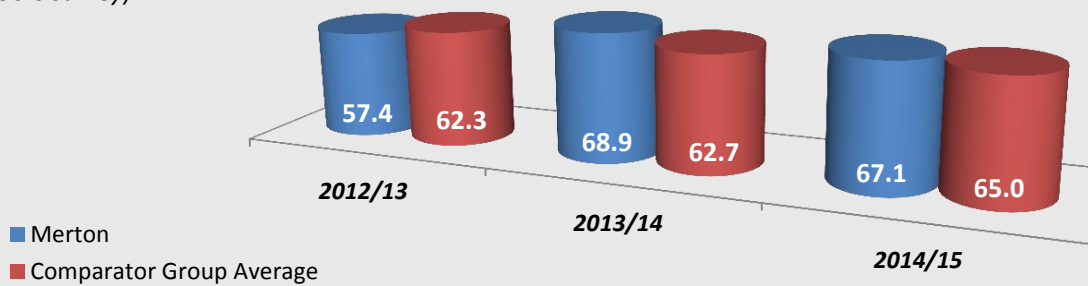
- Merton
- Comparator Group Average

| 2012/13 | | 2013/14 | | 2014/15 | |
| 57.4 | 62.3 | 68.9 | 62.7 | 67.1 | 65.0 |

4B - Proportion of people who use services who say that those services have made them feel safe and secure
(Source: 'Personal Social Services Adult Social Care Survey', HSCIC)

	2012/13	2013/14	2014/15
	60.4	**86.3**	**78.8**
	CGA 72.7	CGA 78.4	CGA 81.8

4B - Proportion of people who say that those services have made them feel safe

- Merton
- Comparator Group Average

| 2012/13 | | 2013/14 | | 2014/15 | |
| 60.4 | 72.7 | 86.3 | 78.4 | 78.8 | 81.8 |

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CGA = Comparator Group Average | GREEN = Merton performing above average (CGA) | RED = Merton performing below average (CGA)
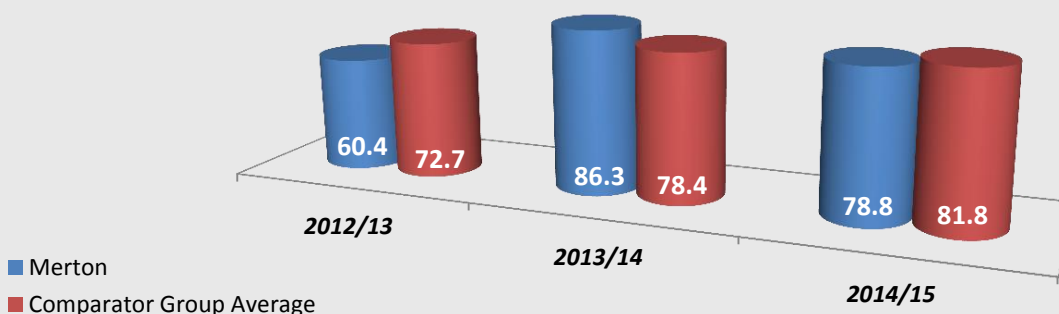
National Benchmarking Data - Safeguarding Adults
Performance

Councils with Adult Social Services Responsibilities (also known as CASSR) are required to complete the Safeguarding Adults Return (SAR) and submit this each year to the Health and Social Care Information Centre (HSCIC). **The tables below show SAR data from 2013/14.**

NOTE: The SAR data for 2014/15 was not available at the time of producing this Local Account but can be accessed and viewed via the HSCIC website by following this link. http://www.hscic.gov.uk/datacollections/sar

CGA = Comparator Group Average

Individual or organisation believed to be source of risk, by type of abuse	Social care support or service paid, contracted or commissioned		Other: Known to individual		Other: Unknown /stranger	
Physical	**40**	CGA 41	**45**	CGA 64	**5**	CGA 24
Sexual	**10**	CGA 4	**10**	CGA 14	**0**	CGA 7
Psychological / emotional	**15**	CGA 24	**25**	CGA 48	**5**	CGA 14
Financial and material	**25**	CGA 28	**30**	CGA 50	**5**	CGA 23
Neglect and acts of omission	**75**	CGA 89	**75**	CGA 44	**5**	CGA 31
Discriminatory	**0**	CGA 1	**0**	CGA 1	**0**	CGA 1
Institutional	**5**	CGA 6	**10**	CGA 2	**0**	CGA 2

CGA = Comparator Group Average

Individual or organisation believed to be source of risk, by conclusion	Social care support or service paid, contracted or commissioned		Other: Known to individual		Other: Unknown /stranger	
1 - Substantiated - fully	**35**	CGA 50	**30**	CGA 55	**0**	CGA 30
2 - Substantiated - partially	**20**	CGA 17	**25**	CGA 14	**5**	CGA 5
3 - Inconclusive	**25**	CGA 32	**25**	CGA 36	**5**	CGA 22
4 - Not substantiated	**55**	CGA 58	**65**	CGA 60	**5**	CGA 32
5 - Investigation ceased at individual's request	**0**	CGA 5	**0**	CGA 9	**0**	CGA 3

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National Benchmarking Data - Safeguarding Adults

Performance

Safeguarding referrals by age	18-64	65-74	75-84	85-94	95+
Numbers of individuals for whom a safeguarding referral has been made within the borough of Merton	65	25	50	45	10
Numbers of individuals for whom a safeguarding referral has been made within the boroughs of Merton's Comparator Group	190	62	108	115	18

Safeguarding Referrals by Age Group — Merton / Comparator Group Average
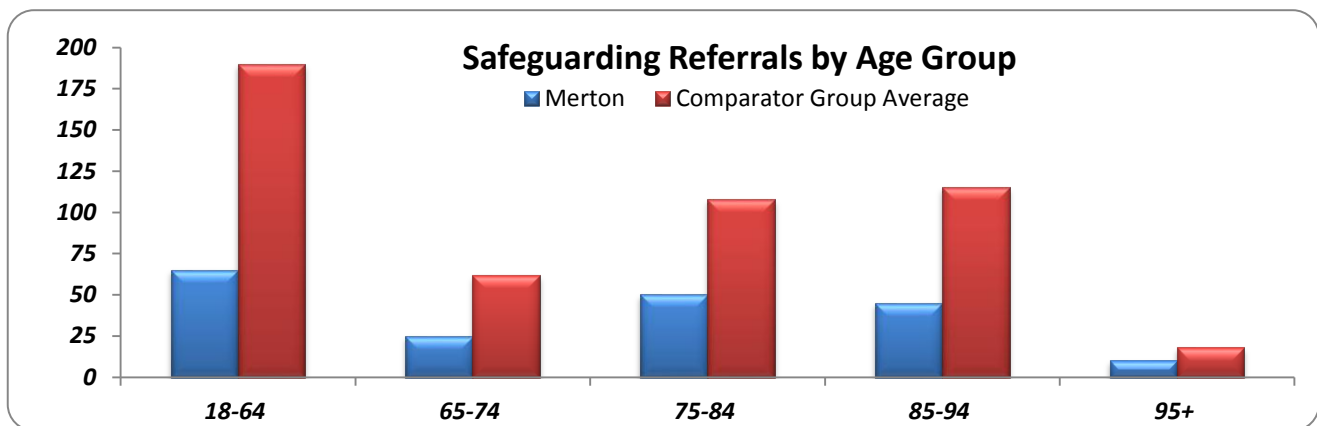
Safeguarding referrals by primary client group	Physical Disability (PD)	PD of which: Sensory Impairment	Mental Health (MH)	MH of which : Dementia	Learning Disability	Substance Misuse
Numbers of individuals for whom a safeguarding referral has been made within the borough of Merton	85	5	65	30	35	0
Numbers of individuals for whom a safeguarding referral has been made within the boroughs of Merton's Comparator Group	248	12	115	35	84	4

Safeguarding Referrals by Primary Client Group — Merton / Comparator Group Average

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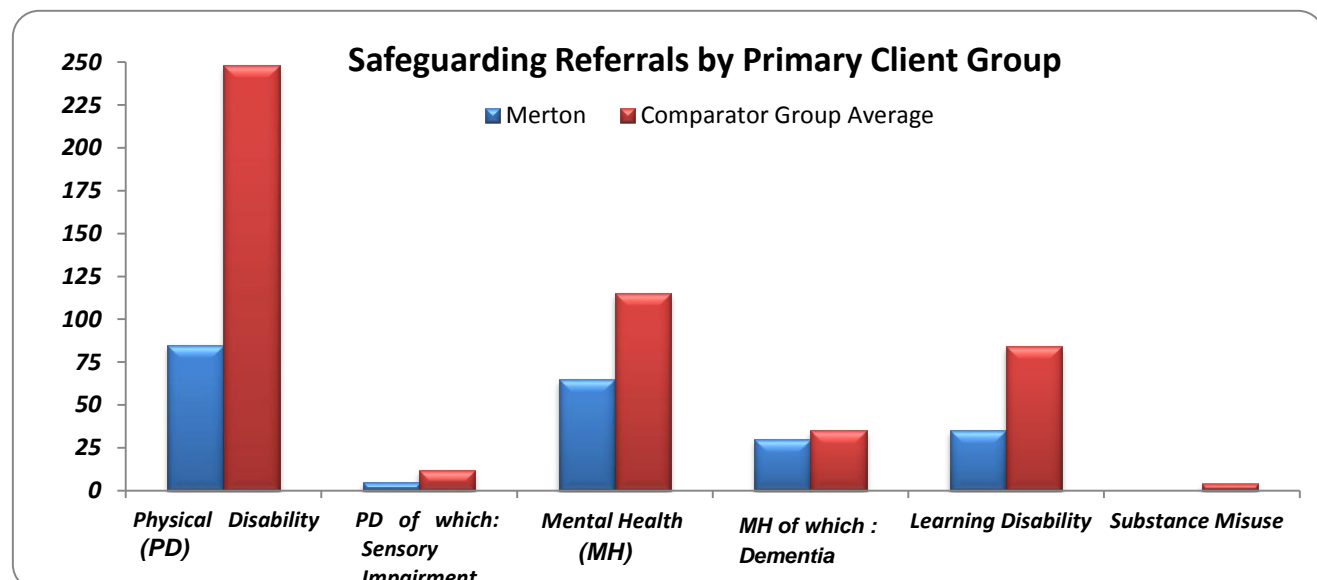
National Benchmarking Data - Deprivation of Liberty Safeguards (DoLS)

Summary from Health and Social Care Information Centre

Since 2009, care homes and hospitals have had to seek authorisation from their Local Authority if they need to deprive an individual who lacks capacity of their liberty as part of their care and/or treatment. The Health and Social Care Information Centre (HSCIC) currently collects data from Councils with Adult Social Services Responsibilities (CASSRs or councils) on Deprivation of Liberty Safeguards (DoLS) at case level on an annual basis. This information is then published in the annual report 'Mental Capacity Act, 2005, Deprivation of Liberty Safeguards'.

Supreme Court judgments handed down on 19 March 2014 have led to a substantial increase in the volume of Deprivation of Liberty Safeguards (DoLS) applications received by councils. As a result, a temporary, voluntary, data collection has been introduced to cover the period 1 April 2014 – 30 September 2015. This quarterly collection enables stakeholders to monitor the scale of the Supreme Court judgments' impact on councils in a timely manner, and allows for any increase in the number of DoLS applications to be quantified and evidenced.
You can access the data on a quarterly basis from Health & Social Care Information Centre – click on this link to access the full report:

http://www.hscic.gov.uk/article/2021/Website-Search?productid=18380&q=dols+2015-15&sort=Relevance&size=10&page=1&area=both#top

The table below shows the summary of the report published by Health & Social Care Information Centre with our comparator average figures:

CGA = Comparator Group Average

Outcome of applications	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16
Number of applications received during the quarter	**46** CGA **73**	**156** CGA **122**	**181** CGA **153**	**139** CGA **151**	**142** CGA **162**
Of those applications how many were granted	**37** CGA **67**	**146** CGA **94**	**163** CGA **88**	**102** CGA **78**	**89** CGA **69**
Of those applications how many were not granted	**9** CGA **10**	**10** CGA **17**	**18** CGA **15**	**12** CGA **23**	**15** CGA **31**
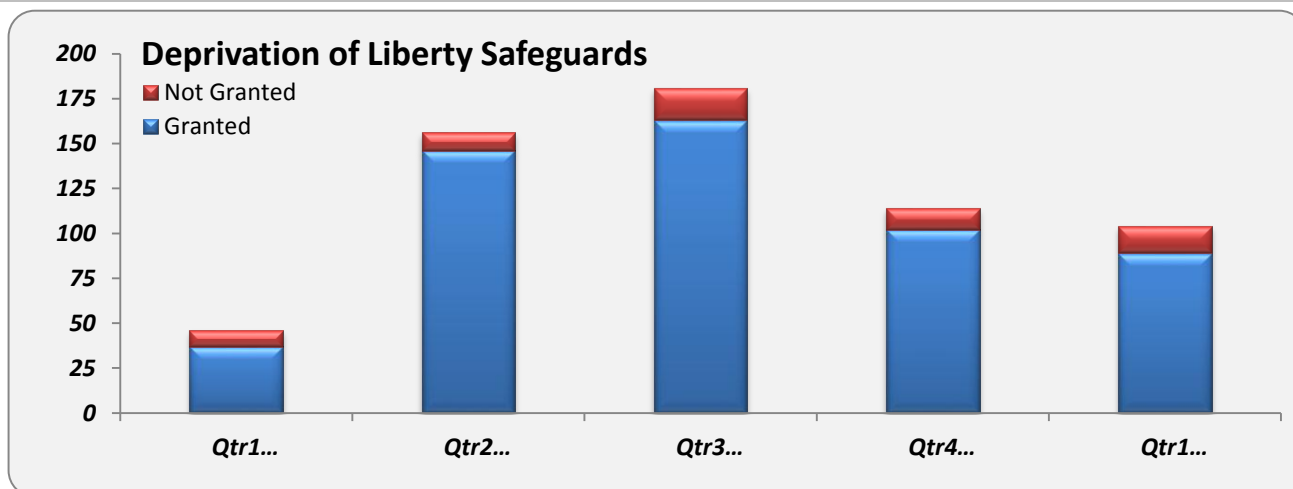
Deprivation of Liberty Safeguards

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National Benchmarking data

Costs of Adult Social Care Services:

The following graphs show how our costs of services compare to other statistically similar boroughs in 2013-14. (The average cost of the service is worked out by dividing the number of customers by the amount of money spent per day, week, etc.)

Overall Summary
Net Expenditure per Head
2013/14

Net cost of major client groups per head

Net cost of major client groups (unweighted)

Adult Population (unweighted)

The two charts marked unweighted are given here to help members understand the relative size of authorities. As most of our analysis shows unit costs, or other ratios, the size of the authority is usually not apparent.

Graph Source: CIPFA Social Care Benchmarking
(CIPFA: Chartered Institute of Public Finance & Accountancy)

Adult Population (18+)		158 k		

Net Expenditure		£'million	£/head	Avg
A	Service Strategy	0.3	£1.90	£2.78
B,E,F,G	Major Client Groups	46.5	£293.79	£355.19
H	Asylum Seekers	0.2	£1.16	£0.66
J	Other Adult Services	1.8	£11.29	£9.66
K	**Total Adult Services**	**48.8**	**£308.14**	**£368.29**

Key points:

- Merton spends less per head of population than average.
- Merton is a smaller authority than average.

Costs of Adult Social Care Services

How Merton compares on net spend on specific care groups or settings

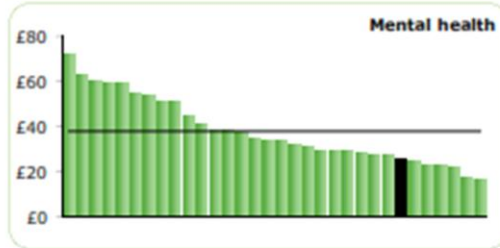*(net means including the income we get from charges and other sources)*

Services for Adults - Summary
Net Expenditure per Head, 2013/14
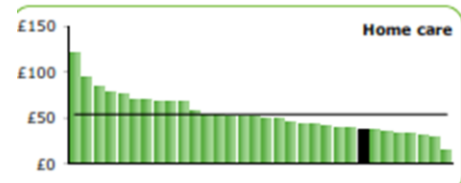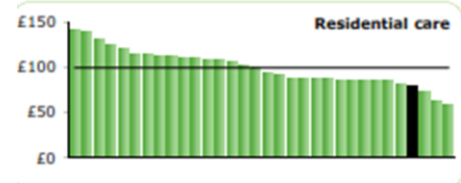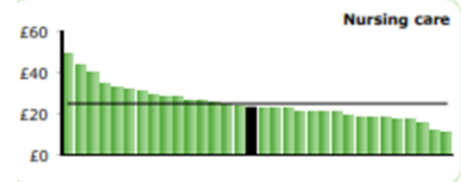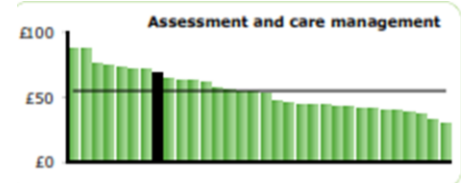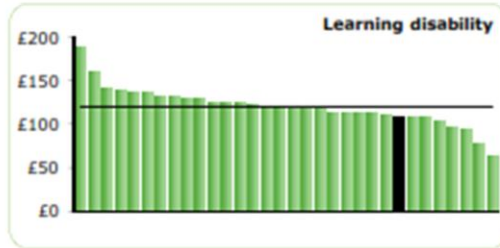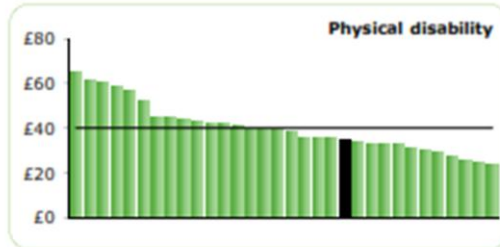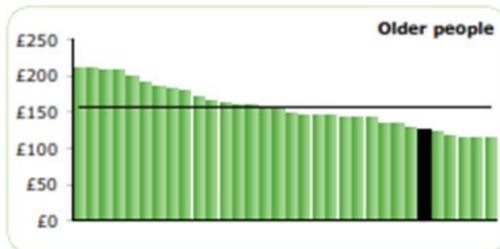
Adult Population (18+) `158 k`

Net Expenditure		£'m	Exp/head	Avg
B	Older people	19.8	£125	£157
E	Physical disability	5.5	£35	£40
F	Learning disability	17.2	£109	£120
G	Mental health	4.0	£25	£38
Total		**46.5**	**£294**	**£355**

Net Expenditure		£'m	Exp/head	Avg
1	Ass. & care mgt.	11.0	£69	£55
2.1	Nursing care	3.7	£23	£25
2.2	Residential care	12.5	£79	£99
4	Sup. & other accom..	1.9	£12	£30
5	Home care*	5.9	£37	£54
6	Day care/services*	4.6	£29	£29
7	Fairer charging	8.6	£54	£74
8	Direct payments	4.5	£28	£33
9-11	Other services	3.3	£21	£29
13	Supporting people	1.2	£7	£9
Total		**46.5**	**£294**	**£355**

Home Care/Day Care figures are gross with respect to client contributions, but all other income is netted off.

Source: CIPFA Social Care Benchmarking based on PSSEx1 Report 2013-14 Final
(CIPFA : Chartered Institute of Public Finance & Accountancy)
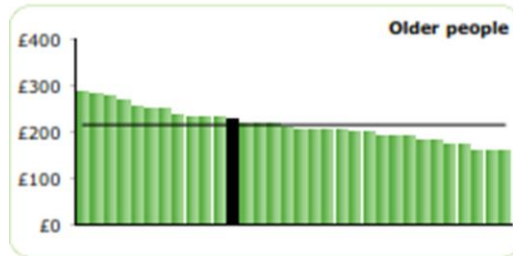
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National Benchmarking data

Costs of Adult Social Care Services

How Merton compares on net spend on specific care groups or settings

*(net means including the income we get from charges and other sources)*

We will update this page with 2014-15 data once it is available from CIPFA.

Services for Adults - Summary
Gross Expenditure per Head, 2013/14

Adult Population (18+)			158 k

Gross Expenditure		£'m	Exp/head	Avg
B	Older people	35.8	£226	£215
E	Physical disability	6.2	£39	£46
F	Learning disability	19.7	£125	£137
G	Mental health	4.2	£27	£45
Total		**65.9**	**£417**	**£444**

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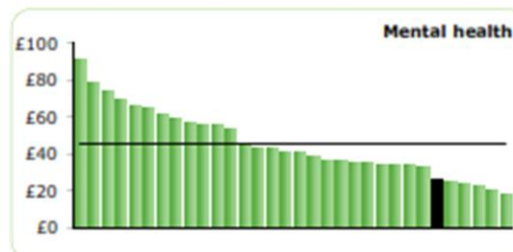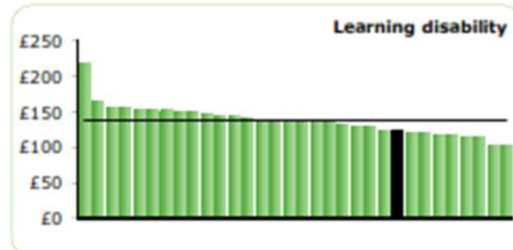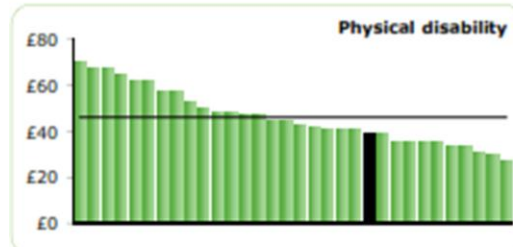
Costs of Adult Social Care Services

We will update this page with 2014-15 data once it is available from CIPFA.

Client Numbers Comparison
2013/14

Service Strategy	Cost (£'k)	Clients	£/head	£/client	Clients/pop.
Older People	19,774	1,596	£125	£12,392	10.1
Physical Disability	5,503	289	£35	£19,040	1.8
Learning Disability	17,208	414	£109	£41,575	2.6
Mental Health	4,007	66	£25	£60,712	0.4
Total	**46,492**	**2,365**	**£294**	**£19,661**	**14.9**

Adult Population (18+)	158 k

Group Averages: Service Strategy	£/head	£/client	Clients/pop.
Older People	£157	£16,057	10.0
Physical Disability	£40	£20,389	2.0
Learning Disability	£120	£47,267	2.6
Mental Health	£38	£41,472	1.2
Total	**£355**	**£22,867**	**15.8**

Client figures: *calculated from PSS Ex1 Activity sheet for the following clients: Nursing Care, Residential Care, Home Care, Day Care, Meal & Direct Payments Please see client group reports for further detail.*

Source: CIPFA Social Care Benchmarking based on PSSEx1 Report 2013-14 Final
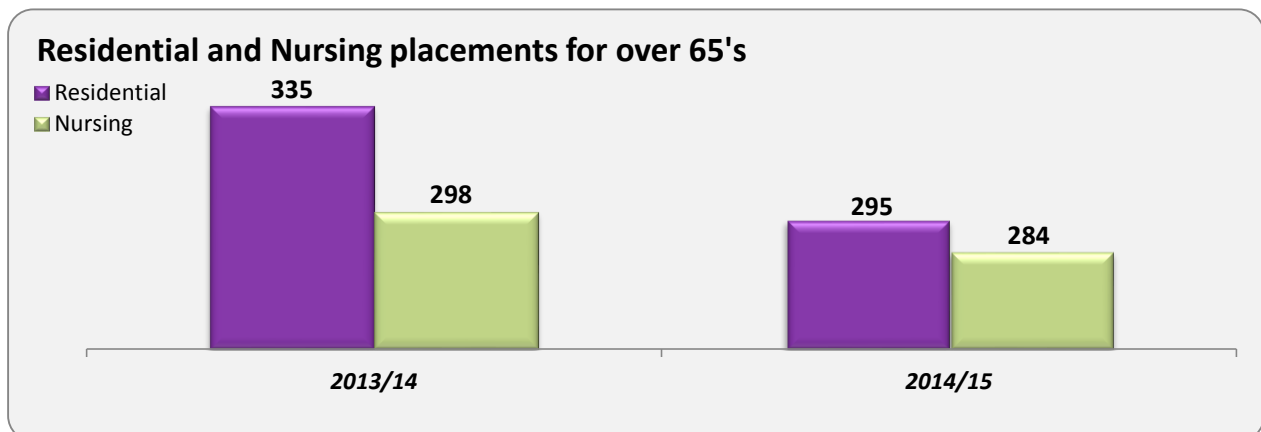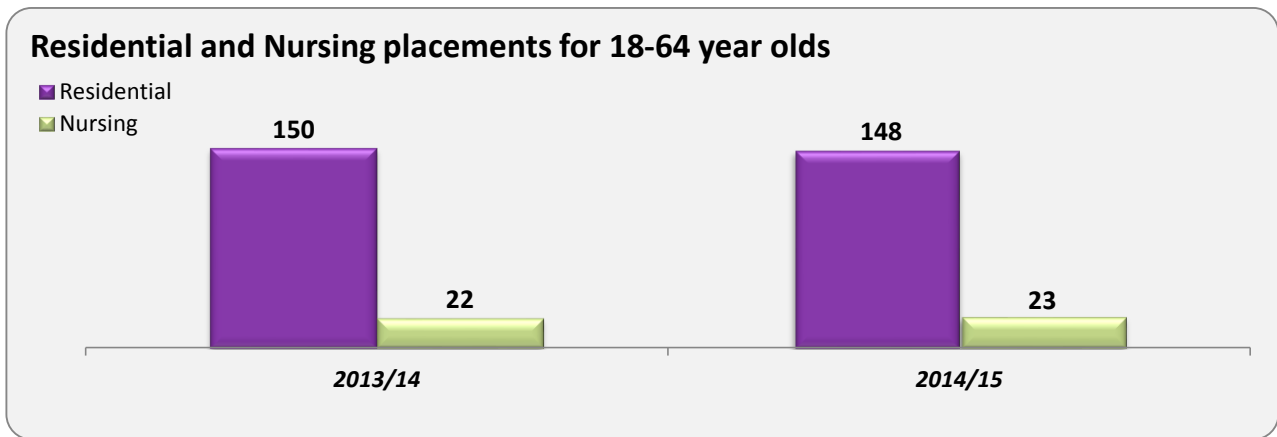*(CIPFA : Chartered Institute of Public Finance & Accountancy)*

Local Performance Report

The local performance report forms part of our Performance and Quality Assurance Framework. We monitor activities and volumes of Adult Social Care data and local measures on a monthly, quarterly and yearly basis.

In this Local Account the local performance reporting is split into yearly and quarterly reports. The quarterly reporting section will be updated on a quarterly basis.

Yearly Monitoring data

Services	18-64		65+	
	2013/14	2014/15	2013/14	2014/15
Residential placements made during the year	150	148	335	295
Nursing placements made during the year	22	23	298	284

Residential and Nursing placements for 18-64 year olds

- ■ Residential
- ■ Nursing

	2013/14	2014/15
150		
	22	
		148
		23

Residential and Nursing placements for over 65's

- ■ Residential
- ■ Nursing

	2013/14	2014/15
335		
298		
		295
		284

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Local Performance Report

Yearly Monitoring data

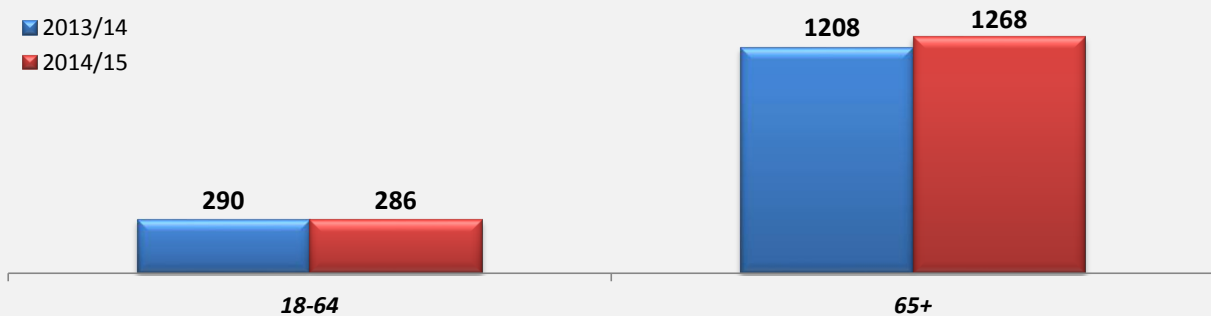|	2013/14		2014/15	
Community Based Services[1]	*18-64*	*65+*	*18-64*	*65+*
The total number of adults receiving Community Based Services during the year	1174	2700	1128	2687
The number of adults receiving domiciliary care services during the year	290	1208	286	1268
The number of adults receiving direct payments during the year	321	267	314	278

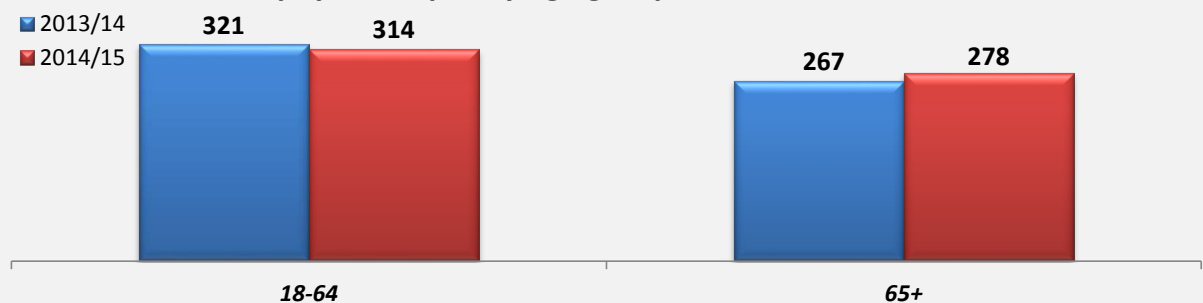**Number of community based services received split by age group**
- 2013/14
- 2014/15

	1174	1128		2700	2687
	18-64			**65+**	
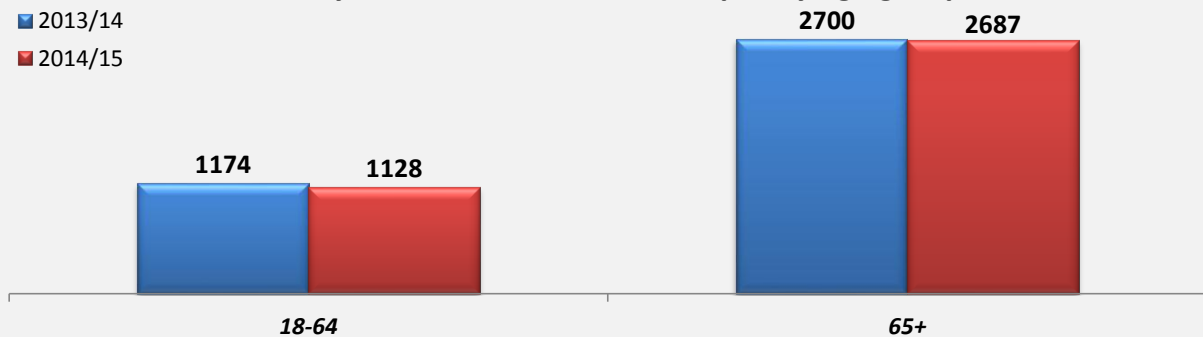
Number of domiciliary care services split by age group
- 2013/14
- 2014/15

	290	286		1208	1268
	18-64			**65+**	

Number of direct payment split by age group
- 2013/14
- 2014/15

| 321	314		267	278
18-64			**65+**	

[1]*Community Based Services included in the graph are temporary residential and nursing placements, domiciliary care, day care, transport, equipment and direct payments.*
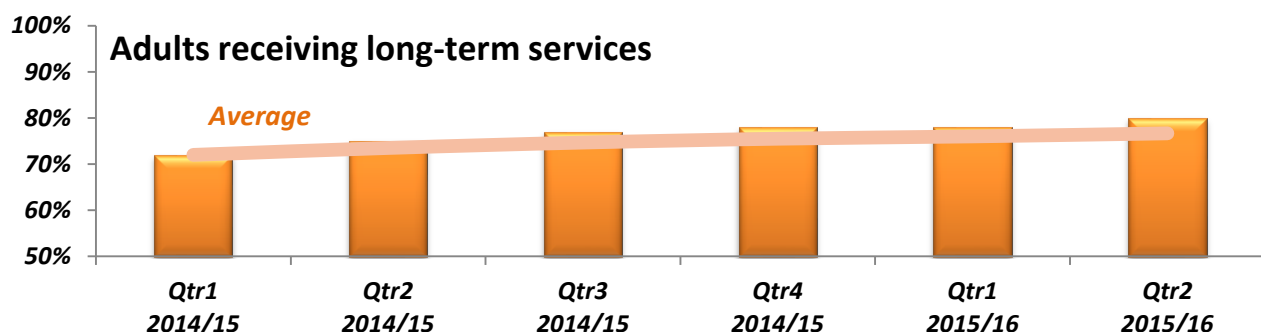
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Local Performance Report
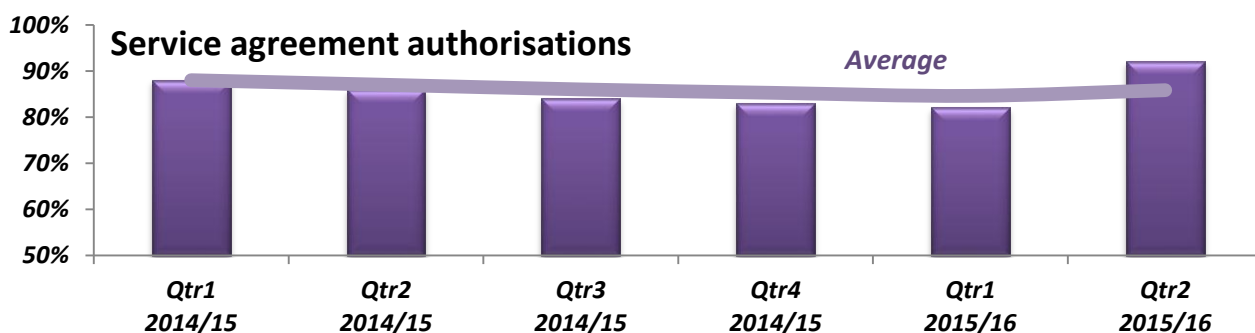
Quarterly Monitoring data

Number of carers receiving an assessment, services and/or information and advice for each quarter	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	301	350	168	325	459	493

Carers receiving an assessment and/or service

Average
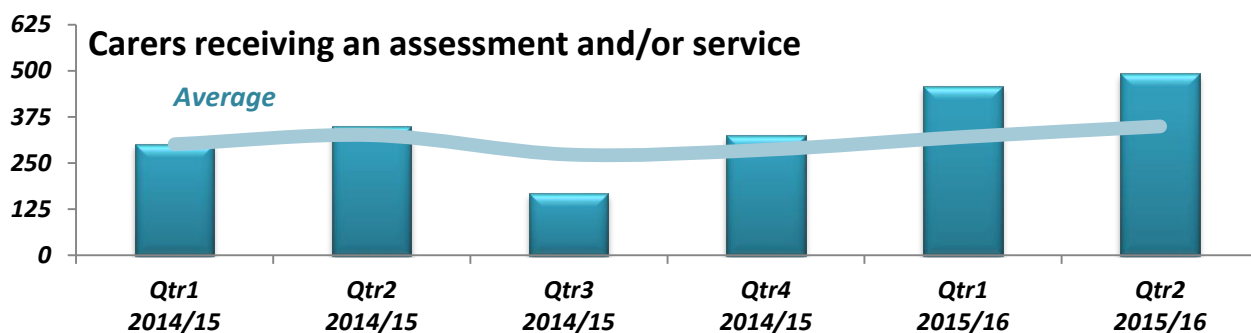
Percentage of adults receiving long term community based services from all adults receiving long term services	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	72%	75%	77%	78%	78%	80%

Adults receiving long-term services

Average

Percentage of service agreement authorisations completed within five days for each quarter	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
	88%	86%	84%	83%	82%	92%

**Service agreement authorisations**

Average

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Local Performance Report

Quarterly Monitoring data

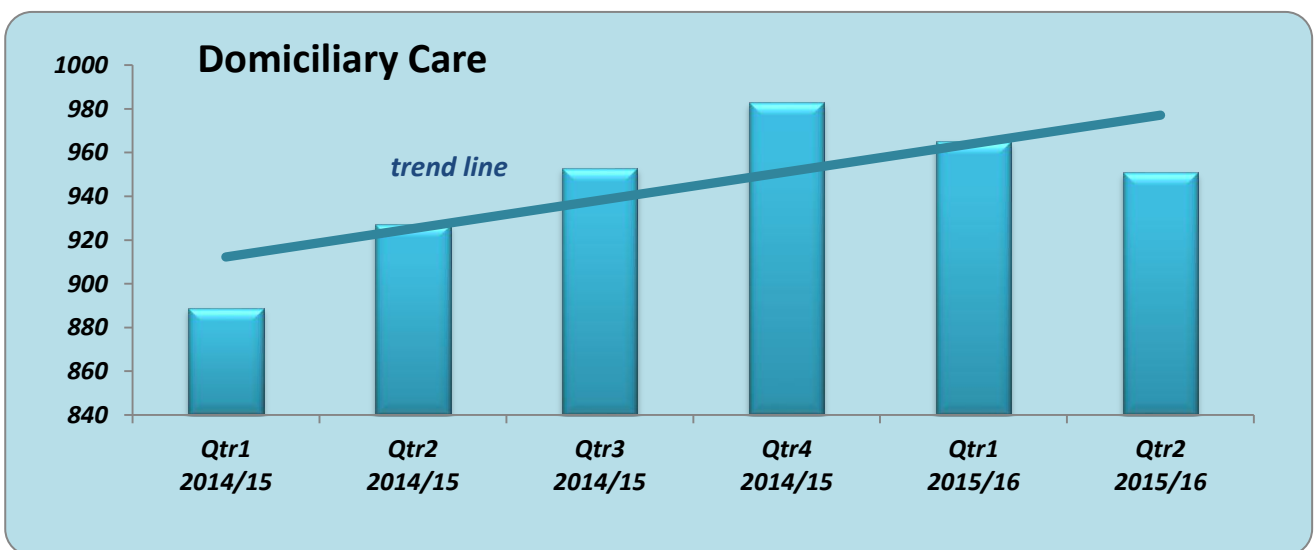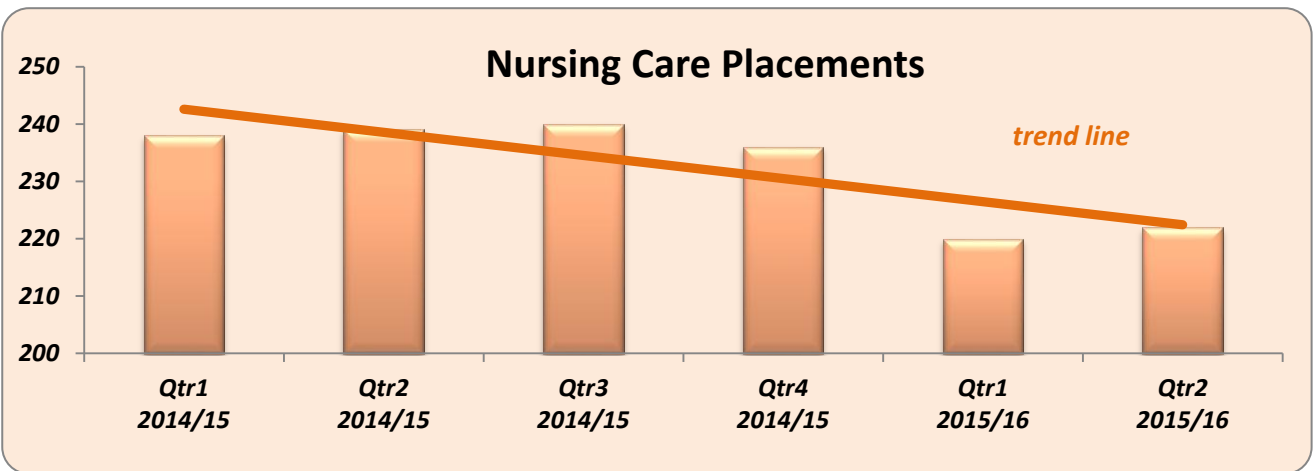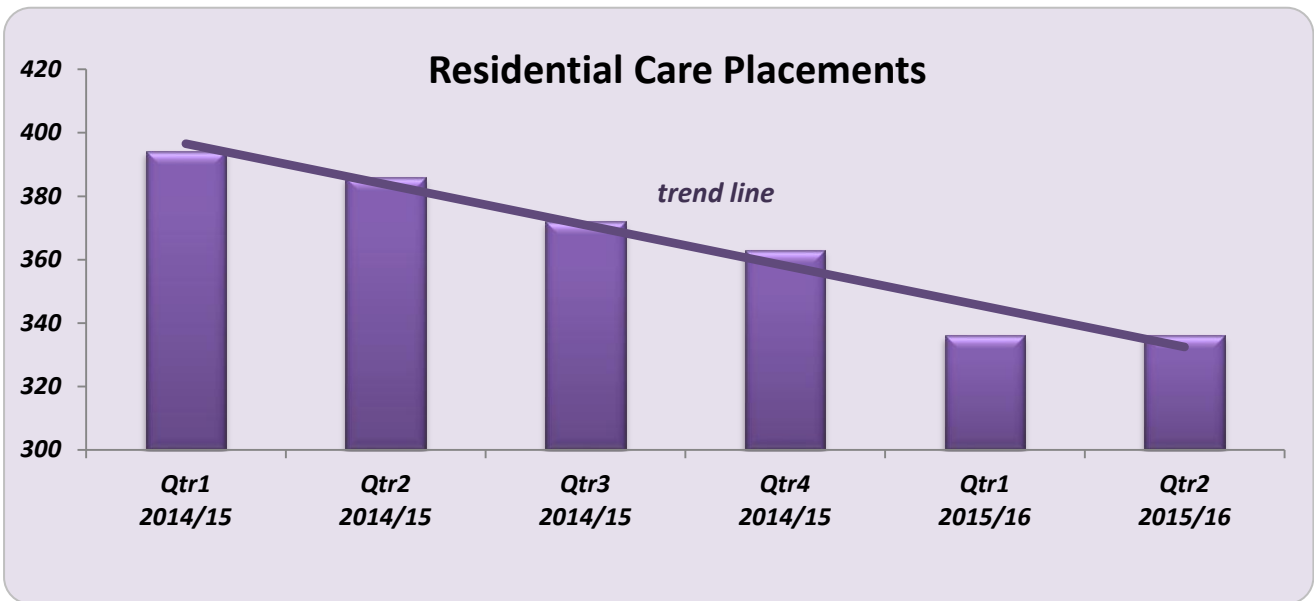| Assessments and Reviews	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
Number of assessments completed *(quarterly snapshot)*	725	539	678	683	538	642
Number of reviews completed *(quarterly snapshot)*	195	179	281	311	121	138
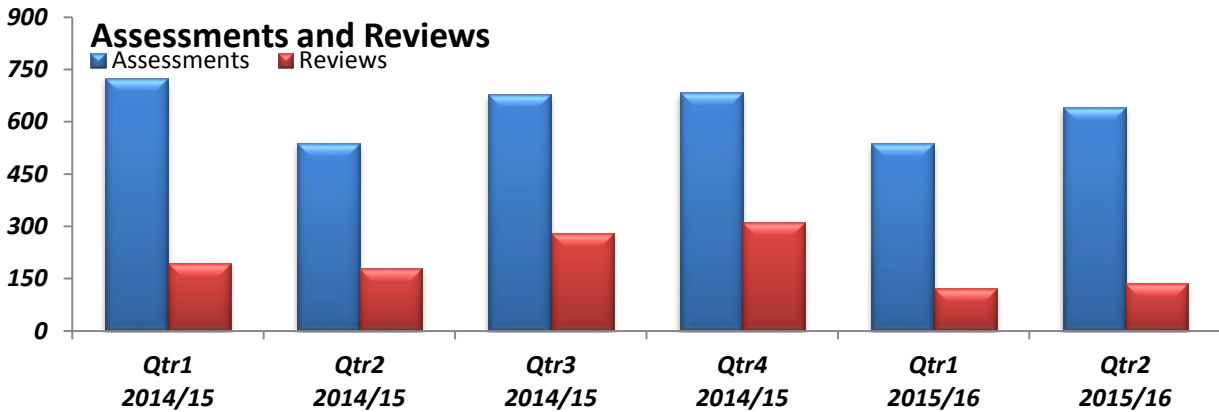
Services *(quarterly snapshot)*	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
The number of adults in a permanent **residential** placement during the quarter	394	386	372	363	336	336
The number of adults in a permanent **nursing** placement during the quarter	238	239	240	236	220	222
The number of adults receiving a **direct payment** during the quarter	508	508	510	518	523	507
The number of adults receiving **domiciliary care** during the quarter	889	927	953	983	965	951

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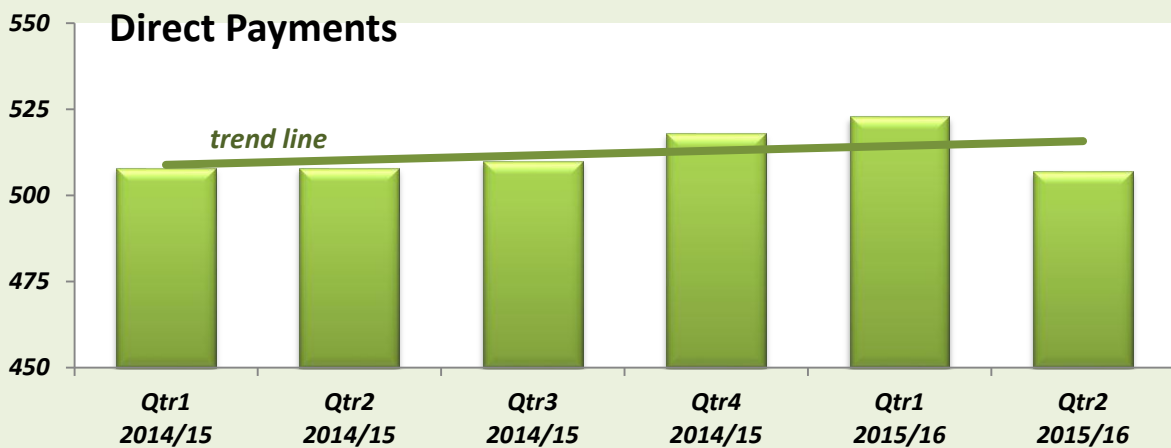
Local Performance Report

Quarterly Monitoring data - Services (quarterly snapshot)

Residential Care Placements

Nursing Care Placements

Domiciliary Care

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Local Performance Report
Quarterly Monitoring data

Delayed Transfers of Care	Jun 2014	Sep 2014	Dec 2014	Mar 2015	Jun 2015
Total number of **patients** delayed[2] *(Merton council)*	6	5	7	14	10
Total number of **patients** delayed[2] *(average across all London councils)*	13	13	13	16	17

| Delayed Transfers of Care	Jun 2014	Sep 2014	Dec 2014	Mar 2015	Jun 2015
Total number of **days** delayed[2] *(Merton council)*	118	109	151	295	311
Total number of **days** delayed[2] *(average across all London councils)*	342	370	395	385	423

[2] *Data sourced from via the links titled 'Patient Snapshot Local Authority' and 'Total Delayed Days Local Authority' on the NHS England website via this link http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2015-16/*

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Local Performance Report

Quarterly Monitoring data

Safeguarding Adults	Qtr1 2014/15	Qtr2 2014/15	Qtr3 2014/15	Qtr4 2014/15	Qtr1 2015/16	Qtr2 2015/16
Number of safeguarding referrals received for each quarter	128	113	108	126	177	330
Number of safeguarding cases closed as an alert only for each quarter	76	49	56	60	113	140
Number of safeguarding cases closed as an investigation for each quarter	35	35	25	18	25	35
Number of safeguarding cases open at the end of the quarter	50	35	44	26	53	25

Safeguarding Referrals & Investigations

- ■ Referrals
- ■ Investigations

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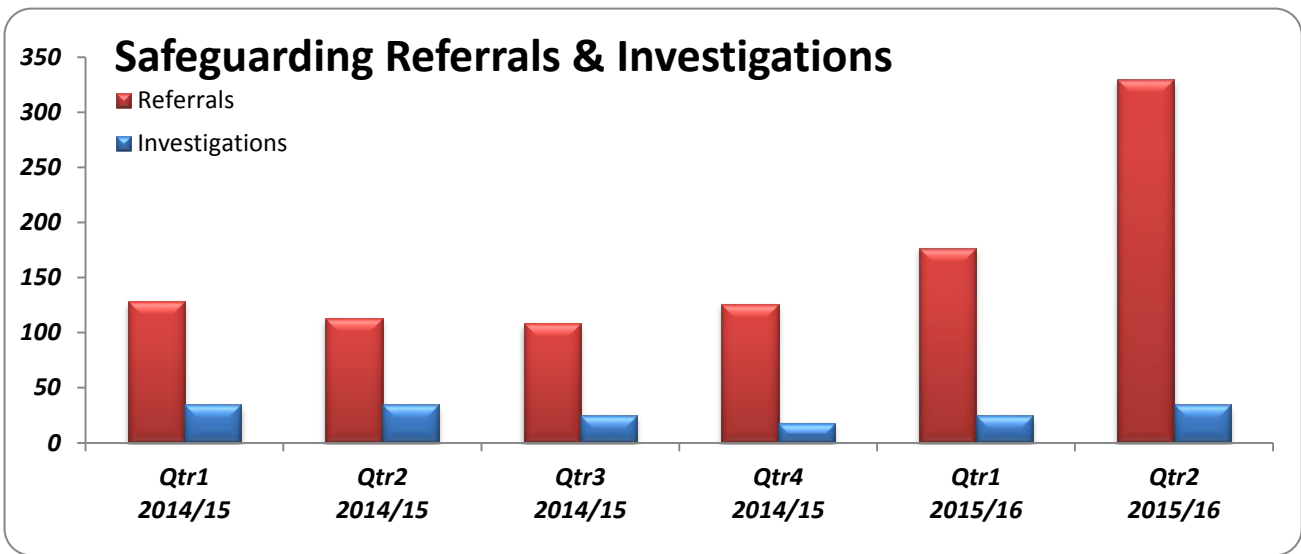
Customer and Carer satisfaction Surveys

Quality Assurance

655 Customer/Carer Satisfaction Surveys were received from customers following an assessment/ review from April 2013-March 2015 by the adult social work teams (283 surveys), MILES (Merton Independent Living & Engagement Team) – (163 surveys) and the Occupational Therapy Team following assessment and provision of equipment (209 surveys).

- The survey responses indicated a high percentage of customers found it easy to find information about the support provided by Merton Council with 52% having obtained this whilst in hospital or at their GP surgeries.

- A high percentage of customers advised that the service received from Merton Council had helped to improve the quality of their life, having increased by 3% from 92% to 95% over the last year.

- 96% of Occupational Therapy survey responses confirmed that the equipment /adaptation to their property has met their needs, with only 3% needing more help, 38% advising less help and 22% no longer needing any help from others.

- 96% of overall responses confirmed satisfaction with the contact and services that had been received, with 97% confirming that the care workers providing their service treated them with dignity and respect, and 94% confirming this had been provided on the day and time needed. Any comments advising concerns about providers being late etc., were followed up with the service provider and/or the contract monitoring officers.

- The Occupational Therapy Assessment Centre received 82 completed evaluation forms from customers who had visited their Assessment Centre which enables people to try out equipment. There were very high levels of satisfaction in the convenience of date and time (99%), and with the time given by the assessor to explain what was needed (100%) as well as confirmation that they were able to obtain equipment when offered a prescription when they had redeemed this at an accredited retailer for equipment and/or rails.

- The surveys also provide an opportunity for feedback and 80% of comments were complimentary on the OT surveys about the service or worker who had carried out their assessment and 44% on the adult surveys with the rest of the comments providing some general feedback.

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Case file Audits - Quality Assurance

164 case file audits were completed by managers during the years 2013-15. The audits look at the customer journey covering assessment, safeguarding issues, the support being provided to customers and whether this was meeting the desired outcomes, as well as checking that the customer's electronic record was up-to-date.

- A high level of accuracy in the recording of data on the customer record was reported and confirmed that the data linked to performance monitoring and finance had been recorded accurately.

- The audits showed that where a customer was having difficulty dealing with finances a check had been made to ascertain who would be able to provide this i.e. help requested from the financial assessment team, or confirmation that assistance was available from a family member, Appointee etc.

- Audits confirmed that all carers were offered a joint or separate carers assessment of which 16% had declined the offer, and 95% had accepted information and advice relevant to their carer role, and that the opportunity to learn and develop had been discussed with them.

- All audits showed that customers' cultural, language, ethnicity and background had been considered when making plans for their care.

- The audits showed that the recording of the customer contact/case notes were up-to-date at time of audit and had improved from 95-100% over the 2 year period.

- 142 system audits were also carried out and showed that 100% of data recording on the social care database (customer electronic record) was up-to-date and accurate.

- The outcome of assessment was up-to-date on 95% of customer records. The recording of this is regularly monitored by the Performance Team providing regular reports to managers advising assessments/reviews where an outcome has not been recorded to ensure the completion of the information on the customer records.

- The audits showed an improvement from 63% to 72% of accuracy for the file location details recorded on Carefirst electronic record. The inaccuracy was mainly due to the move of manual client files when the divisional offices transferred to the Civic offices.

Let us know what you think about our

Adult Social Care Local Account:

We would welcome your views on the contents of this report to help us understand what you would like to see in future Local Accounts.

Please visit **http://www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance.htm** before **31 March 2016** and complete the survey.

If you would prefer a paper copy to be sent to you please contact the performance team on:
020 8545 3093 or email:
communityperformanceteam@merton.gov.uk

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