

# Adult Social Care Local Account

## How we have delivered Adult Social Care services

**April 2010 to March 2011**



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## Foreword:

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



I welcome the Adult Social Care (ASC) local account as an important part of the council's commitment to be transparent with local residents about what we do and spend. The ASC local account shows the council's performance in this area from April 2010 - March 2011, and describes our approach to improve positive outcomes for users and carers. The majority of our services are provided in partnership with the independent and voluntary sectors, and it is essential that we work with our partners to develop services that reflect what local people want to use.

We strongly believe in the value of working closely with NHS partners to provide joined up health and social care. Much is changing, and we welcome any responses and suggestions for improvement in ASC. In spite of the economic challenges facing all local authorities, we are proud to say we have protected frontline services and provided for growth to meet increased demand.

A handwritten signature in black ink, appearing to read 'Linda Kirby'.

### Director of community and housing Simon Williams



I am pleased to produce the first local account of our performance on delivering services to Merton residents. In the autumn of 2010 the Care Quality Commission (CQC) delivered its assessment for 2009 -10, the final year of the CQC monitoring councils. We were performing well in all areas, with promising prospects for improvement.

We have improved on the quality of our services in 2010 -11, including increasing awareness of safeguarding, and exceeding our targets for personal budgets. We did this while also remaining within budget, where ASC had to deliver its share of savings for the council, but also received some extra resources in recognition of the increase in demand for services.

Our local account of how ASC services are doing will evolve over time. Our aim is to enable all our service users and residents to understand this. We recognise that people have different preferences for how they get information, for example the amount of factual detail and how we use charts to illustrate things. Please give us your feedback on how helpful you have found this and what information you would like to see. You can do this by completing the local account survey – details are at the end of this report.

A handwritten signature in black ink, appearing to read 'S. Williams'.

## Chair of the Local Involvement Network (LINK)

**Barbara Price**

As Chair of LINK Merton, I welcome the production of this first annual local quality account. The report is an important step in enabling Merton residents to understand and influence ASC services commissioned and delivered by the London Borough of Merton. We look forward to the local account being transparent and open in providing evidence of what has been achieved and what needs to be improved, so communities can gain a meaningful and balanced view of the quality of services being provided.



## Merton Shadow Health and Wellbeing Board

Merton Shadow Health and Wellbeing Board brings Merton Council, NHS commissioners, clinical commissioners, the voluntary and community sector, and a range of other partners together to focus on improving the health and well-being of the local population.

The ambitions of the group are: to ensure an integrated approach on delivery of national and local priorities; oversee development of strategic commissioning; reshape local strategic partnership priorities; and build views of key stakeholders and the local community into strategic plans and service delivery.

On 13 December 2011 the Health and Wellbeing Board reviewed the draft ASC local account Report. The board made comments on the presentation and dissemination of the report, and endorsed the approach adopted by Merton Council.

## Introduction:

### What is a local account?

The way that the council's ASC services are judged is changing. The government has ended the assessment of the council's ASC services carried out by the CQC and is replacing this with a document to be produced by each council called a 'local account'. This will let residents know how well ASC has performed, and councils can make more information available to their residents on their successes, challenges and priorities.

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

We are providing a basic report in the first year, accepting it will evolve over time and allow us to learn lessons and get feedback on how we can improve this report in the future. The report is a self-assessment published by the council and includes details about outcomes achieved for our service users and budget. It compares performance with other local authorities and provides ASC customer case studies.

### Merton Adult Social Services:

The social care division is part of our Community and Housing department which was reorganised in September 2009 and now consists of three primary sections. These are: Access and Assessment, Commissioning, and Direct Provision.

#### Access and Assessment:

The aim of Access and Assessment is to provide Merton residents with an efficient, effective and value-for-money response to their social care needs. The aim is delivered via the teams as described with four priority goals. Firstly, to enable people to remain in their homes and prevent admission to hospital or care homes. Secondly, to support people to assess their needs in line with statute and guidance. Thirdly, to enable people to have appropriate access to personalised care solutions via support plans and personal budgets. Finally, to support people in reviewing the quality and effectiveness of their support.

Access and Assessment in Merton has embraced 'personalisation' and despite budgetary challenges has effectively met the assessed needs of a diverse range of customers. The main challenges facing the teams currently are a very significant increase in safeguarding activity and concerns, a changing population profile and diminishing resources. Access and Assessment have risen to these challenges and are delivering effectively and creatively against targets including being a national forerunner in the pre-paid card market.

#### Access and Assessment has the following functions

- **Merton Adult Access Team:** Provides a comprehensive first contact service giving a broad range of information, advice and access to either re-ablement or a Self/Community Care Assessment (a statutory responsibility).

- **Merton Triage Team:** Provides an efficient and speedy response to preventing hospital admission and planning for hospital discharge by enabling access to a re-ablement service, an instant support package or referral to the long-term teams.
- **Long-term Assessment and Support Planning Teams, East and West Borough:** The East and West Hospital Teams provide service users who have ongoing, long-term needs with supported self-assessments, Carers' Assessments and planned care packages via Individual/Personal Budgets.
- **Hospitals Social Work Teams:** Provide social work supported assessment to those people with complex needs in local hospitals aimed at minimising hospital stays and facilitating access to community services.
- **Review Team:** Takes responsibility for the ongoing monitoring, and review of Support Plans.
- **Multi-Agency Community Service:** This service is for people with learning disabilities (LD) and provides a comprehensive health and social care assessment, treatment, intervention and support service to all Merton residents with LD. The team aims to deliver self-directed support to these as quickly and efficiently as possible, with an effective safeguarding management process.
- **Occupational Therapy (OT) Service:** The overall aim of OT is to enable people to adapt via the use of equipment and changes to their living environment. There are several functional teams within OT: one which provides a rapid response to people requiring small pieces of equipment and advice; the Assessment Centre which enables people to try out equipment; and finally the long term and major adaptation functions.
- **Adult Safeguarding Service:** This team takes overall responsibility for the vital adult safeguarding function. They lead, manage and oversee the process including training others and investigating concerns.
- **Financial Assessment Team.** This team assesses people to ascertain which level of contribution they need to make to their support.
- **Mental Health Teams:** South West London and St. George's Mental Health Trust (SWLSGs MHT) covers five boroughs including Merton. There is a formal agreement in place between Merton and the MHT to delegate certain social care responsibilities. The local Community Mental Health Teams (CMHTs) work in partnership with voluntary and private organisations providing treatment and support to help people over 18 manage their mental health issues. The teams can provide information and advice, or arrange services after assessment to help people to live in their own homes and to remain part of the community.
- **Merton Independent Living Service (MILES):** This provides intense home support, functional analysis and personalised professional intervention in order to prevent people being admitted to hospital and/or long-term dependent care. The aim of this team is to re-able people in order to promote and maintain their independence in their own homes, following a significant change in their ability to perform everyday tasks caused by accident, illness or deterioration. For the vast majority of people, the re-ablement service will be their first contact with Social Services/Care. Merton also provides a small, focused homecare service for those customers with highly complex urgent needs.

- Personalisation:** Recent national governments have introduced big changes in ASC and in line with other councils we needed to change our social care system and reform the way people pay for support. The primary change is known as “personalisation” of social care services. This change means that people are now getting more choice and control over the care they receive through personal budgets. Personal budgets are based on the needs of the customer and are either paid direct to the customer through a direct payments or the council manages the budget on behalf of the customer. Central government had set a target in the first three years of the programme for 30% of all social care customers to be in receipt of a personal budget. Merton achieved just over 30% in 2010 -11 and this has increased to 40% in January 2012.

**Performance Self Directed Support - final outturn benchmarking 2010-11:**

Merton achieved slightly better than its comparators and against the London Average for the national indicator NI 130 percentage of ASC users receiving Self Direct Support

	Minimum	25th Percentile	Average	75th Percentile	Maximum
<b>MERTON</b>			<b>30.6</b>		
<b>COMPARATOR GROUP</b>	14	19	29.7	35.4	68
<b>ENGLAND</b>	4	22.1	30.1	35.2	71.3

*Merton comparator group: Bexley; Brent; Croydon; Ealing; Enfield; Greenwich; Harrow; Hounslow; Kingston; Lewisham; Redbridge; Richmond; Sutton; Waltham Forest; Wandsworth.*

**Re-ablement function/task score Sheet:** We developed a function/task score sheet that details the level of customers’ ability to perform certain tasks at the beginning of the re-ablement service and tracks changes six weeks later. In this way we are able to ensure that the re-ablement service has had the desired outcome for our users. This monitoring started in April 2011 and results to date show that in some tasks users have become 100% independent following re-ablement. **See table below:**

<b>Grouped Functions/Tasks</b>	<b>Number of functions/ Tasks with reablement potential</b>	<b>Number of functions/ Tasks that increased in score</b>	<b>Percentage of functions/ Task that increased in score</b>
CONTINENCE	10	10	100%
WASHING	75	65	87%
DRESSING	72	62	86%
TRANSFERS (eg. bed to chair)	72	48	67%
KITCHEN (eg prepare food/drink)	95	63	66%
MOBILITY	87	39	45%
SOCIAL (e.g. go out shopping)	122	38	31%
<b>TOTAL</b>	<b>533</b>	<b>325</b>	

## **Commissioning team:**

The commissioning team has the following functions:

- Knowledge management: The production of all performance information for both central government and ASC managers
- Procurement and brokering: The procurement and contract management of ASC Services in accordance with national and EU procurement regulations, ensuring value for money and high quality services for people
- Commissioning: planning and developing social care services jointly with partners and stakeholders.

Our aim is to:

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

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

- Forecast demand for services running ahead of the money to pay for them
- A new emphasis on prevention and avoiding unnecessary dependency
- The need to provide advice and support to those who fund their own care.
- The need to commission in a way that allows people choice through self-directed support.

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

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

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

The impact of the recession and inequalities in health also cause financial pressures. Local authorities are under pressure to reduce spending on ASC, but at the same time service users and carers expect high quality services. The commissioning team are leading on many of the savings projects over the next few years and expect to achieve their targets through more effective and collaborative commissioning, including better procurement of services.

**Direct Provision:**

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

Services are provided via four day centres, two residential homes, a supported living service, an extra care supported housing scheme and a community alarm service. The establishments are spread across the borough, and serve on a daily basis up to 240 day service users, 14 people in residential care, 18 in supported living and 33 in extra care housing. The majority of people are referred by Merton Care Management Teams but we also sell places in day services to people from other boroughs.

Direct Provision has a total workforce numbering 170 people, which is a stable group of staff with a low turnover rate. All are trained to a minimum standard of NVQ Level 2 and receive regular training appropriate to their job roles.

Resources have been reduced in the past few years and Direct Provision has achieved savings targets in each of the past four budget rounds. Staffing reorganisation has taken place, with a number of senior posts deleted while frontline staff posts have been retained. Services have also developed to reflect best practice; for example we closed a LD day centre which was run on the sheltered workshop model and redeployed staff to form an Employment Team.

We have also increased the out-of-hours outreach service. The policy for all of our day services is to change them to be multi-use community hubs in the manner of High Path. All Saints is now a service for people with LD as well as the core group of people with physical disabilities. MASCOT Telecare is expanding and becoming a key part of ASC's work in enabling people to remain at home for longer and use the council's resources more effectively.

The services provided are generally well regarded, with good feedback from service users and carers, with a low level of complaints. There has been concern over changes to LD day services and to transport arrangements but through consultation and information sharing, this concern is usually well managed. Each service has a user group or committee and a carer group.

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

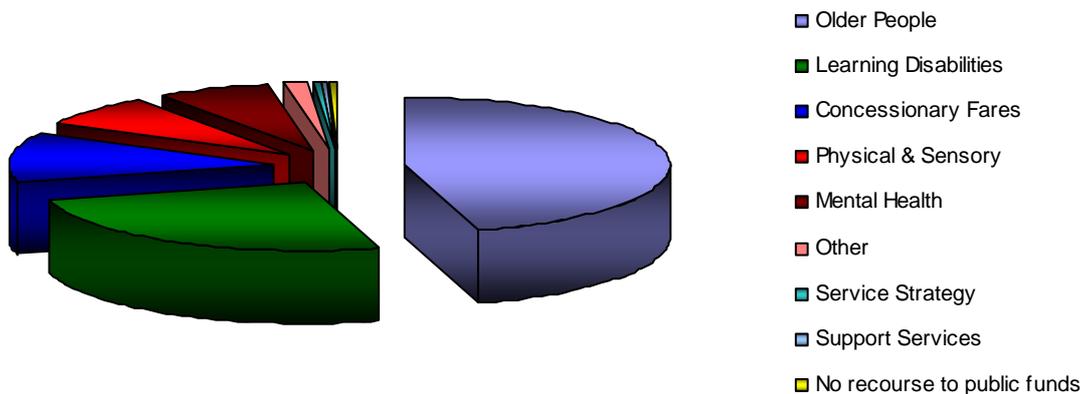
Direct Provision was formed as part of the reorganisation of ASC in September 2009. Its main challenge is to form an effective business model which can continue to provide appropriate, attractive services cost effectively to people who take up Individual Budgets, and serve in-house purchasers for those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

## Adult Social Care budget position:

The following represents the budget for ASC for 2010-11:

Service Area	Final Budget 2010/11	Spend Against Budget	Difference between Budget and Spend
Older People	£25,162,291	£23,602,340	-£1,559,951
Learning Disabilities	£12,781,932	£13,237,253	£455,321
Concessionary Fares	£6,264,700	£6,069,129	-£195,571
Physical and Sensory	£4,231,919	£3,760,911	-£471,008
Mental Health	£3,797,415	£3,593,962	-£203,453
Other	£649,597	£752,871	£103,274
Service Strategy	£288,740	£272,021	-£16,719
Support Services	£245,380	£194,092	-£51,288
No recourse to public funds	£236,386	£248,616	£12,230
<b>Grand Total</b>	<b>£53,658,360</b>	<b>£51,731,195</b>	<b>-£1,927,165</b>

### Actual Spend 2010/11



### Cost of Services compared to other similar London boroughs:

- Residential Care:

Unit Costs Final 2010-11	Residential care for older people	Residential care for adults with learning disabilities	Residential care for adults with mental illness	Residential care for adults with physical disabilities
<b>Merton</b>	<b>536</b>	<b>1367</b>	<b>406</b>	<b>906</b>
<b>Comparator Group</b>	<b>662</b>	<b>1,422</b>	<b>850</b>	<b>988</b>

### Key:

Costs are Lower than London Average

Costs are Similar to the London Average

Costs are Higher than the London Average

- **Nursing Care:**

Unit Costs Final 2010-11	Nursing care for older people	Nursing care for adults with learning disabilities	Nursing care for adults with mental illness	Nursing care for adults with physical disabilities
<b>Merton</b>	<b>585</b>	<b>1033</b>	<b>671</b>	<b>920</b>
<b>Comparator Group</b>	<b>633</b>	<b>1,273</b>	<b>1,222</b>	<b>963</b>

- Figures show that residential and nursing care costs are either lower or similar to the London average.
- Home care and day care in general are also indicating low to average costs. However, home care for people with learning disabilities tends to have higher costs compared to the London average. Work has been done in 2011 to help reduce costs in this area and costs of services should show an improvement by the end of the financial year (March 2012).

The full set of detailed information on unit costs can be accessed through the National Adult Social Care Information Centre (NASISCIS) at the following website link:  
<https://www.icweb.nhs.uk/login/Login.aspx?referrer=http%3a%2f%2fnascis.ic.nhs.uk%3a80%2f&info=SignIn.htm>

## Efficiency Framework - a whole system approach:

This local account has been designed to incorporate the “Efficiency Framework” which has been developed by directors of ASC (lead by Merton Council’s director of community and housing Simon Williams). The Framework provides a value base for investment for the customer and the taxpayer. It gives a systematic way of investing and disinvesting as well as summarising the key parts of a system which is working effectively.

The six key areas within the Efficiency Framework are:

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

## Prevention:

ASC has focused on prevention and early intervention, so we have restructured resources in order to achieve this. We have demonstrated a comprehensive understanding of the needs of different client groups in the local community and the inequalities that exist at the local level. This has informed our commissioning intentions.

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 PCT and the voluntary and community sector. The Compact is a national framework for how councils should work with the voluntary sector.

Merton ASC has worked closely with the voluntary sector to review and establish the new grants process and to ensure the services provided by the sector meet the framework of the Adult Services' Joint Commissioning Strategy. This excellent work was awarded a Compact award in 2010 and the work with the Voluntary Sector Task Group won another in 2011.

### **The Adult Services Joint Commissioning Strategy framework is:**

- For local services to deliver quality improvements and outcomes for service users and carers
- To shift to preventative and early intervention, cost-effective local services.
- For allocation of ASC resources
- A guide to inform the expectations of those in need of care and support and their families.

**New grants process:** The new process of organisations submitting one application for all their grant funding bids has enabled further transparency in apportionment of costs. Last year ASC funded nearly £1m in grants to the voluntary sector, ensuring the sector continues to serve service users and the council effectively.

**Disabledgo** is a company working with councils to help improve access to local sites for local residents and visitors with disabilities. We have commissioned the company to conduct access audits and train local people to assist with the audits. We will report its progress through next year's local account.

**The Celebrating Age Festival** offers all Merton residents over 50 the chance to learn something new and meet new people. It is co-ordinated by Age Concern Merton, funded by Merton Council, and now in its ninth year. Further information can also be found at:

[www.merton.gov.uk/celebratingage](http://www.merton.gov.uk/celebratingage).

**The Celebrating Age Strategy:** In 2007, a wide consultation was held among people aged over 50 and the results were published in *Celebrating Age – Valuing Experience, a strategy for people over 50 in Merton*. Areas of concern covered transport, health and social care, leisure and learning opportunities, the environment, personal safety, having an influence and being respected, employment, income, and better options for housing.

**Residents' Survey 2010-11:** There were more residents who agreed that the council treats them in a fair and non-discriminatory way and tackles racism. A total of 90% agreed that in their local area people from different backgrounds get on well together – an increase from 2009.

**Leisure centre usage 2010-11:** The Wimbledon leisure centre usage figures showed that over 13,000 visits were from people 50 years old or above in 2010.

**OP Library usage 2010:** 21% of all library users were older people in 2010-11 – nearly 7,200.

**Merton MASCOT Telecare Service,:** Regulatory body Telecare Services Association (TSA) expects us to answer 97.50% of the all incoming Telecare calls within one minute, in line with our industry wide Code Of Practice. The TSA representatives inspect MASCOT service annually, and current performance is over 99%.

### Prevention case study:

**Merton's MASCOT** – The team received a call from Ms E, the daughter of an 89 year old gentleman, Mr H, who is profoundly deaf and suffers from Picks' Disease, a form of dementia. She was concerned about his general wellbeing as he put himself at unnecessary risk by wandering about outside. He is also a smoker so there is a small fire risk. MASCOT visited them at Mr H's home and identified that, with the installation of some Telecare equipment, he could remain independent. Within a week MASCOT installed a pendant alarm and smoke detector, as well as a wandering sensor which is active 24 hours a day. If Mr H leaves his house, or leaves his front door open, MASCOT is alerted. Without this equipment installed he would need to be placed in a residential setting.

### Recovery:

When patients with social care needs are deemed well enough to leave a local hospital, Merton Council's social work and re-ablement teams ensure that each patient is assessed and has a support plan in place to enable them to live at home safely and independently. People are able to get better in the comfort and privacy of their own home, with the support of our re-ablement service, and have more opportunities to relearn daily life skills in familiar surroundings.

**Equipment for daily living:** Merton social services have introduced "The Retail Model" for simple pieces of equipment to aid daily living. Instead of the council ordering equipment and arranging delivery for the customer, the customer will get a "prescription" for the equipment and they will be able to redeem this from a local retailer who has been accredited by the council.

A great deal of work has taken place to get to this point. For example, there has been a Needs Assessment Group, which has looked at things from an OT assessment/prescriber perspective. This includes looking at what happens when something is urgent, or where it is part of a mixed package (complex as well as simple equipment). This group also developed the catalogue for simple items of equipment. There has been a Retail Group, which has been responsible for identifying and communicating with prospective retailers such as the

shops/pharmacies in the borough who will be providing the equipment to service users. They have also been responsible for overseeing the process of accreditation.

Merton Social Services' equipment budget is pooled with the PCT. Merton's contribution to the pool in 2010/11 was £463,520.

**Recovery colleges:** Between September 2009 and March 2010 our partner organisation, SWLSGs MHT NHS Trust, developed and piloted a Recovery College for residents of Merton and Sutton with mental health needs. On completion of the pilot with overwhelmingly positive feedback, the Recovery College was opened in September 2010. This is the first college in the UK to provide a range of educational courses and resources for people with mental health needs, their friends, family, and health and social care staff.

The college uses a recovery-based approach to help people recognise and develop their personal resourcefulness in order to become experts in their own self care, make informed choices about the assistance they need to do this, and do the things they want to do in life. The college now runs 50 different courses at 11 venues across five boroughs in South West London.

This represents a significant shift toward an educational and coaching model of services, which is very much in tune with both "personalisation" and the national vision for mental health. Evaluation of the pilot revealed that 81% of attendees found they had developed their own plans for how to stay or become well. A majority of attendees also reported feeling more hopeful for the future, more able to do the things they want to do in life, and able to achieve the goals they set themselves. For more information contact:

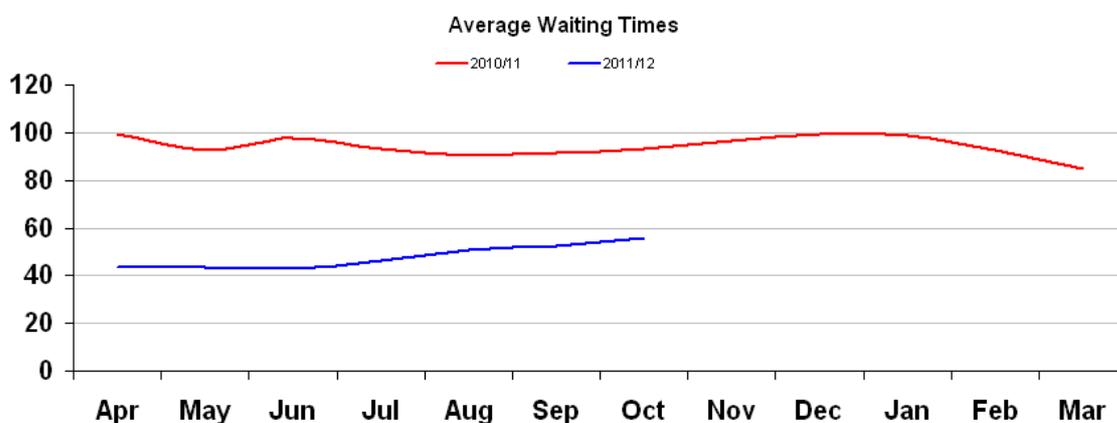
[recoverycollege@swlstg-tr.nhs.uk](mailto:recoverycollege@swlstg-tr.nhs.uk) or call: 020 3513 5818.

**Performance:**

- **Equipment waiting times:** The number of people waiting to be assessed for equipment has reduced by more than 20% since 2009 -10. However the average number of days people had to wait for assessments needed us to introduce a local measure to monitor this in 2011 and to shorten this wait.

*Average number of days people waited for their assessment.*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	99.6	92.6	97.4	93.1	90.4	91.7	93.2	96.5	99.5	98.6	92.9	84.9
2011/12	43.7	43.8	42.7	46.4	50.8	52.5	56.0					



- **Delayed transfers of care from hospital:** Provisional figures indicate that Merton has fewer people unnecessarily delayed in hospital than the London average. Merton continues to ensure people have speedy access to services so they can return home as soon as possible after a hospital visit.
- **Achieving independence for older people through rehabilitation/intermediate care:** This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. Provisional data indicates that Merton performance is better than the average for London.
- **Local measure following re-ablement service:** Merton has developed a scoring system designed to capture the functional ability of people leaving hospital, including tasks such as walking up stairs, getting dressed, washing up, and cooking meals. Each function is given a score before the re-ablement starts, and again six weeks later. Results are very positive, showing increased functional scores following re-ablement – including a 92% increase in people being able to get dressed and 91% washing.

## Continued support:

Where people require continued long-term support Merton provides value for money services and offers all eligible people this through Self Directed Support (SDS) process. SDS means having more choice and control over the care and support people need. Merton Council is making sure local people over 18 who need care and support are more in control, can tell the council what they need help with, and the council tells them how much money they could get. This sum is then their personal budget.

**Use of residential care:** Traditionally Merton has been one of the lowest users of residential and nursing care compared to the rest of London. However, as the rest of London has improved over the past few years, we have now very similar usage figures to the London average. Similarly our ratio of usage of care homes to community-based services such as homecare is similar to the London average of approximately 25%. This shows that around 75% of services provided to ASC users, are services that help them to live at home during 2010-11. Figures to date this year show an improvement on this to around 80%.

### Performance:

- SDS offers people the opportunity to receive a personal budget to purchase their own personalised care. Over 30% of ASC users received a personal budget at the end of March 2011. This figure continues to grow and now stands at around 40%.
- **Carers:** Merton has provided above the average number of carers' assessments compared to the London average during 2010 -11. These carers were provided with services and/or information and advice following their assessment.
- **Adults with LD in settled accommodation:** Merton's provisional 2010 -11 figures indicate that more people with LD are in settled accommodation compared to the London average.
- **Adults with LD in employment:** Merton's provisional 2010 -11 figures indicate that we have just above the average number of people in this category in London.

- **Adults with mental health issues in employment:** Merton Employment Support Service aims to support people with severe and enduring mental health problems to gain and retain jobs they want, obtain formal qualifications, and start a pathway to employment through volunteering in local business. From January 2010 - February 2011, the service helped 159 adults to progress with their lives through vocational activities: 34% gained paid employment, 42% started formal education and 24% got involved in voluntary work.

**User surveys:** Merton has undertaken several user and carer surveys where people are able to actively contribute their views and shape the council's commissioning intentions. The National ASC User Survey is just one of these and provisional results for 2010-11 indicate:

- **Satisfaction with services:** Estimates indicate that 88% of service users who responded said that they were satisfied with the care and support services they receive. Nine per cent said they were neither satisfied nor dissatisfied and the remaining 3% said they were dissatisfied.
- **Control over daily life:** 28% of those who responded reported they had as much control as they want. However, 44% reported adequate control, 23% reported they had some control but not enough, and 5% reported they had no control.

### Continued support case study:

**Merton's Learning Disabilities Team:** Mr J is in his late 60's with Down's syndrome, mid-stage dementia, and high and increasing mobility needs. He would be typical of someone who would be expected to move into residential care. Instead, he was supported to move into a flat with his own tenancy in Mitcham. He has a live-in carer to support him to maintain his home, and one-off visits from carers when he needs extra input. He attends a higher-needs day centre and has regular input from OT, physio, community nurses, psychology, dysphasia team and the LD social work team. He has various adaptations in his flat to help him maintain as much independence as possible, including a power pack for his wheelchair and a "swivel disk" for transferring into a car. All these adaptations have helped him maintain a level of independence and community presence he would not otherwise enjoy.

### 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. There was a 67% increase in the number of referrals by MAAT between 2009 - 2011. The number of people put forward for assessment has decreased, as more people were effectively signposted to other voluntary organisations.

Merton ASC introduced a new commissioning team last year, to focus on:

1. Reducing numbers of people of adult working age in care homes, and reducing unit costs.
2. Reducing dependence on current block contracts for older people.

3. Improving the transitions process between children's and adult services.
4. Increasing the number and range of accommodation options.
5. Working with the voluntary sector under Compact principles to re-focus the current investment in their services, including an increase in volunteering.
6. Streamlining information and advice services to make them easier to find.
7. Increasing the use of Telecare.
8. Working with the local NHS to bring re-ablement and intermediate care closer together, and having shared teams based on clusters of practices.

### **Performance:**

- **Waiting times for assessments:** Over 91% of ASC customer assessments were completed within four weeks. Provisional figures indicate that this is above the London average of 86%.
- **Service Reviews:** Over 75% of users receiving a service had a review of their service during the period 2010 -11 and provisional results show that this is very near the London average.

### **Partnership:**

Merton ASC has developed further its partnership with the local voluntary sector. We have a task group with nominated people from the sector, where we discuss on an open book basis how the council spends its money, where there are opportunities for the voluntary sector to do more, and how some of the decision making processes could be improved. This has led to a programme of work. One early change in 2010 -11 was in how grants are allocated, where the voluntary sector came up with a better process and then worked with the council to make recommendations. This partnership work under Compact principles, led to the council and local voluntary sector winning the Compact of the Year Award for 2010, awarded by the government department for civil society.

In the summer of 2010 the government announced its White Paper on the future of the NHS, followed by a White Paper on public health. On the former, ASC was already engaged regularly with GPs and other clinical commissioners. It was decided to have one single monthly meeting with clinical commissioners and the PCT – the Merton Commissioning Group. This has strengthened our shared understanding of our mutual areas for priority. The council and PCT already have a shared consultant in public health, and this has been a good foundation for our plans to transfer some public health functions to the council. In 2010 we got our core public health data on to the PCT internet, with a link to it from the council website, so this is more accessible and more easily updated.

At an operational level, ASC continues to be one of the best performers in London in not delaying any transfers of care out of hospital, and continues to work with the local NHS in looking for further opportunities for improvement.

In the light of the White Paper's announcement about Health and Wellbeing boards, in January 2011 the Healthier Citizens' Partnership moved into its role as a Shadow Health and Wellbeing Board, with an expectation that it will take on its statutory powers in April 2013, subject to legislation. The membership has remained broadly unchanged, but clinical membership has been strengthened and we expect to strengthen it further.

## Contributions:

Merton ASC 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 SDS 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 £30,000 was assigned for 2010-11, with a limit of £200 set per carer. We may contribute up to £200 toward an appropriate service in one application, or we may consider two or more applications over the year, provided the ceiling of £200 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 have produced an A to Z of carers' services to help carers find the right service for them.
- We fund Carers' Support Merton, a grant-funded organisation to provide both services and information and advice to carers directly.

**The Merton Centre for Independent Living (MCIL):** This is a grassroots partnership run and controlled by people with disabilities, aiming to assist disabled people take control over their lives and achieve full participation in Merton and the wider society. The steering group will identify the most appropriate development model to ensure that MCIL has sufficient infrastructure, capacity and sustainability in order to achieve its broad objectives. For further information please visit: [www.mertonconnected.com/cil](http://www.mertonconnected.com/cil)

## Performance:

**Carers:** Provisional data for 2010 -11 indicates that for the first time Merton has achieved over the average number of carers receiving an assessment followed by a service and/or information and advice.

Unit Costs Final 2010-11	NI 135 rate of Carers receiving Assessment followed by a service and or information and advice
Merton	31
Comparator Group	25

## Quality assurance:

Within ASC there are a variety of processes to ensure services of high quality are delivered in a timely and satisfactory way to older people, people with a learning or physical disability and people with mental health issues. In order to ensure that ASC views the quality of service provided as paramount, the Quality Assurance report is published on a quarterly basis to help inform and monitor quality. The report includes the following:

1. **Planning:** Milestones missed such as service plans, programmes and projects, internal and external audits outcomes and update on actions, procedures and policies that require updating.
2. **Inputs:** Problems with data quality, case file audit outcomes, Carefirst Database audit outcomes, safeguarding referrals and issues, staff training updates, and contracting and commissioning updates.
3. **Customer perspective:** Summary of surveys both internal and external, and statutory and non-statutory.

### Highlights from the latest report:

- Most of the 2011-12 service plan projects are on target to deliver
- Only one internal audit action is not completed
- Policies and procedures are all either being updated or are no longer applicable
- Data quality: A lot of extra work was undertaken around SDS, which raised some issues around recording dates which are now being addressed. This is being monitored and addressed, and improvements have already been evident
- Case file audits: 50 audits were undertaken during this period with 95% accuracy. The inaccurate audit items were detailed and provided to managers who ensured records were amended by those who entered the data
- Carefirst Audits: 48 Carefirst Audits took place during the period and 96% were completely accurate. Again, the inaccurate audit items were detailed and provided to managers to ensure records were amended by those who entered the data
- Safeguarding: 85% of cases closed within six weeks
- Workforce training focused on mandatory and essential training
- Currently eight reviews of major contracts
- New revised customer satisfaction survey to include our re-ablement service. Very high satisfaction levels from this quarter
- LD undertook a postal survey. The responses showed very good results with some area for improvement
- New report developed: Commissioning and Merton Adult Access teams both scored 100% for answering calls within 15 seconds, and no teams were less than 95%.

## Safeguarding adults:

**Our Commitment to safeguarding adults:** Our lead councillor for Adult Social Care, Linda Kirby, has a keen interest in safeguarding adults. She says: “Abuse in any shape or form is unacceptable. As an ex-primary school Child Protection Officer, I know how important it is that we act effectively when serious concerns are brought to our attention.

“Protecting children justifiably has a high profile in our society, and we have to ensure that protection of adults gains a similar profile. Good partnership working is essential if we are going to bring about the right results. Merton’s team works hard to ensure that we fulfil our obligations in supporting the vulnerable adult members of our society.”

**Our Safeguarding Adults Board:** The Safeguarding Adults Board in Merton is known as VAST. The group comprises of senior lead managers from Social Services, St George’s NHS Trust, Epsom and St Helier NHS Trust, SWLSGs MHT, Sutton and Merton PCT, Sutton and Merton Community Services, the Metropolitan Police, the CQC and the Voluntary Sector.

VAST’s role is to promote, inform and support the work of safeguarding adults in Merton. It does this by ensuring that safeguarding adults is a theme that is strategically driven, adequately represented across the borough, and included in strategic thinking, documents and plans. VAST is supported by a practitioners’ sub group called Audit Review and Monitoring (ARM) which develops, maintains and monitors the safeguarding adults’ policy for investigating allegations of abuse across all sectors and the local community. It also aims to carry out holistic audits of completed cases and ensure learning feeds back into the process.

**Our work with local NHS services:** Merton has developed good partnerships with local NHS services in order to prevent, identify and respond to abuse of vulnerable adults who come into contact with health professionals.

David Flood, the safeguarding lead for St George’s Healthcare NHS Trust, said in the past 12 months there has been an increase in awareness of the issues around vulnerable adults and safeguarding. This has been reflected in the increase in the number of referrals to the Lead Nurse for Adult Safeguarding. The Trust has continued to work closely with Merton Council and other partner agencies and is an active member of VAST. Partnership working is essential to ensure that information is shared and that at-risk adults are protected.

The trust’s Adult Safeguarding Steering Group has continued to monitor the quality of safeguarding alerts and how they are dealt with, has received quarterly reports and discussed operational and serious case issues. All new staff have a one-hour awareness session on adult safeguarding at induction and further training has been delivered to those areas where awareness needs to be raised such as the Emergency Department and the Acute Medical Unit.

### **Summary of safeguarding adults’ statistics**

Merton’s safeguarding adults’ team has seen an increase in the number of referrals received and in the number of referrals that progress through to investigation. This can be attributed to increased awareness among staff in all partner agencies as well as increased community awareness through national safeguarding concerns covered by the media. The following statistical information has been collated from our monitoring systems.

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

Period	Number of cases
1 April 2010 - 31 March 2011	376
1 April 2009 - 31 March 2010	248
1 April 2008 - 31 March 2009	193
1 April 2007 - 31 March 2008	125
1 April 2006 - 31 March 2007	70

The number of referrals increased from 248 in 2010 -11 to 376 in 2011 which is an increase of 52%. From 2006 to date referrals have increased by 537%. Most London boroughs are reporting an increase in safeguarding referrals, generally contributed to more awareness of professionals and the public.

#### **The future:**

The challenge for 2012 -13 is to raise awareness about the link between safeguarding vulnerable adults and safeguarding children, with greater focus on domestic violence, an issue that makes families vulnerable to abuse and exploitation.

We are also seeking to improve our performance in relation to including carers in safeguarding issues, and making sure we are more efficient in closing referrals once the investigation and protection plan is completed.

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### **Let us know what you think about our first ASC local account:**

We want to start consulting on this local account now to find out what you think and what information you would like to see in future local reports.

Please visit <http://www.merton.gov.uk/health-social-care/adult-social-care/asc-plans-performance/asc-performance.htm> before 31 May 2012 and complete the survey. If you would prefer a paper copy to be sent to you please contact the ASC performance team on: 020 8545 3093 or email: [communityperformanceteam@merton.gov.uk](mailto:communityperformanceteam@merton.gov.uk)