

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 3rd July 2013

Agenda item: 6

Wards: All

Subject: Adult Social Care update

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

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Recommendations:

- A. That the Panel comment on the latest updates in adult social care in Merton.
 - B. That the Panel identify issues from this discussion that could be future agenda items.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The Assistant Director for Commissioning to provide an overview of the key issues in Adult Social Care

2 DETAILS

- 2.1. At the first scrutiny of the year the Panel customary receive a report on the key issues and latest developments in adult social care. This will help the panel identify key issues for the work programme

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

12.1.

Key issues in adult social care

27

For Healthier Communities and
Older People Scrutiny Panel

July 2013

Contents

- Key national issues
- Key local issues set out in use of resources framework
- Performance
- Staffing

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This is a selective summary of the main issues so please don't expect every single thing to be in here

National issues: overview

- Funding
- Care and Support Bill
- Quality and performance
- Personalisation
- Integration
- Organisation and governance

National issues: funding

- ADASS budget survey for 2012/13: “a bleak outlook becoming bleaker”
- Reaching end of road on efficiency savings and moving into real service reductions
- Councils cannot afford to ring fence ASC
- Likely that some money transferred from NHS will continue, but non recurrent and with strings

National issues: Care and Support Bill

- “Dilnot” changes: £72k cap on spend on personal care, £118k threshold below which councils must contribute (currently £23k)
- General move towards prevention, wellbeing
- Minimum eligibility threshold and to be passported between councils
- All will cost money, uncertain how much help councils will get

National issues: quality and performance

- Move to “sector led improvement”, with local accountability to residents and customers, rather than top down micro management
- “Local Account” is one expression of this
- Zero Based Review has new set of performance data, for benchmarking and local business use
- Sporadic concern about quality in sector, more reliance on commissioning to monitor
- Safeguarding: volumes increase, increased expectations of intervention

National issues: personalisation

- Continued cross party commitment to users having maximum choice over their supported
- Target of 70% of all customers supported in community having a personal budget by March 2014
- Range of direct payments, pre-paid cards, etc but has to be meaningful choice
- In some areas we need to help the market respond to this

National issues: integration

- Renewed emphasis on this being “the answer” especially to NHS performance and financial pressures
- No set national blueprint but DH wishes to see “scale and pace”
- Health and Wellbeing Boards to oversee and drive forward

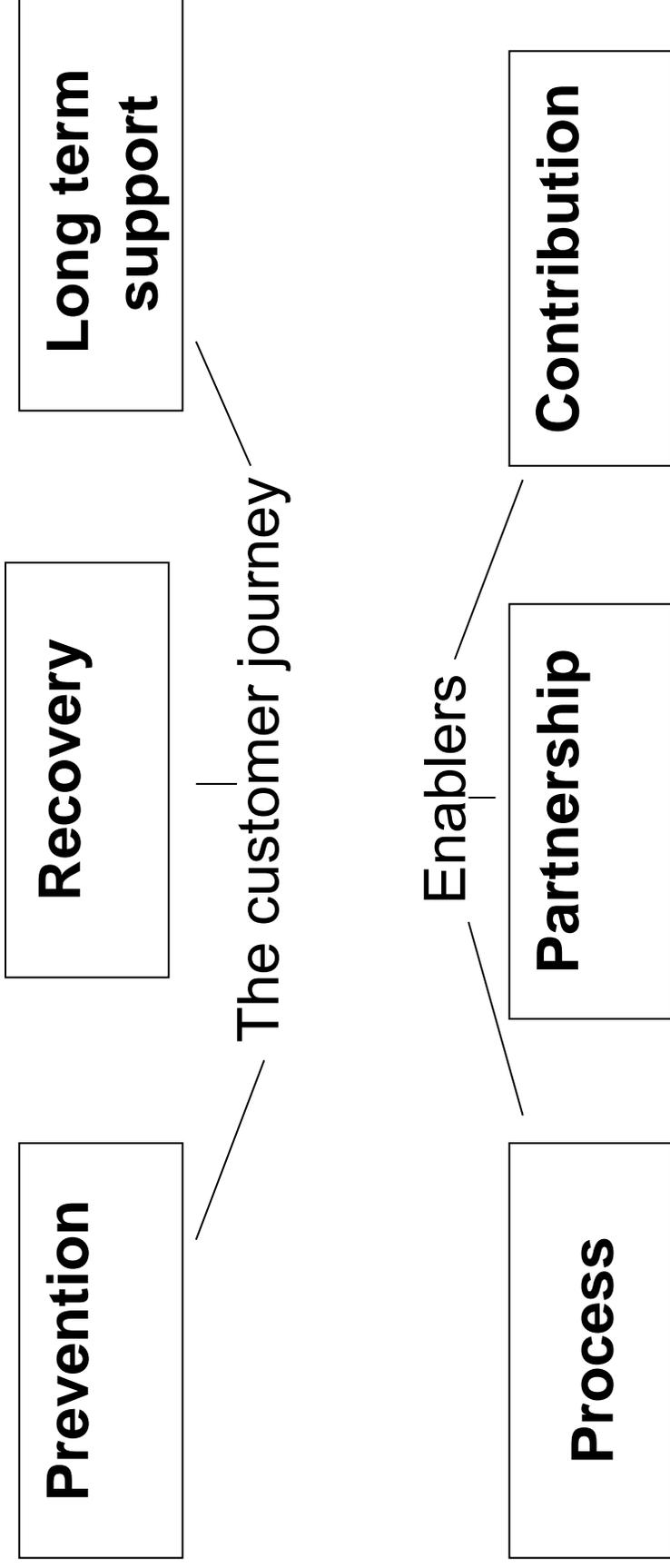
National issues: organisation and governance

- Health and Wellbeing Boards to be pivotal to oversee commissioning and delivery, duties same everywhere but different models
- Healthwatch now in place
- CCGs and public health transfer give new opportunities but still settling down

Local issues: overview

- Introducing the value based system used in Merton to analyse spend
- Issues analysed according to this framework
 - Performance
 - Staffing

Local issues: Merton has pioneered a value framework for looking at how resources are used



Value statements in italics

Prevention

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

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

**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

Process

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

Partnership

The organisations who 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 functions, and the independent sector

Contribution

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

Merton Council mapped its investment in 2011...

Prevention £9m	Includes £6m concessionary fares Grants/SLAs to vol. sector	Recovery £3.5m	Re-ablement service Equipment and adaptations	Long term support £47m	Multiple: Number of customers X type of support X unit costs of support	Contribution (£18m)	Fees and charges
Process £7m	Staffing other than direct provision Other costs e.g. IT	Partnership £2m	Formal agreements with NHS				

Local issues: prevention

- 3 year ageing well programme through grants: moving into delivery
- Health and Wellbeing strategy also key in themes 2 (healthy living) and 4 (wider determinants of health)
- ASC focusses on Tier 3 in “triangle”, Tier 4 to be done through wider areas like culture, transport, financial advice

Adult Social Care

Risk and Priority Areas

RISK MITIGATION / SERVICE RESPONSE

ADULT SOCIAL CARE

EXAMPLES OF CONDITIONS

- Complex & Profound Learning Disabilities
- Severe dementia
- Very severe mental illness
- Severe learning disabilities
- Severe physical disabilities
- Severe mental illness

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**Immediate
72 hrs and
unacceptable
risk to safety
and to life**

Advice

Care at home (Reablement and Dom. Care)

Respite for carers

Nursing and Residential care

Advice

Supported Accommodation

Domiciliary care

Day support out of home

Telecare

2

**Imminent (1 month)
risk to core activities of
daily living and safety**

40

VOLUNTARY SECTOR & BIG SOCIETY

- Physical disabilities e.g. Stroke
- Moderate learning disabilities
- Housebound elderly
- Mental health issues
- Homeless

3

**Independence and well
being will be compromised
without support**

Accommodation

Alleviation of isolation

e.g. drop in, befriending, peer support.

Practical Support *e.g. shopping*

Home Maintenance

Information, Advice

Health maintenance

e.g. Counselling, meals, chiropody,

incontinence, falls prevention,

(NB some funded by NHS)

Getting Through Crisis

4

**Independence and well being
might be compromised without
support in the future**

Physical Sensory

Impairments

Elderly with mobility

General public

Mild Learning

Disabilities

Information

Advice

Learning

Health advice

Local issues: recovery

- Theory of re-ablement: right kind of intensive service reduces longer term need for support
- Reviewing the costs and outcomes from current arrangements and intend to make savings
- We currently have a comparatively generous equipment offer beyond eligibility threshold: will review and also support residents to access more directly
- Mental health: core issue, Recovery College in mental health Trust
- Apply model to other “crises” like homelessness

Local issues: long term support

- Support at home: domiciliary care contract has delivered savings and given smaller approved list to assist with quality. Also want to improve choice for customers. We have a good telecare service in MASCOT and want to make more use of it
- Support in customised accommodation. Want to make more use of shared lives, and use this overall model more. Some schemes underway
- Care homes. Block contracts end in 2015. Reviewing mix of spot and framework contracts.
- Day care. Developing dementia “hub”. Will be reducing fleet transport further. More use of volunteers

Local issues: process

- We have been changing assessment/care management process since about 2009 to try and be leaner and also introduce personal budgets (“self directed support” or “SDS”)
- Driving savings too hard in this area could cost more in long term support
- Introducing brokerage for all new support packages this year
- Looking to help customers “channel shift” through Merton-i and other on line processes
- Looking at our information system which has been in place since 2003, about to go out to market
- Safeguarding: good process but coping with growing volume

Local issues: partnership

- NHS. We have integrated services in mental health and learning disability. Now doing project for general community services: three integrated locality teams and revised provider response.
- Voluntary sector. Generally very strong partnership which has been the platform for significant changes in past 3 years
- Providers. Works well on the ground and we have provider forums but looking to increase frequency of collective dialogue
- Users and carers. Reviewing our arrangements at present

Local issues: contributions

- Fees and charges policy in place since 2009, kept under review, consultation group helps.
- Looking to make more use of social capital, volunteering, community action
- Keeping under review a fair expectation of what a customer/carer should contribute to their support

Local issues: performance

- Publicly available in “Local Account”
- Generally it shows a low spending service, highly targeted in terms of numbers, history of low use of care homes but this has recently increased a bit, good levels of customer satisfaction, processes working OK for customers if we look at waiting times etc, assessments, etc.
- We need to have more personal budgets

Local issues: staffing

- Generally we have a loyal and committed workforce who have delivered a lot of changes and savings as well as good performance
- In last staff survey (November 2012) Merton Council performed above average in levels of engagement, and C&H/social care performed above average for the council
- However, this is not to be taken for granted and we constantly review how to communicate and engage better
- Some changes in social work profession

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