

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 12 February 2013

Agenda item: 7

Wards: **All**

Subject: Publication of Adult Social Care Local Account 2011-12

Lead officer: **Simon Williams (Director of Community & Housing)**

Lead member: **Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.**

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. Scrutiny is invited to note this report and the contents of the Adult Social Care Local Account
 - B.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The way that councils' Adult Social Care (ASC) services are judged has changed. The government has ended the assessment of council ASC services carried out by the Care Quality Commission (CQC) and replaced this with a document to be produced by each council called a "local account". The ASC local account is an important part of the council's commitment to be transparent with local residents about what we do and spend. The ASC local account is approved for publication by the Health and Wellbeing Board (HWB). The report shows the council's performance in this area from April 2011 - March 2012, and describes our approach to improve positive outcomes for users and carers. This is the second year we have produced a local account and this year we have used feedback from the first report to further improve the content of the second report. This report will be published on the Merton internet (but also available as a hard copy on request) by the end of February 2013.
- 1.2.

2 DETAILS

- 2.1. N/A

3 ALTERNATIVE OPTIONS

- 3.1. N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Feedback on the contents of the report will be sought through a survey published alongside the report

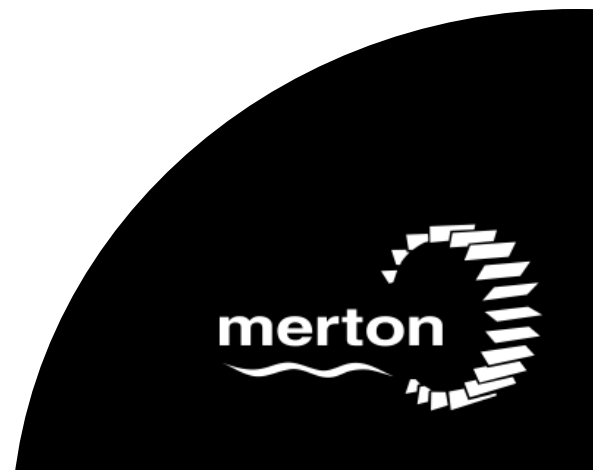
- 5** **TIMETABLE**
- 5.1. To be published by the end of February 2013
- 6** **FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**
- 6.1. N/A
- 7** **LEGAL AND STATUTORY IMPLICATIONS**
- 7.1. .N/A
- 8** **HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 8.1. N/A
- 9** **CRIME AND DISORDER IMPLICATIONS**
- 9.1. N/A
- 10** **RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 10.1. N/A
- 11** **APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- 11.1. N/A
- 12** **BACKGROUND PAPERS**
- 12.1. N/A

Adult Social Care Local Account



How we have delivered Adult Social Care services

April 2011 to March 2012



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Foreword:

Cabinet member for adult social care (ASC) and health **Councillor Linda Kirby**



As Chair of Merton Shadow Health and Wellbeing Board (HWB) I welcome the information provided by Local Account. Our HWB brings together the Council, Merton Clinical Commissioning Group and the voluntary and community sector to focus on improving the health and wellbeing of local people. It is essential that HWB partners are able to provide clear information that can be effectively shared and the Local Account helps to achieve this.

All Health and Wellbeing Boards become statutory from this April 2013 and will be focused on promoting an integrated approach to commissioning and service delivery. The HWB is also committed to build the views of key stakeholders and the local community into strategic plans and service delivery which the Local Account will support.

Director of community and housing **Simon Williams**



Welcome to this second local account of our performance on delivering services to Merton residents. My thanks to those of you who gave us feedback on the first one a year ago: we have sought to build on this. The challenges we have faced in 2011/12 included making significant savings as part of the Council's overall need to reduce expenditure, dealing with a continued year on year increase in safeguarding referrals, and continuing to try to reshape our services and processes in line with personalisation.

At the same time we have also been supporting the creation of a Clinical Commissioning Group just for Merton, to assist our efforts to have more joined up services between health and social care, and we have been managing the transfer of public health to the Council in line with what is happening through the country.

We think that the comparative information on performance shows something of a mixed picture. On the whole our customers are happy with the support they receive, and in some areas such as hospital discharge we perform among the best anywhere, but we need to understand and remedy why we are admitting more people than average to residential and nursing homes. As part of this we have been working on a programme to prevent unnecessary use of such options, along with the voluntary sector locally.

Please continue to give us feedback on this document.

Best wishes

A handwritten signature in black ink that reads "S. Williams".

Chair of the Local Involvement Network (LINK)

Barbara Price

As Chair of LINK Merton, I welcome the production of this Local Account. Since 2008, LINK Merton has played its part in supporting service users and carers in shaping the delivery and quality of services, a role which from April 2013 will be taken forward through a new body called Healthwatch.

We believe the views of local people are essential to the delivery of effective services and meaningful engagement can help commissioners and providers deliver high quality, appropriate services that local people need. This local account is an important tool in enabling Merton residents to understand how Adult Social Care services are commissioned and delivered by the London Borough of Merton.



Introduction:

This is the second year Merton has produced an Adult Social Care 'Local Account'. The report is a self-assessment published by the council and includes details about outcomes achieved for our service users, compares performance with other local authorities and provides customer case studies.

The local account is aimed at everyone who is interested in the quality of Adult Social Care, including service users, carers, residents and people working in Merton. With the abolition of the Annual Performance Assessment by the Care Quality Commission, it is important that councils find a way of reporting back to residents and service users about performance, and publishing an annual local account is one way of achieving this.

We want to ensure that users and carers are at the core of what we do and that we listen and respond to their views. We believe this report provides a meaningful way of reporting the quality of Adult Social Care Services in Merton.

About Merton:

Merton is an outer London borough, situated to the south west of the capital, and bordering Wandsworth, Sutton, Kingston, Croydon and Lambeth. A striking characteristic of the borough is the difference between the poorer, more deprived east of the borough (Mitcham) and the wealthier, more prosperous west (Wimbledon). Bridging the gap between the east and the west of the borough is the major priority for the council.

The following are the key highlights from the Merton 2011 census:

- Merton Population is 199,693
- Overall population has increased by 6.3% since 2001
- 10% fall in overall White population
- Merton has higher than London and neighbour average Pakistani population – but overall decrease from 2001
- 6% increase in overall Asian population
- 3% increase in Black population
- 2% increase in mixed population
- 78,757 – number of households in Merton in 2011 Census - 78,884 in 2001 Census
- 3rd highest v neighbours for one person 65+ households
- 3rd highest v neighbours for married households with no children
- 67% - increase in private rented accommodation
- 16% - fall in owned properties
- Social rented from local authority considerably lower than London average



- 85.6% “good” or “very good health”, 2011 - 92.9% “good or very good health”, 2001
- 20-49 hours of unpaid care provided by 1.2% of Merton residents; lower than London average but 2nd highest amongst neighbours
- 8.6% - retired; higher than London average
- 5.3% - looking after home or family; higher than London and neighbours
- Merton ranks second lowest amongst its neighbours for one person households with a long-term health problem with dependent children

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 and adult education. The social care division consists of three primary sections: access and assessment, commissioning, and direct provision. The functions of the three services are outlined below.

Access and Assessment Team:

The Access and Assessment 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.

The service also provides information and advice to individuals and their families as well as to the variety of local partner agencies.

Once support plans have been put in place the Access and Assessment service supports customers to review on an on-going and annual basis, whether their needs continue to be met.

A further vital responsibility of the Access and Assessment Service is the Safeguarding Adults Team. In line with the national position on Adult Safeguarding statistics, Merton continues to see an increase in referrals to the Safeguarding Team. Significant training has also taken place, both within the department and externally, regarding safeguarding, self-neglect, mental capacity and DOLS.

Access and Assessment continues to have the following functions:

Adult Access: first contact service giving a broad range of information, advice and access to either reablement or a self/community care assessment (a statutory responsibility).



Triage: aim to prevent hospital admission and plan for hospital discharge by enabling access to a reablement service, an instant support package or referral to the long-term teams.

Long-term Assessment and Support Planning: provide service users who have on-going, long-term needs with supported self-assessments, Carers' Assessments and planned care packages via Individual/Personal Budgets.

Hospital Social Work: provide social work supported assessment to those people with complex needs in local hospitals aimed at minimising hospital stay. Facilitate access to community services or admission to residential and nursing home placements for people who are no longer able to manage at home or now need regular nursing care.

Review Team: on-going monitoring, and review of support plans.

Multi-Agency Community Service: health and social care assessment, treatment, intervention and support service to all Merton residents with learning disabilities.

Occupational Therapy (OT): one which provides a rapid response to people requiring small pieces of equipment and advice; the assessment centre which enables people to try out equipment; and finally the long term and major adaptation functions.

Adult Safeguarding: lead, manage and oversee the process of adult safeguarding, including training others and investigating concerns.

Financial Assessment: undertake assessments to ascertain level of contribution from users.

Direct Payments: manages the process of direct payments and managed accounts to service users who are able and willing to manage their own care.

Mental Health: South West London and St. George's Mental Health Trust covers five boroughs including Merton. The local Community Mental Health Teams (CMHTs) work in partnership with voluntary and private organisations providing treatment and support to help people over 18 manage their mental health issues.

Merton Independent Living Service (MILES): provides intense home support, functional analysis and personalised professional intervention in order to prevent people being admitted to hospital and/or long-term dependent care. Merton also provides a small, focused homecare service for those customers with highly complex urgent needs.



Direct Provision Team:

Direct Provision is the in-house provider service for Merton's ASC department. The following services are provided to a range of people from all care groups of working age adults and older people: day services, residential care, supported living, community alarms and Telecare, employment support and community outreach.

Services are provided via four day centres, two residential homes, a supported living team; an extra care supported housing scheme and a community alarm service. The establishments are spread across the borough, and serve on a daily basis up to 220 day service users, 14 people in residential care, 31 in supported living and 33 in extra care housing. The majority of people are referred by Merton Care Management Teams but we also sell places in day services to people from other boroughs.

Direct Provision has a total workforce numbering 160 people, which is a stable group of staff with a low turnover rate. All are trained to a minimum standard of NVQ Level 2 and receive regular training appropriate to their job roles.

Services have developed to reflect best practice; for example we closed a learning disability day centre which was run on the sheltered workshop model and redeployed staff to form an Employment Team.

We have also increased the out-of-hours outreach service. The policy for all of our day services is to change them to be multi-use community hubs in the manner of High Path. All Saints is now a service for people with learning disabilities as well as the core group of people with physical disabilities. These day services are likely to see most changes as we focus on providing a safe and secure service, with increasing use of volunteers.

MASCOT Telecare is expanding and becoming a key part of adult social care work in enabling people to remain at home for longer and use the council's resources more effectively. The Supported Living Team is also serving a larger number of people.

The services provided are generally well regarded, with good feedback from service users and carers, with a low level of complaints. Each service has a user group or committee and a carer group

We support people with learning disabilities to attend a self-advocacy group and encourage independent advocates to access users of our services. Services regularly have open days, coffee mornings and other events to keep service users and carers informed and engaged.

Direct Provision was formed as part of the reorganisation of Adult Social Care in September 2009. Its main challenge is to form an effective business model which can continue to provide appropriate, attractive services cost effectively to people who take up Individual Budgets, and serve in-house purchasers for those who are not yet able to take up these budgets



Commissioning Team: The commissioning team has the following functions:

- **Knowledge management:** The production of all performance information for both central government and Adult Social Care Managers
- **Procurement:** The procurement and contract management of Adult Social Services in accordance with national and EU procurement regulations, ensuring value for money and high quality services for people
- **Commissioning:** planning and developing social care services jointly with partners and stakeholders.
- **Brokerage:** Brokering cost effective alternative value care and support solutions for customers. Informing the wider community of the care and support solutions in the local community via the dedicated on line portal called Merton-i.

Our aim is to:

- Achieve better outcomes for service users, carers and families
- Make sure services are designed and shaped to meet the needs of service users and carers
- Make the best use of resources
- Keep an on-going check on the quality and impact of services, making sure we continue to use our resources well.

There are a number of national drives for changing the way in which adult social services are commissioned. These include:

- Forecast demand for services running ahead of the money to pay for them
- A new emphasis on prevention and avoiding unnecessary dependency
- The need to provide advice and support to those who fund their own care.

- The need to commission in a way that allows people choice through self-directed support.

Merton has a diverse population in terms of affluence and ethnicity and is becoming more ethnically diverse. At present its population has a higher weighting towards middle age than average, but there is a rapid growth in people over 80, children and young people. This presents a challenge to the whole council and its partners.

Merton's financial context is very challenging and overall spend per head of population is one of the lowest in London. Our Medium Term Financial Strategy forecasts the need to reduce spend by up to 30% over the next few years.

Our most recent CQC performance rating was "Good" for all outcomes in ASC. Sutton and Merton Primary Care Trust (PCT) have a rating of "Fair" for financial management and "Good" for quality of commissioning.

The impact of the recession and inequalities in health also cause financial pressures. Local authorities are under pressure to reduce spending on Adult Social Care, but at the same time service users and carers expect high quality services.

The commissioning team are leading on many of the savings projects over the next few years and expect to achieve their targets through more effective and collaborative commissioning, including better procurement of services.

Budget Position:

The following represents the budget for adult social care for 2011-12:

2011/12- Adult Social Care Budget Final Out-turn

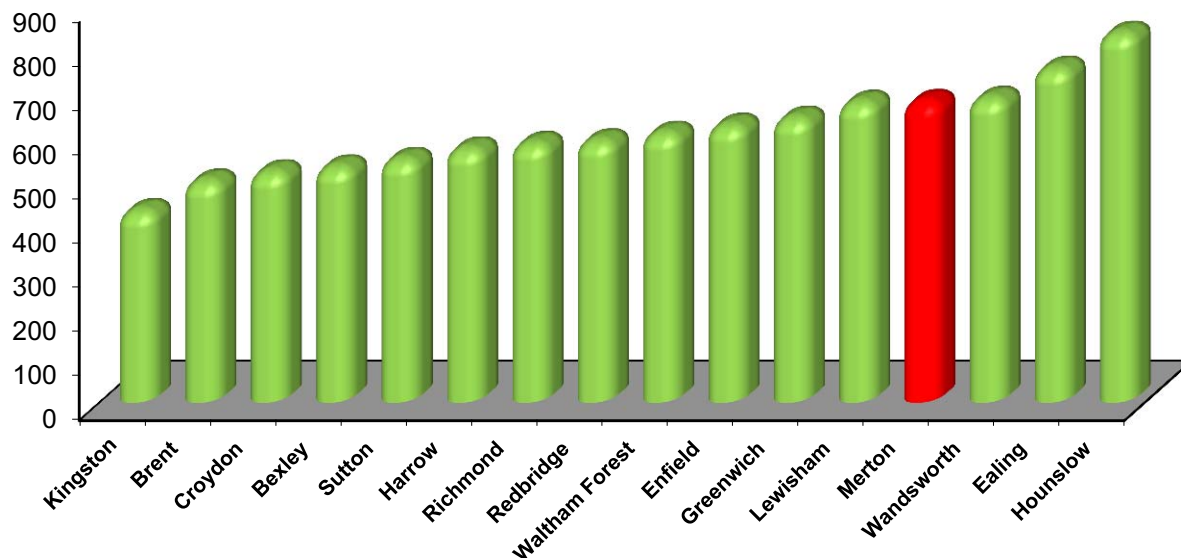
Service Area	Sum of 2011/12 Current budget for year	Final Out-turn 2011/12	Difference between budget and actual spend
Older People/Homecare	25,162,860	23550473	(1,612,387)
Learning Disabilities	10,101,950	9,805,886	(296,064)
Concessionary Fares & Taxicard	7,810,380	7,701,597	(108,783)
Physical & Sensory	4,832,950	4,532,404	(300,546)
Mental Health	3,114,950	2,975,137	(139,813)
Support Services	2,536,200	2,214,787	(321,413)
Other	755,380	742,780	(12,600)
Service Strategy	241,490	237,245	(4,245)
No Recourse to Public Funds	177,150	195,765	18,615
Grand Total	54,733,310	51,956,074	(2,777,236)

Costs of Social Services:

The following graphs show how our costs of services compare to other statistically similar boroughs in 2011-12. (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.)

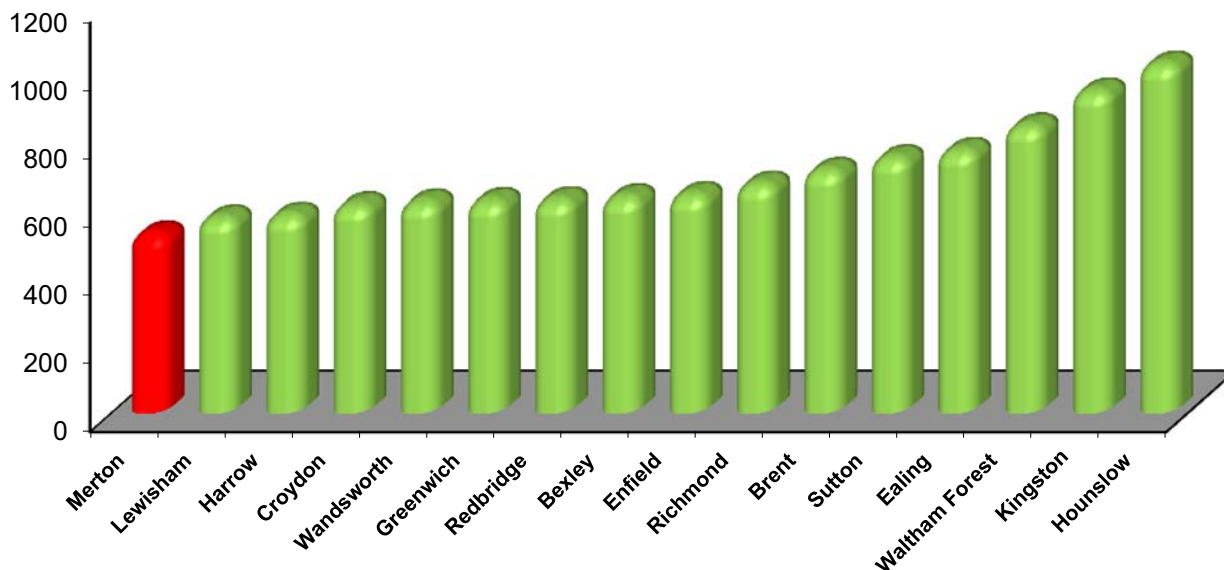
1. Older People

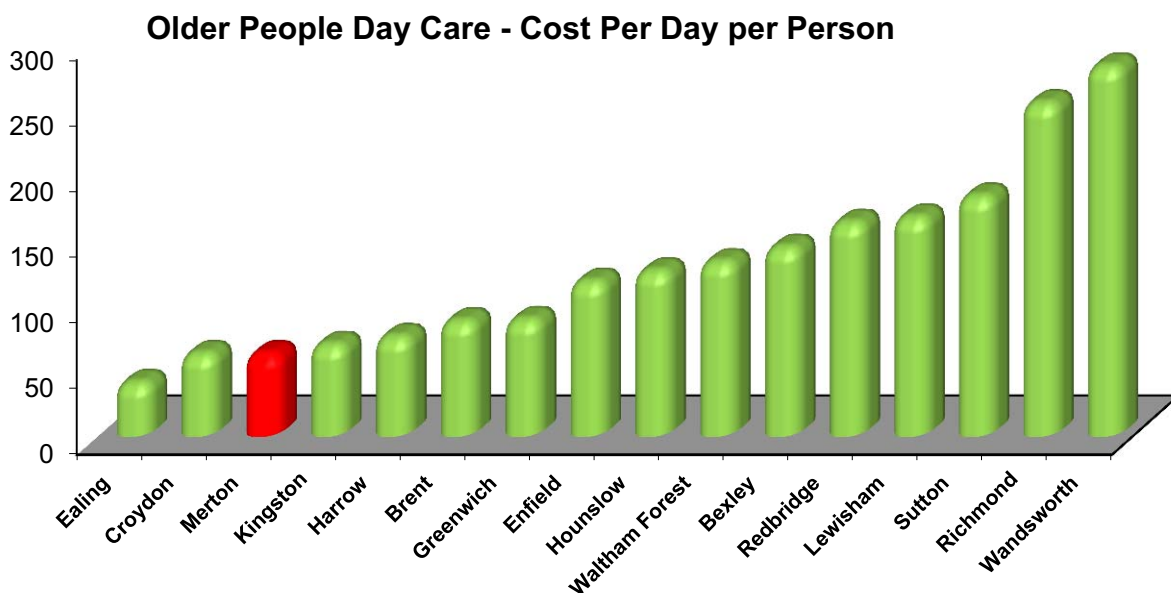
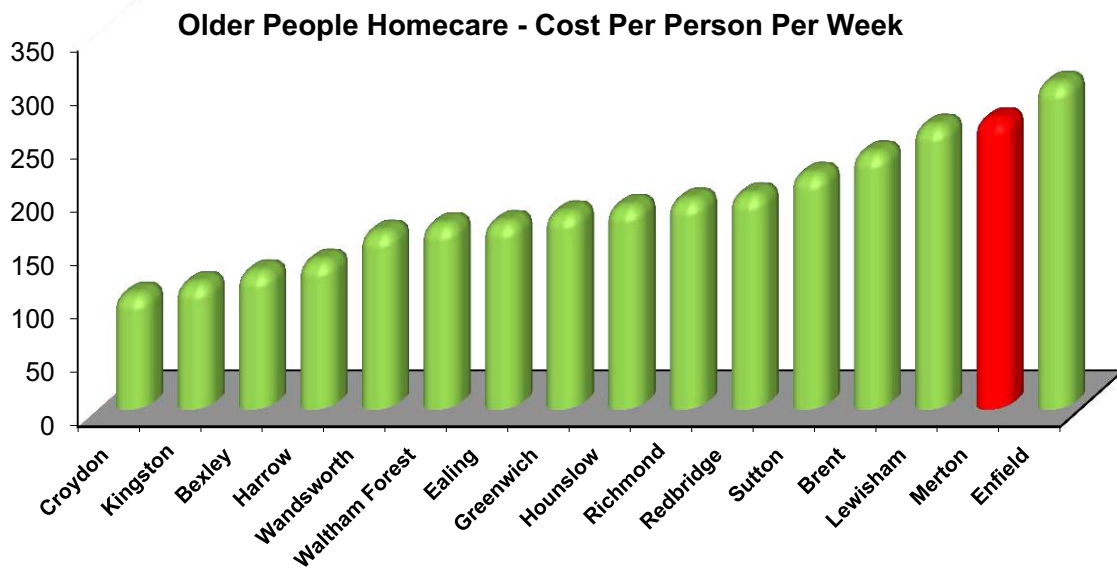
Older People Nursing Care - Cost Per Person Per Week



N.B. There is some inconsistency in the way that authorities handle the Free Nursing Care (FNC) part of their costs for Nursing Care. Merton will pay the Free Nursing Care and recoup the cost from the Primary Care Trust. Some authorities will only pay the cost without the FNC part of the care and therefore a true comparison of cost cannot be made.

Older People Residential Care - Cost Per Person Per Week

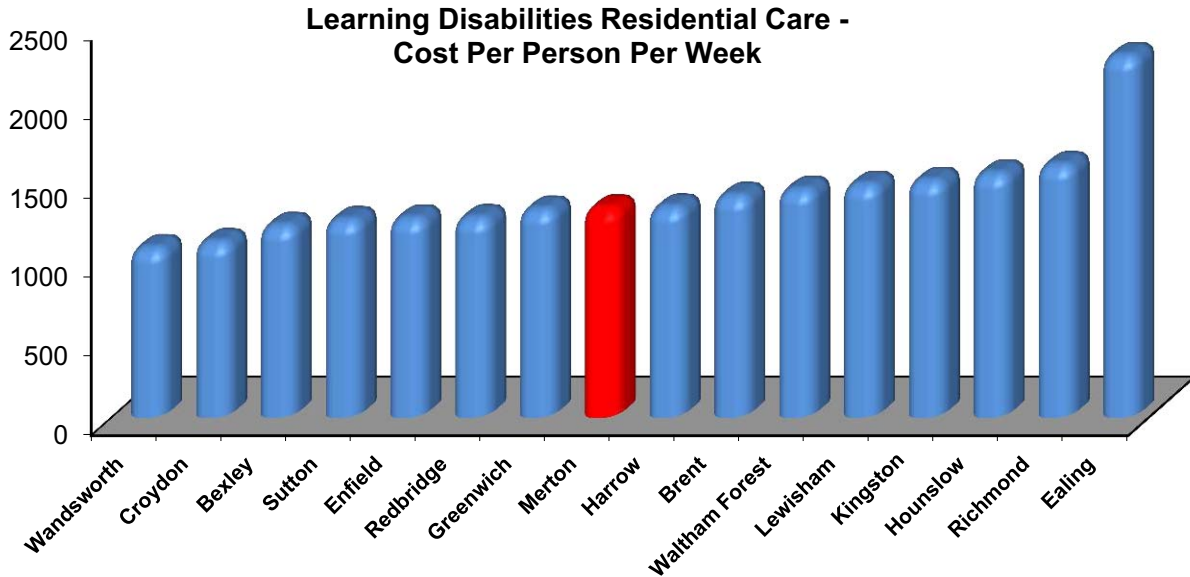
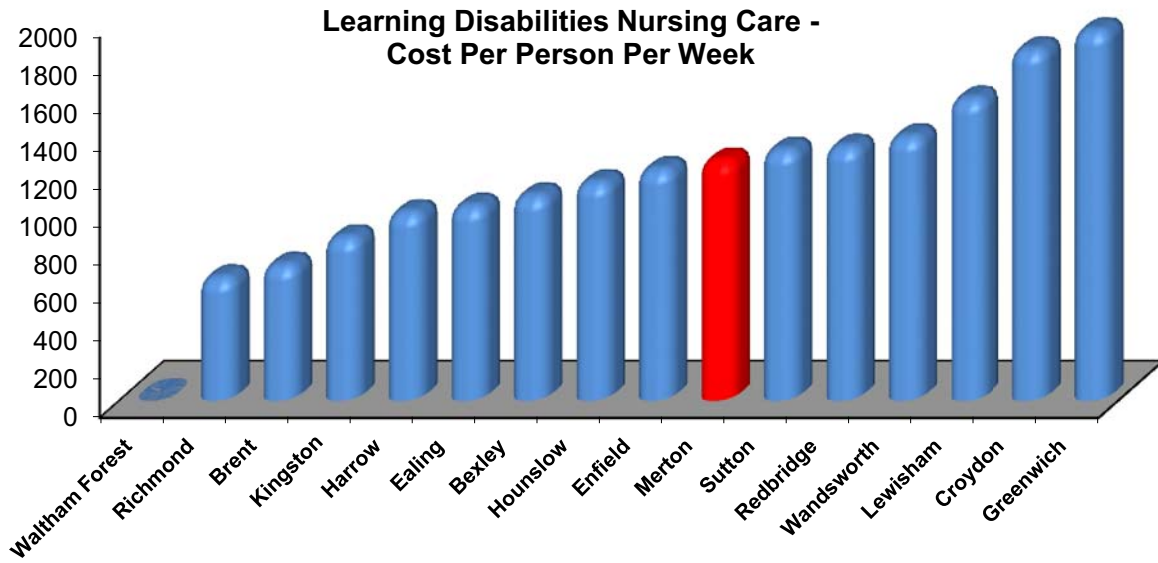




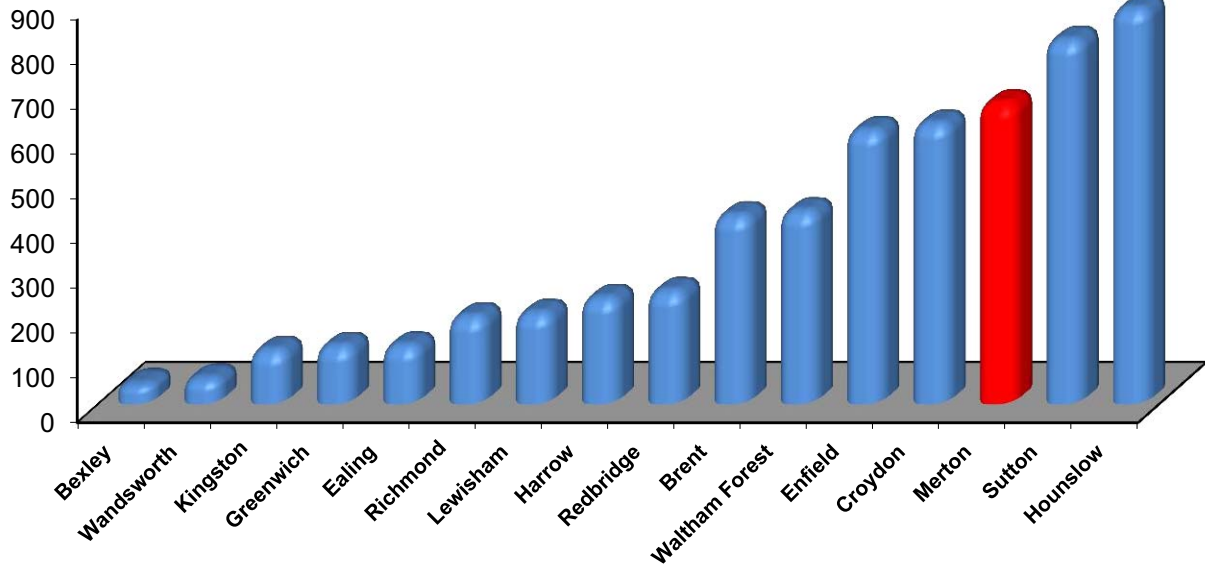
Key findings for Older People Costs:

- Nursing Care is slightly higher than the average
- Residential Care is the lowest in the comparator borough group
- Homecare and Direct Payments are higher than the average
- Day Care is much lower than the average

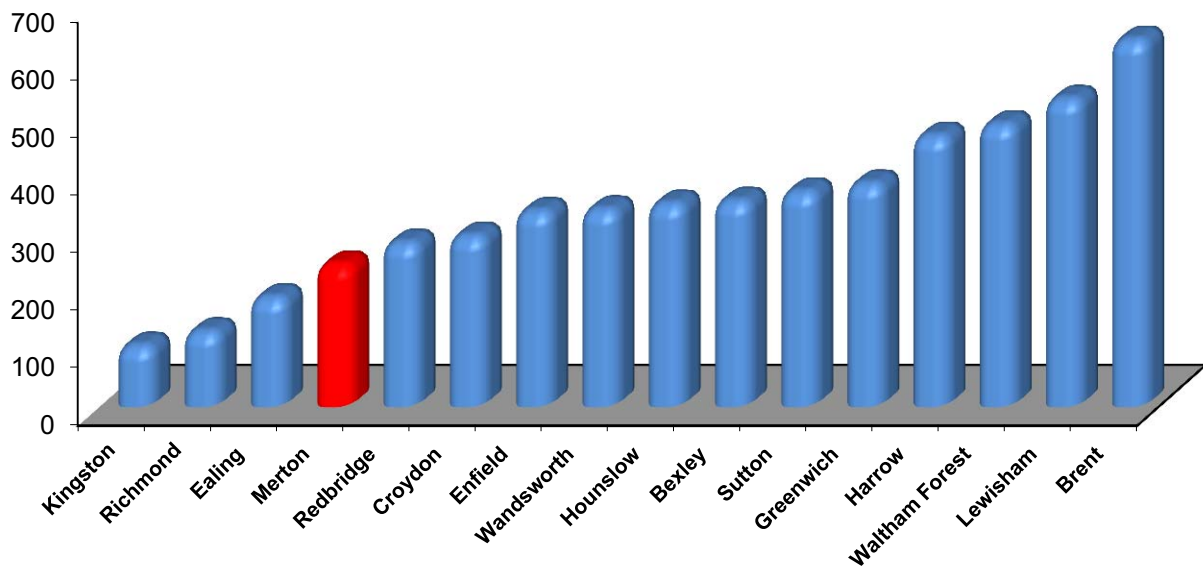
2. People with Learning Disabilities:



Learning Disabilities Home Care - Cost Per Person Per Week



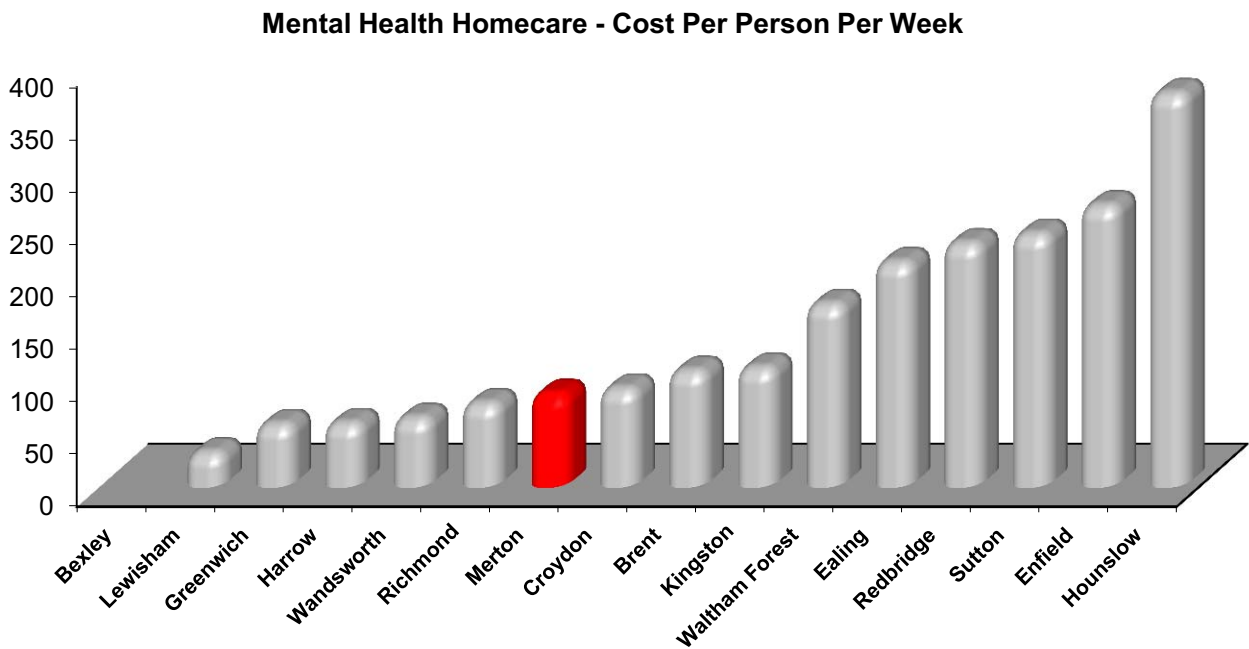
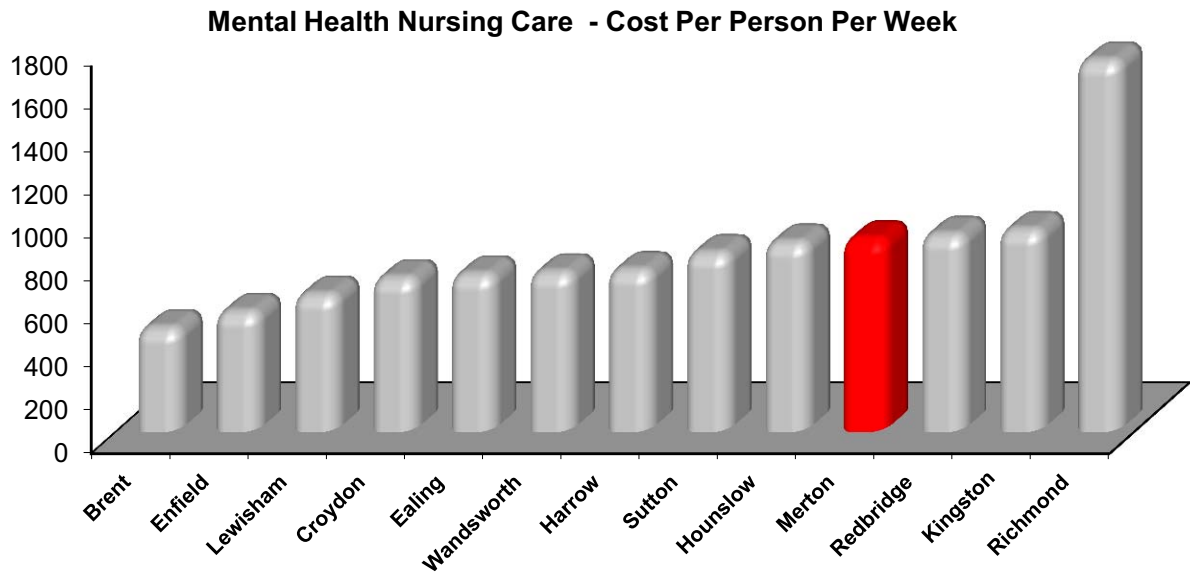
Learning Disabilities Day Care - Cost Per Day per Person



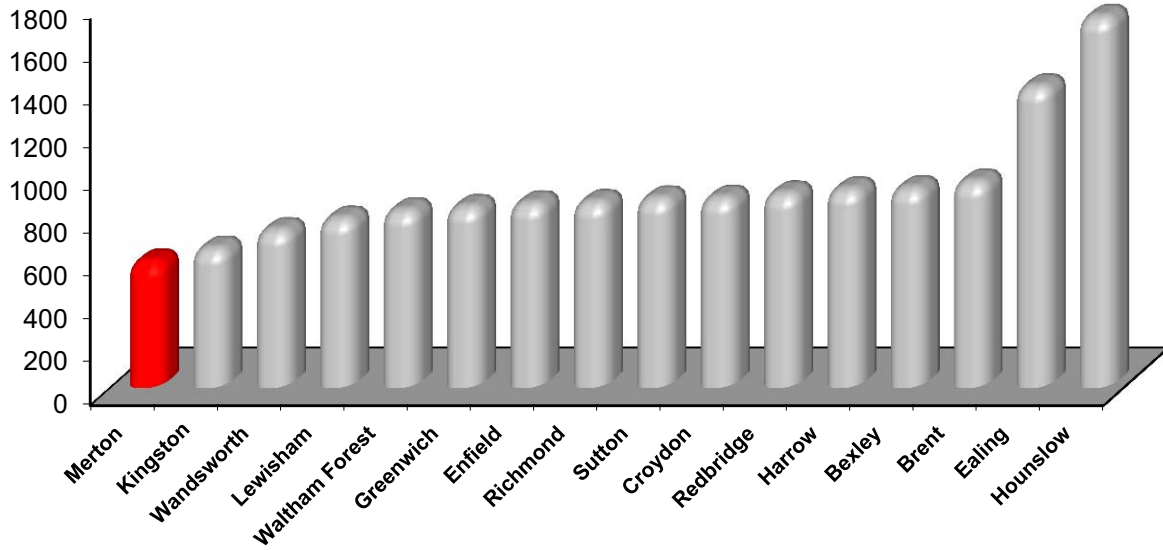
Key findings for Learning Disabilities Costs:

- Nursing Care is very similar to the average
- Residential Care is slightly lower than the average
- Homecare is higher than the average
- Day Care and Direct Payments are lower than the average

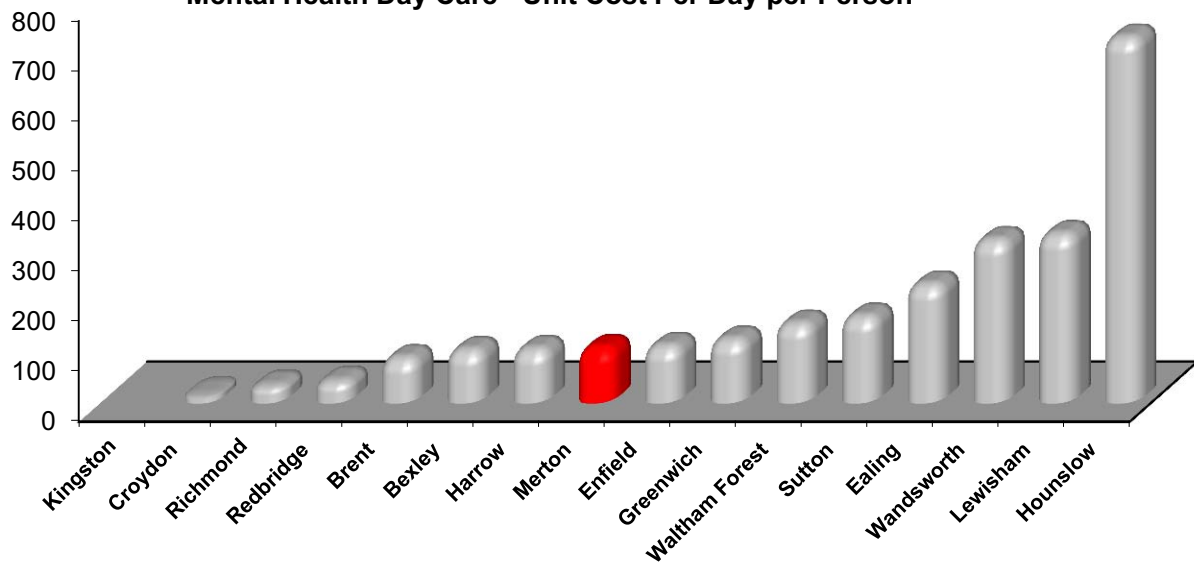
3. People with Mental Health Problems:



Mental Health Residential Care Cost Per Person Per Week



Mental Health Day Care - Unit Cost Per Day per Person

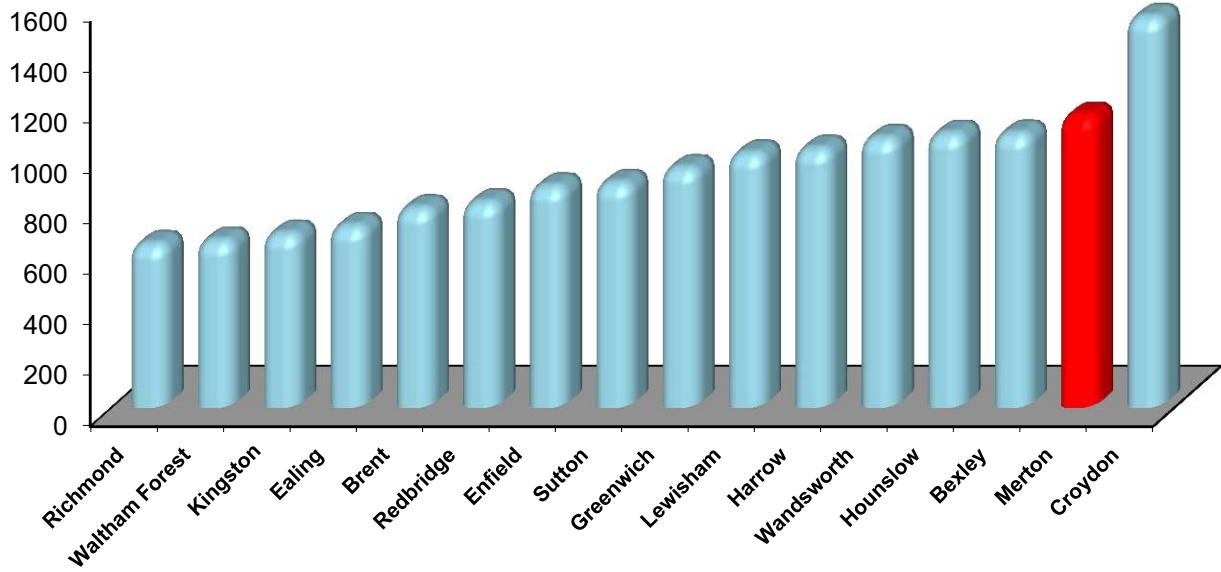


Key findings for Mental Health Costs:

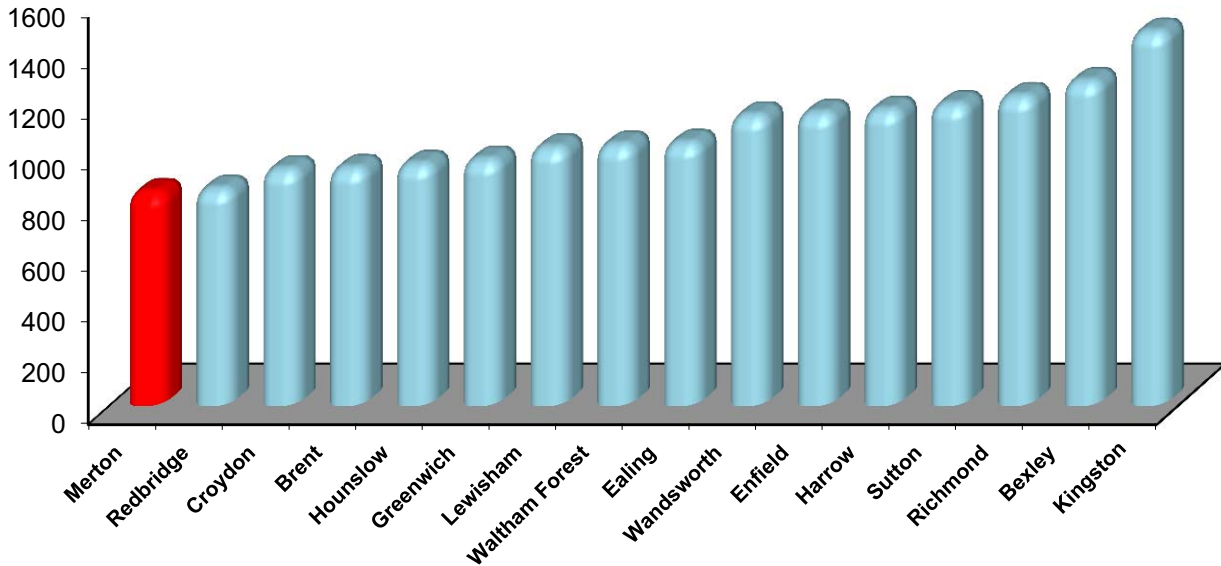
- Nursing Care is very similar to the average
- Residential Care is lower than the average
- Homecare is lower than the average
- Day Care and Direct Payments are both lower than the average

4. People with Physical Disabilities:

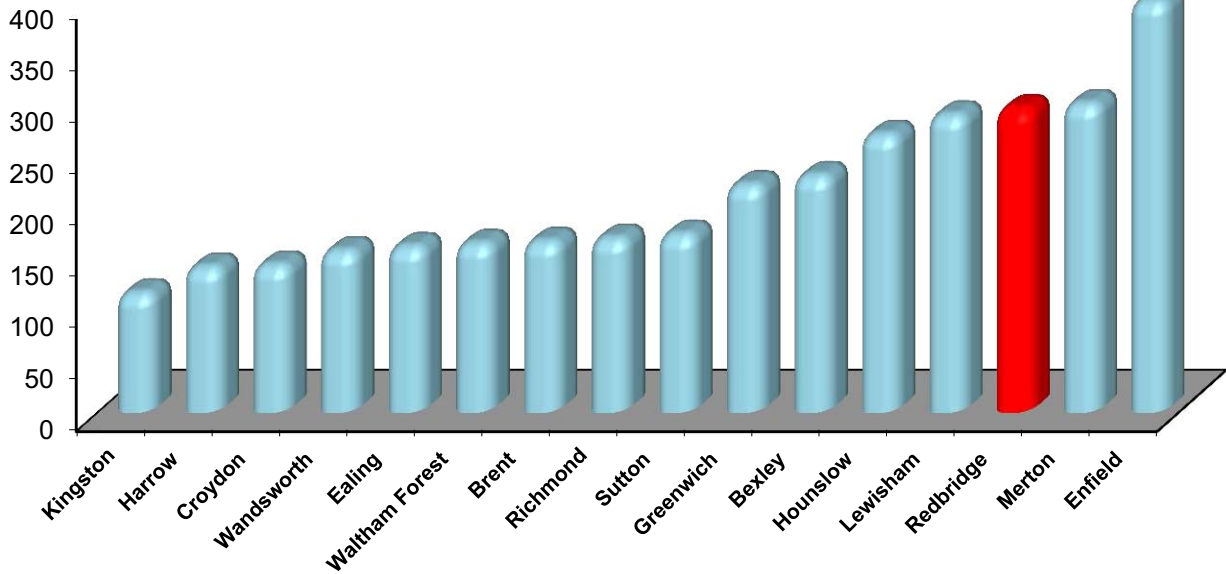
Physical Disabilities Nursing Care - Cost Per Person Per Week



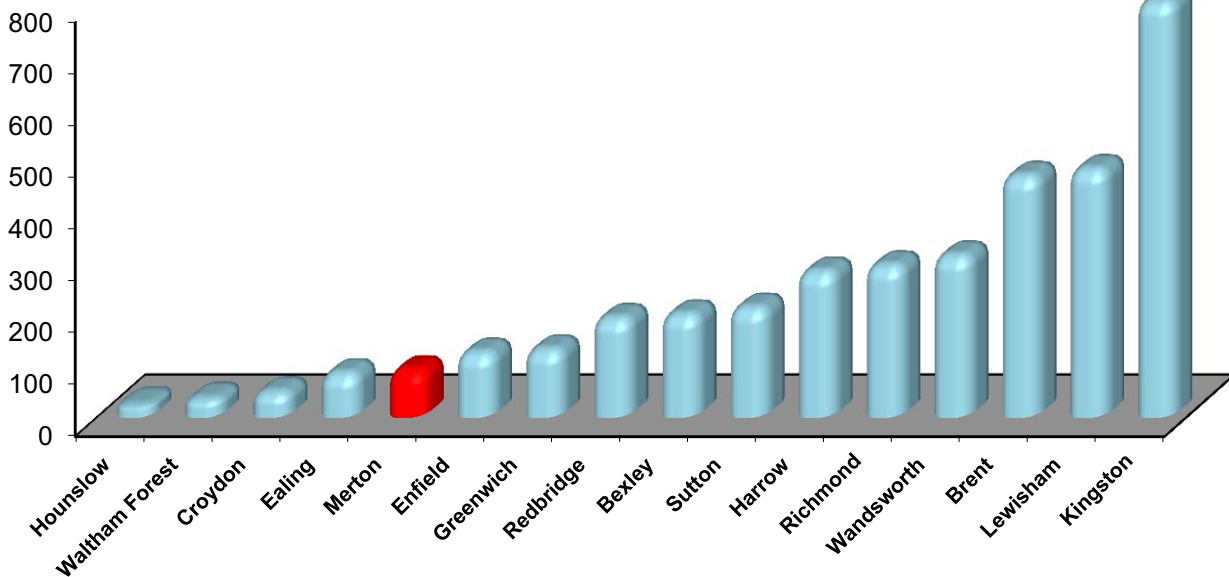
Physical Disabilities Residential Care - Cost Per Person Per Week



Physical Disabilities Home Care - Cost Per Person Per Week



Physical Disabilities Day Care - Cost Per Person Per Week



Key findings for Physical Disabilities Costs:

- Nursing Care is higher than the average
- Residential Care is lower than the average
- Homecare is higher than the average
- Day Care and Direct Payments are both lower than the average

Efficiency Framework - a whole system approach:

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, proposes metrics and offers approaches to efficient delivery of services based on authority experience and best practice. 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:

<p>Prevention</p> <p>"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."</p>	<p>Recovery</p> <p>"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."</p>	<p>Continued Support</p> <p>"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."</p>
<p>Effective Process</p> <p>"The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need."</p>	<p>Partnership</p> <p>"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, and the independent sector."</p>	<p>Contributions</p> <p>"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."</p>

Prevention:

Adult social care has focused on prevention and early intervention, some examples here. We have an understanding of the needs of different customer groups in the local community and the inequalities that exist at the local level. This has informed the type of services we commission.

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 Merton Council, the Sutton and Merton primary care trust and the voluntary and community sector.

The ‘Compact’ is a national framework for how councils should work with the voluntary sector.



Ageing Well Programme: Merton adult social care has worked closely with the voluntary sector to agree the aims of the Ageing Well' grants programme. The aims are:

To help people live behind their own front door as long as possible

- To delay or reduce the need for council funded social care

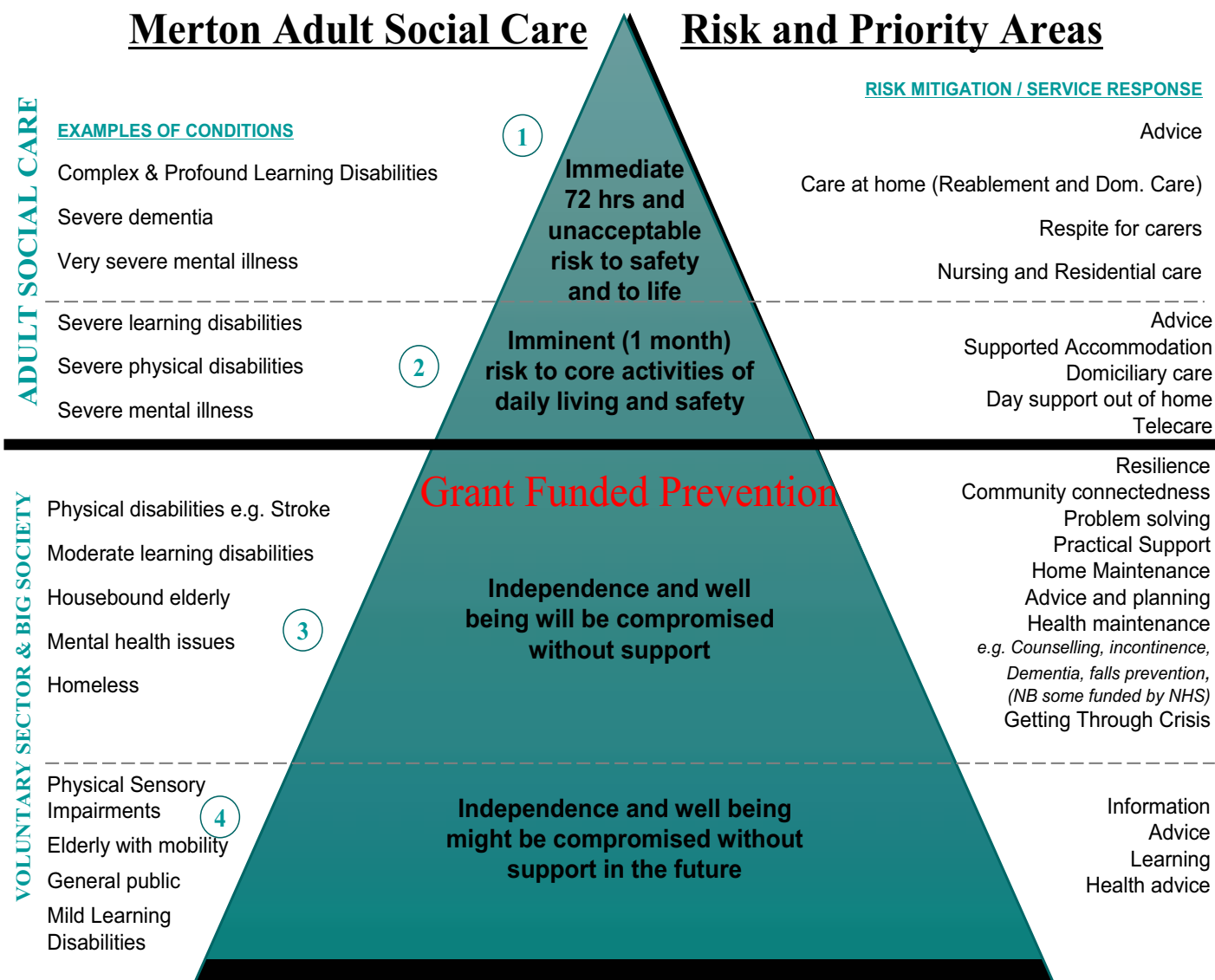
The Principles are:

- Compact Agreement
- Borough coverage (via one organisation or collaboration between organisations)

- Building resilience (helping people to find own solutions and groups to manage their own networks)
- Building connectedness (helping people keep in touch with people who matter and the local community)
- Contribution (everyone should be able to and expected to make a contribution)
- Effective customer sign posting and follow up on process
- Annual review to establish continuation of successful services and cessation of unsuccessful services

Target Area for Grant Funding – Level

③ See diagram below:





Your website for disability information

DisabledGo: Merton Council is delighted to be working in partnership with DisabledGo.

We are currently working together to produce detailed access information to the area. This information has been collected by DisabledGo surveyors, who will use a surveying tool designed in consultation with over 800 groups of disabled people. The aim of the project is to provide accurate, useful information from which people can make an informed choice about accessing their area.

As part of our commitment to inclusion and fairness we are striving to ensure that facilities, services and businesses across the borough provide facilities for our residents and visitors who are disabled.

Huge steps have been made by local businesses and public services to meet such needs. However, disabled people can still encounter obstacles in their everyday life that prevents them from doing the things everyone else takes for granted, such as going for a meal, visiting attractions, making a trip to the cinema, seeing a play, seeking medical attention, attending a concert.

Here in Merton we believe that public services, local businesses and service providers should work, in whatever way we can, to continuously improve access to venues and services thus enabling fuller participation by all.

This guide offers anyone living, working or visiting the Borough the means to find detailed access information about all kinds of shops, pubs, restaurants, hotels, theatres, services and more. Information is provided on the accessibility of mobility aids; access for people with physical or sensory concerns; and other disability access issues.



Set out in a simple, easy to read, and easy to use, format the guide can be searched through the following headings: -

Community - covering groups, centres, information

Entertainment, Culture & Leisure - tourist attractions, sports facilities, bars

Public & Professional - banks, public buildings, vets, opticians

Travel & Accommodation - car parks, hotels, transport, and

Retail & Shopping - hairdressers, clothes shops, post offices

Case Study:

Mrs A is an 83-year-old, who resides alone. Mrs A was referred to the Reablement team, pending her discharge home after experiencing a second fall and right hip fracture within successive months. Mrs A had previously fractured her left hip (Aug 2012) and she had previously under-gone hip replacement surgery also. Mrs A has a past medical history which includes a previous right knee injury, atrial fibrillation, hypertension and one previous UTI. Mrs A currently has a MASCOT Telecare pendant alarm and she has been assessed as being able to utilise this device successfully. Mrs A utilises a walking frame with all her mobility needs, she has a perching stool in her kitchen, chair raisers in her lounge and bedroom areas, plus a commode located next to her bed, within her ground floor living.

Mrs A has been assessed as being unable to utilise the stairs, hence her downstairs set-up. Mrs A is able to wash, dry and dress her upper half, whilst utilising her perching stool within the kitchen area. Mrs A is able to meet her own toileting and medication needs. Mrs A also utilises this perching stool with her meal, drink and snack preparation (albeit with some difficulty), where her niece supports her with shopping and bill paying. However, as Mrs A was identified to currently struggle to wash and dress her lower half, this was identified as a reablement goal.

As Mrs A lacked some confidence and motivation with regards to her meal, drink and snack preparation needs, this area was also included as a reablement goal.

- GOAL 1: For Mrs A to be encouraged to mobilise to her kitchen area , utilise her perching stool at the sink and to work towards improving skills and technique with washing her back, legs, feet, drying and dressing her lower half - ACHIEVED.
- GOAL 2: Mrs A highlighted that she lacked the motivation to mobilise to the kitchen and to try to prepare drinks, snacks and meals for herself, since she was experiencing deterioration in her mobility. Therefore, Mrs A required motivation / prompting to access the kitchen, used her perching stool to be able to prepare her own drinks, snacks and meals. Mrs A has recently acquired a new microwave and she has required support to become accustomed to using the device in order to meet her goal - ACHIEVED.

Stephanie Green, the care organiser from the Reablement service, has stated that she has now met her goals as she was able to wash and dress herself independently, manage all of her own medications, make her own bed and prepare all her own meals. Mrs A has also been out of her property “for the first time in a long time” on Christmas day. However, due to her limited mobility (and the bathroom being located on the first floor) the only area that required on-going support was to empty her commode. As Mrs A declined the option of a chemical commode, she required a 15min Lunchtime call every day to empty her commode.

Recovery:

The recovery model in Merton is twofold. Firstly, Merton social services aims to prevent admission to hospital, nursing or residential care by offering short term, focussed support when people face a potentially life threatening crisis. This may relate to an individuals 'long term condition' or be as a result of a significant change of social circumstance.

The second element of the model is to provide an effective, multi-disciplinary reablement service at the point of hospital discharge. Approximately 85% of people discharged from hospital are offered a reablement service.

Equipment

Simple adaptations to daily living are assessed for and prescribed by the Occupational Therapy team using the local retail model.

This enables customers to be supported in accessing an efficient service for daily living aids thus effectively promoting and maintaining their independence.

Complex aids are provided via the Croydon Hub.

Both are operated under the pooled budget with the NHS.



Case Study:

Mrs R is a 78 year old lady who lives alone with minimal family/friend network but does receive occasional support from her elderly sister. Mrs R came in to the Reablement service on discharge from hospital having been admitted with rectal bleed. Past medical history includes chronic arthritis, hearing impairment and a history of falls.

The service (care package) was started with four care calls per day which addressed toileting, meal preparation and all areas of personal care. Due to Mrs R's demonstrated motivation she was placed on a six week reablement programme, with close monitoring, which addressed personal care techniques, emptying her catheter and preparing meals.

Mrs R has excelled in all areas and has met the identified goals. She will only now be considered for a small care package of 15 minutes, three times a week, to address her chemical commode needs. Case closed and transferred from Reablement Team.

Continued Support:

Where people require continued long-term support Merton provides value for money services and offers all eligible people this through Self Directed Support (SDS) process.



SDS means having more choice and control over the care and support people need.

Merton Council is making sure local people over 18 who need care and support are more in control, can tell the council what they need help with, and the council tells them how much money they could get. This sum is then their personal budget.

Use of residential care: Traditionally Merton has been one of the lowest users of residential and nursing care compared to the rest of London. However, as the rest of London has improved over the past few years, we have now very similar usage figures to the London average. Similarly our ratio of usage of care homes to community-based services such as homecare is similar to the London average.

Case Study:

Direct Provision – Supported Living Service. Ms V is a lady in her 40's with mild learning disabilities and epilepsy. Due to changes in Ms V's medication her epilepsy is well managed, however she has been dealing with a decline in her mental health, after the death of her close friend. Ms V was also living at a larger supported living site, with shared kitchen and laundry facilities. Due to the number of people, it can be quite a busy environment, Ms V found this difficult to manage, causing her to withdraw and become quite isolated, to the extent that she stopped going out altogether.

In the summer of 2012 she moved back to the refurbished Haslemere (Supported Living), where she had lived previously when it was a care home. It is a smaller unit made up of two four bedded houses; people have their own bathroom and kitchenette, with a communal lounge and kitchen. Ms V has a large room, which she loves spending time in, she does now use the communal facilities but enjoys the freedom of being able to spend time on her own. Staff have spent lots of time with her, to help build up her confidence and Ms V has started to go out in the community again, is back attending her regular Church groups and recently attended the services, Christmas Party and enjoyed meeting up with old friends and joining in the festivities.

Efficient Process:

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.

Merton's Adult Access Team (MAAT) act as the first point of contact for all new referrals and enquiries which makes things simple for people to get speedy access to information and advice and/or initial screening for a full assessment of their needs.

Brokerage is used to ensure that support is available at the most economic cost and acceptable quality. This brokerage is available to everyone who qualifies for council support and may be made available to those who fund their own support. As a result of the review of our existing Self-Directed Support (SDS) process it has been agreed to establish a new Brokerage Team by re-directing existing resources within adult social care from Access & Assessment to Commissioning. The Brokerage Team will sit within the Commissioning function and will contribute significantly to savings and efficiencies in Adult Social Care by brokering cost effective, best value alternative care and support solutions for social care customers. The team will also be responsible for

managing and developing the social care market and the Health and Wellbeing Information portal. The Brokerage team is also key to delivering the new Lean SDS process.

The London Borough of Merton are engaged with The Care funding Calculator Tool which helps to achieve a better understanding of the costs for accommodation-based care for adults with a learning disability. These costs are based on extensive market research and support Commissioners in ensuring improved outcomes for service users and the best use of resources.



Case study

Mr M was identified as part of the Care Funding Calculator negotiations as someone who would benefit from a move to a service that could better meet his cultural needs and aspirations. Mr M had aspirations to live in London, eat African food and play African music. His current placement was not able to support him with these aspirations and was also, costing £1900 per week. We were able to use market knowledge to secure a more appropriate placement in London. A local college placement was identified offering an African music course and regular visits were made to a local market to shop for groceries to support Mr M to prepare meals of his choice. This move also secured a saving to the council.

The Care Funding Calculator also allows us to:

- Assess in detail the level of staff support required to meet an individual's needs
- Agree a price based on relevant market knowledge, which is appropriate to the needs of the person and represents best value for that care
- Confirm any specific outcomes which you have agreed with the service user where they want to develop their skills, and record how this is to be achieved

Partnership:

Our partnership working with the voluntary sector is continuing to play an important role in improving services. We were pleased to see this recognised again in winning a national Compact award for working with the voluntary sector. We have continued to see how we can get the best from our investment in the voluntary sector, and had an opportunity to join a national Ageing Well programme with some free input from the Office of Public Management: this has led to a new prospectus for the outcomes we want to see from our investment.

During 2011/12 there was a decision to be made about the configuration of Clinical Commissioning Groups (CCGs), the new bodies to on responsibility for commissioning NHS services. We actively pushed for the creation of a CCG coterminous with Merton, to support the greater integration of health and social care services, and were pleased that our local GPs supported this and that the wider NHS endorsed it. We continue to prioritise supporting this emerging organisation.

2011/12 was also a year when the proposed transfer of some of the public health function to local authorities moved closer to being a reality, and we have been laying the groundwork for a successful transfer in April 2013.

Contributions:

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

Our shadow Health and Wellbeing Board also developed in readiness for becoming a statutory body in 2013, and among other things we began to develop our local health and wellbeing strategy.

Our partnership with the mental health Trust also continues to be broadly successful in terms of social care outcomes for customers. We know how much we depend on our relationship with our private sector care providers, and have sought to meet with them regularly to discuss the difficult financial circumstances in which we work and how we can find solutions.

Finally, the most important partnership is of course with our customers. In addition to the nationally required survey of opinion which is in this Account, we also regularly survey opinions and monitor expressions of satisfaction or dissatisfaction.



Performance:

This section of the Local Account looks at how we have performed against key performance measures compared to other boroughs.

Towards Excellence in Adult Social Care (TEASC): TEASC is a new programme, working with councils to improve performance in adult social care. Driven by councils, its core elements include regional work; robust performance data; self-evaluation; and peer support and challenge.

The model is developed with the Association of Directors of Adults Social Services (ADASS) regions and networks and is supported by the Local Government

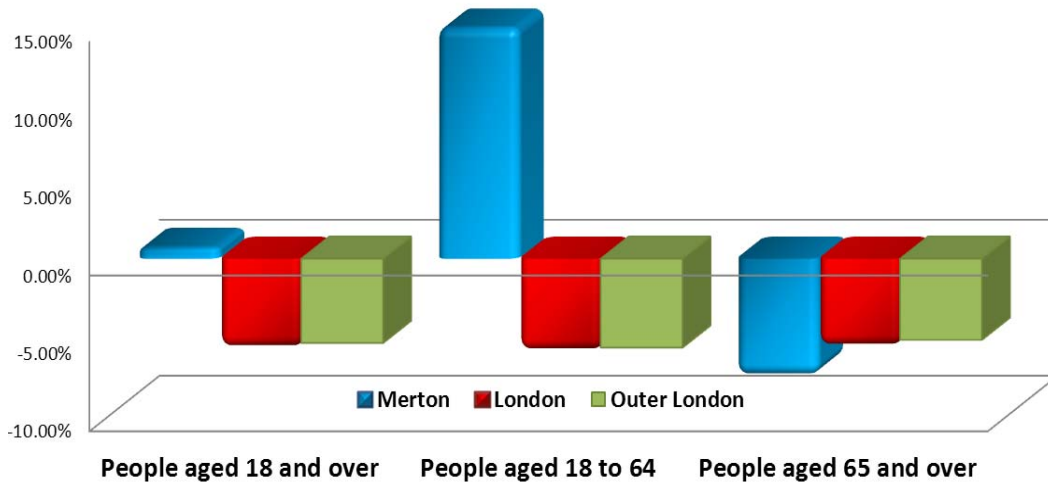
Association (LGA) and the Department of Health (DH).

The progress report was commissioned by TEASC and gives an overview of progress in 2011-12, based on evidence, mainly from provisional published data supplied to the NHS Information Centre which pulls together councils' end of year data collections to central government.

The following represents a summary of the key performance information provided in the TEASC report. At the end of this section the areas for improvement are identified with details of actions that have been taken to address any issues with performance.

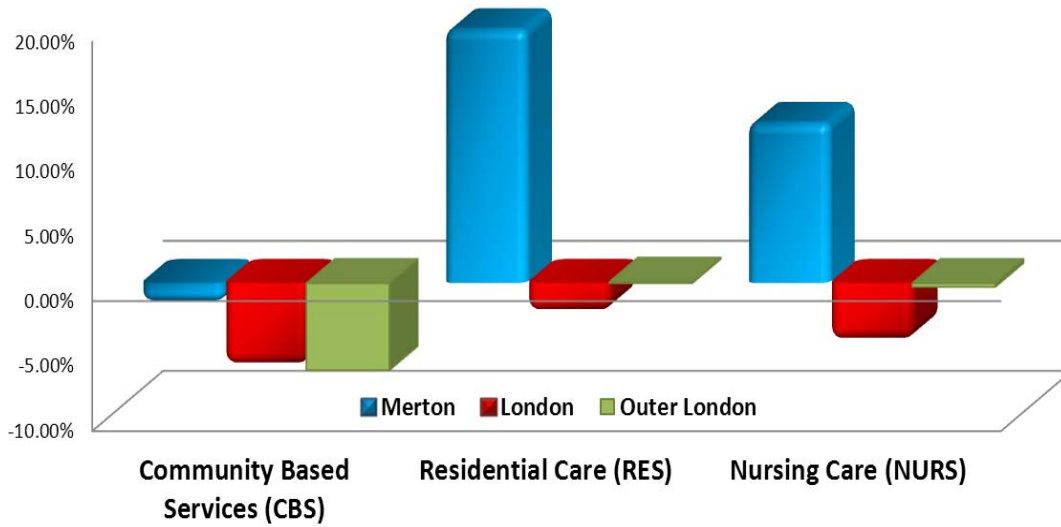
1. Access to Services:

1.1 Percentage Change in number of service users 2010-11 & 2011-12:



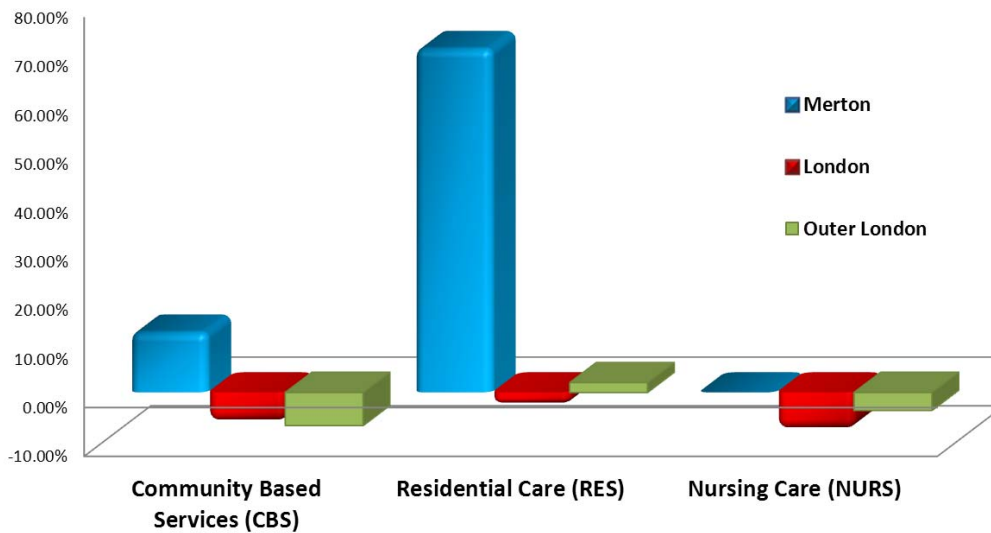
N.B. Number of service users: 2010-11 = 4835; 2011-12 = 4869 – The number of people with Learning Disabilities aged 18-64 has increased because of the transfer of customers from health to local authorities was much higher than the average. These transfers were primarily customers placed in Residential and Nursing care homes.

1.2 Percentage change in number of service users by type of service:



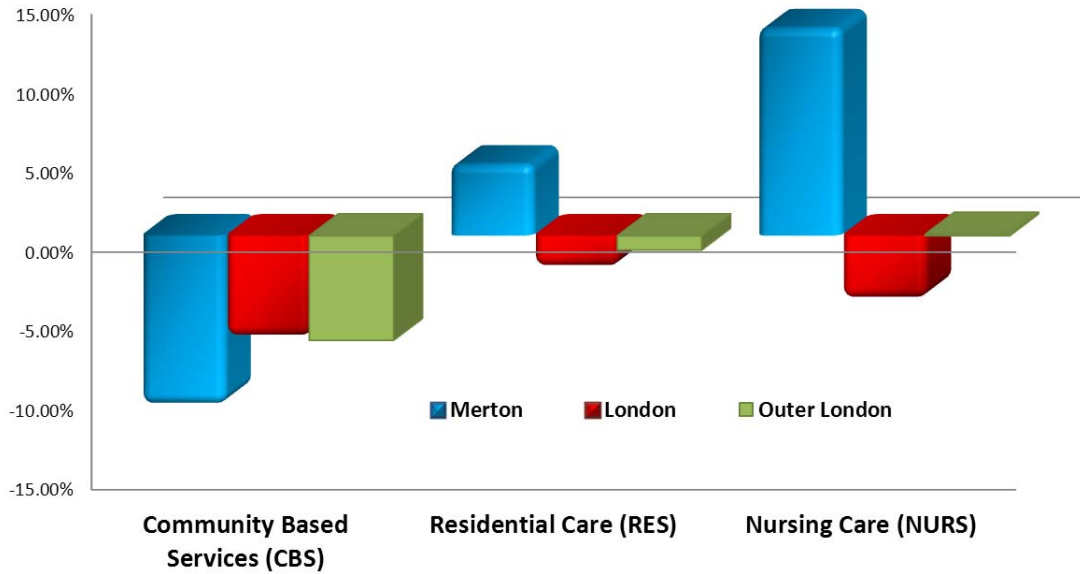
N.B. Number of service users 2011-12: CBS 4175; RES 411; NURS 283

1.3 Percentage change in number of service users people aged 18-64:



N.B. Number of service users 18-64 2010-11: CBS 1894; RES 133; NURS 15. The number of people with Learning Disabilities aged 18-64 has increased because of the transfer of customers from health to local authorities was much higher than the average. These transfers were primarily customers placed in Residential and Nursing care homes.

1.4 Percentage change in number of service users aged 65+ by service (1.1 c):



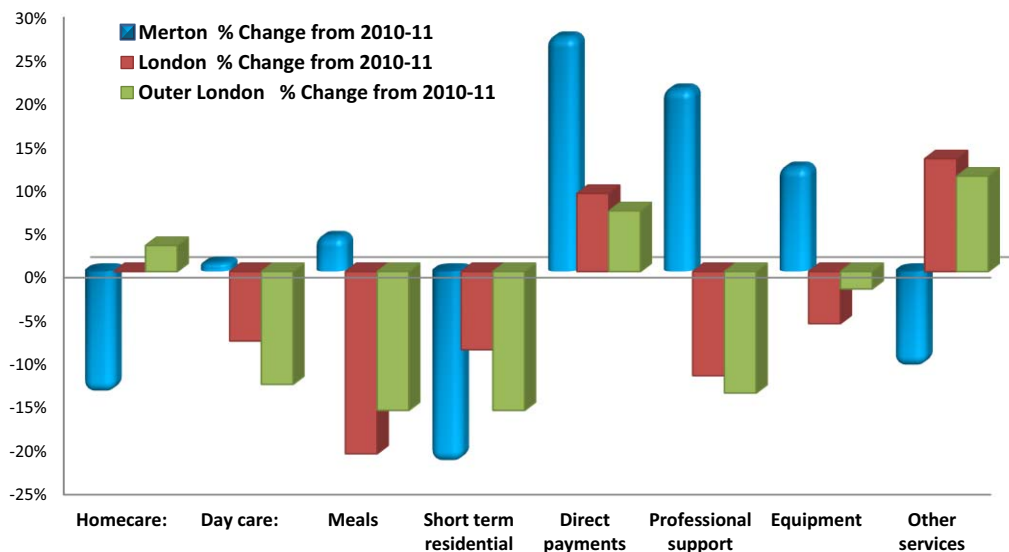
N.B. Number of service users 65+ 2010-11: CBS 2281; RES 278; NURS 268

Key findings for this Section:

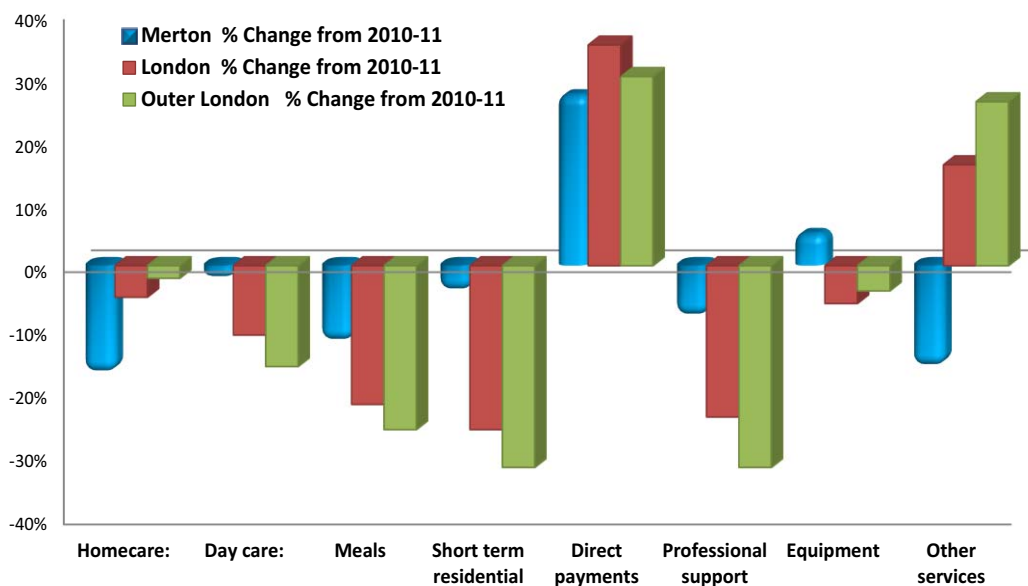
- Increase in the number of people aged 18-64 in Residential and Nursing Care Homes - *The number of people with Learning Disabilities (LD) aged 18-64 has increased because of the transfer of customers from health to local authorities was much higher than the average. These transfers were primarily customers placed in Residential and Nursing care homes. (LD Transfer per population: Merton 14.3 while London is 5.5)*
- Increase in the number of people aged 18 to 64 receiving Community Based Services such as Home care.
- Increases in the number of people aged 65 and over into residential and nursing care homes along with a decrease in the numbers receiving Community Based Services.

2. Breakdown of Community Based Services (CBS) per 100,000 population:

2.1 CBS aged 18-64: Percentage Change 2010-11 & 2011-12:



2.2 CBS aged 65+: Percentage Change 2010-11 & 2011-12:

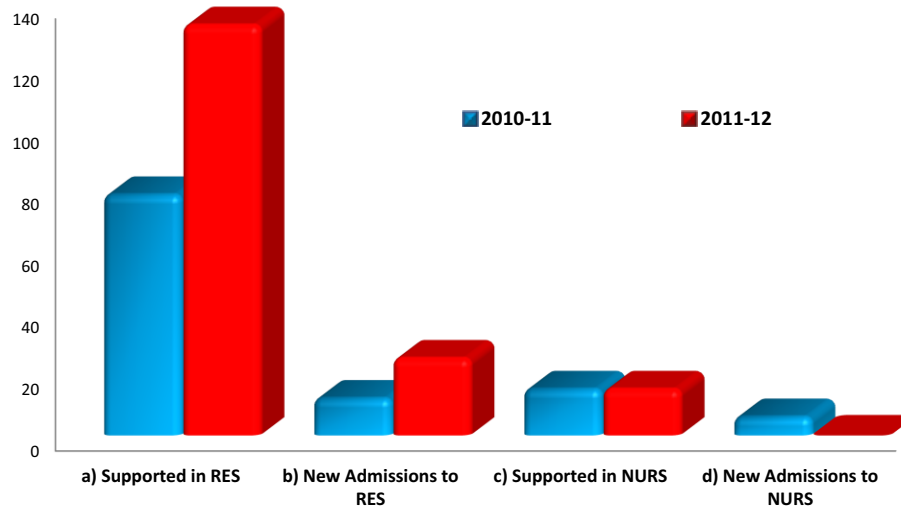


Key findings for this Section:

- Increases in the number of people aged 18 to 64 receiving direct payment, professional support, equipment and meals and decreases in other services
- Increase in direct payments for older people
- As more people take up direct payments as an option traditional services will decrease

3. Residential (RES) and Nursing (NURS) Care:

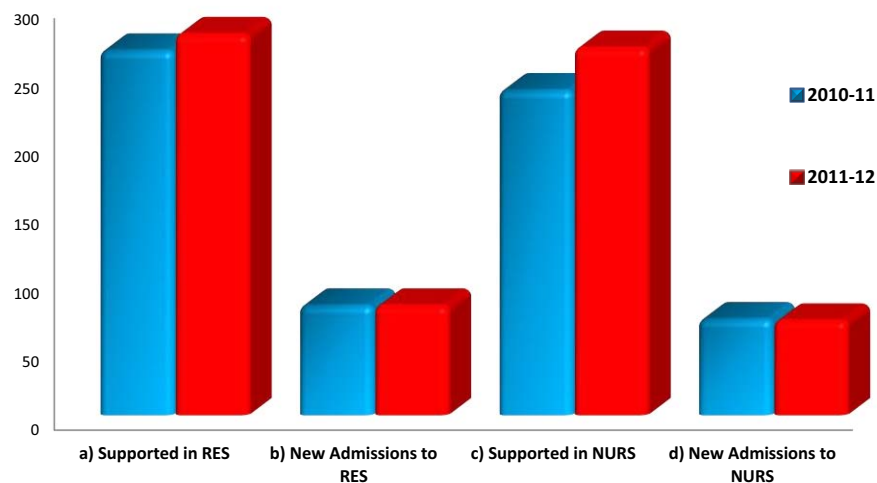
3.1 RES/NURS aged 18-64:



Key findings for this Section:

- Increases in the numbers of people being supported in both Residential and Nursing Care Homes for people aged 18-64

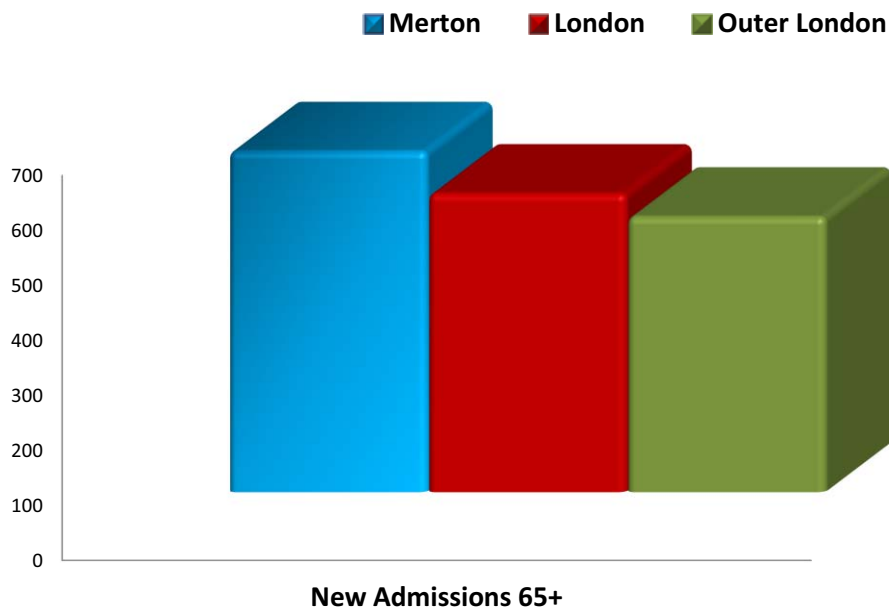
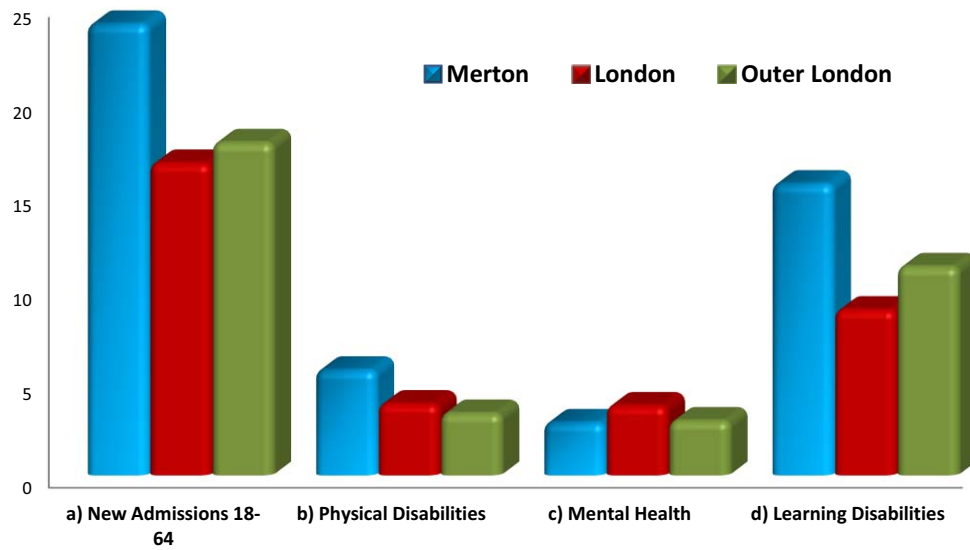
3.2 RES/NURS aged 65+:



Key findings for this Section:

- Increases in the numbers of people being supported in both Residential and Nursing Care Homes for people aged 65 and over

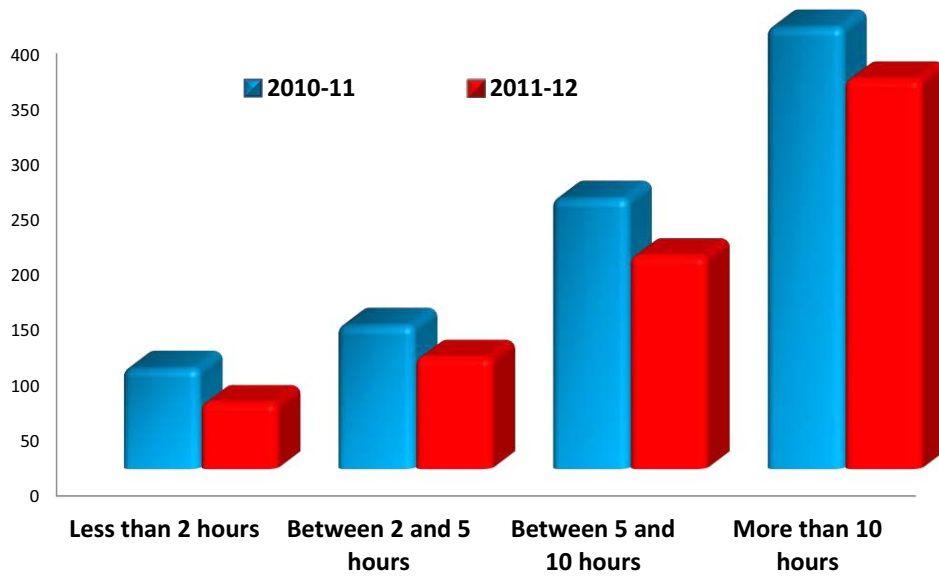
3.5 Permanent New Admissions per 100,000 population to Residential and Nursing Care compared to London and Outer London



Key findings for this Section:

- New admissions per 100,000 population for people aged 18-64 are higher than both the London and Outer London figures except for Mental Health which is lower. Also new admissions for people aged 65 and over are higher.

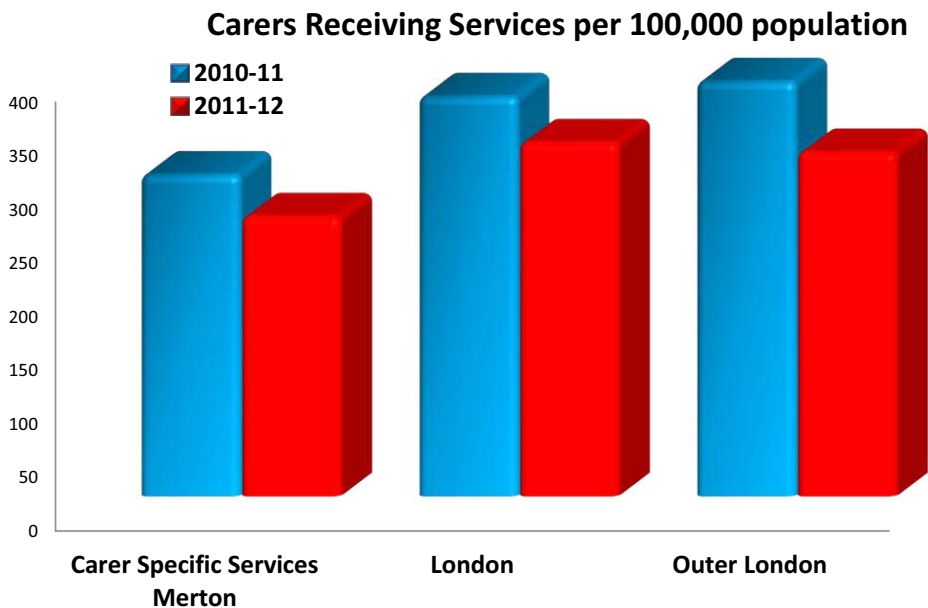
4.1 Intensity of Homecare – Planned Hours:



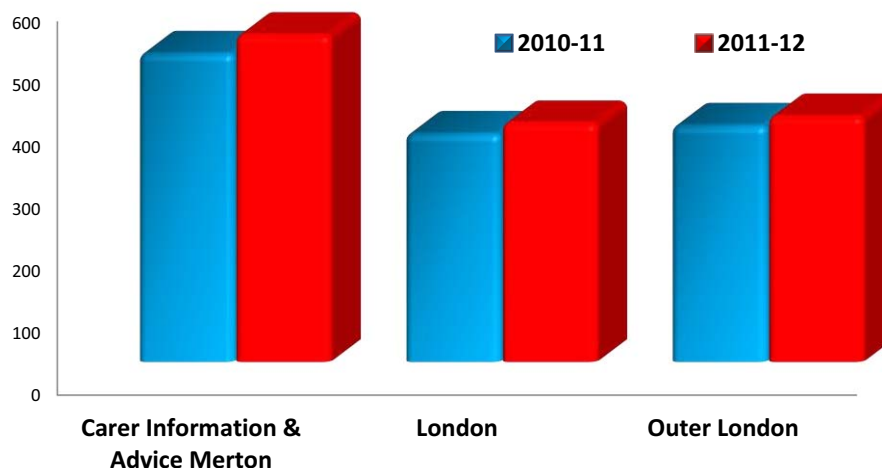
Key findings for this Section:

- There has been an overall decrease in the number of hours .
- Rate of homecare per population is also slightly lower than London and Outer London rates.

5.1 Services for Carers:



Carers Receiving Information & Advice per 100,000 population



Key findings for this Section:

- There has been an overall decrease in numbers of carers receiving services – although very similar to the London and Outer London averages
- More carers have received information and advice again similar to the averages

6. Quality of Life Survey Measures:

The following measures are extracted from the national annual survey to adult social care service users.

6.1 Social care related quality of life indicator 18.2: Merton's figure for this measure was 18.2 similar to both the London and Outer London average. People aged 18-64 scored slightly higher than the 65+ age group

6.2 Percentage of people with control over their daily life – 70.6: Merton's figure for this measure was slightly higher than both the London and Outer London average.

6.3 People who are happy with their appearance – 93.4: Merton's figure for this measure was slightly higher than both the London and Outer London average

6.4 People feel they have food and drink when they want – 94.6: Merton's figure for this measure was slightly higher than both the London and Outer London average

6.5 People feel their home is clean and comfortable – 91.1: Merton's figure for this measure was similar to both the London and Outer London average

6.6 People feel safe – 89.5: Merton's figure for this measure was slightly lower than both the London and Outer London average

6.7 People who have as much social contact as they want – 71.1: Merton's figure for this measure was slightly lower than both the London and Outer London average

6.8 People who feel they have enough time doing things they value and enjoy – 63.9: Merton’s figure for this measure was slightly higher than both the London and Outer London average

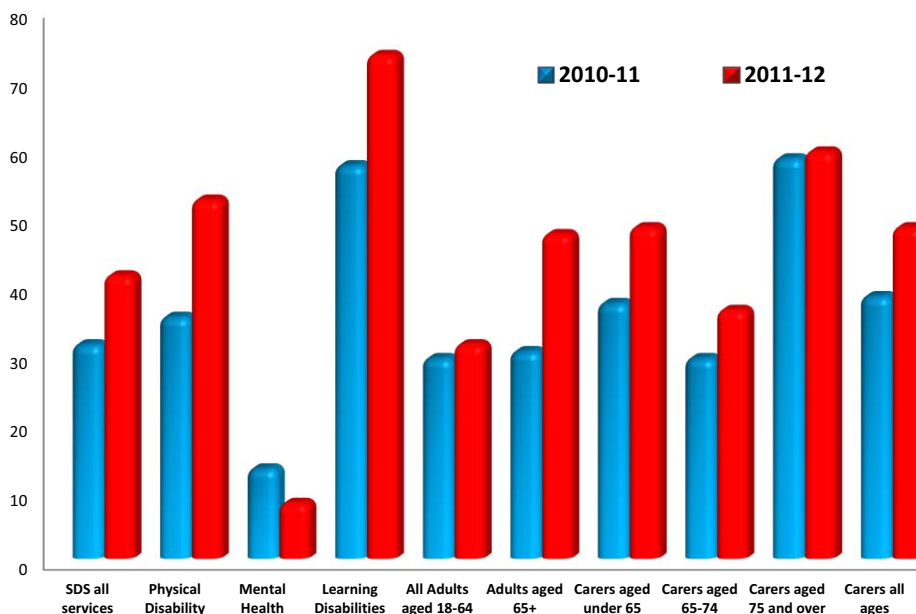
6.9 People who feel they are treated with dignity and respect – 89.5: Merton’s figure for this measure was similar to both the London and Outer London average

Key findings for this Section:

- Merton’s performance against the London Comparator boroughs is very similar across most of these national survey measures. Some scored slightly higher and some slightly lower

7. Self-Directed Support (SDS):

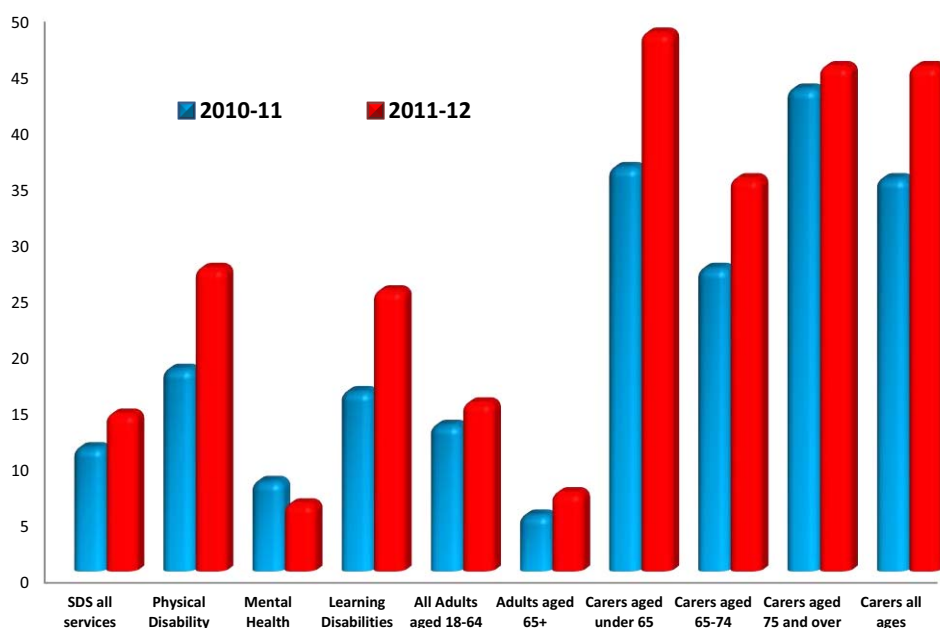
7.1 Proportion of people using social care who receive self directed support:



Key findings for this Section:

- There were increases in number of people receiving self-directed support in all customers groups except mental health customers.
- Merton’s overall figure for self-directed support was lower than both the London and Outer London averages.
- Merton supported a higher proportion of people with learning disabilities than both the London and Outer London averages. However, all other client groups were lower than the averages.
- The proportion of carers aged 75 and over receiving self-directed support was higher than both the London and Outer London averages. However, younger carers’ figures were lower than the averages.

7.2 Proportion of people using social care who receive direct payments:



Key findings for this Section:

- The numbers of people receiving direct payments has increased across all customer groups except mental health.
- Merton's overall figure for direct payments is lower than both the London and Outer London averages
- The proportion of carers receiving direct payments is more than 50% higher than the Outer London average and also higher than the London average.

8. Living Independently (Employment and Accommodation measures):

8.1 Proportion of adults with learning disabilities in paid employment: Merton's outturn figure for this indicator was **10.1**, London 9.3 and Outer London 10.4. Figures for male customers were higher than the London and Outer London averages while females were lower.

8.2 Proportion of adults in secondary mental health services in paid employment: Merton's outturn figure for this indicator was much higher at **11.0** than both the London (5.9) and Outer London (6.6) figures. Female numbers were higher than males

8.3 Proportion of adults with learning disabilities who live in their own home or with their family: Merton's outturn figure for this indicator was **71.5**, London 65.7 and Outer London 64.3. Figures for male and female customers were similar.

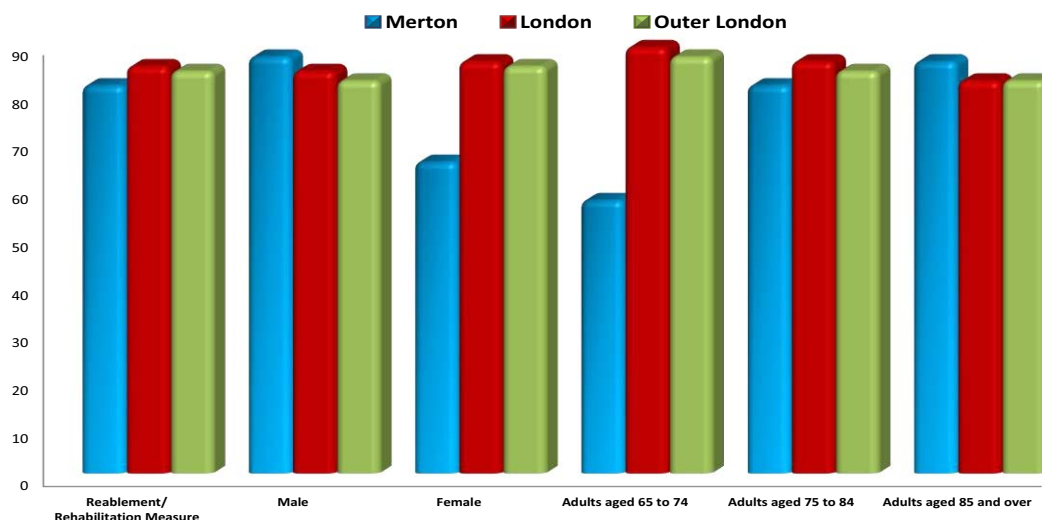
8.4 Proportion of adults in secondary mental health services who live in their own home or with their family: Merton's outturn figure for this indicator was **84.5**, London 73.8 and Outer London 73.6. Figures for female customers were slightly higher than male customers.

Key findings for this Section:

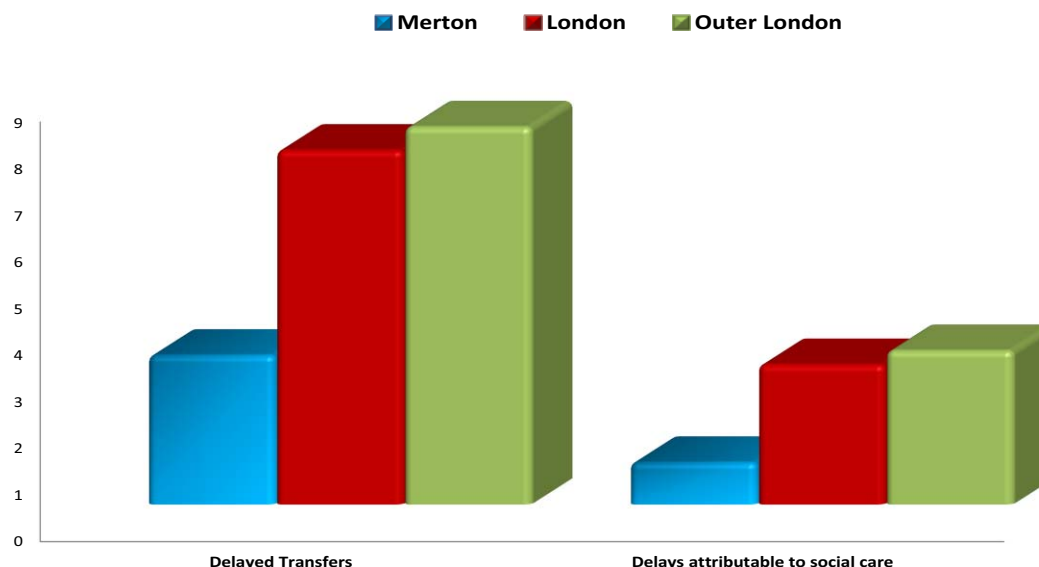
- Learning disabilities performed similar to the London and Outer London average on both accommodation and employment indicators.
- Mental Health performed better than the London and Outer London averages on both these indicators.

9. Assisting Discharge:

9.1 Proportion of older people who were still at home 91 days following discharge from hospital into reablement or rehabilitation services.



9.2 Delayed transfers of care from hospital per 100,000 population.

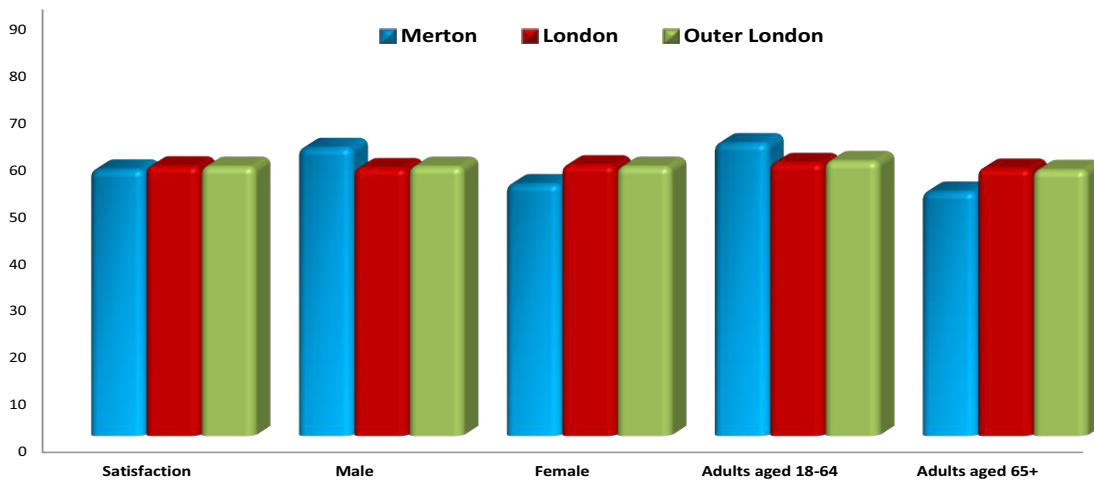


Key findings for this Section:

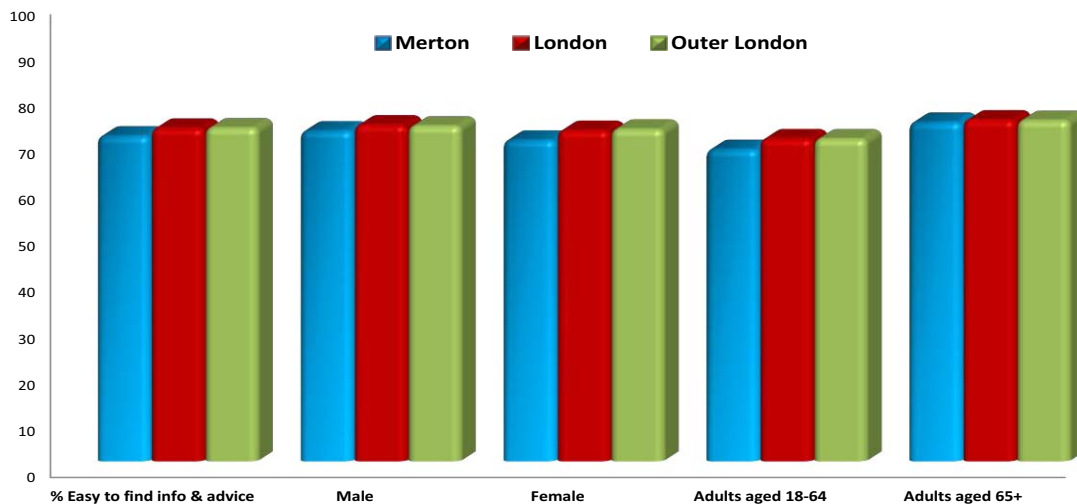
- Overall figures for people still at home 91 days following reablement/rehabilitation are slightly lower than both the London and Outer London averages.
- Merton’s ‘delayed transfers of care’ indicator is significantly lower than both the London and the Outer London averages.

10. Views of Users and Carers:

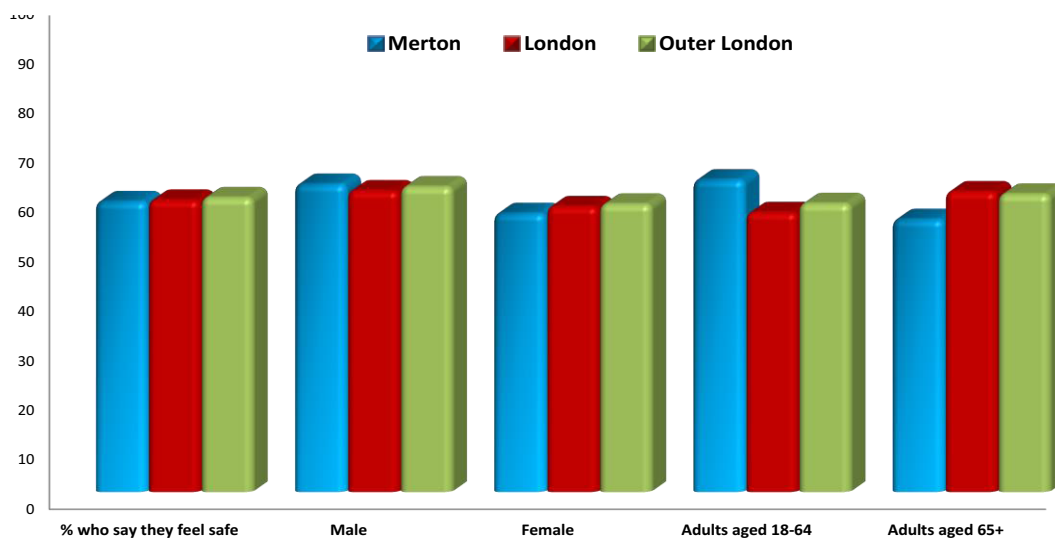
10.1 Overall satisfaction of people who use services with their care and support.



10.2 Proportion of people who use services who find it easy to find information about services.



10.3 Proportion of people who use services who feel safe.

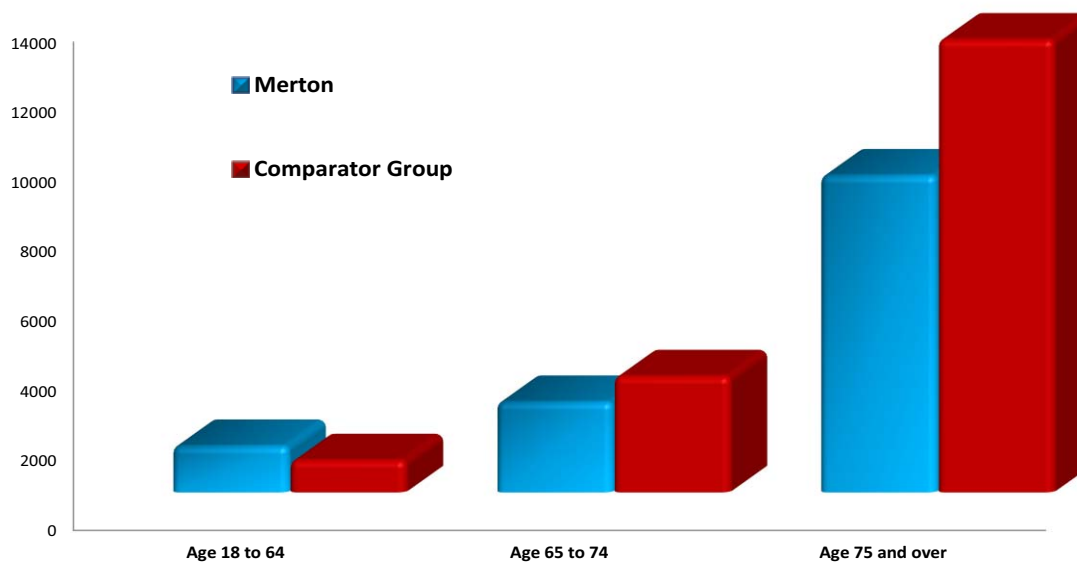


Key findings for this Section:

- Overall satisfaction outcomes are similar to both London and the Outer London average. However, slightly lower for females and those aged 65+ and higher for males and those aged 18 to 64.
- People can access information and advice easily, although slightly lower than both the London and the Outer London averages
- The proportion of people who say they feel safe is similar to both the London and Outer London average. However, very similar variations to the satisfaction measure with males and those aged 18 to 64 faring better.

11. Reviews:

11.1 Number of people per 100,000 population receiving a review of their service.



12. Proportion of Spend on Adult Social Care:

- Nursing & Residential as a Proportion of Gross Current Expenditure:
 - Older People (65+): Merton has a slightly higher proportion than the average. Merton 46.2%, average 45.7%
 - Physical Disabilities (18-64): Merton has a slightly lower proportion than the average. Merton 23.6%, average 24.2%
 - Learning Disabilities (18-64): Merton has a lower proportion than the average. Merton 39.5%, average 46.0%
 - Mental Health (18-64): Merton has a significantly lower proportion than the average. Merton 13.0%, average 31.1%
- Day/Domiciliary Care as a Proportion of Gross Current Expenditure:
 - Mental Health 46% higher than the average of 40.7%
 - Other client groups similar to average

- Assessment & Care Management as a Proportion of Gross Current Expenditure:
 - Older People (65+): Merton 16.1%, higher than the average 14.2%
 - Physical Disabilities (18-64): Merton 24.1%, higher than the average 16.6%
 - Learning Disabilities (18-64): Merton 13.7%, significantly higher than the average 7.4%

Performance Conclusion:

The following is a summary of both the key achievements and areas for improvement in adult social care in Merton.

Key Achievements:

- Increased the numbers of community based services we have provided to people aged 18-64
- 30% increase in the numbers of people receiving a direct payment.
- An increase in the number of people receiving equipment compared to the London average which shows a decrease overall.
- We provided a higher proportion of people with learning disabilities through SDS than both the London and Outer London averages.
- The proportion of carers aged 75 and over receiving self-directed support was higher than both the London and Outer London averages.
- The proportion of carers receiving direct payments is more than 50% higher than the Outer London average and also higher than the London average.
- The proportion of Carers receiving information and advice was higher than both the London and Outer London average
- Mental Health performed better than the London and Outer London averages on both employment and accommodation measures
- Merton achieved the lowest number of delayed transfers of Care from hospitals in London
- Lower unit costs than the average for Residential across all customer groups

- Lower unit costs than the average for Day Care across all customer groups
- Lower unit costs than the average for Direct Payments for all customer groups except Older People

Areas for Improvement:

- Reduce the numbers of new permanent admissions to both Residential and Nursing Care Home Placements.
- Increase the numbers of people receiving self-directed support (SDS) and in particular increase the numbers of people with mental health problems receiving SDS
- Increase the number of carers receiving SDS
- Improve access to information and advice for older people
- Improve outcomes for older people following reablement/rehabilitation
- Increase the number of planned reviews for older people
- Set up monthly monitoring to inform missing GP relationship on customer CareFirst records and reiterate requirement at Service Area and Team Co-ordinator meetings.
- Finalise the new OT customer/carer survey and record/monitor responses from April 2013. These will be collated and summary outcomes recorded in the new Quality Assurance Framework report.

Quality Assurance:

Within Merton there are a variety of processes to ensure social care services are of a high quality and are delivered in a timely and satisfactory way to our users and carers. The quality assurance framework includes the following:

1. **Planning:** Service plans, programmes and projects, internal and external audits outcomes and actions, procedures and policies.
2. **Inputs:** Data quality, case file audit outcomes, Social Care Database audit outcomes, safeguarding referrals and issues, and contracting and commissioning updates.
3. **Customer perspective:** Summary of surveys both internal and external, and statutory and non-statutory.

Highlights from the latest report:

Internal Audit: All internal audit action plans relating to the home care contracts have been completed. 42% of the internal audit action plans relating to supporting people had been completed at year end; one was outstanding awaiting action from corporate services and all others will continue to be assessed/ reviewed as part of the overall review of supporting people contracts in accordance with the ASC Savings programme timeframes.

All policies and procedures were updated apart from the Community Care and Assessment and Care Management Procedure Manual which will be integrated with the SDS Manual during 2013.

Data Quality: Data Quality continues to be rigorously monitored with monthly update reports to service area managers. Discussion and monthly reporting is a regular agenda item at Access and Assessment Manager's and Team Co-ordinators Meetings. Data Quality is highlighted in the yellow Adult Social Care performance information book and a significant reduction noted over the year to missing FACS eligibility on customer records, dates of birth and gender, but primary client group and ethnicity continue to be the area that requires most follow-up and update on CareFirst. Examples of specific project work completed include:

- Reduced the Occupational Therapy outstanding assessments showing on

CareFirst social care database by over 250 records;

- Improving finance processes by checking and reconciling 350 customer records with day centre reports to assist with finance transactions;
- Provide regular monthly reports to managers to show outstanding service authorisations which has resulted in a reduction in the number of outstanding customer agreements requiring authorisation to update budgetary commitments. A summary report has also been added to the monthly performance report to show the high number of authorisations completed by managers (averaging 1061 per month during the last quarter period).
- Checking and updating of 200 warning records against Housing report and establishing link with Mental Health Teams to review and update current warning records.
- Updating of 300 GP records to ensure customer records can be aligned against the proposed clinical commissioning groups (CCGs) and the GP surgeries within each 'cluster' group. Monthly monitoring will be set up to ensure all customers receiving a service have a GP relationship on their CareFirst record.

Case File and System Audits:

- Case File Audits: 209 completed by managers during the year. The audits look at the customer journey covering assessment, safeguarding issues, support being provided to customer and carers, funding authorisation etc.

- Some of the improvements noted during the year included a reduction in the number of customers declining a self-assessment, 100% of audits confirmed that the carer/s had been offered a carers or joint assessment and an increase in the number of family members who had been involved in drawing up support plans.
- 199 system Audits were carried out and an overall 98% accuracy reported. Inaccurate audit items were followed up with appropriate personnel within the social work teams and highlighted at team co-ordinator meetings. In particular the audits showed an increase in CareFirst input i.e. 99% of customer records on CareFirst had up-to-date observations recorded and an increase during the year in those with a closing summary recorded by the allocated worker. CareFirst is now seen as the main customer record and observations have replaced the need for paper reports in some teams.
- Safeguarding: 77% of cases closed within six weeks during the full year period, which is a decrease on the average 82.5% recorded during the previous quarter periods.
- All homecare contract hours are monitored and quarterly review meetings held with all approved provider agencies. Agency transfers are continuing to be made from private agencies to approved provider agencies.

Customer Satisfaction Surveys:

- Customer/Carer Satisfaction surveys continue to be received from customers who have had a review of service or following a service from the MILES Team (Merton Independent & Engagement Service). The surveys indicated that customers had found it easy to find information about the support provided by Merton and a continued high level of satisfaction that the services had helped to improve quality of life as well as being on the day and time needed.

- The National survey of adult social care users is completed annually and the primary results can be found in the performance section of this report.
- The Direct Payment Team sent out a total of 2050 newsletter questionnaires in 2012 and received 340 responses. The survey covered general aspects of customer satisfaction within direct payments. The full analysis of the responses can be found on the merton.gov.uk internet web pages http://www.merton.gov.uk/health-social-care/adult-social-care/directpayments/performance_and_targets.htm.

Monitoring of service contracts:



The contracts team use a range of contract monitoring processes for responding to complaints regarding contracted providers (as well as for our routine contract monitoring of providers).

Some examples of how monitoring has helped to improve services for users:

- **Care Home** – We received a complaint about a care home. We carried out an unannounced visit to the home and found a number of issues, after feeding back to the home manager, an improvement plan was drafted. We went back to visit the home again and found a huge improvement, with the majority of the actions being completed. This made the home a much better environment for all the residents.

Issue 1: The Council and customers were having difficulty in being able to speak over the telephone to representatives of a domiciliary care provider. The provider carried out a branch restructure and allocated new telephone numbers, as well as some customer service training.

Issue 2: Complaint received regarding customer not having their medication prompted by care worker and visits occurring after the scheduled time. Provider implemented an in-house trainer as well as on-line training for all relevant staff to complete and weekly spot checks of staff to ensure that medication is being prompted as per the care plan. With regard to the late visits, the provider implemented an electronic alert system to indicate if a carer had not arrived at the customer’s home within a specified time-frame, so that they could allocate an alternative worker if needed.

We received a compliment following this from the customer’s family confirming the “wonderful job” the provider did for their family member.

Equalities and Diversity: The Department takes seriously its statutory duty regarding valuing diversity and promoting equality. Information for customers can be provided in accessible formats and there is access to interpreter services. The two main languages used in Merton, other than English, are now Tamil and Polish.

The Department participates fully in the overarching Council equalities strategy as well as having its own steering group and action plan. There is a mentoring programme for BME staff to support their career development as well as training for all staff regarding promoting equality and supporting our diverse range of customers.

Development of a New Quality Assurance Framework:

We are in the process of developing a new revised quality assurance framework which will be in place by the end of 2013. The framework will focus primarily on outcomes for people and will be a mechanism for challenge from users, providers and other stakeholders. The basis of the framework has been drafted and is outlined in the diagram below:



Local Involvement Network (LINK) Merton:

LINK Merton is a network which exists to enable local people to influence health and adult social care services. It works through local voluntary and community organisations and individuals to provide an independent voice to help shape local health and adult social care services.

During 2011-12, our work programme engaged in a range of activities to help shape local services and improve outcomes for local people:

- Increasing participation in and awareness of LINK Merton and ensuring patient experience continues to inform our work
- We conducted a community outreach programme, which involved ten separate client-specific meetings to engage directly with a range of service users.
- Our regular public meetings included invitations to guest speakers who covered a range of adult social care and health issues.
- A weekly e-bulletin is distributed to over 3,500 recipients, plus a hard copy newsletter distributed directly to local people, as well as to libraries and community centres.

Ensuring LINK involvement at a strategic level in NHS developments

LINK Merton is represented on a range of local bodies including the Shadow Health and Wellbeing Board and the One Merton Group, which promotes joint commissioning and integration between health and social care.

Ensuring LINK involvement at a strategic level in personalising social care

LINK has had a long running interest in the development of self-directed support and personalised care in Merton. During 2011/12 we organised a workshop for voluntary

organisations and conducted a major piece of research into customers' and carers' experiences of Self Directed Support.



Making best use of LINK research into hospital discharge and supporting the development of reablement services

Having carried out a major piece of research on discharge procedures at St Helier Hospital in 2010, we conducted a specific project in relation to reablement services in Merton. This included a workshop and research aimed at mapping services, identifying gaps and exploring areas for improvement.

Reviewing BME access to community mental health provision

We organised a workshop to bring together the Mental Health Trust's Improving Access to Psychological Therapies (IAPT) service with a range of local BME voluntary, community and faith groups.

Monitoring and promoting patient involvement in GP practices

We conducted research in 2011 to map the existence of Patient Participation Groups within GP surgeries and have followed this up with work on supporting the development of groups.

Improving the availability of information on local health and social care services

In partnership with London Borough of Merton adult services, we arranged a workshop for voluntary and community groups, carers and service users to influence the process for commissioning a new information portal.

Supporting the involvement of local communities in the commissioning of adult social care services

Working with the London Borough of Merton, the Office of Public Management and local voluntary and community groups, we coordinated the Ageing Well programme

Safeguarding adults:

Our safeguarding adults' board: Merton's safeguarding adults board is known as Vulnerable Adults Strategy Team (VAST). The group consists of senior lead managers from partner agencies and is committed to ensuring that safeguarding vulnerable adults in our community remains a priority for all key agencies working with those who are most vulnerable in the borough.

Our Commitment to safeguarding adults: Our lead councillor for Adults Social Care, Linda Kirby says, "Safeguarding adults is a key part of what we do as a local authority and a task Merton takes very seriously. Abuse in any shape or form is unacceptable. It is important to act effectively when serious concerns are brought to our attention.

Views of our key partners: Darren Munro, Borough Commander, London Fire Brigade says "The responsibility of ensuring the safety of vulnerable residents can never be addressed by one organisation in isolation. We in the London Fire Brigade are proud to work alongside our partners in the local authority to safeguard vulnerable adults in the borough.

aimed at developing and improving older people's services and activities in Merton.

Continue to develop and maintain an effective LINK and to ensure involvement in the implementation of the NHS White Paper and the creation of Healthwatch

We worked with partners to review governance arrangements which resulted in the appointment of a new Chair and the establishment of a new steering group. The steering group has played a key role in helping to shape the development of Healthwatch.

It is joint working that enables us to take positive action to safeguard vulnerable adults from abuse.

The South West London and St Georges Mental Health NHS Trust reported that the secure and robust relationship with the safeguarding team has meant that clinicians in all teams are well supported in their practice. The recently expanded safeguarding team has been able to deliver refresher training to all mental health teams, and are a reliable source for all clinicians to consult when they have concerns about a service-user.

The Safeguarding Lead St Georges Hospital Trust, said "The last twelve months has seen a heightened awareness relating to adult safeguarding within health and social care; in particular regarding how we in the Health Service can ensure that those most at risk are free from neglect and abuse within our own organisations. We have a strong and committed relationship with the safeguarding team and will continue to work closely with Merton Council and other partner agencies and is an active member of VAST.

Summary of safeguarding adults'

statistics: Merton has continued to see an increase in the number of referrals received and in the number of referrals that progress through to investigation. This we believe can be attributed to increased awareness among staff in all partner agencies as well as increased community awareness through national safeguarding concerns covered by the media.

The following statistical information has been collated from our monitoring systems.

The following table shows the number of reported cases of adult abuse for the last five years:

Period	Number of cases
1 st April 2011 – 31 st March 2012	417
1 st April 2010 – 31 st March 2011	376
1 st April 2009 – 31 st March 2010	248
1 st April 2008 – 31 st March 2009	193
1 st April 2007 – 31 st March 2008	125

The number of referrals increased from 376 last year to 417 this year and represents an increase of 10.9%. From 2007 to date, referrals have increased by 333.6%. Most London boroughs are reporting an increase in safeguarding referrals generally contributed to more awareness of professionals and the public.

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 2013 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