

Merton Council Adult Social Care

Consultation on proposed Adult Social Care (ASC) Savings for 2016/17

Background to the Consultation Exercise

This consultation is about how, and from where, we aim to achieve the 2016/17 proposed savings of £5.06 million to be implemented in 2016-17. £857,000 has already been agreed, see slide 12, therefore the scope of this consultation process includes the proposed savings of £4.203 million detailed in slides 13-15.

The consultation period will be from the 23 October until 7 December 2015.

We want your views about the proposed savings. You will be able to do this by coming to events, completing a survey or by emailing us your views to: ASCconsultation@merton.gov.uk, for further details see slides 25-26.

For background information, this document also includes details on the:

- Proposed savings for future years which cover the period of 2017-19 in Appendix 1 on slides 29-36. These proposed savings will be subject to change to ensure the total savings put forward meet the requirements of the Authority's medium term financial strategy. Each future years savings proposals will be consulted on separately.
- Authority's overall financial position and medium term financial strategy in Appendix 2 on slides 38-41. This shows how the savings to be implemented by ASC in 2016-17 fits in with the Authority's overall financial strategy.

A glossary of all underlined words can be found on slide 52-53 of this document.

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Section 1

Background Information

What does Adult Social Care do?

The law says that ASC services should provide:

- Preventative services, assessment and care management
- Nursing and residential care homes, community services
- Re-ablement to prevent hospital admission, help people stay in their own home, intermediate care (after a spell in hospital)
- Supported living and other accommodation
- Personal budgets and direct payments to customers
- Providing equipment that helps you to stay safe in your home such as telecare, aids and adaptations
- Take steps to safeguard adults at risk of abuse and neglect
- A glossary of all underlined words can be found on slide 51-52 of this document

What is the national picture?

- Councils in 2014/15 spent nearly £14 billion on ASC.
- Since 2010, overall spending on ASC has fallen by 12% as councils delivered savings of £3.53 billion.
- Councils are also facing huge demographic pressures with the number of people in need of support increasing by 14%
- Increased resource implications due to changes to the law, including the Care Act 2014 and the Mental Capacity Act 2005 (under Deprivation of Liberty Safeguards)

Source: LGA ASC Efficiency Programme Report (July 2014)

What is the financial challenge for Merton?

- The Government has cut the money it gives to councils by 40% and further cuts will happen.
- Across all Merton Council Services, £27.5m of savings have been identified between 2016-19.
- The council has agreed that adult social care should bear less of a share of the cuts than other areas, such as environmental services. However the council spends the biggest portion of its money on adult social care so it still expects it to make significant savings.
- So far ASC has proposed how to save £9.328m of this from 2016-19 (£5.06m in 2016-17)
- ASC has previously found and saved £18.65m from 2011-16.
- The ASC budget for 2015/16 was £55.678m so proposed 2016-17 savings of £5.06m represent 9% of the net ASC budget for 2015/16.
- These savings are against a background of an expected increase in demand for services due to population increases by 2020:
 - Older people (aged over 65) by 9%
 - People with dementia by 13%
 - Adults with learning disabilities by 6%
 - Older People (aged over 90) by 23%

For further information, please refer to appendix 2 slides 38-40 and appendix 3 slides 42-44

Summary of the 2010-15 Savings Journey so far in Merton:

- Since 2011-16 a total of £18.65m has been saved from the net ASC budget.
- Although we have made significant savings we have also put additional funding into ASC due to increased demand which has meant the actual net budget has been less severely reduced.
- Therefore the effect of these savings has been to reduce the net budget from £58.2m in 2011-12 to £55.7 in 2015-16 (for full details see slide 40).
- The savings to date have been achieved by making efficiency savings, changing processes and maintaining or reducing provider prices through better procurement.
- This has minimised the impact of savings on the customer experience, where possible. However, we acknowledge the cumulative effect of year on year savings for some of our customers, carers and providers.
- The 2016/17 proposals, detailed in this consultation paper, are a continuation of the savings journey.

What does financial benchmarking tell us?

- Data for England (based on 2013/14 data) shows Merton spends:
 - below average per head of population on older people
 - slightly below average for other care groups
 - above average on staff costs for care management
- Merton has a smaller ASC customer base than average but spends more than average per person on those we do support. This demonstrates a more targeted approach.

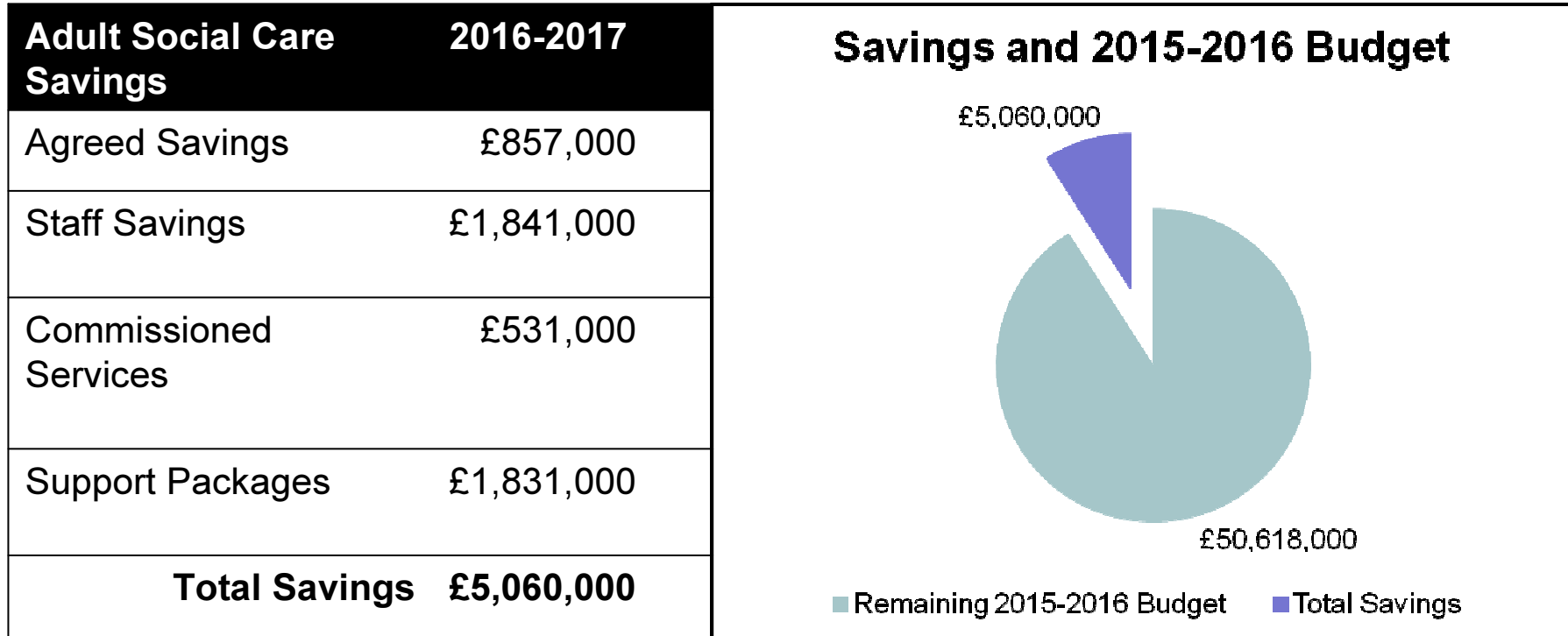
Further details can be found in appendix 4 slides 46-49.

Section 2

The savings in detail

Details of Savings Proposals 2016/17

Adult Social Care has proposed how to save £5.06m in 2016/17, see slides 12-15 for more detail



Each proposed saving has a reference number, for example CH04, which enables us to identify each individual savings proposal in all documentation that goes to Councillors for decisions.

Savings not in this consultation process

Savings (2016/17) which have already been agreed after discussion with partners	Saving
Realise benefits of new prevention programme - Reduced demand for statutory services, or alternatively if these benefits have not occurred then to reduce investment in the prevention programme through reduced grants to Voluntary Organisations following consultation with voluntary sector partners (CH05) .	£500,000
Directorate Staff Savings - 0.46 FTE is now funded by Public Health (CH23) .	£21,000
Directorate Staff savings – 1 FTE post is now funded from Public Health (CH64) .	£30,000
NHS Income: Extra NHS funding for extra costs of Hospital Discharges - Circa £150k on care/support packages, £50k on staff (CH51) .	£200,000
Supported accommodation mental health – Currently provided by Family Mosaic This saving will be achieved as Family Mosaic will cease to provide this service and there are no plans to replace it (CH62) .	£106,000
Subtotal	£857,000

Proposed Savings for 2016/17

Staff Savings £1.841m or 12.8% of 2015-16 Staff Budget of £14.257m

How we propose to make savings (2016/17) and service implication:	Saving
<p>Reduce Management costs and reduction in staffing costs Assessment and Commissioning: Staffing restructure to deliver efficient processes and building on planned shift of some customers to manage their own processes (CH04).</p>	£100,000
<p>Staffing reductions in Assessment and Commissioning teams - Staff Savings of 34-39 FTE out of 190 to be deleted in 2016/17 - These savings will come from across Assessment and Commissioning, covering all service areas to deliver more efficient processes and improved response times to customers. There may be a reduced capacity to carry out assessments and reviews, give social work support, undertake safeguarding activities, fulfil DOLs responsibilities and undertake financial assessments, monitor quality and performance within services and to proactively work to sustain and develop a local provider market (CH20, CH58 and CH22).</p>	£1,367,000
<p>Direct Provision Employees - Staff Savings 11 FTE to be deleted across day, residential, supported living services and 2 management posts (13 in total) out of 144.37 Less activities may be available both at LD and PD day centres and in the community, but we will still be able to provide day centres and a safe environment for customers. Customers would spend more time in larger congregated settings with less choice of activities. By deleting 2 management posts, the service will be able to retain as many front line carer posts as possible within a reduced service offer (CH21 and CH59).</p>	£374,000
Subtotal	£1,841,000

Proposed Savings for 2016/17

Commissioned Services £531,000 or 1.3% of the total 2015-16 third party payments budget of £40.584m*

How we propose to make savings(2016/17) and service implication:	Saving
Carers Support Services – Replace with domiciliary care service/Direct Payment offer and a commissioned holistic carers support service from voluntary sector. This service is currently provided by South Thames Crossroads which will be decommissioned (CH60).	£294,000
Meals on Wheels - Decommission the existing contract and embed support within community, neighbourhood and voluntary support infrastructure. This service is currently provided by Sodexo (CH61).	£153,000
Mental Health Day support – Decommission the service currently provided by Imagine Independence. Replace with a cost effective peer led day opportunities for people living with mental illness. (CH63).	£84,000
Subtotal:	£531,000

*Note: Total 3rd party payments Of £40.584m includes the £38.724m budget for support packages referred to on the next slide

Proposed Savings for 2016/17

Support Packages £1.831m or 4.7% of 2015-16 Support Packages Budget of £38.724m :

How we propose to make savings (2016/17) and service implication:	Saving
Promoting independence - Efficiencies to be found in the hospital discharge process and by enabling customers to regain and maintain independence (CH02).	£100,000
Older People-Managing Crisis (including hospital admissions to residential care) - This would include a number of activities designed to reduce admissions to residential care placements. We would look to families to continue to support people at home for longer (CH29).	£125,000
Substance Misuse Placements - Actively manage throughput into residential rehabilitation placements, which will mean a reduction in placements needed (CH34).	£6,000
We will continue to undertake a systematic review of all customers' support packages. All proposed changes to a customer support package will be subject to a review/reassessment process which is based on individual need.	Saving
Mental Health- Review of support packages: (CH27).	£76,000
Older People- Review of support packages: (CH28, CH30).	£732,000
Physical Disabilities- Review of support packages: (CH31, CH32, CH33).	£242,000
Learning Disabilities- Review of support packages: (CH24, CH25, CH26).	£550,000
Subtotal	£1,831,000

Section 3

Our Approach

Our approach

We take a value based approach to plan our proposed savings, underpinned by the Use of Resources Framework through:

- Retaining some investment in prevention and recovery where it reduces longer term costs
- Minimising the costs of long term support
- Reducing waste/duplication in work processes
- Working in partnership where possible
- Ensuring everyone makes the contribution they are able to
- Using a Promoting Independence approach(see slide 21 for more details)

Use of Resources Framework:

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 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 three outcomes are designed to minimise waste, which is defined as anything that does not add value to what I need

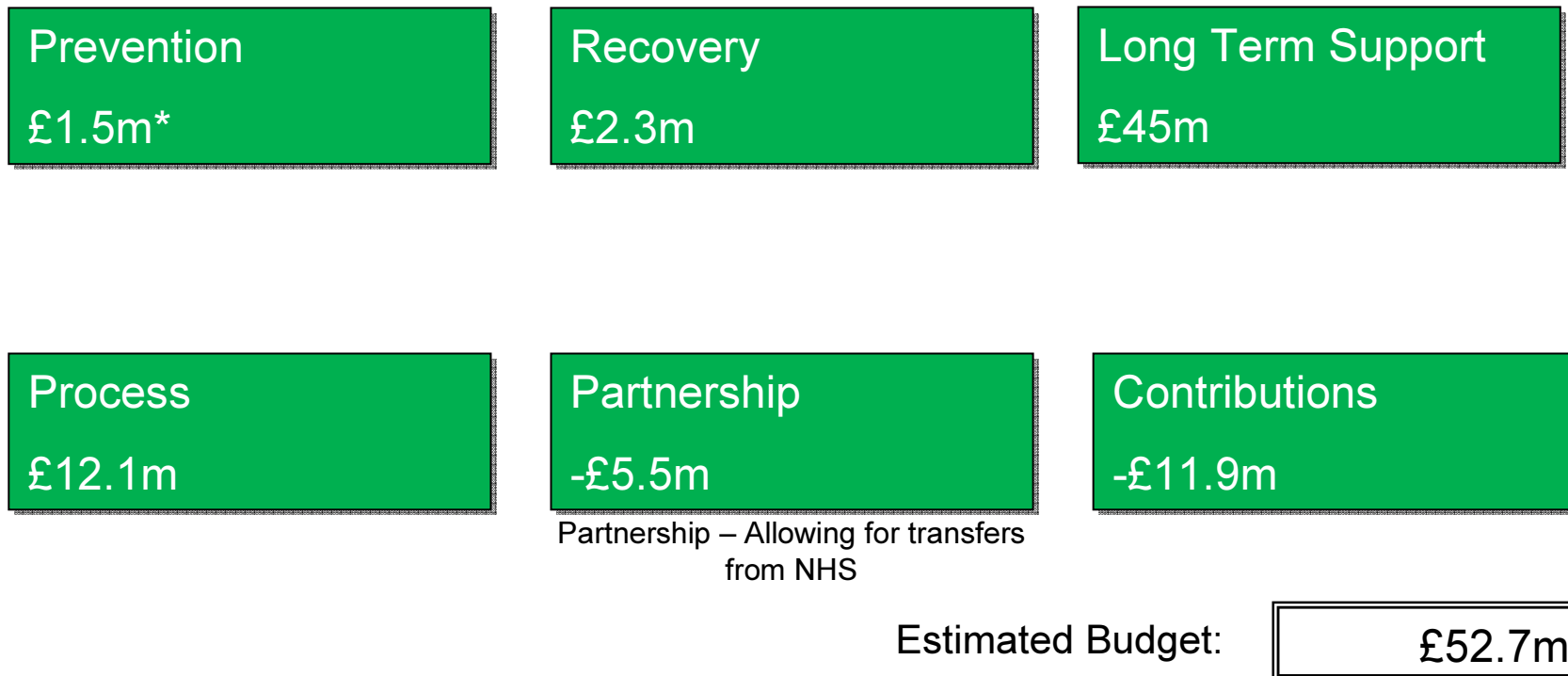
Partnership

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, and the independent sector

Contributions

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

Investment against this in 2015/16



* Excludes concessionary fares budget £9.2m in 2015/16

National evidence on efficiency says:

- Traditional methods have been used to deliver savings so far, for instance, reviewing costs of packages, freezing or suppressing fees, increasing discretionary charges.
- But most councils have embraced the need for radical transformation and are focusing on managing demand.
- Councils are at different stages in the journey, for instance some councils started to reduce their budgets over 5 years ago, others more recently.
- Success depends on culture change, including the front line and across partner agencies.
- Political leadership is very important, especially to address difficult issues such as in-house services or changes in Learning Disability services.
- The scope for further savings varies considerably, but in some places options are becoming quite limited.
- On balance, the most effective way of using resources effectively in the future is by Promoting Independence (see next slide for definition).

Source 1: Towards excellence in Adult Social Care (TEASC) report July 2014

Source 2: Association of Directors of Adult Social Services (ADASS) Use of Resources Framework

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.

Section 4

Alternatives we considered

Alternatives:

Alternative ways of making savings	Why we are not recommending at this stage, but may consider in future years
Close some day centres and give people personal budgets minus the savings instead	We believe currently the provision is more cost effective than the alternatives available
Outsource all in-house services	We don't believe that this will generate savings for 16/17
Share services with other councils or the NHS	We don't believe that this will generate savings for 16/17
Negotiate fee reductions from providers	We do not believe this will generate savings due to the current market conditions
Make bigger staffing reductions	We are already proposing significant staffing reductions

Section 5

Consultation and decision making process

How we plan to consult on this(1)

- Publish this document on the Merton Council website for information <http://www.merton.gov.uk/health-social-care/adult-social-care/adult-social-care-consultation.htm>
- Ask for your feedback via email at ASCconsultation@merton.gov.uk
- Conduct an online survey of your views <http://www.merton.gov.uk/health-social-care/adult-social-care/adult-social-care-consultation.htm>
- Write to all ASC customers and carers to notify them of the consultation and details of how to get involved
- Paper versions (including easy read versions) of the consultation document and survey will be available in Wimbledon, Mitcham and Morden Libraries, Vestry Hall, Merton Civic Centre and Merton Day Centres

How we plan to consult on this(2):

- Hold public meetings on Monday 30 November 2015, 11.00am – 1pm and Wednesday 2 December 6.30pm – 8.30pm at Vestry Hall.
- Meet with voluntary organisations on Thursday 26 November 2015, 11.30am -1.30pm at the Chaucer Centre.
- Hold small customer/carer group meetings.
- Hold consultation meetings with staff on 18 November 2015

All feedback from the consultation process will be consolidated to feed into, and be taken into account, during the decision making process, see slide 29 for further details.

Decision making process to set the Council budget

- Cabinet on 19 October 2015 considered savings proposals and associated Equality Analysis and referred them to Scrutiny for consideration during November 2015.
- Cabinet on 7 December will receive feedback from this scrutiny process.
- The next version of the savings proposals, taking account of Scrutiny and consultees feedback, will be made available for the Scrutiny function during January 2016.
- Cabinet will make its final decisions on 15 February 2016.
- The decision of Cabinet is then subject to the agreement of Full Council on 2 March 2016.
- For further details about any Council meetings, please use the following link: <http://democracy.merton.gov.uk/ieDocHome.aspx?bcr=1>

Appendix 1:

Background Information

Details of all proposed savings

2016-19

on slides 29-36

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 12	Realise benefits of new prevention programme in terms of reduced demand for statutory services, or alternatively if these benefits have not occurred then to reduce investment in the prevention programme through reduced grants to Voluntary Organisations (CH05).	£500,000		
Oct 15	Voluntary Sector Grants: Use funds from Public Health to fund the prevention strategy which is currently funded from grants (CH53).		£600,000	
Oct 15	NHS Income : Negotiate extra NHS funding for extra costs of Hospital Discharges - Circa £150,000 on packages, £50,000 on staff (CH51).	£200,000		

* **Note:** Cabinet decisions have to be ratified by Full Council when it approves the full Council Budget in March each year.

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 12	Reduce Management costs and reduction in staffing costs Access & Assessment Staffing restructure to deliver efficient processes, and building on planned shift of some customers to manage their own processes (CH04).	£100,000		
Dec 14	Staffing reductions in Assessments and Commissioning teams. Staff Savings 12 FTE to be deleted in 2016/17 across all service areas Reduction in the ability to carry out assessments and reviews, social work support, safeguarding activities, DOLs responsibilities and financial assessments (CH20).	£511,000		£283,000
Oct 15	Staffing reductions in Assessments and Commissioning teams. (This savings proposal has been brought forward from £500,000 in 2017/18 & £200,000 in 2018/19) Reduction of a further 18-23 FTE posts , this is in addition to the 12 FTE's in CH20. Total FTE affected is 30- 35 for 16/17 (CH58).	£700,000		
Oct 15	Access, Assessment and Commissioning Staffing : Further staff reductions circa 4 FTEs out of the remaining 151-156 FTEs in AA&C as processes improve and service user numbers reduce (CH54).			£150,000
Dec 14	Direct Provision Employees - Staff Savings 11FTE to be deleted across day, residential and supported living services : Less activities available both at day centres and in the community. Clients would spend more time in larger congregated settings with less choice of activities. These savings would be made across the three LD and PD day centres (CH21).	£274,000		

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Details of savings for 2016-19

Date of Cabinet Decision*	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 14	Direct Provision Residential and Supported Living management staff reductions We would expect to keep front line support staff but reduce management. This would mean less resources to provide outreach and the emphasis would primarily be on providing core services (CH37).		£100,000	
Oct 15	Staff reductions in Direct Provisions - Bring forward management changes planned for 2017/18. Reduction of 2 management posts. This will enable the service to retain as many front line carer posts as possible within a reduced service offer (CH59).	£100,000		
Dec 14	Commissioning Employees- Staff Savings- 4 FTE to be deleted Reduced capacity to monitor quality within provider services, reduced capacity to monitor performance within services and a reduced capacity to proactively work to sustain and develop a local provider market (CH22).	£156,000		
Dec 14	Directorate- Staff Savings - 0.46 FTE to be deleted Post now funded by Public Health (CH23).	£21,000		
Oct 15	Directorate - Staff savings. This position is now funded from Public Health budget and no longer required (CH64).	£30,000		

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 14	CSF Supporting People contracts - We would reduce funding for contracts within Supporting People area which support vulnerable young people. There would be reduced support available for young people - both in terms of the numbers we could support and the range of support we would be able to offer to those we could accommodate (CH35).		£100,000	
Oct 15	South Thames Crossroads - Caring for Carers - Decommission the crossroads service for carers. Replace with domiciliary care service/Direct Payment offer and commission holistic carers support service from voluntary sector (CH60).	£294,000		
Oct 15	Meals on Wheels (Sodexo) – Decommission this service and embed support within community, neighbourhood and voluntary support infrastructure (CH61).	£153,000		
Oct 15	Supported accommodation mental health - Family Mosaic (Waldemar Road) - Decommission service as a result of Provider notice to cease service in Merton (CH62).	£106,000		

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Oct 15	Day support Imagine Independence - Decommission this service and recommission cost effective peer led day opportunities for people with mental health (CH63) .	£84,000		
Oct 15	Supporting People Contracts - Review of remaining Supporting People Expenditure as it is a discretionary spending area (CH52) .		£300,000	
Dec 14	Single homeless contracts (YMCA, Spear, Grenfell) - Reduce funding for contracts within the Supporting People area which support single homeless people. Reduced support available for single homeless people - both in terms of the numbers we could support and the range of support we could provide. In turn this would reduce their housing options (CH36) .		£56,000	£200,000
Dec 14	Extra Care Sheltered Housing - A review of, and reduction in, the extra care sheltered housing provision. This would lead to a reduction in the extra support provided through the extra care sheltered housing block contracts and in house service (CH39) .			£450,000

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 12	Promoting independence - Efficiencies to be found in the hospital discharge process and by enabling customers to regain and maintain independence (CH02).	£100,000		
Dec 14	Older People-Managing Crisis (including hospital admissions to residential care) . This would include a number of activities designed to reduce admissions to residential care placements. We would be looking to families to continue to support people at home for longer. This would fit in with our overall approach to enable independence (CH29).	£125,000		
Dec 14	Substance Misuse Placements - A reduction in the placements available for substance misuse customers(CH34)	£6,000		
Dec 13	Placement Procurement opportunities - These savings add to the targets of existing programmes: procurement, brokerage and contracting for homecare. We will continue with the principles of of promoting greater independence (CH3).		£108,000	

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Details of savings for 2016-19

Date to Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
Dec 14	Assessment and Commissioning placements budget reductions- An overall reduction in the placements budget of 2% (CH38).		£107,000	
Dec 13	Remodel and Re-procure Domiciliary Care services - following end of 3 year contract starting in 2012. These savings add to the targets of existing programmes: procurement, brokerage and contracting for homecare. We will continue with the principles of promoting greater independence (CH2).		£107,000	
Dec 13	Further reduction in placement budget - Increasing the targets on 2 already agreed and ambitious proposals as follows:, by finding the best value option and setting personal budgets on this basis (CH1).		£720,000	
Oct 15	Assessment & Commissioning 3rd Party Payments- Less 3rd party payments through "Promoting Independence" throughout the assessment, support planning and review process and across all client groups. Aim to reduce Residential Care by £650k and Domiciliary Care by £337k (CH55).			£987,000

* **Note:** Cabinet decisions have to be ratified by Full Council when it approves the full Council Budget in March each year.

Details of savings for 2016-19

Date To Cabinet *	Description of Saving	Saving 2016/17	Saving 2017/18	Saving 2018/19
<p>We will continue to undertake a systematic review of all customers' support packages. All proposed changes to a customer support package will be subject to a review/reassessment process which is based on individual need.</p>				
Dec 14	Learning Disabilities-Review high costs packages (CH24).	£100,000		
Dec 14	Learning Disabilities-Review medium cost packages (CH25).	£400,000		
Dec 14	Learning Disabilities-Review Direct payments packages (CH26).	£50,000		
Dec 14	Mental Health –Review of care packages (CH27).	£76,000		
Dec 14	Older People-Review homecare within support packages (CH28).	£387,000		
Dec 14	Older People-Review of Direct Payments support packages (CH30).	£345,000		
Dec 14	Physical Disabilities-Review of all direct payments packages (CH31).	£134,000		
Dec 14	Physical Disabilities-Review homecare within support packages (CH32).	£48,000		
Dec 14	Physical Disabilities-Review of high cost placements (CH33).	£60,000		

* **Note:** The decision on each years savings is not final until Full Council approves the Council Budget in March each year.

Appendix 2:

Merton Council Overall Financial
Position

Slides 38-41

Link to Merton Council's Overall Financial Position

As stated in the introduction to this document this consultation is about how, and from where, we aim to achieve the 2016-17 proposed savings in ASC.

This year ASC has been set a target to find an additional £3.442 million of new/replacement savings as part of the £15.301 million that needs to be found across the whole council between 2016-17 and 2018-19. So far we have identified proposals to save £2.237 million of this.

Some of these savings will be implemented in 2016-17. However, there are also other savings to be implemented in 2016-17 that were agreed in previous years so this document details savings proposals of £5.06m in 2016-17 for Adult Social Care. £857,000 of these 2016-17 savings are already agreed, see slide 12, therefore, the scope of this consultation process includes the proposed savings of £4.203 million detailed in slides 13-15.

For background information, this document also includes proposed savings for future years which cover the period of 2017-19 in appendix 1 (Slides 29-36). These proposed savings will be subject to change to ensure the total savings put forward to meet the requirements of the Authority's medium term financial strategy.

Each future years savings proposals will be consulted on separately in due course.

Merton Council

Medium Term Financial Strategy

The table below shows the savings identified and agreed by full council across the whole council, with the contribution that each department has to make

Departments	2015/16 Net Budget	2015/16	2016/17	2017/18	2018/19	Total	%
Corporate Services	£30,636,000	£1,230,000	£2,903,000	£1,656,000	£165,000	£5,954,000	19%
Children, Schools and Families	£46,503,000	£781,000	£2,191,000	£621,000	£0	£3,593,000	8%
Environment and Regeneration	£17,817,000	£1,341,000	£5,515,000	£1,185,000	(£212,000)	£7,829,000	44%
Community and Housing	£56,389,000	£1,305,000	£5,357,000	£2,220,000	£1,195,000	£10,077,000	18%
Grand Total	£151,345,000	£4,657,000	£15,966,000	£5,682,000	£1,148,000	£27,453,000	18%
Cumulative Total		£4,657,000	£15,966,000	£5,682,000	£1,148,000		

Adult Social Care Financial Position

Table showing agreed and proposed savings 2011-19

Year	Total Agreed Savings	New Savings Proposals identified to date (Oct 2015 Cabinet)	Total Savings Identified	Cumulative Total
2011/12	£4,188,000	0	£4,188,000	£4,188,000
2012/13	£4,099,000	0	£4,099,000	£8,287,000
2013/14	£6,162,000	0	£6,162,000	£14,449,000
2014/15	£2,187,000	0	£2,187,000	£16,636,000
2015/16	£2,014,000	0	£2,014,000	£18,650,000
2016/17	£5,038,000	£200,000	£5,238,000	£23,888,000
2017/18	£1,898,000	£900,000	£2,798,000	£26,686,000
2018/19	£1,133,000	£1,137,000	£2,270,000	£28,956,000
Total Savings	£26,719,000	£2,237,000	£28,956,000	

Adult Social Care financial position

Adult Social Care Budget 2011-16, with savings but also adjusted for growth, inflation and technical adjustments

Year	Budget	Savings	Growth	Inflation	Technical Adjustments	Total Budget
2011/12	£56,845,000	-£4,188,000	£1,319,000	2,456,000	£1,762,000	£58,194,000
2012/13	£58,194,000	-£4,099,000	£1,000,000	1,120,000	-£1,091,000	£55,124,000
2013/14	£55,124,000	-£6,162,000	£1,000,000	742,000	£7,335,000	£58,039,000
2014/15	£58,039,000	-£2,187,000	£1,000,000	513,000	-£1,867,000	£55,498,000
2015/16	£55,498,000	-£2,014,000	£1,680,000	1,058,000	-£544,000	£55,678,000
Total		-£18,650,000	£5,999,000	£5,889,000	£5,595,000	

Appendix 3:
Demographic Growth
Information
Slides 43-45

Adult Social Care financial position

Older People Demographic Growth

There is a predicted increase of 23% in the 90+ age group by 2020 and as needs tend to increase with age so demand for support is expected to increase as well

Data for: Merton (Tables produced on 14/11/14) from www.poppi.org.uk version 9.0 & www.pansi.org.uk version 8.0

Population aged 65 and over, projected to 2030							
	2014	2015	Growth (2014/15)	2020	Growth (2015-20)	2025	2030
People aged 65-69	7,600	7,800	3%	7,600	-3%	8,700	10,400
People aged 70-74	5,500	5,700	4%	7,100	25%	6,900	7,900
People aged 75-79	4,700	4,800	2%	5,000	4%	6,300	6,200
People aged 80-84	3,600	3,500	-3%	3,800	9%	4,100	5,200
People aged 85-89	2,100	2,200	5%	2,400	9%	2,800	3,000
People aged 90 and over	1,300	1,300	0%	1,600	23%	2,000	2,500
Total population 65 and over	24,800	25,300	2%	27,500	9%	30,800	35,200

Adult Social Care financial position

Older People Demographic Growth – Dementia

There is a prediction that the number of people with dementia will rise by 13% by 2020, therefore increasing demands on services are expected.

Data for: Merton (Tables produced on 14/11/14) from www.poppi.org.uk version 9.0 & www.pansi.org.uk version 8.0_

People aged 65 and over predicted to have dementia, by age and gender, projected to 2030							
	2014	2015	Growth (2014/15)	2020	Growth (2015-20)	2025	2030
People aged 65-69	94	97	3%	94	-3%	108	129
People aged 70-74	150	153	2%	194	27%	187	218
People aged 75-79	276	281	2%	294	5%	369	359
People aged 80-84	419	419	0%	453	8%	490	620
People aged 85-89	422	444	5%	478	8%	556	617
People aged 90 and over	388	388	0%	505	30%	564	740
Total population aged 65 and over predicted to have dementia	1,749	1,782	2%	2,017	13%	2,273	2,682

Adult Social Care financial position

Learning Disability Demographic Growth

This table below shows a 6% growth in people who have a moderate or severe learning disability by 2020, therefore increasing demands on services are expected.

Data for: Merton (Tables produced on 14/11/14) from www.poppi.org.uk version 9.0 & www.pansi.org.uk version 8.0

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age:

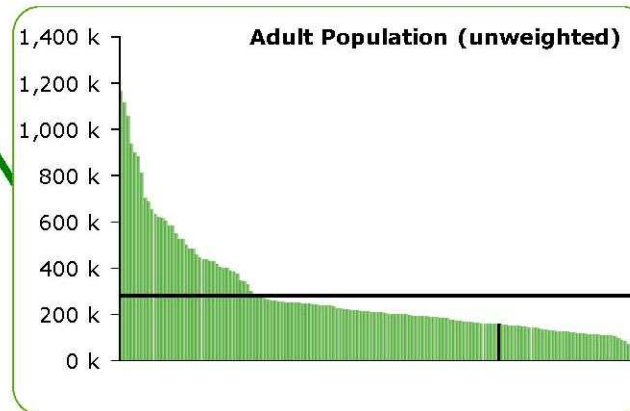
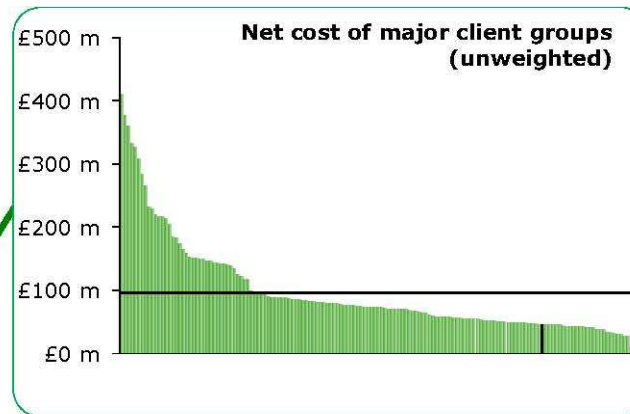
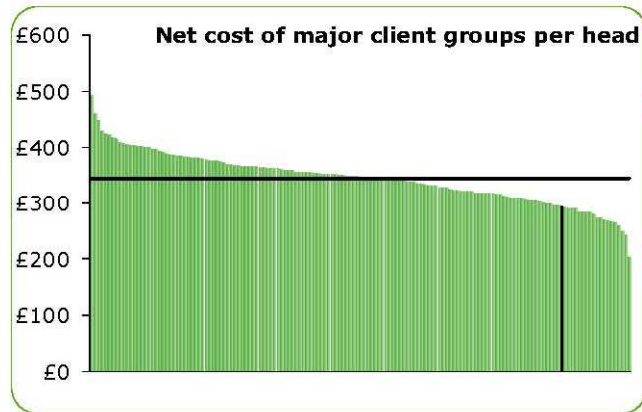
	2014	2015	Growth (2014/15)	2020	Growth (2015-20)	2025	2030
People aged 18-24	95	95	0%	93	-2%	95	109
People aged 25-34	219	218	0%	217	0%	214	208
People aged 35-44	214	219	2%	241	10%	250	251
People aged 45-54	144	146	1%	154	5%	166	183
People aged 55-64	92	93	1%	109	17%	122	126
Total population aged 18-64	764	772	1%	815	6%	848	877

Appendix 4

Financial Benchmarking Slides 47-50

Financial benchmarking(1)

Overall Summary Net Expenditure per Head 2013/14



Merton spends less per head of population than average.

Merton is a smaller authority than average.

Adult Population (18+)

158k

Net Expenditure		£'million	£/head	Avg
A	Service Strategy	0.3	£1.90	£2.03
B,E,F,G	Major Client Groups	46.4	£292.99	£345.27
H	Asylum Seekers	0.2	£1.16	£0.31
J	Other Adult Services	1.8	£11.28	£8.41
K	Total Adult Services	48.6	£307.33	£356.02

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.

Source: CIPFA Social Care Benchmarking based on provisional PSSEx1 Report 2013/14

Financial benchmarking (2)

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

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

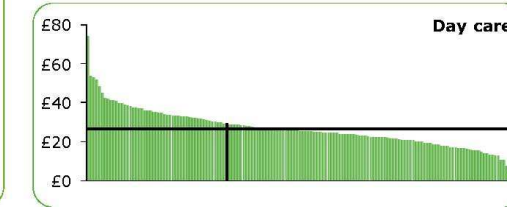
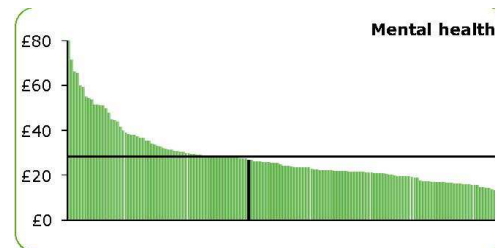
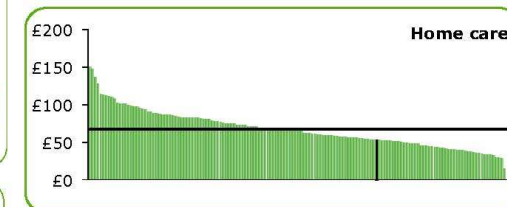
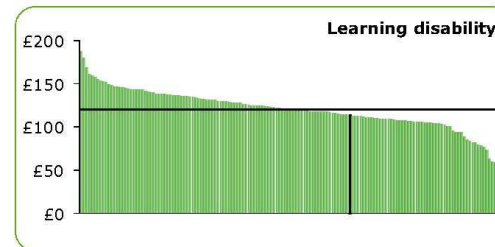
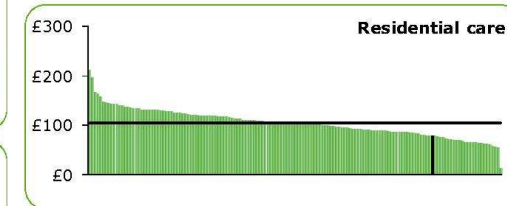
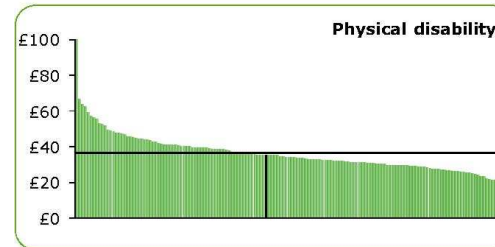
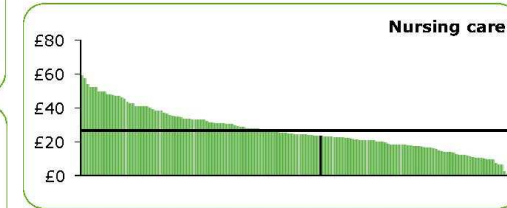
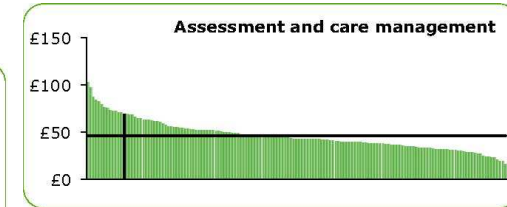
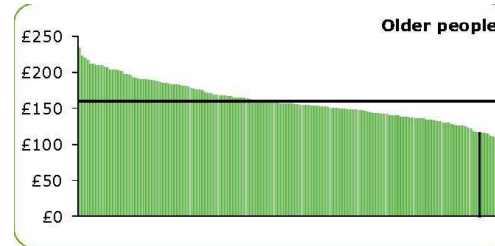
Adult Population (18+)

158K

Net expenditure		£'million	Exp/head	Avg
B	Older People	18.5	£117.00	£160.00
E	Physical Disability	5.6	£35.00	£37.00
F	Learning Disability	18.1	£114.00	£120.00
G	Mental Health	4.2	£27.00	£28.00
Total		46.4	£293.00	£345.00

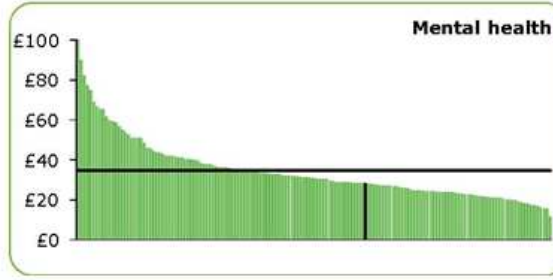
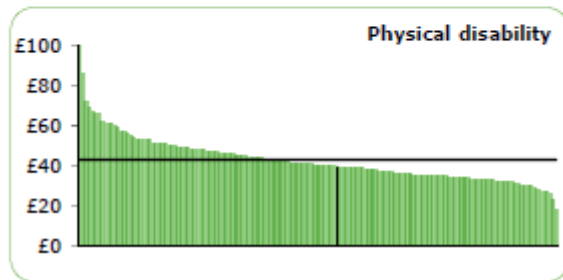
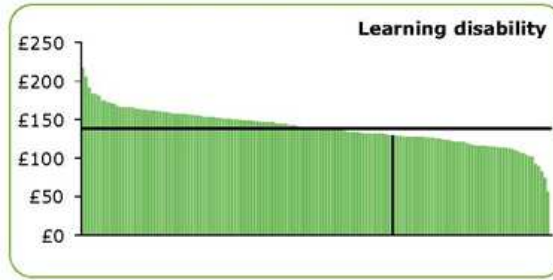
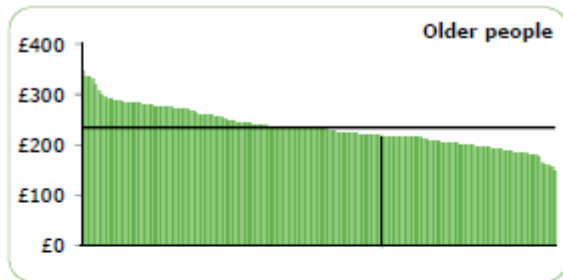
Net Expenditure		£'million	Exp/head	Avg
1	Ass. & care management	11	£69.00	£46.00
2.1	Nursing Care	3.7	£23.00	£27.00
2.2	Residential Care	12.5	£79.00	£104.00
4	Sup. And other accom.	1.9	£12.00	£29.00
5	Home Care *	8.5	£54.00	£67.00
6	Day care/services*	4.6	£29.00	£27.00
7	Direct Payments	4.3	£27.00	£31.00
8,9,10	Other services	0.6	£4.00	£21.00
11	Supporting People	1.2	£7.00	£5.00
Total		46.4	£293.00	£345.00

*Home care/Day Care figures are gross with respect to client contributions, but all other income is netted off. Income from home and day care was £1.9m in 2013/14.



Financial benchmarking (3)

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



Merton's gross spending per head is also below average.

“Gross” means our spending before the income we collect from customers or partner organisations is taken into account.

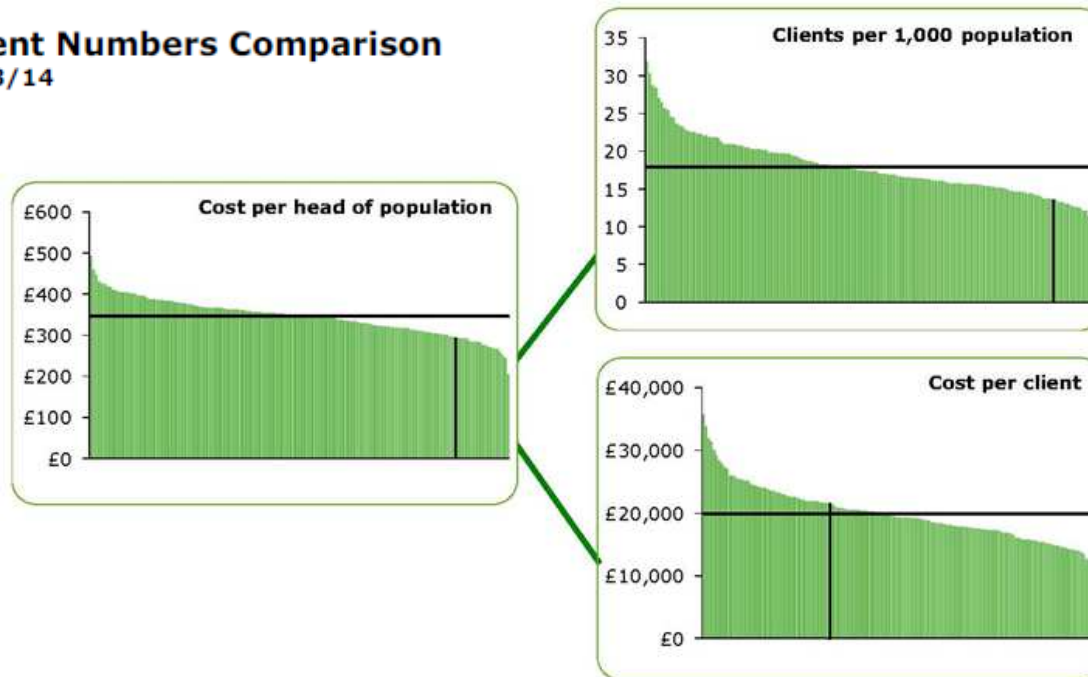
Adult Population (18+)

158k

Gross Expenditure	£'m	Exp/head	Avg
B Older People	34.5	£218.00	£234.00
E Physical disability	6.3	£40.00	£43.00
F Learning disability	20.6	£130.00	£139.00
G Mental Health	4.5	£28.00	£35.00
Total	65.8	£416.00	£451.00

Financial benchmarking (4)

Client Numbers Comparison
2013/14



Merton supports fewer than average people. The costs per person are above average. This reflects a more targeted service.

Adult Pop:

Group Averages:

Service Strategy	£/head	£/client	Clients/pop.
Older People	£160	£14,277	11.7
Physical disability	£37	£18,775	2.0
Learning disability	£120	£39,209	3.2
Mental Health	£28	£35,103	1.0
Total	£345	£19,912	18.0

Service Strategy	Cost (£'k)	Clients	£/head	£/client	Clients/pop.
Older People	18,461	1,486	£117	£12,425	9.4
Physical disability	5,593	224	£35	£24,966	1.4
Learning disability	18,067	366	£114	£49,408	2.3
Mental Health	4,244	76	£27	£55,842	0.5
Total	46,365	2,151	£293	£21,550	13.6

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 provisional PSSEx1 Report 2013/14

Appendix 5:
Glossary of terms
Slides 52-53

Glossary

Term	Description
ASC	Adult Social Care
Assessment	The process of identifying eligible needs and outcomes. A Care Act assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about.
Budget	A plan used to decide the amount of money that can be spent and how it will be spent during a particular period of time.
Cabinet	It is a single party meeting which is made up of the Leader of the Council and eight other Cabinet Members. Cabinet meetings are held in public unless confidential matters are to be discussed.
Care management	A way of bringing together services to meet all your different needs and coordinating all the care and support you require to meet your needs by different agencies, offering person-centred care and enabling you to remain in your own home and out of hospital as much as possible.
Community services	Social care services that can help an individual live a full, independent life and to remain in their own home for as long as possible, such as homecare and day opportunities.
Direct payments	Money that is paid to you (or someone acting on your behalf) on a regular basis by the council so you can arrange your own support, instead of receiving care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care but are not yet available for residential care.
Equality analysis	How ASC demonstrates it is giving due regard to the needs of customers who fall into the protected characteristics when making decisions. Those characteristics are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
Intermediate care	A wide range of services aimed at keeping you at home rather than in hospital, or helping you to come home early from hospital after illness or injury. It is normally made up of a specific programme of care for a fixed period of time, usually up to six weeks, and is free of charge. See also re-ablement
Personal budget	Money that is allocated to you by the council to pay for care or support to meet your assessed needs. You can take your personal budget as a direct payment, or have the council to arrange services on your behalf - or a combination of the two.

Glossary

Term	Description
Preventive services	Services you may receive to prevent, reduce or delay needs from developing. These services include things like re-ablement, telecare and befriending schemes. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care. Also known as 'Prevention'.
Re-ablement	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. Councils offer a re-ablement service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. We will carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Scrutiny	Overview and Scrutiny in Merton consists of three scrutiny panels and an Overview and Scrutiny Commission. The three panels each have individual areas of responsibility whilst the Commission supports the panels, oversees the development and delivery of the annual work programme and co-ordinates cross-cutting reviews and responses.
Supported living	An alternative to residential care, where people have their own tenancies, with the individualised help they need to be independent.
Telecare	Technology that enables an individual to remain independent and safe in their own home, by linking their home with a monitoring centre that can respond to problems. Examples are pendant alarms that individuals wear around their necks, automatic pill dispensers, and sensors placed in their homes to detect if they have fallen or to recognise risks such as smoke, floods or gas leaks. The monitoring centre is staffed by trained staff who can arrange for someone to come to the individual's home or contact their family, doctor or emergency services.
Use of resources framework	The method that helps ASC to be clearer about the cost and implications of decisions about health and social care.

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