

Committee: Council

Date: 13 July 2016

Wards: ALL

Subject: Strategic Theme Report – Older People

Lead officer: Simon Williams, Director Community and Housing

Lead member(s): Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Kim Carey, Interim Head of Access and Assessment

Recommendations:

- A. That Council considers the content of the report.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Council at its meeting in March 2015 approved the Business Plan 2015-2019. The Business Plan represents the way in which the council will lead the delivery of the Community Plan via a number of thematic partnerships and strategic themes. Performance against these themes, plus an additional theme of corporate capacity, is monitored by Council.
- 1.2 Each meeting of Council will receive a report updating on progress against one of these strategic themes. This report provides Council with an opportunity to consider progress against the priorities under the 'Protecting Vulnerable People' theme.
- 1.3 The ambition for the theme as outlined in the council's Business Plan 2015-19 is to 'Older People'.
- 1.4 The portfolio holder is Councillor Tobin Byers
- 1.5 The Business Plan can be viewed at www.merton.gov.uk/businessplan.

2 DETAILS

Background

- 2.1 LB Merton, alongside most authorities across the country, is facing challenging times when seeking to support vulnerable individuals within the community. Most of these challenges are outside of the direct control of the local authority and have been well rehearsed through earlier discussions within the Council and at a national level. The challenges include a reduction in central government funding for local authorities, new statutory duties, growth in need and demand due to demographic pressures, cost pressures on providers which in turn are leading to pressures for local authorities to increase fees, and increased demand from the NHS to discharge people from hospital quickly. In Merton we are managing these challenges in a business like way, ensuring that we are thinking ahead and seeking opportunities to work in a positive way with partners to make the best use of the resources available to us.

2.2 Key challenges:

The challenges are multi-faceted and inter-related. Whilst there have been significant changes in the demography of the borough, the actual number of older people now receiving support from the Council has reduced over the last six years as can be seen below:

PACKAGE TYPES : ADULT PLACEMENTS, DAY CARE, DIRECT PAYMENTS, DISCRETIONARY PAYMENTS, HOMECARE (EXCLUDING REABLEMENT), RESIDENTIAL AND NURSING (SHORT AND LONG TERM).

Number of packages						
TEAM	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Older People	2443	2406	2395	2386	2288	2189

Total number of individuals receiving support						
TEAM	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Older People	1941	1907	1861	1929	1917	1814

- 2.3 However, this decreasing number, which is replicated across the country, hides an underlying pressure on demand. Whilst the overall number has decreased, partly through the increase in the use of services that reduce ongoing demand, such as the council's Re-ablement service, and also the need to tighten up on eligibility due to the need to make financial savings, the level of need and complexity of support that older people require to keep them safe has increased. This means that many more people are now requiring more intensive support, some people requiring up to four calls or more a day to support them in their own home, and often requiring two carers to support them at each visit.
- 2.4 This has not only created a financial pressure but has put pressure on the providers of care that the Council contracts with. The majority of the care provided for older people within the borough, whilst funded by the Council, is provided by the private, independent and voluntary sector.
- 2.5 Costs for providers have increased as they have been required to increase the training provided, in order to meet registration standards, respond to increased fuel and running costs as well as ensuring that the National Living/London Wage is paid to all staff. Whilst the Council does not have responsibility for registering providers, this sits with the Care Quality Commission (CQC), the Council does have a new responsibility, introduced as part of the Care Act 2014, to ensure market stability. Therefore we have to be mindful of the need to ensure that we pay sustainable fee levels for the care we purchase.
- 2.6 Pressures on the NHS also impact on our ability to provide support, particularly at the interface with acute hospital care. There has been a high profile given to

the management of Delayed Transfers of Care (DToC) from acute care. This term relates to people where it is agreed there is no need for ongoing treatment within an acute setting but for whom a discharge has not yet been arranged. The numbers of people for whom the Council has responsibility and who are deemed 'delayed' has fluctuated, please see later comment on this. However, the pressure to reduce the numbers of DToC's has seen many more people discharged quicker but also sicker, putting additional pressure on community services across health and social care.

- 2.7 Despite the protection which the council is seeking to give to vulnerable people in line with the July Principles, including finding some growth for the budget in previous years, Adult Social Care has also had to respond to the Council's' overall financial challenge against the background of cuts in funding from central government. In common with the rest of the country, it is becoming increasingly challenging to deliver these savings, both in terms of impact on customers and in terms of their deliverability while still meeting statutory duties, as comparatively lower impact/risk savings have been taken in previous years.

How are we managing?

- 2.8 The Directorate has made significant savings in this and previous years. In 15/16 the planned savings were overall delivered and the overspend at year end 2015/16 was reduced to less than half of the previous year. Management of Delayed Transfers of Care continues to require very significant amounts of time from officers, in terms of working with NHS colleagues to manage discharge, working with providers to find capacity, and giving detailed performance management .After several years of extremely low numbers, during 15/16 the numbers for Merton rose to around average for London.
- 2.9 So far this year the numbers have reduced and appear to be stabilising, but require ongoing monitoring to ensure that any changes in any part of the health and social care system do not impact negatively on this target. Changes outside the control of the Council, such as ward closures due to infection control, or a care provider reducing the supply it offers, can have a major impact on a system that is very sensitive to change. Officers invest a huge amount of time building and sustaining relationships with staff across partner agencies to ensure that people are moved out of hospital safely and appropriately and that staff at the front line of this pressured process do not carry all of the responsibility and are able to remain resilient.
- 2.10 The Directorate has successfully delivered a major staffing restructure, the final phase of which went live on 1st July, which delivers both savings in staffing and aligns our structure and response more appropriately to the customer journey. The new structure will ensure that people are seen quicker, get the information or support that they need speedily and that only those most in need go through the full and comprehensive assessment process. Staff have responded well throughout the changes and it is a testament to them that performance has not dropped through this time of major change. Work will continue to test out the new structure, ensuring that the new hand -off points are managed well and that the capacity is sited where it is most needed.
- 2.11 Relationships with health partners continue to be healthy and officers have successfully negotiated an agreed Better Care Fund for a second year, have been actively involved in plans being led by health to develop the Sustainability and Transformation Plan (STP) across South West London, as well as having

positive discussions around new innovative developments such as the East Merton Model of Care, being led by Public Health.

- 2.12 Work with the voluntary sector continues to be a key theme. Grants have been awarded for the next three years of Ageing Well. There has been close working with key voluntary organisations over the decommissioning of meals on wheels, finding new ways to provide support for carers once South Thames Crossroads have been decommissioned at the end of the year, and putting in place a peer led service for mentally ill people. The voluntary sector has responded with innovation and realism.

3 Performance relating to Older People

- 3.1 Key performance data has been extracted for the purposes of this report and is contained in **appendix one**.

4 Commentary and key achievements relating to Older People

- 4.1 Performance has been maintained with most targets being met or on target as can be seen in appendix one. The greatest challenge remains the reduction in Delayed Transfers of Care and there is a robust action plan that is monitored on a weekly basis and is modified to respond to changes in the health and social care system. Other key elements of performance are the successful holding down of levels of activity especially care home admissions, helping people live in settled accommodation, and improved support to carers.

5 Reports of Overview and Scrutiny Commission/Panels

- 5.1 The Healthier Communities and Older People Overview and Scrutiny Panel had a significant impact on the 2015/16 budget proposals. The panel heard views from individuals and organisations representing adult social care users and carers in order to impact on the council's decision making in respect of adult social care savings.
- 5.2 The Panel therefore asked Cabinet to reconsider a number of the proposed adult social care savings. Cabinet responded to this by agreeing to continue the funding for the service provided by Crossroads into 2016/17 and undertook to work with them to re-focus their service from 2017.
- 5.3 Cabinet further responded to the Panel and to a recommendation from the Overview and Scrutiny Commission to consider levying an adult social care precept, by setting up a Savings Mitigation Fund of £1.3m to enable it to offset the effects on the most vulnerable people in the borough.
- 5.4 The Panel also considered issues in relation to the following areas:

Making Merton a Dementia Friendly Borough

Community Dementia nurses, Transport for London and Merton Public Health Team attended the panel to discuss this issue. The panel found that a wide range of initiatives are in place to help residents in Merton who have dementia. Merton also has a flagship dementia hub which provides a wide range of support to those with a diagnosis and their carers. The panel found there are a number of organisations working to support this group however the work may benefit from being integrated and resources pooled together. The panel asked for a further update in six months' time.

Physical activity amongst the fifty five plus

The Panel is committed to the prevention agenda and emphasis is placed upon this in all issues that are scrutinised. Councillors believe that preventing illness before it occurs is preferable for the individual and reduces the financial burden on finite resources. The panel considered a report from the public health team on a number of activities taking place across Merton to increase physical activity and reduce physical inactivity in the over 55s.

The report highlighted that physical activity contributes to significant health benefits including reducing the risk of many chronic conditions, such as coronary heart disease, stroke, type two diabetes, cancer, obesity and musculoskeletal conditions. Being inactive is an issue at every age, but the evidence shows us that people become less active as they age. Therefore a number of initiatives has been put in place across the borough including; physical activity as an option as part of the befriending service and walks in local parks supported by the future Merton team. A number of new projects were in development including seeking funding from Sport England to develop and implement a local physical activity strategy. The Panel will receive an update on the progress with all this work later this year.

The Panel conducted a review on how to reduce the number of people affected by incontinence. The review adopted a preventative approach and focussed on women of child bearing age with the view to prevent it occurring in older age where it is more prevalent. The panel received an update from a senior Commissioner at Merton Clinical Commissioning Group on their progress with implementing the recommendations.

Panel members asked what changes had been made to date and what success in this area will look like. The Senior Commissioner reported that the review has raised the profile of this issue and the foundations have been laid for implementing many of the recommendations. The panel felt that senior officers should be responsible for implementing the recommendations and asked for continence issues to be included in the reporting requirements to their clinical reference groups. The panel also asked for further clarification about their timetable for implementing the recommendations.

5.5 Adult Social care topics for the year 2016/17

The Panel agreed their work programme and will look at the following topics in relation to adult social care:

A task group review on “Reducing social isolation and loneliness amongst older people and keeping older people socially active”.

A mini-task group review on Learning disability day centres. This will involve attending centres to speak to service users and staff. The panel will also consider good practice from elsewhere and write up their findings to discuss at the health scrutiny panel.

Report on care in the community for older people when they are discharged from hospital.

6 Summary of Key Decisions

6.1 The following key decisions have been taken in connection with this strategic theme since January 2016.

- Award of Phase 2 Ageing Well -Preventative and Restorative Support Grant Fund Programme ref: 343
- ASC savings and consultation report

7 Advice or Recommendations from Community Forums

7.1 There has been no advice or recommendations from Community Forums.

8. ALTERNATIVE OPTIONS

8.1 Not applicable – this report is for information only.

9 CONSULTATION UNDERTAKEN OR PROPOSED

9.1 None for the purposes of this report.

10 TIMETABLE

10.1 N/A

11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

11.1 There are no specific financial, resource or property implications arising from this information report. All related services are delivered within existing resources.

12 LEGAL AND STATUTORY IMPLICATIONS

12.1 There are no specific legal or statutory implications arising from this information report.

13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

13.1 There are no specific human rights, equalities or community cohesion implications arising from this information report.

14 CRIME AND DISORDER IMPLICATIONS

14.1 There are no specific crime and disorder implications arising from this information report.

15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

15.1 There are no specific risk management or health and safety implications arising from this information report.

16 **APPENDICES** – the following documents are to be published with this report and form part of the report

16.1 Appendix I: Performance Data

17 BACKGROUND PAPERS

17.1 2015-19 Council Business Plan