



# Adult Social Care Local Account

How we have delivered  
Adult Social Care services

April 2012 to March 2013

London Borough of Merton

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## **Foreword:**

### **Cabinet Member for Adult Social Care (ASC) and Health Councillor Linda Kirby**



Welcome to Merton's third Local Account, a self-assessment report that provides clear information about what we do in Adult Social Care that can be shared with our partners and residents. In 2013 Merton received the Municipal Journal's award of Best Achieving Council. Adult Social Care certainly played its part in assisting Merton's rating. The partnership working in our department is renowned nationally and helps us to make the limited funds we have go that bit further.

Despite low funding and increased needs, our performance has been good and we have managed to maintain quality services that are appreciated by our service users. Our Health and Wellbeing strategy is in place and the delivery plans are being monitored. Healthwatch Merton (an organisation that is there to ensure the voice of consumers and those who use health services reach the ears of the decision makers) has been established and is already making an impact. Public Health has come over to local authorities this year and in Merton we are doing our best to ensure that it is fully embedded in all areas of work that the Council is involved in. Planning the integration of services with our Health partners has been a key part of our work and this is progressing well and with real enthusiasm. Thanks to everyone who has taken part in the production of our Local Account. I hope you find this report interesting and informative.

### **Director of Community and Housing Simon Williams**



Welcome to this third Local Account. We remain committed to making as much information as possible available to our customers and the wider public, and I hope that you find this account of what we did in 2012/13 helpful. We are pleased that nearly all aspects of performance have improved and compare well with other councils, and that we have seen an overall improvement in customer satisfaction levels. We are looking at the issue around reviews and revising our policy to ensure that they are meaningful and useful.

The year saw some big changes in our partnership with the local NHS. We supported the development of a Merton only Clinical Commissioning Group (CCG). We have managed a successful transition to the council of public health, and this is already making a real difference. We began the work to take integration of health and social care services to its next stage. We have continued to work with our local voluntary sector on prevention, and were pleased to launch the Ageing Well programme during the year. Funding for social care is very tight, as for services right across the council, and in Merton we have to make every pound count. We have challenged ourselves with three external reviews in the first half of 2013: broadly they have concluded that our programme of savings covers the right areas and that we offer good value for money for the taxpayer. We are conscious that we rely on carers, providers, voluntary sector partners and customers themselves to play a full role in value for money, and know that we need to deepen our partnership with all of them. I would like to thank them, along with our own staff, for the support offered to Merton residents.

### Chair of the Healthwatch Merton

#### Barbara Price

Healthwatch Merton was launched in the middle of July this year. The Local Account is a good way for us to let you know what we have been doing so far to help support the improvements in adult social care services. In a short space of time we have begun to form a strong local presence and have already supported the voice of local people to feed into the different adult social care initiatives which are mentioned within this Local Account.

We recognise how important local people's views are in helping to improve the delivery and effectiveness of local services. We will strive to strengthen our position as the lead on ensuring meaningful engagement takes place that will support commissioners and providers in offering appropriate quality needs led services.



### Introduction:

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

The 2012-13 account explains how much the Council spends on Adult Social Care, what it spends money on and what it is doing along with its future plans for improvement. It also represents a quality self-assessment and includes details about outcomes achieved for our service users, compares performance with other local authorities and provides customer case studies. We believe this account provides a meaningful way of reporting the quality of Adult Social Care Services in Merton.

## 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:

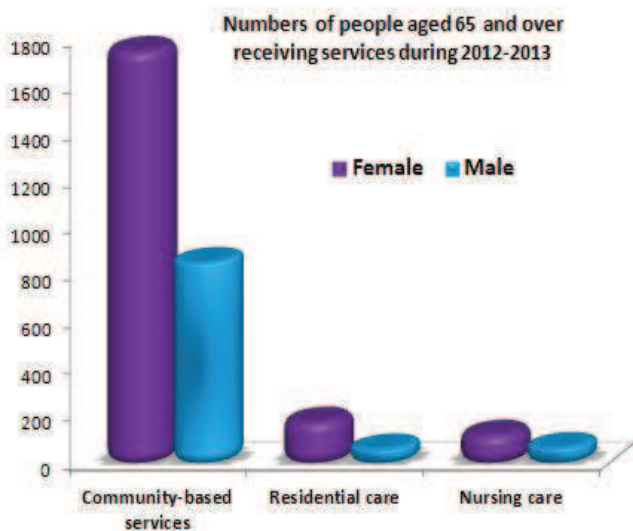
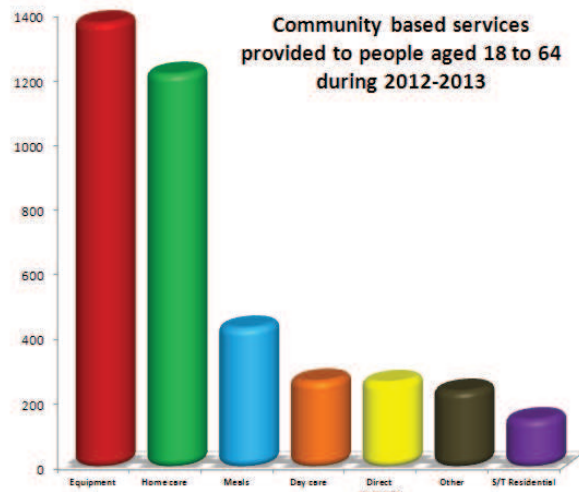
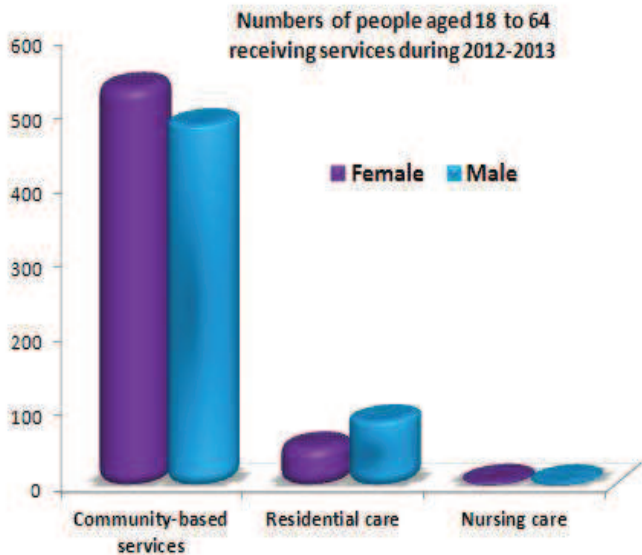
- Merton Population is 199,693
- Overall population has increased by 6.3% since 2001
- Decrease in proportion of over-65's
- 10% fall in overall white population
- Higher than London and neighbour average Pakistani population – but overall decrease from 2001
- 6% increase in overall Asian population
- 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
- 3<sup>rd</sup> highest v neighbours for one person 65+ households
- 3<sup>rd</sup> highest v neighbours for married households with no children
- 67% - increase in private rented accommodation
- 16% - fall in owned properties
- Social rented housing from local authority is 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 2<sup>nd</sup> 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 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.. 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



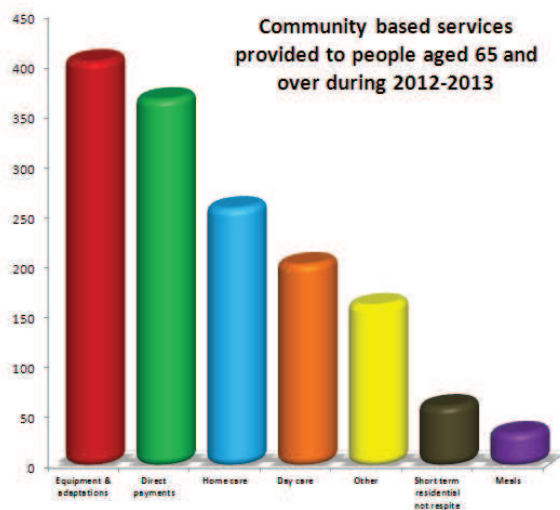
## About Merton Adult Social Care Service:

The Community and Housing department, led by the Director Simon Williams, is responsible for housing needs, adult social care, libraries and heritage, adult education. Adult Social Care provided services to approximately 3,640 people during the period 2012-13. Details of the types of services provided are outlined below.

Our Adult Social Care service provided support to over 3,640 customers during 2012-2013. The following graphs show the breakdown of services provided:



Community based services are broken down into the following categories:



Residential and Nursing Care services are used as a last resort when no other alternative is viable.

Some customers have more than one community based service and therefore figures are provided by service type and not by customer.

Our Adults Social Care service has enabled all customers requesting and/or requiring assessment to be supported through the self-directed support process. The overall aim of the assessment is to meet the identified needs of eligible individuals by supporting them to make cost effective choices to maintain their independence, support them to remain at home and maintain and improve their safety and quality of life.

Merton Independent Living Service (MILES): provides intense home support and personalised professional intervention in order to prevent people being admitted to hospital and/or long-term dependent care.

The MILES service also provides a small, focused homecare service for those customers with highly complex urgent needs.

MASCOT Telecare is a service that provides technical solutions to help people maintain their independence at home. This service 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.

Our new brokerage service provides cost effective alternative value care and support solutions for customers. We inform the wider community of the care and support solutions available locally via the dedicated on line portal called **Merton-i**.



If you would like further information about the services we provide please click on the link below or copy the link to your internet browser: <http://merton-i.merton.gov.uk/kb5/merton/asch/home.page>

## Adult Social Care Budget Position:

L.B. Merton spends around 35% of its budget on Adult Social Care (ASC), compared with a current national average of 34%. (The gross budget ASC is £81.4m and the net budget is £57.5m in 2013/14). Merton is a low-spending council overall and its actual expenditure on ASC is correspondingly low.

Merton has applied a range of measures to reduce its expenditure on ASC over time.

Some of the most important of these are:

- The council spends a relatively low percentage (36%) of its ASC budget on residential and nursing home placements, and has broadly contained this area of expenditure.
- The council's rigorous approach has involved managing the number of new by re-negotiating the fees paid for some high-cost placements; and freezing the fees paid to residential care providers since 2010/11.
- The council's resources are increasingly targeted towards people with intense or complex needs (with consequent increases in the costs of individual packages, especially for younger adults). Even so, its average expenditure on community services per person per year is low for all customer groups, and this is also an unusual achievement.
- Merton has reduced the unit costs of its own services (of which there are relatively few), and of those purchased from the independent sector, to the extent that the average costs of residential and day care are now exceptionally low, and the costs of other services are around average.





1. Costs of Residential and Nursing Care per person per week:



Key points:

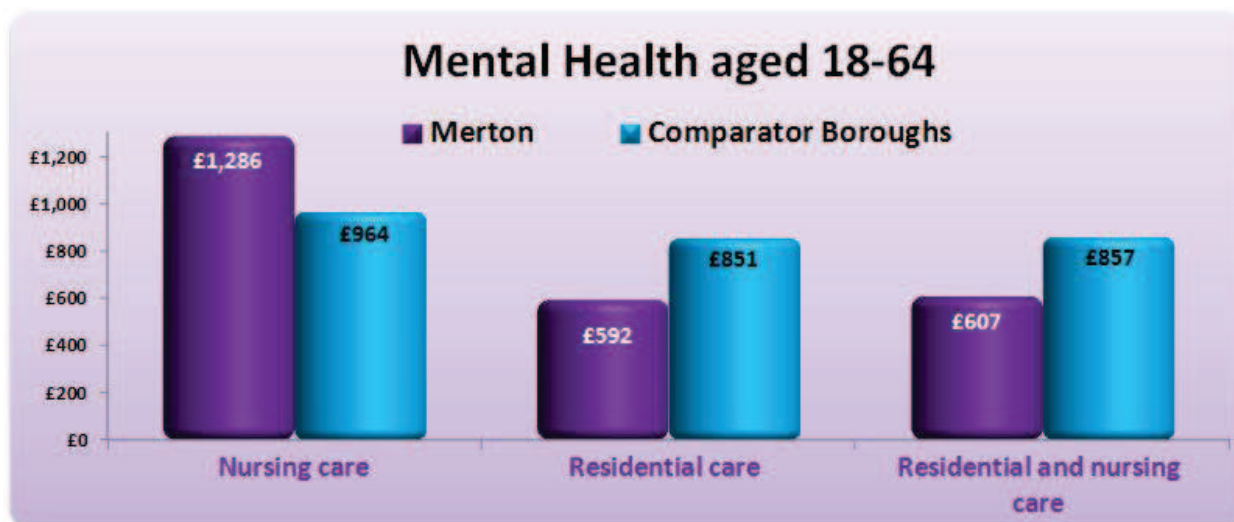
- Nursing Care costs are slightly higher than the comparator average.
- Residential Care costs are lower than the comparator average.



Key points:

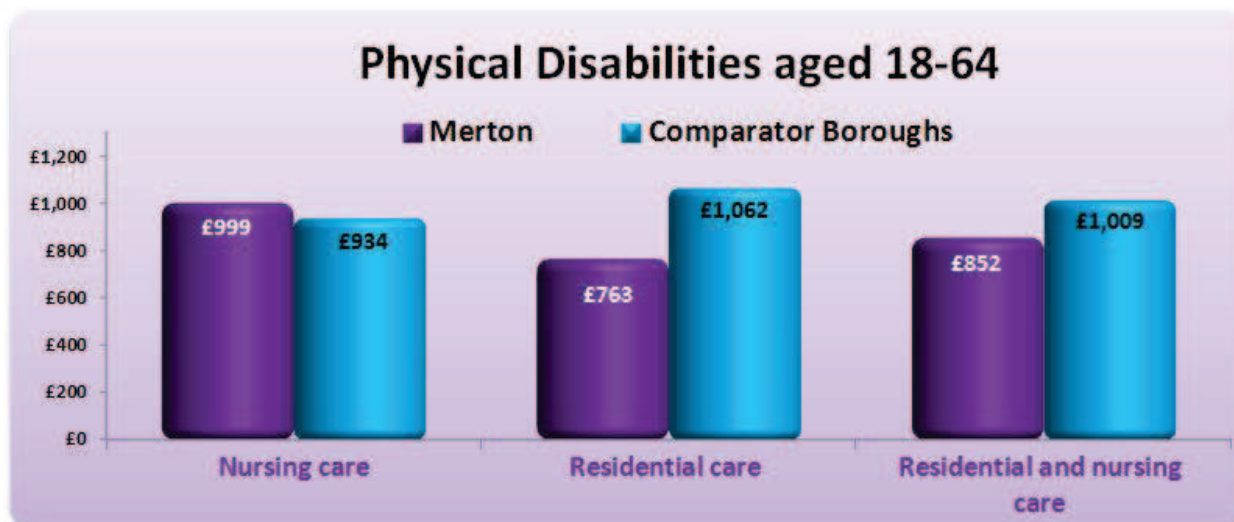
- Nursing Care costs are slightly higher than the comparator average.
- Residential Care costs are lower than the comparator average

Costs of Residential and Nursing Care per person per week continued:



**Key points:**

- Nursing Care costs are higher than the comparator average.
- Residential Care costs are lower than the comparator average



**Key points:**

- Nursing Care costs are slightly higher than the comparator average.
- Residential Care costs are noticeably lower than the comparator average

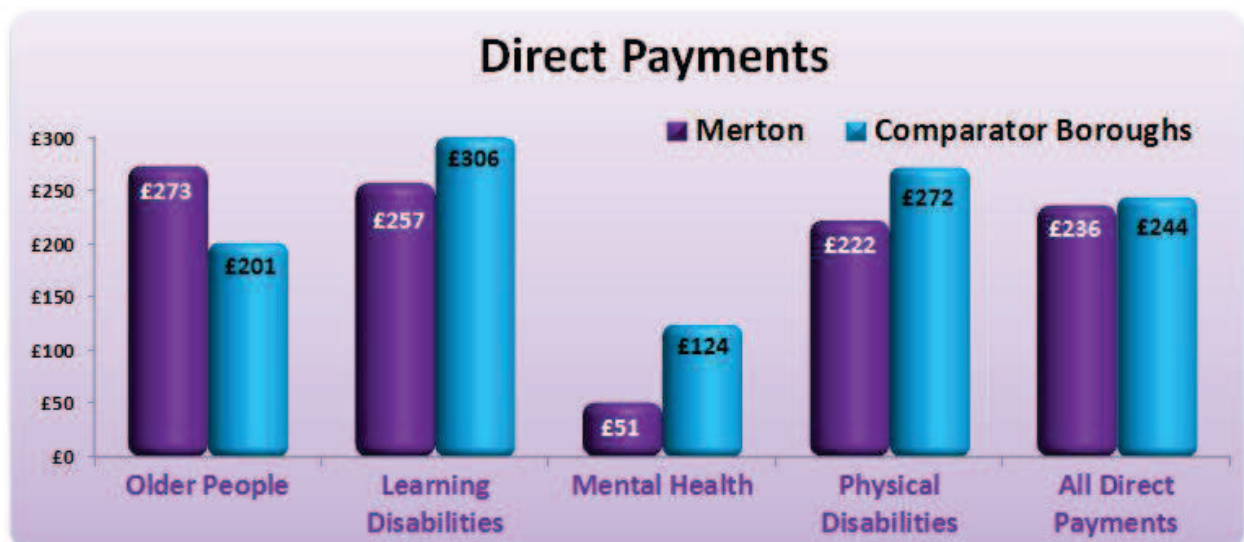
## 2. Costs of Home Care per person per week:



### Key points:

- Home care costs are similar to the average for older people, mental health and physical disabilities groups.
- Home care costs are noticeably higher than our comparators for people with Learning Disabilities.
- Unit costs per hour are also higher at £21 with a comparator average of £17. This does include both our internal and external home care services.

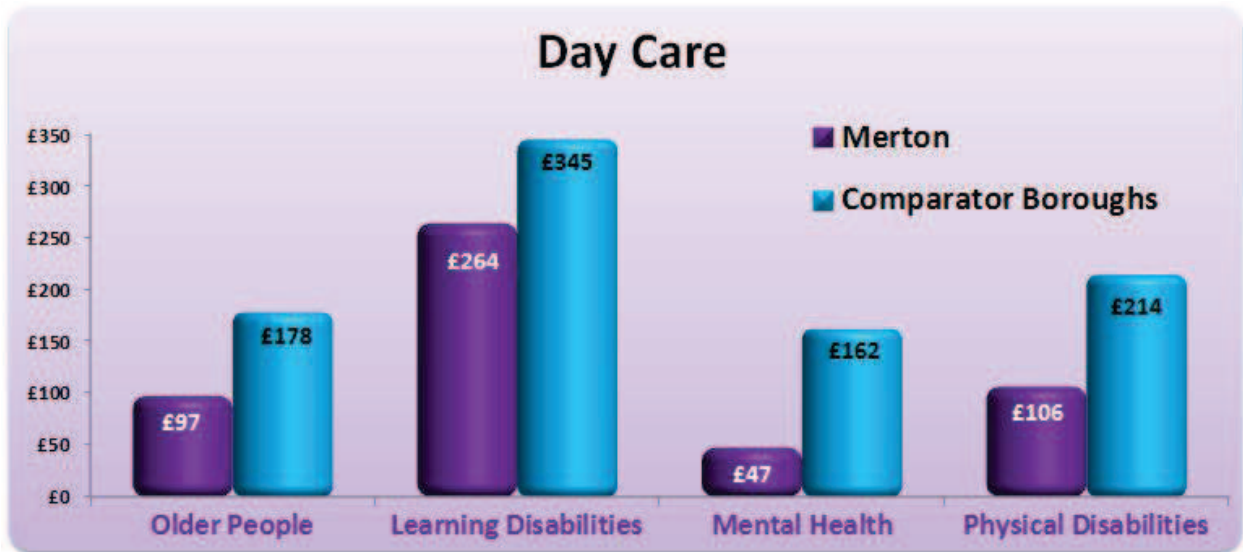
## 3. Costs of Direct Payments per person per week:



### Key points:

- Direct payments costs are below average for all customer groups except older people which are higher than the average
- However, the overall unit costs are slightly lower than the average

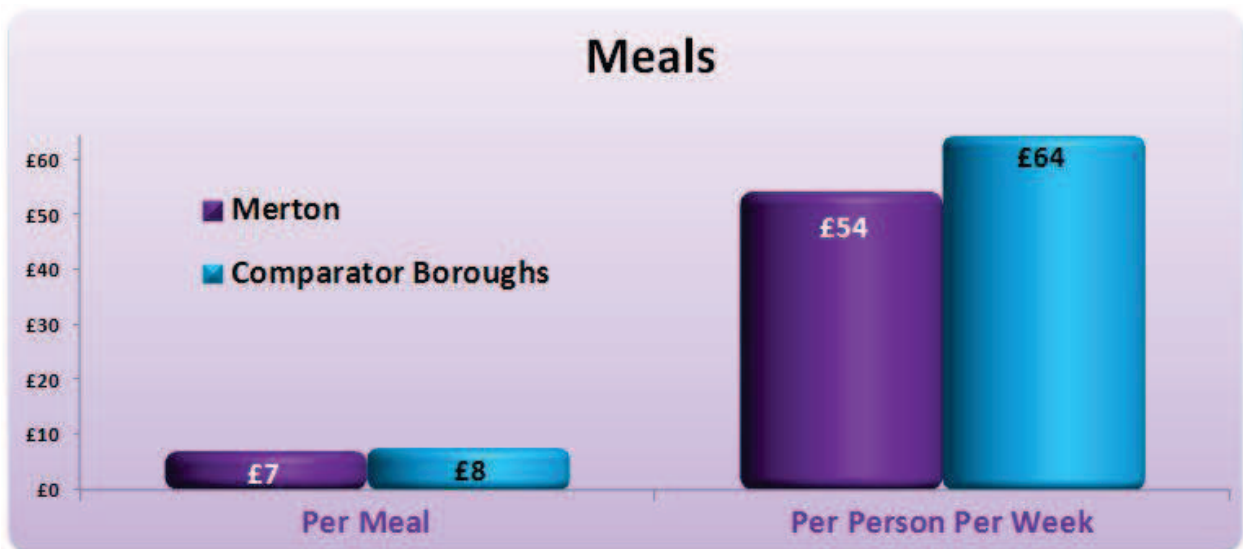
#### 4. Costs of Day Care per person per day:



#### Key points:

- Day Care costs are noticeably below average for all customer groups

#### 5. Costs of Meals per person per day:



#### Key points:

- Costs of meals are lower per meal and per week compared to 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, identifies performance measures and offers approaches to efficient delivery of services. This approach helps councils to use their resources in the most effective way possible and is particularly relevant set against the current economic climate.

The six key areas within the Efficiency Framework are:

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

Merton recently completed a ‘Use of Resources’ self-assessment around these six key areas with assistance from the \*‘Towards Excellence in Adult Social Care’ programme that concluded:

“The self-assessment resulted in the identification of some useful actions that can be taken from here. However, it simultaneously concluded that the options available to Merton are more limited than those available to many other councils. In this respect, Adult Social Care is using a thorough and rigorous approach, and will hopefully benefit from (as well as contribute to) equivalent work being undertaken amongst those councils that are in a similarly constrained position”.

\*The national “Towards Excellence in Adult Social Care” (TEASC) Partnership Board is responsible for steering sector-led improvement in Adult Social Care

## Prevention:

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

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

- Enabling people to live for longer in their own homes and delaying or reducing spend on Council funded social care
- Based on the evidence of triggers that cause people to go into care homes – such as incontinence, dementia, isolation, loss of mobility, and depression/anxiety.
- It is outcomes-focused and takes an asset based approach
- Building social connectedness - instead of relying on services which keep older people segregated from others, it actively encourages people to mix
- Promotion of stronger local neighbourhoods and putting older people in touch with local people and opportunities
- Its effectiveness will be measured by a set of metrics - a combination of inputs by voluntary groups, individuals or objective assessment of "wellbeing" among older people against certain key factors and whether the services are actually having a "preventive" effect
- Cross-borough coverage for outcomes, whether by one organisation or through collaboration between organisations
- Consultations with older people on what they actually want



The services funded by the Ageing Well Programme are:

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

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

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

**Merton Community Transport** - Volunteer community car service

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

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

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

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

## Case study:

Mrs B is an 80 year woman who lives alone in a two bedroom house. She was referred to the Adult Social Care Miles Team to prevent her being admitted to hospital following attendance at St. Helier A & E. Mrs B had fractured her wrist following a recent fall. Mrs B has a number of long term conditions and a history of frequent falls and remains at high risk of further falls. Consequently it was recognised that without social care intervention at home an admission would have been unavoidable.

Mrs B reported that she had been managing her activity of daily living prior to this fall. However, her son highlighted that she was not coping and said that Mrs B was not attending to her personal care and was prone to self-neglect. Her son is very supportive and visits on a daily basis to assist her with meal preparation.

The Miles team supported this client by providing two visits a day to assist with all aspects of daily living. Working in partnership with the health services Mrs B has subsequently received assistance from the district nurses for continence advice, GP for Physiotherapy and has accessed a falls prevention clinic. All of these intervention highlighted that Mrs B would require an on-going package of care twice daily to meet her care needs and maintain her wellbeing. Mrs B has now been transferred to an external provider with a package of care twice daily to assist with personal care, washing, dressing, breakfast, emptying commode and prompt medication. A key safe has been put in place to provide access to the carers.



## Recovery:

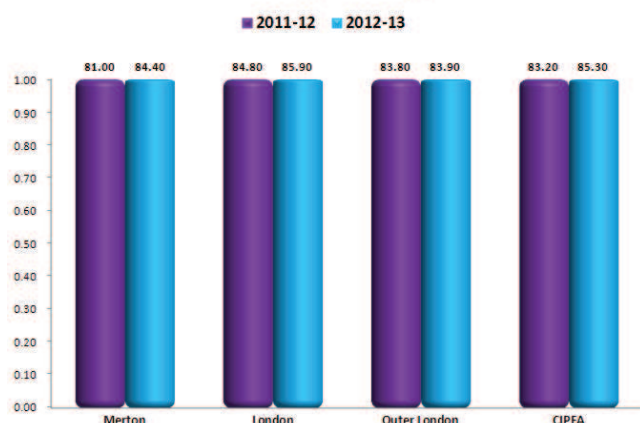
The recovery model in Merton involves two primary aims. The first aim is to prevent admission to hospital, nursing or residential care by offering short term, focussed support when people face a potential crisis. This may relate to an individual's 'long term condition' or be as a result of a significant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

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

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

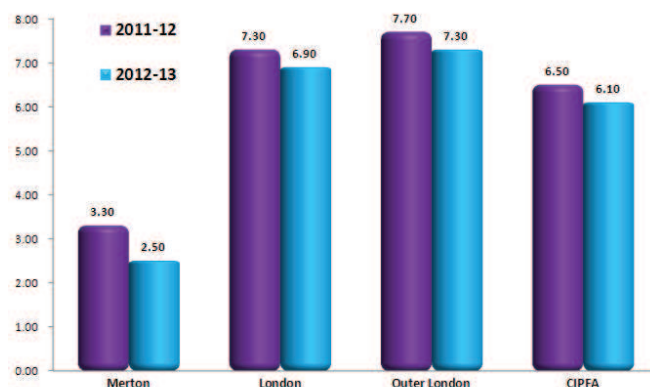
Figures show that 84% of older people were still at home 3 months after receiving a Reablement service from Merton an increase since last year. See *Table ASCOF 2b(1)*.

ASCOF 2b(1) Proportion of older people who were still at home 91 days following reablement



Merton works in partnership with other agencies to ensure that people are discharged from hospital in a timely way with appropriate support. Merton has one of the lowest levels of delays where people are not left in hospital if they are ready to leave. This means preparation for release and where appropriate services are provided in a timely manner so people do not have to stay in hospital longer than they need to. See *Table ASCOF 2c*.

ASCOF 2c Delayed transfers of care from hospital per 100,000 population



The Reablement service also prescribes simple adaptations and small pieces of equipment as part of the reablement service offered to the customer. This enables customers to be supported in accessing an efficient service for daily living aids thus effectively promoting and maintaining their independence.

Merton is currently working with Health partners and has set up an Integration Transformation Programme to ensure close working between social care and health professionals. In addition to preventing admission this programme is also to prevent attendance at hospital emergency units along with developing a key worker project for people with long term conditions.



The Merton Home Treatment Team provides a 24 hours crisis service responding 365 days a year. This service provides access to acute mental health care. This also includes an early intervention team providing early detection of psychosis to help unnecessary hospital admission. One example of the work that this team does: 'A woman who had become mute and had stopped eating and

drinking, unable to look after her son who we were able to start treatment with and offer intensive support. We were able to avert her admission to hospital. She recovered to be able to speak, eat and drink again and was able to look after her son again safely at home with support from other community services'.

## Case Study:

Miss K is a 58 year old lady with learning disabilities and long term depression. She was referred to Miles as a crisis case by the Community Mental Health team for a Reablement service for one hour three times a day for seven days a week whilst she recovered from a fracture to her right arm which resulted from a fall.

Miss K had sustained the fracture when she was visiting friends who also had learning disabilities. She has a very good relationship with her friends and initially it was agreed that she would stay with them at their home where they would be able to assist her with all daily living tasks as she lives alone and would not be able to manage by herself. Unfortunately she had an argument with one of them a few days later which resulted in them telling her to leave and therefore Miss K had to return home immediately.

Miss K was compliant with carers and was content to allow them to complete all tasks for her and would often stay in bed saying she was tired. Miles team were concerned that as she has long term depression she was losing the motivation to support herself and after a discussion with the carers providing care to Miss K, we decided to visit her to establish a reablement package of care to enable her to regain her independence and become self caring again. A number of goals were set and agreed with Miss K;

Following two weeks intervention the service was reduced to two calls per day. Miss K was reluctant at times to work towards the goals, informing the carer attending that she was too tired. However, the carers provided encouragement and eventually she was able to manage her personal care and meals without any social care intervention.



## Continued Support:

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

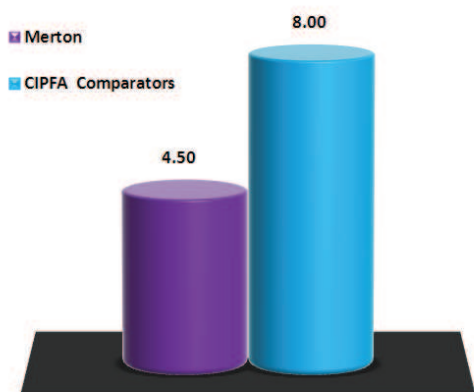
Personal budgets enable people to know how much money can be spent on their care and support needs and give people more choice and control over how their needs are met.

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

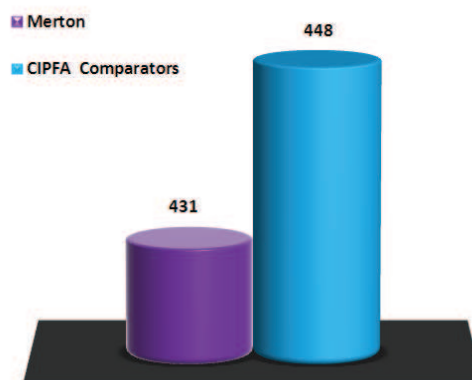
Where people's needs are at a higher level, residential and nursing care is provided. Merton compares favourably with the rest of London in terms of numbers of people placed in residential and nursing home care. For all customer groups the council is achieving a shift from residential and nursing home care to community based support.

Use of residential care: Merton has been one of the lowest users of residential and nursing care compared to the rest of London.

ASCOF 2a(1) New Admissions to Care Homes per population - Aged 18 to 64



ASCOF 2a(2) New Admissions to Care Homes per population - Aged 65 and over



Our self-directed support process uses a costings based model where each customer's service package is negotiated individually by our new brokerage team. This has helped to both reduce costs and ensure greater choice and control for the customer.

Integration with Health has been a major focus this year. Social care staff are working more closely with the newly formed Clinical Commissioning Groups (CCGs) and have aligned the community social work teams according to the GP practice localities to strengthen working relationships to best support customers.

With the implementation of the Care Bill next year, adult social care are working hard to ensure that our service complies with its key themes and amendments to further improve outcomes for our social care customers in Merton.

There have also been some positive changes to better support young people with social care needs going through Transition in preparation for the Children's and Families Bill that will be launched next year.

## Case Study:

Mrs G had a massive CVA in 2005 which left her both physically and cognitively impaired. She was hospitalised for eight months and underwent medical rehab. She returned home 2006. Initially it was felt that Mrs G should go directly into a nursing home however her partner argued that she should come home with a care package and to have private contractors adapt her home with OT input. She had care throughout day and night and a comprehensive regime of both physical and mental exercise set up and organised by her partner. She required constant supervision as she requires assistance to safely transfer from/ to chair/ bed/ toilet/ shower and requires a walking aid when moving around the house and supervision and support with this activity. Physically she has a marked right sided weakness, and physical effort does leave her breathless although her stamina has been improved due to the specific and regular exercise regime in place. She requires assistance with all aspects of daily living. She also needs a specific diet as she is allergic to wheat, nuts and all dairy products. Cognitive functioning impaired by a stroke, problems with her short and long term memory, disorientated in time but often orientated in place and person. It was always a fear that she would have to leave her home.

Mrs G met continuing care criteria in 2010 as her physical health had deteriorated to the point where she needed constant 24 hour support throughout the day and night. However, it was recognised that Mrs G would not get the 1:1 attention nor the quality of care that she was currently receiving by going into a nursing home. It was the consensus of both the social worker and the District Nurse that her current care met her needs and should be continued and this this would give Mrs G the best possible outcome. However her care was funded by Merton by Direct Payments, Continuing Care are not able to pay directly to a client so this was problematic. As the care would be funded by the Kingston Primary Care Trust (PCT) discussions were held with their funding panel and a solution was offered by Merton that Merton would continue to provide the Direct Payments to the carers, and would bill Kingston PCT for the care. This meant that the PCT were paying a third party, not an individual and Mrs G received the care best suited to her needs.



## 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.

Our Adult Social Care Commissioning introduced a new Brokerage team in June 2013. This means that all services provided to our customers go through one team. The team will commission the most cost effective service whilst helping people to exercise choice and control. This new team have been creative in delivering the outcomes for people in a different way. For example following a breakdown in informal care at home one customer now has a personal budget which he has used to fund a personal live-in assistant. This has enabled him to lead an independent life and he is now able to work towards his own personal goals and aspirations. A tenancy was also secured by the brokerage team with a private sector housing association.

The brokerage also assist in identifying gaps in the market and uses data intelligence to develop this market. These gaps are slowly being filled as new services are developed in the area. The team are using mapping software to help inform the data analysis around these gaps.

The new brokerage team has also helped to relieve pressure on social workers, releasing some aspects of care management and enabling them to concentrate on case work.

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.

This tool continues to reduce costs of placements for younger people through negotiation with providers to commission the most cost effective solution for the customer.



## Partnership:

In 2012/13 our partnership work with the voluntary sector continued to be recognised in national awards for Compact working. We launched our Ageing Well prospectus and awarded grants based on the new agreed outcomes we are seeking together, and we are already seeing innovative new services as a result of this. We have also reviewed our partnership with social care providers, conscious of the pressures on them, and are committed to regular discussions with them about shared opportunities and issues to be resolved.

We worked closely with the shadow Merton CCG and supported them in their work for authorisation, and have been pleased that they were authorised with very few conditions. During the year we also hosted a summit event on integration for our six local NHS partners, and from this we have a

shared direction of travel, based on three integrated locality teams focussing on those with long term conditions and on aligned services to support people in the community rather than being in hospital.

We finalised arrangements for the transfer to the council of public health on 1 April 2013, and this proceeded successfully

Our shadow Health and Wellbeing Board developed in readiness for becoming a statutory body on 1 April 2013. Our first Health and Wellbeing Strategy was developed with a range of partners and launched in 2013.

Our successful partnership with the mental health Trust continues and the formal arrangement is being reviewed in 2013.



## Partnership Case Study:

Mrs L is a 55 year old physically disabled woman. She has a brain tumour that has resulted in left sided weakness, loss of use in her left arm. Her right eye was removed due to damage caused by the tumour. Mrs L lives in a first floor one bedroom flat which had been adapted to house a person with physical disabilities. The Internal stair case is fitted with a stair lift so that Mrs L could gain entry to her flat from ground level. In 2012 Mrs L became ill, was taken to hospital and deemed too unsafe to return back home following discharge. She was placed temporarily into residential care which unfortunately went on for 12 months.

Due to team restructure case was transferred on the basis that Mrs L needed on-going support with housing needs. She was in the process of bidding for a ground floor flat. On meeting Mrs L in the residential care unit it became clear that she wanted to return to her own flat in her community.

A home visit was arranged with an Occupational Therapist. Mrs L's case was referred to our direct payments team to arrange the employment of at least two personal assistants via Merton Managed Account. Mascot was installed and a key safe fitted.

Mrs L's landlord has now repaired the stair lift and updated their records to show Mrs L's disability status so that if the stair lift broke down the repairs would be put through as a priority. Mrs L was given laminated cards to have in her home and on her person with the contact number for Moat Housing in the event the stair lift stopped working.

Mrs L has been back home for some months now and her transition from residential care to home has been a success. The weight Mrs L gained when living in residential care she has lost, so therefore her mobility has improved when using aids. She goes out in her community to the shops and her church.



## 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.

Support to carers:

- **Carers' Grant:** This is to be paid as part of the new Area Based Grant since 2008, and is a non-ring fenced general grant. As such, councils are able to determine locally how best to spend the grant in order to deliver local and national priorities in their areas. Merton provides benefits including respite, day care, home care, direct payments, and discretionary payments, to carers following an assessment.
- **Carers' Discretionary Payment Budget:** This provides an easily accessible budget source of funds to allow for the provision of those services for carers that are not usually considered appropriate when sourced from the community care budget. A total of just over £30,000 was assigned for 2012-13 with a limit of £100.00 set per carer. We may contribute up to £100.00 toward an appropriate service in one application, or we may consider two or more applications over the year, provided the ceiling of £100.00 is not breached. This grant is to benefit the informal carers who are assessed under the legislative framework of the Carers and Disabled Children's Act 2000.
- We fund Carers' Support Merton to provide both services and information and advice to carers directly.

The Volunteer Centre Merton works with a wide range of organisations in the public, voluntary and community sectors to develop and match the skills and interests of new volunteers to volunteering opportunities. They deliver good practice support to organisations involving volunteers in their work, and provide information and advice about volunteering alongside training for organisations and volunteers. They work closely with voluntary and community organisations and our Compact partners in Merton (the partnership between government and the voluntary sector), they lead on campaigns to raise awareness of volunteering, to gain recognition for the contribution of volunteers and to highlight issues that affect volunteers.

Merton Voluntary Service Council (MVSC) works to support and inspire the voluntary and community sector in Merton. They do this in a number of ways:

- **Practical support to voluntary, community and faith organisations (VCFOs):** providing for the basic needs of VCFOs through information and advice, training, and access to practical resources such as IT/internet, desk space, equipment loan.
- **Development:** identifying new social and community needs; initiating new groups and/or providing support and facilities to strengthen existing groups by advising on a range of management and governance issues, including financial management and fund-raising.
- **Enabling volunteering and community action**
- **Ageing Well:** programme of support to older people to develop activities and clubs

# 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 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

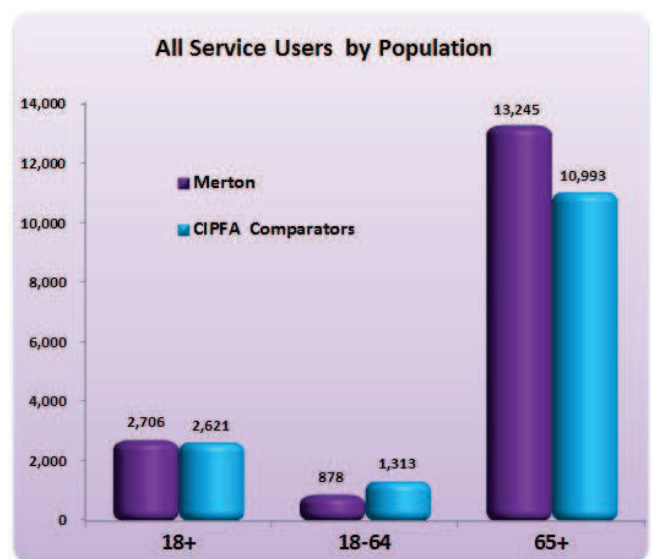
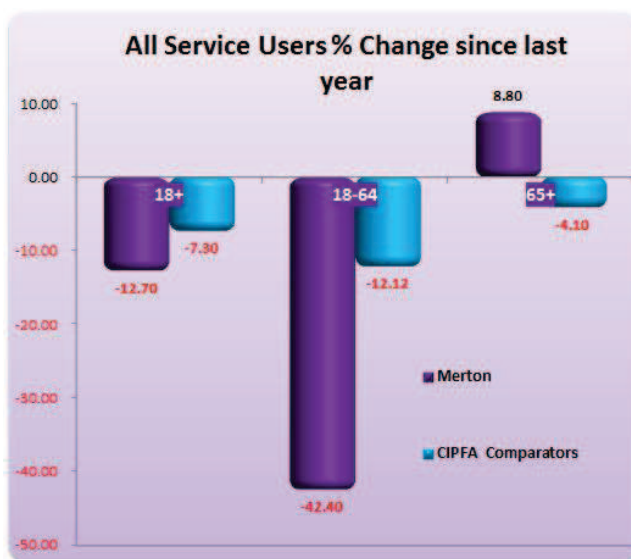
Association (LGA) and the Department of Health (DH).

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 key 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 Service users % Change and by 100,000 Population:

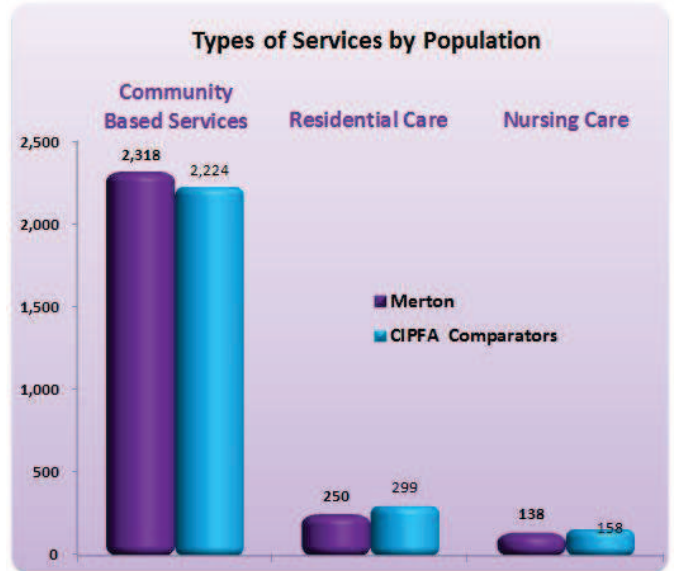
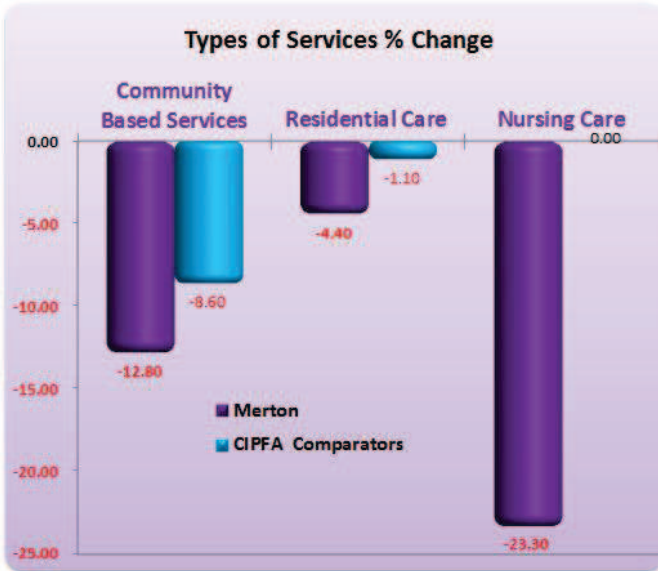


**Key points:**

- An overall reduction in service users since last year and compared to CIPFA
- Big decrease for 18-64 but increase in 65+
- However, 18+ by population shows slightly higher proportion compared to CIPFA comparators; A lower proportion for 18-64 and higher for 65+



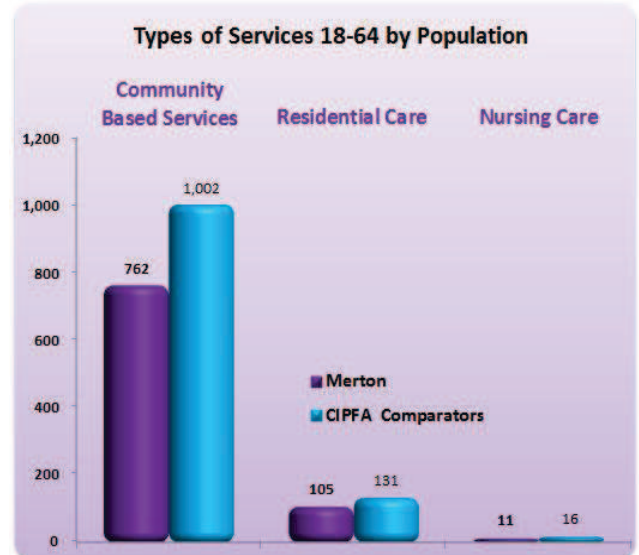
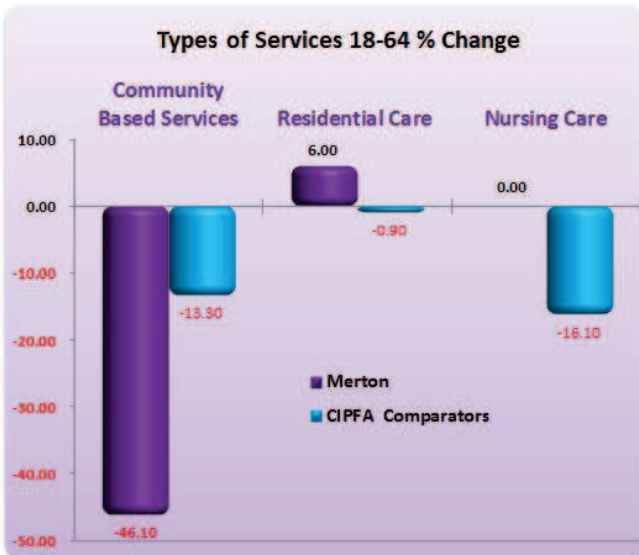
### 1.2 Type of Service 18+ (% change & by population):



**Key points:**

- Larger decreases in community based services, residential and compared to CIPFA comparators
- Overall however, by population community based services are slightly higher than CIPFA comparators

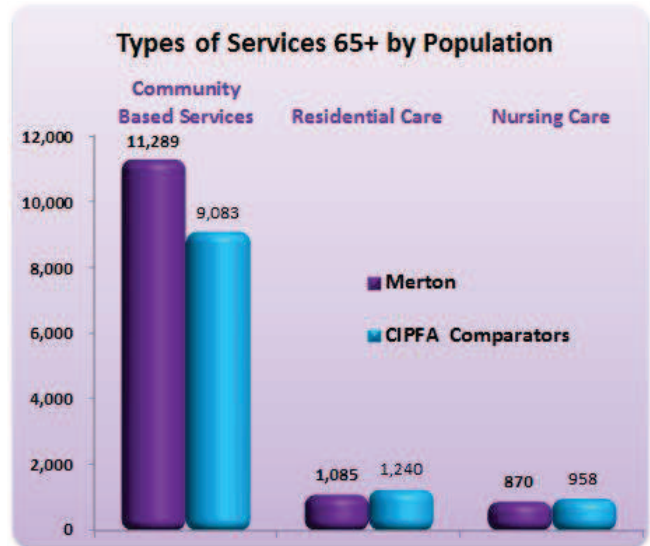
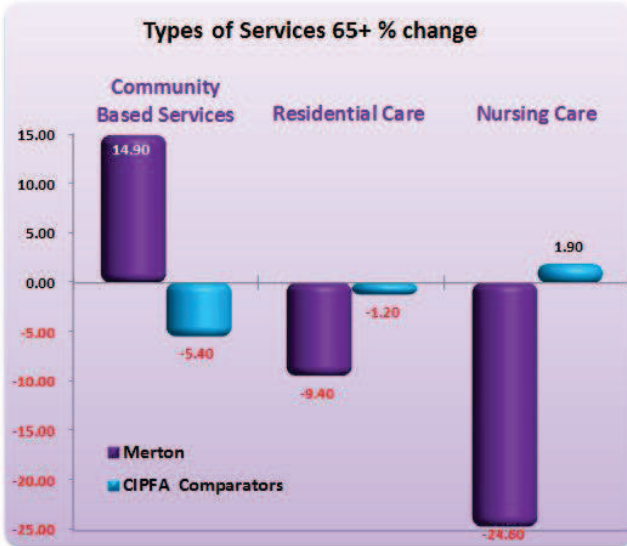
### 1.3 Type of Service 18-64 (% change & by population):



**Key points:**

- 18-64 - Large decrease in community based services and small increase in residential
- However, residential is less than the CIPFA by population

**1.4 Type of Service 65+ (% change & by population):**



**Key points:**

- 65+ - Increase in CBS but decrease in both RES & NURS. This picture is similar by population against CIPFA comparators.

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

**2.1 CBS 18-64: % Change 2011-12 & 2012-13:**

Service Type	Increase/Decrease
Homecare	9.3%
Daycare	6.3%
Meals	10.8%
Short Term residential	-7.7%
Direct Payments	32.0%
Equipment	8.9%

Service Type	Increase/Decrease
Homecare	16.0%
Daycare	6.3%
Meals	0.7%
Short Term residential	12.9%
Direct Payments	63.0%
Equipment	14.1%

**2.3 Home Care Intensity:**

Home Care	Increase/Decrease
Less than 10 hours per week	10.2%
More than 10 hours per week	5.1%

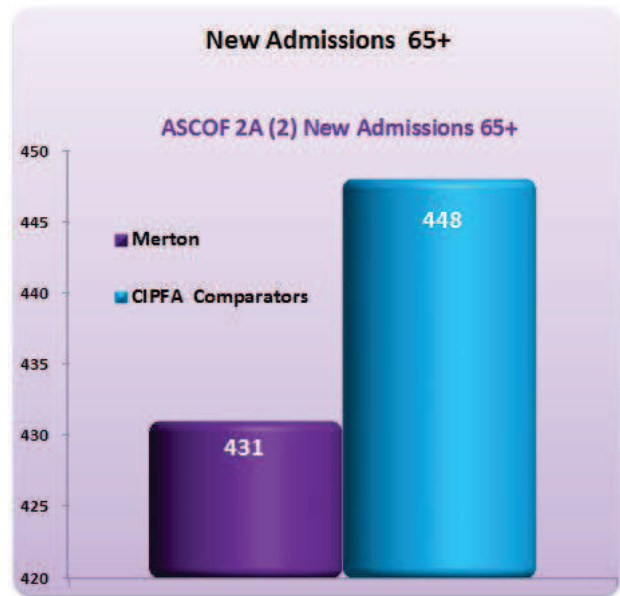
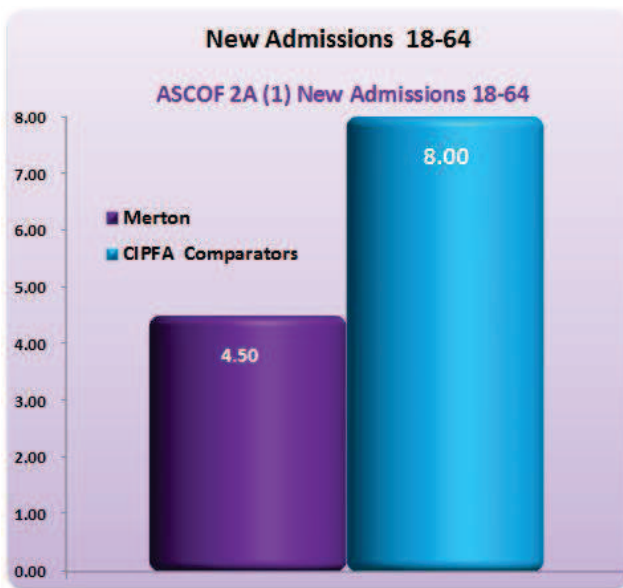


**2.2 CBS 65+: % Change 2011-12 & 2012-13:**



### 3. New Admissions to Residential and Nursing Care:

3.1 ASCOF 2A (1 & 2): 18-64 & 65+ permanent admissions per 100,000 population to residential and nursing care compared to our CIPFA comparators.

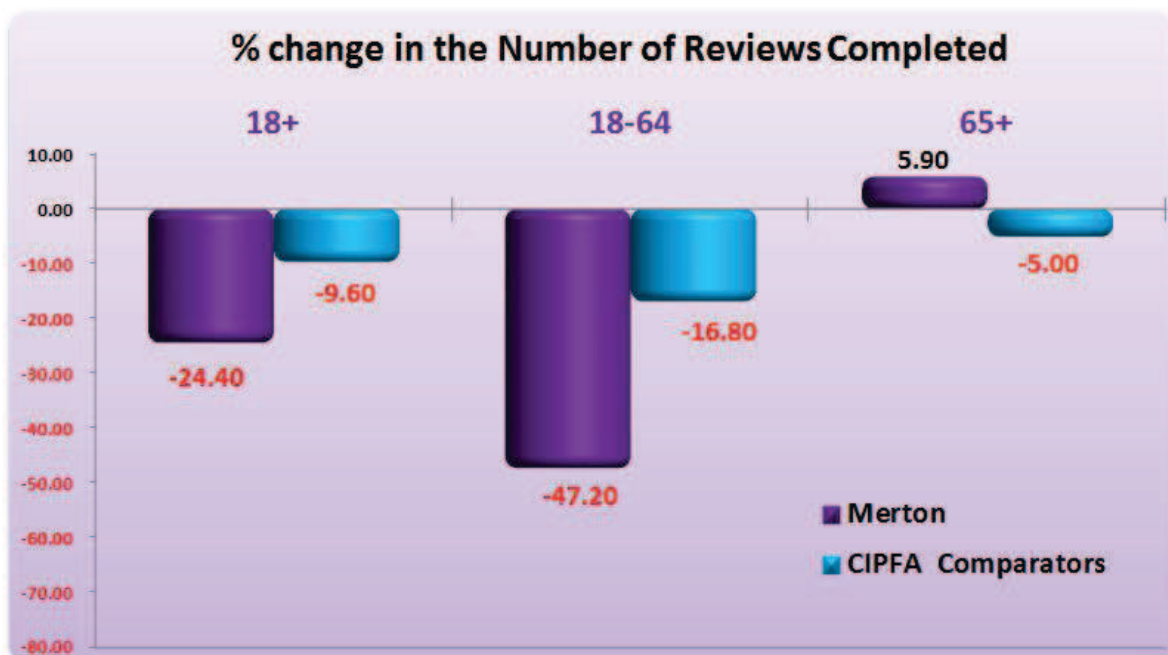


Key points:

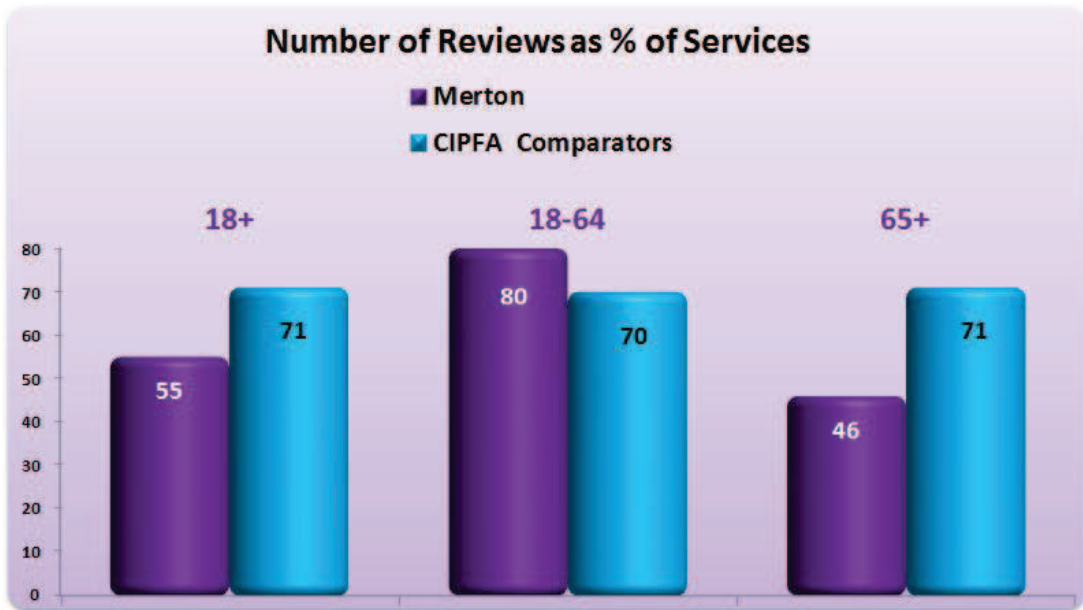
- Numbers supported in both residential and nursing care homes are less per population compared to our CIPFA Comparators for all age groups.
- New admissions to both residential and nursing care homes are less per population compared to our CIPFA comparators for all age groups

### 4.0 Reviews:

4.1 Total number of existing clients for whom a review was completed during the period. (% Change since last year).



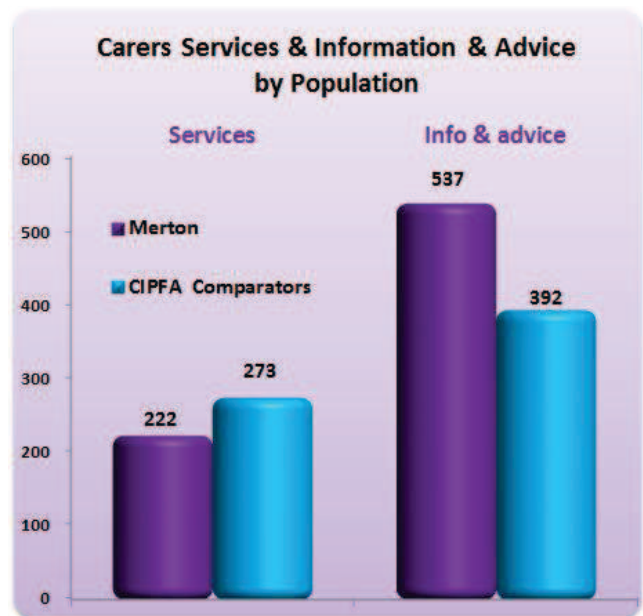
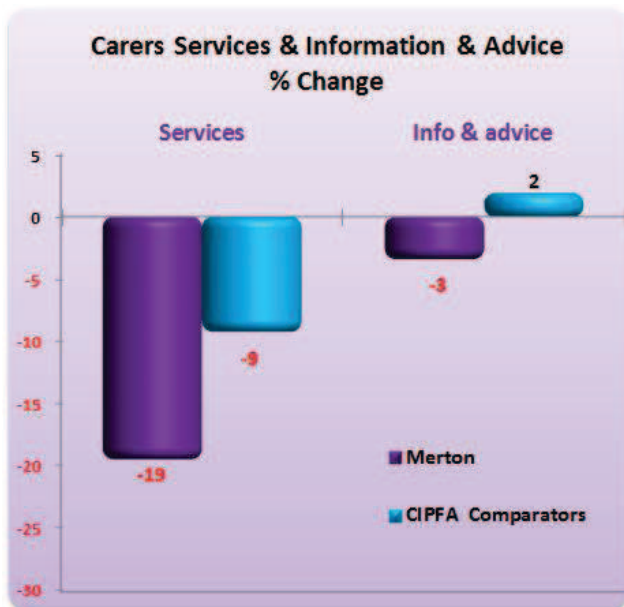
4.2 Percentage of people in receipt of a service who received a review during the year.



**Key points:**

- Overall there has been a decrease in the number of reviews completed since last year. The largest decrease being in 18-64 with a slight increase in 65+.
- Reviews as a percentage of all service users is lower overall compared to our CIPFA comparator boroughs. However, reviews for 18-64 are higher than our comparators although there has been quite a large decrease since last year.

5.0 Carers:

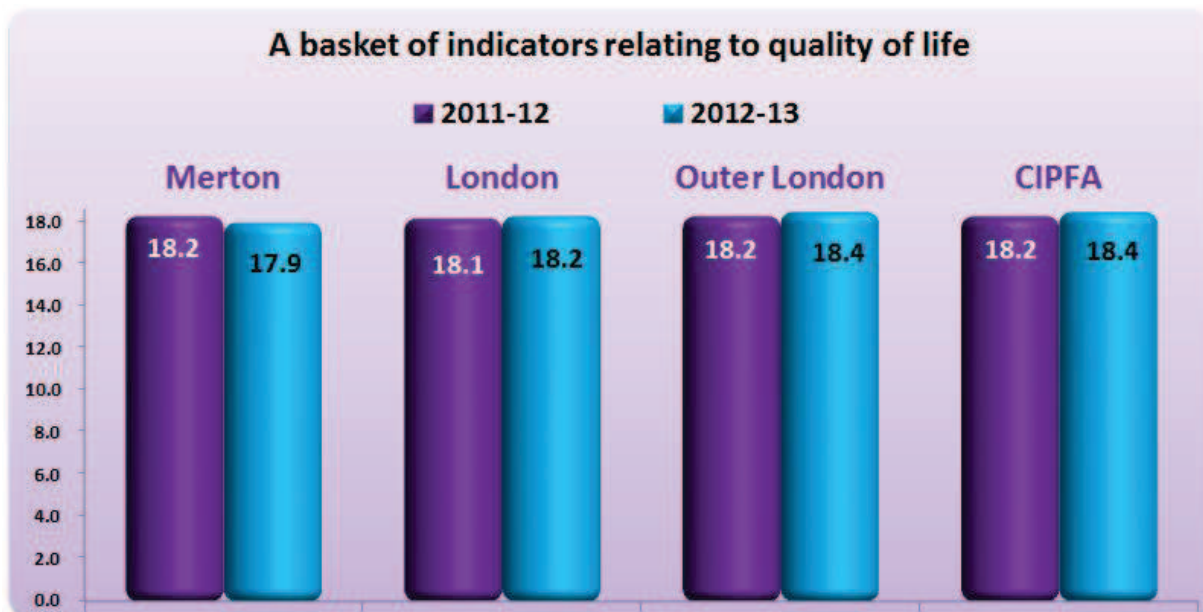


**Key points:**

- There has been a decrease in services and information & advice provided to carers since last year
- However, carers provided with information & advice per 100,000 population is much higher than our CIPFA average.

## 6. User Views and Quality of Life Outcomes:

### 6.1 ASCOF 1a – Social Care related quality of life indicator:



#### Key points:

- There has been a slight decrease in this indicator since last year - decrease in 18-64 and a slight increase in 65+
- Merton's indicator is slightly lower than our comparator averages

### 6.2 ASCOF 1B - Proportion of people who use services who have control over their daily life:



#### Key points:

- There has been a slight decrease in this indicator since last year - decrease in younger males and a small increase in older females.
- Merton's indicator is slightly lower than our comparator averages

### 6.3 ASCOF 4A Proportion of people who use services who feel safe:



#### Key points:

- There has been a decrease in this indicator since last year; a noticeable decrease in 18-64 and a small increase in 65+.

### 6.4 ASCOF 4B Proportion of people who use services who say that those services have made them feel safe and secure:



#### Key points:

- There has been an increase in this indicator since last year although still low compared to our comparators.

**6.5 ASCOF 3A Overall satisfaction of people who use services with their care and support:**



**Key points:**

- There has been an increase in this indicator since last year although still slightly lower than our comparators.

**6.6 ASCOF 3D Proportion of people who use services and carers who find it easy to find information about services:**



**Key points:**

- An increase since last year and better than our comparators.

## 6.7 Summary of other User Survey outcomes:

Small decrease in the following outcomes since last year:

- Proportion of people who are happy with their appearance
- Proportion of people who feel they get food and drink when they want
- Proportion of people who are happy with the cleanliness of their accommodation

Noticeable decrease in the following outcomes since last year:

- Proportion of people who feel they have as much social contact as they want decreased from 70% to 64% (CIPFA 76%)
- Proportion of people who spend time doing things they want to do

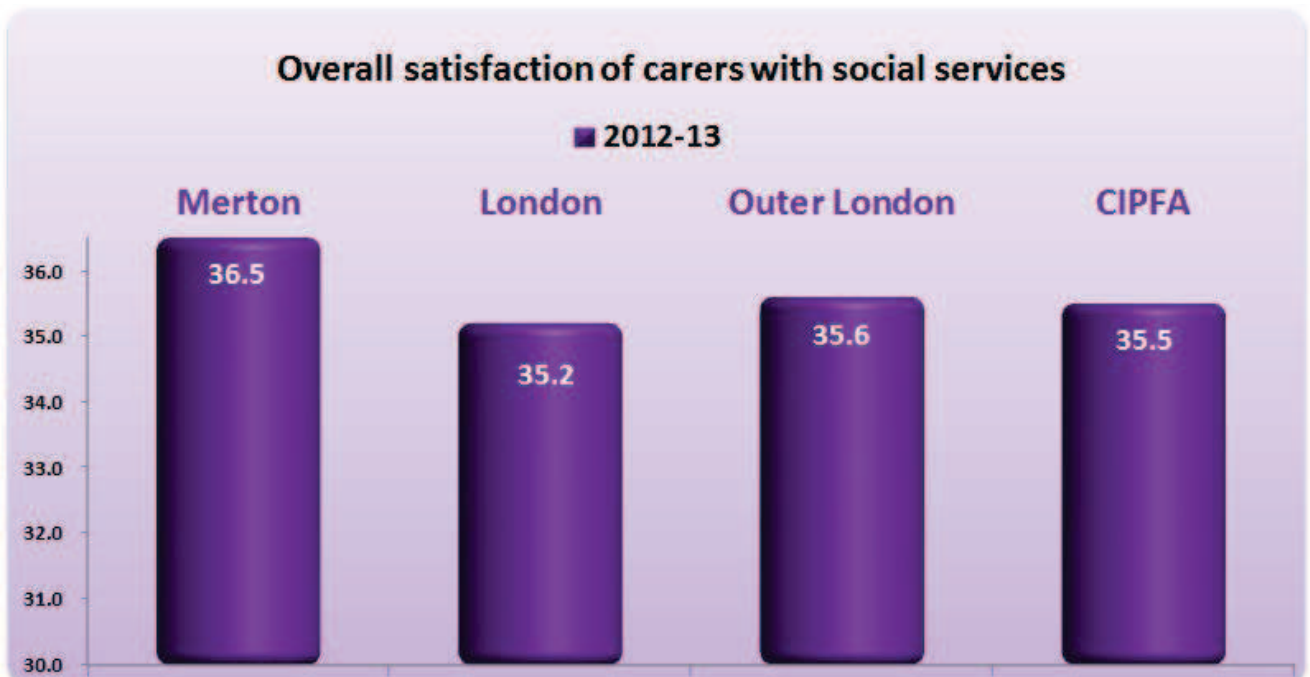
has decreased from 67% to 59% (CIPFA 66%)

- Proportion of people who feel they are treated with dignity has decreased from 90% to 87% (CIPFA 91%)



## 7. Carers' Views and Quality of Life Outcomes:

### 7.1 ASCOF 3B Overall satisfaction of carers with social services:



#### Key points:

- This is a new measure for Carers for 2012-13. Outturn better than our comparators.



## 7.2 ASCOF 3C Proportion of carers who report that they have been included or consulted in discussion about the person they care for:



### Key points:

- This is a new measure for Carers for 2012-13. Outturn better than our comparators.

## 7.3 Other Carers Views and Outcomes:

### Similar to the CIPFA Average:

- ASCOF 1D Carer reported quality of life
- Proportion of carers who spend time doing things they want to do
- Proportion of carers who feel they have control over their daily life
- Proportion of carers who are happy with their appearance
- Proportion of carers who feel safe

### Higher than the CIPFA Average:

- Proportion of carers who feel they have as much social contact as they want 40% (CIPFA 38%)
- Proportion of carers who feel they get enough support in their caring role 40% (CIPFA 39%)

- Proportion of carers who found it easy to find information & advice about support, services or benefits 68% (CIPFA 64%)



## 8. Self-Directed Support:

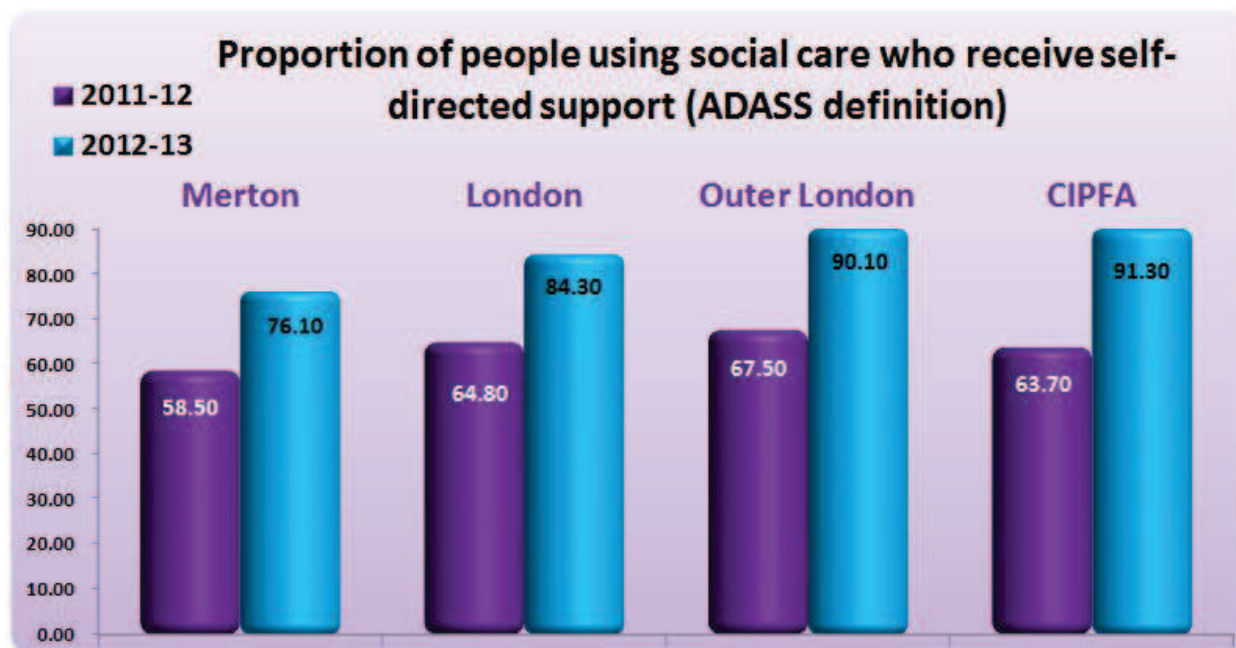
8.1 ASCOF 1c (1) Proportion of people using social care who receive self-directed support and ASCOF 1c (2) Proportion of people using social care who receive direct payments:



### Key points:

- The proportion of people receiving self-directed support has increased since last year although lower than our comparators. However, not all councils use the same definition for this measure. The information centre will be changing the definition for 2014-15 to ensure all councils are measuring in the same way.
- The proportion of people receiving direct payments is higher than the comparator averages.

## 8.2 Proportion of people using social care who receive self-directed support (ADASS):



### Key points:

- This is a new ADASS definition showing SDS as a proportion of all community based services as a snapshot at the end of the period rather than during the period. This means that one off pieces of equipment and other one off services are not included unless they are open on the 31<sup>st</sup> March 2013.

## 9. Living Independently:

### 9.1 ASCOF 1e Proportion of adults with learning disabilities in paid employment:



### Key points:

- The number of people with Learning Disabilities in employment has increased slightly since last year although slightly below our CIPFA comparators..

**9.2 ASCOF 1f Proportion of adults in secondary mental health services in paid employment:**



**Key points:**

- The proportion of people with mental health problems in employment is considerably higher than our comparators and while most of our comparators have seen a drop in numbers since last year we have managed to maintain our performance on this measure.

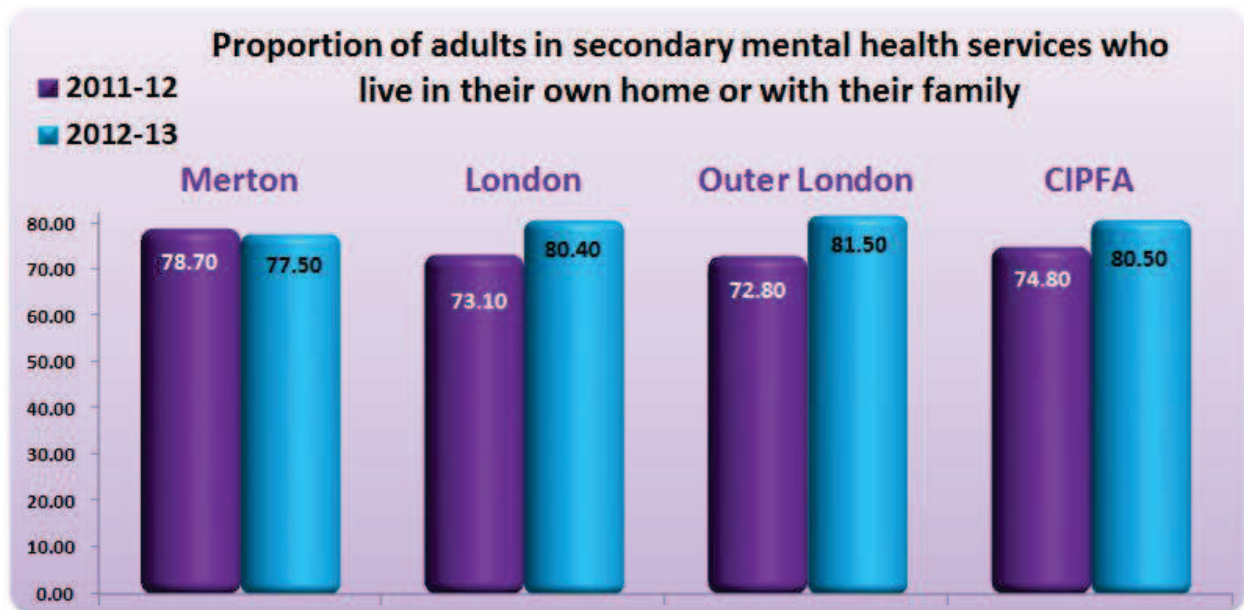
**9.3 ASCOF 1g Proportion of adults with learning disabilities who live in their own home or with their family:**



**Key points:**

- The proportion of adults with learning disabilities living in their own home or with family is higher than our comparator averages.

**9.4 ASCOF 1h Proportion of adults in secondary mental health services who live in their own home or with their family:**



**Key points:**

- The proportion of mental health users living in their own home or with family has decreased slightly from last year and is now just below our comparator averages.

**10. Assisting Discharge – Reablement and Delayed Transfers of Care:**

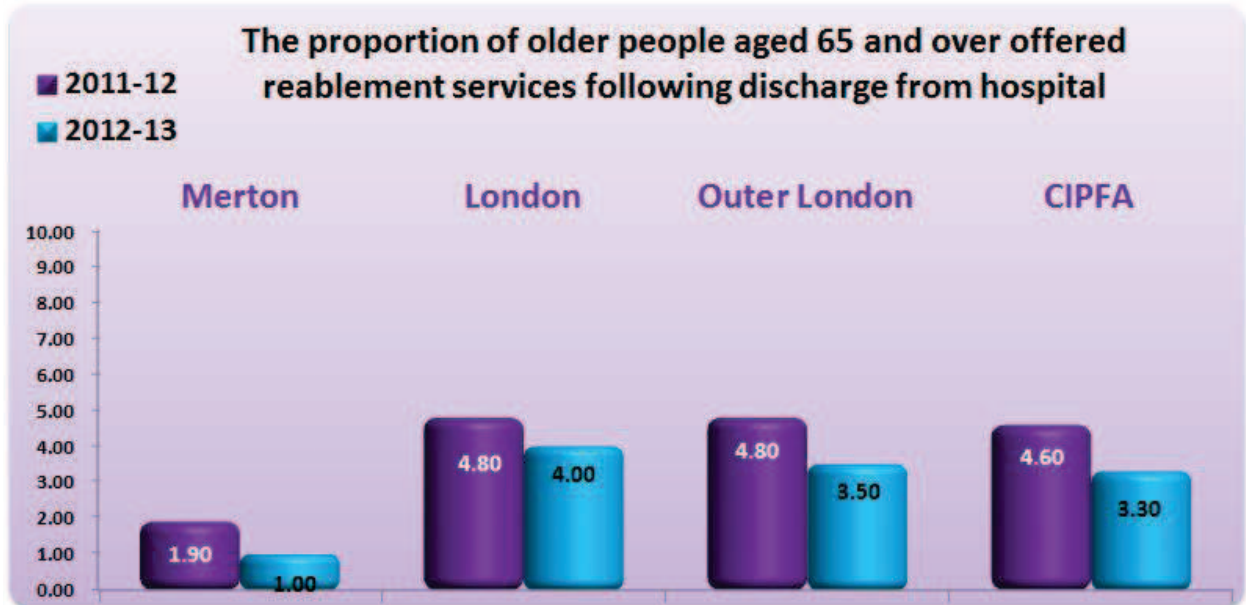
**10.1 ASCOF 2b(1) Proportion of older people who were still at home 91 days following discharge from hospital into reablement or rehabilitation services:**



**Key points:**

- The proportion of older people still at home 91 days following discharge is slightly lower than our comparators.

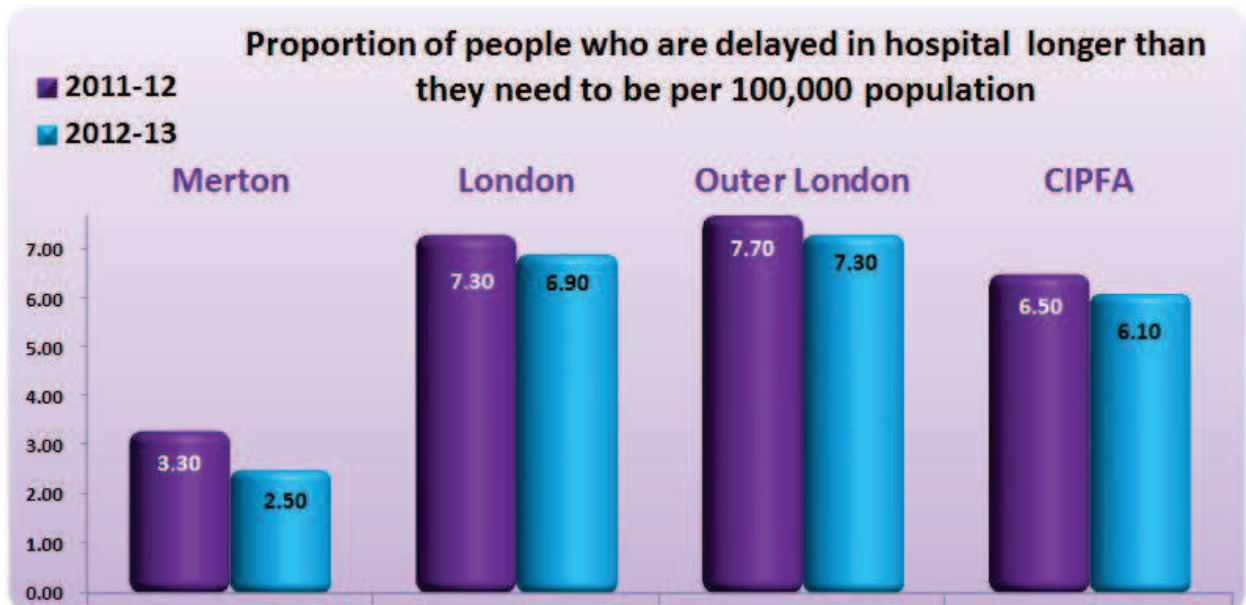
**ASCOF 2b (2) Proportion of older people aged 65 and over offered reablement services following discharge from hospital:**



**Key points:**

- The proportion of older people that are offered reablement is noticeably lower than our comparators.

**10.2 ASCOF 2c Delayed transfers of care from hospital per 100,000 population:**



**Key points:**

- The proportion of people being delayed in hospital once they are ready to leave has reduced since last year and is noticeably lower than our comparators.

## 11. Summary of Performance:

### Key Achievements and Areas for Improvements:

#### Key Achievements:

- Fewer permanent residential and nursing placements per 100,000 population compared to our CIPFA comparator boroughs.
- Noticeable increases in direct payments for both 18-64 and 65+
- Percentage of 18-64 in receipt of a service who received a review during the year is higher than our CIPFA comparators.
- Carers provided with information & advice per 100,000 population is much higher than our CIPFA average.
- Proportion of people who use services who feel safe has increased for those aged 65+.
- Overall satisfaction of people who use services with their care and support has increased since last year:
- There has been an increase in the proportion of people who use services who find it easy to find information about services and is higher than our comparators.
- An increase in the proportion of carers who report that they have been included or consulted in discussion about the person they care for and is better than our comparators.
- Overall satisfaction of carers with social services is better than our comparators.
- The proportion of people mental health problems in employment is noticeably higher than our comparators.
- The proportion of adults with learning disabilities living in their own home or with family is higher than the comparator averages.
- The proportion of delayed transfers of care is significantly lower than the comparator averages.

**CIPFA:** Chartered Institute of Public Finance & Accountancy

#### Areas for Improvement:

- Overall there has been a decrease in the number of reviews completed since last year. A decrease for 18-64 although there was a slight increase for 65+. Overall lower than our comparators.
- There has been a slight decrease in the overall proportion of people who use services who say they feel safe.
- There has been a slight increase in the proportion of people who use services who say that those services have made them feel safe and secure although overall our outturn continues to be lower than our comparators.
- The proportion of people who feel they have as much social contact as they want has decreased from 70% to 64% (CIPFA 75%)
- The proportion of people who spend time doing things they want to do has decreased from 67% to 59% (CIPFA 66%)
- The proportion of people who feel they are treated with dignity has decreased from 90% to 87% (CIPFA 91%) primarily female.
- Self-Directed Support: The proportion of people receiving self-directed support has increased since last year although continues to be lower than our comparators
- The proportion of older people that are offered reablement is significantly lower than our comparators.



## Quality Assurance:

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

In order to ascertain a holistic understanding of the quality of our services a quality assurance framework has been implemented based on the four key areas:



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. A summary of the quality assurance outcomes are detailed below:

### Internal Audit:

- 73% of the internal audit action plans relating to the Adult Social Care Contracts 2012 had been completed by year end.
- 64% of actions required for the review of day centre provision were completed by year end including all establishments having reviewed security and CCTV installed at a day centre. The actions outstanding related to financial issues which were planned for completion by end of April 2013 in readiness for new budget year and the closing of accounts process.

**Data Quality:** Data quality has continued to be monitored with regular reports to service managers and discussion at senior managers meetings and Team Co-ordinator meetings.

### Examples of specific work completed include:

- 50% reduction in the number of initial contacts pending an outcome on CareFirst social services database.
- 91% reduction in the number of old type assessment events pending an outcome on Carefirst social services database.



- 50% reduction in the number of Occupational Therapy outstanding assessments showing on our social care database.
- Continued improvement to support finance processes by providing regular reports to managers highlighting outstanding authorisations to ensure budgetary commitment is up-to-date.
- Regular checking of customer records against day centre reports to assist with financial transactions. A recent reconciliation showed 98% accuracy between the two records.
- Following the Adult Access Team aligning their customer records to the clinical commissioning groups (CCGs) and the GP surgeries within each 'cluster' group a check and update of customer records was made to ensure all customers had a GP recorded on their electronic record. Regular monitoring has been maintained during the year to ensure GP records are maintained and a recent check showed 98% of clients in these teams now have a current GP allocation (a reduction of 300 clients with no GP record at start of year).
- Over 130 customer records updated to reflect services received from the Association of Crossroads to enable monitoring of the support and hours they provided to Merton clients.
- Process set up to ensure MASCOT advised of clients moving to permanent homes or deceased to enable them to collect equipment when appropriate and update their records.
- Homecare agency transfers have continued to be made from private to approved provider agencies.



### **Case File and System Audits:**

- 147 case file audits completed by managers during the 2012-2013 year. The audits look at the customer journey covering assessment, safeguarding issues, the support being provided and whether this was meeting the desired outcomes, as well as checking that the customer's electronic record is up-to-date.
- A high level of accuracy in the recording of data on the customer record was reported on 100% of audits and also confirmed that data linked to performance monitoring and finance had been recorded accurately.
- The audits showed that 100% of assessments, support plans and observations were up-to-date, and 99% of cases that the customers' families had been involved in drawing up their support plans. 98% of the audits confirmed that where appropriate a carer had been offered a carer's assessment.
- All audits showed that customers' cultural, language, ethnicity and background had been considered when making plans for their care.
- 146 system audits were also carried out and showed that 91% of data recording on the social care database was up-to-date and accurate.

- The system audits confirmed that in 99% of audits the 'observation' records were detailed and appropriately recorded thus replacing the need for paper records to be maintained in most teams.
- The audits showed 63% accuracy in the file location details recorded on Carefirst. This is due to the move of adult services from Gifford House to the Civic offices. These records are updated as and when customers are reassessed or reviewed.
- An Occupational Therapy Assessment Centre evaluation form was completed by 170 customers of the Occupational Therapy Service who had attended this Centre which enables people to try out equipment. The responses recorded a 99% satisfaction in the convenience of the date and time given, the time given to customers during the assessment, and the helpfulness of the person who provided the assessment.

### Customer Satisfaction Surveys:

- 325 Customer/Carer Satisfaction responses were received from customers following a review of service (59%) or a service from the MILES Team (Merton Independence & Engagement Service – 29%). The surveys indicate that a high percentage of customers have found it easy to find information about the support provided by Merton with an increase in those accessing this via the Internet.
- Overall 95% of customers stated that the quality of their life had improved following the services received from the London Borough of Merton. This increased to 97% following review which indicates increased satisfaction once service established.
- The surveys provide an opportunity for customer/carers to request further information about the services available in Merton and 26% of responses resulted in 200 leaflets being sent to 85 customers/carers.
- Following this assessment 95% of customers advised they were able to obtain equipment and/or rails when offered a prescription which they then redeem at an accredited retailer for equipment and/or rails.
- The Occupational Therapy Service has recently developed a Customer/Carer Satisfaction Survey and has been sending this to customers following assessment and provision of equipment since April. To date the responses received have shown very positive feedback with high levels of satisfaction with the service and 46% including a compliment, many regarding specific workers who supported them during the assessment process and subsequent provision of service.
- Direct Payment (DP) customers are sent a Direct Payments Customer Satisfaction Survey to fill in and return in order to establish the DP customer's views on the services they are receiving. The surveys showed a high level of satisfaction with the service provided and the visits and support received by the Direct Payment officers, as well as the information received and the length of time taken to set up the Direct Payment. 80% advised that they would recommend direct payments to a friend.
- Outcomes from the National User and Carer surveys are detailed in the performance section of this report.



**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.

## Healthwatch Merton:

Healthwatch Merton is managed by Merton Voluntary Service Council (MVSC) who were awarded the contract by Merton Council in in **2013**.



MVSC is a Company Limited by Guarantee and a Registered Charity. It has a rich history of engagement with the diverse communities of Merton, of partnership working with the voluntary, public and private sectors and a wealth of local knowledge and experience of health and social care services within Merton.

Healthwatch Merton was formally launched on 17<sup>th</sup> July and its two fulltime staff members, Manage and Information and Outreach Officer commenced on 29<sup>th</sup> July.

Healthwatch Merton aims to help local people get the best out of their health and social care services whether it's improving them today or helping to shape them for tomorrow. It is committed to ensuring local voices are able to influence the delivery and design of local services not just for people currently using them, but anyone who might need to in the future. Healthwatch Merton:

- provides people with information, advice and support about local health and social care services
- gathers the views and experiences of local people on the ways services are delivered
- influences the way services are designed and delivered based on evidence from those who use services

- influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- has the power to 'Enter and View' adult health and social care services to get a feel for how they are delivering
- forwards information and recommendations to other local Healthwatch, Healthwatch England and the Care Quality Commission.

We are in the early stages of establishing its local presence and its initial priorities are those carried forward from the former Local Involvement Network and steered by the Implementation Plan agreed at the Health and Wellbeing Board earlier this year (see [www.merton.gov.uk/council/decision-making/committee.htm](http://www.merton.gov.uk/council/decision-making/committee.htm) for the latest updates). In the coming months we will be seeking volunteers to support our work and establishing a Reference Group. We will also be consulting on our priorities from April 2014. Some events we have helped organise include:

**Integrated Care:** Health Watch Merton coordinated a successful event in July that helped to gain direct feedback from people on how they would improve the care of people with complex conditions.

The views highlighted on the day by service users and carers have been collated and were fed back to the Programme Board and this feedback has been used to develop a pilot care model.

An event to “test drive” this model is being planned with the aim of improving service user and carer experiences and reducing unnecessary hospital admissions, length of stay, and the need for residential care.

### **Joint Strategic Needs Assessment**

**(JSNA):** These assessments, which look at health and social care needs, are produced locally and are unique to each area and we assisted Public Health to organise a consultation day on 27<sup>th</sup> September to give people the opportunity to share their opinions and experiences. Please copy the following link into your internet browser to view the latest JSNA: <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>

The five main topics covered on the day were: Children, young people and maternal health; Working age adults (18-65 yrs.); Older adults (65+); Prevention (lifestyles); and Policy influences on improving health (built environment, licensing, planning, etc.).

The views shared on the day were invaluable and the public health team will be using the findings to support the final JSNA document

### **Safeguarding adults:**

Our safeguarding adult’s board is known locally as VAST (vulnerable Adults strategy team). The group consists of senior managers from partner agencies and is committed to ensuring that protecting adults at risk of abuse remains a key priority.

**Our Commitment to protecting adults at risk:** Our lead Councilor for Adults Social Care, Linda Kirby reports, “Protecting adults at risk is an issue we take seriously in

which is scheduled for release at the end of November and it was fantastic to see people getting involved in discussions that will have a real influence.

**Merton Clinical Commissioning Group commissioning intentions and engagement Strategy:** We helped to arrange this well attended event (Engage Merton) on 16<sup>th</sup> October and chaired the day. Members of the public and local health and social care professionals and organisations were able to contribute to and influence the Merton Clinical Commissioning Group (MCCG) commissioning intentions and their new engagement strategy.

**Community forums:** As part of our aim to increase awareness locally of Healthwatch Merton we have recently attended the Raynes Park, Wimbledon, Morden, Mitcham and Colliers Wood community forums. We found these to be very useful for keeping abreast of issues on the ground and we will continue to maintain in close contact.



Merton. Abuse in any form is not acceptable and we are pleased that more people understand what this is and are keen to report it when they come into contact with it. Merton’s team work hard to ensure that our residents’ concerns are dealt with sensitively and efficiently. I am pleased to say that this year saw the launch of the Dignity in Care Visitors scheme. Volunteers are trained to go into the care homes to ensure that our residents have a good quality of life.

This is a partnership arrangement with Merton Seniors Forum, the Council, MVSC, with the training being contracted to Age UK Merton. We hope this initiative will bring more transparency to what is going on in care homes in Merton and improve the quality of care”.

**Views of our key partners:** Jenny Kay Director of Merton CCG said Merton’s Clinical Commissioning Group came into being in April 2013. It is responsible for commissioning or ‘buying’ healthcare services for the people who live or work in the borough.

We are already working collaboratively with the London Borough of Merton in ensuring that all agencies work in partnership to identify, prevent and manage any safeguarding concerns. Following the Francis Report into Mid Staffordshire NHS Trust and the Winterbourne Review, this partnership has included a particular focus on the care of elderly patients in local acute hospitals and care of patients with learning disabilities in ‘out of area’ placements.”

The Safeguarding Adults Lead at St Georges Hospital Trust reported “The last twelve months has seen a number of reports that have highlighted considerable concerns with regard to the care and dignity of those most vulnerable within society. Of critical importance was the publication of the Francis Report which documented the significant failings at Mid Staffordshire NHS Foundation Trust.

A significant aspect of adult safeguarding is to ensure we have the necessary processes and systems in place when responding to allegations of abuse and neglect, both within our organisation and externally within the communities we serve.

St Georges is an active member of the Merton Vulnerable Adult Strategy Team and has positive working relationships with the safeguarding team to ensure any concerns around adults at risk are responded in an effective and timely manner. All staff continue to receive basic awareness training at induction and as part of a yearly update and we are rolling out additional training on Mental Capacity Act and Deprivation of Liberty Safeguards. Following an unannounced visit in January 2013, St Georges was found to be compliant with CQC outcomes - this was also reflected in the results of an external audit of St George’s practices which identified that there were “clear governance and reporting arrangements for safeguarding within the health care trust.”

**Summary of Statistics:** Merton has continued to see an increase in the number of referrals received

1 <sup>st</sup> April 2012 – 31 <sup>st</sup> March 2013	<b>428</b>
1 <sup>st</sup> April 2011 – 31 <sup>st</sup> March 2012	<b>417</b>
1 <sup>st</sup> April 2010 – 31 <sup>st</sup> March 2011	<b>376</b>
1 <sup>st</sup> April 2009 – 31 <sup>st</sup> March 2010	<b>248</b>
1 <sup>st</sup> April 2008 – 31 <sup>st</sup> March 2009	<b>193</b>

The number of referrals increased from 417 last year to 428 this year and represents a small increase of 4.2%. The increase in reported safeguarding referrals is primarily as a result of increased public and professional awareness following a number of high profile cases in the media.

**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 2014 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](mailto:communityperformanceteam@merton.gov.uk)