

# **Merton Council**

## **Healthier Communities and Older People Overview and Scrutiny Panel**

**11 February 2015**

### **Supplementary agenda**

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| 5 | Health and Wellbeing Strategy and update from the Health and Wellbeing Board | 1 - 12  |
| 6 | Outcomes from the Adult Social Care Consultation                             | 13 - 72 |

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## **Committee: Healthier Communities and Older People Overview and Scrutiny Committee**

**Date: 11 February 2015**

Agenda item:

Wards: ALL

### **Subject: Health and Wellbeing Board and Health and Wellbeing Strategy Update**

Lead officer: Kay Eilbert

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

Forward Plan reference number:

Contact officer: Stella Akintan, [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk); 020 8545 3390

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#### **Recommendations:**

- A. That members of Healthier Communities and Older People Overview note and consider the update on the work of the Health and Wellbeing Board and the plans to refresh the Health and Wellbeing Strategy for 2015-18.
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#### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

To provide an update on the work of the Health and Wellbeing Board. To outline the focus on integration and prevention in the work of the Board and Public Health and to provide an update on the review and refresh of the Merton Health and Wellbeing Strategy for 2015-18.

- 2** The Director of Public Health will give a short presentation on the Health and Wellbeing Strategy, this is attached. The following questions may also be useful for this Panel when considering this issue:

- Does the panel support the focus on prevention and to develop ways to use Council levers such as planning and licensing to influence health in positive ways?
- What barriers do you think we need to address?
- What opportunities do we have to take this forward?

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MERTON COUNCIL

# Merton Health and Wellbeing Strategy 2013–2014

Working in partnership to increase opportunities for all to enjoy a healthy and fulfilling life and reduce health inequalities



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



# A Good Life in Merton

At the Merton Partnership conference on health inequalities participants agreed:

- Health inequalities between East and West Merton are unfair and unacceptable
- All Merton residents should have opportunities for a Good Life

## The Place for a Good Life - Themes

- Best start in life – early years and achieving a strong educational base for children and young people
- Good Health – preventing illness, ensuring early detection and accessing good quality healthcare.
- Good life skills, lifelong learning and good work
- Community participation and feeling safe
- A good natural and built environment

# Merton Does Well Overall on Most Outcomes

- Good Progress is being made on early years development and education achievement
- Merton Clinical Commissioning Group is improving quality of health care
- Public Health is striving to embed prevention, working with Council colleagues to ensure healthy options are available for individuals to make healthy choices

Yet gaps persist between the East and West of Merton



# Link between Deprivation and Life Expectancy

Figure 2: Deprivation is highest in the east of Merion

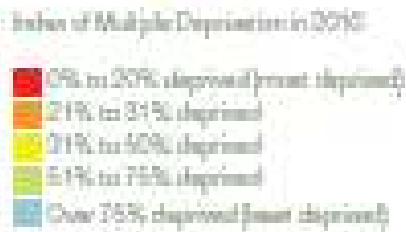
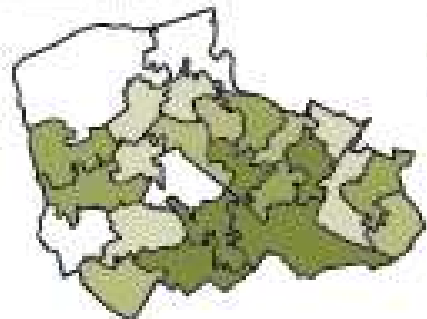
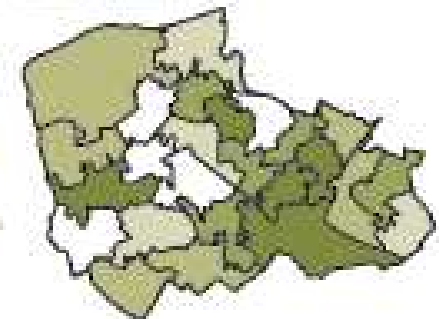


Figure 3: Good Overall Health Outcomes Despite Significant Inequality  
Residents in the West live longer than those in the East of Merion

Male life expectancy at birth, 2005 to 2010  
Index by MSDA

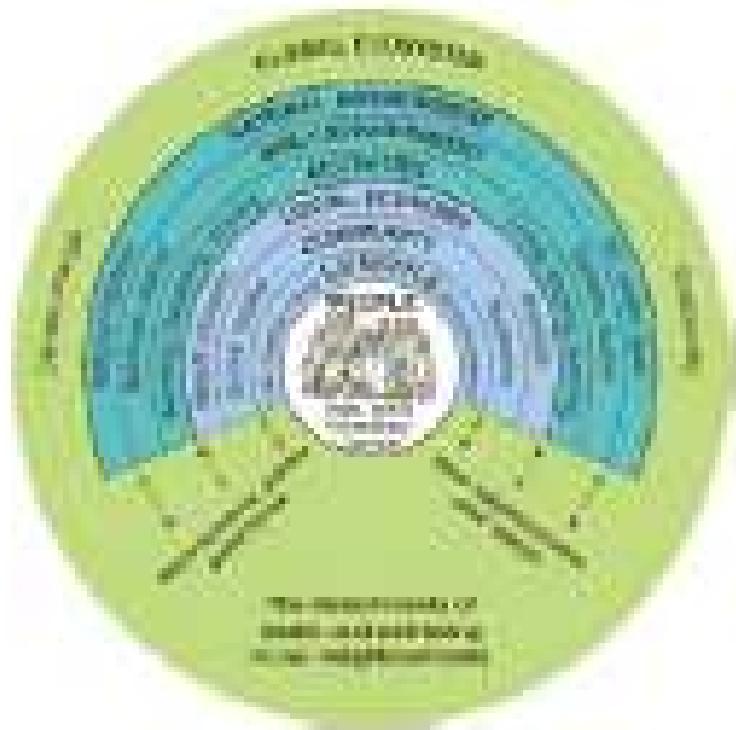


Female life expectancy at birth, 2005 to 2010  
Index by MSDA

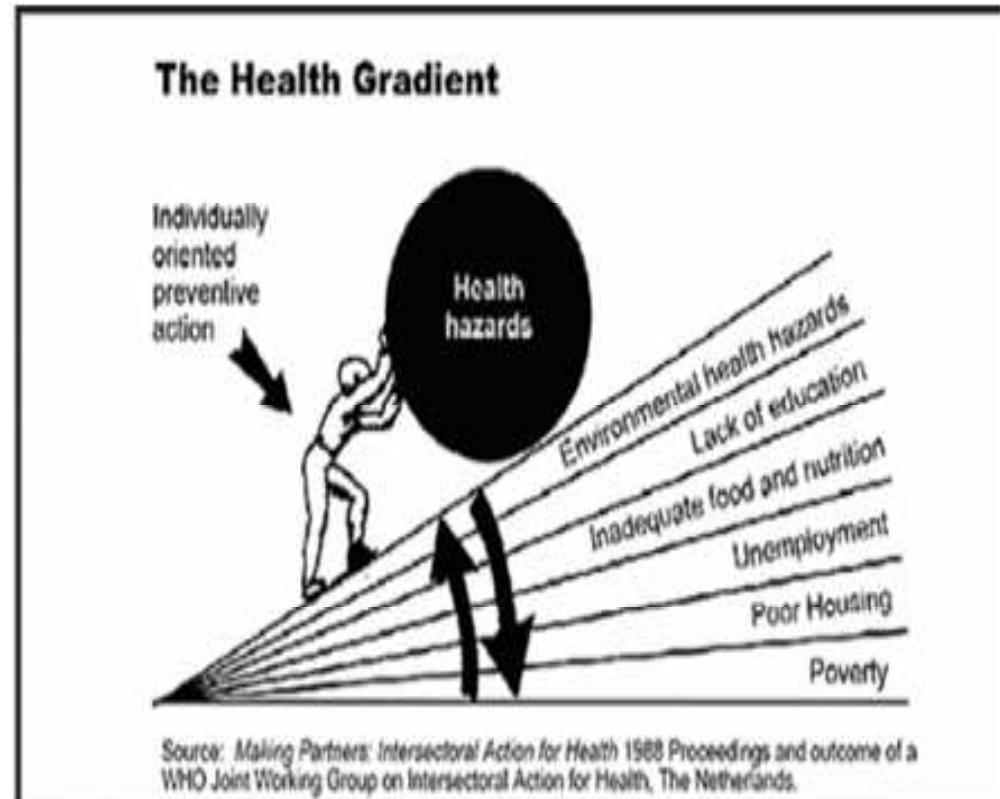


# What Creates Health

Figure 1: What determines health or healthiness or ill



Edwin van Gort, 2003, based on Whitehead and Dahlgren, 1981



# The Good Life Themes – We Want To

## Best Start in Life

Improve social and mental wellbeing of children and parents



Reduce gap in school achievement between E and W Merton

## Good Health

Make the healthy option the easy choice

Develop health services to meet needs of E Merton

Improve mental health and physical health for those with mental health conditions



# The Good Life Themes – We Want To

## Good Life Skills and Good Work    Community Participation and Feeling Safe

Reduce gaps in levels of education and of work

Increase participation in lifelong learning



Make communities safer

Improve community connectedness and cohesion

# The Good Life Themes – We Want To

## Good Natural and Built Environment

Build a healthy environment – access to green space and healthy high streets



Achieve the affordable housing and decent home targets

# The Good Life – We Want To

Recognise that these inequalities are the responsibility of us all and that we can achieve more by working together than alone

Build a strong coalition to address these inequalities

**Invite you all to take up this challenge to create a good life for all residents of Merton**





## **Committee: Healthier Communities & Older People Overview and Scrutiny Panel**

**Date: 11/02/2015**

Wards: All Wards

### **Subject: ASC Savings Proposals for 2015-2016 Consultation Results**

Lead officer: Simon Williams Director for Community and Housing

Lead member: Councillor Caroline Cooper- Marbiah, Cabinet Member for Adult Social Care and Health

Contact officer: Caroline Phillips Business Manager Adult Social Care Redesign Team  
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#### **Recommendations:**

- A. To consider the outcome of the consultation exercise as detailed in the report with regard to the 3 additional savings proposals.

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#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of the report is to provide feedback on the responses to the consultation exercise that has taken place, on the Adult Social Care budget savings proposals and associated changes to services. This feedback will inform decisions about these proposals.

#### **2 DETAILS**

- 2.1. The Adult Social Care budget savings proposals presentation and an easy read version were made available on the council's website: at [merton.gov.uk/adult-social-care-consultation](http://merton.gov.uk/adult-social-care-consultation). Paper copies of these documents were also available at the Civic Centre in Morden, Merton libraries, Merton Voluntary Service Council (MVSC) at Vestry Hall and at the council's daycentres.
- 2.2. The total savings proposed for 2015-16 are £2.234m most of which have been approved previously by Members. However, the underachievement of some savings in previous years has meant that the 2015-16 total now includes £400k of replacement savings not previously approved by Members. This consultation was based around three specific replacement savings proposals which are to:
  - Redesign the ' Initial Access Service for adult social care, to achieve savings of £125,000
  - Altering the staff mix at day services for people with learning disabilities including using more volunteers to realise savings of £200,000
  - Review of support packages for everyone who uses adult social care in Merton more often, to ensure the support given remains appropriate as needs change to realise savings of £75,000

- 2.3. The consultation documents also outlined the savings between 2016 and 2019 which had been approved by Cabinet for discussion with scrutiny, and put these savings in the context of other savings already agreed. This makes the cumulative effect of year on year savings clear for consultees.
- 2.4. Views on the proposals were sought from residents within Merton and from people who work within Merton and who have had experience of the adult social care service. They were asked to provide comments on the impact the proposals may have, and to propose alternative ways in which the council could make savings. In order to facilitate an accessible and comprehensive consultation there were 5 options available for providing feedback. These were:
- Online questionnaire was available at [merton.gov.uk/consultation](http://merton.gov.uk/consultation)
  - Paper questionnaires were widely available at Merton's libraries, at Vestry Hall, the civic centre main reception and the daycentres within the borough. An accessible version of these questionnaires was provided
  - Two public consultation events were held on 15<sup>th</sup> December 2014 at Vestry Hall and at the Acacia Centre 13th January 2015.
  - Email comments could be sent to [ASCconsultation@merton.gov.uk](mailto:ASCconsultation@merton.gov.uk)
  - Views could also be sent to Adele Williams [atadele@healthwatchmerton.co.uk](mailto:atadele@healthwatchmerton.co.uk)
- In addition to the above:
- 2.5. A separate consultation event was held with the voluntary sector, and
- Views were also received in the form of a 550 signature petition organised by the Centre for Independent Living (CIL) and an open letter to the Council from the CIL giving its views on the proposals, and
  - Open responses (letters or e-mails) from 12 interested people/ organisations giving their views on the whole savings package for 2015-16 and in some cases beyond.

### **3 SUMMARY OF RESPONSES AND KEY FEEDBACK FROM QUESTIONNAIRES**

- 3.1. There were 62 questionnaire responses received overall. The characteristics of the people who responded is detailed below, where the information was given.
- 3.2. Responses were received from 20 Carers and 24 Service Users
- 3.3. Responses to Gender were received from 24 Males and 22 Females
- 3.4. 46 respondents provided details of their age with the largest coming from the 45-54 age range – 13 responses and 11 responses from the 55 -64 age group.



15 and under	0
16 -24	2
25 -34	5
35 -44	6
45 -54	13
55 -64	11
65 -74	6
75 or over	2

#### 4 SUMMARY OF RESPONSES AND KEY FEEDBACK ABOUT PROPOSAL 1 INITIAL ACCESS SERVICE (IAS)

4.1. Comments were sought on how straightforward responders found the current IAS process this is detailed in the grid below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Straightforward	5	4	1		1
Helpful	5	3	1		1
Quick	4	2	3		1
Easy to understand	4	4	1		1
Difficult	1		1	6	1
Confusing	1		1	6	1
Not helpful	1		1	6	1

Question 12 in the questionnaire asked responders to what extent they agreed with the proposal for the IAS. 11 responses were received about the IAS proposal with 1 strongly agreed, 5 agreed and 5 strongly disagreed with the proposed changes. The balance of the views were marginally in agreement with the proposal.

Strongly Agree	1
Agree	5
Strongly Disagree	5

4.2. There were a further 24 additional comments made in the questionnaire detailed in Appendix 1.1. They can be grouped into 4 main themes:

- Theme 1 was how important it is to have people to speak to in person both on the phone and in person, in addition to on-line access
- Theme 2 was how important it is to have properly trained staff that have a holistic view of people's needs so they can signpost to the correct services.
- Theme 3 was how important it was to have information on how to contact the new service. This needs to be widely communicated both on the Merton website and within the community.

- Theme 4 raised concerns about the capacity within the voluntary sector to take on this additional work, including funding, signposting, training, consistency of approach, and ability to deal with complex needs that span more than one part of the voluntary sector.

## 5 SUMMARY OF RESPONSES AND KEY FEEDBACK ABOUT PROPOSAL 2

### DAY SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

- 5.1. Responses were sought on how important the activities at the day centre were to service users and carer's. This is detailed in the grid below. Overall all of the main areas were scored as being very important.

	Very important	Important	Not so important	Not at all important
Respite care	20	4	3	2
Place to learn	23	5	3	2
Place to have fun	25	7	1	1
Place to meet friends	28	2	2	1
Place for community activities	25	6	1	1

Question 22 in the questionnaire asked responders to what extent they agreed with the proposal for learning disability day services. 35 responses were received for the day services proposal 2 which are detailed below. The balance of views, were against the proposals to reduce the service.

Strongly agree	7
Agree	1
Neither agree nor disagree	12
Disagree	2
Strongly disagree	13

- 5.2. There were an additional 26 comments made with regard to why respondents agreed or disagreed with the above proposal and these are detailed in Appendix 1.1 attached.

## 6 SUMMARY OF RESPONSES AND KEY FEEDBACK PROPOSAL 3 REVIEW OF SUPPORT PACKAGES

- 6.1. Respondents were asked the last time that their needs had been reviewed and their responses are detailed in the grid below. 37 responses were received.

Less than 6 months ago	10
About 6 months ago	5
Within the last 12 months	10
More than a year ago	12

6.2. Question 32 in the questionnaire asked responders to what extent they agreed with the proposal for more frequent reviews. 36 responses were received for the reviews proposal 3 and the responses are detailed in the grid below. The balance of views is against the proposals

Strongly agree	4
Agree	4
Neither agree nor disagree	10
Disagree	6
Strongly disagree	12

6.3. There were a further 28 comments about the review proposals and how the review process could be improved. These are detailed in Appendix 1.1.

## 7 SUMMARY OF PUBLIC CONSULTATION EVENTS

7.1. The two events asked participants to provide feedback and comments on the proposals and on the consultation process. The feedback from the events was collated and is detailed in full in Appendix 2 and 3.

7.2. The summary of the general issues/concerns and queries was as follows:

- The event was welcomed by the group and they all felt it was a positive first step
- The group felt that ASC needed to sell itself more and raise the profile of what it does. The group felt that most people didn't know what it covered and therefore were unaware of the importance of the work. They felt that a communication plan and better uses of My Merton with real cases studies and more awareness raising on Merton-i will help future users understand the importance of ASC and the impact it has on people's lives. The group felt that ASC should be a higher profile than for example "cleaning dog faeces from streets" and felt it's because people don't realise that ASC is not just about older people in care homes
- The group felt that the Council needed to be more robust in its approach and say how important ASC is so it ranks highly. Areas where there are potential alternative savings are two weekly bin collections, recycling more and the council should enforce these changes as it is good for the environment and means that ASC will have to save less. It shouldn't be a political decision when peoples lives are at risk
- Recognition that Merton is one of the lowest spenders in ASC which means that they are doing a good job so cuts should be from other areas that are not so cost effective
- People in the group felt that political decisions for votes outweigh the importance of care for people. The group felt that the community would be willing for council tax to be increased by 1% if they realised how ASC impacts on those it helps
- They explicitly asked "Why is council tax not being raised to cover the deficit?"

- People in the group felt that there should be more shared services between councils. Some members of the group wanted more information on savings where other boroughs had done this such as the tri-borough partnership
- The group said “Cuts are a Curb to independence”

7.3. The groups expressed concern about:

- Future generations – what services will they get?
- Having less activities and staff at day centres
- The increasing age of carers and the toll on them; this is cumulative
- Acknowledging that people have other responsibilities as well as caring
- Ensuring empathy, sympathy, patience, active listening by staff when speaking to callers with mental health issues

7.4. The group suggested:

- Getting/enabling customers and carers to do mystery shopping to review and improve new systems e.g. new access arrangements
- Recognising that the council has been ‘pared down’,
- There are still some opportunities to reduce process and procedures and some of these need to be simplified

## **8 SUMMARY OF VOLUNTARY SECTOR CONSULTATION**

8.1. A consultation event was held on the 23rd January at Wandle Valley Resource Centre and was attended by representatives of the following voluntary sector organisations.

8.2. Carers Support Merton, YMCA, Merton CIL, MVSC, Merton & Morden Guild, Merton Vision, Dean City Farm, Grenfell, Merton Community Transport.

8.3. Nine key points were raised which were :

- A good initial assessment will set the foundation for a proper support plan. It is the key assessment. Use it to build in preventative approaches at this stage and monitor customers regularly
- They welcome the advance notice about the budgets and savings
- The voluntary sector could offer a more VFM service in relation to equipment advice and support compared to the current offer
- Voluntary sector can support Adult Social Care and support delivery of savings by absorbing the work, but not if funding for the voluntary sector is cut by 50%
- The Council needs to work more collaboratively with the voluntary sector on finding solutions to deliver savings and better outcomes for individuals.
- It is Important to understand the impact of savings on the quality of services

- Agreed that ASC and the Voluntary sector need to support people to plan for the future. The need to set up and run forums to do this was agreed. All agreed that this should be actioned as a good idea and would engage people in a creative way.
- Transport costs should be included in people's personal budgets.
- They agreed it would be helpful to have further discussions on future savings and work on solutions/options together

## **9 SUMMARY OF OPEN LETTERS/EMAILS**

- 9.1. Feedback was received from 12 respondents on the savings proposals in a free form format. They covered 5 main areas which were the overall savings programme, the 3 specific savings proposals and the consultation process itself.
- 9.2. The summary of responses is attached in Appendix 4
- 9.3. The main comments which were raised by more than two responders were:
- Responses to the overall savings programme
  - ASC savings are risky and will disproportionately affect the most vulnerable people in Merton and should be reconsidered.
  - There is not enough detail about the impact of savings proposals on all disabled people and the evaluation of the impact is flawed.
  - Proposal 1- The Voluntary sector may not have the range of skills to advise all client groups
  - Proposal 2 – Day services are already efficient and effective so why should more savings be made?
  - It is not practical to expect volunteers to do what paid care workers do.
  - Proposal 3 – If reviews presume that care/support will reduce there is a risk that the Council will fail to meet its duty around eligible needs

## **10 RESPONSES ABOUT THE CONSULTATION**

- 10.1. The consultation would have been more effective if it had been more accessible and had allowed more time for people affected to give their views
- 10.2. The consultation was of limited use as alternative proposals to make savings other than in ASC were not presented

## **11 MERTON CENTRE FOR INDEPENDENT LIVING (CIL) OPEN LETTER AND PETITION**

- 11.1. Merton CIL fed back its views on the ASC savings package 2016-19 in an "Open Letter" dated 22<sup>nd</sup> January 2015 and through a petition it organised and was signed by 550 people.
- 11.2. The open letter was addressed to Stephen Alambritis (Leader), Ged Curran, (CEO ), Caroline Cooper-Marbiah, (Cabinet Member for ASC and Health) and

Simon Williams (Director of Communities and Housing). The full letter is provided at Annex 5, but in summary the open letter explained the CIL's three main concerns. They were that the:

- Process for setting the £14 million savings target is flawed, and the amount planned too high,
- Full, negative, impact of the cuts on disabled people and older people in Merton has not been properly assessed and decisions are being made without reference to the full facts, and
- Consultation process is insufficient given the scale of the cuts and has not been accessible enough.

11.3. The letter went on to request that the 2015-16 savings are carefully monitored in partnership with the CIL and its Members and that the 2016-19 savings be put back on the table for further discussion.

11.4. The open letter was followed by a petition delivered to Merton Council on 2<sup>nd</sup> February 2015. It was signed by 550 people calling for the Council to "*Stop, Think, Consult before slashing £14m from Adult Social Care*". A hard copy of the petition will be available for Members at the Healthier Communities & Older People Overview and Scrutiny Panel on the 11<sup>th</sup> February 2015.

11.5. The covering note emphasised the people signing the petition were asking that:

- No further savings to ASC be agreed,
- The impact of the savings on disabled and older people be fully assessed including changes to ILF, and
- Local people should be given the opportunity to work with the Council to identify solutions.

## **12 ALTERNATIVE OPTIONS**

12.1. The consultation documents issued by ASC presented three replacement savings proposals as outlined above and sought views on these. Some respondents responded to the invitation to offer alternatives to these. For example, it was suggested that the Council could:

- (i) Raise the Council tax rather than cut ASC budgets
- (ii) Establish more shared services with other councils
- (iii) Switch to fortnightly refuse collections
- (iv) Undertake more recycling
- (v) Cut street cleaning rather than ASC budgets
- (vi) Employ an Access Officer within the Corporate Team to work with local organisations to improve access for disabled people to external

opportunities, including improved access to leisure, businesses, and the built environment generally.

### **13 CONSULTATION UNDERTAKEN OR PROPOSED**

13.1. The consultation period was open from 10<sup>th</sup> December 2014 to 2<sup>nd</sup> February 2015 (a period of 7 weeks). The details of the consultation undertaken have been detailed above. There are proposals for further consultation to take place with regard to the proposed savings for 2016 – 2019.

### **14 TIMETABLE**

14.1. The three replacement savings options being consulted on all relate to the financial year 2015-16.

### **15 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

15.1. The savings being consulted on are put forward in order to meet adult social care's contribution to the required savings for the council's Medium Term Financial Strategy.

### **16 LEGAL AND STATUTORY IMPLICATIONS**

16.1. Adult Social Care is a statutory service. From 1st April 2015 the current wide range of legislation that applies to Adult Social Care is being drawn together and consolidated under the Care Act 2014. It is intended and expected that the council will still meet its core statutory duties if these savings are implemented.

### **17 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

17.1. The full Equality Analysis is to follow

17.2. The key findings of this initial assessment are:

- Merton's vulnerable residents are affected, in particular those with mental health issues, older people and people with disabilities (learning and physical) and potentially those identified as part of the 'Socio-economic' category.
- Despite any reduction or cessation of services the council will still continue to meet its statutory duties minimizing any adverse impact on service users and carers
- The council will promote the ethos of greater independence for service users (where possible), maintaining the 'person-centred' approach working together with partners from the health and voluntary sectors, as well as tapping into existing social capital.
- The potential negative impact of these proposals have been clearly identified and communicated with a clear mitigation plan developed as detailed in section 9 of the report.

### **18 CRIME AND DISORDER IMPLICATIONS**

18.1. None specific to this report

### **19 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

19.1. None specific to this report

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

- Appendix 1 Summary of questionnaire responses and
- Appendix 1.1 Additional comments
- Appendix 2 Summary of public consultation event at Vestry Hall
- Appendix 3 Summary of consultation event at The Acacia Centre
- Appendix 4 Summary of Open comments/ emails responses
- Appendix 5 Open letter from the CIL
- Appendix 6 Equality Analysis Assessment Background papers (to follow)



## Appendix 1.1 Additional Comments on the Questionnaire

<b>Proposal 1: Q5.1: If you have ticked 'other', please specify in the comment box below</b>
<b>This open response (Free text) question was answered by 2 respondents.</b>
another carer
I rang it for a carer who needed help
<b>Proposal 1: Q10: Anything else you feel is important?</b>
<b>This open response (Free text) question was answered by 3 respondents.</b>
anyone running the service needs to have a comprehensive knowledge of all types of needs/services across adult social care
As well as on-line access it is important to have people to speak to in person & on the phone as many disabled & older people do not want on-line access. The service needs to be staffed by trained staff who are qualified to carry out assessments of need & have the knowledge to signpost people to the right services. People do not fit into neat boxes of either having learning disabilities, being physically disabled or having a sensory impairment. We need staff who are aware of holistic needs, not just one set of needs
Autism
<b>Proposal 1: Q11: Can IAS be improved in any way?</b>
<b>This open response (Free text) question was answered by 3 respondents.</b>
For people like me it does not exist - and ignores our substantial - severe needs.
I don't think it will be improved by farming it out to the voluntary sector. Most voluntary sector organisations in Merton are focused on one "client group" or another. they do not have the expertise or knowledge to address a range of complex needs & signpost effectively. this will lead to people not having needs met or being shunted round from one organisation to another.
There is always room for improvement
<b>Proposal 1: Q13: Any further comments on IAS proposals?</b>
<b>This open response (Free text) question was answered by 15 respondents.</b>
As a pensioner I am very concerned about the possibility that educational offers may be reduced/stopped. This is not how a 'civilised' society should support its elderly
Assessment of need is a statutory duty for the local authority. By closing the service and sending it out to the voluntary sector with no extra funding is a total devaluation of the assessment process. It shows no understanding of the complex needs people have. they don't fit into neat boxes. With no extra funding the voluntary sector will be using resources that would otherwise have been used for different purposes. What will be the processes for ensuring staff are qualified and trained and that a consistency is provided across organisations. This quality assurance monitoring will have a cost.
Closing team will have detrimental & knock on impact on the lives of those needing assessment/support.
Do not understand what Initial Access Service is
Don't know enough to make a valid comment
Emergency access must be protected
I am a vulnerable disabled adult (Autistic) By law you have to support me. I am totally isolated, I barely function. This is no life, I wish I could die. There is no care - there are no services!

## Appendix 1.1 Additional Comments on the Questionnaire

I am appalled that the jobs of a highly professional team are likely to be replaced by volunteers across a variety of settings who will not provide the consistency of approach and support that comes from this dedicated team. Merton Link is not a solution. That team is under a lot of pressure anyway and my experience of them is they do possess the level of empathy required to support people enquiring about access services and providing advice on care issues.
I don't know what that is, I wasn't aware it existed so have never used it.
If this is to work it's crucial that information on who to contact and how is made widely available particularly for people moving into the area, those for whom English is a second language etc. This needs to be via the Merton website and community information boards (eg libraries, doctors' surgeries). It's not clear how people with complex needs that span many parts of the voluntary sector will be catered for.
It's crucial that information on who to contact is widely available across the borough - eg via doctors, libraries, schools etc. Voluntary sector bodies will need to have excellent communication with each other and the council if this is to work.
Many free hours are given by volunteers in organisations helping people to remain INDEPENDENT. But we have to have trained staff to oversee the activities, food, etc. They need very little funding and it would be a false economy for council to stop funding these lifelines for many vulnerable older people. If they remain indoors on their own, it will be a drain on other services. False economy because they would deteriorate mentally, All surveys show that Loneliness leads to depression, depression to bad diet and bad diet to dementia in older people.
Never heard of it.
Proposal OK provided the service is monitored
There is no access now - how can you cut nothing?
<b>Proposal 2: Q14.1: If 'other', please specify</b>
<b>This open response (Free text) question was answered by 4 respondents.</b>
I attend All Saints for a physical not mental disability
I support people who do.
I was unaware of them. They had never been mentioned by any social worker
There are no services, for autistic adults.
<b>Proposal 2: Q15.1: If 'other' please specify</b>
<b>This open response (Free text) question was answered by 11 respondents.</b>
As a widow I am the sole carer for my daughters and this is the opportunity to get away from me. When she's at the centre she can make choices without me having to make them for her
Development/confidence building
Go out to do essential exercise, and receive help with physio exercises
My daughter is at All Saints to do the above plus I work full time and need her to go to the centre to be looked after as she can't be left alone
Sports, computer skills, general knowledge
Therapy
This will depend on what is identified in people's care plans
To enable my son to take part in exercise that is essential for his physical health
<b>Proposal 2: Q21: Any else of importance to you or service user?</b>
<b>This open response (Free text) question was answered by 11 respondents.</b>
Anything would be a start.
Community Centres will be able to assist with active learning, fun activities for people with learning disabilities.
Due to heart and back conditions my son needs to take part in regular exercise, and also do formal exercises set by the physiotherapist - these take place during day centre hours.
Opportunity to attend appropriate community activities in my local area where my mother

## Appendix 1.1 Additional Comments on the Questionnaire

works and pays tax
Services should be designed to meet the needs identified in peoples care plans. These services should recognise that many people who need these services need a consistent approach. They want familiar staff who understand their needs. Using volunteers to provide day centre activities will result in inconsistencies & high turnover. it is not acceptable to assume that volunteers have the skills to offer these activities. The activities at day centres are just there as nice things to do. They are there to meet people's needs. Saying that day centres will still be there but with fewer activities means that people's needs may not be met and volunteers may not have the skills to provide activities in a way that meet the needs of people with complex needs.
Sorry but we have completed this as far as we are able
staff who have known my son for many years a familiar and safe environment that I trust brilliant communication between centre and home place where specialists (eg physios, psychologists, OTs) can observe/help people
Support...
The day learning centres provide a necessary framework to Kent's week. He is a regular attendee at All Saints. He uses Highpath frequently when other activities are not functioning
Would like a hot meal
Because it helps them to freedom and also learn new skills
Care should be a priority.
day centres already run with too few staff - reducing numbers even further will result in less activities, larger groups, less chance to access community activities, and a less safe environment - emergencies which occur quite often (eg sudden illness of client) will prove challenging to cope with. Clients will become bored, and this may affect their behaviour. Any reductions in hours at day centres will have a severe impact on family carers' lives as it will mean even more time spent at home - centres only run for about 5 hours a day now.'Independence' is not possible for the vast majority who need support with travel and taking part in activities - and this means more, not less, staff. Overall this will have a very negative impact on the quality of life of both clients and carers.
Doesn't need respite
Don't understand it.
I am a learning disability person. Both my parents are disabled and can not look after me nor guide me on the correct path. I highly rely on my care worker Nick Carpenter and others at Highpath Centre. At least I get to meet my friends and learn a few things which would not be possible if the Highpath centre was not there. I look forward to going there every day.
I do not believe cuts should be made to the most vulnerable in our community, other cuts should be considered for example the proposal to introduce wheelie bins for waste disposal. I feel insulted. The council puts waste before our disabled people and elderly in the borough.
I don't feel it should just be a baby-sitting service. I believe it should be fun, a place to learn, to access community to meet peers. The JMC has been the above. I believe it should continue in the same way
I have no idea what is being proposed to replace what I access now
I strongly disagree because I don't think you can provide this service in a way that meets people's needs by using volunteers and I find it insulting to disabled people that you imply that activities at day centres are merely there to give people something nice to do while they are there. Albeit that disabled people like 'something nice to do'
It is accessible with a lot of fun
It is fundamental for the care of clients with a learning disability to know they have a plan for each day - this answers all manner of other problems, like loneliness, boredom, lack of exercise, company etc.

## Appendix 1.1 Additional Comments on the Questionnaire

Losing qualified staff will lead to problems with regard to safeguarding. Volunteers however well-meaning cannot replace those with the expertise needed to run day centres and understand those attending the day centres who they may have worked with for years.
Merton already provides a skeletal LD service. People with LD that requires a one-to-one are stuck within the confines of a Day Centre all day. They have little or no interaction in the community. I don't understand why this service is being rationed yet again.
No proper impact assessment done on what cuts would mean on the lives of people. No alternatives and choices tested and put in place FIRST.
Not being aware of them makes it difficult or impossible to comment
Removing staff from the centres (which have seen a steep reduction in staff numbers over the last five years anyway) will inevitably mean a decline in both the quality of activities, the overall safety level, and the ability to take groups out of the centres - all of which are crucial. Clients will become bored, carers will worry about their enjoyment/safety, and centres will become holding bays rather than places people really enjoy going to. Centres often have to deal with crises - in particular sudden illness - and there won't be sufficient staff to cope. Centres provide a good quality service at a very low cost, and this is a false economy that will result in more behavioural problems amongst bored clients, a decline in fitness with less outings, and stressed and over stretched staff. And it has the potential to increase the chances of a major incident affecting the safety of clients. Volunteers can't replace experienced staff.
The centre is a place for learning and having fun.
The proposals would make life difficult and in no way help to my son to lead a fulfilling life.If you want to save money how about cutting Jed Currans salary?
There are already times when clients are put all day in front of a TV watching a video - I think with the cuts proposed these days will become even more frequent. This is not what my daughter needs - she needs and requires structure -
Unless the afternoon times are extended it is pointless putting afternoons!! And if you extend afternoons you are adding to your costs!!
Want to support people with learning disabilities to live full and active lives but unsure which option provides best value for money in such difficult times.
We would find it very hard to keep our son motivated without day service
Whilst we agree to the proposal, there is already a shortage of staff in the special care unit of JMC which affects the visits to the Diamond Riding establishment at Oaks Park for which we pay. This is one of the few activities in which our son can participate. If the session is cancelled by JMC due to lack of staff, we lose the money we have paid.
Why do the most vulnerable most in need pay the highest price?
You talk about volunteers stepping in, but in my experience, this doesn't happen
<b>Proposal 2: Q24: How can the Learning Disabilities Day Services be improved?</b>
<b>This open response (Free text) question was answered by 20 respondents.</b>
Again, the lack of shortage of "hands on" staff is detrimental for the clients.
Be any good
By having more staff
By not cutting the services available now as this would be detrimental to the service my daughter receives
I have no knowledge of it,I doubt it is very good but you want to make it worse.
I think it is doing a marvellous job at present and all the staff at Highpath are very dedicated and kind towards me
I think they are fine how they are
I think using community centres more is worth trying.

## Appendix 1.1 Additional Comments on the Questionnaire

I think you need to talk to people and their families and those who have needs but find alternative ways to meet those needs, about what they want and how they want those needs to be met and I think you should do this in a meaningful way, not by asking a series of closed questions.
If there are more cuts I see no way of improving services
Instead of cutting staff I think you should increase them
It is valuable for our clients to learn skills they can perform on their own especially when aging parents cannot fill the gap - like computer literacy, hobbies etc Perhaps more attention can be given to this aspect
Merton has only a very small percentage of people with LD who access it's services compared to other Boroughs (wish I could remember what the % was) but I do know it's not a lot! Therefore, why is it struggling to provide quality LD Day Services? LD Services can be improved if Merton re-allocated its priorities 1. Reduce the number of external consultants of 5 & 6 figure salaries by 15% A lot of them are a waste of my tax contributions. Their "expertise" are not needed but they are on tight contracts that are expensive to dissolve. Sort it out. 2. Reduce the number of Council Meetings where there is a lot of talking and NO Actions. Why are local Councillors turning up to meetings unprepared? 3. Sort out the Transport System - this is messy, uncoordinated and a real pain. This is one area where I feel a subject matter expert should be roped in. There are far too many unnecessary journeys/empty coaches driving around in the Borough.
More access to cheap/reliable transport. Sufficient staff to enable more small group trips into the community, maybe using public transport
More access to the community using either minibuses or public transport - and with sufficient staff Similarly, more use of community facilities eg YMCA,leisure centres, park activities Options for extended days.
More activities ... IT program
They should include walkabouts or outdoor activities
What Merton is proposing is entirely the opposite to what the SCIE is proposing! Why is Merton one of the Lowest Spending London Boroughs? Merton should be Increasing its Budget NOT Decreasing
Yes it will help a lot
Yes through proper consultation and review involving users of service. Their voice must be more than heard but truly acted upon.
<b>Proposal 2: Q25: Any further comments on the Learning Disabilities Day Services proposals?</b>
<b>This open response (Free text) question was answered by 13 respondents.</b>
Any cuts that will have a big effect on the service users as most of the service users including my daughter suffer with Autism and I believe they need their routine and daily activity timetable to remain the same
Continuity of staff is of the essence for these vulnerable clients and is good economics in the long run. If we lost the respite care provided by JMC during the day, very quickly we would be unable to care for him at home and he would have to go into residential care which would mean deprivation to him of a great deal of what social life he has ie., family and friends interaction and outings also a large increase in costs to the tax payers.
Cutting what has been proved to be one of the most cost effective services is the wrong way to go! LD day centres take up very little of the total budget. Concentrate on ways to reduce the vast sums spent on residential care/support - why not take more of it in-house? If day centres are allowed to decline, as they will under these proposals, a vital local resource will disappear to the detriment of clients and carers alike.
I am worried that the day services may not continue in the future
I feel this day service centre should continue to help people like myself. I can't imagine what I would do without it.

## Appendix 1.1 Additional Comments on the Questionnaire

Merton's day centres are substantially cheaper to run than those in comparable boroughs, and are a cost effective way of providing daytime activities for large numbers of people. But if the quality of this service is allowed to deteriorate, as it would under these proposals, there is a danger that a very valuable resource will be eventually lost as excellent staff will leave. Recent trends show many boroughs reintroducing community hubs on economic and social grounds. Volunteers should always be used as an addition to trained, experienced staff, not a substitute.
Same as for the
Talk to & consult with disabled people, their families and organisations representing them about what people want.
Volunteers are most valuable - their help is best if they can be consistent in attendance
What choices exist? How have these questions been asked of users, have they been told what if this service didn't exist, have other options been tried and tested to generate real choices?
Yes, leave it alone. It is rationed enough already. Would the Chief Executive consider a cut in his salary? No, I didn't think so!
Yet again services are being withdrawn - entirely the reverse of the SCIE proposals
You cut because you don't care
<b>Proposal 3: Q26.1: If 'other' please specify</b>
<b>This open response (Free text) question was answered by 3 respondents.</b>
At home, independently with support from family
Kent is grateful to be in a self-contained flat under social services in Venus Mews. Carers visit him on 4 days per week and stay for 3 hours to oversee his meals, his money, his chores, his cleaning. An essential service, which makes it possible to have an independent life
My son lives in shared living Mon - Sat morning then is home for the weekend and goes to JMC from home - then taken to shared living for the rest of the week. If he is ill he comes home
<b>Proposal 3: Q31: Are there any ways your needs reviews could be improved?</b>
<b>This open response (Free text) question was answered by 18 respondents.</b>
By and large my son's reviews have worked well - the right people have been present, he is well known at his centre, and anyway communication between them and us is good so any problems tend to be ironed out quickly, rather than waiting for reviews.
By really considering holistically what I need to live independently, not functionality but having real choice and being given real control over my own life.
I am happy with the way my reviews have been conducted - at home with others to assist - I have never had any difficulties so far.
I am happy with the way my reviews were conducted at home with assistance.
I didn't feel that the starting point for the review was my daughter's needs but rather the budget. It was clear that the priority was to make savings
I have very substantial needs - yet you continue to ignore - the fact that Autistic adults exist at all.
I would like to be assessed for independent living in shared accommodation
It needs to be every year because situations and needs change
It was well done - and a good summary report It was helpful as the following were present: key worker from All Saints, social worker, Kent's parents
My daughter last had a review 2 YEARS ago
My last review was very good. No problems.
My son would want all those involved in the everyday life to attend reviews
Reviews generally useful round-up and time to discuss possible changes in my son's activities. Excellent communication with day centre means problems tend to be dealt with as they arise rather than waiting for reviews.
The increased cost of living should be taken into account. I haven't had an increase in my care package in 5 years despite asking for one. I am struggling to cope financially. I do hope that you WILL LEAVE MY ILF FUNDING ALONE when it's transferred to you in the Summer.

## Appendix 1.1 Additional Comments on the Questionnaire

There were already not enough resources to provide the services we needed and now the Council wants to make more cuts, more people are going to be affected by inadequate services.
They did not listen to me or value me they judged, blamed me - and did not have a clue about autism.
To have more people that are important to me and care for me at my annual review
Yes. More chairs maybe.
<b>Proposal 3: Q33: How can the reviews of care packages be improved?</b>
<b>This open response (Free text) question was answered by 17 respondents.</b>
No comment
A constructive review more often than every 2 years would be helpful as would a carers review
Because these reviews are in the context of savings & cuts and not reviewing what people really need It is simply disgraceful.
Crucial that there is input (either in person or writing) from everyone concerned. Discussions on possible changes in routine/activities should take place before the actual review to allow time for clients (and carers) to understand/consider them. Written records of reviews should be available much more quickly.
Don't know the details about the reviews of the care packages
Genuine reviews that look at a client's needs and work out the best way to meet them are crucial. Needs change over time, as do local services on offer. But this proposal, under the cloak of increasing independence, seems to be geared to reducing peoples' use of day centres, which is why I disagree with it as it stands.
I believe there should not be any cuts
I do not feel the reviews need to be improved in the way thy have been managed - at home with an experienced social worker who understands my needs.
I do not receive services & these questions are totally geared towards those that do, but I work with & have many friends that do. Independence is NOT about doing things for yourself physically. It is about choice about how these things are done for you, by whom and when. Everyone will be different about where they want reviews to take place and those choices should be recognised. Similarly everyone will have a different view about who they want to be with them when the review is carried out. Reviews should focus on needs & not on resources & people should be given information and choice
It is necessary to ensure that all the hours of the carer are usefully employed. In Kent's case, this happens
Maybe
Once every 12 months is fine
People want supported independence with continuity and familiar people around them. I have worked within Social Services and there are a lot of vulnerable people out there that need support and if this service is cut too much, people are going to be put at risk, services need to be provided to those that need them. There are good Voluntary Service out there but they need financial support to provide the services
Review = cut
see above
There is no care!
There should be a fixed annual review with the possibility of easily and conveniently arranging an interim review if circumstances change. At the moment, it is uncertain when reviews take place although lip service is paid to the idea that they should be annual. In addition, information and views should be sought from all interested parties, but too often the process is vague and uncertain, some information is in writing and other is not and it is hard to pin things down. Follow up is patch and inconsistent. The draft review conclusions should be circulated for comment quickly with a view to agreement or disagreement being



## Appendix 1.1 Additional Comments on the Questionnaire

recorded whilst people can still remember the discussion. Implementation or other next steps can then follow promptly.
<b>Proposal 3: Q34: Any further comments on the review of care packages proposals?</b>
<b>This open response (Free text) question was answered by 10 respondents.</b>
A genuine review needs to look carefully at the client's needs and how they can be met. It should never be used as a means to impose cuts. As adults with LD live much longer and develop many health problems their support needs go up - if carried out properly, reviews would identify the need for considerably more resources rather than less!
I am cynical about the motives underpinning the proposal for the review of care packages and fear it is a covert attempt to diminish the services offered and the quality and cost of the care packages that will be offered in the future.
I am cynical over the motives underpinning the proposal for the review of care packages and fear it is a covert attempt to diminish the services offered and the quality and cost of the care packages that will be offered in the future.
I am frightened that I will become lost in the system. As my parents get older I worry about what will happen to me when they are not around
Is it lawful?
Overall levels of service must be based on the needs of individual customers and carers
Some residents fall upon hard times, both financially and health wise. This has to become someone's responsibility but support has to be provided economically. It is a fine line to get this managed correctly. If cuts are made, please continue to monitor and review as not all changes are good and standards quickly drop and as a result people suffer. Please be careful how these cuts are made to the detriment of the local resident's health and well-being.
The needs of many people using day centres are going up, due to adults with LD living longer and having more health problems as they age. Genuine reviews would probably indicate more support was needed in the majority of cases. Increasing peoples' independence often requires more resources (eg for travel training, one-to-one support while out in the community, support for volunteering etc) rather than less.
We know cuts need to be made, but there has been no consultation about why this level of cuts has to come from social care. There is no indication that an impact assessment has been done on the cumulative effect of cuts over the last few years or of the impact of these proposals together with other currently proposed cuts such as adult education. Disabled people want to be involved in the decisions the council make, not just an afterthought with a series of meaningless questions to answer. Please STOP, THINK and CONSULT
You do not care!

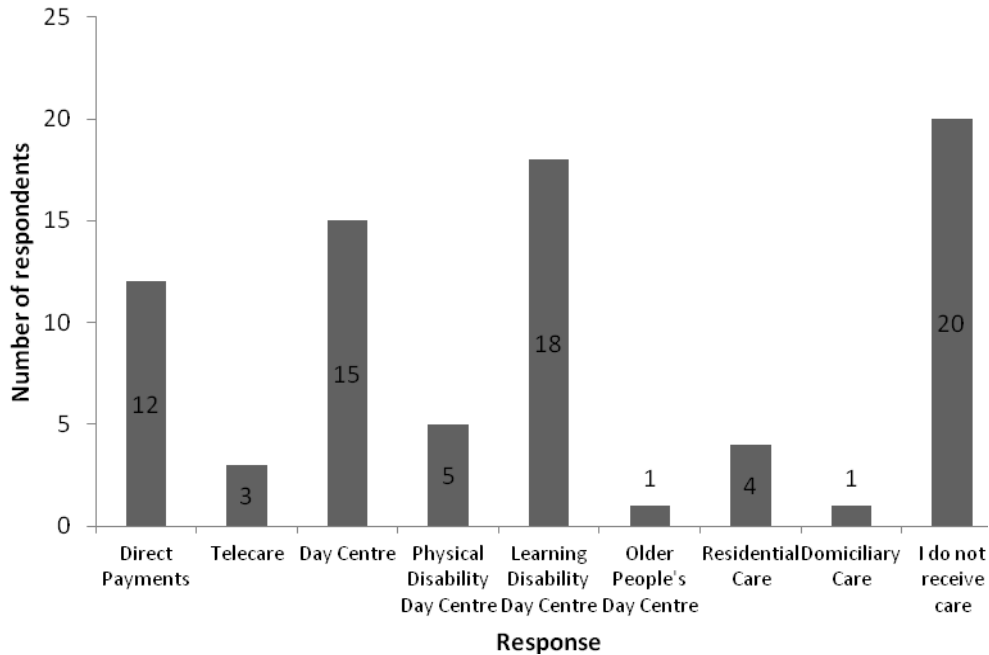


## Appendix 1: Summary of Questionnaire Responses

### Q1: Are you a Carer/User?

Carer	24
Service User	20

### Q2: Which services do you currently use? 50 respondents (Multiple response)



### Q3: Do you live/and or work in the borough?

I live in the borough	51
I work in the borough	9
Both	6
Neither	1

### Q35: Gender?

Male	24
Female	22

### Q36: Age group?

16-24	2
25-34	5
35-44	6
45-54	13
55-64	11
65-74	6
75+	2

### Q36: Ethnicity?

## Appendix 1: Summary of Questionnaire Responses

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White English/Welsh/Scottish/Northern Irish/British	34
White Irish	2
Black or Black British - African	1
Asian or Asian British - Any other Asian background	3
Mixed/multiple ethnic groups - White and Asian	2
Other ethnic group - Any other ethnic group	1

## Appendix 1: Summary of Questionnaire Responses

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### Questions about Proposal 1: Initial Access Service

**Q4: Have you ever used the Initial Access Service, either for yourself or on behalf of someone else?**

Yes	14
No	46

**Q5: Who did you contact the Initial Access Service on behalf of?**

Myself	1
Family Member	7
Neighbour	2
Other	2

**Q6: To what extent do you agree/disagree the process was the following?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Straightforward	5	4	1		1
Helpful	5	3	1		1
Quick	4	2	3		1
Easy to understand	4	4	1		1
Difficult	1		1	6	1
Confusing	1		1	6	1
Not helpful	1		1	6	1

**Q7: Did you get the response you were hoping for from this service?**

Yes	9
No	2

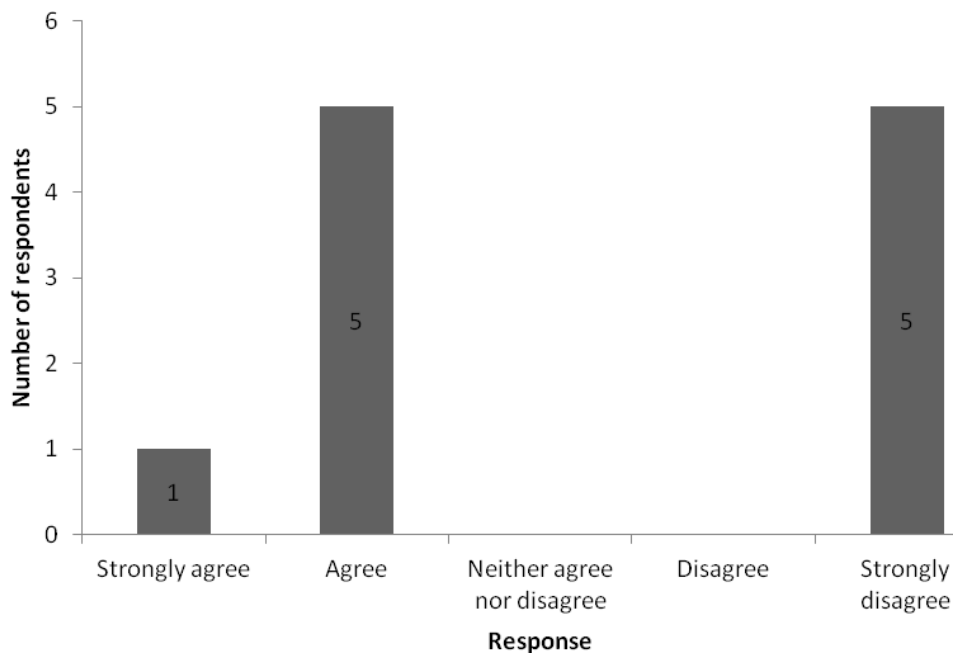
## Appendix 1: Summary of Questionnaire Responses

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### Q9: How important are the following for the future of IAS?

	Very important	Important	Not so important	Not at all important
Quick response	8	4		
Consistency of person to talk to	10	2		
Accessibility	9	3		
Friendliness	6	6		
Excellent signposting	9	3		
Online access	3	4	5	
Access to an assessment	8	4		

### Q12: Do you agree or disagree with the IAS proposal? 11 respondents



## Appendix 1: Summary of Questionnaire Responses

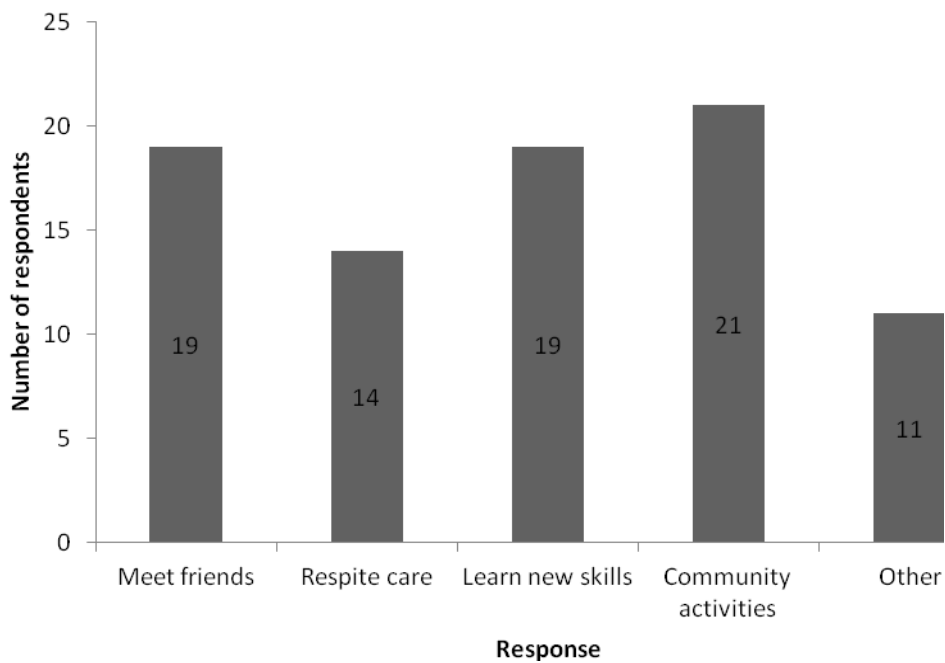
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### Questions about Proposal 2: Day Services

**Q14: Do you access the Learning Disabilities Day Services for any of the following?**

Myself	9
Family Member	16
Other	17
Do not use it	5

**Q15: What purposes are Learning Disabilities Day Services used for?  
31 respondents (Multiple response)**

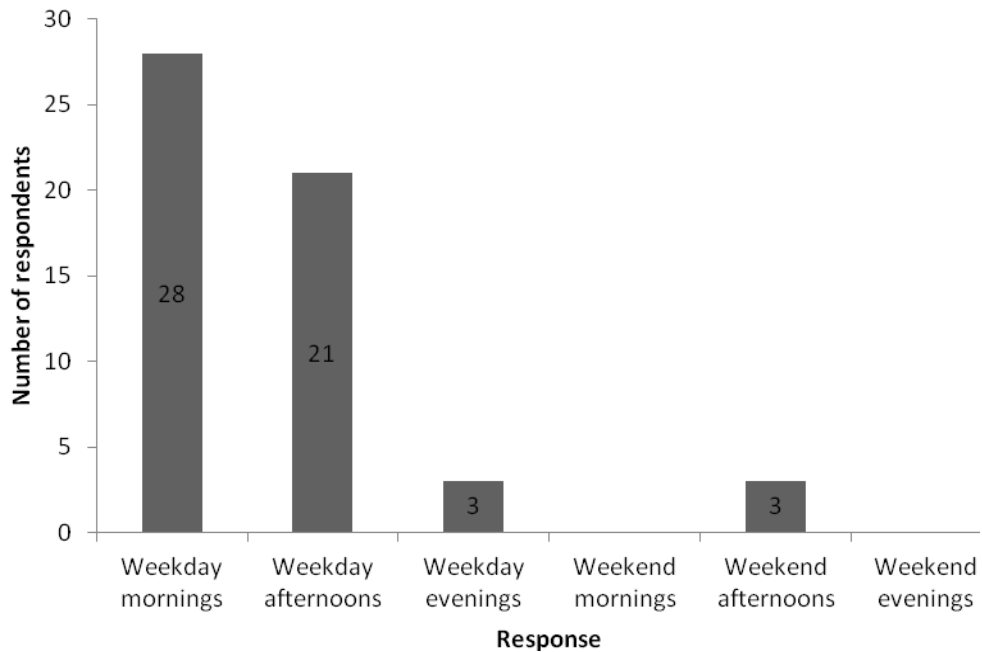


**Q16: Which Learning Disabilities Day Services are used?**

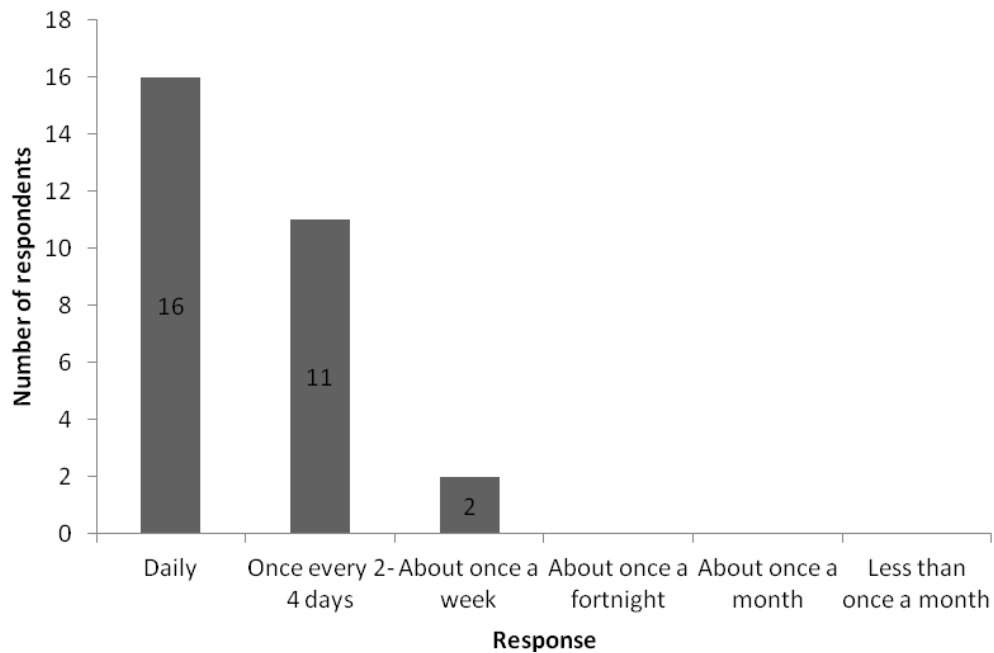
All Saints	11
High Path	9
Jan Malinowski	12

## Appendix 1: Summary of Questionnaire Responses

Q17: When are the Learning Disabilities Day Services accessed?  
28 respondents (Multiple response)



Q18: How often are the Learning Disabilities Day Services accessed?  
28 respondents (Multiple response)



## Appendix 1: Summary of Questionnaire Responses

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### Q19: Preferred time for using Learning Disabilities Day Services?

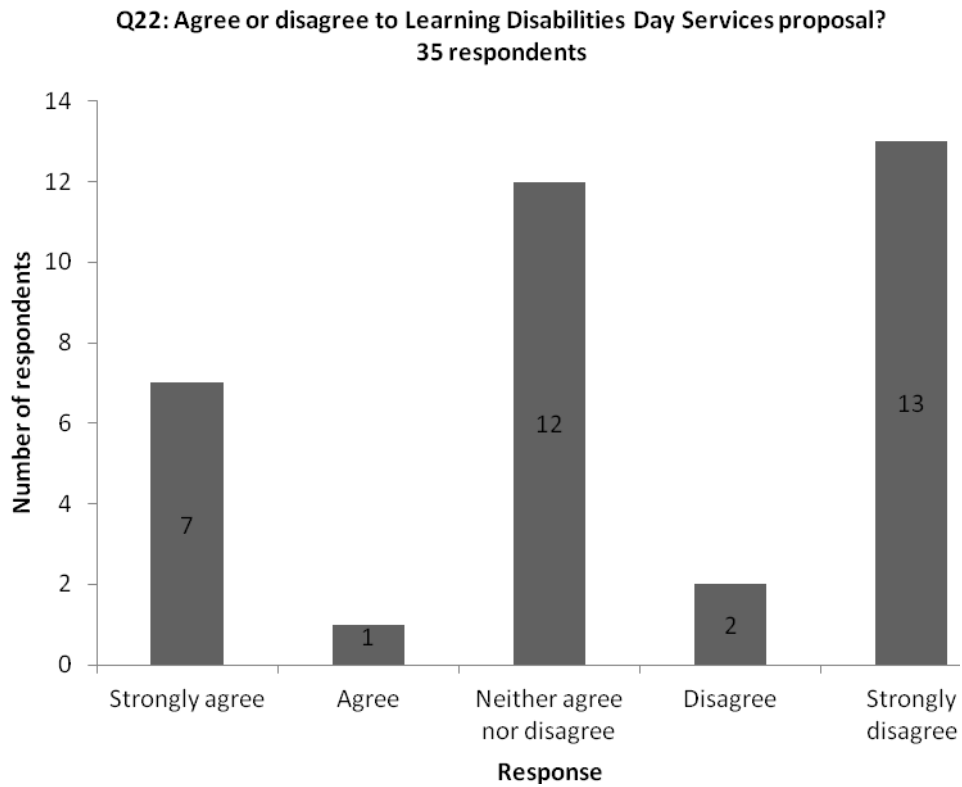
	1 <sup>st</sup> pref	2 <sup>nd</sup> pref	3 <sup>rd</sup> pref	4 <sup>th</sup> pref	5 <sup>th</sup> pref	6 <sup>th</sup> pref
Weekday mornings	24	1	1	1		
Weekday afternoons	2	19			1	
Weekday evenings		1	5			1
Weekend mornings	1			4		
Weekend afternoons		1			5	
Weekend evenings			1			4

### Q20: How important are the following to you?

	Very important	Important	Not so important	Not at all important
Respite care	20	4	3	2
Place to learn	23	5	3	2
Place to have fun	25	7	1	1
Place to meet friends	28	2	2	1
Community activities	25	6	1	1

## Appendix 1: Summary of Questionnaire Responses

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## Appendix 1: Summary of Questionnaire Responses

### Questions about Proposal 3: Reviews

#### Q26: Where do you currently live?

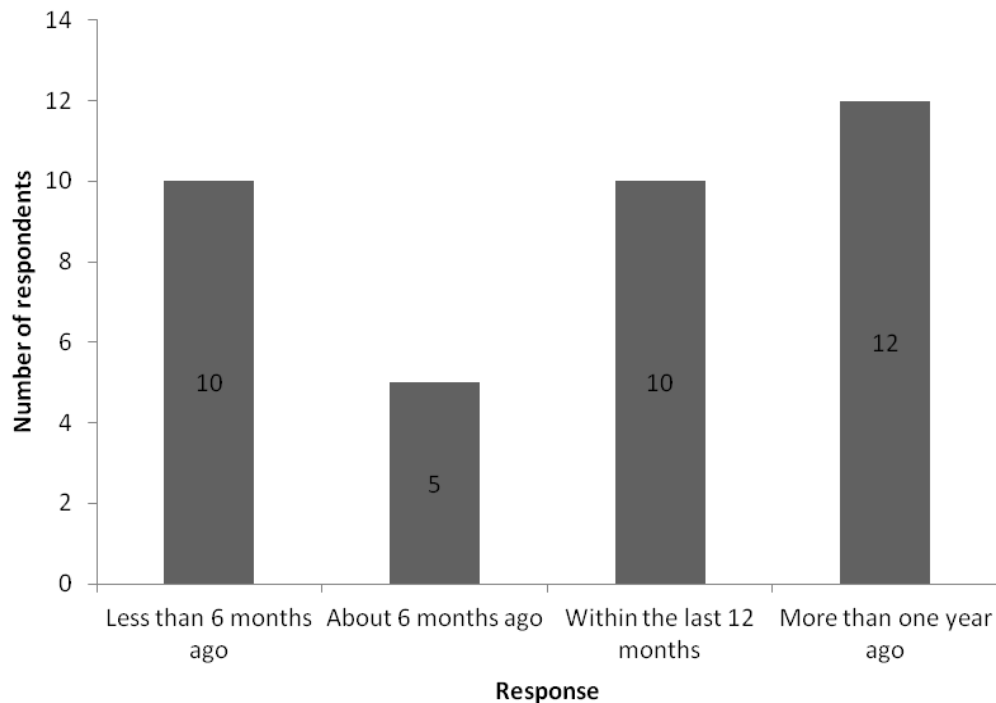
At home independently	7
At home without support	3
At home with support from family	22
At home with support from social services	4
Residential care home	3
Sheltered accommodation	1
Other	3

#### Q27: How important is it for you to continue to do things for yourself?

Very important	26
Important	8
Not so important	5
Not at all important	0

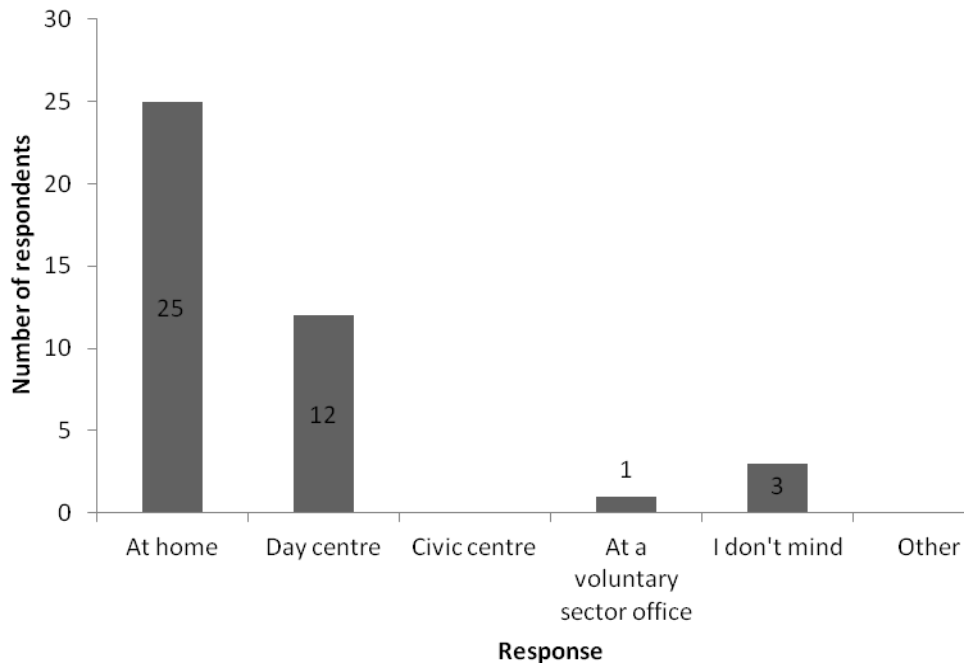
#### Q28: When was the last time your needs were reviewed?

37 respondents



## Appendix 1: Summary of Questionnaire Responses

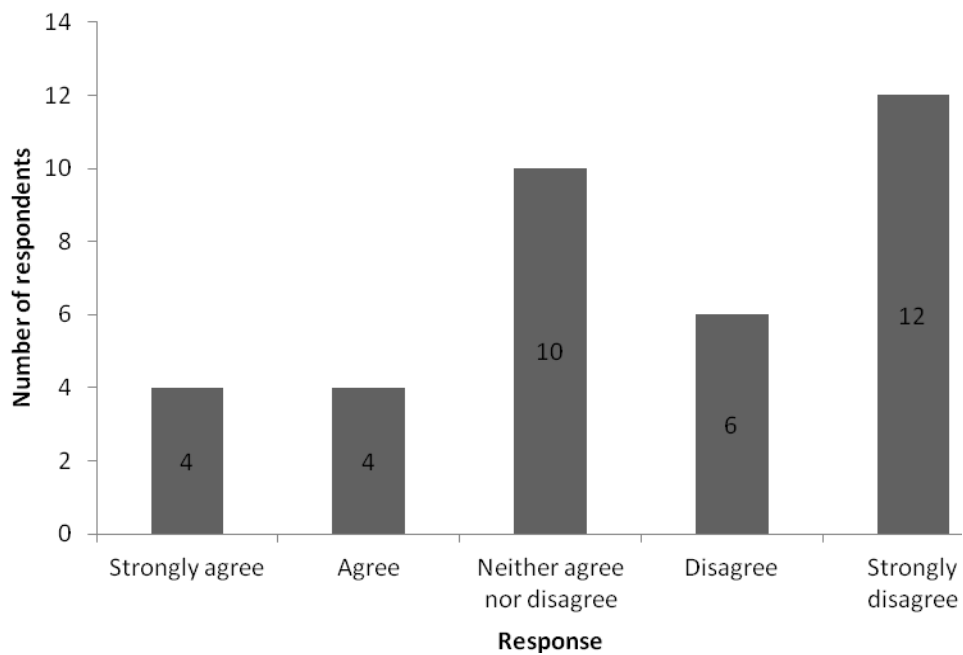
**Q29: Where would you prefer to have your reviews carried out?**  
37 respondents



**Q30: Is it helpful to have someone you know at the review?**

Yes	36
No	1

**Q32: Do you agree or disagree with the review of care packages proposal?**  
36 respondents



## ASC SAVINGS CONSULTATION EVENT - 15 December 2014 – Vestry Hall

### Feedback from table discussions

Savings Proposals	Engagement and Consultation
<ul style="list-style-type: none"> <li>• What were once savings or efficiencies have now become cuts</li> <li>• Service users are best equipped to identify &amp; design efficiencies and/or cost saving measures</li> <li>• Need to get more decisions about services right first time</li> <li>• More involvement in financial planning scenarios and options – 3 year plan</li> <li>• Reject the premise of £14M cuts over 4 years</li> <li>• Wrong definition of independence [currently using a medical model]</li> <li>• Cuts are having a major negative impact on people’s wellbeing, independence. They’re creating more anxiety and crises</li> <li>• Looking at the bigger picture cuts seem to make no economic sense</li> <li>• Council should not formally agree budgets 3 years in advance. Consultations are unlikely to change decisions already set in concrete</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys are not very helpful – let people say what’s important to them where and when it works best for them</li> <li>• Provide people with the help and support required to make it easy to give feedback when asked for</li> <li>• People impacted by changes need more notice of impending change and how it’ll impact them</li> <li>• Ask people for their response to impacts of change, not just the financials</li> <li>• Don’t cloud information, make it clearer, more timely and more open</li> </ul>
<p>Process – hard for cabinet to adopt business plan without consultation on major impact</p> <ul style="list-style-type: none"> <li>• Information about proposed savings found by accident – undermines</li> </ul>	<ul style="list-style-type: none"> <li>• Need to know timeline</li> <li>• LD Partnership Board</li> </ul>

<p>trust</p> <ul style="list-style-type: none"> <li>• Changes huge, cabinet meetings previously closed</li> <li>• Concessionary fare – not under right heading ‘prevention’</li> <li>• Council needs to review priority area for savings ASC- need – less priority for savings</li> <li>• Be more open about when discussing joined working processes with other boroughs</li> <li>• Process – scrutiny process</li> <li>• Review consultation not just rely on</li> </ul> <p><b>3 Replacement savings</b></p> <p><u>Access</u></p> <ul style="list-style-type: none"> <li>• Need both, but don’t duplicate</li> <li>• Pressure on voluntary sector</li> <li>• Yes review but streamline but don’t deny people access</li> <li>• Which voluntary sector organisation to go</li> <li>• Work with voluntary sector to have more effective triage</li> <li>• Be open about consultations already with Voluntary Sector</li> </ul>	<ul style="list-style-type: none"> <li>• Consider making it better, good model</li> <li>• Quarterly Service User Meetings/Workshops – has power, authority to problem solve</li> <li>• Co-production – fully informed</li> <li>• Feed in to carers support Merton Network</li> <li>• Use involve but change</li> <li>• Need time to think about how to do co-production</li> <li>• Inform all about challenge and ask for assistance</li> <li>• Get out to people</li> <li>• Give people ideas what co-production could look like and how it could work</li> <li>• Don’t change involve</li> <li>• User forums, ad hoc meetings</li> <li>• People need place to come together to have one transparent conversation together</li> <li>• Are groups duplicating each other – share resources</li> <li>• Have annual London Borough of Merton conferences</li> </ul>
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<p><b><u>Day Services</u></b></p> <ul style="list-style-type: none"> <li>• Older LD carer population who need more support as not enough now</li> <li>• Day opportunity re-provision and review of Merton Adult Education impact</li> <li>• Don't look at this in isolation impact of people's health and wellbeing which will cost more in the long run</li> <li>• More discussion needed on how to achieve savings – with users, carers and voluntary sector</li> </ul> <p><b><u>Reviews</u></b></p> <ul style="list-style-type: none"> <li>• Long term support 'life in constant crisis' - how will review impact on mental health of carers and users</li> <li>• Move reviews – target <u>reablement</u></li> <li>• “Cost effective” reviews phrase but not cut</li> <li>• Transitions monitor robustly</li> <li>• % of packages set up in crisis -v- % packages set for long term support – look at this review support</li> <li>• Process of reviewing more frequently → more frequent support and monitoring</li> </ul>	
<ul style="list-style-type: none"> <li>• There is a cumulative effect on people from savings – (not just ASC, eg Welfare)</li> </ul>	<ul style="list-style-type: none"> <li>• An improved understanding of Council processes would be helpful for customers and carers</li> </ul>

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| <ul style="list-style-type: none"> <li>• Concern that ASC should take so much of the savings, and great concern about what changes to care packages will look like.</li> <li>• Role of Day Centres/Clubs is vital in getting people out of home</li> <li>• Isolation will increase – adding to people’s health problems</li> <li>• Voluntary sector has not been involved as positively/creatively as they could</li> <li>• Questions about what ‘independence’ model would actually look like.</li> <li>• Worry that services become ‘bare bones’ and have no quality</li> <li>• Squeezes affect independence negatively – more reliance on family and carers</li> <li>• Cumulative effect on organisations as well as individuals</li> <li>• Transport costs should be looked at (Day Centres)</li> <li>• Why are cuts always made most heavily to poor, older and most vulnerable people</li> <li>• Councillors should be prepared to look at their principles and if necessary change views – particularly on unfreezing council tax</li> <li>• Reserves have grown while cuts have been made – can this be reviewed?</li> <li>• Example of cuts in mental health services causing huge pressures – new voluntary groups are trying to address this</li> </ul> | <ul style="list-style-type: none"> <li>• ‘E-mail Alerts’ warning of decisions, meeting dates etc</li> <li>• Need to reach people who don’t have a computer</li> <li>• Voluntary sector could do more to assist in communication – who is being addressed? How do we address them?</li> <li>• Notice must be given to plan properly</li> <li>• Forums exist already – build on these</li> <li>• Consultation needs to be not about being given a fait accompli (current situation is an example) this is too late</li> <li>• This is not the best way to approach dialogue and people becoming more defensive, less willing to co-operate</li> <li>• Clear messages – otherwise anxiety levels rise even further</li> <li>• Q&amp;As – face to face is vital</li> <li>• Need for both specific and across the board meetings</li> <li>• Voluntary sector – not set up to be campaigning groups, and there is the dilemma about being funded by Merton – need a route in to politicians</li> <li>• Carers forums should be given an official way in to cabinet.</li> <li>• Timing of meetings is important – people can feel excluded from the process if they cannot get to meetings due to other priorities</li> <li>• Groups are expected to have knowledge/information which isn’t always</li> </ul> |
|--|--|

<ul style="list-style-type: none"> <li>• How real is the 'community'</li> <li>• Consultation must improve – use other's ideas</li> <li>• Some merit in reviewing people as people get stuck – interdependence is a better model</li> <li>• Reviews can be improved to be made more productive</li> <li>• Provision of equipment is carried out in an inefficient manner – example of wheelchair services. Equipment could be recycled more</li> </ul>	<p>there</p> <ul style="list-style-type: none"> <li>• Care plan reviews should be used to find out how people are communicated with</li> <li>• Feedback must be given to people who have participated (in all formats)</li> <li>• Role for people to be supported to use it – via libraries etc. Will help engagement</li> <li>• Timetable of council processes – who's who (leaflet)</li> <li>• Need an independent Community Centre – not run by the council – proper resource with it, staff etc</li> <li>• Accessibility of information is vital</li> <li>• Council must demonstrate that they listen – 'you said we did'</li> <li>• Should be a higher level consultation on council savings as a whole – rather than ASC customers discussing ASC savings</li> <li>• Healthwatch has been a useful channel to use</li> </ul>
<ul style="list-style-type: none"> <li>• Need for collaboration, focussing on service users, danger of organisations 'fighting their own corner'</li> <li>• Distorting effect of politics?</li> <li>• Need for corporate review</li> <li>• Nothing left to cut?</li> </ul>	<ul style="list-style-type: none"> <li>• Annual residents survey – voluntary groups can support residents to give feedback</li> <li>• Is this done on a sample basis? Can we increase that?</li> <li>• Analysis to give more detail. Increase sample for hard to reach groups</li> <li>• Does survey reflect demographic profile of borough? – Both sides of borough</li> </ul>

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Whole system enhanced, efficiency approach – holistic review of impact</li> <li>• Adult education cuts and negative impact on independence for vulnerable clients</li> <li>• Impact of new legislation – too expensive to meet requirements</li> <li>• Process for ensuring access to services must be clear – specifically younger adults with disabilities. Investment needed in social areas</li> <li>• Communication with electorate – is it time to introduce an inflationary increase for council tax. Time to introduce this?</li> <li>• Is proportionate financial reduction disproportionate effect – i.e.: straight % reductions, may not have equal % impact</li> <li>• Are there other ways of making/saving money</li> <li>• Transport still a problem and this has been going on for years</li> <li>• Quality of life issues – should be more than just existing</li> <li>• Choice issues? Individuals have very different views</li> <li>• Lowering expectations – pernicious effect</li> <li>• Collaborate with completely new partners – businesses? Is there more scope for this?</li> <li>• Are we too introspective</li> <li>• Process needs to look at overall size of cake, rather than looking at small</li> </ul> | <ul style="list-style-type: none"> <li>• Purposeful meeting with focus, encouraging contributions from everyone</li> <li>• Is Involve the best mechanism</li> <li>• Need to capture the user view</li> <li>• Civic forums – can we build on what exists</li> <li>• Drop in sessions – say quarterly informal sessions</li> <li>• Need various tools and approaches</li> <li>• Social media for young people, school/college setting</li> <li>• Intergenerational projects and approaches</li> <li>• Draft engagement strategy still needs more detail and resourcing</li> <li>• Bridging gaps</li> <li>• But can feel powerless – what is our ability to influence</li> <li>• Will info make a difference</li> <li>• Can we set up a working group of officers and voluntary sector and service users to develop solutions</li> <li>• Access to councillors as this is a corporate issue</li> <li>• More ‘bite size’ sessions?</li> <li>• Be ready to talk about future years sooner rather than later</li> </ul> |
|--|---|



<p>service details</p> <ul style="list-style-type: none"> <li>• How does voluntary sector fit in with overall strategy of council?</li> <li>• Do not be too hard and fast about age cut offs – age values to be indicative</li> <li>• Are we maximising technology as part of an overall package for those who want it?</li> </ul>	<ul style="list-style-type: none"> <li>• Case studies on impact – for councillors</li> <li>• Greater member involvement – risk of separation between users/officers/members/voluntary sector</li> <li>• Bite size things – survey monkey</li> <li>• Telephone surveys – 3 simple questions?</li> <li>• Make use of existing groups and captive audiences – ten minutes at the beginning of the meetings e.g. Wimbledon Guild, Age UK, Residents Associations, Friends of St Helier</li> <li>• Use CCG user/patient forums</li> <li>• Instant feedback on tablets – e.g. while you queue at Merton link, Libraries, G.P's, Post Office</li> </ul>
<p><b>INITIAL ACCESS SERVICE</b></p> <ul style="list-style-type: none"> <li>• Clear link to Social Services is crucial</li> <li>• Where do we get information from?</li> <li>• Voluntary organisations need to develop their experience and expertise with regard to providing a 1<sup>st</sup> point of contact service</li> <li>• Will the council still be meeting its statutory duties by passing this responsibility to the voluntary sector?</li> <li>• What will be put in place if voluntary organisations struggle with volume of customers?</li> </ul>	<ul style="list-style-type: none"> <li>• Videocasts/webcasts – good way of reaching people who can't attend meetings</li> <li>• Online forum – would need to be run by someone. Who?</li> <li>• Twitter/Facebook could be used to engage with people</li> <li>• Face/face contact – some people will want this</li> <li>• Council staff – need to get out to see people to discuss these issues</li> <li>• It's really important for everyone to be honest/ open</li> <li>• How do we make sure that all people have access to and can understand</li> </ul>

<p><b>LD DAY SERVICES</b></p> <ul style="list-style-type: none"> <li>• People need access to day services otherwise they will become stuck at home</li> <li>• Volunteers shouldn't be used to replace paid staff – volunteers also need supervision and training etc</li> <li>• Where do the volunteers come from?</li> <li>• They don't come at £0 cost</li> </ul> <p><b>REVIEWS</b></p> <ul style="list-style-type: none"> <li>• What happens if things change/ needs increase following a review which reduces a package?</li> <li>• Packages have been reduced for several years already</li> <li>• Reviews haven't happened often enough</li> <li>• Reviews could lead to increases in cost</li> </ul>	<p>info?</p> <ul style="list-style-type: none"> <li>• People don't always feel able to contribute – could be having a bad day</li> <li>• What happens after today's and other meetings? The example of the 'You said, We did' information posters as used previously by the Council was cited as an effective way of demonstrating that we have heard and acted upon concerns. Evidence such as this is an effective way of keeping people involved/ motivated</li> <li>• Timings of meetings is key – both in terms of where the decision making process is at (otherwise meetings can appear just to be for appearance's sake) and in terms of when people are best able to attend</li> <li>• Consistency of staff in the process is important– otherwise you lose all momentum/knowledge</li> </ul>
<p><b>Six Box Model</b></p> <ul style="list-style-type: none"> <li>• Personalisation – discussion group interested in presentation by Simon [Williams] particularly around council using DP as the choice – how much does this save Would like some worked up models of LA who only use DP and savings It offers (National picture what works best)</li> </ul> <p><b>Cuts</b></p> <ul style="list-style-type: none"> <li>• Concern about the impact on safeguarding very vulnerable people more</li> </ul>	<ul style="list-style-type: none"> <li>• Detail in a document with the timeline and process of how the council decision making process works about key decisions. Frustrated that people invest time in process BUT information about key decisions not shared should not be lip service. Not enough time between now and February to unpick the cuts and influence decisions</li> <li>• Council should commit to growth such as LPPB if they support it and want to use it as a forum to consult with uses of services</li> </ul>

so that children such as LD and those with dementia. The impact of cuts means that the risks will increase and the quality of services will fall. Members of the group said they had no faith in the CQC regime to keep their loved ones safe, would lead to deaths

- Cuts should be done on the less effective areas and less cost effective areas not areas that are easy; such as bin collection and recycling. Shouldn't prioritise graffiti removal over lives
- MAAT – worried that wider access points don't have the knowledge – (General consensus is that this is a positive move) group agree that there are more opportunities for savings by looking at streamlining all the access points and this will be a positive move for users

#### Reviews

- The group understood the need for looking at reviews but felt “meat on the bone” was thin. This has been the focus for years before
- The group felt that Crisis packages should be reviewed more regularly for example those coming out of hospital as it is likely they will get better. This needs to be monitored more closely
- The group raised concerns about reviews leading to cuts for people with LD and long term conditions as their needs progress services are cut and they become more at risk of harm or safeguarding. This places more stress on carers
- Focus of reviews should be about making sure the package is fit for purpose rather than focusing on cuts. Packages need to be more creative and people need to think outside the box. Use voluntary sector

- Knowledge hub – council use it to put up their thoughts and thinking and people can leave their views or can share info
- Needs a range of ways to consult not just meetings – using vol sector connect/network to consult on specific ideas thinking
- Need to communicate better about what is going on. We have Merton-i. Add consultation on this so its in one area so you don't need to be an expert on IT to find out what's going on or the proposals council is considering. Provide update in time in My Merton. Need a large scale meeting like today in April for next years cuts.
- Going forward for new cuts the 5.4 million – info needed now for 15/16 on what the council is looking at
- Need to link process timescales properly to allow time to consult with service users groups properly
- Need smaller focus group – cross cutting of users so can discuss in more detail
- Communication is key – freedom passes cost £8m per year but people don't see it as a service – so make sure they know
- Councillor lead for ASC should be at the event as the community voted so should be there for users to ask questions
- All candidates for elections should hold consultation events on proposals for cuts
- Hold regular calendar events through the year which are well planned in

<p>more to meet the needs of short term users</p> <ul style="list-style-type: none"> <li>• Maybe savings around the process of reviews if other agencies such as voluntary sector or day centre do reviews as they will be quicker and know the person better, however will need some investment to train them properly but group felt this would lead to better outcomes for users</li> </ul> <p><b>Day Service Cuts</b></p> <ul style="list-style-type: none"> <li>• Concerns about impact these cuts will have on quality and safety of service users. CQC not fit for purpose</li> <li>• Learn lesson from cuts on respite for LD</li> <li>• Stop other boroughs from using our services or charge more</li> <li>• Wandsworth council cut day centres for savings now had to re implement them costing more than the saving</li> </ul>	<p>advance</p> <ul style="list-style-type: none"> <li>• Use survey monkey to get a view on the best time of day to consult a weekend session may also be helpful for those who work</li> <li>• Identify the various routes and meeting available so people know how to get involved, put it in my Merton. Assumption in the talk by Simon [Williams] that people know what ASC does but group felt they didn't all know</li> </ul>
<p><b>General Issues/Concerns/Queries</b></p>	
<ul style="list-style-type: none"> <li>• The event was welcomed by the group and they all felt it was a positive first step</li> <li>• The group felt that ASC needed to sell itself more and raise the profile of what ASC does. The group felt that most people didn't know what it covered and therefore were unaware of the importance of the work. They felt that a communication plan and better uses of My Merton with real cases studies and more awareness raising on Merton-i will help future users understand the importance of ASC and the impact it has on peoples lives. The group felt that ASC should be higher profile than cleaning dog faeces from streets and felt its because people don't realise that ASC is not just about older people in care homes</li> <li>• The group felt that the Council needed to be more robust in its approach and say how important ASC is so it ranks highly. Areas where there are additional savings are two weekly bin collections, recycling more and the council should enforce these changes as it is good for the planet and means that</li> </ul>	

ASC will have to save less. It shouldn't be a political decision when peoples lives are at risk

- Recognition that Merton is one of the lowest spenders in ASC which means that they are doing a good job so cuts should be from areas that are not so effective
- People in the group felt that political decisions for votes outweigh the importance of care for people. The group felt that the community would be willing for council tax to be increased by 1% if they realised how ASC impacts on those it helps
- People in the group felt that there should be more shared services between councils. Some members of the group wanted more information on savings where others boroughs had done this such as tri-borough
- Cuts are a Curb to independence
- Concern re: future generations – what services will they get?
- Why is council tax not being raised to cover the deficit?

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# ASC SAVINGS CONSULTATION EVENT – 13 February 2015 – The Acacia Centre

## Feedback from table discussions

**Table 1**

- Promoting independence is not always practical for people with Learning Disability
- Also – people decline with age – lose independence skills already gained; with LD population this happens earlier
- Reabling needs investment – takes time and money. There is a problem with the consistency of carers and their approach to people
- Volunteers – concern about quality and availability; we shouldn't have to rely on volunteers for core services
- Day services – worry about quality on offer as staff numbers are reduced
- Whatley Avenue has been very helpful in providing activities for people with LD
- Outreach is vital – not an extra as people have a lot of spare time to fill
- Services should be purposeful – must suit the individuals or they have no value
- Too many individuals are involved in people's care and this causes confusion and a lack of consistency
- Focus on 'critical' in terms of eligibility needs means that problems build up for people – costs more in the long term as people with lower needs experience a crisis and then need services
- Identifying needs is important – carers have to be advocates or their family member does not get the services they need

**Table 2**

**More**

- Listen and tailor support
- Less prescription
- More review/attention to whether care is working
- Response to use/care feedback
- Carers with good skills

**Less**

- Support that is not working
  - Fear that it is working so it may be taken away
- = Better results + Lower costs

- Involvement of carers
- Support “to cope”

### **Redesign we need**

- Clarity for voluntary sector about expectations - “We have to know”
- To have support not charity “We have needs” + “We have entitlement”
- To be transparent about how predicted need/activity can or will be met
- “Notice” when there is bad news – “Time to plan”

### **Involvement**

- Staff/provider and service users all involved
- Creative meeting of individual needs requires close work with a social worker

### ***Table 3***

#### **Access Team Savings**

- You are only as good as your reception!
- Ensure people don’t fall through the gap especially if people turn up at Merton Link in crisis and suffering a mental health episode experience of Merton Link
- MAAT crisis number wasn’t helpful because couldn’t get through and when got through was passed on, please ensure this is not repeated
- If calling Ansa-machine/automated service the first thing caller needs to hear is, ‘if in crisis and need adult services please press #’
- Don’t keep signposting people deal with problem/concern respond quicker

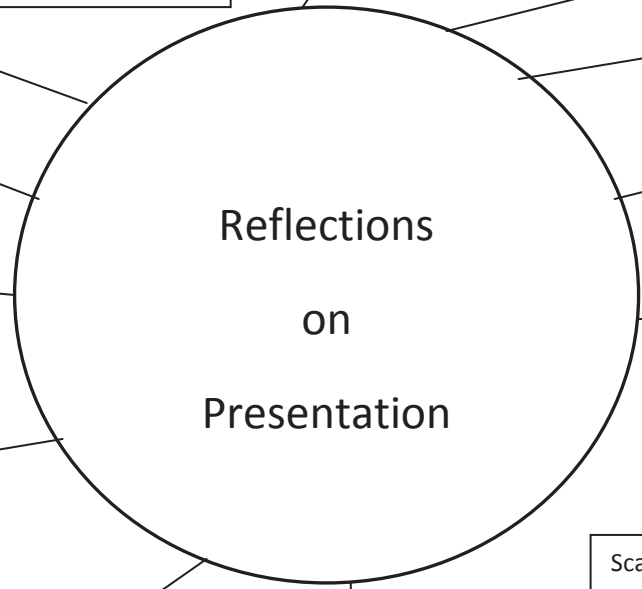
#### **Reviews:**

- Do person centred evaluation at reviews

Doing reviews more often could lead to recycling equipment that is no longer needed – save money. Not only equipment but also personal care because people have recovered



Table 4



If there are shortfalls, is voluntary sector then left to find its own funding?

Will there be more support for carers to deal with this process? Especially linked to successfully utilising Direct Payments (it can take a lot of work for the carer)

If reviews can lead to increases how can these be managed?  
↓  
Is it an impartial process?

If things go to voluntary sector, do they get too detached from the control of the Council? Can we vary/adjust things enough if needed?

Is there potential for more health working?

This is a worrying time for carers

Will change in political parties in Westminster change this?

What happens if the savings fail? Is there a plan B? How will this be managed?

As a carer/parent did not feel that carers views/impact taken into consideration in the development of these  
↓  
Possible reduction in core package is a concern

What will happen to ILF funding when it is passed to Local Authority?

Scared/worried about volunteers at Day Centre  
↓  
Do they have the necessary Supervision/skill-set/training? How would this be managed?

Volunteers  
↓  
Could we make use of students?

Should be ring-fenced and not changed as recipients rely on it

Care packages for LD already squeezed  
↓  
No rise in Direct Payments for 5 years

Are we looking at residential care placements? These costs seem huge and worth looking at

How to ensure quality with volunteers? → This needs to be managed well

**Table 5**

- Use of volunteers is good, but they should not be exploited. Volunteers will need good training, supervision, support
- Carers feel reviews are important so that right amount and type of care is provided. Makes people feel listened to, sense of ownership and participation, welcome idea of self-review
- Difficult to generalise about provision support and services because of individual needs and circumstances
- Good to support people outside formal services:
  - prevents dependency
  - good voluntary sector infrastructure to offer advice and info, support
- Need to be clear about transition from voluntary sector support into statutory support, when this is needed and what the processes should be
- Ensure voluntary organisations are consulted for all service changes and developments – what are the barriers to achieving this?
- Want more community based reablement, rather than having to go to a health-based facility

#### **General Issues/Concerns/Queries**

- Concern about less activities and staff at day centres
- Increasing age of carers and the toll on them; this is cumulative
- People have other responsibilities as well
- Please ensure empathy, sympathy, patience, active listening when speaking to caller with mental health issues
- Get/enable customers and carers to do mystery shopping to review and improve new system – Access
- Recognise that council has been ‘paired down’, sometimes still too much process and procedure – needs to be simplified

**Appendix 4 Summary of the 12 open responses and emails received**

<b>Responses about overall savings package</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
ASC savings are risky and will disproportionately affect the most vulnerable people in Merton and should be reconsidered.				1		1				1	1	1	5
There is not enough detail about the impact of savings proposals on all disabled people and the evaluation of the impact is flawed.			1	1							1	1	4
The savings risk making Merton an unattractive area for talented people to move into.		1											1
First seek to raise new income before making further savings		1											1
The basis for the ASC targets as a proportion to spending levels is inappropriate and unfair.												1	1
Plans to reduce capacity to monitor services likely to be counter-productive.												1	1
<b>Total responses commenting</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>				<b>1</b>	<b>1</b>	<b>1</b>	<b>7</b>

<b>Responses about option 1 MAAT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
Closing MAAT is risky as voluntary provider organisations may lack the range of skills needed to advise all client groups.										1		1	2
It is unclear how safeguarding concerns will be appropriately raised/tracked..												1	1

The Voluntary Sector can only offer a fragmented alternative to MAAT.													1	1
Waiting lists for assessments and reviews, may increase adding to anxiety for people.													1	1
<b>Total responses commenting</b>										<b>1</b>			<b>1</b>	<b>2</b>

<b>Responses about Option 2 Day Services</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
As day services are already efficient and effective why take more savings from them?	1				1			1					3
It is not practical is it too expect volunteers to do what paid care workers currently do	1								1				2
There should be a recognition that life-long carers have different support needs to people who have caring responsibilities for shorter periods	1												1
The reduction in staff at day centres and their proposed replacement with volunteers will reduce the independence of disabled people												1	1
<b>Total responses commenting</b>	<b>1</b>				<b>1</b>			<b>1</b>	<b>1</b>			<b>1</b>	<b>5</b>

<b>Responses about Option 3 Reviews</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
Needs often increase. If reviews presume care/support will reduce risks the Council failing to meet its duty to meet eligible needs.					1		1					1	3

There should be a recognition that life-long carers have different support needs to people who have caring responsibilities for shorter periods	1												1
There is a risk that too much onus is put on carers whose own wellbeing may suffer.					1								1
Creating more independence may cost more in the short term i.e. it may not always save money in the short term.					1								1
It is unacceptable to target care packages for cuts, as these packages reflect people's assessed needs. Needs often increase.												1	1
<b>Total responses commenting</b>	<b>1</b>				<b>1</b>		<b>1</b>					<b>1</b>	<b>4</b>

<b>Responses about the consultation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Total</b>
The consultation could have been much more effective if had been made more accessible and had allowed more time so more people affected by the changes could give their views.									1	1	1	1	4
The consultation is of limited use as alternative proposals to make savings on things other than ASC were not presented.					1						1		2
<b>Total responses commenting</b>					<b>1</b>				<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>

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## Merton Centre for Independent Living. Adult Social Care Consultation Response

02/02/2015

### Overall response:

Merton CIL has already written an open letter<sup>1</sup> to London Borough of Merton (LBM) outlining our key concerns and spoken at Scrutiny<sup>2</sup>. This formal response is a detailed overview of our concerns, and a direct comment on the individual proposals set out in the consultation document<sup>3</sup> and Business Plan<sup>4</sup>.

**LBM already offers a pared-down service with little scope to cut further.** The consultation data which compares LBM to the national picture clearly demonstrates that Merton is already spending less on Adult Social Care (ASC) per person, on average, and supporting fewer people than average<sup>5</sup>. In the face of increasing demand, service user numbers have remained steady, indicating that fewer people are getting the support they need. Merton CIL is concerned that there is little scope for efficiency savings now, and, as indicated in the business plan, there will be a service reduction. This will have a direct, and negative impact on the lives of service users.

**Setting cuts targets by proportions is inappropriate.** It has been repeatedly stated by officers that a 1:1 ratio has been applied to the amount ASC is being asked to cut. Merton CIL considers this inappropriate because:

- a) Cuts to ASC are contrary to the July Principles
- b) The impact of cuts cannot be assessed by a mathematical calculation and our members have advised us that pound for pound, a cut to ASC has a greater impact than a cut to eg waste services
- c) Given that the total targeted cut over the next 4 years for ASC is £13.7mn, this is actually 43% of the total savings (£32mn)

<sup>1</sup> Appendix 1

<sup>2</sup> <http://democracy.merton.gov.uk/ieListDocuments.aspx?Cid=151&Mid=1948&Ver=4>

<sup>3</sup> <http://www.merton.gov.uk/health-social-care/adult-social-care/adult-social-care-consultation.htm>

<sup>4</sup> <http://democracy.merton.gov.uk/ieListDocuments.aspx?Cid=157&Mid=1958&Ver=4>

<sup>5</sup> See slides 5-10 [http://www.merton.gov.uk/asc\\_budget\\_savings\\_consultation\\_2015-2019\\_final.pdf](http://www.merton.gov.uk/asc_budget_savings_consultation_2015-2019_final.pdf)

required over the period, and therefore ASC is in actual fact being disproportionately targeted, and not a 1:1 ratio at all.

**The impact on disabled people has not been properly assessed.**

As highlighted in our Frequently Asked Questions<sup>6</sup> prepared for members, Merton CIL feels that the potential impact on disabled people has not been properly assessed. The Business Plan says that the cuts will impact on Merton Council's ability to meet its statutory duties, carry out safeguarding activities, promote independence and monitor the quality of services. The Equality Analysis provided doesn't mention this at all. In our members group, disabled people agreed with the predications in the Business Plan and based on their lived experience, they feel that the likely impact of the proposed cuts will be to reduce independence, increase isolation, and reduce well-being.<sup>7</sup>

**There is a fundamental failure to understand the cumulative impact of cuts on disabled peoples' lives.** Cuts to social care are happening at the same time as national cuts to Welfare Benefits. The Centre for Welfare reform states that disabled people are affected 9 times more than other people by the cumulative impact of these changes.<sup>8</sup> Any changes to Social Care should take the national picture into account.

**The mitigation plan is service-led, not person-led.** The mitigation plan mentioned in the Equality Analysis relies heavily on consultation and communication, which doesn't really mitigate the negative impact on individuals. Other items in the plan are to carry out more reviews and implement changes quickly. Those are service-led rather than person-led mitigations.

**Consultation hasn't been properly accessible.** The report explaining the changes was difficult to read, and very short notice was given for consultation meetings which were at difficult times for many people. The consultation survey didn't explain the proposals properly. Accessible versions were made available much later than the standard versions, so anyone needing an accessible version hasn't had as much opportunity to respond. This is discriminatory. For example, the Easyread consultation document was not available for the December

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<sup>6</sup> <http://www.mertoncil.org.uk/some-frequently-asked-questions-on-the-cuts-to-adult-social-care/>

<sup>7</sup> Appendix 2

<sup>8</sup> <http://www.centreforwelfarereform.org/library/by-az/a-fair-society1.html>

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consultation event and the Easyread and hard copy surveys were only made available after the holiday, whereas standard versions were available earlier.

**Consultation meetings were too heavily officer-led.** Feedback from Merton CIL members from the December consultation was that officers taking notes in some cases interpreted and amended the language used by participants, who then had to ask officers to redo the notes to reflect what they actually said.

**The experience of disabled people has been largely invisible in this process.** As Merton CIL and our members have engaged with the budget-setting process, it has become increasingly clear that the experience of disabled people is largely invisible. As mentioned, the target is set by maths rather than with regard to people, the Equality Assessment fails to address the impact on individuals, and the scrutiny meeting focussed primarily on the impacts on staff, third-party providers, and occasional mentions of the impact on carers.

## **Response in Detail:**

### **Proposal 1: Initial Access Service, Closing MAAT**

Merton CIL's members are concerned by the proposed closure of MAAT and the plan for this to be picked up by the Link and the Voluntary Sector.

Our concerns are principally in 4 areas:

- 1) **It is unclear how safeguarding concerns will be appropriately raised and tracked within the suggested model.** This is acknowledged in the business plan. There are already concerns over how safeguarding is carried out for mental health service users, and poor communication between the Trust and MAAT. There are already issues that safeguarding referrals are refused unless the person concerned is already a service user or in the opinion of the team (prior to an assessment) likely to be. This situation is likely to worsen in a system where there is no clear hub for concerns to be raised.
- 2) **The Link is unlikely to be able to deal with lengthy or complicated calls.** Our experience is that it takes time to listen to

people in order to identify the need and appropriate referral or signposting. In the busy Link environment, there is a risk that callers will be rushed and/or signposted to the wrong place. Disabled people are already dissatisfied with the responsiveness of the council and this is likely to worsen (see Annual Residents Survey<sup>9</sup>).

**3) The Voluntary Sector can only offer a fragmented alternative to MAAT.** While some organisations will have good information, advice and guidance (IAG) knowledge, this won't be true of all. Organisations run their own systems, have their own knowledge repositories and we already see people bounced through several organisations before getting the right information. Sometimes, we see people accessing different services and getting conflicting advice. Some organisations are issue or impairment specific, and may not be accessed by all, even if they have great IAG, while the new Merton Advice Service website relies on individual organisations to update, and Merton-i is difficult to navigate.

**4) May see longer waiting lists and slower assessments and reviews, leading to increased stress and anxiety for people.** We already know of cases where from the initial referral to getting an indicative budget has been nearly a year long process, and very stressful and confusing for the individual.

Suggested mitigations:

- a) A dedicated safeguarding team to cover all people, including mental health service users, and direct lines of communication with them where necessary (previously referrals would be via MAAT)
- b) Disability equality training and detailed awareness of signposting options will be key for Link staff
- c) Dedicated named contacts at LBM for support on more difficult or complicated questions, eg perhaps they could sit within brokerage
- d) Simplify the assessment process, make it more person-led.

## **Proposal 2: Day Services, Reduction in Staff**

Merton CIL's members are concerned by the reduction in staff at day centres and their proposed replacement with volunteers.

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<sup>9</sup> <http://www.merton.gov.uk/council/performance/residentssurvey.htm>

Overall, these plans reduce the independence of disabled people, and our concerns cover 3 key areas:

- 1) **Fewer external activities will result in greater segregation of disabled service users.** At a time when other external opportunities are also reducing (eg MAE changes, possible closure of Deen City Farm), the reduction in community-based activities will isolate and reduce the independence of service users.
- 2) **More large group settings means less individualised and personalised support.** This is a step backwards in terms of support available for disabled people and raises the spectre of disabled people being herded into large group environments where minimum care and support can be provided, regardless of their individual need.
- 3) **Increased use of volunteers not comparable to situation in libraries.** While LBM has been successful in recruiting volunteers for libraries, Merton CIL is seriously concerned by the suggestion that volunteers can fill the role of trained and experienced staff in day centres and feel that this suggestion undermines the work that day centre staff do, and poses a quality control risk.

Suggested mitigations:

Work with local organisations to improve access for disabled people to external opportunities, including improved access to leisure, businesses, and the built environment generally. This could be done through eg incorporating the cross-cutting role of Access Officer within the corporate team.

### **Proposal 3: Review of care packages**

LBM has consistently maintained in meetings that cuts to care packages focus on re-ablement, however, it is clear that this is not the case given that all user groups are being targeted for cuts, including groups with long-term needs. Merton CIL considers it to be unacceptable to target care packages for cuts, as these packages reflect people's assessed need.

In detail:

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1) **Reviews are being conducted within a cuts context.** Although officers have suggested that all reviews will be based on need, we have already heard of cases where the social worker carrying out the review has explicitly talked of savings requirements and pushed to reduce the care package. This is unacceptable.

2) **Reviews taking place without additional staff training.** Part of the mitigation plan for conducting reviews is for all staff to be trained to do reviews in a "new way". Reviews are already taking place, while the training does not appear to have happened yet.

3) **Lack of clarity over how targets have been set.** Projected cuts to care packages range from 5%-15%. Direct Payment users are targeted with consistently higher cuts than people on other care packages, even though Direct Payments is just a delivery mechanism. Different user groups are targeted with different levels of cuts. The process by which this has been done is unclear.

4) **Talk of "clawing back" support misunderstands the causes of under-spend.** In scrutiny<sup>10</sup>, officers talked of "clawing back" unspent Direct Payments. However, Merton CIL members say that sometimes Direct Payments are unspent because of lack of support to access services or resolve problems when they do arise. Just taking back unspent cash without identifying and supporting problems which have arisen simply compounds the challenges disabled people face in accessing the support they need.

5) **The language around promoting independence is misleading.** Numerous council documents suggest that these cuts will promote independence. Merton CIL members disagree, as a reduction in care packages is unlikely to achieve this. Within a re-ablement agenda, it may be a possibility, however, this is not the case for people with long-term support needs, as their assessed need and existing care packages have already been designed within a promoting independence framework. It is difficult to see how cuts to support will increase independence.

Suggested mitigations:

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<sup>10</sup> <http://democracy.merton.gov.uk/ieListDocuments.aspx?CId=151&MId=1948&Ver=4>

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It is very difficult to identify ways to mitigate cuts to care packages. However, Merton CIL would suggest:

- a) Letting service users know of independent support available at reviews. This should be included in review letters and may include support workers from Wimbledon Guild, Merton Mencap, CSM, or advocates from MCIL, etc.
- b) Including disability equality training in staff training packages as a mandatory requirement
- c) Developing a simplified assessment tool, developed in partnership with disabled people
- d) Working with disabled people to identify waste and overspend within the system, eg on transport.

### **Other comments:**

**Plans to reduce capacity to monitor services likely to be counter-productive.** The Business Plan points out that these plans will impact LBM's statutory duties under the Care Act. Merton CIL members are concerned that reduced monitoring of contracts and service provision will lead to worse services, and possibly more expensive services. There are already instances of poor quality services being delivered, and insufficient monitoring eg the poor CQC report for 138 All Saints Road.<sup>11</sup>

Suggested mitigations:

- a) To set up user-led or self-advocacy groups to feed back on quality of services
- b) To continue and expand Merton Seniors Forum's Dignity in Care project to assess how people are being treated in eg residential care

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<sup>11</sup> <http://www.cqc.org.uk/location/1-352100698#accordion-1>

## **Appendix One: Open Letter sent to LBM on 22/01/2015**

To: Stephen Alambritis, Leader of the Council, Ged Curran, CEO of the Council, Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health, Simon Williams, Director of Communities and Housing

At Merton Centre for Independent Living, we are extremely concerned with Merton Council plans to cut £14 million from the Adult Social Care budget over the next 4 years.

To summarise, our concerns cover 3 key areas:

1. The process for setting the £14 million target is flawed, and the amount planned is too high
2. The full, negative, impact of these cuts on disabled people and older people in Merton has not been properly assessed and decisions are being made without reference to the full facts
3. The consultation process is insufficient given the scale of the cuts, and has not been accessible enough

At Merton CIL, our policy is to engage, and work together in partnership, rather than in opposition to you. However, our members say that they are not being heard by Merton Council, and their concerns are not being addressed.

We want to work with you to ensure that disabled people are heard, and ask you to commit to these requests as a sign of your engagement and good faith:

- Work with us to review and revise the £14 million target
- Put all cuts for 2016-19 back on the table for discussion, including any provisionally agreed in the current and previous budget-setting processes
- Work with us and other disabled peoples', older peoples' and carers' groups to monitor the impact of already significant cuts to services planned for 2015-16
- Ring-fence the Independent Living Fund, as other councils have already done

Merton CIL, our members, and disabled people in Merton look forward to hearing from you

Kind regards, Merton CIL

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## Appendix Two: Response to Planned Cuts to Adult Social Care from Merton CIL Members Group 08/01/2015

Responses gathered from 6 disabled people attending the members group. We are:


	<p><b>Worried about being isolated by the cuts:</b></p> <p>“People stuck at home will get lonely and depressed”</p> <p>“Cuts will lead to loss of dignity for the cared for and for carers”</p> <p>“I wouldn’t be able to get to my club anymore. I would be bored. I would be stuck at home all day and night”</p> <p>“Disabled people will get even less confident because they never get out”</p> <p>“I won’t be able to make friends, I won’t be able to chat to other people, I won’t be able to meet people like me.”</p> <p>“I feel like a prisoner in Merton”</p>
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	<p><b>Angry at the choices the council is making:</b></p> <p>“People’s lives are more important than flower-beds”</p> <p>“Annual reviews are so wasteful of resources”</p> <p>“They should prioritise the people who need it most”</p> <p>“They should support the people who are less able to get out and about and manage life”</p> <p>“They have a choice about where to cut.”</p>
	<p><b>Frustrated at not being listened to:</b></p> <p>“There is no attempt to listen to us and understand what is happening”</p> <p>“They have to talk to us about what is important to us”</p> <p>“The council have to make the effort to link all the things happening at once to disabled people. Cuts to social care and cuts to Merton Adult Education have a combined effect”</p>



	<p><b>Confusion over the consultation process:</b></p> <p>“I don’t understand the forms the council has. I can’t get online. I can’t read or write, why can’t you just listen to me?”</p> <p>“I wrote to my councillors but I didn’t understand their reply”</p> <p>“I can read but there are all these big words and numbers. It is so confusing”</p>
	<p><b>Afraid for the future:</b></p> <p>“Local unemployment will increase because disabled people, carers, personal assistants and people in the care industry will lose their jobs”</p> <p>“There will be more acute distress and more suicides as disabled people and family carers face more pressure.”</p> <p>“Disabled people and family carers will become even more invisible.”</p> <p>“It’s all going to cost more in the long run because the council will have to deal with more complex problems caused by crisis”</p>

	<p><b>Ideas for what the Council should do:</b></p> <p>“Ring-fence the ILF to current users”</p> <p>“Why can’t you take from rich people instead?”</p> <p>“Look at other ways to save money. Don’t cut care packages.”</p> <p>“Do a proper impact assessment of the cuts so far”</p> <p>“Work with local people!”</p>
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